

# Research Report

Investigating the use  
and effectiveness of the  
Tasmanian Gambling  
(Self) Exclusion Program

## **Acknowledgements and authorship**

### **Research Report: Investigating the use and effectiveness of the Tasmanian Gambling (Self) Exclusion Program**

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#### **Preamble:**

This project was conducted by the Gambling Support Program (GSP), a business unit within Disability and Community Services, Tasmanian Department of Health and Human Services (DHHS).

The GSP is responsible for gambling-related community education, social and harm minimisation policy and research, and administration of the Tasmanian Health and Wellbeing Fund and The Charitable Organisations Grants Program.

An integrated network operates in Tasmania to promote and address social issues relating to problem gambling. Self-exclusion operates within this partnership, involving the gambling support services, the Liquor and Gaming Branch (Department of Treasury and Finance), management and staff of gaming venues and patrons who have elected to exclude themselves from gambling.

The project was funded by the Community Support Levy, a tax on the gross profit derived from gaming machines in Tasmanian hotels and clubs.

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# Executive Summary

## Overview

This is the first study to investigate the use and effectiveness of self-exclusion, operating as part of the Tasmanian Gambling Exclusion Scheme. Telephone interviews and focus groups were conducted with a total of 40 individuals who have self-excluded. Two separate samples were utilised for different purposes. The cross-sectional sample consisted of 29 past or current self-excluders who were interviewed for the purpose of obtaining demographic information and learning about their general experiences throughout the life of their exclusions. The longitudinal sample consisted of 11 individuals who were interviewed at the time of their application and of those, 10 were followed-up after three months. These participants were interviewed to obtain information about experiences in the early months of self-exclusion.

## Findings

### *Demographic information and gambling history of self-excluders*

- The average age of self-excluders was 49.76 years.
- All were Caucasian.
- There was a relatively equal distribution of males and females.
- The majority (69%) did not complete high school.
- More than half (52%) were unemployed and receiving government benefits.
- More than half were either single or divorced.
  
- More than half began gambling before the age of 20. A third began gambling after the age of 30 (average 25.74 years).
- The average age of when self-excluders began gambling weekly or more often was 36.50 years.
- Half had a financial debt due to gambling.
- All participants except one, had problems with electronic gaming machines.
- 59% had never had a family member with a gambling problem.

### *Gambling behaviour while self-excluded and detection*

- Just over half (52%) of the cross-sectional sample gambled at non self-excluded venues while self-excluded.
- Approximately 60% of the cross-sectional sample (17/29) breached their self-exclusion and gambled at self-excluded venues.
- **The majority of breaches were undetected.** Most self-excluders were detected only after having already breached multiple times.

- Although 12/17 individuals were detected breaching at some point in the life of their exclusions, seven of these individuals were detected only once when they breached multiple times.
- On the occasions when self-excluders were detected breaching, most were detected relatively quickly (10-20 mins) after entering the venue.
- All participants in the longitudinal sample except one, **reported not gambling at all** (in both self-excluded and non self-excluded venues) in the three months since they had self-excluded.
- The one participant who gambled, did so at a self-excluded venue on one occasion. She was not detected.

### ***Opinions about self-exclusion***

- The significant majority of both samples reported self-exclusion to be *of much or some help*. Most found it to be helpful in reducing their gambling, even if they did gamble while self-excluded.
- The majority of participants in the longitudinal sample reported that it was relatively easy not to gamble in the first three months and that they were confident that it would continue to be effective. However, two thirds did not have alternative strategies in place if self-exclusion was found not to be effective.
- Most commonly reported best things about the program were: knowledge of the physical barrier to gambling (e.g. “I knew I just couldn’t go”), potential embarrassment of being detected if they breached, and flexibility of the program.
- Poor detection was the most commonly reported weakness of the program (cross-sectional sample).

### ***Effects of self-exclusion***

- For both samples, there were statistically meaningful improvements from pre self-exclusion to time of interview in: gambling severity, urges, frequency and duration of sessions, perceived control as well as in physical health, mental health, stress/anxiety, depressive thoughts and feelings, mood, self-confidence, social life, friendships, and financial situation. There was also an improvement in family relationships for the cross-sectional sample.
- For the cross-sectional sample, these improvements were small to moderate for all variables, with the largest improvements being in the area of mental health ( $r^2 = 0.60$ ), self-confidence, mood and depressive thoughts and feelings (all  $r^2 = 0.43$ ).
- For the longitudinal sample, the size of improvements was more notable, with moderate to large improvements for all variables.

## **Recommendations to improve the self-exclusion program**

### **Issue 1: Improving detection**

#### **Recommendation: *SMART cards/electronic identification***

The SMART card or some form of electronic identification (e.g. driver's licence) was most frequently recommended by self-excluders. The advantages of utilising an electronic identification system would eliminate all existing problems with manual detection. The benefits of an electronic identification system would also extend beyond improving the self-exclusion program. It would also detect minors and other unwelcome patrons and provide an automatic system for tracking patrons and up-to-date data management. SMART card technology would also allow patrons to set pre-commitment spending limits.

#### **Recommendation: *Photograph policy***

Multiple participants reported that they believed that often the failure to detect self-excluders was a result of staff not being familiar with the photographs. There should be a standard enforced policy on how photographs are displayed, handled and created. It was suggested that the photographs be made larger, and include a profile shot. Further, it was suggested that staff should review them more regularly, for example, for five minutes at the beginning of a shift.

#### **Recommendation: *Third party inspector checks***

There should be a person employed specifically to randomly check that venues are complying with policies, similar to an auditing process. This will naturally increase the motivation of the venue staff and operators to be more vigilant about detection. It is not suggested that the inspectors would be responsible for checking every venue, but that if it was undertaken randomly, this would provide sufficient motivation for venues to comply with policy and therefore increase the efficiency of the system.

### **Issue 2: Visibility and awareness of self-exclusion**

#### **Recommendation: *Increase promotions and advertising***

Very few participants had heard about self-exclusion through general promotion or advertisements. Self-exclusion should be more heavily promoted. Advertisements promoting gambling helpline or general gambling services may not be effective for people who are not keen to discuss their issues. If there were advertisements promoting self-exclusion specifically and thus increasing awareness that there are 'non-talking' interventions available, there might result in a higher response rate.

### **Issue 3: Client expectations**

#### **Recommendation: *Inform the self-excluder of expected success and breaching rates at the time of application***

It appears that success rates are highest in the early months of self-exclusion but that more than half go on to breach at some point in their exclusion period. Self-excluders should be informed of this information at the outset so they have realistic expectations. This may help prevent self-excluders from a continued cycle of breaching after a first occasion, by communicating to self-excluders that they haven't 'failed' if they do go on and breach. This information would of course be communicated in a manner that would not discourage the self-excluder.

### **Recommendation: *Minimum time ban***

A minimum time ban was supported by many participants. Most felt that 12 months was appropriate. Most said that they did not believe that this infringed on an individual's rights and that it wasn't likely to deter people from applying. Participants were frequently of the attitude that if individuals are going to choose to self-exclude, this should be done properly, and that given that (1) self-exclusion is self-initiated and (2) that the significant majority of self-excluders have reached a point of having lost control over their gambling, a minimum time ban is appropriate. A 24-hour cooling-off period could be utilised to combat the issue of individuals making ill-considered, impulsive decisions to self-exclude after a heavy loss. After the cooling-off period, the notice would not be revocable until the self-exclusion period had lapsed.

### **Recommendation: *Enforce fines***

It is recommended that fines are enforced to increase the credibility of the program, as participants were aware that fines are not actually issued at present. It was suggested that they be enforced, as they are supposed to be, for both the venue and the self-excluder. Although fines were not the primary deterrent of breaching, it still was an issue for some self-excluders. As the size of the fines may also be too large for it to have a significant impact on self-excluders, who often could not afford such a sum anyway, smaller penalty sizes that are actually enforced would be more effective.

### **Issue 4: Assistance provided**

#### ***Follow-up self-excluders (particularly at risky time points)***

Many participants expressed that regular follow-up would be beneficial. At a minimum, follow-up phone calls should be made to self-excluders at risky time points (i.e. after three and/or six months). Previous research suggests that self-exclusion is most effective in the first six months. Also, at a minimum, self-excluders should receive reminder renewal notices when notice expiry dates are approaching. Knowing to expect a scheduled follow-up phone call may also assist self-excluders in not entering venues in the way of accountability.

#### ***Providing a sponsor***

More personal support was expressed as desirable by some self-excluders. It was acknowledged that the current counselling options are effective for long-term benefits but that they were of little use when individuals were having urges to gamble

and required immediate support. It was mentioned frequently that having a sponsor similar to those of programs such as Alcoholics Anonymous (AA) would be helpful. Although the 'sponsor' may not be as involved as those in programs such as AA, the option of being able to obtain ongoing support from one person via telephone was popular. The main emphasis was, therefore, on support from a single person known to them (as opposed to support from "strangers" at services such as Gambling Helpline, which by nature is less personal) who were contactable relatively quickly. This form of support would be especially relevant to those who gamble as a means of escaping loneliness and boredom.

### **Limitation**

Recommendations are made based on the views of 40 voluntary participants, which should be kept in mind when interpreting findings. The degree to which findings can be generalised to the self-excluder population is unknown. However, it should also be kept in mind that the results have also been interpreted from a qualitative angle, complemented with the use of focus groups. Most importantly, the findings regarding breaching and recommendations are quite consistent with the views and findings of past self-exclusion studies.

### **Summary**

Self-exclusion was found to be helpful in reducing gambling frequency and improving quality of life for the majority of self-excluders. Self-exclusion was very effective in the first few months for many, however, over half eventually breached their notice. Most breaches were not detected. Recommendations for improving the program were made.

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# Background

## What is problem gambling?

Gambling is a common activity around the world and the majority of people partake in the experience as a source of entertainment (Petry, 2006). For a small percentage of individuals, however, gambling can be a problem (Productivity Commission, 2009; Shaffer, Hall & Vander Bilt, 1999). Understandings of what constitutes 'problem gambling' vary and the term is often used interchangeably with others such as compulsive gambling and gambling addiction, as well as pathological gambling. This report will utilise the term 'problem gambling', unless otherwise indicated. Despite these conceptual variations, there is a general consensus that the individual with a gambling problem will exhibit gambling behaviour with the following characteristics:

1. It is excessive. They spend more time and/or money gambling than they can afford.
2. It is habitual.
3. It is difficult to control. The individual struggles to reduce/stop the gambling, even if he or she wishes to.
4. It ultimately leads to significant personal, financial and/or social costs. The individual will continue to gamble despite the problems that accompany the gambling.

The Productivity Commission (2009) appropriately acknowledges that the *detriments* associated with problem gambling are more important than debates about conceptual underpinnings, and it is these consequences of gambling that inform social policy. The report further mentions that this perspective places gambling in a social context more so than a psychiatric one. It should be noted, however, that the criteria for pathological gambling (i.e. psychiatric label) in the *Diagnostic and Statistical Manual for Mental Disorders*, 4<sup>th</sup> edition, Text Revision (APA, 2000), do not define pathological gambling according to its associated consequences. The DSM-IV-TR criteria is shown in Box 1 on the following page.

## Prevalence and effects of problem gambling

Research indicates that 1% of the adult population in Australia can be classified as problem gamblers (Productivity Commission, 2009) and overseas prevalence rates are comparable (National Research Council, 1999; for review see Petry, 2005). In Tasmania, 0.54% of adults who gamble can be classified as problem gamblers and 0.86% as 'moderate-risk' gamblers (South Australian Centre for Economic Studies, 2008). Although these figures suggest that a small minority of the community exhibits this problem behaviour, it is estimated that every problem gambler directly affects the lives of eight to ten other people (Lobsinger & Beckett, 1996; Productivity Commission, 1999). Further, many adverse outcomes are associated with gambling, including but not limited to financial problems, depression (Ibanez et al., 2001), other addictive behaviours (Maccallum & Blaszczynski, 2002; Welte, Barnes, Wiezorek, Tidwell & Parker, 2001), relationship problems (Crisp, Thomas, Jackson & Thomason, 2001), legal issues and homelessness (Petry, 2005).

**Box 1.**

*Diagnostic and Statistical Manual for Mental Disorders, 4<sup>th</sup> edition, Text Revision criteria for 312.31 Pathological Gambling.*

- A. Persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:
- (1) Is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble).
  - (2) Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
  - (3) Has repeated unsuccessful efforts to control, cut back, or stop gambling.
  - (4) Is restless or irritable when attempting to cut down or stop gambling.
  - (5) Gambles as a way of escaping from problems or of reliving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression).
  - (6) After losing money gambling, often returns another day to get even ("chasing" one's losses).
  - (7) Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
  - (8) Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
  - (9) Has jeopardised or lost a significant relationship, job or educational or career opportunity because of gambling.
  - (10) Relies on others to provide money to relieve a desperate financial situation caused by gambling.
- B. The gambling behaviour is not better accounted for by a Manic Episode.

## **Interventions for problem gambling**

Treatments and management strategies for problem gambling include psychotherapy, financial counselling, education and support groups (Petry, 2005). The profiles and motivations of problem gamblers vary as much as the conceptualisation of problem gambling, meaning that individuals will often respond differently to different treatments. Individual characteristics will also influence whether one will even seek help for their problem gambling. Indeed, prevalence studies show that very few individuals will seek professional help, and for those who do, it is often not until they have reached a crisis point (Blaszczynski, Ladouceur, & Nower, 2007). Research (National Gambling Impact Study Commission, 1999; National Research Council, 1999; Productivity Commission, 2009) predicts that only about 8-15% of problem gamblers seek professional treatment whilst others pursue self-help or support groups and many undergo natural recovery (Hodgins & el-Guebaly, 2000).

The reasons for the low utilisation rates of professional services are not entirely clear; however, these findings are comparable to those in the treatment literature of other addictions (McCartney, 1996). One study identified the desire to independently recover as the most common reason for not seeking treatment (Hodgins & el-Guebaly, 2000). Other reasons included embarrassment, being unaware of the availability of treatment, inability to share problems with others, inability to commit to dealing with the problem and concern about stigma. These reasons are not all that surprising, given that it is not uncommon for problem

gamblers to make efforts to conceal their gambling. The most obvious implication here is that interventions that are non-intrusive, private and independent are warranted if we are to effectively address the problem.

### **The concept of self-exclusion**

Self-exclusion is an intervention offered by gambling industries around the world that allows individuals to formally ban themselves from gaming venues or specific games. The main purpose of the initiative is to physically limit gambling opportunities to assist individuals to control their gambling behaviour. Protocol details vary across different jurisdictions but generally follow a standard process. The individual who wishes to self-exclude enters into a written agreement with venue operators that he or she will refrain from entering the self-excluded premise(s). Photographs are taken and distributed to the relevant venue(s). If the individual breaches the agreement and is detected, a penalty is imposed, usually in the form of a monetary fine and in some jurisdictions (e.g. Missouri, USA), the individual can be charged for trespassing. The responsibility of venue staff and operators is to detect and escort the individual from the premises and inform relevant parties of the breach.

Self-exclusion is generally not defined as a psychological intervention in that its purpose is not to directly address psychological processes or motivations underlying the gambling behaviour. It is not an intervention that involves exploration of gambling issues. If we are to speak in precise conceptual terms, however, self-exclusion can in fact be regarded as a psychological strategy in that it utilises behavioural principles to undermine the problematic behaviour. It is comparable to the removal of problematic foods in the environments of individuals with obesity problems or the avoidance of environmental associations/stimuli for those dependent on alcohol or substances. The idea is to provide physical barriers to the problematic behaviour in order that the individual can 'detoxify' themselves and perhaps provide them a space to address or recognise the psychological motivations underlying the gambling behaviour.

Self-exclusion offers the advantage of providing assistance to individuals without being intrusive and is easily implemented. It has been recognised as an attractive option for the majority who do not seek professional help. Blaszczynski et al. (2007) has identified self-exclusion as acting as a gateway and referral pathway for adjunctive treatments for those who are simply not yet ready to seek professional assistance. As self-exclusion is entered into voluntarily by a person, a further advantage of the strategy is that he or she must acknowledge to some degree that they have a problem – the first (and necessary) step to curtailing any problem behaviour (Prochaska & DiClemente, 2005).

## *Self-exclusion in Tasmania*

As mentioned above, self-exclusion programs around the country and the world are not strictly uniform. The Tasmanian Gambling Exclusion Scheme was implemented, in its current form, in August 2002. It was developed by gaming industry members; the Department of Treasury and Finance, the Tasmanian Gaming Commission (TGC), the GSP, and the Break Even Gambling Support Services. The new scheme was the result of legislative changes to the *Gaming Control Act 1993* to enable venue, third party and police exclusions and to enable venues and people to be fined for breaching the exclusion notice. While fines can apply, no one to date has been fined in Tasmania for breaching their exclusion. The primary purpose for its inclusion was as a deterrent to breaching. Prior to that, only self-exclusions were available and were arranged using a non-statutory deed. The scheme applies to all electronic gaming machines (EGMs), table games and Keno in hotels, clubs and casinos. TOTE Tasmania is not covered by the legislation but a voluntary system of self-exclusion using the self-exclusion deed continues to apply. Individuals who wish to be self-excluded have their photographs taken and these are distributed to venues, who must then identify people if they breach their agreement.

In order to self-exclude from a venue or gaming activity, a person has to contact the Break Even Gambling Support Services either through the 24-hour counselling service or by contacting Anglicare Tasmania or Relationships Australia Tasmania directly. A counsellor then provides them with a brochure about the program and explains the program. The person signs a self-exclusion deed and completes a self-exclusion notice where they nominate the length of the exclusion (three years is the standard self-exclusion period), and whether they wish to exclude themselves from whole of premises, gaming areas within premises or from specific games. The self-exclusion deed is an informal agreement, however, the self-exclusion notice is legislated and can attract penalties for breaches. Self-exclusion is purely voluntary and people can revoke their self-exclusion at any time by meeting with the counsellor and completing a revocation of self-exclusion notice. According to the Tasmanian Exclusions Update, as of 30 September 2009, there were 329 individuals self-excluded in Tasmania. A total of eighty-five reports of breaches had been recorded in the 12-month period from September 2008 to September 2009.

### **Research on self-exclusion**

Until now, the use and effectiveness of the program in Tasmania has not been evaluated and in fact, both the national and international self-exclusion literature is in its infancy. To the author's knowledge, only nine published studies have investigated the use and/or effectiveness of self-exclusion and the majority of these have focused on international casino programs. As the research is still very preliminary, the majority of the studies report primarily descriptive results that are derived from either questionnaire data or qualitatively-based focus group data. Further, there does not appear to be a clear consensus as to how to measure the effectiveness of these self-exclusion programs. For example, it remains to be answered whether complete abstinence, although being the purpose of self-exclusion, is a realistic way of defining effectiveness. From what can be seen in the existing literature, three important questions seem to prevail. If we are to become more informed about these programs and their utility, these questions need to be explored.

- The first question is: *Who is using self-exclusion?* We want to get to know these individuals and their motives for self-excluding. It is important to identify what separates them from people who choose not to self-exclude.
- The second question is the million-dollar one: *Does self-exclusion work?* Before we answer this, we must be clear about how we measure outcomes. As mentioned above, different studies measure effectiveness differently. What is effectiveness and how should effectiveness be measured?
- The third question is: *What parts of the self-exclusion programs can be improved?* We need to look at why and how the programs are effective or not effective. Which parts or characteristics of programs determine this? How can they be improved?

The literature will be reviewed in the following sequence. Firstly, an overview of all of the nine studies will be provided, which will include their aims and methodologies. Following this, the results of each of the studies will be discussed and categorised according to the three questions mentioned above. We have chosen to categorise the literature in this format because it is the simplest, most reader-friendly way to do so. As past studies are of a primarily descriptive nature, a wide range of data is often reported and separating the results into different themes was the most functional way of presenting them.

#### *Overview of studies*

The studies of Robert Ladouceur and his colleagues are probably the most frequently cited in the literature. In 2000, Ladouceur, Jacques, Giroux, Ferland and Leblond conducted a descriptive study investigating the individual characteristics of 220 self-excluders at a casino in Quebec, Canada. Participants were asked to complete a questionnaire when they applied for self-exclusion. Four types of data were collected including; demographic data, the South Oaks Gambling Screen (currently, the most frequently used measure for gambling severity; Lesieur & Blume, 1987), gambling habits and prior experiences with self-exclusion. No comparison group was utilised and all participants were volunteers.

In 2006, Ladouceur, Sylvain and Gosselin conducted a longitudinal evaluation study of the effectiveness of the same program. This was the first and currently one of only two published studies that have utilised a longitudinal design. The authors followed participants over a two-year period. They conducted a total of five telephone interviews, at the time of sign-up ( $n = 161$ ), at six months ( $n = 117$ ), 12 months ( $n = 83$ ), 18 months ( $n = 60$ ), and 24 months ( $n = 53$ ). Participants were categorised into three groups, depending on their self-exclusion length, which included six months, 12 months or 24 months. No monetary compensation was provided for participating. Interviews covered motives and triggers for self-excluding, gambling urges, program expectations, program impact, gambling severity and demographic data.

O'Neil et al. (2003) conducted a study that evaluated the impact of self-exclusion programs in Victoria, Australia. A total of 4,083 interviews was conducted with

gamblers and service providers from 1997 to 2002. Although this was a large study that included a good response rate and interesting conclusions, very little information is provided on the procedures used and how outcomes were measured.

Nower & Blaszczynski (2006) investigated gender differences in demographic and gambling characteristics in a sample of 2670 self-excluders at a Missouri casino. The authors analysed a data-set of all self-excluders in the period from 2001 to 2003. Data was categorised into four sections: demographics, gambling behaviour, reasons for self-exclusion, and other forms of help sought for gambling.

Using the same data-set, in 2008, the authors focused on older gamblers, based on the rationale that the prevalence of older problem gamblers is increasing, yet little is known about them. Using the same methodology as in the previous study, the authors categorised and compared older gamblers (56+) to younger (18-35) and middle-aged gamblers (36-55) on demographic and gambling-related characteristics.

Townshend (2007) followed up on a small sample of self-excluders ( $N = 35$ ) who self-excluded in the period between July 2004 and July 2006 in New Zealand. Follow-up occurred in August 2006. The following data was collected at application and at follow up: SOGS scores, perceived control and other gambling behaviours. Only descriptive trends were reported.

The Responsible Gambling Council (2008) in Canada conducted focus groups to investigate the experiences of self-excluders in seven different Canadian provinces. Twelve focus groups were conducted with a total of 72 participants, who were recruited via community advertising. Participants completed a demographic and gambling activities questionnaire before participating in the focus groups. Focus group themes were program expectations, registration, counselling and other supports, ban length, detection and breaching, ban scope, renewal and reinstatement, promotion and regulatory oversight and penalties.

Based on the suggested need to move from a punitive to a client-centred framework, Tremblay, Boutin and Ladouceur (2008) investigated the use and effectiveness of an 'improved' self-exclusion program that has been in effect since late 2005 at a Montreal casino. The improved program includes an optional initial meeting with a counsellor upon signing up, monthly phone support and a mandatory meeting at the end of the exclusion period. The authors also wanted to see how much people preferred the improved program compared with the standard self-exclusion program. The improved program is comparable to the self-exclusion program in Tasmania. One hundred and eighty-five self-excluders completed the improved version of the program, 116 of whom agreed to participate in the study. Thirty-nine participants attended both the optional meeting and the mandatory meeting, and 77 attended only the mandatory meeting. All participants completed an appreciation questionnaire at the mandatory meeting.

In the initial evaluation meeting, the following data was collected: self-exclusion motives and triggers, gambling behaviours, presence of pathological gambling (according to DSM-IV criteria), gambling consequences, psychological variables, and finally, goals and motivations to change. The same data was collected at the mandatory meeting, with questions altered to reflect the appropriate time period.



Participants who did not attend the initial meeting were asked why they did not do so. The appreciation questionnaire evaluated the self-excluders' perceptions and usefulness of the program, contributing factors and suggested improvements.

Finally, Nelson, Kleschinsky, LaBrie, Kaplan and Shaffer (2009) conducted a recent longitudinal study investigating the experiences of Missouri Voluntary Exclusion Program self-excluders. One hundred and thirteen self-excluders were followed up from four to ten years' post-enrolment. Participants were recruited via contact details provided by the Missouri Gaming Commission database. The final total sample number was a result of random selection from an original 5125 self-excluders in the database and whether the participants were contactable or not. Telephone interviews consisted of questions about demographics, gambling-related questions, substance-use, gambling treatment, SOGS, quality of life and self-exclusion experiences. Information was collected about experiences prior to self-excluding as well as in the six months before the interview.

#### *Who is using self-exclusion?*

Firstly, we need to know who is currently using self-exclusion. This will possibly assist us in understanding the low utilisation rate of self-exclusion and whether certain sub-groups in the population need to be targeted when promoting self-exclusion. In identifying these individuals, two types of information are important – demographic data and gambling history variables.

Five published studies have provided demographic data and gambling history information about self-excluders. A summary of their findings is provided in Tables 1 and 2. The small number of studies does not permit statistical analyses of the results, however, they provide a snapshot view of the profiles of these self-excluders. In these samples, the significant majority of self-excluders can be categorised as problem gamblers (i.e. not 'at-risk' gamblers), most are middle-aged gamblers, self-excluders are generally evenly distributed amongst males and females, not all gamblers have had big wins, usually at least half are married, income ranges from low to high (i.e. not just in the low-income range, as might be expected), the majority are employed and only some have had significant monetary wins/losses. Older adults and women tend to prefer non-strategic games. All studies indicate that the majority of participants endorsed electronic gaming machines or slot machines as a gaming preference.

**Table 1. Demographic data of participants in five studies.**

STUDY	SAMPLE	GENDER	AGE	MARITAL STATUS	CHILDREN	INCOME	OCCUPATION	EDUCATION	RACE
Ladouceur et al. (2000)	220 casino self-excluders, Quebec	Males – 62%  Females – 38%	Mean 41 years	67% lived with a spouse	58% had children	Range: No income to more than \$100,000  Mode between \$21,000 and \$31,000.	No data	No data	No data
Ladouceur et al. (2006)	161 casino self-excluders, Quebec	Males – 60%  Females – 40%	Mean 43.5 years	56.9% - married or de facto	No data	15.8% - household income of less than \$25,000  34% - between \$25,000 and \$50,000  43.4% - more than \$50,000	72.6% were employed	High school – 45% College – 20% University – 26.3%	No data
Nower & Blaszczynski (2006)	2670 casino self-excluders, Missouri	Males - (51.1%)  Females - (48.4%)	21-84 years  Females - Mean 43.83 years  Males – Mean 40.60 years	Single/never married – 19.49%  Married – 51.08%  Separated/Divorced – 26.40%  Widowed – 3.04%	No data	PERSONAL income  <\$10,000 – 8.36%  \$10,000-\$19,999 – 12.13%	Full-time – 78.48%  Part-time – 6.84%  Retired – 2.49%  Unemployed – 6.25%	Grade school – 8.18%  High school – 25.55%  Trade/technical school – 7.56%  Some college – 35.31%	Caucasian – 70.50%  African-American – 19.90%  Asian – 5.13%  Hispanic – 1.80%  Native American – 1.12%

						\$20,000 – \$39,999 – 39.18%	Not in workforce – 5.94%	College grad – 18.73%	Other/unknown – 1.54%
						\$40,000 – \$49,000 - 15.38%		Postgrad – 4.67%	
						\$50,000- \$74,999 – 17.30%			
						\$75,000+ - 7.66%			
Nower & Blaszczyński (2008)	1601 casino self-excluders, Missouri	Males – 50.2%  Females – 49.8%	21-79 years  Young adults (18-35)– Mean 29.2 years  Middle aged (36-55)- Mean 44.4 years  Older adults (56-79) Mean 60.6 years	Single/never married – 19.8%  Married – 50.9%  Separated/Divorced – 26.30%  Widowed – 2.94%	No data	No data	Full-time – 79.20%  Part-time – 6.68%  Retired – 2.06%  Unemployed – 6.56%  Not in workforce – 5.75%	Grade school – 6.93%  High school – 25.73%  Trade/technical school – 7.68%  Some college – 35.35%  College grad – 19.30%  Postgrad – 5%	Caucasian – 74.83%  African-American – 18.11%  Asian – 3.50%  Hispanic – 1.69%  Native American – 0.94%  Other/unknown – 0.94%
Responsible Gambling Council (2008)	76 casino self-excluders, Canadian	Males - 47%	Mean 52 years	No data	No data	Less than \$20,000 – 18.7%	No data	High school – 22%	No data

	provinces	Females – 53%				<p>\$20,000 and \$40,000 – 26.7%</p> <p>40,000 and 60,000 – 20%</p> <p>60,000 and 100,000 – 25.3%</p> <p>More than 100,000 – 9.4%</p>		<p>All or part of a post-secondary education – 48%</p> <p>All or part of a post-graduate program – 17%</p>	
Nelson et al. (2009)	113 self-excluders, Missouri Voluntary Exclusion Program	<p>Males – 45%</p> <p>Females – 55%</p>	<p>Mean age 45.1 at time of SE</p> <p>Mean age 50.7 at time of interview</p>	Married – 58.4%	No data	<p>Less than \$25,000 – 11%</p> <p>\$25,000 - \$74,999 - 44%</p> <p>\$75,000+ - 45.2%</p>	75.9% were employed	No data	<p>Caucasian - 80.5%</p> <p>African-American - 16.8%</p>

**Table 2. Gambling history variables of participants in five studies.**

STUDY	SAMPLE	AGE OF GAMBLING ONSET	YEARS GAMBLING	TYPE OF GAMBLING	GAMBLING FREQUENCY	GAMBLING TIME AND MONEY	GAMBLING REASONS	GAMBLING DEBTS
Ladouceur et al. (2000)	220 casino self-excluders, Quebec	No data	No data	No data	No data	WINS 34% had never won a large amount	44% discovered gambling themselves, 48% reported friends or family had introduced gambling.	71% had debts Mean \$11,962
Ladouceur et al. (2006)	161 casino self-excluders, Quebec	No data	No data	EGMs were most popular (60.9%)  Blackjack (16.8%)  Roulette (9.9%)	No data	50.3% reported losing more than \$25,000	Possibility of monetary gain (69.5%)  Fun of the game (39.2%)  Get away or escape boredom (18.1%)	No data
Nower & Blaszczynski (2006)	2670 casino self-excluders, Missouri	Males Mean 27.39  Females Mean 33.85	Males – Mean 13 years  Females	Slot machines most frequently endorsed by both males	Males Mean 11 days in past month  Females	No data	No data	No data

		years	Mean 9 years	and females, in the past as well as present  Females – significantly stronger preference for non-strategic gambling	Mean 10 days in past month			
Nower & Blaszczynski (2008)	1601 casino, Missouri	Younger adults (18-35) - Mean 22.2 years  Middle-aged adults (36-55) – Mean 32.4 years  Older adults (56+) – Mean 43.5 years	Younger adults – Mean 7.1 years  Middle aged – 12.1 years  Older adults 17.1 years	All gamblers endorsed slot machines as a gambling activity  Younger adults tended to engage in more of a variety of activities  Middle-aged and older adults tended to prefer non-strategic activities	No data	No data	No data	No data

Nelson et al. (2009)	113 self-excluders, Missouri Voluntary Exclusion Program	No data	No data	Slot machines most popular - 67.6%  Card games - 26.5%	No data	No data	Fun 71.7%  Excitement 52.2%  Liked the challenge 33.6%  Financial 27.4%  Sad/Depressed 25.7%	No data
Responsible Gambling Council (2008)	76 casino self-excluders, Canadian provinces	No data	No data	No data	Mean 2-4 days per week on average	Mean 5.8 hours and \$742.39 per session	No data	No data

### *Does self-exclusion work?*

The answer to the question of whether self-exclusion works depends on how outcomes are measured. To date, there is no clear consensus in the literature on how we should measure effectiveness. Intuitively, one might imagine that complete abstinence would be the goal of an individual who chooses to self-exclude and self-exclusion programs certainly were designed with this purpose in mind. However, abstinence is not the goal for all self-excluders. Some aim to reduce/control their gambling over time or at certain venues. Further, for others, though they may not have completely abstained from gambling, they have learnt to minimise the harm and time spent gambling. This makes sense with what we know about treating addictive behaviour. It is not common for the individual to be immediately successful, especially if their aim is to completely abstain from the problem behaviour. It is also not uncommon for people to intend to return to gambling in a recreational form once their self-exclusion period is over. This indicates that some do enjoy or derive pleasure from gambling beyond using it as a coping mechanism for their problems. Therefore, reductions in gambling and related variables must realistically be included in the definition of 'effective' when we are measuring outcomes.

Six published studies have investigated the effectiveness of self-exclusion programs. Studies have used one or more of the following ways to measure effectiveness: breaching and detection rates, reported levels of satisfaction with the programs, improved quality of life related to decreased gambling and reduced/controlled gambling or abstinence from gambling. All studies rely on self-reported data.

Ladouceur et al. (2006) reported that 36% of the sample breached at some point in their self-exclusion period and at a median of six times. Half of the sample gambled on other games. The most noteworthy finding was that 30% reported completely abstaining throughout their self-exclusion period. Interestingly, 97% reported being confident of not breaching at the beginning of their SE period but this was not supported by the above findings from repeat self-excluders. For those who had self-excluded previously, 80% had a positive opinion about the program.

The authors reported that many of the positive changes took place in the first six month bracket of self-exclusion. The urge to gamble was significantly reduced, perception of control increased, intensity of negative consequences were reduced for daily activities, social life, work and mood, and SOGS and DSM-IV scores significantly reduced. All were significant from baseline to six month follow-up. However, more than half had either returned to a casino or breached by the six month follow-up. By the 18 month follow-up, 79.1% reported that they would opt for self-exclusion again if the option presented itself, but this figure dropped to 50.3% at the 24-month follow-up.

These results suggest a few things. Firstly, that benefits tend to occur in the earlier stages of the self-exclusion period, regardless of the length of the self-exclusion period. Secondly, a significant number breach or return to gambling. Thirdly, the longer their self-exclusion period is, the less likely they were to return to gambling. Finally, despite the better successes of the self-excluders who opted for lengthier periods, the fact that faith in doing the program reduced over time, suggests that it



*does not necessarily get easier over time.* This suggests that the greater successes for these people is more attributable to other factors, such as a stronger determination from the outset, which is likely related to their decision to completely abstain from gambling.

O'Neil et al. (2003) found that 15% of self-excluders were detected breaching their self-exclusion agreements with an average of 3.2 breaches per person. Interviews with self-excluders revealed mainly positive attitudes toward the potential of the program, particularly in the early periods. There was very little information on the procedures used and how outcomes were measured in this study.

Tremblay et al. (2008) reported that between 73.6 and 99.1% of one hundred and sixteen self-excluders reported being either 'quite satisfied' or 'very satisfied' with the program. Comparison tests showed that there were significant reductions from baseline to post self-exclusion, in time and money spent gambling, intensity of negative consequences for social life, marital or family life, work, mood and finances, DSM-IV scores, depression, anxiety and alcohol use.

Townshend's (2007) follow-up study reported that means scores had dropped for the following variables from assessment to follow-up: SOGS scores (13.4 to 3.2), DSM-IV criteria (6 to 2), dollars lost in past four weeks (\$NZ1001 to \$480), and control over gambling (3.3 to 1.8, on a 1-4 scale). It is unclear why the results were not subjected to any statistical analyses.

The Responsible Gambling Council (2008) in Canada conducted a qualitative study with focus groups. They reported that a third of self-excluders ( $N=75$ ) breached and 69.2% were never detected. Of those who were detected, 62.5% went on to breach again. 59% reported gambling at other venues. In total, 70.7% gambled in some form during their self-exclusion period. However, participants reported that gambling frequency, time and money reduced from pre self-exclusion to time of focus groups.

Nelson et al. (2009) used a number of variables to measure the effectiveness of the Missouri Voluntary Exclusion Program. The authors reported that at follow-up, 13% (one in eight self-excluders) had completely abstained from gambling since enrolment and 40% had not gambled in the six months prior to follow-up. They also found that 81% of self-excluders who did not stop gambling whilst self-excluded, had reduced their gambling and overall, those who would meet criteria for probable pathological gambling had reduced from 79% of the sample to 15% at follow-up. The majority reported being satisfied to very satisfied with the program. Interestingly, quality of life was reported to be only slightly better overall at follow-up, with some reporting a decline in quality.

