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Dear Ms. Williamson & Sonja Bauer,

Re: Engagement to Provide Expert Opinion on the Crown Model and self-exclusion

I refer to your document dated 29 April 2019 requesting an expert opinion on the Crown model and draft responses to the specific Recommendations 10 and 11 as set out in the Victorian Commission for Gambling and Liquor Regulation's (VCGLR) sixth review.

Crown Melbourne's terms of reference include a review on the following matters:

1. Comments on the Crown Model and results of trials completed to date;
2. Review and comment on Crown's draft response to Recommendations 10 and 11;
3. Comment on the Self-exclusion Revocation process in Crown Melbourne and Crown Perth; and
4. Review and comment on the VIP re-entry process following Self-exclusion Revocation in Crown Melbourne and Crown Perth.

For consistency, the term 'patron' is used through the review to refer to 'patrons' and 'customers' where these terms appear in the various documents. RGLO in the context of this review refers to the Responsible Gambling Liaison Officer or appropriate member of the responsible gambling committee.

The Crown Model: *Attachment 2*

The Crown Model is designed to use objective player data derived from loyalty card records and demographics to generate a valid and reliable predictive model that can effectively identify patrons exhibiting potential problem gaming behaviours. The fundamental principles underlying the model are sound and consistent with the findings of a number of studies using online account data to form algorithms for purpose of mapping out patterns of behaviour that signal the possible presence of problem gambling or gambling disorders. Most of these studies use proxy measures, for example, self-exclusion or within-individual deviations in patterns of play, to identify the problem gambling status of account holders. In the majority of studies, no attempt has been made to match account data to clinical and/or psychometric measures of problem gambling status to validate the accuracy of their algorithms.

The decision to use patron data for the eighteen-month period prior to enrolling in the self-exclusion program has strong face-validity is the appropriate timeframe on which to construct the predictive model. Research indicates that the decision to enter self-exclusion programs is typically made in response to a financial or relationship pressures or stress, acceptance of impaired control over behaviour, and/or emotional distress. As Abbott, Francis, Dowling, and Coull (2011)[1] found, approximately 50% of self-excluded gamblers consider the decision to exclude for around a one-month period before taking action to enrol. Pickering, Blaszczynski, and Gainsbury (2018)[2] found 36 of a sample of 49 (73.5%) self-excluders reported a delay between obtaining information about the program and enrolling. The delay varied from 1 day (n = 3) to 3 years (n = 2), with an overall median of 14 weeks. Accordingly, the use of an eighteen-month timeframe can be considered to be appropriate in capturing the patterns of gaming behaviour that are instrumental in leading the majority of patrons to self-exclude. The period also covers the influence of seasonal variations in play (e.g., holidays).

It is important to note that the model is designed to identify the patterns of gaming behaviour that predict those patrons likely to be problem gamblers who are most likely to self-exclude, and not all problem gamblers in the venue. Only a minority of problem gamblers elect to enter self-exclusion programs. Therefore, there exists a wider population of patrons experiencing problem gamblers at the casino that elect not to be involved in self-exclusion programs, and may be missed by the algorithm.

The model was accurate in identifying 43% and 48% of self-exclusions, and conversely, slightly over 50% were not identified. The latter sub-group displayed potential indicators of problem gambling, but it is not clear if their problem gambling status was confirmed in any interaction with RGLO members. The percentage of patrons incorrectly predicted to self-exclude represent a relatively small to moderate minority. The findings of the trial are very positive but do argue for further refinement and enhancement in determining the most effective variables and predictive algorithms.

To achieve enhancements, the next step would be to a) to use the algorithms based on self-excluders to predict potential problem gamblers, and then to confirm accuracy by a more detailed interview to determine the patron's gambling status (thereby increasing confidence in the value of the predictive algorithm, and b) using observable behavioural indicators of problem gambling, confirm problem gambling status through interview and, if loyalty card users, incorporate their patterns of gambling into an enhanced algorithm. A live model with continued input from these two

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[1] Abbott, J., Francis, K., Dowling, N. A., & Coull, D. (2011). Motivators and barriers to joining a self-exclusion program. Presented at the NAGS 21st annual international conference, Crown Conference Centre, Melbourne, Australia.

