



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

**Centre for Addiction and
Mental Health**

1001 Queen St. West
Toronto, Ontario
Canada M6J 1H4
Tel: 416.535.8501

**Centre de toxicomanie et
de santé mentale**

1001, rue Queen Ouest
Toronto, Ontario
Canada M6J 1H4

www.camh.net

CAMH RESPONSE TO AGCO CONSULTATION ON SELF-EXCLUSION

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*A PAHO/WHO Collaborating
Centre*

*Un Centre collaborateur
OPS/OMS*

*Affiliated with the
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*Affilié à l'Université
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Introduction

The Centre for Addiction and Mental Health (CAMH) welcomes the consultation on self-exclusion being conducted by the Alcohol and Gaming Commission of Ontario (AGCO), and is grateful for the opportunity to participate. The mechanisms by which people choose to exclude themselves from gambling venues is an important component of the regulatory regime that seeks to limit the harms associated with gambling; the public interest is served by ensuring that these mechanisms are robust, effective, and monitored by an independent regulator.

CAMH

CAMH is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to transform the lives of people affected by mental health and addiction issues. CAMH is fully affiliated with the University of Toronto, and is a Pan American Health Organization/World Health Organization Collaborating Centre.

CAMH's Interest in Self-Exclusion

CAMH is home to Ontario's largest specialized gambling treatment service. CAMH has a significant gambling research profile, and is the largest recipient of funding awarded by the Ontario Problem Gambling Research Centre. CAMH provides extensive training and support to Ontario's specialized problem gambling treatment providers and to primary care clinicians. We also train casino and other staff of the Ontario Lottery and Gaming Corporation (OLG).

Every day our clinicians see the impact of problem gambling on individuals and their families. The repeated failure of the self-exclusion regime has contributed to these harmful consequences. We are determined to see an effective self-exclusion system working collaboratively with problem gambling treatment services to help make gambling less harmful.

CAMH Response to Elements of Self-Exclusion Under Consideration

We will provide comments on each of the elements the Board is considering, as outlined in the Consultation on Self-Exclusion document:

1. Operators must provide information about the self-exclusion program to patrons.

Yes, operators should be required to provide information to patrons about self-exclusion. Our clinical experience is that self-exclusion *alone* is rarely an effective strategy for addressing problem gambling; that is why we suggest that information on self-exclusion be accompanied by other information on finding help, such as the Problem Gambling Helpline operated by ConnexOntario. Patrons should be approached with a tone that is engaging and helpful, rather than punitive, since contributing to the stigma of addictions does not facilitate access to treatment.

2. Operators must offer the option for individuals to sign up at the gaming facility or off-site.

Yes, options for both on- and off-site registration should be available. Many treatment centres (CAMH included) are working with the OLG to develop capacity for off-site self-exclusion.

3. Operators must immediately notify all other properties that customers have self-excluded so that the self-exclusion is enforced province-wide.

Province-wide notification and enforcement is a critical element of self-exclusion. Self-exclusion currently encompasses Ontario casinos and slot machine venues, but not bingo sites. The AGCO may want to explore two options that would strengthen gambling exclusion: extension of self-exclusion to include bingo sites, as well as voluntary extension of the exclusion to casinos outside Ontario (e.g. Gatineau in Québec, or reciprocal arrangements with American border casinos). We have encountered many clients whose problematic gambling has simply switched venues following self-exclusion. The Internet, of course, is another venue for problematic gambling. The recent announcement that the OLG intends

to operate Internet gambling within a publicly regulated and state-operated milieu presents an opportunity to extend self-exclusion beyond traditional casino sites.

4. Programs must offer a range of time periods for exclusion. What is the appropriate minimum period of exclusion, taking into consideration the availability of treatment options and the duration of most treatment programs?

