

The Effectiveness of Gambling Exclusion Programs in Queensland

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ABSTRACT

This study assessed the effectiveness of Queensland gambling exclusion programs as a mechanism to minimise gambling-related harm, whether these effects are sustained over time and whether self-exclusion is more effective when combined with counselling and support. Research methods comprised a literature review, desktop review of Australian and international exclusion programs, interviews with peak gambling industry associations, interviews with 18 Queensland Gambling Help counsellors, and interviews and surveys with 103 problem gamblers at three assessment periods approximately six months apart.

In contrast to recent international trends, Australian self-exclusion programs including those in Queensland are typically venue-administered, require on-site exclusion from individual venues, do not enable exclusion from multiple venues in one application, rely on photographs for detection, impose penalties for excluders for breaches and for venues that fail to detect breaches, and provide comparatively minimal connections to counselling.

While strengths of the self-exclusion programs were their widespread availability and the supportive approach of some venue staff during program registration, several weaknesses and barriers to uptake were identified. Potential improvements include better publicity, stigma reduction efforts, off-site registration, multi-venue exclusion, involving counsellors in the registration process, a more streamlined registration process, improved venue staff training, better monitoring and detection methods for breaches, more consistent application of penalties for breaches, and responses to breaches that provide more support in addressing the gambling problem.

Surveys of self-excluders revealed significant improvements after self-excluding in relation to abstinence from most problematic gambling form, gambling expenditure, gambling-related debt, perceived problem gambling severity, PGSI score, gambling urge, general health and gambling-related consequences. These improvements occurred soon after self-exclusion and were sustained for the 12 months of assessment. The study also compared changes in outcome measures between excluders, and non-excluders who had received counselling for their gambling problem. No significant differences were found on any outcome measures at Times 2 and 3, except that excluders were more likely to have abstained from their most problematic gambling form.

Results indicate that, overall, participants benefited equally from self-exclusion and counselling, either individually or combined, in terms of problem gambling symptoms and reduced gambling-related harms. Nevertheless, self-exclusion provides an alternative to counselling that was equally effective, at least in the first 12 months, as self-exclusion and counselling combined, and counselling alone. Given low rates of professional help-seeking, self-exclusion provides an important harm minimisation option with at least short-term benefits for many participants.

EXECUTIVE SUMMARY

This is the research report for the study *The Effectiveness of Gambling Exclusion Programs in Queensland*, commissioned by the Queensland Department of Justice and Attorney General under its Responsible Gambling Research Grants Program 2011. The project was undertaken by the Centre for Gambling Education and Research (CGER) at Southern Cross University in collaboration with the University of New England. The study was conducted over 24 months, commencing in February 2012.

The objectives of this research were to:

1. Examine what gambling exclusion programs are currently operating nationally and internationally and identify their commonalities and differences;
2. Assess the effectiveness of gambling exclusion programs operating in Queensland as a mechanism to minimise gambling-related harm;
3. Determine whether these effects are sustained over time; and
4. Assess whether exclusion is more effective when combined with counselling and support.

OVERVIEW OF QUEENSLAND GAMBLING EXCLUSION PROGRAMS

Exclusion programs enable the barring of individuals from entering or using the gambling facilities of a nominated venue or venues for a specified period of time. Two types of exclusion programs operate in Queensland, either requested by a patron (self-exclusion) or directed by a gambling operator (venue-initiated exclusion). Both programs are aimed at supporting patrons who are, or who are at risk of, engaging in problem gambling behaviours (Office of Liquor and Gaming Regulation [OLGR], 2013).

Gambling providers in Queensland (excluding lotteries, bingo and charitable and non-profit gambling providers) have a legal obligation to provide assistance to patrons who present for self-exclusion, to follow through with the exclusion process, and to actively enforce exclusion procedures with patrons. Self-exclusions make up the vast majority of exclusions in Queensland, with 669 individuals registering between January and June 2013 (Queensland Government, 2013). Key features include the need to register at individual venues, with the self-exclusion order only applying to that venue (except where multiple venues are operated by one organisation). Standard government-provided forms, flow charts and resource manuals assist venue staff to implement the registration process. A self-exclusion order applies for five years although excluders can apply for revocation during a 24 hour cooling-off period or after 12 months. Individuals can request exclusion from the whole venue or from gaming machine areas only. Venues must provide information on at least one gambling counselling service and are prohibited from distributing promotional or advertising material to excluders. Monitoring for breaches relies on photographs provided

by excluders. Excluders can be penalised 40 penalty points for detected breaches, although they are usually just asked to leave the venue or gaming area and may receive verbal or written warnings. Penalties of 250 points for licensees and 40 points for employees can be applied if they do not take reasonable steps to prevent the excluded person from entering or remaining in the venue or gaming machine area. One penalty point currently = AU\$110.

A collaborative initiative between Relationships Australia and Echo Entertainment has been the recent piloting of a remotely assisted self-exclusion scheme where individuals can self-exclude from one or more venues through participating Gambling Help agencies. Potential benefits include increased uptake of self-exclusion, reduced embarrassment for patrons, linking of self-exclusion with treatment, and opportunities for multi-venue exclusion. Having received general support from government, community services and peak industry bodies, the pilot will be expanded beyond its current availability in parts of south-east Queensland.

Gambling operators have the legal authority, but not a duty, to initiate exclusions. Venue-initiated exclusions are rare but can be imposed when the licensee believes on reasonable grounds that a person is a problem gambler due to an approach from a third party and/or observations by venue staff, and after appropriate evidence and monitoring. The same length, scope and penalties apply as for self-exclusion. Only five venue-initiated exclusions were reported in Queensland between January and June 2013 (Queensland Government, 2013).

RESEARCH METHODS

Five stages of research were undertaken for this study as described below.

STAGE ONE: LITERATURE REVIEW

A thorough search of Australian and international literature was undertaken to inform the literature review which focused mainly on the key features of self-exclusion programs, their role as an intervention for gambling problems, evidence of their effectiveness in minimising gambling-related harm, and operational challenges which can limit their efficacy. Venue-initiated and third-party initiated exclusion programs were also considered but minimal research was found about these programs to inform the literature review.

STAGE TWO: REVIEW OF EXCLUSION PROGRAMS

Extensive desk research was conducted to identify and review Australian and international gambling exclusion programs to address Research Objective One. Given the vast number of programs worldwide, priority was given to Australian and an appropriate selection of international programs, and to programs with diverse features. The review included 41 self-exclusion programs, six venue-initiated exclusion programs, eight third-party exclusion programs, and one government initiated exclusion program, and encompassed selected programs operating for the gaming, wagering and lotteries sectors across Australasia, Canada, United States (US), Europe, Asia and Africa. Exclusion programs were also reviewed

for 13 online wagering operators. All data were obtained from secondary sources. Data were summarised in table form and analysed to identify program commonalities and differences.

STAGE THREE: INTERVIEWS WITH PEAK BODY REPRESENTATIVES

Because exclusions are predominantly from casino, hotel, club and wagering venues in Queensland, face-to-face interviews were conducted with senior representatives from Echo Entertainment which operates three of the four casinos in Queensland, the Queensland Hotels Association, Clubs Queensland and Tattsbet. Interviews sought their professional views on key aspects of their sector's exclusion program, perceived strengths and weaknesses, any evidence of effectiveness and suggested improvements. These interviews provided insights into exclusion from an industry implementation perspective. Duration of each interview was approximately one hour. Interviews were recorded and transcribed.

STAGE FOUR: INTERVIEWS WITH GAMBLING COUNSELLORS

Interviews were conducted with 18 gambling counsellors, representing all except one of 19 Queensland Gambling Help agencies. These counsellors were nominated by their agency as most appropriate to contribute to the study. Thus, the sample was self-selecting. Interviews of about 30 minute duration were conducted by telephone. Counsellors were asked about client uptake of self-exclusion including motivators, barriers and experiences of the self-exclusion process, client outcomes from self-exclusion, their own professional views on key aspects of Queensland's exclusion programs and their role in gambling harm minimisation and problem gambling recovery. Interviews were recorded and transcribed. Data were analysed using thematic analysis.

STAGE FOUR: SURVEYS AND INTERVIEWS WITH PROBLEM GAMBLERS

Addressing the study's objectives required recruiting problem gamblers who had and had not self-excluded, and who had and had not received counselling for a gambling problem. The original study design aimed to recruit about 100 problem gamblers with reasonably equal numbers of those who had self-excluded and received counselling (Group A), self-excluded but not received counselling (Group B), and received counselling but had not self-excluded (Group C). Inclusion criteria were being resident in Queensland, aged 18 years or over, and having personally experienced a serious gambling problem.

Several recruitment methods were used over about three months, with 59 participants recruited through Google Adwords, 16 through gambling helplines, 13 through the CGER's database of gamblers who have participated in previous CGER research and consented to be recontacted, and the remainder through flyers in counselling agencies and casino self-exclusion packs, Facebook advertising and word of mouth. Several self-reported problem gamblers who contacted us to participate had experienced a serious gambling problem but had neither self-excluded nor received counselling for a gambling problem. Thus, we

included them as Group D as a potential control group. In total 103 problem gamblers participated, with 34 in Group A, 19 in Group B, 33 in Group C and 17 in Group D.

Participants were interviewed and surveyed at three points in time, approximately six months apart. However, Group D was statistically different from the other groups on key measures at Time 1, having lower gambling-related debt, perceived problem gambling severity, mean PGSI score, mean gambling urge score and incidence of several negative consequences of gambling. Group D also had a higher mean general health score at Time 1. Thus, Group D was only interviewed and surveyed at Time 1 as it was clear that they were not a valid control group. Nevertheless, their inclusion at Time 1 provided valuable insights into barriers to self-exclusion and to counselling.

As in any longitudinal research, participant attrition was expected. Overall, 77.9% of participants from Groups A, B and C were retained for the second assessment and 59.3% were retained for the third assessment. Unfortunately, the highest attrition was from Group B which also had the smallest number of participants at Time 1. Nevertheless, our overall retention rate was better than those gained in previous studies of self-exclusion.

At each of Times 1, 2 and 3, two members of the research team with counselling/social work qualifications interviewed participants by telephone. Each interview lasted 45-60 minutes. Quantitative questions were read to participants with interviewers recording responses in hard copy. Key measures in the quantitative survey comprised self-exclusion details if applicable, gambling frequency for nine gambling forms, perceived problem gambling severity (on a 10-point scale), the Problem Gambling Severity Index (Ferris & Wynne, 2001), Gambling Urge Scale (Raylu & Oei, 2004), CAGE questionnaire (Ewing, 1984) to detect alcoholism, General Health Questionnaire (GHQ12; Goldberg & Williams, 1988), Gambling Consequences Scale (adapted from Productivity Commission, 1999), use of professional help for gambling from a variety of sources, use of other types of support including non-professional and self-help, and basic demographic questions. Quantitative data were analysed using SPSS v20.0.0.2. Analyses were conducted using an alpha of 0.05 (unless stated otherwise). All scales were checked for reliability. Descriptive statistics for each assessment period were produced for all measures, and tests of significant differences conducted amongst groups. Comparative analyses attempted to isolate the effects of self-exclusion and counselling on gambling behaviour, problem gambling and associated harms.

Qualitative questions were then asked in the same interview session, with responses recorded and transcribed verbatim. The qualitative interviews covered three main sections, administered as applicable depending on whether the participant had self-excluded or not, and had counselling or not. The first section sought in-depth information about self-exclusion, including motivators, barriers, experiences during the self-exclusion process, suggested improvements and outcomes. The second section focused on professional gambling help, including whether it coincided with, prompted and/or supported the effectiveness of self-exclusion, and reasons for not seeking counselling if applicable. The third section asked about other supports used, including non-professional support, peer

support groups and self-help, how these supports may or may not have assisted the self-exclusion, and what had been most effective. The qualitative data were subjected to thematic analysis supported by Nvivo software to provide cross-sectional analyses for each participant group for each assessment period. Comparative analysis of the cross-sectional data for each group then captured changes over the three assessment periods.

RESULTS

The study's key results are summarised here. Readers are referred to the full report for more detailed findings.

REVIEW OF NATIONAL AND INTERNATIONAL GAMBLING EXCLUSION PROGRAMS

Core features were very similar across the self-exclusion programs reviewed for casinos, hotels and clubs, but major inconsistencies were found in whether they are administered centrally or at individual venues, whether they allow off-site registration, the scope of self-exclusion orders, length of exclusion period, detection methods and penalties for breaches, penalties for venues who fail to detect breaches, and links with counselling agencies for excluders. In contrast to recent international trends, Australian self-exclusion programs including those in Queensland are typically venue-administered, require on-site exclusion from individual venues, do not enable exclusion from all venues in the jurisdiction in one application, rely on photographs for detection, impose penalties for excluders for breaches and for venues that fail to detect breaches, and provide comparatively minimal connections to counselling services.

Features of Australian wagering exclusion programs differ amongst operators and according to jurisdictional requirements, presenting complexities for operators and gamblers operating or excluding across jurisdictions. They also vary in exclusion period, ban scope, and central or venue registration. Compared to some other Australian programs, the Queensland self-exclusion program for wagering is distinguished by requiring registration at individual outlets, a five year ban period, and minimal connections to treatment services. A review of 13 online wagering sites regulated in Australia found that self-exclusion provisions are generally piecemeal, variable and not prominently displayed on web or mobile platforms. Australian lottery programs offer self-exclusion only from online and telephone accounts, but not from retail outlets. These programs show greater consistency than programs for other Australian sectors because most are administered by one operator.

In Australia, information on venue initiated exclusion programs was found only for Queensland, South Australia, Tasmania and the Australian Capital Territory. These programs generally require high standards of evidence that the person is a problem gambler and/or that their gambling is causing serious harm to their own or their dependents' welfare. In Australia, only South Australia and Tasmania offer third party exclusion. No information was found for involuntary exclusion programs by online gambling operators.

PROCESS EVALUATION OF QUEENSLAND'S SELF-EXCLUSION PROGRAMS

To inform Research Objective Two, a process evaluation of Queensland self-exclusion programs was conducted to assess how effectively they are implemented. This evaluation was informed by the counsellor, industry and gambler interviews.

The 53 self-excluders had severe gambling problems, mostly related to electronic gaming machines (EGMs), suggesting that the programs are used as a tertiary intervention to regain control over gambling. Most excluders were aiming to achieve abstinence from gambling. The majority of the 50 non-excluders also reported EGMs as causing them most problems.

Motivations for self-excluding included financial, relationship, emotional, work, legal and health concerns, but most commonly financial problems. Problems had become acute before participants were motivated to self-exclude, as confirmed by counsellors for their clients in general. Most non-excluders did not think that anything could motivate them to self-exclude, although a few might consider it if faced with severe financial or relationship stress.

A major barrier deterring or delaying self-exclusion was shame and embarrassment about admitting a gambling problem, of approaching venue staff to self-exclude and about the possibility of others finding out through venue staff and having their photographs displayed. Non-excluders especially had little faith that venue staff would keep their gambling problem and exclusion confidential. To self-exclude was perceived as embarrassing and stigmatising. Some excluders and counsellors cited examples of humiliating responses by venue staff when registering for exclusion or when excluders were publicly approached by staff in venue areas they were not excluded from. Counsellors discussed the considerable stigma, shame and embarrassment involved in the self-exclusion process because it is so public and open to breaches of confidentiality and mismanagement by venue staff.

Over half the excluders identified other intrinsic barriers initially deterring or delaying them from self-excluding. Some had denied the severity of their problem, had wanted to continue gambling to recoup former losses, or felt they had not been ready to stop gambling. Both non-excluders and counsellors confirmed that not being committed to stopping gambling was a major barrier, along with not perceiving the problem as severe enough to warrant exclusion. For some participants, the social aspects and enjoyment of patronising venues also undermined consideration of self-exclusion.

Additional intrinsic deterrents to self-exclusion were beliefs that the gambling problem could be addressed without self-exclusion and preferring to manage the problem alone. For example, some non-excluders who had not received counselling stressed the importance of personal control over gambling, which self-exclusion did not encourage. They saw utilising external control as a weakness which would lower self-esteem and thus compound their problems.

Several extrinsic barriers to self-exclusion were identified by participants. Most excluders were critical that self-exclusion is not promoted enough so that many people remain

unaware that self-exclusion programs exist. Indeed, only 13 of the 53 self-excluders had learnt of self-exclusion from information at gaming venues. The counsellors confirmed that, while clients were sometimes aware of self-exclusion before their first counselling session, the majority were not. Counsellors played a key role in alerting clients that self-exclusion programs exist and in helping to arrange exclusions. Thus, encouraging more people into counselling should also lift self-exclusion rates. Nevertheless, more effective in-venue publicity of self-exclusion is clearly needed if take-up rates are to increase.

