

## **Review of Crown Resort's Responsible Gaming Programs and Services**

### **A report from the Responsible Gaming Advisory Panel**

Prepared by:

Independent Responsible Gaming Advisory Panel

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### Terms of Reference

Crown Resorts Ltd. (“Crown”) has requested the independent advisory panel to provide an assessment of Crown’s Responsible Gambling Framework. The terms of reference included a review of current responsible gaming practices, policies and procedures, identification of existing strengths, and, importantly, the identification of gaps or weakness that required attention. Crown has requested that the Panel consider the recommendations contained in the 2018 Sixth Review of the Casino Operator and Licence and build upon and extend Crown’s responsible gambling framework to achieve evidence-based best practice benchmark standards. The objectives of Crown are to establish a responsible gambling framework that (a) positions Crown as a leader in the delivery of effective responsible gambling services, and (b) integrates a culture of responsible gambling that is embedded in all aspects of processes, strategic initiatives and operational decisions.

In considering the terms of reference, the Panel undertook to evaluate and the following matters:

- 1) Crown’s Responsible Service of Gaming (RSG) practice in light of the Corporate Policy Statement;
- 2) Areas of strength and innovation;
- 3) Areas in need of improvement and provide recommendations (i.e., synergy between Crown’s Melbourne and Perth properties).

In addition, the Panel sought to:

- 1) Propose next-steps toward an overarching policy framework, based on best practices, that translates to marketing and knowledge translation efforts and builds in targets for expansion;
- 2) Benchmark the framework to international best practice and scholarly evidence where applicable;
- 3) Suggest key areas where Crown could be a proactive leader in responsible gambling services extending beyond compliance with regulations;
- 4) Position that framework in terms of the three stated goals for Responsible Gaming Centres:
  - a. *Awareness*: Supporting harm minimisation by building awareness of responsible gambling programs and services for staff and customers;

- b. *Assistance*: Contributing to harm minimisation by providing assistance to customers in managing their gaming behaviours; and
- c. *Support*: delivering a supportive environment where the potential for harm is minimised and a culture of responsible gaming is embedded in the organization.

To assist in its review, Crown Casino provided the Panel with the following material relevant to the conduct of its responsible gambling strategies:

*Crown Melbourne:*

- Responsible Gaming Advisor Position Description
- Standard Operating Procedures
- Self-exclusion paperwork
- Third party self-exclusion paperwork
- Time out program paperwork
- Induction training
- RSG online training
- Senior management (advanced) training
- Gaming machines training
- Gaming machines refresher training
- Sixth Review of the Casino Operator and Licence June 2018 recommendations responses

*Perth:*

- Responsible Gaming Advisor Position Description
- Standard Operating Procedures
- Self-exclusion paperwork
- Third party self-exclusion paperwork
- Time out program paperwork
- Orientation training
- RSG online training
- RG brochures

In addition to reviewing the above material, members of the Responsible Gaming Advisory Panel ("Panel") met at Crown Casino, Melbourne, on January 14-16, 2020 to

discuss the responsible gambling framework and strategy review. The Panel met with Sonja Bauer Group General Manager Responsible Gaming, Melanie Strelein Faulks, Crown Perth General Manager Responsible Gaming, and from Crown Melbourne, Leon Pillai, Responsible Gaming Operations Manager, Susan McNulty, Responsible Gaming Psychologist, Thai Ohtsuka, Responsible Gaming Psychologist, Kevin Hong, Senior Manager Customer Analytics Team, and Andrew Krekoukias, Surveillance Operations Manager.

At this meeting, members of staff provided an overview of their function and activities. In addition, the Panel members were given a tour of the Crown facilities including all gaming and non-gaming areas, customer support offices, behind the scenes facilities (staff amenities, training area, and infrastructure support services), and the security surveillance area.

## Executive Summary

The purpose of this review was to elicit independent and objective assessments of its responsible gambling framework. Crown recognises that to maintain a social licence to operate, it must deliver a comprehensive and integrated framework of responsible gambling that is based on and/or guided by available empirical evidence data. Accordingly, Crown established an independent Responsible Gaming Advisory Panel (RGAP), comprised of three internationally recognised experts in the field of responsible gambling, to review its current practices and report on its strengths and gaps including recommendations for the improvement and enhancement of its framework. Crown's overall objective is to implement a responsible gambling framework that (a) positions Crown as a leader in the delivery of effective responsible gambling services and (b) integrates a culture of responsible gambling that is embedded in all aspects of processes, strategic initiatives and operational decisions.

The aim of the current RGAP's review was to evaluate Crown's Responsible Service of Gaming in reference to its Corporate Policy statements; identify areas of strength, innovation, and need, and include recommendations for initiatives that could benefit the overall responsible gambling framework.

The RGAP's Report is presented in three sections. **Section 1** sets the foundation for international best practice and scholarly evidence (where available) for benchmarking responsible gaming frameworks. **Section 2** reviews Crown's program and services and the extent to which these meet international best practice standards as described in **Section 1**. **Section 3** lists the set of recommendations, arising from the reviews that are designed to enhance and improve Crown's framework and strengthen its position in anticipation of the Victorian Commission for Gaming and Liquour Regulation's seventh review.

In **Section 1**, the RGAP summarises the broad principles and elements that would characterise a world-class responsible gambling model. In brief, such a model has (a) the capability of providing services and interventions for patrons who fall at different point on the risk spectrum, and (b) the ability to promote awareness and information, just-in-time interventions, direct services and the capacity to follow-patrons through different intervention pathways. Such a model should be informed by evidence, full integrated and be capable of documenting, not only the processes and outputs of the model (e.g., how many patrons

receive a service), but also patron outcomes. Evidence in support of the model should be well documented and capable to being communicated clearly to external parties.

In its deliberations summarised in **Section 2**, the RGAP found significant strengths in the current framework and initiatives taken to enhance programs and service delivery.

- Crown has in place a comprehensive and detailed set of policies and procedures guiding staff in the application of responsible gaming interventions. These are clear and provide relevant information and, where appropriate, step-by-step instructions in staff-customer interactions and self-exclusion procedures.
- Crown has in place a high quality training program that includes an induction for all staff and is designed to inculcate a culture of responsible gaming awareness and support for its customers.
- Crown has a well trained and experienced staff cohort, representing multi-disciplinary skills that cover customer assistance and support, counselling and psychological interventions and referral processes, legal and risk assessments, and analytic skills.
- The Responsible Gaming Centre Melbourne is located in an appropriate place away from the gaming floor. However, the facilities are inadequate in that the Centre is physically too small to facilitate confidential and sensitive interactions with customers requesting assistance. Interviews are conducted in a waiting room near the entry door where others entering the premise compromise privacy. It is strongly recommended that the Responsible Gaming Customer Centre be reconfigured to provide more office space where customers can be interviewed in privacy.
- The documentation and printed and online information setting out self-exclusion and third party exclusion programs are generally well set out and readily available to customers and significant others. There is a need to coordinate the documentation between Crown premises, but the content and relevant details are generally consistent.
- The procedures for time out, revocation and reinstatement are detailed and comprehensive.
- Crown has, in place, facial recognition technology to detect possible breaches by self-excluded individuals.

- Crown Melbourne's Customer Analytics Team is using data extracted from loyalty card customers to develop a predictive model. Despite, the challenges inherent in the accurate measurement of real time loyalty carded play, the model is being evaluated and refined. The data is now extended to identifying at-risk and problem gamblers that warrant welfare checks to be conducted.

The RGAP also found a number of weaknesses, gaps or areas needing improvement in the current framework.

- The current staff training program and procedures do not appear to include the management of customers suffering from dementia, Parkinson's Disease or intellectual disabilities. Acknowledging that some disabilities are difficult to recognise to lay people, staff should receive training in managing individuals exhibiting overt behavioural symptoms of dementia or Parkinson's Disease; for example, unusual mannerisms of gait, inability to follow or comprehend staff instructions, signs of confusion (appearing lost) or intrusive interpersonal interactions. These represent vulnerable groups who could potentially be identified through their behaviour or behavioural signs, evident to non-medically trained individuals. Policies, procedures and skills in their management should be developed.
- Crown collates information on a range of responsible gaming metrics. These include but are not limited to recording: total customer contacts with responsible gaming staff, main activities of Responsible Gaming Centre staff, referrals, external service providers, self-exclusion, revocation and total time out rates, and customers followed-up related to the Crown Model. However, the data is not readily available for review by third-party evaluation, for example, academics reviewing responsible gambling practices, taking into account commercial and privacy sensitive data. The rationale here is that if Crown seeks to gain recognition as implementing world class responsible gambling interventions, then there should be options to make data available for independent audit to demonstrate effectiveness of such interventions (openness and transparency). As a consequence, little is known as to whether or not, or the extent to which, various RG measures actually work. There is little outcome data to indicate whether an intervention delivered at a particular point in time has led to meaningful changes for customers.

- There should be clearly documented data on the successful outcomes associated with various programs. For example, with the Time-Out option strategies should be in place to determine how many progressed to entry into the self-exclusion program, effectively resumed responsible gaming behaviours or relapsed following return to gambling in the longer-term.
- More integration is needed between the different elements in the system and analytics based on carded play. How do each component of the overall program act in a synergetic or integrated manner in achieving specific outcomes?
- There appears a need for greater focus on continuous improvement where outcome data might be used to enhance or modify existing parts of the system.
- Crown may need to reconsider the types of warning signs that are recorded and whether these might be enhanced by the use of other technologies and/or whether surveillance data might be usefully combined with some observations to make this process easier; for example, SMS messages to self-excluded approaching gaming floor entry points to prevent breaches.
- Melbourne could follow the Perth model in using smaller panels in more efficiently reviewing revocation applications. There is a lack of a consistent template and an organisation outside that is trusted and which uses a standard procedure to assist in revocation evaluations. Payments should be made for this service.
- There is currently no apparent liaison work with financial institutions. Acknowledging issues of privacy and confidentiality and absence of current links between financial institutions and casino operators in general, there is a potential to consider such linkages as future developments emerge in this domain. There exists a gap in liaising with banks regarding possible welfare checks on identified customers; for example, in third party exclusions, confirming claims of excessive use of withdrawals at casino ATM's. The option at this stage may only be for Crown to become engaged in national discussions around the topic.

### Recommendations (Section 3)

1. **Recommendation 1:** Crown should develop an online system for initiating the self-exclusion and/or third party exclusion processes and providing ongoing monitoring for patrons.



2. **Recommendation 2:** The provision of external support and treatment services should be extended to all applicants for self-exclusion as a matter of course.
3. **Recommendation 3:** Crown should institute post-revocation monitoring to identify possible risk indicators (such as breach attempts, contacts with staff seeking immediate reinstatement etc.) and intervene to prevent relapse.
4. **Recommendation 4:** Strongly suggests that all Crown properties establish a contractual relationship with a treatment agency and/or specific providers who demonstrate they have received specialised training in gambling counselling and will evaluate all clients according to a similar standard.
5. **Recommendation 5:** A group of gambling clinicians and a measurement expert should be empanelled to develop a uniform evaluation protocol for revocation and reinstatement that is universally applied to all gamblers across properties.
6. **Recommendation 6:** Players should be allowed to reapply for VIP room access and/or marketing only six-month post-reinstatement, and ONLY if the counsellor evaluation deems those options should be available based on assessment risk level.
7. **Recommendation 7:** Crown should undertake a statistical, longitudinal evaluation of facial recognition software detection of breaches, demographics of players accused of breaching, and outcomes of software-detected breaches to date to inform next steps in outreach to self-excluders who attempt to return to gambling at the venue.
8. **Recommendation 8:** Crown should disseminate knowledge of the facial recognition tool and resulting actions against those who breach to the public. Analyses and dissemination of this data can be used to counter media and anti-gambling advocates who are unaware or misrepresent the effectiveness of responsible gambling interventions. It would also strategically enhance Crown's reputation as a leader in this area.
9. **Recommendation 9:** Each area of the casino and each shift should have a designated staff member, branded as "ambassador" in similar programs at other properties, who is highly trained in recognising, approaching and managing problem gambling behaviour and very visible to staff and patrons.
10. **Recommendation 10:** Crown should increase and diversify staff training to include not only the basic training for all floor staff and managers but also "booster" trainings every six months, retraining every year to two years, and

advanced training on topics like reading non-verbal cues, assessing high risk behaviours and patron interactions for managers and employees on each shift who serve an ambassador function. All training materials and videos should also be available online, perhaps via an employee Intranet.

11. **Recommendation 11:** Key floor personnel should be tasked with raising awareness of brochures, information on gaming machines and/or other informational materials that are central to informed choice.
12. **Recommendation 12:** Information available in brochure form (e.g., how to self-exclude) should also be available through websites both within and external to the casino and using dynamic displays; it should also include information targeting cognitions and beliefs as well as factual information about the games.
13. **Recommendation 13:** Crown should consider: 1) instituting limit-setting for EGMs in Perth, analogous to those required in Victoria, and 2) working with Victoria to access and evaluate the data in Melbourne and, subsequently, in Perth to identify characteristics of limit-setters, patterns aligned with raising and/or lower limits or switching limit types, and accelerations in patterns of expenditure.
14. **Recommendation 14:** Warnings or pop-up messages should be discrete, visible only to the player and not passers-by; that limits/defaults and changes to limits be accomplished by smart phone or other web-based means that would reduce stigma to the player; and that Crown devise an educational tutorial that clarifies the relationship of time/money expenditures to risk factors for problem gambling.
15. **Recommendation 15:** The program should, instead, identify marked changes in play patterns with regard to factors such as time spent gambling and/or gambling sessions, money expenditures, variations in bet size and frequency, increases in overall time at venue and number of games played.
16. **Recommendation 16,** linked to Recommendation 15, suggests that data should then be used to inform a future model for identifying at-risk gamblers, perhaps according to a system that assigns colours to risk levels (e.g., green-yellow-red).
17. **Recommendation 17:** The Responsible Gaming Centre should be expanded to include additional office rooms where customers can be interviewed in private and in a manner conducive to confidentiality.

