



CENTRE FOR THE
ADVANCEMENT OF
BEST PRACTICES

INSIGHT 2010

Informed Decision Making

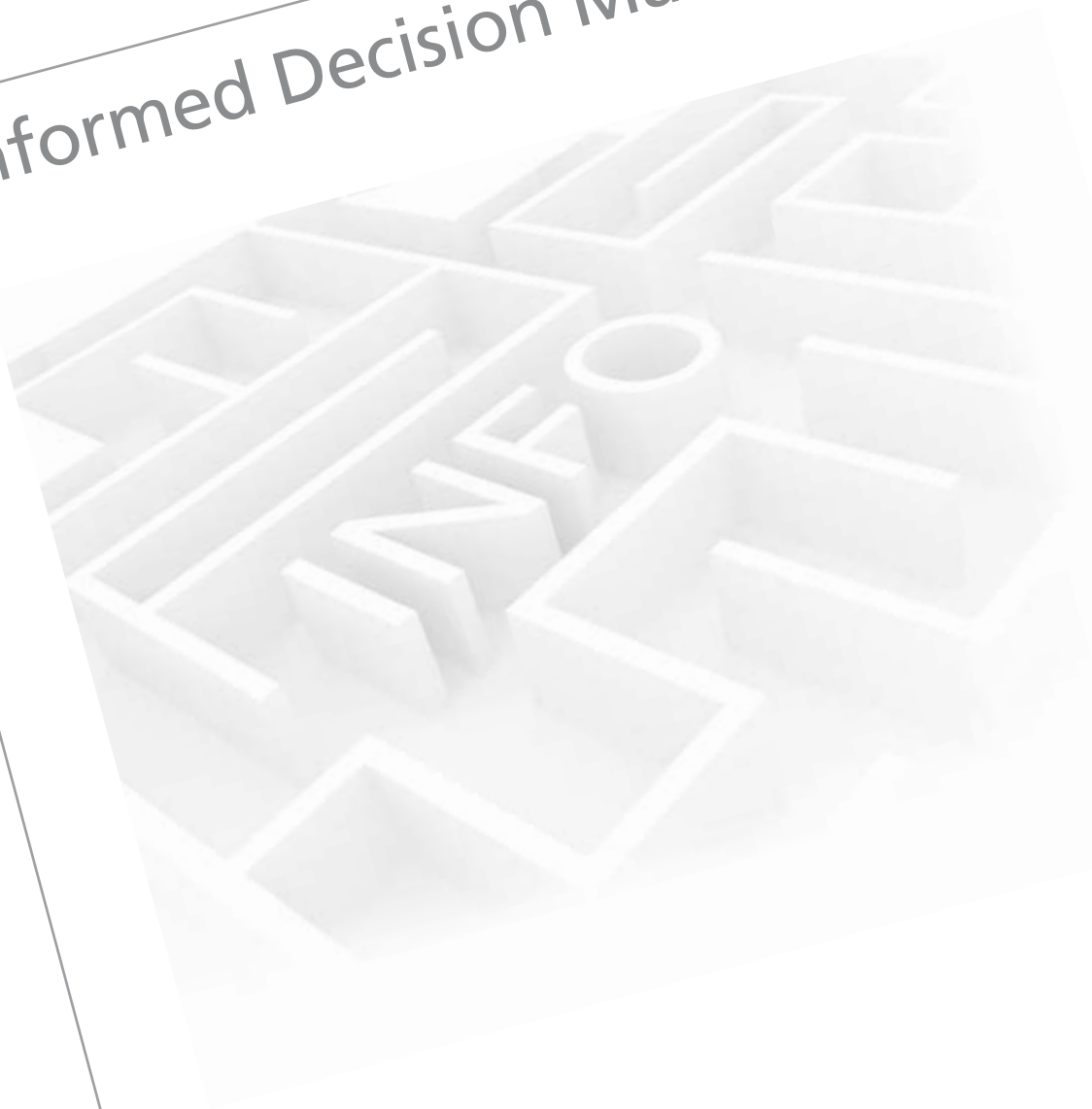


TABLE OF CONTENTS

PREAMBLE	3
EXECUTIVE SUMMARY	4 - 11
Informed Decision Making (IDM) Framework	5 - 6
Targeting Information Programs	7 - 10
Implementation Considerations	10
Concluding Comment	11
CHAPTER ONE: INFORMED DECISION MAKING (IDM)	13 - 25
I. Developments From Other Industries	13 - 20
A. Medical Healthcare	13 - 16
B. Alcohol	16 - 17
C. Tobacco	18 - 19
D. Food	19 - 20
II. Informed Decision Making and the Law	21 - 24
Key Considerations	25
CHAPTER TWO: GAMBLING INFORMATION	26 - 37
A. How Gambling Works	26 - 30
B. Gambling Safeguards	30 - 33
C. Risk Factors	33 - 35
D. Help Availability	35 - 37
Key Considerations	37
CHAPTER THREE: DISSEMINATION	39 - 51
Information Delivery in Gambling	40 - 50
A. Public awareness and Education Campaigns	40 - 42
B. Venue Pamphlets, Brochures and Signage	42 - 44
C. Gambling Products	44 - 46
D. Specialized Information Services	46 - 49
E. Venue staff as Information Providers	49 - 50
Key Considerations	51
CHAPTER FOUR: INFORMED DECISION MAKING (IDM) FRAMEWORK	53 - 63
Framework for Informed Decision Making in Gambling	53 - 55
Information Programs	55 - 61
Casual Gambler Information Program	56 - 57
Frequent gambler Information Program	57 - 59
Intensive gambler Information Program	60 - 61
Summary	61
Implementation Considerations	62 - 63
Identifying the Target Group	62
Accessible information	62
Flexibility	62
Dealing with Low Demand	63
Evaluation and Research	63
REFERENCES	64 - 74
APPENDIX A – GAMBLERS’ FOCUS GROUP REPORT	75 - 83
Purpose	75
Key Findings	75
Methodology	75
Discussion of Findings	75 - 83
APPENDIX B – EXPERT INTERVIEWS	84 - 88
Purpose	84
Key Findings	84
Methodology	84
Discussion of Findings	84 - 88

PREAMBLE

In recent years, governments and gaming operators across Canada have invested a considerable amount of effort and resources into providing information to their patrons with the explicit or implicit goal of assisting players to make informed decisions about their gambling. The expectation is that better, more complete, information will promote better decisions. Although there is much investment and discussion of informed decision making, the concept itself has received relatively little attention and scrutiny.

In 2009, the *RGC Centre for the Advancement of Best Practices* proposed a review of informed decision-making (IDM) in the gaming sector with emphasis on what information gamblers should have and how best to support their decision making capability. The Review is an in-depth look at informed decision making from the perspective of providing the right information at the right time to gamblers. The research includes:

- A review and analysis of literature and materials from the gaming industry (e.g., policy documents, government reports, research), as well as other industries whose products pose risks to their consumers (i.e., Medical Healthcare, Alcohol, Tobacco, Food)
- Focus groups with gamblers (see Appendix A)
- Interviews with treatment providers (see Appendix B)
- The *Insight Forum*, the 2-day gathering of 35 experts, professionals and other stakeholders to discuss, debate and collect information on issues relevant to informed decision making in gambling

Chapter One provides a synopsis of the published literature on informed decision making in other industries such as Medical Healthcare, Alcohol, Tobacco, Food and considers the legal perspective. Chapter Two details the current practices of the gaming industry with respect to information content, along with research and opinions of experts. Chapter Three provides an overview of the methods available and in use by the gaming industry for disseminating gambling information, drawing on research and expert opinions. Chapter Four, the concluding chapter, builds on the previous chapters to create a practical framework for gaming operators, as they determine how to provide information to gamblers that will assist their patrons to make informed decisions.

RGC wishes to thank the Alberta Gaming and Liquor Commission, Atlantic Lottery Corporation, British Columbia Lottery Corporation, Mise sur Toi, the Manitoba Lotteries, the Nova Scotia Gaming Corporation, Ontario Lottery and Gaming, and the Saskatchewan Liquor and Gaming Authority for the financial support that made this Review possible.

RGC also thanks the many individuals who contributed to the Review. These include the gamblers who participated in the focus groups, the treatment providers interviewed, and the individuals who attended the *Insight Forum*.

While this project results from the contributions of many, the work is a product of RGC's analysis and RGC assumes responsibility for its content.

EXECUTIVE SUMMARY

The concept of the informed decision is pervasive and is essential to our systems of law and economics. It is at the heart of consumer protection, health promotion and all risk reduction strategies in any field. Essentially, we are all expected to inform ourselves about benefits and risks related to any product or action. For their part, the providers of goods or services are expected to make the appropriate information available to individuals, so that we have the necessary facts required to make the decisions that are right for us. The type of information provided, the communication methods, and the degree of effort expended to ensure the information received, varies in relation to the risks involved.

Across Canada, governments and gaming providers have recognized the importance of giving patrons information to make informed decisions about their gambling. They have set in place a wide variety of programs/strategies to inform gamblers about a range of topics, like: how gambling works, tips on managing play, factors that increase risk, and help resources for problem gambling. The modes of information delivery are also diverse, including pamphlets, brochures, television or radio commercials, posters, and on-site information centres, to name a few. For the fiscal year 2008/2009 it is estimated that the total expenditure for awareness and information programs across Canada totalled approximately 50 million dollars.

While there is considerable investment in awareness and information for gamblers, there has been little systematic analysis of what information is appropriate for gamblers with different levels of involvement in gambling and how that information might best be provided. The *Insight* 2010 project took a close look at the collective experience of gaming providers and governments in helping patrons make informed decisions and assembled a framework to assist decision makers in getting the right information, to the right person, at the right time.

Insight 2010 assembled a picture of current information/awareness actions and sought insights from a number of sources including:

- Review and analyses of approaches and practices in informed decision making in gambling and from other industries (i.e., Medical Healthcare, Alcohol, Tobacco, Food and the Law)
- Focus groups with gamblers
- Interviews with treatment providers
- The *Insight* Forum, a 2-day gathering of 35 experts, professionals and other stakeholders to discuss, debate and collect information on issues relevant to informed decision making in gambling

INFORMED DECISION MAKING (IDM) FRAMEWORK

Using the data and extensive analysis from the *Insight* 2010 project, Responsible Gambling Council's Centre for the Advancement of Best Practices elaborated an IDM framework, designed to assist decision makers in their efforts to promote informed decisions among patrons and to reduce the risk that patrons will develop problems related to their gambling.

Gamblers are a diverse population and not all decisions present the same level of risk to every gambler. The *Insight* 2010 project set out to identify the differing needs of gamblers based on their degree of risk. There are, of course, many ways to assess levels of risk among gamblers. The research says, for example, that a player with a family history of gambling problems, large early wins or certain psychological predispositions would represent a higher level of risk of developing a gambling problem. But, looking at the concept of risk from the perspective of what a gaming provider could do to minimize risk to its patrons, it is important to address observable risk: the behaviours that can be seen in a gaming setting.

Research consistently shows that gamblers at the highest end of risk gamble significantly more time and money than low to moderate risk gamblers. As gambling increases so does the risk of a problem. The central organizing component of the IDM framework is gambling frequency: how much time gamblers spend gambling. This is not to say that all frequent gamblers develop gambling problems. That is clearly not the case. But, if the risk of problems grows with intensity, it makes sense the information/awareness programs could focus on gambling intensity as well.

Ideally, the framework would identify the highest risk group in terms of gambling intensity, i.e., combining both frequency with other indicators like expenditure patterns and patterns of play. In the future, with the introduction of more server-based gaming and more sophisticated data gathering programs, gaming providers will have a fuller picture of gambling intensity. These types of technological developments will provide gaming operators with the capability to create a clearer picture of gambling risk on an individual player basis. For instance, some current player card systems in electronic gaming machines identify the risk level based on the users' specific characteristics and patterns of play (e.g., increased betting amounts, increased deposit amounts, chasing losses). In the future, these methods of identification will become more precise and sophisticated and will have a central role in the framework. In the immediate term, however, frequency is a useful starting point that is, in itself, relatively observable and strongly correlated with risk.

The IDM framework segments the gambling public into three groups, or audiences: the casual gambler, the frequent gambler and the intense gambler. Examples of the distribution of these audiences by type of game is provided in the table below. It then assesses the appropriate information objectives, content and delivery approach for each of the three groups and provides strategies for matching the information program to the particular gambling audience.

ACTIVITY	GAMBLING FREQUENCY		
	At least once/week %	1-3 times/month %	1-11 times/year %
Casino Slots	3.5	15	81.5
Casino Table Games	14.2	20.5	65.2
Bingo	24.1	22.6	53.3
Horse Races	6.1	12.4	81.5

If an individual moves from casual, to frequent, to intensive gambling, these changes have important implications for information objectives, content and delivery. The objective for the casual gambler is to promote basic gambling literacy, for the frequent gambler self-awareness of one's gambling and for the intensive gambler to provide cautionary information and to raise awareness of options to reduce risk. The way information is delivered also changes with increased level of risk, moving from population-based strategies with more broad-based messaging, to more personalized delivery methods using individualized communications between patrons and staff members. The more personalized and targeted delivery reflects the more critical need for exposure to the information.

IDM Framework Schematic

TARGET AUDIENCE	Casual	Frequent	Intensive
OBJECTIVE	Gambling literacy	Self-awareness	Options
CONTENT	How gambling works Key safeguards	Deeper understanding Skills	Cautionary information Help options
INFORMATION DELIVERY	Population-based → Personalized		

TARGETING INFORMATION PROGRAMS

The framework proposes three separate information programs aimed at three different types of gamblers: Casual, Frequent, and Intensive.

1. Casual Gambler Information Program

The casual gamblers make up the largest portion of the gaming operator's gambling clientele but pose the lowest risk for problems. They consist mostly of occasional or infrequent (less than once/month) gamblers, as well as those who are new to gambling.

The awareness program for casual gamblers promotes *gambling literacy*: i.e., basic, general information about the fundamental aspects of how gambling works and key safeguards all gamblers should know. This includes:

How gambling works

These messages inform gamblers about the basic nature of gambling and what to realistically expect from it:

- Gambling outcomes are completely unpredictable
- Gambling will cost more money the longer you play

Gambling safeguards

This includes messages that promote setting affordable limits, such as:

- Only gamble with money that you can afford to lose
- Balance gambling with other activities

Risk factors

This information draws attention to gambling behaviours and patterns that increase risk:

- Continuing to gamble to recover losses
- Spending longer periods of time gambling
- Increasing wager amounts and spending
- Some people are at a greater risk of having problems and should gamble with caution

Help availability

The aim is to create general awareness about help availability and to provide resource links to those interested in further information:

- Help is available if you are having problems with your gambling
- Help is available if you are concerned about someone else's gambling
- Contact information for the toll-free gambling helpline

For the most part, the information for casual gamblers is simple and basic with messages that are short, concise and repetitive, delivered in a way that is easily accessible to a broad audience. Messages need to be rotated and replaced on a regular basis to ensure the communications are fresh and continue to attract interest. Although the primary information of this program is simple and basic it is important to provide links to further resources, such as brochures or websites that offer more detailed information for anyone who wishes it.

2. Frequent Gambler Information Program

Frequent gamblers are the second largest portion of the gaming operator's gambling clientele. They gamble regularly and more often (i.e., at least once per month but not weekly) and take gambling more seriously than casual gamblers. Frequent gamblers are more likely to be 'regulars' and to belong to loyalty programs. The program for the frequent gambler is intended to offset the increased risk with increased safety information. Program information is more focused on skill-building information designed to help the individual keep control of their gambling and keep it within safe limits. Information for frequent gamblers includes promoting a greater self-awareness and deeper understanding of the messages delivered by the *Casual Gambler Program*. The information moves beyond basic gambling literacy to further educate and explain fundamental gambling concepts, common blind spots, and risk factors; to promote personal awareness of gambling behaviour; and to provide more practical skills for maintaining control. In general, the information provided to the frequent gambler provides more in-depth information and is tailored to players with a more sophisticated understanding of gambling.

Information includes:

How gambling works

The extensive research on cognitive distortions about how gambling works, indicates that cognitive distortions are particularly prevalent among regular or heavy gamblers. Therefore, the information provided to frequent gamblers encourages a deeper understanding of how gambling works and directly educates on the three core characteristics delivered in the *Casual Gambler* program:

- Randomness
- Independence of events
- House edge

In addition, misperceptions around the ability to control or predict a gambling outcome tend to be the most pervasive cognitive distortions and underlie many other common myths. The information for the frequent gambler seeks to dispel these specific distortions:

- Gambler's fallacy
- Illusion of control

Gambling safeguards

This content is practical, and provides skill-based information on how to modify or control gambling behaviour (e.g., take breaks), manage finances (e.g., setting budgets and limits and monitoring play) and encourages gamblers to think about their current gambling behaviour in light of some broader context beyond gambling (e.g., Have I played too much? Can I afford this?).

Risk factors

This includes information about the early warning signs of risky gambling to enable gamblers to recognize and adjust their behavior to avoid any future problems. Among the most important early risk factors to communicate are:

- Chasing losses
- Gambling for longer periods of time more frequently
- Increased wager amounts and spending
- Betting more than can be afforded

Information at this level is presented in more detail than the information targeted to casual gamblers. The higher frequency of gambling among these players means they probably have already been repeatedly exposed to the basic information delivered by the Casual Gambler program. For these players, due to reasons such as message desensitization, more complex gambling experiences (e.g., “won” using certain strategies), or more entrenched gambling distortions, basic messages may be ineffective. It is likely necessary to provide more detailed information and to introduce information in a manner more suited to this audience. Because the information requires greater explanation, the delivery method must have the explanatory and educational capacity to impart longer, more complex information. Such methods can include brochures and specific pamphlets but will also incorporate more personally tailored products (e.g., EGM pop up messages), venue staff interactions and targeted information through loyalty programs. This detailed information should be supported through the provision of secondary information resources that will help clarify the main ideas (e.g., CDs, videos, games, interpersonal instruction, etc.).

3. Intensive Gambler Information Program

Intensive Gamblers are the smallest portion of the gaming operator’s clientele but face the highest risk for problems. They are likely to gamble weekly or more, and some of these gamblers experience negative impacts from their gambling.

The objective of this program is to provide cautionary information and to create a greater awareness of options to reduce risk, and, in some cases, address problems. This is done by informing gamblers of their play activity and any risky gambling practices in particular. The program also encourages players to take advantage of feedback mechanisms, such as play activity reports, and other self-assessment tools available to players. Where appropriate, players can also receive practical information about how to get assistance if they are experiencing problems and wish to act.

The two topic areas most relevant to this program include:

Gambling safeguards

This information focuses attention on risky gambling practices by offering and actively encouraging the use of personalized feedback on the player’s level of play. This is particularly important since many gamblers, and particularly intensive gamblers, are likely to underestimate their gambling.

Help availability

This information draws attention to some of the consequences that Intensive Gamblers may be experiencing and to the options available to address problems. In the event of problems, the thoughts and behaviors that are most likely to resonate with gamblers are:

- Thoughts that you may have a problem
- Financial problems
- Lying to friends and family
- Preoccupation with gambling – thinking about it more often
- Repeated unsuccessful attempts to quit or cut back

Once a person has identified a gambling concern, the focus shifts to providing the full range of specific support options that are available in the venue and community: self-exclusion, problem gambling helplines, treatment and counselling options, financial counselling and contacts to other relevant community assistance agencies. The information to deliver here is:

- There are other resources to address risks
- The options and instructions on how to access them

The heightened risk faced by intensive gamblers and their relatively low numbers in the gambling population means that information delivery can be personalized, direct, focused, interactive and – perhaps most importantly – timely. Because gamblers in this category are likely to be known to staff and part of a loyalty program, information delivery can follow a customer service model geared to more personal interaction than to print materials or posters. While this program focuses on encouraging patrons to understand the increasing risks involved with their gambling, it also provides links to secondary information resources for those who want further information, so that patrons can contact these resources at any time.

IMPLEMENTATION CONSIDERATIONS

The IDM framework provides a practical guide for the objectives, content and delivery of information to help decision makers in designing future strategies that will assist players at different levels of gambling intensity to make informed decisions about their play. It recognizes that effective communications strategies must translate broad goals into concrete campaigns and programs. *Insight 2010*, in examining the range of current information programs, identified several of the more operational aspects of effective information provision. These considerations are summarized as follows:

Identifying the Target Group

The target group segmentation and characterization used in this framework is a generality and gambling intensity will not always correspond exactly with gambling risk. The information provision program becomes more efficient and effective if the gaming operator can identify patrons who are actually engaging in risky or problematic gambling. There are several existing technologies, particularly around EGMs and online gaming that can monitor player activity precisely and help operators identify target audiences more accurately. These programs will go beyond playing frequencies to look at playing patterns and other gambling-related behaviours.

Accessibility of Information

The review of best practices conducted as part of *Insight 2010* identified many practical ideas about making information accessible. From the literature, it is clear that information that is accessible is that which is readily available, visible, accurate and meaningful and is sufficiently communicated to maximize the opportunity for individuals to make informed decisions. This implies that, most of the time, effective and impactful player communications will be based on a well-crafted strategy and not a one-off pamphlet or poster.

Flexibility

Besides risk, gamblers vary by their particular gambling activities and experiences, socio-demographics, and attitudes and beliefs. Given this diversity, the framework cannot offer a “one-size fits all” prescription that includes specifics on information content or delivery methods. Instead, it offers general guidance for developing, packaging and delivering specific information content. Ultimately, the messaging needs to be designed with consideration of the specific characteristics of the venue patrons.

Dealing With Low Demand

The vast majority of gamblers are not actively seeking information to help them make more informed decisions about their gambling. To get noticed and to reach the gambling sub-groups, information provision needs to include attention-grabbing, creative tactics to generate interest and motivation.

CONCLUDING COMMENT

Gambling, like many activities, comes with risks. Gamblers, like the consumers of any product, have the responsibility to assess the benefits and risks involved in this pastime. For their part, gaming providers have a responsibility to ensure that players have the information they need to make decisions and to minimize the risk that their patrons will lose control of their gambling. The IDM Framework discussed in this report examines what is currently known about gambling risk and gaming operations and identifies best practices for matching the information needs of the players to the information provision by operators.

The RGC Centre for the Advancement of Best Practices is very grateful to all those who supported this investigation and contributed their ideas and shared their experience and opinions. In the end, however, the RGC assumes responsibility for the ideas put forward in this document.

The RGC Centre for the Advancement of Best Practices greatly appreciates those parties that provided the financial support that made this investigation possible: the Alberta Gaming and Liquor Commission, Atlantic Lottery Corporation, British Columbia Lottery Corporation, Mise sur Toi, Manitoba Lotteries, the Nova Scotia Gaming Corporation, Ontario Lottery and Gaming, and the Saskatchewan Liquor and Gaming Authority.

I. DEVELOPMENTS FROM OTHER INDUSTRIES

For more than a decade, gaming providers and governments in Canada have been increasing their efforts to provide information to gamblers that will help inform their play. In fact, informed decisions are a fundamental building block in virtually all responsible gambling programs. The notion of informed decision making (IDM) itself, however, has received relatively little attention and scrutiny, apart from examinations by Blaszczynski and colleagues (Blaszczynski, Ladouceur, Nower & Shaffer; 2007; Blaszczynski, Ladouceur & Shaffer, 2004). Usually, it is assumed or implied, instead of articulated within policy or research discussions (IPART, 2004). Furthermore, in comparison to other industries, efforts to address informed decision making in gambling are relatively new. This chapter describes:

- I. How other consumer industries that pose varying degrees of risk to their consumers have approached informed decision making: Medical Healthcare, Alcohol, Tobacco, Food
- II. Informed decision making from a legal perspective

It is important to note that each of these industries has long histories in the area of consumer information and informed decision making that are steeped in complexity and debate, and that may or may not be fully applicable to informed decision making in the gambling field. This overview is not meant to be exhaustive, but rather to identify the key components and characteristics of how each industry approaches informed decision making. These key components are then carried through to the remaining chapters and explored in terms of their implications for informed decision making in gambling.

A. MEDICAL HEALTHCARE

Informed decision making is particularly pertinent to two areas within the medical health industry: treatment participation and prescription drug consumption.

Treatment Participation

Information provided

An informed decision to participate in some type of medical treatment or procedure, at a minimum, requires the individual to have information on the benefits and risks associated with that treatment or procedure (see Bowen, 2006; Gafni, 1998; Rosenfeld & Turkheimer, 1995; Smith et al., 2007).

Based on the assessment of such information it is assumed that individuals will make the best decisions, which will lead to better patient outcomes (Charles et al., 1999; Marteau et al., 2001). The provision of the benefits and risks associated with a particular treatment is the most common feature associated with informed decision making in this field, but there has been other information that have been deemed by industry observers and practitioners to be “relevant” to the decision. These include:

- Nature of the disease or condition being addressed (Smith et al., 2007)
- Description of treatment, including any uncertainties and limitations of procedures (Bowen 2006; Smith et al., 2007)
- Any harms or costs of treatments (as opposed to risks, which are possibilities rather than certainties) (Bowen, 2006; Gafni, 1998)
- Availability of alternative treatments and benefits and the risks of these alternatives (La Caze, 2008; Writz et al., 2006)
- Personal values and preferences (Marteau et al. 2001; Rosenfeld & Turkeimer, 1995)

Hierarchy of risk

There is recognition within the medical healthcare industry that not all decisions pose the same level of risk. Individuals make decisions ranging from low risk (such as taking over the counter pills for a headache) to high risk (such as undergoing surgery) (Emery, 2000; NCCHTA, 1999). Braddock et al. (1999) identify the different information requirements based on the risk level and complexity of the healthcare decision:

Basic

The effect of the decision on the individual is minimal and there is one clear outcome (i.e., laboratory test). Individuals should know their roles in making the decision, have information on the complexity of the decision, and evaluate based on their values and preferences.

Intermediate

The decision effect on the individual is moderate and the outcomes are moderately uncertain (i.e., changing medication dosage). Individuals would also be given information on any available alternatives, the benefits and risks associated with each alternative and discuss their understanding of the disclosed information.

Complex

The effect on the individual is extensive and the outcomes are unclear, uncertain and multiple (e.g., cancer screening). For a complex informed decision, the additional piece of information is the knowledge of any uncertainties associated with treatment.

Braddock et al.'s (1999) categorization of healthcare decisions by risk level indicates that the quality of decisions within the healthcare industry is varied and consequently has different information needs. Therefore, the conditions and requirements for informed decision making can differ substantially depending on the particular situation.

Personalization

In the last decade, the healthcare industry has moved towards tailoring information materials about health risks in response to patients' need to know what average outcomes specifically mean for them (Adelsard & Sachs, 1996; Charles et al., 1998; Turney, 1996). The process aims to explain what the information means for each patient, personally.

Due to the complexity of treatments, patients can face a daunting task of making a decision that involves considering vast and various amounts of information. One way of facilitating this decision is to rationally break the decision down into smaller decisions. In the healthcare industry, computer-assisted decision aids help patients go through the process of making an informed decision. Most decision aids incorporate three key elements: (1) information provision and risk communication; (2) personal values clarification; and (3) coaching and guidance on how to approach the deliberation process and communication of preferences/decisions (Leatherman, 2008).

Prescription Drug Consumption

The information available to consumers about prescription drugs has become much more abundant in recent years and is made available through a wide range of channels including advertising, print materials, a variety of on-site warning posters in health care facilities and extensive use of warning labels on specific products.