Another major barrier was the need to exclude individually from multiple venues. This amplified shame and embarrassment, with counsellors and gamblers both noting the considerable fortitude required to repeat the process multiple times. Several non-excluders thought self-exclusion would not be effective for them due to the multitude of alternate accessible venues coupled with the considerable resources required to exclude from them all. Some non-excluders noted they had ready access to hundreds of venues, rendering it impossible to exclude from all of them. This requirement also deterred some excluders from self-excluding earlier. Some excluders attributed their lack of success with self-exclusion to the inability to register for blanket self-exclusion across all venues in a region. Excluding individually from multiple venues also increases exposure to the gambling environment that may trigger gambling urges. Many participants believed that being able to enact multiple exclusions would enable the reach and impact of self-exclusion programs to be more targeted and effective. The industry participants were generally supportive of the remotely assisted multi-venue self-exclusion process being piloted in south-east Queensland as long as it was restricted to a manageable number of venues within a reasonably small geographic radius of the excluder. Potential benefits of the pilot scheme to both venues and excluders were recognised, including an easier process for venues and a more conducive environment for individuals through being able to exclude through a Gambling Help agency. However, venue concerns that they may not be able to detect remotely assisted excluders remained.

Some counsellors and gamblers noted that the registration process itself is lengthy, about an hour each time, which deterred some non-excluders once they realised the considerable time required to exclude from multiple venues. Interviews with industry representatives revealed strong support for Queensland's exclusion programs, along with recognition that substantial resources were available to assist venues implement the programs. However, interviewees advocated for a simpler and less bureaucratic process involving fewer forms to complete, as the process was perceived as unnecessarily onerous, particularly for smaller less-resourced venues. Counsellors suggested streamlining the process, perhaps through their own involvement in registration.

About one-half of excluders thought the registration process was relatively easy and venue staff were helpful and supportive. The other half reported less positive experiences. Several excluders and counsellors confirmed that venue staff are not always knowledgeable about the process and had to consult several staff before finding one who knew what to do and where forms were located. Some excluders were asked to come back later, had to wait in gaming rooms until staff were available, and had to complete the registration process in

view of other patrons. Some venues may not have sufficient staff to release one to conduct a self-exclusion in a timely fashion and in a private space. Industry participants noted stand-alone TAB agencies usually have just one room staffed by one employee. Some industry participants also alluded to difficulties, especially in smaller venues, because exclusion requests are too infrequent for staff to become familiar with the process.

Venue staff can and did provide sensitivity, encouragement and support during self-exclusion, although this did not always occur. Counsellors raised deep concerns that an insensitive staff response disempowered clients in their efforts to address their gambling problem and compounded their shame and humiliation. Some excluders noted that this type of staff response deterred them from seeking further exclusions. In contrast, counsellors and excluders both noted how a sensitive and positive staff response can reinforce help-seeking efforts by excluders.

Privacy and confidentiality were serious concerns for many excluders when they had to go to the bar to inquire about self-exclusion or were not taken to a private space to complete registration. Counsellors and excluders also gave many examples of confidentiality being compromised when registering for self-exclusion. Some excluders and gambling counsellors particularly emphasised that privacy issues are important when living in close communities. Non-excluders also held serious concerns about the confidentiality of self-exclusion which deterred many from taking it up.

Most excluders were uncertain about the ban length, with responses ranging from six months to permanently to not knowing. Responses about the appropriateness of the five year ban length also varied. Excluders were similarly uncertain about revocation and renewal processes, as were several counsellors, especially those who had recently entered the profession. Some industry participants considered that having to wait 12 months before applying for revocation may not be appropriate, with some advocating that the length of time should be determined by the excluder.

About one-quarter of excluders reported having breached their exclusion, most only once or twice but others more than ten times, with only half of those who breached detected by venue staff, and only on one or two occasions. Counsellors confirmed that self-excluded clients report not being detected breaching. Counsellors and excluders noted that this undermines the point of self-excluding and sends an inappropriate message to excluders. Indeed, some non-excluders attributed their decision to not self-exclude to inadequate venue monitoring and the subsequent perceived ineffectiveness of the program. About half the excluders were not at all confident in venue monitoring, a sentiment echoed by some non-excluders. Other excluders reported their extreme embarrassment when accused of breaching by venue staff while in non-excluded venue areas with friends.

The vast majority of excluders did not know the penalties for breaching. Some thought there were no penalties while others could not remember, or said it had not been explained. Others knew they would be escorted from the venue if detected, but one thought a jail sentence would apply. Penalties for breaching and its financial and legal ramifications were

significant deterrents to program uptake for nearly one-third of non-excluders as they did not want to attract any more trouble or be penalised. Counsellors raised different issues in relation to penalties. Some were concerned that penalties are not enforced yet felt that the threat of penalty helps to make the program effective. Some industry participants also viewed excluder penalties as a program strength. However, a widespread sentiment amongst counsellors was that venues could provide a much more supportive approach to excluders they detect breaching to help them achieve their goal of not gambling, rather than simply telling them to leave. Some counsellors and non-excluders considered fines an inappropriate penalty for people who are probably already in financial distress, with one suggesting community service might be more appropriate.

Excluders generally believed they were given appropriate information about counselling services when self-excluding and found this information appropriate and helpful. However, several excluders suggested they were not given contact details for counselling services.

Based on the preceding analysis, several improvements could be made to Queensland's self-exclusion programs. These are identified later when discussing implications of the study.

IMPACT EVALUATION OF QUEENSLAND'S SELF-EXCLUSION PROGRAMS

To inform Research Objectives Two and Three, an impact evaluation of Queensland's self-exclusion programs was conducted to assess how effectively the programs minimise gambling-related harm and whether these effects are sustained over time. This evaluation was informed by the longitudinal surveys and interviews with problem gamblers and the interviews with counsellors.

Surveys of self-excluders revealed significant improvements after self-excluding in relation to nearly all outcome measures. Specifically, between the first and third assessment periods, gambling participation rates amongst self-excluders declined from 100% to 70%, while the proportion of those abstaining from their most problematic gambling form increased from 9% to 55%. Mean monthly gambling expenditure decreased from \$2,361 to \$407, and mean gambling-related debt declined from \$18,636 to \$300. During the same period, mean scores decreased from 8.8 to 3.4 for perceived problem gambling severity, from 16.9 to 5.6 on the PGSI, and from 25 to 12 on the Gambling Urge Scale. Mean score on the General Health Questionnaire increased from 15 to 27. Self-excluders also showed decreased prevalence of common negative consequences from gambling. Prevalence declined from 47%-79% to 17%-31% of excluders for the most commonly experienced consequences affecting family and relationships, from 68%-74% to 21%-28% for the most commonly experienced consequences affecting work/study/main role, and from 66%-94% to 14%-24% for the most commonly experienced consequences affecting finances. Self-exclusion was not associated with any increase in alcohol consumption, but nor was it associated with any decrease.

The improvements experienced by self-excluders occurred soon after self-exclusion, with significant changes occurring on all outcome measures (except CAGE) in the first six months

of assessment. While excluders showed additional improvement on most of these measures by the 12 month assessment period, these improvements were more modest and did not represent significant changes. However, these results indicate that improvements experienced soon after self-exclusion were sustained, on average, for the 12 months of assessment. The qualitative interviews with the same self-excluders confirmed these quantitative results and were consistent with the counsellors' general view of self-exclusion as providing external control over gambling which can have immediate benefits while people built up internal control. By Times 2 and 3, most excluders in interviews discussed reductions in and greater control over their gambling, strategies they used to resist gambling urges, reduced stress and anxiety, improved self-esteem and physical health, and reduced gambling-related harms, including improvements in finances, relationships, work, health and wellbeing. The study's findings that self-exclusion is associated with reduced gambling-related harms is also consistent with findings from previous longitudinal studies of self-excluders.

However, the findings above do not provide evidence that self-exclusion causes or influences these reductions in problem gambling symptoms and gambling-related harm. To investigate relationships further, the study compared changes in outcome measures between excluders (Groups A and B) and non-excluders who had received counselling for their gambling problem (Group C). No significant differences were found between excluders and non-excluders at any of the three assessment periods in relation to gambling-related debt, perceived problem gambling severity, PGSI score, gambling urge, CAGE scores for alcoholism, general health, and harmful consequences from gambling. However, non-excluders had a significantly lower monthly gambling expenditure at the baseline measure at Time 1, but not at Times 2 and 3. Given that the baseline measure applied to the six months before take-up of exclusion or counselling, this difference cannot be attributed to these interventions. However, self-excluders were significantly more likely to have abstained from their most problematic form of gambling by Times 2 and 3, compared to non-excluders.

These results indicate that, overall, participants in this study benefited equally from self-exclusion and counselling, either individually or combined, in terms of problem gambling symptoms and reduced gambling-related harms, although self-exclusion was followed by abstinence from gambling on most problematic form for over half the excluders. Thus, self-exclusion did not make a unique contribution to minimising problem gambling severity and gambling-related harm. However, self-exclusion provides an alternative to counselling that was equally effective for most study participants, at least in the first 12 months, as for participants who undertook both self-exclusion and counselling, and counselling alone. Given low rates of professional help-seeking amongst the population of problem gamblers, self-exclusion provides an important harm minimisation option with at least short-term benefits for many participants.

THE ROLE OF COUNSELLING AND SUPPORT WITH SELF-EXCLUSION

The fourth objective of this study was to assess whether exclusion is more effective when combined with counselling and support. As noted above, survey findings indicated that self-exclusion was not more effective for participants when combined with counselling, at least in the short-term and for the outcome measures administered. However, interviews revealed that attending counselling influenced the decision to self-exclude for many Group A participants. Further, interviews with gamblers and counsellors suggested that achieving long-term benefits from self-exclusion and relapse prevention through resolving underlying problems may be best supported by professional treatment. Participants who had received counselling, both excluders and non-excluders, generally discussed its benefits in understanding their underlying reasons for gambling and in helping to address not only their gambling problem but also patterns of thinking and wider life problems. Counselling also assisted them to devise practical strategies to help regain control over gambling and provided ongoing support and encouragement. Thus, participants who attended counselling generally considered it helped them to address underlying issues contributing to their gambling problem and to build up internal control over their gambling. Participants who had also self-excluded generally considered that counselling had supported the effectiveness of their self-exclusion. Studies with longer timeframes are needed to rigorously assess the long-term benefits of self-exclusion, and whether these differ with and without counselling.

Self-excluders used a vast array of non-professional help and self-help measures to support their self-exclusion. Significant others, including family, friends and local church members, provided encouragement to self-exclude and someone to talk to, to be accountable to, manage finances, arrange alternative activities, remove temptations, prevent them gambling when in venues, praise them for gains made, and reinforce the importance of self, relationships and strong family bonds. A minority of excluders used peer support groups, principally Gamblers Anonymous. Self-help strategies used included budgeting, limiting access to money, diversionary leisure, sporting, study and work activities, action plans to anticipate and address gambling temptations and urges, and setting and striving towards rewarding life goals. Some also sought self-help materials, mainly online, to help understand and assess personal behaviour, gambling odds, and gambling control and recovery strategies. However, the diversity of non-professional and self-help supports used in conjunction with self-exclusion, and variation in how and when these supports were used, means that drawing definitive conclusions about those that might best support self-exclusion is extremely difficult. Self-excluders in this study overwhelmingly believed that a combination of interventions, supports and self-help was most effective for them, including self-exclusion. This suggests that providing a wide range of supports should assist excluders to access those they find most useful in supporting their self-exclusion and recovery from problem gambling. Supports that are most effective for individuals most likely depend on a complex interplay of psychological factors, personal circumstances, quality of social support networks, degree of problem gambling severity and stage of behaviour change.

LIMITATIONS

As predicted in designing this study given the small population of self-excluders in Queensland, only modest samples of self-excluders were obtained which limited analyses. Further constraints existed because the excluder sample was divided into those who had received counselling and those who had not, to assess whether counselling enhances the effectiveness of self-exclusion. Small samples were also obtained of problem gamblers who had not self-excluded, with additional analytical constraints when divided into those who had received counselling and those who had not. While comparative analyses between these sub-groups helped to assess any unique contribution of self-exclusion in minimising gambling-related harm, the small samples need consideration in interpreting results. Additionally, self-exclusion's unique contribution to harm minimisation could only be assessed relative to counselling and not to the absence of professional help as Group D proved not to be a valid control group.

Not all gambler participants commenced exclusion and/or counselling at the same time, so baseline measures apply to different points in time amongst respondents. Nevertheless, recruiting from the general population enabled Queensland exclusion programs to be assessed based on a wide range of venues, unlike many previous studies recruiting excluders from one gambling venue.

As in all longitudinal studies, participant attrition was a limitation although retention rates were better than obtained in previous studies of self-exclusion. However, large attrition occurred amongst self-excluders who had not attended counselling, with only six Group B participants retained by the third assessment. This limited analyses examining the sustained effects of self-exclusion.

Important concerns in any longitudinal study are whether participants retained are different from those not retained and whether research participation influences respondents' behaviour and outcomes. It is not known whether participants retained in this study had better outcomes than those who dropped out, but some bias should be expected. Nevertheless, the majority of Groups A and B were retained for all three assessments. Thus, the study shows that self-exclusion was associated with significant and sustained improvements for most self-excluders in the study. Participation in the study influenced some respondents' behaviour, with two participants self-excluding after learning about self-exclusion in the first assessment. Surveys also relied on self-report and retrospective data so are subject to recall and possibly social desirability bias.

The qualitative findings are not generalisable due to small purposive interview samples. However, qualitative research does not always aim to generalise, but to reveal meaningful insights into how experiences are understood, illuminating the dynamics of those experiences in context. Self-reported interview data, while providing rich multi-layered accounts, also rely on participants' selective and perhaps biased memories. Nevertheless, qualitative research focuses on how people interpret and make sense of experiences and so self-reported retrospective accounts are appropriate. Inclusion of in-depth qualitative data

helped to offset anticipated difficulties of surveying large numbers of self-excluders and other problem gamblers.

To overcome some of these limitations and to further the understanding of self-exclusion, ongoing research is needed. Knowledge about self-exclusion and its effects on harm minimisation and problem gambling is hampered by the absence of longitudinal studies with lengthy timeframes to rigorously assess its sustained effects. Ideally, assessments over five to ten years would be appropriate. Further, while the current study is the first to compare excluders and non-excluders on pertinent outcome variables, much larger commencing samples are needed to allow firmer conclusions about the effectiveness of self-exclusion relative to professional treatment and other interventions, and its effectiveness as an independent intervention and in combination with other supports. Research into the effectiveness of self-exclusion programs with different features would also advance understanding of optimal program elements, including independent evaluation of the remotely assisted self-exclusion pilot. Research into exclusion from online gambling sites is also needed given the rapid growth of Internet gambling, particularly for race wagering and sports betting, given that the current study mainly recruited excluders experiencing problems with land-based EGMs.

IMPLICATIONS

The impact evaluation revealed that self-exclusion programs in Queensland have beneficial outcomes for many participants, at least in the short-term, suggesting that efforts to increase their uptake and efficacy are worthwhile. The process evaluation revealed several potential improvements that would assist in optimising this uptake and efficacy:

- Findings confirm that self-exclusion is currently used only as a tertiary intervention. Repositioning the programs appropriately may increase their utilisation for harm minimisation and prevention before gambling problems reach crisis point.
- The programs need much wider publicity to increase program participation and facilitate more timely uptake.
- Because a major barrier to self-exclusion is shame and embarrassment, stigma-reduction efforts are needed to position self-exclusion as a positive step rather than one that indicates personal weakness.
- Measures to increase counselling uptake and to encourage counsellors to promote self-exclusion would also increase program participation, given the major role many counsellors already play in connecting clients to self-exclusion.
- Measures are needed to raise awareness of self-exclusion and counselling amongst the broader community to better equip significant others to encourage problem and at-risk gamblers to seek these interventions.

