NCRG
NATIONAL CENTER FOR RESPONSIBLE GAMING
Advancing Research, Education and Awareness

INCREASING THE ODDS
A Series Dedicated to Understanding Gambling Disorders

VOLUME 5

Evaluating Self-Exclusion as an Intervention for Disordered Gambling

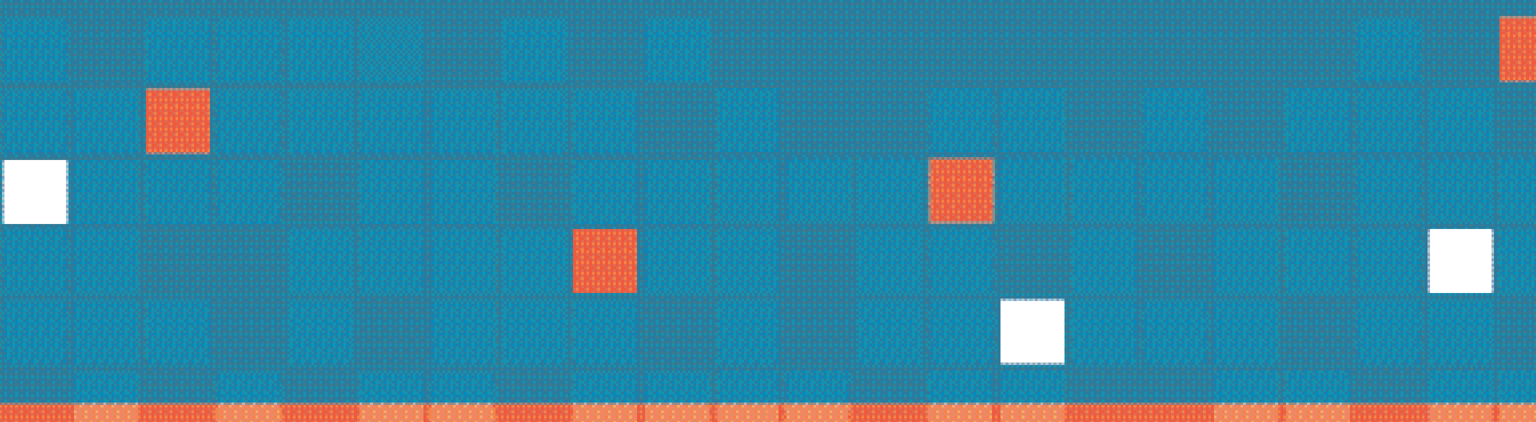

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TABLE OF CONTENTS

INTRODUCTION

1 ***Self-Exclusion as a Growing Trend in Intervention Programs for Disordered Gambling***
by Glenn Christenson, NCRG Chairman

COMMENTARY

3 ***The Emergence of Self-Exclusion Programs***
by Kevin Mullally, General Counsel and Director of Government Relations, Gaming Laboratories International

RESEARCH SUMMARIES

7 ***What Motivates Gamblers to Seek Help and Change Their Behavior?***
by Helen Suurvali, B.A.
A summary of Suurvali, H., Hodgins, D.C., & Cunningham, J.A. (2010). Motivators for resolving or seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies, 26,* 1-33.

14 ***How Self-Exclusion Programs Can Inform Public Health Strategies***
by Richard A. LaBrie, Ed.D.
A summary of LaBrie, R.A., Nelson, S.E., LaPlante, D.A., Peller, A.J., Caro, G., & Shaffer, H.J. (2007). Missouri casino self-excluders: Distribution across time and space. *Journal of Gambling Studies, 23,* 231-243.

18 ***Evaluating the Missouri Voluntary Exclusion Program***
by Sarah E. Nelson, Ph.D.
A summary of Nelson, S.E., Kleschinsky, J.H., LaBrie, R.A., Kaplan, S., & Shaffer, H.J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies, 26*(1), 129-144.

25 ***Early Benefits to Gamblers through Self-Exclusion***
by Robert Ladouceur, Ph.D.
A summary of Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-Exclusion Program: A Longitudinal Evaluation Study. *Journal of Gambling Studies, 23,* 85-94.

31 ***Testing Improvements in a Self-Exclusion Program***
by Robert Ladouceur, Ph.D.
A summary of Tremblay, N., Boutin, C., & Ladouceur, R. (2008). Improved self-exclusion program: Preliminary results. *Journal of Gambling Studies, 24,* 505-518.

APPENDIX

37 ***Self-Exclusion Programs in the United States and International Casino Jurisdictions***

ADDITIONAL INFORMATION

49 ***Resources and Programs***

52 ***About the National Center for Responsible Gaming***

53 ***About the Institute for Research on Gambling Disorders***

The first four volumes of *Increasing the Odds* are available via the NCRG's website, www.ncrg.org.

INTRODUCTION

Self-Exclusion as a Growing Trend in Intervention Programs for Disordered Gambling

by Glenn Christenson
Chairman, National Center for Responsible Gaming

This volume of *Increasing the Odds: A Series Dedicated to Understanding Gambling Disorders* features the latest research on self-exclusion, a growing trend in intervention programs for disordered gambling. While specific program components vary, self-exclusion programs now offered by many casinos and governments in the United States and around the world allow individuals to voluntarily ban themselves from entering casinos for a specified time period that can range from months to a lifetime. Casinos, in turn, are responsible for enforcing the voluntary ban. Despite the increase in these programs, particularly during the last 10 years, self-exclusion is still a relatively new focus in research on responsible gaming and disordered gambling. Fortunately, the pool of research published in peer-reviewed journals is growing, and the NCRG is pleased to bring this research beyond the scientific arena and to the public.

The studies included in this issue examine a number of critical areas, from the characteristics of self-excluders and what motivates them to action to the effectiveness of the voluntary self-exclusion programs. The findings presented here can be used to shape the development and implementation of new and existing programs, leading to more effective results for individuals who want to stop or reduce their gambling activities.

Kevin Mullally, author of the first state self-exclusion program implemented in the United States in 1996 by the Missouri Gaming Commission, provides a historical perspective in "The Emergence of Self-Exclusion Programs." Mullally not only outlines the evolution of self-exclusion and, specifically, Missouri's seminal program, but highlights some of the challenges presented by the lack of research on the subject at that time. Since then, self-exclusion programs have proliferated in the United States and internationally. The Appendix, "Self-Exclusion Programs in the United States and International Casino Jurisdictions," summarizes current programs, including their locations, terms of enrollment, and, if applicable, accompanying treatment support programs.

Enrolling in a self-exclusion program is a form of help-seeking behavior, akin to attending a Gamblers Anonymous meeting or entering talk therapy. Because most people struggling with addiction, including those with disordered gambling, do not seek external help, it is vital for scientists, health care providers and policymakers to understand what motivates the people who do seek assistance. Helen Suurvali summarizes a literature review of 19 empirical studies on what factors prompt individuals to address gambling behaviors in "What Motivates Gamblers to Seek Help and Change Their Behavior?" This study explored the various reasons that led people to stop or reduce their behavior on their own, seek outside help or enroll in self-exclusion programs.

As one of the oldest self-exclusion programs, the Missouri Voluntary Exclusion Program (MVEP) has yielded extensive data available for researchers. The Division on Addictions at Cambridge Health Alliance conducted a study of the MVEP in two phases. In "How Self-Exclusion Programs Can Inform Public Health Strategies," Richard LaBrie reviews phase

one of the study that analyzed whether the number of people enrolled in a self-exclusion program is a predictor of the concentration of disordered gambling. The findings demonstrate that the number of people enrolling in self-exclusion programs can provide a cost-effective measure of the disordered gambling prevalence rate in a given area, and inform how public health officials allocate prevention and treatment resources.

Research on interventions raises questions about the effectiveness of the strategy. Does self-exclusion offer a safe and accessible means of help for individuals concerned about their gambling? In "Evaluating the Missouri Voluntary Exclusion Program," Sarah Nelson reviews the findings of phase two of the MVEP study that showed positive outcomes for the self-excluders but also suggested that the act of enrolling in the program rather than its enforcement appeared to be the key factor in the reduction of problematic gambling behaviors.

A casino in Montreal, Quebec, has also given researchers the opportunity to study self-exclusion. Robert Ladouceur summarizes the findings of a two-year study in "Early Benefits to Gamblers Through Self-Exclusion." He found that self-excluders experienced a positive impact from the program in the early stage of enrollment. Ladouceur and colleagues followed up this research with a later study of program improvements instituted by the Quebec casino, including the additions of counseling and telephone support. He recaps this research in "Testing Improvements in a Self-Exclusion Program." The study found a number of positive outcomes for the self-excluders, suggesting the importance of additional service components, such as contact with a designated counselor and access to outside help resources.

The research presented in this volume raises a number of important questions that should be considered by policymakers who mandate self-exclusion, by gambling regulators who shape the programs, by gaming operators who implement the programs, and by the mental health care community concerned with the individuals enrolled in self-exclusion programs. The NCRG hopes that translating this research for the public will assist all of these stakeholders in their common goal of preventing gambling-related harms.

COMMENTARY

The Emergence of Self-Exclusion Programs

by Kevin Mullally
General Counsel and Director of Government Relations, Gaming Laboratories International

In roughly 20 years, self-exclusion programs have grown to be one of the most widely utilized regulatory programs to address gambling disorders, both in the United States and around the world. With a long but poorly documented history, no one can pinpoint exactly when programs designed to allow gamblers to voluntarily exclude themselves from gambling opportunities emerged. Those involved in the gaming industry speculate that it was sometime in the 1950s. The predecessors to formal self-exclusion programs were informally created by the gaming industry as a way of managing problem customers, but details about specific program components come from anecdotes from industry veterans. What we do know is these early programs had as much to do with maintaining order and preserving the entertainment value of the casino environment as they did with disordered gambling, a problem that was not yet recognized as a mental health disorder.

Due to their informal nature and amorphous purpose, the early exclusion programs created by the industry were eventually superseded by government self-exclusion programs. The first such programs were created in the Canadian provinces between 1989 and 2000. There was no research to support their creation since few resources were available for any kind of problem gambling research at the time. The same was true when my colleagues and I developed the first self-exclusion program created and implemented by a government entity in the U.S. Like a number of good public policy initiatives, the idea for the Missouri self-exclusion program came as a result of a citizen trying to cope with a problem. In 1995, the Missouri Gaming Commission made statewide news by placing several notorious organized crime figures on its List of Excluded Persons, effectively banning them from entering Missouri casinos. Following the news coverage of this event, the commission received an impassioned plea from a citizen suffering from a serious gambling problem who claimed he had tried to solve his problem with professional and religious counseling and by attending Gamblers Anonymous meetings. None of these strategies helped him control his gambling. He said that he had always been a law-abiding citizen and if, for some reason, gambling was made illegal for him, he thought he would quit. I pleaded with the commission to enter him into the List of Excluded Persons.

…the idea for the Missouri self-exclusion program came as a result of a citizen trying to cope with a problem.

As we worked on this process, we concluded it did not seem appropriate to include people with gambling disorders in the same group as organized crime figures, gambling cheats and scam artists for which the List of Excluded Persons was originally intended. Thus, we began drafting new rules to establish policies for casinos to prevent the entry of individuals who had voluntarily excluded themselves. The initial effort contained many fundamental flaws because of our basic misunderstanding of gambling disorders, their cause and how to treat them. We initially relied on the tool that regulators know best — enforcement. The initial rule established a process for individuals to enter themselves onto an exclusion list and a simple requirement that casinos deny them entry. Because Missouri had a $500 loss limit that required all patrons to show a form of identification when

entering a casino, it was thought that doing this would provide the casino with the necessary information to deny entry.

We anticipated resistance to the rule from the casino operators. What we did not anticipate was the vociferous outcry that came from the counseling community and nonprofit advocacy groups for problem gamblers. The comment period for the rule resulted in dozens of letters from treatment professionals and problem gambling advocacy groups asserting that, while they admired the commission's good intentions, our proposed rule would actually do more harm than good.

The counselors explained that the only way for problem gamblers to achieve sustained recovery is to admit and take responsibility for their problems. They also commented that the commission's policy of requiring third parties to attempt to stop problem gamblers from entering a casino would not only be fruitless, but counterproductive to the ultimate goal of good mental health.

[Some clinicians commented] that the commission's policy of requiring third parties to attempt to stop problem gamblers from entering a casino would not only be fruitless, but counterproductive to the ultimate goal of good mental health.

Through this new policy, the counselors believed that the commission would be allowing problem gamblers to pass off responsibility for their problems to someone else. By promising to prevent excluded gamblers from entering a casino, the commission would be enabling them to blame someone else when they failed to control their compulsion to gamble. According to the counselors, in the minds of the gamblers, it would not be their fault if they fell from grace, but the casino's and the government's, both of which should have stopped them. They argued such feelings would not allow the process of problem recognition to begin, so recovery would be squelched before it had a chance to start.

Furthermore, the treatment community predicted that the enforcement of the policy would be doomed to failure because, it asserted, gamblers are notorious for their skills at deception. If one wanted to gain access to a casino, sneaking past the rudimentary identification controls amongst the large crowds attracted by casinos would be a relatively easy task. This fact worried casino operators, who feared the rule would result in extensive litigation that would be costly for both the industry and the government, as the commission was just as likely to be sued as the casino operator.

Fortunately, the commission listened to the comments. Substantial changes were made to the proposed rule to arrive at a more logical policy based on the knowledge and experience of the professional counselors, advocates for problem gamblers and the casino industry. The result was the establishment of the Missouri Voluntary Exclusion Program, which now includes nearly 15,000 participants, the largest enrollment of any self-exclusion program of its kind.

The Missouri program — and those in the many jurisdictions that subsequently followed the Missouri model — is based on the principle that self-exclusion should be viewed as a tool problem gamblers can use to help acknowledge and take personal responsibility for their gambling problems. The programs typically require the gambler to acknowledge in writing that they have a gambling problem and commit to refraining from entering casinos in the jurisdiction.

While self-exclusion programs vary by jurisdiction, they share several common elements. In order to assist problem gamblers with their efforts to abstain from casino gambling, Missouri and many other jurisdictions have designed their self-exclusion programs to focus on three primary areas to deter gambling activity among self-excluded persons:

- Reducing external enticements to gamble
- Taking away the big prize
- Creating consequences if discovered on a gaming property

To address the first area, casinos are typically prohibited from marketing directly to self-excluded persons, including sending promotional materials such as coupons for free play, free or discounted meals, or hotel rooms. Casinos are not allowed to cash checks from self-excluded persons and are required to compare identification of all check cashers against the list of excluded persons. The rationale for this requirement is that if an excluded gambler comes into a casino and shows their identification as part of a check-cashing process, the action may be as much a plea for help from an out-of-control gambler as it is a desire to gain funds from a bank account.

Casinos are typically prohibited from marketing directly to self-excluded persons, including sending promotional materials such as coupons for free play, free or discounted meals, or hotel rooms.