Regarding breaches, approximately 16% attempted to breach and half of these people were detected. This compliance rate is quite high, although 74% reported gambling at other venues. The authors mention that the successes discussed above can thus be attributed to factors beyond lack of access, given that these people did not gamble at other venues when they had the option of doing so. This is consistent with the view that the empowering process of applying for self-exclusion contributes to the effectiveness of the program, putting aside the role of enforcement.

From these studies, a few conclusions can be drawn. Firstly, a significant number of people breach at some point and the majority are not detected. Secondly, there appears to be a minority percentage who successfully abstains completely. Thirdly, even people who breach generally report self-exclusion to be helpful, thus most people find self-exclusion to be a useful program. Self-exclusion is associated with a marked reduction in gambling and related variables. Fourthly, participants consistently report having high expectations and high confidence in the program at the time of application. Fifth, it seems reasonable to suggest that the beginning of the self-exclusion period is the most effective. Sixth, people who choose to abstain completely tend to choose longer periods and are more likely to be successful.

According to the literature, self-exclusion is effective in the sense that it is helpful in reducing gambling severity and frequency and increasing quality of life. However, it appears that effects are not often sustained over the long-term, except for a small minority of individuals. Breaching rates are often high and detection rates are low. However, the significant majority of individuals who self-exclude describe self-exclusion as helpful overall.

*What parts of self-exclusion programs can be improved?*

Answering the question of which aspects of self-exclusion should be extended or improved is challenged partly by the fact that programs differ across jurisdictions. This has meant that suggestions made by self-exclusion researchers/authorities can differ substantially, depending on the philosophies underlying the specific program. Programs often vary, for example, in the level and nature of penalties and the distribution of responsibilities to various parties. Therefore, presented below are the commonly recommended additions to standard self-exclusion protocols.

#### Minimum ban length

The issue of minimum ban lengths has been discussed repeatedly in the literature (e.g. Nowatski & Williams, 2002; Responsible Gambling Council, 2008). It has been argued that self-excluders having the option of revoking their contracts early, defeats the purpose of self-exclusion. Underlying this argument is the assumption that gamblers often have little control and thus reduced capacity to make effective decisions when it comes to their gambling. A 'break' of a certain time period with no flexibility is thus required, based on this rationale. This leads to the question of how long an appropriate time frame would be. Suggestions have ranged from six months (e.g. Responsible Gambling Council, 2008) to five years (Nowatski & Williams, 2002). Some even suggest that bans should be irreversible and irrevocable (e.g. Ladouceur et al., 2006). Such time restrictions clearly raise the issue of whether this would deter individuals from excluding altogether as well as the fact that self-exclusion can be taken up on the basis of an impulsive decision. A 24 hour 'cooling-off' period has been suggested as a means of dealing with this issue (Productivity Commission, 2009).

#### Increased visibility

Multiple studies have concluded that self-exclusion is under-promoted (e.g. Ladouceur et al., 2006; Productivity Commission, 2009; Responsible Gambling Council, 2008). This may be due to under-recognition of self-exclusion as a useful

intervention. It is recommended that more individuals need to be aware that the intervention exists.

#### Third party

Blazczynski, Ladouceur and Nower (2008) emphasise that third parties, in the roles of educator and independent auditor, would be valuable to oversee these programs. The authors proposed that they would be available for ongoing support to self-excluders and to monitor poor detection rates.

#### Electronic identification system

A computerised identification system is being utilised in some parts of the world (e.g. Netherlands, Switzerland, Poland), where venue patrons are required to have some form of identification (e.g. driver's licence) scanned prior to entering the venue. The system is connected to an online database (including names of self-excluders) thereby automatically identifying any self-excluded individual.

#### Mandatory education and counselling

It has been suggested that education/counselling be mandatory at the time of application and/or revocation. This is already incorporated in the Tasmanian program. Tremblay et al. (2008) reported that including this change in an improved version of their program was perceived as helpful by self-excluders. Ongoing telephone support was also incorporated into the program.

## **Aims of the Present Study**

As the self-exclusion program in Tasmania has never been systematically evaluated to date. Little is known about (1) the individuals who exclude or (2) the utility of self-exclusion in Tasmania. As a first study, its overall objective was to gain some preliminary insight into the program.

There were three broad purposes of this study.

The first purpose was to 'get to know' individuals who choose to self-exclude. We aimed to describe and identify the characteristics of self-excluders. This involved identifying demographic characteristics and gambling characteristics such as gambling habits and histories.

The second purpose was to examine the self-exclusion program itself. Beyond investigating levels of perceived satisfaction and effectiveness of the program, our aim was to measure changes in gambling behaviour and quality of life variables, such as physical and mental health, financial situation etc. A further purpose was to identify, from the self-excluder's perspective, ways that the self-exclusion program can be improved.

The third purpose of the study was to investigate the individual's self-exclusion experiences, particularly in the first few months of the self-exclusion program. It has been proposed that the earlier months of self-exclusion are the most effective (Ladouceur et al., 2006) and we aimed to further explore this possibility.

# Method

## Design

There were two separate samples in this project. The first was a cross-sectional sample which consisted of participants who were currently self-excluded or had self-excluded previously and their self-exclusions had run their course. The purpose of including this sample was to learn about the experience of self-exclusion in general.

The second sample was a longitudinal sample, which involved following up self-excluders who had recently applied for their self-exclusions. The purpose of including this sample was to learn about the early experiences of self-exclusion in the first few months of the period.

## CROSS-SECTIONAL SAMPLE

### Participants

There were  $N = 29$  participants in the cross-sectional sample. All participants contacted the researcher to indicate their willingness to take part in the research after they had seen a flyer advertising the study. There were 23 participants who were currently self-excluded (79%) and six participants who had self-excluded previously and their self-exclusion had run its course (21%).

### Materials

A questionnaire (see Appendix A), designed to be administered as a phone interview, collected the following information:

1. Demographic information
2. Gambling history and the financial impact of gambling
3. Details about the self-exclusion notice
4. Gambling behaviour in (1) the three months prior to self-excluding and (2) the three months prior to interview. Variables included:

Severity (1 = no problem to 10 = severe problem)

Urge (1 = no urge to 10 = strongest urge)

Control (1 = completely out of control to 10 = completely in control)

5. Quality of life factors in (1) the three months before self-excluding and (2) the three months prior to interview. Participants were asked to rate, on a 10-point Likert scale (1 = very poor and 10 = excellent), the quality of the following variables:

Physical health

Mental health  
Stress/anxiety  
Depressive thoughts and feelings  
Mood  
Self-confidence  
Social life  
Work  
Interpersonal relationships outside family (friendships)  
Family relationships  
Financial situation

6. Canadian Problem Gambling Index (CPGI) current scores (gambling severity in the three months prior to interview)

The CPGI (Ferris & Wynne, 2001) is a relatively recent measure used to estimate the severity of problem gambling. The 9-item index is rated on a four-point Likert scale (0 = Never to 3 = Almost always). An example of an item is 'Have you bet more than you could afford to lose?' Total scores range from 0 to 27. Risk levels are categorised as the following:

Non-problem gambling: 0  
Low-risk gambling: 1-2  
Moderate-risk gambling: 3-7  
Problem gambling 8-27

The CPGI has been shown to have good psychometric properties (Ferris & Wynne, 2001)

7. Other forms of help sought for gambling
8. Opinions about the self-exclusion program

A voice-recording device and an electronic easel were used for the focus groups.

## **Procedure**

Flyers were distributed in various parts of Tasmania, inviting individuals to participate if they were either currently self-excluded or had previously self-excluded. Flyers were distributed via a letterbox drop and throughout a range of community services, including mental health services, general practitioners and other gambling services. The majority of participants were recruited via the letterbox drop. Participants contacted the researcher by phone, and the details of the research were explained to them. An information package was subsequently mailed out, after which the participant returned the signed consent form. The researcher then contacted them again and arranged a time for the questionnaire to be conducted over the phone. Some participants responded immediately. The questionnaire took approximately 45 minutes to complete.

Individuals were also invited to participate in a focus group. Fourteen of the twenty-nine individuals who completed the questionnaire agreed to participate. Three

separate focus groups were conducted by the primary investigator. The first group comprised of five participants, the second group also of five participants and the third group of four participants. Two groups were held in Hobart and one was held in Launceston. Refreshments were provided.

The groups were semi-structured and focused on the following themes:

- Reasons for self-excluding.
- Determining how effective the program is.
- Finding out what makes the program effective or non-effective.
- Finding ways of improving the program.

Participants were provided with a \$50 store voucher for every questionnaire completed or focus group attended.

## **Longitudinal Sample**

### **Participants**

There were  $N = 11$  participants in the longitudinal sample. One participant was not contactable for the follow-up interview, therefore there were  $n = 10$  for the follow-up interviews.

### **Materials**

Participants completed two questionnaires. The first questionnaire (see Appendix B) was completed as soon as practicable after they applied for the self-exclusion notice (this ranged from a few days to two weeks). The questionnaire asked about information in the three months prior to application. The follow-up questionnaire (see Appendix C) was completed three months post-application.

The initial questionnaire collected information about the following:

1. Socio-demographic information
2. Gambling history
3. Reasons and motives for self-excluding
4. The experience of applying for self-exclusion
5. Details about the self-exclusion notice
6. Expectations, confidence levels and aims of self-excluding
7. Gambling behaviour in the three months prior to self-excluding. Variables included:

Severity (1 = no problem to 10 = severe problem)  
Urge (1 = no urge to 10 = strongest urge)  
Control (1 = completely out of control to 10 = completely in control)

8. Quality of life factors for the three months prior to self-excluding
9. Participants were asked to rate, on a 10-point Likert scale (1 = very poor and 10 = excellent), the quality of the following variables:

Physical health  
Mental health  
Stress/anxiety  
Depressive thoughts and feelings  
Mood  
Self-confidence  
Social life  
Work  
Interpersonal relationships outside family (friendships)  
Family relationships  
Financial situation

The follow-up questionnaire collected information about the following:

1. Gambling behaviour whilst self-excluded, including any breaches or gambling at places outside of self-excluded areas
2. Opinions about the logistics of the self-exclusion program
3. Current gambling behaviour. Variables included:

Severity (1 = no problem to 10 = severe problem)  
Urge (1 = no urge to 10 = strongest urge)  
Control (1 = completely out of control to 10 = completely in control)

4. Quality of life factors. Participants were asked to rate, on a 10-point Likert scale (1 = very poor and 10 = excellent), the current quality of the following variables:

Physical health  
Mental health  
Stress/anxiety  
Depressive thoughts and feelings  
Mood  
Self-confidence  
Social life  
Work  
Interpersonal relationships outside family (friendships)  
Family relationships  
Financial situation

5. Opinions and satisfaction with the self-exclusion program
6. Future expectations about the self-exclusion program

## **Procedure**

Participants were recruited via counsellors at Anglicare Tasmania or Relationships Australia Tasmania. For unknown reasons, no participants in the final sample were referred from Relationships Australia Tasmania. Both services regularly liaise with the Gambling Support Program regarding research and other gambling support services. Counsellors were informed of the details of the study and were supplied with information sheets (see Appendix E), consent-to-contact forms and reply-paid envelopes. When individuals applied for self-exclusion, counsellors explained the study to them and invited him or her to participate. Clients who agreed would sign the consent form, which was then posted to the researchers by the counsellor. Clients also had the option of taking the consent form home and returning it to researchers themselves if they were unsure about participating. When the researcher received the consent form, the participant was contacted and given more information about the study and then appointment times for the questionnaires were scheduled. Participants were provided with a \$50 store voucher for each questionnaire completed.



## Results for the Cross-Sectional Sample

All statistical analyses were conducted using SPSS version 17 and Microsoft Excel.

The results presented in this section are for the cross-sectional sample ( $N = 29$ ).

### Demographic characteristics

#### Age

The mean age of participants was 49.76 years old ( $SD = 9.58$ ) and the mode age was 46 ( $n = 5$ ). The youngest participant was 27 years old and the oldest participant was 64 years old.

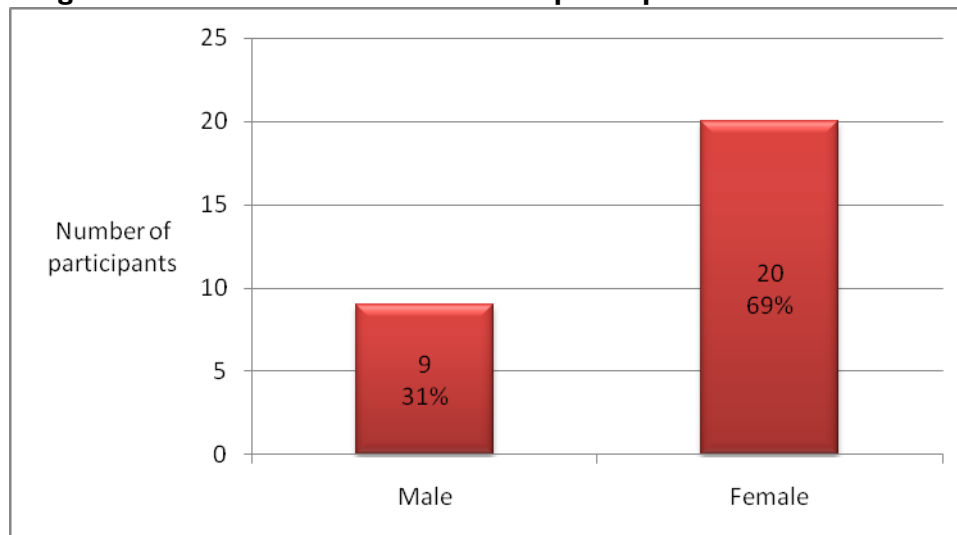
#### Ethnicity and language

All participants were Caucasian, were born in Australia and did not speak a language other than English.

#### Gender

Figure 1 presents the number of males and females in the sample. As can be seen, approximately 70% of the sample were female.

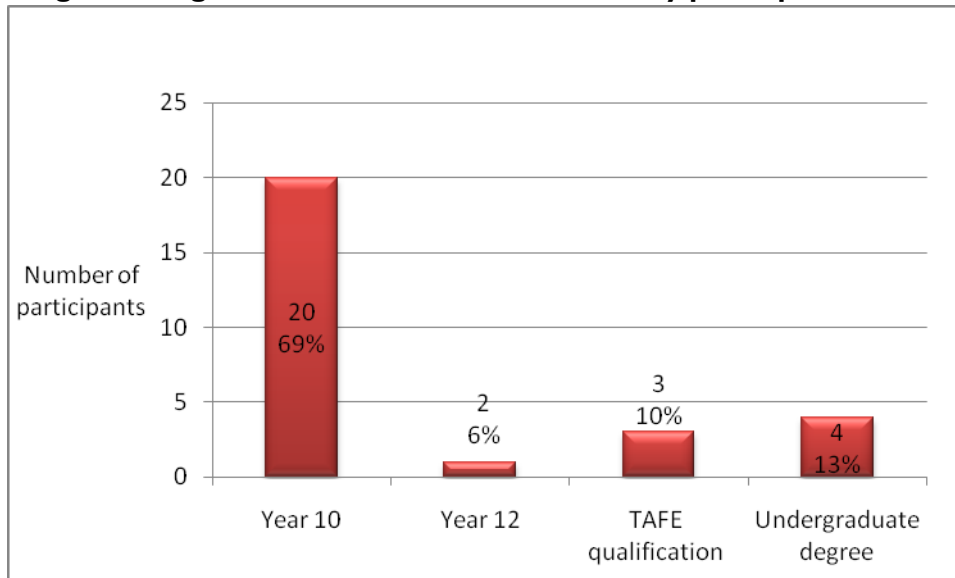
**Figure 1. Number of male and female participants.**



## Education

Figure 2 presents the highest level of education achieved by participants. The significant majority completed Year 10 and under 15% completed a university degree.\*

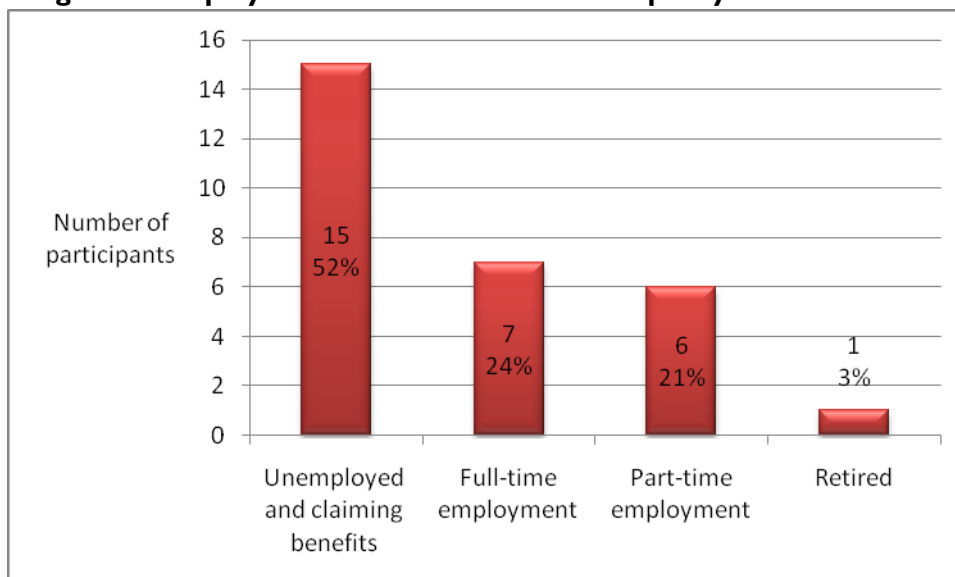
**Figure 2. Highest level of education achieved by participants.**



## Employment status

Figure 3 presents the employment status of participants for most of the past 12 months. Approximately half were unemployed, a quarter worked full-time and a fifth worked part-time.

**Figure 3. Employment status for most of the past year.**

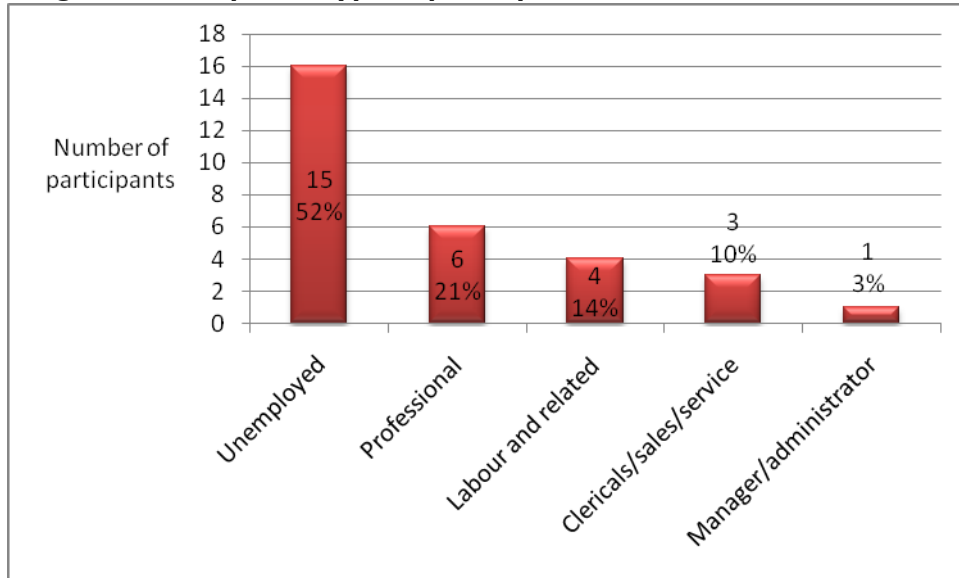


\*In May 2009, according to educational attainment statistics from the Australian Bureau of Statistics, 32.8% of Tasmanian citizens had completed Year 10 or below, 13.3% had completed Year 12, and 9.8% had completed a Bachelor degree.

### Occupation type

Figure 4 presents the number of participants in each category of occupations. A fifth of the sample were professionals, approximately 15% worked in labour and related industries and 10% worked in clericals/sales.

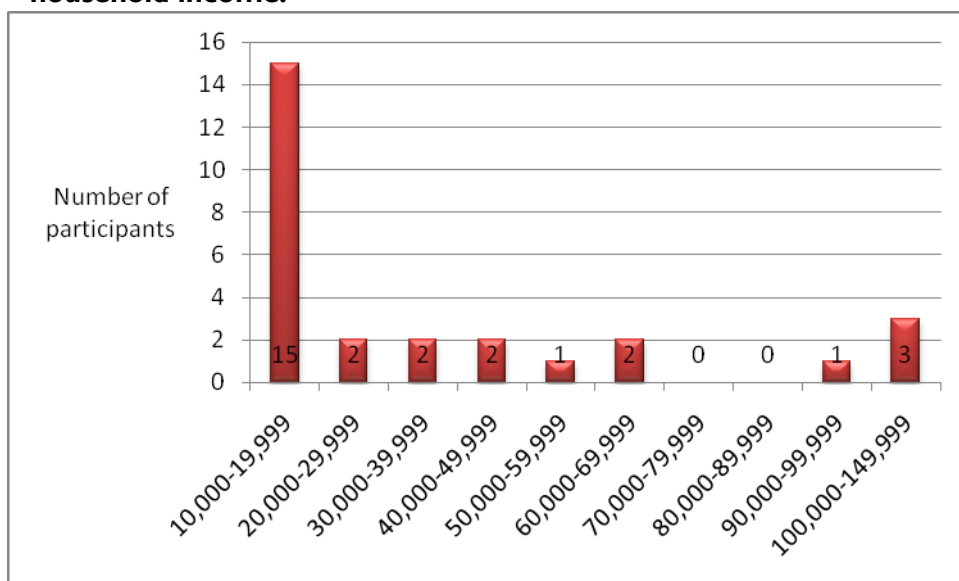
**Figure 4. Occupation type of participants.**



### Income

Figure 5 presents the annual household (combined) gross income brackets of participants. This included income from government benefits. As can be seen, half of the sample earned less than \$20,000 annually.\*\*

**Figure 5. Number of participants in each bracket of gross annual household income.**

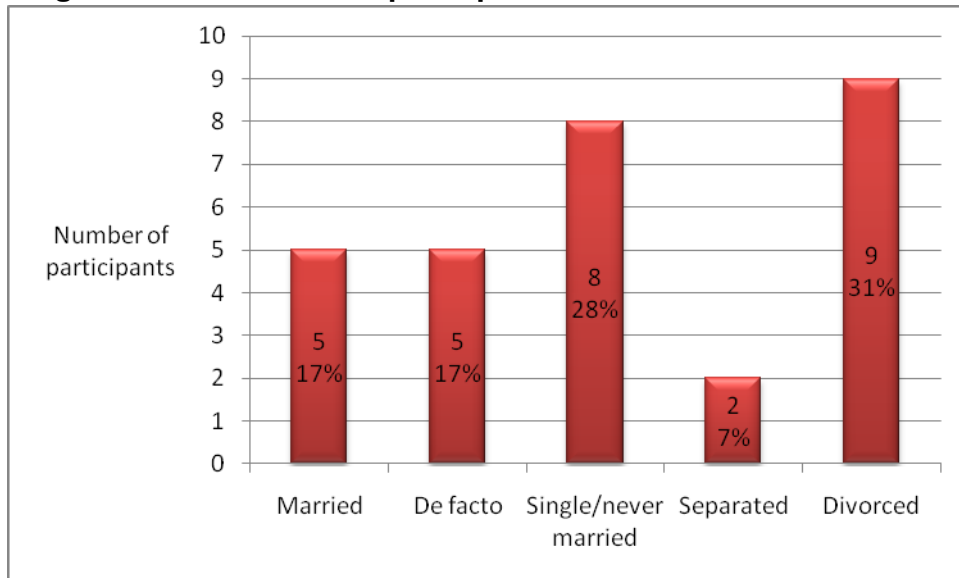


\*\* Approximately two thirds of the sample lived alone.

### Marital status

Figure 6 presents the marital status of participants. Less than a fifth were married with another fifth being in a de facto relationship. More than half were either single or divorced/separated.

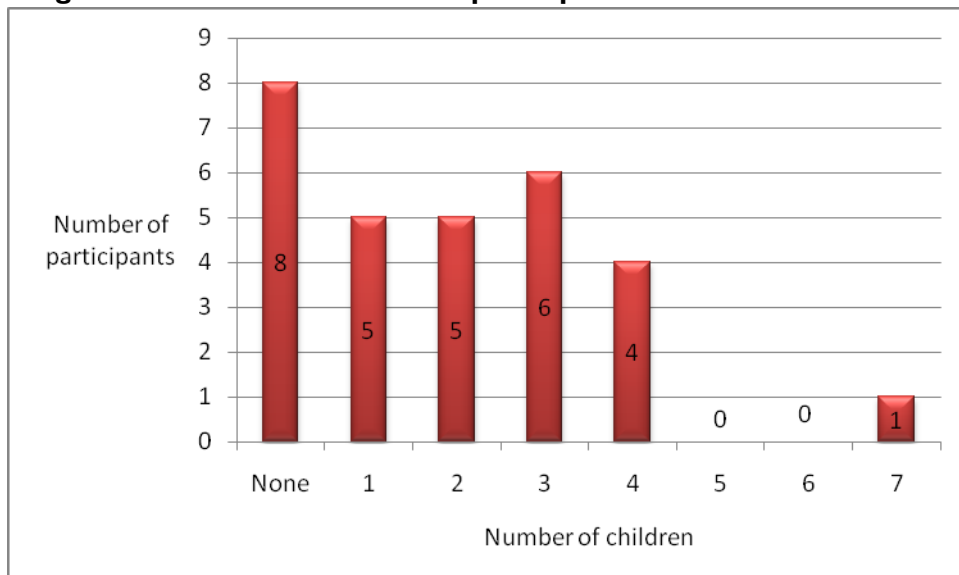
**Figure 6. Marital status of participants.**



### Children

Figure 7 presents the number of children that participants had. Approximately a quarter did not have children.

**Figure 7. Number of children of participants.**



## Gambling history and financial impact of gambling

### *Age of onset of gambling*

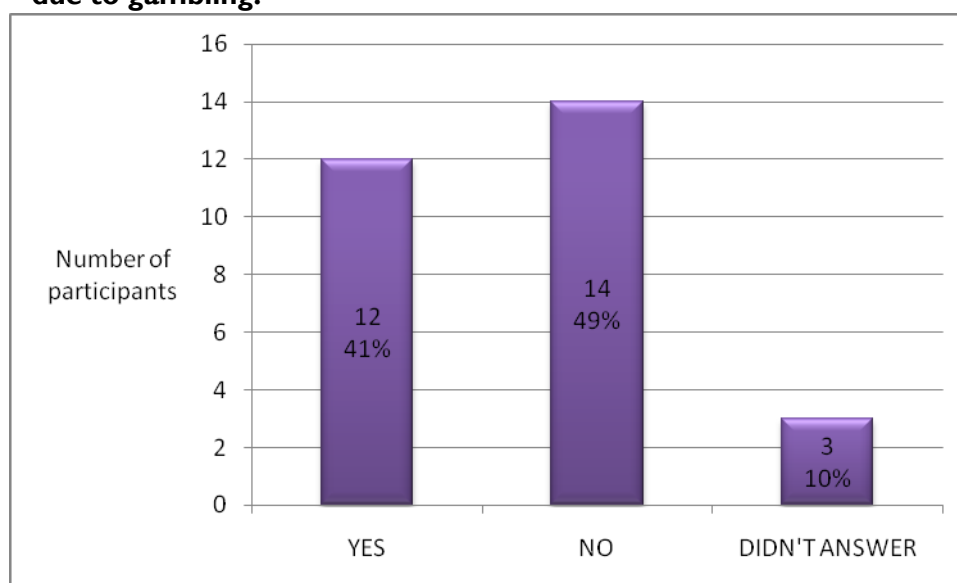
The average age that participants began gambling was 25.74 years ( $SD = 12.12$ ) and the average age that participants began gambling weekly or more often was 36.50 years ( $SD = 11.01$ ).

### *Debt*

Figure 8 presents the number of participants who had a current financial debt due to gambling.

The mean total debt was \$14,688.57 ( $SD = \$18,120.42$ ). Total debts ranged from \$40 to \$63,000. As can be seen, half of the sample did not have a financial debt.

**Figure 8. Number of participants who had a current financial debt due to gambling.**



### *Gambling partners*

93% of the sample gambled alone most of the time whilst 7% gambled with a particular friend or family member.

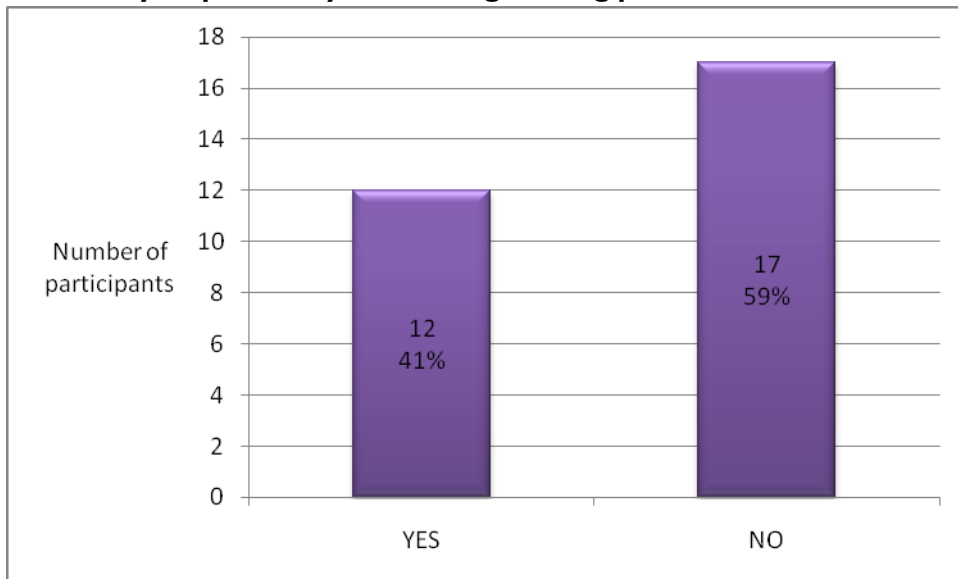
### *Type of gambling*

Problem gambling was exclusively with electronic gaming machines (EGMs) for all but one of the participants.

### *Family members with gambling problems*

Figure 9 presents how many participants had a family member who they regarded to also have had or currently have a gambling problem. Approximately 60% had never had a family member with a gambling problem.

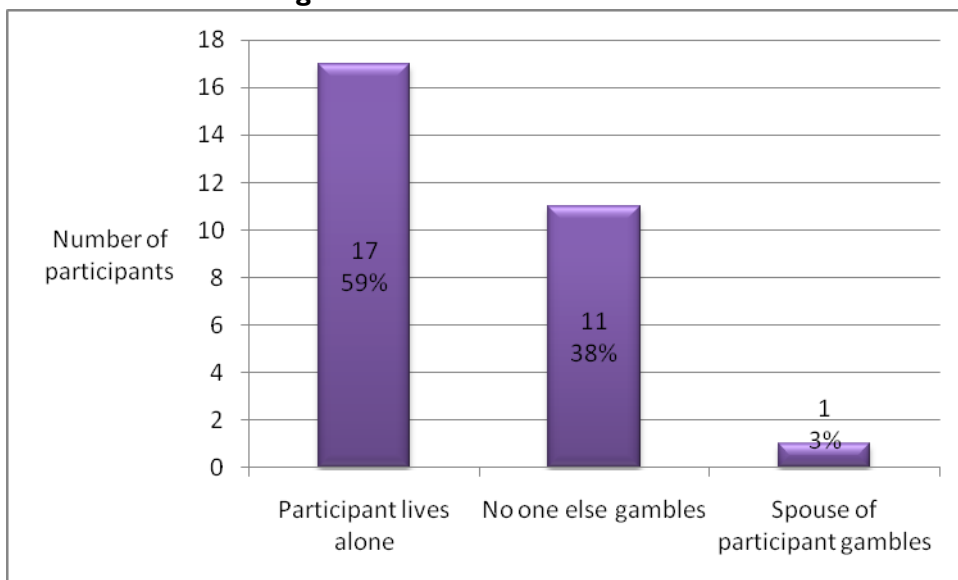
**Figure 9. The number of participants who had a family member who currently or previously has had a gambling problem.**



*Household members who also gambled*

Figure 10 presents the number of participants who had members of the household who also gamble. Approximately 60% lived alone. Only one participant lived with somebody who also gambled.

**Figure 10. The number of participants who currently had household members who also gambled.**

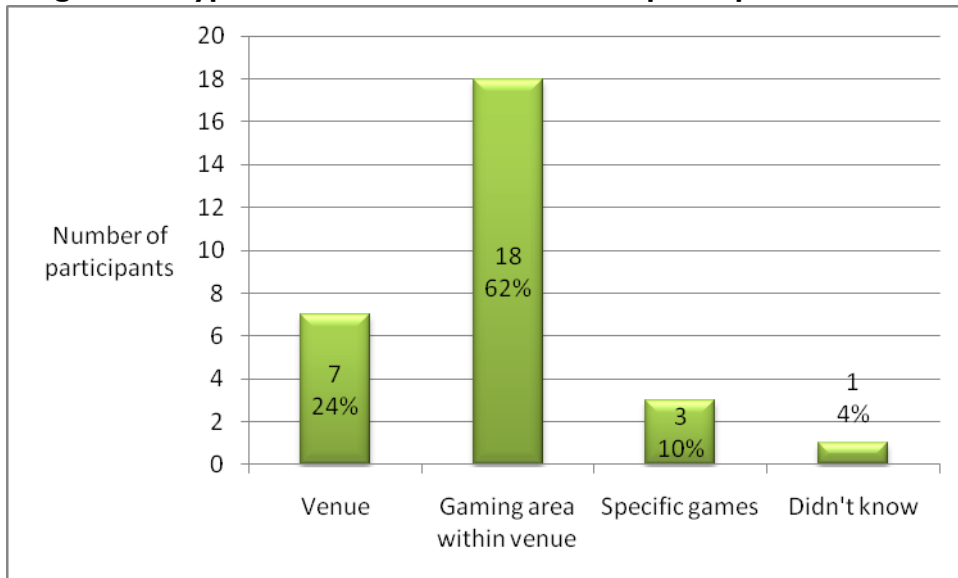


## Details about self-exclusion notice

### Type of self-exclusion

Figure 11 presents the types of self-exclusions that participants took out. As mentioned above, self-excluders have a choice of excluding from entire venues, gaming areas within venues or specific games. Approximately 60% chose to exclude themselves from gaming areas and approximately 25% from entire venues.

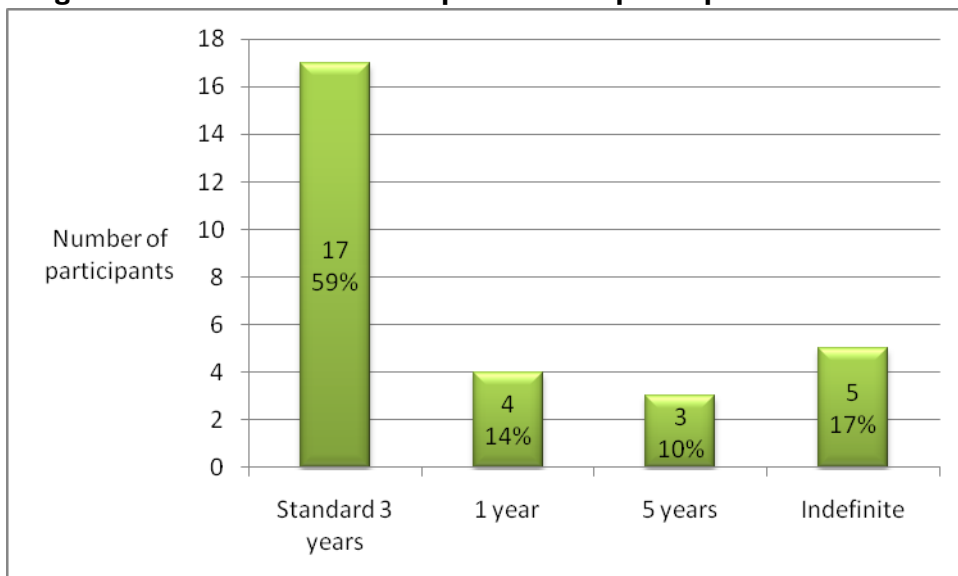
**Figure 11. Type of self-exclusion notices that participants used.**



### Self-exclusion time periods

Figure 12 presents the time periods that participants opted for. Approximately 60% took out the standard three year self-exclusion period, approximately 15% applied for 12 months and 10% applied for five years.