[2] Pickering, D., Blaszczynski, A., & Gainsbury, S.M. (2017). Multi-venue self-exclusion for gambling disorders: A retrospective process investigation. *Journal of Gambling Issues,* http://igi.camh.net/doi/pdf.

approaches would result in an increasingly robust, reliable and accurate predictive algorithm.

Crown Melbourne Player Data Trial: *Attachment 3*
Comments on the player data review are as follows. The Crown model represents a significantly important value-added tool for use by Responsible Gambling Staff that can supplement the use of observable signs exhibited by patrons. A review of Australian studies on observable indicators of problem gambling in-situ indicated that although staff generally have the capacity to identify problem gamblers, multiple challenges remain. These include but are not limited to the absence of any single reliable indicator, the best indicators are rarely exhibited by problem gamblers, indicators vary across sessions, and the probability of observing two or more indicators concurrently remains low [3,4, 5].

The use of loyalty card data represents a major step forward in proactively detecting and responding to problem gambling behaviours. There are several advantages to this tool. Identifying and interacting with patrons identified by predictors can:

- Foster RG staff intervening at an earlier stage of the gambling trajectory,
- Encourage patrons to engage with the self-exclusion program and/or treatment services,
- Contribute to the development of a more refined and accurate predictive algorithm over time.

Reliance on loyalty card data has a number of limitations as indicated on page 2 of the *Crown Melbourne Player Data Trial* document. These are acknowledged in the document.

As noted, the eighteen-month period of tracked data is an appropriate time frame to provide a relatively reliable estimate of the typical profile of a patron's playing behaviour and expenditure considering the limitations as acknowledged.

The analytic team evaluated some 200 variables and selected 50 to build the model. It would be useful to state that reasons for selecting the 50; were these based on face-validity or consensus agreement among the analytic team? Some examples of the variables used would be informative and allow the reader to understand the types of variables selected. The same recommendation applies to the demographic data used.

In respect to the Methodology, it is not clear how the sample list of 100 members were selected. It appears that these were members who used their loyalty card in the last six months. Were these selected randomly only on the basis of using their cards or were these patrons who were ranked in the top 10% of predictive algorithms, randomly selected from the pool identified from the algorithm, or some other basis? This is important information setting out how representative this 100 is of the total subpopulation identified using the algorithm, and whether or not these were considered to be identified as potential problem gamblers.

The document states that identified members were approached discreetly and engaged in conversation. The interaction is an important responsible gambling component providing members information on services and programs. However, it remains uncertain if the interaction involved

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[3] Delfabbro, P., Thomas, A., & Armstrong, A. (2016). Observable indicators and behaviors for the identification of problem gamblers in venue environments. Journal of behavioral addictions, 5(3), 419-428.

[4] Delfabbro, P.H., Borgas, M., & King, D. (2011). Venue staff knowledge of their customers' gambling and problem gambling. Journal of Gambling Studies, 27, 1-15.

[5] Delfabbro, P.H., Osborn, A., McMillen, J., Neville, M., & Skelt, L. (2007). The identification of problem gamblers within gaming venues: Final report. Melbourne, Victorian Department of Justice.

some degree of confirmation of the predictive algorithm's accuracy, that is, did the patron disclose gambling-related problems, and/or whether he/she had considered self-exclusion, treatment or a reduction in gambling? This should be clarified by providing some indication if this information was gleaned from the member, and whether the determination was made by the RG member or self-report by the RGLO member to a question specifically asking about whether or not the gambling was problematic.

The document reports on the feedback from RGLO observations. The first bullet point on page 5 is a positive responsible gambling (RG) outcome for both the staff and patrons' perspective. It would be useful to emphasise further that the model fosters not only a proactive approach but increases staff confidence and sense of empowerment by providing a protocol guiding staff to intervene. The anticipated outcome will be staff satisfaction and enhanced quality of interactions.

The bullet point noting that patrons might respond negatively should be linked to the notion of staff training designed to increase interpersonal skills on the part of staff in managing and responding to defensive and hostile members. Staff should be appropriately trained in managing difficult patrons.