Information provided

According to policy and guidelines for drug labelling in Canada (Health Canada 2008), information contained on drug labels should include (see also Lilja, 1985):

- Patient information (e.g., name)

- Indications of drug (i.e., ailment for which drug is being used)
- Instructions for use (including dosage, precautions for special populations and situations where drug should not be used) and storage
- Adverse reactions and side effects to drug use (e.g., drowsiness)
- Potential safety hazards and considerations (e.g., don't drive while under influence)
- Drug interactions with other substances
- Additional sources for information and advice (e.g., health professional, pharmacist)

Drug labels

Information about prescription drugs is most often found on drug labels. These labels can be any written, printed or graphic matter on the container of the drug product or any information that accompanies the drug product (e.g., information sheets, package inserts) (Murphy, 2006). The purpose of drug labels is to create patient awareness of risks and benefits of drug consumption, as well as promote drug regimen compliance and safer consumption.

The US Food and Drug Administration (FDA) specifies four common types of drug labels that can accompany prescription drugs: container labels, medication leaflets, package inserts and medication guides. These methods have their own information requirements¹ and can be distinguished by the level of detail they provide:

- Container labels provide information on dosage, usage instructions, warnings and administration directions, along with the drug name, pharmacy and patient's name
- Medication leaflets provide detailed information on the use of the medication, dosage, adverse effects, warnings, drug interactions and storage
- Package inserts explain how the body uses the drug, the effects of the drug on the body, the risks and benefits of use, and warnings
- Medication guides provide detailed risk information

A system of different drug labels allows various kinds of information with different levels of detail to be distributed to the consumer or prescriber. The smaller surface area of container labels, for example, restricts the amount of information that can be presented to more basic points or instructions, whereas package inserts and medication guides have greater capacities for explaining details about the effects or the nature of the drugs.

The different capacities to inform offered by each of these different drug labels allows information distribution in medical healthcare to take a more targeted and strategic approach that tailors information to the individual and their specific situations. This approach is implicit in a Health Canada (2008) principle for health risk communication, which is to ensure that the right message is delivered to the right person at the right time.

Hierarchy of risk

The medical healthcare industry regularly faces the challenges of communicating multiple risks of different degrees and consequences associated with taking certain drugs or submitting to certain procedures. To address the multiple risks, these industries classify the risks based on their severity or probability and create a hierarchy, which can determine the amount of effort devoted to communicating each risk (e.g., more probable risks receive greater attention or effort for communication than less probable risks).

The hierarchy may even be directly communicated to the consumer. For example, for prescription drugs, the risks associated with consumption are presented in descending order of importance on the label or

¹ See: Beach et al., 1998; Morris, 1979; Murphy, 2006; Shrank & Avron, 2007

package insert. As another example, the FDA requires cautionary information to be categorized according to the relative severity of the hazard and the degree to which the risk has been substantiated. It has also adopted more assertive and aggressive information dissemination techniques on its drug labels by requiring that special health risks be identified in labelling in a prominently displayed box or “black box” warning. The FDA generally reserves boxed warnings for serious or life-threatening risks to capture the attention of consumers and prescribing physicians and ensure their awareness and communication of the risks (Beach et al., 1998). Furthermore, the dissemination of information on such risks only needs to be justified through evidence of an association with the drug and not a causal relationship (Murphy, 2006).

B. ALCOHOL

Information provided

Information relevant to alcohol consumption generally consists of two separate but interrelated information types (ICAP, 2008): factual and directional.

At a minimum, factual information expresses the alcoholic content of the beverage. In Australia, for example, an alcohol label is required to include alcohol by volume (expressed in ml/100g or % alcohol by volume) and the estimated number of standard drinks contained (Alcohol Policy Coalition, 2007). Factual information can also include information about any effects, including any health risks from drinking. Such information is not only helpful for deciding beverage preference but can also facilitate safer drinking choices (ICAP, 2008). For example, a listing of the ingredients contained in a beverage alerts the consumer to any potentially harmful or problematic substances. Alcohol content information can also influence consumers’ decisions about whether or not to drive or engage in other behaviours that may be affected by drinking.

Directional information, on the other hand, concerns drinking-related behaviours and practices. It offers advice and guidance on how to drink and avoid problems and hazards associated with drinking. This information is more about promoting drinking in a manner that minimizes or eliminates any problems than abstaining altogether. As the Alcohol Policy Network in Ontario argues, consumers have a right to know what constitutes “responsible consumption” (APN, 2006).

Awareness programming

The alcohol industry undertakes broad media campaigns to raise public awareness of the risks associated with alcohol and to encourage alcohol safety. The most common media campaigns focus on raising awareness of drinking and driving although awareness of other alcohol related issues have also been raised. Media campaigns have targeted specific groups, such as youth and pregnant women, with the objective of drawing awareness to specific risks. For example, one industry-led program targeting youth is evident in two responsible drinking campaigns undertaken by Labatt. The first campaign, “Know when to draw the line,” promotes drinking in moderation and the second, “Make a plan,” encourages responsible drinking by focusing on getting home safely, being a good host, and appointing a designated driver (Labatt Brewery², 2010).

Media campaigns generally consist of advertising on television, radio and print that reminds consumers to “please drink responsibly” (Brewers Association of Canada³, 2010). However, for targeted populations, the gaming industry may hold more involved education programs in specific locations frequented by the targeted groups (e.g., schools, bars). The alcohol industry often partners with community organizations to deliver alcohol awareness and education through sponsorship and funding initiatives. The Brewers Association of Canada and the LCBO, for example, provide funding for Mothers Against Drunk Driving (MADD) educational programs and awareness activities across Canada. MADD’s *Shattered* education program teaches youth about drugs and alcohol and their associated risks (MADD Canada⁴, 2010).

² Labatt Brewery. Responsible Drinking. Retrieved from: <http://www.labatt.com/responsible/>

³ Brewers Association of Canada. Public Awareness Campaigns. Retrieved from: http://www.brewers.ca/default_e.asp?id=34

⁴ MADD Canada. Youth Programming – Shattered. Retrieved from: <http://www.madd.ca/english/youth/maddatschool.html>

Lastly, in conjunction with government and community organizations, the industry also sponsors alcohol awareness week activities that draw attention to alcohol related problems and ways to reach community help resources (NIAAA, 2010; NCADD, 2009; MADD, 2010; Labatt Brewery, 2010; Molson Canada, 2010, Ontario Ministry of Transportation, 2010; OCCID⁵, 2010; Manitoba Addictions Awareness Week⁶, 2010, CAMH⁷, 2009). In general, these events aim to raise awareness of a broader range of alcohol-related information and issues, including:

- Facts on alcohol consumption
- Health effects of alcohol
- Dangers of drinking and driving
- Blood alcohol concentration levels
- Warning signs of alcohol abuse
- Risks associated with the heavy use of alcohol
- Guidelines to low risk drinking
- Community help resources

Standardization

Given the numerous types of alcohol and alcohol beverages, each with their own specific alcohol content, the alcohol industry has attempted to standardize alcohol consumption by formatting information in a way that allows easy comparison. In Australia, for example, in addition to the percentage of alcohol within a drink, all alcoholic beverages are required to have the alcohol content expressed in terms of numbers of “standard drinks” or units, each equivalent to 10 grams of ethyl alcohol (Stockwell and Single, 1997). The purpose of standardizing this information is to create national drinking guidelines for alcohol consumption (Stockwell, 2001). These guidelines enable consumers to compare their own consumption against national standards and recommendations, which indicate various levels of risk in drinking (e.g., moderate, sensible, heavy, high-risk) (ICAP, 2008).

Warning labels

Similar to the healthcare industry, warning labels are widespread in the alcohol industry. Different jurisdictions have different guidelines for alcohol health warning labels. As a result, the degree of information provided varies. In general, these guidelines and the research literature indicate several common types of risk-related information that should be given to alcohol consumers (APC, 2007; Fenaughty, 1993; Graves, 1993; ICAP, 2008; Kalsher et al., 1993; Kaskutas, 1995; Stockley, 2001; Stockwell, 2001; Wogalter, 1998). These include:

- Risks of alcohol or excessive alcohol consumption (e.g., impaired judgment, health problems)
- Increased risk of personal and societal harm (e.g., pregnancy, drinking and driving)
- Medical side effects
- Specific health effects of alcohol (e.g., birth defects)
- Appropriate drinking levels
- Behaviour and practices to reduce or avoid risk from alcohol use

Some have suggested that since people can become accustomed to the same messages, there should be a system of rotating warnings (Wogalter & Young, 1998). As we shall see in the next section, the practice of rotating warnings is mandated in the US tobacco industry.

⁵ Ontario Community Council on Impaired Driving. Arrive Alive campaign. Retrieved from: <http://www.arrivealive.org/arrivealive/passport.html>

⁶ Manitoba Addictions Awareness Week. Resources for awareness activities. Retrieved from: <http://www.maaw.mb.ca/newsletter.php>

⁷ CAMH. About Alcohol. Retrieved from: http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/about_alcohol.html

C. TOBACCO

Calls for the distribution of information about smoking began in the 1960s when smoking began to attract more attention as a public health issue in the United States (Bailey, 2004). Following the publication of the 1964 United States Surgeon General's Report, the US government emphasized the need for smokers to make decisions about their smoking behavior based on "informed choice" (Bailey, 2004).

Information provided

Information provision efforts in the tobacco industry focus mainly on delivering information about the health risks and consequences of tobacco consumption (e.g., cancer). In the early period of these warnings, this information was mostly expressed in a milder form where the hazards of smoking were less certain (e.g., "Caution: Cigarette Smoking May Be Hazardous to Your Health"). As research findings on smoking's hazards accumulated, more stern and definitive warnings were adopted (e.g., "Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health") (Beltramini, 1988). The World Health Organization (WHO) currently asserts that, "every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke" (WHO, 2009, p.33).

The alcohol and tobacco industries have made great strides in informing their consumers of the health hazards associated with their product use and yet people continue to engage in risky behaviour. One reason for this is that while people can be aware of the health risks, they may not fully appreciate them as a realistic occurrence (Cummings et al., 2004; Hammond, 2006; Weinstein, 1982). One reason for this underestimation is that such consequences are usually long-term, rather than immediate. Risk information is more likely to result in attitude or behavioural change if it has a high personal relevance (Verbeke, 2006). Long-term consequences that the individual thinks may or may not happen, could be too impersonal for many people to be worry about. For attitude or behaviour change to occur due to perceptions of risk, risk information may need to be personalized in some way and suggest an immediate connection to long-term consequences.

Awareness programming

For the most part, public awareness and education campaigns that focus on tobacco control, cessation of smoking and the risks of smoking, do not receive funds from the tobacco industry. These campaigns tend to be funded by government (e.g., health) or independent community organizations (Health Canada⁸, 2008; Canadian Council for Tobacco Control⁹, 2007; The Lung Association¹⁰, 2010; AADAC¹¹, 2007; Canadian Cancer Association¹², 2010).

Warning labels

Cigarette warning labels are the most widespread policy initiative adopted by the tobacco industry to educate smokers about the health risks and consequences, though they have also been used to promote interest in quitting and provide information on assistance for quitting (O'Hegarty et al., 2006).

The basic rationale for warning labels is to repeatedly highlight and remind smokers of the health risks whenever they smoke. At present, cigarette packages in virtually every country carry warning labels, although the size and the presentation of information can differ notably between countries. Regulations around smoking generally seek to ensure that labels are highly visible and noticeable by stipulating minimum requirements for how much of the package surface the warning should cover, the location of the messages on the package, and size and colour of the fonts (Hammond, 2007; O'Hegarty et al., 2006).

Labelling policies range from vague statements of risk (e.g., "Smoking can be harmful to your health") to graphic pictorial depictions of disease (Hammond, 2006). Research on the effectiveness of graphic warnings has shown greater success than textual labels in affecting smokers' cognitive and emotional reactions and behavioural intentions (Joek et al., 2005; O'Hegarty et al., 2007).

⁸ Health Canada (2008). Health Canada National Campaigns. Retrieved from: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/res/media/camp-eng.php>

⁹ Canadian Council for Tobacco Control. (2007) Fact Sheets. Retrieved from: <http://www.cctc.ca/cctc/EN/mediaroom/factsheets>

¹⁰ The Lung Association. Smoking and Tobacco. Retrieved from: http://www.lung.ca/protect-protegez/tobacco-tabagisme/facts-faits/index_e.php

¹¹ Alberta Health Services. Prevention Programs, Youth. Retrieved from: http://www.aadac.com/87_449.asp

¹² Canadian Cancer Association. Smoking and Tobacco. Retrieved from: http://www.cancer.ca/Canada-wide/Prevention/Smoking%20and%20tobacco.aspx?sc_lang=en

The US Comprehensive Smoking Education Act of 1984 stipulates that different warnings of smoking risks be rotated on all cigarette packages and advertisements (Bailey, 2004). The rotation accomplishes two things. First, although cigarette advertisements contain mandated health warnings, critics argued that the efficacy of these warnings is undermined by the plethora of positive smoking images. By rotating health risk messages, new warnings refresh awareness after old warnings wear off (Bailey, 2004; Gallopel, 2009). Second, a series of warnings offers a better platform to deliver more specific risk information than in the previous warnings, particularly information on smoking research results (Beltramini, 1988).

D. FOOD

As with other industries, the information labelling of food products plays an important role in informing consumers. Food labelling has existed for decades and experienced variations in content and format over the years, however, the goal of the food label has remained constant: to provide meaningful information in a clear and simple way so that consumers can make informed choices about the foods they eat, according to their preferences (Caswell, 1992; Degnan, 1997; Switt, 2007; Trumbo, 2009).

Information provided

Because each country's regulatory body has its own requirements, there are a variety of food labels in the international marketplace (Caswell, 1992; Health Canada, 2003; Trumbo, 2009), but generally all labels provide basic product information. This includes the name and source of the food and its basic composition. For example, in the US, FDA regulations state that labels must explicitly include a precise statement of the identity of the food (i.e., name), its quantity (i.e., weight or volume), ingredients, and the name of manufacturer or distributor (Caswell, 1992; Degnan, 1997).

More recently, attention has been directed at providing information related to health and nutrition. This type of information highlights the nutritional value of the food and enables the consumer to choose foods according to their health benefits (Degnan, 1997). For instance, the FDA states that the nutritional label should "contribute to consumers maintaining healthy dietary practices" (cited in Trumbo, 2009, p.14). The FDA therefore specifies particular nutrients for which labels should present information. These nutrients are determined by their importance to diet and health (e.g., calories, saturated fats, cholesterol, fiber) (Trumbo & Shimakawa, 2009).

Standardization

The health and nutritional information aims of food labelling suggest some interesting features about the way in which informed decision making in the food industry is approached. Labelling has the potential to be a valuable educational tool, particularly for foods which particularly interest or confuse consumers. The difficulty with any type of educational labelling effort is to ensure that the labelling conveys complete, non-misleading information in an easily comprehensible manner (Degnan, 1997). In light of the complexity of nutritional health information, the food industry has taken steps to standardize the information to make it easier for consumers to understand.

The UK Food Standards Agency (FSA, 2006), for example, recently developed principles for front packaging of food labels that include:

- providing information on the levels of four key nutrients: fat, saturated fat, sugar, and salt
- providing information on the level of each nutrient present in a portion of the product
- using a colour-coding scheme to indicate, at a glance, whether the level of each nutrient is high, medium, or low
- using nutritional criteria developed by the FSA to determine the colour code

These principles simplify information provision by identifying the key nutritional ingredients for which information should be given, as well as creating an easy-to-identify visual coding scheme to indicate the general level of nutrition that is offered by the food. The FSA believes that providing information in this way eases the decision-making process of consumers to eat healthier. It also encourages consumers to demand healthier foods, which in turn can motivate businesses to produce more nutritious foods.

Similarly, as stated earlier, the US FDA Nutrition and Supplement Facts label provides information on essential nutrients deemed important to diet and health (Trumbo & Shimakawa, 2009). The FDA Act states that the information must “be conveyed to the public in a manner which enables the public to readily observe and comprehend such information and to understand its relative significance in context of a total daily diet” (cited in Trumbo & Shimakawa, 2009). Hence, a single set of label reference values (i.e., Daily Values) was developed to express the nutritional value of the food in terms of its contribution to the recommended daily intake of a particular nutrient. This value standardizes the information, allowing for comparison with other food products. As Verbeke (2006) notes, such labels function to reduce consumer uncertainty and facilitate informed decision making.

Finally, the food industry generally provides information that is factual, rather than directional. That is, rarely do food labels present direct advice or guidance on consuming a food product in a safer or healthier manner. Instead, they provide mainly factual, descriptive information. Since such information is neutral, its value emerges only in the context of other information, such as the amount someone has already eaten, his or her personal dietary needs, and health aspirations. For such information to have meaning to the consumer, decisions about what to eat and how much to eat must be made using information obtained from sources beyond the product itself.

Warning labels

This information pertains to any potential harms or risk with consuming the product. Generally the harm that may result from food consumption is more chronic (i.e., long-term impact of unhealthy eating) but there are some food ingredients that can pose an immediate danger (e.g., peanut allergies). The FDA, for example, requires the food product label to identify the presence of any ingredient possessing the potential to cause adverse reactions in consumers with sensitivities to such ingredients (Degnan, 1997).

More recently, the advances in food biotechnology have generated some debate over whether labelling should contain information about the food processing methods and specifically whether the food or any ingredients are genetically engineered (Degnan, 1997; Haddon 2001). The argument for including such information is that this type of processing can result in some unexpected adverse changes that could render the food unsafe and thus, people have the right to factor this information into their decisions about what to consume.

II. INFORMED DECISION MAKING AND THE LAW

Currently, there are no explicit legislative requirements that guide informed decision making in the Canadian gambling industry. However, there are legal principles that can be extracted from Canadian jurisprudence that shed some light on informed decision making and related issues. Canadian courts have considered informed decision making in a number of different types of law, ranging from contract law to criminal cases, but the body of law that is the most relevant to the present discussion is negligence law.

Actions in negligence law arise when a failure to use reasonable care results in injury or harm to an individual, or a group. There are three related legal principles that the courts must consider when adjudicating actions of negligence:

Duty of care

The *duty of care* is a legal concept that requires that a person, or company, take reasonable steps to mitigate the risk of harm to others. If they fail to take these steps, then they can be judged negligent. The first step in a negligence action is to establish that a duty of care exists between the parties.

Standard of care

If a duty of care has been established, then a *standard of care* must be determined. That is, to ask what protective measures would a reasonable person, or company, have taken to avoid negligence if they were in similar circumstances. If the duty of care, is the legal obligation to protect others from foreseeable harm, then the standard of care is the protective measure applied to prevent that harm. If the standard of care is not met, then negligence is said to result.

Reasonableness

The standard of care is based on a test of *reasonableness*, which is based on the actions of a hypothetical person and the steps that he or she may be expected to take to mitigate risks (e.g., a reasonable person would have looked both ways before crossing the street). The reasonableness test applied to individuals is based on a person of normal intelligence, who is prudent (see *Arland v. Taylor* [1955] O.R. 131 for the reasonableness test).

All three of these elements must be analyzed in sequence in order for allegations of negligence to proceed. Establishing that a duty of care exists is the foundational element of this argument, and, without it, it is impossible to determine the appropriate standard of care that should be met, or to assess reasonableness. There is no legal precedent in Canada today that establishes the duty of care owed to problem gamblers.¹³ As a result, there is no clarity on the standard of care that gaming providers must meet in informing patrons of relevant risks, among other responsibilities potentially owed to patrons.

There are several distinct legal principles that have emerged in negligence law that shed light on how informed decision making has been approached and understood in law, and may be helpful in developing our information provision framework for the gambling industry.

Risk information disclosure

One of the central themes that can be distilled from this broad analysis is the importance that courts have placed on identification and disclosure of relevant risks when undertaking a decision. In the eyes of the law, it appears that making an informed decision implies knowledge of relevant risks. Canadian courts have established several legal principles related to the communication of risk information.

¹³The only instance where a court established a duty of care in a gaming scenario involved OLG's duty of care towards a lottery ticket purchaser who was defrauded by a retailer (*Edmonds v. Laplante et. al*) (Lipton, 2009). Some experts argue that the decision rendered in *Edmonds* has created a duty of care to problem gamblers. See Sasso & Kalajdzic, 2006, for more a detailed analysis of the duty of care owed to problem gamblers by the province of Ontario and its gaming venues.

Duty to warn

It is a well-established legal principle that manufacturers of a product have a *duty to warn* consumers about the risks and dangers associated with using that product. The failure to warn, or instruct, is a common component of product liability litigation. Producers of goods that may be potentially harmful or toxic if misused must comply with a basic legal duty to warn and instruct users about the safe and prudent use of their product. These warnings alert consumers about the risks associated with using a product so that these risks can be mitigated by following instructions or by choosing not to use or consume the product in the first place (Ross, 2007).¹⁴

In the United States, courts have determined that warnings may need to be supplemented with instructions. In order for a manufacturer to adequately meet their duty to warn, it may be necessary to go beyond just providing the warning and communicating the risks (Ross, 2007). Some warnings may have no practical relevance to the reader and therefore require the provision of additional practical safety information, which can be expressed through instructions or other means of communication such as videos, advertising and websites. It also may be important for manufacturers to make a greater effort to encourage people to read or view this information in order to satisfy their duty to warn.

The leading Canadian case on the duty to warn is *Hollis v. Dow Corning Corp.*¹⁵, in which the Supreme Court found that Dow Corning, manufacturer of silicone breast implants, failed to properly inform the plaintiff, Hollis, of the risks and dangers associated with those implants. There are several aspects of this case that indicate how the law views the communication of risks to consumers of medical products. First, the case established that the duty to warn is a “continuing duty.” This means that the manufacturer must warn consumers about the risks that the manufacturer knew about at the time of sale, but also about risks that are discovered after the product has been sold and delivered. In order to adhere to this precedent and limit potential liability, manufacturers now routinely issue recalls if they discover potentially hazardous flaws or new risks to consumers after a product has been released. Therefore, the legal principle of continuing duty is a long-term responsibility for the manufacturer to inform consumers, and extends far beyond the initial moment of purchase.

Second, the Dow Corning case established that a relationship of reliance exists between consumers and manufacturers (i.e., consumers rely on manufacturers for information). According to this precedent, consumers have far less knowledge about the risks associated with the use of the products than manufacturers. The manufacturer’s duty to warn helps correct this knowledge imbalance by alerting consumers to relevant risks and enabling them to make informed decisions. Additionally, the duty to warn is owed directly by the manufacturer to the ultimate consumer (i.e., Dow Corning owed this duty directly to Hollis, as well as to consumers in general), which means that manufacturers must be careful not to assume that a risk is obvious in circumstances where a child, or other person of limited abilities, is likely to be the primary consumer.¹⁶ The legal obligation (i.e., the legal burden) is placed on manufacturers to disclose risks and warn consumers. It is not the duty of the consumer to seek this information proactively.

Finally, the Dow Corning case clarifies the legal standard that should be met with respect to the qualities of an adequate warning. Warnings should be “sufficiently detailed,” and provide the consumer with a “full indication of each of the specific dangers arising from the use of the product.” Warnings should also be “reasonably communicated,” and “clearly describe any specific dangers that arise from the ordinary use of the product.” Furthermore, manufacturers are not entitled to be selective about the information that they share with consumers. A manufacturer should not omit information in its warning because “it finds it to be unconvincing; the manufacturer is obliged to be forthright and to tell the whole story.”

Risk severity

There is a general legal principle that states that where there is a reasonable duty to warn, the warning must be conveyed with force sufficient to reflect the degree of danger involved (Edwards, 2005). Further, the

¹⁴ Kenneth Ross, *DANGER! The Legal Duty to Warn and Instruct*; Risk Management, March 2007; 54, 3, page 24.

¹⁵ *Hollis v. Dow Corning* (1995), 129 D.L.R. (4th) 609 (S.C.C.)

¹⁶ See, for example, *Amin (Litigation Guardian of) v. Klironomos*, [1996] O.J. No. 826 (Q.L.) (Gen. Div.)

greater the magnitude of a risk (that is, the more likely an adverse outcome will occur), and the more severe the consequences if the risk materializes, the more important the obligation to disclose (Chapman, 2005).

Canadian courts have determined that there are specific types of risks that are important to convey to patients when seeking informed consent to medical procedures. According to the decision rendered in *Reibl v. Hughes*¹⁷, a doctor, or healthcare provider's, duty to inform patients extends beyond the risks that are outlined in consent forms. In fact, they must inform patients about all *material* and *non-material* risks of the proposed treatment. Material risks include a relatively minor consequence that has a *high* probability of occurring (e.g., 80% risk of an upset stomach), as well as very remote risks of serious injury or death. Doctors also have a duty to disclose non-material risks that they know would be of particular concern to the patient (e.g., 5 % chance of shoulder stiffness may not be relevant to an accountant, but may be very relevant to a professional tennis player). When considering what risk information to provide, the law suggests that it is important to examine not only the potential consequences of a risk but also the probability of their occurrence. Furthermore, it may also be necessary to take into account the particular patient, as individual circumstances may dictate the gravity of a risk.

Generally speaking, a doctor's duty to disclose is very broad and has continued to expand since *Reibl v. Hughes* was decided (Solomon et al., 2000). The duty to disclose is no longer limited to informing patients of the risks and consequences of a specific procedure. In fact, doctors are required to provide patients with sufficient information to make an *informed decision* (Solomon et al, 2000).¹⁸ Based on the case law, it appears that assisting patients in making informed decisions requires a high degree of personalization, as the duty to disclose is tailored to each individual patient. On the basis of this requirement, it is possible to argue that the standard required of doctors is exceptionally high and unlikely to be applied to other industries as it is neither practical, nor is it necessary. For our purposes, a doctor's duty to disclose risks to patients can be seen as the highest standard required by the law, which is likely a reflection of the potential seriousness of the risks patients face and the importance of protecting an individual's physical integrity.¹⁹

Limitations on risk disclosure

It is important to note that the obligation to identify and disclose risks is not limitless. Canadian law has constructed practical boundaries around the duty to warn. There are two important legal principles that qualify obligations to disclose risks: *foreseeable harm* and *remoteness*.

Foreseeable harm is an estimate of how probable or likely a given harm was, considering the circumstances under which it occurred (Solomon et al., 2000).²⁰ The basic test of foreseeability is whether or not a reasonable person could have anticipated the harm that the plaintiff suffered, and if so, what steps should have been taken to limit the possibility of that harm occurring. Therefore, with respect to the identification and disclosure of risk, the law is more concerned with risks that are very likely to occur and cause harm, than with risks that have a low probability of occurring.

The opposite of foreseeable harm is a harm that is so remote, or improbable, that a reasonable person would not, or could not, have anticipated it. The legal principle of remoteness generally does not require communication of these harms because of the extremely low probability of occurrence is outside the scope of what one could reasonably expect to happen (Solomon et al., 2000). The exceptions to this general statement are risks related to physical integrity in the medical or pharmaceutical context, as discussed above. Health care practitioners must communicate *all* known risks to patients, no matter how statistically improbable, in order to facilitate informed decision making, or informed consent.

Voluntary and implied assumption of risk

Though the law places a great burden on manufacturers of medical devices to provide information about potential risks and harms associated with their products, consumers are not completely absolved from all responsibility for their awareness of risk. The legal principle known as the *voluntary assumption of risk*

¹⁷ *Reibl v. Hughes* (1980), 114 D.L.R. (3d) 1

¹⁸ Robert M. Solomon, R.M. Kostal & Mitchell McInnes, *Cases & Materials on the Law of Torts*, 5th Student Edition; Carswell Thomson Professional Publishing, 2000.

¹⁹ See for example, *Hollis v. Dow Corning* in which the importance of risks related to physical integrity are discussed.

²⁰ Robert M. Solomon, R.M. Kostal & Mitchell McInnes, *Cases & Materials on the Law of Torts*, 5th Student Edition; Carswell Thomson Professional Publishing, 2000.

establishes that a person who chooses to participate in a given activity should be aware of the risks and potential consequences of participating in that activity, especially if that activity is known to be a risky one (Solomon et al., 2000). A person who chooses to sky dive, for example, should appreciate the potential risks associated with jumping out of an airplane. While the law does require the service provider to inform the consumer of the relevant risks, the law also assumes that the consumer has volunteered to assume those risks, and therefore also bears responsibility.

