

**EVALUATION OF THE EXPERIMENTAL PROGRAM  
ON PATHOLOGICAL GAMBLING**

**SUMMARIES - PART ONE**

**October 20, 2003**

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## **REPORT # 3 PREVENTIVE INTERVENTION EVALUATION – A CRITICAL REVIEW OF THE LITERATURE**

As part of its evaluation of Québec's experimental program for pathological gambling, INPSQ has produced a critical review of the existing literature dealing with preventive interventions.

An analysis of international initiatives in the treatment of pathological gambling shows that the notions of responsible gambling and harm reduction are widespread and have given rise to numerous government and private initiatives over the past decade to curb the incidence of pathological gambling. Primary and secondary preventive measures include gamblers' help lines, casino self-exclusion, monitoring of at-risk gamblers, distribution of information and prevention materials (videos, brochures, etc.) through major national campaigns in schools and gaming houses, as well as the introduction of information and self-help devices on electronic gaming machines. Most of these preventive initiatives have never been systematically evaluated. However, a trend toward assessment is emerging given that program evaluation is increasingly seen as either a political legitimization tool or a strategic tool for improving prevention programs.

In this review of the literature, eleven evaluations of primary and secondary prevention programs are described and analyzed and the following weaknesses were observed: frequent failure to state program objectives; absence of a theoretical framework on the development phases of pathological gambling and on attitude and behavior modification; inadequacy of evaluation periods leading frequently to diagnoses of failure; mismatching of evaluation tools with prevention programs and their clienteles; absence of pretests; absence of data on the effects of abstention as well as on response rates and attrition.

At a general theoretical level, analysis of these evaluations underlined the following points: evaluation is important as a tool for estimating prevention program effectiveness, but must be planned during the program development phase and serve as a program reconfiguration tool. Moreover, objectivity in evaluations is a laudable goal, but hard to achieve. The agenda behind an evaluation introduces a bias that scientific methodological tools cannot entirely overcome.

Lastly, a number of the researchers involved in these evaluations conclude that there is a need to integrate programs, for example by linking self-exclusion programs to professional services, or matching information sessions for youth with projections of awareness videos. Program integration will require the development of sophisticated evaluation tools specially adapted to the problem of pathological gambling, greater thoroughness in the evaluation process, and more careful use of evaluation results.

Papineau, É., Chevalier, S. (2003). Evaluation of the experimental program on pathological gambling. Report # 3 – Preventive intervention evaluation – A critical review of the literature. Montreal: Institut national de santé publique du Québec.

The complete version of the report is available, in French, at [www.inspq.qc.ca](http://www.inspq.qc.ca).

## **REPORT # 4 THEORETICAL ASPECTS OF PARTICIPATION IN GAMBLING AND DEVELOPMENT OF PROBLEM GAMBLING PRELIMINARY REPORT**

No one is born a gambler. How do people get drawn into this activity? Three interrelated factors play a role in triggering this behavior. First, people must have the physical and mental capacity to engage in such activity. Second, they must have the opportunity to do so. In other words, games of chance must be available, and the person must have something to wager (usually money) and the time to gamble. Third, they must hold sufficiently positive views on gambling: the activity must appear to be legitimate and gamblers must have reason to believe in and hope for a benefit. While these three factors must all be present for a person to gamble, their presence alone is not enough to instigate the behavior.

Why do people continue to gamble? These same factors operate in essentially the same way. To these we must add the intrinsically habit-forming nature of games of chance.

How do gambling problems develop? This question will be addressed in a later version of this study.

The theoretical framework that we are beginning to develop will serve a number of purposes, including assessing the relevance of prevention and treatment initiatives, pinpointing prevention targets, evaluating treatment programs, developing public policy, and identifying areas of research.

Chevalier, S. (2003). Evaluation of the experimental program on pathological gambling. Report # 4 – Theoretical aspects of participation in gambling and development of problem gambling – Preliminary report. Montreal: Institut national de santé publique du Québec.

The complete version of the report is available, in French, at [www.inspq.qc.ca](http://www.inspq.qc.ca).