The current practice is to apply a six-month minimum on self-exclusion. Our clinical experience is that six months is almost always an insufficient length of time to address gambling problems and reduce the risks inherent in a return to the venue. Debt levels typically remain very high, and the restoration of trust and better functioning in family relationships remains highly tentative. At the same time, we recognize that making the minimum period of exclusion excessively long would make it less likely that some gamblers would make use of self-exclusion as part of confronting their problematic relationship to gambling. A reasonable balance would be 12 months.

5. Operators must have a mechanism for cashing out any incentives that the self-excluded person has earned through the player's club and suspending or closing the person's account at the time of self-exclusion.

Yes, it is appropriate that the self-excluded customer have the ability to cash out incentives, and their account should be closed immediately. Persons who have chosen to self-exclude have made the difficult decision to confront their addiction; as with self-exclusion itself, the person should not be required to visit a gambling venue in order to close their account and cash out incentives.

6. Operators must remove self-excluded persons from mailing lists and stop offering incentives during the period of self-exclusion.

Persons who have self-excluded should not receive incentives. Therapists at CAMH have heard many times about the negative influence of incentives on the return of individuals with gambling problems to casinos.

7. Operators must provide access to resources to assist self-excluded persons.

Resources for Ontarians who are affected by problem gambling should be made available to assist self-excluded persons. The Ontario Problem Gambling Helpline is easily accessible, and the opportunity to contact the Helpline should be an element of the self-exclusion process.

8. Operators must take active steps to identify and remove self-excluded persons who return to gaming facilities. Should face-recognition technology be implemented province-wide? Should operators confirm that patrons are not self-excluded when they show identification in the casino or conduct a transaction for which identification is required?

The failure to adequately identify self-excluded persons at casinos has been well-documented, and is a recurring theme in the narratives of our clients. This is an area where significant improvements must be made. We have been informed by OLG officials of their move to install facial recognition capacity at casinos. We have no particular expertise on the efficacy or cost of facial recognition, but we support efforts to address the manifest inadequacies of the current system, and would highly recommend that these initiatives be rigorously and transparently evaluated. We know that some jurisdictions use a system of play that requires patrons to utilize play cards. In these jurisdictions, these cards are used not only to identify the self-excluded, but also to monitor problematic patterns of use. We believe that this is a system of play that deserves serious consideration for Ontario, and would be pleased to provide more evidence upon request.

9. There must be a reinstatement process before the self-excluded individual is permitted re-entry into gaming facilities. Who should be responsible for making reinstatement decisions? Is there a conflict in having individuals with access to win/loss information about players making reinstatement decisions? What criteria should be considered before reinstatement is approved?

Reinstatement after a minimum period is ultimately a decision to be made by the self-excluded person. But given the person's history of problematic play that led to self-exclusion – and the impact that such behaviour typically has had on

relationships with family and friends – there are reasonable safeguards that should be imposed by regulation. A standard practice in addiction therapy is the use of relapse prevention strategies, which are intended to equip the client with the capacity to identify addiction triggers, typically problematic environments and behaviours. Reinstatement should not be permitted until the person has attended an information session with a trained therapist on relapse prevention; such a session would also assist the person to develop a plan of action in the event that poorly-controlled or harmful gambling reoccurs. Family members should be permitted and encouraged to attend these sessions.

10. Operators must have an effective training program for all staff who have a role in enforcing the self-exclusion program, including refresher training. The training program should include how to identify individuals who may have a gambling problem and how to adhere to all components of the self-exclusion program.

CAMH has extensive experience in training on all issues relating to mental health and addictions. We have developed and implemented training for bar staff, and we have worked with OLG staff on a wide variety of health and safety issues. Our experience tells us that the most effective training includes modeling good practice, staff participation, and meaningful feedback. Technology can play a role in the provision of didactic information, but is less effective in reinforcing behaviour change. Refresher courses are essential, and employee turnover is a factor in determining how often training must be available. The AGCO should establish the minimum standards required by OLG staff in identifying individuals with a gambling problem, and on self-exclusion.

11. Operators should achieve accreditation from the Responsible Gambling Council for adherence to the self-exclusion portion of the Responsible Gambling Index.

