« Out of the box »
CSR/Responsible gaming seminar programme
September 19-21, 2016, Paris

Exploring new paths of Harm Minimization with FDJ

Dr Jean-Michel Delile, MD, psychiatrist
Vice-President of Addiction Federation, France
jm.delile@ceid-addiction.com

Outline

- Addiction : a few little reminders
- Pathological gambling
- Public health responses : individual treatment and/or harm minimization
- Working with the gambling industry (FDJ) : are you serious ?
- Our common experimentation
- Conclusion

Addiction : a few little reminders

From social and pleasant use to abuse and addiction :

Interindividual differences

Individual differences in drug-intake behaviour

Instrumental and/or Recreational Use

A “Proaddictive” phenotype?

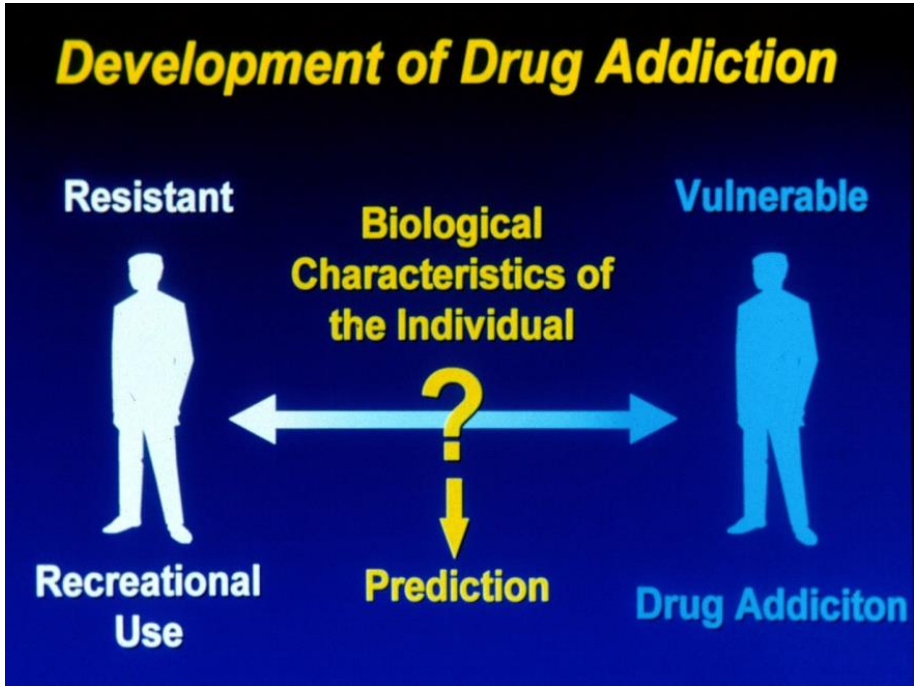
Social

Circumstantial

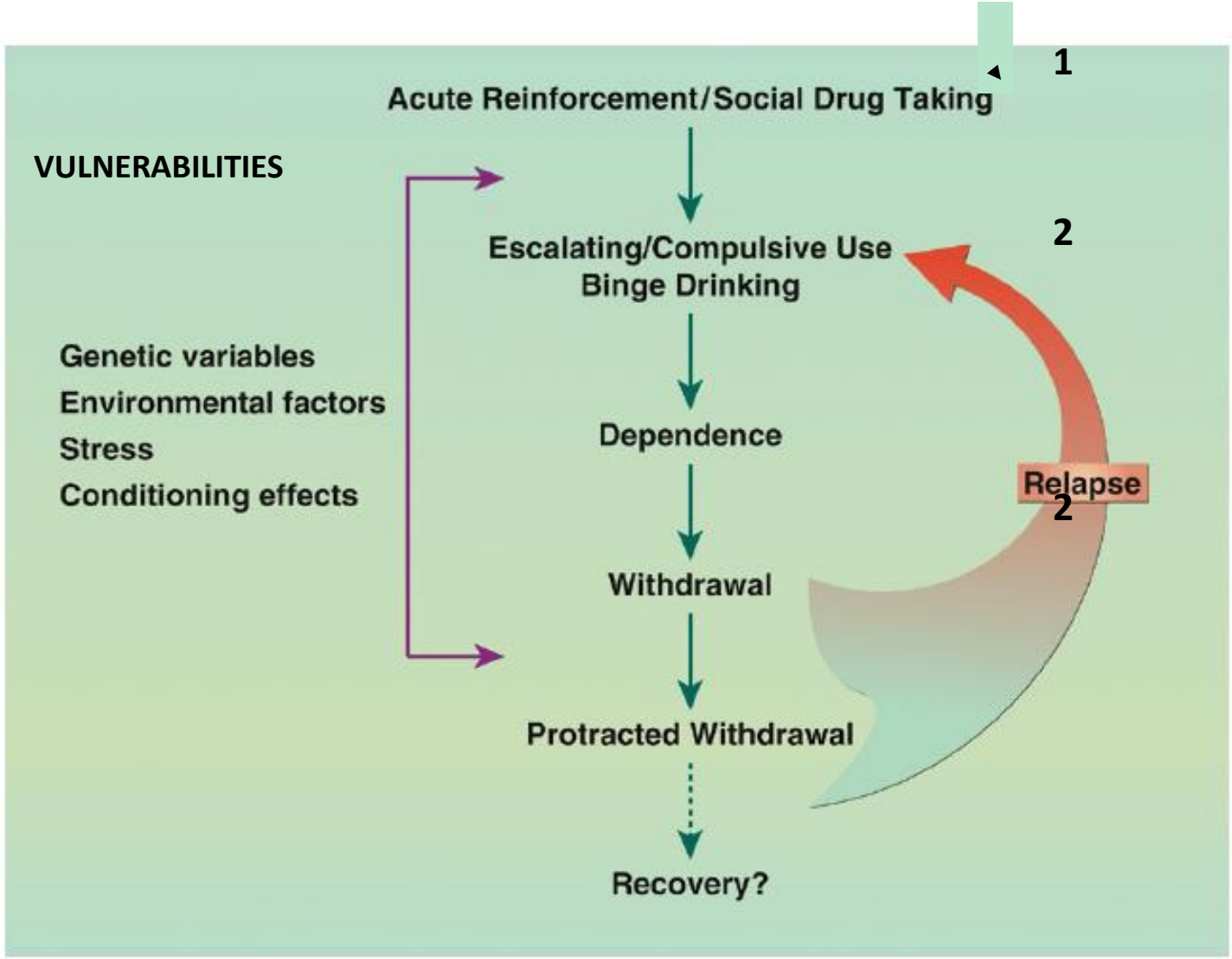
Intensified

Compulsive

Addiction



From use to addiction : transitions

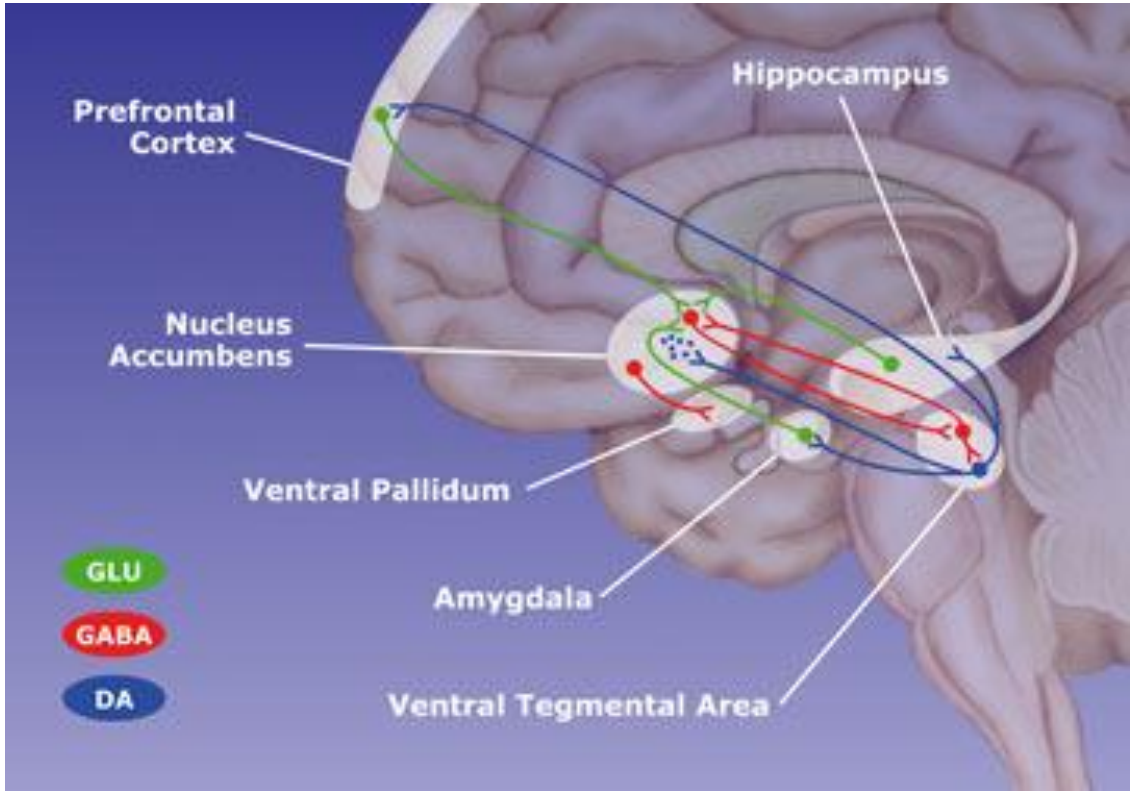


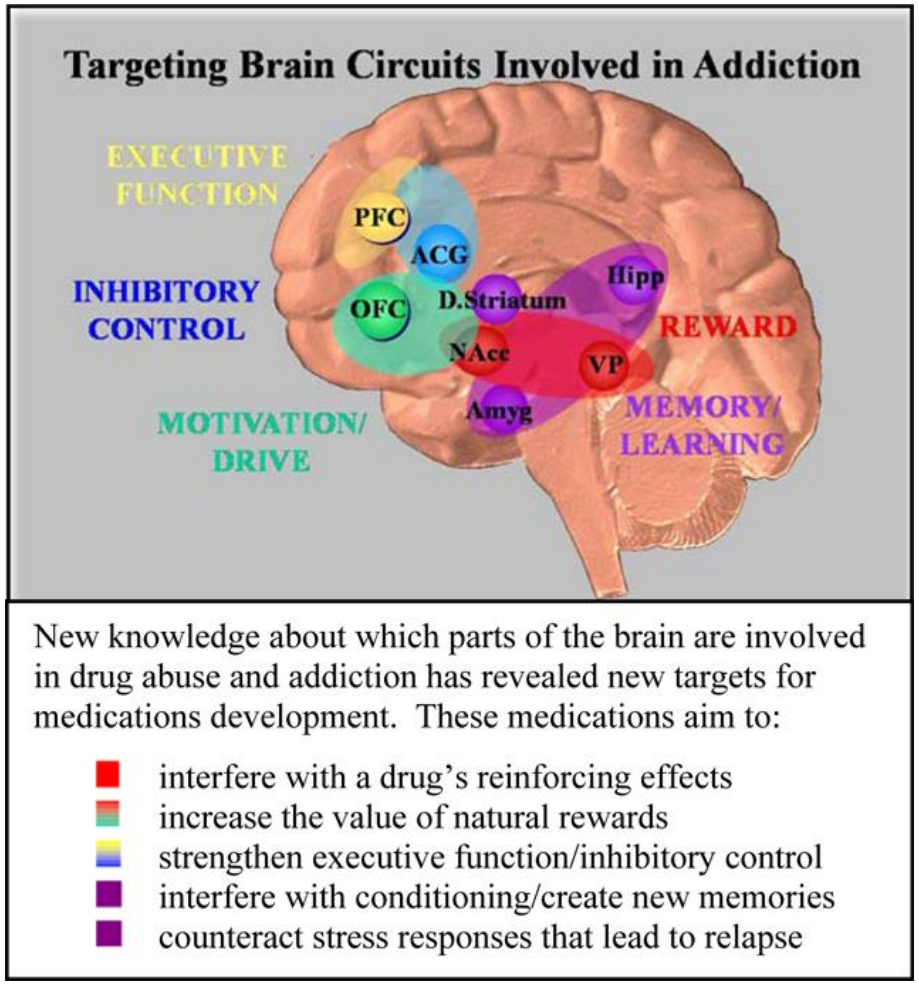
Two independent steps :