**Figure 12. Self-exclusion time periods that participants took out.**



### Changes to self-exclusion notice

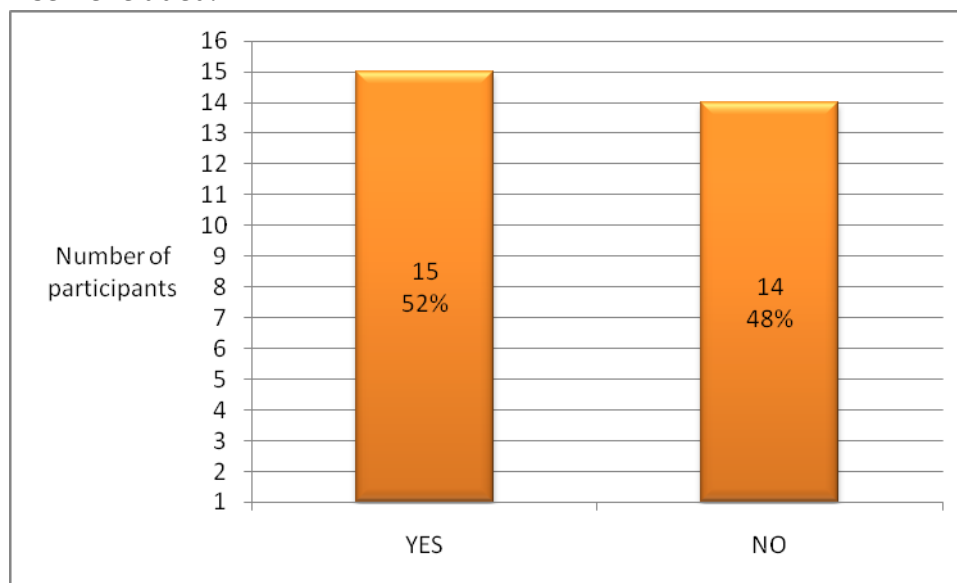
71% of the sample did not make any changes to their original notice (e.g. added venues etc) whilst 29% added at least one other venue at some point after they first applied.

### Gambling behaviour while self-excluded.

#### Gambling at other venues

Figure 13 presents the number of participants who gambled at non self-excluded venues whilst self-excluded. Approximately half gambled at other venues.

**Figure 13. Number of participants who gambled at other venues while self-excluded.**



#### Gambling at self-excluded venues (breaching)

Figure 14 presents the number of self-excluders who breached their notice and gambled at a self-excluded venue at least once. Approximately 60% breached at least once.

**Figure 14. Number of participants who breached their self-exclusion.**

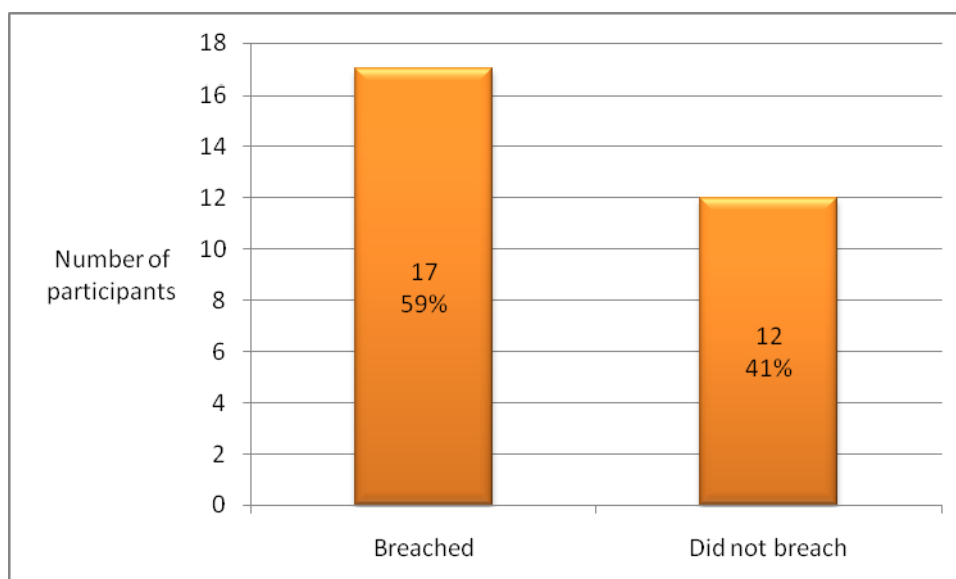




Table 3 (page 41) presents individual self-exclusion data for the 17 individuals who breached their self-exclusion notice. Half were currently self-excluded. Reasons given for their first breach were responses to open-ended questions.

Out of the 17 individuals, 12 were detected at least once. Table 4 (page 43) presents breaching characteristics for these individuals. These tables are presented to provide anecdotal data of these individuals, as the small sample size did not permit statistical analyses of these characteristics.

#### *Gambling behaviour in the past three months*

Table 5 (page 44) presents means and standard deviations for gambling behaviour variables for the past three months. Data has been presented for the entire sample, as well as separately for current and past self-excluders.

#### **Gambling behaviour prior to being self-excluded**

Table 6 (page 46) present means and standard deviations for gambling behaviour variables in the three months prior to being self-excluded.

**Table 3. Self-exclusion data for those who breached self-exclusion (n = 17).**

ID	Approx. length of SE	Currently SE?	Total no. times breached	Mean \$ spent at a session	Mean session time	Main reason(s) for first breach (self-defined)	Ever detected?
1	2 years (Feb 2007-current)	Y	12	\$150	12 hours	Financial Boredom	N
3	3.5 years (Oct 2005-current)	Y	10	\$25	10 mins	Urge Low mood Financial	Y
6	6 years (2002-current)	Y	20	\$450	4 hours	Urge Financial	Y
7	4 years (2002-2006)	N	1	\$20	15 mins	Financial Opportunity	Y
8	5 years (2004-current)	Y	6	\$25	1 hour	Financial	Y
9	4.5 years (Spring 2004-current)	Y	1	\$50	10 mins	To test system Opportunity Excitement	Y
11	3 years (Mid 2006-current)	Y	9	\$25	2 hours	To test system Urge To feel in place Low mood	N
12	2.5 years (Aug 2006-current)	Y	20	\$75	2 hours	To test system	Y
13	1.5 years (Oct 2007-current)	Y	12	\$100	2 hours	Sudden urge Financial Boredom	N
14	8.5 years (Oct 2002-current)	Y	50	\$500	1.5 hours	Chasing	Y
19	6 years (2003)	Y	3	Didn't play	Don't know	To test system	Y

22	3 years (June 2005 – June 2008)	N	1	\$0	10 mins	To test system Low mood Boredom	Y
23	1.5 years (Nov 2007-current)	Y	7	\$100	2.5 hours	Stress Opportunity Unpremeditated	Y
24	7 years (Early 2002 – current)	Y	50	\$240	4 hours	Knowledge that others had not been detected	Y
27	6 years (2002-current)	Y	40	\$200	8.5 hours	Urge Excitement Stress	Y
29	1.5 years (End 2007 – current)	Y	125	\$150	2 hours	Financial	N
30	6 months (Early 2009-current)	Y	4	\$100	4 hours	Stress	N

**Table 4. Individual self-exclusion data for those who were detected breaching (n = 12)**

ID	Total times detected	Total breaches prior to first detection	First detection – how long before detected?	First detection – who identified?	Returned?	Why not?
3	1	0	10 mins	Manager	Y	N/A
6	8	5-9 times	4 hours	Staff	N	Embarrassment
7	1	0	15 mins	Security	N	Potential fine
8	1	5-9 times	10 mins	Staff	N	Potential fine
9	1	0	12 mins	Staff	N	Embarrassment Avoid putting staff in awkward position
12	3	10-14 times	4 hours	Staff	Y	N/A
14	6	10-14 times	20 mins	Staff	Y	N/A
19	3	0	10 mins	Security	Y	N/A
22	1	0	10 mins	Staff	N	Embarrassment Knowledge that system worked
23	1	3-4 times	5 mins	Staff	N	Embarrassment Fine
24	2	3-4 times	1 hour	Staff	N	Embarrassment
27	1	20+ times	3.5 hours	Staff	N	Embarrassment

**Table 5. Means and standard deviations for gambling variables in the three months prior to interview, for entire sample, current self-excluders and past self-excluders.**

Variable	n	Scale/score range	Total sample (N = 29)		Current Self-excluders (n = 23)		Past Self-excluders (n = 6)	
			Mean	SD	Mean	SD	Mean	SD
Severity of gambling behaviour	29	1-10	4.28	3.08	4.04	3.10	5.17	3.13
Urge to gamble	29	1-10	5.90	2.86	5.91	2.84	5.83	3.19
Degree of control	29	1-10	6.34	2.92	6.61	2.84	5.33	3.27
Physical health	29	1-10	6.48	2.76	6.78	2.92	5.33	1.75
Mental health	29	1-10	7.00	2.51	7.21	2.71	6.17	1.33
Level of worry/anxiety	29	1-10	4.83	2.41	5.04	2.58	4.00	1.41
Depressive thoughts and feelings	29	1-10	5.76	2.81	6.04	2.98	4.67	1.86
Mood	29	1-10	5.90	2.58	6.26	2.77	4.50	0.84

<b>Self-confidence</b>	29	1-10	6.00	2.87	6.35	3.02	4.67	1.75
<b>Social life</b>	29	1-10	5.38	2.90	5.65	3.02	4.33	2.25
<b>Work/study</b>	15	1-10	7.67	2.32	8.09	1.81	6.50	3.42
<b>Non-family relationships</b>	29	1-10	6.14	3.17	6.43	3.26	5.00	2.76
<b>Family relationships</b>	28	1-10	6.82	2.78	7.14	2.71	5.67	2.94
<b>Financial situation</b>	29	1-10	5.07	2.99	5.09	3.16	5.00	2.45
<b>Average no. of sessions a day</b>	21		1.38	2.46	1.63	2.78	0.60	0.55
<b>Average no. of sessions per typical week</b>	22		0.89	0.98	1.00	1.10	0.58	0.49
<b>Average session duration (in hours) per typical week</b>	23		1.46	1.87	1.03	1.17	2.67	2.94
<b>Average \$ in a session per typical week</b>	23		148.91	212.12	133.82	206.61	191.67	241.70
<b>Canadian Problem Gambling Index (severity)</b>	16	0-27	11.44	6.31				

**Table 6. Means and standard deviations for gambling-related variables in the three months prior to being self-excluded (N = 29)**

Variable	n	Scale range	Mean	SD
Severity of gambling behaviour	29	1-10	8.97	1.97
Urge to gamble	29	1-10	9.07	1.46
Degree of control	29	1-10	2.86	2.52
Physical health	29	1-10	5.00	2.67
Mental health	29	1-10	3.59	2.31
Level of worry/anxiety	29	1-10	3.03	1.92
Depressive thoughts and feelings	29	1-10	3.14	2.49
Mood	29	1-10	3.31	2.38
Self-confidence	29	1-10	3.55	2.11
Social life	29	1-10	3.24	2.50

Work/study	15	1-10	5.44	3.20
Non-family relationships	29	1-10	4.07	2.85
Family relationships	28	1-10	4.25	3.01
Financial situation	29	1-10	3.10	2.98
Average no. of sessions per typical week	22		4.09	2.49
Average no. of sessions per day	21		1.44	0.83
Average \$ in a session per typical week	23		883.45	1996.60
Average session duration (in hours) per typical week	23		3.86	2.40



## Other forms of help sought for gambling

### Counselling

Figure 15 presents the number of participants who had attended more than one counselling session (i.e. beyond the initial session attended for self-exclusion application) since taking out self-exclusion. Approximately 80% of the sample had attended counselling.

**Figure 15. Number of participants who had attended counselling.**

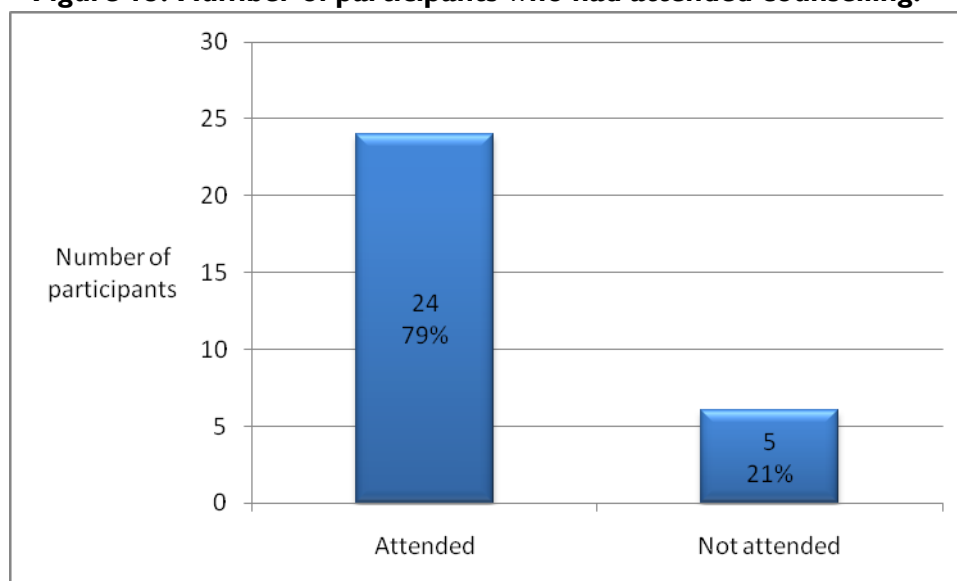
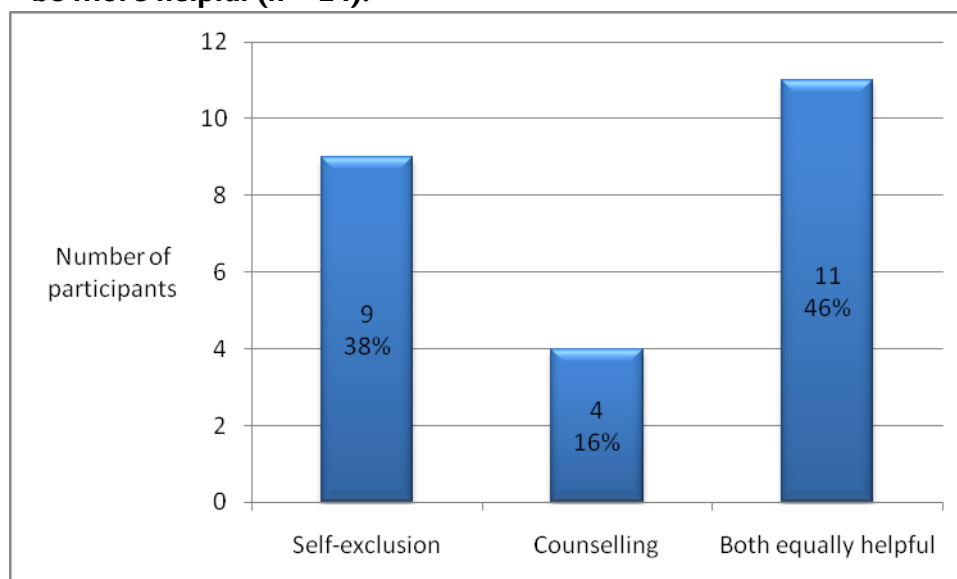


Figure 16 presents whether participants found self-exclusion or counselling to be more helpful. Almost half regarded self-exclusion and counselling to be equally helpful, just under 40% regarded self-exclusion to be more helpful and 16% regarded counselling to be more helpful.

**Figure 16. Whether participants found self-exclusion or counselling to be more helpful (n = 24).**

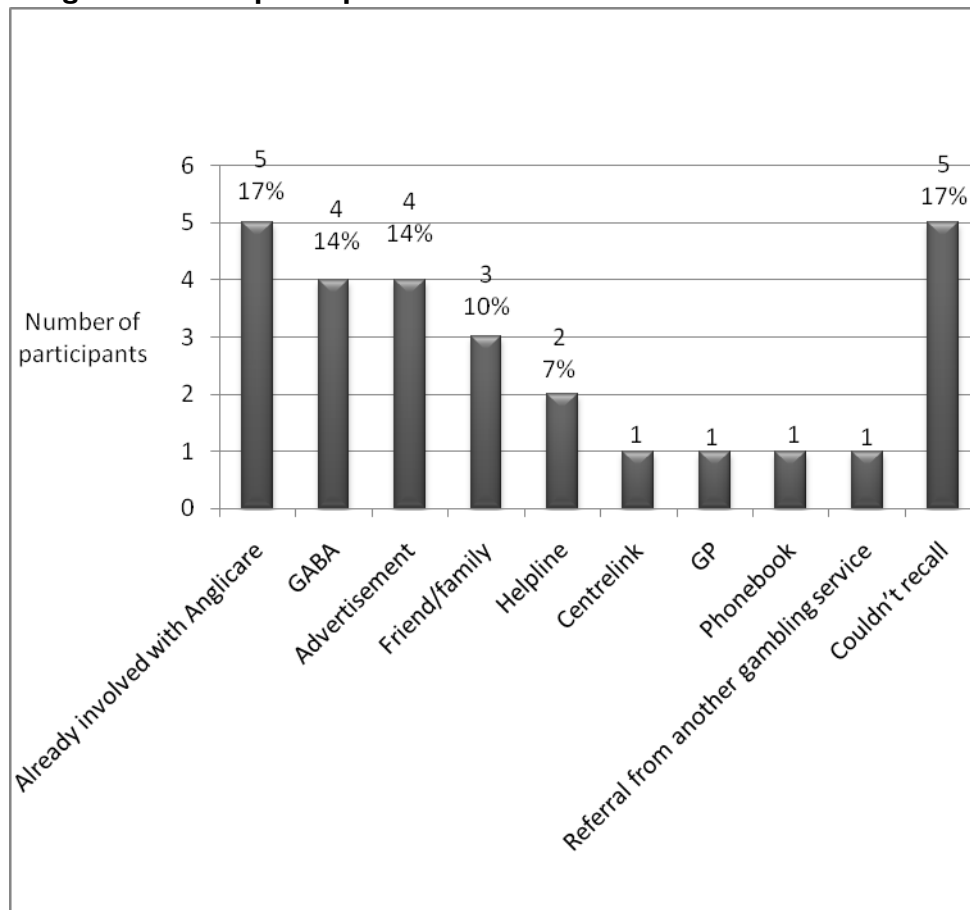


## Opinions about the self-exclusion program

*How did participants hear about self-exclusion?*

Figure 17 presents how participants heard about self-exclusion. Of note is that only four participants had heard about self-exclusion through an advertisement.

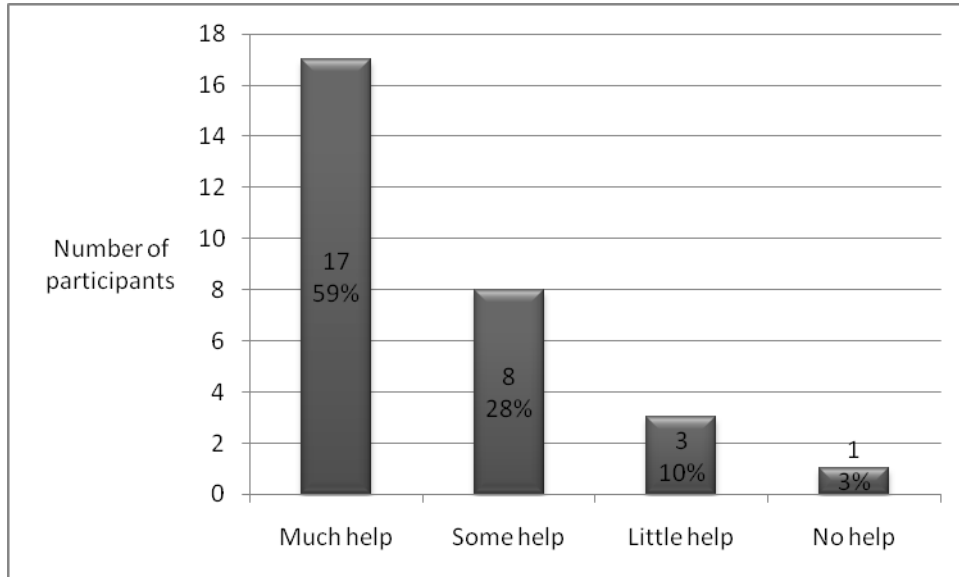
**Figure 17. How participants heard about self-exclusion.**



*How helpful was the self-exclusion program?*

Figure 18 presents how helpful the participants rated the self-exclusion program to be. 59% reported self-exclusion to be of much help, 28% said it was of some help and 13% found it to be little or no help.

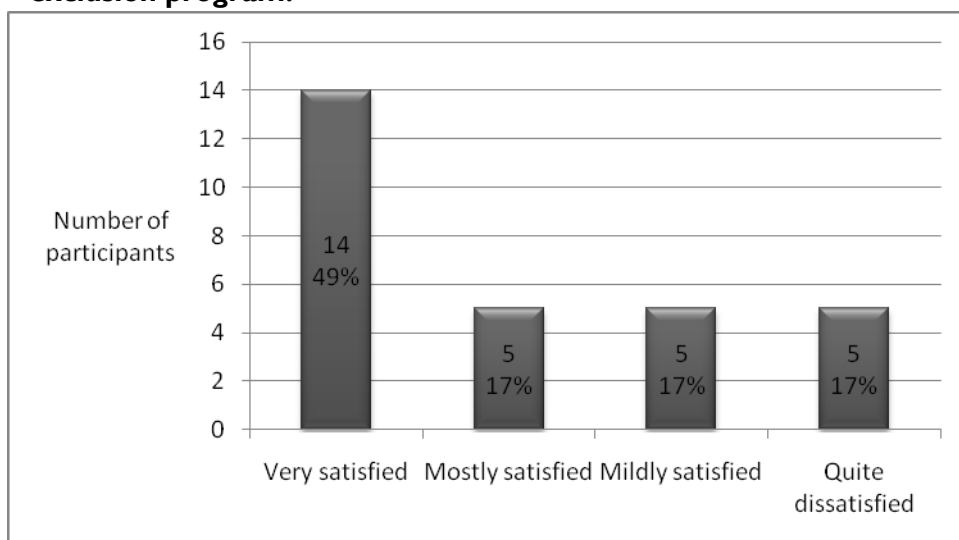
**Figure 18. Participants' perception of how helpful the program was.**



*Satisfaction with the self-exclusion program*

Figure 19 presents the degree of perceived satisfaction with the self-exclusion program rated by participants. Half of the sample were very satisfied and 17% were mostly satisfied.

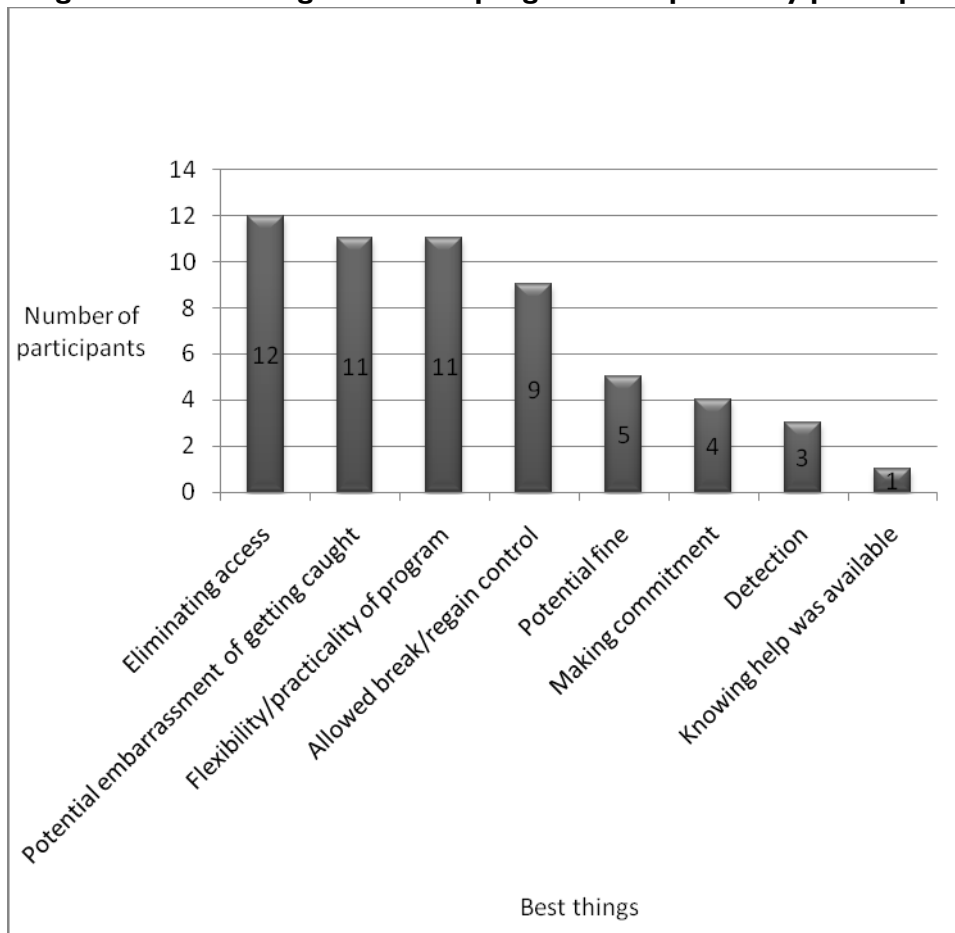
**Figure 19. Participants' degree of perceived satisfaction with self-exclusion program.**



*Best things about the self-exclusion program*

Figure 20 presents the best things about the self-exclusion program. These were responses to open-ended questions. **Participants reported one or more strengths of the program.** Eliminating access, potential embarrassment of getting caught and flexibility of the program were rated most frequently. A potential fine was only endorsed by approximately a sixth of the sample.

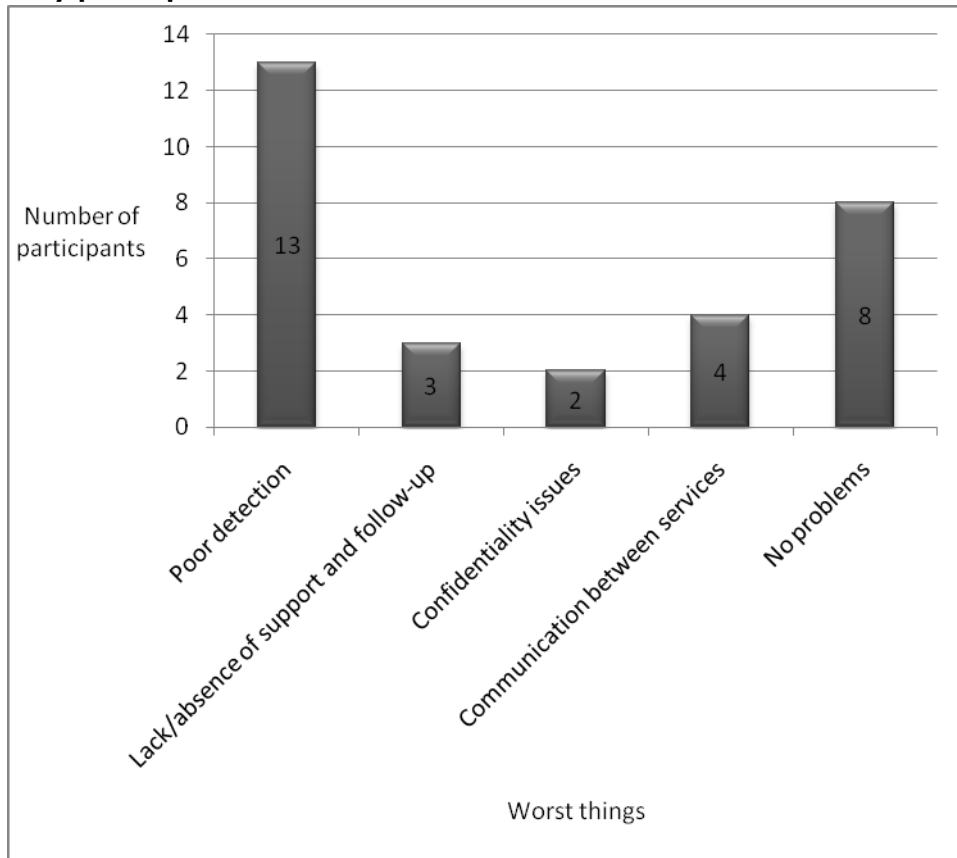
**Figure 20. Best things about the program as reported by participants.**



*Worst things about the self-exclusion program*

Figure 21 presents the worst things or problems about the program as reported by participants. **Participants reported one or more factors.** Thirteen participants reported poor detection as the worst aspect whilst eight participants reported no problems with the program.

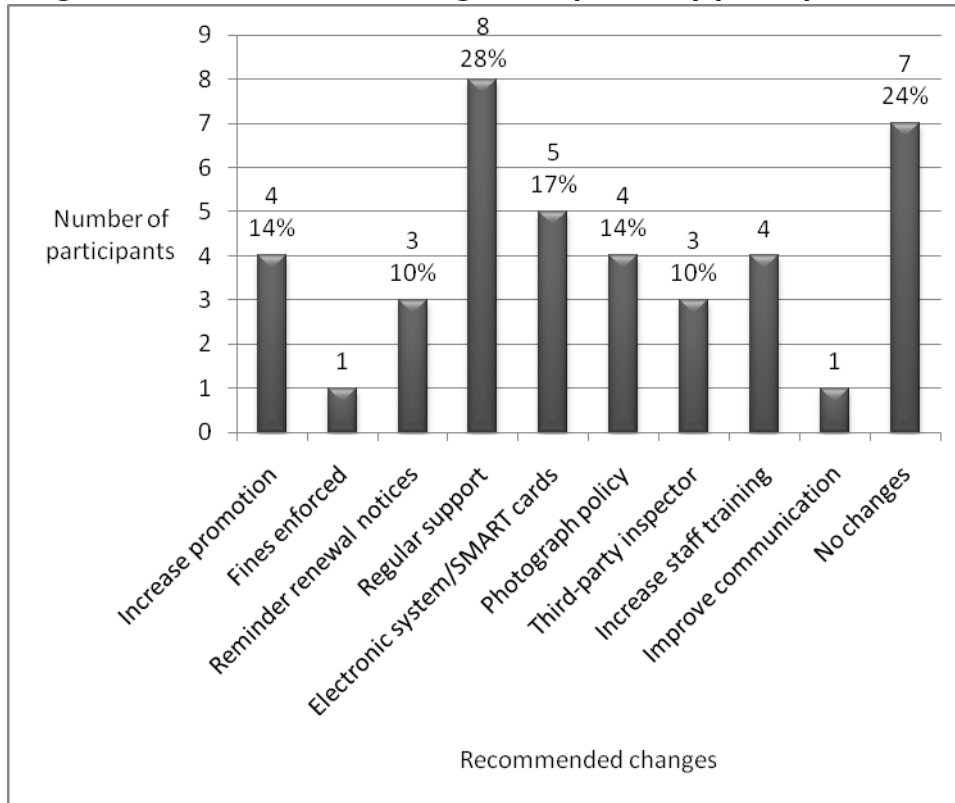
**Figure 21. Worst things or problems of the program as reported by participants.**



*Recommended changes for the self-exclusion program*

Figure 22 presents the recommended changes as reported by participants. The 76% of participants who recommended changes, **recommended one or more changes**. Just under a third recommended regular support from a professional and 17% recommended some form of electronic detection system.

**Figure 22. Recommended changes as reported by participants.**



## **Gambling behaviour and quality of life**

In order to determine if there were changes in self-excluder's gambling behaviours and quality of life, t-tests were conducted to determine if there were statistically significant differences between pre self-exclusion variables and current variables.

These t-tests determine whether differences between means scores can be attributed to more than just chance alone. **If a t-test is shown to be significant, then this indicates that self-exclusion contributed to the improvement in scores for that particular variable from pre-self-exclusion to current.**

**The effect size ( $r^2$ ) shows the size of the change.** Generally, effect sizes of 0.2, 0.5 and 0.8 are considered small, medium and large, respectively (Cohen, 1988).

### *Gambling behaviour*

There were statistically significant decreases in self-excluders' scores from pre self-exclusion to current in:

Gambling severity ( $M = -4.69$ ,  $SD = 3.99$ ),  $t = -6.33$ ,  $df = 28$ ,  $p = .000$ , two-tailed,  $r^2 = 0.59$ .

Gambling urges ( $M = -3.17$ ,  $SD = 3.20$ ),  $t = -5.34$ ,  $df = 28$ ,  $p = .000$ , two-tailed,  $r^2 = 0.50$ .

Average number of gambling sessions per week ( $M = 3.43$ ,  $SD = 2.39$ ),  $t = -6.56$ ,  $df = 20$ ,  $p = 0.000$ , two-tailed,  $r^2 = 0.68$ .

Gambling session duration (hours) ( $M = -2.37$ ,  $SD = 2.47$ ),  $t = -4.60$ ,  $df = 22$ ,  $p = 0.000$ , two-tailed,  $r^2 = 0.49$ .

There was a statistically significant increase in:

Degree of perceived control score from pre self-exclusion to current ( $M = 3.48$ ,  $SD = 4.63$ ),  $t = 4.05$ ,  $df = 28$ ,  $p = 0.000$ , two-tailed,  $r^2 = 0.37$ .

### *Quality of life*

There were also statistically significant increases in the scores of quality of life variables from pre self-exclusion to current including:

Physical health ( $M = 1.48$ ,  $SD = 3.44$ ),  $t = 2.32$ ,  $df = 28$ ,  $p = 0.028$ , two-tailed,  $r^2 = 0.16$ .

Mental health, ( $M = 3.41$ ,  $SD = 2.86$ ),  $t = 6.43$ ,  $df = 28$ ,  $p = 0.000$ , two-tailed,  $r^2 = 0.60$ .

Stress/anxiety ( $M = 1.79$ ,  $SD = 2.66$ ),  $t = 3.62$ ,  $df = 28$ ,  $p = 0.001$ , two-tailed,  $r^2 = 0.32$ .

Depressive thoughts and feelings ( $M = 2.62$ ,  $SD = 3.05$ ),  $t = 4.62$ ,  $df = 28$ ,  $p = 0.000$ , two-tailed,  $r^2 = 0.43$ .

Mood ( $M = 2.59$ ,  $SD = 3.01$ )  $t = 4.63$ ,  $df = 28$ ,  $p = 0.000$ , two-tailed,  $r^2 = 0.43$ .

Self-confidence ( $M = 2.45$ ,  $SD = 2.87$ ),  $t = 4.59$ ,  $df = 28$ ,  $p = 0.000$ , two-tailed,  $r^2 = 0.43$ .

Social life ( $M = 2.14$ ,  $SD = 3.09$ ),  $t = 3.73$ ,  $df = 28$ ,  $p = 0.001$ , two-tailed,  $r^2 = 0.33$ .

Interpersonal relationships outside family ( $M = 2.07$ ,  $SD = 3.72$ ),  $t = 2.99$ ,  $df = 28$ ,  $p = 0.006$ , two-tailed,  $r^2 = 0.24$ .

Family relationships ( $M = 2.67$ ,  $SD = 3.76$ ),  $t = 3.68$ ,  $df = 26$ ,  $p = 0.001$ , two-tailed,  $r^2 = 0.34$ .

Financial situation ( $M = 1.97$ ,  $SD = 3.29$ ),  $t = 3.22$ ,  $df = 28$ ,  $p = 0.003$ , two-tailed,  $r^2 = 0.27$

### *Focus groups*

Discussions drawn from focus groups are presented in the discussion section of the report.

## **Results for the Longitudinal Sample**

As mentioned, longitudinal data on the first three months of self-exclusion was gathered for a separate sample.

Eleven participants were interviewed at the beginning of their self-exclusion notices and ten of these participants were successfully followed-up in the second interview.

All participants took out standard three-year self-exclusion periods.

### **Demographic characteristics**

#### *Age*

The mean age of participants in this sample was 37.55 years ( $SD = 14.04$ ), with an age range of 21 years to 61 years.