To address the second area, self-exclusion policies typically make the excluded gambler ineligible to place a wager, similar to how individuals who are underage cannot legally engage in gambling activities. The terms of the self-exclusion program require self-excluded persons to forfeit any winnings they might gain from a wager. This typically applies to any jackpots of more than $1,200, the collection of which, by U.S. law, requires showing identification. Finally, to address the third area, it is generally illegal for self-excluded gamblers to be on the casino floor. If discovered, law enforcement officials in most jurisdictions have the authority to arrest the individual on charges of trespassing. At the very minimum, they will be forcibly removed from the gaming establishment.

Many problem gamblers have found these to be effective deterrents that help them abstain from gambling long enough to begin the difficult process of recovery and enjoy better mental health.

Several jurisdictions also have utilized their self-exclusion programs as a pipeline to treatment. During the application process for the Missouri program, gamblers are provided with materials explaining how to take advantage of Gamblers Anonymous meetings available in their area, the options available under Missouri's free problem-gambling counseling program, as well as a list of private and nonprofit problem gambling recovery resources. In addition, this material is made available to gamblers online through Missouri's Alliance to Curb Problem Gambling website, www.888betsoff.com.

During the past decade, the rules of self-exclusion programs have evolved, with some jurisdictions modifying policies to reflect findings from the limited amount of research on self-exclusion that has become available. One issue constantly being evaluated is the appropriate duration for the period of self-exclusion. The Missouri program requires a lifetime ban, meaning that a self-excluded person may never again gamble at a casino. Some question whether such a significant time period for the ban may deter participation

in the program, and many jurisdictions have developed programs for which the exclusion period is a set number of years instead of for life. The recently enacted rules in Kansas move away from the lifetime or time-based options employed by most jurisdictions, allowing the gambler to apply to be removed from the self-exclusion list at any time. However, rather than just removing the person from the list, Kansas requires a re-entry program involving attendance in a day-long series of educational and self-assessment sessions designed to ensure that individuals understand the importance of responsible behavior, triggers for gambling addiction and the underlying causes of gambling problems. Only after completing the program is the gambler allowed to choose whether to remain in the program or be discharged.

The rapid growth of self-exclusion programs across the country and around the world is evidence of the desire of policymakers to provide problem gamblers with practical tools to mitigate gambling harms. But, as with any responsible gaming policy, self-exclusion programs demand careful follow-up and funding for research to monitor their safety and effectiveness. The summaries of research projects involving self-exclusion programs in Missouri and Quebec included in this volume represent important milestones in our understanding of how self-exclusion has affected participants and how the programs can be improved. One of my observations over the years has been that regulators (and being a former regulator, I count myself in this group) generally do a poor job of collecting data about people in the programs and monitoring outcomes. Thus, regulators often are unaware of the impact of self-exclusion and are left with anecdotal information that can be misinterpreted. In addition, I find that many programs suffer from poor documentation, inconsistent communication of the goals and policies of the program to prospective participants and inadequate resources for administration, promotion and research. In short, we can do better. Support for funding of further research will allow us to become better policymakers and more effective in our goal of helping those with gambling problems attain better mental health.

About the author…

Kevin Mullally is the general counsel and director of government relations for Gaming Laboratories International, LLC, the world's largest technical testing laboratory providing services to gaming regulators around the world. Mullally served as the deputy director for legal and legislative affairs for the Missouri Gaming Commission from 1993 to 1999, and as its executive director from 2000 to 2006. Mullally has served on the board of directors of the National Center for Responsible Gaming since 2000. He was the first president of the Missouri Alliance to Curb Problem Gambling and vice president of the North American Gaming Regulators Association, as well as chairman of its policy committee and Internet Gambling Task Force. From 1984 to 1993, Mullally was chief of staff to Missouri State Sen. Harry Wiggins.

RESEARCH SUMMARIES

What Motivates Gamblers to Seek Help and Change Their Behavior?

by Helen Suurvali, B.A.
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A summary of the following publication:
Suurvali, H., Hodgins, D.C., & Cunningham, J.A. (2010). Motivators for resolving or seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies, 26,* 1-33.

INTRODUCTION

Despite the availability of effective treatments for disordered gambling, only a small percentage of people with gambling problems seek external help in the form of counseling, self-help groups or other interventions, such as self-exclusion from a gambling venue. Many people with gambling disorders "recover naturally," which means they recover on their own without formal treatment. In fact, the rate of recovery among gamblers tends to be considerably higher than their rate of treatment seeking.

Learning more about the motivating factors that drive individuals to resolve their gambling problems or seek help for disordered gambling will add to the knowledge base about disordered gambling behavior, thus contributing to the development of science-based prevention methods, interventions and treatment.

In this literature review of 19 studies, my co-authors and I focused on understanding what prompts people with gambling disorders to try to resolve or reduce their gambling problems, with or without help. Help in these studies is variously defined as professional gambling treatment, gambling helpline service, formal and informal assistance and self-help; in one study, it extends to help sought for someone else.

OBJECTIVE

The objective of this literature review was to explore why pathological or problem gamblers try to stop or reduce their gambling, whether on their own or with help, by examining the empirical research on this topic.

HIGHLIGHTS

- Understanding what motivates people with gambling disorders to change their behavior can inform both new and existing prevention and treatment methods, and help refine education and awareness materials.
- According to this study, the biggest motivating factors for those who resolved, quit or reduced their gambling were changes in environment and lifestyle, financial difficulties, evaluation of the pros and cons of gambling, relationships and negative emotions.
- Those seeking help for their gambling problems were most likely to be prompted by financial or relationship difficulties, negative emotions and work or legal issues.
- Gamblers who decided to ban themselves from casinos (self-excluders) were motivated by evaluation of the pros and cons of gambling and the desire to regain control; relationships, financial difficulties and a specific life event were also important.
- Not every person with a gambling disorder needs to receive formal treatment in order to overcome their gambling problem. However, many of those who may be able to resolve problems on their own still need information and support, delivered in accessible ways, to encourage them to take action and to help them maintain the change.

Specifically, we focused on what motivates gamblers to:

- Quit gambling or reduce gambling
- Seek help or treatment, whether formal or in the form of self-help
- Voluntarily ask to be banned from entering casinos to help with their gambling problem

SAMPLE AND METHODOLOGY

Through searches of various databases that index scientific articles and provide access to grey literature, we found 19 studies that examined what motivated gamblers to try to stop or reduce their gambling problems. Databases used included Medline (1996 to January 2009), PsycINFO (1987 to January 2009), HealthStar (1966 to November 2008), Dissertation Abstracts (1997–2009) and Google Scholar (only the first 200 hits were investigated). The keyword search for identifying relevant studies included using the term (a) "gambling" with (b) "treatment" or "resolution" and with (c) "motivators" or "reasons."

Criteria Used for Including Studies in this Literature Review:

- Gamblers had to be asked directly why they tried or might try to quit or reduce gambling (resolution/quitting/reducing), or why they sought or might seek help for gambling problems (help seeking)
- Literature was restricted to papers, reports and conference materials published since 1998
- Papers had to be written in English

The 19 studies were organized into three groups: 10 studies addressed gamblers' reasons for quitting, reducing or resolving gambling problems (several of these studies included some gamblers who had received treatment, but the focus of the question presented to them remained their reasons for resolution/quitting/reducing), five asked about reasons for seeking help (mostly formal help) with gambling problems, and four asked gamblers what motivated them to request self-exclusion from casinos. A list of motivating factors for changing gambling behavior was extracted from these studies. For each category of motivating factor, the studies in which that factor was found were evaluated for the frequency with which that factor was noted by study participants. Frequency was categorized as "very common," "moderately common" or "rare."

In addition, some studies reported separate results for closed- and open-ended questions[1] about motivating factors. The addition of these separate results meant that a motivating factor could be noted or identified (i.e., endorsed) up to 14 possible times among the resolution/quitting/reducing studies, seven times among the help-seeking studies and four times among the self-exclusion studies.

[1]Closed-ended questions require respondents to choose from a pre-existing set of answers, such as yes/no, true/false or multiple choice. Open-ended questions do not give respondents answers to choose from, but rather are phrased so that the respondents are encouraged to explain their answers and reactions to the question with a sentence, a paragraph or more, depending on the survey.

KEY FINDINGS

Among gamblers asked about their reasons for resolving/quitting/reducing gambling:

- Changes in environment or lifestyle received the highest total number of endorsements (identified 14 out of 14 possible times). Twenty-one percent of those endorsements came from studies in which this motivating factor was "very common."
- Financial difficulties received 12 endorsements; evaluation of pros and cons/making a conscious decision to change received 11; relationships with others received 11; and negative emotions received 10 endorsements. The only category of motivating factor not mentioned by this group was the desire to regain control.
- Gamblers with different levels of problem severity were compared in terms of what motivated them to change. Although it did not state whether the differences were statistically significant, one study (Abbott et al., 1999) observed that "pathological gamblers" (the most severely disordered) were more likely than "problem gamblers" (with less severe problems) to report financial issues (68 percent vs. 23 percent) as a reason for reducing their involvement with gambling over a seven-year period. In the same study, pathological gamblers also were somewhat more likely than problem gamblers to credit reduced gambling activity to increased awareness and maturity (32 percent compared to 15 percent), a motivating factor not identified at all by "non-problem gamblers" (those gambling without problems). Non-problem gamblers who had resolved, quit or reduced their gambling, on the other hand, were more inclined than pathological/problem gamblers to say they had lost interest in gambling (31 percent vs. 13 percent).

Among those asked about their reasons for seeking help with their gambling problems:

- The most frequently endorsed motivating factors were financial difficulties and relationships (each endorsed seven out of seven possible times). Negative emotions received six endorsements, and work or legal difficulties received five. None of these studies endorsed the following motivating factors for seeking help: changes in environment or lifestyle, recognizing that it is not possible to win at gambling and loss of interest in gambling.

CATEGORIES OF MOTIVATING FACTORS

- Financial difficulties
- Relationships with, or the influence of, others (e.g., marital/other relationship problems, pressure or encouragement, confrontation, influence of family and children)
- Negative emotions (e.g., depression, shame, anxiety, mental health concerns, feeling suicidal, having "hit rock bottom" or reached "the end of one's rope")
- Evaluation and decision-making (e.g., fear of future consequences, desire to prevent more serious gambling problems, reflection on the pros and cons of gambling, consciously deciding to change and acknowledging that change comes from within)
- Environment and lifestyle changes (e.g., changes in another addictive behavior, change in circumstances leading to less opportunity to gamble)
- Work or legal difficulties
- Physical health
- Traumatic, humiliating, personal or specific event
- Conflict with self image or goals, sense of personal failure
- Loss of control, desire to regain control
- Recognition that it is not possible to win at gambling
- Loss of interest in gambling

- In help-seeking studies as well as in resolving/quitting/reducing studies in which direct comparisons could be made between open- and closed-ended questioning, both approaches supported financial issues, negative emotions/mental health concerns and relationships with others as key reasons for trying to get help or resolve a gambling problem.
- No help-seeking studies directly compared motivating factors among gamblers with different levels of problem severity. However, various other findings in the help-seeking studies as well as among help-seekers and non-help-seekers in studies asking about reasons for resolving/quitting/reducing gambling suggest that gamblers who cannot resolve their problems on their own may need to reach a certain level of severity before seeking help. For example, the feeling of "having hit rock bottom" or an event that is perceived as "the last straw" may force a gambler to get assistance.

Among those asked about their reasons for participating in a self-exclusion program:

- Relationships were identified three out of four possible times as a motivating factor in deciding to enroll in a self-exclusion program.
- The only categories of motivating factors identified as "very common" in any self-exclusion study were the desire to regain control; the evaluation of the pros and cons of gambling, and making a conscious decision to change; financial difficulties; and a specific event. In two studies (Nower & Blaszczynski, 2006, 2008), self-excluders said they took action because they recognized they needed help. In addition, most self-excluders in Ladouceur et al. (2007) said they chose self-exclusion over quitting or reducing gambling on their own because they knew they could not do it on their own.

DISCUSSION

All three groups of studies examined in our review essentially addressed the same underlying question: from the gamblers' own perspective, what happened to incite them to take action about their gambling? Whether the gamblers were asked about reasons for resolving/quitting/reducing their gambling behavior, seeking help or applying for casino self-exclusion, they were likely to identify financial difficulties, relationship issues and negative emotions as important motivating factors. There also were differences noted in the three different types of studies we examined: gamblers asked about their reasons for seeking help focused especially on the harmful consequences of their gambling, while gamblers asked about their reasons for resolving/quitting/reducing their gambling behavior also mentioned changes in environment or lifestyle and evaluation of the pros and cons of gambling/making a conscious decision to change. Casino self-excluders fell in between the other two groups, with characteristics of both. Understanding the different factors that motivate people with gambling disorders to change their behavior, including how they overcome obstacles to getting help, can inform both new and existing prevention and treatment methods, and help refine education and awareness materials.

So, how do gamblers come to the point where they quit or reduce their gambling, with or without various types of help? The findings from these studies in general suggest some possible paths to change:

1. Although many regular and long-term heavy gamblers are likely to be aware of the risks of gambling, some people may become increasingly involved in gambling without recognizing the negative consequences. As the negative consequences become more severe or more prevalent, and as others begin to notice them and to express concern, the gambler's awareness and distress are likely to increase. The gambler may then become more motivated to change.
2. Some people experiencing gambling-related harms are able to go through a process of assessing their lives and making a decision to quit or reduce their gambling, which they then implement. Others go through this process but realize that they need outside assistance (e.g., treatment, self-help, enrollment in a casino self-exclusion program) in order to change or to maintain that change. Still others cannot get beyond their distress, requiring professional help to recognize the problem and to learn what they can do about it.
3. Realizing that external help is desirable or necessary does not necessarily lead people with gambling disorders to seek help. For many of these people, there are internal and external obstacles to seeking help, for example, stigma/shame/embarrassment, a sense that they should be able to manage on their own, or practical issues with accessing treatment (Suurvali et al., 2009). These gamblers first need to overcome the barriers they perceive to be standing in their way before they can seek help.
4. Change also can occur in a less conscious or deliberate manner for some individuals struggling with a gambling problem. For example, other developments in these gamblers' lives may make gambling more difficult or less interesting and/or rewarding. Alternatively, some gamblers may consciously take the opportunity presented by a personal or environmental change to also make a change in gambling behavior. The ability of some gamblers to give up or markedly reduce gambling so readily suggests that perhaps for these people, even if they meet criteria for disordered gambling, gambling is not very central to their sense of identity. It is also plausible, however, that some firmly established gamblers suddenly experience a turnaround in response to some internal or external event that has personal significance.
5. Gamblers who cannot resolve their gambling problems on their own may need to reach a certain threshold of problem severity and/or impact. For example, the feeling of having lost control of one's life or of having "hit rock bottom," may incite a person with a gambling disorder to seek treatment, despite barriers. As Evans and Delfabbro (2005, p. 150) concluded in their study of both barriers and motivating factors, "treatment agencies are not considered points of intervention, but merely last resorts when all other possibilities had been exhausted."