## **REPORT # 6    EVALUATIVE MONITORING – INITIALS INTERVIEWS WITH DECISION MAKERS AND COORDINATORS**

This document is part of the evaluation of the experimental program for pathological gambling. It touches on one aspect of the qualitative program monitoring, that of the program adaptation in the months following its implementation. It draws specifically on analysis of a series of interviews with the clinical directors or coordinators of the 23 treatment facilities in the four pilot regions chosen in the provincial program: (1) Montréal-Laval-Montérégie, (2) Québec–Chaudière-Appalaches, (3) Outaouais, (4) Bas-St-Laurent–Gaspésie–Îles-de-la-Madeleine. These interviews primarily sought to determine what these organizations felt about the treatment proposed by the Centre québécois d'excellence sur la prévention et le traitement du jeu (CQEPTJ) and what portions of it they had implemented or intended to implement in the field, in their community, and what were their specific experience with the amended program. Comparing the content of these interviews with the CQEPTJ model shows us how the implemented program elaborates on, renews, differs from, or contradicts the original model. It also allows us to identify the program's strengths and weaknesses and make a judgment as to its plausibility, or ability to produce the desired results.

The interviews were examined with classical thematic content analysis and classification techniques, and more recent structural and systemic analytic methodologies. The content of these interviews on program implementation was compared to the CQEPTJ proposal using the methodological approach of pattern matching. The results are presented as a function of the four major program establishment processes: participants delimitation, participants' transition, treatment implementation, and treatment consolidation.

Participants delimitation, i.e., determining client eligibility and selection, is central to the dynamic between service supply and demand. It tends to be more systematic in organizations with high demand, with a group treatment orientation, and with no additional points of services throughout their areas. Contrary to the proposed program, but in order to meet the primary needs of clients, selection occurs well before the planned formal evaluation process.

The client transition process is turning out to be broader in scope than initially expected. Given frequent comorbidity among the clientele, high demand, the presence of a network of available services, and a desire to decrease client dropout, most organizations tend to create transition mechanisms (welcome, orientation, commitment, motivation, and support meetings and groups) in an effort to better prepare clients for treatment. The danger of client «skimming» has, however, been raised.

Implementation of the proposed program in terms of treatment activities is viewed in two ways, i.e., as a core program to use and improve or as one of a number of tools in a more including program. In both cases, the proposed program is reworked as needed to address the financial, family, marital, and occupational consequences of gambling, its emotional dimensions, and the urgent need to address relapses before moving on to the rational and cognitive component of correcting erroneous thoughts in

gambling. The work of consolidating treatment progress—little discussed in the proposed program—is at the conceptualization stage and is mostly determined by client needs. Numerous attempts are made to integrate family and friends at various stages of treatment.

Where program implementation is based on experience, initiative, and innovation, the question of whether it can truly produce the expected impact still remains open to discussion, since the targets and results have never been submitted to debate and reached a minimal consensus among the primary stakeholders (program promoters, designers, managers, administrators, and users). Early program results should provide an opportunity to further refine these objectives and the associated therapeutic practices.

Allard, D., Audet, C., St-Laurent, D., Chevalier, S. (2003). Evaluation of the experimental program on pathological gambling. Report # 6 – Evaluative monitoring – Initials interviews with decision makers and coordinators. Montreal: Institut national de santé publique du Québec.

The complete version of the report is available, in French, at [www.inspq.qc.ca](http://www.inspq.qc.ca).

## **REPORT # 7    EVALUATIVE MONITORING – IMPLEMENTATION INDICATORS – RETROSPECTIVE DATA**

This document presents the preliminary results of the quantitative component of monitoring and assessment of the Québec Experimental for pathological Gambling. It draws on data gathered from May 2001 to October 2002 in 23 pathological gambling treatment facilities selected in four pilot regions: (1) Montréal, Laval, and Montérégie, (2) Québec and Chaudière-Appalaches, (3) Outaouais, (4) Bas-St-Laurent and Gaspésie–Îles-de-la-Madeleine. A total of 2,030 files were sent to the INSPQ for this period, but since some had already been wound up before we began our information gathering, certain data is missing.

Analysis of this data shows that 68% of treatment program participants were male, and nearly two-thirds were 35 to 54 years old. Three out of four participants had the equivalent of a high school diploma or less, and 71% of gamblers in the program were employed. The games in which the majority of gamblers in treatment engaged were electronic gaming devices (EGDs).