#### *Gender*

There were seven males (64%) and four females (36%) in the sample.

#### *Ethnicity and language*

All participants were born in Australia and spoke only English.

#### *Education*

Year 10 was the highest level of education completed for all participants except for one (91%) who completed Year 12.

#### *Marital status*

Just under half of the sample (46%) were single or had never been married.

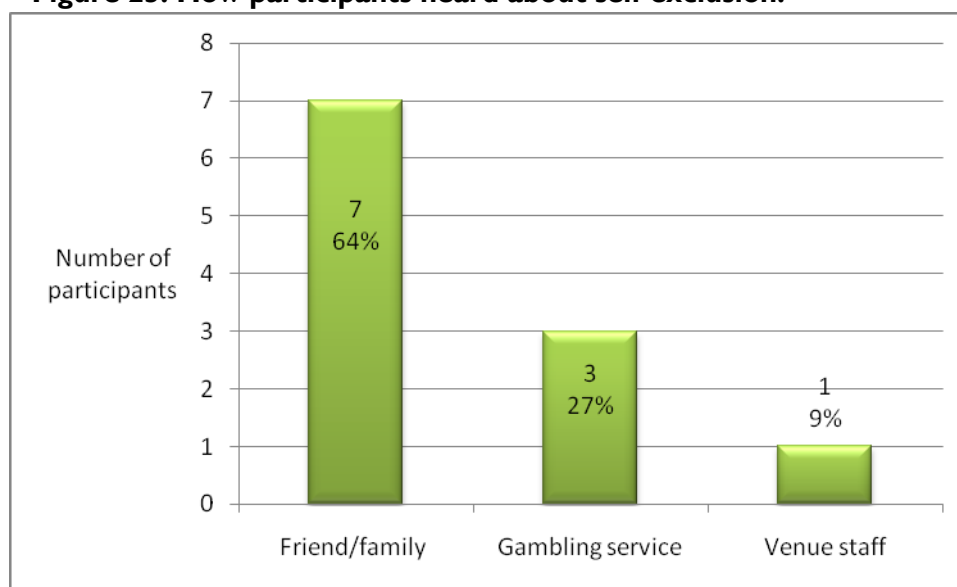


## Before self-excluding

*How did participants hear about self-exclusion?*

Figure 23 presents how participants heard about self-exclusion. Two thirds heard about self-exclusion through a family member/friend and a quarter were referred by a gambling service.

**Figure 23. How participants heard about self-exclusion.**



## *Reasons for self-excluding*

Figure 24 presents participants' reasons for applying for self-exclusion. **Participants reported one or more reasons.** Financial reasons were the most frequently reported, however, a range of other reasons was also reported. The general reason why participants excluded was that they were at desperation point financially, and this was adversely affecting other areas of their lives.

**Figure 24. Participants' reasons for applying for self-exclusion.**

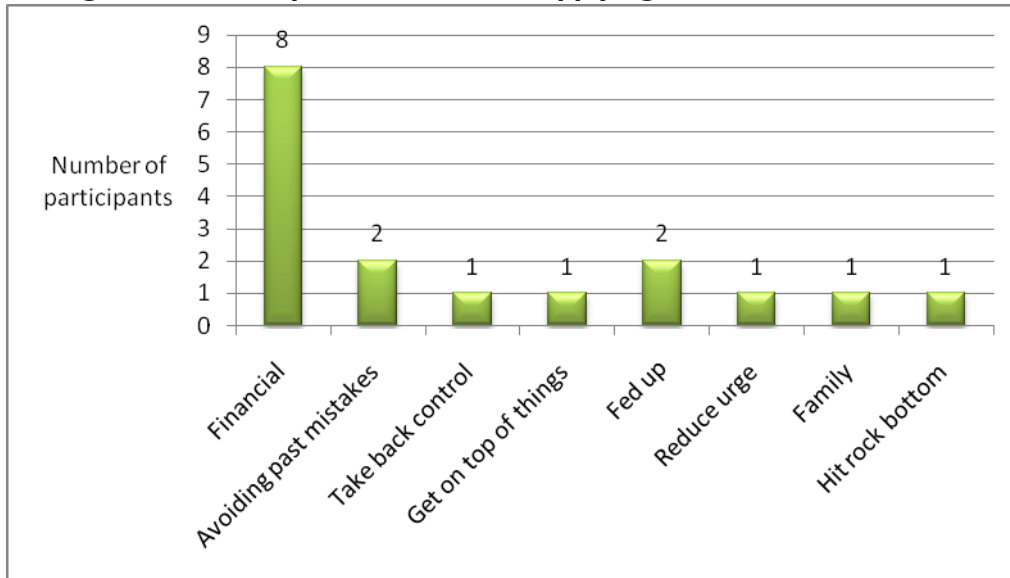
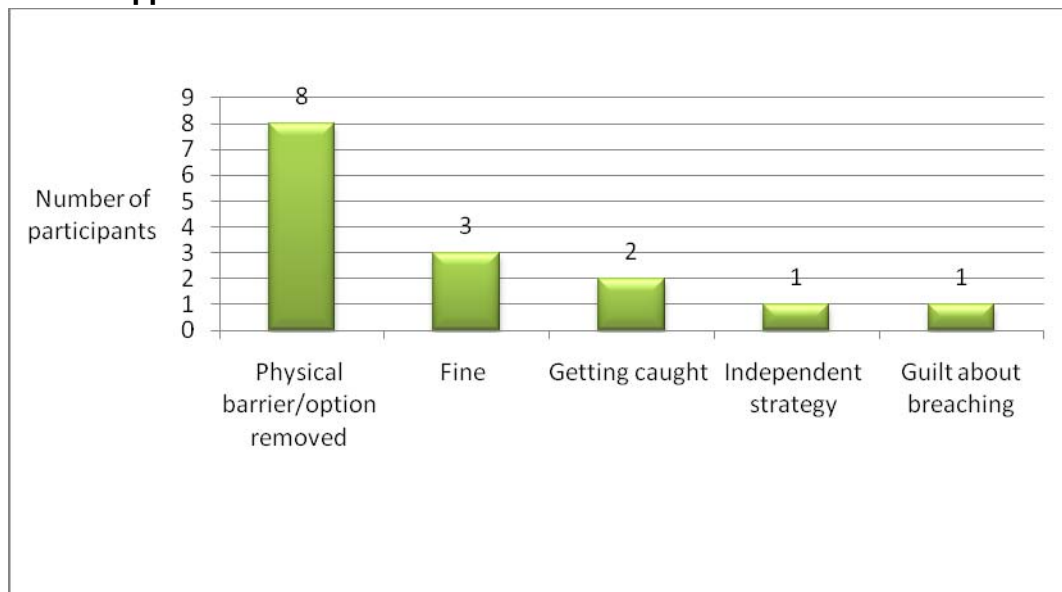


Figure 25 presents the attractions of self-exclusion as reported by participants. **Participants reported one or more attractions.** Knowing there was a physical barrier to gambling was the most frequently rated aspect. For the majority of participants, they reported that this knowledge removed the option of gambling from their minds and therefore they were “in a different mental space”. For many, it was a relief that they “just couldn’t go” and “that was that”. Nobody considered altering their appearances or devising another way of breaching without being detected. The potential fine was a deterrent for a few but not for the majority.

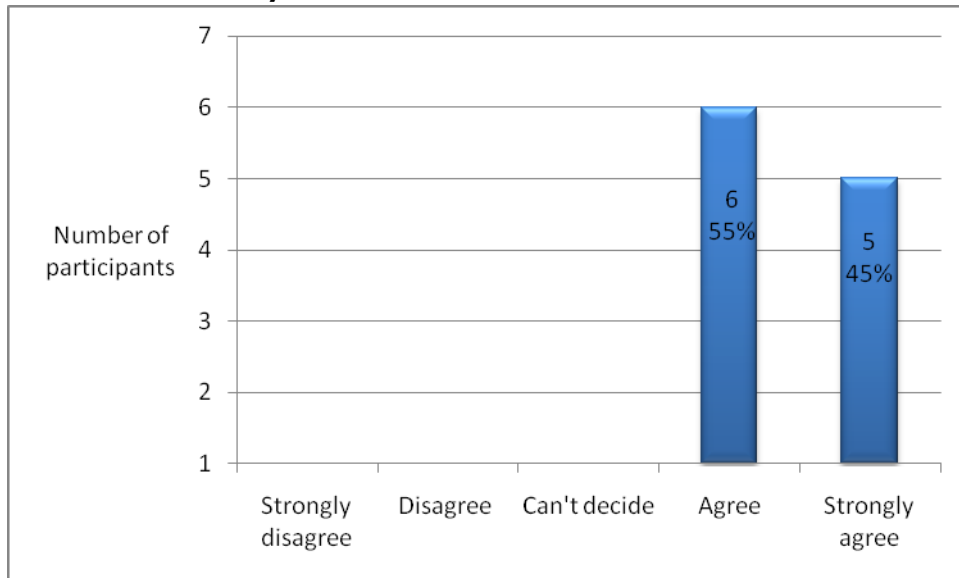
**Figure 25. Appealing aspects of self-exclusion as reported by participants at the time of application.**



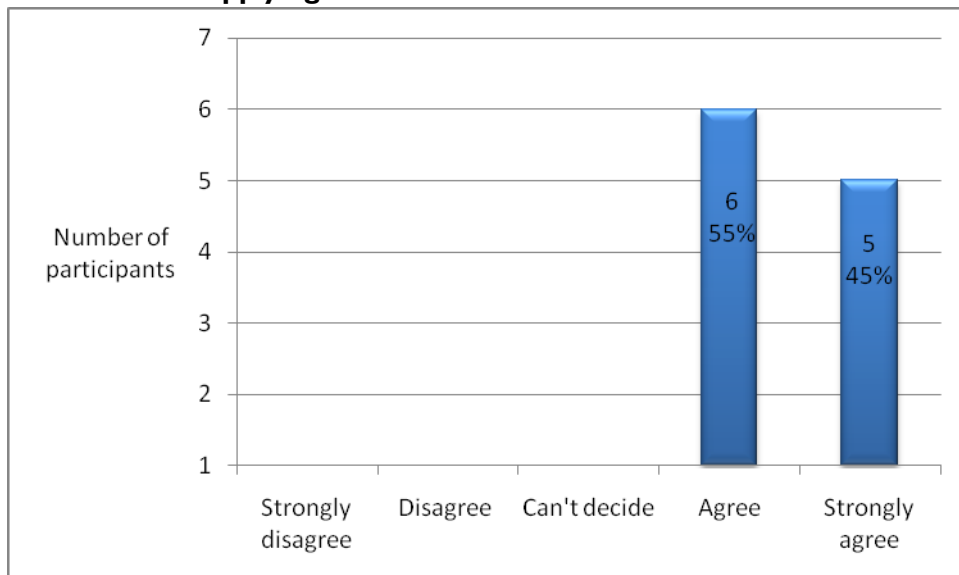
## Applying for self-exclusion

Participants were asked how strongly they agreed with various statements about the application process. These are presented below in Figures 26-28, which show that participants were satisfied with all aspects of the application process; that they were comfortable whilst applying, and that they found it to be a straightforward process.

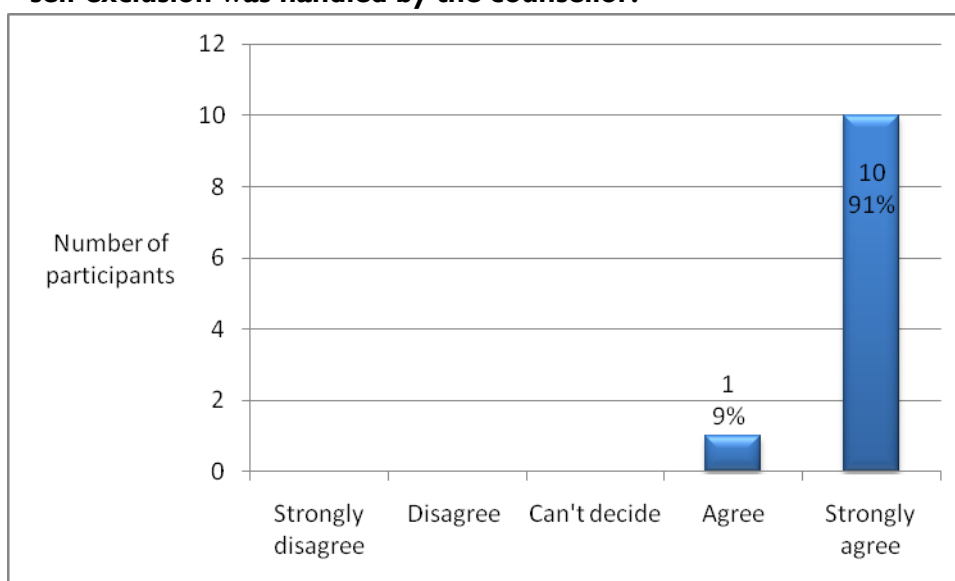
**Figure 26. Degree to which participants agreed that applying for self-exclusion was easy.**



**Figure 27. Degree to which participants agreed that they were comfortable applying for self-exclusion.**



**Figure 28. Degree to which participants were satisfied with the way self-exclusion was handled by the counsellor.**



### Expectations and confidence levels

Participants were asked a range of questions or presented with statements regarding expectations and confidence levels at the beginning of the self-exclusion period.

#### *Motivation levels*

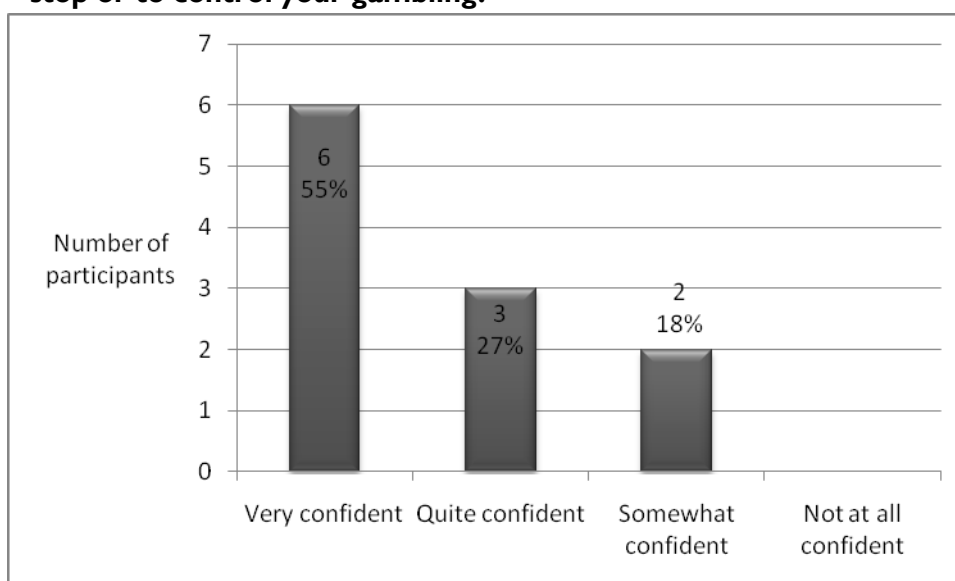
All participants reported being motivated to change their gambling behaviours when they applied. The decision to self-exclude was generally self-initiated, that is, nobody self-excluded because they were coerced or ‘forced’ by others, although most had heard about self-exclusion through a friend or family member.

#### *Confidence levels of self-exclusion effectiveness*

Figure 29 shows that over 80% of participants were very to quite confident that self-exclusion would be effective at the time of application. The majority of participants clearly had high expectations about the program—two thirds did not anticipate any problems with self-exclusion.

Four participants in total anticipated problems and this was because they had all experienced difficulties in previous self-exclusions. Two participants reported being concerned about poor detection. When asked about their reasons for re-applying, given their previous experiences with poor detection, they reported being “desperate” and that simply being self-excluded in itself was “better than not being excluded at all”. These people had reduced the frequency of gambling in their previous exclusions, despite having successfully breached their notices. The other two participants had confidentiality concerns, as they had had experiences of acquaintances discovering they were self-excluded during previous self-exclusions. The participants reported that they did not know how this occurred, but suspected that an employee had breached confidentiality.

**Figure 29. How confident are you that self-exclusion will help you to stop or to control your gambling?**

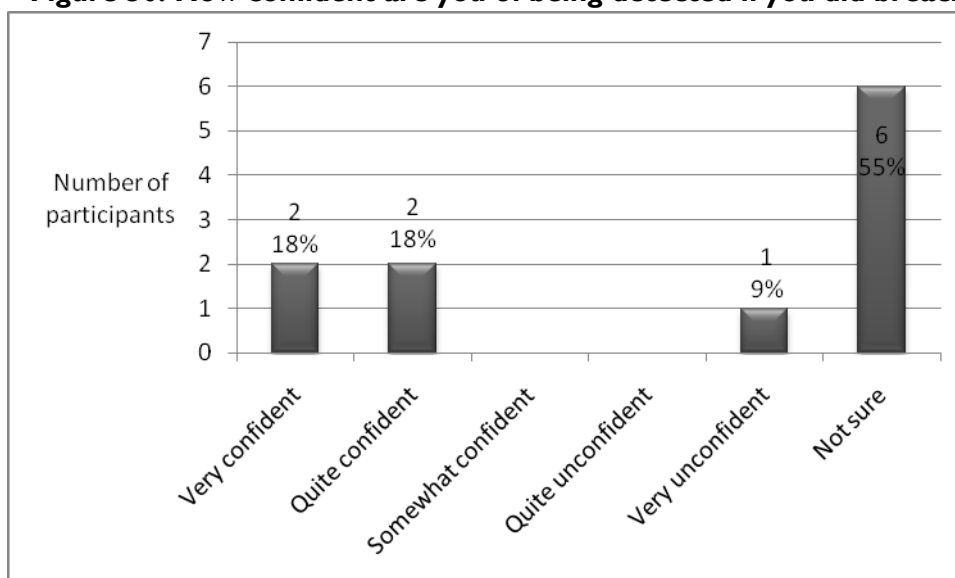


When asked to rate how difficult they anticipated staying away from self-excluded venues would be, participants rated an average of 3.82 ( $SD = 2.27$ ), on a scale of 1-10 (1 being 'extremely easy' and 10 being 'extremely difficult'). Three quarters of the sample reported rated being 'very confident' that they would not breach their agreement. However, as shown in Figure 30, over half of the sample was unsure whether they would be detected if they breached. Given that there were more people who were confident that they *would not breach* than those who were confident that they *would be detected if they breached*, the potential of being detected did not seem to be the primary reason for their high expectations of the program. As mentioned above, it appears that other reasons, such as simply the idea of 'not being allowed in', were more relevant.

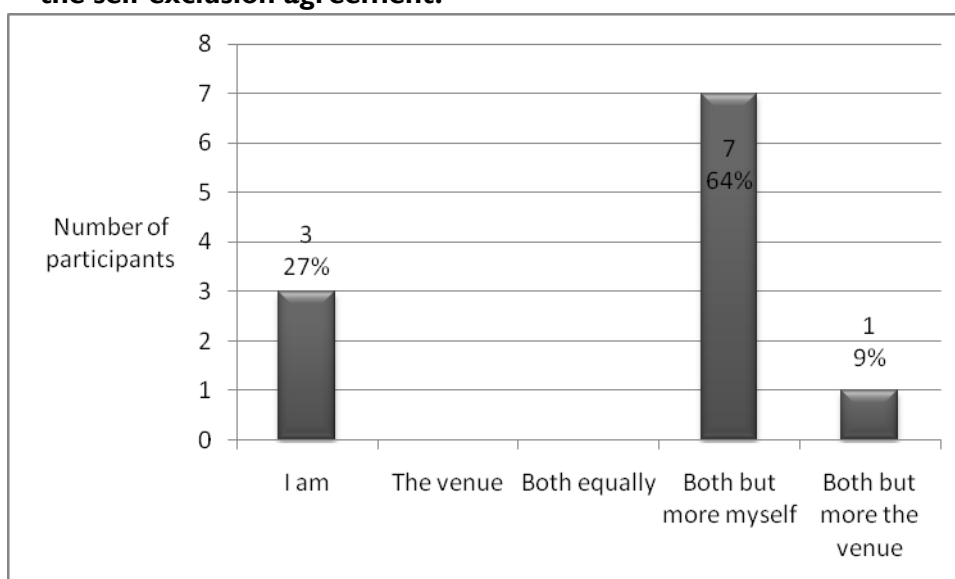
### *Responsibility*

It can be seen in Figure 31 that two thirds of participants attributed responsibility to both parties (but more to themselves) and a quarter attributed responsibility to themselves alone.

**Figure 30. How confident are you of being detected if you did breach?**



**Figure 31. Who is most responsible for ensuring that you comply with the self-exclusion agreement?**



*Back-up plan*

Two thirds of the sample had no plan in the event that they experienced the urge to gamble. They believed at the time of interview that self-exclusion would be sufficient.

**Changes in gambling characteristics, quality of life and gambling frequency**

Table 7 shows the means and standard deviations of gambling characteristics and quality of life variables at pre self-exclusion and at the three-month follow-up.

**Table 7. Means and standard deviations of gambling characteristics and quality of life variables at pre self-exclusion and at the three-month follow-up.**

Variable	Scale	Means (SD) Pre self-exclusion	Means (SD) Three-month follow-up
Severity of gambling problem (self-rated)	1-10	8.55 (1.51)	2.50 (2.17)
Urge to gamble	1-10	9.45 (0.69)	3.80 (2.25)
Control	1-10	2.45 (1.57)	8.00 (1.56)
Physical health	1-10	4.91 (2.12)	7.20 (2.62)
Mental health	1-10	3.73 (2.57)	7.80 (2.82)
Worry and anxiety (1 = very poor, 10 = excellent)	1-10	2.27(1.42)	5.70 (3.59)
Depressive thoughts/feelings (1 = very poor, 10 = excellent)	1-10	3.91 (3.05)	7.60 (2.95)
Mood	1-10	4.19 (2.14)	7.60 (2.95)
Self-confidence	1-10	3.73 (2.10)	8.20 (2.35)
Social life	1-10	4.00 (2.49)	8.30 (2.50)
Work	1-10	6.00 (2.39)	7.63 (3.25)
Friendships	1-10	5.73 (1.95)	8.20 (2.15)
Family relationships	1-10	6.27 (2.69)	7.60 (2.91)
Financial situation	1-10	3.09 (2.30)	7.30 (3.13)

As can be seen in means scores, there were improvements in all variables from pre self-exclusion to three-month follow-up. However, as mentioned on page 54, only t-tests allow one to determine if differences between scores are due to chance alone or as a result of self-exclusion. **A significant t-test indicates that any differences between means scores can be attributed to the effects of self-exclusion. Effect sizes ( $r^2$ ) show the size of the change.** Generally, effect sizes of 0.2, 0.5 and 0.8 are considered small, medium and large, respectively (Cohen, 1988).

The statistically significant t-tests are presented below:

#### *Gambling characteristics*

There were statistically significant decreases in gambling characteristics from pre self-exclusion to three-month follow-up for:

Gambling severity ( $M = 6.00$ ,  $SD = 2.67$ ),  $t = 7.12$ ,  $df = 9$ ,  $p = 0.00$ , two-tailed,  $r^2 = 0.85$ .

Gambling urges ( $M = 5.70$ ,  $SD = 1.95$ ),  $t = 9.26$ ,  $df = 9$ ,  $p = 0.00$ , two-tailed,  $r^2 = 0.91$ .

There was a statistically significant increase in:

Degree of perceived control score from pre self-exclusion to current ( $M = -5.50$ ,  $SD = 1.65$ ),  $t = -10.54$ ,  $df = 9$ ,  $p = 0.00$ , two-tailed,  $r^2 = 0.93$ .

#### *Quality of life*

There were also statistically significant increases in the scores of quality of life variables from pre self-exclusion to three-month follow-up for:

Physical health ( $M = -2.30$ ,  $SD = 2.16$ ),  $t = -3.36$ ,  $df = 9$ ,  $p = 0.008$ , two-tailed,  $r^2 = 0.56$ .

Mental health, ( $M = -4.00$ ,  $SD = 2.79$ ),  $t = -4.54$ ,  $df = 9$ ,  $p = 0.001$ , two-tailed,  $r^2 = 0.70$ .

Stress/anxiety ( $M = -3.60$ ,  $SD = 3.57$ ),  $t = -3.19$ ,  $df = 9$ ,  $p = 0.011$ , two-tailed,  $r^2 = 0.53$ .

Depressive thoughts and feelings ( $M = -3.90$ ,  $SD = 2.38$ ),  $t = -5.19$ ,  $df = 9$ ,  $p = 0.01$ , two-tailed,  $r^2 = 0.75$ .

Mood ( $M = -3.50$ ,  $SD = 2.27$ )  $t = -4.87$ ,  $df = 9$ ,  $p = 0.001$ , two-tailed,  $r^2 = 0.72$ .

Self-confidence ( $M = -4.40$ ,  $SD = 2.32$ ),  $t = -6.00$ ,  $df = 9$ ,  $p = 0.00$ , two-tailed,  $r^2 = 0.80$ .

Social life ( $M = -4.30$ ,  $SD = 3.13$ ),  $t = -4.35$ ,  $df = 9$ ,  $p = 0.002$ , two-tailed,  $r^2 = 0.68$ .

Interpersonal relationships outside family ( $M = -2.30$ ,  $SD = 2.98$ ),  $t = -2.44$ ,  $df = 9$ ,  $p = 0.037$ , two-tailed,  $r^2 = 0.40$ .

Financial situation ( $M = -4.40$ ,  $SD = 3.95$ ),  $t = -3.52$ ,  $df = 9$ ,  $p = 0.006$ , two-tailed,  $r^2 = 0.58$ .

Table 8 shows the means and standard deviations of gambling frequency and CPGI scores at pre self-exclusion. **At three-month follow-up, all participants except one did not gamble at all since self-excluding.** One participant gambled at a self-excluded venue on one occasion, just under a month after she applied for self-exclusion. She spent approximately \$20 and was there for 5-10 minutes. It was at a club that she did not regularly frequent. She reported that it was not premeditated and that she went to use the washroom facilities at the venue and decided to gamble because the “opportunity was there”. The club was approximately 20 kilometres from her home. She did not disguise her identity. She reported that she was afraid of getting detected but decided to gamble anyway. She was not detected. She reported not having the “feeling of wanting to go back”. Despite having breached on this



occasion, she reported being proud that she stopped her gambling when she did, that is, she had another \$20 in her possession that she decided to save.

**Table 8. Means and standard deviations of gambling frequency and CPGI score at pre self-exclusion.**

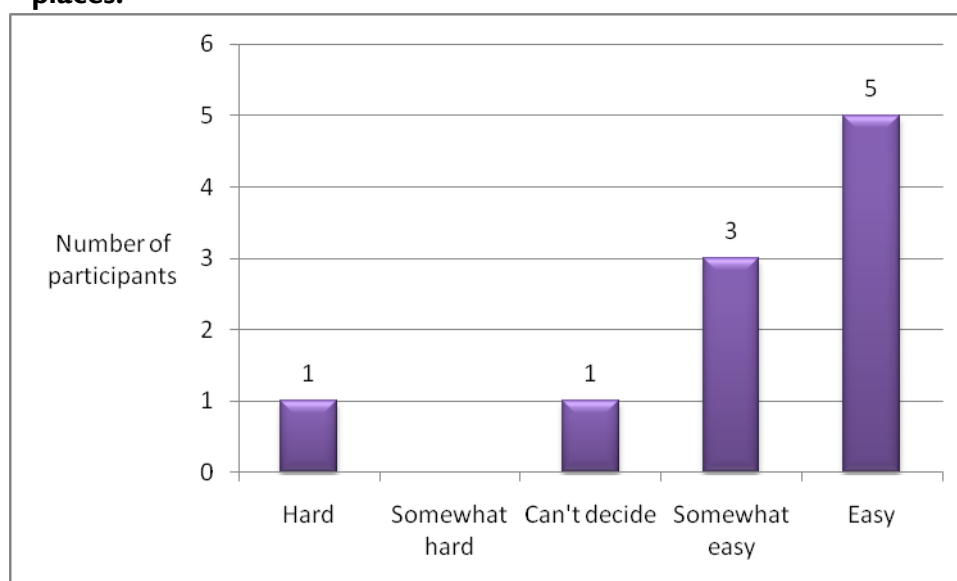
Variable	Means	SD
Weekly average no. of sessions	2.95	2.01
Minimum no. of sessions per week	1.60	1.17
Maximum no. of sessions per week	5.60	3.24
Average session length	157.73 minutes	88.30
Average session \$ spent	\$238.19	135.41
Canadian Problem Gambling Index (severity)	16.10	3.54

### Opinions about self-exclusion at three-month follow-up

#### *Degree of difficulty in staying away from self-excluded places*

Figure 32 shows that 80% found it easy to somewhat easy to stay away from self-excluded places. The majority reported that they “did not often think about gambling” once they had self-excluded.

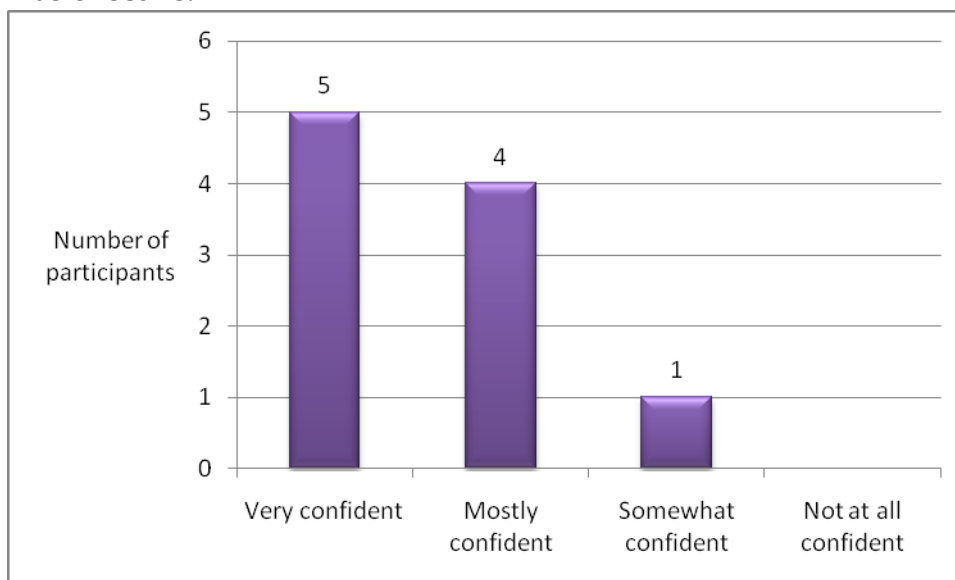
**Figure 32. Degree of difficulty in staying away from self-excluded places.**



### Confidence levels that self-exclusion will continue to be effective

Figure 33 shows that 90% were confident that self-exclusion would continue to be effective, given that it had been effective to date.

**Figure 33. Degree of confidence that self-exclusion would continue to be effective.**



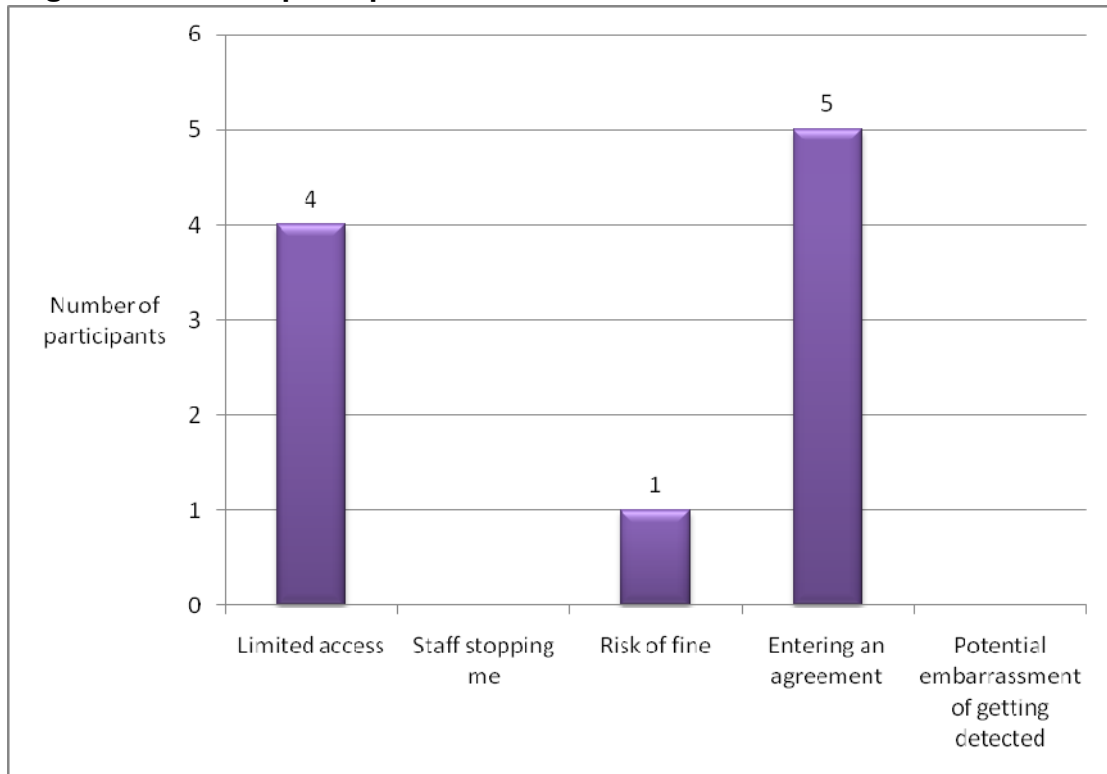
### Most helpful aspects of self-exclusion

Figure 34 shows that entering an agreement and limited access were regarded as the most helpful aspects of the program. These options were chosen from a set list of aspects. Participants reported that entering an agreement was “like a promise” and that by not keeping that promise, they would be “letting themselves down”. A few also reported that they would “feel guilty” with regards to inconveniencing other parties involved (e.g. venues) and therefore, the agreement acted as a deterrence for them.

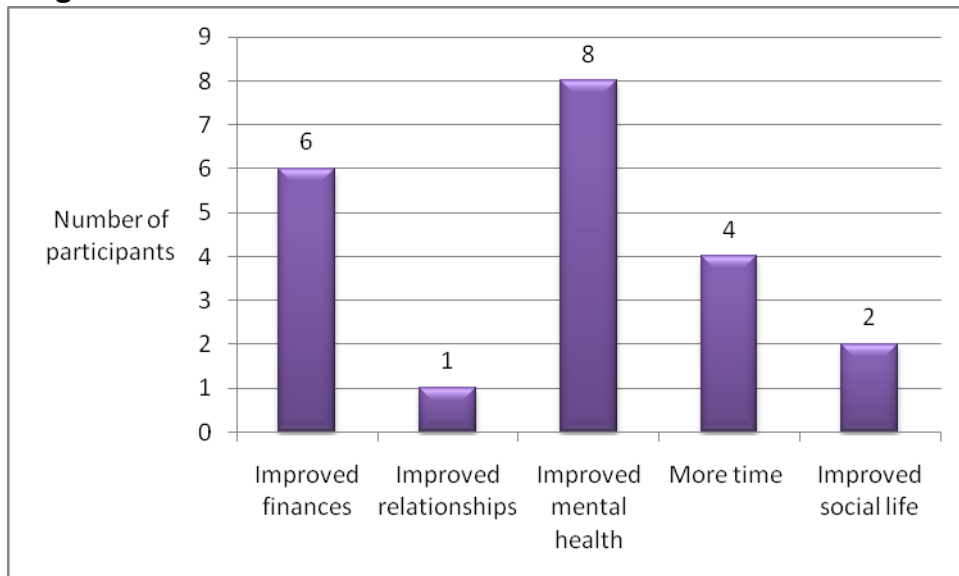
### Effects of self-exclusion

Figure 35 shows that improved mental health and improved finances were the most commonly rated positive effects of self-exclusion. **Participants gave one or more responses.**

**Figure 34. Most helpful aspects of self-exclusion.**



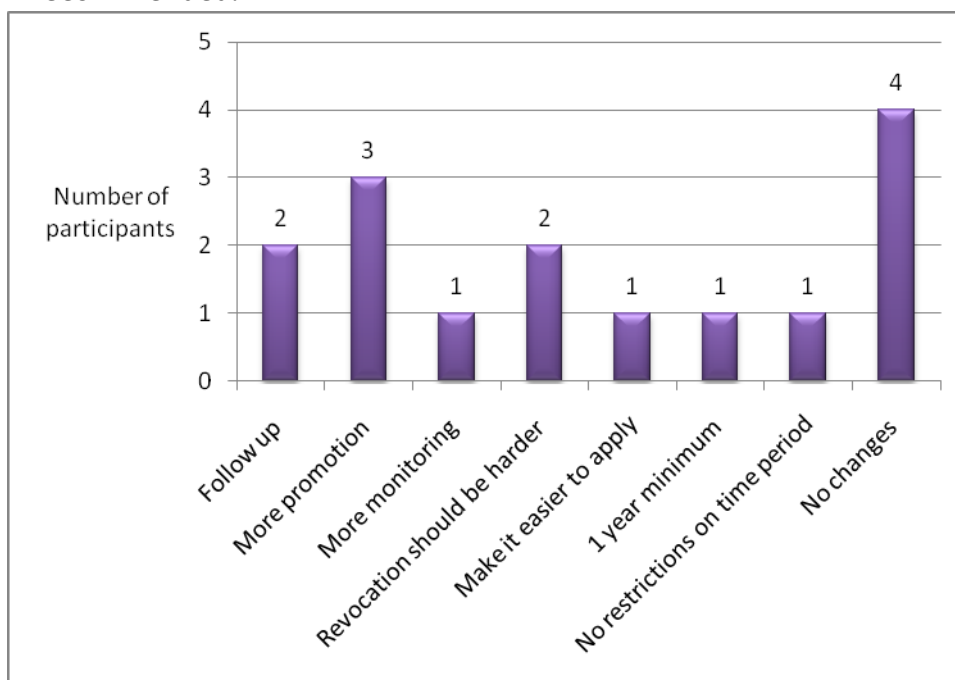
**Figure 35. Effects of self-exclusion.**



*Changes to the self-exclusion program that participants recommended*

Figure 36 shows that a third recommended no changes whilst the remainder of the sample suggested a range of other changes.