One way for service providers to encourage participants to recognize and acknowledge the potential risks associated with participation is by requiring them to sign waivers. Waivers typically list the potential risks of participating in a given activity and are widely used, even in situations in which the risk of harm is low (e.g., cooking classes). Waivers provide a systematic way to communicate the risk of participation before participants engage in a given activity. They also help to ensure that participants are informed of the risks before engaging in the activity in question. The signing of the waiver legally and symbolically demonstrates a person's acceptance and contemplation of the risks when making a decision to participate.

The *implied assumption of risk* is a related legal concept in which the law assumes that because an individual chose to participate in an activity that a reasonable person might consider risky, that individual should have been knowledgeable about the possible consequences of assuming that risk. Knowledge of the risk is implied by the choice to participate, as opposed to signing a waiver.

Through the principles of voluntary and implied assumption of risk, the law recognizes that there are circumstances in which the person is expected to take responsibility – whether implicitly or explicitly – for knowing the risks, particularly for activities or products that are known to be risky.

Negligence arising from inaccurate or missing information

Besides stressing the importance of communicating any potential risks or dangers associated with using a product or engaging in an activity, negligence law also highlights the importance of assessing information quality for informed decision making initiatives. Negligent misrepresentation is an action in negligence law, as well as in contract law, that is different from other negligence actions because it is not concerned with damages to property or physical injury, but is instead concerned with misleading written or oral communications. Negligent misrepresentation involves disseminating erroneous information (e.g., giving someone wrong information that leads to financial loss) or omitting critical information (e.g., failing to give someone information that leads to financial loss), typically in a business or advisor-advisee context. This latter point is similar to the criteria for adequate warnings that were established in the *Dow Corning case*, which stipulate that manufacturers should not be selective about the information they share with customers but must “tell the whole story.” Common examples of cases that involve negligent misrepresentation include inaccurate or incomplete advice or information provided by financial advisors, lawyers, and business consultants (Solomon et al., 2000).²¹

The omission of critical information can even be illegal in certain situations. For instance, Canadian courts have recently criminalized the failure to disclose one's HIV status before obtaining consent to sexual activity. Failure to disclose has been considered a form of fraud (i.e., deceit) that negates consent to sexual activity.

These two distinct examples taken from the law suggest two characteristics of truth that should be remembered for information provision. The requirements of information disclosure demand that the information provided be accurate, and that any other information that may be critical and relevant to the decision is not omitted. Omitting such information, while not actually lying, amounts to a form of misdirection and misinformation that is equally toxic and counter to providing sufficient information for an individual may make a decision.

²¹ See, for example, *Queen v. Cognos Inc.* [1993] 1 S.C.R. 87; and *Hercules Management Ltd v. Ernst & Young* [1997] 2 S.C.R. 165, two of the leading cases on negligent misrepresentation.

KEY CONSIDERATIONS

Whether the industry is healthcare, alcohol, tobacco or food, informed decision making applies to decisions that potentially involve a risk or hazard. This potential for harm has resulted in specific practices by each industry to facilitate and encourage informed decision making among their consumers. Often the information provided to consumers involves facts about the product as well as directional information. As well, the nature of the communication evolves and changes as new information on the risks and how to avoid them becomes available.

Accessibility is a key component of information provision. Accessible information is information that is readily available, visible, accurate and meaningful and is sufficiently communicated to maximize the opportunity for individuals to make informed decisions. Standardization of information and the rotation of messages are examples of strategies to enhance communications. Standardized information and standardized information provision ensure consistency and make comprehension easier. Product labelling is a common way of communicating health risks and warnings associated with product use. The advantage of this approach is that it targets the intended audience at an appropriate time (i.e., when they are purchasing or using the product).

A review of efforts in other industries as well as the legal perspective clearly show that the level of detail, consideration for personal preferences, and energy invested in communicating the information required to make an informed decision increases with the risk level of the decision. In the medical care industry for instance, as the severity of the risk increases, so does the expectation of thorough and full information disclosure. The nature of the physician-patient relationship allows for a matching system that considers various risk factors related to the product and the consumer. This tailored approach is also reflected in the law through a general legal principle which stipulates that risk warnings be commensurate with the degree of danger involved, the probability of its occurrence, and the specific people involved.

Not all industries are usually amenable to such tailored approaches. For instance, the alcohol industry tends to provide *all* alcohol users with the same information warnings about the risks of consumption, primarily through product use. It would be very difficult, for instance, to target specific messages, such as don't drink and drive, specifically to those individuals who are at greater risk of engaging in the behavior.

In terms of opportunities to target messages based on risk, the gambling industry lies somewhere between the alcohol and the medical industries. Compared to the alcohol industry, there is greater opportunity to match the information provided to an individual's risk level. In fact, the gaming industry as a whole has long recognized that some gamblers who play more frequently are at greater risk of experiencing problems and require different types of information than the more casual gambler. Clear examples of this are play information and management systems that alert players who are gambling problematically or are at risk of gambling problems.

The general acceptance and establishment of gambling in most of the industrial world has coincided with the gambling industry and various stakeholders making a concerted effort to inform gamblers. The result of their efforts is a plethora of responsible gambling information and information delivery methods. As a first step in identifying the type of information that can help facilitate informed gambling decisions, the RGC project team compiled an inventory of what responsible gambling information has been given to gamblers. Information is the basic foundation for informed choice (Błaszczynski, Ladouceur, Nower, & Shaffer, 2007). Sources included publications, annual reports, media communications literature (e.g., media releases, fact sheets), websites and information resource centres. Research evidence that has examined the effectiveness or importance of providing certain types of information was also included.

Information content that is concerned with gambler safety and protection is categorized according to four broad types:

- A. How gambling works
- B. Gambling safeguards
- C. Risk factors
- D. Help availability

A. HOW GAMBLING WORKS

How gambling works refers to the core factors that determine winning and losing: factual details about randomness, independence of events, house edge, probabilities and cost of play. It is also about common erroneous beliefs related to not understanding these core factors.

Information Sub-types

Randomness

A misconception about randomness can lead gamblers to believe that they can control or predict outcomes. In order to challenge this misconception, there are many ways to communicate the concept of randomness. The first is a direct statement to the effect that gambling outcomes are random (i.e., “All outcomes are random”). A more common approach is to focus on the implications of randomness, which is unpredictability. A general statement such as “randomness means that all future outcomes are unpredictable” is typical of this approach. Another way is to draw the player’s attention to the specific outcome of the game, making the information more relevant. The following examples are from Manitoba and Nova Scotia:

“Due to the random nature of [the game], it’s impossible to predict when a winning hand or combination of symbols will appear.”²²

“Winning money or credits occurs in an unpredictable manner. For instance, you could win a small amount on your first play of a slot machine or play five, ten, or even 100 times before you win anything.”²³

Another way of presenting randomness is through the concept of independence of events, which means that each gambling outcome is separate and distinct with no connection to past or future outcomes. In practical terms, it means that gamblers cannot predict what will happen based on what has happened in the

²² Lottery Products, How much do you know about the games you play. Retrieved March 8, 2010 from <http://www.mlc.mb.ca/MLC/content.php?pageid=440&langdir=E>

²³ Video Lottery Terminals, How much do you know about the games you play. Retrieved March 8, 2010 from http://www.mlc.mb.ca/MLC/web_content/special/vlts_eng.pdf

past. If past events cannot predict the future, then the principle of randomness is upheld, because it dictates that only chance determines a gambling outcome. The following are examples of how to frame this type of message:

“What happened before has no effect on what will happen in the future.”

“Every spin is independent and random, meaning that what happens next does not depend on the previous spin and all future outcomes will be unpredictable.”²⁴

Finally, randomness can be framed in terms of risk and uncertainty; both of which confirm the unpredictability of the games.

“Gambling involves risking something of value on an activity with an uncertain outcome. The risk means that you do not know if you are going to win or lose. Wins are completely unpredictable.”²⁵

In focus groups across all types of gamblers, few participants reported seeing information related to randomness.

Specific erroneous beliefs

A misconception about randomness is at the heart of several erroneous beliefs, including: illusion of control, gambler’s fallacy, and the belief that persistence pays off.

The illusion of control broadly refers to the belief that gamblers can control the outcome of their wager. This is done either by doing things that are thought to produce a desired outcome or skillfully predicting the winner and betting on it. Examples can include “lucky” or superstitious behaviours or objects, skillful ability (e.g., rolling the dice in a certain way), knowledge (e.g., sports statistics), or strategies of betting.

The gambler’s fallacy refers to the belief that past outcomes dictate future outcomes. For instance, it is the belief that an event that has not occurred for some time is now more likely to occur. This fallacy is most often manifested in games such as roulette and electronic gaming machines (EGMs) where people use previous gambling dice rolls or spins to predict the future outcomes.

The belief that persistence pays off implies that if a person keeps playing, they must eventually win. This belief is often associated with chasing losses, where a person believes they are due for a win after experiencing prolonged losses.

Gaming venues generally target these misconceptions in two ways: informing gamblers about the unpredictability of randomness, and by presenting specific characteristics about the games that speak directly to these erroneous beliefs.

“There is nothing [gamblers] can do to improve the chances of winning.”

“Your level of skill, personal strategies or superstitions makes no difference to the final outcome of the game.”²⁶

A slightly different approach is to highlight the factors that people can control while gambling.

“How much you bet, how fast you play and how long you play for.”

“There is nothing you can do to improve your chances of winning, but you can decide how much you spend.”²⁷

²⁴ Video Lottery Terminals, How much do you know about the games you play. Retrieved March 8, 2010 from http://www.mlc.mb.ca/MLC/web_content/special/vlts_eng.pdf

²⁵ <https://www.yourbestbet.ca/odds.php>

²⁶ How Much Do You Know about the Games You Play? Manitoba Lottery Corporation pamphlet.

²⁷ <http://www.knowyourlimit.ca/how-gambling-works.html>

To address the gambler's fallacy, the Productivity Commission (1999) recommended that lotteries should emphasize that past results have no bearing on future outcomes, and should not provide information that would suggest otherwise. OLG frames this as:

"Each spin is independent of the last and your chances do not improve with how long you play."

Lastly, another approach to dispelling these common misconceptions is to encourage gamblers to think in a way that implicitly disputes the erroneous belief. Examples include suggesting that certain expectations that presumably arise from erroneous beliefs — such as the gambler's fallacy or persistence pays off — are potentially dangerous and should be avoided.²⁸

Probability

Probability refers to the statistical chances of certain gambling outcomes occurring. It is descriptive, factual, and indisputable. Most often these statistics are provided in terms of the odds of winning (e.g., "the odds of winning the top prize are 1 in 50,664"). Sometimes, the factors that affect the odds are also provided, as in this example from the BC Partnership for Responsible Gambling:

"For some games determining the odds is much easier than for other games – as the odds depend upon the number of players, the size of the wager, and the rules or nature of the particular game being played."²⁹

Providing this information serves the general purpose of accurate disclosure and also dissuades people from unrealistic expectations about their chances of winning.

One of the big challenges in communicating odds is that they are generally not well understood, particularly for certain games such as electronic gaming machines. Focus group participants were quick to point out the lack of clear and understandable information about the odds of winning. Because statistical information can be difficult to comprehend, some information campaigns have created simpler messages to increase understanding by the average person. For example, the government of Victoria, Australia offers a website that pairs odds information about games with the odds of other non-gambling activities occurring (e.g., struck by lightning, having high blood pressure).³⁰ In another example, a humorous BCLC television PSA compares the odds of winning with the odds that a man will get a date with a woman who is clearly uninterested. The Productivity Commission (1999) stated that providing the information within a context that is more relatable, makes the message more convincing.

Cost of play

This information is less about betting denominations or maximum or minimum betting amounts but more about providing an appreciation of how much gambling will cost to the player. Several inherent statistical features of gambling can be provided to the player to help them understand the cost of play, including: house edge, payout rate and per hour cost (Eggert, 2004).

House edge

House edge refers to the statistical feature of games that allows gaming operators to make a profit on their games over the long run. The house edge can affect the gambling experience because it dictates to a large extent how much gambling will cost on average. For the most part, house edge is presented as a percentage. For instance, VLTs are programmed to keep approximately 7% of the total amount played over time – this is known as the "house advantage" or, in dollar amounts, as "7 cents for every dollar."

For those who have difficulty understanding percentages, house edge can be described in words, rather than as a number (e.g., "the house advantage is a measure of how much the house expects to win, expressed as a percentage of the player's wager"). Or, more simply, the SLGA refers to the house edge as a "mark-up" built into every game that is the cost of entertainment.

²⁸ <https://www.yourbestbet.ca/odds.php>

²⁹ Retrieved March 9, 2010 from <http://www.bcreponsiblegambling.ca/responsible/odds.html>

³⁰ Retrieved April 12, 2010 from <http://www.problemgambling.vic.gov.au/taking-control/the-odds>

House edge

House edge refers to the statistical feature of games that allows gaming operators to make a profit on their games over the long run. The house edge can affect the gambling experience because it dictates to a large extent how much gambling will cost on average. For the most part, house edge is presented as a percentage. For instance, VLTs are programmed to keep approximately 7% of the total amount played over time – this is known as the “house advantage” or, in dollar amounts, as “7 cents for every dollar.”

For those who have difficulty understanding percentages, house edge can be described in words, rather than as a number (e.g., “the house advantage is a measure of how much the house expects to win, expressed as a percentage of the player’s wager”). Or, more simply, the SLGA refers to the house edge as a “mark-up” built into every game that is the cost of entertainment.

Payout rate

The payout rate is generally used to show the cost of play for electronic gaming machines (EGMs). It is the proportion of wagered money that is paid back to gamblers over time. It is usually expressed in terms of a percentage (e.g., “the payout rate for a slot machine is 92.4%”). Since this is always a proportion of the amount wagered, it implies that gamblers will not get all their money back. In simpler terms it can be framed in the following way: “All games are designed to return a specific percentage of wagered dollars back to players over the long run.”

It is tempting for gamblers to expect to have money left after a playing session (i.e., gambled \$100, should get back \$85, on 85% payout rate), but the payout rate is a long-term average and is unlikely to apply to the short-term. Therefore, to give gamblers a better understanding, the payout rate can also be clarified with additional information about its application (e.g., “The payout rate is based on the life of the machine, not on the playing session”).

The problem with educating gamblers using statistically-oriented information is that, generally speaking, statistics are a difficult topic for people to understand (Delfabbro, 2004; Turner & Horbay, 2004). The house edge may be a better informational remedy because it indicates how much is lost, rather than how much is “gained.” For example, if the cost of play for two EGMS was expressed as house advantages of 4% and 2% respectively, patrons could compare the prices of the machines and conclude that the 4% machine is twice as expensive as the 2% machine (Eggert, 2004; Productivity Commission, 1999).

Per hour cost

While house edge and the payout rate show the cost of play in terms of the proportions of the amount wagered, cost of play can also be expressed in terms of time spent. The Productivity Commission (1999) recommended that an effective expression of the price of playing poker machines is the length of time it will take to lose a particular amount of money, assuming average pay out rates. This approach involves a mathematical equation that enables one to calculate the concrete cost of playing over time (i.e., hour). For instance,

- Cost per hour of play = (house edge) x (bets per hour) x (average bet amount) (AGLC, Manitoba Lotteries)³¹

Research Literature on the Effectiveness of Information on How Gambling Works

A great deal of research has examined cognitive distortions about how gambling works (Johansson, Grant, Won Kim et al., 2009). Various studies indicate that cognitive distortions are prevalent particularly among regular or heavy gamblers (Delfabbro & Winefield, 2000; Toneatto, Blitz-Miller, Calderwood et al., 1997). In one study of regular and heavy gamblers, study participants expressed an average of three cognitive distortions when asked to describe any special strategies, techniques, or rituals they use to improve their chances of winning (Toneatto, Blitz-Miller, Calderwood et al., 1997). Ladouceur (2004) observed a relationship between frequency of play and the level of conviction in these erroneous beliefs.

³¹ These cost estimations are often accompanied by caveats that qualify their accuracy.

In terms of specific distortions, generally research finds that beliefs about the ability to control or predict an outcome are the most pervasive cognitive distortion, particularly among gamblers with problems (Delfabbro 2004; Toneatto, 2004; Toneatto & Nguyen, 2007). Toneatto and colleagues (1997) recruited regular and heavy gamblers not in treatment and found that 84% of participants were able to explain how they increase their chances of winning. Their methods included a reliance on systems, lucky numbers and objects, and superstitious behaviours and cognitions. About half demonstrated either a misunderstanding of the nature of probability (e.g., independence of events), a perception that a win is imminent because of persistent losing (i.e., persistence pays off), or a belief that a win was caused by something other than chance. The strong belief in being able to control or predict gambling outcomes has also been found among gamblers in treatment (e.g., Ladouceur et al., 2001; 2003; Morasco, Weinstock, Ledgerwood, et al., 2007). Given the pervasiveness of these distortions, it seems that information focused on countering and dispelling these distortions would be the most useful to provide to gamblers.

It has been argued that a misunderstanding of the notion of randomness is at the heart of most erroneous beliefs, including the belief in being able to control or predict gambling outcomes (Ladouceur, 2004; Turner, 2002). Individuals who believe there is some factor beyond chance that determines gambling outcomes discount randomness and mistakenly try to control or predict outcomes through other means. Interestingly, knowledge of mathematics and probabilities does not necessarily protect one against misunderstanding randomness (Pelletier and Ladouceur, 2007; Turner, Zangeneh & Littman-Sharp, 2006). Many gamblers may know the probabilities but feel they can beat them (Turner, Zangeneh & Littman-Sharp, 2006).

Delfabbro (2004) and Turner and Horbay (2004) highlighted some of the problems in educating and correcting cognitive distortions about gambling. For example, messaging that denies the role of skill may not consider the possibility that skill can be interpreted in different ways. Some gamblers may feel that knowing how to play the game or using optimal strategy, even if it only reduces the rate at which they lose, is still a skill. Furthermore, while gambling games are chance-based, not all games are equal and some allow for a degree of skill that can affect the probability of success (Delfabbro, 2004). With respect to skill and strategies, the important point to emphasize, according to Delfabbro (2004), is that “there is nothing they can do to beat the house odds, and than any short-term increases above the expected odds are only due to chance...Although gamblers can win in the short-term, the probability of long-term or repeated wins is unlikely” (p. 7-8).

Despite the difficulties in dispelling gambling misconceptions and educating people about how gambling works, there is evidence that such information can have an impact. Benhsain, Taillefer and Ladouceur (2003), for example, conducted a study on the effect of reminding gamblers about the principle of independence in gambling and found that these reminders were associated with fewer erroneous perceptions. Lastly, a number of cognitive behavioural treatment programs and educational prevention programs that educate about randomness have demonstrated moderate success at educating people (Ladouceur, Sylvain, Boutin et al., 2003; Macdonald, Turner & Somerset, 2005; Sylvain, Ladouceur, & Boisvert, 1997).

B. GAMBLING SAFEGUARDS

Providing information about gambling safeguards aims to help people keep their gambling within safe limits. This information provides advice or guidance for practicing safer gambling. It can be directional (gamblers are advised or encouraged to adopt certain beliefs or attitudes); reflective (gamblers are encouraged to approach their gambling in a certain way); or factual (gamblers are educated about some feature of gambling).

Information Sub-types

The content of this information falls into four general areas in which gamblers can exert control:

Perceptions or expectations

This information encourages people to think of gambling in a way that will minimize cognitive distortions that may contribute to risky gambling. The information can serve to promote and reinforce concepts of how

(gambling works (e.g., unpredictability) but can also reinforce positive expectations of gambling e.g., gambling for entertainment). Specific examples of this type of information include:

- Understand that playing electronic games involves spending money over time, just like any other form of entertainment
- Have the right attitude – gamble for fun and entertainment, not as a way to make money
- Consider the money you spend gambling as the cost of your entertainment
- Be aware that wins are random – No matter what you do, the wins and losses are random. Trying to outsmart the dealer has no effect on winning
- Be realistic about your expectations for winning and losing
- There are no tricks to winning because it is impossible to predict or influence the outcome of games of chance

Financial

This information advises gamblers to set limits, create a budget, restrict access to financial resources when gambling, and track expenditures. Specific examples of such financial advice include:

- Set a budget and stick to it
- Set a spending limit
- Think about a win/loss limit
- Do not try to win back money you have lost
- Keep track of your spending over time
- Leave bank or credit cards at home

Social behaviour

This information pertains to social behaviours that are consistent with having a positive experience with gambling. Conversely, the information may consider the potential neglect of family and work commitments due to gambling, and suggest maintaining and strengthening bonds and commitments to these areas. For example, advocating a balanced lifestyle indirectly limits gambling through participation in other life areas (i.e., family, friends, and work). Specific examples of this type of messaging:

- Keep balance in your life
- Balance gambling with other leisure activities. Gambling shouldn't be the only activity you do in your spare time. Maintain a healthy balance between gambling and other activities you enjoy.

Reality checks

Reality checks aim to encourage players to reflect upon their gambling. Some of the most common ways of doing this include:

- Displaying a clock to enable players to assess their time spent gambling (IPART, 2004)
- Providing players with time and money (actual money not credits) spent per session
- Encouraging breaks in play

The NSGC has included responsible gambling features on its VLTs since 2000, including: a time display, cash amounts instead of credits, pop-up messages pertaining to the time spent playing after 60, 90 and 120 minutes of play, and a mandatory cash-out after 150 minutes of play. While these reminders instill a break in play, this pause also allows individuals to reflect on their behaviour based on the time spent playing. Similar EGM options have been offered on machines in Manitoba and Alberta (Perese et al., 2005; Wynne & Stinchfield, 2004).

Lastly, reality checks can also be achieved by simply prompting gamblers with questions about their gambling (e.g., “Do you know how long you have been gambling?” “Have you spent more money than you intended?”). While these questions do not provide information, per se, they do encourage people to pause and reflect on their gambling.

Research Literature on the Effectiveness of Information on Gambling Safeguards

There are few studies that have directly examined the impact of receiving practical information about how to practice safer gambling. When such information is included in a research study, it is usually of secondary importance and coupled with other information to make it difficult to decipher its specific effects. Steenbergh, Whelan, Meyer et al. (2004) looked at the impact of providing encouragements to set limits, as well as warning labels (i.e., about odds of winning and risks of gambling) and other information debunking various gambling myths in a randomized controlled laboratory setting. Their results suggest that providing advice to set limits encouraged participants to set time and money limits, although they did not observe changes in actual gambling behaviour.

Research confirms that reality checks encourage people to pause and reflect on their gambling. Monaghan and Blaszczynski (2007) compared information that encouraged EGM players to consider their own gambling behaviour compared to messages about how games work and chances of winning. Players who received the self-appraisal messaging became more aware of the time that they were playing and reported that such messages would influence their session length and the likelihood of taking a break. The researchers concluded that self-appraisal messages were effective in “modifying players’ thoughts and behavior in accordance with the aim of responsible gambling” (p.17).

Results from a focus group study (Consumer Contact, 2003) suggest that players would be more likely to reconsider their gambling behaviour if they received the following messages:

“Have you spent more money on gambling than you intended?”

“Have you gambled longer than planned?”

The focus group study also found that some reality check messages were undermined with problem messages. For example, the following message “Have you spent more money on gambling than you intended? If gambling is a concern for you, call G-line (NSW) 1 800 633 635”, was found to be inconsistent because the first sentence warns people about their behaviour but does not necessarily signify a problem while the second sentence targets those with problems. Consequently, the problem gambling assistance messaging effectively undermines the responsible gambling messaging:

“The regular gamblers, those who do not perceive they have a problem, start to become EXCLUDED by the reference to a gambling problem. The message has therefore changed from one about RESPONSIBLE gambling to one about dealing with a gambling PROBLEM” (Consumer Contact, 2003, p.37)

Given that it is fairly common to add problem gambling help resource information (e.g., helpline number) to safer gambling messages, positioning is important so that one type of message does not undermine the other.

Nova Scotia is set to introduce a player card system (i.e., My Play) where players can see their play activity (e.g., money spent on VLTs) for their current session (e.g., amount “up” or “down” within the session) or over an extended period of time (e.g., day, week or month). According to pilot test evaluations, the play summary feature was the most popular tool among regular gamblers and most participants seemed to appreciate the ability to see the amounts spent over a period of time (Bernhard, Lucas & Jang, 2006; Omnifacts Bristol, 2005; Schellink & Schrans, 2007). The popularity and demand for these types of features have been shown in player card studies in Canada, Sweden, and Australia (Nisbet, 2005; RGC, 2009; Strom, 2008) as well as in surveys of online gamblers (eCOGRA, 2007).

Having an accurate account of one's gambling activity is important given that gamblers often underestimate the amount gambled. According to a study panel of 120 players who were tracked over time using the Nova Scotia player card, players significantly underestimated the amount of money (reported only 14% of actual money spent) and time spent (reported only 33% of actual time spent) playing EGMs (Omnifacts Bristol, 2007).

C. RISK FACTORS

Information on risk factors aims to warn people that gambling has risks and that there are factors that may increase the likelihood that someone will experience problems with their gambling. Risk factors can be categorized into modifiable and non-modifiable risk factors. Modifiable risk factors are those that can be changed by increasing an individual's awareness and knowledge of these factors (e.g., illusion of control, erroneous perceptions, and play frequency). Non-modifiable risk factors are those that cannot be changed by increasing awareness or knowledge (e.g., family history) (Perese et al., 2005). Information related to risk factors tends to focus on those conditions that can be changed.

Information Sub-types

Generally, the most commonly communicated risk factors are:

Gambling behavior

These warnings draw attention to noticeable changes in gambling behaviour. They include:

- spending longer periods of time gambling
- continuing to play to recover losses
- increasing wager amounts and spending
- spending all winnings
- repeatedly visiting the bank machine

Risk assessment

Risk assessment information is also based on a person's gambling behaviour, but specifically addresses the risk of harm from gambling. Currently, risk assessment information is offered in two ways: self-assessment and play-assessment.

The information from self-assessment requires gamblers to complete a series of questions about their gambling behaviour. The gambler's responses produce a rating that signifies their problem gambling risk level. Alberta's Set a Limit website (SALA) offers visitors a chance to assess the risk level of their gambling behaviour by completing the nine-question Problem Gambling Severity Index. The ALC's online gambling portal, *PlaySphere*, has a five-question online survey that evaluates a player's gambling behaviour in terms of risk of harm. Similarly, *Mise sur Toi/Lotto-Quebec* offers an eight-question self-assessment on a pamphlet or through an automated kiosk. The results inform respondents via a colour-coded system that they are gambling with no problems (green), at-risk of having problems (yellow), or experiencing problems (red).

Self-assessment tools do not necessarily have to produce an actual risk rating but can be used simply as a warning device. In Alberta, gaming venue staff can give a patron who is exhibiting problem behaviours a *Self-Test Card*. This small, discreet, credit card-sized card asks the patron five yes/no questions about their gambling. If the respondent answers affirmatively to all five questions, the staff member may talk about warning signs.

Play-assessment does not require the self-reported input of the gambler but rather assesses the actual gambling behaviour of the individual. This requires a computer analytics program that employs algorithms to determine a player's level of harm. Player tracking systems used in Saskatchewan (i.e., *iCare*), Sweden (i.e., *Playscan*), and Norway (i.e., *Spillerkort*) have a monitoring capacity that allows player activity to be assessed

for level of risk of gambling problems. Saskatchewan's *iCare* system for instance, analyzes player EGM data and assesses play patterns and high-risk behaviours. A gambler can be rated from 1 (no risk) to 3 (high risk). While the systems in Sweden and Norway provide such information to players upon request, *iCare* uses this information for staff to identify players who are at increased risk so that designated staff can approach players to provide information, assistance or referral.