- Measures to raise recognition of problem gambling symptoms and that they are unlikely to be resolved without behavioural change may help to shift more problem gamblers to commit to behavioural change through self-exclusion.
- Off-site registration for self-exclusion located away from gambling venues would facilitate access, lessen shame and embarrassment, increase privacy and confidentiality, allow excluders to avoid the gambling environment, and circumvent potential operator conflict of interest. Off-site registration would also address difficulties experienced by some venues in providing timely, private, confidential and supportive responses to self-exclusion requests.
- A multi-venue exclusion process is clearly needed to lower the considerable and sometimes insurmountable difficulties of excluding from numerous venues, and to increase program uptake and effectiveness rather than shifting excluders' gambling to other venues. The remotely assisted program may assist if implemented widely and if it allows exclusion in one application from all accessible venues.
- Involving counsellors in the registration process would help to ensure excluders have logistical and emotional support and strengthen links between self-exclusion and treatment. As occurs in some other jurisdictions, centralised self-exclusion facilities could be located at counselling agencies, which would need appropriate resourcing.
- Lack of privacy and confidentiality is a serious concern that requires resolving if program uptake is to improve. Solutions could entail online registration, ideally through professional agencies with well-embedded confidentiality protocols, along with electronic monitoring of venue entry or EGM play to remove the need for multiple venue staff to be privy to self-exclusion information.
- The registration process itself should be streamlined to reduce time and paperwork required by both venues and excluders. Consideration should be given to a one step process that does not require excluders to return to venues to lodge paperwork and photographs. An online system connected to a centralised database appears appropriate.
- If self-exclusion registration remains with gambling venues, improved training is needed to ensure all customer service staff are knowledgeable about self-exclusion, and respond to requests in a sensitive supportive manner that respects excluders' dignity and privacy. All customer service staff should also know how to appropriately approach excluders in breach of their order, including the need to maintain their privacy and to ensure accuracy as to which part of venue they are excluded from. Penalties for breaching and revocation and renewal procedures are poorly understood by excluders and require better explanation during program registration.
- Better venue monitoring and detection methods are needed to prevent further undermining of the program's credibility and enhance uptake. Requiring patron identification to enter gambling venues or play EGMs would be needed for a failsafe system that could match identification against an electronic list of excluders.

- Venues could be more proactive in connecting self-excluders to counselling by offering to make a telephone or face-to-face appointment with a counsellor during the registration process.
- Penalties for breaching should provide more support to help address the gambling problem and uncontrolled gambling urges. Community service and counselling appear more appropriate than current fines and charges that simply penalise the person breaching.
- Penalties for breaches need to be applied consistently to enhance adherence to the program, reinforce excluders' commitment to their self-exclusion order(s) and maintain program credibility.

CONCLUSION

This study has conducted the first independent evaluation of gambling exclusion programs operating in Queensland Australia. As well as informing potential improvements to these programs, the study makes an important contribution to understanding motivators and barriers to self-exclusion, how key program elements are received by problem gamblers and optimal program elements. Being the first longitudinal study to compare outcomes for excluders and non-excluders, the study also makes an important contribution to understanding the role of self-exclusion in minimising harm amongst existing problem gamblers and the role of counselling and other support as adjuncts to self-exclusion. As such, the study provides valuable and extensive information to assist and inform policy developments and future research on gambling exclusion programs and their outcomes.

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

This is the research report for the study *The Effectiveness of Gambling Exclusion Programs in Queensland*, commissioned by the Queensland Department of Justice and Attorney General under its Responsible Gambling Research Grants Program 2011. The project was undertaken by the Centre for Gambling Education and Research at Southern Cross University in collaboration with the University of New England. The study was conducted over 24 months, commencing in February 2012.

1.2 OBJECTIVES OF THE STUDY

The objectives of this research were to:

1. Examine what gambling exclusion programs are currently operating nationally and internationally and identify their commonalities and differences;
2. Assess the effectiveness of gambling exclusion programs operating in Queensland as a mechanism to minimise gambling-related harm;
3. Determine whether these effects are sustained over time; and
4. Assess whether exclusion is more effective when combined with counselling and support.

1.3 OVERVIEW OF THE RESEARCH DESIGN AND SCOPE

1.3.1 TYPES OF EXCLUSION EXAMINED

Two types of exclusion programs operate in Queensland – self-exclusion and venue initiated exclusion. Both were within the scope of this study. However, self-exclusions are far more common than venue exclusions. For example, for the six months from January to June 2013, 674 people were excluded from Queensland gambling venues, comprising 669 self-exclusion orders and five venue exclusion directions (Queensland Government, 2013). Consequently, self-exclusion is the major focus of the empirical stages of this study. Nevertheless, the review of Australian and international exclusion programs included both self-exclusion and venue initiated exclusion programs.

1.3.2 MIXED METHODS APPROACH

The overall research design for this study involved both qualitative and quantitative methods. Qualitative methods were expected to yield rich in-depth data based on the experience of exclusion program participants, of gambling counsellors and of key gambling

industry representatives. Exclusion is a complex issue and assessing its effectiveness requires consideration of numerous aspects such as patron awareness and access, the registration process, conditions and length of exclusion, revocation processes, penalties for breaches, and links with counselling services. Any or all of these features might influence the effectiveness of exclusion for participants. Thus, conducting qualitative in-depth research allowed exclusion to be considered in a holistic and nuanced way.

To supplement the qualitative data, quantitative data were also captured from exclusion program participants. These data included quantifiable aspects of self-exclusion, gambling behaviour data, various psychological and health measures, consequences of gambling, types of help used, and basic demographic data. These constructs were selected based on those assessed in some international studies of exclusion efficacy.

The mixed methods approach used also helped to address some inherent difficulties of recruiting large numbers of excluders as research participants. There is no central agency in Queensland through which people exclude and no available database of excluders. Gambling venues were unable to contact excluders on the research team's behalf due to restrictions in exclusion contracts. Thus, it was unrealistic to expect to recruit sufficient numbers of excluders in Queensland to allow a purely quantitative approach. In contrast, we were able to recruit enough excluders to inform a rich, in-depth mixed-methods study.

1.3.3 APPROACH TO ADDRESS RESEARCH OBJECTIVE ONE

Research Objective One was to examine what gambling exclusion programs are currently operating nationally and internationally and identify their commonalities and differences. The broad approach to addressing this objective was to conduct extensive desktop research to document the details of selected Australian and international exclusion programs. Tables and analyses were generated from these data to identify the main commonalities and differences amongst these programs.

1.3.4 APPROACH TO ADDRESS RESEARCH OBJECTIVE TWO

Research Objective Two was to assess the effectiveness of gambling exclusion programs operating in Queensland as a mechanism to minimise gambling-related harm. The approach to addressing this objective was guided by concepts and approaches in the literature on public health program evaluation. Three types of evaluation of public health programs, such as exclusion programs, are typically referred to in this literature (Green & South, 2006; Harris, 2010; Hawe, Degeling & Hall, 1990):

- *Process evaluation.* Process evaluation aims to measure the activities of the program, the program quality and who it is reaching to evaluate whether a program is getting to the right people, if it is being implemented in the right way and if participants are satisfied with it. Process evaluation measures the success of the program in providing and delivering what was planned. Questions typically addressed are: is the program reaching the target groups?; are participants satisfied

with the program?; are all activities of the program being implemented; and are the materials and components of the program of appropriate quality?

- *Impact evaluation.* Impact evaluation focuses on assessing the immediate effects of the program and assesses whether the program has brought about the desired change in the behaviour of the target group or groups and whether it has achieved the desired reduction of contributing risk factors associated with the health problem. While causation is very difficult to prove, given that people self-select into a health program such as self-exclusion, this type of evaluation can assess whether people who participate in the program are more likely to experience the desired outcomes than people who do not participate.
- *Outcome evaluation.* Outcome evaluation focuses on measuring the longer-term effects of the program and usually corresponds with evaluating the success of the program in meeting its goals relating to a desired change in the health problem (e.g. a reduction in problem gambling in the community).

These three types of evaluation can be conducted to test the postulated chain of events that implementing the program (e.g. exclusion) will reduce the risk factors associated with the health problem (e.g. uncontrolled gambling), which in turn will achieve the desired behavioural change in the target group (e.g. control over gambling, harm minimisation), which will ultimately bring about a reduction in the overall health problem (e.g. problem gambling in the community).

For this study, both process and impact evaluations were conducted. However, an outcome evaluation was beyond the project scope. Thus, the study examined both the effectiveness of the implementation of exclusion programs in Queensland and the effectiveness of these programs in minimising gambling-related harm for program participants.

The *process evaluation* was informed by interviews with key stakeholder groups – Queensland Gambling Help counsellors, the gambling industry as represented by peak associations, and problem gamblers including excluders, non-excluders, those who have received counselling and those who have not. Data from these interviews allowed an assessment of the effectiveness of Queensland exclusion programs in areas including motivations and barriers to uptake, the program’s availability, accessibility and promotion, the registration process, length of exclusion orders and conditions for revocation, venue monitoring and penalties for breaches, and links with counselling agencies.

The *impact evaluation* was informed mainly by the interviews and surveys with the problem gamblers. These data enabled an assessment of the effectiveness of Queensland exclusion programs in minimising harm for self-excluders, including: whether exclusion has resulted in declines in gambling activity, perceived problem gambling severity, PGSI scores, gambling urge, alcohol consumption and harmful consequences from gambling, as well as improvements in general health.

1.3.5 APPROACH TO ADDRESS RESEARCH OBJECTIVE THREE

Research Objective Three was to determine whether the effects of exclusion programs in minimising gambling-related harm are sustained over time. The study's approach to addressing this research objective was to incorporate a prospective design. Queensland self-excluders were interviewed and surveyed at three points in time over a 12 month period (baseline then at six and 12 months approximately), with the first wave of data collection also asking participants for a retrospective account of the impact of self-exclusion on their gambling and other aspects of their lives. The second and third waves of data collection focused on the impact of self-exclusion on participants in the preceding six month period. Unfortunately, the two-year timeframe for this study did not enable a longer term assessment to provide a better indication of sustainability.

1.3.6 APPROACH TO ADDRESS RESEARCH OBJECTIVE FOUR

Research Objective Four was to assess whether exclusion is more effective when combined with counselling and support. The broad approach to addressing this objective was to conduct a comparative analysis between Queensland self-excluders who have and have not received counselling and other support.

1.4 STAGES OF THE STUDY

In conducting this study, the research team undertook several stages of research:

- Stage One: A literature review of Australian and international research on exclusion programs.
- Stage Two: Review of selected Australian and international gambling exclusion programs, including analysis of commonalities and differences.
- Stage Three: Interviews with Queensland peak gambling industry bodies.
- Stage Four: Interviews with Queensland gambling counsellors.
- Stage Five: Surveys and interviews with gamblers in three waves over 12 months.

1.5 STRUCTURE OF THE REPORT

This research report is structured into nine chapters:

- Chapter One has introduced the study by detailing its aims, scope, stages and report structure.
- Chapter Two reviews the published literature relevant to the study.
- Chapter Three explains the project methodology.

- Chapter Four provides context to this study by describing exclusion programs in Queensland. Findings from interviews with key industry bodies are also presented in this chapter as they illuminate some strengths, weaknesses, challenges and suggested improvements for Queensland exclusion programs from an industry implementation perspective.
- Chapter Five presents the review of exclusion programs operating nationally and internationally and identifies their commonalities and differences.
- Chapter Six presents the results from interviews with 18 gambling help counsellors in Queensland.
- Chapter Seven presents the qualitative results from interviews with problem gamblers.
- Chapter Eight presents the quantitative results from surveys of problem gamblers.
- Chapter Nine summarises findings across the study as a process evaluation and impact evaluation, and discusses the research findings and their implications.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The chapter focuses on Stage One of the study by reviewing the extant literature concerned with gambling exclusion programs, with particular focus on evidence of its effectiveness in minimising gambling-related harm. The chapter commences with an overview of self-exclusion and its key features. International and Australian studies of self-exclusion are then reviewed, followed by a review of the few studies conducted into self-exclusion from Internet gambling sites. Challenges to self-exclusion programs are then discussed, particularly those that potentially limit the efficacy of these programs. A brief overview is provided of other types of gambling exclusion programs, comprising venue-initiated and third party-initiated exclusions. However, minimal research has been conducted into these types of programs to inform a literature review.

2.2 OVERVIEW OF SELF-EXCLUSION

Self-exclusion programs were first introduced in some casinos as early as the 1960s (Hayer & Meyer, 2011a; Williams, West & Simpson, 2012). Self-exclusion programs are now commonly provided by many types of gambling venues and are designed primarily to minimise harm for existing problem gamblers (Williams et al., 2012). These programs enable individuals to voluntarily bar themselves from entering or using the gambling facilities of a nominated venue for a specified time period, with removal and sometimes a fine and criminal charge applied if a self-excluder breaches the agreement and is detected by the venue (Blaszczynski, Ladouceur & Nower, 2007; Gainsbury, 2010; Hing & Nuske, 2012).

Self-exclusion is generally initiated by the customer who enters a formal agreement (otherwise referred to as a deed or order) with a gambling venue to abide by the conditions of the program. These conditions always include exclusion from the venue or its nominated gambling facilities for a certain period of time and may also include closure of gambling accounts, forfeiture of player cards and removal from venue mailing lists (Nowatzki & Williams, 2002). This formal agreement also typically authorises venue staff to restrict self-excluders from entering or remaining in the gambling areas or venues they are excluded from, and authorises the self-excluder's personal details and photographs to be taken and disseminated to relevant venues and for venues to display these photographs to staff (Gainsbury, 2010). The self-exclusion agreement also usually requires self-excluders to: waive the right to sue on grounds of assault, defamation or failure of a duty of care to exclude; accept personal responsibility to not enter the venue or nominated gambling areas; and acknowledge that nominated venues and their employees have no legal duty implied by the self-exclusion deed (Gainsbury, 2010).

Self-exclusion typically requires the customer to visit the venue to request the exclusion and register with the program, although some jurisdictions provide centralised self-exclusion facilities which are located away from gambling venues; further, industry sectors and groups are increasingly offering multi-venue exclusions (Hing & Nuske, 2009; Hing, Nisbet & Nuske, 2010). Some online gambling sites also offer self-exclusion, which may be completed simply through a few mouse clicks on their site or require completion, lodgement and acceptance of a signed self-exclusion deed. Some gambling operators and jurisdictions operate irrevocable lifetime bans, while others provide much shorter ban lengths, from as little as seven days on some Internet gambling sites, to six months or several years for other operators (Williams et al., 2012). Some operators allow customers to nominate the ban length or provide a range of ban length options. Venues generally advertise their self-exclusion programs through venue signage, brochures and on their websites (Gainsbury, 2010).

Most large venues, such as casinos, use their security staff to monitor for breaches of self-exclusion and where identification is required to enter a venue, such as in many European and Asian jurisdictions but not in Australia, this identification can be checked against self-exclusion lists (Williams et al., 2012). However, smaller gambling venues, such as hotels, clubs and off-course betting agencies in Australia, rely on gaming and bar staff for this monitoring (Hing & Nuske, 2009; Hing, Nisbet & Nuske, 2010). For online gambling sites, ongoing monitoring should be unnecessary as long as the customer's account is closed so that they cannot gamble on the site and if appropriate identification checks are made to ensure a self-excluded person cannot open an account under another name. Persons detected breaching their self-exclusion agreement are generally asked to leave or are escorted from the venue or gambling area, and in some jurisdictions a law enforcement officer or representative from the regulatory authority is involved in this process; escalated responses such as fines and criminal charges may be laid but these options are not often used (Gainsbury, 2010).

The self-exclusion process can also involve the venue providing contact details of gambling treatment services to self-excluders. While attendance at treatment is usually not mandatory upon entering into a self-exclusion agreement, some jurisdictions ask self-excluders to consent to their contact details being forwarded to a counselling agency for follow-up (Cohen, McCormick & Dorrado, 2011). Reinstatement to the venue after the exclusion period ends may be automatic or require endorsement from a suitably qualified clinician that it is appropriate for the self-excluder to be reinstated (Bellringer et al., 2010). Once reinstated, the venue may choose to monitor the person's gambling activity, but this active monitoring does not appear to be widespread (Hing & Nuske, 2009; Hing et al., 2010). Self-excluders may also choose to renew their agreement after it ceases.

2.3 THE ROLE OF SELF-EXCLUSION

Self-exclusion is a public health, demand reduction measure as it aims to motivate gamblers to reduce or abstain from gambling. It is also considered a form of pre-commitment

(Productivity Commission, 2010), albeit an extreme one (Gainsbury, 2010). However, given that most self-excluders have already developed a gambling problem, self-exclusion is used mainly as a tertiary intervention and has more limited potential in minimising gambling-related harm than interventions aimed at preventing problem gambling (Williams et al., 2012). Further, Williams et al. (2012) note that the subsequent behavioural changes observed amongst self-excluders do not differ fundamentally from those observed for people presenting to any form of gambling treatment, with a good portion of this effect likely due to the person's recognition of a gambling problem, their motivation to address it and their public proclamation not to gamble at specific venues. Nevertheless, self-exclusion does benefit some people by providing an external mechanism to help them control or abstain from gambling at a specific venue or venues, particularly when their internal motivation wavers (Hayer & Meyer, 2011a; Williams et al., 2012).