## Section 1: Responsible Gambling and Best Practice

### 1.1 Overview: The Responsible Gambling Advisory Panel and Terms of Reference

Crown Resorts Ltd. (“Crown”) is recognised as one of Australia’s leading providers of gambling, hospitality and related entertainment services across its properties in Melbourne, Perth and soon in Sydney with the opening of the Crown Sydney at Barangaroo around late 2020. In 2019, Crown established the Responsible Gaming Advisory Panel (RGAP), comprised of three experienced international gambling researchers, who were tasked with conducting an independent review of the organisation’s responsible gaming programs and services. The Panel was requested to evaluate the nature and quality of Crown’s responsible gaming policies and practices with the aim of benchmarking these against national and international best practice. The principal terms of reference for the RGAP are to:

- Provide information and advice in relation to Crown’s responsible gaming programs and services, and the monitoring and evaluation of the programs and services;
- Provide advice on specific programs and evaluation designs;
- Highlight responsible gambling and related welfare issues at Crown.

The outcome of the review is to assist Crown in delivering internationally-recognized, world-class responsible gambling services that meet best practice guidelines.

Since its establishment, Crown has consistently worked with and reported to State-based regulators as part of its compliance with legislative requirements, including responsible gambling codes of practice. In Melbourne, the Victorian Commission for Gambling and Liquor Regulation released its Sixth Review Report on Crown’s operations in June 2018 (Victorian Commission for Gambling and Liquor Regulation, 2018). An important immediate consideration for the Panel, therefore, was to examine how the development of Crown’s responsible gambling services and programs addresses the recommendations and concerns raised in the Sixth Report. From these developments, Crown seeks to achieve consistency across its properties for all responsible gaming operations.

### 1.2 Structure of this review

This review is divided into three principal sections. **Section 1** outlines the concept of responsible gambling (“RG”) and the principles central to responsible gaming services and their evaluation. In this section, we summarise the philosophy and principles of responsible gaming and then examine the international and national evidence and principles governing

the best design of RG services and supports required for major casino operations. These principal components include staff training, agency liaison and referral processes, information and education resources, self-exclusion and revocation, and pre-commitment and time-out facilities. The Crown Model is designed to use algorithms based on player data to identify individuals exhibiting indicators likely to predict the gambling status (at-risk or problem) of individuals and/or those potentially likely to, or could benefit from, self-exclude. In *Section 2*, we review what programs and services are currently available at Crown and the extent to which they:

- a) Meet international best practice as outlined in *Section 1*;
- b) Integrate and consistently apply across the two currently operational Crown venues;
- c) Are grounded within in a framework that generates the capacity to demonstrate effectiveness and ongoing evidence-based improvements.

*Section 3* provides a range of suggested enhancements that would enable Crown to bring its current responsible gambling services and programs up to the standard outlined in *Section 1*. These improvements would strengthen Crown's response to the 6th regulator report and strengthen its position in anticipation of the seventh regulatory review in the near future.

### **1.3 Responsible gaming and international best practice**

#### **1.3.1 Responsible gaming principles**

“Gaming” and “gambling” are often used as synonyms to describe the same activity. “Gaming” is typically used in reference to casino table games and to electronic gaming machines while “gambling” is used as an all-inclusive term referring to all forms of gambling. In this Report, both terms are used interchangeably; gaming generally in reference to the casino directly, and gambling in reference to the broader domain. The term responsible gaming or “RG” generally refers to policies or practices, designed to prevent and/or reduce the potential harms associated with gambling (Blaszczynski, Ladouceur, & Shaffer, 2004; Delfabbro, 2019; Ladouceur et al., 2016). RG can also be viewed as an optimal outcome of individual gambling within personally affordable limits. Policies and strategies are generated from initiatives and actions undertaken to achieve and promote RG as the final outcome (Blaszczynski, Shaffer, Ladouceur, & Collins, 2020, submitted). As set out in the Reno model in 2004 (Blaszczynski et al., 2004), responsible gambling approaches assume that the vast majority of people who gamble do so without experiencing any significant harm. Effective measures are those which target the behaviours, industry practices or product

designs that are associated with harm without unduly affecting the enjoyment or benefits experienced by others who gamble.

Gambling is a consumer behaviour wherein people make choices to engage in the activity. Some of those choices are poor ones, based on incorrect information or perceptions of gambling and/or affected by pressures or co-morbidities (e.g., emotions, compulsions or physiological states) that impair rational choice (Blaszczynski & Nower, 2002). Implicit in RG principles is the assumption that stakeholders should jointly share accountability for ensuring that individuals gamble in a way that minimises or avoids significant harm: Governments are accountable for establishing the legal gambling environment and consumer protection requirements; regulators, for ensuring compliance with government legislative and regulatory standards; industry, for complying with regulatory requirements and consumer protections; communities, for influencing public policy through public health advocacy; and individuals, for the decisions that they make (Blaszczynski, Shaffer, Ladouceur, & Collins, submitted). The role of the industry is to adhere to a duty of care to its patrons. Although significant revenue may accrue from problem gamblers (Productivity Commission, 1999), a sustainable industry has an interest in maintaining the longer-term well-being and safety of its customers.

Gambling activity is seen as lying on a continuum, ranging from recreational and low risk gambling, which is rarely associated with significant/serious harm, to problem gambling where harms can be severe (Browne et al., 2016; Delfabbro & King, 2017). It is well-established that at least 90% of people who gamble do so at recreational levels and therefore score zero on standardised screening tools such as the Problem Gambling Severity Index (Ferris & Wynne, 2001). There are claims that the majority of gambling related harms are experienced by recreational gamblers (Browne, Bellringer, Greer et al., 2017; Browne & Rockloff, 2018). However, a recent review by TDB Advisory (2019) identified serious methodological flaws in the Browne, Bellringer, Greer et al. (2017) study questioning the reliability of conclusions drawn. In a recent state prevalence study, responses to a survey indicated that 6.34% of gamblers reported having at least one gambling related harm, with half the harms reported by those meeting problem gambling criteria (Browne, Rockloff, Hing et al., 2019). The extent of harms experienced by recreational gamblers is subject to the vagaries of defining thresholds of harm and opportunity costs as compared to harms.

Around 6% of gamblers are low risk gamblers; another 3% are moderate risk and only around 1% of all gamblers could be described as problem gamblers. Moderate risk

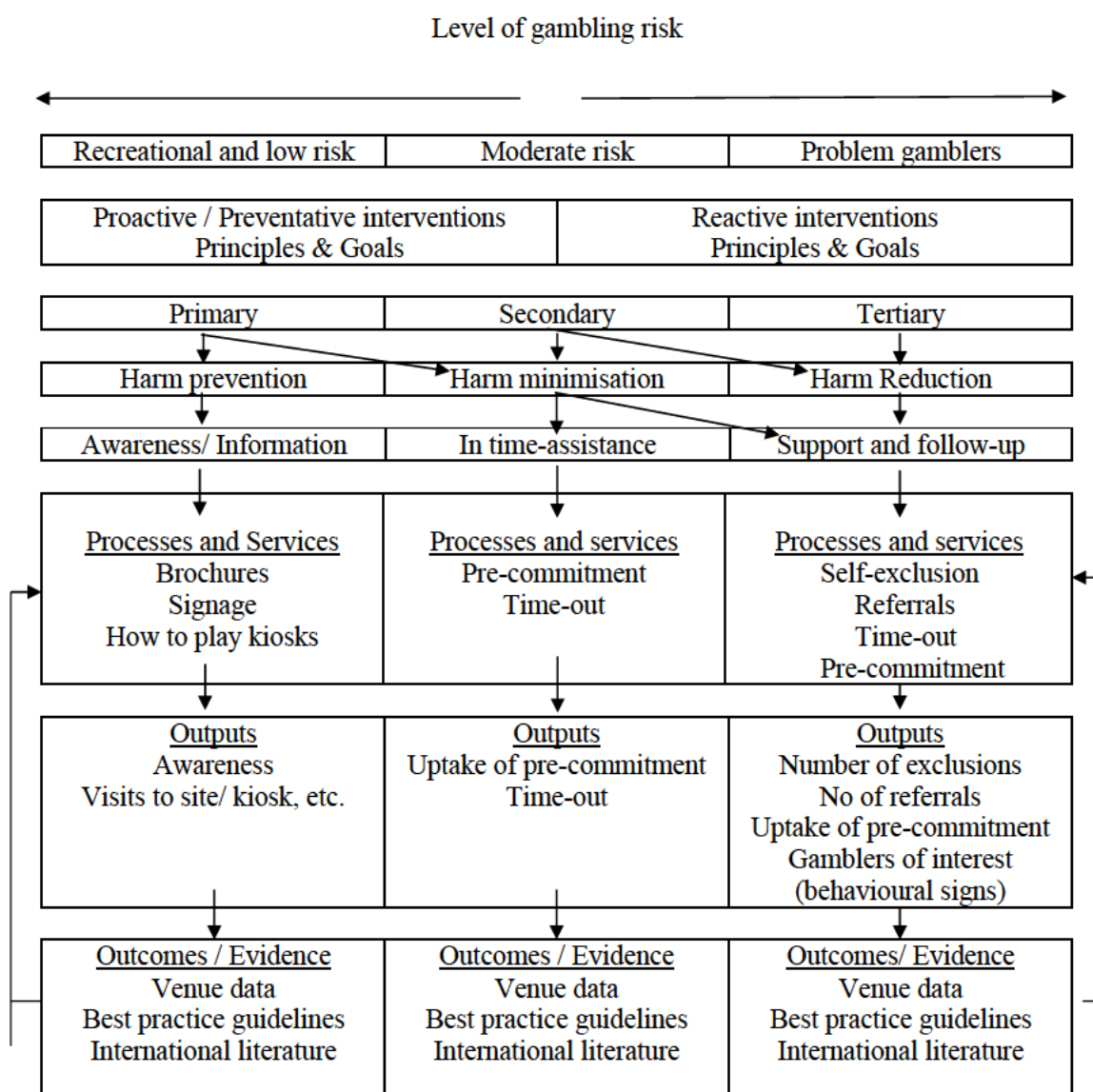
gamblers generally report pressures associated with their gambling rather than serious harms, whereas problem gamblers account for the majority of serious harms reported by gamblers (e.g., losing assets, relationships, employment). Higher risk gamblers tend to have specific characteristics that set them apart from other gamblers:

- People who gamble regularly (at least once per week) are much more likely to experience problems with gambling (estimates suggest that between 15-20% of regular EGM players are problem gamblers) (Delfabbro et al., 2017).
- People with gambling problems tend to gamble more frequently and on a wider range of activities. Higher proportions of problem gamblers are generally found in online contexts; in casino table game players; and in those who gamble on sports (SA Centre for Economic Studies, 2014). This is not necessarily due to these gambling products being more harmful, but to the fact that higher risk gamblers tend to choose them. Recent analysis (Delfabbro et al., 2020) suggests that EGMs are the highest risk form of gambling and not activities that are specific to casinos (i.e., table games).
- People who have problems with gambling often have other co-morbid conditions (e.g., depression, anxiety), psychiatric conditions, and other cross-addictions (Lorrains, Cowlshaw, & Thomas, 2011; Hartmann & Blaszczynski, 2016). The direction of causality varies.
- Many people hold erroneous views about gambling and these beliefs tend to be stronger in higher risk gamblers.

The target population, problem gamblers, and their relationship to RG programs and services is provided in Figure 1. The figure demonstrates that gamblers across the spectrum of problem severity need various, RG approaches, tailored both to the gambling activity and level of risk. The first element of note is the target population. Recent research suggests that many gamblers, particularly low-risk gamblers, engage in "positive play," setting budgets, controlling their wagers and avoiding erroneous beliefs (Wood, Wohl, Tabri, & Philander, 2017). Studies have also found that the self-reported benefits of gambling appear to be greater than the costs in recreational and lower risk gamblers (Blackman, Browne, Rockloff, & Hing, 2019). Thus, heavy handed interventions that target all gamblers may prove ineffective. Rather, as indicated in Figure 1, a best practice approach would be to build upon the strengths of those who are already gambling safely, while also targeting the higher risk behaviours of those who are positioned in the higher risk categories. Effective RG policies

and services, therefore, must have a proactive element that tries to protect people from harm (harm prevention), and also a reactive element that responds to events, behaviours or situations that indicate that people are being adversely affected by their gambling (harm minimisation and reduction). These three categories are aligned closely to the public health approach, which advocates primary or larger population-based interventions for gamblers; secondary interventions that target people who might be at risk; and those which are specifically designed for identified or self-identified problem gamblers.

**Figure 1. Components of an evidence-based responsible gaming model**



At the primary level in this model, there are those interventions that create awareness, foster informed choice, and educate people about the risks, odds and other important aspects of gambling: educational campaigns, brochures, posters and pamphlets. All gamblers can potentially benefit from the information provided, although some might not necessarily adhere to it or apply it to their gambling. At the next level up are ‘In-time supports’ which attempt to assist people whose gambling may be reaching a point where it is, or could, cause them some harm. Examples might be people who are very regular gamblers or who spend too much on single occasions. Finally, there are full-supports and potential follow-up interventions that are designed to assist people who are experiencing problems with their gambling.

Other key elements for best-practice venue operation include (Figure 1, above):

- *Awareness level* - provide information to people to allow them to make informed choices about their gambling decisions, choice of game (e.g., how much it costs), the odds of different outcomes, the risks of gambling, and associated support services. ‘Just-in-time’ supports would additionally include services such as pre-commitment or other technology that enables people to monitor their expenditure (although this could also be a form of awareness) and also (if they choose) to set reminders, limits, time-outs or impose other modifications to the gambling environment so as to minimise their risk of excessive or ‘harmful’ gambling.
- *Support level* - offer services that link people to help providers and which options such as self-exclusion (in addition to time-out options) or which encourage them to take advantage of budgeting facilities (e.g., pre-commitment systems) that should be available for carded players at the venue.