Research Literature on the Effectiveness of Information on Gambling Risk Factors

Rather than focusing on the impact of providing gamblers with risk information, the research has primarily focused on those factors that place a person at increased risk. Numerous studies have highlighted the strong association between level of gambling involvement and risk. The risk continuum is book-ended with no-risk gambling on one end to high-risk on the other end (Cunningham-Williams & Hong, 2007; Ferris & Wynne, 2001). Consistently, research shows that gamblers at the highest end of risk gamble significantly more time and money than low to moderate risk gamblers (Chipman et al., 2008; Currie et al., 2008; Currie et al., 2009; Dube, Freeston & Ladouceur, 1996; Ferris & Wynne, 2001; Hing & Breen, 2002; Holtgraves, 2009; Marshall & Wynne, 2004; Wiebe, Mun & Kauffman, 2006).

Following are select examples of research highlighting the strong relationship between level of gambling involvement and risk.

- In the 2001 Ontario gambling prevalence study, the risk of problem gambling gradually increased with more frequent participation. The frequency group which was at most risk of problem gambling was made up of those who were regular, frequent gamblers (i.e., daily/once a week).
- In the 2005 Ontario gambling prevalence study, individuals with gambling problems had the highest rates of time and money spent gambling. For instance, whereas 40% of gamblers with severe problems gambled weekly or more often on casino slots, the corresponding rates for moderate problems, at-risk and non-problem was 7.5%, 4.1% and 1.3%, respectively. About 50% of weekly casino slot gamblers had moderate to severe gambling problems.
- In the 2002 Alberta gambling prevalence study, the length of time players gambled at a casino was highly associated with their level of risk. The percentage of players in each group that usually gambled for three or more hours at a casino were non-problem (10%), low risk (23.3%), moderate risk (28.6%), and problem (44.4%) (Smith & Wynne, 2002).
- In the 2002 Saskatchewan gambling prevalence study, 33.4% of those with problems gambled weekly on casino table games, compared to 2.9% of moderate risk gamblers, 0% of low risk gamblers and 4.5% of non-problem gamblers (Smith & Wynne, 2002).
- In the 1999 Prince Edward Island gambling prevalence study, those with problems were most likely to be weekly players (71%) and were least likely to be yearly players (11%) (Doiron and Nicki, 1999).
- In their analysis of gambling prevalence studies conducted in Canada between 2001 and 2005, frequency of play was significantly positively related to problem gambling scores for all activities, except raffles (Holtgraves, 2009). For each gambling activity, non-problem gamblers gambled significantly less often than respondents in the low risk, moderate risk and problem gambling groups.
- In a study of problem gambling treatment clients who continued to gamble after treatment, gambling no more than once per month predicted problem-free gambling (Weinstock, Ledgerwood and Petry, 2007).
- In a study that compared gambling frequency between the general population and a treatment sample, the gambling frequency level that best discriminated the general population sample from the treatment sample was monthly or less frequent gambling versus weekly or more frequent gambling (Stinchfield and Winters, 2001).

- In consultations with 171 gambling experts in North America, experts reported that percent of income spent on gambling followed by frequency of gambling was the most important variable for defining safe levels of gambling (Currie, Hodgins, el-Guebaly and Wynne, 2008).

In focus groups conducted for RGC's (2009) study on play information and management systems, 58% of participants indicated they would like to receive alerts and information related to their gambling risk level. In a large survey of 10,865 online gamblers that asked how useful a self-assessment test was, 75% said it was "quite", "very", or "extremely" useful (eCOGRA, 2007). However, the evaluations in Sweden and Norway, where risk assessment tools are optional, use was significantly lower, ranging from 2% to 40% (Griffiths, Wood, & Parke, 2009; Internet Poker Committee, 2008; Sjoldstad, 2008; Strom, 2008). The lowered interest in this type of information may be due to the relatively small group of gamblers who are concerned about their gambling (RGC, 2009).

For gamblers at increased risk, such information may impact their behaviour. Research of Sweden's Internet player card tool found that 44% of players identified as experiencing problems or being at-risk of having problems through the risk assessment tool reported reducing their gambling in response to receiving their risk level information (Internet Poker Committee, 2008).

D. HELP AVAILABILITY

A common way to attract attention to help resources is to include a reference to having problems or concerns (e.g., "When gambling becomes more than a game, no one wins").³² The term "problem gambling" is usually avoided to prevent any social stigma to using the service. The message is usually vague and broad so that anyone with any degree of difficulty and not just those with extreme problems could use the resources.

Information Sub-types

Gambling problems

These warnings focus on the potential consequences or problems of high risk gambling practices.

Financial consequences

Examples of financial consequences are:

- accumulating debt in order to support gambling
- spending more money than intended
- selling things to get money to gamble
- missing bill payments

Social consequences

Examples of social consequences are:

- lying about or hiding the extent of gambling
- arguing with family or friends about gambling
- having others tell you that you have a problem
- neglecting or missing important responsibilities (i.e., family, work, etc)
- participating in illegal activities to get money for gambling

³² "When gambling becomes more than a game, no one wins" Recovery Resources Gambling Addiction Services pamphlet. Retrieved March 8 2010 from <http://www.recrs.org/services/gambling%20brochure.pdf>

"When you are over your limit...help is available". OLG pamphlet. Retrieved March 8 2010 from http://www.olg.ca/assets/documents/responsible_gaming/responsible_gaming.pdf

"When gambling isn't fun anymore". BCLC Gamesense website. Retrieved March 8 2010 from <http://www.bcl.com/cm/gamesense/whengamblingisnotfun.htm>

Health consequences

Some of the consequences that gamblers may face as a result of excessive gambling are health-related. Communicating the warning signs may help gamblers to recognize mental and physical health problems they may be experiencing. Examples include:

- depression or anxiety
- inappropriate coping with problems (e.g., gambling to escape problems)
- irritability
- stress

Resources

Helpline

This information refers to a general problem gambling helpline phone number that people can call to get assistance and referral information for gambling related problems or concerns. The problem gambling helpline is probably the most widely circulated resource since it can provide immediate assistance to someone in distress but also refer people to other types of assistance (e.g., treatment or counselling). Generally, information about the helpline is direct and concise, offering the name and number and some of its key operational characteristics (e.g., free, confidential, anonymous and 24 hours). The helpline number can also be an “add-on” to other communications that are not related to problem gambling. For example, the helpline number might be on the bottom of a poster advertising a slot machine tournament. In the focus groups, all participants were familiar with the problem gambling helpline.

Community support services

Information about community support resources such as self-help (e.g., Gamblers Anonymous and Gam-Anon) and treatment or counselling services (e.g., problem gambling, financial counselling) are also made available to gamblers. These resources offer more involved and intense support and are usually directed at people who have more serious concerns about their gambling. Generally, information of this type communicates that support is available. An example is an advertisement with a headline (e.g., “help is available”) followed by a listing of resources. Few focus group participants reported seeing information on places to get help, other than the helpline number.

Venue support services

This includes support services either offered and operated by the gaming venue or located in the venue but operated by an external party. In Canada, all provinces with casinos now have some form of onsite information support centre.

Research Literature on the Effectiveness of Information on Help Availability

We found only one study related to the effectiveness of providing information to gamblers about the availability of help. In this study, researchers provided ten messages to people while they played EGMs and attempted to identify those messages with the most potential to get people to act — either to change their gambling behaviour or to call the problem gambling helpline (Consumer Contact, 2003). Five focus groups were conducted to obtain participant feedback on the messages.

All messages ended with the same call to action (i.e., If gambling is a concern for you, call G-line (NSW) 1 800 633 635 but had different hooks, or questions/statements intended to catch the gambler’s attention. With respect to prompting gamblers to call the helpline, the hooks that participants believed to be the most likely to be successful were:

- “Have you spent more money on gambling than you intended?” (10 votes)
- “Do you lie to hide the extent of your gambling?” (8 votes)

- “You may be the last person to realize you have a gambling problem” (8 votes)
- “Have you ever borrowed money to gamble?” (6 votes)

These hooks can provide a wake-up call to signal a gambling problem that could be addressed by calling the helpline.

The researchers point out that it is important that people with problems be able to identify with the hook. For example, the study found that the question “Have you gambled longer than planned?” was not at all endorsed as being effective because the question did not identify with people with gambling problems. Most gamblers, participants felt, have gambled longer than planned at some point. Since playing longer than planned is perceived as normal behaviour, it would not initiate a call to the helpline.

The problem facing communicators of information about help availability in the gaming context is the generally low level of use in help services, generally, and treatment, in particular (Slutske, 2006; Suurvali, Hodgins, Toneatto et al, 2008; Productivity Commission 1999). While a lack of knowledge about available help services has been cited as one of the barriers to seeking help (e.g., Hodgins & el-Guebaly), other factors have been considered to be more significant. One of the major reasons for low uptake is that many gamblers with problems, particularly those of with less severe problems, tend to recover on their own (Slutske, 2006; Suurvali, Hodgins, Toneatto et al., 2008). Some of the other reasons that people do not seek treatment that have been identified in the research literature as: embarrassment/pride, stigma, perception of lack of urgency, psychological denial or avoidance of gambling problem, financial costs of treatment, and cultural divides (Hodgins & el-Guebaly, 2000; Evans & Delfabbro, 2005; Rockloff & Schofield, 2004; Clarke, Abbott, Desouza, et al. 2007).

KEY CONSIDERATIONS

- Informed decision making in gambling encompasses information on four broad topic areas: how gambling works, gambling safeguards, risk factors, and help availability.
- Cognitive distortions about how gambling works are common among all gamblers and are particularly prevalent with heavy gamblers and those with problems. To counter cognitive distortions, information provision efforts should focus on the fundamental characteristic of gambling — randomness — as well as the most common distortions (that gamblers can control or predict outcomes).
- The continuum of risk and associated characteristics is useful for targeting gambling audiences with messages that are most likely to reflect and resonate with those individuals gambling at a particular level. Gambling frequency is a strong proxy for level of risk, as individuals with gambling problems tend to be more heavily involved in gambling than those without problems.
- Gamblers are receptive to receiving information about their gambling activity and risk level, which is very important given how easy it is to misestimate their activity.
- Information provision that promotes greater gambler self-awareness and self-appraisal of gambling related behaviour can be effective in motivating gamblers to question and reduce their gambling.
- For those who are gambling excessively within a session, self-appraisal information may be useful wake-up calls or triggers for gamblers to assess their current behaviour and adjust it towards a safer level.
- Some of the primary barriers to explain the low use of resources include a belief in self-reliance and self-recovery, embarrassment/pride and social stigma.

The gaming industry and its stakeholders have used numerous and diverse methods of information delivery to reach out to gamblers and each method has its own particular features and characteristics. This chapter describes the various delivery methods and the issues to consider when using such methods within an IDM framework. Data sources include publications, mass media campaigns, communications literature and websites. As well, a literature review of the research for each type of information delivery method was conducted to provide further direction on the best ways to approach information dissemination.

A key learning from Chapter One is the importance of providing information in a manner that is accessible. The concept of accessibility implies accuracy, availability, meaningfulness and timeliness.

Effective information dissemination requires the information to be visible to the people to which it is directed (Productivity Commission, 1999). The Productivity Commission recommended, for instance, that problem gambling signage should be as visible as signs promoting gambling. The signage should also be positioned in areas most likely to be frequented by gamblers who are having problems or at risk of having problems, such as “nearby ATMs in venues, on gaming machines, at the cashier’s cage and at points where people may be seeking help with other public health problems” (16.32). Some Australian jurisdictions have mandated the provision of information about the potential risks of gambling and where to get help in all gambling areas and near relevant ATM and electronic fund transfer facilities (e.g., Queensland) (Banks, 2002).

Accessibility also requires that the information be meaningful. This means that the language must match the needs and comprehension level of the intended audiences. This can present many challenges, such as communicating how the games work — a complex topic that is inherently difficult for many people to understand (Delfabbro, 2004; Turner, 2002). The Queensland Responsible Gambling Code of Practice, for example, stipulates that “meaningful and accurate information on the odds of winning major prizes to be prominently displayed in all gambling areas and in proximity to relevant games” (Banks, 2002, p.22). By stipulating that the information must be meaningful, the Queensland Code implies that if information is not understandable — even if accurate — it is ultimately unhelpful to the goal to inform. Similarly, if information is provided in a way that is culturally and linguistically inappropriate, it has little meaning to the individual. Thus, as the Productivity Commission (1999) recommended, information must be adjusted and translated when necessary to take into account the cultural and language diversity among gamblers.

Timeliness involves providing information at the moment and place where gamblers can best absorb the information. The information currently provided to gamblers is disseminated at a wide variety of times and places, including the gaming floor itself. While it makes sense to provide information to gamblers while gambling because this is where the information is most likely to be received (Eggert, 2004), some have argued that the act of gambling itself can be a barrier to receiving information. Dickerson (2003a; 2003b) has pointed out that electronic gaming machines produce an emotional stimulation that can impair control. In fact, it is this very quality that many regular gamblers find desirable and seek through continuous gambling. Other researchers have also supported this view, claiming that many gamblers may be rational outside of the game, but become irrational while playing (Lambos & Delfabbro, 2007; Seigny & Ladouceur, 2004). Therefore, to create opportunities for informed decisions, some researchers have suggested periodically interrupting the emotional hold of the game with mandatory pop up messages, reminders or breaks (Dickerson, 1998; Monaghan, 2009). Another recommendation is to confine the decision-making process to a time before the start of a playing session and to a place away from the gaming floor, through a pre-commitment spending requirement (Dickerson, 2003b).

The next section reviews the variety of channels used to disseminate information to help gamblers to make informed decisions about their play.

INFORMATION DELIVERY IN GAMBLING

Based on the review, information delivery methods can be categorized into five types:

- A. Public awareness and education campaigns
- B. Venue pamphlets, brochures and signage
- C. Gambling products
- D. Specialized information services
- E. Venue staff

A. PUBLIC AWARENESS AND EDUCATION CAMPAIGNS

Public education and awareness campaigns are aimed at the general public or large segments of the gambling public, and focus on creating awareness among these large populations.

These campaigns are generally organized around one or more of the following types of information:

- Problem gambling awareness and risk factors (i.e., gambling behaviour and beliefs)
- How gambling works (i.e., randomness, erroneous beliefs and odds)
- Help availability (i.e., helpline, counselling)

Mass media advertisements attempt to grab attention, present a generic message and often direct the audience towards an information source for more explanation (i.e., information centre, website and helpline). For instance, television can convey gambling information that is captivating, educational, and influential through the use of imagery, sounds, and narratives. Often these mass media initiatives are part of larger multi-dimensional campaigns and are supplemented with information on gambling products, posters and pamphlets, educational displays and videos, and websites. Alberta, for example, delivers an annual responsible gambling mass media information campaign that includes TV, radio, restoboard and online advertising.

Public campaigns also include special events or presentations in the gaming venue or in the community. Special events may include a staffed booth that is designed to grab the attention of passersby and entice participation with an interactive educational activity. Generally, special events and/or presentations are localized. *Within Limits*, a problem gambling awareness and prevention program in Ontario, sets up staffed and interactive booths in gaming venues and community centres to inform gaming patrons and community members about various gambling topics and local services. These campaigns are often intense, concentrated and delivered over a short period of time, as is done in Alberta and Ontario, which offer annual or bi-annual responsible gambling “awareness weeks.”

While these campaigns are directed at the general and gambling public, they can be further tailored to reach specific sub-populations such as at-risk groups, seniors, women, and youth. For example, campaigns directed at youth use communication mediums such as youth-oriented television shows and time slots, and social media such as *Facebook* and *MySpace* that are geared towards younger populations (Williams et al., 2007; Worden et al., 1988).

Specific Characteristics

STRENGTHS	CHALLENGES
Reach	Unidirectional
Cost-effective	Message restrictions
Anonymity	Expensive

Strengths

Reach

Public campaigns are able to reach large numbers of the general and gambling populations. They are typically organized on a local or provincial level, but can also be expanded to a national or international level. Mass media campaigns not only have the ability to reach a broad audience but they can also target a more specific audience. To some degree, this makes it possible to control when your desired audience is more likely to be exposed to the advertisements.

Cost-effective

In general, public campaigns are a relatively cost-effective way of delivering gambling information to a large segment of the gambling and general public. Well-designed mass media initiatives can reach large numbers of people for relatively little cost per person (Williams et al., 2007).

Anonymity

Mass media campaigns allow individuals to remain anonymous while receiving information. With the exception of special events, individuals do not receive information directly from another person, so no one knows if they decide to use the information. Individuals do not have to worry about having their identities disclosed when accessing information.

Challenges

Unidirectional

Public campaigns generally transmit information in one direction to an audience. Since they do not provide feedback opportunities, the audience is only receiving information. The opportunity for feedback facilitates understanding and learning. Campaigns that incorporate both media and special events move from merely creating awareness to actually educating the audience, since more details can be provided through interpersonal interactions.

Message restrictions

While public campaigns are a great way to reach large populations, they present challenges in messaging. First, messages have to be restricted to fit within the practical parameters of the communication medium. Mass media (e.g., television, radio) and public signage (i.e., billboards or posters) can only accommodate brief, simple messages because of limited surface area and time restrictions. For instance, posters have limited space for grabbing attention and direct the audience to another information source (e.g., website or phone number). Similarly, radio and television advertisements only have a few minutes to deliver a message to the audience.

Second, it is impossible to control the reception of the message. Campaigns do not always attract or capture the attention of the desired audience. People can be disinterested or easily dismissive of the campaign. Moreover, the campaign's impact can be undermined by distractions from other environmental elements (e.g., noise, visual obstacles, competing information), which can affect message reception and retention (Williams et al., 2007). These obstacles can be addressed with repetition and consistent messages received from various sources over an extended period of time will likely lead to greater message exposure and recall.

Expensive

Although public campaigns are generally a cost-effective way of reaching large numbers of people, they can still be expensive in absolute terms, particularly if they are conducted over the long-term. Thus, such campaigns tend to be relatively short, typically lasting up to four weeks (Williams et al., 2007).

Research Literature on the Effectiveness of Public Education and Awareness Campaigns

The effectiveness of public education and awareness campaigns has received some research attention (Durkal & Wells, 1997; Franklin et al., 1997; Mazza, 1997; Rooney & Murray, 1996; Tobler, 1992). In general, sustained campaigns have shown effectiveness in changing attitudes and increasing knowledge. Attitudinal improvements and knowledge gains can often decrease over time. Repetition and consistent delivery of messages is therefore required for ensuring a sustained impact of the program (Duperrex et al., 2002; Vidanapathirana, Abramson, Forbes, et al., 2004).

There is little empirical evidence to demonstrate the ability of awareness and education campaigns to change behaviours. Programs that teach and rehearse specific skills are likely to be more effective in increasing knowledge and producing behavioural changes (Ellickson & Bell, 1990; Tobler, 1992).

Public awareness and education campaigns may be more effective when targeting smaller sub-populations rather than the general population (Olynik, 2004). Problem gambling awareness campaigns that target youth and are conducted in the school setting have demonstrated some impact on attitudes, perceptions and behaviours (Lemaire, de Lima, & Patton, 2004; Taylor & Hillard, 2009; Williams et al, 2004; Williams et al, 2004).

Public awareness and education campaigns generally use a wide variety of media to disseminate information. Television seems to be the most effective medium to transmit social awareness information, followed by radio, magazines and the Internet (Farrelly, Davis, et al., 2002; Messerlian & Derevensky, 2007; Olynik, 2004; Siegel & Biener, 2000; Sly & Heald, 1999b). However, this will depend on the message and the target audience. Some researchers have suggested that messages are more effective when received through multiple media channels (DeJong, 2000). Multiple mediums with consistent messaging can produce repeated exposure and offer fresh ways to deliver those messages.

B. VENUE PAMPHLETS, BROCHURES AND SIGNAGE

Venue pamphlets, brochures and signage provide information to gamblers who are in the gambling environment. These delivery methods can be divided into two groups, based primarily on mobility.

Pamphlets and Brochures

Pamphlets and brochures are a mobile format for delivering information to gamblers. They can be easily offered anywhere in the gaming venue, either through a stationary facility (e.g., brochure rack, pile by the cash register) or handed out to patrons. Further, because gamblers can take them away to read at their own convenience, pamphlets and brochures usually offer more detailed information and explanations. Information can be factual (i.e., descriptive information, e.g., how gambling works) or directional (i.e., practical information on how to keep gambling within safe limits).

Overall, the typical types of information gamblers can find in these delivery methods include:

- How gambling works
- Gambling safeguards
- Risk factors
- Help availability

Signage

Whether printed (i.e., posters) or digital (i.e., LCD displays), venue signage refers to stationary displays that communicate gambling information visually. Signage is positioned in an area of high visibility and usually remains in that place unless a more optimal position is found. A sign's limited surface area is devoted primarily to attention-grabbing imagery and broad, simple messaging. Signage offers relatively minimal

information and detail when compared to brochures and pamphlets. According to IPART (2004), signage has two functions: 1) raise awareness and 2) inform about available resources. The intention is to direct gamblers towards other sources of information that can provide more detailed information (i.e., information centre, website or helpline). For example, OLG has recently developed its *It Pays to Know* campaign that includes digital media signage at its casino, slots and ticket lottery locations. These signs aim to engage players while they gamble and educate them on core messages, as well as drive them to the OLG responsible gambling information website (i.e., *Knowyourlimit.ca*)

Specific Characteristics

STRENGTHS	CHALLENGES
Flexible	Message restrictions
Location	Literacy reliance
Mobile	Passive
	Signage fatigue

Strengths

Flexible

Pamphlets and brochures are mobile methods of providing information. They give gamblers the choice and convenience to choose which type of information they want to read and when they want to read it. Pamphlets and brochures are also convenient for gaming providers to offer, because their small size makes them easy to distribute and to place in numerous locations in the venue. Venue signage, on the other hand, requires more effort to place in the venue and its placement tends to be more stationary and permanent. However, once placed, signs require little maintenance.

Location

Usually, pamphlets, brochures and signage can be strategically placed in high traffic areas that are frequented by their intended audience. This makes it easier to target particular groups. For example, to target frequent gamblers, these communication vehicles can be placed near the cashier or ATMs where these gamblers are likely to be. This placement maximizes exposure to the information.

Mobile

Unlike the more stationary delivery method of signage, brochures and pamphlets are mobile. Since they are usually small, foldable and easy to carry, it's no effort for patrons to pick them up, take them away to read later, or pass them along to others.

Challenges

Message restrictions

Information on venue signage is generally restricted to the available surface area of the sign and therefore can be somewhat restricted in its level of detail. Thus, venue signage usually communicates broad messages. Pamphlets and brochures, on the other hand, have more space to work with (e.g., both sides of paper) and allow for more detailed information that can be examined at the gambler's convenience.

Literacy reliance

Pamphlets, brochures and signage are limited in that they reach only the literate population of gamblers. Pamphlets and brochures in particular, which offer detailed information and explanations, are ineffective if people can't read them or understand the concepts being communicated (Steward & Martin, 1994).

Passive

While gaming venues have control over the placement of pamphlets, brochures and signage, gamblers may still overlook this information. These passive forms of delivery require gamblers to take the information from the sources. Therefore, where these messages are located becomes an important consideration. If the sources are poorly placed (e.g., there are obstructions or distractions) they won't grab the patron's attention and will be ignored.

Signage fatigue

The stationary quality of venue signage can result in the signs being ignored after prolonged exposure. If gamblers see them too often, they may stop paying attention to them and the signs will cease to have an effect (IPART, 2004; Stewart & Martin, 1994).

Research Literature on the Effectiveness of Venue Pamphlets, Brochures, and Signage

Limited research has been done on the effectiveness of pamphlets, brochures and signage at venues. In one study, brochures handed out in gaming areas were found to be an effective means of providing novel gambling related information to the gaming clientele (Ladouceur, 2000). Individuals who received the brochures showed greater knowledge of the risk factors of problem gambling and available problem gambling resources than those who did not receive the brochures. Brochures were also an element of a week-long awareness event in Nova Scotia, which resulted in an increased number of helpline calls, with many callers identifying the distributed literature as influencing their decision to call (Winters 2003).

C. GAMBLING PRODUCTS

The gambling product (i.e., EGMs, lottery, table games and online gaming) itself can be a means of providing information directly to gamblers at the point of sale or at some point during their participation. This means of communication increases the likelihood that gamblers will see the information since it is being delivered via the game itself.

There are three general ways in which this information can be provided via the gambling product: on the product, in the product, and through the product.

On the Product

It is very common for gambling information to be communicated through printed text found on lottery and instant scratch and win tickets. As IPART (2004) contends, this approach ensures that gamblers have information prior to, during and after engaging in a gambling activity. For EGMs, information is often printed on labels affixed on a visible part of the machines. Generally, the stickers display only a gambling helpline number.

In the Product

Some gamblers can get lost in the emotional aspects of the game and end up being disassociated from reality, especially when playing EGMs. Since they may lose track of time or the amount they have spent gambling, IPART (2004) has suggested that information be provided on-screen to players, to create a break in play. EGMs provide greater opportunity for varied information provision through game play. They can provide generic information such as time of day (e.g., clock) as well as specific, tailored information, about an individual's current play activity (e.g., how much they have spent).

The presentation of information can also vary. It could be presented as a permanent, on-screen display, dynamic or scrolling messages, or periodic "pop-up" messages. For the most part, scrolling informational messages are standard on EGMs in Canadian jurisdictions. With scrolling messages, information moves across the screen continuously during play. This format attracts and informs gamblers of the helpline and gambling facts. However, several Canadian gaming operators (e.g., AGLC, ALC, Loto-Quebec, Manitoba Lotteries,

NSGC), however, have implemented pop-up messages on EGMs that inform gamblers of the time spent playing and ask them if they would like to continue.

Through the Product

Gamblers can also request information through gambling products, which can be given to them on a separate form or report that is external to the product itself. For example, MLC offers gaming activity reports to loyalty card patrons upon request. The report may be printed directly from the machine or given to them by the gaming staff, and provides quarterly and year-to-date play activity information. The Productivity Commission (1999) suggested that this feature should be offered to all loyalty card holders and be extended to phone and Internet gambling account holders as well.

Specific Characteristics

STRENGTHS	CHALLENGES
Proximity	Desensitization
Personal information	

Strengths

Proximity

Gambling products provide information at the point of sale and during the act of gambling, which allows for more direct, immediate, and consistent delivery of information to gamblers. Delivering information through the gambling product also enables messages to be targeted by gambling preference. For example, the games can deliver specific information to EGM gamblers, such as the amount spent gambling during the current session or the time of day.

Personal information

The electronic monitoring capacity of EGM and Internet gambling products provide a unique opportunity for personalized information delivery. Not only can they deliver information to players while playing, but they directly access information on individuals' gambling activity, tracking and observing everything from game type, play frequency, betting patterns, wins/losses and deposits/withdrawals. Having accurate and up-to-date information in these areas enable gamblers to make more informed decisions about their gambling.

BCLC's *PlayNow*, an online gambling service, allows players to view their purchase history (i.e., tickets purchased and amount spent in the past year) and view how much time and money they have spent in a given session (seen on every web page). Similarly, ALC's *PlaySphere*, allows members to view their *Account Statement* and look at their transactions over the past year (e.g., purchases, deposits, wins, withdrawals). There is also an account control panel on every wager screen, which shows the player how much they have spent in the current week. Manitoba Lotteries' casinos provide players with the opportunity to obtain Gaming Activity Reports that provide information on their play history (wins, losses, overall spend for a selected period of time).

Challenges

Desensitization

There is a risk that gamblers will become desensitized to the information. Gamblers who are repeatedly exposed to the same information may begin to dismiss the gambling messages. Moreover, repeated exposure presents the risk of any new information being missed if gamblers automatically assume it is the same information that they have already seen many times. Lastly, the gambling product itself can be a blinding force, with the effects of the game competing with the information for the gambler's attention. Some gamblers may be caught up in the emotion of the game and ignore the presence of any gambling messages (Dickerson, 2003a; Steward & Martin, 1994).