1. **Excessive use = impulsivity, lack of control**
2. **Compulsive use = neurobiological vulnerability and affective negative state**

Koob G.F. and Le Moal M. Neurobiology of Addiction, 2006, Academic Press

Brain circuits of addiction





Vulnerabilities

-reinforcing behavior (or drug)

-individual factors (genetics, personality, comorbidity)

-environment

Gambling is potentially addictive

Problem gambling Prevalence in France
(INPES - OFDT, 2010, n=25 034)

- Joueurs dans l'année : 47,8 %
- Joueurs réguliers (≥52 fois par an) : 10,9 %
- Joueurs dépensiers (≥500 € par an) : 4,7 %
- Dont réguliers et dépensiers : 3,4 %
- Joueurs problématiques : 1,3 %
  - Dont joueurs à risque modéré 0,9 % (400 000)
  - Dont joueurs excessifs 0,4 % (200 000)

Prevalence of gambling activities in general population in France

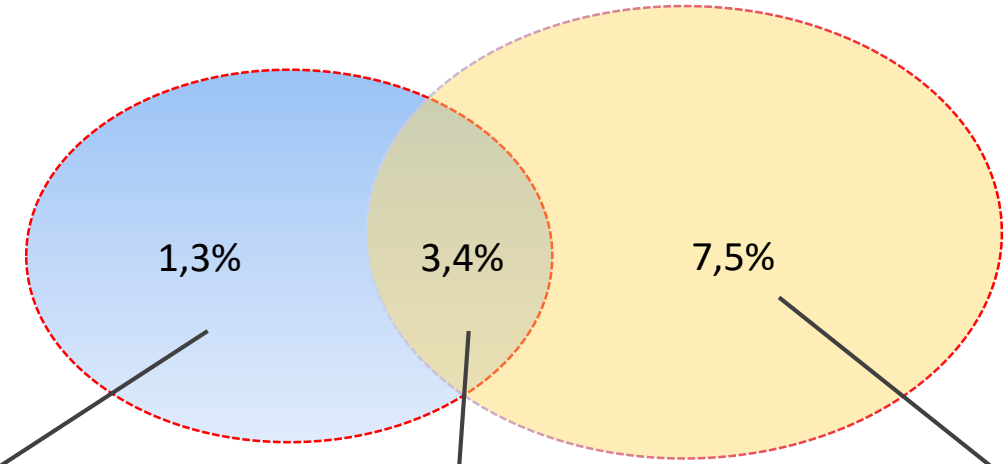
Typology of gamblers in the adult population in France (Baromètre santé 2010 – INPES/OFDT)

Prevalence in general population :

47,8% of people have at least gambled once within the 12 months before the survey

Assiduous gamblers (12,2%) = have gambled more than 52 times in the year

Occasional moderate gamblers **(35,6%)**



Occasional spending gamblers

Regular spending gamblers

Regular moderate gamblers

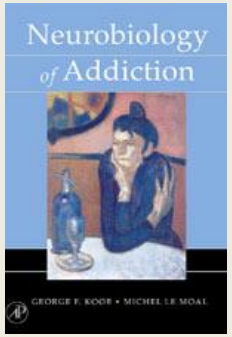
Prevalence in USA

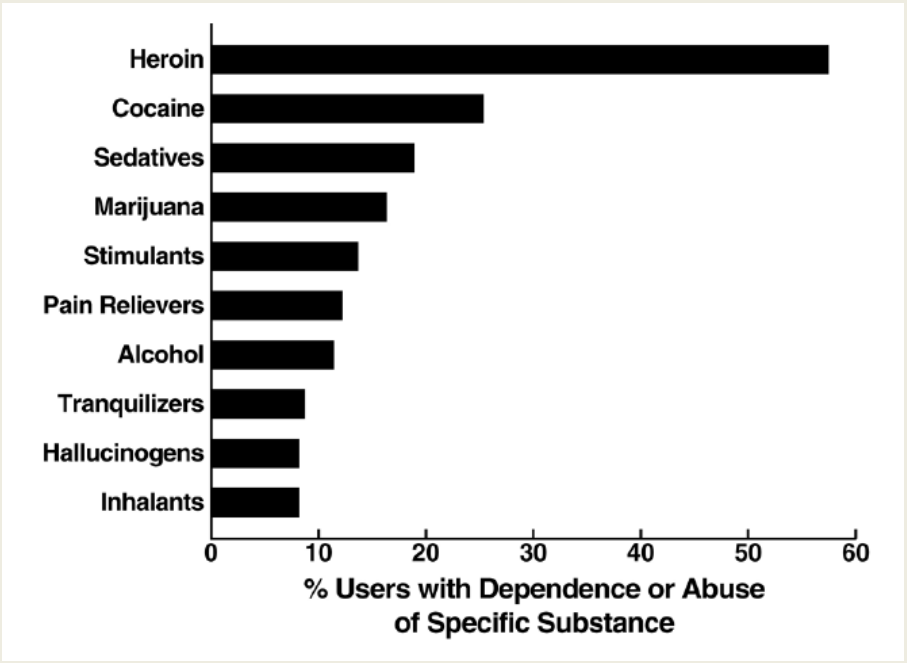
- The past-year prevalence rate of gambling disorder is about 0.2%–0.3% in the general population (Gerstein et al. 1999; Kessler et al. 2008; Petry et al. 2005).
- The lifetime prevalence rate is about 0.4%–1.0% (Gerstein et al. 1999; Kessler et al. 2008; Petry et al. 2005;Welte et al. 2001).
- For females, the lifetime prevalence rate of gambling disorder is about 0.2%, and for males it is about 0.6% (Blanco et al. 2006)