The facilitators or resources necessary for providing these services, also summarised in the figure, include (a) employing well-trained and well-resourced staff with a variety of skills (e.g., customer service, counselling, knowledge of gambling and problem gambling); (b) providing high quality staff training for those who come into contact with people on the gaming floor, and (c) developing resources to facilitate implementation of RG services. In modern casinos, those resources include facial recognition technology that can detect breaches of self-exclusion and predictive algorithms (AI) that analyse key play related variables.



Other important elements of a best practice system are the capacity to:

- (a) *Integrate the different RG services and programs effectively*: The term integration refers to the extent to which different responsible gaming elements combine to form a continuous or articulated service. An effective system would be one where there is flexibility to deliver interventions that match the severity of the case encountered and capacity to integrate all elements within the system. For example, in cases where a person might be reluctant to set up a self-exclusion order, it should be possible to consider other harm minimisation options.
- (b) *Generate measurable and visible evidence of effectiveness and indicated by output indicators and outcomes*: The activity of RG should be visible, clearly articulated, and provided in a form, transparent to review, that clearly exemplifies the volume of activity undertaken (e.g., how many self-exclusions in a given period) and the types of patron assisted. More importantly, it should be possible to determine the outcome of RG services. To what extent did the intervention assist the person over time? Did the person return to the Casino? Did they stop gambling at problematic levels, or did they merely transfer their activity elsewhere? The development of outcomes should be linked to the level of integration in the system to foster longitudinal evaluation of intervention participants. In addition, the RG model should demonstrate an extension of the duty of care beyond the basic intervention or compliance requirements to determine whether the person took the recommended action and if they need any further support.
- (c) *Produce evidence to inform the refinement of existing services (continuous improvement)*: A logical sequitur of point (b) is that a world-class responsible gambling model should have the ability to be refined or developed based on evidence. Some of this evidence might arise from the field of gambling (e.g., developments internationally or nationally) that become known to the Casino. Other changes would be expected to occur as a result of analysis of data collected as part of the ongoing evaluation and documentation of the operation of the responsible gambling model. For example, have changes made to self-exclusion led to improvements in the detection of breaches?

#### **1.4 Overview of specific best practices in RG**

The following sections summarise what is currently known about the most effective ways to design the different elements of responsible gambling programs.

### 1.4.1. Staff training

#### A. Overview

A useful reference point for establishing the baseline level of staff training prevalent in the Australian gaming industry is to examine the national training requirements. Venue staff training in Australia is referenced against a national Australian standard: *Provide Responsible Gambling Services* (Code: SITHGAM001). Such training is required in all Australian jurisdictions under current legislation and as specified in various industry codes of practice. Current legislative requirements to which Crown Resorts has to comply include:

**Victoria:** The Casino Control Act 1991 and Gambling Regulation Act 2003 requires all gambling operators to develop a Responsible Gambling Code of Conduct that complies with the Ministerial Direction under the Act. These provisions require that staff conduct the operations of the Casino in a manner that meets the requirements under the code. Important elements include: (a) the knowledge and ability to assist customers who have reported gambling problems or require assistance with self-exclusion; and (b) who show visible signs of distress that may be related to problem gambling. Staff must have the knowledge and skills to respect the privacy of patrons, deal with complaints and be able to instigate the actions required for a person to receive assistance (e.g., from support services) (Victorian Government, 2018).

**Western Australia:** Western Australia largely operates under a voluntary code. The peak industry body the Problem Gambling Support Services Committee comprised of Crown Perth, Lotterywest, Racing and Wagering Western Australia and the WA Bookmakers Association works with the State Government to fund initiatives to support awareness campaigns, services and research to reduce harms associated with problem gambling. Crown Perth's staff training addresses the national training standards and has synergies with the work developed for the Melbourne casino.

**New South Wales:** RG provisions have been included in many Acts relevant to different gambling types, including the *Casino Control Act 1992*, *Gambling Machines Regulation 2002*, *Registered Clubs Act 1976*, amongst others. The intention of these measures is to minimise the harm associated with the misuse and abuse of gambling and to promote the responsible conduct of gambling. To fulfil this second objective, the Acts provide for the development of codes of practice within different sectors of the industry. However, these codes are not mandatory. It is the industry's responsibility to develop appropriate responsible gambling practices that are consistent with the legislation. The

legislation requires that operators develop approved staff training programs. New requirements may emerge under the proposed Gaming Machines Amendment (Gambling Harm Minimisation Bill 2020).

### B. Mandated content of Australian staff-training programs

Five hours of training is the standard for staff education, designed to provide the “...skills and knowledge required to provide responsible gambling services, and to assist those customers who have issues with problem gambling.” (Australian Government, 2020). Although the exact content of each course varies by jurisdiction as based on State and Territory laws, the content and format of training courses are generally similar. Material is usually provided in a one or two day program of instruction that might comprise a series of mini-lectures, tutorial-style discussions, online modules or case-study examples. Assessments will usually be based on attendance, participation in sessions and the completion of written exercises or quiz questions to a certain level of accuracy or competence. Three principal components are usually included in training:

#### *Component 1: Compliance with legislation and the relevant codes*

- The nature of mandatory and voluntary regulatory requirements for the gambling in industry specific to that particular state, including discussion of any codes of practice.

#### *Component 2: Understanding the broader context/ nature of gambling and problem gambling*

- The nature of gambling (e.g., why people gamble), the nature and prevalence of problem gambling;
- The benefits of the gambling industry to economic growth and community wellbeing;
- The concept of responsible gambling and how this can be practised by the industry.

#### *Component 3: Procedures, policies or processes to assist gamblers or reduce harm*

- Guidelines for administering the self-exclusion processes;
- Knowledge of other available supports (e.g., pre-commitment facilities);
- Knowledge of available resources and services and mechanisms for accessing services via the organisational reporting structures in the organisation;
- Strategies for recognising visible signs of problematic gambling behaviour;

- Methods of communicating with gamblers who show signs of distress (e.g., how to speak to customers in a non-threatening or judgemental way, conveying concern in a clear, concise and empathic manner).

### C. Best practice principles for responsible gambling training

Criteria for assessing the quality of staff training can be drawn from training principles more broadly as well as from published literature relating specifically to RG training. At a pedagogical level, a better quality training program would be expected to have a number of qualities. These include:

- Clearly articulated learning outcomes that are related to the content and assessment outcomes;
- Comprehensive and engaging content that covers both organising principles/ theoretical/ conceptual ideas as well as practical applications;
- Flexible delivery, fostering engagement with information in a variety of ways (e.g., face-to-face and online);
- Direct as well as independent learning (e.g., readings, materials that the student has to study independently);
- Practical skills development that can be applied in real-life situations across multiple levels of interactions with customers;
- Opportunities for small-group peer discussions and sharing of information;
- Engagement with a variety of delivery modes (e.g., class or lecture style, tutorials, multi-media, online). Multi-media brings the benefits of dual-coding; being able to present material in both visual as well as audio forms so as to increase engagement and retention;
- Appropriately trained instructors who are familiar with the material and who are able to present the material in a coherent and engaging way.
- To aid retention, material should be broken into meaningful sections perhaps over multiple sessions, and students need to be able to engage with the work in different ways (e.g., apply the knowledge).

A number of national and international studies have examined staff effectiveness and insights for improvement (see Table 1). However, relatively few evaluations focus on problem gambling training. In general, the content of international programs is very similar to those in Australia, but there are key elements of some studies that bear on RG at Crown. A

study by Dufour et al. (2010), which included a control group and a follow-up period, found that training can be effective in increasing knowledge, attitudes and staff confidence in the short-term and can also lead to behavioural changes (i.e., a greater likelihood of responding to patrons who appear to be experiencing distress). However, results indicated that learning outcomes and behavioural changes are not well maintained six-months post-training, suggesting "boosters" and monitoring may be necessary to prolong effects. In a systematic review of staff training programs, Beckett and colleagues (2020) concluded that a majority of programs lacked practical skills training, despite providing information on indicators of gambling problems.

**Table 1. Summary of peer-reviewed articles on staff training outcomes**

Name	Year	Country	Sample	Design	Findings
Smitheringale	2001	Canada	N = 950	Pre-post	-Increased knowledge; better practical skills at identifying PGs; At 3 mths, ½ who had identified a PG had made an approach
Bybee	2000	USA	N = 55	Pre-post	-Increased knowledge from training
Ladouceur et al.	2004	Canada	N = 707	Pre-post	-Better understanding of randomness and PG; better understanding of how to approach PGs -More approaches made post 6 mths
Giroux et al.	2008	Canada	N = 2432	Pre-post	-Improved attitudes to RGs and PGs; more knowledge of gambling; better knowledge of RG procedures. -Most knowledge retained at 6 mths, but procedural knowledge showed evidence of loss.
Ladouceur & Ferland	2007	Canada/ USA	N = 5922	Pre-post	-Increase in knowledge; attitudes and satisfaction with the training

Dufour et al.	2010	Canada	N = 826	Pre-post with control	<p>-3 hour training with workshops, multi-media, small group learning</p> <p>-Improvements in knowledge of PG; optimal times to intervene on gaming floor; how to refer PGs to services; greater desire to help PGs.</p> <p>-Some knowledge drop-off after 8 months (e.g., understanding gambling)</p> <p>-Included behavioural measures to see if staff would hand out brochure to an identified PG. No evidence of improvement in this behaviour (around 1/3 did this before and after training).</p> <p>-Training improvements better than the control group with no training</p>
La Plante et al.	2012	USA	N = 217	Pre-post	<p>-Increase in knowledge and RG concepts</p> <p>-Study taught staff to refer to help services rather than identify and intervene themselves</p>
Quilty et al.	2015	Canada	N = 130	Pre-post	<p>-Study focused on barriers to identifying problem gamblers</p> <p>-Majority of people indicated that they could identify PGs, but found approaching more difficult</p>
Hing & Nuske	2012	Australia	N = 50	Qualitative	<p>-Examined the barriers associated with identifying problem gamblers in venues</p> <p>-Staff knew the indicators but found it hard to approach at-risk patrons.</p>
Hing et al.	2013	Australia	N = 48	Qualitative	<p>-Focused on identifying and approaching PGs</p> <p>-Similar findings as above</p>

					-Role conflict and competing profit motive of venue a barrier.
Wong & Poon	2011	Asia	N = 83	Pre-post	-Training was well received; increased knowledge; how to respond; how to be more empathic; feel less helpless  -Increase in knowledge of warning signs; understanding gambling -More confident in ability to respond
Tomei & Zumwald	2017	Switzerland	N= 177	Pre-post	-Examined barriers to interventions in venues -Main concern was how the patron would react (67%); not being sure if the person was a PG (19%); not enough time (15%) and not their role (12%) -Role conflict: against the interests of profit-motive of venue seen as barrier

PG = Problem gambler

Findings from these studies and other guides and reviews provide insights for developing high quality RG training. These broadly converge into the following areas or themes and are summarised in Table 2 (below).

**Content improvements:** The studies underscore the importance of there being a focus on practical skills, since staff commonly find it difficult to engage in proactive behaviours. In particular, they are often reluctant to approach people who appear to be displaying distress or be experiencing gambling harm, because they are unsure how to identify a problem gambler, fear embarrassing the patron, or are uncertain about their role in the process. These findings indicate that a greater focus on role-playing, case studies, video examples, and customer interaction skills, including scripts and anticipated responses, should be important parts of training. Staff should learn how to display professionalism and empathy, create opportunities for interactions, and encourage discussion, among other pre-clinical counselling skills. Training should also be offered at both the basic and advanced levels, affording experienced staffers more nuanced instruction on difficult customer interaction skills.

**Levels of training and specialisation:** A number of researchers referred to the potential value of having some specialised staff in each venue who take the role of dealing with complex situations involving clients. These staff would have training and skills that enables them to interact with patrons who are distressed or who might be reluctant to admit that they are experiencing difficulties with gambling. In light of the quality training received by staff, it is considered that Crown meets this international benchmark/ standard very well.

**Relevant skills of trainers:** There is also evidence to suggest that training may be more effective when the trainers are seen as more credible. By ‘credible, it is meant that they should be seen to have had first-hand experience working in venues so that they can draw upon their own professional experiences. Other ideas that have been discussed in include the use of ‘lived-experience’ or ‘consumer- voice’ speakers who can talk about what is like to be negatively affected by gambling so as to encourage greater empathy and insights into the experiences and behavioural habits of gamblers.

**Teaching formats:** There was strong support for varied and engaged teaching formats. Another particular format that could be considered is on-site training, where new staff are sometimes trained on the gaming floor. Staff members might be shadowed by other staff, or be asked to make observations, as based on time spent in different parts of the gaming floor.

**Ongoing professional development:** Studies also underscore the importance of follow-up training or ‘refresher’ trainings. Evidence suggests that some areas of knowledge are lost after six months, and staff benefit from selective refresher training every year. An important aspect of this ongoing training would be to focus more on reflection and professional experience with application of basic skills. The new Victorian Responsible Gambling Training module structure (Module 2 after six months) and refresher training every three years has been built upon recommendations from research into gambling staff training <https://www.justice.vic.gov.au/safer-communities/gambling/responsible-service-of-gaming-training>.

**Evaluation component and Evidence of Impact:** A best practice program of staff training should have the capacity for outcome evaluation. It should be possible to obtain insights into how well knowledge is being retained once the training has been completed and whether it has led to changes in knowledge, attitudes, and/or behaviour. Are trained staff recording more warning signs of problem gambling, noticing more people who might be experiencing gambling harm and what percentage of staff are taking action? The evidence



indicates that the Responsible Gambling staff are well trained in this regard and meet these expectations to a high degree. An evaluation component (e.g., which might be a short spot-assessment) could be useful to enhance the ongoing improvement of the initial training (Blaszczynski et al, 2004; Hauesler, 2019).