Research Literature on the Effectiveness of Gambling Products

The direct integration of responsible gambling messages and gambling related information into gambling products enables a targeted and accessible message. Printed warning labels on lottery tickets and scratch cards, for example, are one avenue for providing information to gamblers directly. While some researchers have found associations between increased recall of warning labels and decreased product use (e.g., MacKinnon and Fenaughty, 1993), others have found that warning labels are not well attended to (e.g., Brubaker & Mitby, 1990; Fischer et al., 1989).

The research on the effectiveness of warnings on gambling products is both sparse and mixed (McGowan, 2000; Miyazaki et al., 2001) but there is some evidence, albeit moderate, that warnings have some impact on gambling knowledge and behaviours. Steenbergh et al. (2004) provide “preliminary support” for warning messages (e.g., likelihood of loss, risks) provided while playing simulated roulette, as players showed improvements in their gambling knowledge. When delivered with additional information and instruction (i.e., advice on limit setting), the warnings did not have any further impact on gambling behaviour. The researchers posit that the findings may have been impacted by the single exposure. Repeated exposure may have more of a behavioural effect, as has been found with information on other products (e.g., cigarettes, alcohol). Monaghan and Blaszczynski (2007) compared different types of warning labels delivered electronically on the EGM and found that static warning labels (in one spot on screen) are less effective than dynamic ones (scrolling across the screen), in terms of improving memory recall.

Pop-up messages delivering personalized information on player activity (time and money spent in a session), or general information on odds of winning, have been implemented in many EGM jurisdictions (Monaghan, 2007). There is some research support showing that pop-up messages provided during EGM play can improve knowledge of gambling and produce changes in gambling behaviour (Cloutier et al, 2006; Floyd, Whelan & Meyers, 2006; Ladouceur & Sevigny, 2003). In a laboratory study, for instance, Ladouceur and Sevigny (2003) found that players presented with messages or breaks played fewer games. The researchers suggest that the break in play provided by the pop-up message is the key element in prompting this change, because players are able to distance themselves from the game and evaluate their behaviour.

Studies examining pop-up messages that communicate a player’s length of session play have produced variable results. Schellinck and Schrans (2002) found that a pop-up message with the length of a player’s current session, and a request to continue, was associated with a small reduction in length of play among all players and a decrease in money spent among high-risk gamblers. This pop-up was only effective when delivered after one hour. Thirty minute pop-up message intervals increased player exposure to the messages and were also associated with a decline in the frequency of exceeding their playing budget for high-risk gamblers. Nonetheless, nearly half of participants in Schellinck and Schran’s study indicated that they never read the message and always continued to play. Wynne and Stinchfield (2004) evaluated responsible gaming features on VLTs in Alberta and found that pop-up messages about time spent produced no significant change in spending (Wynne & Stinchfield, 2004).

Finally, clocks on gaming terminals can help players keep track of the amount of time they have played, as well as connect them with the real world. Clocks have been associated with improvements in keeping track of time and playing within desired time limits, have shown no effect in reducing session length or expenditure (Schellinck & Schrans, 2002; Wynne & Stinchfield, 2004).

D. SPECIALIZED INFORMATION SERVICES

Most casinos in Canada now have some form of on-site information centre providing gambling information to patrons as well as the capacity to communicate with players directly. Specialized information services can also be external to the gaming venue site. These include the gaming venue mailings, and websites that can provide information to gamblers or their family members and friends. Off-site services enable patrons to access information in private, without distractions from the venue.

On-site Services

Information centres and kiosks

These services are usually located on the gaming venue site. They provide comprehensive information, at the point of sale, on an array of gambling topics. They are operated on the belief that knowledgeable gamblers are more likely to make informed gambling decisions (see Abbott et al., 2004; Boutin et al., 2009; RGC, Newslink, 2006; Williams et al., 2007).

The centres may be staffed or unstaffed. Unstaffed centres operate on a self-serve basis, providing literature resources or an automated information kiosk that visitors can access. The staffed centres have all the features of the unstaffed centres with the addition of personnel that can offer information and interpersonal support.

In addition to literature, the centres seek to educate gamblers in a variety of ways, including: videos, interactive information kiosks, tutorials, workshops and games. For instance, in Quebec, the information centre uses interactive displays including a slot machine, a wheel of fortune and a bean toss game to educate gamblers about how the games work (Boutin et al., 2009; RGC, Newslink, 2006; Williams et al., 2007). The Responsible Gambling Information Centres in Alberta use a marble game to illustrate randomness and a scale balance game to help people assess how gambling affects their life balance. Lastly, information kiosks such as MARGI (i.e., Mobile Access to Responsible Gambling Information) in Ontario and Nova Scotia, and PAT (i.e., Player Awareness Terminal) in Alberta are often found in information centres and offer information through diverse, interactive and entertaining programming.

Direct Player Communications and Websites

Gaming venue mailings

Some gaming venues have started to use their customer mailing list to send out gambling information, such as player activity reports. While customers can usually get this information at the venue, some venues offer to mail reports to the customer's home.

Websites

As with any website, visitors can sift through the information material at their own pace and own time. Many Canadian gaming jurisdictions have a specialized gambling information website that provides information on problem and/or responsible gambling (e.g., *knowyourlimit.ca*, Ontario; *yourbestbet.ca*, Nova Scotia; *gamesense.ca*, British Columbia; *setalimitalberta.ca*, Alberta; and *getgamblingfacts.ca*, Manitoba).

These websites use various programming to deliver information, including a video demonstrating the workings of a slot machine and a cost of play calculator that helps players determine their expenditure on a particular game. The ALC, AGLC and AFM websites have a problem gambling assessment tool that give gamblers a measure of their risk level for problem gambling. AGLC and NSGC's websites also offer a link to the online support forum GAMTALK. NSGC offers "my best bet log," an online account that helps gamblers keep track of their play and spending patterns.

Specific Characteristics

STRENGTHS	CHALLENGES
One-stop shopping	Internet/computer literacy
Information media diversity	Location dependent
Accessibility	Passive
Interpersonal communication	
Anonymity	

Strengths

One-stop shopping

Information services provide extensive and comprehensive information that is centralized in one location and usually separated from the gambling experience. They have the convenience of a “one-stop shop” because they provide information ranging from gambling information to community resources referrals, which saves the patron time and effort. Lastly, the comprehensive information offered, allows information services to link gamblers with other related information and support resources with ease. These resources may include alternative gambling information websites or help resources such as Gamblers Anonymous, Gam-Anon or treatment providers.

Information media diversity

The mass of information provided by specialized information services includes the use of a diverse range of media that impart information in a way that is accurate and educational but also fresh and interesting. It is not uncommon for information services to use videos, interactive games and demonstrations, print literature, computer programs and Internet services, in addition to trained professionals to educate people and aid understanding.

Accessibility

Although they are free, the onsite information kiosks and centres are largely only accessible to the gaming patrons at the venue, during the centre’s hours of operation. In this sense, the off-site information services are more widely accessible. Websites offer 24-hour remote access to gambling information.

Interpersonal communication

The staffed information centre and helpline provide the opportunity for discussion and interaction with gamblers that can build relationships over time, generate trust and facilitate disclosure of information. This allows providers to customize the information based on the immediate situation presented by the visitor, as well as to provide further information that could minimize potential confusion or misunderstanding.

Anonymity

Information services such as kiosks and websites enable gamblers to seek information without being identified. Website visitors and helpline callers are not asked for personal information. With respect to information centres, staffed centres offer some degree of anonymity as staff members generally do not ask for the person’s name and personal gambling issues are discussed privately, with strict confidentiality. Nevertheless, gamblers may still be seen when they enter the centres, which they may perceive as carrying a social stigma.

Challenges

Internet/computer access

A website is of little use and value to gamblers who are not Internet/computer literate or do not have access to these resources.

Location dependent

Information services generally rely on people to visit them to obtain information. Thus, the provision of these services is reliant on people’s awareness of them. For example, for the permanent onsite information centres, location is very important for awareness and accessibility to gaming venue patrons. Participants at the 2010 Responsible Gambling Information Forum overwhelmingly agreed that being located on the gaming floor presents more opportunities to interact with patrons, signals that the Centre is important and of value to the casino (Canadian Partnership for Responsible Gambling, 2010). Venue advertising and promotions, staff, and special events can also increase awareness of the Centre and its services.

Passive

Specialized information services are generally passive forms of information provision. This means that people must actively seek the services. Gamblers who have an interest in obtaining information from these services are required to travel to the information centres, call the helpline, or visit the website to get information. Many information centres hold special events in the gaming venue or community to actively raise awareness of the centre and various gambling related information. Often such events include giveaways or contests.

Research Literature on the Effectiveness of Information Services

A few studies have been conducted on specialized information services (Boutin et al, 2009; Osborne Group, 2007). In one study, on-site specialized information services increased visitors' knowledge about the randomness of gambling and gambling misconceptions (Boutin et al, 2009) and this enhanced knowledge was maintained three months after their visit. The pilot evaluation of the Responsible Gaming Information Centres in Ontario found support for the program goals. The Centres provided problem gambling assistance and resource and/or referral information to visitors experiencing problems related to gambling as well as providing responsible gambling information to regular visitors, which visitors saw as useful and satisfactory (Osborne Group, 2007).

Off-site services, such as websites, are a low-cost, accessible, confidential means for individuals to receive assistance and information (Bryant, 1998; Coman et al., 2001; Haas, Benedict & Kobos, 1996; Reese, Conoley & Brossart, 2002; Takabayashi et al., 2002; Stratten, 1999). We are unaware of any formal evaluations on the effectiveness of information websites as a means of disseminating information.

E. VENUE STAFF AS INFORMATION PROVIDERS

Gaming venue staff members are integral to providing gambling information to customers because they interact regularly with the gamblers and may build relationships with them. Information can be provided through their daily interactions, or simply on request.

Gaming venues have implemented staff training to educate and inform staff on the provision of accurate gambling-related information to gamblers. Specifically, staff learn about current gambling issues, gambling myths and erroneous beliefs, risk factors, available help resources, and how to respond to a customer in crisis. Supervisory and senior management generally receive a more robust training on crisis management and treatment referral than do junior staff, due to their differing roles (Abbott et al., 2004; Williams et al., 2007). In many jurisdictions, such training is mandatory. In Alberta, for instance, all registered gaming workers (casinos, bingo halls) and VLT retailer staff must take the ALGC *SMART* training program within 30 days commencing employment and pass a test in order to be certified. Certification is for five years. Casino management is required to take a more in-depth training (i.e., *Deal Us In* program).

Some gaming venues have a player activity monitoring system that allows gaming staff to identify and interact with gamblers exhibiting high risk behaviours. Saskatchewan's iCare program is an EGM player card system that tracks a player's play activity and identifies their gambling risk level. This enables a specially trained staff member to interact with high risk players and help them avoid moving to higher risk levels (iView, 2007; Hancock et al., 2008; Williams et al., 2007).

Specific Characteristics

STRENGTHS	CHALLENGES
Flexibility/adaptability	Higher demands
Better customer service	Less controlled messaging

Strengths

Flexibility/adaptability

Staff members are flexible and adaptable. Face-to-face interactions allow them to react individually to each situation and tailor their responses and the information they provide. This also means that they can target and approach gamblers who they feel need information. For example, a staff member who hears a gambler expressing erroneous beliefs about their gambling could give them information about how gambling works.

Along with choosing the right information for gamblers, staff members use their flexibility and adaptability to tailor and present the information in a more understandable and relatable way to the gambler. For instance, if a gambler has language difficulties or trouble understanding the information, staff can alter their approach to make the information better understood (e.g., getting a translator, or providing more detailed explanation).

Enhanced customer service

Customer service is an important component of the gaming industry. Staff members are trained to meet patron needs and ensure patrons are enjoying themselves. Additional gambling safety training expands the knowledge base and skill-set of venue staff so they can respond to a wider range of situations. A knowledgeable employee not only avoids perpetuating gambling myths, but also offers customers the help resources they need.

Challenges

Higher demands

Gambling safety information training often only occurs once, however, staff may need repeated training and reminding of key gambling messages, especially if skills and knowledge are not a routine part of their work (Williams et al., 2007). Refresher training is a good way of imparting new information, as well as reinforcing key messages to staff.

Less controlled messaging

While staff is trained to provide information based on their training, they may not communicate the messages they were trained to deliver. Unlike posters, brochures and television ads that mass-produce messages in an identical manner, information delivered by staff members is subject to human factors (e.g., biases, memory recall) that can lead to message inconsistency.

Research Literature on the Effectiveness of Venue Staff

We found no studies that evaluated the effectiveness of staff in providing gambling safety information to patrons. There have been, however, some studies evaluating venue staff training programs and, generally, they show effectiveness in educating and training staff about problem or responsible gambling. Giroux and colleagues (2008) evaluated a program to train casino employees about problem gambling and how to offer help to gamblers in crisis. After training, employees displayed increased understanding of problem gambling and felt better able to detect and advise a gambler in crisis. In a six-month follow-up, employees retained knowledge regarding randomness and true chances of winning, but the ability to detect gamblers in crisis and to know how to deal with them, were not retained. The researchers suggested reminding the employees about problem gambling on a regular basis — through brochures, videos and additional training sessions. Similar results were reported for a training program for video lottery retailers (Ladouceur, 2004). After training, retailers had more knowledge about problem gambling and how to respond to customers displaying signs of a problem.

KEY CONSIDERATIONS

- Choosing an appropriate method of delivery depends on the type of information and the urgency in delivering that information.
- Information delivery methods vary in three important ways: 1) the amount of effort required to deliver the information; 2) the size of audience to which the information can be delivered; and 3) the capacity for interactive communication — to respond to the individual's views, reactions, or questions upon receiving the information.
- As we move along the continuum of gambling risk, how information is delivered becomes more targeted, focused, detailed and interactive.

Gambling population and target audience

The framework is premised on a targeting strategy. This means that the information content and delivery method are matched to the needs of different segments of the gambling population.

A fundamental principle of effective communications is defining and understanding the audience (Powell & Tap, 2009; Sellnow et al., 2009). Gamblers are a diverse group of people. There is a great deal of variation in motivations for gambling, the amount of money and time that people spend gambling, as well as the types of gambling activities. Gaming providers have finely tuned communications and marketing capabilities and understand the importance of audience segmentation – i.e., the practice of subdividing the audience in sub-audiences and designing communications based on the particular attributes of those sub-audiences. Responsible gambling campaigns and communications programs do the same thing. They identify their audiences and create communications designed to resonate with those audiences. Since it is the audience that dictates the information content and its method of delivery, the central organizing component of the IDM Framework is the target audience.

The objective of the IDM framework is to promote safer gambling practices and reduce the risk of gambling problems by providing information relevant to gambling decisions. As discussed in Chapter Two, there are many factors that influence the risk that an individual may develop gambling problems. Many of these risk factors cannot be modified and are not likely to be visible to gaming providers (e.g., family history or psychological predispositions). Others, however, can be modified and are observable to a gaming provider. The largest and most easily observed modifiable risk factor is frequency.

One of the main findings from our interviews with treatment providers is that it is the person's level of gambling involvement that determines relevancy and ultimately whether he or she will use the information provided to make an informed decision. The framework therefore classifies gambling patrons according to their involvement of play: Casual, Frequent, and Intensive.

Casual gamblers

These gamblers make up the largest portion of the gaming operator's gambling clientele, but pose the lowest risk for problems. For the most part, people who gamble at this level treat gambling like they would any other recreational activity. They generally do not have any strong attachment or affinity to gambling but enjoy it on a recreational basis. Deliberately or not, they tend to keep their gambling within safe limits. This group consists mostly of those who gamble occasionally or infrequently (less than once/month) and others who are new to gambling.

Frequent gamblers

These gamblers are the second largest portion of the gaming operator's gambling clientele. They gamble regularly and more frequently than casual gamblers (i.e., at least once per month but not weekly), and take it more seriously. While their increased gambling involvement puts them at a higher risk, their gambling generally does not negatively affect important areas of their lives, such as finances, work or family.

Intensive gamblers

These gamblers are the smallest portion of the gaming operator's gambling clientele but face the highest risk for problems. Compared to casual and frequent gamblers, they spend significantly more time and money gambling. They are the most likely group to gamble weekly or more and are often viewed as "regulars" by the gaming establishment. Some of these gamblers experience negative impacts from their gambling.

The proportion of each group within a venue will vary depending on the venue itself, as well as particular characteristics of the gaming jurisdiction, such as its demographic makeup, types of gambling available, gaming regulations and policies, and general economic conditions. Using data from the 2005 Ontario prevalence study, the table below gives a sense of the composition of Ontario's gambling population if casual gamblers are considered as gambling less than monthly, frequent gambler as monthly, and intensive gambler

as weekly or more often (Wiebe, Mun and Kauffman, 2006). Based on this data, 14% of table game players would be considered intensive gamblers, 20% as frequent and 65% as casual.

Table 1: Percentage of Ontarians (18+) who Gamble at Different Frequencies for Selected Gambling Activities

ACTIVITY	GAMBLING FREQUENCY		
	At least once/week %	1-3 times/month %	1-11 times/year %
Casino Slots	3.5	15	81.5
Casino Table Games	14.2	20.5	65.2
Bingo	24.1	22.6	53.3
Horse Races	6.1	12.4	81.5

The rationale behind the IDM framework is that a higher gambling intensity is associated with higher risk, and information requirements and relevancy vary according to risk. The problem gambling research literature (which is supported by the findings from the treatment expert interviews) indicates that, as an individual moves from casual, to frequent, to intensive gambling, gambling-related thoughts, behaviours and impacts can change in significant ways (e.g., increased playing frequency and spending amounts; increased time thinking about gambling; chasing losses; increased cognitive distortions about gambling). These changes have important implications for providing information content. For example, people who gamble at intense levels are more likely to play with greater frequency and spend more money, and therefore would be more likely to benefit from specific information about their play activity (e.g., how much time or money spent) than those who gamble casually.

The risk/frequency continuum also has implications for information delivery. That is, as we move along the continuum of gambling intensity from casual to intensive gambling, the style of information delivery moves from being impersonal, passive, broad-based, and one-way to personal, interactive, and targeted. For example, intense gamblers are more likely to be preoccupied with gambling and neglect familial, friend, or work relationships. A more personal and targeted delivery of information is required to get their attention and promote reception of the information. With more casual gamblers who are less focused on gambling and have no problems, a more passive, less immediate means of information delivery would suffice. The style of delivery depends on the urgency with which the gambler must receive the information; the more urgent the need for exposure to information, the more vigor should be associated with delivery.

Finally, we should note that although this framework uses gambling frequency as a proxy of patron gambling risk, future advancements in gaming technology might enable risk to be identified in other ways that highlight gambling intensity. Currently, some player card systems for electronic gaming machines can identify the specific gambling risk level of an EGM player based on their individual characteristics and patterns of their play (e.g., increased betting amounts, increased deposit amounts, chasing losses). We expect that, in the future, these methods of identification will become more precise and sophisticated.

INFORMATION PROGRAMS

The IDM framework is composed of three separate information programs that are tailored to each individual target group. This section describes the specific details around the information content and delivery for each program.

CASUAL GAMBLER INFORMATION PROGRAM

Information Content

The objective of providing information to the casual gambler is to promote their *gambling literacy* – a basic awareness of fundamental aspects of gambling that all gamblers should know. As the treatment providers who were interviewed suggested, information provision is more likely to be effective when provided prior to the development of risky gambling patterns. By instilling and reinforcing this information, the ultimate objective is to prevent future problems related to basic misunderstandings about gambling and risky practices. The goal for introducing (for less experienced gamblers) or reinforcing (for more experienced gamblers) basic concepts is that the resultant awareness will assist them to keep their gambling within safe limits.

For the most part, the necessary information for this group is basic and more factual, than directional. The treatment experts interviewed for this study indicated that casual gamblers are unlikely to be interested in specific details about gambling because of their relatively limited involvement. For these gamblers, simple and basic messages will instill a general awareness of fundamental features. This information is readily apparent, ensuring that any new gamblers are made aware of it, and occasional gamblers are reminded of it. Four general key messages are delivered in this program:

How gambling works

The research suggests that many gamblers have erroneous beliefs about how the games work and the chances of winning and losing, and that these misperceptions have a role in the development of gambling problems (see Chapter Two). While it is not necessary that all gamblers know the intricate details of the workings of various games, as a starting point, patrons need to know these basic facts:

- Gambling outcomes are completely unpredictable
- Gambling will cost more money the longer you play

These messages inform gamblers about the nature of gambling and what to expect when playing. They are akin to the ingredients, nutrition, or other constituent labels found on food or drug products. They are statements of fact that counter prevalent and easily accepted misperceptions about gambling (i.e., outcomes are predictable, due for a win).

Gambling safeguards

Despite the assumption that most casual gamblers play reasonably safely, there may be gambling neophytes who already look at gambling in an unhealthy way. For these gamblers, the basic messages relate to practical gambling information, helping them to understand gambling and approach gambling more safely. These messages can promote setting affordable limits, such as:

- Only gamble with money that you can afford to lose
- Balance gambling with other activities

Risk factors

Risk factors are the flipside of gambling safeguards and draw attention to gambling behaviours and patterns that present increased risk. When providing these messages, the basic risk is expressed just as it is on product warning labels (see Chapter One on alcohol and cigarette warning labels). Examples of risky play include:

- Continuing to gamble to recover losses
- Spending longer periods of time gambling
- Increasing wager amounts and spending
- Some people are at a greater risk of having problems and should gamble with caution

Help availability

All gamblers should know that help for gambling problems is available. For an audience of casual gamblers, it is not necessary to provide specifics about options, but rather to convey the general idea that there is help available and that anyone who is interested can get additional information:

- Help is available if you are having problems with your gambling
- Help is available if you are concerned about someone else's gambling
- Toll free gambling helpline

Information Delivery

Since casual gamblers have low involvement in gambling and face little to no risk for problems, information can be delivered in an impersonal and passive manner. The delivery objective is to relay basic information to a broad audience, which can be done by distributing short information statements broadly throughout the gaming environment. These statements can be brief messages or taglines that introduce or remind patrons of fundamental core features about how gambling works, gambling safeguards, risk factors and available help. The power of the information is in its short, concise and repetitive messaging. As the gamblers in the focus groups indicated, repetitive messaging not only reminds gamblers of important information, but also enables that information to "sink in," which facilitates understanding overall. Thus, the method of information delivery should enable the presentation of this type of messaging. Lastly, the information should be easily accessible to gamblers and not intrusive to their gambling experience.

Possible communication vehicles include venue-based signage (posters, pamphlets, stickers) displayed in high traffic areas and gambling products on which labels and taglines can be displayed prominently. Special events that focus on communicating one or more of the key messages are also a promising way of delivering the information. So that the information stays current and of interest, it is important that messages are rotated and replaced with new messages on a regular basis. As expressed in the focus groups, different messages help to recapture the audience's attention after older messages start to lose their impact.

Secondary Information Resources

While the primary information to be delivered by this program is simple and basic, these messages can still be difficult for many gamblers to appreciate or believe, given their own gambling experiences. That's why it is important to accompany these messages with links to resources that can offer more detailed information. For example, some gamblers may not believe, or may want to more fully understand, why gambling outcomes are unpredictable, so they should be directed to sources of information on concepts such as randomness and house edge, which can further support the main messages of this program. Short message statements should not only inform or remind gamblers about the unpredictability of games, but also direct them to information resources that will assist them in learning more about these message statements, if they are interested.

These secondary information resources 1) possess the explanatory and educational capacity to impart more complex and detailed information and 2) allow gamblers to give the information their full, relatively undivided attention. Information can be imparted a number of ways: venue staff, RG staff experts, specialized information centres (e.g., RGRCS, websites, kiosks), brochures and pamphlets, websites and gaming operator and patron correspondence (e.g., mail marketing).

FREQUENT GAMBLER INFORMATION PROGRAM

Information Content

Since all gamblers generally begin as casual gamblers, it follows that frequent gamblers would already have been exposed to the gambling literacy information. However, for those who gamble more frequently, this information alone may be insufficient. Therefore this group requires additional and other types of

information. The objective of providing information to the frequent gambler is to offset the increased risk associated with higher frequency gambling. This information helps the individual *control* their gambling and keep it within safe limits by promoting a greater self-awareness and a deeper understanding of the messages delivered by the *Casual Gambler* program. It speaks to the particular thoughts and experiences of patrons who are gambling at a higher frequency and can be either directional or factual. This program focuses on three specific types of information:

How gambling works

For this audience, it is important to build on the information provided in the *Casual Gambler* program, providing further education on how gambling works. A number of the treatment providers we interviewed felt that gamblers were not truly informed until they had a deeper understanding of how gambling works. The information targets three key concepts:

- Randomness
- Independence of events
- House edge

Increased gambling experience may mean a greater propensity toward formulating and developing cognitive distortions. Frequent gamblers may engage in prevalent distortions that underlie common myths, such as:

- Gambler's fallacy
- Illusion of control

Gambling safeguards

Information on gambling safeguards serves to provide players with practical information to prevent future problems or address risky patterns that may have developed.

Providing practical, behaviour-based information — on how to modify gambling behaviour (e.g., do not chase losses, take frequent breaks); manage finances (e.g., setting budgets and limits and monitoring play); and promote non-gambling behaviours (e.g., balance gambling with other activities) — helps players to maintain control and, if necessary, scale back on their gambling (see Chapter Two).

Research suggests that gambling can be an emotion-laden activity where rationality is often undermined. It is also not uncommon for people to disassociate themselves from reality while gambling, particularly for continuous forms of gambling such as EGMs, and people who gamble more frequently are more likely to exhibit these traits of irrationality and disassociation while gambling. Therefore, informative messaging about how gambling works is less likely to be relevant to these individuals, because they are in a mindset that is unresponsive to being educated about the realities of gambling. Either they do not believe or understand the messaging (i.e., irrational), or they just do not care about them (i.e., disassociated). Providing information that helps to increase players' awareness of their gambling may be more relevant for this audience.

The types of information that relate to self-awareness include descriptive information about gambling activity (e.g., wins, losses, money and time spent), and self-appraisal information that encourages players to reflect on their gambling. Generally, self-awareness information enables and encourages gamblers to think about their current gambling behaviour in light of some broader context that includes non-gambling factors (e.g., Have I played too much? Can I afford this?). By providing information in these areas to frequent gamblers, gaming operators increase the potential effectiveness of their information provision efforts because they inform gamblers on decisions that are most relevant to them at a particular moment or time.

Risk factors

It is important for frequent gamblers to have information about the risk factors that could serve as early warning signs of a problem. Communicating these risk factors can help them to adjust their behavior, if needed, to avoid any future problems. Among the most important early risk factors to communicate are:

- Chasing losses
- Gambling for longer periods of time more frequently
- Increased wager amounts and spending
- Betting more than can be afforded

Information Delivery

Information delivery includes a combination of direct and indirect approaches. A more direct and personal approach, for instance, involves sending a pop-up warning message to an EGM player who has been playing uninterrupted for a long period of time or having a qualified staff member approach a patron who they believe to be engaged in high risk play. A more impersonal and indirect approach is to place particular information brochures or pamphlets at ATMs, cashiers or other areas where frequent gamblers are likely to encounter them.

The nature of the information in this program may require more engagement by gamblers. Therefore, wherever possible, the information delivery method can offer some type of face-to-face interaction to facilitate information uptake. However, interaction is not always necessary, as some information at this level is relatively simple to understand (e.g., self-appraisal information). Further, some non-interactive delivery methods can be sufficient. Venue brochures and pamphlets, for example, allow for more detail and explanation, which, if presented effectively, may not require a means for the gambler to ask questions or give feedback.