Additionally, some gambling operators provide self-excluders with information on problem gambling treatment and support services, with some venues requiring evidence of counselling or psychological assessment before reinstatement (Cohen et al., 2011; Nowatzki & Williams, 2002). However, self-exclusion programs are not usually integrated with other interventions designed to address psychological factors contributing to the gambling problem (Blaszczynski et al., 2007), even though these interventions might provide additional external support. Indeed, Blaszczynski et al.'s (2007) gateway model of self-exclusion proposed using clinically-trained self-exclusion educators as case managers to create pathways to appropriate interventions, to monitor and support self-excluders in enhancing their internal control over gambling, and to evaluate progress to ascertain the likely utility of extending the term of exclusion. These interventions should be tailored to an individual's needs and might include counselling, training in stress-coping and problem solving, substance abuse treatment, assistance with financial management and referral to self-help groups (Blaszczynski et al., 2007). However, some evidence exists that mandatory counselling interventions would deter some people from self-excluding (Cohen et al., 2011).

While Blaszczynski et al.'s (2007) gateway model has yet to be widely adopted, self-exclusion programs generally have been in transition from an enforcement model to an individual assistance model. The former is characterised by a one-size-fits-all, punitive, enforcement-oriented process; the latter emphasises flexibility and support in assisting self-excluders to get help to address their problems and achieve their goals (Responsible Gambling Council, 2008). However, Cohen et al. (2011) argue that, while New Zealand and some European jurisdictions have taken a public health approach to self-exclusion, North American programs typically assign more responsibility to the self-excluder. They note that programs in the United States impose limited requirements for gambling venues beyond revoking players' cards, removing them from mailing lists and escorting them from the venue if found in breach of the exclusion; venues are required only to take reasonable steps to identify self-excluders on entry to the venue and when providing cash. As such, there is no guarantee that self-excluders will be detected by the venue if they breach their self-exclusion deed (Cohen et al., 2011). In contrast, the individual assistance model places greater emphasis on being flexible and responsive to individual concerns and linking self-

excluders to counselling and other supports (Responsible Gambling Council, 2008). Nevertheless, to advance to a true harm minimisation model of self-exclusion would require uptake by recreational and at-risk gamblers wanting to prevent the development of gambling problems, as well as its current predominant use by problem gamblers aiming to regain control over gambling (Gainsbury, 2010).

It is critical that self-exclusion programs provide and deliver as planned. Only about 10% of problem gamblers seek professional assistance for their gambling, whereas problem gamblers may be more receptive to self-exclusion, although actual take-up rates nevertheless remain low (Delfabbro, 2012; Williams et al., 2012). Additionally, and as discussed further in this review, self-exclusion appears effective for some people in reducing the negative consequences of their gambling, their urge to gamble, and their gambling behaviour and expenditure (Cohen et al., 2011; Croucher, Croucher & Leslie, 2006; Ladouceur, Sylvain, & Gosselin, 2007; Nelson et al., 2010; Steinberg, 2008), although lack of extended longitudinal studies limits knowledge about longer term efficacy. Longitudinal self-exclusion studies have also been subject to high attrition rates, and it is possible that self-excluders who successfully address their gambling are more likely to remain in the study, thus inflating the reported effectiveness of self-exclusion. Nevertheless, Hayer and Meyer (2011a) note that, despite their methodological shortcomings, longitudinal studies have shown that at least some self-excluders benefit, at least initially, from enrolling in a self-exclusion program. Further, offering self-exclusion is the most common venue response to patron approaches for assistance with a gambling problem (Hing & Nuske, 2009, 2011, 2012; Hing et al., 2010) and is the gambling industry's predominant harm reduction strategy (Blaszczynski et al., 2007).

While self-exclusion programs are widely available, research into their operations and efficacy for people wanting to address a gambling problem has not been extensive. International and Australian studies of self-exclusion are now reviewed.

2.4 PRIOR INTERNATIONAL RESEARCH INTO SELF-EXCLUSION

Several North American studies have examined various aspects and outcomes of self-exclusion. One study analysed the spatial distribution of self-excluding patrons against casino locations in one US state, but not the efficacy and impacts of self-exclusion programs (LaBrie et al., 2007). Another study analysed characteristics of 220 self-excluded patrons of one Canadian casino, highlighting high rates of problem gambling, gambling losses and wins, and suggestions for program improvement (Ladouceur et al., 2000). The research found that 30% of excluders completely stopped gambling once enrolled in the program. A further study had a longitudinal design, surveying excluders (N = 161) at six, 12, 18 and 24 (N = 53) months after exclusion (Ladouceur et al., 2007). Follow-up assessments found reduced urge to gamble and increased perception of control amongst all participants. Intensity of negative consequences of gambling was reduced for daily activities, social life, work and mood. The DSM-IV score for pathological gambling was reduced over time, including between baseline and six-month follow-up.

Nelson et al. (2010) conducted a retrospective study of self-exclusion from Missouri casinos, with the time period between exclusion and assessment ranging from 3.8 to 10.5 years. Amongst survey respondents, 58% reported not quitting any gambling, 25% reported quitting all gambling, and 18% reported quitting casino gambling. Nearly 60% of respondents reported undertaking some form of treatment or self-help after excluding, and use of these supports was significantly and positively related to gambling abstinence and improved quality of life.

Also in North America, Nower and Blaszczynski (2006) explored gender differences in demographic and gambling-related characteristics of 2,670 problem gamblers participating in a Missouri state-administered casino self-exclusion program between 2001-2003. Female self-excluders were more likely than their male counterparts to be older at time of exclusion, African American and outside the traditional workforce. They were also more likely to report older age of gambling onset, shorter time between onset and self-exclusion, preference for non-strategic forms of gambling and prior bankruptcy. Key predictors of female self-exclusion included a desire to gain control and prevent suicide, and referral by a counsellor.

Additionally, Tremblay, Boutin and Ladouceur (2008) evaluated aspects of an enhanced self-exclusion program at a Montreal casino. Program enhancements included an initial psychological evaluation, monthly telephone counselling support, and a mandatory meeting at the end to evaluate the person's gambling, provide information about chance and responsible gambling, and provide referrals to additional resources if needed. Major improvements were observed between initial and final assessments on time and money spent gambling, negative consequences of gambling, DSM-IV scores for pathological gambling and psychological distress. Also reporting on program enhancements, the Responsible Gambling Council (RCG) Centre for the Advancement of Best Practices (2011) evaluated the voluntary self-exclusion program operating across casinos in British Columbia, drawing on interviews with casino personnel and gambling counsellors. These enhancements included introduction of improved reporting systems, links to counselling services, expansion of staff training to include self-exclusion components, use of licence plate recognition, prohibition of winnings to self-excluders and facial recognition technology. The authors recommended other small operational improvements, with particular emphasis on introducing more meaningful consequences for breaches and a graduated response for repeated breaches. Another study of the casino self-exclusion program in British Columbia involving a longitudinal study of self-excluders (Cohen et al., 2011) recommended improvements relating to detection of and penalties for breaching, a more helpful approach for violators, enhanced options for program enrolment and re-enrolment, and greater program marketing. This study also found that most participants were satisfied with the self-exclusion program. Eighteen months after self-excluding, 65% of the retained sample (25% of the 169 participants) had never tried to return to gamble at the casino they had excluded from and 35% had been able to completely abstain from gambling. Of particular importance is that the program successfully connected 38% of these participants with professional treatment.

Williams, West and Simpson (2007) conducted a review of self-exclusion programs in Canada. Based on self-exclusion data for 2005, low utilisation rates were found, estimated at between 0.6% and 7.0% of problem gamblers. Also in Canada, Verlik (2008) conducted telephone interviews with 300 self-excluders from seven provinces. Of these, 67% rated the overall effectiveness of these programs as somewhat or very effective, despite over half breaching their agreement, and only 48% of those breaching being detected by the venue.

In New Zealand, a small follow-up survey was conducted by Townshend (2007). The study found a significant reduction in problem gambling symptoms and severity, as well as money lost, and greater self-reported control over gambling. However, this cohort was recruited through a treatment agency, so the effects of self-exclusion could not be distinguished from those of treatment. More recently, Bellringer, Coombes, Pulford and Abbott (2010) consulted with industry and counselling stakeholders and surveyed 123 self-excluders in New Zealand. After self-exclusion, 44% of survey respondents reported gambling less in terms of time, 42% were gambling less in terms of money, 37% had ceased gambling, and 34% were attending (or had recently attended) a gambling treatment service. However, 32% had gambled at other venues, 11% gambled more on alternative gambling forms, 9% had breached their exclusion contract, 8% reported their gambling stayed the same in terms of money, and 5% reported their gambling stayed the same in terms of time.

In Europe, Hayer and Meyer (2011b) conducted the first study of the effectiveness of casino self-exclusion in selected countries using a longitudinal design over 12 months. While retention rates were low (20% of 152 self-excluders at 12 months), the authors concluded that the decision to self-exclude coincides with being under a great deal of strain and pronounced willingness to change, but that these factors are strongest at the time of self-exclusion. Nevertheless, those retained in the study showed a clear improvement in psychosocial functioning directly after self-excluding.

A review of self-exclusion research (Nowatzki & Williams, 2002) revealed that the typical casino self-excluder is male, 46 years old, with significant accumulated gambling debts and problems relating to electronic gaming machines (EGMs) or casino card games such as blackjack. This profile is similar to that found by Steinberg in the US (2008) and Hayer and Meyer in Europe (2011b). However, some recent studies reveal that self-excluders from online gambling sites are predominantly young adult males (Hayer & Meyer, 2011a; Remmers, 2006). The rise of Internet gambling may also see a change in problematic gambling forms amongst self-excluders, with race wagering, sports betting and poker demonstrating renewed popularity through their online availability (Gainsbury, 2012). Regardless of the form of gambling or type of venue, the main reasons for self-excluding appear to be to gain control over gambling and to get help for gambling problems (Nower & Blaszczynski, 2006).

2.5 PRIOR AUSTRALIAN RESEARCH INTO SELF-EXCLUSION

In Australia, the outcomes of self-exclusion for individuals have not been comprehensively examined, despite the operation of these programs for several years. O'Neil et al. (2003) assessed the provisions and common features of Australian self-exclusion programs but the study was criticised for not rigorously assessing the efficacy of the programs as it was unclear how many excluded gamblers remained undetected by venues during data collection periods (Blaszczynski, Ladouceur & Nower, 2004).

More recently, Hing and Nuske (2012) examined the self-barring experiences of a small sample of people (N = 36) who had self-excluded through a centralised service in South Australia. Participants identified key program shortcomings as low publicity, limits on how many venues they could self-bar from, and inadequate venue monitoring for breaches of self-barring orders. Nevertheless, the centralised service that is staffed by trained psychologists and located away from gambling venues and that allows multiple venue barring in one application appeared advantageous over programs that require people to self-exclude directly from individual venues. Most respondents (85%) had ceased or lessened their gambling in the 12 months following self-barring. Nevertheless, some continued to struggle to manage their gambling, reflected in breaches of self-barring orders and gambling in venues from which they were not self-barred. However, this was a snapshot study so no information was gained about sustained effects of self-exclusion beyond retrospective self-reports.

Also in Australia, Croucher et al. (2006) surveyed 135 self-excluders in NSW between 2003-05. Self-reported breaches of exclusion agreements were very common (45% of men and 33% of women) and most (about 80%) gambled on EGMs while self-excluded. Most of these self-excluders (75%) started gambling within six months of entering into the agreement. Nevertheless, benefits were reported in relation to finances and relationships and about 70% more than halved their gambling expenditure.

In Queensland, Hing and Nuske (2009, 2011) examined exclusion as part of a larger qualitative study examining venue responses to problem gamblers in the venue, drawing on interviews with hotel and club customer liaison officers and staff, and gambling counsellors. Similar to a comparable study in South Australia (Hing et al., 2010), they found that identifying self-exclusion as an option was the most common response when a patron approached venue personnel for assistance with a gambling problem. Thus, it is critical that the efficacy of self-exclusion is optimised, given that venues prioritise it when responding to problem gamblers. However, this study did not evaluate the effectiveness of self-exclusion for gamblers. Thus, the efficacy and impact of self-exclusion programs in Queensland, and indeed in Australia, have yet to be adequately assessed.

2.6 PRIOR RESEARCH INTO SELF-EXCLUSION FROM INTERNET GAMBLING SITES

Similar to land-based gambling venues, some reputable Internet gambling sites offer self-exclusion programs, although this is unlikely to be common practice amongst unregulated

sites. Key concerns appear to be the sheer number of accessible sites, the ease and speed of accessing alternate sites, lack of collaboration between sites, and lack of consistent regulation that might require a self-exclusion program. For example, approximately 2,170 Internet gambling sites based in 75 jurisdictions currently accept play from Australians (Online Casino City, August 2013) despite the illegality of doing so under the Interactive Gambling Act 2001. In contrast, around 35-40 legal wagering and lotteries sites are regulated in Australia. As Hayer and Meyer (2011a) note, there may be little point in excluding from one site if gamblers can easily switch to another and continue gambling, which is of particular concern given that problem gambling is more common amongst Internet gamblers compared to non-Internet gamblers (Hing et al., in press; Gainsbury et al., 2013; Wardle et al., 2011; Wood & Williams, 2009).

Nevertheless, studies have shown that Internet gamblers do use self-exclusion, although research into online self-exclusion programs is in its infancy and studies have generally focused only on single sites. For example, Remmers (2006) reported that 13 people per day, equating to 4,847 users, had self-excluded in 2005 from one online gambling site (PokerRoom.com) with most self-excluders being young males, consistent with later findings by Hayer and Meyer (2011a). In examining self-exclusion take-up from Svenska Spel's Internet poker platform, Jonsson (2008) reported that 5.4% of a randomly selected sample of the site's poker players, which represented 11% of at-risk gamblers amongst survey respondents, had used the site's self-exclusion facility at least once. Similarly, Griffiths, Wood and Parke (2009) in a larger survey reported that 4.42% of Svenska Spel's customers had used its self-exclusion facility. Hayer and Meyer (2011a) reported that 8,237 individuals initiated 11,818 self-exclusion orders from the Win2day.at site during the two years from 2006-08. The number of self-exclusions from the online sites discussed above appears large, but many sites offer exclusion periods as short as seven days or less, with some providing panic buttons which automatically exclude gamblers for 12 or 24 hours. Further, the ease, speed and anonymity of self-excluding from an Internet gambling site means excluders can avoid the shame and considerable effort that are characteristic of exclusion from land-based gambling venues (Hayer & Meyer, 2011a; Hing & Nuske, 2012). Nevertheless, exclusions from online wagering sites regulated in Australia appear minimal, with around only 0.5 to 1.25% of active customers reported to have excluded from two popular wagering sites (Gainsbury, 2012).

Self-exclusion from online gambling sites may not always be due to gambling problems, although Griffiths et al. (2009) found that to save money and to address excessive gambling behaviours were the primary motives for self-excluding amongst the 2,348 Svenska Spel customers surveyed. Hayer and Meyer (2011a) found that prevention of gambling problems was the primary reported motive amongst 259 self-excluders from the Win2day.at site, followed by excessive expenditure of money and time, loss of control and annoyance with the site. However, the prevention motive is likely related to problem gambling, with 68% of the 259 self-excluders scoring as potential problem gamblers (Hayer & Meyer, 2011a). While self-exclusion was considered a fairly spontaneous action by the majority of excluders, most had no intention of switching to other gambling sites and most felt that self-exclusion would

be sufficient to get their gambling problems under control; this raises future challenges in prompting professional treatment for problem gambling amongst self-excluders from online gambling facilities (Hayer & Meyer, 2011a).

Little is known about the efficacy of self-exclusion from online gambling sites in minimising harm from gambling. In one study Jonsson (2008) reported that 30% of self-excluders in a sample of Svenska Spel poker players, representing 24% of the at-risk gamblers, used alternative poker sites during the exclusion period and continued gambling there. Longitudinal data are provided by Hayer and Meyer (2011a) although a low retention rate resulted in only 20 self-excluders participating in the study for three assessment periods. Twelve months after self-excluding, the problem gambling rate amongst these 20 participants had decreased from 80% to 5.3% of the sample. Nevertheless, over one-quarter of their starting sample of 259 self-excluders had previously excluded online or offline, and the longitudinal data showed a marked decrease in willingness to stop gambling on the Internet, raising questions about sustained effects of self-exclusion for some gamblers. As in all longitudinal studies of self-exclusion, it is likely that those retained in the sample were more successful in controlling their gambling following self-exclusion than participants who dropped out. Nevertheless, the authors concluded, in agreement with Jonsson (2008), that a temporary restriction of gambling even on only one site has favourable effects for online self-excluders.

