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Experiences of Playscan: Interviews with users of a responsible gambling tool

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ABSTRACT

Online gambling, encompassing a wide variety of activities and around-the-clock access, can be a potential risk factor for gamblers who tend to gamble excessively. Yet, the advent of online gambling has enabled responsible gambling (RG) features that may help individuals to limit their gambling behaviour. One of these features is RG tools that track gamblers' behaviour, performs risk assessments and provides advice to gamblers. This study investigated users' views and experiences of the RG tool Playscan from a qualitative perspective using a semi-structured interview. The tool performs a risk assessment on a three-step scale (low, medium and high risk). Users from every risk category were included. Twenty interviews were carried out and analysed using thematic analysis. Two main themes with associated sub-themes were identified: "Usage of Playscan and the gambling site" and "Experiences of Playscan". Important experiences in the sub-themes were lack of feedback from the tool and confusion when signing up to use Playscan. These experiences counteracted positive attitudes that should have promoted usage of the tool. Providing more feedback directly to users is a suggested solution to increase usage of the RG tool.

1. Introduction

Responsible gambling (RG) features involve interventions that reduce the potential harmfulness of gambling (Blaszczynski et al., 2004; Ladouceur et al., 2016b). These features include, among others, limit setting, self-tests to assess the level of gambling problems, self-exclusion in different settings (both online and land-based) and warning systems that alert users if a gambling session is long and/or involves high spending. Features also include updates on current and past expenditure on gambling (Blaszczynski et al., 2011). The advantage of these features is that they have the possibility to reach many gamblers at different levels of risk. However, most of these features have only a low to moderately high effect (Williams et al., 2012). Also, many problem gamblers do not seek psychological treatment (only 5–12%) (Slutske, 2006; Suurvali et al., 2008) even though treatments have been found to be effective according to several meta-analyses (Gooding and Tarrier, 2009; Yakovenko and Hodgins, 2016; Yakovenko et al., 2015). There is therefore a need to investigate the reasons for lack of treatment seeking but also, more importantly, to further research the use and efficacy of RG features, because these might prove to be the best tools in limiting excessive gambling behaviour on a large scale.

Another reason for investigating RG features is that gamblers seem to have a positive attitude toward them. Gainsbury et al. (2013) found that gamblers (n = 10838) viewed RG features as useful. Also, a review of pre-commitment concluded that gamblers have a positive attitude toward this specific feature (Ladouceur et al., 2012). Moreover, patrons of a gambling venue had a positive attitude toward features that were card based (Nisbet, 2005).

Besides the extensive review on prevention by Williams et al. (2012), two other reviews have focused on the effect of RG features. In the review by Ladouceur et al. (2016a), rigorous inclusion criteria were used and included both land-based and online based RG features. The review reports a decline in studies about the effect of RG features over the past three years. The review also found five major RG strategies mixing studies conducted on land-based and online populations. The review, by Harris and Griffiths (2016), focused on electronic gambling (Internet-based gambling and electronic gambling machines), and the results from their study is more relevant to the present study. The review concludes that studies investigating breaks in play showed mixed results regarding whether breaks could be beneficial if they were accompanied by RG messages. The results from different types of messaging on Electronic Gambling Machines (EGMs) were mixed, which is in line with the review by Monaghan (2008). Note acceptor

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prohibition is an RG measure that shows promise. Limit setting is of special interest for our study, and the results of the studies included in the review suggest that it can have a moderating effect on online gambling. Behaviour tracking studies will be presented in more detail in the following segments of this introduction.

The main focus of this study is RG tools. The tools are online-based and provide feedback on gambling behaviour (assessment of risk) and also advice or on how to limit time and money spent on gambling. This introduction will mainly focus on the research on the different components included in RG tools: risk assessment, online interventions without behaviour tracking and research on RG tools and feedback.

1.1. Risk assessment based on gambling data

Adami et al. (2013) investigated the use of behaviour tracking to estimate risk. The results showed that adding sustainability markers (intervals of intense activity and rapid drops in betting) successfully identified individuals at risk. Philander (2013) used detection algorithms to analyse gambling data and found that neural networks was the best approach to estimate problem gambling. A cluster analysis (n = 530) identified a sub-group characterised by high intensity, high frequency gambling and high variability of bet sizes (Braverman and Shaffer, 2012). This sub-group had a higher risk of gambling problems when closing their online gambling account than other sub-groups identified. Dragicevic et al. (2011) identified online gambling intensity and frequency during the first month after signing up on a gambling site as potential risk behaviours in a sample of 546 gamblers.

A different approach was used in two studies trying to identify future excessive gamblers. Complaint emails from users (n = 300) were analysed by gambling company employees who managed to successfully identify future excessive gamblers (Haefeli et al., 2011). In the second study, software was used to analyse the same type of communication in the same sample as in the previous study. The results showed that a combination of ratings performed by employees and automated text analysis was the most effective way to detect future excessive gamblers (Haefeli et al., 2014).