**Informational support / Resources:** Current research indicates that some areas of knowledge tend to be lost more quickly than others (Dufour et al., 2010). For example, staff appear to remember information about the nature of gambling and overall responsibilities some months later, but they forget the specifics of how to undertake some processes, e.g., the procedures associated with self-exclusion or other activities involving situations where they have to follow a process or refer the matter to someone else. This loss of information could be improved if staff could be provided with easily accessible reminders or key information or processes, e.g., via a FAQ site, app, intranet, or easy to access manual in a consistent place.

**Mentoring and peer support:** Another insight arising in qualitative studies was the idea that training should be strengthened and reinforced through ongoing peer support (Dufour et al., 2010). Staff should have periodic meetings where they discuss their experiences applying some of the skills which they had acquired in training. Ideally, senior staff could act as mentors to the new staff and be available via online platforms or at staff meetings or performance reviews to provide advice and feedback or where possible and appropriate shadow some of their early interactions with patrons. Another role of mentoring and peer support is to be alert for signs that staff themselves might be developing problems with gambling. Studies in Australia, for example, have shown that venue staff have a higher risk of developing gambling problems because of continuous exposure to gambling opportunities (Hing & Breen, 2008).

**Table 2. Summary of best practice features of responsible gambling training**

	Best practice qualities
A. Content	-Goes beyond basic compliance and provides practical skills
B. Levels of training and specialisation	-Has the capacity for specialist roles and advanced levels of competency
C. Relevant skills of trainers	-Trainers have relevant experience in the practical application of the skills
D. Format of training	-Training is flexible, multi-faceted, but also practical.
E. Ongoing professional development	-There is capacity for refresher training, strategies to deal with the loss of information, and tailored to the level of professional experience.
F. Evaluation component on evidence of impact	-There is capacity to capture tangible outcomes and impact on RG practices.
G. Informational support / resources	-Staff have easy access to information and processes that they were taught.
H. Mentoring and peer support	-There is support available for new staff and for those who might be experiencing problems themselves.

A key over-arching principle in this model of training is that it goes beyond the basic elements set out in the national standard or what might be required by legislation or codes or practice. As Lee et al. (2013) have argued and found support for in their research: RG programs work most effectively when the staff on the ground and management are in alignment. Staff trust increases when they experience their organisation voluntarily embracing new initiatives beyond basic compliance. According to Lee and colleagues (2013),

*“supplementary RG (SRG) activities have a positive effect [on trust]- while compulsory RG (CRG) activities have a negative effect on casino employees” (p. 412)*

Such observations are consistent with broader principles in social psychology which show that there is a greater transformation of attitudes when people are intrinsically motivated to engage in activities such as training. Mandatory, compliance based training does not engender the same level of commitment and interest as when an organisation voluntarily establishes its own measures to effect changes- in this case, minimise gambling harm.

## 1.5 Identifying harmful or problematic gambling in venues

Staff training studies show that venue staff are generally confident in their ability to: (a) recognise indicators of gambling harm in venues (Hing et al., 2013; Quilty et al., 2015); and (b) identify individuals who are likely to be higher risk gamblers. These findings are consistent with research that has specifically examined behavioural indicators and how they might be used in venues as well as the facilitators and barriers to identification processes (Delfabbro et al., 2007; Hafeli & Schneider, 2006; Thomas, Delfabbro, & Armstrong, 2014). The principal findings from this research are generally consistent with those arising from the staff training research:

- There are behavioural indicators of problem gambling that are statistically more common in higher than lower risk gamblers.
- Indicators can be classified into categories: intensity and frequency; obtaining funds; social and emotional; and, other categories relating to irrational or anti-social behaviour.
- Indicators appear to vary in severity: Some appear to be 'red flags' or indicative of harm on their own (e.g., asking for credit), whereas others are more indicative and need to be observed in conjunction with other indicators.

All of the studies generally agree that there are barriers to using indicators in venues, which become more significant when venues are larger, there are more people, and the area of the gaming floor is larger. Primary barriers are: (a) Organisational barriers, including the lack of clear reporting processes or chain of command; no process for logging incidents; and the general organisational culture, and (b) Personal barriers, including unwillingness or reluctance to intervene (e.g., staff are not counsellors, trained in recognising problem gambling, it's "bad for business").

### 1.5.1 Best practice guidelines for identifying problem gamblers

In combinations, these observations have been used to suggest best practice guidelines for more effective strategies to enhance the quality and effectiveness of identification processes.

#### A. Effective use of indicators

As Delfabbro (2019) pointed out in the ACT, indicator models appear to suggest that better identification comes from: (a) differentiating indicators based on the level of risk and

(b) combining different types of indicator. In other words, one is more likely to detect PGs if one can observe high risk indicators (even though these are rare) and/or those that fall across more than one category (e.g., social and emotional as well as intensity and frequency). Differentiation of indicators by severity and type can help staff remember them and could make observations easier. These distinctions should be used in training and also in the logging system used to record indicators.

#### B. Effective logging and recording

A significant challenge with using indicators is that different staff members may observe the same patron; observations may occur over multiple gambling sessions; and, information may need to be combined before being able to make any reasonable judgement about a person's status. Swiss casinos, where observations are logged against a set of key indicators, are evidence of best practice in this area (Hafeli & Schneider, 2006). If a certain number of indicators are recorded, then this may warrant casino intervention. Logs of this nature need to be easily accessible and should be easy to access by the staff member recording the observation. A checklist based system rather than just text entry might make information easier to accumulate for identifying gamblers of potential interest.

#### C. Triangulation of information

An identification system should also attempt to bring together other relevant sources of information. For example, if the person were gambling using a card on EGMs and could be identified, it would be possible to obtain estimates of frequency and intensity of gambling to obtain additional indicator information without long periods of observation. In modern casinos, it may also be possible to link these logs to facial recognition technology so that particular gamblers of significant concern might be identified and observed more carefully.

#### D. Narrowing the population of interest

It is not practical or efficient for venue staff to record incident logs of every person who displays any moderate level indicator of potential gambling harm. Instead, it is potentially more effective to target populations where the percentage of problem gamblers is likely to be higher. Given that around 15-20% regular EGM players have been classified as PGs in studies, then staff will be more likely to be targeting valid gambler-of-interest (GOI) if they can identify those who gamble three times per week or more as the principal focus for their observations. It is better to look for valid observation on smaller population than to 'cast the net too wide.' Such insights can be included in training by providing staff with

knowledge of the likely breakdown of gambling risk categories, i.e., what sort of people and what percentage are most likely to be the high risk gamblers.

#### E. Effective interactions

Several strategies have been recommended to address the ongoing challenge of approaching people in venues: (a) greater specialised training in role-playing, scripts, using certain approaches or language when interacting with customers; (b) looking for opportunities to provide information or advice in a non-judgmental way; (c) making responsible gambling interventions part of the culture and almost expected by customers, e.g., normalising asking for advice or assistance, or staff proactively approaching individuals exhibiting at-risk indicators. If speaking to customer service about gambling was no longer seen to be about problems with gambling, engagement with responsible gambling staff would be less stigmatising. The large-scale and noise of a large casino could potentially create opportunities to enhance the privacy of interactions. The Victorian Responsible Gambling Foundation best practice guidelines for the implementation of the Code also refer to the potential value of staff rewards being associated with demonstrated good practice in RG interventions (Victorian Responsible Gambling Foundation, 2020). In New Zealand, the Department of Internal Affairs (2017) has also suggested that staff conduct more regular sweeps of certain areas (every 15 minutes) and try to engage with patrons in casual conversations in the hope that this might encourage them to say more about their gambling (in situations where the person might appear to be showing some warning signs).

#### F. Clear role statements

Another consistent theme arising in multiple studies (e.g., Hing & Nuske, 2008; Hing et al., 2009) is the challenge of balancing different roles. Venue staff may feel a conflict between their role as facilitators of the organisation's profitability and entertainment function and their host responsibility functions. Another confusion relates to the extent to which they might be seen as qualified to intervene when patrons show signs of gambling distress. A problematic aspect of some training programs (e.g., La Plante et al., 2012) is that staff might be told that 'it is not their role' to intervene or that 'they cannot diagnose problem gambling' or that they are 'are not counsellors'. A best practice system should not encourage this sort of passivity or confusion. Instead, staff should receive training that enables engagement with at-risk patrons and there should be clear guidelines about the roles and expectations about staff responsibilities.

### G. Clear reporting lines

In addition to having clear role statements, staff should be able to report information and refer to others in a timely fashion. There should be a clear reporting line in situations where gamblers are identified as being at risk. The person to whom the staff member reports should be available or else a substitute person should be available. In some large casinos in the world, the reporting chain for reporting the details of GOI is set out clearly in a flow-chart and often in a manualised form that is easily accessible to staff members.

**Table 3. Summary of best practice features of in-venue identification processes**

	Best practice qualities
A. Effective use of indicators	-Differentiates red flags from lower risk indicators -Use indicators across multiple categories
B. Effective logging and recording	-Effective logging systems, use of checklists, easy compilation of observations
C. Triangulation of information	-Find opportunities to combine sources of information, e.g., EGM tracking data with physical observations
D. Narrowing the population of interest	-Find effective ways to narrow down the population of interest, e.g., based on frequency or level of expenditure
E. Effective interactions	-Training that focuses on interactions, creating rapport -Making interactions more normalised
F. Clear role statements	-Staff have clear expectations and training to initiate interactions.
G. Clear reporting lines	-There are clearly identifiable and available individuals to whom staff can report

## 1.6 Informed choice and gambler information

The broadest intervention provided by gambling operators is to provide information to allow gamblers to make an informed choice to gamble responsibly as is detailed in the Victorian government's Ministerial Direction and the Responsible Gambling Foundation's best practice guidelines. Similar information is required in many jurisdictions around the world. These directives generally require venues to provide:

- Messaging and information that the venue supports responsible gambling and that services and supports are available;
- Information on the nature of the responsible gambling services available (self-exclusion, any help centres or kiosks, support staff, pre-commitment functionality on carded play);
- Information concerning the odds, rules and return to player for various forms of gambling;
- Warning signs for problem gambling or even a screening tool;
- Information concerning appropriate behaviour, including the venues prohibition on the use of credit to gamble;
- Contact details for external help services.

Most responsible codes of practice indicate the required size, presentation and positioning of signage and messaging in the venue. Venues are usually required to provide brochures in accessible places (e.g., may be near gambling areas, cashier windows, in dedicated booths, or even in the washrooms). Relatively little research, to date, has focused specifically on providing information to gamblers. Table 4 details important considerations for informed choice.

**Table 4. Summary of best practice for providing information**

	Best practice qualities
A. Making information accessible	-Information of support services should be provided in multiple locations, including online to avoid stigma, or combined with other information
B. Address both objective and subjective beliefs	-It is important to provide both basic consumer information about odds ('cold information'), but also attempt to address erroneous beliefs, or so-called 'hot cognitions' that are common in gamblers
C. Using visible and dynamic information displays	-Messages should be visible and dynamically presented to attract attention.

### 1.7 Pre-commitment/ Budget-setting technology

Voluntary pre-commitment/budget setting technology has been enabled in venues around the world. There was the 'responsible gambling device' trial in Nova Scotia (Bernard et al., 2006; Focal Research, 2007; Omnifacts Bristol, 2007), the Worldsmart trial across multiple venues in South Australia (Schottler Consulting, 2010), and the PlayScan system developed by Svenska Spel in Sweden (International Poker Committee, 2008). Other noteworthy examples include the *icare* system applied for some years in Manitoba (Davies, 2007) as well as Veikkaus' system in Finland, and the mandatory systems in Norway that apply to specific classes of VLT. These systems usually offer a range of functionality: (a) Money and/ or time-limits for a specified period: day, week, month; (b) opportunities for time-out or exclusion periods; (c) activity statements, either on a second screen, periodically or by Internet access; and (d) information on links to local support services. Some of the more advanced systems (e.g., Veikkaus in Finland) has a 'panic button' so that players can stop gambling immediately as well as a predictive and validated algorithm that enable patterns associated with problem gambling to be identified<sup>1</sup>. PlayScan in Sweden uses a traffic light system to alert players to the riskiness of their level of play. The Norwegian system uses mandatory carded play across a specified class of machines and sets monthly and daily expenditure limits that cannot be exceeded.

<sup>1</sup> Focal Research/ Tony Schellinck and Tracy Schran's work is known to many casino operators. These predictive algorithms have not been subject to independent validation and tend to offer 'after the fact' analyses of at-risk cases rather than real-time identification (depending on how the system is implemented).



Evidence from evaluations of these systems are highly mixed. In general, the Norwegian system leads to declines in expenditure across the month (Engebø, 2013), but this system is not currently relevant for discussions of best-practice in Australia because all relevant Australian systems are voluntary. The findings from the voluntary pre-commitment studies are generally quite consistent (Ladouceur, Blaszczynski, & LaLande, 2012). The uptake of voluntary pre-commitment is extremely low. Most trials show that only 1-5% of people voluntarily sign-up for pre-commitment systems and very few use time-based limits. Even when people are actively encouraged to sign up, the rate of utilisation drops off significantly over time and can be close to 0% after around 6 months (Delfabbro, 2012). Another principal challenge is that the majority of lower risk or recreational gamblers do not feel that limit-setting is necessary because they do not spend at a level that warrants controls to be imposed. Systems such as these also raise questions about privacy if the messaging or machine responses to limit breaches are audible or visible on the screen. There is also evidence that messaging should not occur too often, otherwise it becomes distracting and annoying and may undermine people's interest in using the technology. Other documented problems included problems with transfers between machines; people being able to borrow or use multiple cards to gamble; and people's tendency to set limits so high that they would have no meaningful impact on their behaviour. However, overall, evaluations in Nova Scotia and Worldsmart have reported that players find personalised information screens useful and do not mind knowing how much they are spending over time.

