Beyond Reno II: Who cares for vulnerable gamblers?

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*Freedom of Choice or Limited Opportunities*

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Competing interests

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- German Federal Ministry of Economics and Technology (regulatory authority for the commercial gaming industry)
- German Federal Ministry of Health
- German Research Foundation (DFG)
- Public and private gambling providers: b-win, Baden-Württemberg State Casinos, Federal Association of German Casinos BupriS, tipico
1 Introduction
Gambling as common activity

(1) Gambling technology is highly developed, attractive and widespread

(2) A large proportion of the population is regularly active
   • 12-month prevalence in Germany: 37 % (Banz & Lang, 2017)
   • 12-month-prevalence in Europe: 40 – 80 %
     (Griffith, 2010; Sassen, Kraus & Bühringer, 2011)

(3) Gambling is a big market
   • Germany: 15 billion € gross gambling revenues

(4) All participants seem to benefit
   • Social activity for gamblers
   • Gambling company and State revenues
   • Cultural, sport and social support activities
     + West German Lottery: 98 m. out of 630 m. € public charges

➔ However, some do not!
1 Introduction
Gambling as problem behaviour

1.1 Prevalence of gambling disorder in Germany

- Years shown are years of publication
- Gambling disorder defined by SOGS (BZgA) or screening for DSM-IV criteria
- Since 2014 BZgA has included mobile phone samples into their surveys; their results are slightly elevated compared to landline samples
1.2 Prevalence of gambling disorder in Germany

Stable 12-month prevalence in 9 studies and 11 years

- 0.3% – 0.4% (CI: 0.1% – 0.8%) of the adult population
- About 150,000 to 250,000

→ If 20 million adults gamble actively, why do only relatively few develop a gambling disorder?
→ And why these in particular?
→ Subject to coincidence?
→ People with specific characteristics?
1 Introduction
Arguments to protect gamblers

(1) General topic
• Commercial / public responsibility to prevent harm?

(2) Controversial views
• “Every one is free and responsible for his/her behaviour unless others are not affected”
• “But people have to be protected against wasting money and long-term mental, economic and social problems”

(3) If arguments in favour of protection: to what degree?
→ From mere risk information and warning to
→ Forced risk management (limits, time-out, forced exclusion)

(4) Note: There is no scientific answer! We discuss:
• Values, ethics,
  Or more generally
• Social theories on the balance of individual responsibility and public regulation but also of social care
2 Responsibilities in open societies

(1) **Laissez-faire**: extreme self-responsibility

**Nanny state**: extreme public responsibility and regulation

(2) John Stuart Mill (1806-1873) theory of liberty

**Individuals are free in activities that provide “personal satisfaction”**

- Risk for others: public regulation accepted
- Risk for “incapable” people: public regulation accepted
- Risk for oneself: individual responsibility !
  → Controversial social debate

**One exception: “asymmetric information”**

- Consumer information to balance market power of participants and to reduce market inequality
2 Responsibilities in open societies

(3) Post Word War II development of modern consumer protection to increase social protection of people
   • E.g. German Social Market Economy
   • However, strong difference between societies do exist (e.g. obligatory health insurance in Europe and the US)

(4) Similar issues for gambling regulation
   • Balancing provider/public responsibility and protection against individual responsibility
3 The Reno Model and extensions

(1) Original RG concept (Blaszczynski et al. 2004)
- Basic assumptions of RG
  1. Decision to gamble is individual choice and responsibility
  2. To properly make decisions, industry has to provide accurate information
- RG minimal essentials
  1. Staff training
  2. Advertising and marketing
  3. Cooperation with support services
  4. Player information

(2) Refinements of key RG components (Blaszczynski et al. 2011)
- Extension of RG minimal essentials to general education, prevention, advertising, risky gambling related features, self-exclusion
3 The Reno Model and extensions

(3) Ethical principles of RG (Shaffer et al. 2015)
- Autonomy of individuals to make own decisions
- To do good and prevent harm in the regulations for RG (e.g. extreme regulation might turn gamblers to high risk settings)
- Justice/fairness

(4) Clinical application of RG (Shaffer et al. 2015)

(5) RG evaluation guidelines (Ladouceur et al. 2016)

→ Focus on the informed choice model
→ However, some components of “social regulation” (e.g. self exclusion)
(1) **Agreed objectives of consumer protection**
   • Risk-conscious and low-risk gambling activities

(2) **Two distinct groups of gamblers**
   • Social (low-risk) gamblers
   • Vulnerable (high-risk) gamblers (hypothesis!)