2.7 CHALLENGES TO THE EFFECTIVENESS OF SELF-EXCLUSION PROGRAMS

Prior research indicates that self-exclusion programs face several challenges and shortcomings. One concern is that the programs are usually not heavily marketed. In fact, several studies have called for better publicity of self-exclusion programs (Bellringer et al., 2010; Blaszczynski et al., 2007; Hing & Nuske, 2009, 2012; Hing et al., 2010; Nowatzki & Williams, 2002; Responsible Gambling Council, 2008). A review of programs advocated 'mandatory and aggressive promotion' throughout gambling venues, via mass media, in health, treatment and community services, and to health professionals (Gainsbury, 2010, p. 22). Studies involving self-excluders also confirm that venue promotion is generally low-key. For example, only 19% of self-excluders in Steinberg's study (2008) found out about the program from the casino, and only 18% believed the program was advertised widely enough. Similar findings were observed in Hing and Nuske's study (2012) where participants most commonly became aware of self-exclusion through a counsellor. This finding was consistent with Bellringer et al.'s research (2010) where initial awareness of exclusion programs was gained mainly from sources external to gambling venues, predominantly gambling treatment providers. However, casino literature was the source of program awareness for over two-thirds of self-excluders in a study in British Columbia where the program is clearly advertised in multiple formats and languages in gambling venues across the province (Cohen et al., 2011). In Queensland, 66% of problem gamblers, 61% of moderate risk gamblers, and 47% of low risk gamblers reported being aware that people could be excluded from a gambling venue, with awareness higher amongst older respondents (Queensland Government, 2012).

One operational difficulty is that venue staff are not always prepared or adequately trained to handle a self-exclusion, particularly if the patron is distressed, frustrated or afraid (Responsible Gambling Council, 2008). Venue staff in Bellringer et al.'s (2010) study noted the difficulties of attending to highly distressed patrons whom they felt needed immediate assistance that staff were not trained to provide. Similar discomfort and uncertainty were voiced by several employees in studies of venue responses to problem gamblers in Queensland and South Australian establishments when asked about self-exclusion processes (Hing & Nuske, 2009; Hing et al., 2010). In British Columbia, GameSense Advisors were introduced to provide a more patron-focused approach to self-exclusion, and also to support security staff who were previously responsible for administering the self-exclusion process (Cohen et al., 2011). Challenges for venue staff are most likely compounded in jurisdictions where intervening with patrons showing problem gambling behaviours is required, such as New Zealand, as confronting a patron about a possible gambling problem may prompt an angry and aggressive response (Bellringer et al., 2010). Nevertheless, some self-excluders have reported that they would have welcomed such an approach especially when it should have been obvious to staff that they had a gambling problem (Hing & Nuske, 2012). Additionally, individuals may be deterred from self-excluding if they perceive the process as not private and respectful or too difficult and complex (Gainsbury, 2010), with a major barrier to self-exclusion being shame, embarrassment and stigma (Hing & Nuske, 2012). Thus, it is essential that venue staff are adequately trained in appropriate self-exclusion procedures that maintain dignity, confidentiality and respect for self-excluders. The ability to self-exclude online, by mail or email would enhance privacy and confidentiality and lessen shame and embarrassment, further reducing barriers to uptake.

Additional factors that may impact on the effectiveness of self-exclusion relate to access to and scope of self-exclusion orders. As Williams et al. (2012) point out, self-exclusion has limited effectiveness if only applied to one or a few venues or gambling forms. In jurisdictions without area-wide exclusions, such as many in Australia, gamblers need to arrange self-exclusion at each venue they wish to be barred from (Hing & Nuske, 2009; Hing, et al., 2010). With gambling available in hotels, clubs, casinos and off-course betting agencies in most Australian jurisdictions, most gamblers need to exclude individually from hundreds of venues if they are to be barred from all in reasonable commuting distance. Similarly, it is impractical to exclude from the thousands of Internet gambling sites that accept play from Australia (Online Casino City, 2013). Requirements to exclude individually from each venue or site also increases the person's exposure to the gambling environment and associated temptation to gamble (Hing & Nuske, 2012). Similarly, self-exclusion from online gambling sites typically requires accessing the site to find out how to exclude. Thus, many commentators have advocated for jurisdiction-wide programs administered by the regulatory body (Nowatzki & Williams, 2002) to both facilitate access and allow gamblers to avoid the gambling environment. Jurisdiction-wide self-exclusion programs now operate in many Canadian provinces and in parts of Europe, but are less common in Australia and the US (Williams et al., 2012). However, even jurisdiction-wide programs fail to prevent cross-border access to gambling and do not usually limit access to Internet gambling (Williams et

al., 2012). Further, jurisdiction-wide programs in Australia have been criticised for severely limiting the number of venues a person can self-bar from (Hing & Nuske, 2012).

Clearly, effectiveness of self-exclusion is likely to be compromised if gamblers are deterred because of considerable time and effort required to exclude from multiple venues, and if they can still access venues from which they have not self-excluded. Several studies have found that substantial proportions of self-excluders continue to gamble at other venues during exclusion periods. For example, amongst the 36 self-excluders in Hing and Nuske's study (2012), 26 still gambled after self-excluding with 23 still gambling on the same type of gambling causing them problems. Of these 23 self-excluders, five gambled at venues they were barred from and 18 at venues they were not barred from. Similarly, 57% of self-excluders in Bellringer et al.'s New Zealand study (2010) reported gambling during exclusion periods at venues they were not barred from, with 46% of these people gambling weekly or more often and only a minority gambling on other forms than those provided in venues they had excluded from. In British Columbia, over half of survey respondents continued to gamble after self-excluding, with 55% of these gambling at other casinos in the province, 42% in the US and 12% in other Canadian provinces (Cohen et al., 2011). Not surprisingly, Hing and Nuske (2012) found that most self-excluders in their study advocated for availability of multi-venue exclusion. Industry objections to multi-venue exclusion include the difficulty of monitoring for people they have not personally seen and the likely increased number of excluders to monitor for (Hing et al., 2010; Hing & Nuske, 2009). However, most self-exclusion registrations involve only one or two venue employees, so most staff already rely on photographs for detection. Centralised multi-venue self-exclusion services located away from gaming venues are considered advantageous to facilitate access, allow excluders to avoid the gambling environment, and circumvent operator conflict of interest (Hing & Nuske, 2012; Nowatzki & Williams, 2002).

A major shortcoming frequently raised is detection of breaches, with several studies finding that substantial proportions of self-excluders report not being detected when entering venues from which they are banned (Alberta Gaming and Liquor Commission, 2007; Croucher et al., 2006; Ladouceur et al., 2000; O'Neil et al., 2003; Responsible Gambling Council, 2008). For example, a Nova Scotia study involving 150 people posing as self-excluders who had formally registered to test the effectiveness of detection found that 77% of breaches were not detected (Schrans, Schellinck & Grace, 2004). Photographs are an inadequate means by which to identify self-excluders who try to re-enter a venue, with this problem compounding as the number of exclusions increases (O'Neil et al., 2003; Responsible Gambling Council, 2008). Williams et al. (2012) provide the example of Ontario where over 10,000 people were self-excluded in 2007, with their photographs filling 22 binders for security staff to refer to. Further, longitudinal studies of self-excluders confirm that many violations are not detected. In their study of 113 self-excluders from Missouri casinos, Nelson et al. (2009) found that 50% who attempted to trespass were able to do so without detection. Cohen et al. (2011) found that 70% of their respondents in British Columbia retained at Time 4 reported being able to enter the casino from which they were banned every time they tried without being recognised by security personnel. Similarly in

New Zealand, Bellringer et al. (2010) noted that major impediments to identifying excluded gamblers were poor quality photographs, restrictions on where photographs could be kept or displayed, attempts by some self-excluders to disguise themselves and 'issues with identifying breachers in an ethnically diverse population' (p. 6). The study found that staff were more likely to recognise or remember regular venue patrons. Overall, 30% of the 123 self-excluders in the study had breached their self-exclusion orders, most on multiple occasions. Of those who had breached, only about half reported being regularly recognised by venue staff.

Low detection of breaches undermines confidence in self-exclusion programs, deters some people from self-excluding and may encourage barred gamblers to keep re-entering the venue (Hing & Nuske, 2012; O'Neil et al., 2003). For example, the Alberta Gaming and Liquor Commission (2007) surveyed 300 Alberta self-excluders, with 47% indicating, unprompted, that lack of detection of breaches was the program's major weakness; further, 48% of people breaching their self-exclusion order had not been detected, with those who had been detected re-entering the venue far fewer times (average 13 times) than those who had not been detected (average 51 times). Mechanisms other than photographs can provide better detection but require patron identification to enter a venue. These include computerised identification checks, swipe cards and biometric identification (Gainsbury, 2010). Use of such technology would overcome current problems with detection, relieve venue staff of a duty that is not performed consistently well, and address lack of confidence in the system and any venue apathy in detection which currently deters potential excluders (Hing & Nuske, 2012). O'Neil et al. (2003) noted a 'conflict of interest where enforcing self-exclusion may impact directly on operator income' (p.12), with gambling venues in Australia, New Zealand, Canada and the US using visual detection rather than requiring identification checks on entry as occurs in many other jurisdictions (Williams et al., 2012).

Penalties for breaching a self-exclusion order have also been debated, with some programs having no penalties and others having fines, criminal charges of trespassing and/or relinquishment of winnings (Nowatzki & Williams, 2002). Penalties may be needed to deter breaches, with Cohen et al (2011) reporting that half of their surveyed self-excluders who had breached noted that expectations of no penalty if caught contributed to their decision to violate their agreement. Further, 52% of self-excluders who had not breached in Bellringer et al.'s study (2010) noted that their reason for not breaching was fear of legal action, such as a night in remand, prosecution or a criminal record. However, it is unclear what optimal penalties to deter breaches should be (Nowatzki & Williams, 2002). Fines and trespassing charges may compound problems for self-excluders through further financial hardship and criminalisation (Napolitano, 2003; Responsible Gaming Council, 2008). Greater publicity that self-excluders will be denied any winnings has been proposed as a more effective deterrent, along with removal of penalties that are not applied and are therefore perceived as empty threats which undermine confidence in the program (Cohen et al., 2011). A sliding scale of penalties for violators exists in some jurisdictions, such as recommendations for treatment for a first violation, contact by a counsellor for a second violation, charges for a third violation, and program expulsion, imposing of a lifetime casino

ban and criminal charges for a fourth violation (Alberta Gaming and Liquor Commission, 2007). A less supportive approach has been suggested where multiple violators would be expelled from the self-exclusion program and reinstated to limit unnecessary use of security resources in detecting self-excluders intent on breaching agreements (Cohen et al., 2011).

Penalties may also be needed for gambling venues to optimise efforts to detect breaches of self-exclusion orders. Several researchers have noted limited incentive for venues to detect breaches because of an inherent conflict of interest between an operator's legitimate profit motive and promoting and enforcing a self-exclusion program designed to reduce gambling and gambling expenditure particularly by problem gamblers (Blaszczynski et al., 2004; O'Neil et al., 2003). As noted earlier, most self-exclusion agreements waive rights of self-excluders to sue venues for failure to detect breaches (Gainsbury, 2010). Venues rarely suffer any consequences for failing to enforce self-exclusion orders although there are some exceptions, including fines of \$20,000-\$30,000 imposed by the Iowa Racing and Gaming Commission for casinos each time they admit an excluded person and fines of up to \$1 million and possible loss of casino licence in Singapore (Williams et al., 2012). Williams et al. (2012) also explain that court decisions in parts of Europe and out-of-court settlements in Canada have increasingly favoured self-excluders who may have losses reimbursed if venues allow them to gamble while self-excluded; however, US, UK and Australian courts have viewed self-exclusion orders as agreements rather than legally binding contracts and have settled disputes in favour of gambling venues.

Some scholars have questioned the effectiveness of self-exclusion in addressing problem gambling. Blaszczynski et al. (2007) note that self-exclusion should not be considered a method of psychological treatment, given its explicit aim is to prevent access to gambling rather than address irrational cognitions or psychological factors contributing to impaired control. Thus, the gambling counselling sector has sometimes criticised the gambling industry's reliance on self-exclusion as the main method of managing problem gambling (O'Neil et al., 2003). Further, while problem gambling experts recommend that self-excluders participate in a treatment program, many self-excluders have criticised programs for not providing enough support during the ban period and wanted better treatment links (Responsible Gambling Council, 2008). As noted earlier, many self-exclusion programs provide contacts for treatment programs, with some linking counsellors to self-excluders through voluntary forwarding of the excluder's contact details. However, whether mandatory counselling would increase program effectiveness or deter some people from self-exclusion remains unclear.

Effectiveness of self-exclusion is also likely to depend on self-excluders' expectations of the program, whether they consider the onus is on them or on the venue to stop them gambling. Nowatzki and Williams (2002, p.11) raise the possibility that success has less to do with venue enforcement and more to do with a self-excluder's decision to control their gambling and their 'public proclamation of this decision'. However, this means that self-exclusion programs have little impact on problem gamblers who do not believe they have a gambling problem or who are unwilling to commit to behavioural change. Low utilisation

rates of self-exclusion amongst the population of problem gamblers (Nowatzki & Williams, 2002; Williams et al., 2012) reflect this and also the possibility that some problem gamblers may be unaware of self-exclusion programs. For example, Steinberg (2008) found that the average self-excluder had gambled in the casino for over four years before recognising that he or she had a gambling problem. At the time of self-exclusion, over 95% of self-excluders were probable pathological gamblers, suggesting that their gambling problems had already developed to severe levels.

Ban length is a further aspect of self-exclusion that has been debated. As noted earlier, there is a high degree of variability in self-exclusion periods across programs but most have a standard period within the program. Some researchers have noted that bans of less than five years are inappropriate, given that the majority of self-excluders will have lifelong propensities for excessive gambling and because relapse rates for problem gambling (and other addictions such as substance use disorders) are high in the first few years (Williams et al., 2012). However, consideration should be given to balancing a longer ban length with its potential to deter some people from enrolling. Additionally, others have criticised the 'one-size-fits-all approach' where the self-exclusion process is remarkably similar across most gambling venues and jurisdictions, even though motivations and expectations of gamblers differ (Responsible Gaming Council, 2008:8). In recognising this variation amongst self-excluders, Blaszczynski et al.'s (2004) gateway model recommended use of clinically trained self-exclusion educators who, as well as providing education and support to self-excluders, would periodically assess the efficacy of extending the exclusion term. This approach may be highly appropriate, given that the optimal length of abstinence required to prevent problem gambling relapse is unclear (Williams et al., 2012). Related to ban length are revocation requirements, with some self-exclusion programs having lengthy ban periods but shorter periods after which self-excluders can apply for the order to be revoked. As noted earlier, some programs allow automatic reinstatement after the ban period, while others require endorsement from a qualified counsellor, psychologist or psychiatrist that the self-excluder is capable of controlled gambling. However, some gambling treatment providers have expressed discomfort and opposition to their role in endorsing self-excluders' reinstatement in gambling venues (Bellringer et al., 2010).

2.8 OTHER TYPES OF EXCLUSION

As well as self-exclusion, two other types of exclusions operate in some jurisdictions although they are far less common than self-exclusion orders. Venue-initiated exclusion can be conducted when gambling operators have concerns for a possible problem gambler and/or their ability to afford to gamble. This concern may arise due to an approach from a third party and/or observations by venue staff and is typically enacted only with appropriate evidence and after extended monitoring, and only if the customer refuses to self-exclude. Chapter Four of this report reviews some venue exclusion programs, including those which automatically exclude people on welfare benefits or who are declared bankrupt. However, minimal empirical research has been conducted into venue-initiated exclusions apart from descriptive details of how they operate. Bellringer et al. (2010) also noted that research

literature on venue-initiated exclusions is sparse, these exclusions are rarely identified in empirical research, and they are not presented in large enough numbers or in enough detail to meaningfully inform a literature review. Even their own study captured just seven participants with venue-initiated exclusions. The main reason for a dearth of research on venue-initiated exclusions appears to be their limited usage. In Queensland, for example, only five venue-initiated exclusion orders were made in between January and June 2013, comprising four from clubs and hotels and one from an off-course betting agency, compared to 669 self-exclusion orders in the same period (Queensland Government, 2013). However, essentially nothing is known about the effectiveness of venue-initiated exclusions in reducing gambling-related harm.