Pathological gambling diagnostic tools (SOGS and DSM-IV) show that the average participant scored nearly 12 out of 20 on the SOGS and 7 out of 10 on the DSM-IV, which in both cases indicates a pathological gambling problem. In addition, 91% of program participants had a pathological gambling problem at the time of arrival, according to their DSM-IV score. This suggests that 9% of the registered clientele was not the clientele targeted by the program. However, this interpretation must be treated with caution due to a problem with the consistency of test conditions. Additional data and analyses will be necessary to support this conclusion.

A marked difference was observed between the treatment completion rate of gamblers registered with organizations offering outpatient services (33%) and those offering inpatient services (95%). Of the 66% of clients who dropped out of outpatient treatment, one-third notified their therapist. These figures support what is already mentioned in the literature regarding the difficulty of getting gamblers in outpatient treatment to continue attending and stay motivated because they are not separated from their daily responsibilities and risks. Further examination of the reasons for outpatient client dropout is also necessary, since most clients fall under this group. It is also important to investigate what clients gain, since the average length of treatment (approximately 65 days) is over half that of full treatment, and the average number of therapy sessions (5 to 6 sessions) is over one-fourth. Dropping out does not necessarily signify program failure, given that anchoring in a treatment process may require a number of attempts for some people.

Audet, C., St-Laurent, D., Chevalier, S., Allard, D., Hamel, D. Crépin, M. (2003). Evaluation of the experimental program on pathological gambling. Report # 7 – Evaluative monitoring – Implementation indicators – retrospective data. Montreal: Institut national de santé publique du Québec.

The complete version of the report is available, in French, at [www.inspq.qc.ca](http://www.inspq.qc.ca).

## **REPORT # 8 THE USER'S PERSPECTIVE**

This document gives gamblers' perspectives on the services they have received as part of the experimental program for pathological gambling. The study specifically aims to explore their thought processes and reasons for seeking help, why they may or may not follow suggested treatments, and why they may or may not keep a tight grip on compulsive gambling behaviors and related problems. This qualitative research places special emphasis on gamblers' progress and their opinions on existing and future services.

The study shows that gamblers who decide to seek help normally do so as a last resort and because they feel powerless or hopeless about their situation. They wish to reestablish a "normal life" and learn how to control and understand the addiction that propels them inexorably into gambling's vicious circle. However, many gamblers must try more than once to achieve their goals, with setbacks, relapses, and therapy dropouts being common. Many gamblers have mentioned the program's lack of depth, the few available spaces, the excessive waiting periods that discourage more than one, and the lack of after-therapy support and follow-up.

Even so, those who break the cycle are very grateful to their counselor or the organization that helped them. They speak of profound changes on a personal, financial, interpersonal, and professional level, and express their great appreciation for the advice on controlling their gambling urges. They also feel that they were listened to and accepted as they were, and that they have regained their self-esteem.

The large variety of types of gamblers, their special problems, their conflicting needs and expectations with regard to treatment services, as well as their reasons for seeking help to solve their gambling-related problems suggest that services would benefit from being better adapted to each gambler's situation. It thus seems important to develop flexible treatment programs that allow maximum leeway and latitude.

Chevalier, S., Geoffrion, C., Audet, C., Papineau, É., Kimpton, M.-A. (2003). Evaluation of the experimental program on pathological gambling. Report # 8 – The user's perspective. Montreal: Institut national de santé publique du Québec.

The complete version of the report is available, in French, at [www.inspq.qc.ca](http://www.inspq.qc.ca).

## REPORT # 9 THE GAMBLING HELP LINES

As part of its evaluation of Québec's experimental program for pathological gambling, INSPQ was asked to produce a report on gambling help lines.

The report is divided into four main sections: 1) a description of help lines in general; 2) a description of the Québec help line Gambling: Help and Referral (JAR); 3) a description of the Québec help line INFO-JEU; 4) a discussion of possible changes and improvements to these services.

- 1) Help lines fall into two main categories: those that only provide help and referrals—the majority—and those that also provide counseling services. Help lines may also offer a variety of peripheral services, including interactive or non-interactive Web sites; legal, financial, and/or social services; documentation; assessment; crisis assistance; bilingual service.

Significant across-the-board increases in the number of calls to these lines in recent years may be due to the demystification of pathological gambling, increased publicity for help services, and possibly to the attention given to pathological gamblers, whose problems had been latent since the liberalization of the gambling industry in the 80s. A re-evaluation of existing services is needed in light of these new facts.