Most studies of pre-commitment have included various forms of process evaluation, so that it is possible identify features that would appear to enhance the value of these tools.

**Table 5. Summary of best practice features of pre-commitment systems**

	Best practice qualities
A. Effective promotion to users	-Promoted using appropriate language that makes the features more attractive to lower risk gamblers
B. Easy accessibility	-It should be possible to sign up discreetly such as by doing it online
C. Clear sign-up processes	-Staff need to be well-trained to make the system easy to understand -The system should not be too complex
D. Avoid complexity	-The system should not have too many choices because this can create confusion
E. Avoiding stigma and protecting privacy	-Messaging should be visible on to the gambler and not have sounds to attract attention.
F. Use of default limits or opt-out	-Behavioural economics principles could be applied, e.g., opt out of default limits, risk colour bands presented
G. Framing the limit	-The budget should be seen as an upper amount rather than a 'safe' amount
H. Data quality and accessibility	-Pre-commitment and EGM tracking data should be well-maintained to enhance the quality of analysis in evaluations

### 1.8 Time-out features

It is well-established that people who gamble on EGMs can lose track of reality and time and experience dissociative-like states in which they feel like someone else is controlling their behaviour. Such experiences are central to some well-respected models of addiction (Anderson & Brown, 1984; Jacobs, 1986) and have been discussed in relation to gaming machines (Dow-Shull, 2012; Griffiths, 1995). The pathways model, for example, suggests that vulnerable people with early traumatic experiences or co-morbidities such as depression and anxiety are particularly prone to using gambling as a form of escape (Blaszczynski & Nower, 2002). Dow-Shull and Griffiths argue that gaming machines and venue environments are often conducive to people going into a 'zone,' losing track of time and/or expenditures.

For these reasons, breaks-in-play (i.e. stoppage in gambling activity) might be useful to encourage people to 'return to reality' and make rational choices. A number of studies

have found that pop-up message breaks can serve a useful purpose to remind people to reconsider their gambling decisions if they are more dynamic and centrally placed on EGMs (Gainsbury et al., 2015a, b), but it is unknown whether the benefits arise from the break or the message. If the experimental results and pre-commitment trials are any indication, it appears that the messages may play a more important role. Another study, featuring forced breaks in play, found that breaks in the absence of accompanying self-appraisal messages resulted in the unintended consequence of increasing rather than decreasing players' craving and desire to continue gambling (Blaszczynski et al., 2016). This was attributed to the fact that such forced breaks without self-appraisal messages designed to encourage self-reflection on their behaviour lead to frustration at being denied the opportunity to complete what they started. These experimental findings accord very well with the findings of the pre-commitment studies described in the previous section. People generally did not like to use time-based limits or break-in-play features, which could inadvertently lead to binge gambling (spending with abandon up to the stopping point).

Best practice would generally differentiate between voluntary, self-imposed breaks and meaningful breaks, timed around natural break periods such as mealtimes (see Table 6).

**Table 6. Summary of best practice for time-outs**

	Best practice qualities
A. Use voluntary breaks	-Force breaks can cause player frustration and may not be popular with players.
B. Meaningful breaks	-Breaks might be best timed around mealtimes and require a meaningful break from gambling activity rather than short ones that are badly timed, and which disrupt play.

## 1.9 Self-exclusion

Self-exclusion programs represent a major cornerstone of responsible gambling strategies offered by casino operators. Australian states require casino operators to offer self-exclusion programs through legislation or as a condition of their licence. Self-exclusion programs are designed to allow an individual to voluntarily enter an agreement to prohibit entry onto the gaming area of a single, or in some jurisdiction, multiple premises. Some jurisdictions allow third party (family members and significant others): South Australia (*Problem Gambling Family Protection Orders Act and Independent Gambling Authority Act*

1995), Australian Capital Territory (*Gambling and Racing Control [Code of Practice] Regulation 2002*), Queensland (*Casino Control Act 1982*), Tasmania (*Gaming Control Act 1993*), Northern Territory (*Gaming Machine Act*), Singapore (*The Casino Control Act*), and Macau (*Regulating the Conditions of Entering, Working and Gaming at Casinos*). Legislation is not specified for New South Wales and Western Australia (Crown Perth). Venue initiated exclusion or withdrawal of licence are additional options for excluding individuals. Self-exclusion agreements contain provisions for casino staff to remove the individual from the premise with options in some case for fines to be imposed, confiscation of winnings, or charges for trespassing (Williams et al., 2012).

The research literature indicates that self-exclusion results in significant benefits for self-excluded individuals, extending from a reduction in gambling behaviour and problem gambling severity to improved psychosocial functioning, (Gainsbury, 2014; Hayer & Meyer, 2011; Ladouceur, Jacques, Giroux, Ferland, & Leblond, 2000; Ladouceur, Sylvain, & Gosselin, 2007; Pickering, Blaszczynski, & Gainsbury, 2018; Townshend, 2007). A recent systematic review of the literature highlighted the wide variance in metrics that reflect the effectiveness of self-exclusion, with rates of abstinence ranging from 13% to 81%, gambling reduction between 29% and 92%, and changes in pathological gambling from 61% to 90% pre-, to 13% - 26% post- self-exclusion, respectively (Kotler, Kraplin, Pitting, & Buhringer, 2019).

Balanced against the positive benefits, evidence suggests relatively low program enrolment rates of 9% to 7% of those meeting past twelve-month and 0.4% to 1.5% for life-time criteria for problem gambling (Nowatzki & Williams, 2002; Productivity Commission, 2010). Non-compliance rates are in the vicinity of one to two-thirds (breaches) of which the majority remain undetected (Nelson, Kleschinsky, LaBrie, Kaplan, & Shaffer, 2009; Schrans, Schellinck, & Grace, 2004) with around two-thirds to three quarters electing to gamble at alternative venues (Nelson et al., 2009; Responsible Gambling Council, 2008).

### **1.9.1 Associated support and referral to treatment**

It is reasonable to expect that a proportion of individuals will decline to seek external treatment or assistance for a variety of reasons. Blaszczynski, Ladouceur and Nower (2007) proposed a model that entailed an independent 'educator' tasked with discussing options and enhancing motivations to seek a variety of services: regular telephone support, treatment

programmes, Gamblers Anonymous and financial counselling as substance abuse and mental health services where appropriate. Crown provides information and advice regarding the benefits of seeking additional counselling, Consideration could be given to Crown developing specific written material specifically targeting gamblers expressing reluctance to obtain external treatment or assistance.

### **1.9.2 Detection of breaches**

The strength of any self-exclusion program is reliant on the venues' capacity to detect breaches of self-exclusion agreements, that is, unauthorised re-entry into the gaming area or premise. Processes that rely on staff to recognise a self-excluded individual entering premises from photographs taken at enrolment have been demonstrated to be ineffective, as a third or more self-excluded gamblers breach their agreement, often undetected on multiple occasions. The use of facial recognition technology has reduced the reliance and burden imposed on general staff and improved the accuracy of detection (although technology limitations and attempts to subvert recognition by wearing hats and sunglasses prevent 100% detection).

### **1.9.3 Revocation and reinstatement**

There is minimal research data in the public arena on the proportion of self-excluded players who apply to have self-exclusion lifted (Revocation) or to be removed from the list of self-exclusion enrollees to re-enter the gambling venue (Reinstatement). There is also a dearth of data describing the characteristics that differentiate these subgroups of individuals, or the variable that predict successful outcomes or relapses on resumption of gambling. This has implications on the processes involved in applications for revocation where requirements exist for assessments and reports carried out by counsellors. It remains difficult to predict the likelihood of relapse following reinstatement, and therefore decisions to revocation should include a comprehensive assessment of past history, severity of problems, and any action sought to obtain treatment or counselling.

The Canadian Responsible Gambling Council (2016) undertook a literature review and qualitative study in an attempt to establish best-practice principles for revocation and reinstatement of self-exclusion programs. The recommendations included a series of strategies depending on the risk level of the gambler, ranging from meeting the gambling staff for strategy development and receiving educational materials, to provisions for marketing, loyalty programs and access to credit. The key differences were the level of

voluntary versus mandatory participation required of the player, depending on the risk level for problem gambling.

### **1.10 Third party exclusion**

Gambling-related harms are experienced, not only by the individual gambler, but also by family members and significant others. Family members report feeling disempowered by their inability to persuade a problem gambler to receive treatment or to restrict their access to venues. As a consequence, families are exposed to the risk of significant financial losses in addition to the associated experience of psychological and emotional distress and sense of helplessness. Third party self-exclusions are designed to assist family members and significant others in intervening by applying to the venue operator or regulator to have a person excluded from entry into a venue.

Schottler Consulting (2017) recently completed a comprehensive and detailed review of Australian and international third-party exclusion programs. The report concluded that third-party exclusions options attracted strong community support but that the evidence for their effectiveness was less than compelling. However, the application of third-party exclusions may have substantial merit in cases where there is clear evidence of impaired capacity to make informed decisions or the effects of medication affecting inhibitory controls, for example, dopamine agonists used in Parkinson's disease.

Challenges to valid third-party requests include vexatious applications in acrimonious relationship conflicts, attempts to gain revenge following disputes, or family members acting to protect inheritance payouts. These factors impose additional burdens on administrative processes in the adjudication of applications. However, according to Schottler Consulting, the costs of implementing third-party exclusion programs are marginal. Most involve the use of existing staff or engage external panels to assess applications. These processes range from having applications dealt with through regulators (e.g., South Australia: venue initiated or Department of Consumer Affairs barring orders), independent panels (Singapore National Council for Responsible Gambling), or internal venue operator committees (South Australia, Tasmania, ACT, Sky and Crown casinos).

It is noted that third-party exclusions are generally limited to specific venues with inherent difficulties in expanding the provision to other land-based venues or online operators in the absence of a national integrated exclusion database. Thus, as Schottler Consulting

observe, many excluded individuals would gamble at other venues reducing the impact of third-party exclusions of a nominated venue.

Although a small number of families gained benefit, the take-up rate is low (potentially due to minimal promotion and awareness), breach rates high, and possible increased risks for domestic violence. Alternative interventions targeting mandatory counselling and restricting financial access were considered as having a greater potential benefit compared to exclusion.

### **1.11 Time out program**

Time out options form part of the suite of responsible gambling tools offered by major online operators. This tool allows account holders to voluntarily suspend their accounts for short timeframes, ranging from one to a few days to generally under six months. Such time out options are considered a useful consumer protection facility (Griffiths, Wood, & Parke, 2009), particularly for individuals reluctant to enter longer-term self-exclusion programs but recognise a need to take a break to regain control. Minimal data is available on the proportion of online account holders using time out. Time out differs from setting precommitment within-session time limits, in that it allows suspension over an expanded period of time, in contrast to setting discrete, per-day time restrictions.

### **1.12 Brochures and posters**

Printed educational material produced for a variety of public health campaigns have been consistently demonstrated to be effective and economical in communicating relevant information, services and available options to pursue (Eaves, et al., 2016; Hovick & Silver, 2019). As Eaves et al. (2016) found, the presence of written material fostered interactions on the topic, increased likelihood of staff interacting with customers, communicated key issues, and were able to be taken away for later consideration and response.

## Section 2: Crown's Responsible Gambling Programs and Services

### 2.1 Best practice framework and current Crown offerings

As detailed in [Section 1](#) of this report, there is currently no public international "face" of RG among operators. Offerings are largely determined by legislation, regulation, and/or internal policies of operators. As a result, Crown is well positioned to design and implement an RG framework that is comprehensive, dynamic, and positioned to serve as a template for operators worldwide as well as a model for regulators and legislators who may be in search of a framework for their own programs. To that end, Section 2 of this report will highlight where the current Crown offerings fit within the larger arena of international best practices for RG, using the Crown framework of *Awareness*, *Assistance*, and *Support*.

### 2.2 Awareness

#### 2.2.1 Brochures and Posters

Both Crown Melbourne and Perth place a range of brochures within its casinos covering the availability of services and codes of conduct. The brochures contain the necessary information describing each service and are written in language easily understood by 15 to 21 years and older as assessed using the Flesch-Kincaid Readability measure.

These include:

#### *Crown Melbourne*

- Chaplaincy Support Service
- Responsible Gaming Centre
- YourPlay
- Responsible Gambling Code of Conduct
- Third Party Exclusion
- Self-Exclusion

#### *Crown Perth*

- Offers brochures detailing access to player activity statements, a guide to electronic and table games, explaining gaming information terminals, know the odds, responsible gaming, and responsible gaming codes of conduct. These incorporate self-exclusion and third party exclusion.



- Know how much your spending and information on Play Safe.
- Know the electronic games and Know the odds
- Know the table games
- Gaming information terminals (including know electronic games and odds)
- Responsible gaming
- Responsible gaming codes of conduct.

### 2.2.2 Information for machine play

In addition to brochures, individual gaming machines contain an information button which provides specific information on pattern configuration, return to player, and other information that could assist players in making an informed choice. Crown also offers "Learn to Play" terminals to provide players with experience prior to paying to play. The information provided by Crown meets the regulatory guidelines in Victoria and has been found in court to meet the threshold for informed choice in a casino (see *Shonica Guy v. Crown Pty Ltd.*). What is unknown, however, is the extent to which individual players are aware of the brochures and information buttons, actually avail themselves of information, seek out clarification of elements that are unclear, and/or use the information provided to make an informed choice about gambling expenditures. Setting this aside, Crown provides relevant information consistent with standard requirements expected to foster informed choices among individuals.