Gambling is (moderately) addictive, less than drugs, but pathological gamblers are serious addicts

- 1,3 % de joueurs problématiques à rapprocher de 47,8 % de joueurs actuels soit :
- ≈ 2,8 % des joueurs actuels sont problématiques

- Jeux en ligne : 22,7 % usages problématiques (8,3 % jeu excessif), n=264.





Affected family members: a group with no voice

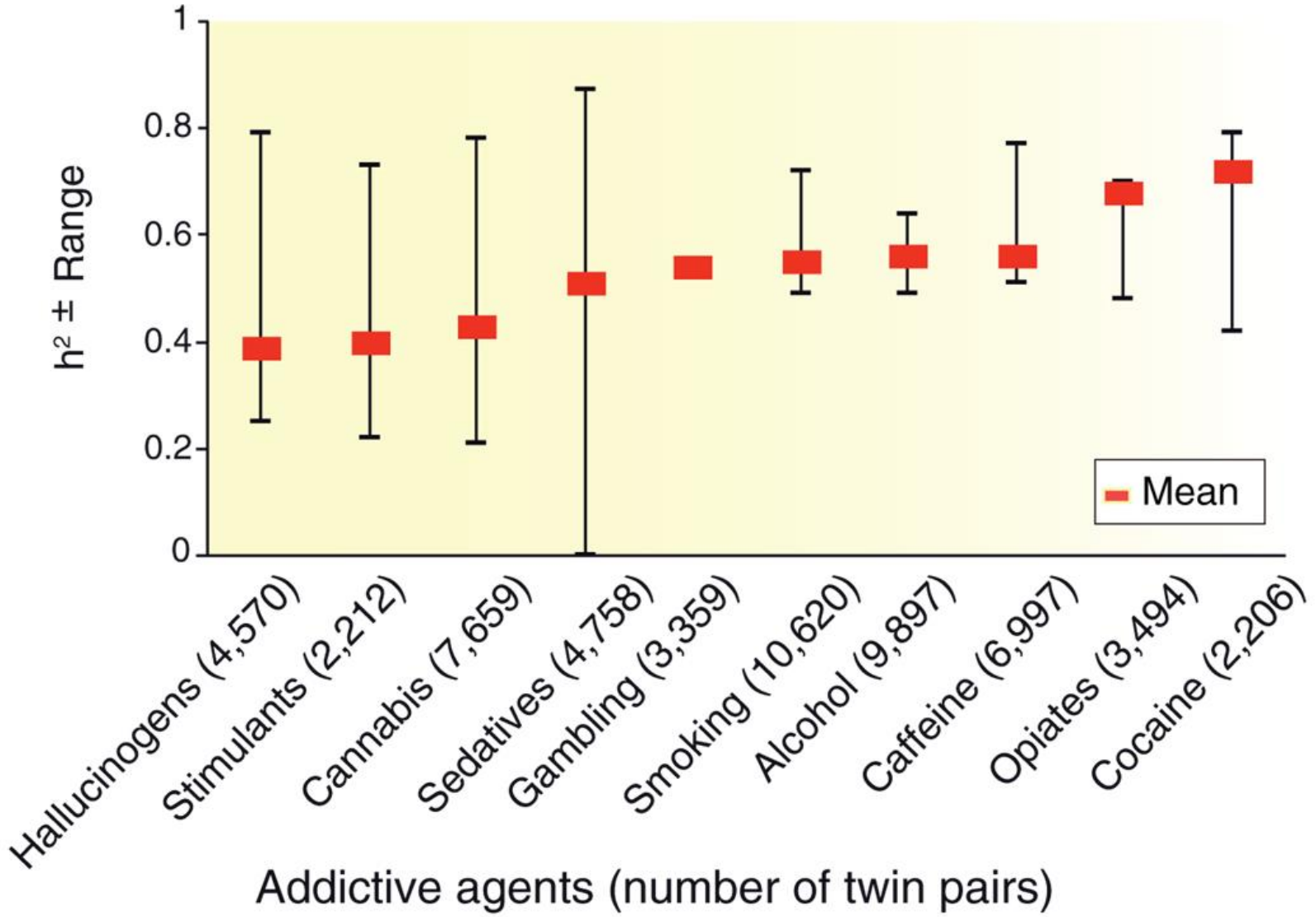
- ‘It is the nature of emotional disorders that when one member of the family is afflicted, the effects are felt by all the others. There are few, however, in which the impact is felt with such severity as in the case of compulsive gambling’ (*When Luck Runs Out*, Custer & Milt, 1985).

- ‘… we have had a monster living with our family – a monster in the shape of a fruit-machine. Practically every penny my husband earned went into that machine’ (a wife cited by Barker & Miller, 1968).