- 2) The Québec help line *Gambling: Help and Reference* (JAR) is operated by a non-profit organization called the Information and Referral Center of Greater Montréal. Although it is funded by the Ministry of Health and Social services, it is not tightly integrated into the MSSS treatment and prevention services network. In 2002, Loto-Québec set up 1-866-SOS-JEUX, a help line that simply forwards calls to the same call center and services as JAR, causing some confusion. This year, JAR will receive over 16,000 calls. JAR services are limited strictly to listening and referral and are available 24 hours a day, seven days a week. Telephone operators provide information and referrals to gamblers, their families and other people seeking information, based on their needs. Referrals are made based on an in-house resource bank, which is updated on a regular basis. An analysis of the JAR clientele shows a steady increase in the number of callers, with little seasonal variation, but some impact from advertising campaigns. The proportion of callers who are gamblers is on the rise, with a disproportionate number of calls coming from Montréal as compared to other regions. Close to 75% of calls are related to problems caused by video lottery machines.

In response to this changing clientele, JAR has gradually modified its services since 1993, when requests for rehabilitation began to increase. Since 1996, requests for other services such as financial and legal counseling have also grown. Fully two-thirds of the inquiries JAR receives result in referrals (60% to support and rehabilitation services), a clear indication that help line users have serious problems. Although caller satisfaction has not been formally assessed, some respondents to another segment of the Evaluation of the experimental program on pathological

gambling expressed dissatisfaction with the lack of counseling and inadequate listening provided by JAR.

- 3) The third section of this report describes the Québec help line, INFO-JEU. Set up in 1997 by the Chinese Family Service of Greater Montreal, INFO-JEU is funded by the Regional Health Board and primarily serves people of Asian origin (services are offered in French, English, Cantonese, and Mandarin). The service, which is available from 9 a.m. to 5 p.m., Monday through Friday, has adopted an original approach specially adapted to the needs of its target clientele, who often experience cultural and linguistic isolation, and turn to gambling as an escape mechanism. They generally refuse to view pathological gambling as a mental health issue and hesitate to call on health and social services outside of their community. SFCGM builds awareness and promotes its services through religious and community leaders, local media, its French language courses, and among restaurant workers, who are seen to be at high risk. In addition to referrals and counseling, the psychologist and social workers at CFSGM offer accompaniment, interpretation, and legal and financial services.

Echoing trends around the globe, the number of calls has increased steadily since the line began operating, with 400 to 500 help line interventions in 2002–2003.

- 4) Taken together, the results of this study raise a number of issues and point to several aspects of this service that could be improved:
1. Define help lines for pathological gamblers and their families as one of the treatment services available to this clientele.
  2. Integrate JAR in the continuum of services available to pathological gamblers and their families.
  3. Mandate a committee to draw up standards or criteria that justify setting up help lines for pathological gamblers and their families as well as for specific communities.
  4. Review the different funding mechanisms for the two help lines for pathological gamblers and their families.
  5. Establish the feasibility of abolishing 1-866-SOS-JEUX.
  6. Set up a committee to assess the needs among the population for help lines dedicated to pathological gamblers and their families and, consequently, to delineate the range of services offered to this clientele.

7. Initiate a consultation mechanism for services available to pathological gamblers and their families. Consultation will focus on service continuity, quality, type, range, development, and promotion. The Ministry of Health and Social services would be responsible for establishing this mechanism.
8. Make the gambling resource directory readily available (online and print versions).
9. Put the gambling resource directory online.
10. Create one or several Web sites on gambling, pathological gambling and services for gamblers and their families.
11. Determine whether there are major obstacles preventing the public from using help lines for pathological gamblers and their families.
12. Determine whether all regions of Québec make optimum use of help lines, and if not, give reasons and suggest solutions.
13. Develop a system of continuous quality control and accountability.
14. Set up a computerized client information system. This system would be based on the model of one entry per call.
15. Additional research is needed, particularly in the following areas: the cultural foundations and beliefs of cultural communities and the reasons for their under-utilization of existing services; caller opinions and satisfaction; the impact of media campaigns promoting help lines.

Chevalier, S., Papineau, É., Geoffrion, C. (2003). Evaluation of the experimental program on pathological gambling. Report # 9 – The gambling help lines. Montreal: Institut national de santé publique du Québec.

The complete version of the report is available, in French, at [www.inspq.qc.ca](http://www.inspq.qc.ca).