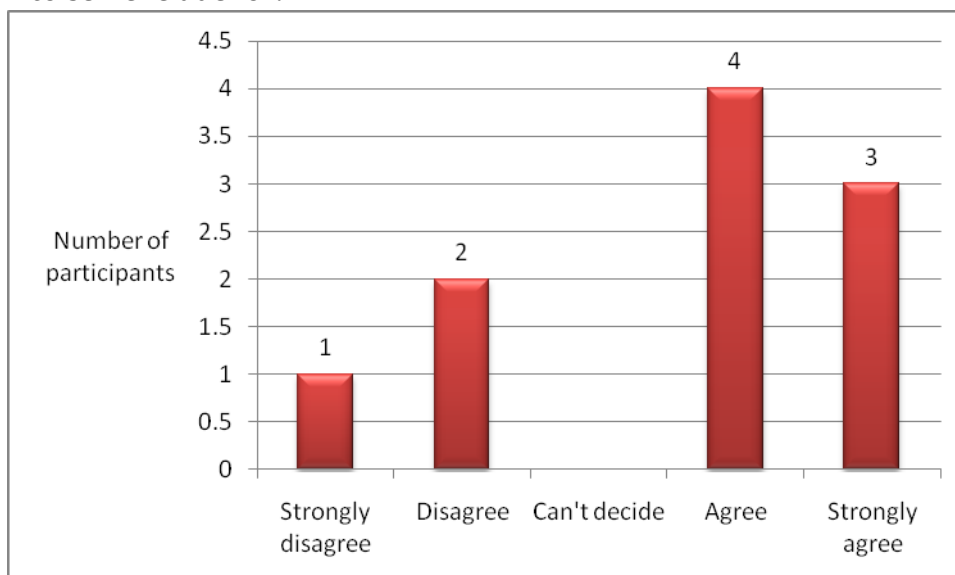
**Figure 36. Changes to the self-exclusion program that participants recommended.**



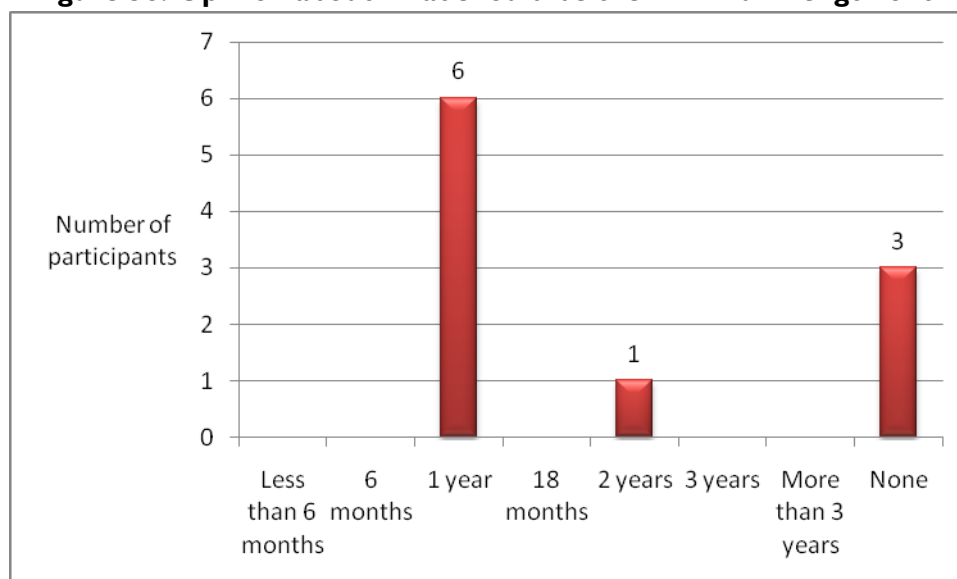
*Minimum time ban*

Participants were asked about their opinion on minimum time bans. Figure 37 shows that 70% agreed or strongly agreed that there should be a minimum time ban and the majority believed a year to be the appropriate time length, as shown in Figure 38.

**Figure 37. There should be a minimum time period that people have to self-exclude for.**



**Figure 38. Opinion about what should be the minimum length of time.**



## Discussion

The overall aim of this project was to investigate the use and effectiveness of the self-exclusion program in Tasmania. As the first study to undertake this task, it was designed with the purpose of obtaining some preliminary insight into the experiences of self-excluders and the utility of the program.

### Who is using self-exclusion?

The average age of self-excluders was in the late 40s, which is consistent with previous literature (Ladouceur et al., 2000, 2006; Nower & Blaszczynski, 2006). Compared to younger and older adults, middle-aged self-excluders can be seen as having more at stake in terms of losing financial assets and families. They are also more likely to have people to encourage them to self-exclude and presumably, it would be more difficult for middle-aged gamblers to hide the extent of their gambling problems from loved ones. We also know that gambling problems can develop gradually, which may explain the smaller number of younger self-excluders in the sample. When promoting self-exclusion, we therefore need to keep in mind that the middle-age cohort may need to be targeted.

Given the rise in gambling prevalence rates of younger gamblers (e.g. Gupta & Derevensky, 1998; Nower & Blaszczynski, 2008; Roy Morgan Research, 2005; South Australian Centre for Economic Studies, 2008), however, we need to also have the long-term vision of looking at increasing use and awareness of self-exclusion amongst this group. For the younger gamblers, a preventative approach is desirable. The real challenge is making self-exclusion and other treatment options more attractive to these people. Despite the fact that self-exclusion is a more private approach than other types of interventions, the embarrassment of being founded as self-excluded and its potential interference in their social lives at commonly-frequented venues, were two issues not uncommonly reported by self-excluders. These issues are likely

to be even more pronounced amongst younger gamblers and may make for an added stress for this group if/when they contemplate the option of self-excluding. It would be helpful therefore if they received encouragement from family members and friends to self-exclude. This would mean that it would be appropriate for promotions of self-exclusions to also be directed towards the general community.

Results indicate that both genders are utilising self-exclusion (Cross-sectional sample: 30% males, Longitudinal sample: 64% males), that is, there are generally no gender biases. This is consistent with the literature (Ladouceur et al., 2000, 2006; Nower & Blaszczynski, 2006). Research shows that males are less likely to seek professional treatment for problems than females (Addis & Mahalik, 2003; Productivity Commission, 2009). Given the commonly espoused reasons for this gender imbalance, that is, those to do with gender and socialisation roles that result in males being less inclined to seek help, it wouldn't be surprising for males to be attracted to the independent nature of self-exclusion.

Findings regarding socio-economic characteristics are difficult to compare to those in the literature, as this depends on the areas in which these participants are drawn. The significant majority of gambling problems in Tasmania stem from EGM playing at local venues in disadvantaged areas. The majority of self-excluders were on a disability pension/unemployed. It was also found that less than a fifth of participants in the current sample were married-substantially less than the trend of married people making up half of the samples in past studies. Taken together with the findings regarding socio-economic variables, this may give us some insight into the reasons why these particular participants gamble. Space does not permit us to discuss in depth the etiology of dependence behaviour, however, we do know that people gamble as a way of escaping or relieving stress. Given that marital status (and associated social support) is positively associated with overall well-being, it would be reasonable to suppose that many participants in the current sample were motivated by gambling as a means of escaping from stress. Evidence indicates that self-exclusion correlates with high anxiety, high levels of other addictions (e.g. smoking), and poorer physical health (South Australian Centre for Economic Studies, 2008).

### **Gambling history**

More than half of the participants began gambling early (before the age of 20) and began gambling regularly (weekly or more often) on an average from five to ten years later. This shows that, firstly, some of these people are exposed to non-problem gambling for several years before it develops into a problem, and secondly, that they have this problem for several years before they decide to self-exclude. The implication here supports the one mentioned above – that we may need to be targeting younger gamblers in increasing the use of self-exclusion as a means of preventing further problems.

The findings regarding families of participants who had gambling problems were interesting. More than half of the sample reported they did NOT have family members who had a history of gambling problems. Notwithstanding the fact that this finding relies on the subjective reports and recall of participants, it does tell us that gambling problems do not necessarily run in families. This is consistent with findings of Ladouceur et al. (2000) who reported that 44% of their sample discovered

gambling themselves with 48% being introduced to gambling by loved ones. For the former group, it may be more difficult for them to be open about their gambling problems with their families. Being a confidential and independent intervention, self-exclusion may then be a particularly attractive option for these individuals.

### **Reduction of gambling behaviour and improvement of quality of life after self-exclusion**

Results showed that self-exclusion reduced gambling behaviour and improved quality of life. There were statistically significant improvements from pre self-exclusion scores to current scores in gambling severity, urges, control, physical health, mental health, stress/anxiety, depressive thoughts and feelings, mood, self-confidence, social life, interpersonal relationships, family relationships and financial situation. These results were found for both the cross-sectional sample and the longitudinal sample (with the exception of family relationships, for the longitudinal sample). For the cross-sectional sample, improvements could be described as small to moderate for all variables, with the largest improvements being in the areas of mental health ( $r^2 = 0.60$ ), self-confidence, mood and depressive thoughts and feelings (all  $r^2 = 0.43$ ). For the longitudinal sample, the size of the improvements was more notable, with moderate to large improvements for all variables, with the exception of friendships ( $r^2 = 0.40$ ), where there was a small-moderate improvement. In addition, for the cross-sectional sample, there were significant reductions in the frequency of gambling sessions per week. For the longitudinal sample, all participants except one had not gambled at all since self-excluding, when they were followed up after the first three months of their notice.

Work/employment was the only variable that did not show a significant improvement. This may have been because those who were employed represented a small sub-sample and there was not enough statistical power to obtain significant results.

### **Perceived satisfaction and degree of helpfulness of the program**

For the cross-sectional sample, approximately 60% reported the program to be 'much help', 28% to be 'some help' and 13% to be of little or no help. 66% of the same sample reported to be very to mostly satisfied with the program. 17% reported to be quite dissatisfied. For the longitudinal sample, 90% of the sample reported it to be much help and 80% reported it to be very to mostly satisfied with the program. Overall, perceptions about the program were positive.

## **Breaching**

Results showed that approximately 60% (17/29) breached their self-exclusion notice at least once in the cross-sectional sample. The total number of times breached ranged from once to an estimated 125 times. 40% of the sample did not attempt to breach at all. This finding is comparable to that of Ladouceur et al.'s (2000) finding that 30% abstained from gambling and the Responsible Gambling Council's (2008) finding that 30% did not gamble at all during their self-exclusion period.

One of the 10 participants breached their notice in the longitudinal sample. This person breached on one occasion and reported not returning since, nor having the desire to do so. The breach was not premeditated.

## **Gambling at non self-excluded venues**

Just over half of the cross-sectional sample gambled at non self-excluded venues. Nobody gambled at other venues in the longitudinal sample.

## **Implications regarding effectiveness**

Consistent with the research (Ladouceur et al., 2000; Nelson et al., 2009), there was a minority percentage of people who have stopped gambling entirely since they self-excluded. A few characteristics were observed to distinguish these individuals from the others. Firstly, these individuals often displayed a 'no-nonsense' attitude. Their perspective was that they had made a commitment to self-exclude and they were going to see this through. This meant that they would not attempt to 'test' the system. This also meant that they accepted complete responsibility for staying away from the venues. These people acknowledged that although it did not absolve venues from any responsibility, they understood that if they themselves were serious about changing their behaviour, they had to take responsibility for their own choices. It was positive to observe that all but one participant in the longitudinal sample attributed more responsibility to themselves than venues, with regards to staying away from the venues. Secondly, these people in the first group more often had the aim of stopping gambling completely rather than merely reducing their gambling.

There was a second group of people who, like the group above, genuinely desired to stay away from the venues. For one reason or another, and space does not permit us to go into the detail the complexities of addictive behaviour, they struggled to take on the attitude of the first group and breached their notice at least once. Some of these people went on to abstain successfully if they were detected in the first few times they breached.

Finally, there was also a third group of people who, unfortunately, could be argued to be individuals who were the most resistant to the program. These were the people who may have tried to 'test' the system, clearly attributing responsibility to the venue. Although, they may have accepted some responsibility, they more often than not attributed responsibility to the venues. While it is true that some venues may have grossly failed in detecting self-excluded patrons, what these self-excluders fail to realise is that if they truly desired to control their gambling, they would not attempt to 'test' the system. Not surprisingly, these people more often did not aim to stop their gambling entirely but to merely reduce it. While it is clear that



abstinence goals appear to increase success for individuals, the reality is that many people do not wish to completely abstain. However, self-excluders need to be cognisant that if their goal is to reduce rather than abstain from gambling while on the program, this may compromise their chances of controlling their gambling. A positive note is that these people still often reported the program to be helpful, even when they were not detected breaching.

The findings of the longitudinal sample compared with the findings of the cross-sectional sample reveal some valuable insights. Virtually all participants abstained from gambling entirely in the first three months of their self-exclusion period and reported it to be relatively easy to do so. We know from both the literature and the results of the cross-sectional sample that over half go on to breach or gamble at another venue at some point during their notice. This suggests that self-exclusion is very effective in the early periods when motivation and confidence levels are at their highest. Although the sample size was small ( $n = 11$ ) in this part of the study, this supports Ladouceur et al.'s (2006) findings that self-exclusion was most effective in the early months of self-exclusion.

Given that many of these participants reported that they were very confident that they would continue to stay away from the venue, it may be helpful if self-excluders are informed of the aforementioned statistics at the time of application. To maximise a self-excluder's chances of succeeding, they need to have realistic expectations so they can anticipate times when they are likely to breach. Therefore it is suggested here that they are informed of risky time points and the fact that many people attempt to breach eventually. This will be most effective in the event of when they do breach, that this is not taken as a 'failure' that might lead to a continued cycle of breaching. If they are aware that this is a common occurrence, this will lessen the impact of the potential feelings of reduced self-efficacy. These results also suggest that a follow-up phone call to self-excluders after the first few months of the period would be helpful.

The fact that self-exclusion appears to be particularly effective in the early months fits in with the gateway to treatment model, suggested by Blaszczynski et al. (2007), that it should be seen as an adjunct to professional treatment. As discussed, the results suggest that self-exclusion alone is unlikely to be sufficient in permanently curbing the problem. Although some do naturally recover from gambling (Hodgins & el-Guebaly, 2000), behaviour change often involves an understanding and self-awareness of underlying reasons as to why they engage in the behaviour. This self-analysis can be supported by the process of disclosure, whether this takes place in the context of professional counselling or other less formal forms of support. Of significance is the fact that two thirds of the longitudinal sample did not have a plan or alternative strategies for how they were going to overcome urges to gamble should they experience them. The general attitude was that "self exclusion [would] be enough". This further indicates that participants did not have a full appreciation of the level of difficulty likely to be involved in overcoming their gambling problems. Self-excluders will be in a better position to overcome their gambling problems if they have a range of 'back-up' strategies in place. This is something that is typically addressed in counselling.

It should be mentioned however, that although the gateway to treatment model implies that self-exclusion should be most effective BEFORE treatment, this is not necessarily always the case. The timing of when self-exclusion is most effective will differ from individual to individual. Indeed, the first group who managed to not breach at all had a better understanding of their gambling behaviours and motivations. For these people, self-exclusion may even be viewed as something that they needed AFTER or as a subsequent addition to their development of self-awareness. The majority of self-excluders agreed that self-exclusion could not be undertaken in isolation, and this included some who were not fond of counselling. This can be seen also in the fact that 80% of the cross-sectional sample went on to attend counselling (beyond the initial application session) since taking out self-exclusion compared to virtually nobody in the less experienced longitudinal sample.

## Detection

**The majority of breaches were undetected.** Although 12 out of the 17 participants who breached were detected at some point in the life of their exclusion, seven of these individuals were detected only once. The majority of participants were detected only after breaching multiple times (see Table 4 in results section on page 43 for more details). These results are highly consistent with those of past studies, that is, the majority of breaches go undetected. Not surprisingly, this was reported by participants to be the biggest weakness and the main reason for any dissatisfaction with the program.

It is important that a realistic approach is taken to the issue of improving detection. From discussions with participants in the interviews and focus groups, factors responsible for poor detection can be divided into two categories - those that were the result of genuine impracticalities in the system and those that occurred as a result of indifference/incompetence on the part of venue staff. A distinction must be made between these two categories. It must be acknowledged that venue staff are not going to detect every self-excluder who attempts to breach. This is just not realistic. However, it was not uncommon for participants to report that failure to detect self-excluders occurred in small, quiet venues where the staff would have been familiar with their patrons. This situation is not acceptable, particularly when self-excluders are in the venue for hours at a time. This can be illustrated in an example reported by two participants in one of the focus groups. They described a day in which they 'tested' the system by attending five separate quiet hotels where they were self-excluded. They reported staying in each venue for at least an hour without being detected.

It was positive to hear, however, that on the occasions where other participants were detected, most were detected relatively quickly (10-20 minutes) after entering the venue.

## Recommendations

Based on discussions with self-excluders, the following recommendations are made to improve the Tasmanian self-exclusion program. Areas that have room for improvement fell into four themes. Recommendations are categorised below accordingly.

### Issue 1: Improving detection

Recommendation: *SMART cards/electronic identification*

Not surprisingly, the SMART card or some form of electronic identification (e.g. driver's licence) was most frequently recommended by self-excluders. As recommended in both the Productivity Commission (2009) report and the SEIS report (2008), the advantages of utilising an electronic identification system would eliminate all existing problems with manual detection. The benefits of an electronic identification system would also extend beyond improving the self-exclusion program. It would also detect minors and other unwelcome patrons and provide an automatic system for tracking patrons and up-to-date data management. SMART card technology would also allow patrons to set pre-commitment spending limits.

Recommendation: *Photograph policy*

Multiple participants reported that they believed that often the failure to detect self-excluders was a result of staff not being familiar with the photographs. While acknowledging the challenge that comes with scanning an array of photographs, being unfamiliar with photographs at smaller venues is again unacceptable. Participants thus suggested that there is a standard enforced policy on how photographs are displayed, handled and created. It was suggested that the photographs are made larger, and include a profile shot. There should be a standard policy for clear photo display and easy accessibility. Further, it was suggested that staff should review them more regularly, for example, for five minutes at the beginning of a shift.

Recommendation: *Third party inspector checks*

It was suggested by participants that there could be a person employed specifically to randomly check that venues are complying with policies, similar to an auditing process. This has been a popular recommendation in the literature, including in Blaszczynski et al.'s (2007) gateway to treatment model. This will naturally increase the motivation of the venue staff and operators to be more vigilant about detection. It is not suggested that the inspectors would be responsible for checking every venue, but that if it was undertaken randomly, this would provide sufficient motivation for venues to comply with policy and therefore increase the efficiency of the system.

## **Issue 2: Visibility and awareness of self-exclusion**

*Recommendation: Increase promotions and advertising*

Very few participants had heard about self-exclusion through general promotion or advertisements. It was mentioned by some that self-exclusion should be more heavily promoted, as they believed that it would be more frequently utilised if people were more aware that self-exclusion was an option. It was mentioned more than once that advertisements promoting gambling helpline or general gambling services were good, but not effective for people who were not keen to discuss their issues. If there were advertisements promoting self-exclusion specifically and thus increasing awareness that there are 'non-talking' interventions available, there might be a higher response rate. The issue of self-exclusion being under-promoted has also been raised in the overseas literature.

## **Issue 3: Client expectations**

*Recommendation: Inform the self-excluder of expected success and breaching rates at the time of application*

As discussed above, it appears that success rates are highest in the early months of self-exclusion but that more than half go on to breach at some point in their exclusion period. Self-excluders should be informed of this information at the outset so they have realistic expectations. This may help prevent self-excluders from a continued cycle of breaching after a first occasion, by communicating to self-excluders that they haven't 'failed' if they do go on and breach.

*Recommendation: Minimum time ban*

A minimum time ban was supported by many participants. Although the majority expressed that people should ideally be able to choose the length of their self-exclusion, they also were of the opinion that a minimum time ban was often necessary. Most felt that 12 months was appropriate. Most said that they did not believe that this infringed on an individual's rights and that it wasn't likely to deter people from applying. Participants were frequently of the attitude that if individuals are going to choose to self-exclude, this should be done properly, and that given that (1) self-exclusion is self-initiated and (2) that the significant majority of self-excluders have reached a point of having lost control over their gambling, a minimum time ban is appropriate.

Minimum time bans are already being utilised in some parts of the world. A 24-hour cooling off period could be utilised to combat the issue of individuals making ill-considered, impulsive decisions to self-exclude after a heavy loss. After the cooling-off period, the notice would not be revocable until the time period had been reached.

Most agreed that the three-year time period was a good standard length.

### Recommendation: *Enforce fines*

It is recommended that fines are enforced. Participants were aware that fines are not actually issued at present. It was suggested that they be enforced, as they are supposed to be, for both the venue and the self-excluder. Although fines were not the primary deterrent of breaching, it was still an issue for some self-excluders. A reduction of penalty figures that are actually enforced would also be more effective as the size of current fine may be too large for it to have a significant impact on self-excluders, who often could not afford such a sum anyway.

It should be noted that the recommendation to enforce fines is not just about the actual fine per se. Indeed, self-exclusion is best seen as one that supports the client-centred approach advocated by Tremblay (2008) and that enforcing fines should not be seen as coming from a 'punitive' angle. Rather it is about protecting the credibility of the program, which is an objective difficult to achieve if fines are not issued when they meant to be.

### **Issue 4: Assistance provided**

#### *Follow-up self-excluders (particularly at risky time points)*

Many participants expressed that regular follow-up would be beneficial. At a minimum, follow-up phone calls should be made to self-excluders at risky time points (i.e. after three and/or six months). Previous research suggests that self-exclusion is most effective in the first six months. Also, at a minimum, self-excluders should receive reminder renewal notices when notice expiry dates are approaching. Knowing to expect a scheduled follow-up phone call may also assist self-excluders in not entering venues in the way of accountability. Tremblay (2008) found that self-excluders responded positively to monthly follow-up phone support in his study.

#### *Providing a sponsor*

More personal support was expressed as desirable by some self-excluders. It was acknowledged that the current counselling options are effective for long-term benefits but that they were of little use when individuals were having urges to gamble and required immediate support. It was mentioned frequently that having a sponsor similar to those of programs such as Alcoholics Anonymous (AA) would be helpful. Although the 'sponsor' may not be as involved as those in programs such as AA, the option of being able to obtain ongoing support from one person via telephone was popular. The main emphasis was, therefore, on support from a single person known to them (as opposed to support from "strangers" at services such as Gambling Helpline, which by nature is less personal) who were contactable relatively quickly. This form of support would be especially relevant to those who gamble as a means of escaping loneliness and boredom.

## **Strengths of Self-Exclusion**

The most helpful aspect of the program varied from participant to participant but the most commonly mentioned reasons were the potential embarrassment of getting caught, the idea of the potential fine and the fact that they had made a commitment/signed a contract. It was frequently mentioned that self-exclusion was effective with the knowledge of “just not being allowed in” (quoted by multiple participants). The concept of a physical barrier was very attractive to the majority of participants in that psychologically, it allowed them to “move to a different place”. The signing of an agreement was also described as an empowering action for participants. The fine was a deterrent for some. When they became aware that they could breach without being detected (through a second party) or that fines were not issued if detected, self-exclusion usually ceased to be as effective.

It should be acknowledged that despite less than ideal detection rates, some venues and venue staff were described as very effective in this regard. As mentioned on page 74, when self-excluders were detected breaching, they were usually detected quite soon (10-20 minutes) after they entered the venue.

Finally, virtually all participants were comfortable and satisfied with the application process and the counsellors involved. The significant majority described it as a positive experience. Whether this can be generalised to other gamblers is difficult to answer, however. It is possible that applying for self-exclusion via a counsellor would be a deterrence for other gamblers and may be one of the reasons why self-exclusion is under-utilised. A way of handling this possible situation could be to clearly communicate to individuals that they are not obliged to undergo ongoing ‘counselling’ beyond the initial application session, when promoting self-exclusion.

One aspect of the application process that could be improved is the clarification of the option of applying for different types and lengths of self-exclusion. Some participants were not aware that there were options. Counsellors should also be aware that participants frequently mentioned that social factors (e.g. having a meal, going out with friends) were the primary reasons for choosing a given type of self-exclusion. For example, many would opt for excluding from gaming areas so they could enter the venue for meals, or specific games so they could enter the gaming area with friends. It is not uncommon for these venues to be a place of socialising as much as a place of gambling.

## **Limitations and Recommendations for Future Research**

The most significant limitation of this project is the small sample sizes. Confidentiality considerations meant that the GSP could not contact self-excluders directly, and therefore was required to rely on responses to general advertising recruitment strategies. Results must be interpreted with caution as the degree to which they can be generalised is obviously limited. The fact that participation was voluntary may also mean that the views expressed by these people may differ from other self-excluders (e.g. it is possible that those who have breached more often were less inclined to volunteer to participate for embarrassment or fear of being ‘reproached’). However, the results have also been interpreted from a qualitative angle, complemented with

the use of focus groups. Most importantly, the breaching results and suggested recommendations are mostly consistent with the views and findings of past self-exclusion studies.

It is recommended that more longitudinal studies, such as that of Ladouceur et al. (2006) and Nelson et al. (2009), be conducted to more precisely identify the risky time points that participants are likely to breach. Constraints on time and resources did not allow the current project to follow up participants for a longer time period than three months. Studies investigating experiences from the first six to twelve months in the self-exclusion period would be valuable in looking to support our conclusions about the effectiveness of early periods of self-exclusion. Further, future research may focus on the experiences of younger gamblers and their experiences of self-exclusion. This could be undertaken in the context of research investigating the factors that affect younger people's decisions to seek help in general. Finally, the finding that self-exclusion is under-promoted (a finding that is consistent with the literature on promotion of programs around the world; Nowatzki & Williams, 2002) should not be overlooked as a focus of future research. It would be interesting to observe if increased awareness would indeed result in an increased use of the programs.

From a statistical point of view, the small sample size did not allow us to undertake more sophisticated analyses of the results. As such, our results and indeed much of the existing literature can only be interpreted from a descriptive angle. To maximise confidence in future findings, they need to be subjected to rigorous, quantitative statistical analyses, such as regression analyses to determine if certain factors will predict success in the self-exclusion program. The use of these statistics will of course require larger sample sizes.

## **Summary**

This was the first study to formally investigate the self-exclusion program in Tasmania. The overall aim was to gain some preliminary insight into the experiences of self-excluders, including the effectiveness of the program from the self-excluder's perspective. Self-exclusion was found to be helpful in reducing gambling frequency and improving quality of life for the majority of self-excluders, even for some individuals who gambled while self-excluded. Self-exclusion was reported to be very effective in the first few months however, over half of self-excluders were shown to eventually breach their notice at some point in the life of their exclusions. The majority of breaches were not detected.

Recommendations for improving the program included introducing SMART cards/electronic identification system, introducing photograph policy, third party inspector checks, increasing the promotion and visibility of self-exclusion, informing self-excluders of success and breaching rates at the time of application, implementing minimum time ban, enforcing fines, following-up self-excluders at risky time points and providing a sponsor.

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## Appendices

Appendix A: Cross-sectional sample questionnaire

Appendix B: Longitudinal sample initial questionnaire

Appendix C: Longitudinal sample follow-up questionnaire

Appendix D: Information sheet for cross-sectional sample

Appendix E: Information sheet for longitudinal sample

Appendix F: Area of residence of participants in cross sectional sample

Appendix G: Additional data collected for longitudinal sample

G1 - Visual representations of demographic data for longitudinal sample

G2 - Gambling history and financial impact of gambling for longitudinal sample

G3 - Questions related to counselling for longitudinal sample

G4 - Details about the self-exclusion notice for longitudinal sample

G5 - Additional questions about application process for longitudinal sample

G6 - Visual representation of factors that would most discourage breaching for longitudinal sample

G7 - Opinions about the lengths of self-exclusion periods as reported by longitudinal sample participants

G8 - Anticipated effects of self-exclusion at time of application as reported by longitudinal sample participants

G9 - Degree of satisfaction with self-exclusion as reported by longitudinal sample participants

G10 - Degree of helpfulness of self-exclusion as reported by longitudinal sample participants

G11 - Additional questions about opinions of self-exclusion asked of longitudinal sample participants

## Appendix A: Cross-sectional sample questionnaire

### Break Even Gambling Support Services

# Questionnaire for people who have self-excluded from gambling

[To be completed prior to participation in the focus group]

The following questionnaire asks questions about yourself: such as your age, postcode etc; and your past and present gambling behaviour; details about your self-exclusion notice, and your experience of self-exclusion, your thoughts and opinions about the self-exclusion program and how helpful it has been for you.

Your participation is voluntary and you may choose not to answer any questions at any time. Please remember that your answers will be kept strictly confidential, so please respond openly and honestly. There are no right or wrong answers, just give the answers that best describe you. Please ask the researcher if you need help in answering any of the questions.

Participant ID# \_\_\_\_\_

Today's date: \_\_\_\_\_

### Socio-demographic questions

For demographic purposes the first set of questions are about yourself, such as your age, postcode etc. This will help us to understand the life patterns of people who self-exclude from gambling.

What is your age?  
\_\_\_\_\_ Years

What is your postcode? \_\_\_\_\_

Are you?

1. Male
2. Female

In what country were you born? \_\_\_\_\_

Do you usually speak a language other than English at home?

1. Yes
2. No

What is the highest level of education that you have achieved?

1. Primary school
2. High school
3. Higher School Certificate (year 12)
4. TAFE qualification
5. Undergraduate university degree
6. Postgraduate university degree
7. Other \_\_\_\_\_

What has been your work situation for most of the past year?

1. In paid employment full-time
2. In paid employment part-time
3. Involved in household duties
4. Student
5. Retired
6. Unemployed
7. Looking for work
8. Other \_\_\_\_\_

What is your occupation? (*If retired, what was your occupation?*)

1. Not in paid employment
2. Professional
3. Tradesperson
4. Production / Transport
5. Manager / Administrator
6. Technical / Associate Professional
7. Clerical / Sales / Service
8. Labour and related
9. Student
10. Home duties

What is your annual household income (*before tax*)?

1. Less than \$10,000
2. \$10,000 - \$19,999
3. \$20,000 - \$29,999
4. \$30,000 - \$39,999
5. \$40,000 - \$49,999
6. \$50,000 - \$59,999
7. \$60,000 - \$69,999
8. \$70,000 - \$79,999
9. \$80,000 - \$89,999

10. \$90,000 - \$99,999
11. \$100,000 - \$149,999
12. \$150,000 or more
13. Not sure / can't say

What is your current marital status?

1. Married
2. De facto
3. Single / never married
4. Separated
5. Divorced

Do you have children?

1. Yes
2. No

How many? \_\_\_\_\_

### **Gambling history**

The following questions ask about your gambling history and the gambling behaviour of your family and friends.

At what age did you first gamble or place your first bet? \_\_\_\_\_ Years old

At what age did you start gambling regularly? (i.e. weekly or more often)  
\_\_\_\_\_ Years old

What is the total amount of time you have gambled in your lifetime?

\_\_\_\_\_ Years  
\_\_\_\_\_ Months

Which, if any, family members have had, or currently have a gambling problem?

1. My father
2. My mother
3. My brother/sister
4. My son/daughter
5. Grandparent
6. No one in my family has or has had a gambling problem

Among the people with whom you live, which ones currently gamble?

1. I live alone

2. Spouse / significant other
3. Children / step children
4. Parents
5. Flatmate
6. Other (specify) \_\_\_\_\_
7. None of the people with whom I live

Do you / or did you usually gamble alone?

1. Yes
2. No

If not, who do you usually gamble with?

1. My spouse / significant other
2. My friend(s)
3. My parent(s)
4. My brother/sister
5. Other relative(s)
6. My friend(s)
7. My flatmate(s)
8. Other (specify) \_\_\_\_\_

### **Financial impact**

The following questions ask about any debts you may have due to gambling. This question is asked to help the researcher to measure the financial impact caused by gambling in those people who self-exclude.

Do you currently have a debt due to gambling?

1. Yes
2. No

What is your current overall debt due to gambling (*How much do you currently owe family, friends, creditors, casinos, etc?*) \$ \_\_\_\_\_

### **Self-exclusion**

The following questions ask you to provide details about your self-exclusion notice and about your experiences of self-exclusion.

When you took out self-exclusion did you choose to exclude yourself from?

1. Venues
2. Gaming areas within venues
3. Specific games

Can you please explain why you chose this/these option(s)?


How many venues / gaming areas / games did you self-exclude from?  
 Number: \_\_\_\_\_

What is the location of these venues / gaming areas (*e.g. region or suburb*)?

Location:	Location:

How did you select which venues / gaming areas to self-exclude from?


What date did you take out self-exclusion from? \_\_\_\_\_

Did you take out self-exclusion for 3 years?

1. Yes
2. No

If no, how long have you taken out self-exclusion for and why?


Are you currently self-excluded?

1. Yes
2. No, I revoked my self-exclusion notice
3. No, my self-exclusion notice expired after the set period



If you are no longer self-excluded, when did you cease to be part of the self-exclusion program?

Date: \_\_\_\_\_

If you revoked your self-exclusion before it expired, what were your main reasons for doing this?


If you revoked your self-exclusion before it expired, do you intend to reinstate your self-exclusion (*that is to sign up for self-exclusion again*)?

1. Yes
2. No

If yes, when? \_\_\_\_\_

If no, please explain why **not**?


During self-exclusion did you / have you changed any part of your self-exclusion notice? For instance have you:

1. Added any venues?
2. Dropped any venues?
3. Added any gaming areas within venues?
4. Dropped any gaming areas within venues?
5. Added any specific games?
6. Dropped any specific games?

If you made changes, could you please explain why you made that/those changes to your self-exclusion?


During self-exclusion did you ever gamble **outside** of venues/ gaming areas/specific games you self-excluded from (E.g. this may include lottery tickets, gambling outside your local area, or gambling interstate/overseas)?

1. Yes
2. No

[If yes], Of the list below, which ONE was your preferred game or type of gambling, when you gambled **outside** of venues / gaming areas / games you self-excluded from?