LIMITATIONS OF THE STUDIES

The most common limitations affecting the studies in this review included small sample sizes; self-selected study participants (i.e., a biased sample not representative of the broader population because selection was not randomized); reliance on retrospective data (i.e., data that resulted from participants recalling past events); shortcomings of instruments used to measure gambling problems; variations in the criteria used for defining the resolution of gambling problems and help seeking; and inadequate controls for any previous treatment experience (i.e., the studies asking about resolving/quitting/reducing were not always restricted to gamblers who had never received formal assistance, thus weakening the comparison with the help seeking studies).

IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

Future research on the motivating factors for change among gamblers who are having problems as a result of their gambling should be conducted with:

- Samples of adequate size
- Precise definitions of "help" and "resolution"
- Consistent time frames
- Controls for prior treatment experience
- If using a lifetime diagnosis of disordered gambling, assessment of the clustering of symptoms (e.g., did several symptoms occur in the same 12-month period?)
- Attempts to deal with other shortcomings typically associated with problem severity measures

In addition, such studies need to address how the gamblers managed to overcome the shame, lack of resources or whatever barrier to help they encountered in their efforts to recover. Knowledge about how gamblers overcome specific types of barriers before seeking professional assistance can inform the development of strategies to encourage and facilitate that process.

More research also is needed on the role of socio-demographic characteristics (e.g., gender, age, ethnicity, cultural affiliation) and of gaming practices (in particular, preference for skill-based versus chance-based gambling activities) in reasons for overcoming gambling problems and/or seeking help. Combined with information about barriers, knowledge about triggers to action among subgroups of gamblers should provide a clearer picture of how these groups handle their gambling when it begins to become problematic. This, in turn, may help in the identification and timing of innovative interventions (such as awareness messages, educational strategies and promotion of alternative kinds of assistance) so as to increase their impact with harder-to-reach groups of people with gambling disorders.

Not every person with a gambling disorder needs to receive formal treatment in order to overcome their gambling problems. However, many of those who may be able to resolve problems on their own still need information and support, delivered in accessible ways, to encourage them to take action and to help them maintain the change (Hodgins et al., 2009). The Internet in particular holds promise as a vehicle for providing confidential and non-threatening assistance for gamblers recovering on their own.

REFERENCES

Abbott, M.W., Williams, M.M., & Volberg, R.A. (1999). *Seven years on: A follow-up study of frequent and problem gamblers living in the community.* Report number six of the New Zealand Gaming Survey. Wellington, New Zealand: Department of Internal Affairs. http://www.dia.govt.nz/Pubforms.nsf/URL/report2.pdf/$file/report2.pdf. Retrieved January 28, 2009.

Evans, L., & Delfabbro, P.H. (2005). Motivators for change and barriers to help-seeking in Australian problem gamblers. *Journal of Gambling Studies, 21*(2), 133–155.

Hodgins, D. C., Currie, S. R., Currie, G., & Fick, G. H. (2009). Randomized trial of brief motivational treatments for pathological gamblers: More is not necessarily better. *Journal of Consulting Clinical Psychology, 77*(5), 950-960.

Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-exclusion program: A longitudinal evaluation study. *Journal of Gambling Studies, 23*(1), 85-94.

Nower, L., & Blaszczynski, A. (2006). Characteristics and gender differences among self-excluded casino problem gamblers: Missouri data. *Journal of Gambling Studies, 22*(1), 81-99.

Nower, L., & Blaszczynski, A. (2008). Characteristics of problem gamblers 56 years of age or older: A statewide study of casino self-excluders. *Psychology of Aging, 23*(3), 577-584.

Suurvali, H., Cordingley, J., Hodgins, D. C., & Cunningham, J. (2009). Barriers to seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies, 25*(3), 407–424.

Suurvali, H., Hodgins, D.C., & Cunningham, J.A. (2010). Motivators for resolving or seeking help for gambling problems: A review of the empirical literature. *Journal of Gambling Studies, 26,* 1-33.

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How Self-Exclusion Programs Can Inform Public Health Strategies

by Richard A. LaBrie, Ed.D.
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A summary of the following publication:
LaBrie, R.A., Nelson, S.E., LaPlante, D.A., Peller, A.J., Caro, G., & Shaffer, H.J. (2007). Missouri casino self-excluders: Distribution across time and space. *Journal of Gambling Studies, 23,* 231-243.

HIGHLIGHTS

- Missouri self-excluders were younger, slightly more likely to be male, and more likely to be non-Caucasian than the general population.
- In the six State of Missouri public health planning regions in which casinos were established for the longest time period, there were fewer enrollments in the later years of the MVEP. This pattern could reflect the process of communities adapting to the presence of gambling opportunities over time.
- There was a geographic clustering of counties with similar levels of self-exclusion, as well as a relationship between the location of gambling venues and self-exclusion rates; the closer people were to casinos, the higher the rate of self-exclusion.
- Measuring participation in self-exclusion programs can be an important indicator of where resources to address disordered gambling should be allocated in a state.

INTRODUCTION

Casino self-exclusion programs provide gamblers an opportunity to voluntarily limit their access to gambling venues. The gamblers pledge to stay out of participating casinos for an agreed time period, often for the rest of their lives.

The number of people enrolling in self-exclusion programs can serve as a barometer of the concentration of disordered gambling in an area. This study analyzed the distribution across time and geographic areas of 6,599 people who applied to exclude themselves from Missouri casinos during the period from November 1996 through February 2004.

HYPOTHESES

1. Because self-exclusion rates are associated with the rates of gambling disorders, self-exclusion rates will be higher in areas with nearby access to casinos.
2. Exposure to new gambling opportunities will result in an initial period of increased self-exclusion rates followed by a leveling off of rates during later years.
3. Regional exposure will have an effect on self-exclusion rates after controlling for the regional vulnerability to addiction in general.

SAMPLE AND METHODOLOGY

The Missouri Gambling Commission (MGC) provided a censored roster of people who applied to exclude themselves from Missouri casinos from the beginning of the Missouri Voluntary Exclusion Program in November 1996 through February 2004. The final study roster of valid self-excluders included 6,599 people.

The areas of interest in Missouri are the 114 counties and the City of St. Louis (referred to as “counties”) and the six State of Missouri public health planning regions. The U.S. National Census population estimates of the number of adults (ages 21+) was used to generate population-adjusted rates of self-excluders for Missouri and its constituent counties, and to compare self-excluders to the general Missouri population. There were 11

casinos within Missouri and 91 casinos and racinos (race tracks with slot machines) within the eight states that border Missouri.

Two exposure measures were used in the analyses:

1. The distance of the geographic center of each self-excluder's county of residence to the nearest casino.
2. Potency: the number of casinos clustered with the closest casino.

The need for treatment for alcohol use disorders was used as a preliminary estimate of regional vulnerability to addictive disorders. Specifically, Missouri's county-level estimates of need for alcohol treatment were used, and included county-level information from 1993 to 1996 on measures with explicit mention of alcohol: alcohol-related arrests, mortalities, auto accidents, and live births with excessive maternal alcohol use. This methodology produced an Alcohol-Related Relative Needs Assessment Scale (ARNAS) measuring the proportion of people at risk for alcohol-related problems. Each geographic unit (114 counties and the City of St. Louis) received a single score on the scale representing its need for alcohol treatment relative to other geographic units. This measurement of regional vulnerability was used to analyze the relationship between measures of exposure and prevalence of self-excluders after adjustment for underlying vulnerability.

For the final analysis, we compared the demographics of Missouri self-excluders to self-excluders from other states who enrolled in the Missouri program and to the Missouri population at-large. The relationship between self-exclusion rates and time was measured. The distribution of self-exclusion rates across public health management regions was compared to measure the effect of location. The introduction of new casinos during the period of the study allowed an examination of the immediate influence of new gambling opportunities on disordered gambling. We conducted regression analysis to determine how county differences in self-exclusion enrollment could be explained solely by exposure variables and underlying vulnerability.

VULNERABILITY TO ADDICTION

Assessing exposure to an object of addiction — such as gambling — for a particular area requires consideration of the region's overall vulnerability to addiction. Elevation of prevalence of problems with one form of addiction is often associated with elevation in problems with other forms. Consequently, regional variability in the need for treatment of one type of addictive behavior tends to correlate with the need for treatment of other types.

For this study, the need for treatment of alcohol use disorders was used as a preliminary estimate of regional vulnerability to addictive disorders. Alcohol disorders are the best-studied form of addictive behavior, and information related to regional variations in alcohol use and abuse was readily available. The information on the regional vulnerability to disordered gambling measured by self-exclusion participation indicated both a shared vulnerability with alcohol misuse and unique vulnerabilities attributable to the dose (distance to casinos) and potency (number of casinos) resulting from casino locations.

KEY FINDINGS

The results found relationships among gambling proximity (distance to gambling venues), gambling availability (number of casinos), and self-exclusion rates (proportion of residents voluntarily participating). The relationships took into account the local differences in vulnerability to addictive behaviors.

- Missouri self-excluders were younger, slightly more likely to be male, and more likely to be non-Caucasian than the general population. These findings reflect differences often found between disordered gamblers and the general population

and support the argument that self-exclusion rates are good indicators of the number of people with gambling disorders in a region.

- Self-exclusion enrollment patterns were consistent with typical exposure patterns of other public health concerns, such as environmental pollution or a cold virus. Self-exclusion rates increased during initial exposure and then leveled off as adaptation occurred.
- The analysis of the proportion of total self-excluders added in later years of the program shows that, in the regions where casinos were present in all years, there were fewer enrollments in the later years. This pattern is consistent with the major effect of adaptation on gambling-related behavior (LaPlante, 2008; LaPlante, & Shaffer, 2007).
- There was a geographic clustering of counties with similar levels of self-exclusion participation, as well as a relationship between the location of gambling venues and self-exclusion rates; the closer people were to casinos, the higher the rate of self-exclusion.
- In Missouri, distance to the nearest casino (dose) was a much stronger predictor of self-exclusion than the number of casinos available (potency). This may be due to the clustering of casinos in two large population areas, St. Louis and Kansas City, and several areas with smaller populations served by a single casino.

…these findings suggest that measuring participation in self-exclusion programs can help efficiently assign public health resources to areas according to level of need and help evaluate the effect of new interventions for disordered gambling.

DISCUSSION

The pattern of self-exclusion over time mimics a typical course for illnesses of exposure and adaptation. The novelty of new gambling opportunities can exploit weaknesses or vulnerabilities in some people, but gradually people adapt to a no-longer-novel experience and develop personal and social strategies to prevent excessive and disordered behavior.

IMPLICATIONS FOR FUTURE RESEARCH AND PREVENTION

More research is needed to examine the effectiveness of self-exclusion programs. However, these findings suggest that measuring participation in self-exclusion programs can help efficiently assign public health resources to areas according to level of need and help evaluate the effect of new interventions for disordered gambling. Data collected by various governmental agencies on gambling and other health issues, such as alcohol misuse, can be combined into indicators of the relative prevalence of health problems across areas.

REFERENCES

Kessler, R. C., Hwang, I., LaBrie, R. A., Petukhova, M., Sampson, N. A., Winters, K. C., et al. (2008). *DSM-IV* pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine, 38*(9), 1351-1360.

LaPlante, D. A. (2008). Does exposure to gambling always lead to gambling problems? *Gambling and the Public Health, Part 1* (pp. 20-23). Washington, DC: National Center for Responsible Gaming.

LaPlante, D. A., & Shaffer, H. J. (2007). Understanding the influence of gambling opportunities: Expanding exposure models to include adaptation. *American Journal of Orthopsychiatry, 77*(4), 616-623.

Petry, N. M., Stinson, F. S., & Grant, B. F. (2005). Comorbidity of *DSM-IV* pathological gambling and other psychiatric disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry, 66*(5), 564-574.

Shaffer, H. J., & Hall, M. N. (2001). Updating and refining prevalence estimates of disordered gambling behaviour in the United States and Canada. *Canadian Journal of Public Health, 92*(3), 168-172.

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About the author…

Richard A. LaBrie, Ed.D., is an instructor in psychiatry at Harvard Medical School (HMS) and the associate director for research and data analysis at the Division on Addictions, Cambridge Health Alliance. He has led research investigations of the Iowa Gambling Treatment Program and Missouri's self-exclusion program, as well as the first national study of gambling among college students, and a multi-year study of Internet gamblers. Previously, LaBrie served as deputy director of the National Technical Center for Substance Abuse Needs Assessment at HMS, where he worked on instrumentation and research procedures to measure the need for substance abuse treatment throughout the nation and, with Dr. Howard Shaffer, the development of the Massachusetts Gambling Screen for Pathological Gambling.

Evaluating the Missouri Voluntary Exclusion Program

By Sarah E. Nelson, Ph.D.
Division on Addictions, Cambridge Health Alliance and Harvard Medical School

A summary of the following publication:
Nelson, S.E., Kleschinsky, J.H., LaBrie, R.A., Kaplan, S., & Shaffer, H.J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies, 26*(1), 129-144.

HIGHLIGHTS

- Overall, the self-excluders who participated in the study experienced long-term, positive outcomes. Study participants showed a significant reduction in gambling problems, and 40 percent of participants had abstained from gambling in the six months prior to their interview.
- The benefits of self-exclusion programs may be attributable more to the act of enrollment in the program than to restricted access to gambling venues — whether voluntary or enforced.
- Self-excluders who pursued additional treatment or self-help programs after enrolling in the program experienced more positive outcomes than those who did not.

INTRODUCTION

For more than 10 years, many casinos and jurisdictions in the United States and around the world have offered self-exclusion programs to help individuals who want to change their gambling behavior. Despite the increased implementation of these programs, research about the long-term behavioral changes experienced by gamblers enrolled in self-exclusion programs remains limited. In fact, no previously published research has followed self-excluders for more than two years after their enrollment in such a program.

This study provides the first examination of the long-term effects on individuals enrolled in a self-exclusion program (Nelson et al., 2010). To understand and assess their ongoing experiences, we interviewed 113 individuals who had been enrolled in the Missouri Voluntary Exclusion Program (MVEP) for periods ranging from 3.8 to 10.5 years. The findings from this study expand the available knowledge about self-excluders and the effectiveness of self-exclusion programs.

OBJECTIVES

The major objectives of the study were to gain a better understanding of (a) self-excluders and (b) the role of self-exclusion in changing gambling behaviors and problems.

HYPOTHESES

- Participants in the MVEP would report decreases in gambling problems and improvements in general health after enrollment.
- The act of enrolling in the MVEP would lead to increased use of other treatments.
- Participants in the MVEP who also used other treatments would show more decreases in gambling problems and improvements in other health measures than those who only enrolled in the MVEP.

SAMPLE AND METHODOLOGY

The final sample of 113 study participants was recruited from a list of MVEP enrollees provided by the Missouri Gaming Commission in 2007. The list included the demographic information and telephone numbers of the 5,125 enrollees who applied to MVEP from the beginning of 1997 through the end of 2003 and who, at the time of enrollment, consented to being contacted later for research purposes. Funding allowed the research team to attempt to contact a randomly selected 419 self-excluders from the list; 203 had incorrect contact information, were deceased or did not speak English. Of the remaining 216, we completed telephone interviews with 113 individuals, gathering information about demographics, gambling behaviors, substance use, treatment experience and functioning (e.g., the ability to work or have family relations). We also queried study participants about their experiences with the MVEP and their level of satisfaction with the program. All information about participants' behavior and experiences, both prior to MVEP and during the past six months, derives from participants' recall at the time of a single interview.