An overview of the summary of the findings derived from the six Tranches indicates that the model has value in achieving positive outcomes. It is instructive to note that across the six Tranches, an average of 21% of members had prior interactions with RGLO staff (range 14%-28%). These members could be assumed to be at high-risk or are problem gamblers given their repeated contact with RGLO staff, suggesting the need to introduce protocols to manage these members in a clearly defined systematic and intensive manner. It can be reasonably argued that the predictive algorithm is a valuable tool in identifying a significant minority of members experiencing ongoing problems or difficulties with their gambling who would benefit from assistance or specific interventions.

The data displayed in the table captioned Tranche 1-3 reveals a positive response post RGLO interactions on the variables of number of visits, hours per visit and average daily theoretical (ADT) expenditure. It would be useful to indicate if the changes for the various variables across the membership loyalty card levels are significant or not. For members, the interaction appears to be effective in reducing visits for Platinum and member status, and hours per visit and ADT for all membership status. The greater impact appears to be related to the lower level membership status. In contrast, the changes on the index variables are relatively stable and are most likely reflect minor variation in sampling error. There is a large anomalous increase for ADT post compared to pre-intervention for the Silver status. A check on the data integrity of this calculation (statistical or typographical error) might explain this discrepant figure.

In summary, the Player Data Trial shows very promising preliminary results that the predictive algorithm can identify a subset of members exhibiting problems as evidenced by repeated contact with RGLOs, and that RGLO interactions between identified members is effective in moderating gambling behaviours as assessed by changes in visits, hours and ADT as compared to the control group. As a live trial over time, the predictive algorithm can be refined as more data and information is incorporated in the statistical model.

Crown Melbourne Review: *Attachment 4*
Review and comment on Crown's draft response to Recommendations 10 and 11
Attachment 4 sets out the functions, benefits and structure of self-exclusion including models program design and duration across various jurisdictions. A brief review of revocation processes is also covered.

The non-controversial conclusions drawn from the literature are that self-exclusion programs represent a viable option for patrons experiencing impaired control over their gambling. The choice to exclude is made available for patrons wishing to restrict their access but are not necessarily motivated to seek treatment, patrons not responding to treatment interventions and pursuing exclusion as a last resort, patrons deciding to self-exclude in conjunction with seeking treatment, and patrons pressured by family members/significant others to cease gambling.

Despite the variations in motivation to enter a self-exclusion program, evidence suggests that the majority of self-excluded patrons gain benefit from the program. As argued in the Gateway model (Blaszczynski et al., 2007), options should be provided to encourage patrons to supplement their self-exclusion with formal treatment provided by gambling and/or financial counsellors. Although a proportion will not accept the recommendation to obtain additional treatments, a proportion would benefit. Both the individual and gateway models are considered to have merit in that a component of the program seeks to encourage additional therapeutic input to promote the patron's recovery process.

It is surprising that there is minimal reference to Crown's use of facial recognition in detecting breaches. Approximately a third of self-excluders breach agreements. Fear of detection is a reportedly major factor in self-excluders maintaining compliance with agreements. Conversely, the perception that a patron will remain undetected contributes to decisions to test the system and subsequently breach. The strength of perimeter detection using facial recognition is of paramount importance in acting to deter breaches and maintain compliance. It is recommended that all patrons self-excluding should be informed of the high probability of detection and the consequences pursuant to being detected. This approach combines efforts to encourage and support patrons to seek therapeutic assistance to control their gambling, and minimising possible breaches by reinforcing the situation that the introduction of facial recognition technology will substantially increase the likelihood of detection.

It is highlighted that the bans can range from three months through to life-time. Table 2 set out the different self-exclusion ban lengths across international jurisdictions. As correctly pointed out in the review, there is no consensus on an optimal ban length. Ban lengths have been established predominantly on the basis of opinion in the absence of any comparative long-term empirical evaluation of the minimal duration required.

Lengthy (lifetime, twelve months plus) bans act as a possible deterrent for a portion of problem gamblers. On the other hand, short periods are argued to be insufficient to allow therapeutic changes in motivation, cravings and urges to take place. Nevertheless, soft evidence derivedfrom self-reports and retrospective interviews of gamblers and self-excluded individuals, respectively, suggest that a twelve-month ban is a reasonable balance between allowing sufficient time for change to occur and minimising barriers to entry.