CAMH has no objection to the voluntary accreditation of gambling operations along principles of responsible gambling, but accreditation and regulation are distinct functions. Regulation is required to be transparent (e.g. the decisions of the AGCO are public), regulators are ultimately accountable to government to act

in the public interest (AGCO members are appointed by Order-in-Council), and decisions of the AGCO may be subject to judicial review. Accreditation processes can be effective in adhering to standards of practice, but accreditation is not a substitute for a robust regulatory regime.

CAMH Response to Questions posed by AGCO

- A. Should this element of a self-exclusion program be part of the policy and program adopted by the Board pursuant to s. 32 (3) of Regulation 385/99? Why?

Section 32 of Regulation 385/99, made under the Gaming Control Act (1992), gives the AGCO the authority to determine entry into gambling venues. This is a critical component of the social responsibility and safety provisions of the Act, since it includes provisions designed to protect minors and intoxicated persons. Persons who have chosen to self-exclude are almost always those whose gambling has led to significant social and financial problems, and is typically associated with persons who have met the diagnostic threshold for pathological gambling. The public interest is served by using this regulatory authority to require operators to follow effective policies that honour the decision of the gambler to exclude themselves from gambling venues. We emphasize the need to establish regulatory authority, rather than self-monitoring by operators, since the government has a legislative and policy interest in separating gambling regulation from gambling operation.

- B. If the above elements exceed what is currently in place under the existing self-exclusion policy, how do you envision gaming facility operators would put the self-exclusion policy and program adopted by the Board into practice?

Minimum standards for a self-exclusion policy should be established by the AGCO, and operators should be required to demonstrate they are meeting these standards.

- C. What would be appropriate sanctions for failure by gaming facility operators to follow the policy and program adopted by the Board?

We have no expertise in this area. Sanctions (and enforcement) should be sufficiently significant to ensure compliance.

- D. Are these the appropriate elements of an effective self-exclusion program? Are there others? If so, please identify them and provide the comments sought under B and C in relation to these other elements.

The elements outlined in the consultation paper are appropriate. We would make two additional comments, based on our clinical experience with individuals who have gambling problems:

- i. It is important to remember that self-exclusion policies – and staff training on self-exclusion – should be accompanied by a range of intervention strategies intended to identify those with gambling problems. Operators should have the capacity to monitor a series of red flag behaviours, and to intervene appropriately. Red flag behaviours include: extended play, erratic behaviour, and expression of a problem to a staff person.
- ii. The role of family members in initiating and enforcing self-exclusion should be noted. While decisions about exclusion may only be approved by the individual, there should be policy that the process may be instigated by a family member, and that family members should be entitled to initiate a complaint that the exclusion has been breached. Beyond *self*-exclusion, family members may also play a role in assisting venue staff to identify problematic behaviour that may require investigation and intervention, including expulsion.

- E. Would third-party oversight of the elements of the self-exclusion program, which can be audited and enforced, make the policy more effective and promote more diligent compliance with the policy?

The Government of Ontario has a strong interest in distinguishing operational and regulatory functions in gaming. This policy was reinforced by 2008 regulatory changes establishing AGCO authority over the regulation of lotteries. The AGCO

should establish a strong policy on self-exclusion, this policy must be enforced, and failure to comply with the policy should result in sanction. Clients have repeatedly told their therapists about uneven and lax enforcement of self-exclusion procedures. The AGCO's legislation and regulation gives it the authority to improve the safety of gambling in Ontario by strengthening the oversight of self-exclusion from gambling venues.

For further information on this submission, please contact:

Robert Murray

Manager, Community and Education Resources

Problem Gambling Institute of Ontario, Centre for Addiction and Mental Health,

(519) 743-1939

robert_murray@camh.net

Barney Savage

Director of Public Policy

Centre for Addiction and Mental Health

416 535-8501, ext. 2129

barney_savage@camh.net