Information at this level is presented in more detail than the information targeted to casual gamblers, as the frequent gambler is likely to have been repeatedly exposed to the basic information delivered by the Casual Gambler program. For these players — due to reasons such as message desensitization, more complex gambling experiences (e.g., “won” using certain strategies), or more entrenched gambling distortions — basic messages about how gambling works, gambling safeguards and risk factors may be ineffective. More detailed information, or the introduction of new, more relevant, concepts in these areas, may be necessary. Because the information requires greater explanation, the delivery method must have the explanatory and educational capacity to impart longer, more complex information, as well as to enable gamblers to give their full, relatively undivided attention. Such methods include venue brochures and pamphlets, gambling products (e.g., EGM pop up messages), venue staff, and specialized information services (e.g., kiosks, RG information centres, and websites) and targeting through loyalty programs.

Secondary Information Resources

Given the detailed information offered to frequent gamblers, links should be made to supporting secondary information resources to allow for further explanation and clarification of the main ideas. These resources are strong, explanatory and informative and include a more involving educational process and more variety in educational tools (e.g., CDs, videos, games, interpersonal instruction, etc.), to facilitate comprehension. Use of these resources assumes that those frequent gamblers who seek out information are more interested and serious about it, and thus require an engaging and comprehensive information delivery method to educate them and answer their questions. Interested players should be provided with links to venue staff (i.e., both from gaming and RG) and specialized information services (i.e., kiosk, information centres) that offer greater educational and interaction opportunities.

INTENSIVE GAMBLER INFORMATION PROGRAM

Information Content

The objective of providing information to the intensive gambler is to create a greater awareness of options to reduce risk or, in some cases, to address problems. Awareness can be achieved by informing gamblers of their personal play activity and any risky gambling practices they may be engaged in, as well as by providing information about accessing help resources in case they experience problems. This information is focused on providing direction and consists of two types:

Gambling safeguards

Similar to the Frequent Gambler information program, this program focuses attention on risky gambling practices by providing personalized feedback on the player's level of play. For instance, loyalty program information could give customers information about the time and money they've spent gambling.

Help availability

Another important objective involves drawing attention to some of the consequences that gamblers at this level may be experiencing and to the options available to address any problems. At this stage of gambling, the thoughts and behaviors that are most likely to resonate are as follows:

- Thoughts that you may have a problem
- Financial problems
- Lying to friends and family
- Preoccupation with gambling – thinking about it more often
- Repeated unsuccessful attempts to quit or cut back

Here, the focus is on providing the target group with the full range of support options that are available to them in the venue and community: self-exclusion, problem gambling helplines, treatment and counselling options, financial counseling and other relevant community assistance agencies. The general information to deliver here is:

- There are other resources to address risks
- Description of options and instructions on how to access them

Information Delivery

The heightened risk posed by Intensive gamblers, and their relatively low numbers, requires that information delivery be personal, direct, focused, targeted, and interactive. At its highest level of operation, this delivery resembles individualized customer service that offers face-to-face, interpersonal interaction. This interaction enables a richer, more meaningful delivery of information. It not only delivers information, but also responds to the audience's views, reactions, or questions upon receiving the information. Face-to-face interaction allows the benefits of flexibility and discretion in communicating information, over methods such as signage, which offers only a one-way line of communication; opportunities for feedback are minimal and the audience's role is mainly to receive information.

Compared to the other information programs, the intensive gambler program is the most personal and focused. The target audience is the smallest group but, arguably, most in need of information on available support resources. Receiving this information can be immensely helpful in immediately reducing risky practices or addressing problems, but the longer intensive gamblers play without accessing this information, the more their problems may be exacerbated. However, the gamblers in our focus groups expressed that gambling information is generally difficult to find and understand. Furthermore, frequent gamblers are often acting out of habit and routine and may be less receptive to efforts to impact information. Thus, information

at this level must be delivered in a manner that increases the likelihood that these gamblers receive it and in a timely fashion.

One possible method is through direct mailing. Another method is venue staff initiating a conversation with a patron who is showing behaviours that increase their risk of problems or who is actually having problems. In our interviews, some treatment providers warned that making informed decisions may be more difficult for heavy gamblers, particularly those in the midst of a long playing session and whose actions are heavily influenced by emotions. The sensitive nature and potential volatility of approaching patrons requires an information delivery method that has flexibility and allows for discretion in reacting to the situation. Intense gamblers may have many questions and information needs that require immediate answers and interpersonal support. Thus, delivery methods that are face-to-face and enable interaction between the deliverer and audience are recommended. The benefit of face-to-face communication is the ability to tailor the information to patrons’ needs and preferences.

Lastly, the information should be presented in a detailed manner that is concrete and practical enough to enable gamblers to act immediately if they so choose. For instance, instead of simply telling gamblers that a helpline is available, information at this stage involves providing details on the type of service callers will receive. Another example is to provide patrons with information on the process and expectations of self-exclusion. It is also important that this information is communicated in a manner that minimizes barriers to uptake, such as social stigma.

Secondary Information Resources

The intensive gambler program focuses on delivering information that will encourage patrons to take their first steps towards reducing risk. It also provides links to secondary information resources if people do not want to take those first steps immediately or want further information. Thus, additional resources must be highlighted so that patrons can get in touch anytime to get further information. This includes providing patrons with contact information that may be useful at a later date, such as the business card for RG staff or the RG information centres, or the helpline phone number.

SUMMARY

Table 1 summarizes the key points for each information program.

INFORMATION PROGRAM	CASUAL GAMBLER	FREQUENT GAMBLER	INTENSIVE GAMBLER
Target Audience	<ul style="list-style-type: none"> • Infrequent gambling (less than monthly) • New gamblers • Little to no risk for problems 	<ul style="list-style-type: none"> • Regular gambling (at least monthly but not weekly) • Low to moderate risk for problems 	<ul style="list-style-type: none"> • Very regular and frequent gambling (at least weekly) • High risk for problems • Disclosure incidents
Information Content	<ul style="list-style-type: none"> • Promote gambling literacy • Basic awareness of fundamentals about gambling 	<ul style="list-style-type: none"> • Promote self-awareness of gambling behaviour • Deeper understanding of fundamentals about gambling 	<ul style="list-style-type: none"> • Promote options for reducing risk or getting help for problems • Awareness of own gambling activity • Awareness of help availability
Information Delivery	<ul style="list-style-type: none"> • Impersonal and passive • Broad-based • Short, concise, and repetitive messaging 	<ul style="list-style-type: none"> • Targeted as well as group outreach • Direct and passive delivery • Greater explanatory and educational capacity 	<ul style="list-style-type: none"> • Personal and interactive • Highly targeted • Direct and focused • Flexible and reactive

IMPLEMENTATION CONSIDERATIONS

IDENTIFYING THE TARGET GROUP

The IDM Framework categorized the target group according to intensity of gambling frequency: Casual, Frequent and Intensive. Gambling frequency was selected as a proxy for risk. This is a generality and it is important to remember that there will be very frequent gamblers whose risk is equivalent to that of casual gamblers, just as there will be infrequent binge gamblers whose risk is comparable to that of intensive gamblers. Therefore, if the operator can identify patrons who are actually engaging in risky or problematic gambling, it will render the framework much more efficient and effective. As discussed in the Options section, this could occur through actually witnessing a gambler showing visible distress or behaviours that increase their risk of having a problem, or responding effectively if a gambler approaches a venue staff member and expresses that they have a problem and need help. In these situations, the person's gambling frequency is irrelevant.

There are several existing technologies, particularly for EGMs and online gaming that can help operators identify target audiences. Online gaming has an inherent technological infrastructure that allows it to monitor all play activity on the gaming site and document gambling frequency and play patterns. Similarly, play information and management systems used for EGMs and other card-based gambling can monitor people's gambling activity and allow for more accurate assessment of gambling frequency, spending and other related behavioural indicators of problem gambling (RGC, 2009). Relatedly, risk assessment technologies can analyze such information for play patterns to generate player profiles of gambling risk in a systematic way. Other risk assessment tools can provide information on gambling risk through the self-reported responses to problem gambling-related questions (RGC, 2009). These assessments often have the added dimension of incorporating information on behaviours outside the venue (e.g., lying to family), which would normally be outside the surveillance of the gaming operator (RGC, 2009). Implementation of the information provision program would be greatly facilitated in gaming operations with such capacities (e.g., gaming websites, electronic machine player cards) to identify the target audiences for each provision program.

ACCESSIBLE INFORMATION

It is clear from the literature that information that is accessible means that it is readily available, visible, accurate and meaningful and is sufficiently communicated to maximize the opportunity for individuals to make informed decisions. This implies that, most of the time, effective and impactful player communications will be based on a well-crafted strategy and not a one-off pamphlet or poster.

FLEXIBILITY

The framework is essentially a strategy for providing information to gamblers. Gamblers are a heterogeneous group that can differ in a number of important ways for the purposes of informed decision making. Besides risk, gamblers can also vary according to their particular gambling activities and experiences, socio-demographics, and attitudes and beliefs. For example, as noted in the focus groups with gamblers, information needs varied by type of gambler. Lottery and scratch ticket players were more interested in risks and signs of problem gambling, while EGM players were more interested in understanding how the games work. Given this diversity, the model cannot offer a "one-size fits all" prescription that includes specifics on information content or delivery methods. Instead, it offers general guidance for developing, packaging and delivering specific information content. The process, however, should take into account specific variables such as player demographics and gambling activity that can undermine the effectiveness of an information program (e.g., language or cultural misinterpretations). Programs need to be tailored so that they appeal to the intended audience. To test the appeal, the process ought to employ, where possible, standard development and evaluation methods (e.g., opinion surveys, focus groups).

DEALING WITH LOW DEMAND

The vast majority of gamblers are not actively seeking information to help them make more informed decisions about their gambling. This is particularly true for casual and frequent gamblers, who, for the most part, are not concerned about their gambling and don't appreciate the need for information. To get noticed and to reach the gambling sub-groups, initiatives need to include attention-grabbing, creative tactics. Players react to contests, free giveaways and other strategies that balance information provision with some form of entertainment. The treatment providers interviewed agreed that the provision of some type of incentive or benefit may be required to motivate people to participate in information provision efforts.

EVALUATION AND RESEARCH

What is the most effective approach to information provision in one venue, may not be as effective in another. From the beginning, including evaluation in the planning process is critical to setting benchmarks, monitoring success and building on experiences.

Similarly, Chapters Two and Three showed that most of the evaluative research on the effectiveness of providing different types of gambling information content is related to how gambling works, with comparatively little research devoted to the effectiveness of providing information on gambling safeguards or risks. Research is equally sparse for gambling information delivery, aside from some research on public campaigns and gambling products (e.g., pop-up messages, warning labels). This is particularly true for information provided via venue staff, which may actually hold the greatest promise for delivering information to intensive gamblers. More research is needed on the effectiveness of these specific "tools" and how they can be improved. Moreover, given the framework's targeting approach, research is also required to examine the effectiveness of providing information to the different types of gambling audiences identified here.

REFERENCES

- Abbott, M., Volberg, R., Bellringer, M., & Reith, G. (2004). *A review of research on aspects of problem gambling: Final report*. Responsibility in Gambling Trust. London.
- Adelsward, V., & Sachs, L. (1996). The meaning of 6.8: numeracy and normality in health information talks. *Social Science & Medicine*, 43, 1179-1187.
- Agrawal, M. (1995). Warning labels: The role of expertise and perceived risk in pharmaceutical purchase behavior. *Health Marketing Quarterly*, 13(2), 99.
- Alcohol Policy Coalition. (2007). *Consumer Information and Labelling – Policy Statement*. Retrieved from: http://www.adf.org.au/downloads/APC_Consumer_Information_Policy_Statement.pdf
- Alcohol Policy Network. (2006). *Priorities 2006: Developments in alcohol policy since 1996*. Toronto: Ontario Public Health Association. Retrieved from: http://www.apolnet.ca/resources/pubs/rpt_Priorities2006.pdf
- Alessi, S.M., & Petry, N.M. (2003). Pathological gambling severity is associated with impulsivity in a delay discounting procedure. *Behavioural Processes*, 64(3), 345-354.
- Bailey, C. (2004). From “informed choice” to “social hygiene”: government control of cigarette smoking in the US. *Journal of American Studies*, 38, 41-65.
- Bailey, B., Konstan, J., Joseph, A. & Carlis, J. (2001). The effects of interruptions on task performance, annoyance, and anxiety in the user interface. In: *Proceedings of the IFIP TC-13 International Conference on Human-Computer Interactions* (pp.593-601). Tokyo, Japan.
- Banks, G. (2002). *The Productivity Commission’s Gambling Inquiry: 3 Years On*. Productivity Commission Working Paper No. 1735.
- Beach, J.E., Faich, G.A., Bormel, F.G., & Sasinowski, F.J. (1998). Black box warnings in prescription drug labeling: results of a survey of 206 drugs. *Food Drug Law Journal*, 53, 403-11.
- Beltramini, R.F. (1988). Perceived believability of warning label information presented in cigarette advertising. *Journal of Advertising*, 17, 26-32.
- Bekker, H., Thornton, J.G., Airey, C.M., Connolly, J.B., Hewison, J., Robinson, M.B., et al. (1999). Informed decision making: an annotated bibliography and systematic review. *Health Technol Assessment*, 3(1), 1-168.
- Benhsain, K., Taillefer, A., & Ladouceur, R. (2003). Awareness of independence of events and erroneous perceptions while gambling. *Addictive Behaviors*, 29(2), 399-404.
- Bernhard, B.J., Lucas, A.F., & Jang, D. (2006). *Responsible Gaming Device Research Report*. University of Nevada, Las Vegas.
- Blaszczynski, A., Ladouceur, R., Nower, L., & Shaffer, H. (2008). Informed choice and gambling: Principles for consumer protection. *Journal of Gambling Business and Economics*, 2(1), 103-118.
- Blaszczynski, A., Ladouceur, R., & Shaffer, H.J. (2004). A science-based framework for responsible gambling: The Reno Model. *Journal of Gambling Studies*, 20(3), 323-344.
- Blaszczynski, A. & Nower, L. (2007). Research and measurement issues in gambling studies: Etiological models. In Garry Smith, D.C. Hodgins, & R.J. Williams (eds.). (2007). *Research and Measurement Issues in Gambling Studies* (pp.279-3040). Academic Press.
- Boutin, C., Tremblay, N., & Ladouceur, R. (2009). Impact of visiting an onsite casino information centre on perceptions about randomness and gambling behaviours. *Journal of Gambling Studies*, 25, 317-330.

- Bowen, D.J., Allen, J.D., Vu, T., Johnson, R.E., Fryer-Edwards, K., & Hart, A. Jr. (2006) Theoretical foundations for interventions designed to promote informed decision making for cancer screening. *Annals of Behavioral Medicine*, 32(3), 202-210.
- Braddock, C.H., Edwards, K. A., Hasenberg, N. M., Laidley, T. L., & Levinson, M. (1999). Informed decision making in outpatient practice: time to get back to basics. *Journal of the American Medical Association*, 282(24), 2313-2320.
- Brubaker, R.G., Mitby, S.K. (1990) Health-risk warning labels on smokeless tobacco products: Are they effective?. *Addictive Behaviors*, 15(2), 115-118.
- Bryant, R.A. (1998). An analysis of calls to a Vietnam veterans' telephone counselling service. *Journal of Traumatic Stress*, 11(3), 589-596.
- Canadian Partnership for Responsible Gambling (October 2010). *Responsible Gambling Information Centre Forum: Final Report*.
- Caswell, J.A., & Padberg, D.I. (1992). Towards a more comprehensive theory of food labels. *American Journal of Agricultural Economics*, 74, 460-468.
- Charles, C., Gafni, A., & Whelan, T. (1997). Shared Decision-making in the Medical Encounter: what does it mean? (or it takes at least two to tango). *Social Science & Medicine*, 44, 681-692.
- Charles, C., Gafni, A., & Whelan, T. (1999). Decision-making in the physician-patient encounter: revisiting the shared treatment decision-making model. *Social Science & Medicine*, 49, 651-661.
- Chapman, S., & Liberman, J. (2005). Ensuring smokers are adequately informed: reflections on consumer rights, manufacturer responsibilities and policy implications. *Tobacco Control*, 14, ii8-ii13.
- Chipman, M., Govoni, R., Jazmaji, V., Wilson, S., & Gao, P. (2006). *High vs. low risk gambling: What is the difference?* Final report submitted to the Ontario Problem Gambling Research Centre, Guelph, Ontario.
- Clarke, D., Abbott, M., Desouza, R., & Bellringer, M. (2007). An overview of help seeking by problem gamblers and their families including barriers to and relevance of services. *International Journal of Mental Health and Addiction*, 5, 292-306.
- Clifford, G. (2008). Chapter 17: The evolution of problem gambling helplines. In M. Zangeneh, A. Blaszczynski, N. Turner (eds.), *In the Pursuit of Winning* (pp.291-312).
- Coman, G., Burrows, G., & Evans, B. (2001). Telephone counselling in Australia: Applications and considerations for use. *British Journal of Guidance and Counselling*, 29(2), 247-258.
- Consumer Contact (2003). *Testing of harm minimization messages for gaming machines*. Report for the Department of Gaming and Racing, Feb-May.
- Cummings, M., Hyland, A., Giovino, G.A., Hastrup, J., Bauer, J., & Bansal, M.A. (2004). Are smokers adequately informed about the health risks of smoking and medicinal nicotine?. *Nicotine & Tobacco Research*, 6, 1-8.
- Cunningham-Williams, R.M., Grucza, R.A., Cottler, L.B. et al. (2005). Prevalence and predictors of pathological gambling: Results from the St. Louis personality, health and lifestyle (SLPHL) study. *Journal of Psychiatry Research*, 39(4), 377-390.
- Cunningham-Williams, R. M., & Hong, S. L. (2007). A latent class analysis (LCA) of problem gambling among a sample of community-recruited gamblers. *Journal of Nervous and Mental Disease*, 195(11), 939-947.
- Currie, S.R., Hodgins, D., & Wang, J. (2008). *Canadian low-risk gambling limits: New evidence and limitations*. Final Report prepared for the Ontario Problem Gambling Research Centre. Guelph: OPGRC.
- Currie, S.R., Hodgins, D.C., Wang, J., el-Guebaly, N., Wynne, H., & Miller, N.V. (2008). Replication of low-risk gambling limits using Canadian provincial gambling prevalence data. *Journal of Gambling Studies*, 24(3), 321-335.

- Currie, S.R., Miller, N., Hodgins, D.C., & Wang, J.L. (2009). Defining a threshold of harm from gambling for population health surveillance research. *International Gambling Studies*, 9(1), 19-38.
- Cloutier, M., Ladouceur, R., & Sevigny, S. (2006). Responsible Gambling Tools: Pop-up messages and pauses on video lottery terminals. *The Journal of Psychology, Interdisciplinary and Applied*, 140(5), 434-438.
- Degnan, F. (1997). The food label and the right to know. *Food and Drug Law Journal*, 52, 49-60.
- DeJong, W., & Hoffman, K.D. (2000). A content analysis of television advertising for the Massachusetts Tobacco Control Program Media Campaign, 1993-1996. *Journal of Public Health Management & Practice*, 6(3), 27-39.
- Delfabbro, P. H. (2004). The stubborn logic of regular gamblers: obstacles and dilemmas in cognitive gambling research. *Journal of Gambling Studies*, 20, 1-17.
- Delfabbro, P.H. (2004). *Problem Gambling and Harm: A national definition Literature Review Summary*. South Australian Centre for Economic Studies.
- Delfabbro, P.H. & Winefield, A.H. (2000). Predictors of irrational thinking in regular slot machine gamblers. *The Journal of Psychology*, 134(2), 117-128.
- Dickerson, M. (2003a). *Reframing "responsible gambling" as consumer protection*. Submission to the IPART "Review of gambling harm minimization measures."
- Dickerson, M. (2003b). *Exploring the limits of "responsible gambling": Harm minimization or consumer protection?* Proceedings of the 12th Annual Conference of the National Association for Gambling Studies, Melbourne.
- Dickerson, M.G., & Weeks, D. (1979). 'Controlled gambling as a therapeutic technique for compulsive gamblers', *Journal of Behavior Therapy and Experimental Psychiatry*, 10, 139-41.
- Doiron, J., & Nicki, R. (1999). *The Prevalence of Problem Gambling in Prince Edward Island*. Charlottetown, PEI: Prince Edward Island Department of Health and Social Services.
- Dube, D., Freeston, M.H., & Ladouceur, R. (1996). Potential and probable pathological gamblers: Where do the differences lie? *Journal of Gambling Studies*, 12(4), 419-430.
- Dowie, J., Coton, M., & Miers, D. (1991). Consumer protection in betting. *Journal of Consumer Policy*, 14(1), 87-98.
- Dupperrex, O., Roberts, I., & Bunn, F. (2002). Safety education of pedestrians for injury Prevention. *Cochrane Database of Systematic Reviews 2002*, Issue 2.
- Durlak, J. A., & Wells, A. M. (1997). Primary prevention mental health programs for children and adolescents: A meta-analytic review. *American Journal of Community Psychology*, 25, 115-152.
- eCOGRA. (2007). *An exploratory investigation into the attitudes and behaviours of internet casino and poker players*. Media Summary.
- Eggert, K. (2004). Truth in gaming: Toward consumer protection in the gambling industry. *Maryland Law Review*, 63, 217.
- el-Guebaly, N., Patten, S.B., Currie, S. R., Williams, J., Beck, C., Maxwell, C., & Wang, J., (2006). Epidemiological associations between gambling behavior, substance use & mood and anxiety disorders. *Journal of Gambling Studies*, 22, 275 -287.
- Ellickson, P.L., & Bell, R.M. (1990). Drug prevention in junior high: A multi-site longitudinal test. *Science*, 247, 1299-1305.
- Epstein, R., Alper, B., & Quill, T. (2004). Communicating evidence for participatory decision making. *Journal of American Medical Association*, 291(19), 2359- 2366.

- Emery, J. (2000). Is informed choice in genetic testing a different breed of informed decision-making? A discussion paper. *Health Expectations*, 4, 81-86.
- Evans, L., & Delfabbro, P.H. (2005). Motivators for change and barriers to help-seeking in Australian problem gamblers. *Journal of Gambling Studies*, 21(2), 133-155.
- Farrelly, M.C., Davis, K.C., Yarsevich, J.M., Haviland, M.L., Hersey, J.C., Girlando, M.E., & Heaton, C.G. (2002). *First Look Report 9: Getting to the truth: Assessing youths' reactions to the truth and "Think. Don't Smoke" tobacco countermarketing campaigns*. Washington, DC: American Legacy Foundation.
- Fenaughty, A.M., & MacKinnon, D.P. (1993). Immediate effects of the Arizona alcohol warning poster. *Journal of Public Policy & Marketing*, 12, 69-77.
- Ferris, J. & Wynne, H. (2001). *The Canadian problem gambling index: Final report*. Prepared for the Canadian Centre on Substance Abuse (CCSA).
- Fischer, P.M., Richards, J.W., Berman, E.J., & Krugman, D.M. (1989). Recall and eye tracking study of adolescents viewing tobacco advertisements. *Journal of the American Medical Association*, 261(1), 84-89.
- Floyd, K., Whelan, J.P., & Meyers, A.W. (2006). Use of warning messages to modify gambling beliefs and behavior in a laboratory investigation. *Psychology of Addictive Behaviors*, 20, 69-74.
- Food Standards Agency UK. (2007). *Food Labels more informed choices*. London: FSA.
- Fox, R. (2006). Informed choice in screening programmes: Do leaflets help? A critical literature review. *Journal of Public Health*, 28(4), 309-317.
- Franklin, C., Grant, D., Corcoran, J., Miller, P., & Bultman, L. (1997). Effectiveness of prevention programs for adolescent pregnancy: A meta-analysis. *Journal of Marriage & the Family*, 59, 551-567.
- Gafni, A., Charles, C., and Whelan, T. (1998). The physician- patient encounter: the physician as a perfect agent for the patient versus the informed treatment decision-making model. *Social Science & Medicine*, 27(3), 347-354.
- Gallopel-Morvan, K., Gabriel, P., Le Gall-Ely, M., Rieunier, S., & Urien, B. (In press). The use of visual warnings in social marketing: the case of tobacco. *Journal of Business Research*.
- GamCare. (2003) *GamCare Care Services Report*. London: National Association for Gambling Care, Educational Resources and Training.
- Gaston, C.M., and Mitchell, G. (2005). Information giving and decision-making in patients with advanced cancer: A systematic review. *Social Science & Medicine*, 61, 2252-2264.
- Gebauer, L., LaBrie, R.A., & Shaffer, H.J. (2010). Optimizing DSM-IV classification accuracy: A brief bio-social screen for detecting current gambling disorders among the general household population. *Canadian Journal of Psychiatry*, 55(2), 82-90.
- Gibbs Van Brunschot, E. (2009). *Gambling and risk behaviour: A literature review*. Prepared for the Alberta Gaming Research Institute.
- Giroux, I., Boutin, C., Ladouceur, R., Lachance, S., Dufour, M. (2008). Awareness training program on responsible gambling for casino employees. *International Journal of Mental Health and Addiction*, 6, 594-601.
- Graves, K.L. (1993). An evaluation of the alcohol warning label: a comparison of the United States and Ontario Canada in 1990 and 1991. *Journal of Public Policy & Marketing*, 12, 19-29.

- Griffiths, M.D., Wood, R.T., & Parke, J. (2009). Social responsibility tools in online gambling: A survey of attitudes and behaviour among internet gamblers. *CyberPsychology*, 12(4), 413-421.
- Guadagnoli, E., & Ward, P. (1998). Patient Participation in Decision-Making. *Social Science & Medicine*, 47, 329-339.
- Haas, L.J., Benedict, J.G., & Kobos, J.C. (1996). Psychotherapy by telephone: Risks and benefits for psychologists and consumers. *Professional Psychology: Research and Practice*, 27(2), 154-160.
- Hammond, D., Fong, G.T., McNeill, A., Borland, R., & Cummings, M. (2006). Effectiveness of cigarette warning labels in informing smokers about the risks of smoking: findings from the International Tobacco Control four country survey. *Tobacco Control*, 15, iii19-iii25.
- Hammond, D., Fong, G.T., Borland, R., Cummings, M., McNeill, A., & Driezen, P. (2007). Communicating Risk to smokers: the impact of health warnings on cigarette packages. *American Journal of Preventative Medicine*, 32(3), 202-209.
- Hancock, L., Schellinck, T., & Schrans, T. (2008). Gambling and corporate social responsibility (CSR): Re-defining industry and state roles on duty of care, host responsibility and risk management. *Policy and Society*, 27, 55-68.
- Health Canada. (2003). Food and Drugs Act. (R.S., 1985, c. F-27). Regulations Amending the Food and Drug Regulations (Nutrition Labelling, Nutrient Content Claims and Health Claims). Retrieved from <http://gazette.gc.ca/archives/p2/2003/2003-01-01/html/sor-dors11-eng.html>
- Health Canada. (2008). Description of Current Risk Communication Documents for Marketed Health Products for Human Use: GUIDANCE DOCUMENT. Ottawa: Minister of Health. Retrieved from http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/medeff/risk-risques_comm_guid-dir-eng.pdf
- Hibbard, J.H., & Peters, E. (2003). Supporting informed consumer health care decisions: data presentation approaches that facilitate the use of information in choice. *Annual Review of Public Health*, 24, 413-433.
- Hing, N., & Breen, H. (2002). A profile of gaming machine players in clubs in Sydney, Australia. *Journal of Gambling Studies*, 18(2), 185-205.
- Hodgins, D.C., Currie, S.R., and el-Guebaly, N. (2001). Motivational enhancement and self-help treatments for problem gambling. *Journal of Consulting and Clinical Psychology*, 69, 50-57.
- Hodgins, D.C., & el-Guebaly, N. (2000). Natural and treatment-assisted recovery from gambling problems: A comparison of resolved and active gamblers. *Addiction*, 95(5), 777-789.
- Hoek, J., N. Maubach, P. Gendall, and L. Searle, (2005), Effects of cigarette on-pack warning labels on smoker's perceptions and behaviour, *World*, 284(4), 483-485.
- Holtgraves, T. (2009). Evaluating the problem gambling severity index. *Journal of Gambling Studies*, 25, 105-120.
- Holtgraves, T. (2009). Gambling, gambling activities and problem gambling. *Psychological Addictions Behaviors*, 23(2), 295-302.
- ICAP. (2008). *Informing consumers about beverage alcohol*. ICAP Reports.
- IPART. (2004). *Gambling: Promoting a Culture of Responsibility*. Independent Pricing and Regulatory Tribunal of New South Wales.
- Internet Poker Committee. (2008). *Svenska Spel's Internet Poker: An Evaluation*. Stockholm: Edita Sverige AB.
- IPDAS. (2005) *Criteria for Judging the Criteria of Decision Aids*. Retrieved from <http://www.ipdas.ohri.ca/>
- iView Systems. (2007). *Responsible Gaming the Proactive Approach: Integrating Responsible Gambling into Casino Environments*. iView Systems in cooperation with Saskatchewan Gaming Corporation.