Online wagering operators allow for relatively shorter periods of exclusion described more accurately as 'time-out' or 'break in play'; e.g., week, month. These time outs allow patrons to temporarily suspend gambling and are attractive to those individuals reluctant to enter a lengthy ban. Empirical evidence indicates that a proportion of problem gamblers are able to resume gambling at controlled levels after treatment or intervention, including self-exclusion. The evidence is consistent with the position that Crown has adopted in respect to its philosophy regarding recovery (page 10, Attachment 4).

Crown's position that a twelve-month minimum ban length should be the standard duration for self-exclusion is reasonable and supported until such time that evidence accrues to suggest otherwise. In addition, that patrons should be offered shorter time periods if they indicate reluctance to take up the option of the twelve-month length is also supported. From a responsible gambling perspective, the over-riding principle is that it is preferable to have someone agree to temporarily suspending play as opposed to declining entry into a program due to its length and consequently leading the patron to persist in problem gambling behaviours. Therefore, options for three, six and twelve-month time outs should be made available and evaluated.

The concern that patrons will preferentially select the shorter over longer time frames is valid. However, informing patrons adopting the time-out option that facial recognition detection rates are high and that protocols are in place that automatically institute a twelve-month minimum ban on detection of one episode of non-compliance will act as a reasonable deterrent for the majority of such patrons.

To conclude, a twelve-month minimum ban is reasonable given the absence of data to suggest otherwise, and that the option for three, six, and twelve months time-outs are offered to those reluctant to accept longer periods of exclusion.

Revocation and pathways:
Where patrons have elected to enter a minimum twelve-month exclusion period, the general principle should be that applications for revocation of the agreement prior to the expiration date should not be offered except in exceptional circumstances. In respect to any such application (likely to be rare or uncommon), the onus should be placed on the patron to provide strong evidence justifying their capacity to resume gambling.

The twelve-month minimum ban is reasonable and should be maintained as the standard period. However, at the time of taking out the exclusion, patrons are also given the choice to set longer periods if they deem this in their best interests. This provides a choice and sense of empowerment for the patron. Mandatory interviews with a RGLO member should take place following the expiration of the twelve-month term of exclusion. The interview should include an assessment of previous treatments received if any, the need for ongoing support, and information indicating that their gambling behaviour during future visits may be randomly observed and an interaction with a RGLO member may take place.

Monitoring behaviours over time has been shown to be effective in assisting individuals to maintain behavioural changes. Patrons should agree, as part of the revocation, to have their behaviour monitored on a random basis. Patrons should be informed and agree to a RGLO officers observing, interviewing and/or tracking loyalty card play at random during post revocation visits for at least a further 12 months. Random selection will minimise the burden on staff and resources, and emphasise Crown's ongoing commitment to responsible gambling. The rationale is that risk to Crown is mitigated if there are additional procedures in place to monitor patrons for six to twelve months (twelve months the preferred period) following revocation as opposed to reliance on a single self-reported assessment accompanied by a letter of support from a counsellor.

For patrons electing to have longer periods of self-exclusion, the need for an interview can be discussed at time of enrolment. As Williams et al., (2015)[6] found in their five-year longitudinal study, the modal duration of problem gambling for half the sample of problem gamblers was one year. A

[6] Williams, R.J., Hann, R.G., Schopflocher, D., West, B., McLaughlin, P., White, N., King, K. & Flexhaug, T. (2015). *Quinte Longitudinal Study of Gambling and Problem Gambling.* Report prepared for the Ontario Problem Gambling Research Centre. Guelph, Ontario. February 20, 2015. http://hdl.handle.net/10133/3641

third of problem gamblers remained in this category for two or more consecutive years, with chronic unremitting problem gambling for a duration of four plus years was relatively uncommon. For the more severe subgroup of problem gamblers, the duration was two to five years. On this basis, it is reasonable to offer, at the time of taking out a seven year ban or longer, that the they be offered a choice of indicating in writing an extension or have the ban 'expire'. For those electing to take the latter course of action, they should be informed that their behaviour may be monitored by RGLO members, particularly if they are loyalty card users. Periods of exclusion under seven years, if offered, should follow the same revocation procedure as for the twelve-month period.

The time-out option for those reluctant to accept a twelve-month period should be managed in a slightly different manner. The assumption is that the shorter period is selected by patrons seeking a temporary suspension but consider that they have the capacity to resume controlled gambling. For these patrons, it should be made clear that any breach would lead to an automatic extension to the standard minimum twelve-month period. Any breach in the short term (three, six, and up to twelve months) would indicate the patron has the incapacity to maintain control and therefore requires a longer time frame to benefit.