Individual vulnerabilities

Genetics of addictions : heritability

APA Focus. 2006;4(3):401-415



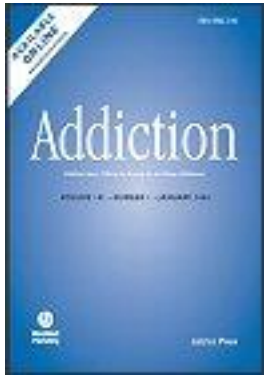
Risk factors

- Gender : male
- Age : *Gambling that begins in childhood or early adolescence is associated with increased rates of gambling disorder (Burge et al. 2006)*
- Personality, traits, impulsivity
- Psychiatric comorbidity
- Family factors
- Social factors

Public health responses : individual treatment and/or harm minimization ?

A question of balance: prioritizing public health responses to harm from gambling

Peter J. Adams et al. Addiction, 2009, 104, 5, 688–691



- The rapid proliferation of gambling experienced in many countries is driven by **the commercial development of new products** orientated around **continuous** and rapid **mass consumption.**

- This is particularly the case with ongoing refinements **to electronic gambling machines (EGMs)** and the development of **new gambling technologies** using the internet and mobile telephones.

- So far responses to negative impacts have, on the whole, focused upon **individualized treatment interventions.**

Public health approach

- A public health approach to gambling offers a **broad range of strategies** to **tackle the wider implications of gambling expansion**:

  - **harm reduction** provides evidence-based strategies for managing identifiable harm;
  - **health promotion** focuses upon communities building their capacity, knowledge and resilience with regard to the attractions of gambling, and
  - **action on the political determinants** sets out to increase the accountability and reduce the conflicts of interest that influence government resolve in managing their gambling environments.

- In this new environment of mass consumption, efforts in **developing treatment responses** to problem gambling need to be balanced with, at least, equal efforts **in developing public health responses**.

Forms of harm from gambling

Form of harm	
Harm to individuals who gamble	A continuum of risky and harmful gambling
Harm to their family members	Financial, relational and emotional harm
Harm to the community	Harm to the quality of the high street, financial drain, community health affected
Harm to society	Normalisation of gambling, risks to young people, contributes to inequality

The gambling control continuum according to Dickerson and O'Connor, *Gambling as an Addictive Behaviour*, Cambridge University Press, 2006

- Never strong impulses, no problems
- Sometimes strong impulses, easily resisted, no problems
- Sometimes strong impulses, can resist with effort, no problems
- Often strong impulses, difficult to resist, few minor problems
- Strong impulses, difficult but not impossible to resist, several problems
- Frequent strong impulses, impossible to resist, several significant distressing problems

Harm minimization and gambling : some examples

- Harm minimization initiatives apply evidence-based strategies that incorporate **modifications to the gambling environment**, the **product or consumer knowledge** in ways that **facilitate reductions in hazardous consumption**.

- An example of a harm minimization strategy targeting the **gambling environment** is a **supply control initiative** in the Australian state of Victoria where **the numbers of EGMs are capped or reduced** in communities (particularly low-income communities) where their accessibility is linked with harm.

- An example of strategies targeting **the product** is the pioneering work in Nova Scotia, where **data on EGM loyalty cards** are being used to identify problem gambling by tracking hazardous patterns of play.

- An example of strategies targeting **player understandings** is an ongoing **social marketing campaign** in New Zealand which uses television and other media to alert the public to the community impacts of gambling**.**

Types of gambling harm reduction measures

Reduce gambling by reducing demand	*Reduce gambling by reducing supply*	*Harm reduction that does not require a reduction in gambling*
Education campaigns	Limit availability	Reduce criminality by legalisation
Controls on advertising	Limit accessibility	Help for affected family members
Player-centred e.g. pre-commitment, self-exclusion	Modify gambling features	On-site crisis intervention

Harm reduction and context

- Public health interventions aim to stem the rises in gambling consumption that drive harm.
- This is achieved by shifting from a focus on individual problem gamblers to attending to the context and environment in which harmful consumption is occurring.
- In contrast to the individualized focus inherent in approaches to treatment, public health initiatives explore opportunities within a particular physical, social and cultural context
- Our current experience in France fits precisely in a very specific context : FDJ points of sale

Gambling Harm Reduction ? Working with the gambling industry ?

Are you serious ?

Working with FDJ ?
Are you serious ?

Gambling Harm Reduction: Are You Serious?

Jim Orford

School of Psychology, University of Birmingham, UK

Gambling Watch UK

Harm Minimisation in Gambling Conference

Responsible Gambling Trust, London, December 11th 2013

Natasha Schüll,
Addiction by Design: Machine Gambling in Las Vegas
(2012, Princeton University Press)

By the mid-1990s, the gambling industry had already grasped... that a medical diagnosis linked to the excessive consumption of its product by some individuals could serve to deflect attention away from the product's potentially problematic role in promoting that consumption, and onto the biological and psychological vulnerabilities of a small minority of its customers (p. 261).

Martin Young,
Statistics, scapegoats and social control: A critique of pathological gambling prevalence research,
Addiction Research and Theory, 2013, 21, pp.1-11

- The industry is dependent on the pathological gambler to absolve itself from the harm it produces.
- Problem gambling prevalence surveys construct and mobilise the pathological gambler as the object of policy and intervention.

Two contrasting policy perspectives

- Gambling is seen as an ordinary entertainment product
- In Government, the department responsible for Culture and Sport should take the lead
- The industry should sit at the policy table and fund prevention, treatment and research (PT&R)

- Gambling is seen as a commodity dangerous to health
- In Government, the department responsible for Health should take the lead
- Policy formation should be independent of the industry and PT&R should be funded by government

In medio stat virtus !

Socially responsible gambling code of conduct

Minimizing Harm From Gambling : What is the industry's role?

MARK D. GRIFFITHS

- The underlying objective of a socially responsible gambling code of conduct is **to maximize opportunity and minimize harm**.

- In most countries where gambling opportunities have been increased, social responsibility by gambling operators is fast becoming **a regulatory requirement**.