- Johansson, A., Grant, J., Kim, S., Odlaug, B., & Gotestam, K. (2009). Risk factors for problematic gambling: A critical review of the literature. *Journal of Gambling Studies*, 25(1), 67-92.
- Johnson, E.E., Hamer, R., Nora, R.M., Tan, B., Eisenstein, N., & Engelhart, C. (1997). The Lie/Bet Questionnaire for screening pathological gamblers. *Psychological Reports*, 80, 83-88.
- Kalsher, M.J., Clarke, S.W., & Wogalter, M.S. (1993). Communication of alcohol facts and hazards by a warning poster. *Journal of Public Policy & Marketing*, 12, 78-90.
- Kaskutas, L. (1995). Interpretations of Risk: The Use of Scientific Information in the Development of the Alcohol Warning Label Policy. *Substance Use & Misuse*, 30(12), 1519-1548.
- Koval, J.J., Aubut, J., Pederson, L.L., O'Hegarty, M., & Chan, S.S.H. (2005). The potential effectiveness of warning labels on cigarette packages: the perceptions of young adult Canadians. *Canadian Journal of Public Health*, 96(5), 353-356.
- Kozlowski, L.T., & Edwards, B.Q. (2005). "Not safe" is not enough: smokers have a right to know more than there is no safe tobacco product. *Tobacco Control*, 14, 113-117.
- La Caze, A. (2008). A problem for achieving informed choice. *Theoretical Medical Bioethics*. 29, 255-265.
- Ladouceur, R., & Sevigny, S. (2003). Interactive messages on video lottery terminals and persistence in gambling. *Gambling Research*, 15(1), 45-50.
- Ladouceur, R., Vezina, L., Jacques, C., & Ferland, F. (2000). Does a brochure about pathological gambling provide new information?. *Journal of Gambling Studies*, 16 (1), 103- 107.
- Ladouceur, R. (2004). Perceptions among pathological and non-pathological gamblers. *Addictive Behaviours*, 29, 555-65.
- Ladouceur, R., Sylvain, C., Boutin, C., Lachance, S., Doucet, C., & Leblond J. (2003). Group therapy for pathological gamblers: A cognitive approach, *Behaviour Research and Therapy*, 41, 587-596.
- Ladouceur, R., Sylvain, C., Boutin, C., Lachance, S., Doucet, C., Leblond J., & Jacques, C. (2001). Cognitive treatment of pathological gambling. *Journal of Nervous and Mental Disease*, 189, 774-780.
- Ladouceur, R., Sylvain, C., Letarte, H., Giroux, I., & Jacques, C. (1998). Cognitive treatment of pathological gamblers. *Behavior Research & Therapy*, 36, 1111-1119.
- Lambos, C. & Delfabbro, P. (2007). Numerical reasoning ability and irrational beliefs in problem gambling. *International Gambling Studies*, 7(2), 157-171.
- Leatherman, S. & Warrick, L. (2008). Effectiveness of Decision Aids: A review of the evidence. *Medical Care Research and Review*, 65, 795-1165.
- Lemaire, J., de Lima, S., & Patton, D. (2004). *It's Your Lucky Day: Program Evaluation*. The Addictions Foundation of Manitoba.
- Leventhal, H., Glynn, K., & Fleming, R. (1987). Is the smoking decision an "informed choice"? Effect of smoking risk factors on smoking beliefs. *Journal of the American Medical Association*, 24, 3373-3376.
- Lilja, J. (1985). The evaluation of drug information programs. *Social Science & Medicine*, 21, 407-414.
- Lipton, M. (2009). *What is a "Reasonable" amount of information?* Presentation at the RGC Insight Forum on November 11, 2009, Toronto.
- Macdonald, J., Turner, N., & Somerset, M. (2005). *Life skills, mathematical reasoning and critical thinking: Curriculum for the prevention of problem gambling*. Final Report to the Ontario Problem Gambling Research Centre. Guelph: OPRGC.
- Mackinnon, D.P., Fenaughty, A.M. (1993). Substance use and memory for health warning labels. *Health Psychology*, 12 (2), 147.

- Marshall, K., & Wynne, H. (2004). Against the odds: A profile of at-risk and problem gamblers. *Canadian Social Trends*, 73. Retrieved from <http://www.statistics-canada.org/english/studies/75-001/archive/2003/2003-12-01.pdf>
- Marteau, T.M., Dormandy, E., & Michie, S. (2001). A measure of informed choice. *Health Expectations*, 4 (2), 99-108.
- Mazza, J. J. (1997). School-based suicide prevention programs: Are they effective? *School Psychology Review*, 26, 382-396.
- McCann, M. (2005). Dietary supplement labeling: Cognitive biases, market manipulation & consumer Choice. *American Journal of Law & Medicine*, 31, 215-268.
- McKenna, F.P., Warburton, D.M., & Winwood, M. (1993). Exploring the limits of optimism: the case of smokers' decision making. *British Journal of Psychology*, 84, 389-394.
- Messerlian, C. & Derevensky, J. (2007). Evaluating the role of social marketing campaigns to prevent youth gambling problems- A qualitative study. *Revue Canadienne de Sante Publique*, 98(2),101-104.
- Miller, N.V., & Currie, S.R. (2008). A Canadian population level analysis of the roles of irrational gambling cognitions and risky gambling practices as correlates of gambling intensity and pathological gambling. *Journal of Gambling Studies*, 24(3), 257-274.
- Miyazaki, A.D., Brumbaugh, A.M., & Sprott, D.E. (2001). Promoting and countering consumer misperceptions of random events: The case of perceived control and state-sponsored lotteries. *Journal of Public Policy and Marketing*, 20(2), 254-267.
- Monaghan, S., & Blaszczynski, A. (2007). Recall of electronic gaming machine signs: A static versus dynamic mode of presentation. *Journal of Gambling Issues*, 20.
- Morasco, B.J., Weinstock, J., Ledgerwood, D.M., & Perry, N.M. (2007). Psychological factors that promote and inhibit pathological gambling. *Cognitive and Behavioral Practice*, 14, 208-217.
- Murphy, S., & Roberts, R. (2006). "Black box" 101: How the Food and Drug Administration evaluates, communicates, and manages drug benefit/risk. *Journal of Allergy and Clinical Immunology*, 117(1), 34-39.
- Morris, L.A., & Halperin, J.A. (1979). Effects of written drug information on patient knowledge and compliance: a literature review. *American Journal of Public Health*, 69, 47-52.
- Nisbet, S. (2005a). Responsible gambling features of card-based technologies. *International Journal of Mental Health and Addiction*, 3(2), 54-63.
- Nelson, S.E., Gebauer, L., LaBrie, R.A., Shaffer, H.J. (2009). Gambling problem symptom patterns and stability across individual and timeframe. *Psychology of Addictive Behaviors*, 23(3), 523-33.
- O'Hegarty, M., Pederson, L., Nelson, D., Mowery, P., Gable, J., & Worley, P. (2006). Reactions of young adult smokers to warning labels on cigarette packages. *American Journal of Preventive Medicine*, 30(6), 467-473.
- Olynik, S. (2004). *Responsible Gambling Media Campaigns*. Paper presented at Symposium 2004. Retrieved from <http://www.responsiblegambling.org/>
- Omnifacts Bristol Research (2005). *Nova Scotia Player Card Research Project: Stage I Research Project*. Report prepared for Nova Scotia Gaming Corporation.
- Omnifacts Bristol Research. (2007). *Nova Scotia player card research project: Stage III research report*. Retrieved from <http://www.nsgc.ca/pdf/Omnifacts%20Bristol%20Research%20Report.pdf>
- Osborne Group (2009). *Responsible Gaming Information Centres 2007 Evaluation*. Toronto: Responsible Gambling Council. Retrieved from <http://www.responsiblegambling.org/articles/RGIC%20Evaluation%20-%20FINAL.pdf>

- Parackal, S.M., Parackal, M. K., & Harraway, J.A. (2010). Warning labels on alcohol containers as a source of information on alcohol consumption in pregnancy among New Zealand women. *International Journal of Drug Policy*, 21, 302-305.
- Perese, L., Bellringer, M., & Abbott, M. (2005). *Literature review to inform social marketing objectives and approaches and behaviour change indicators to prevent and minimise gambling harm*. Report prepared for the Health Sponsorship Council. Auckland, New Zealand: Gambling Research Centre, Auckland University of Technology.
- Pelletier, M.F., & Ladouceur, R. (2007). The effect of knowledge of mathematics on gambling behaviours and erroneous perceptions. *International Journal of Psychology*, 42(2), 134-140.
- Petry, N.M. (2001). Substance abuse, pathological gambling and impulsiveness. *Drug and Alcohol Dependence*, 63(1), 29-38.
- Petry, N.M., Stinson, F.S., & Grant, B.F. (2005). Comorbidity of DSM-IV Pathological Gambling and other psychiatric disorders: Results from the national Epidemiologic Survey on alcohol and related conditions. *Journal of Clinical Psychiatry*, 66(5), 564-574.
- Powell, J.E., & Tapp, A.J. (2009). The Use of social marketing to influence the development of problem gambling in the UK: Implications for public health, *International Journal of Mental Health & Addiction*, 7(1), 3-11.
- Productivity Commission, (1999). *Australia's Gambling Industries: Report No.10*. Commonwealth of Australia, Canberra.
- Raylu, N., & Oei, T.P.S. (2002). Pathological gambling. A comprehensive review. *Clinical Psychology Review*, 22, 1009-1061.
- Reese, R.J., Conoley, C.W., & Brossart, D.F. (2002). Effectiveness of telephone counselling: A field-based investigation. *Journal of Counselling Psychology*, 49(2), 233-242.
- Responsible Gambling Council. (2009). *Insight 2009: Play Information and Management System*. Toronto: RGC Centre for the Advancement of Best Practices.
- Responsible Gambling Council. (2006). Reaching people where they play. *Newslink*. Toronto: Responsible Gambling Council.
- Rimer B.R. & Glassman B. (1999). Is there a use for tailored print communications in cancer risk communication?. *Journal of the National Cancer Institute Monographs*, 25, 140-148.
- Rockloff, M.J., & Schofield, G. (2004). Factor analysis of barriers to treatment for problem gambling. *Journal of Gambling Studies*, 20(2), 121-126.
- Rooney, B. L., & Murray, D. M. (1996). A meta-analysis of smoking prevention programs after adjustment for errors in the unit of analysis. *Health Education Quarterly*, 23, 48-64.
- Rosenfeld, B. D., & Turkheimer, E.N. (1995). Modeling Psychiatric Patients' Treatment Decision Making. *Law and Human Behavior*, 19 (4), 389-405.
- Ross, K. (2007). DANGER! The Legal Duty to Warn and Instruct. *Risk Management*, 54(3), 24.
- Sasso, W., & Kalajdzic, J. (2006). Do Ontario and its gaming venues owe a duty of care to problem gamblers? *Gaming Law Review*, 10, 552.
- Schellinck, T., & Schrans, T. (2002). *Atlantic Lottery Corporation Video Lottery Responsible Gaming Feature Research - Final Report*. Focal Research Consultants Ltd. Retrieved from <http://www.gamingcorp.ns.ca/responsible/pbrgf.htm>.
- Schellinck, T., & Schrans, T. (2007). *VLT Player Tracking System*. Focal Research: Nova Scotia.

- Schommer, J.C., Doucette, W.R., & Worley, M.M. (2000). Processing prescription drug information under different conditions of presentation. *Patient Education and Counselling*, 43, 49-59.
- Sellnow, T.L., Ulmer, R.R., Seeger, M.W., & Littlefield, R. (2009). *Effective Risk Communication - a Message Centred Approach*. Springer: New York. p.19-30.
- Sevigny, S., & Ladouceur, R. (2004). Gamblers' irrational thinking about chance events: The "double switching" concept. *International Gambling Studies*, 3, 163-170.
- Shaffer, H.J., Hall, M.N., & Vander Bilt, J. (1997). *Estimating the prevalence of disordered gambling behavior in the United States and Canada: A meta-analysis*. Boston, MA: Harvard Medical School Division on Addictions.
- Shaffer, H. J., Hall, M. N., & Vander Bilt, J. (1999). Estimating the prevalence of disordered gambling behavior in the United States and Canada: A research synthesis. *American Journal of Public Health*, 89, 1369-1376.
- Shandley, K., & Moore, S. (2008). Evaluation of gambler's helpline: A consumer perspective, *International Gambling Studies*, 8(3), 315-330.
- Siegel, M., & Biener, L. (2000). The impact of an antismoking media campaign on progression to established smoking: Results of a longitudinal youth study. *American Journal of Public Health*, 90, 380-386.
- Sjolstad, A. (2008). *Norsk Tipping Setting New Standards in Responsible Gaming*. Presentation at Responsible Gambling Council *Insight Forum* 2008.
- Slovic, P., Finucane, M., Peters, E., & MacGregor, D. (2004). Risk as analysis and risk as feelings: some thoughts about affect, reason, risk and rationality. *Risk Analysis*, 24, 1-12.
- Slutske, W.S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry*, 163 (2), 297-302.
- Sly, D. F., & Heald, G. (1999b). *Florida anti-tobacco media evaluation: Eighteen month assessment*. Florida State University.
- Smith, S.K., Trevena, L., Nutbeam, D., Barratt A., McCaffery, K. (2007) Information needs and preferences of low and high literacy consumers for decisions about colorectal cancer screening: utilizing a linguistic model. *Health Expectations*, 11, 123-136.
- Smith, G. J., & Wynne, H. J. (2002). *Measuring gambling and problem gambling in Alberta using the Canadian problem gambling index*. Edmonton: Prepared for the Alberta Gaming Research Institute.
- Solomon, R.M., Kostal, R.M., & McInnes, M. (2000). *Cases & Materials on the Law of Torts, 5th Student Edition*; Carswell Thomson Professional Publishing.
- Steenbergh, T.A., Whelan, J.P., Meyers, A.W., May, R.K., & Floyd, K. (2004). Impact of warning and brief intervention messages on knowledge of gambling risk, irrational beliefs and behaviour. *International Gambling Studies*, 4(1), 3-16.
- Stewart, D., & Martin, I. (1994). Intended and unintended consequences of warning messages: A review and synthesis of empirical research. *Journal of Public Policy and Marketing*, 13, 1-19.
- Stinchfield, R., & Winters, C. (2001). Outcome of Minnesota's Gambling Treatment Programs. *Journal of Gambling Studies*, 17 (3), 217-245.
- Stockley, C. (2001). The effectiveness of strategies such as health warning labels to reduce alcohol-related harms: An Australian perspective. *International Journal of Drug Policy*, 12(2), 153-166.
- Stockwell, T., & Single, E. (1997). Standard unit labelling on alcohol containers. In: Plant, M., Single, E. and Stockwell, T. (Eds.). *Alcohol: Minimising the Harm*. Freedom Association Press Ltd, London.
- Stockwell, T.R. (2001). Harm reduction, drinking patterns and the NHMRC Drinking Guidelines. *Drug and Alcohol Review*. 20(1), 121-129.

- Strom, J. (2008). *Strategies and technologies from Svenska Spel: Using Player data in responsible gaming*. Presentation at Responsible Gambling Council *Insight* Forum 2008.
- Strong, D.R. & Kahler, C.W. (2007). Evaluation of the continuum of gambling problems using the DSM-IV. *Addiction*, 102(5), 713-721.
- Suurvali, H., Hodgins, D., Toneatto, T., & Cunningham, J. (2008). Treatment seeking among Ontario problem gamblers: Results of a population survey. *Psychiatric Services*, 69(11), 1343-1346.
- Switt, J. (2007). Labeling around the globe: helping to direct food flow. *Journal of the American Dietetic Association*, 198-200.
- Sylvain, C., Ladouceur, R., & Boisvert, J. (1997). Cognitive and behavioural treatment of pathological gambling: A controlled study. *Journal of Consulting and Clinical Psychology*, 65, 727-732.
- Takabayashi, T., Osada, S., Hiraguti, S., Onaka, K., Katakura, N., & Ishigaki, K. (2002). Study on the effects of telephone counselling for family caregivers of demented patients. *Nippon Koshu Eisei Zasshi*, 49(12), 1250-1258.
- Taylor, L.M., & Hillyard, P. (2009). Gambling Awareness for Youth: An Analysis of the "Don't Gamble Away our Future" Program. *International Journal of Mental Health Addiction*, 7, 250-261.
- Tobler, N.S. (1992). *Meta-Analysis of Adolescent Drug Prevention Programs: Final Report*. Rockville, Md: National Institute on Drug Abuse.
- Toce-Gerstein, M., Gerstein, D. R., & Volberg, R. A. (2003). A hierarchy of gambling disorders in the community. *Addiction*, 98, 1661-1672.
- Toneatto, T. (2004). *A controlled evaluation of cognitive therapy for problem gambling: Final Report*. Guelph: Ontario Problem Gambling Research Centre.
- Toneatto, T., & Nguyen, L. (2007). Individual characteristics and problem gambling behaviour. In G. Smith, D.C. Hodgins, & R.J. Williams (eds.). (2007). *Research and Measurement Issues in Gambling Studies*. Academic Press, 279-304.
- Toneatto, T., Blitz-Miller, T., Calderwood, K., Dragonetti, R., & Tsanos, A. (1997). Cognitive distortions in heavy gambling. *Journal of Gambling Studies*, 13, 253-266
- Trumbo, P., & Shimakawa, T. (2009) U.S. Food and Drug Administration on modernization of the Nutrition and Supplements Facts labels. *Journal of Food Composition and Analysis*, 22S, S13-S18.
- Turner, N. (2002). Randomness, does it matter?. *eGambling*, 2. Retrieved from <http://www.camh.net/egambling/archive/pdf/EJGI-issue2/EJGI-issue2-research.pdf>
- Turner, N., & Horbay, R. (2004). How do slot machines and other electronic gaming machines work?. *Journal of Gambling Issues*, 11. Retrieved from http://www.camh.net/egambling/issue11/jpg_11_turner_horbay.html
- Turner, N.E., Zangeneh, M., & Littman-Sharp, N. (2006). The experience of gambling and its role in problem gambling. *International Gambling Studies*, 6(2), 237-266.
- Turney, J. (1996). Public understanding of science. *Lancet*, 34, 1087-1090.
- Vahabi, M. (2006). The impact of health communication on health-related decision making: A review of evidence. *Health Education*, 107(1), 27-41.
- Verbeke, W., Frewer, L., Scholderer, J., & De Brabander, H. (2006) Why consumers behave as they do with respect to food safety and risk information. *Analytica Chimica Acta*, 586, 2-7.
- Vidanapathirana, J., Abramson, M.J., Forbes, A., Fairley, C. (2004). Mass media interventions for promoting HIV testing (Cochrane Review). *Cochrane Library 2006*, Volume 1.

- Volberg, R.A. (2004). Fifteen years of problem gambling prevalence research: What do we know? Where do we go?. *eGambling*. Retrieved from http://www.camh.net/egambling/issue10/ejgi_10_volberg.html
- Walker, G.J., Courneya, K.S., Deng, J. (2006). Ethnicity, gender, and the theory of planned behavior: The case of playing the lottery. *Journal of Leisure Research*, 1-28.
- Wansink, B., Sonka, S., & Hasler, C. (2004). Front-label health claims: when less is more. *Food Policy*, 29, 659-667.
- Weinstock, J., Ledgerwood, D.M., & Petry, N.M. (2007). Gambling behavior: What are the limits of moderation. *Psychology of Addictive Behaviors*, 21, 185-193.
- Weinstein, N.D. (1999). What does it mean to understand a risk? Evaluating risk comprehension. *Journal of the National Cancer Institute Monographs*, 25, 15-20.
- Welte, J.W., Barnes, G.M., Wieczorek, W.F., et al. (2004). Risk factors for pathological gambling. *Addictive Behaviors*, 29(2), 323-335.
- Wiebe, J., Mun, P., & Kauffman, N. (2006). *Gambling and Problem Gambling in Ontario 2005*. Toronto: Responsible Gambling Council (Ontario).
- Williams, R.J., Connolly, D., Wood, R., Currie, S., & Davis, R.M. (2004). Program findings that inform curriculum development for the prevention of problem gambling. *Gambling Research*, 16(1), 47-69.
- Williams, R.J., Simpson, R.I., & West, B.J. (2007). Prevention of problem gambling. In G. Smith, D.C. Hodgins, & R.J. Williams (eds.). (2007). *Research and Measurement Issues in Gambling Studies*. Academic Press, 399-435.
- Winters, K.C., Bengston, P.L., & Stinchfield, R.D. (1996). Findings from a follow-up study of callers to the Minnesota problem gambling helpline. Minneapolis, MN: University of Minnesota. Cited in Dickson-Gillespie, L., Rugle, L., Rosenthal, R. et al. (2008). Preventing the incidence and harm of gambling problems. *Journal of Primary Prevention*, 29, 37-55.
- Wogalter, M.S., & Young, S.L. (1998). Using a hybrid communication/human information processing model to evaluate beverage alcohol warning effectiveness. *Applied Behavioural Science Review*, 6, 17-37.
- Worden, J.K., Flynn, B.S., Geller, B.M., Chen, M., Shelton, L.G., & Secker-Walker, R.H. (1988). Development of a smoking prevention mass media program using diagnostic and formative research. *Preventive Medicine*, 17, 531-558.
- World Health Organization. (2009). *WHO Framework Convention on Tobacco Control: Guidelines for implementation*. Geneva: World Health Organization.
- Wynne, H. J., & Stinchfield, R. (2004, April). Evaluating responsible gaming features and interventions in Alberta: Phase I. Final report. Retrieved from http://www.aglc.gov.ab.ca/pdf/gaming/news_releases/VLT_responsible_features_phase1_report.pdf

PURPOSE

Focus groups with gamblers were conducted to explore what information would be helpful to them as gamblers, what makes an informed gambler, and effective ways to deliver such information to gamblers.

KEY FINDINGS

- An informed gambler knows and understands how gambling works and the risks of gambling and accepts consequences of their choice to gamble.
- Being informed does not necessarily mean being responsible.
- The most important decisions, such as setting money limits, are done away from the gaming venue. The hardest decision to make is when to stop, as this is influenced by the gaming environment.
- Gambling information is available but it is difficult to find and understand. Development of clear and understandable messages is needed: about how gambling works and, in particular, the odds and chances of winning.
- Reinforce information that is already known through repetition.
- Gambling information needs to change continuously to remain relevant and interesting to gamblers.

METHODOLOGY

Focus group participants were recruited through posters in gaming venues and newspaper advertisements inviting interested people to call the RGC. All callers were screened to meet the following participation criteria: over 19, gambling at least once a week, participating in at least one of the following: casino table games, slot machines/VLTs, lottery/scratch cards, bingo and online gambling.

The Responsible Gambling Council conducted focus groups between August and October 2009 with the first focus group being a pilot test for finalizing the focus group discussion guide questions. In total, seven focus groups were held, consisting of 38 gamblers overall (average of five for each focus group). Three focus groups were held in Toronto, two in Winnipeg and two in Vancouver. Focus groups participants were organized according to participants' gambling activity preferences.

DISCUSSION OF FINDINGS

The findings are organized under the following general areas, as they were addressed in the focus groups. This discussion is an amalgam of the feedback from all of the focus groups and presents common and recurring points and themes.

Gambling History

The focus group began by asking participants, in a general way, *"What got you first started gambling?"* Across all groups, participants began gambling as a form of entertainment and socializing. Many participants reported that they were introduced to gambling by friends or family. Almost all reported that the first few times they played they experienced wins which served as motivation to keep on gambling.

The main difference that participants noted between the first time they played and now was changes in their play. Some participants reported that what had started as a recreational activity had transformed into chasing losses. They were playing more frequently, for longer periods of time, spending more money and taking more risks.

Others mentioned changes in the way they felt when playing, saying that the *“fun and excitement”* that attracted them to the game was now *“not as enjoyable, not really fun”*; *“it doesn’t feel new anymore, it doesn’t feel like a different experience”* and *“you just have to win.”* Interestingly, online gamblers felt the same way: *“online is not as much fun as when you are sitting at a table with others.”*

Interestingly, almost all participants in the slots and VLT groups generally spoke of changes in the technology of the gaming environment. Responses included:

“The machines are a hundred times faster, seem to pay less often”

“I hate the tickets; I like to hear the money coming down”

“Technology has changed. To me it’s not the same machine”

Definition of an Informed Gambler

The majority of participants were unable to understand the concept of being *“informed”* when asked, *“What do you think is an informed gambler?”* They immediately thought of informed as being knowledgeable about how to play the game. Others thought it referred to having a consistent winning strategy. Responses included:

“He’s the king, he’s a pro”

“They are knowledgeable about the games”

“Familiar with all the buttons on the machine as I am not”

“They know which machines to play, the ones that would give you the best pay back”

Along with importance of knowing how the game works, these participants added the aspect of choice and responsibility. So, informed gamblers know the risks and consequences and accepts them when gambling, even if they go beyond their means. Other respondents described an informed gambler as someone who:

“Knows what gambling is all about, the ins and outs and consequences, but they still do it”

“Knows when to draw the line, when to stop”

“Accepts responsibility for the consequences of their actions”

“Has a choice, power and control in the decision”

A few respondents thought of an informed gambler as *“someone who knows they are taking a chance to gamble and know what the consequences are and what will happen if they overspend.”* Another participant thought of it as, *“I’ve been warned but I’m going to do what I want because then it’s my responsibility.”*

All participants were asked, *“What are the things one needs to know about a specific game in order to be an informed gambler?”* Responses were focused on having knowledge of: how gambling works, how to play the game and ways to control their gambling. Key aspects to becoming informed were by playing and *“having realistic expectations”* since the chance of winning *“is just luck.”*

Informed vs. Responsible Gambling

Almost all respondents were quick to answer the question, *“What does the phrase ‘responsible gambling’ say to you?”* The general thought among participants was that it was gambling that was boring and unexciting. As one participant said, *“by adding ‘responsible’ it’s like you cannot have fun.”* Only a few felt it meant respecting your personal limits, whether time or money: *“you respect your limits and walk away when they are reached.”*

There were mixed opinions among participants when asked, *“Is informed gambling the same as responsible gambling?”* Some participants thought that being informed meant being responsible, when *“they know all the rules and follow them.”* Others, however, provided a different view, in which one can be informed

and not be responsible. This occurred when gamblers know how gambling works and the consequences of gambling, but continue to spend more than they can afford. As one participant said, *"I am gambling, but am still in charge of what I am doing even if it's wrong."*

Participants had mixed opinions with respect to having a desire to be an informed gambler. Some were very interested in knowing all the information they could find about gambling and their specific game of choice. The reason for wanting to be an informed gambler was summed up as, *"it's important to know what you are risking, even if it's just entertainment."* Also a few participants felt that knowledge is power: *"the more knowledge you have the more armed you are."* Others, however, did not feel that they needed a lot of information to gamble, especially as they were gambling *"just for fun."* As one participant stated, *"I think I know what I'm doing, so I disregard a lot of things."*

Making Gambling Decisions

There were few responses to the question, *"What are the types of decisions/choices made when playing a specific gambling activity?"* In all groups, it was apparent that the decision to gamble is not one that is given much thought. Playing a specific gambling activity is automatic; it becomes routine or habit. Responses included:

"I don't think about it"

"Things become a routine; it's what I do every Tuesday and Thursday"

"We don't pre-plan it, it just happens"

"It becomes part of your life; it's like watching a program on TV"

"It's just another way of spending time"

"We're like robots, it's always the same"

A conscious decision-making process appears to occur once they've decided to gamble. Casino table game players make decisions on the amount of money to spend, when and which table to join, where to sit, when to cash in/out, how much to bet, when to increase a bet, and when to leave. The decisions that are made in advance are: setting money limits, *"I never touch my bill money, that's what I can waste,"* and when to leave, based on money, not time, *"I will quit when I make \$800."* For the most part, the majority of decisions are made while playing the game.