1. Gaming machines – Casino
2. Gaming machines – Hotel/Club
3. Casino gaming tables
4. Raffles / Bingo
5. Lotteries / XLotto / Powerball
6. Keno
7. TAB / Races
8. Card games
9. Other \_\_\_\_\_
10. Can't say
11. Refused
12. No games

How far on average did you travel from your home to gamble at a place outside of your self-exclusion? \_\_\_\_\_km

What is the furthest you travelled from home to gamble at a place outside of your self-exclusion? \_\_\_\_\_km

If you have not gambled outside of venues / gaming areas / games you have self-excluded from, what has stopped you from gambling at these places?


Since self-excluding have you gambled at any of the place(s) you self-excluded from? (E.g. this includes **all** of the venues that are covered in your self-exclusion).

1. Yes
2. No (if no, go to the next question)

[If yes], Of the list below, which ONE was your preferred game or type of gambling, when you gambled at a place(s) you had self-excluded from?

1. Gaming machines – Casino
2. Gaming machines – Hotel/Club
3. Casino gaming tables
4. Raffles / Bingo
5. Lotteries / XLotto / Powerball
6. Keno
7. TAB / Races
8. Card games
9. Other \_\_\_\_\_
10. Can't say
11. Refused

During your self-exclusion, what was the total number of times that you gambled at places you were excluded from?

Total number of times: \_\_\_\_\_

During a typical visit, what was the average amount of money you spent gambling at the place(s) you self-excluded from? (*Not including winnings*)

\$ \_\_\_\_\_

During a typical visit, what was the average length of time you spent gambling at the place(s) you self-excluded from?

\_\_\_\_\_ Hours \_\_\_\_\_ Minutes

What was the main reason you breached your self-exclusion the first time?


During your self-exclusion, were you ever detected / 'caught' gambling at a place you self-excluded from?

1. Yes
2. No

If yes, how many times have you been detected gambling at a place(s) you self-excluded from? \_\_\_\_\_ No. of times

Thinking about the first time you were detected (caught) gambling at a venue you had been self-excluded from, how many times had you gambled at this place before being detected?

1. I was detected gambling the first time
2. Twice
3. 3- 4 times
4. 5-9 times
5. 10-14 times
6. 15-19 times
7. More than 20 times

Thinking about the first time that you were detected gambling at a place you self-excluded from, how long had you been gambling before you were detected? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Who identified you?

1. Venue owner
2. Venue staff
3. Security
4. Patron
5. Other (specify): \_\_\_\_\_
6. Not sure

Could you please tell me what happened when you were detected ('caught').


Since being detected ('caught') gambling at a place(s) you self-excluded from, did you or have you gone back to gamble at the same place(s)?

1. Yes
2. No

[If yes], were you detected?

1. Yes
2. No

[If no], what was it about being detected that stopped you from returning to gamble at that place?



**Only answer the following question if you are currently self-excluded:**

Do you intend to gamble at places you have been self-excluded from in the future?

1. Yes
2. No

**Gambling behaviour now**

The following questions ask about your gambling behaviour in the last 3 months. Please answer these questions even if you did not gamble at all in the last 3 months.

On a scale of 1 to 10, how do you rate the severity of your gambling problem in the last 3 months? (If 1 is 'no problem' and 10 is 'severe problem')

1    2    3    4    5    6    7    8    9    10

On a scale of 1 to 10, how do you rate your urge to gamble in the last 3 months? (If 1 is 'no urge' and 10 is 'strongest urge').

1    2    3    4    5    6    7    8    9    10

On a scale of 1 to 10, how do you rate how in control you feel of your gambling in the last 3 months? (If 1 is 'completely out of control' and 10 is 'completely in control')?

1    2    3    4    5    6    7    8    9    10

On a scale of 1 to 10, how would you rate the following in the last 3 months? (If 1 is 'very poor' and 10 is 'excellent'):

Your physical health	1	2	3	4	5	6	7	8	9	10
Your mental health	1	2	3	4	5	6	7	8	9	10
Your level of worry and anxiety	1	2	3	4	5	6	7	8	9	10
Depressive thoughts and feelings	1	2	3	4	5	6	7	8	9	10
Your mood	1	2	3	4	5	6	7	8	9	10
Your self-confidence	1	2	3	4	5	6	7	8	9	10
Suicidal thoughts or actions	1	2	3	4	5	6	7	8	9	10
Your social life	1	2	3	4	5	6	7	8	9	10

Your work/study	1	2	3	4	5	6	7	8	9	10
Your interpersonal relationships	1	2	3	4	5	6	7	8	9	10
Your financial situation	1	2	3	4	5	6	7	8	9	10
Your family relationships	1	2	3	4	5	6	7	8	9	10

In a typical week, during the last 3 months, on average how many times a day did you gamble (*number of sessions*)? \_\_\_\_\_

In a typical week, during the last 3 months, how long did you spend gambling during an average session? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

In a typical week, during the last 3 months, on average how many days per week did you gamble? \_\_\_\_\_

In a typical week, during the last 3 months, on average how much money did you spend on gambling? (*Not including winnings*) \$\_\_\_\_\_

In a typical week, during the last 3 months, how many hours a day have you spent thinking about gambling? \_\_\_\_\_

Of the games listed below, which ONE was your preferred game or type of gambling in the last 3 months?

1. Gaming machines – Casino
2. Gaming machines – Hotel/Club
3. Casino gaming tables
4. Raffles / Bingo
5. Lotteries / XLotto / Powerball
6. Keno
7. TAB / Races
8. Card games
9. Other \_\_\_\_\_
10. Can't say
11. Refused
12. None, I did not gamble at all

**Canadian Problem Gambling Index (CPGI; 9 items only)**

(Ref: Ferris J, Wynne H. The Canadian Problem Gambling Index: final report. Ottawa (ON): Canadian Centre on Substance Abuse (2001))

Thinking about the last three months ....

1. Have you bet more than you could really afford to lose? Would you say ....

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

2. Still thinking about the last 3 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

3. When you gambled, did you go back another day to try to win back the money you lost?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

4. Have you borrowed money or sold anything to get money to gamble?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

5. Have you felt that you might have a problem with gambling?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

6. Has gambling caused you any health problems, including stress or anxiety?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

8. Has your gambling caused any financial problems for you or your household?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

9. Have you felt guilty about the way you gamble or what happens when you gamble?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

### **Gambling behaviour before self-exclusion**

The following questions ask about your gambling behaviour in the three months before you took out self-exclusion.

Now, thinking about the time before you took out self-exclusion....

Of the games listed below, which ONE was your preferred game or type of gambling before you took out self-exclusion?

1. Gaming machines – Casino
2. Gaming machines – Hotel/Club
3. Casino gaming tables
4. Raffles / Bingo
5. Lotteries / XLotto / Powerball
6. Keno
7. TAB / Races
8. Card games
9. Other \_\_\_\_\_
10. Can't say
11. Refused
12. None, I did not gamble at all

On a scale of 1 to 10, how would you rate the severity of your gambling problem in the 3 months before you took out self-exclusion? (If 1 is 'no problem' and 10 is 'severe problem')

1      2      3      4      5      6      7      8      9      10

On a scale of 1 to 10, how would you rate your urge to gamble in the 3 months before you took out self-exclusion? (If 1 is 'no urge' and 10 is 'strongest urge').

1      2      3      4      5      6      7      8      9      10

On a scale of 1 to 10, how would you rate how in control you felt of your gambling in the 3 months before you took out self-exclusion? (If 1 is 'completely out of control' and 10 is 'completely in control')

1      2      3      4      5      6      7      8      9      10



On a scale of 1 to 10, how would you rate the following in the 3 months before you took out self-exclusion? (If 1 is 'very poor' and 10 is 'excellent'):

Your physical health	1	2	3	4	5	6	7	8	9	10
Your mental health	1	2	3	4	5	6	7	8	9	10
Your level of worry and anxiety	1	2	3	4	5	6	7	8	9	10
Depressive thoughts and feelings	1	2	3	4	5	6	7	8	9	10
Your mood	1	2	3	4	5	6	7	8	9	10
Your self-confidence	1	2	3	4	5	6	7	8	9	10
Suicidal thoughts or actions	1	2	3	4	5	6	7	8	9	10
Your social life	1	2	3	4	5	6	7	8	9	10
Your work/study	1	2	3	4	5	6	7	8	9	10
Your interpersonal relationships	1	2	3	4	5	6	7	8	9	10
Your financial situation	1	2	3	4	5	6	7	8	9	10
Your family relationships	1	2	3	4	5	6	7	8	9	10

In a typical week, in the 3 months before you took out self-exclusion, on average how many times a day (i.e. sessions) did you gamble? \_\_\_\_\_

In a typical week, in the last 3 months before you took out self-exclusion, how long did you spend gambling during an average session? \_\_\_\_\_ Hours  
\_\_\_\_\_ Minutes

In a typical week, in the 3 months before you took out self-exclusion, on average how many days per week did you gamble? \_\_\_\_\_

In a typical week, in the 3 months before you took out self-exclusion, on average how much money did you spend on gambling? (Not including winnings) \$ \_\_\_\_\_

In a typical week, in the 3 months before you took out self-exclusion, how many hours a day did you spend thinking about gambling? \_\_\_\_\_

### **Other help?**

The following questions ask you about other help you may have sought since taking out self-exclusion.

Since taking out self-exclusion have you sought any of the following kinds of help for your gambling problems?

1. Counsellor, psychologist or psychiatrist (one-to-one)
2. Telephone counselling
3. Financial counselling
4. Family counselling
5. Support group
6. Medication
7. Your GP
8. Other, please describe \_\_\_\_\_

If yes, how many times have you been to counselling / support group? \_\_\_\_\_

**Please answer the following question only if you have taken medication for your gambling problem since taking out self-exclusion:**

How long have you been taking the medication for: \_\_\_\_\_ days / weeks / months (*please circle appropriate unit of time, for example if you have been taking medication for 4 days, write 4 and circle the word days, if you have been taking medication for 6 weeks, write 6 and circle the word weeks, if you have been taking medication for 1 month, write 1 and circle the word months*).

**Please answer the following question only if you have had face-to-face counselling, telephone counselling, financial counselling, or attended a support group for your gambling problems since taking out self-exclusion:**

Is this help being provided by Break Even Gambling Support Services?

1. Yes
2. No

If the help you are receiving is being provided by Break Even Gambling Support Services, please explain why you chose them?


If the help you are receiving is not being provided by Break Even Gambling Support Services, please explain why you are **not** using this service?



**About the self-exclusion program**

These last questions ask you for your thoughts and opinions about the self-exclusion program and how helpful it has been for you.

In your opinion, how helpful is / was the self-exclusion program to you?

- 1. Much help
- 2. Some help
- 3. Little help
- 4. No help

How satisfied are / were you with the self-exclusion program?

- 1. Very satisfied
- 2. Mostly satisfied
- 3. Mildly satisfied
- 4. Quite dissatisfied

If you are / were dissatisfied, please explain?


In your opinion, what are / were the best things about the self-exclusion program?



What are /were the worst things?


What parts of the self-exclusion program have worked the best for you?


What parts of the self-exclusion program do not / did not work for you?


If you could change anything about the self-exclusion program what would it be?



If you have received other help for your gambling (e.g. counselling, medication, support group) during self-exclusion, how much has the self-exclusion program helped you compared with the other help?

1. The self-exclusion has helped more than the other help,
2. Both have helped equally,
3. The other treatment has helped me more than the self-exclusion.

**Thank you for your participation in this questionnaire.**



Don't forget!

**Please ensure that you ask participants the questions on the 'Request for results and consent to contact for future research' form before hanging up the phone.**

## Appendix B: Longitudinal sample initial questionnaire

### Break Even Gambling Support Services

## Initial telephone questionnaire for people who have self-excluded from gambling

ID# \_\_\_\_\_

Today's date \_\_\_/\_\_\_/\_\_\_

Good morning / afternoon / evening.

May I please speak with [name of participant]?

This is \_\_\_\_\_ from the Gambling Support Program at the Department of Health and Human Services in Tasmania.

I am calling to conduct the telephone questionnaire about self-exclusion with you today as we had agreed. Is this still a suitable time?

If NO, arrange an alternative time to phone back to conduct the interview:

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ am /pm

Just to remind you, this study aims to find out about people's experiences of self-exclusion and whether or not it helps them to gamble less.

This questionnaire will ask about yourself, your gambling behaviour, your health and well-being, your experience of taking out self-exclusion, your confidence in self-exclusion and your expectations and goals of the program.

It will take between 30 and 40 minutes to complete and you may withdraw from the interview or choose not to answer any question at any time.

Your participation is voluntary and your answers will be kept confidential, so please respond openly and honestly. There are no right or wrong answers, just give the answers that best describe you. Please feel free to ask me to repeat any question that you need to hear again.

If respondent asks about the confidentiality of their information:

Any information you give to me today will be coded; this means that your name or any other information that might identify you will not be written on the questionnaire. This coded information will be stored on a database and used for data analysis only. The questionnaire and database will be kept in a locked area in the Department of Health and Human Services and will only be accessible by the researcher or the coordinator of the Gambling Support Program for the purpose of managing the research. Your consent form which has your name will be kept in a separate locked cabinet accessible only by the researcher and coordinator. Any reports produced as a result of this study will not contain any information that could identify you.

## Demographics

For demographic purposes the first set of questions are about yourself, such as your age, postcode etc. This will help us to understand the life patterns of people in the survey).

What is your age?

\_\_\_\_\_ Years

What is your postcode? \_\_\_\_\_

Are you?

1. Male
2. Female

In what country were you born? \_\_\_\_\_

Do you usually speak a language other than English at home?

1. Yes
2. No

What is the highest level of education that you have achieved?

1. Primary school
2. High school
3. Higher School Certificate (year 12)
4. TAFE qualification
5. Undergraduate university degree
6. Post-graduate university degree
7. Other \_\_\_\_\_

What has been your work situation for most of the past year?

1. In paid employment full time
2. In paid employment part time
3. Involved in household duties
4. Student
5. Retired
6. Unemployed
7. Looking for work
8. Other \_\_\_\_\_

What is your occupation? *(If retired, what was your occupation?)*

1. Not in paid employment
2. Professional

3. Tradesperson
4. Production / Transport
5. Manager / Administrator
6. Technical / Associate Professional
7. Clerical / Sales / Service
8. Labour and related
9. Student
10. Home duties

What is your annual household income (*before tax*)?

1. Less than \$10,000
2. \$10,000 - \$19,999
3. \$20,000 - \$29,999
4. \$30,000 - \$39,999
5. \$40,000 - \$49,999
6. \$50,000 - \$59,999
7. \$60,000 - \$69,999
8. \$70,000 - \$79,999
9. \$80,000 - \$89,999
10. \$90,000 - \$99,999
11. \$100,000 - \$149,999
12. \$150,000 or more
13. Not sure / can't say

What is your current marital status?

1. Married
2. De facto
3. Single / never married
4. Separated
5. Divorced

Do you have children?

1. Yes
2. No

How many? \_\_\_\_\_

### **Gambling history**

The following questions ask about your gambling history and the gambling behaviour of your family and friends.

At what age did you first gamble or place your first bet? \_\_\_\_\_ Years old



At what age did you start gambling regularly? (i.e. weekly or more often)  
\_\_\_\_\_ Years old

What is the total amount of time you have gambled in your lifetime?  
\_\_\_\_\_ Years  
\_\_\_\_\_ Months

What is the longest period of time you have gone without gambling in the 3 months before self-excluding? \_\_\_\_\_ Days/Weeks/Months

Which, if any, family members have had, or currently have, a gambling problem?

1. My father
2. My mother
3. My brother/sister
4. My son/daughter
5. Grandparent
6. No one in my family has or has had a gambling problem

Among the people with whom you live, which ones currently gamble?

1. I live alone
2. Spouse / significant other
3. Children / step children
4. Parents
5. Flatmate
6. Other (specify) \_\_\_\_\_
7. None of the people with whom I live

Do you usually gamble alone?

1. Yes
2. No

If not, who do you usually gamble with?

1. My spouse / significant other
2. My friend(s)
3. My parent(s)
4. My brother/sister
5. Other relative(s)
6. My friend(s)
7. My flatmate(s)
8. Other (specify) \_\_\_\_\_

## Financial impact

The following questions ask about any debts you may have due to gambling. This question is asked to help the researcher to measure the financial harm caused by gambling in those people who self-exclude.

Do you currently have a debt due to gambling?

1. Yes
2. No

What is your current overall debt due to gambling (*How much do you currently owe family, friends, creditors, casinos, etc?*) \$\_\_\_\_\_

How much of this debt have you accumulated in the past 12 months?  
\$\_\_\_\_\_

## Clinical history and self-exclusion

The following questions ask about any other help you may have sought for your gambling problems. The questions also ask about your reasons for taking out self-exclusion, your experience of taking out self-exclusion, your confidence in self-exclusion and your expectations and goals of the program.

How many times in your life, before taking out self-exclusion, have you ever sought 'help' for gambling problems?

	Type of help	No. of times
1.	Counsellor, psychologist or psychiatrist (one-to-one)	
2.	Telephone counselling	
3.	Financial counselling	
4.	Family counselling	
5.	Support group / group counselling	
6.	Self-exclusion	
7.	Prescription medication	
8.	Your GP	
9.	Other ( <i>Please describe</i> ):	

If yes, can you tell me about this and the reasons why you stopped using the help?


How did you first find out about the self-exclusion program (*e.g. referral from family or friends, flyers at venue etc*)?


Do you know of anyone who has self-excluded?

1. Yes
2. No

If yes, what have they told you about their experience of self-exclusion?


What was the main reason you took out self-exclusion at this time?


What was it about the self-exclusion program that appealed to you?


Did you consider seeking other types of help such as attending counselling or a support group?

1. Yes, What? \_\_\_\_\_
2. No

If no, why not?


If yes, why did you choose self-exclusion instead?


Have you ever thought about taking out self-exclusion before, but chose not to?

1. Yes
2. No

If yes, why not?


Can you describe how the counsellors registered you into the self-exclusion program?


Can you tell me how you were feeling at that time (e.g. *stressed, anxious*)?


How did you feel immediately after you had taken out self-exclusion (e.g. *relieved, worried*)?


--

When you took out self-exclusion did you choose to exclude yourself from?

- 1. Venues
- 2. Gaming areas within venues
- 3. Specific games

Can you tell me about why you chose this/these option(s)?


How many venues / gaming areas / games did you self-exclude from?

Number: \_\_\_\_\_

What is the location of these venues / gaming areas (e.g. region or suburb)?

Location:	Location:

How did you select which venues / gaming areas to self-exclude from?


What date did you take out self-exclusion from? \_\_\_\_\_

Have you taken out self-exclusion for 3 years?

1. Yes
2. No

If no, how long have you taken out self-exclusion for and why?


How true are the following statements for you....?

Registering for self-exclusion was easy.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

I felt comfortable registering for self-exclusion through a counselling service.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

I was satisfied with the way my self-exclusion was handled by the counsellor.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

The information I was given about self-exclusion was appropriate.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

I came away with a good understanding of what I had agreed to under the self-exclusion agreement.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

How true is the following statement to you? I wanted to stop gambling but I felt unable to do so by myself.

1. Very true
2. Somewhat true
3. Neither true nor false
4. Somewhat false
5. False

When you took out self-exclusion which of the following statements best applied to you?

1. I had no intentions of changing my gambling.
2. I was seriously considering reducing or stopping my gambling in the next 6 months.
3. I planned to reduce or quit my gambling in the next month.
4. I had already begun to reduce or quit my gambling in the previous six months.
5. I had reduced or quit my gambling over 6 months ago and had been able to maintain these changes during that period of time.

At the time you took out self-exclusion how motivated were you to change your gambling behaviour?

1. Very motivated
2. Motivated
3. Somewhat motivated
4. Not at all motivated.

How confident are you that self-exclusion will help you to stop or to control your gambling?

1. Very confident
2. Mostly confident
3. Somewhat confident
4. Not confident at all

How do you expect the self-exclusion program to help you to stop gambling or to gamble less? Please choose the statement that best applies to you.



1. By limiting access to the venues/ gaming areas / gaming activities that I regularly visit
2. By venue operators and staff stopping me from entering
3. The risk of being fined if I enter a venue or play a game I have been barred from
4. Knowing that I have agreed not to enter those venues or play those games will stop me from gambling or help me to gamble less
5. Other (*please explain*) \_\_\_\_\_

What do you hope to achieve during the self-exclusion period? Choose the statement that best applies to you.

1. Stop gambling
2. Spend less time gambling
3. Spend less money on gambling
4. Other \_\_\_\_\_

Do you expect the self-exclusion to have any other effects on your life? What do you expect these to be?


In your opinion, who is most responsible for ensuring that you comply with the self-exclusion agreement?

1. I am responsible for complying / not breaching
2. The venue is responsible for me complying / not breaching
3. Both myself and the venue are equally responsible

How strongly do you agree or disagree with the following statement? During my self-exclusion period I intend to stop or reduce my gambling.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

Are there any circumstances in which you may gamble or gamble to the same degree that you are gambling now? Please explain.


How strongly do you agree or disagree with the following statement? During my self-exclusion period I intend to stay away from gambling in the venues / gaming rooms/ games I have self-excluded from.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

Are there any circumstances in which you may gamble in the venues / gaming rooms/ games you have self-excluded from? Please explain.


On a scale from 1 to 10, how easy or hard do you think it will be to stay away from the venues / gaming rooms/ games that you have self-excluded from?

- 1    2    3    4    5    6    7    8    9    10

How confident are you that you will not breach by entering a venue or playing a game you have self-excluded from?

1. Very confident

2. Quite confident
3. Somewhat confident
4. Not at all confident

How confident are you of being detected by staff at a venue if you do breach your self-exclusion agreement and gamble at a place you have self-excluded from?

1. Very confident
2. Quite confident
2. Somewhat confident
3. Quite unconfident
4. Very unconfident
5. Not sure

Have you thought about how you might stop yourself from gambling elsewhere or gambling at places you have self-excluded from if you experience the urge to gamble? Can you please tell me what you might do?


Of the below list, what factors would most discourage you from gambling at a place you have self-excluded from?

1. Getting caught
2. Being fined
3. My family and/or friends finding out
4. Breaking my agreement
5. Letting myself down
6. Nothing would discourage me from breaching my self-exclusion if I really wanted to gamble at one of those places
7. Other (please explain)\_\_\_\_\_

Do you have any concerns or fears about the self-exclusion program?

1. No
2. Yes (can you please tell me what these are?)



Which statement best applies to you? After my self-exclusion period is over I intend to:

1. Gamble the same as I gamble now
2. Stop gambling altogether
3. Gamble but spend less time gambling
4. Gamble but spend less money on gambling
5. Gamble now and then for fun

Other (*please explain*) \_\_\_\_\_

Is this the first time you have ever taken out a self-exclusion from gambling?

1. Yes
2. No

If no, how many times have you taken out a self-exclusion from gambling in the past and for what time period?

No. of times \_\_\_\_\_ Time periods \_\_\_\_\_

Are you currently receiving any of the following kinds of help, in addition to self-exclusion, for problem gambling?

1. Counsellor, psychologist or psychiatrist (one-to-one)
2. Telephone counselling
3. Financial counselling
4. Family counselling
5. Support group
6. Prescription medication
7. Other, please describe \_\_\_\_\_

If yes, how many times have you been to counselling / a support group?

\_\_\_\_\_

[If taking prescription medication for gambling problems]

How long have you been taking the prescription medication for? \_\_\_\_\_  
days / weeks/ months

[For people having telephone counselling, counselling or attending a support group]

Is this help being provided by Break Even Gambling Support Services?

1. Yes
2. No

If yes, why did you choose Break Even Gambling Support Services?


If no, why not?


How many people in your social network know about your decision to self-exclude? Number: \_\_\_\_\_

What is their relationship to you?

	Relationship to you		Relationship to you
Person 1		Person 4	
Person 2		Person 5	
Person 3		Person 6	

Of these people, how many provide you with support for your gambling?  
Number: \_\_\_\_\_

What sort of support do they provide?




Your level of worry and anxiety	1	2	3	4	5	6	7	8	9	10
Depressive thoughts and feelings	1	2	3	4	5	6	7	8	9	10
Your mood	1	2	3	4	5	6	7	8	9	10
Your self-confidence	1	2	3	4	5	6	7	8	9	10
Suicidal thoughts or actions	1	2	3	4	5	6	7	8	9	10
Your social life	1	2	3	4	5	6	7	8	9	10
Your work/study	1	2	3	4	5	6	7	8	9	10
Your interpersonal relationships	1	2	3	4	5	6	7	8	9	10
Your financial situation	1	2	3	4	5	6	7	8	9	10
Your family relationships	1	2	3	4	5	6	7	8	9	10

### Canadian Problem Gambling Index (CPGI; 9 items only)

{Ref: Ferris J, Wynne H. The Canadian Problem Gambling Index: final report. Ottawa (ON): Canadian Centre on Substance Abuse (2001)}

Thinking about the three months before you took out self-exclusion.....

1. Have you bet more than you could really afford to lose? Would you say ....

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

2. Still thinking about the last 3 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

3. When you gambled, did you go back another day to try to win back the money you lost?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

4. Have you borrowed money or sold anything to get money to gamble?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

5. Have you felt that you might have a problem with gambling?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

6. Has gambling caused you any health problems, including stress or anxiety?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

8. Has your gambling caused any financial problems for you or your household?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

9. Have you felt guilty about the way you gamble or what happens when you gamble?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

End of CPGI

In a typical week, in the 3 months before you took out self-exclusion, on average how many times a day did you gamble (*number of sessions*)? \_\_\_\_\_

In a typical week, in the 3 months before you took out self-exclusion, on average how long was the average session? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

In a typical week, in the 3 months before you took out self-exclusion, on average how many days per week did you gamble? \_\_\_\_\_

In a typical week, in the 3 months before you took out self-exclusion, on average how much money did you spend on gambling? (Not including winnings) \$ \_\_\_\_\_



In a typical week, in the 3 months before you took out self-exclusion, how many hours a day did you spent thinking about gambling? \_\_\_\_\_

**Thank you for your participation in this questionnaire.**

## Appendix C: Longitudinal sample follow-up questionnaire

### Break Even Gambling Support Services

## **Three-month follow-up telephone questionnaire** **for people who have self-excluded from gambling**

ID# \_\_\_\_\_

Today's date \_\_\_/\_\_\_/\_\_\_

Good morning / afternoon / evening.

May I please speak with [name of participant]?

This is \_\_\_\_\_ from the Gambling Support Program at the Department of Health and Human Services in Tasmania.

I am calling to conduct the 3-month follow-up telephone questionnaire about self-exclusion with you today as we had agreed. Is this still a suitable time?

If NO, arrange an alternative time to phone back to conduct the interview:

Date \_\_\_/\_\_\_/\_\_\_\_\_ Time \_\_\_:\_\_\_ am /pm

Just to remind you, this study aims to find out about people's experiences of self-exclusion and whether or not it helps them to gamble less.

This questionnaire will ask about your experiences of self-exclusion during the last 3 months including questions about your gambling behaviour, and including any breaches to your self-exclusion notice. You will also be asked questions about your health and well-being, your confidence in self-exclusion, your expectations and goals, and your satisfaction with the program.

It will take between 30 and 40 minutes to complete and you may withdraw from the interview or choose not to answer any question at any time.

Your participation is voluntary and your answers will be kept confidential, so please respond openly and honestly. There are no right or wrong answers, just give the answers that best describe you. Please feel free to ask me to repeat any question that you need to hear again.

If respondent asks about the confidentiality of their information:

Any information you give to me today will be coded; this means that your name or any other information that might identify you will not be written on the questionnaire. This coded information will be stored on a database and used for data analysis only. The questionnaire and database will be kept in a locked area in the Department of Health and Human Services and will only be accessible by the researcher or the coordinator of the Gambling Support Program for the purpose of managing the research. Your consent form which has your name will be kept in a separate locked cabinet accessible only by the researcher and coordinator. Any reports produced as a result of this study will not contain any information that could identify you.

### **Your experience of self-exclusion**

The following questions ask about any changes you have made to your self-exclusion since taking out your self-exclusion notice, such as revocations, and your thoughts about the 3-year time period.

Are you currently self-excluded?

Yes

No

[If No],

When did you revoke your self-exclusion notice? Date \_\_\_\_\_

What were your main reasons for revoking your self-exclusion?


Do you intend to sign up for self-exclusion again?

1. Yes

2. No

If Yes, when? \_\_\_\_\_

If No, please explain why not?


If you are currently self-excluded, have you revoked and reinstated your self-exclusion in the 3 months since taking out self-exclusion?

1. Yes

2. No

[If yes],

How many times did you revoke and reinstate your self-exclusion notice in the last 3 months ?

1. Once
2. Twice
3. Three times
4. More than three times (*please explain*):

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Could you please tell me the dates of when you revoked your self-exclusion?

Date\_\_\_\_\_

Date\_\_\_\_\_

Date\_\_\_\_\_

Date\_\_\_\_\_

For what length of time did you revoke your self-exclusion for?

\_\_\_ Days/weeks/months

\_\_\_ Days/weeks/months

\_\_\_ Days/weeks/months

\_\_\_ Days/weeks/months

What was your main reason for revoking and reinstating your self-exclusion?


**[Ask everyone]**

During self-exclusion did you / have you changed any part of your self-exclusion notice? For instance have you?

1. Added any venues
2. Dropped any venues
3. Added any gaming areas within venues
4. Dropped any gaming areas within venues
5. Added any specific games
6. Dropped any specific games

If you made changes, could you please explain why you made that/those changes to your self-exclusion?


Which of the following statements best describes your opinion? The standard 3 year self-exclusion period is:

1. Too short
2. Too long
3. About right

How strongly do you agree or disagree with the following statement? People should be able to choose the length of their self-exclusion.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

How strongly do you agree or disagree with the following statement? There should be a minimum time period that people have to self-exclude for.

1. Strongly disagree
2. Disagree
3. Can't decide
4. Agree
5. Strongly agree

Which of the following statements best describes your opinion? The minimum length of time that people should have to self-exclude for is:

1. Less than six months
2. Six months
3. 1 year
4. 18 months
5. 2 years
6. 3 years

7. More than 3 years
8. There should not be a minimum time period

### **Gambling behaviour outside of self-exclusion**

The following questions ask about your gambling behaviour outside of the venues / gaming areas / games you have self-excluded from in the 3 months since you took out self-exclusion.

Have you gambled **outside** of venues/ gaming areas/specific games you self-excluded from (*E.g. this may include lottery tickets, gambling outside your local area, or gambling interstate/overseas*)?

1. Yes
2. No

[If Yes], Of the list below, which ONE was your preferred game or type of gambling, when you gambled outside of venues / gaming areas / specific games you self-excluded from? (*Since the start of your self-exclusion*)

1. Gaming machines – Casino
2. Gaming machines – Hotel/Club
3. Casino gaming tables
4. Raffles / Bingo
5. Lotteries / XLotto / Powerball
6. Keno
7. TAB / Races
8. Card games
9. Other \_\_\_\_\_
10. Can't say
11. Refused

How far on average did you travel from your home to gamble at a place outside of your self-exclusion? \_\_\_\_\_km

What is the furthest you travelled from home to gamble at a place outside of your self-exclusion? \_\_\_\_\_km

Did you ever gamble at a venue that you did not travel to specifically to gamble? (E.g. at an inter-state venue on holiday). If yes, please explain.

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In a typical week, in the 3 months since you took out self-exclusion, on average how many times a week (i.e. sessions) did you gamble outside of venues/ gaming areas/specific games you self-excluded from (E.g. *this may include lottery tickets, gambling outside your local area, or gambling interstate/overseas*)? \_\_\_\_\_

In a typical week, in the 3 months since you took out self-exclusion, how long was an average session? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

In a typical week in the 3 months since you took out self-exclusion, on average how much money did you spend on gambling outside of venues/ gaming areas/specific games you self-excluded from (E.g. *this may include lottery tickets, gambling outside your local area, or gambling interstate/overseas*)? (Not including winnings) \$\_\_\_\_\_

In a typical week in the 3 months since you took out self-exclusion, how many hours a day did you spend thinking about gambling outside of venues/ gaming areas/specific games you self-excluded from (E.g. *this may include lottery tickets, gambling outside your local area, or gambling interstate/overseas*)?  
\_\_\_\_\_

If you have not gambled outside of venues / gaming areas / games you have self-excluded from, what has stopped you from gambling at these places?


### **Gambling behaviour at places you have self-excluded from**

The following questions ask about your gambling behaviour at the venues / gaming areas / games you have self-excluded from in the 3 months since you took out self-exclusion.

Since self-excluding have you gambled at any of the place(s) or played a game that you self-excluded from? (E.g. this includes **all** of the venues that are covered in your self-exclusion).

1. Yes

2. No

[If yes], Of the list below, which ONE was your preferred game or type of gambling, when you gambled at a place(s) you had self-excluded from?

1. Gaming machines – Casino
2. Gaming machines – Hotel/Club
3. Casino gaming tables
4. Raffles / Bingo
5. Lotteries / XLotto / Powerball
6. Keno
7. TAB / Races
8. Card games
9. Other \_\_\_\_\_
10. Can't say
11. Refused

During your self-exclusion, what was the total number of times that you gambled at places you were excluded from?

Total number of times: \_\_\_\_\_

Do you remember the approximate dates of these breaches?

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During a typical visit, what was the average amount (or range) of money you spent gambling at the place(s) you self-excluded from? (*Not including winnings*) \$ \_\_\_\_\_

During a typical visit, what was the average length (or range) of time you spent gambling at the place(s) you self-excluded from?

\_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Did you ever disguise your identity to avoid being detected gambling at a place you self-excluded from?

Yes

No



Thinking about the **first** (or only) time you gambled at a place/ game you self-excluded from, which statement best describes you? The place I gambled at was somewhere I:

1. Regularly gambled at in the past
2. Occasionally gambled at in past
3. Sometimes gambled at in the past
4. Rarely gambled at in the past
5. Never gambled at in the past

What was the length of time between the beginning of your self-exclusion period and the first time you gambled at a place that you were self-excluded from? \_\_\_\_\_

Can you tell me why you were attracted to return to this venue/gaming area / specific game?

1. Favourite place to gamble (e.g. favourite machine)
2. Lucky place to gamble
3. I know the machines / horses etc
4. Close to home
5. Easy to get to
6. Family or friends were going there
7. I did not think I would get caught gambling there
8. I like the environment
9. Out of habit
- 10 Other (please explain?)

How far from your home is this venue? \_\_\_\_\_ kms

What was the main reason you breached your self-exclusion the first time?


Did you know you were going to breach your self-exclusion (please explain)?



Which statement best describes your thoughts at the time you first (or only) gambled at a place you self-excluded from?

1. I was frightened of being caught but this did not stop me
2. I thought I could be caught but it did not bother me
3. I did not think I would be caught
4. None of the above or other

Were you detected the first time?

1. Yes
2. No

If no,

Was not being detected the main reason for you breaching another time?

Please explain

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Have you ever been detected / 'caught' gambling at a place you self-excluded from?

1. Yes
2. No

[If Yes], how many times in total have you been detected gambling at a place(s) you self-excluded from? \_\_\_\_\_ No. of times

Thinking about the first time you were detected (caught) gambling at a venue you had been self-excluded from, how many times had you gambled at this place before being detected?

1. I was detected gambling the first time
2. Twice
3. 3- 4 times
4. 5-9 times
5. 10-14 times

- 6. 15-19 times
- 7. More than 20 times

Thinking about the first time that you were detected gambling at a place you self excluded from, how long had you been gambling before you were detected? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Who identified you?

- 1. Venue owner
- 2. Venue staff
- 3. Security
- 4. Patron
- 5. Other (specify): \_\_\_\_\_
- 6. Not sure

Could you please tell me what happened when you were detected ('caught').


How did you feel at the time you were caught?


How did you feel afterwards?



Since being detected ('caught') gambling at a place(s) you self-excluded from, have you gone back to gamble at the same place(s)?

1. Yes
2. No

[If yes], were you detected?

1. Yes
2. No

[If no], what was it about being detected that has stopped you from returning to gamble at that place?


So to confirm, out of a total of \_\_\_\_\_ breaches, you were detected \_\_\_\_\_ (number of times)?

Do you intend to gamble at places you have been self-excluded from in the future?

1. Yes
2. No

How easy or hard has it been to stay away from the venues / gaming rooms/ games that you have self-excluded from?

1. Hard
2. Somewhat hard
3. Can't decide
4. Somewhat easy
5. Easy

**Your gambling behaviour now**

The following questions ask about your gambling behaviour overall in the 3 months since you took out self-exclusion.