Recently, however, increased use of account-based gambling which enables accurate tracking of individual's gambling behaviour has increased the potential for gambling operators to exclude customers based on problem gambling behaviours. For example, Holland Casino's system, facilitated by its monopoly casino licence in the Netherlands, is based on a national visitor registration system that monitors frequency of patron visits, is supported by an incidents register, and by CCTV surveillance. These systems are linked to a stepped intervention scheme which allows staff to escalate involvement based on a patron's visitation frequency and observed gambling behaviours. These responses commence with providing a patron of concern with an information brochure, and can escalate to an interview with casino personnel, visit restrictions, admission ban, and assessment interviews before any restrictions are lifted (Remmers, 2008). The Playscan system used in Sweden, France, and Finland uses smart cards and, based on information collected on individual gambler behaviour and on known risky gambling patterns of players (e.g. chasing losses, increasing average bet size over time), assesses individual players' risk and advises them if their gambling is under control, if their behaviour has changed in a negative way, or if their gambling is a problem. Advice is then provided on what the person should do based on level of risk (Svenska Spel, 2010). Similar systems have been developed in Canada (e.g., iCare) and the United Kingdom (e.g., GAMtrack), while account-based Internet gambling also offers potential for identification of problem gambling behaviour and automated interventions. However, no empirical research has been conducted into the use of such systems to initiate a venue exclusion.

Third-party or family-initiated exclusions are also available in some jurisdictions and some of these programs will be reviewed in Chapter Four. However, no empirical research could be found on third-party initiated exclusion programs apart from descriptive details of how some operate and some opinion-based questions in prevalence studies. In Queensland, 69% of adults surveyed in the Queensland Household Gambling Survey 2011-12 (Queensland Government, 2012, p. 89) agreed that 'if a person is concerned that a close family member is having problems with gambling, they should be able to have that family member banned from a gambling venue'. However Queensland does not provide for third-party exclusions, although concerns from third parties may be considered in deciding to impose venue-initiated exclusions. As with venue-initiated exclusions, no evidence exists on the efficacy of third-party initiated exclusions in minimising harm from gambling.

2.9 CHAPTER CONCLUSION

Several studies have been conducted into self-exclusion, with retrospective, follow-up and longitudinal studies generally demonstrating that engagement in these programs has initial benefits at least for some self-excluders in reducing harm from gambling and curtailing problem gambling behaviour. Clearly, these effects also need to be sustained over time for self-exclusion to be effective, but there is limited evidence of sustained benefits beyond the two year or shorter timeframes of prospective studies conducted. However, the literature review has also shown that no previous studies have systematically examined whether self-exclusion provides additional or different benefits to those that might be gained from counselling or other forms of treatment and support. While the current study unfortunately does not have a longer timeframe than previous studies, it does examine whether self-exclusion is more effective with and without counselling and other support. As such, this study will address an important gap in knowledge. The study will also inform gambling policy and practices in Queensland by evaluating gambling exclusion programs in that state.

CHAPTER THREE

RESEARCH METHODS

3.1 INTRODUCTION

This chapter details the research methods employed in this study. The four empirical research stages are explained in relation to participant sampling and recruitment, data collection procedures, research instruments used and analytical methods employed. Ethics approval for this study was obtained from Southern Cross University Human Research Ethics Committee (ECN 12-027).

3.2 STAGES OF THE STUDY

In conducting this study, the research team undertook several stages of research. Following a literature review of Australian and international research on exclusion programs (Stage One), the following four stages of data collection were undertaken with methods for each stage detailed in this chapter:

Stage Two: Review of selected Australian and international gambling exclusion programs, including analysis of commonalities and differences.

Stage Three: Interviews with Queensland peak gambling industry bodies.

Stage Four: Interviews with Queensland gambling counsellors.

Stage Five: Surveys and interviews with gamblers in three waves over 12 months.

3.3 STAGE TWO: REVIEW OF EXCLUSION PROGRAMS

Extensive desk research was conducted to identify and review Australian and international gambling exclusion programs to address Research Objective One.

3.3.1 SCOPE OF THE REVIEW

Given the vast number of exclusion programs worldwide, priority was given to including Australian and an appropriate selection of international programs. The selection included programs from a wide range of jurisdictions, as well as for all forms of gambling for which exclusion programs exist (gaming, wagering, lotteries), and for both land-based venues and Internet gambling sites. Priority was also given to including programs with diverse features. For example, as well as self-exclusion, some jurisdictions operate venue initiated exclusions, third party or family initiated exclusions, and automatic government exclusion of people on welfare or who are declared bankrupt. A systematic Internet search assisted in identifying appropriate programs for inclusion. The review included 41 self-exclusion programs, six venue-initiated exclusion programs, eight third-party exclusion programs, and one government initiated exclusion program as shown in Table 3.1.

Table 3.1: Countries and jurisdictions included in the review of exclusion programs

Country/ region	Jurisdictions	Self- exclusion	Venue exclusion	3rd party exclusion	Govt exclusion
Australia	Queensland	√	√	√	
	New South Wales	√			
	Victoria	√			
	South Australia	√	√	√	
	Western Australia	√			
	Tasmania	√	√	√	
	Australian Capital Territory	√	√		
	Northern Territory	√			
New Zealand	New Zealand	√	√		
Canada	Quebec	√			
	Nova Scotia	√			
	Ontario	√			
	Saskatchewan	√			
	Alberta	√			
	British Columbia	√			
	Manitoba	√			
	Prince Edward Island	√			
USA	Missouri	√			
	California	√	√	√	
	Colorado	√			
	Indiana	√			
	Iowa	√			
	Michigan	√			
	New Jersey	√			
	Nevada	√			
Europe	Netherlands	√			
	Switzerland	√			
	Austria	√			
	Sweden	√			
	England, Scotland, Wales	√			
	France	√			
	Belgium	√		√	
Asia	Macau	√		√	
	Singapore	√		√	√
	Russia	√			
	Japan	√			
	Thailand	√			
	Malaysia	√			
Africa	South Africa	√		√	
	Zimbabwe	√			
	Nigeria	√			

Additionally, exclusion programs were reviewed for the following 13 online wagering operators:

- bet365
- Betchoice (Unibet)
- Betezy
- Bookmaker
- Eskander's Betstar
- Centrebet
- Luxbet (Tabcorp)
- Sportsbetting
- Sportsbet/IAS Bet
- IAS Bet
- Sportingbet
- Tom Waterhouse Pty Ltd
- Betfair

3.3.2 DATA COLLECTION

All data for the review were obtained from secondary sources, mostly directly from the Internet. In many instances, the exclusion application form was a key source of information as it often detailed the authorising environment, program provisions, personal information required, patron responsibilities, venue responsibilities, and consequences of breaches. Information brochures sometimes available to patrons were also a useful source of key program elements and requirements.

Data collection and reporting were based on jurisdictions not countries. Jurisdictions were determined by the scope of exclusion policies. For example South Africa, New Zealand and the United Kingdom are individually covered by one exclusion policy, while each Australian state/territory has its own exclusion policy and approach.

Caveats

Information was gathered between February and September 2013 and was correct at this time. However, updates to policies and details may have occurred since then. In many instances, exclusion programs were incorporated on website pages containing government and venue responsible gambling policies and these were used as the primary source of information. However, relevant information (e.g., staff training provisions) may also be covered elsewhere and not repeated in the exclusion section. In these instances, although the information was not identified in the search does not necessarily mean that jurisdictions do not have provisions for those measures. Following links to source documents may provide more detail on responsible gambling policies and industry practices for exclusion programs.

The level and quality of information available varied greatly between jurisdictions. Most websites used as sources were operated by governments, government departments, industry peak bodies or individual venues, with most information sourced from government websites. Some sites focused on a legislative or policy perspective (i.e., authorising environment, legislative provisions, venue/operator requirements), other sites provided a functional perspective (i.e., patron application forms, program brochures, contact information), while some jurisdictions provided extensive information on both perspectives. Due to these variations, there are slight differences in the tone and coverage of information available amongst jurisdictions.

Each jurisdiction's gambling policy is influenced by a myriad of factors, including regulatory ideologies, societal culture, public health frameworks, geographical factors and stakeholder views including community sector and industry peak bodies. Within governments, multiple players include regulatory departments, social welfare departments, independent government bodies, commissions and committees. These institutions may even be duplicated for each major gambling type (gaming, casinos, wagering, online gambling). In addition, multiple pieces of legislation govern the gambling industry. While this review has endeavoured to collate as much detailed information as possible, it was beyond its scope to accurately map each jurisdiction's gambling industry or assess impact of these factors on exclusion policies.

3.3.3 DATA ANALYSIS

Data from the review were analysed to first summarise the key components of each program. These results were then further summarised in table form to facilitate identification of their commonalities and differences in terms of program components.

3.4 STAGE THREE: INTERVIEWS WITH PEAK INDUSTRY REPRESENTATIVES

The purpose of this stage was to gather background materials and industry perspectives on exclusion programs in Queensland.

3.4.1 SAMPLING AND RECRUITMENT

Because exclusions are predominantly from the casino, hotel, club and wagering venues in Queensland (Queensland Government, 2013), interviews were conducted with representatives from Echo Entertainment which operates three of the four casinos in Queensland, the Queensland Hotels Association, Clubs Queensland and Tattsbet.

3.4.2 PROCEDURE

The research team contacted each organisation to request an interview and all organisations agreed. Each organisation nominated the most suitable person for interview who, in all cases, were senior executives familiar with the self-exclusion programs operated by their industry sector. Interviews were conducted face-to-face by two members of the

research team in the offices of each organisation and recorded with respondents' permission. These recordings were then transcribed by a professional transcription service.

3.4.3 INTERVIEW QUESTIONS

The interview topics covered five main sections:

- Overview of the sector's exclusion programs.
- Their professional views on aspects of exclusion, including: venue processes; venue monitoring; staff training; availability, access and promotion; registration processes; ban length; ban scope; links with counselling and support; revocation and renewal processes; and penalties for breaches.
- Strengths and weaknesses their exclusion programs.
- Evidence of effectiveness of their exclusion programs.
- Potential improvements to their exclusion programs.

3.4.4 DATA ANALYSIS

Data were analysed by simply summarising key points of the respondent interviews and writing these up with illustrative quotations.

3.5 STAGE FOUR: INTERVIEWS WITH GAMBLING COUNSELLORS

A sample of gambling counsellors was interviewed as they were expected to provide valuable insights into the role of self-exclusion in minimising gambling-related harm and facilitating recovery from problem gambling. Gambling counsellors are also familiar with client experiences of triggers, enablers, barriers and challenges of self-exclusion.

3.5.1 SAMPLING AND RECRUITMENT

To obtain geographical diversity and representation across Queensland, all Gambling Help agencies in Queensland were contacted to request an interview with at least one gambling counsellor. These agencies included those operated by Relationships Australia Queensland, Lifeline, Uniting Care, Alcohol and Drug Foundation Queensland, Centacare and the Salvation Army. One agency declined to participate because its sole gambling counsellor had recently started in her position and had not yet seen any clients.

Eighteen counsellors were recruited for interviews representing all but one Gambling Help agency in Queensland, with these participants nominated by their agency as volunteering for an interview and the most appropriate to contribute to the study. As such, the sample of counsellors was self-selecting and the researchers had no control over which counsellors volunteered for an interview.

3.5.2 PROCEDURE

Participants were sent an information sheet and informed consent form to sign and return. Interviews were conducted by telephone at a mutually convenient time and lasted for approximately 30 minutes each. The interview questions were sent to participants beforehand so they could consider them in advance. Interviews were conducted by telephone by one member of the research team, recorded with participants' permission and transcribed verbatim by a professional transcription service.

3.5.3 INTERVIEW QUESTIONS

The interview schedule contained seven main sections and is contained in Appendix A:

- About the counsellor's agency, including a broad demographic profile of the agency's gambling clients and types of gambling most clients have problems with.
- About the counsellor's role, including their role at the agency, length of working as a gambling counsellor, approaches to counselling, and average number of counselling sessions per client.
- Client uptake of self-exclusion, including proportion of clients who have self-excluded, whether they usually attend counselling before or after self-excluding, how they find out about self-exclusion, main reasons or triggers for self-excluding, and main barriers that deter some clients from self-excluding.
- Counsellors' professional views on self-exclusion, including its perceived value and role in the recovery process, how self-exclusion and counselling work might together, whether and when they suggest self-exclusion to clients, and any assistance they provide to self-exclude.
- Outcomes of self-exclusion, including specific client examples of the role of self-exclusion in minimising gambling related harm for clients, whether self-exclusion is more effective when combined with counselling, the role of other types of support in the effectiveness of self-exclusion, whether these effects are sustained over time, and the role of self-exclusion in problem gambling recovery.
- Counsellors' professional views on specific aspects of self-exclusion and how they might be improved, drawing on examples of client experiences. These aspects were availability, access and promotion; registration process; ban length; ban scope; links with counselling and support; revocation and renewal processes; penalties for breaches; venue monitoring and detection of breaches; and regulatory oversight and penalties
- Any other comments about self-exclusion.

3.5.4 DATA ANALYSIS

Data were analysed using thematic analysis. This is a method for identifying, analysing and reporting patterns (themes) within data, by organising and describing the data set in rich detail and by interpreting various aspects of the research topic (Braun & Clarke, 2006). In this study, the process of data coding, analysis and interpretation was conducted in an iterative way through immersion in the data, code generation, searching for and reviewing themes, interpreting and naming themes, and then writing up the results.

To ensure validity, the researchers utilised the conceptual elements determined by Sandelowski (1986) in response to Lincoln & Guba (1985) who called for rigor and trustworthiness in qualitative research. First, *credibility* was determined by sharing of ideas and rereading of transcripts by several members of the research team. Second, *applicability* was determined by ensuring that that all participants met the criteria for engagement in the project and each participant's account represented a valid representation of the group. Third, *consistency* was observed by the researchers' clear provision of an 'audit trail' through the research process to allow for replication. Finally, *neutrality* was maintained as the researchers remained true and focused to the words of participants as the analysis is described in the relevant results chapters.

3.6 STAGE FOUR: SURVEYS AND INTERVIEWS WITH PROBLEM GAMBLERS

3.6.1 SAMPLING AND RECRUITMENT

Addressing the study's objectives required recruiting problem gamblers who had and had not self-excluded, and who had and had not received counselling for a gambling problem. We therefore recruited Queensland adults from the four groups in Figure 3.1.

	Have self-excluded	Have not self-excluded
Received counselling	Group A	Group C
Not received counselling	Group B	Group D

Figure 3.1: Gambler groups targeted for recruitment

Our target was to recruit up to 20-30 people from each group for a total of approximately 100 gambler participants. Inclusion criteria were being resident in Queensland, aged 18 years or over, and having personally experienced a serious gambling problem. Several recruitment methods were used. A \$30 shopping voucher was offered to compensate people for their time if they were eligible for and participated in an interview and survey:

- CGER database. The Centre for Gambling Education and Research has maintained a database for several years of people who have participated in previous gambling research projects and who have agreed to be invited to participate in further gambling research. At the time of recruitment for the current study, this database contained 142 Queensland residents who had been recruited over the previous two years in samples of regular (at least weekly) gamblers, gambling helpline callers and gamblers in treatment. Each was mailed a flyer explaining the study and inviting participation if they met the inclusion criteria.
- Gambling Help agencies in Queensland. These agencies were asked to assist with recruitment when they were contacted to arrange the Stage Four counsellor interviews. With permission, bundles of recruitment flyers were sent to each agency which could choose to make them available to clients as they thought appropriate. In some cases, this involved making them available in the agency's waiting room; in other cases the counsellors gave them directly to clients.
- Turning Point. This service operates the Queensland Gambling Helpline and the national Gambling Help Online. Turning Point agreed to advise appropriate callers from Queensland about the study and collected contact details of clients who agreed to participate.
- Echo Entertainment casinos. With the cooperation of the casinos, recruitment flyers were inserted into the Self-Exclusion Packs for Treasury, Jupiters and Townsville Casinos and also in the Self-Exclusion Revocation Packs for Treasury Casino.
- Facebook advertisements were run for one month, but were terminated after yielding few recruits.
- Text and image advertisements were run for five months through Google Adwords.
- Advertisements were also placed, with permission, on the websites of Gambling Help Online and Queensland Government websites containing information on gambling help.