- Good social responsibility practices **need to focus upon three main dimensions**. These are :

  - Design
  - Behavioural transparency
  - Customer support.

Harm minimization as a pragmatic approach

- Problematic gambling is mutifactorial
- So we must act on all levels : individual, social, environmental
- Without moral judgment (neither players, nor suppliers)
- Not only individual treatment but also public health responses like
- Harm minimization and Outreach
- It’s necessary to collaborate in front of such a serious and complex problem
- FDJ and Fédération Addiction

Good social responsability practices

- **Design** falls mainly into two areas for the gambling industry—design of gaming venues [e.g. light, colour, sound, layout, automated teller machine (ATM) location, alcohol access, etc.] and design of games (e.g. stake size, jackpot size, event frequency, skill, etc.)

- **Behavioural transparency** requires the gambling industry to impart information about games to players (e.g. advertising, product purchase, staying in control) or feedback about player behaviour (e.g. behavioural monitoring) so that they can make an informed choice about playing**.**

- ***Customer support*** *relates to practices that either help staff to understand player behaviour (e.g. ongoing staff training) or help players to obtain any help they need in relation to their playing behaviour (e.g. staff intervention, referral services to treatment providers).*

Our project

FÉDÉRATION ADDICTION
Prévenir I Réduire les risques I Soigner

- Explores opportunities **within a particular physical, social and cultural context : FDJ points of sale**
- **Helps staff to understand player behaviour** (e.g. ongoing staff training) and to **identify problem gamblers**
- **Helps players to obtain any help they need in relation to their playing behaviour** (e.g. staff intervention, referral services to treatment providers)
- Gives a **feedback about player behaviour** (e.g. behavioural monitoring) so that they can make an **informed choice about playing**.

FÉDÉRATION ADDICTION

Prévenir | Réduire les risques | Soigner

Our project

FDJ-FA

FÉDÉRATION ADDICTION

Prévenir | Réduire les risques | Soigner

Expérimentation FDJ-Fédération Addiction

« Programme pilote de maraudes en points de vente volontaires de la Française des Jeux ».

Concept

During 8 months, young volunteers from Civic Service have to conduct meetings and visits in voluntary points of sale of the “Française des Jeux” FDJ **: 4 sites in France, average of 6 voluntary outlets/site,** for half a day, twice a week.

Thus, the volunteers ensure a role of "third party" and a link between the CSAPA (addiction treatment and prevention centre) professionals and the retailers of the FDJ in favor of gamblers in situation of vulnerability.

Volunteers’ activities:

- Identifying people in a situation of vulnerability to problem gambling
- Approaching them, individually and / or collectively, in a harm reduction way,
- If necessary, referral to the CSAPA.

✓ **A 28-day training** throughout their mission

✓ **A tutoring** performed by two “Gamble referents” of the CSAPA

Key issues

Outreach: an issue of new practices in addictology, as an extension of the screening and brief intervention (RPIB, SBIRT) for alcohol and the early intervention strategy to gambling problems with two components :

- Physical : “to go out of the institutions” towards places where people are;
- Relational: to define new professional practices of (therapeutic) encounter and alliance.

Breaking the walls between Addiction treatment centres (CSAPA) and gambling settings or between professionals ("Gamble Referents ” in CSAPA : psychologist and social worker) and young volunteers to obtain real synergies

The project aims :

- To reach out to the problem gamblers
- To strengthen the link with retailers
- To find new approaches to talk about addictions and to help people with addiction issues but without treatment demand
- To intervene as early as possible and focus on harm reduction

A community health and a clinical approach

Community health hypothesis : The retail outlet, a community facility and predominantly male, plays a key role in terms of community health, as an area of collective available resources (retailer, gamblers and non gamblers), not a problem but part of the solution

Objective: Play on the "positive" environment to mitigate the impact of risk factors and increase attention to vulnerabilities.

The approach applied to the gamblers' referral towards a CSAPA professional :

Objectives:

- ✓ Strengthen the process of outreach, central issue in addictology
- ✓ Discuss the gambling practices and their potential negative consequences
- ✓ Present the role and the missions of a CSAPA with Gamble referents,
- ✓ Work on the misperceptions gamblers may have on care system
- ✓ Facilitate orientation towards the CSAPA

Goals from a harm reduction perspective:

- ✓ Promote access to information about gambling, its rules, risks and ways to protect from it.
- ✓ Facilitate the contact with specialized professionals (Gamble referents of CSAPA)
- ✓ Allow opening of alternatives to gambling problem (substitution and recovery)
- ✓ Rely on a dynamic self-assistance between gamblers.

The steering committee and animation

The steering committee :

MILDECA, Civic Service Agency, DVS Pole of the French League for Mental Health, Division of Innovation and Experimentation on Excessive Playing of SEDAP, Fédération Addiction, Française des Jeux (FDJ) and OFDT (as assessor)

Missions:

- Monitor the program
- Validate the main steps

1. *The selection of CSAPA in charge of the experimentation program*
2. *validation of the main tools (specifications ...)*
3. *choice of the provider* in charge *of evaluation.*

The animation

The operational group

Composition:

CSAPA professionals responsible for implementing the program and the Gamble referents
Representatives of the FDJ,
Representatives of DVS pole of the French League for Mental Health,
Representatives of the OFDT,
Representatives of the Federation Addiction and Innovation Cluster and Experimentation on Excessive Playing of SEDAP

Missions:

Co-Build the intervention methods and tools necessary to implement
Regular monitoring of the program
Co-develop collective responses to the questions of the various stakeholders involved on this program
Contribute to the evaluation.

Objectives

General objectives

- **Screening and referral to treatment settings** for vulnerable gamblers.
- **To improve working synergies based on a reciprocal knowledge** respecting the specificities of actors from different occupational fields.