## 2.3. Assistance

### 2.3.1. YourPlay and Play Safe

The Ministerial Direction in Victoria as well as the best practice guides of the VRGF indicate that the responsible gambling code must assist and support customers to make pre-commitment decisions. In Victoria, EGMs are now fitted with the State-based and administered YourPlay system and Play Safe for fully automated table games that allows players to set time or money limits of varying magnitude and duration. A voluntary add-on to the player loyalty card, YourPlay provides an on-screen reminder to players when they have reached 70% and 90% of their limit. Players can also opt to use a YourPlay card that is "casual," not tied to their player card or personal identification. The YourPlay system provides live action statements during play, which can also be emailed or posted once a week at the player's discretion. Statements detail the money spent and lost, the total time spent playing during the financial year, and the number of times a player has reached their limits.

YourPlay is available on all Crown Melbourne machines and this has taken the place of Crown's own system (Play Safe) which cannot run at the same time; the Play Safe system is still offered on fully automated table games to Crown Rewards members, but uptake is relatively low. Play Safe is available on machines and fully automated games at Crown Perth. Data for YourPlay is held by the Department of Justice & Community Safety, and an evaluation report recently released (South Australian Centre for Economic Studies, 2019). The Report noted the effective implementation of the system but identified overall low usage across clubs and hotels and poor cost-effectiveness. However, positive outcomes for approximately a third of YourPlay users were reported in respect to increased player awareness of expenditure and capacity to maintain limits. The Report listed 23 recommendations for consideration by venues including Crown. These recommendations include staff training, encouragement and promotion of YourPlay usage, and evaluations to achieve better outcomes. Further recommendations are to shift from a current 'collaborative' approach to a compliance and enforcement based regulatory model. To achieve optimal outcomes, it is reasonable to argue that the Department of Justice & Community Safety should act to make data available to Crown for analysis. This would enable Crown to take the initiative in evaluating and monitoring the impact of the YourPlay system and recommend improvements if and where necessary rather than rely on reports provided by external agencies at lengthy intervals.

At Crown Perth, Play Safe is the primary system available on machines and fully automated table games, so there is capacity to consider how this system operates in relation to international knowledge of pre-commitment systems. The Play Safe system allows players to set a daily limit on the amount of money spent and/or the time spent on fully automatic table games. Once a player reaches the limit, an audible warning sounds and a message appears on the point display, indicating the limits is reached. The audible warning sound is at a level not readily heard by other players, but Crown Perth is investigating whether this acts as a barrier to participation and needs to be re-configured. At that point, the player can continue to play but will no longer earn Crown Rewards points until 6 a.m. on the following day. Players can opt to decrease their limits (immediate) or increase their limits, which take effect after a 24-hour period. Play Safe also offers player activity statements that provide information on wins and losses during the period of the statement.

2.4 Support

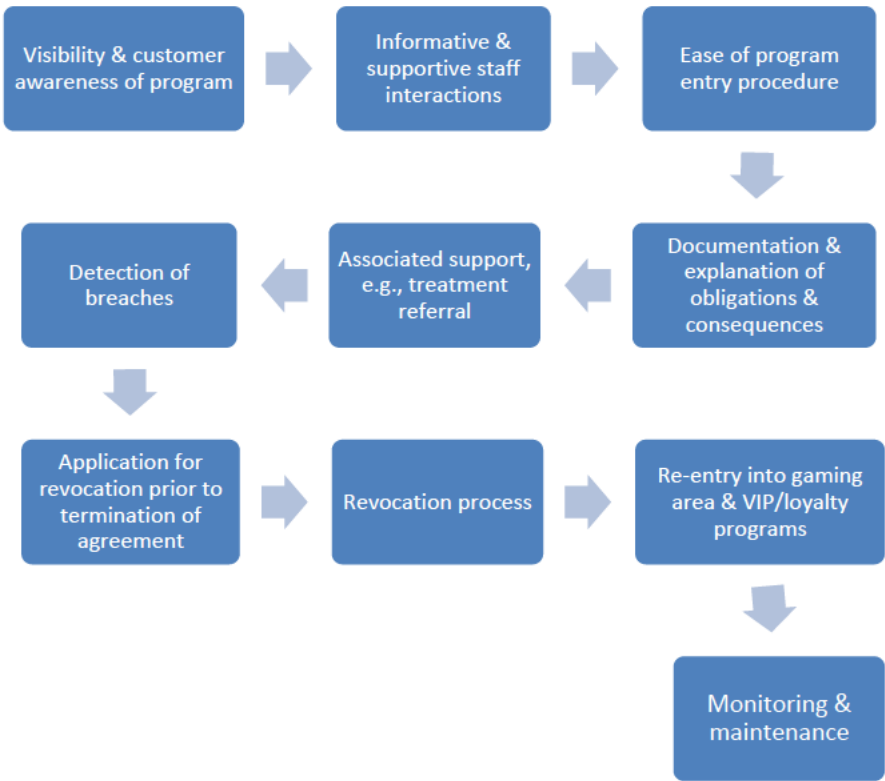
Support services at Crown are generally focused in three areas: 1) Barrier to gaming access programs for problem gamblers such as self-exclusion, third-party exclusion and time-out; 2) Customer service offerings, including responsible gambling advisors; and 3) evaluation of player data using artificial intelligence programs to enhance detection of and support for problem gambling services.

2.4.1 Barrier to Access Programs

A. Self-Exclusion

The effectiveness of self-exclusion is predicated on a number of factor and procedures associated with each stage in the critical pathway from awareness to re-entry. The respective elements in the critical pathway in the Crown Melbourne and Perth casinos are represent diagrammatically below.

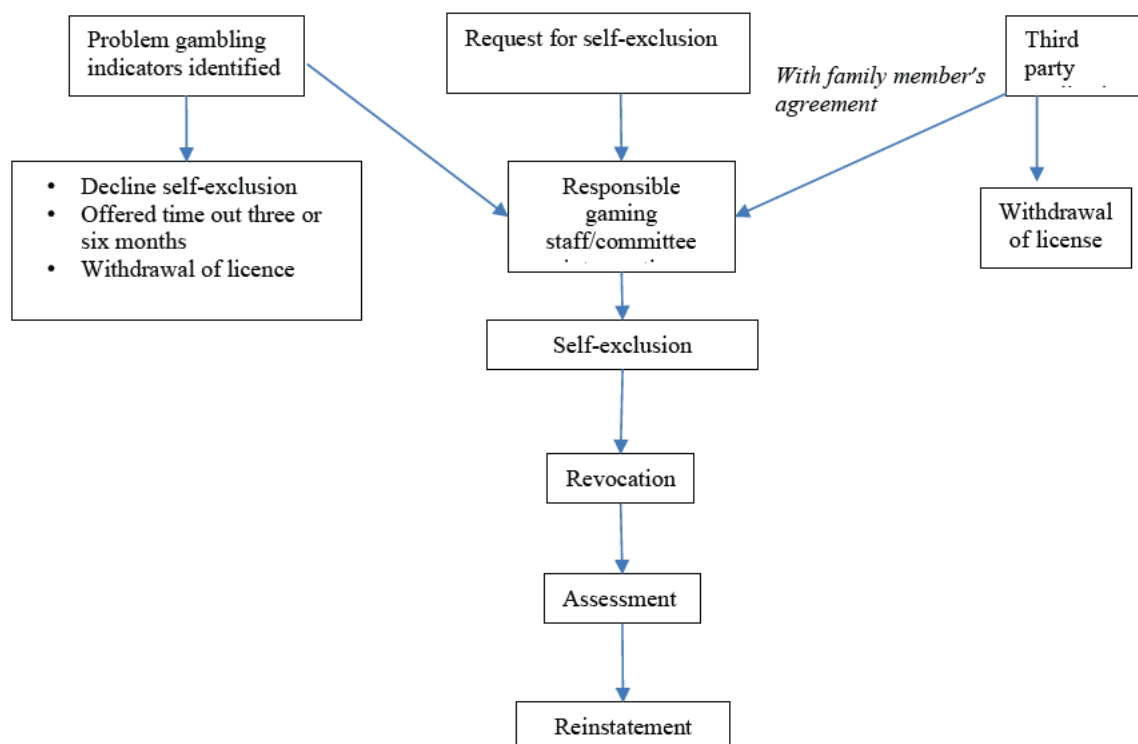
Diagram 1: Elements associated with Crown’s Melbourne and Perth pathway into and through a self-exclusion program



There are three potential triggers for entry into a casino exclusion program, and a pathway to revocation and reinstatement as shown in the diagram below:

- *Self-exclusion*: an individual acknowledges difficulty in managing their gambling behaviour and voluntarily elects to enter into a self-exclusion agreement.
- *Third party exclusion*: a family member or significant other initiates a request to have a Casino impose an exclusion order on a nominated individual. To date, only one study has evaluated the outcomes of third party exclusion (Goh et al., 2016), reporting that 87% of family members found the effects positive despite only a handful remained abstinent.
- *Withdrawal of licence*: A casino can impose a period of exclusion on an individual identified as having welfare difficulties or causing a disturbance or behaviour that warrants a temporary ban for 24 hours or longer.
- *Chief Commissioner exclusion order (under Section 72 & 74 of Casino Control Act 1991 Vic.)*: The Chief Commissioner has the authority to impose an exclusion order applied to the entire complex on an individual consider to be involved in criminal activities, money laundering or compromised gaming integrity.

Figure 2. Crown Casino self-exclusion, time out and third party exclusion process



Crown Melbourne and Perth provide information on self-exclusion in a prominent place on their website. It is located in the 'Responsible Gambling' menu hyperlink in the 'Casino' section, where information on the self and third party exclusion facility is provided including a phone contact number for further information and a link to a downloadable document: (<https://www.crownmelbourne.com.au/casino/responsible-gaming/responsible-gaming-centre/self-exclusion-program>).

A strength of the website is that it dedicates equal prominence to displaying the responsible gambling menu as to other available entertainment and gaming facilities. In addition, accessing the responsible gambling site is logically intuitive and easy to use.

Although Crown Perth's website includes a similar prominently displayed responsible gambling site and hyperlinks to relevant material, the self-exclusion link is labelled, 'How to make a change' with reference to self-exclusion underneath in smaller text. As a result, there is one additional step required to search for information on self-exclusion. In contrast, the Crown Melbourne's site has self-exclusion clearly listed as one of the menu hyperlinks. Crown Melbourne's self-exclusion site is perhaps easier to locate compared to Crown Perth.

Brochures detailing the self-exclusion program are located within the casinos. The Responsible Gambling Code of Conduct brochure includes reference to self-exclusion in its table of contents making it easy for a reader to access relevant information. The information provided in the relevant section contains sufficient detail and, in a style, easily comprehended by the average person. The Flesch Kincaid Reading Ease is 28.4 with a Flesch Kincaid Grade Level of 15.3 meaning that the text is easily understood by 21 year old individuals. However, it is unknown whether players actually seek out these brochures.

The Self Exclusion brochure provides information on the process and duration associated with applying for self-exclusion, and reference to the Responsible Gaming Advisors for additional information and support. The Flesch Kincaid Reading Ease is 50.1 with a Flesch Kincaid Grade Level of 10 meaning that the text is easily understood at the level of a 15 year old.

The Crown Melbourne Self-Exclusion Program (v3.0 dated April 2014), set outs the procedures for interviewing and enrolling an individual into the self-exclusion program. The process involves an interview where the Responsible Gaming Centre staff assess an applicant for intoxication (arrange for return at a later date when non-intoxicated), capacity for

informed decisions, and proficiency in English (translator obtained before proceeding) before explaining the nature, purpose and obligations under the agreement.

Information is also provided for external support service information as required. Crown Perth has a form, Gambling Help WA Counselling Contact Request, that sets the foundation for an external service to contact the applicant for a range of services extending from treatment to financial counselling and revocation, and support for significant others. This establishes a seamless access to services following entry into the program. Crown Melbourne does not have a similar form because there does not appear to be the same level of support and relationships developed between Crown Melbourne and external services as has occurred in Perth.

The self-exclusion documentation in general is comparable across the two Crown properties. The documents set out in detail and require confirmation from the applicant regarding the voluntary nature of the process, operation and obligations of the exclusion program, regulatory requirements and matters related to indemnity and confidentiality. These are set out in formal and legal structure. An additional summary document in lay terms would greatly assist individuals in comprehending and absorbing the relevant facts, particularly in the situation of stress and emotional turmoil during interviews and following a session of gambling losses. Information is also provided in brochures and available through the website.

Both Crown Melbourne and Perth offer in-person and telephonic support as well as referral to treatment through their responsible gaming services and responsible gaming advisors. Crown Perth has a pathway established through its relationship with Centcare WA.

Crown Melbourne and Perth require a minimum period of 12 months before a self-exclusion order can be revoked. Applications for revocation of an agreement prior to the expiration of the self-exclusion period will not generally be permitted. Any detected breaches will result in a reinstatement of the twelve-month period, that is, the twelve-month period will commence from the date of the breach (a minimum twelve-month breach free period is required before a revocation can be granted), and winnings will be forfeited. Self-exclusion is automatically revoked at seven years unless the applicant indicated continuation at enrollment. Crown does not contact the applicant at seven years to inform her/him that the

exclusion agreement has expired. Individuals may apply in writing for revocation of their order at any time after the expiration of the agreed period.

Applications for revocation will not be considered unless and until an applicant provides evidence of having received counselling from a qualified practitioner. Applicants entering counselling programs immediately or shortly after enrolment can be interpreted as having genuine motivations to improve their position. Those entering counselling immediately prior to applying for revocation should be assessed in more detail in an attempt to accurately determine their readiness for reinstatement.