The online advertisements and recruitment flyers directed potential participants to a brief online registration page and screening survey which contained questions to ensure recruits met the inclusion criteria. Information on gender, age, contact details and whether the person had self-excluded or not and whether they had received counselling or not were also collected. Once registered, recruits were telephoned to set up a suitable interview time. People recruited through Turning Point were asked only for their name and contact details at the time of recruitment to minimise time required by the Turning Point counsellors. These names and contact details were forwarded to the research team who then telephoned each person to ask the remainder of the screening questions and to organise an interview time if they met the inclusion criteria.

Table 3.2 shows the number of people recruited through each method.

Table 3.2: Participants by group and recruitment method

	Group A	Group B	Group C	Group D	Total
Mail-out from CGER database	9	0	3	1	13
Helpline or online counsellor	7	2	5	2	16
Flyer in casino exclusion pack	1	1	0	0	2
Flyer in counselling agency	2	0	2	1	5
Google advertisement	14	14	19	12	59
Facebook advertisement	1	0	2	0	3
Word of mouth	0	2	2	1	5
Total	34	19	33	17	103

3.6.2 PROCEDURE

Participants were sent an information sheet and informed consent form to sign and return. Interviews were conducted by telephone at a mutually convenient time and lasted for approximately 45-60 minutes each. The quantitative questions were read to participants with the interviewer recording responses on a hard copy. The qualitative questions were then asked with a digital recorder used to capture responses. These were later transcribed verbatim by a professional transcription service.

Two members of the research team conducted the interviews, one a male clinical psychologist and former gambling counsellor and the other a female qualified social worker and gambling researcher. At the time of scheduling the Time 1 interviews, recruits were asked whether they preferred a male or female interviewer. Where possible, Time 2 and Time 3 interviews were conducted by the same researcher as had conducted the previous interview(s) with the participant. At the end of the Time 1 and Time 2 interviews, participants were asked whether they would participate in another interview in 5-6 months time.

Time 1 interviews were conducted between May and October 2012, as participants were recruited. Time 2 interviews were conducted between January and July 2013. Time 3 interviews were conducted between May and October 2013. In most cases, interviews with each participant were conducted six months after the previous one, although time pressures meant that some Time 3 interviews were conducted only five months after the previous interviews. Group D participants were interviewed only at Time 1 to identify barriers to self-exclusion and to counselling.

3.6.3 PARTICIPANTS

At Time 1, 103 gamblers participated in interviews. Participants were assigned to one of four groups:

- Group A: self-excluded, received counselling (N = 34, 18 men, 16 women, mean age = 47);

- Group B: self-excluded, not received counselling (N = 19, 16 men, 3 women, mean age = 34);
- Group C: not self-excluded, received counselling (N = 33, 17 men, 16 women, mean age = 43);
- Group D: not self-excluded, not received counselling (N = 17, 7 men, 10 women, mean age = 50)

As in any longitudinal research, participant attrition was expected. Table 3.3 shows the number of participants retained at each interview time. Overall, 77.9% of participants from Groups A, B and C were retained for the second assessment and 59.3% were retained for the third assessment. Unfortunately, the highest attrition was from Group B which also had the smallest number of participants at Time 1. These retention rates are better than those for similar studies. For example, a study in British Columbia retained 77% of their sample of 169 self-excluders at 6 months, 41% at 12 months and 25% at 18 months (Cohen et al., 2011). Ladouceur et al. (2007) retained 73% of their 161 self-excluders at six months, 53% at 12 months, 37% at 18 months and 33% at 24 months. Of the 152 self-excluders recruited from various European casinos, Hayer and Meyer (2011b) retained 26% at one month, 21% at six months and 20% at 12 months. In a study of 259 European self-excluders from one Internet gambling site, Hayer and Meyer (2011a) retained 11% at one month, 9% at six months and 8% at 12 months. At three month follow-up, Steinberg (2008) retained only 14% of the 411 self-excluders research participants from a First Nation owned casino in Connecticut.

Table 3.3: Participant retention

	Group A	Group B	Group C	Total A-C	Retained %	Group D
Time 1	34	19	33	86	100.0	17
Time 2	29 ^a	14	24	67	77.9	N/A
Time 3	23	6	22	51	59.3	N/A

^aOnly 26 of these completed surveys at Time 2.

3.6.4 SURVEY AND INTERVIEW QUESTIONS

The survey and interview schedule contained two main sections (quantitative and qualitative), and is contained in Appendix B. Measures and topics are explained below.

Quantitative section

- About your self-exclusion: Questions were asked at Time 1 about how the participant had first heard about self-exclusion, number of venues they had ever excluded from, how long ago they had first and most recently excluded, whether the most recent exclusion was still in place, how many of each type of venue they were currently excluded from, and number of breaches and number of times caught during their most recent exclusion. At Times 2 and 3, respondents were also asked about any new self-exclusions they had undertaken since the previous interview.

- Gambling behaviour, including frequency of gambling on nine types of gambling (from 'never' to 'nearly every day'), plus whether they had used the Internet for any gambling activities; most problematic form of gambling, monthly gambling expenditure and level of debt due to gambling. These questions were administered at Time 1 in relation to the six months before uptake of their most recent self-exclusion (Groups A and B), the six months before their most recent counselling consultations (Group C), or in the six months prior to the survey (Group D). At Times 2 and 3, they were administered in relation to the six months since the previous interview. Due to small numbers, the gambling behaviour data were recategorised in all analyses into 'never' and 'ever' participated.
- Problem gambling severity, including a self-assessment question, followed by the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001). Perceived problem gambling severity was assessed by asking participants to rate on a scale of 1-10 how severe they thought their gambling problem was, with 1 anchored as 'no problem' and 10 anchored as 'severe problem'. This question was asked in relation to the same six month timeframes as noted above. The PGSI contains nine questions, with responses scored as 'Never' = 0, 'Sometimes' = 1, 'Most of the time' = 2, and 'Almost always' = 3. Scores can range from 0 to 27 and indicate the risk level of gambling problems for each participant. Cut-off scores used were 0 = non-problem gambler, 1-2 = low risk gambler, 3-7 = moderate risk gambler, and 8-27 = problem gambler. The PGSI is widely used in Australia and is the recommended measure of problem gambling severity (Problem Gambling Research & Treatment Centre, 2011). The PGSI was administered in relation to the same six month timeframes as noted above. At Time 1, Cronbach's alpha for the PGSI was 0.800, indicating good reliability.
- Gambling Urge Scale (Raylu & Oei, 2004). This six item scale measures the urge to gamble, which is a physiological, psychological, or emotional motivational state, often associated with continued gambling. Measured on a seven point Likert scale from 'Strongly disagree' to 'Strongly agree', the scale has been validated for use amongst community (Raylu & Oei, 2004) and problem gambling treatment (Smith, Pols, Battersby & Harvey, 2013) samples, with Cronbach alphas of 0.81 and 0.93 respectively. Both studies found that the GUS has good concurrent, predictive, and criterion-related validity. The GUS was administered in relation to the same six month timeframes as noted above. At Time 1, Cronbach's alpha for the GUS was 0.891, indicating good reliability.
- CAGE questionnaire (Ewing, 1984) is a four-item screen to detect alcoholism, with response options being 'Yes'/'No'. The questions focus on Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers. The acronym helps the physician to recall the questions. The CAGE has been extensively validated (Kitchens, 1994) and is considered a simple, sensitive and specific screening test for alcohol abusers (Bush et al., 1987). In this study, the CAGE was asked in relation to the same six month timeframes as noted above. At Time 1, Cronbach's alpha for the CAGE was 0.774, indicating good reliability.

- General Health Questionnaire (GHQ12). This 12 item scale (Goldberg & Williams, 1988) is a measure of current mental health and focuses on two areas – the inability to carry out normal functions and the appearance of new and distressing experiences. Responses are on a 4-point scale, from ‘Not at all’ to ‘Always’. The GHQ12 has been demonstrated as valid in both general and clinical populations, has good content validity and reliability, and has good internal consistency with Cronbach alphas ranging from 0.77 to 0.93 (Goldberg & Williams, 1988). The GHQ was administered in relation to the same six month timeframes as noted above. At Time 1, Cronbach’s alpha for the GHQ12 was 0.781, indicating good reliability.
- Gambling Consequences Scale was adapted from the Productivity Commission’s Survey of Clients of Counselling Agencies (1999). It comprised questions to assess interpersonal problems from gambling; work or study problems from gambling; financial problems from gambling; and legal problems from gambling. The scale was administered in relation to the same six month timeframes as noted above. While some items in the scale were measured in terms of frequency of occurrence, these were recoded into ‘Yes’/‘No’ responses due to low numbers. Thus, all items in the scale were analysed in terms of whether the consequence had occurred or not.
- Professional help for gambling, with questions requiring a ‘Yes’/‘No’ response about current and previous use of six types of professional gambling help services and ten types of general help services. Questions also asked when the respondent first sought professional help for their gambling, number of consultations, average length of time per consultation, and perceived helpfulness. Questions were administered in relation to the same six month timeframes as explained above.
- Other types of help and support, including questions requiring a ‘Yes’/‘No’ response about current and previous use of ten types of non-professional help and 12 types of self-help. Questions were administered in relation to the same six month timeframes as explained above.
- Demographic questions, comprising gender, age, country born, highest educational qualification, work status, marital status, household composition, and household income. These questions were only asked at Time 1.

Qualitative section

- About your self-exclusion, with open-ended questions about participants’ reasons for self-excluding; their experience of each aspect of the self-exclusion process, whether they thought each was conducted appropriately and suggestions for improvements; and outcomes of self-exclusion in terms of their gambling behaviour, harms from gambling, gambling urges, breaches and triggers, overall effectiveness, and whether they felt any changes would be lasting.
- About professional gambling help, including whether it coincided with self-exclusion, type of help received, whether it was a factor in deciding to self-exclude, how

counselling supported/did not support the effectiveness of their self-exclusion, and views on whether counselling supports or replaces the need for self-exclusion.

- Other support used, including participant experiences of using non-professional help (family, friends, other people they know), peer support groups (e.g. Gamblers' Anonymous, online support groups), practical strategies (e.g. leaving bank cards at home, budgeting), and using self-help materials (e.g. workbooks, online materials), and how these other supports may/may not have assisted the self-exclusion, and what has been most effective.

3.6.5 DATA ANALYSIS

Qualitative data analysis

The qualitative data were subjected to thematic analysis, supported by Nvivo software, to provide a cross-sectional analysis of each gambler group for each of Times 1, 2 and 3. The process of thematic analysis was described earlier. Summaries for each group then captured changes over the three time periods.

Quantitative data analysis

Data were analysed using SPSS v20.0.0.2 on an Apple Intel MacBook Pro. Analyses were conducted using an alpha of 0.05 (unless stated otherwise). All scales were checked for reliability. Descriptive statistics for each of Times 1, 2 and 3 were produced for all measures, and tests of significant differences were conducted amongst groups. Trends over the three time periods were then plotted to ascertain changes in key measures for each group. Lastly, comparative analyses attempted to isolate the effects of self-exclusion and counselling on gambling behaviour, problem gambling and associated harms. More specific details about analytical methods used are contained in Chapter Eight.

3.7 KEY LIMITATIONS OF THE METHODOLOGY

In this study, the samples of industry representatives, gambling counsellors and problem gamblers were small and self-selecting, given that they volunteered to participate in the study. Thus, no claims to generalisability are made. Interviews relied on participants' recall and the information they provided was based on their self-reported experiences and opinions. This information may have been subject to recall bias or social desirability.

The quantitative analysis was limited by the small sample sizes in each group of problem gamblers and particularly by the high attrition from Group B with only six respondents retained by Time 3. As with the qualitative data, the quantitative data were also self-reported.

An important limitation to be considered when interpreting the results is attrition from the sample of problem gamblers. While our retention rates were better than in previous studies of self-exclusion, it is not known whether those who dropped out of the study had different outcomes from self-exclusion and/or counselling than participants who were retained. A

positive bias to the results may be expected, with participants with better outcomes more likely to remain in the study for the three time periods. Nevertheless, the majority of Group A and Group C respondents were retained for the three time periods, but the results are may be more highly skewed for Group B where only about one-third of Time 1 respondents were retained for the three time periods.

3.8 CHAPTER CONCLUSION

This chapter has detailed the research methods utilised in this study. Each stage of empirical research was explained in terms of sampling, procedures, measures and analysis. The next chapter, Chapter Four, provides an overview of exclusion programs in Queensland to provide context for the study. Findings from interviews with the four key industry bodies are also presented as they provide further details of exclusion programs from an industry implementation perspective.

CHAPTER FOUR

EXCLUSION PROGRAMS IN QUEENSLAND

4.1 INTRODUCTION

This chapter provides context to this study by describing exclusion programs in Queensland, including the framework provided by the Queensland Responsible Gambling Code of Practice, and key features of self-exclusion and venue-initiated exclusion programs. The piloting of a remotely assisted self-exclusion scheme is also described. Some statistics on exclusions from Queensland gambling venues are then provided. Findings from interviews with four key industry bodies - Echo Entertainment, Clubs Queensland, the Queensland Hotels Association and Tattsbet - are also presented in this chapter as they illuminate some strengths, weaknesses, challenges and suggested improvements for Queensland exclusion programs from an industry implementation perspective.

4.2 EXCLUSION PROGRAMS IN QUEENSLAND

4.2.1 KEY FEATURES OF EXCLUSION PROGRAMS IN QUEENSLAND

The Queensland Responsible Gambling Code of Practice (OLGR, 2012) provides a whole-of-industry approach to the promotion of responsible gambling practices, where responsible gambling is defined as:

... the provision of safe, socially responsible and supportive gambling environments where the potential for harm associated with gambling is minimised and people can make informed decisions about their participation in gambling (OLGR, 2012, p. 2).

The Queensland Responsible Gambling Code of Practice (OLGR, 2012) commits the gambling industry to implement and adhere to responsible gambling practices, with a particular focus on prevention and customer protection measures. One such practice in the Code, Practice 3, entails exclusion provisions, which covers both self-exclusions and venue-initiated exclusions for problem gambling. Provisions of Practice 3 are as follows (OLGR, 2012, p. 5):

- 3.1 Gambling providers to provide exclusion procedures and supporting documentation.
- 3.2 Gambling providers offer customers who seek exclusion contact information for gambling-related support services.
- 3.3 Excluded customers are to be given support in seeking consensual exclusions from other gambling venues, where practicable.
- 3.4 Gambling providers must not distribute promotional or advertising material to persons who are self-excluded, been issued with an exclusion direction for

problem gambling or are known to have formally requested that this information not be sent.

Two types of exclusion programs are provided in Queensland, either requested by a patron (self-exclusion) or directed by a gambling provider (venue-initiated exclusion), with both programs aimed at supporting patrons who are, or who are at risk of, engaging in problem gambling behaviours (OLGR, 2013). Under Queensland legislation¹, gambling providers (excluding lotteries, bingo and charitable and non-profit gambling providers) have a legal obligation to provide assistance to patrons who present for self-exclusion, to follow through with the exclusion process, and to actively enforce exclusion procedures with patrons (OLGR, 2013). Key features of Queensland exclusion laws are identified in Box 4.1.

Box 4.1: Key features of the gambling exclusions laws in Queensland

Key features of the gambling exclusions laws:

- a duty is created for gambling providers to exclude a patron when the patron requests to be self-excluded
- the legislation gives gambling providers the authority, but not a duty, to initiate exclusions (venue-initiated exclusions)
- penalties can be imposed on gambling providers, employees and patrons for not complying with the legislation
- contact details of counselling services must be provided to patrons who are excluded
- venue initiated exclusions will remain in place for five years unless a written application is made to the venue and the gambling provider agrees to revoke the order. Applications can only be made once in any 12 month period
- self-exclusions will remain in place for five years and cannot be revoked within 12 months of first being initiated, unless a revocation order is submitted in the 24 hour cooling off period
- with the permission of the patron, the gambling provider may, as a condition of re-entry, actively monitor identified problems against agreed risk indicators
- when a gambling provider decides to exclude a person or refuse an application for re-entry by an excluded person, the person may make an appeal to the Queensland Civil and Administrative Tribunal
- gambling providers are required to keep a register of exclusions in the approved form
- gambling providers are required to send periodic reports to the Office of Liquor and Gaming Regulation (OLGR) on exclusions notices, orders and directions, and revocation notices. The reports are to be received by OLGR within 14 days of the end of June and December each year
- gambling providers are required to notify OLGR within seven days of any contravention of orders and directions.