We conducted statistical analyses of the survey data to assess the participants' gambling behavior, treatment experience and health before and after entering the MVEP. We evaluated whether the outcomes differed based on whether participants (a) incorporated other treatment methods and (b) decided to quit casino gambling or all gambling once they enrolled in the self-exclusion program, or made the decision not to quit any forms of gambling.

Using the South Oaks Gambling Screen (SOGS), an instrument used to identify gambling problems (Lesieur & Blume, 1987), we assigned SOGS scores to the participants to express the severity of their gambling problems. In addition, to assess their quality-of-life, participants were asked whether they felt a decline or improvement in 12 aspects of life after enrolling in the MVEP: relationships with spouse, family, friends and a higher power; self image; emotional and physical health; ability to assume responsibility and handle problems; job performance and satisfaction; and participation in recreational activities.

MISSOURI VOLUNTARY EXCLUSION PROGRAM

The Missouri Gaming Commission, which regulates casino and charitable gaming in the state, created the Missouri Voluntary Exclusion Program (MVEP) in 1996, establishing the first statewide self-exclusion program in the United States. The program directs casino operators to:

- Remove persons enrolled in the MVEP from all marketing lists
- Refuse check-cashing privileges to individuals enrolled in the MVEP
- Deny enrollees in the MVEP participation in player programs
- Check the MVEP List of Dissociated Persons before paying out winnings of $1,200 or more. Individuals on the MVEP list are denied winnings (Missouri Gaming Commission, 2008).

By enrolling in the MVEP, the individual agrees to accept responsibility for staying out of the casinos and, if caught, understands that he or she will be arrested for trespassing. Individuals arrested will be contacted by the Missouri Gaming Commission with information about options for free treatment services provided by the Missouri Department of Mental Health. The voluntary exclusion agreement is in effect for the person's lifetime (American Gaming Association, 2003; Missouri Gaming Commission, 2008).

KEY FINDINGS

- A significant percentage of participants experienced reduced problems with gambling after enrolling in the MVEP. While 78.8 percent of the sample (89 participants) exhibited "probable pathological gambling behavior" before enrolling in MVEP, only 15 percent (17 participants) exhibited such problems in the six months prior to their interview.
- Of the study's 113 participants, 40 percent did not gamble during the six months before the interview. Twenty-eight participants (24.8 percent) reported quitting all gambling when they entered the MVEP, and more than half of this group (15 participants) was successful in entirely abstaining from gambling after enrollment. In addition, 81 percent of the self-excluders who gambled after enrollment reported gambling less than before — no one reported gambling more.
- While most of the study's participants (84.1 percent) did not try to enter Missouri casinos after enrolling in the MVEP, those who did attempt entry did not encounter strict enforcement. Nine of the 18 people who tried to enter a Missouri casino after enrolling in the self-exclusion program were able to do so without getting caught. In addition, 74 percent of the study's participants went to casinos in other jurisdictions.
- 68 percent of the participants were either very satisfied (44.2 percent) or mostly satisfied (23.9 percent) with the MVEP, with men slightly more satisfied than women.
- Participating in treatment or self-help — whether gambling-related or non-gambling-related — after MVEP enrollment was significantly related to positive quality-of-life scores and gambling abstinence.
- At the time of enrollment, only 15 percent of self-excluders had received gambling-related treatment or pursued self-help options (e.g., Gamblers Anonymous). This percentage more than doubled after enrollment, with 34 percent of self-excluders choosing to participate in one of these treatment options (see table 1). Self-excluders who participated in gambling-related treatment or self-help groups after enrolling in MVEP had more positive outcomes than those who did not.

DEMOGRAPHICS

- 54.9 percent of the participants were female.
- The majority of participants were Caucasian (80.5 percent).
- 58.4 percent were married.
- 75.9 percent of participants were employed, and 45 percent of participants had household incomes of $75,000 or more.
- The majority of participants were from the eastern and western regions of the state.
- Compared to Missouri residents, self-excluders who participated in the study were older, earned higher incomes and were more likely to be Black/African-American.

TABLE 1
Psychological treatments received before and/or after entering the MVEP

Treatment/self-help type	**When participants received treatment/self-help**					
	Number of participants/Percentage of participants					
	Ever		**Before MVEP**		**After MVEP**	
	Number	Percentage	Number	Percentage	Number	Percentage
Any treatment/self-help	*67*	*59.8*	*49*	*43.4*	*60*	*53.1*
Gambling treatment/ self-help*	42	37.5	17	15	38	33.6
Substance use treatment/ self-help+	16	14.3	11	9.7	10	8.8
Mental health treatment~	25	22.3	22	19.5	22	19.5
Other treatment/self-help°	41	36.6	28	24.8	32	28.3

* Gambling treatment/self-help includes Gamblers Anonymous, gambling treatment program and gambling extended care/aftercare.

\+ Substance use treatment/self-help includes Alcoholics/Narcotics Anonymous, inpatient alcohol/drug treatment and outpatient alcohol/drug treatment.

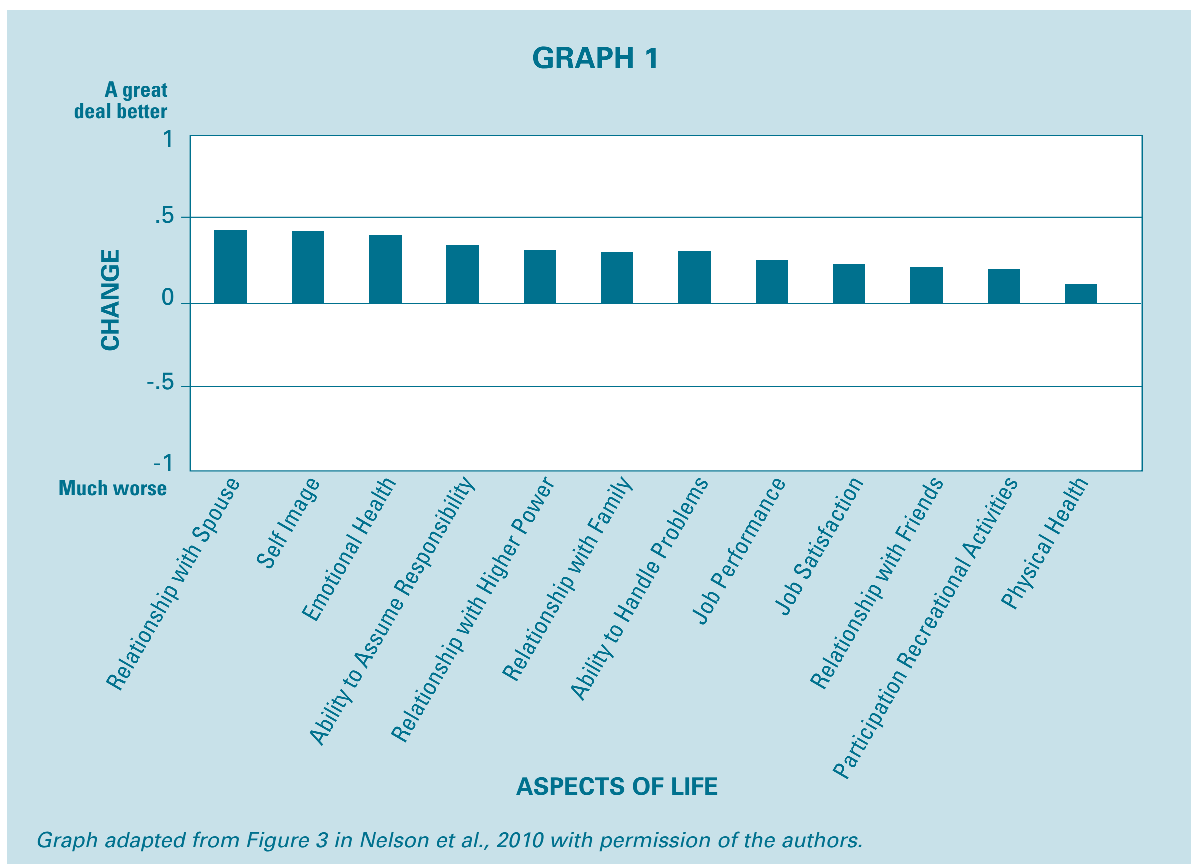
~ Mental health treatment includes inpatient and outpatient mental health treatment.

° Other treatment/self-help includes marital counseling, financial counseling, budget or pressure relief meetings, other support groups, other services/counseling, vocational counseling and other 12-step groups.

Note: "Ever" refers to the participants having been involved in the particular treatment/self-help at any time during their lifetime.

Table adapted from Table 3 in Nelson et al., 2010 with permission of the authors.

- Overall, treatment/self-help recipients were satisfied with their experiences; however, satisfaction with gambling therapies (e.g., Gamblers Anonymous, gambling treatment programs) appeared lower than satisfaction with non-gambling-related therapies (e.g., substance use treatment or self-help, mental health treatment, financial counseling, non-gambling-related support groups, etc.)
- Participants reported the greatest quality-of-life improvements in relationships with their spouses or significant others, self-image and emotional health. On average, positive changes were reported in every quality-of-life category after enrollment in the self-exclusion program (see graph 1).



Graph adapted from Figure 3 in Nelson et al., 2010 with permission of the authors.

DISCUSSION

In this study, we examined the experiences and behaviors of 113 Missouri residents who were enrolled in the MVEP for a period of time ranging from 3.8 years to 10.5 years.

We found that though most participants did not stop gambling permanently after enrolling in the MVEP, the act of signing up for the program seems to have contributed to a positive change in their gambling behavior. As noted in the key findings, these changes included a decrease in gambling frequency and a decrease in “probable pathological gambling behavior” from the time participants enrolled in the MVEP to the six months prior to our interviews with them. The abstinence rates for the duration of enrollment in the MVEP and during the six months prior to our interview with participants are further indications of positive changes experienced by self-excluders. In addition, given the fact that almost three-quarters of the study participants went to casinos in other states, and half of the people who tried to enter a Missouri casino after enrolling in the self-exclusion program were able to do so without getting caught, our findings suggest that the positive outcomes identified above are more attributable to the act of enrolling in a self-exclusion program rather than restricted access to gambling venues.

The increased participation in gambling-related treatment or self-help options may have been due to the free treatment services offered by the Missouri Department of Mental Health. Nonetheless, self-excluders who participated in complementary treatment or self-help (both gambling-related and not) after enrollment reported more positive changes in their quality-of-life than others. These findings suggest self-exclusion programs should provide information about additional support and treatment options to enrollees and encourage their participation in these complementary programs to increase positive outcomes.

Aside from the fact that men were slightly more satisfied with the program than women, there were no other significant relationships between satisfaction levels and other variables (e.g., receiving gambling treatment before or after enrolling in the program). Some of the participants who were dissatisfied with the program noted the permanence of the self-exclusion ban as their top reason for being dissatisfied.

While recovery from any addiction, including disordered gambling, typically involves the potential for relapse, the long-term nature of this study makes the findings significantly less subject to short-term fluctuations. The 40 percent abstinence rate during the six months prior to the interview and the decline in gambling problems are both long-term, positive outcomes for people who use self-exclusion to change their problematic gambling behavior.

LIMITATIONS OF THE STUDY

The study did not include a baseline survey that would have provided a picture of the participants prior to their enrollment in the MVEP. The retrospective design of the study (i.e., asking participants questions about the past) opens up the possibility of participant errors or biases based on how they remembered and reported information about their own behaviors. In addition, we did not have a comparison group of people with gambling problems who did not enroll in the MVEP and, therefore, cannot compare the outcomes of the MVEP participants to those trying to gamble less without the aid of a self-exclusion program. Such a study would be the next logical step in the research of this subject, as described below.

The sample representation was somewhat limited because we were able to obtain completed survey interviews from only 27 percent of the original random sample of 419 self-excluders. While the study sample reflected all of the demographic characteristics, except age, of those who did not complete the survey, we are not certain our findings are representative of all self-excluders for the following reasons:

- It is possible that participants who chose to complete the survey were more successful than non-completers at making changes in their behavior.
- Because participants in the sample were all from Missouri, the usefulness of the results for self-exclusion programs in other states, countries or those operated by corporations, and not governments, might be limited.

IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

The next step in studying this population is to conduct a long-term study of self-excluders, as well as people with gambling problems who do not self-exclude. A study that begins when residents make the decision to self-exclude, rather than months or years after enrollment, would allow researchers to survey self-excluders about their behaviors in real time, minimizing recall biases. This type of longitudinal study — following individuals at regular intervals for a relatively long period of time — can address and correct the limitations we found in this study and can produce detailed information about the impact of self-exclusion programs on self-excluders.

REFERENCES

American Gaming Association. (2003). Self-exclusion 101 [Electronic Version]. *Responsible Gaming Quarterly* (Winter). Retrieved Feb. 4, 2003.

Lesieur, H.R., & Blume, S.B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry, 144*(9), 1184–1188.

Missouri Gaming Commission. (2008). Voluntary Exclusion Program. Retrieved May 1, 2008 from http://www.mgc.dps.mo.gov/prob_gambling/pg_vep.htm.

Nelson, S.E., Kleschinsky, J.H., LaBrie, R.A., Kaplan, S., & Shaffer, H.J. (2010). One decade of self exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies, 26*(1), 129-144.

Stinchfield, R., Winters, K.C., Botzet, A., Jerstad, S., & Breyer, J. (2007). Development and psychometric evaluation of the gambling treatment outcome monitoring system (GAMTOMS). *Psychology of Addictive Behaviors, 21*(2), 174–184.

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Sarah E. Nelson, Ph.D., is an instructor in psychiatry at Harvard Medical School (HMS) and associate director for research at the Division on Addictions, Cambridge Health Alliance, a teaching affiliate of HMS. At the Division, Nelson has focused on investigating problem behaviors (e.g., why people act in self- and other destructive ways), and the causes, consequences and prevention of those behaviors. Her focus currently is on the development of addiction in adolescence and the interface between addiction and other problem behaviors. Dr. Nelson received her Ph.D. in social psychology from the University of Oregon in 2003, where she studied both social cognition and developmental psychopathology.

Early Benefits to Gamblers through Self-Exclusion

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A summary of the following publication:
Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-Exclusion Program: A Longitudinal Evaluation Study. *Journal of Gambling Studies, 23,* 85-94.

INTRODUCTION

Programs that allow gamblers to voluntarily exclude themselves from gaming establishments are becoming increasingly popular in Canada, the United States, and other countries. Self-exclusion programs are designed to help problem gamblers cease or limit their gambling behavior. Typically, self-excluders sign a contract, agreeing to be denied entry to specified gaming venues for a specified period of time that can range from six months to a lifetime.