Both Melbourne and Perth have a committee of relevant staff to assess applications for revocation. A Crown Melbourne Revocation Committee will consider the request taking into consideration any past history of interactions with Crown responsible gambling staff and the Report provided and make a determination of suitability for revocation. Evidence of risk factors might include evidence of multiple breaches, history of aggressive interactions with staff, contact from concerned others, and/or welfare concerns, and history of mental conditions that impair capacity to form informed choices (dementia, organic brain damage). Factors such as Parkinson's disease and some psychiatric conditions, for example, bipolar, schizophrenia and major depression will require possible collateral information from caregivers or significant others in determining suitability of revocation. Crown Perth requires a letter from treating medical professionals to determine suitability to return to the gaming environment.

Individuals successfully obtaining decision for revocation are required to attend a Gambling Resumption Information Program prior to resuming their gambling behaviour. Individuals receive information on responsible gambling and a list of programs and services and relevant contact numbers including that of the 24/7 Responsible Gaming Centre. Crown Melbourne provides a '*Gambling Resumption Information Sheet*' detailing programs and services available through the Responsible Gaming Centre. The information sheet advises individuals that a responsible gambling staff member will contact them after three months to discuss their gambling behaviour. There is a need to balance contacting and assessing individuals more frequently within the first three months of reinstatement and available staff resourcing. The main objective is for Crown Melbourne to instigate a process where early detection of and support for any relapse is maximized and three months appears an appropriate period for assessments.

Marketing and promotional offers are regarded as potential triggers for relapse. Crown Melbourne excludes individuals from receiving promotional materials for three months or gaining entry into VIP rooms for a period of six months. Individuals can, however, enter loyalty programs and be upgraded to higher tiers than membership level after three months. Crown Perth does not permit mail for twelve months or VIP membership for the first six months of revocation.

### B. Third Party Exclusion

Brochures explaining the concept and a flow chart outlining the application process for third party exclusions are available within the casino. The brochure contains contact information for the Crown Responsible Gaming Centre. The Flesch Kincaid Reading Ease and Grade Level are 39.5 and 11.7, respectively indicating that the text is easily understood by 17 year old individuals. Currently, Crown Melbourne and Perth include provisions for third party exclusion, but each premise operates under different processes:

#### Perth

Cross Property Self Exclusion Crown Perth Agreement - Private Agreement between Crown Perth and the individual – Voluntary	Private Agreement Prohibited from entering or remaining in the Casino.
Section 26(2) of the Casino Control Act 1984 - Involuntary	Prohibited from entering or remaining in the Casino. Breach of this direction may result in the individual incurring up to a \$1000 penalty.
Notice Revoking Licence (NRL) to Enter or Remain in Premises – Involuntary	Prohibited from entering or remaining on Crown Perth Property. Breach of this Notice may result in the individual incurring a penalty of up to \$12,000 and/or imprisonment for twelve months.

#### Melbourne

Cross Property Self Exclusion Crown Melbourne Order- Pursuant to section 72 of the Casino Control Act 1991 (Vic) – Voluntary	Prohibited from entering or remaining in the Casino. Breach of order is a criminal offence and proceedings may be brought against the individual under section 77 of the Act and may be liable to a maximum fine of 20 penalty units.
Pursuant to section 72 of the Casino Control Act 1991 (Vic) - Involuntary	Prohibited from entering or remaining in the Casino. Breach of order is a criminal offence and proceedings may be brought against the individual under section 77 of the Act and may be liable to a maximum fine of 50 penalty units.
Withdrawal of Licence (WOL) under Common Law - Involuntary	Prohibited from entering or remaining on Crown Melbourne Property.



Applicants seeking to have a family member or significant other excluded are required to complete a detailed application form and duly witnessed and signed Statutory Declaration which includes information on whether the family member or significant other is aware of the application, permission to contact the family member, risks to safety of all parties, and background gambling behaviours and family actions taken to date. Relevant documents supporting the application are required to be submitted with the application. Applicants across both premises are encouraged to discuss the possibility of encouraging the family member to voluntarily enter a self-exclusion agreement and required to meet with the RG staff members.

There are some differences in Crown's documentation across Melbourne and Perth associated with the third party exclusion. For example, the title of Crown Melbourne's application form differs from that of Crown Perth although the format and information sought are identical. In addition, the format and wording of the Statutory Declaration differs between the two premises. Further, the correspondence template acknowledging receipt of the third party application and explaining its process and requirements also differ in format and wording. Given the procedures to be following and documents are essentially the same for both premises, it is recommended that these are revised to be consistent.

Once the application is lodged, the procedure followed it to assesses the evidence in its entirety and inform the applicant of the outcome. Privacy laws preclude discussions with the applicant of any aspect of the application once it has been submitted. An RG Advisor will then approach the family member to initiate a welfare check and gambling behaviour. In Crown Melbourne, a committee comprised of members of the Responsible Gaming Department (Psychologist, Responsible Gaming Operations Manager, and Group General Manager Responsible), Regulatory Compliance Department (Group General Manager Regulatory and Compliance, and Manager Compliance Reporting), and Legal Department (Senior Legal Counsel, and Legal Counsel) meet to make a determination on the basis of documented evidence and information provided; including but not limited to financial statements, statements from gambling and financial counsellors, prior exclusions, and access to assistance programs.

In Perth, the Responsible Gaming Advisor reviews the available material and makes a recommendation to the General Manager Responsible Gaming. The decision is then forwarded to the Chief Legal Officer, Chief Operating Officer and to the Group's General Manager Responsible Gambling.

Once a determination is made for a third-party exclusion in Melbourne, the family member (identified problem gambler) is notified that under section 72 of the Casino Control Act 1991, the individual is prohibited from entering Crown Melbourne for a minimum period of twelve-months under exclusion. The applicant family member cannot be advised of the outcome but only that the matter has been dealt with. In Perth, the exclusion is made differently under a notice of revocation of licence, an agreement as opposed to invoking relevant sections of the Casino Control Act. This difference appears to be the result of requests made by the Victorian regulators.

The exclusion orders apply to both Crown Melbourne and Perth premises. Family members are excluded from the gaming floor but detected breaches will incur a warning with subsequent breaches resulting in an exclusion from the entire premise (in Perth, the withdrawal of licence shifts from an agreement to the Casino Control Act being invoked). The differences in the exclusion being made under an agreement as opposed to the Casino Control Act requires review. There does not appear to be any persuasive justification for having these differences applied, and therefore, consideration of making these consistent processes is warranted.

The standard revocation application process applies at the expiration of the third-party exclusion period. The family member may appeal the decision within 28 days to the Victorian Commission for Gambling and Liquor Regulation.

### **C. Time-out**

Crown offers time-out as an alternative choice for individuals exhibiting indicators of problem gambling but declining to enter into a twelve-month self-exclusion program. Individuals can elect for a time out period of three or six months, with a possible extension for another three months for those taking out an initial three-month time out. The advantage of the time out option is that it allows an individual to effectively exclude themselves for a short period without having to complete the standard revocation procedure including a counsellor's report, and no reduction in tiers or loss of points. At the conclusion of their time out, individuals are required to attend the Responsible Gambling Centre where they are provided with the Gambling Resumption Information Program information. Crown Perth requires individuals to meet face-to-face with a Responsible Gaming Advisor to discuss return to gaming prior to approval for re-entry. The Responsible Gaming Advisor determines if the individual is suitable to return and may deny the request if concerns are raised, and if

so, discuss additional support options including counselling, extension of Time Out or entry into the self-exclusion program. Currently, there is no readily available data on the number of individuals using the time out option, how many breaches of the agreement occur, and how many individuals relapse and subsequently decide to enter a self-exclusion agreement. Such data would be useful in determining the effectiveness of time out as a responsible gambling tool.

#### **2.4.2 Staff Training**

The effectiveness of support programs is often predicated on how well staff are trained, understand policies and procedures, and implement their duties in a positive manner. The degree of senior management support and expectations is also crucial in influencing the extent to which staff are confident and motivated to act. The Induction training and senior management (advanced) training modules include descriptions of the nature and purpose of self-exclusion and the obligations of staff. This is coupled with documents that set out the necessary procedures for staff to follow in offering information and entry into the self-exclusion program. The primary message in responsible gambling, Awareness, Assistance and Support, imparts the message that responsible gaming is taken seriously and expected to be implemented to a high standard at the highest level of management. The training reinforces Crown's commitment and staff expectations regarding responsible gambling. The degree to which staff adhere to these principles should be evident through central incident reporting systems. Transparency in reporting these metrics would contribute to a better understanding of the extent and impact of staff interventions in supporting customers.

Direct face-to-face enquiries and/or requests for self-exclusion made by individuals are handled by responsible gambling advisors who receive special training. This training includes the requirement to provide individuals with details and information on the self-exclusion program, and a set of procedures for relevant staff to follow to assist an individual enrol in the program and in compliance with regulatory requirements. These procedures enable staff to respond in an appropriate manner providing individuals with accurate information.

#### **2.4.3 Facial recognition support services**

The Crown Melbourne and Crown Perth have developed facial recognition software, designed to detect individuals in the self-exclusion program on the premises, including non-gaming areas. On detection of an individual, the facial recognition alerts a surveillance staff

member who is able to monitor/track the individual's progress through the premises. If the individual is tracked towards the entry points of the gaming floor, relevant security staff are notified and will approach and prevent entry. The systems in place in Crown Melbourne and Crown Perth are consistent with current technological advances and is far superior to earlier processes reliant on staff detection. The effectiveness of the systems should be reflected in an increase in detection rates and reduction in actual breaches.

#### **2.4.4 Responsible Gaming Centre**

The Responsible Gaming Centre (RGC) represents an original and innovative harm minimisation initiative of Crown Melbourne dating back to 2002. Comprised of Responsible Gaming Advisors, Responsible Gaming Psychologists, and Responsible Gaming Managers, the Centre operates 24/7 providing onsite support for customers and their family and significant others. The Centre is located off the gaming floor in a discrete location easily accessible location. The Centre is designed to provide customers with information and assistance including referrals to appropriate services. The Centre is staffed by trained personnel offering advice and support for counselling, self-exclusion programs, third party exclusion processes, information on the YourPlay to assist money and/or time limit settings, and referrals to Gambler's Help and the Chaplaincy support service.

A similar service is offered in Crown Perth through the Responsible Gambling Information Centre (RGIC). The Centre is comprised of trained staff offering 24/7 support. The RGIC is located close to the casino area with discrete entry points for privacy. Options for self-exclusion, Play Safe Limits Program (in contrast to Melbourne's YourPlay), and player activity statements for loyalty card users.

Both Crown Melbourne and Perth have access to interpreters and offer multi-lingual brochures.

#### **2.4.5 Chaplaincy support**

Crown Melbourne offers a chaplaincy support service for customers. In a report to ClubsNSW (Beckett & Blaszczyński, 2017) describing the findings of a focus group with Salvation Army chaplains, it was concluded that the Chaplaincy program constituted an adjunct to existing gambling harm-minimisation initiatives. Primary benefits of the program include the provision of additional emotional and practical support to customers and staff, not only for gambling related matters but also personal matters outside the realm of gambling.

Chaplains are typically viewed as independent of the industry and, therefore, more approachable and likely to engender a sense of trust and communication. A chaplains' ability to engage in non-judgemental small talk with customers offers windows of opportunity to identify possible issues of concern, including gambling-related matters.

#### **2.4.6 Crown Predictive Model 'Crown Model'**

Crown is in the process of developing, evaluating and implementing a predictive model built on data derived from samples of self-excluded customers. The initial intent was to generate a predictive model identifying customers likely to self-exclude. However, given limitations in the data, the model has expanded to more appropriately predict customers warranting welfare checks or interventions by responsible gaming centre staff. Earlier identification and interactions with such customers may result in the prevention and/or harm minimisation associated with excessive gambling. The results of the present trial indicate that a proportion of customers respond positively to interactions by responsible gambling advisors and that the model represents an additional tool to assist in the identification of behavioural indicators of problem gambling.

As always, there are inherent challenges in using real time data of customers' behaviour when using loyalty cards. Customers do not use cards on 100% of gambling session, may exchange cards with others in order to accumulate points, and may gamble at other venues external to the casino.

Any predictive model will inevitably identify false positives (non-problem gambling customers exhibiting similar profiles to self-excluded players) and false negatives (missing problem gamblers exhibiting profiles discordant to those self-excluded). However, as the model is refined, the sensitivity and specificity will improve as key predictive variables are modified and improved upon. It is recommended that the Crown Model continues in its endeavours to collect data and to analyse results that will increase the accuracy of identifying at-risk customers and promoting responsible gambling interventions by staff.

### Section 3: Summary Findings and Recommendations

The previous two sections of this report have attempted to succinctly summarise the research literature, pertaining to RG operations at Crown and to position Crown offerings in light of best practice industry standards. In this section, we will highlight what we perceive to be the strongest RG offerings at Crown and provide recommendations for further evolving those offerings to exceed best practice standards and serve as model offerings for the industry. In that way, Crown can develop a framework in key areas that could be marketed to other operators and advanced in scholarly arenas as the industry standard.

#### 3.1 Self-Exclusion program offerings and services

Crown has a detailed and robust system for patron self-exclusion. However, there are, currently no options for online entry into either the Crown Melbourne or Perth programs. Online sign-up carries the inherent difficulty associated with verification of the applicant's identity and detection of vexatious and misinformed applications. However, systems have been developed to overcome this barrier in the online gambling arena, where geo-fencing and age and identity verification are essential to ensuring compliance with law.

#### 3.2 Staff training, education, and roles regarding problem gambling

As outlined in *Section 2*, Crown offers staff training in problem gambling. In addition, Crown has RG Advisors who receive and follow-up on reports from staff about problem gambling behavior.