(3) **Reno-based consumer protection measures are adequate for social gamblers, not for vulnerable gamblers**

(4) **Vulnerable gamblers need additional protection**
5 A heuristic concept

The vulnerable gambler

<table>
<thead>
<tr>
<th>Neurobiological characteristics</th>
<th>Psychological characteristics</th>
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<tbody>
<tr>
<td>• Changes in reward and punishment sensitivity (frequent and intense rewards needed, decreased impact of negative consequences)</td>
<td>• Increased impulsivity</td>
</tr>
<tr>
<td>• Increased attentional bias (gambling-related cues)</td>
<td>• Cognitive distortions (e.g. illusion of control)</td>
</tr>
<tr>
<td>• Impaired cognitive control and decision-making (behaviour inhibition, delay discounting)</td>
<td>• Increased comorbidity (anxiety, depressive disorders)</td>
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<tr>
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<td>• Maladaptive emotion regulation and coping</td>
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Yücel et al., 2018; Kräplin & Goudriaan et al., in press
5 A heuristic concept

Individual vulnerabilities
- Neurobiology
- Learning & motivation
- Cognitive control
- Comorbidity

Environmental factors
- Social conditions
- Availability, access, marketing
- Family and peer group
- Gambling characteristics

Gambling characteristics

Time line

No/low risk gambling → Risky gambling → Harmful gambling (GD) → Remission → Chronic relapsing behaviour

Degree of vulnerability
Degree of social support

?
6 General aims of consumer protection

Gambling customers
Aim: Low-risk entertainment,
Prevention of harm or minimising harm through intervention

Knowledge
- Gambling, mechanisms, understanding of the concept of probability, superstitious behaviour
- Risks, risk characteristics, problem characteristics, self- and external help

Attitude/Behaviour
- Risk-conscious gambling
- Low-risk gambling

Protection of vulnerable participants
- To early recognise and prevent problem developments
- To provide protective actions
  - Support
  - Gambling limits
  - Gambling ban
7 Specific protection of vulnerable gamblers

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Stepwise concept

(1) Early detection
   • Analysis of critical gambling characteristics
   • Active tracking of online gambling
   • Systematic observation of land-based gambling

(2) Warning messages, advice and voluntary limits
   • Personalised feedback
   • Warning messages
   • Recommended voluntary limits: e.g. money, time; time-out

(3) Obligatory limit agreements
   • Limits still chosen by costumer

(4) Provider-defined limits (ultima ratio)
   • Including forced exclusion
8 Ethical considerations

(1) Threat to individual freedom and decision making

(2) Social consensus needed

(3) Possible ethical basis
   - Vulnerability is a strong risk for a mental disorder
   - *Catholic Doctrine on Social Matters*

(4) Developed Pre- and Post-World War II
   - Model to improve mutual responsibility, individual security and protection in capitalistic societies
   - Heavy influence on post war German Social Market Economy ("soft capitalism")
(5) Core aspects of Catholic Social Doctrine in our context

• Solidarity
Mutual respect of market participants with specific responsibilities of the stronger (gambling provider) for the weaker partner (vulnerable, disordered gambler)

• Subsidiarity
Responsibility for the protection of vulnerable/disordered gamblers should not be “out-sourced” to the public but taken by the directly involved market partner (provider)
9 Conclusions

(1) Gambling is a leisure-time activity for the majority of participants
(2) Controversial issue: degree of protection of gamblers
(3) Two distinct groups: social and vulnerable gamblers
(4) Reno-based consumer protection with a focus on the informed choice model is not sufficient for vulnerable gamblers

(5) Additional step-wise activities to early detect and protect vulnerable gamblers including forced regulations
(6) Ethical arguments do exist for the restriction of individual freedom and liberty
(7) However: careful utilisation and need for social consensus
(8) Public control and involvement of all stakeholders is essential

(9) Research needs
   - prediction, indicators and development of vulnerability
   - intervention effectiveness