Despite the growing use of the self-exclusion strategy, few programs have been evaluated. This study of participants enrolled in a Quebec casino program was one of the first to rigorously examine the effectiveness of a self-exclusion program. The participants, grouped by the self-exclusion time period they chose — six, 12, or 24 months — were followed by the researchers during a two-year time span.

HIGHLIGHTS

- This study was one of the first to rigorously examine the effectiveness of a self-exclusion program.
- The self-exclusion program had a positive impact on the majority of participants within the first six months of enrollment, including a reduction in the urge to gamble; greater control over gambling behavior; and fewer problems with daily activities, social life, work, and mood because of their gambling.
- People who remained in the program for a greater length of time believed more strongly in the self-exclusion program's effectiveness than those.
- At the six-month follow-up interview, 40.5 percent, 42.3 percent, and 22.2 percent of the self-excluded patrons had returned to a casino at least once (six-, 12-, and 24-month groups, respectively).
- At the 18-month follow-up, 26.6 percent of the 24-month group had returned once to a casino.

OBJECTIVES

This study had two main objectives:

1. Assess changes in gambling behavior and gambling problems of self-excluded patrons.
2. Follow self-excluded gamblers for two years (during and after the self-exclusion period).

More specifically, this study focused on the following questions:

1. Will gamblers change their gambling pattern during the self-exclusion period?
2. How will gamblers cope with their decision?
3. What happens at the end of the self-exclusion period?

SAMPLE AND METHODOLOGY

A total of 161 individuals who excluded themselves from a Quebec casino participated in the study. They were recruited at the time they signed the self-exclusion agreement. This was the first self-exclusion contract for all participants.

Participants were divided into three groups according to the length of the self-exclusion period they selected for themselves: 33.3 percent excluded themselves for six months, 45.9 percent for 12 months, and 20.8 percent for 24 months or more.

Each participant was contacted by telephone every six months for two years, for a total of five interviews. Because of drop-outs from the study, the six-month follow-up interview included 117 participants. The 12-, 18-, and 24-month follow-ups decreased to 83, 60, and 53 participants, respectively.

The interviews lasted 30 to 45 minutes and were conducted by clinical psychologists or graduate students in psychology. The questionnaire included four sections.

Section 1 examined the motives for self-exclusion, the triggers that led to this decision, and the person's gambling history.

- During the first interview, 62 percent believed that self-exclusion would be an effective program, and 79.8 percent thought that taking this step would be a great way to help them.
- 2.6 percent reported having not lost any money in a casino, while 50.3 percent had lost more than $25,000.
- 60.5 percent had borrowed money to gamble during the past six months.
- 11.5 percent realized they wanted to stop gambling.
- 45.3 percent intended to return to a casino once their self-exclusion period was over, and 29.1 percent of these hoped to do so in the context of vacationing and recreation.

Section 2 assessed the urges to gamble, the consequences of gambling, confidence in the success of the self-exclusion program, and compliance with the program.

- 81.4 percent reported a very high-level urge to gamble during the past six months.
- 65.4 percent considered themselves to have very little or no control over their gambling habits during the past six months.
- 65.8 percent believed that gambling interfered greatly with their daily activities, specifically their social life (32.7 percent), their work (10.9 percent), and their mood (27.9 percent).
- 19.5 percent stated that self-exclusion would change their gambling habits outside the casinos.

Section 3 assessed the participants for disordered gambling behavior using the SOGS[2] and the *DSM-IV*[3] criteria for pathological gambling.

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[2]The South Oaks Gambling Screen (SOGS) is a 20-item questionnaire that evaluates the presence of pathological gambling and is widely used in studies measuring the prevalence of gambling disorders in populations. Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry, 144*(9), 1184-1188.

[3]The Diagnostic and Statistical Manual of Mental Disorders, 4th edition, provides criteria for identifying pathological gamblers. American Psychiatric Association. (1994). *DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (Fourth ed.).* Washington, DC: American Psychiatric Association.

- According to the *DSM-IV,* 73.1 percent of the participants were pathological gamblers.
- According to the SOGS, 88.8 percent met the criteria for pathological gambling, 6.8 percent were considered at-risk gamblers and 4.3 percent had no gambling problems. (The self-excluders who did not meet the threshold for a gambling problem probably enrolled in the program as a preventive step to avoid future gambling problems.)

Section 4 collected socio-demographic data about the participants.

- 60 percent of the sample were men.
- The average age of a participant was 43.5 years.
- 45 percent completed high school while 20 percent and 26.3 percent, respectively, held college or university degrees.
- 72 percent were employed.
- 15 percent had a household income of $25,000 or less, 34 percent earned between $25,000 and $50,000, and 43.4 percent had an income of more than $50,000.
- 56.9 percent were married or living with a partner.

KEY FINDINGS

The study showed that the self-exclusion program had a positive impact on the majority of participants within the first six months of enrollment:

- The urge to gamble was significantly reduced.
- The perception of control over the gambling was significantly increased.
- The intensity of negative consequences from gambling was significantly decreased in the areas of daily activities, social life, work, and mood.
- Scores on the instruments used to identify and diagnose gambling disorders, the SOGS and *DSM-IV*, showed significantly reduced problems with gambling.
- However, over time, the study showed a decline in the program's impact on some of the participants:
  - At the six-month follow-up interview, 40.5 percent, 42.3 percent, and 22.2 percent of the self-excluded patrons had returned to a casino at least once (six-, 12-, and 24-month groups, respectively).
  - At the 12-month follow-up, self-exclusion was still active for those who chose 12- and 24-month exclusion periods, but results revealed that 55.3 percent and 10.5 percent, respectively, had breached their contracts within the past six months.
  - At the 18-month follow-up, 26.6 percent of the 24-month group had returned at least once to a casino.

People who remained in the program for a greater length of time believed more strongly in the self-exclusion program's effectiveness and were more convinced the program had helped them than those who participated for shorter periods. They also had a greater perception of control over their gambling behavior and believed gambling was interfering less with their daily activities.

TABLE 1 Rates of Return to Gambling Venues			
PARTICIPANT GROUPS	6-month follow-up	12-month follow-up	18-month follow-up
6-month contract	40.5%		
12-month contract	42.3%	55.3%	
24-month contract	22.2%	10.5%	26.6%

DISCUSSION

We observed several positive changes in the self-excluders, including a reduction in the urge to gamble; greater control over gambling behavior; and fewer problems with daily activities, social life, work, and mood because of their gambling. Despite these benefits, this research raised important questions about self-exclusion as an effective intervention. The study demonstrated that, over time, the entire group of participants seemed to perceive the self-exclusion program as less effective in helping disordered gamblers. By the six-month follow-up interview, more than half of the participants had returned to a casino or breached their contracts. Some reported that they were not identified when they returned to the casino, raising questions about the viability of the program, and many had unclear expectations for the program.

In view of these findings, we raised the following questions.

- **How can operators improve identification of self-excluders who try to enter the gaming establishment?** A computerized face recognition program that would improve monitoring should be considered.
- **Should there be penalties for breaching the self-exclusion contract?** The Quebec casino program, the focus of this study, offered no legal penalties for individuals who return to the casino during the period of self-exclusion. However, self-excluders in other jurisdictions face trespassing charges if they enter the casinos. The limited research on self-exclusion offers no clear-cut solution to the question of how to enforce self-exclusion without criminalizing the individual.
- **What criteria should be used to determine the effectiveness of the program?** Does the return of self-excluders to the casino mean that the program is not working, or are these breaches inevitable but temporary detours characteristic of the long, difficult road to recovery?
- **What should be the length of the self-exclusion?** The Quebec casino that was the focus of this research offers time periods ranging from six months to five years. Several U.S. jurisdictions require a lifetime ban. We conjectured that a longer self-exclusion period could help reduce the risk of relapse and, therefore, support self-exclusion contracts that are irrevocable and irreversible. However, we acknowledge that there is little empirical data about the period of abstinence required to prevent relapse.

- **Who should be in charge of the self-exclusion program, the gaming operator, or an independent authority, such as a government regulator, or both?** Operators play a key role in self-exclusion by, for example, removing self-excluders from mailing lists used to promote the casino. However, the necessary systematic monitoring and constant evaluation is best done with the operators cooperating with independent evaluators to periodically and randomly verify adherence to the program.

IMPLICATIONS FOR FUTURE RESEARCH

Even if some people eventually return to a casino, the act of self-exclusion could curtail gambling activity and lead to a potential improvement in behavior control, as well as a reduction in negative impacts among more gamblers. Further study should be given to gamblers who "fall off the wagon" to determine this potential.

Additional study also is needed in the area of motivation, which can provide greater insight into why some gamblers breach their contracts and others do not. Among those who did not return to a casino, 45.3 percent said they decided to respect their commitment. For 38.5 percent, the idea of being caught during the self-exclusion period did not invoke any particular feelings, although 34.1 percent stated they would feel shame, guilt, and humiliation if they returned and were caught.

REFERENCES

Hodgins, D. C., Wynne, H., & Makarchuk, K. (1999). Pathways to recovery from gambling problems: Follow-up from a general population survey. *Journal of Gambling Studies, 15,* 93-104.

Nathan, P. E. (2003). The role of natural recovery in alcoholism and pathological gambling. *Journal of Gambling Studies, 19,* 279-286.

National Gambling Impact Study Commission. (1999). *National Gambling Impact Study Commission Report.* Washington, DC: National Gambling Impact Study Commission.

RECOVERY OPTIONS FOR GAMBLERS

Worldwide prevalence studies estimate that anywhere from less than 1 percent to 2 percent of the adult population suffers from pathological gambling (Reilly, & Shaffer, 2007), but very few seek professional help for this problem. In the U.S., 97 percent of problem gamblers do not seek treatment (National Gambling Impact Study Commission, 1999). Possible causes include the individual's denial that there is a problem, ambivalence about changing the gambling behavior, lack of health insurance or access to professional treatment, and the dearth of treatment strategies adapted to the gambler's needs (Petry, 2005; Shaffer, & Simoneau, 2001).

Approximately one-third of people with a gambling problem seem to recover on their own, without formal treatment (Hodgins, Wynne, & Makarchuk, 1999; Slutske, 2006; Slutske, 2007). This estimate is consistent with the rates of natural recovery in other addictions (Nathan, 2003; Sobell, Ellingstad, & Sobell, 2000). The presence and extent of natural recovery suggests that brief interventions, such as self-help workbooks, or self-exclusion programs, might be effective strategies for some individuals.

Other resources for recovery include self-help fellowships such as Gamblers Anonymous and cognitive-behavioral therapy (talk therapy with a treatment professional or a self-help guide). Also promising are several classes of drugs for gambling disorders including antidepressants, mood stabilizers, and opioid antagonists (Reilly, & Shaffer, 2007). For a review of recent research on treatment and recovery, see *Roads to Recovery from Gambling Addiction,* a publication from the National Center for Responsible Gaming available for download at www.ncrg.org/resources/monographs.cfm.

Petry, N. M. (2004). *Pathological Gambling: Etiology, Comorbidity, and Treatment.* Washington, DC: American Psychological Association.

Reilly, C., & Shaffer, H. J. (2007). Roads to recovery from gambling addiction. *Roads to Recovery from Gambling Addiction* (pp. 2-5). Washington, DC: National Center for Responsible Gaming.

Shaffer, H. J., & Hall, M. N. (2001). Updating and refining prevalence estimates of disordered gambling behaviour in the United States and Canada. *Canadian Journal of Public Health, 92,* 168-172.

Shaffer, H. J., & Simoneau, G. (2001). Reducing resistance and denial by exercising ambivalence during the treatment of addiction. *Journal of Substance Abuse Treatment, 20*(1), 99-105.

Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry, 163*(2), 297-302.

Slutske, W. (2007). Getting well on your own: Natural recovery from gambling disorders. *Roads to Recovery from Gambling Addiction* (pp. 17-19). Washington, DC: National Center for Responsible Gaming.

Sobell, L. C., Ellingstad, T. P., & Sobell, M. B. (2000). Natural recovery from alcohol and drug problems: Methodological review of the research with suggestions for future directions. *Addiction, 95*(5), 749-764.

The program described in the study was run by the casino's security department and advertised through a pamphlet in different areas of the casino. Participants received no monetary compensation for their participation.

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Testing Improvements in a Self-Exclusion Program

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A summary of the following publication:
Tremblay, N., Boutin, C., & Ladouceur, R. (2008). Improved self-exclusion program: Preliminary results. *Journal of Gambling Studies, 24,* 505-518.

INTRODUCTION

One of the options open to problem gamblers who want to stop or limit their gambling behavior is the voluntary self-exclusion program. Generally speaking, the traditional approach to a self-exclusion program is one of detection and enforcement. Gamblers who sign a typical self-exclusion agreement ban themselves from entering casinos for a specified period of time, and a casino's role is to deny self-excluders access to the casino. Traditional self-exclusion programs usually include components such as requiring casinos to stop marketing to self-excluders, removing their check-cashing privileges and requiring gamblers to forfeit any winnings if they are caught on the premises of a casino. Consequences for violating a self-exclusion ban differ by state and country.

New thinking about how self-exclusion programs should be structured has included a shift from just enforcement to a focus on providing self-excluders access to resources they need to help them change their gambling behavior (Blaszczynski et al. 2004; Responsible Gambling Council, 2008). This self-exclusion program model can include, for example, access to treatment resources and responsible gaming information and a mandatory "exit" meeting at the end of the exclusion period. Little empirical research has been conducted, however, to assess the value and impact of these "improved" programs, or to determine if mandatory exit meetings deter potential self-excluders from the program.

This study evaluated the improved self-exclusion program offered at a Montreal casino since Nov. 1, 2005. Individuals interested in self-exclusion were given a choice between the traditional program and the improved version. Data was collected from 857 gamblers who signed an exclusion agreement between the beginning of the program and May 31, 2007.

HIGHLIGHTS

A study of the improved self-exclusion program offered at the casino in Montreal, Canada, indicates several positive outcomes:

- Upon completion of their term of self-exclusion, individuals who filled out a satisfaction survey and attended initial and final meetings with a counselor showed a decrease in pathological gambling diagnoses, a decrease in time and money spent gambling, a reduced intensity of negative consequences in areas such as social and family life and a reduced presence of symptoms of depression and anxiety.
- The high level of participation in a voluntary initial evaluation meeting with a counselor (15 percent of participants) was significantly more than the 3 percent of problem gamblers in the general population who seek specialized help (National Gambling Impact Study Commission, 1999). This suggests the self-exclusion counselor serves as a valuable resource and can be a gateway for access to outside help resources.
- Nearly 94 percent of individuals who participated in the mandatory final meeting with a counselor said it was "quite useful" or "very useful" in helping them assess their gambling habits. In addition, each component of the program received high marks for usefulness from the individuals surveyed. The total percentage of "very useful" or "quite useful" ratings for each program component ranged from 79.6 percent to 97.3 percent.

WHAT DEFINES AN "IMPROVED" SELF-EXCLUSION PROGRAM?

"Improved" self-exclusion programs are individual-centered and focus not only on enforcement but on providing self-excluders access to outside educational materials and resources to help them change their behavior.