The revocation process for those successfully completing the short-term time-out period can be argued to follow one of two processes. The revocation could follow the same lines as the twelve-month exclusion, that is, a mandatory interview to elicit the patron's justification that they have the capacity to reinstate their gambling in a controlled manner, and to provide additional support and information. This provides a burden on the RGLO resources. An alternative approach could be for the time out patrons to complete an online revocation providing evidence or a statement that they are able to maintain controlled gambling. This is a more cost effective approach but is exposed to patrons overestimating their capacity and resuming gambling at problematic levels.

To address the latter valid concerns, time out patrons should be monitored for observable signs of problem gambling on a random basis by RGLO members for the same period as that taken with the time-out. Any subsequent request to extend their time-out or one evidence of one breach should automatically allocate them to the twelve month minimum ban length. The justification for this is based on the notion that the time-out has been demonstrated to be ineffective necessitating a longer time frame and encouragement to seek formal treatment.

The primary difficulty in approving revocations is determining changes in a patron's capacity to resume controlled gambling on completion of their ban. Any interview, irrespective of whether it is conducted by an independent practitioner or Crown RGLO will be reliant on the self-reported data provided by the patron. Given the patron's motivation to resume gambling, it is reasonable to argue that the self-report will over-estimate the patron's capacity to return to controlled gambling. Currently there are no empirically validated variables that has been demonstrated to predict which patrons will successfully maintain controlled gambling following revocation, or which financial and/or family variables can be relied upon to do the same. Self-report data, therefore, in itself is insufficient to establish readiness to resume gambling. Practitioners do not have any validated criteria that predicts which counsellor will respond to treatment and not relapse following revocation. Even following a positive response to treatment, a proportion of problem gamblers relapse due to a range of post-treatment factors they may experience.

Voluntary exclusion orders more than 10 year old:
There are some substantial risks and unintended consequences associated with notifying individuals of variations in exclusion orders for those order older than 10 years. There is a strong reputational risk that communities and welfare agencies will interpret such action as criticise Crown being motivated to induce or entice past problem gamblers to return to the casino.

Notifying individuals after such a prolonged period of absence, and not knowing the current circumstances of the individual who has self-excluded has the potential to trigger dormant urges. This could feasibly result in the individual deciding to resume gambling whereas in the absence of the notification, the individual would remain abstinent.

A reasonable person would consider that after a ten year period of exclusion, an individual would have resolved his/her gambling problem, elected to continue gambling at alternative venues, or continue experiencing urges and cravings and therefore avoiding exposure to gambling opportunities. In none of these circumstances is it feasible to argue that notifying such individuals of variations in periods is commensurate with a responsible gambling approach if so doing, increases their propensity to resume gambling at Crown.

Self-exclusion orders taken out ten years ago were introduced under a scheme that relied on staff recognition of patrons known to them or via static photographs. Assuming it is not feasible to transfer these photos to the facial recognition system currently in place, the use of static photographs will progressively fade out as the facial recognition system takes priority. This will effectively render the use of photographs obsolete. In the longer term, there are no perceived gains or benefits to either party to contact individuals on the register.

It is recommended that no action be taken to notify individuals with exclusion orders of ten years or more of variations in periods on the basis that the risks outweigh the benefits to individuals.

Crown Response – Recommendation 10

In respect to Dot Point One, Crown's position can be reinforced by reference to existing studies that demonstrate a proportion of individuals are able to sustain controlled gambling (Blaszczynski, McConaghy, & Frankova, 1991[7]; Ladouceur, 2005)[8] and that the pattern of problem gambling is relatively time limited (Williams et al, 2015). Controlled gambling, as mentioned in the recommendations, should continue to be fostered through proactive support, education, and monitoring.

As noted earlier, revocation should be accompanied by an interview with an RGLO. An additional layer is to inform patrons that their behaviour will be randomly monitored by RGLO members, and that the patron will be approached if the he/she exhibits indictors of problem gambling. With facial recognition, it is possible to identify patrons and alert relevant staff to observe behaviours.