Slot and VLT players have similar decisions to make prior to and while playing. Before playing they think about the amount of money to spend, how many times to go, what venue to visit, and the value of the machines to play (e.g., penny, 25 cents, \$1). During play, the choices they make are to increase bets, move to different machines, get more money, and stop playing. The majority of respondents know how much they are going to bet prior to beginning play. Only a few respondents did not always play a max bet, incrementally increasing their bets based on their wins: *"if I have won, I will change my bet."*

Based on the type of game, online gamblers also have the same decisions as gamblers playing in a traditional gaming venue. Online gamblers decide how much to spend, how much they are willing to lose, when to increase/decrease bet, and when to stop playing. However, they face other decisions not available to traditional players, such as: deciding to set up a user account; whether to play on a particular website (practice or money) or on multiple websites; whether to read the terms and conditions of play; whether to turn the sound on/off; whether to engage in a live game chat; and what form of payment to use (e.g., credit card or Paypal).

Bingo players did not have many choices to make after deciding to gamble. Due to the way the game is set up, players make all of the decisions that need to be made prior to playing the game. These decisions include: how many cards to play, how much money or time to spend, and if they should play bonuses. *"We will know ahead of time what we play."* Increasing spending or frequency of play was a choice made early on, prior to making it *"a routine."* As one participant said, *"It's a learning experience, after the first time you realize you need more so you take more the next time,"* or *"it's going to take me longer than I figured."*

Lottery and scratch card players do not have many decisions to make. The decision to buy a lottery ticket has become a habit, while purchasing a scratch card is more spontaneous, *“when the urge hits in the moment.”* Participants said that they have set amounts available to spend on lottery tickets. The decision to change this set amount depends on the value of the jackpot. If it is large enough, some increase their spending for that week only. With scratch cards, players will generally play more if they win.

Almost all participants — except for the Bingo players — felt that the hardest decision they had to make was when to stop. The majority felt that it was not only hard to decide to stop but also to execute that decision. Responses included:

“The decision to stop is the hardest decision. You want to try and keep winning, even if it is not your day you still believe.”

“It’s hard to quit. It’s like smoking, the same kind of adrenaline.”

Setting limits

Almost all of the participants set money limits instead of time limits, *“I set a money limit and play with that, if I lose it, I walk away.”* The majority set money limits on a per-session basis, but a few set monthly limits. Those with monthly money limits said doing so helped them restrict their play frequency, *“I have a set for the month and if I want it to last the whole month I know that I can’t be going there three times in a row.”*

Interestingly, many participants who set money limits did not do so from the first time they played. Rather it was a change they implemented as a result of having suffered personal losses that made them think about the way they play: *“I once gambled my rent away trying to win my money back.”* Others had witnessed the hardships experienced by family or friends: *“all my friend ever did was play VLTs and he lost everything.”* This suggests that information about the consequences of gambling may help make an *“informed gambler.”*

Even though the majority of participants set limits, nearly all broke their limits. The main reason for breaking limits was chasing losses. Other reasons included: gambling with friends; having a winning streak; availability of a bigger jackpot; and addiction. Responses included:

“They want revenge on the machine”

“The person next to you is winning so you think it’s possible”

“Only when there is a big jackpot”

“If you are addicted all decisions are clouded”

Influencers to keep playing

Many of the respondents said that peer pressure was a big influence to keep on playing, *“I have a lot of friends that go and I will stay as long as they do.”* Other influencers included: alcohol, comps, gambling environment, winning or losing, and having expandable time limits. Responses included:

“If I lose, then I chase my losses and spend all my money in my pocket and more”

“If I’m with my mom, I play more”

“If you are losing you think that you can win it back if you are winning you think that u can win more”

“If you have had alcohol it does affect you to stay longer”

“If you are having too much fun, time limits can be expandable”

Gambling Information Awareness

How to play the game

All respondents were familiar with the rules of playing a specific gambling activity. They had seen this type of information either in the venue (physical or virtual), on the gaming machine, on the lottery ticket or back of the scratch card, or had learned from playing with family or friends. For casino table players, this type of

information was also available through books, seminars, movies, or websites. They stressed that one becomes more informed by playing. As one participant said, *"the best way to learn is to sit at the table and build experience."* Online gamblers mentioned that although the information was available on the gaming website, it was difficult to find: *"it's not always clear and it's not on the front page."*

Price of game

All participants in the slot, VLT, casino table games and online gambling groups had not seen any information pertaining to the amount of money it would cost them to play a specific gambling activity for a certain period of time. Although Bingo players has not seen this type of information, they had more of an understanding of the price of the game as they know in advance how much it will cost them to play a certain number of games. As one participant said *"you buy all the games you are going to play at the start."*

The majority of participants felt that this was an important piece of information, as *"it's better to know ahead of time what you will spend"* because *"it makes you think twice about spending that much time for that kind of reward."*

Nature of gambling

Participants were asked if they had seen information about randomness, probability or house edge in the venues where they play. Across all groups, only few participants had seen information about randomness. Some participants mentioned that something was posted on the machines and others had seen it in books. In the VLT group, only 1 participant had seen and understood information about randomness, probability and house edge as a result of having a friend in counselling – *"he had a gambling problem and went to AFM that is how I learned about these things."*

Although some of the participants were knowledgeable about gambling concepts such as randomness and odds, they continue to believe gambling myths. Some of the respondents said *"machines have a pattern, you go there often enough and you find the pattern"* and *"if you have a system it's easy."*

Odds of winning

Participants across all groups raised concern about the lack of clear and understandable information about the odds of winning. Two participants said, *"there needs to be a clear message"* and *"there needs to be more information about the odds."* Some casino table game players had come across this information in books, but noted that the content is *"dry and no one is going to read it much less understand it."*

There were mixed reviews on the importance of knowing the odds. Some participants felt that it was not important because it did not affect their decision to play. Responses included:

"It doesn't really influence me."

"It doesn't matter to me; I would play the game anyways."

"If they tell you that you won't want to play."

"It's not going to change my decision to play."

Other participants felt that it was a very important piece of information to know and understand as part of playing the game. *"If the odds are bad then I wouldn't play, I would go with the one that has the best odds for me"* and *"why would you play the game if you don't have a chance at winning?"*

Personal gambling activity

Almost all participants had not seen any information about play history at the gaming venue. However, at least one participant from each group had kept track of their spending over periods of time ranging from three months to a year. The main reason for tracking their spending was to have a bigger picture of winning vs. losing. As a result of tracking their spending, they made changes to their play habits, such as decreasing play frequency or spending.

There were mixed reactions to the value of tracking play and having play history. Many participants — in particular the slots players — were not receptive to having this type of information. The participants quickly responded with replies like: *“I wouldn’t want that, it would give me a heart attack.”* However, some participants wanted to have this information available to them as it would be helpful in their decision making: *“if I had that information ahead of time, it would be useful in making choices.”*

Harms or risks of gambling

Only a few participants had seen billboards, television, and radio or transit ads about the risks of gambling or had first-hand experience with seeing the consequences of risky gambling behaviour through family members or friends. (e.g., *“Everyone knows some unlucky person who has lost everything”*). For lottery, scratch cards and bingo, the majority of participants felt that people who play these games do not develop gambling problems. As one participant in the bingo group said, *“I have never heard of people getting into trouble over bingo.”* However, participants did not disregard the possibility that it could happen: *“I guess it’s possible, but never heard of it.”*

The majority of participants felt that gamblers should know the harms and risks of gambling because it would let them *“know what they are up against.”* One participant said, *“It would make me think: am I going to be like that?”*

Lastly, there was some information that participants did not want to know. Many felt that they did not want to know about the *“terrible”* gambling stories (e.g., suicides) or receive messages that could make them feel bad for gambling.

Signs of a gambling problem

Across all groups, almost all participants had not seen any information on the signs of a gambling problem in the gaming venue. A few participants had seen news reports on television or articles. Yet all participants were able to describe without difficulty the attitudes and behaviours of a person experiencing gambling problems. Responses included:

“Frequent trips to the ATM machine.”

“Someone who is angry, irritable, cranky and rude.”

“They put gambling needs in front of others, constantly chasing losses thinking that a win is around the corner.”

“They blow their paycheque and borrow money.”

“They don’t care and are frantically playing.”

Participants felt this was information that should be provided to all gamblers because it is important and helpful for *“people to know the difference between a gambling problem and gambling without a problem.”* However, a few participants felt that providing this information would not necessarily help a person with gambling problems: *“no matter how much information there is, it won’t matter if you are addicted.”*

How to gamble safer

With regards to safer gambling information, the majority of participants quickly responded with *“I’ve never seen anything like that where I play.”* However, all participants were very familiar with the tip of setting limits, as they recited the slogan: *“Know your limit, play within it.”*

The VLT players group mentioned that, after an hour of play, players have the option of continuing play for additional 15, 30, 45 or 60 minutes. However, participants noted that *“even though they can cash out after two hours they can start playing all over again.”*

Participants felt that it was important to have this information placed *“all over”* the gaming venue and have it be *“one of the first signs you see.”*

Problem gambling assistance

All participants were familiar with the problem gambling helpline. They had seen this information on the machines, on posters on the wall, in bathrooms, on billboards, heard it in radio and television ads, and read it in newspapers. However, they expressed concern over not seeing any information on the places where they could go for help. Many felt that knowing this information would be helpful in avoiding gambling problems.

Overall, focus group participants noted that some information is available but it is not easy to find or clear to understand. *“There is information out there; you just have to seek it out.”* They also mentioned that they would be more likely to read information if it was more readily available. For lottery and scratch card players, the challenge is providing information prior to purchase since the area dedicated to responsible gaming information is much smaller for tickets and cards than the information area in a gaming venue. As one participant said, *“You have to buy the ticket before you actually get the information.”*

Provision of Gambling Information

Participants were given a hypothetical scenario in which they were asked to suppose that they were opening a gaming venue and needed to provide gambling related information to patrons.

Scenario

As an owner who cares about their customers and doesn't want them to develop gambling problems, what type of information would you provide in your gaming venue?

Responses were mixed. In general, the majority of participants focused on providing information about odds of winning, harms and risks of gambling, signs of a gambling problem, tips to gamble safer and help services.

It's important to note that not all types of gamblers have the same information needs. For the slots and VLT players it was more important to explain the meaning of payout rate in lay terms, such as, *“an 80% payout rate doesn't guarantee you will get \$80 back of the \$100 you put in. It is over a period of time,”* and *“how fast you can lose a certain amount of money.”*

Lottery and scratch card players were more concerned about having information on the signs of a gambling problem and the risks of gambling, because odds information is readily available. As one participant observed, *“The signs with jackpot information have the odds right there.”* Another participant noted the lack of such information by saying, *“They glorify the winners, but you never see responsible gambling information.”*

Bingo players felt that it was important for players to make the connection between bingo and gambling. As one participant said, *“I never thought of this as gambling so let them know it is a form a gambling.”* Equally important for bingo-playing participants was letting players know practical ways to keep gambling under control.

Online gamblers focused on conveying the message *“that it's real money they are playing with”* on a website because it's easy for players to forget. Information should also cover the risks of gambling, signs of a gambling problem, signs of a reputable site, and *“how you get paid out.”*

Information Dissemination

When asked how they would present gambling information to patrons, the majority of respondents said, through: posters; big flat screens in the play area; brochures/pamphlets or take away cards; newspaper inserts; billboards; and a website. However, only participants in the lottery and scratch card group felt that the brochures would be an efficient way of presenting information.

Participants stressed showing the clear difference between gambling for *“entertainment”* and gambling problems. As one participant said *“They feel you are telling them that just by gambling they have a problem,”*

when seeing responsible gambling information. It was suggested that having a check list of signs of a gambling problem as a poster would serve as a self-assessment tool.

Most of the participants felt that there should be an emphasis on presenting the human aspect of gambling consequences with *“shock value.”* By presenting extreme cases, it would make them *“think twice”* about their gambling habits, and *“it should be so extreme that you can’t lose sense of reality.”*

Some participants felt that testimonials would also be a good a way of presenting the harms and risks of gambling. However, a few participants noted that testimonials could be less effective, because *“it is easy to think it is someone else.”* Most participants did not find using statistical information was effective, as many felt statistics *“are tricky to understand.”*

Online gambling, slot and VLT players thought that the best way to convey information was directly on the screen prior to start of a gambling session. Responses included:

“Put it on the machine before you can start playing.”

“I would want to see the odds right on the machine.”

“It should be part of the registration process when you set up an account.”

They added that any type of information that is being shown on the screen should be big enough to be noticed. As one participant mentioned *“even when the time flashes, it is hardly noticeable.”* For online gambling participants, it was important to not be able to just click through this information. They suggested: *“having to show that you read it”* before to starting to play; having pop-ups with time or money spent playing; or sending players notices via email. In addition, they felt it would be useful to have a direct live chat with a service provider.

Optimum locations for information varied from the back of bathroom doors, to information centres that provided counselling services in the gaming venue. However, some respondents felt that information might have a *“think twice”* impact if it was placed in more public areas where players were not distracted by the gaming environment. They also suggested flyers sent to houses; radio or television advertisements; brochures at health or community centres; posters or booths at malls or as part of a high-school curriculum, which would have a greater effect in reaching both youth and the larger population.

For the most part, respondents felt that information should be repetitive, whether in print or audio format, as *“the repetitiveness gets into your psyche and you think twice before you play”* or *“eventually it sinks in.”* Others felt that repetition in various formats would help players *“understand.”* But participants felt that for this to be an effective method, information should change continuously in terms of content and presentation format, while remaining relevant.

Participants said, *“It should be fresh and relevant to the times”* and *“if it’s different and it would catch my attention so I would read it.”* This would serve as a reminder of information that may have been read in the past and set aside: *“it doesn’t hurt to be reminded because your views change”.*

When asked, *“When is it enough?”* most participants quickly responded with *“When it’s all you see when you first walk in.”* They felt that the saturation of information would make people indifferent and uninterested. Responses included:

“When you see too much of it, you don’t look at it anymore.”

“You see it but you don’t see it.”

“I know it already so I don’t need to see it again.”

“You ignore it, just like TV commercials.”

Others expressed the opinion that it's enough when the message has been received by gamblers, that is, *"when you stop hearing about unfortunate incidents" and "people are playing responsibly."*

Many participants thought that information would be most valued if it came from the regulating authorities, gaming venue operators and government, as *"they are credible sources."* A few participants disagreed due to their personal distrust of these bodies, and preferred having independent organizations present information. Others felt that they would pay more attention to the information if it came from a loved one — either a family member or a close friend. But some felt that this would be embarrassing.

In general, focus group participants felt that even the smallest amount of information would be useful to players: *"whatever you put out there is helpful in some form or another."* But they made a clear distinction between having information and taking action, since the use of information is entirely up to the player. Others felt that there should be legislation outlining the type of information that should be provided to patrons: *"I feel there should be some sort of legislation that details those types of things just to protect the consumer."*

PURPOSE

RGC interviewed gambling treatment and care providers for their views on informed decision making and any relevant psychological, attitudinal, and behavioural characteristics of gambling and problem gambling.

KEY FINDINGS

- There are dramatic cognitive and behavioural changes as one moves from non-problem, to risky, to problem gambling.
- Informed decision making involves accurate understanding of gambling, personal financial situation, limits and precautions to avoid excessive gambling.
- The information that is important to make an informed decision depends on a person's level of gambling involvement.
- Information provision is most effective when provided prior to the development of gambling problems.
- Incentives and reward type programs can help increase a gambler's interest in the information.
- Employee training is critical to the effective delivery of responsible gambling information, such as debunking myths.

METHODOLOGY

The project funding organizations provided a list of 20 gambling treatment providers from their provinces to whom RGC sent out recruitment emails asking them to be interviewed for the project. In total, 12 people were interviewed from Ontario, British Columbia, Quebec, Manitoba, and Saskatchewan.

DISCUSSION OF FINDINGS

Changes in Gambling Levels

Treatment providers were asked to identify the most telling changes in gambling behaviour as a person progresses from non-problem gambling to problem gambling. The most common behaviours reported were:

- Increased time and money spent on gambling
- Secretive or deceptive behaviour and lying about frequency and spending
- Leaving aside past hobbies or activities
- Experiencing mood changes – from enjoyment, to irritability, to desperation, to agitation
- Looking for money from other places (borrowing money from friends or credit, consistent ATM withdrawals)
- Chasing losses

Other behavioural changes reported by interviewees included neglecting responsibilities (i.e., paying household bills), poor health and physical appearance, and dramatic changes in betting patterns (e.g., moving to higher denomination slots in a relatively short period of time).

As a gambler transitions from non-problem to problem gambling there are cognitive changes that occur during this process. Many treatment providers reported the following changes:

- Rationalization or minimization of their increased gambling activity
- Denial of a gambling problem

- Feeling guilt and shame about gambling
- Gambling becomes a financial pursuit

Some treatment providers also reported a growing adherence to irrational beliefs in gamblers that hope to recuperate their losses. They were unclear though if gamblers begin gambling with erroneous beliefs or if they develop them throughout the course of their gambling activity. Regardless, they felt that these beliefs were reinforced by talking to other gamblers on the gaming venue floor.

Some providers suggest that these irrational beliefs may reflect a change in thought patterns, which is a coping mechanism for frequent and significant losses. These gamblers believe that they can —and deserve to — win to help offset the negative emotions arising from their sustained losses. Another expert suggested that irrational beliefs may be partly attributed to people’s competitive instincts, which makes gamblers think that they can “beat the house.”

The most common underlying factors associated with the move from non-problem gambling to problem gambling reported by treatment providers were:

- A big win
- Escape from personal issues
- Boredom and loneliness
- Financial loss
- Dependency
- Predisposition to mental health and addiction

A few treatment providers thought that gambling was used as way to heal emotional issues not conscious to the gambler, such as anxiety or poor self-esteem. In this view, gambling generates superficial emotions (fun, pride) that calm or soothe the gambler for a short period of time. Thus, the gambler has to gamble continuously to satisfy their emotional needs.

Others felt that the social acceptability of gambling makes it easy to move progressively toward gambling problems. In particular, loss becomes normalized. It’s not unusual, according to one provider, to hear gamblers say, matter-of-factly, “I lost \$100 in minutes.”

Informed Decisions

Treatment providers were asked to describe an informed gambler. The majority felt that an informed gambler would have a clear understanding of the odds, randomness, house edge, risks associated with gambling, signs of gambling problems, and help resources. Most of all, they would have the ability to choose what they want. Others added that an informed gambler would also have a realistic view of gambling: i.e., that it is entertainment and not a form of making money. This involves understanding that they are buying entertainment when gambling.

There was a clear divide in opinion between treatment providers on the degree of responsibility that should be assumed by an informed gambler. Some felt that the informed gambler takes responsibility for any of the probable risks and/or negative consequences that result from gambling excessively. On the other hand, the experts who believed that gambling is an addiction felt that there is a shared responsibility by the gambler and the gambling provider. Many likened it to intoxication, as most people make a conscious effort to gamble and know what they are getting into.

Another issue raised by treatment providers who believe that problem gambling is an addiction, is that pathological gamblers may not be able to make informed decisions because their actions are dictated by emotions and biological vulnerabilities (e.g., impulsivity). In fact, gamblers generally make decisions based on short term play experience not on factual information.

When describing gambling knowledge, treatment providers made a clear distinction between merely receiving and being aware of information and being knowledgeable about it. They felt that to be informed meant to have some true appreciation and understanding of the information. On that basis, an informed decision about gambling was described by treatment providers to consider the following factors:

- An accurate knowledge of gambling and their financial situation
- Any limits placed on their gambling
- Any precautions taken to avoid excessive gambling

Overall, the treatment providers seemed to indicate that an informed gambling decision is made when the gambler makes a choice after reflecting on their behaviour and on any risks or other potential impacts of their decision. Yet the majority of the treatment providers felt that even though a gambler may be informed, they make not always make a responsible or rational decision. Nonetheless, possessing gambling information still gives them a better chance at making appropriate decisions.

Importance of Gambling Information

Treatment providers produced mixed reactions when asked about the type of information a person should have to make an informed decision about participating in gambling. Overall, the majority of respondents felt that information on the true chances of winning and losing and how gambling works (i.e., randomness and house edge) were extremely important.

Most of the treatment providers felt that information on ways to avoid problems, early warning signs of risky gambling, signs of a gambling problem, or help resources were either not at all or a little important to gamblers who had just chosen to gamble. They felt that such individuals would not be thinking about any potential harms that might result from gambling. At this point, gambling is just entertainment. On the other hand, respondents felt that it was extremely important for gamblers who were engaged in risky behaviour to have information on: the true chances of winning; how gambling works; common myths; ways to avoid problems; signs of a gambling problem; and help resources. That's because this type of information would be more relevant to these gamblers' at their levels of play.

Types and Quality of Gambling Information

The majority of treatment providers felt that individuals with gambling problems may or may not have been exposed to information required to make an informed gambling decision. Some pointed out that many of these gamblers were given such information but chose to ignore it because it was provided at a point when it did not resonate, or was irrelevant to them, or was delivered in an insufficient manner (e.g., not including enough detail).

Other interviewees felt that gamblers have not been given all the information they needed to make informed decisions. These gamblers were missing important information on cognitive distortions, randomness and odds, how the games "really" work and risks of gambling. These respondents felt that gamblers have a real disconnect between the realities of gambling and the myths about gambling that they hold in their minds.

Overall, treatment providers thought that clear information on how gambling works should be provided to all gamblers, irrespective of their gambling activity. They also believed that in addition to general explanations of randomness, odds and house edge, information should include relevant, concrete and relatable examples that can facilitate comprehension and recall.

The treatment providers raised some issues about the information needs of certain types of gamblers. There was an overwhelming concern over online gambling. Many felt that online gamblers were not prepared to face the dangers of an unregulated system and stressed the need to provide further information on the legality of sites, the priming effects of "free play sites," and the increased problem gambling risk of online gambling. Many respondents also highlighted a need to focus on lottery, scratch cards and bingo players who may not see their activity as "gambling" or risky behaviour. They felt it was important for individuals to know that the development of gambling problems is still possible among these lower risk gambling activities.

The providers interviewed also felt that gamblers who engaged in sports betting and casino table games need to better understand the relationship between skill and chance in these gambling activities. According to these respondents, a large amount of these gamblers do not believe that chance plays a role in how the games work. It is important for players to have an understanding that even in the face of skill, the probability of being financially successful in the long-term is low.

All treatment providers expressed concern for slot and VLT players. According to treatment providers, the most important type of information is that which provides clarity on how the machines work and the payout rates. It is also important to stress the real cost of playing a machine for a certain amount of time.

Effective Information

Overall, there was a general consensus among treatment providers that gambling information must be available, accessible, comprehensive, relevant and meaningful to those who will use it. Many also suggested some specific ways to make information delivery more effective. Some recommended greater use of concrete examples, as well as using graphic, rather than verbal, depictions to better explain difficult concepts related to how gambling work. Others said that a key factor in more effective information delivery is changing the specific language of messages. For example, a large majority felt that for probability information, the reference to winning should be changed to losing, so that gamblers understand there is less chance of winning. Lastly, treatment providers also felt that more impactful long-term public awareness campaigns using multiple media to deliver information were necessary to compete with the regular commercial advertisements from the venues. Campaign messages need to promote gambling as a high risk activity.

Information Receptiveness

All of the treatment providers agreed that gamblers may be less receptive to responsible and problem gambling information while engaged in the gambling activity. The majority of treatment providers thought that the best ways to provide information to gamblers were through:

- Outside venues such as malls, casino bus trips, community centres, health service offices, and other less confrontational environments
- A large scale public awareness campaign on all media avenues (television, newspaper, radio, billboards, Internet, mobile, etc.)
- Community based messages – many learn to gamble with family
- As part of school curriculum

Information and Risk

The majority of treatment providers felt that there was no direct causal link between the provision of information and problem gambling. They did, however, feel that having information can influence the level of risk a gambler is willing to take. They believed that, generally, the more information gamblers have, the lower the likelihood of gambling problems. However, information provision is more likely to be effective when information is provided prior to the development of gambling problems. Once the problem has developed, information is necessary, but often is insufficient to overcome the deeper underlying psychological issues that may be involved.

Other Recommendations for More Effective Information Provision

All treatment providers felt that the gaming operator could do more to help gamblers make informed decisions. Many thought that a tutorial or introductory game session could be made available to gamblers prior to starting their gambling session or when they sign up for a player's card. In this way, gamblers would not only get to learn about the game and the rules of play, but also about how gambling works and the risks. Others added that gaming operators could implement ways to ensure that gamblers are, or remain, informed. Gamblers could be required to show proof that they know important information prior to the start of a gaming session (e.g., through a brief test or by answering questions). For those with player's cards, it

could be mandatory to take an annual refresher tutorial. To motivate people to comply with these programs, some type of incentive and reward program would likely be necessary.

Many respondents felt that frequent misconceptions of gamblers need to be challenged by the venue. They suggested having staff undergo responsible gaming employee training programs so that they do not perpetuate and reinforce gambling myths. Employees could also be trained to approach customers in certain situations or in need of certain information.

Another way that providers suggested to improve information provision was to send out information literature to patrons who are part of the venue's loyalty program. In addition to regular problem and responsible gambling information, it could also include information about the gambler's individual play activity and risk level. Some respondents suggested using player tracking technology to give gamblers this individualized information. This technology would be able to give gamblers a clear idea of their costs in relation to wins, the ability to set limits in terms of money and time, as well as track their play.

Lastly, some suggested letting gamblers know the odds of winning after they hit a big jackpot, for instance "Congratulations, did you know that only x people win this amount over x years." This would help to convey how fortunate the person is and discourage them from thinking that winning is easy.

Messaging

Treatment providers were asked to identify the most important pieces of information that gamblers should know in order to make informed gambling decisions. The majority felt that gamblers should know:

- Consequences of gambling too much
- How to identify "too much" for themselves
- How to set limits to avoid gambling too much
- Show how the machines work
- How gambling works, especially concepts of randomness and house edge
- Know how and where to get help

Some of the key messages provided by treatment providers include:

"House always wins over time, persistence doesn't pay off"

"This is how much it costs – no refunds"

"It affects all socioeconomic classes of people – not just the poor"

"Gambling has risks and you are not immune to them"

"Things you can control: how much you bet, how fast you spend and how long you play"

INSIGHT 2010



CENTRE FOR THE
ADVANCEMENT OF
BEST PRACTICES