On a scale of 1 to 10, how do you rate the severity of your gambling problem in the 3 months since you have taken out self-exclusion? (If 1 is 'no problem' and 10 is 'severe problem')

1      2      3      4      5      6      7      8      9      10

On a scale of 1 to 10, how do you rate your urge to gamble in the 3 months since you have taken out self-exclusion? (If 1 is 'no urge' and 10 is 'strongest urge').

1      2      3      4      5      6      7      8      9      10

On a scale of 1 to 10, how do you rate how in control you feel of your gambling in the 3 months since you have taken out self-exclusion? (If 1 is 'completely out of control' and 10 is 'completely in control')?

1      2      3      4      5      6      7      8      9      10

On a scale of 1 to 10, how would you rate the following in the 3 months since you have taken out self-exclusion? (If 1 is 'very poor' and 10 is 'excellent'):

Your physical health                      1 2 3 4 5 6 7 8 9 10

Your mental health                        1 2 3 4 5 6 7 8 9 10

Your level of worry and anxiety        1 2 3 4 5 6 7 8 9 10

Depressive thoughts and feelings      1 2 3 4 5 6 7 8 9 10

Your mood                                    1 2 3 4 5 6 7 8 9 10

Your self-confidence                      1 2 3 4 5 6 7 8 9 10

Suicidal thoughts or actions            1 2 3 4 5 6 7 8 9 10

Your social life                             1 2 3 4 5 6 7 8 9 10

Your work/study                            1 2 3 4 5 6 7 8 9 10

Your interpersonal relationships        1 2 3 4 5 6 7 8 9 10

Your financial situation                   1 2 3 4 5 6 7 8 9 10

Your family relationships                1 2 3 4 5 6 7 8 9 10

**Canadian Problem Gambling Index (CPGI; 9 items only)**

Ref: Ferris J, Wynne H. The Canadian Problem Gambling Index: final report. Ottawa (ON): Canadian Centre on Substance Abuse (2001).

Thinking about the last three months since you have taken out self-exclusion

1. Have you bet more than you could really afford to lose? Would you say ....

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

2. Still thinking about the last 3 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

3. When you gambled, did you go back another day to try to win back the money you lost?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

4. Have you borrowed money or sold anything to get money to gamble?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

5. Have you felt that you might have a problem with gambling?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

6. Has gambling caused you any health problems, including stress or anxiety?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

8. Has your gambling caused any financial problems for you or your household?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

9. Have you felt guilty about the way you gamble or what happens when you gamble?

1. Never		3. Most of the time		5. Don't know	
2. Sometimes		4. Almost always		6. Refused	

In a typical week, since taking out your self-exclusion, on average how many times a week did you gamble (*number of sessions*)?

In a typical week, what was the minimum and maximum number of times you would gamble in a week?

Would you often have more than one gambling session in one day? If yes, how many? \_\_\_\_\_

In a typical week, how long was the average session? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

In a typical session, what was the range of time you would spend gambling?

\_\_\_\_\_

On average, how much money did you spend on gambling in a typical session? (Not including winnings) \$\_\_\_\_\_

Describe how often you would be thinking about gambling on a typical day?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Motivation, confidence, change etc**

The following questions ask about how motivated you are to change your gambling behaviour and how confident you are about the program and how it may have helped you.

How motivated are you to change your gambling behaviour?

1. Very motivated
2. Mostly motivated
3. Somewhat motivated
4. Not at all motivated.

How confident are you that self-exclusion will help you to stop or to control your gambling?

1. Very confident
2. Mostly confident
3. Somewhat confident
4. Not confident at all

What, if any, parts of the self-exclusion program have helped you to stop gambling or to gamble less? Please choose the statement that best applies to you.

1. By limiting access to the venues/ gaming areas / gaming activities that I regularly visit
2. By venue operators and staff stopping me from entering
3. The risk of being fined if I enter a venue or play a game I have been barred from
4. Knowing that I have agreed not to enter those venues or play those games will stop me from gambling or help me to gamble less.
5. The potential embarrassment of being detected by staff
6. Other (*please explain*) \_\_\_\_\_
7. None

How strongly do you agree or disagree with the following statements?

Self-exclusion has helped me to *stop* gambling.

1. Strongly agree
2. Agree
3. Can't decide
4. Disagree
5. Strongly disagree

Self-exclusion has helped me to *reduce* gambling.

1. Strongly agree
2. Agree
3. Can't decide
4. Disagree
5. Strongly disagree

Has self-exclusion had any other effect on your life? Please explain.





Which statement best applies to you? After my self-exclusion period is over, I intend to:

1. Gamble the same as I gamble now
2. Stop gambling altogether
3. Gamble but spend less time gambling
4. Gamble but spend less money on gambling
5. Gamble now and then for fun

Other (*please explain*) \_\_\_\_\_

### **Other help?**

The following questions ask you about other help you may have sought since taking out self-exclusion.

Since taking out self-exclusion have you sought any of the following kinds of help for your gambling problems?

1. Counsellor, psychologist or psychiatrist (one-to-one)
2. Telephone counselling
3. Financial counselling
4. Family counselling
5. Support group
6. Prescription medication
7. Your GP
8. Other, please describe \_\_\_\_\_?

If yes, how many sessions have you had of counselling /a support group?

\_\_\_\_\_

[If taking prescription medication for their gambling problems]

How long have you been taking the prescription medication for \_\_\_\_\_ days / weeks/ months

[For people having telephone counselling, counselling or attending a support group]

Is this help being provided by Break Even Gambling Support Services?

1. Yes
2. No

If the help you are receiving is being provided by Break Even Gambling Support Services, please explain why you chose them?


If the help you are receiving is not being provided by Break Even Gambling Support Services, please explain why you are **not** using this service?


In what ways has this other help been helpful to you?


In what ways has it been unhelpful or less helpful than you expected?


Has anyone in your family or social circle given you support while you have been self-excluded from gambling?

1. Yes
2. No

If yes, what is their relationship to you (e.g. my partner, my friend, my sister etc)

	Relationship to you		Relationship to you
Person 1		Person 4	
Person 2		Person 5	
Person 3		Person 6	

In what ways has their support been helpful to you?



In what ways has their support been unhelpful or less helpful than you expected?


**About the self-exclusion program**

These last questions ask you for your thoughts and opinions about the self-exclusion program and how helpful it has been to you.

In your opinion, how helpful is the self-exclusion program to you?

- 1. Much help
- 2. Some help
- 3. Little help
- 4. No help

How satisfied are you with the self-exclusion program?

- 1. Very satisfied
- 2. Mostly satisfied
- 3. Mildly satisfied
- 4. Dissatisfied
- 5. Quite dissatisfied

If you are dissatisfied, please explain?



In your opinion, what are the best things about the self-exclusion program?  
What worked best for you?


If you could change anything about the self-exclusion program what would it be?


If you are receiving other help for your gambling (such as counselling) how much has the self-exclusion program helped you compared with the other help?

1. The self-exclusion has helped more than the other help,
2. Both have helped equally,
3. The other treatment has helped me more than the self-exclusion.

**Thank you for your participation in this questionnaire**

## Appendix D: Information sheet for cross-sectional sample

### Gambling Support Program

### Break Even Gambling Support Services

# Self-exclusion from gambling study

## STUDY INFORMATION

### What is the study about?

The self-exclusion part of the Tasmanian Gambling Exclusion Scheme allows for people having difficulty controlling their gambling to be excluded from gambling venues or games in Tasmania. This study aims to learn about the characteristics and life patterns of people in Tasmania who self-exclude from gambling. It also aims to tell us about people's experiences of taking out a self-exclusion, their experiences of being self-excluded from gambling, and their patterns of gambling behaviour.

### Who can participate?

You can participate in the study if:

- You are aged 18 years and over,
- You are currently self-excluded from gambling venues, gaming areas within venues or specific games in Tasmania under the Tasmanian Gambling Exclusion Scheme, or
- You are no longer self-excluded from gambling but were self-excluded from gambling under the Tasmanian Gambling Exclusion Scheme in the past,
- You took out self-exclusion after August 2002. If you took out self-exclusion before August 2002 you are not eligible to take part in this study.

It does not matter if you are still gambling or if you have stopped gambling. It is important that we include everyone in this study.

### How did you get my name?

We may have got your name because you took part in activities organised by the Gambling Support Program in the past and at the time you told the Gambling Support Program's Health Promotion Officer that you would like to help the Program in the future if anything came up.

Alternatively we may have got your name because you contacted us about taking part in this research after picking up a flyer from a health or community organisation or after receiving a flyer about this research in your mail box. You then rang the researcher who invited you to take part in the research and sent you this information sheet about the study and a consent form for participation.

**What will I be asked to do?**

If you agree to participate in this study, you will be asked to do two things. **Firstly**, you will be asked to participate in a telephone questionnaire that asks questions about:

- Yourself, such as your age, postcode etc,
- Your past and present gambling behaviour,
- Details about your 'self-exclusion notice',
- Your experience of self-exclusion,
- Your thoughts and opinions about the self-exclusion program,
- Other help you may have sought for your gambling problem, and
- How helpful it has been for you.

The questionnaires will take approximately 20 - 30 minutes each to complete.

**Secondly**, if you agree to take part in the focus group part of the study, you will be asked to discuss your thoughts and experiences around self-exclusion in a group of 3-6 of other study participants who have also self-excluded from gambling. Topics of discussion will include:

- Your experience of taking out self-exclusion and of being self-excluded from gambling,
- Your expectations and goals around self-exclusion,
- Your gambling behaviour while self-excluded (including any breaches),
- What was helpful or unhelpful about the self-exclusion program for you, and
- Any other comments you would like to make regarding self-exclusion.

The focus groups will take approximately 1.5 - 2 hours to complete.

The focus groups will include the researcher and a facilitator. The researcher will take written notes in addition to the sessions being recorded using a tape recorder. Refreshments will be provided for you during the focus group. You

will be asked to complete the questionnaire before you take part in the focus group.

People will also be asked if they would be interested in taking part in any future research being conducted by or on behalf of the Gambling Support Program. People who are interested in future involvement will be sent a 'Consent to Contact for Research' form. Just because you agreed to take part in the questionnaires does not mean you have to agree to take part in a focus group or any future research. The decision is up to you.

### **Do I have to take part?**

Taking part in this study is completely voluntary, i.e. it is entirely your choice. You are free to withdraw (drop out) from the study at any time during the study without any negative effect. However, you can only withdraw your information from the study before the data analysis has begun. This is usually started after the questionnaires for everyone taking part have been completed and the information has been coded and entered into a computer software package. You can choose not to answer any questions during the questionnaire or the focus group at any time. If you do not wish to take part in the study, please let us know by filling out the withdrawal part of the consent form and sending it back to us in the envelope provided.

### **Who will the study help?**

This study will help us to learn about the people who self-exclude through the Tasmanian Gambling Exclusion Scheme, people's experiences of self-exclusion, and the impact it has on people's patterns of gambling and on other parts of their life. It will also help us to understand what is helpful and unhelpful about the program. The information may help us provide a better service for other people like you in the future. You will receive a \$50 supermarket or store voucher for taking part in the questionnaire and a further \$50 voucher for taking part in the focus group. These vouchers are a way to thank you for your time in helping out with the study.

### **What are the risks of taking part?**

For some people telling other people about sensitive or embarrassing information can lead to negative feelings such as worthlessness, distress, guilt, anger or fear.

Furthermore, taking part in a focus group involves your sharing your thoughts and experiences with other study participants. While the researcher and facilitator will keep your comments and identity strictly confidential, there is no guarantee that the other people taking part in the focus group will do so. You can choose to adopt a pseudonym to protect your identity during the focus group if you wish. For example, if your real name is Cindy Citizen

you can give yourself a made up name like 'Sally' for the focus group and keep your real name confidential.

Please remember that you can choose not to answer any questions in the focus group if you do not wish to. You are also free to drop out of the focus group at any time without any negative consequences to yourself.

If you become distressed as a direct result of taking part in this research you can return to your counsellor at Anglicare Tasmania or Relationships Australia Tasmania free of charge for support. If, for some reason, you do not wish to return to Anglicare or Relationships Australia you can see your GP for a referral to a psychologist. The researchers will pay for a maximum of three sessions.

There is no risk of you being fined if you tell the researcher or other study participants about breaches of your self-exclusion. This is because under the law a researcher or layperson is not an 'authorised person' and the law has no power to take action on information about breaches provided by a third party, such as a researcher or layperson. Therefore it is safe for you to tell the researcher about times when you may have breached your self-exclusion without risk of being reported or fined.

### **What about my privacy?**

The information you provide for the study will be kept confidential and safe at the Gambling Support Program at the Tasmanian Department of Health and Human Services. The information we collect will be used only for this study. The information will be coded and entered onto a computer without your name. Your information from both the questionnaire and the focus group will be combined with others in the report so that no one person can be identified. Your name will not appear in the report.

### **Who is doing the research?**

This study is being done by the Gambling Support Program, which is part of the Tasmanian Department of Health and Human Services. The Gambling Support Program provides a range of services to Tasmanians such as Break Even Gambling Support Services (e.g. counselling), community education about gambling, and research about gambling.

### **Can I be told about the results?**

The results of the research can be sent to you. Group results only are provided. The researchers cannot provide you with your individual results. The researcher will ask you if you would like to hear about the results of the study at the end of the questionnaire or focus group. The results will be



available approximately six months after the questionnaire and focus groups are conducted.

**What do I do now if I want to take part?**

Fill out one of the consent forms and mail it back in the enclosed reply-paid envelope. The second form is for you to keep if you wish. If you do not return the consent form agreeing to take part in the study within a week or two you will be sent one reminder letter. If you do not wish to take part in the study please ignore this reminder letter.

**What if I want to find out more information first?**

If you have any questions or would like more information, please contact Corina Ly on (03) 6233 2790.

If at any time you have any concerns about the study that the researcher has not been able to answer to your satisfaction, you may contact the Executive Officer of the Social Science Human Research Ethics Committee (Tasmania) Network on (03) 6226 7479 or email: [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au)

**Study contact details**

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Children and Family Services  
Department of Health and Human Services  
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Phone: (03) 6233 2790  
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## Appendix E: Information sheet for longitudinal sample

### Gambling Support Program

### Break Even Gambling Support Services

# Self-exclusion from gambling study

## STUDY INFORMATION

### What is the study about?

The self-exclusion part of the Tasmanian Gambling Exclusion Scheme allows for people having difficulty controlling their gambling to be excluded from gambling venues or games in Tasmania. This study aims to learn about the characteristics and life patterns of people in Tasmania who self-exclude from gambling. It also aims to tell us about people's experiences of taking out a self-exclusion, their experiences of being self-excluded from gambling, and their patterns of gambling behaviour.

### Who can participate?

You can participate in the study if:

- You are aged 18 years and over,
- You have just taken out a self-exclusion from gambling venues, gaming areas within venues or specific games in Tasmania.

It does not matter if you are still gambling or if you have stopped gambling. It is important that we include everyone in this study.

### How did you get my name?

When you went to Anglicare Tasmania or Relationships Australia Tasmania to take out your self-exclusion notice, the counsellor gave you a form that included a brief description of this study and a place for you to give your consent to be contacted by a researcher about taking part. You wrote your name and contact details on this form and signed it, thereby giving your permission for us to contact you. We got your name when you returned this form to us. The researcher then rang you to invite you to take part in the study and sent you this study information sheet and full consent form.

### What will I be asked to do?

If you agree to participate in this study, you will be asked to take part in two questionnaires over the telephone (or face-to-face). The researcher will ask

you to take part in the first or 'initial' questionnaire as soon as practicable after you agree to take part in the study. You will be asked to take part in the second ('follow up') questionnaire after you have been self-excluded from gambling for 3 months. During the telephone questionnaires the researcher will ask you questions over the telephone and write down your answers.

**The initial questionnaire will ask questions about:**

- Yourself,
- Your gambling behaviour,
- Your health and wellbeing,
- Your experience of taking out self-exclusion,
- Your confidence in the self-exclusion program,
- Your expectations and goals for self-exclusion, and
- Other help you may have sought for your gambling problem.

**The follow-up questionnaire will ask questions about:**

- Your experiences of self-exclusion during the last 3 months,
- Your gambling behaviour during the last 3 months, including any breaches of your self-exclusion notice,
- Your health and wellbeing,
- Your confidence in the self-exclusion program,
- Your expectations and goals,
- Other help you may have sought for your gambling problem, and
- Your satisfaction with the program.

The questionnaires will take approximately 30 - 40 minutes each to complete.

At the end of the follow-up questionnaire people will be asked about their interest in taking part in a focus group about self-exclusion. People who are interested in taking part will be sent information about the focus group and a consent form. People will also be asked if they would be interested in taking part in any future research being conducted by or on behalf of the Gambling Support Program. People who are interested in future involvement will be sent a 'Consent to Contact for Research' form. Just because you agreed to take part in the questionnaires does not mean you have to agree to take part in a focus group or any future research. The decision is up to you.

**Do I have to take part?**

Taking part in this study is completely voluntary, i.e. it is entirely your choice. You are free to withdraw (drop out) from the study at any time during the study without any negative effect. However, you can only withdraw your information from the study before the data analysis has begun. This is usually started after the questionnaires for everyone taking part have been completed and the information has been coded and entered into a computer package. You can choose not to answer any questions during the questionnaires at any time. If you do not wish to take part in the study, please let us know by filling out the withdrawal part of the consent form and sending it back to us in the envelope provided.

### **Who will the study help?**

This study will help us to learn about the people who take part in the self-exclusion part of the Tasmanian Gambling Exclusion Scheme, people's experiences of self-exclusion, and the impact it has on people's patterns of gambling and on other parts of their life. It will also help us to understand what is helpful and unhelpful about the scheme. The information may help us provide a better service for other people like you in the future. You will receive a \$50 supermarket or store voucher for each telephone questionnaire that you take part in, i.e. if you take part in both telephone questionnaires you will receive two \$50 vouchers. These vouchers are a way to thank you for your time in helping out with the study.

### **What are the risks of taking part?**

For some people telling a researcher about sensitive or embarrassing information can lead to negative feelings such as worthlessness, distress, guilt, anger or fear. Please remember that you can choose not to answer any questions in the questionnaires if you do not wish to. You are also free to drop out of the study at any time without any negative consequences to yourself.

If you become distressed as a direct result of taking part in this research you can return to your counsellor at Anglicare Tasmania or Relationships Australia Tasmania free of charge for support. If for some reason, you do not wish to return to Anglicare Tasmania or Relationships Australia Tasmania you can see your GP for a referral to a psychologist. The researchers will pay for a maximum of 3 sessions.

There is no risk of you being fined if you tell the researcher about breaches of your self-exclusion. This is because under the law a researcher is not an 'authorised person' and the law has no power to take action on information about breaches provided by a third party such as a researcher. Therefore it is safe for you to tell the researcher about times when you may have breached your self-exclusion without risk of being reported or fined.

**What about my privacy?**

The information you provide for the study will be kept confidential and safe at the Gambling Support Program at the Tasmanian Department of Health and Human Services. The information we collect will be used only for this study. The information will be coded and entered onto a computer without your name. Your information will be combined with others in the report so that no one person can be identified. Your name will not appear in the report.

**Who is doing the research?**

This study is being done by the Gambling Support Program, which is part of the Tasmanian Department of Health and Human Services. The Gambling Support Program provides a range of services to Tasmanians such as the Break Even Gambling Support Services (e.g. counselling), community education about gambling, and research about gambling.

**Can I be told about the results?**

The results of the research can be sent to you. Group results only are provided. The researchers cannot provide you with your individual results. The researcher will ask you if you would like to hear about the results of the study at the end of your follow-up questionnaire. The results will be available approximately six months after the questionnaires are completed.

**What do I do now if I want to take part?**

Fill out one of the consent forms and mail it back in the enclosed reply-paid envelope. The second form is for you to keep if you wish. If you do not return the consent form agreeing to take part in the study within a week or two you will be sent one reminder letter. If you do not wish to take part in the study please ignore this reminder letter.

**What if I want to find out more information first?**

If you have any questions or would like more information, please contact Corina Ly on (03) 6233 2790.

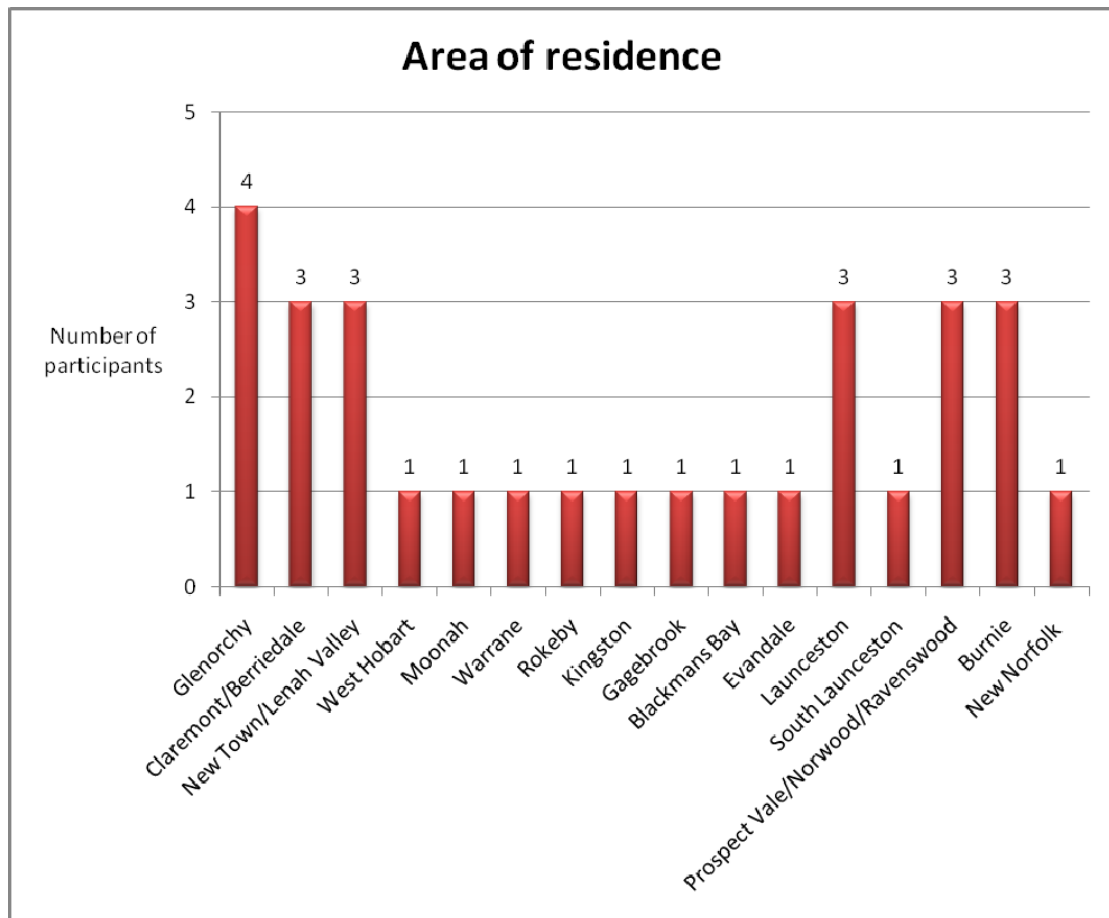
If at any time you have any concerns about the study that the researcher has not been able to answer to your satisfaction, you may contact the Executive Officer of the Social Science Human Research Ethics Committee (Tasmania) Network on (03) 6226 7479 or email: [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au)

**Study contact details**

Gambling Support Program  
Children and Families Division,  
Department of Health and Human Services

GPO Box 125  
Hobart 7000  
Phone: (03) 6233 2790  
Fax: (03) 6233 7360  
Email: [Corina.Ly@dhhs.tas.gov.au](mailto:Corina.Ly@dhhs.tas.gov.au)

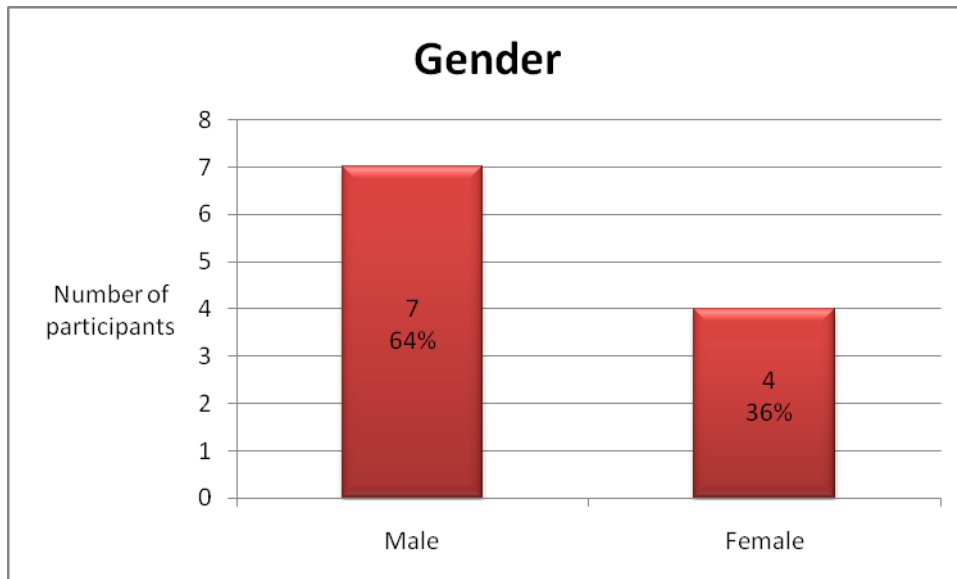
## Appendix F: Area of residence of participants in cross-sectional sample.



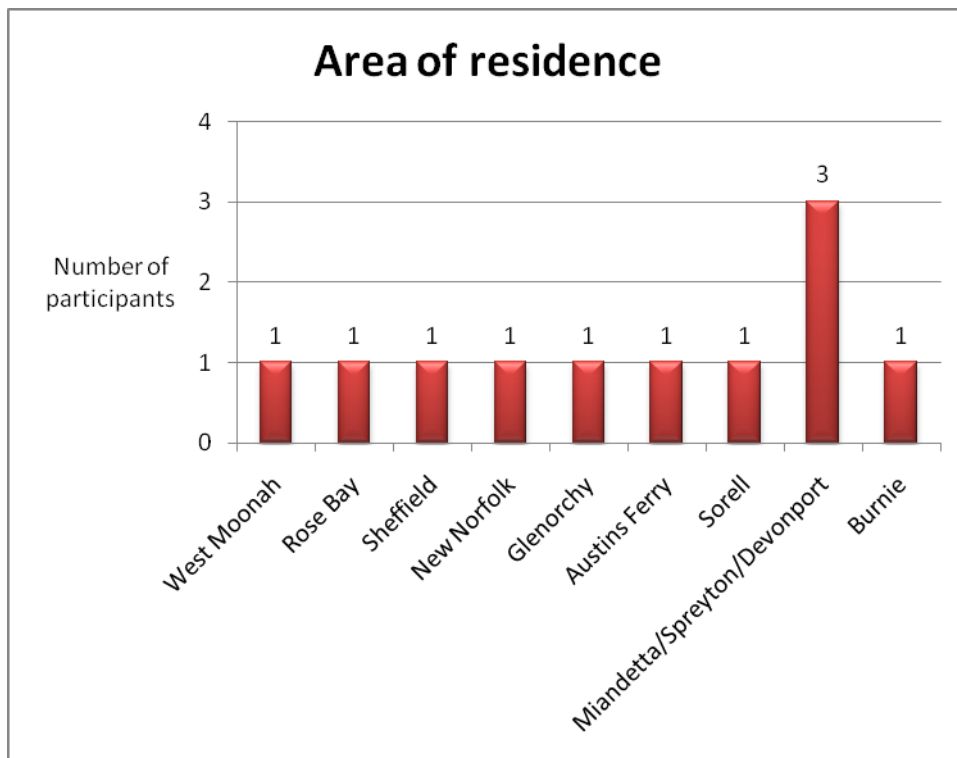
Area of residence of participants in the cross-sectional sample.

## Appendix G: Additional data collected for longitudinal sample

GI - Visual representations of demographic data for longitudinal sample

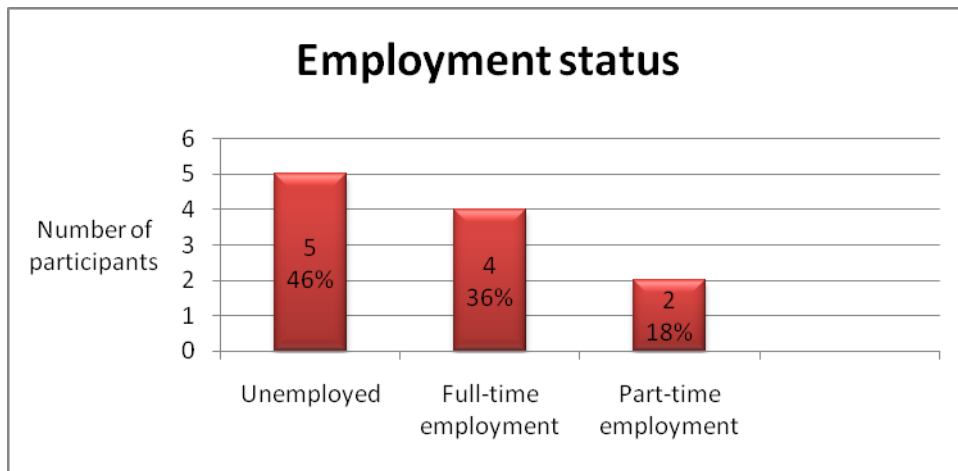


Number of males and females in the longitudinal sample.

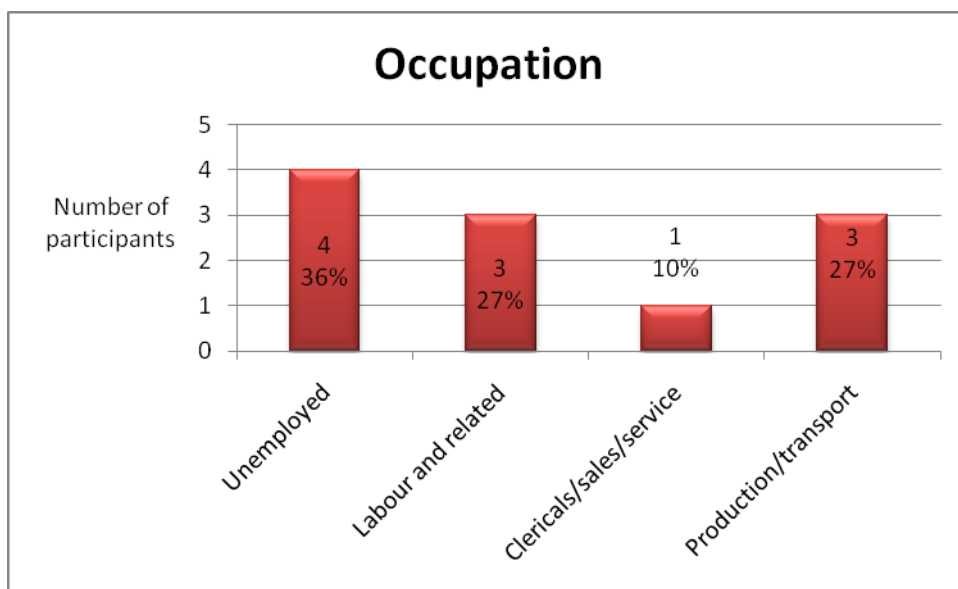


Area of residence of participants in the longitudinal sample.

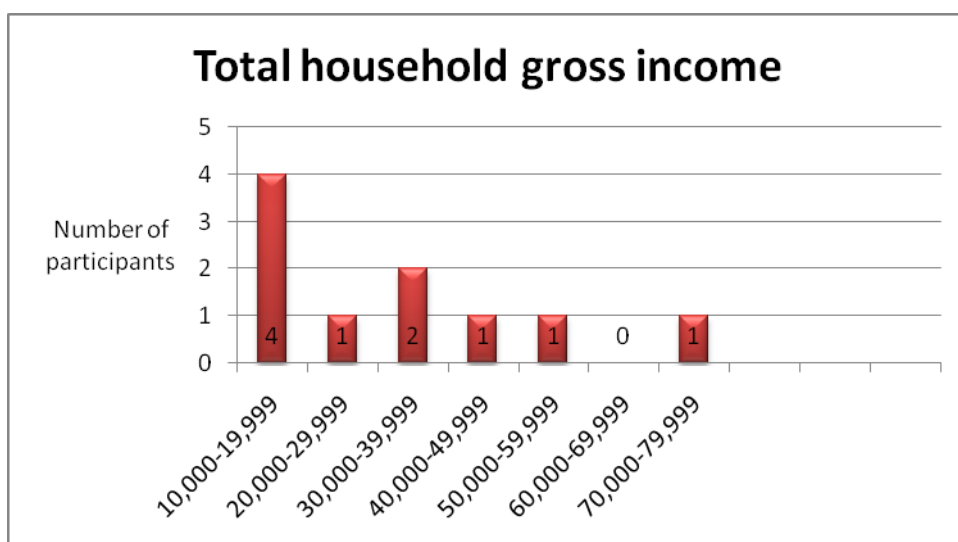




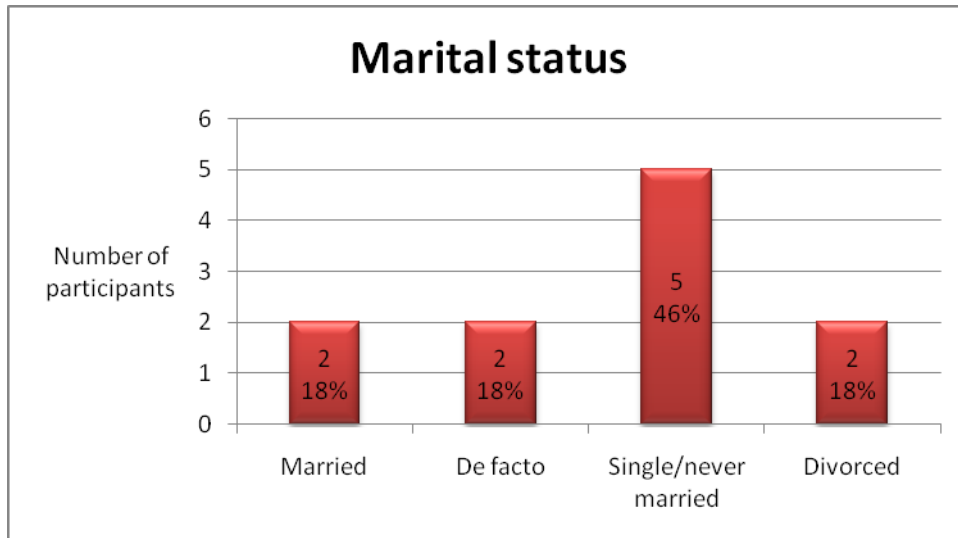
Employment status of participants in the longitudinal sample.



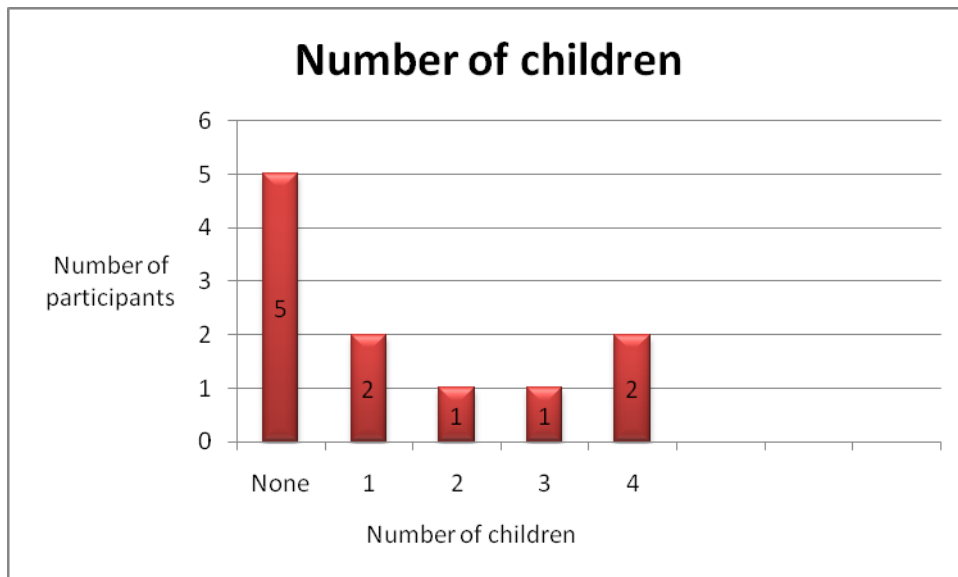
Occupation type of participants in the longitudinal sample.