The time-out is a potentially useful tool for patrons wishing to temporarily suspend their play. In the absence of evidence, it would be useful to initiate a live trial to monitor the outcomes of short-term voluntary time out suspensions over time. If effective, time-out would be a useful tool promoting short term exclusions for patrons reluctant to take out longer periods. In addition, the trial should determine if time-out patrons require RGLO interviews on revocation, or if this can be easily achieved via online procedures. It is yet to be established if those seeking short term time-out are representative of the larger pool of self-excluded patrons.

As mentioned above, there is no apparent perceived benefits to be achieved by formal notifications for variations for orders older than 10 years.

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[7] Blaszczynski, A., McConaghy, N., Frankova, A. (1991). Control versus abstinence in the treatment of pathological gambling: A two to nine-year follow-up. *British Journal of Addiction*, 86,299-306.

[8] Ladouceur, R. (2005). Controlled gambling for pathological gamblers. *Journal of Gambling Behaviour,* 21(1):49-59.

Crown Melbourne Review - *Recommendation 11*

Conceptually, third party exclusions (TPE) are an excellent responsible gambling tool for family members and significant others. In practice, the conduct and application of TPE is a complex matter requiring careful consideration of the application process and impact on families and the index person. The review notes the absence of robust data regarding the use and effectiveness of third party exclusions (TPE), and the varied models applied across multiple jurisdictions. Each model and approach has merit with no single evidence-based benchmark that represents best practice. The Crown policy, overall, is consistent with and builds upon the better aspects of each model and approach.

The review sets out the main issues and processes related to third party exclusions. There is an additional article on the topic that could be included in Crown's review as it represents the only other evaluation study to Kotter et al.'s (2017) work. Goh and colleagues (2016)[9] conducted a qualitative study of 105 family members in Singapore and found the majority (87.2%) reported effective outcomes: improved sense of relief, modified gambling behaviour, increased family time spent together, and improved financial stability. Only five problem gamblers abstained from all forms of gambling throughout the ban, with 5.3% indicating the outcome was effective because of continued gambling.

Difficulties associated with third party exclusions include concerns for vexation claims, unintended consequences of domestic conflict or violence, and the distress/embarrassment reaction and responses experienced by the person. Family members and significant others are also often placed in a situation where they are virtually helpless in managing a person's gambling problem where that person is reluctant to admit or take action to reduce their gambling.

Crown is in the process of developing a third party process and procedure protocol for Crown Melbourne. Perth has a protocol already in place that has been operational for approximately 10 years. I am not clear on what evaluations have been completed on the immediate, short or long term outcomes of the Perth experience to date but this data would be informative in guiding the development of Melbourne's procedures and evaluation.

Melbourne is preparing a review of its third party protocol with a revised version dated May 2019: Responsible Gambling Department Policy and Procedure: Third Party Exclusion. The following comments relate to this document.

The policy and procedures are described in detail and appears to be comprehensive in covering the primary issues. There are some comments that bear consideration. The time from submitting an application to a decision being made by the TPE and implemented can be relatively lengthy. There are some situations where a rapid response is required and appropriate. Therefore, should Crown include a procedure to implement immediate action for TPE, albeit of a temporary order until fully investigated, under circumstances where the applicant provides information on the medical status of the person as suffering dementia, Parkinson's disease or bipolar disorder where the condition has a direct impact on capacity for informed decision making and/or control over behaviours? Given possible time lags during the standard procedure, some families with a person suffering one of the above conditions may be disadvantaged. Provision for immediate but temporary action should be included or referred to in the policy document.

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[9] Goh, E. C. L., Ng, V., & Yeoh, B. S. A. (2016). The family exclusion order as a harm-minimisation measure for casino gambling: The case of Singapore. *International Gambling Studies*, doi: 10.1080/14459795.2016.1211169

There are some comments included under track changes in the file 'TPE Policy 20 5 2019 v2 Alex'. These are general comments on minor matters that refer to the structure of the policy document, and are self-explanatory. There is one issue regarding the composition of the TPEC. Currently, the committee appears to be composed of staff from Crown's responsible gambling and legal teams. To increase transparency and openness, and deflect any criticism of lack of impartiality of TPEC's decision, it is recommended that an independent member of an external welfare or treatment service should be included in the TPEC.