Components of the improved self-exclusion program offered by a casino in Montreal, which was the focus of this study, include:

- An agreement signed by the gambler to voluntarily ban him or herself from the casino for between three months and five years.
- A voluntary meeting with a counselor (a psychologist independent from the casino and located off premises) at the beginning of the self-exclusion period. Self-excluders received feedback during the initial meeting about their gambling behaviors and referrals to additional resources (e.g., gambling hotlines, treatment centers, financial counselors, Gamblers Anonymous groups).
- Monthly telephone support from the counselor (lasting about 15 minutes per call) for the duration of the agreement so self-excluders have a continual way to access resources that will help keep them on track.
- A mandatory meeting at the end of the exclusion time period specified in the agreement, including an evaluation of the self-excluder's gambling situation, information about chance and responsible gambling, and referrals to additional resources, if needed. The self-exclusion period continues if the mandatory meeting is not attended.

Overall, individuals enrolled in the improved self-exclusion program demonstrated major improvements between their initial and final evaluations in important areas, including the amount of time and money spent gambling, as well as pathological gambling behavior scores.

OBJECTIVES

The objectives of this study were to evaluate the improved self-exclusion program offered at a casino in Montreal, Canada, since 2005. The specific goals of the study were to:

1. Evaluate participation in an improved self-exclusion program that includes an initial voluntary evaluation meeting, a monthly phone call with a counselor and a mandatory meeting at the end of the self-exclusion period.
2. Evaluate self-excluders' satisfaction with the program and perceptions about its usefulness.
3. Measure the preliminary impact of the program.

SAMPLE AND METHODOLOGY

Data about the participation in the improved self-exclusion program in Montreal was collected from 857 gamblers who signed a self-exclusion agreement between Nov. 1, 2005 and May 31, 2007. During the first evaluation meeting with a counselor (whether the initial voluntary meeting or the final mandatory one), self-excluders agreed, in writing, that the information collected by the counselor could be used for research purposes. At the end of the mandatory meeting, all participants were invited to complete a program satisfaction questionnaire.

As of May 31, 2007, 185 of the 264 self-excluders who were due for their final mandatory meeting attended one. Of the 185, 116 self-excluders agreed to complete the program satisfaction questionnaire. Thirty-nine of the 116 individuals who completed the questionnaire attended both the initial voluntary meeting and the final mandatory meeting; 77 individuals only attended the final mandatory meeting.

Three measures were used to evaluate the improved program:

1. Research data taken from the results of the counselors' initial evaluation meetings, based on a structured clinical interview questionnaire that evaluated six areas: motives for self-exclusion;

gambling habits before self-exclusion (e.g., time and money spent per month gambling); presence of pathological gambling using DSM-IV criteria; gambling consequences using a Likert scale ranging from zero (no problem) to five (severe problem); presence or absence of depression and anxiety, or alcohol use in the last 12 months; and self-excluders' goals about gambling and their motivation to change (using a 10-point Likert scale).

2. Data from the final mandatory evaluation meeting using the same questionnaire that was used in the initial meeting, but adapted to reflect the appropriate time period being evaluated. All participants who did not have an initial evaluation meeting were asked why they did not want to meet with a counselor.
3. The improved self-exclusion program satisfaction questionnaire, which was specifically developed for this study to evaluate the self-excluders' satisfaction with the program and solicit their opinions about its usefulness. Using a scale of one to five, participants responded to questions about what they learned, what they thought were the most and least appreciated components of the program, reasons for recommending or not recommending the service and suggestions for improvement.

KEY FINDINGS

- 125 of the 857 self-excluders — 15 percent — attended a voluntary initial meeting with a counselor. This is a high level of participation given that previous research shows only 3 percent of problem gamblers in the general population seek treatment (National Gambling Impact Study Commission, 1999).
- Of the 264 self-excluders who were ready for their mandatory final meeting as of May 31, 2007, 185 (70 percent) actually attended; 30 percent remained self-excluded.
- Among the 39 individuals who completed the program satisfaction questionnaire and attended both the initial and final evaluation meetings, the number of individuals who could be categorized as pathological gamblers decreased by the final meeting. At the initial meeting, 31 participants (79.5 percent) qualified as pathological gamblers; at the final evaluation meeting, this number was reduced to 10 participants (25.6 percent). Overall, these 39 participants also showed a decrease in time and money spent gambling, a reduced intensity of negative consequences in areas such as social and family life and a reduced presence of symptoms of depression and anxiety.
- The majority (88.5 percent) of the participants who attended the voluntary initial meeting found it either "quite useful" or "very useful," and 91.4 percent found their counselor's recommendations either "quite useful" or "very useful."
- 116 participants completed the program satisfaction questionnaire. The majority of these participants were either "quite satisfied" or "very satisfied" with each component of the improved self-exclusion program. 94.7 percent were "very satisfied" with their counselor's abilities, and 85.8 percent were "very satisfied" with their counselor's recommendations.
- 77 of the participants who filled out the questionnaire only attended the mandatory final meeting. When asked why they chose not to see a counselor for an initial meeting, nearly half of this group said they did not know about the possibility or that they did not fully understand the service.

- The final mandatory meeting was rated as highly useful among participants; 97 percent of those who participated in the mandatory meeting said it was "quite useful" or "very useful" in helping them assess their gambling habits, and 79.6 percent said it was "quite useful" or "very useful" in helping them decide whether to renew their self-exclusion agreement.
- Responses to the program satisfaction questionnaire showed that the most appreciated program components were the competency and personal qualities of the counselor, the help and support participants received, the chance to review the participants' gambling situations and the information given about games of chance (e.g., the nature of probability and randomness and why the gambler cannot control the outcome).

TABLE 1
Comparison measures taken at the initial meeting vs. final mandatory meeting

Measures		Initial meeting meeting	Final mandatory
Time spent per month gambling****	Median	42 hours	2 hours
	Mean	61 hours	9 hours
Money spent/month gambling****	Median	$2700	$100
	Mean	$5032	$582
DSM-IV			
Pathological (5 criteria and +)****		31 (79.5%)	10 (25.6%)
At risk (between 1 and 4 criteria)****		6 (15.4%)	20 (51.3%)
No problem (0 criteria)		2 (5.1%)	9 (23.1%)
Intensity of consequences of gambling			
Social life****		2.9	0.3
Marital or family life***		2.1	0.9
Work*		1.1	0.4
Mood****		2.8	1.2
Financial****		3.1	1.1
Presence of depressive symptoms**		27 (69.2%)	12 (30.8%)
Presence of anxiety symptoms**		27 (69.2%)	15 (38.5%)
Presence of suicidal ideas		6 (15.4%)	6 3 (7.7%)
At-risk alcohol consumption**		10 (38.5%)	2 (7.7%)

* p < .5; ** p < .01; *** p < .001; **** p < .0001

Graph adapted from Table 3 in Tremblay et al., 2008 with permission of the authors.

DISCUSSION

The study's findings indicate the improved self-exclusion program at a Montreal casino was linked to a number of positive outcomes for self-excluders between enrollment and the end of the self-exclusion period. Favorable changes were seen in a number of areas, including a reduction in the time and money spent gambling; an improvement in family and social life, as well as mental health indicators; and a reduction in pathological gambling behavior by the end of the exclusion period.

TABLE 2
Frequency of responses to statements about satisfaction with various elements of the service

Elements of the service	N	Not at all satisfied (%)	Somewhat satisfied (%)	Fairly satisfied (%)	Quite satisfied (%)	Very satisfied (%)	NA (%)
The way the SE counselor services were introduced to me at the casino	110	10.9	3.6	5.5	20.0	53.6	6.4
The telephone contact with the receptionist	112	0.0	0.0	1.8	15.2	77.7	5.4
The availability of the counselor to meet with me	112	0.0	0.9	0.0	8.0	88.4	2.7
The location of the counselor's office	113	3.5	1.8	12.4	24.8	55.8	1.8
The way the counselor welcomed me	113	0.0	0.0	0.0	6.2	92.9	0.9
The counselor's abilities	113	0.0	0.0	0.0	4.4	94.7	0.9
The duration of the meetings	112	0.0	0.9	3.6	20.5	73.2	1.8
The assessment of my gambling habits received at the end of each meeting	109	0.0	0.0	1.8	25.7	66.1	6.4
The counselor's recommendations	113	0.0	0.0	0.0	11.5	85.8	2.7
The information received about chance and responsible gambling	112	0.0	0.0	0.9	17.9	80.4	0.9
The initial meeting as a whole*	36	0.0	0.0	0.0	19.4	75.0	5.6
The mandatory meeting as a whole	92	1.1	0.0	1.1	7.6	90.2	0.0
The counselor's telephone support during the SE period*	36	0.0	0.0	0.0	13.9	72.2	13.9

*These statements only apply to participants who chose to have the initial voluntary meeting
NA = Not applicable

Graph adapted from Table 1 in Tremblay et al., 2008 with permission of the authors.

In addition, given the small percentage of problem gamblers who seek treatment, the relatively high level of participation in the voluntary initial meeting indicates that the self-exclusion counselor serves as a valuable resource and can provide a gateway for gamblers to access other help and treatment resources.

Given that nearly half of the participants who opted not to see a counselor for an initial meeting did not know about the service or did not understand the service being offered, improved training for security officers who introduce the program to potential self-excluders might increase participation in the voluntary meeting.

Overall, our research indicates enrollment in an improved self-exclusion program is associated with positive outcomes at the end of the self-exclusion period.

LIMITATIONS OF THE STUDY

Our preliminary sample included a small number of participants. All participants were volunteers, and the participant recruitment procedure did not allow us to include gamblers who refused to sign the improved self-exclusion program agreement. Because it is not known why these individuals refused to participate in the program, we do not know whether they might have held negative perceptions of it. In addition, the program satisfaction questionnaire used in this study was not validated, so results must be interpreted cautiously.

IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

While the findings suggest improved self-exclusion programs can have a beneficial impact, self-exclusion is a relatively new area in gambling research, and questions remain. Future research needs to consider a number of issues, including the effect of each component of an improved self-exclusion program (e.g., the significance of telephone support as a program component); the different characteristics of self-excluders who are using different programs; and how changing an improved self-exclusion program's mandatory meetings to voluntary ones could impact the program's effectiveness.

Research that continues to track participants after their self-exclusion period has expired also will be important to determine whether favorable perceptions of the program and improvements in gambling behavior are maintained after the exclusion period is over.

In addition, further research is needed to determine what motivates people to end or extend their self-exclusion, and what motivates them to choose to enroll in regular self-exclusion programs rather than improved self-exclusion programs when both are offered. Understanding the motivating factors behind these decisions will help inform the development of more effective resources and tools for use in improved self-exclusion programs.

REFERENCES

Blaszczynski, A., Ladouceur, R., & Nower, J. D. (2004). *Self-exclusion: A gateway to treatment.* Report prepared for the Australian Gaming Council.

National Gambling Impact Study Commission. (1999). Final report. Washington, DC: Government Printing Office.

Responsible Gambling Council. (2008). *From enforcement to assistance: Evolving best practices in self-exclusion.* Discussion Paper by the Responsible Gambling Council.

Tremblay, N., Boutin, C., & Ladouceur, R. (2008). Improved self-exclusion program: Preliminary results. *Journal of Gambling Studies, 24,* 505-518.

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APPENDIX

SELF-EXCLUSION PROGRAMS IN THE UNITED STATES AND INTERNATIONAL CASINO JURISDICTIONS

Casino self-exclusion programs enable individuals to have themselves banned from entering a casino. Self-exclusion is one approach to help mitigate the negative impacts of problem gambling among the small percentage of people who suffer from this disorder.

Missouri was the first state in the U.S. to establish a statewide self-exclusion policy. Since that time, 15 other commercial or racetrack casino states have followed suit and now require, either by statute or regulation, that their casinos have some form of self-exclusion program in place. Additionally, many tribal casinos have implemented self-exclusion programs, whether as a condition of their compacts with the state or of their own volition. Self-exclusion programs also are widely used in international gaming jurisdictions.

While there are many similarities between these programs throughout the United States and around the world, there are some important differences. The information below endeavors to highlight the key features of self-exclusion programs in the 21 states with land-based, riverboat or racetrack casinos, to provide an overview of how tribal casinos address self exclusion, and to highlight approaches to self-exclusion in a sampling of international gaming markets.

U.S. COMMERCIAL CASINO STATES

Colorado

Operators are not required by law or regulation to have self-exclusion programs. The industry has voluntarily instituted a program that is administered by the Colorado Gaming Association. Under the existing program, gamblers only have the option of choosing a one-year ban.

The Problem Gambling Coalition of Colorado is in the midst of assuming administration of the program and is intending to lengthen the term of self-exclusion to either a five-year or lifetime ban.

Statute: N/A; Regulation: N/A

Illinois

Illinois requires riverboat casino licensees to participate in the state's self-exclusion program. Self-excluded gamblers are banned for life from entering the gaming areas at all Illinois casinos; however, after five years, a person can petition the Gaming Board to be removed from the program. This petition must be accompanied by a written affidavit from a state licensed mental health professional confirming, according to their diagnosis, that the person is no longer a problem gambler and can gamble responsibly.

People opting to self-exclude in Illinois are removed from all casino mailing, marketing and promotional lists and databases during the course of their ban. Self-excluded individuals who violate the terms of the ban and are found on a gaming floor will forfeit any jackpots of $1,200 or more and any chips, tokens or electronic credits in his or her possession. These forfeited funds are donated to one of three Department of Human

Services designated, not-for-profit organizations created to help problem gamblers. The self-excluded person indicates which one of the three organizations should receive such a donation at the time of their enrollment in the program.

Statute: N/A; Regulation: Illinois Administrative Code – 86 Ill. Adm. Code 3000.705

Indiana

Under Indiana's Voluntary Exclusion Program, gamblers may request placement on the voluntary exclusion list for a period of one year, five years or life, and under no circumstances may they apply to decrease the length of their exclusion.

Program participants are removed from the marketing lists of all Indiana casinos and will not be eligible for promotions, credit or casino comps. Casino operators are permitted to contact local law enforcement authorities if they find a self-excluded person present in the gaming area of their facility. These individuals may be subject to arrest for trespassing.

A voluntarily excluded individual also agrees to forfeit any jackpots or other thing of value won while violating the terms of the exclusion program. These funds are remitted to the gaming commission in the form of a fine.

Statute: IC 4-33-4-3; Regulations: 68 IAC 6-3, Rule 3

Iowa

Iowa licensed casinos are required by law to have voluntary self-exclusion programs. Gamblers who enter the program understand that it irrevocably bans them for life from all casinos in the state as well as from any casino owned by a casino company operating in Iowa that has a company-wide exclusion policy.

Any money or thing of value won by an excluded person after they agree to a voluntary exclusion is forfeited and credited to the state's general fund. Excluded persons also acknowledge on their self-exclusion form that if they are found in the gaming area of a casino, they consent to being evicted immediately and may be prosecuted for trespassing.

Casino operators in Iowa agree to remove all individuals on the self-exclusion list from all mailing, marketing and promotional lists.