Specific objectives

- For the “Game referents”: to **strengthen the outreach mission** towards the gamblers and the professional outlets of the FDJ.
- For the professionals outlets : to **facilitate the orientation of gamblers experiencing vulnerability** to facilities able to offer them assistance.

Methodology

A community health intervention

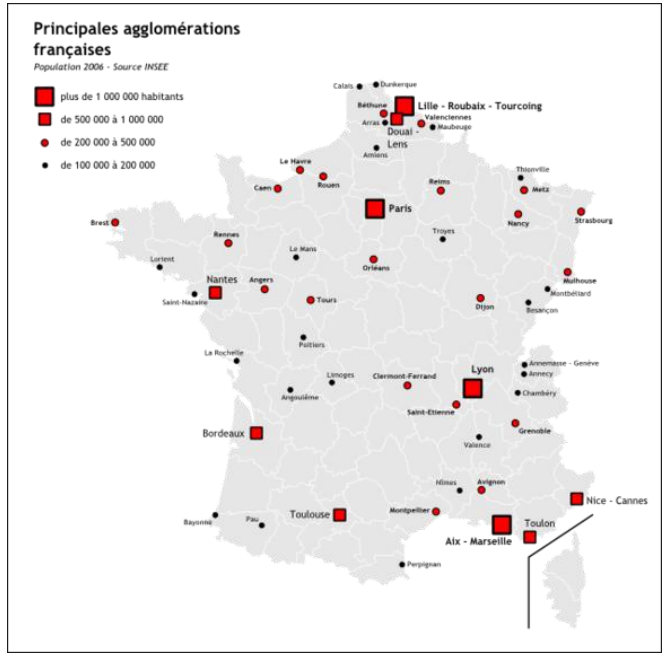
Community Health

Community Health is *"a process by which members of a community, geographical or social, conscious of belonging to the same group, think together on their condition, express their priority needs and actively participate in the implementation , conduct and evaluation of the most appropriate activities to meet these priorities "(OMS, 1986)*

Principles at the heart of Community action:

- ✓ An objective of equity and social justice
- ✓ Empowerment and restoration as a modality, objective and purpose of intervention
- ✓ Co-building with concerned people
- ✓ A systemic approach (taking into account interactions between an individual and different environments in which he evolves)

General organization



- **4 experimental sites :**
  Montpellier, Dijon, La Seyne-sur-Mer, Bordeaux

- **Trained** teams
- 4 pairs of Gamble referents
- Civic service volunteers (4 or 2 / sites) trained and supervised throughout the project

- **Voluntary retailers**

- Prior information made by **professional organizations**

- A **co-construction method**

- A continuous **governance**

The Civic Service

- **Young people :** from **16 to 25 years old.**
- **A voluntary commitment** for a period of **6 to 12 months;**
- **A mission of collective utility** in one of the **nine priority areas of interventions** : solidarity, health, education for all, culture and leisure, sport, environment, memory and citizenship, international development and humanitarian action, emergency response;
- **At least 24 hours a week;**
- An **indemnity from the Government** and the complementary **support,** in nature or money paid by the employer (public or private : NGO’s, non profit organizations)
- **Full Social protection** funded by the state;

Training

The training of the volunteers : 28 days spread over the whole mission : two parts

Beginning of the mission
Speakers: SEDAP, Federation Addiction, SOS gamblers

SEDAP :
Raise awareness of *the phenomena caused by gambling.*
Promote *the use of this knowledge to the understanding and analysis of issues*
Create *the favourable conditions to understand better the dynamics of people with compulsive gambling problem.*
Provide *benchmarks to intervene more effectively*
Understand *the gambling industry*, *the stakes, operators, their harm reduction and prevention tools.*

Fédération Addiction
Acquire marks *on addictive behavior*
Understanding *addiction phenomenon*

SOS Gamblers
Representations *on gamblers*

Training

Sentinelles et Référents® training

Speaker: French League for Mental Health

Training objectives:
The young sentinels learn how to identify, intervene and refer the gamblers in situation of vulnerability who express a demand.
The Gamble referents of the CSAPA will take over from them.
The training must impulse a community dynamic to create the conditions of outreach in retails.

Content:
-Role and responsibilities of the Sentinels and Referents.
-Practical knowledge of harm reduction, self-support, community psychology, Empowerment, recovery
-How to identify individual or collective situations at risk and the different types of vulnerabilities
-How to intervene and refer

Method/ Tools:
Theoretical and pragmatic contributions. Video clips, role games, situation simulations, discussion on the experiences. The training program is built considering the needs and expectations of the volunteers.

Conditions:
21 days of training (7 x 3 days) spread over the entire mission/ the referents have taken part partially.

In practice

A participatory and collective approach, based on the program "Sentinelles et Référents"®, the young volunteers being the Sentinels (Identify, Intervene, Refer) and the CSAPA professionals being the referents who will take over from them.

- An analysis of practices and clinical cases encountered in retail outlets done in training (conducted by a community psychologist), and with a tutoring of the Gamble referents.
- Steps and co-built tools by various actors of the project, from the collective capitalization of knowledge and know-how.

Reference Protocol

- **1st phase: observation / spotting**
- **2nd phase: get in touch**

The importance of spatio-temporal factor

→ A voluntary approach of the person who requires establishing a trusting relationship with them, in the location identified by them as a resource.

→ The use of CSAPA for the management of the gambling problem with a long-term goal

- **3rd phase: orientation / reference**

- Provide with a brochure about service presentation and the Gamble referents' contact
- Support in taking appointment by telephone
- Physical accompaniment to CSAPA

The proposed therapeutic monitoring rules are elaborated between young volunteers and Gamble referents according to the established relationship, demand and gambler's needs.