The Perth Standard Operating Procedure and Melbourne TPE policy should be integrated into the one document given similar procedures and policies, and any unique differences between these sites described and explained. This would impose a single standard operating policy and procedure document that is integrated and is consistent across both sites.

Responsible Gaming Department Policy and Procedures*: Attachments 5*
The Melbourne and Perth document sent out the basic structure underpinning the policy statement for revocation orders. The general process that occurs once an inquiry for revocation is made is clearly set out.

The general principle should be that the revocation process should be identical for both Melbourne and Perth. This requires an integration of the key elements, and justification for differences that exist, for example, different RG staff/committee structures, and consistency in terminology. One policy document for both sites should be applied with site specific differences described and explained. Illustrative of this is the reference in the Perth document to patrons being able to initiate the revocation process prior to the termination of their ban, and the applicant not found to breach the self-exclusion in the last six months. This is not mentioned in the Melbourne policy.

The process for commencing an application for a revocation requires a patron to contact the RGLO or other RG department employee for information about the process and requirements. It would be useful to have this information in detail placed on the Crown's websites with the application form able to be downloaded to give the applicant a full understanding of what is required. This will not only inform and prepare the patron ahead of any meeting, but also reduce the burden on the RG office in sending the application form by mail or email.

The procedure described in assessing counselling reports is detailed and appropriate. As argued earlier, the need to have counselling and the provision of a report from a qualified health practitioner has certain limitations. Not all self-excluded patrons have received counselling during the course of the self-exclusion period. Practitioners not involved in the treatment of a patron will have limited capacity to provide an accurate and detailed report estimating the probability of relapse or the patron's ability to make a controlled gambling. The practitioner is often reliant on the self-report of individuals motivated to resume gambling. This can lead to the individual potentially inflating unintentionally or deliberately their capacity to maintain controlled gambling.

Although a practitioner's report should be encouraged were possible and is of practical value (where the practitioner has treated the patron over several sessions and is familiar with progress), the mandatory nature of this requirement could perhaps be reconsidered to accommodate those who have had no intervening counselling for the above reason.

The policy should contain a statement that as part of the revocation, the patron will be randomly monitored during visits by RGLO members for a probationary period of six to twelve months, and that any observation of behavioural indicators of problem gambling will result in discussions to re-

enter the self-exclusion program. This will add weight to the structure of the program and overcome some of the limitations associated with relying on one practitioner's report.

At this stage, the decision to approve or decline a revocation order is based on the subjective judgement of a committee taking into account the patron's self-report and a practitioner's clinical judgement among other variables. To enhance the policy, an analysis of the variables that differentiate successful from unsuccessful revocations (relapse or subsequent request for self-exclusion) would be useful in establishing future clearer operational criteria to guide revocation decisions made by committees.

VIP re-entry

As I understand, Crown Perth has no VIP access or membership for 12 months post self-exclusion. In addition, patrons are monitored according to plans agreed upon at revocation.

Crown Melbourne's approach varies from Perth' in so far as VIP guest access is immediate with membership after three months. This approach is based on the philosophy that revocation is not approved unless recovery has been achieved or demonstrated. Patrons are placed on an informal 'watch' for a period of time.

It is unclear why the policies differ between the respective sites. Some degree of consistency should be implemented, and that should be guided by including the most conservative approach. From a precautionary principle, patrons should demonstrate controlled behaviour before resuming VIP status. A three to six month period of observation post revocation could be instigated with the patron informed that any indicators of problem gambling behaviours during this period would result in an extension of delay in taking up membership.

Conclusion

Self-exclusion and third party exclusion options have been shown to be relatively effective in assisting problem gamblers and their families. The evidence base for both programs, particularly TPE, is relatively sparse with no long term follow-up or prospective studies conclusively demonstrating best practice benchmarks. The Crown model and it self-exclusion and TPE programs set the foundation for developing an effective program that through live trials and evaluations, will lead to improved procedures and protocols. To this end, Crown's recommendations 10 and 11 should emphasise that these programs are based on the current literature but are live documents that will be revised in response to evaluative outcome data. There is no ideal protocol or benchmark currently in place but with proper evaluation, Crown is in an ideal position to evaluate, build upon and extend its self-exclusion and TPE with the objective of achieving best-practice benchmarks.

Yours sincerely,

Alexander Blaszczynski PhD.