Household gross income of participants in the longitudinal sample.



Marital status of participants in the longitudinal sample.

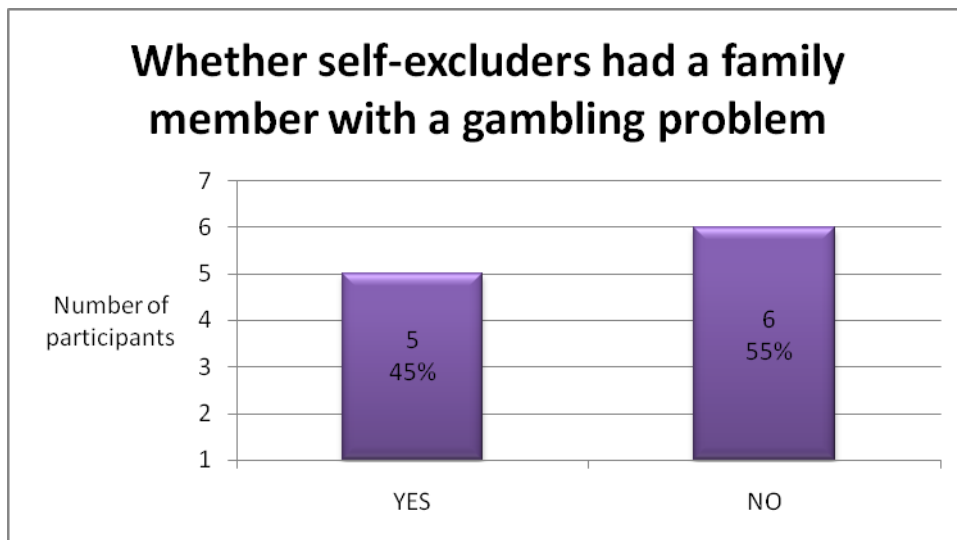


Number of children that participants had, in the longitudinal sample.

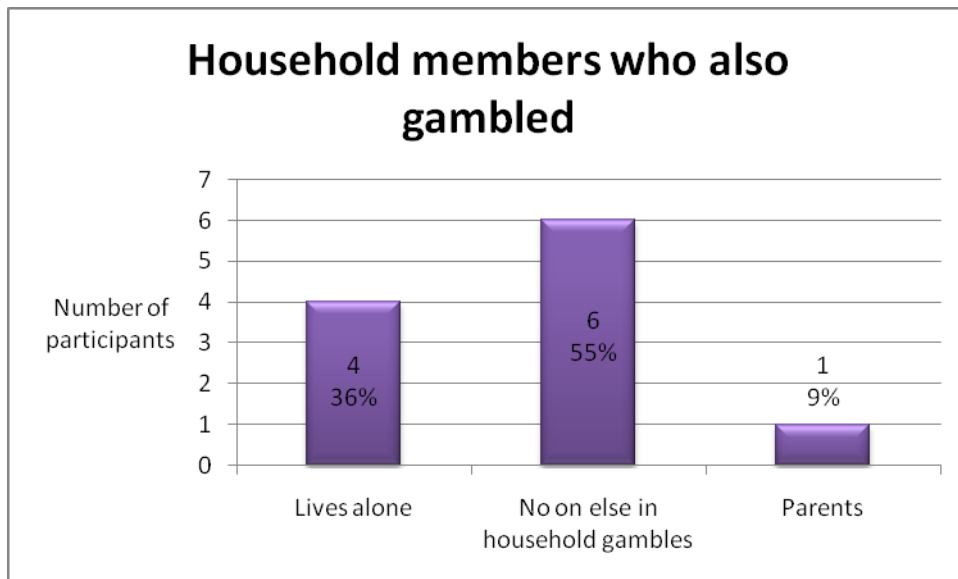
**G2 - Gambling history and financial impact of gambling for longitudinal sample**

Means and standard deviations of gambling history variables:

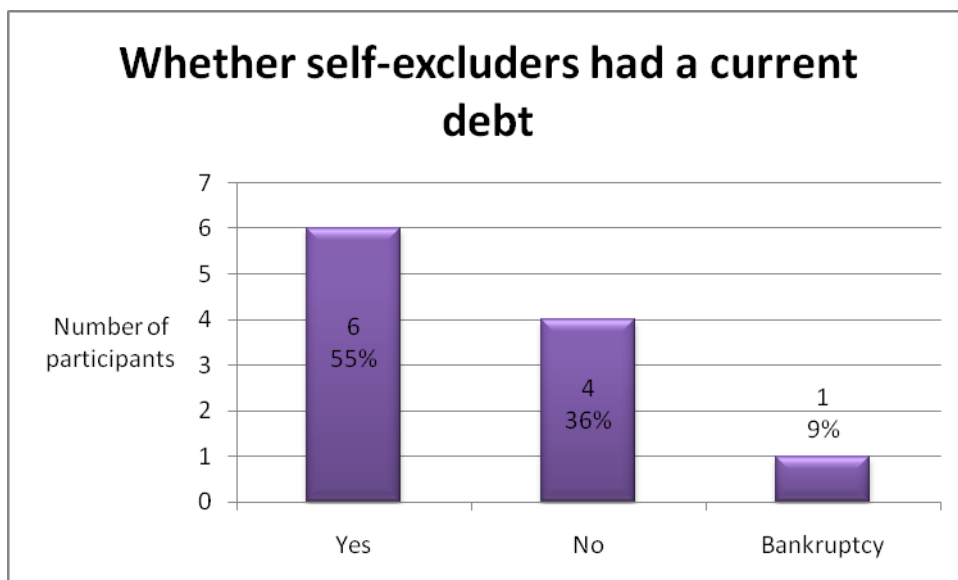
Variable	Mean	SD
Age first gambled	20.73	10.21
Age of onset of regular (weekly) gambling	25.91	10.10
Total years of regular gambling	9.35	6.67
Total years of problem gambling	6.44	4.27
Longest period without gambling prior to SE	5.73 days	3.74
Frequency of gambling at SE application	3.55 days per week	2.30



Number of participants with a family member with a gambling problem in the longitudinal sample.



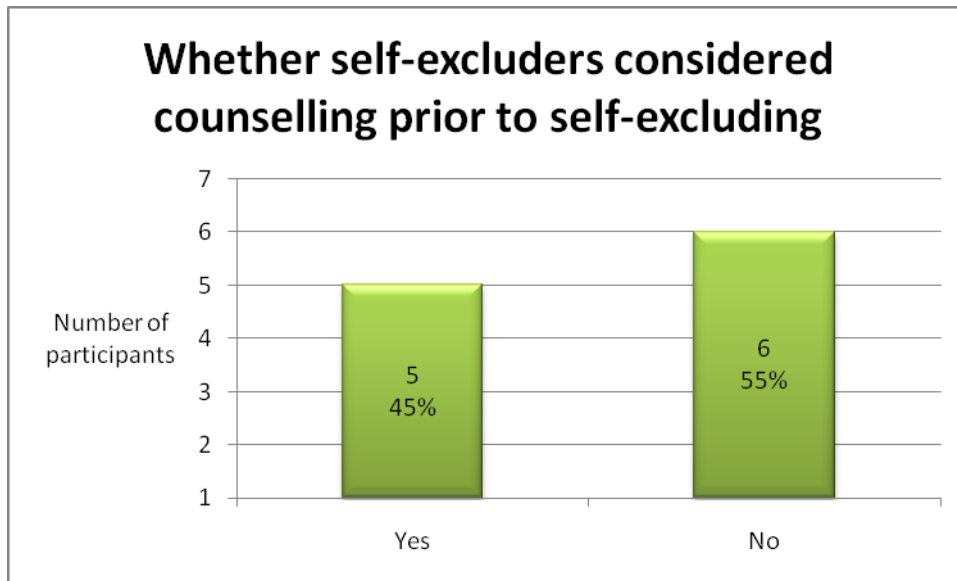
Number of participants who had a household member who also gambled, in the longitudinal sample.



Number of participants with a current debt, in the longitudinal sample.

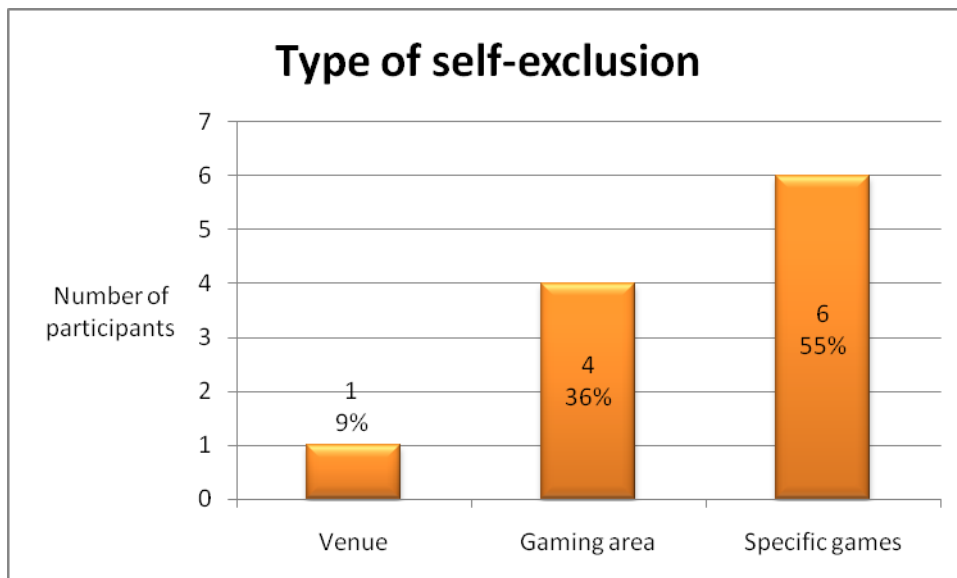
The minimum total debt was \$250.00 and the maximum total debt was \$45,000.00.

### G3 - Questions related to counselling for longitudinal sample



Number of participants in the longitudinal sample who considered counselling prior to self-exclusion.

### G4 - Details about the self-exclusion notice for longitudinal sample

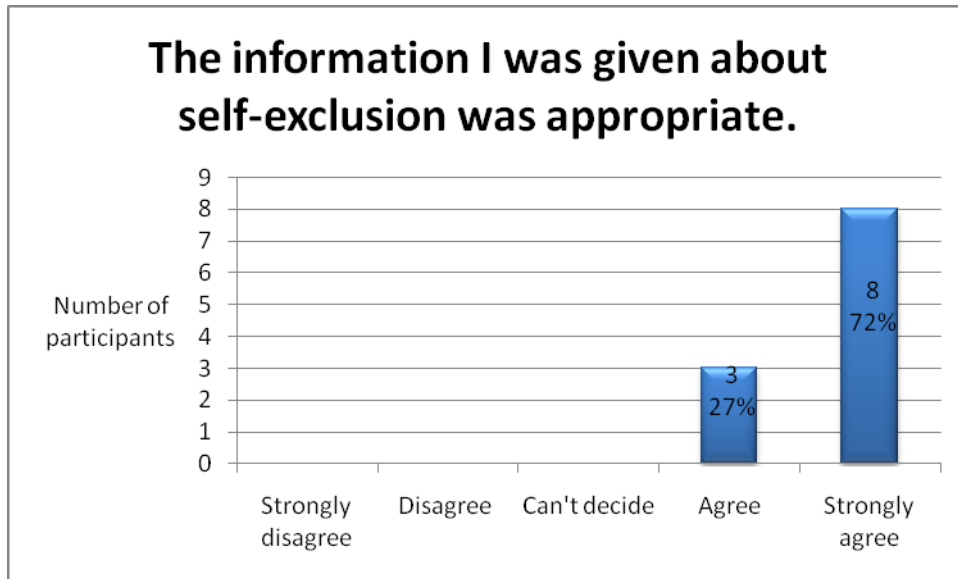


Types of self-exclusion that longitudinal sample participants applied for.

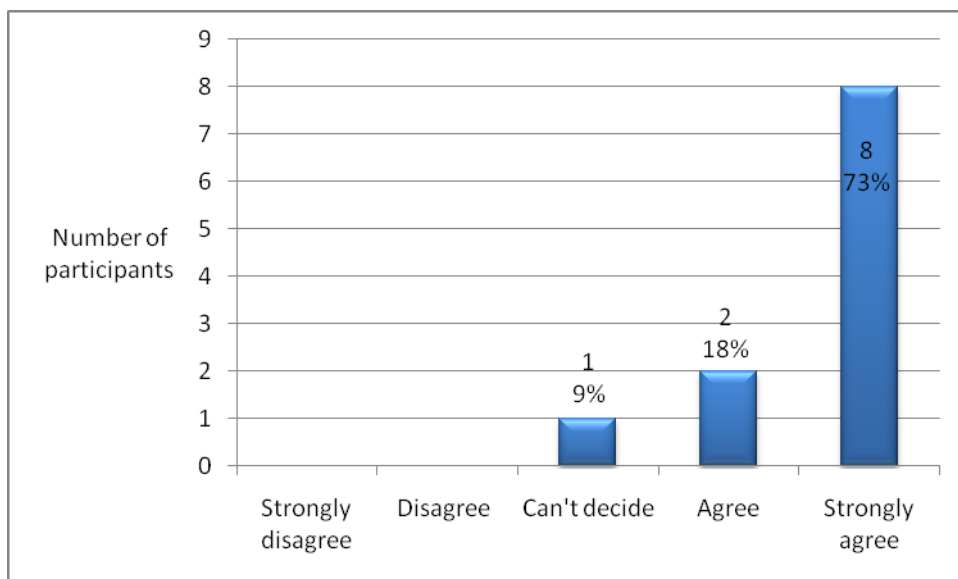
### Reasons for type of self-exclusion

Virtually all participants opted for their type of self-exclusion for social reasons, that is, they wanted to make sure that they were still allowed to go into the venue for meals, with friends etc

**G5 - Additional questions about application process for longitudinal sample**

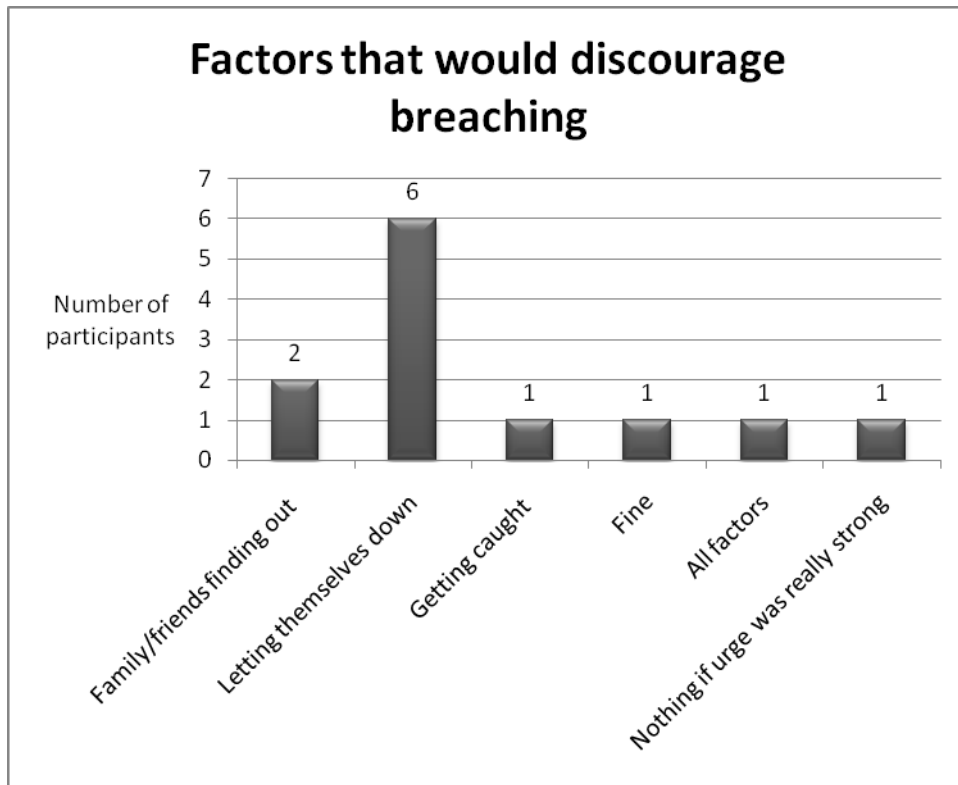


Degree to which participants agreed information given was appropriate



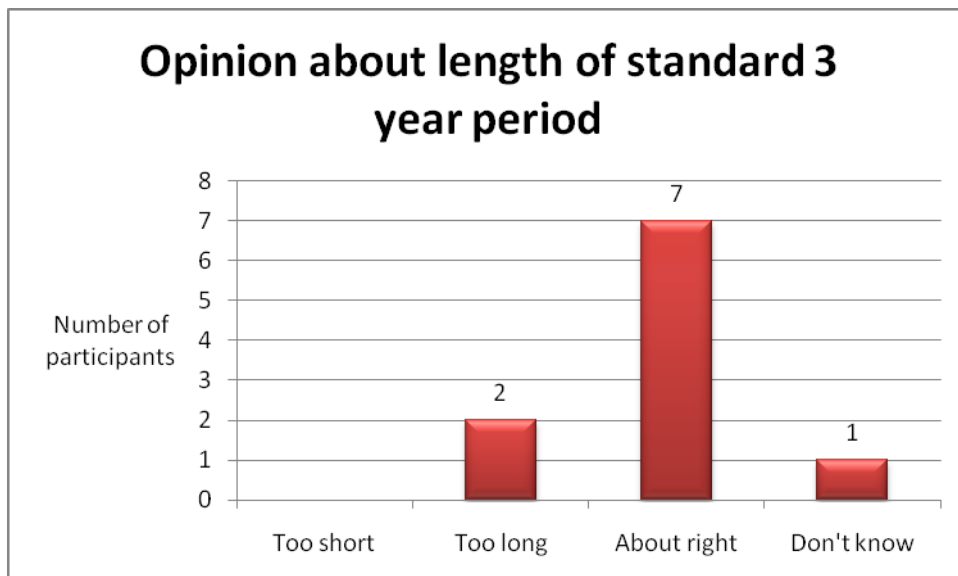
Degree to which participants understood the self-exclusion agreement.

**G6 - Visual representation of factors that would most discourage breaching for longitudinal sample**



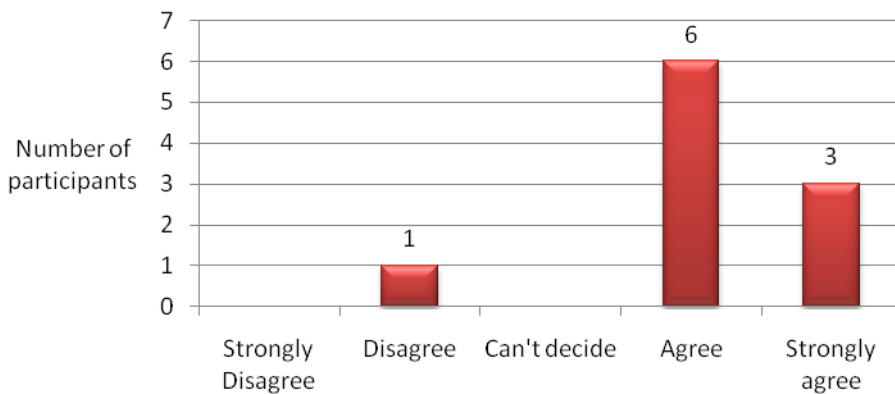
Factors that would most discourage breaching for the longitudinal sample participants.

**G7 - Opinions about the lengths of self-exclusion periods as reported by longitudinal sample participants**



Opinions about the length of standard three-year period in the longitudinal sample.

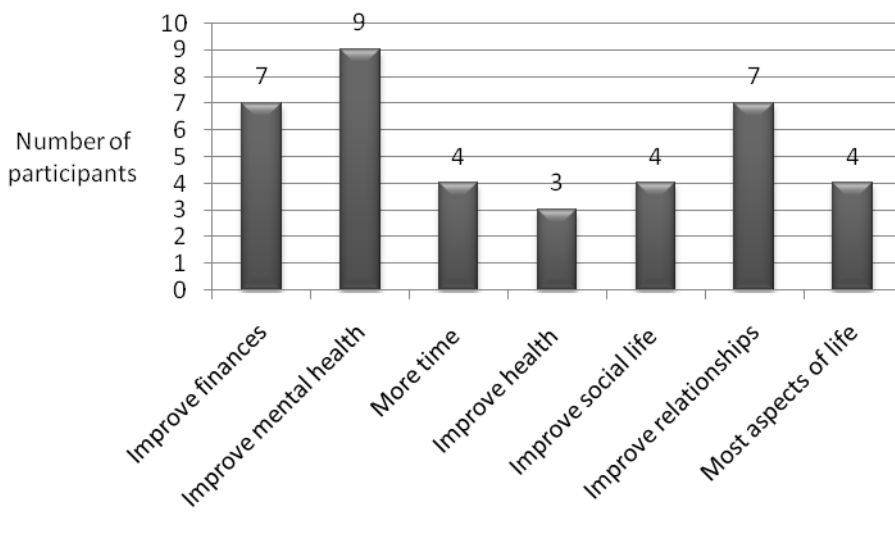
### People should be able to choose the length of their self-exclusion



Opinions about whether people should be able to choose the length of their self-exclusion.

### G8 - Anticipated effects of self-exclusion at time of application as reported by longitudinal sample participants

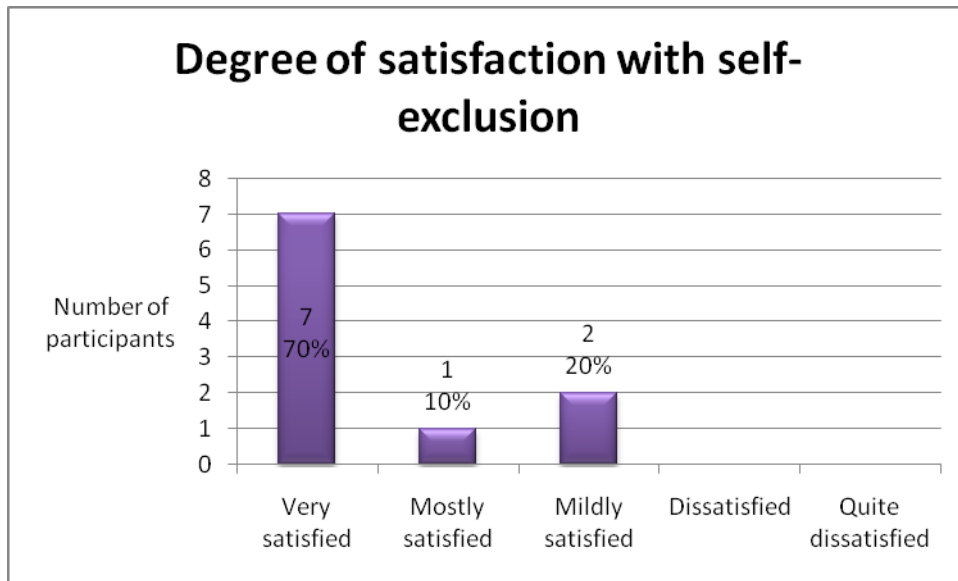
#### Anticipated effects that self-exclusion would have on their lives



Anticipated effects of self-exclusion as reported by the longitudinal sample participants.

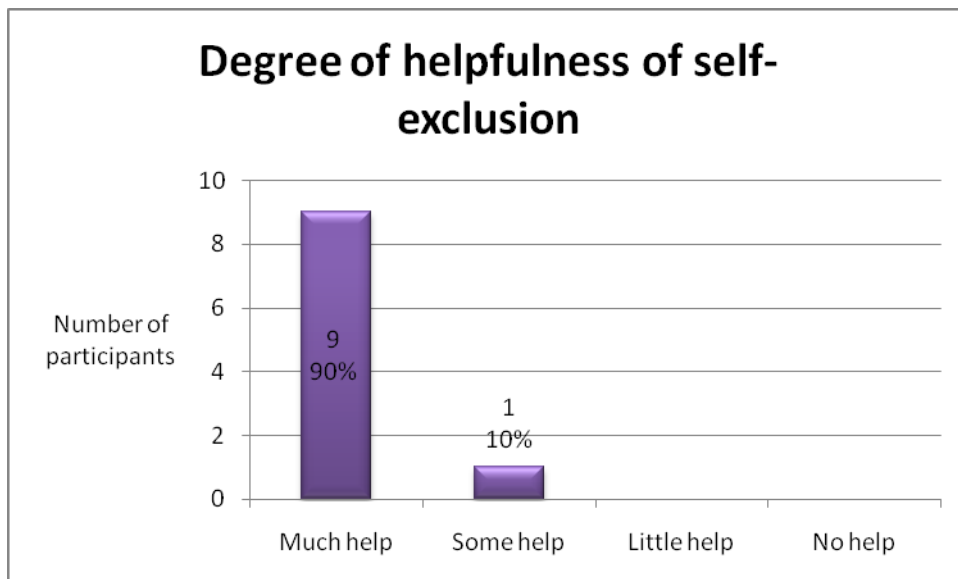


**G9 - Degree of satisfaction with self-exclusion as reported by longitudinal sample participants**



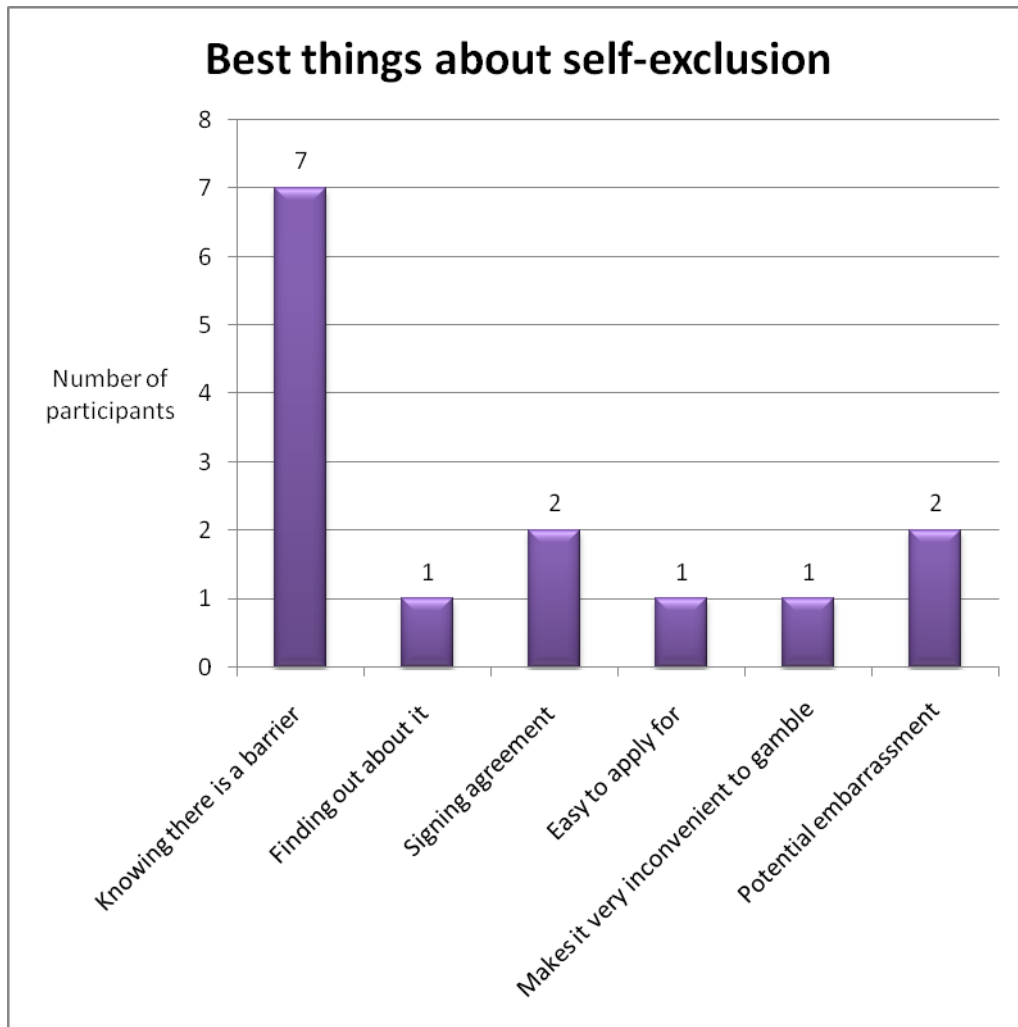
Degree of satisfaction with self-exclusion

**G10 - Degree of helpfulness of self-exclusion as reported by longitudinal sample participants**

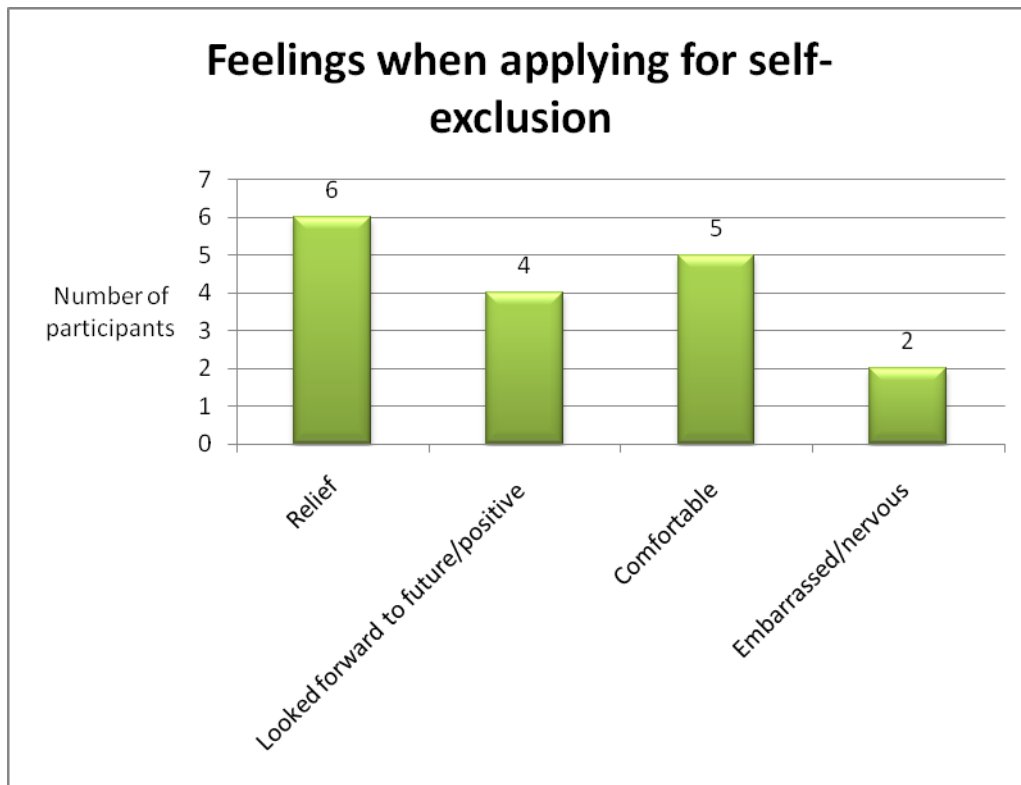


Degree of helpfulness of self-exclusion as reported by the longitudinal sample participants

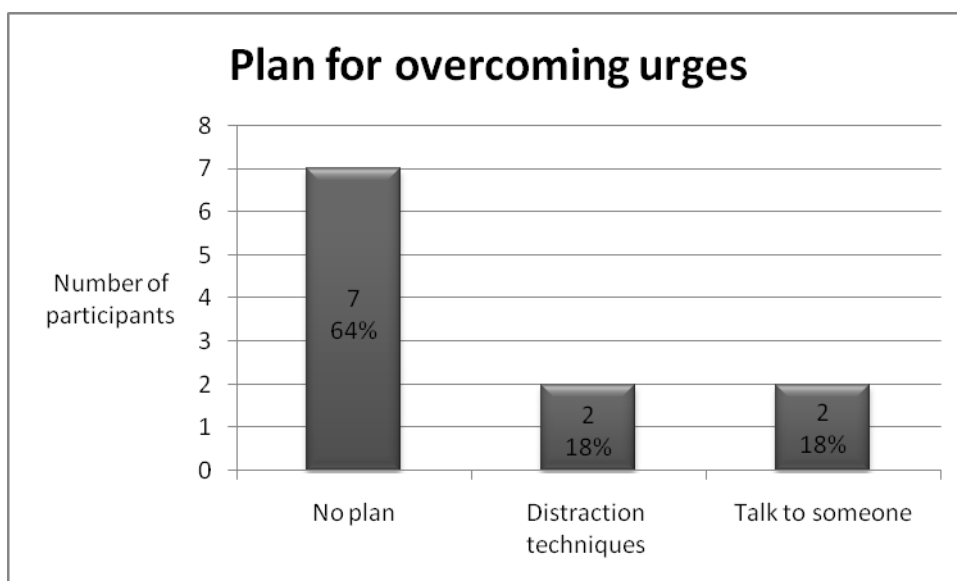
**G11 - Additional questions about opinions of self-exclusion asked of longitudinal sample participants**



Best things about the self-exclusion program as reported by the longitudinal sample participants.

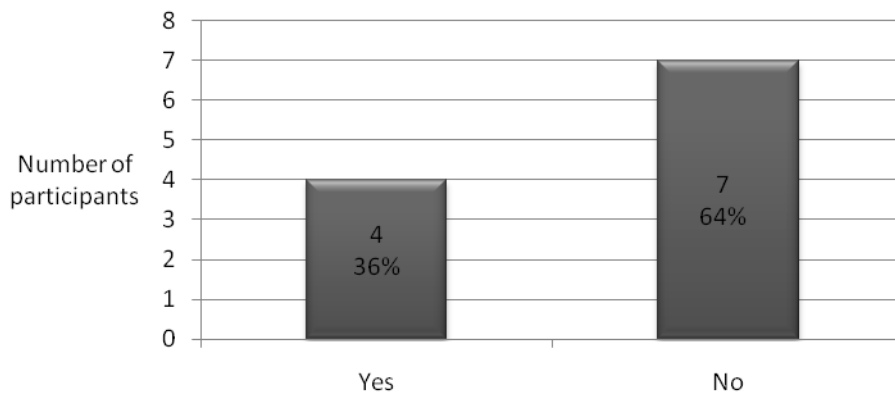


Participants' feelings at the time of application for the longitudinal sample.



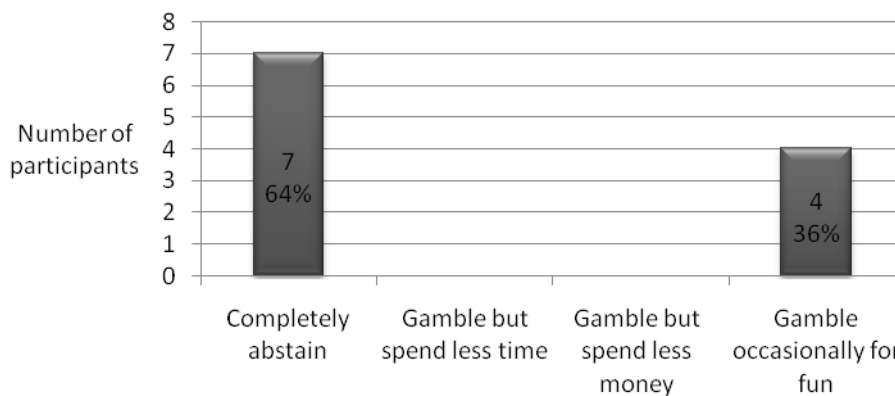
Whether participants had a plan for overcoming future urges

### Whether self-excluders anticipated any problems with the program



Whether participants anticipated any problems with the self-exclusion program

### Intentions after self-exclusion period is over



Intentions after self-exclusion period is over.