Statute: 99F.4, subparagraph 22; Regulations: N/A

Kansas

The Kansas Racing and Gaming Commission administers a statewide Voluntary Exclusion Program for problem gamblers. Individuals can choose one of two options for exclusion — either a two-year or lifetime ban. In the case of the two-year option, individuals can apply to be removed from the list but only after completing a problem gambling assessment and a series of courses about healthy lifestyle choices. In the case of a lifetime ban, an individual has no options for ever getting his or her name removed from the self-exclusion list.

The program requires casino managers to remove any excluded individual from direct marketing lists and deny them any check cashing privileges or participation in any player programs.

In addition to requiring any self excluded person to surrender any winnings in the event they are found gambling at a Kansas casino, the programs stipulates violators may be subject to arrest for criminal trespassing.

Statute: Sec. 44. K.S.A. 74-8710; Regulation: 112-112-4 to 112-112-9

Louisiana

Louisiana law requires all licensed casino operators to have a voluntary self-exclusion program. Once placed on the list, a self-excluded individual may not request removal from it for a period of five years.

After this five-year period, any self-excluded person can submit a written request to the gaming control board requesting a hearing to have his or her name removed from the self-exclusion list. This request must be accompanied by a written recommendation from a qualified mental health professional as to the person's capacity to participate in gaming activities without adverse consequences.

All casino operators are required to have procedures in place to effectively remove self-excluded people from targeted mailings or promotions and deny them access to credit, comps and check cashing privileges. Any casino operator who knowingly fails to exclude a self-excluded person shall be fined $25,000 and may have its license suspended or revoked.

Statute: La. R.S. 27:27.1(D); Regulations: LAC 42:III.304

Michigan

Michigan law requires the commercial casinos in Detroit, in conjunction with the Michigan Gaming Control Board, to maintain a Disassociated Persons List. Participation in the program is voluntary, but once on the list, a self-excluded person's name will be on it for life.

Criminal complaints for trespassing will be filed against any individual on the Disassociated Persons List who is found on the premises of any of the three commercial casinos. This individual will be immediately removed from the casino, and any winnings will be confiscated by the Michigan Gaming Control Board and deposited into the compulsive gambling prevention fund.

Each casino licensee must submit a plan to the board detailing how they will disseminate information about the list to important individuals such as the casino general manager, security and surveillance personnel and the state police. Casinos also agree not to extend credit, offer check cashing privileges or market themselves in any way to excluded individuals. Michigan's Native American casinos do not participate in the Disassociated Persons program.

Statute: MCL 432.225; Regulations: N/A

Mississippi

Individuals may request a self-exclusion period for any length of time up to lifetime, but it can be for no less than five years. Those on the exclusion list are banned not only from the casino floor but the entire premises of all Mississippi casinos. Except for those choosing a lifetime self-exclusion period, individuals are automatically removed from the self-exclusion list upon expiration of the period.

Operators with affiliated casinos in other states are permitted to share the self-exclusion list with those properties and may invoke it there.

Casinos must deny casino credit, check cashing privileges, player club membership and other similar benefits to self-excluded individuals and must ensure they do not receive any targeted mailings, promotions or other materials related to gaming activities.

Casinos must post in conspicuous places written materials concerning the nature of problem gambling and the procedures for self-exclusion. Casinos must ensure that its copy of the self-exclusion list is updated and that all appropriate employees are notified of any addition to or deletion from the list within 10 days after the casino receives notification from the Commission.

Individuals requesting self-exclusion in Mississippi understand that the Commission may forward their information to either the Louisiana Gaming Control Board and/or the Choctaw Gaming Commission so that these individuals may be banned from casinos in those jurisdictions as well.

Any self-excluded person found anywhere on the premises of a Mississippi casino will be immediately ejected, and, within the discretion of the casino, arrested and prosecuted for criminal trespassing. Individuals who continue to violate the terms of their voluntary self-exclusion may be placed by the Commission on the involuntary exclusion list.

Statute: MS Code 75-76-35, 37, 39 and 43; Regulations: Miss. Gaming Reg. III. Operations, J. Procedures to Address Problem Gambling, Sections 1 – 8.

Missouri

The first statewide, voluntary self-exclusion program in the United States was created by the Missouri Gaming Commission in 1996. When individuals add themselves to the Disassociated Person List in Missouri, they do so for life. During the process of enrollment, applicants also acknowledge that they have a gambling problem and are unable to gamble responsibly.

Any casino licensee who notices a Disassociated Person at their property is required to notify appropriate security and commission personnel, remove the person from the premises and request that charges be filed for criminal trespassing. Any chips, tokens or electronic credits in the offending person’s possession at the time of the violation are forfeited.

Casino licensees must submit a plan, to be approved by the Commission, for removing self-excluded individuals from all mailing and marketing lists and denying access to check cashing privileges, club programs and the issuance of credit. Any individual who continues

to receive mail or marketing materials that are prohibited under the program is responsible for notifying the casino and the commission of the receipt of these mailings.

Each licensee also must submit a plan for commission approval detailing how it will disseminate information regarding individuals on the Disassociated Persons List to, at least, the general manager, casino manager and security and surveillance personnel.

Statute: Sec. 313.813, RSMo. 2000; Regulations: 11 CSR 45-17

Nevada

Nevada has no laws or regulations requiring casino operators to have self-exclusion programs. Operators are required, however, to have programs through which patrons may self-limit their access to check cashing, credit issuance, and direct mail marketing. Many operators have company-administered voluntary self-exclusion programs despite them not being required the Nevada Gaming Control Board.

Statute: N/A; Regulations: N/A

New Jersey

In March, 2001, legislation was enacted in New Jersey allowing people to voluntarily exclude themselves from casinos in Atlantic City. Individuals may choose to be banned from the state's casinos for a minimum of one year, five years or life. Except for those people who chose a life-time self-exclusion period, any individual may submit a request for removal from the self-exclusion list to the Commission following the expiration of their ban.

Those who are placed on the self-exclusion list knowingly have their names removed from casinos' mailing lists for marketing promotions and are denied access to checking cashing privileges, club programs and credit.

Any self-excluded gambler cannot legally collect winnings or recover losses arising from his or her gambling activity. Winnings are forfeited to the state with a portion being allocated to problem gambling treatment and prevention programs and the remainder deposited into the Casino Revenue Fund.

Each casino must establish procedures that are designed, to the greatest extent possible, to permit appropriate employees to identify self-excluded individuals and notify designated representatives of the Commission.

Statute: N.J.S.A. 5:12-71.2; Regulations: N.J.A.C. 19:48-2.1 to 19:48-2.5

Pennsylvania

Individuals requesting self-exclusion in Pennsylvania may do so for periods lasting one year, five years or for life. A lifetime self-exclusion prohibits the individual from ever requesting removal from the self-exclusion list.

Self-exclusions for one or five years remain in effect until the self-excluded person requests removal from the list. Requests for removal from the list must be done in person

at one of the state's control board offices or at one of the casinos. No sooner than five days after the request for removal is submitted, the person must return to the office where the request was submitted and sign the request a second time. The individual may be required to participate in one or more classes as a condition for removal.

Self-exclusion only applies to the gaming floor of casinos in Pennsylvania, although operators do have the option of banning individuals from their entire property and/or their facilities in other states. Self-excluded individuals who are found on the gaming floor or engaging in gambling activities are immediately removed from the casino and will be subject to arrest for criminal trespassing.

Casinos are responsible for maintaining a copy of the self-exclusion list and establishing procedures to ensure all appropriate employees are notified of any addition to or deletion from the list within five business days.

A self-excluded gambler may not collect any winnings or recover any losses from gambling activities during the time when they are on the list. Winnings by self-excluded gamblers will be confiscated by the Board to support its compulsive and problem gambling programs.

Statute: 4 PA. C.S. § 1516; Regulations: 58 P.A. CODE § 503A.1 – 503A.6

South Dakota

South Dakota has no laws or regulations requiring casino operators to have self-exclusion programs. According to representatives at the South Dakota Commission on Gaming, there are not any company-run self-exclusion programs at the commercial casinos in Deadwood.

Statute: N/A; Regulations: N/A

U.S. RACETRACK CASINO STATES[1]

Delaware

Individuals requesting self-exclusion in Delaware may do so for periods lasting one year, five years or for life. Except for those people choosing a life-time ban, individuals may request, in person, to be removed from the list once their self-exclusion period has expired.

Casino operators are required to deny check cashing privileges, player club membership and other similar benefits to self-excluded individuals and to ensure they do not receive mailings, promotions or other materials related to video lottery or table game activities.

Statute: N/A; Regulations: Del. Video Lottery and Table Game Regulations – 7.16.1 A – 7.16.6.3

[1]Racetrack casinos located in states that also have commercial casinos adhere to statutes and regulations as outlined in the previous section.

Florida

Florida racetrack casino operators are required by law to have a compulsive gambling prevention program, and, as a part of this program, they must offer voluntary self-exclusion to those individuals who request it. The terms of the self-exclusion are left to the discretion of the operator, provided the plan is approved by the Florida Division of Pari-Mutuel Wagering.

Operators must notify patrons of the availability of their self-exclusion programs by having printed materials such as signs, posters and brochures conspicuously placed in their facilities.

If the casino operator withholds any winnings from a self-excluded gambler, these winnings must be included in the operator's revenues.

Any individual wishing to be removed from the self-exclusion list must make their request in writing and provide documentation showing they have received some form of help or counseling related to their gambling problem. The casino property's president or general manager must also submit a written statement to the division justifying the removal of an excluded individual from the exclusion list.

Statute: N/A; Regulations: 61D-14.019 and 61D-14.020

Maine

The racetrack casino in Bangor is required to establish a program that enables patrons to voluntarily exclude themselves from the facility. The self-exclusion program is one element of the company's larger responsible gaming program.

Individuals who elect to have themselves excluded from the facility can choose to have themselves banned for a minimum of one year or for as long as for life. After one year, they can petition to have themselves removed from the list unless they choose a lifetime ban, which is permanent and irrevocable.

The casino operator's program prevents any marketing materials or communications from being directed to self-excluded individuals.

If a self-excluded person is found gambling, any winnings they may have are forfeited and contributed to the state's General Fund. The self-exclusion program went into effect on the casino's opening date in November 2005.

Statute: 8 M.S.R.A., Chapter 31, §1003; Regulations: 16-633-18

New Mexico

The New Mexico Gaming Control Board maintains a self-exclusion list. The relevant information (such as distinguishing physical characteristics, photos, etc.) regarding individuals on this list is communicated by the board to the appropriate casinos and their approved employees.

When individuals apply for self-exclusion, they can choose to be banned for terms of one, three or five years or for a longer period up to life. They also may choose to be prohibited

from one or more of the state's licensed casinos. After a period of one year following an individual's application for self-exclusion, they may petition the board for removal from the list.

If a self-excluded person is found at a casino from which they are prohibited, any winnings, credits or tokens they have are forfeited to the casino and used to supplement the one-fourth percent of the net take of its gaming machines used to support programs for the treatment and assistance of compulsive gamblers.

Statute: N.M. Laws 2009, ch. 199, § 14; Regulations: 60-2E-34.1

New York

New York racetrack casinos are required to have responsible gaming programs, and, as a part of these programs, they must also allow individuals to voluntarily exclude themselves.

Each racetrack casino has its own Self-Exclusion Request Form, which can be filled out in person or submitted via mail to the casino's chief operating officer after being certified by a notary public. Any approved request for self-exclusion is subsequently forwarded on to all of the other racetrack casinos in the state so that the ban is effectively statewide.

While regulations do not specify how long the minimum self-exclusion periods must last, all operators in the state offer one-, three- and five-year bans. At the end of the self-exclusion period, some racetrack casino operators automatically remove individuals' names from the exclusion list, while others keep names on the list indefinitely until an individual petitions to have his or her name removed from it. Excluded individuals must wait a minimum of one year before requesting reinstatement and removal from the list.

All casino operators are required to keep a master list of all self-excluded individuals and must notify the Division of the Lottery of any additions to or deletions from the list.

Those on the self-exclusion list are denied access to any player club promotions or memberships related to video lottery gaming and are removed from all mailing lists.

Statute: 2001 N.Y. Laws 383; Regulations: NYS 2836-19.6

Oklahoma

Oklahoma has no laws or regulations requiring casino operators to have self-exclusion programs. According to representatives at the Oklahoma Racing Commission, there are not any casino-run self-exclusion programs at the state's two racetrack casino facilities.

Statute: N/A; Regulations: N/A

Rhode Island

Rhode Island has no laws or regulations requiring casino operators have self-exclusion programs.

Statute: N/A; Regulations: N/A

West Virginia

The Director of the West Virginia Lottery may place an individual on the exclusion list if that person has realized that they have a compulsive gaming disorder and have requested in writing to be excluded from the Greenbrier casino and/or all of the state's four pari-mutuel racetrack casinos.

At the time of placement on the list, the Director will make a determination as to whether the exclusion should be permanent.

A person who has been placed on any exclusion list may petition the Commission, in writing, and request that his or her name be removed from the list.

Company-run self-exclusion programs were in place prior to the passage of legislation in 2008 enabling the Lottery to maintain its own voluntary exclusion list. The four racetrack casino operators' plans share many similarities but are not subject to regulatory oversight.

Statute: §29-22C-1; Regulations: Part 10, §179-8-126

TRIBAL CASINOS

A majority of tribal gaming facilities across the United States have self-exclusion programs that are available to patrons and employees. In most cases, tribal governments view administration of these programs as a tribal government function, and programs are administered and enforced by an authoritative body such as the tribal gaming commission, a tribal government agency or a tribal court.

While some elements of self-exclusion programs are similar across various tribal gaming properties in the same state and across the country, there are significant differences in how the programs are administered, procedures for enrolling self-excluders, duration of the program and other factors that make it difficult to provide a comprehensive picture of all the programs available at the hundreds of tribal gaming facilities across the country.

In states where tribal government gaming is the first or largest casino enterprise, tribal governments have often taken the lead on developing self-exclusion programs, designing the programs according to the particular location, customer base and size of the particular facility. For example, in Florida, the Seminole Tribe developed the first program for self-exclusion in the state and helped financially support the Florida Council on Compulsive Gambling. The Tribe consolidates its property self-exclusion databases so a player excluding him or herself from one Seminole casino is excluded from all seven.

In cases where tribal casinos are located in states that have pre-existing, state-run self-exclusion programs designed by state regulatory agencies for other gaming properties in the state, such as California's California Gambling Control Commission, many tribal governments use these programs as models for their own policies and procedures.

Some tribal governments have incorporated their commitment to self-exclusion into their tribal-state compacts. In 2009, the Pinoleville Pomo Nation, located in Mendocino County, California, signed a compact with the State of California that outlines their voluntary and involuntary self-exclusion programs. In Arizona, tribal governments are required by the tribal-state gaming compact to "establish procedures for advising persons who inquire about self-exclusion and the State Gaming Agency's procedures" according to their own needs.