1.2. Internet-based programmes without behaviour tracking

Cooper (2004) explored the effect of an Internet-based programme based on peer support to aid problem gamblers while attending Gamblers Anonymous. Seventy percent of the 50 gamblers included reported that the peer support programme had a positive impact on their gambling behaviour. Easy access was an important factor for use among these gamblers. Wood and Griffiths (2007) explored the use of GamAid for 413 users. The service supplied advice and guidance and served as a signposting service where gamblers could chat and receive information to help reduce their gambling. The service provided was considered to be satisfactory by a majority of the participants. They viewed GamAid as helpful in finding a way to seek help and to choose strategies to reduce their gambling. Another study focusing on online peer support groups (n = 140) showed that gamblers felt less alone with their problems when using these groups (Wood and Wood, 2009). Rodda et al. (2015) conducted a qualitative investigation of web-based single session counselling. The study participants (n = 85) sought immediate counselling in a time of crisis. The gamblers viewed online counselling as a viable source of help. These four studies provide tentative evidence for online interventions to decrease gambling. However, the small samples included in these studies make it hard to draw far-reaching conclusions. Also, most of the studies lack a user perspective, which limits ways of making improvements to the interventions.

1.3. Behaviour tracking tools (RG tools)

RG tools encompass behaviour tracking, risk assessment and the provision of feedback. The tools can also offer strategies to reduce gambling. For over a decade, these tools have been regarded as a possible countermeasure to excessive gambling (Blaszczynski et al., 2004). However, one difference between online programs that try to prevent other harmful behaviours (e.g. smoking) and RG tools is that RG tools are available on the site where the potentially harmful behaviour takes place. Also, RG tools have no established end point, since gambling behaviour is continuous and fluctuates over time.

Two RG tools, Mentor (study sample was 1015 with 15,216 as matched controls) and Playscan (study of 779 participants with 1558 matched controls), have proven to be effective in reducing gambling behaviours such as money deposited, money bet and total time spent on gambling (Auer and Griffiths, 2015; Wood and Wohl, 2015). These two studies support the notion that RG tools can be used to limit online gambling behaviour. However, use of the tool was not included in the analysis, which makes it hard to draw any inferences regarding what produced the reduction and how the efficacy of the instrument can be improved.

Apart from Auer and Griffiths (2015) and Wood and Wohl (2015), research focused on RG tools is scarce. To date, Playscan has been the focus of two other studies. Users of the Swedish state-owned gambling company Svenska Spel's gambling site were surveyed. One aim of the survey was to explore the use of Playscan. Of the 2348 people that answered the survey, 594 had voluntarily opened a Playscan account. The main reason reported for joining Playscan was curiosity (Griffiths et al., 2009). There was no reported change in their risk level after joining Playscan (89% experienced no change). The conclusion was that this was a consequence of low risk ratings among the participants. Also, many respondents found Playscan to be useful (Griffiths et al., 2009). Even though Griffiths et al. (2009) provided some insights into user behaviour in relation to Playscan, the reasons for usage and non-usage were not explored. The second study focused on user behaviour. One finding was that there was high initial usage of the different functions of Playscan but a low degree of repeated usage (Forsström et al., 2016). Also, Forsström et al. (2016) identified, via latent class analysis (LCA), five user classes based on the 9528 participants' use of the different functions of the tool. The classes were self-testers, multi-function users, advice users, site visitors and non-users. The self-testers and the multi-function users had a higher risk of developing gambling problems and a higher use of the tool compared to the advice users, site visitors and non-users, according to a multinomial regression that was performed in conjunction with the LCA.

1.4. Use of other web based services focused on e-health

Low usage of web-based services can be found in unguided e-health areas in general. In Wangberg et al. (2008) and Wanner et al. (2010), low usage and high attrition were found in interventions promoting diabetes care (n = 90), smoking cessation (n = 618) and recording symptoms over time and receiving help to facilitate beneficial behaviours (n = 218) as well as physical activity (data sample was 110776 visits to the site). Using a regression model, a review by Kelders et al. (2012) focusing on adherence to interventions which included 101 articles covering 83 interventions within the fields of chronic disease (19 studies), lifestyle (16 studies) and mental health (48 studies) found that more frequent updates improved adherence.

1.5. Previous focus of online RG studies in relation to the current study

Most of the studies that have been carried out exploring online RG features have focused on gambling patterns, risk assessment and the effects of RG features on a group level using quantitative techniques. There is a need for different types of studies investigating the individual use of these features from a qualitative perspective.

The studies by Griffiths et al. (2009) and Forsström et al. (2016) have explored Playscan from two different perspectives: self-report data and user behaviour on a group level. These two perspectives have added