#### Recommendation 1

To that end, *Recommendation 1* would advise Crown *to develop an online system for initiating the self-exclusion and/or third party exclusion processes and providing ongoing monitoring for patrons*. Initiating sign-up through a web-based portal with ID verification could decrease the stigma associated with in-person sign-up and/or facilitate sign-up at a time when individuals are in a "cool" state and reviewing the financial consequences of excessive gambling. In addition, it would be useful for individuals to access a web-based resource that reiterates the nature and function of self-exclusion and explains the requirements and processes involved in the application for revocation. A personal dashboard would allow individuals to monitor the end-date of the exclusion period and revise the conditions of the agreement. This resource could include a brief video of a responsible gaming advisor

explaining, revising and supplementing information given at entry. This would accord individuals the opportunity for revision at a more convenient and emotionally stable time and address or pre-empt any issues related to the process of revocation. The site could be restricted to those currently enrolled in the program.

### **Recommendation 2**

**Recommendation 2** would *extend the provision of external support and treatment services to all applicants for self-exclusion as a matter of course*. It is likely that individuals may consider that information on external services unwarranted at the time of interview, but, later, on reflection, may wish to seek further assistance. This approach is consistent with the evidence-based model proposed by Blaszczynski, Ladouceur, and Nower (2007) where information on, and encouragement to seek, treatment services plays a central role in assisting problem gamblers. Given that proportion of self-excluders will seek revocation and re-entry into gambling activities, all applications should be informed of the benefits of treatment and its implications for reducing potential relapses in the longer term following termination of their self-exclusion period. Crown protocols require staff to inform customers seeking self-exclusion about available external services but do not provide direct triage to those services. Crown Perth has established positive relationships with Gambler's Help WA allowing for direct referrals to their and other services at point of self-exclusion.

### **Recommendation 3**

The next set of recommendations pertain to the revocation and reinstatement process *after* self-exclusion. The Panel agreed that the Crown Melbourne and Perth revocation processes appear to meet best practice standards. Crown Perth requires individuals to attend a face to face meeting at three months, with data reviews conducted at six and twelve months to ensure adherence to revocation strategies. Adherence failure may lead to withdrawal of revocation. However, there is an absence of process for monitoring post-revocation at Crown Melbourne to provide a factual basis to approve or deny reinstatement. Accordingly, **Recommendation 3** is to *institute post-revocation monitoring and criteria to identify possible risk indicators (such as breach attempts, contacts with staff seeking immediate reinstatement etc.) and intervening to prevent relapse*.

### **Recommendation 4**

The fourth recommendation considers the requirement that self-excluded gamblers seeking revocation/reinstatement procure a written report in support of their application.

Crown Melbourne requires a written report from an independent health professional or “suitably qualified person,” outlining any treatment received, clinical assessment of response to treatment, and clinical judgment as to the extent to which the individual is likely to responsibly manage their gambling in future. There is no requirement that this health professional has received any intensive training in problem gambling assessment and counselling, which is a specialised field. Crown Perth has an agreement with Centrecare counsellors to provide such reports. However, Crown Melbourne is reliant on counsellors, who may or may not be well-qualified as gambling counsellors, agreeing to provide such a report. In such circumstances, Crown Melbourne may be pushed to establish contracts with a number of psychologists within specialist gambling clinics or private practice to perform such assessments. The individual is also obligated to provide consent for a Crown Melbourne and Perth psychologist or responsible gambling staff to contact the report writer to discuss the application for revocation. Crown Melbourne Responsible Gaming Panel staff assess the report writer’s qualifications to ensure appropriate expertise in the provision of reports. Accordingly, [Recommendation 4](#) strongly suggests that *all Crown properties establish a contractual relationship with a treatment agency and/or specific providers who demonstrate they have received specialised training in gambling counselling (appropriate level of qualifications) and will evaluate all clients according to a similar standard.*

#### **Recommendation 5**

It is acknowledged that counsellors and health professionals cannot provide a definitive estimate of prognosis following assessment of an individual’s suitability for revocation. This is an inexact science based in self-report where there are possible secondary gains to be made from reporting a positive outcome to treatment or factors that may arise post revocation to trigger relapses. At best, a counsellor can offer an informed opinion. The assessment bar should be higher for those applicants only recently completing the requisite counselling to minimise the risk that they are only going through the motions of counselling in order to resume their gambling and therefore, remaining at high-risk for relapse. Therefore, [Recommendation 5](#) is to empanel a group of gambling clinicians and a measurement expert *to develop a uniform evaluation protocol for revocation and reinstatement that is universally applied to all gamblers across properties.* That protocol would prescribe risk assessments across a number of key areas on a Likert scale; the summed score could then be used to provide an objective determination of whether or not the client’s application should be successful. In addition, the assessment should specifically include reference to marketing and



access to VIP rooms, which are inconsistently available (VIP rooms at six-months post reinstatement, marketing upon request).

### **Recommendation 6**

*Recommendation 6 is to require that players can reapply for VIP room access and/or marketing only six-month post-reinstatement, and ONLY if the counsellor evaluation deems those options should be available based on assessment risk level.*

### **Recommendation 7**

One area where Crown's program appears to exceed the current best practice standards at most properties involves the use and monitoring of facial detection software. Research has indicated that the likelihood of detection and embarrassment associated with being detected and escorted from a premise are two powerful deterrents from attempting breaches. To the Panel's understanding, data on detection rates are recorded and used to detect potential breaches on the property. However, there has, to date, been no empirical assessment of system performance across years. In addition, the Panel believes that publicly available information on the presence of facial recognition and estimates of likely detection would act to reduce the motivation and rate of self-excluded individuals from breaching. To that end, the Panel's [Recommendation 7](#) is that Crown *undertake a statistical, longitudinal evaluation of facial recognition software detection of breaches, demographics of players accused of breaching, and outcomes of software-detected breaches to date to inform next steps in outreach to self-excluders who attempt to return to gambling at the venue.*

### **Recommendation 8**

An additional recommendation, [Recommendation 8](#), is to *disseminate knowledge of the facial recognition tool and resulting actions against those who breach to the public.* Dissemination of this information would counter claims that Crown is not 'doing enough' or being not effective in the application of its self-exclusion program. It would improve the public's perception that Crown's performance is consistent with or greater than that reported by international casinos.

### **Recommendation 9**

However, research into staff interactions with problem gamblers suggests necessary components that are not present in the Crown program. First, research has found that staff need more than a single training: "Booster" trainings ever few months, advanced trainings on

different topics, and refresher trainings every six months are essential components of the program. In addition, non-managerial staff, who may be most likely to encounter problem gamblers, may be least likely to approach guest because of their perceived lower-status roles in the organisation, overstepping boundaries with managers, and/or because they may be worried their actions may adversely affect profitability. This problem is compounded in a system where there are not RG trained staff on the floor on each shift who are readily accessible to all employees. At Crown, the proportion of advisors to staff is small, and advisors are not readily accessible to all staff on the floor, making it unlikely that a majority of employees who view at-risk behavior will voice their concerns and receive follow-up. It is the consensus of the Panel that [Recommendation 9](#) is that *each area of the casino and each shift should have a designated staff member, branded as "ambassador" in similar programs at other properties, who is highly trained in recognising, approaching and managing problem gambling behavior and very visible to staff and patrons* . Those staff members should be tasked with regularly interacting with all staff, eliciting concerns from staff and consumers, and "getting to know" regular patrons who may be gambling too much. They would then be the key people to summon and triage to RG advisors.

#### **Recommendation 10**

In addition, [Recommendation 10](#) is *to increase and diversify staff training to include not only the basic training for all floor staff and managers but also "booster" trainings every six months, retraining every year to two years, and advanced training on topics like reading non-verbal cues, assessing high risk behaviours and patron interactions for managers and employees on each shift who serve an ambassador function. All training materials and videos should also be available online, perhaps via an employee Intranet.*

#### **Recommendation 11**

[Recommendation 11](#) is *that key floor personnel be tasked with raising awareness of brochures, information on gaming machines and/or other informational materials that are central to informed choice.* Given that many high risk gamblers report stigma associated with gambling-related problems, it is important that information concerning help services is provided in multiple ways.

#### **Recommendation 12**

[Recommendation 12](#) proposes that *information available in brochure form (e.g., how to self-exclude) should also be available through websites both within and external to the*

*casino and using dynamic displays; it should also include information targeting cognitions and beliefs as well as factual information about the games. Although currently information on self-exclusion is made available on the websites of both venues, more detailed information would add value.* In this way, problem gamblers would not be seen picking up brochures that might identify them as having a problem. Information on support services could also be placed on material that is not specifically identified as relating to problem gambling. The use of Internet or machine-based multi-media to provide information is useful strategy because this may be more engaging and appropriate for people from different language backgrounds or levels of literacy (Langham et al, 2017). In addition, mandated brochures may only focus on factual information but lack a clear presentation of scenarios and examples of common misperceptions or quotations drawn from problem gamblers. Research has shown that most gamblers know that the odds are stacked against them, but often hold erroneous beliefs about luck, the nature of randomness and the controllability of outcomes (Lambos & Delfabbro, 2007). Broadening offerings to target these areas, combined with staff who actively promote the materials, will likely foster a higher uptake of information.

As outlined in **Section 2**, regulations in Victoria have resulted in the use of different limit-setting programs across Crown properties; YourPlay and Play Safe (Melbourne) and Play Safe (Perth). The Panel identified a number of limitations in this system, and offer the following recommendations:

- Crown Melbourne consider the recommendations of the SA Centre for Economic Studies (2019) recommendations where appropriate to improve staff training, promotion, and monitoring of the YourPlay system.
- The system has low uptake. Should it be an “opt out” rather than an “opt in” system, and opt in for loyalty cards?
- Lack of parity in the systems between Melbourne and Perth. Is there a way to standardize limit-setting across properties?
- Limited or no data sharing between Play Safe and YourPlay. Can this be resolved to determine the optimal system for positive outcomes for players?
- Limits are not strictly enforced, as players can continue playing after reaching their self-imposed limit.
- Lack of clarity regarding measures of time (Time device versus on site? How account for breaks in play?).

- Lack of specific policies to address populations at risk, such as individuals with intellectual disabilities, international students etc.
- Lack of integration of AI with pre-commitment and intervention with patrons. Integration of AI; how to use what they are learning.

### Recommendation 13

The Panel believes there is value in instituting uniform limit-setting mechanisms for EGMs in addition to fully-automated table games and integrating these measures with player cards on a web-based system. In addition, those systems should be, as much as possible, at parity across venues and available for statistical evaluation. Recommendation 13 would suggest that Crown consider: *1) instituting limit-setting for EGMs in Perth, analogous to those required in Victoria, and 2) working with Victoria to access and evaluate the data in Melbourne and, subsequently, in Perth to identify characteristics of limit-setters, patterns aligned with raising and/or lower limits or switching limit types, and accelerations in patterns of expenditure.* Such an evaluation could also identify whether "casual" pre-commitment patrons differ from regular patrons on these indices, which could, in turn, have implications for future modifications to the system. The rationale and benefit are to be gained internally for Crown in evaluating measures and strengthening and refining its responsible gambling initiatives within its own properties, irrespective of jurisdictional differences.

### Recommendation 14

Another overarching consideration regarding limit-setting is the stigma associated pop-up messages or other "red flags" that could telegraph to passers-by that individuals have opted to set limits. Acknowledging potential limitations imposed by Victoria on YourPlay, the Panel's recommendation 14 is that *warnings or pop-up messages should be discrete, visible only to the player and not passers-by; that limits/defaults and changes to limits be accomplished by smart phone or other web-based means that would reduce stigma to the player; and that Crown devise an educational tutorial that clarifies the relationship of time/money expenditures to risk factors for problem gambling.*

Internationally, there is strong interest in the value of behavioural economics, the strategy of encouraging personal choice while providing 'safer' default options which individual players can choose to modify. One way in which this can be applied to pre-commitment systems is to have default limits which the customers have to modify themselves (e.g., change \$100 per day to \$200). Another useful strategy may be to highlight the level of

proposed expenditure against other players using colour bands. For example, an expenditure of \$500 per day on EGMs might fall into a 'red' band and be identified as the amount which only 1% of players would typically spend. This might be accompanied by respectful messaging about available supports if the customer thinks that he or she might be over-spending.

The Panel was informed that Crown has been working on a predictive algorithm, designed to eventually identify players whose spending demonstrates accelerations in risk levels based on identified associated factors for problem gambling.

### **Recommendation 15**

Initially benchmarked to predict self-excluders, the Panel feels strongly in offering **Recommendation 15** that *the program should, instead, identify marked changes in play patterns with regard to factors such as time spent gambling and/or gambling sessions, money expenditures, variations in bet size and frequency, increases in overall time at venue and number of games played.*

### **Recommendation 16**

Linked to the above, **Recommendation 16** is that *data should then be used to inform a future model for identifying at-risk gamblers, perhaps according to a system that assigns colours to risk levels (e.g., green-yellow-red).* That model, in turn, could be tied to a customer approach strategy, such that staff or RG advisors use different methods of approach, dialogue, and suggested action steps depending on the model-assigned risk level. Those approaches would then become a central component of staff training.

Pre-commitment data may also provide insights into the success of other related RG features in the overall 'model', so that it is important that data-bases that maintain this data are well-designed and could be extracted if needed. Some of the problems identified in pre-commitment trials have been duplication, data errors, and an inability to format data extractions in a way that make the data suitable for evaluation. Integrating existing pre-commitment data into the overall model as a subset could further inform analyses.

### **Recommendation 17**

**Recommendation 17** strongly suggest that *the Responsible Gaming Centre should be expanded to include additional office rooms where customers can be interviewed in private and in a manner conducive to confidentiality.* Currently, interviews are conducted in open

waiting room areas near entry doors. Individuals entering the Centre compromise the privacy and confidentiality of interviews taking place. The Responsible Gaming Advisory Panel members did not have the opportunity to physically visit the facilities at Crown Perth. Crown Perth did provide photographs of the amenities with the Panel agreeing that consistent with Crown Melbourne, consideration should be given to improving office and waiting room space to meet expected standards of professional confidentiality and privacy.

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