INTERNATIONAL JURISDICTIONS

Australia

All casinos in Australia have self-exclusion programs. In some states, it is mandatory for casinos to have these programs in place, in others it is an initiative of the casino, or began as an initiative of a casino in the absence of legislative requirements.

Self-exclusion programs allow patrons to exclude or ban themselves from entering the gaming area of a casino. Some casinos such as Burswood Entertainment Complex also have third-party exclusion programs in place whereby family members or other third parties can apply to have a person excluded. Similarly, in Tasmania and South Australia, third-party exclusion also is possible. In Victoria, exclusion schemes need to be approved by the regulator. Generally, exclusion review procedures are in place, information packs are available and staff training is an integrated aspect of casinos' self exclusion programs.

Many casinos have had self-exclusion procedures and policies in place that both predate the 1999 Australian Productivity Commission report and in some cases, statutory requirements. For example, Star City's self-exclusion program has been in operation since the casino opened in September 1995.

SKYCITY Adelaide has also implemented a pre-commitment initiative with respect to self-excluded patrons. If a patron wishes to have their self-exclusion lifted, they must pre-commit to a spending and visitation limit, along with meeting other requirements, which includes counseling.[2]

One of the common elements of all the programs in Australian states and territories is that self-excluded individuals agree to have their memberships cancelled and have their names removed from all mailing lists. While almost all self-exclusion agreements can be revoked (allowing for gamblers' privileges to be re-instated) before their agreed upon end date, most require at least six or 12 months to have passed before this is possible. Moreover, most programs in Australia require the individual seeking reinstatement of gambling privileges to demonstrate, usually during the course of a reinstatement interview, that they received problem gambling counseling during the course of their ban and that they can now gamble responsibly.

Canada

In each of the eight Canadian provinces in which casinos are located, there are voluntary self-exclusion programs in place for individuals who feel they need help controlling their gambling. While these programs have many features in common, there are some important differences between them.

An individual's options for how long a ban may last range from as little as three months, in the case of Quebec, to as long as a lifetime, as is the case in Nova Scotia and Ontario. Generally speaking, a problem gambler can choose a ban length of six months, one, two, three or five years in Canada.

[2] Australian Casinos: Responsible Gambling Initiatives 1999_2008, Australasian Casino Association and Gambling Compliance Ltd., March 2009.

In almost all provinces, when an individual applies for self-exclusion, he or she is given materials informing them about counseling services that are available to help problem gamblers. One unique program in Quebec allows individuals to select an enhanced self-exclusion option that features mandatory counseling and support as part of the program.

When an individual attempts to gamble at a casino from which they have been self-excluded, there generally are no legal ramifications. They are escorted from the facility immediately. In Alberta, individuals can be charged with a general offense under the Liquor and Gaming Act (maximum penalty is a $10,000 fine and/or six months imprisonment), but this is exceptional. In four of the eight provinces, repeated attempts by an individual to breach their ban can lead to criminal trespass charges and/or fines.

In most provinces, individuals are not given an option for early reinstatement of gaming privileges following their inclusion in the self-exclusion program. In Ontario and Nova Scotia, individuals can petition for removal from the self-exclusion program six months after enrollment, but in doing so, regulators investigate and/or meet with the particular person in order to assess whether or not reinstatement should be allowed.

Singapore

Part X of the Casino Control Act provides powers to the Singapore National Council on Problem Gambling to issue Exclusion Orders for casino customers who have problems with their gambling.

There are three different types of casino exclusion programs available in Singapore. The first is initiated by the individual themselves if they believe they have a problem with their gambling. The second type is a family exclusion whereby a family member(s) of an individual with a gambling problem can enroll that person in the program. For the purposes of this form of exclusion, family members are defined as spouses, children, parents and siblings, including adopted and step relations. Lastly, there is a third-party exclusion program that automatically bars individuals who have issues with bankruptcy or who are receiving government aid from entering either of the two resort casinos.

In case of self-exclusion or family exclusion, an individual must remain on the exclusion list for a minimum of one year. After that time, the individual may apply, in person, for reinstatement of gambling privileges at the National Council on Problem Gambling offices. For third-party exclusion, individuals are automatically removed from the exclusion program once they are discharged from bankruptcy or government aid.

Individuals can apply for self-exclusion either online at the National Council on Problem Gambling web site or in person. Family exclusion must be initiated in person at the Tanjong Pagar Family Service Centre.

South Africa

An individual who thinks they have a problem with their gambling can request to be excluded from one casino or can have his or her information forwarded to the National Gaming Board in order to be prohibited from entering any of the casinos nationwide. The Board will place all relevant information on the National Exclusion Register.

Applicants, who must apply for self-exclusion in person, will be supplied with materials, such as the National Responsible Gambling Rules, at the time of their enrollment in the program.

Once on the self-exclusion list, an individual must wait a minimum of 12 months before they are permitted to apply for a reinstatement of their gambling privileges. The individual must also provide reasonable evidence of having attended a suitable rehabilitation program to address the problem that led to self exclusion if they are to be reinstated.

Every casino operator must prominently post at their facility information about the availability of its self-exclusion programs as well as the availability of a directory on-site in which an individual can find information regarding local counselling, treatment or education services addressing the problems of compulsive and addictive gambling.

The National Gambling Act of 2004 further permits individuals to apply to a court of competent jurisdiction for an order requiring another individual to be placed on the self-exclusion register. The applicant is permitted to petition the court if the individual they are attempting to have excluded is a family member, someone upon whom they are financially dependent, someone who is financially dependent upon them or if the person is someone to whom they have a duty of care.

Any gambling debt incurred by an excluded gambler is not collectable by law unless that individual gained access to the casino by fraudulently claiming to be a different person.

United Kingdom

Operators must have procedures in place allowing gamblers to self-exclude for a length of time — usually between six months and five years.

While the individual is excluded, operators must take all reasonable steps to prevent him or her from gambling at their facilities. Casino operators must, as soon as possible, take all reasonable steps to prevent any marketing material from being sent to a self-excluded customer. Operators also must close any self-excluded customer accounts and return any funds to that individual.

Casino operators must put into effect procedures designed to ensure that an individual who has self-excluded cannot gain access to their facilities. If a person is found trying to gamble during the period of self-exclusion, they must be removed from the casino immediately.

At the end of the period chosen, the self-exclusion continues unless the self-excluded individual makes a positive request to begin gambling again. Before any individual is allowed back into a casino facility after serving a self-exclusion ban, they must first be given one day to cool off following their request for reinstatement of gambling privileges.

RESOURCES AND PROGRAMS

While research on gambling disorders is still a relatively young field of study, it already is yielding valuable information and guiding practical applications. Programs and tools are being developed and put into practice to aid the gaming industry in increasing awareness of disordered gambling and implementing responsible gaming practices and programs. A few examples are listed below.

Research and Resources Guide

Research & Resources: A Guide to Disordered Gambling and Responsible Gaming allows quick and easy access to a library of the most significant research findings now available in the field of disordered gambling, providing an overview of key studies by leading researchers. Also included is a guide to the National Center for Responsible Gaming's (NCRG) and the industry's major responsible gaming education and outreach initiatives, a glossary of commonly used research terms, and helpful online publications and resources. You also will find a list of experts in the field of disordered gambling, organized by subject category, who can provide additional information about specific areas of disordered gambling research. To view the guide, visit **http://www.ncrg.org/assets/files/NCRG_RR_Guide.pdf**.

Gambling Disorders 360°

Gambling Disorders 360° is the blog for the Institute for Research on Gambling Disorders that explores the latest news, issues and research relating to gambling disorders and responsible gaming. The blog is also a forum where researchers, clinicians, regulators, policymakers and industry representatives can come together to share knowledge and best practices, and candidly discuss the field's most pressing and vital issues. To subscribe to Gambling Disorders 360°, visit **http://www.gamblingdisorders.org/blog**.

The American Gaming Association Code of Conduct for Responsible Gaming

The American Gaming Association (AGA) and its members pledge to our employees and patrons to make responsible gaming an integral part of our daily operations across the United States. This pledge encompasses all aspects of our business, from employee assistance and training to alcohol service, advertising and marketing. This code also covers the commitment of our members to continue support for research initiatives and public awareness surrounding responsible gaming and underage gambling. The brochure, which details how the pledge is fulfilled, can be found at **www.americangaming.org/programs/responsiblegaming/code_public.cfm**.

The American Gaming Association *Responsible Gaming Statutes and Regulations*

The AGA developed a publication that contains a compilation of statutes and regulations regarding responsible gaming in the 20 states that have commercial casinos or racetrack casinos, also known as "racinos", as of February 2008. The content in each section is divided into seven general categories, including Alcohol Service, Credit/Cash Access, Funding/Revenue Sharing (treatment funding), Self-exclusion, Signage/Help Line/Advertising, Training/Education (employee training, employee responsible gaming prevention, public awareness), and Miscellaneous (loss limits/limited stakes, direct mail/marketing). To view the publication, visit **http://www.americangaming.org/assets/files/Statutes_and_Regs_FINAL_022009.pdf**

The House Advantage: A Guide to Understanding the Odds

This publication, which fulfills a provision of the AGA Code of Conduct for Responsible Gaming, explains the house advantage, providing typical ranges for specific games, along with other factors that should be taken into account when betting on casino games, such as the amount wagered, the length of time played, and, to a degree, a player's skill level. It also debunks common myths about gambling and provides an explanation of regulatory procedures in place to ensure all the games in a casino are fair. This publication can be purchased in packs of 100 by visiting **www.americangaming.org/store/general.cfv?subject=3**.

PEER and EMERGE Programs

The Partnership for Excellence in Education and Responsible Gaming (PEER) is a dynamic, one-of-a-kind program created by the NCRG to provide gaming entities with the tools and resources needed to develop a comprehensive and world-class responsible gaming program. The PEER program offers members full access to the blueprint needed to implement the code, best practices, and in-depth, how-to instructions to put these words into action. PEER members also have access to unique employee training opportunities, on-call implementation assistance, and an annual report card to demonstrate progress on their initiatives. To learn more about the PEER program and how it can help your organization, visit **www.ncrg.org/peerprogram/index.cfm**.

The Executive, Management and Employee Responsible Gaming Education (EMERGE) program is a science-based, online training program for gaming industry employees developed by Harvard Medical School faculty with support from the NCRG and the Institute for Research on Gambling Disorders. EMERGE is the only program of its kind grounded in scientific research, but designed for a lay audience. The self-paced program teaches employees about the nature of addiction, how gambling can become an addiction, and the specific responsible gaming policies and practices of their organization. EMERGE is an important component of the PEER program. For more information, download the brochure at **www.ncrg.org/assets/files/EMERGE_BROCHURE_FINAL_2007.pdf**.

College and Youth Gambling

The NCRG and the Institute for Research on Gambling Disorders have been involved in the development of several resources dedicated to increasing understanding and awareness about youth and gambling disorders.

The Task Force on College Gambling Policies was established by the NCRG and the Division on Addictions at the Cambridge Health Alliance, a teaching affiliate of Harvard Medical School, in 2008. For more than a year, task force members worked to combine scientific research findings with real-world experiences in student health and university policy issues to develop science-based policy recommendations that will help higher education institutions inform their students about the risks of excessive gambling, mitigate gambling-related harms and offer rehabilitative programs that can help reduce addictive behaviors. To download the full “Call to Action” report, visit **http://www.ncrg.org/assets/files/college%20task%20force/A_Call_to_Action_Full_Report_92909.pdf**.

Talking with Children about Gambling is a research-based guide designed to help parents, as well as others who work with youth, deter children from gambling and recognize possible warning signs of problem gambling and other risky behaviors. The guide was developed in consultation with the Division on Addictions at Cambridge Health Alliance, a teaching affiliate of Harvard Medical School. For more information, download the brochure at **http://www.gamblingdisorders.org/files/gamblingdisorders/talking-with-children-2009.pdf**.

Your First Step to Change

Your First Step to Change is a self-help guide for individuals thinking about changing their gambling behavior. Originally developed as a booklet in 2002 for callers to the Massachusetts Council on Compulsive Gambling’s helpline, the guide is available in Spanish, Chinese, Khmer and Vietnamese.

Your First Step to Change was developed by the Division on Addictions and the Massachusetts Council on Compulsive Gambling with support from the Massachusetts Department of Public Health and the NCRG. To view the guide, visit **www.basisonline.org/self-help__tools.html**

Taking the Mystery Out of the Machine: A Guide to Understanding Slot Machines

While a significant majority of gamblers say slot machines are their favorite form of casino entertainment, most people know very little about how slots are developed or how they work. Since educating employees and patrons about the odds of casino games and how they work is a key priority of the gaming industry and an important part of responsible gaming, the AGA developed “Taking the Mystery Out of the Machine: A Guide to Understanding Slot Machines.” The brochure provides digestible information about how slots are operated, developed and regulated and uses common language to debunk many players' most widely held myths about slot machines. The resource has been made available to patrons and employees alike as an important part of many casinos’ standard responsible gaming education efforts. To download a free copy of the brochure, visit **http://www.americangaming.org/programs/responsiblegaming/education_brochures.cfm**

ABOUT THE NCRG

The National Center for Responsible Gaming (NCRG) is the only national organization exclusively devoted to funding research that helps increase understanding of pathological and youth gambling and find effective methods of treatment for the disorder. The NCRG is the American Gaming Association's (AGA) affiliated charity.

Founded in 1996, the NCRG's mission is to help individuals and families affected by gambling disorders by supporting the finest peer-reviewed, scientific research into pathological and youth gambling; encouraging the application of new research findings to improve prevention, diagnostic, intervention and treatment strategies; and advancing public education about responsible gaming.

More than $22 million has been committed to the NCRG, through contributions from the casino gaming industry, equipment manufacturers, vendors, related organizations and individuals. Research funding is distributed through the Institute for Research on Gambling Disorders.

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ABOUT THE INSTITUTE FOR RESEARCH ON GAMBLING DISORDERS

The Institute for Research on Gambling Disorders is an independent program of the National Center for Responsible Gaming (NCRG) charged with managing and administering a competitive research grants program, and conducting public awareness and education about gambling disorders. The NCRG is a 501(c)3 charitable organization devoted to funding research that helps increase understanding of and find effective methods of treatment for gambling disorders, and advancing public education about responsible gaming.

The Institute, under the guidance of its Scientific Advisory Board of independent experts, provides long-term funding for innovative, multidisciplinary research at the NCRG Centers of Excellence in Gambling Research. Centers of Excellence are currently based at Yale University and the University of Minnesota.

In addition to the Centers of Excellence program, the Institute manages a competitive project grants program to support high-quality scientific research on gambling disorders. Project grants offer support for investigators from various disciplines and at all career levels, especially those new to the field. All research grants, both long-term and project-based, are reviewed by independent peer review panels of distinguished scientists in the field to ensure that only the highest quality research is funded.

The Institute also is actively engaged in public education and awareness activities, such as developing content for the NCRG's Conference on Gambling and Addiction, developing new science-based resources, and collaborating and coordinating with other institutional partners to develop practical applications for research findings.

To learn more about the Institute, visit **www.gamblingdisorders.org**.

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