Implementation and evaluation : two main tools of follow-up

The follow-up sheet « gamblers »

Completed by volunteers after each meeting with a gambler

Objectives: to analyze gambling practices and monitor developments in the relationship throughout the mission

3 focus: socio-demographic and global information, gambling practices, meetings and observed trends

The follow-up sheet « retailers »

Monthly completed by volunteers

Objective: To identify the environmental parameters of responsible gambling

These tools also support the evaluation of the project

Evaluation

Two evaluations

- **Internal Evaluation of the program implementation,** with the support of the operational group, to:
  - Capitalize on experience feedback
  - Identify corrective actions

- **Independent Evaluation**
  - An evaluation managed by an outside agency, not involved in the experimentation and chosen by the Institutional Steering Committee: **OFDT**

  - An evaluation of the process, the relevance and the impact towards beneficiary publics (gamblers) and protagonists (Gamble referents, retailers, volunteers), in a transferability goal.

Methodology of the independent evaluation

A methodology combining qualitative and quantitative in 3 parts:

Qualitative survey: interviews of the project stakeholders

Group discussions on the experimentalists sites

- The Director (alone)
- Volunteers in civic services (together)
- The Gamble referents (together)

Individual interviews with:

- The project coordinator (Federation Addiction)
- The head of the Commercial Mediation and Corporate Social Responsibilty (FDJ)
- Trainers (French League for Mental Health)

Two investigations in FDJ retail outlets:

- With voluntary gamblers
- Voluntary retailers
- anonymous online surveys, accompanied by volunteers

Operation of monitoring indicators

- Selecting key indicators of missions books (Number of players identified, sociodemographic profiles, type of games played ...)

Axes evaluated

Relevance	• Do the modalities of work meet the objectives ? • How do the gamblers perceive the experimentation ? • What is their adherence to the program? • …
First effects (impact)	• Discuss the problematics linked witj gambling • Know the different types of services available on the territory, in particular CSAPA with gamble referents • The gamblers go to the CSAPA • …
Portability	• How do the program roll out on the pilot sites ? • What are the poitive factors and conditions needed to develop such a program?

Planning

Steps	Calendar
Request for applications from CSAPA with Gamble referents	November 2015
Selection of pilot CSAPA Choice of evaluation methods	December 2015
Agreement of Civic Service	January 2016
Recruitment of voluntary retail outlets and civic services volunteers	February / March 2016
Selection of the evaluating organization	March 2016
Implementing the project: Achieving marauding Training of tutors and volunteers Providing tools / personalized support Evaluation	April 2016 - November 2016
Final report of the assessor	December 2016

Dec 2015 to Dec 2016 :

3 steering committee meetings
+
5 operational group meetings

Conclusion: towards new professional practices?

New protagonists: Volunteers in Civic Service

- ✓ A role of mediation, social cohesion and self-support
- ✓ A modality of intervention supporting the deployment of the outreach made by the Gamble referents.

New practices :

The implementation of this partnership dynamic necessitated new synergies and links between the various project stakeholders : retailers, care professionals, young volunteers, gamblers…

Thanks to the reconciliation and the mutual knowledge of professional cultures, this collective approach has contributed to the emergence of new harm minimization practices.

Conclusion:

Clinical
(Gamble referents of CSAPA)

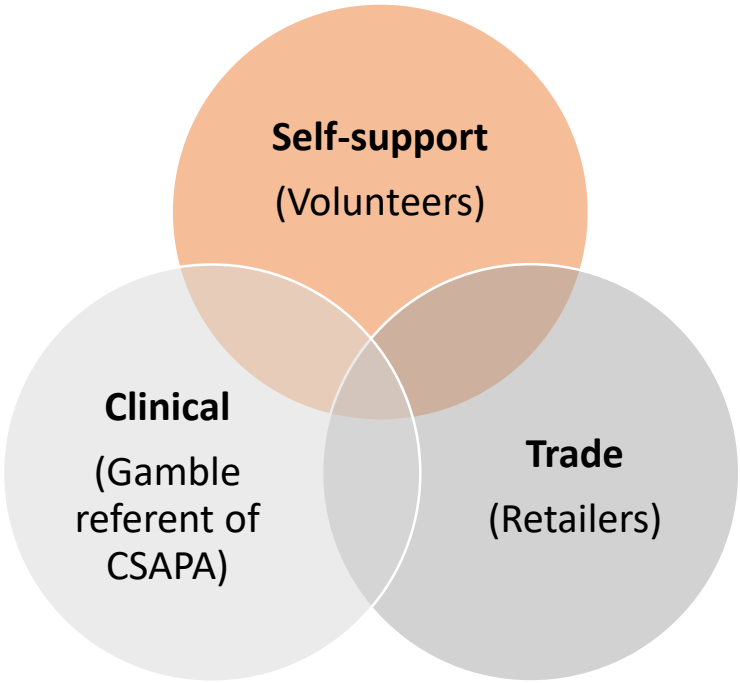
- ✓ A care practice within the CSAPA, providing individual monitoring.
- ✓ Little contact with the surrounding retailers
- ✓ The problematic gambler considered as "someone with issues”

Trade
(Retailers)

- ✓ A commercial practice promoting responsible gambling and directing problem gamblers to care facilities
- ✓ Little contact with the surrounding CSAPA
- ✓ Problematic gambling considered as “a person being problematic”

Conclusion

- ✓ Observation
- ✓ Identify and get in touch with the gamblers
- ✓ Link with the referents



- ✓ Outreach toward retailers and gamblers
- ✓ Strengthen Early Intervention
- ✓ Develop a community health approach based on self-support and harm reduction

- ✓ Facilitate the identification and orientation of vulnerable gamblers frequenting their retail

FÉDÉRATION ADDICTION
Prévenir | Réduire les risques | Soigner

COMITÉ D'ÉTUDE ET D'INFORMATION SUR LA DROGUE ET LES ADDICTIONS

jm.delile@ceid-addiction.com

Thank you !