Source: <http://www.olgr.qld.gov.au/gaming/responsible/information/exclusions/index.shtml>, accessed 15 December 2013.

Gambling providers are provided with an array of resources to assist with implementing exclusion programs. Detailed Queensland Responsible Gambling Resource Manuals have been developed by each gambling industry sector in collaboration with the OLGR to provide

¹ *Gaming Machine Act 1991 (s261); Casino Control Act 1982 (s91N); Wagering Act 1998 (s216A); Keno Act 1996 (s154A)*

practical, step-by-step guides to implementing the Code. These manuals outline gambling providers' rights and responsibilities in the provision of exclusion programs and include a number of required forms and documents that must be referred to and recorded when undertaking exclusions, in addition to process flow charts to assist decision-making. Gambling providers are required to send periodic reports on exclusions to the OLGR. The Queensland exclusion program links with counselling services by making it mandatory that contact details of at least one counselling service are provided to excluded patrons. The Code also states that venues are not to send correspondence or promotional material to excluded persons

The self-exclusion process is for the patron to approach the venue regarding a problem with gambling, with that patron generally referred to the venue's Customer Liaison Officer (CLO) to provide information on self-exclusion and problem gambling support services. If the patron wishes to self-exclude from either the whole venue or from gaming machine areas, the CLO provides the patron with a Self-Exclusion Notice (Form 3A). Once the patron completes this form, the CLO issues an Exclusion Order (Form 3B) to the patron and records details in the venue's Register of Excluded Persons (Form 3G). If a licensee's gaming machine licence relates to more than one licensed premises, a self-exclusion notice may relate to a stated premises or to all premises to which the gaming machine licence relates. The patron can also be requested by the licensee to provide a recent photograph. Self-exclusions remain in place for five years and cannot be revoked within 12 months of first being initiated unless a revocation order is submitted within a 24 hour cooling off period. Revocation requires the excluder to complete and lodge a Revocation Notice, which takes effect after 28 days.

Venue exclusion can be initiated when the licensee believes on reasonable grounds that a person is a problem gambler due to an approach from a third party and/or observations by venue staff, and after appropriate evidence and monitoring. If the patron is not willing to self-exclude, the venue can issue a venue based exclusion for either the whole premises or for the gaming machine areas. If a licensee's gaming machine licence relates to more than one licensed premises, an exclusion direction may relate to a stated premises or all premises to which the gaming machine licence relates. The process includes completing and serving an Exclusion Direction (Form 3D) on the patron, providing an Information Notice (Form 3I) with the Exclusion Direction, and providing the patron with a list of gambling help services. Details are recorded in the venue's Register of Excluded Persons (Form 3G). Venue-initiated exclusions remain in place for five years and cannot be revoked within 12 months of first being initiated. In making the decision to revoke the Exclusion Direction, the licensee may have regard to the information supporting the application and any other information the licensee considers relevant, including, for example, a report from a psychologist.

Penalties for breaches of both self-exclusion and venue-initiated exclusion may be applied and comprise 40 penalty units for the excluder, although a court ruling may postpone this penalty on condition that the excluder agrees to attend counselling. In addition, the licensee can be fined 250 penalty units and an employee 40 penalty units if they do not take

reasonable steps to prevent the excluded person from entering or remaining in the licensed premises or gaming machine area. At the time of writing, one penalty unit = AU\$110.

Processes for self-exclusions and venue exclusions are summarised in Figures 4.1 and 4.2 respectively.

Although the Queensland Government has implemented a strong regulatory framework for self-exclusions and provides comprehensive resources to assist with implementation which is consistent across all gambling providers (except for exempt providers), the exclusion programs were established as venue based. This venue-based program requires patrons to attend venues to exclude and to make separate applications for each individual gambling venue they wish to exclude from (with the exception that patrons can choose to exclude from all venues operated by the same licensee in the same application). However, a recent initiative has been the piloting of a remotely assisted self-exclusion program, as discussed in the next section.

Example 3.1A – Self-exclusion flowchart

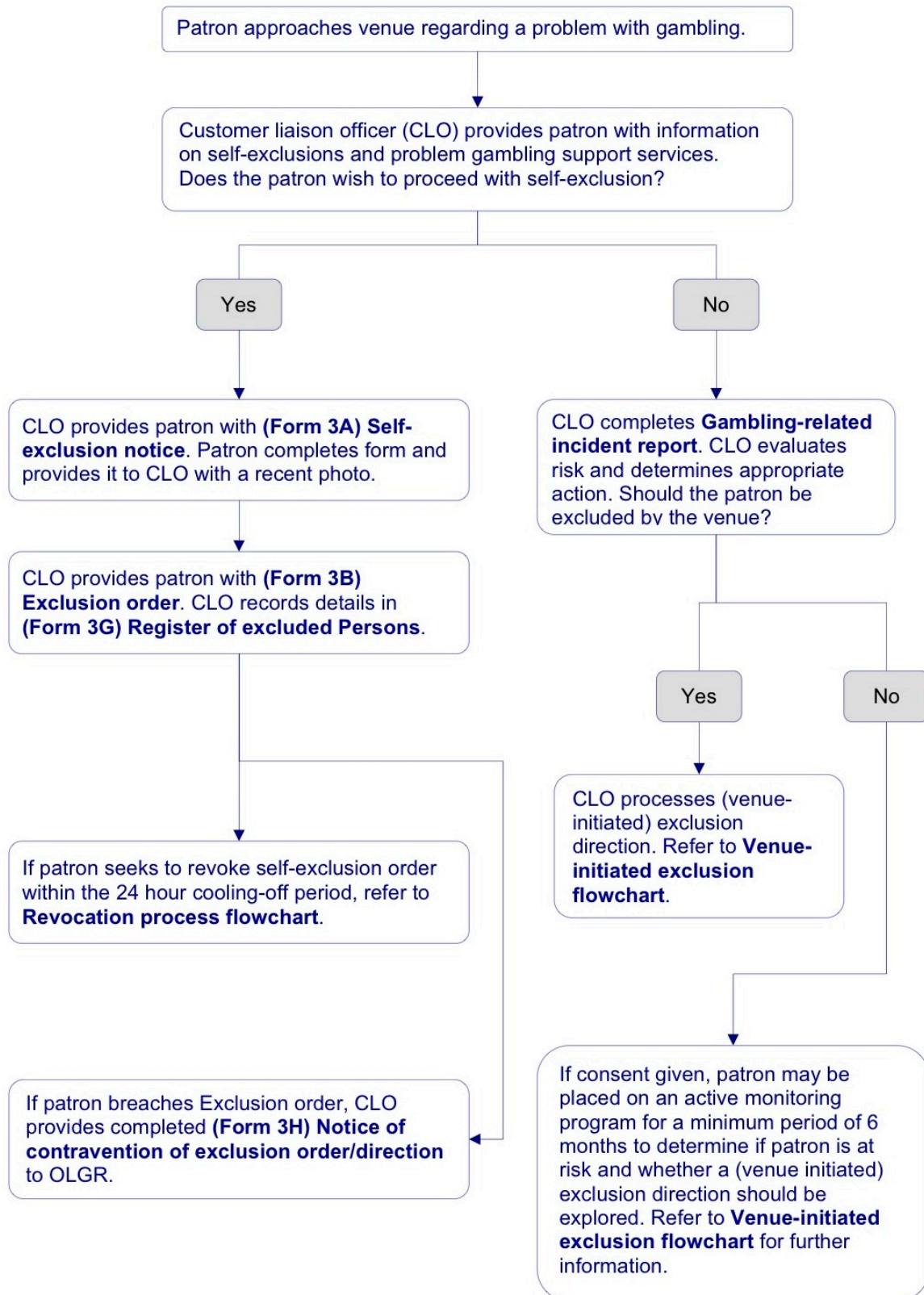


Figure 4.1: Self-exclusion flowchart

Source: Department of Justice and Attorney General and Clubs Queensland (2013, p. 22).

Example 3.1B – Venue-initiated exclusion flowchart

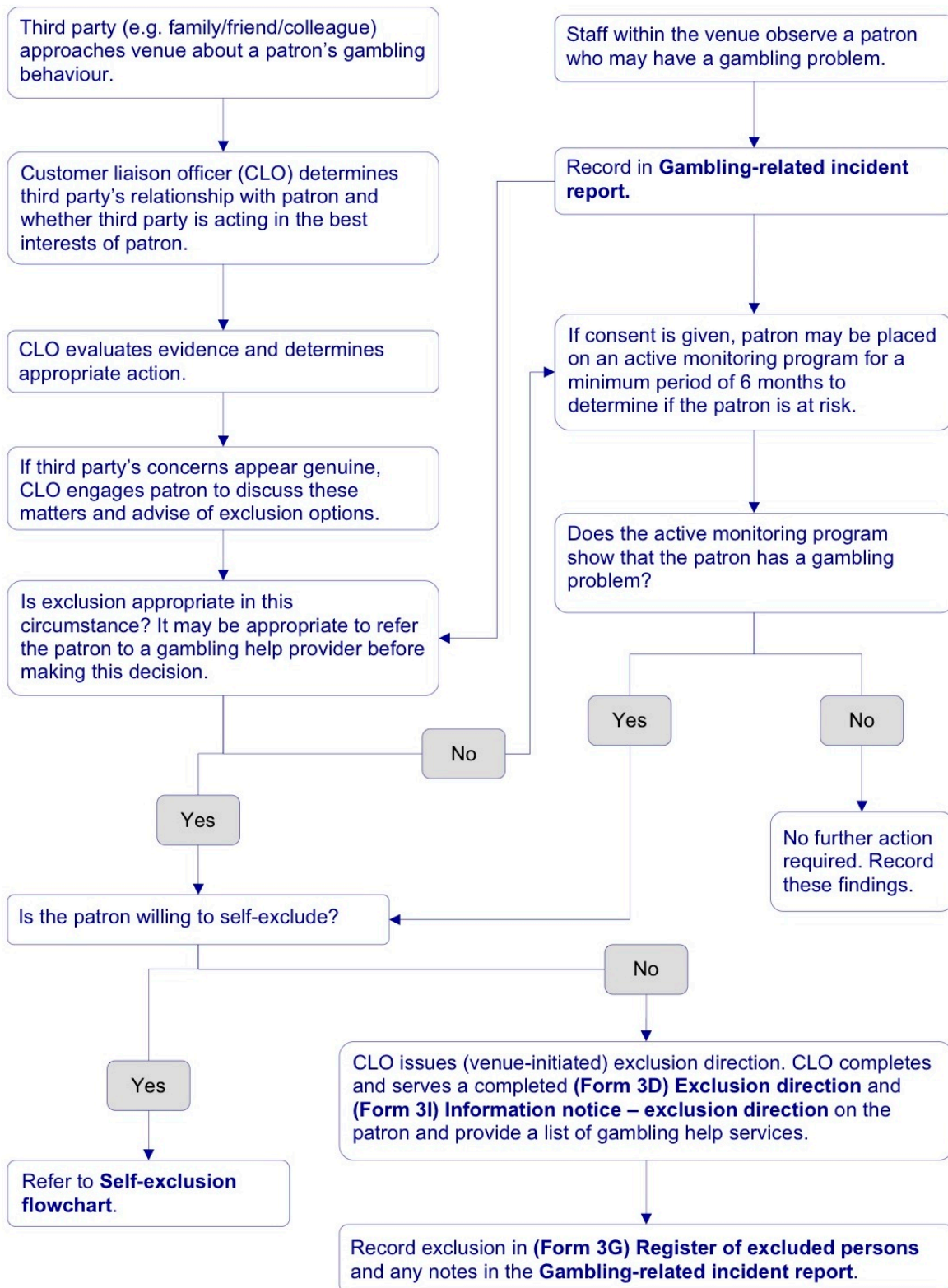


Figure 4.2: Venue-initiated exclusion flowchart

Source: Department of Justice and Attorney General and Clubs Queensland (2013, p. 23).

4.2.2 REMOTELY ASSISTED SELF-EXCLUSION PILOT IN QUEENSLAND

The remotely assisted self-exclusion pilot in Queensland was initiated by Relationships Australia and Echo Entertainment which operates casinos in Brisbane, the Gold Coast and Townsville. The pilot, at the time of writing, involves Gambling Help services in south-east Queensland which are operated by Relationships Australia in Brisbane, Gold Coast and Sunshine Coast as well as Centacare in Townsville. As explained by Marquass, Novak and Malone (2013), under the pilot program the patron attends the Gambling Help office, gives them authority to provide information to venues, completes Form 3A, provides original photo identification, and signs Form 3B to exclude themselves from the venue. The venue from which the patron is excluding participates in the meeting in real time by telephone, and receives Form 3A, a digital photo, copy of photo identification and a confirmation of identification form by fax or email. The venue then issues Form 3B and acknowledged conditions of re-entry by fax or email and send the originals by post. The process is then repeated for additional venues if requested by the patron, with the Gambling Help service facilitating the process, arranging appointments and witnessing documents.

Benefits of the pilot have been reported as increasing uptake of self-exclusion, reducing embarrassment for patrons, providing a supportive process for patrons and a secure process for venues, linking self-exclusion with treatment, providing opportunities for multi-venue exclusion, and being a catalyst for better relationships between industry and the community (Marquass et al., 2013). This Relationships Australia/Echo Entertainment initiative provides a template which other industry operators and community services may choose to adopt, and has been commended by the community sector, regulators and industry peak bodies within Queensland (Marquass et al., 2013). Next steps involve promoting the benefits of supported self-exclusion as an intervention to gambling counsellors, advertising the system, engaging more hotels and clubs in the pilot, and exploring regional self-exclusion in combination with remotely assisted self-exclusion as an additional option (Marquass et al., 2013).

4.2.3 STATISTICS ON EXCLUSION PROGRAMS IN QUEENSLAND

The Queensland Government has tracked some implementation and uptake aspects of exclusion in that state. The Queensland Responsible Gambling Code of Practice: Report on the Implementation Review (Queensland Government, 2004) found that 21% of hotels and clubs in Queensland had not implemented exclusion procedures at all. Subsequently, the Gambling Legislation Amendment Act 2005 QLD was introduced for problem gambling related exclusions for the club, hotel and TAB sectors (Queensland Government, 2006). This shift, from voluntary to legislated exclusion requirements for clubs and hotels, was supported by extensive training backed by peak bodies in the application of exclusion provisions (Queensland Government, 2007, p. 48). The Queensland Responsible Gambling Code of Practice: Report on the Cultural Shift Review (Queensland Government, 2009) later found that this legislation resulted in a 16% improvement in the commitment rate of clubs and hotels to providing exclusion provisions, to 95%.

The Queensland Responsible Gambling Code of Practice: Report on the Sustainability Review (Queensland Government, 2007) reported that 11% of the Queensland adult 'at risk' population had tried to exclude themselves from a venue. It also reported that people in the problem gambling group (41%) were more likely to have tried to exclude themselves from a venue than those in the low (7%) and moderate (16%) risk groups, highlighting that help is more likely to be sought when gambling problems are severe. Regional differences were not significant.

The Report on Problem Gambling Exclusions in Queensland January 2013 - June 2013 (Queensland Government, 2013) reported that, since May 2005 when the exclusions regime commenced, 8,649 individuals have excluded from gaming venues in Queensland. As exclusions are effective for five years, 2,879 of these exclusions have expired. During the six months from January to June 2013, 674 individuals were excluded across the sector. The vast majority (669) were self-exclusions with only five venue-initiated exclusions, comprising four from hotels and clubs and one from Tattsbet agencies.

The number of individual exclusions between January and June 2013 totalled 171 from casinos, 12 from TattsBet agencies, and 491 from clubs and hotels. Club and hotel exclusions were initiated from a total of 445 venues, comprising 320 hotels and 125 clubs. Exclusions were recorded by 42% of all hotel venues, compared to 25% of all club venues. The larger hotel chains provide patrons with the ability to exclude from all venues within the chain. In addition, Gambling Help services are working with clients to facilitate self-exclusion from multiple venues in their local area. The total number of exclusions recorded by clubs and hotels in Queensland was 2,437 even though the number of individuals excluding was only 491. In particular, 23 patrons self-excluded from over 70 venues each.

Males made up 64% of individual exclusions in casinos between January and June 2013. Of this group, 67% were younger than 35 years of age. Females accounted for 36% of individual exclusions in casinos. Of this group, 74% were aged 35 years and over. Of the 12 individuals excluded from Tattsbet agencies, 11 were male and one was female, ranging in age from 19 to 61 years. Males made up 62% of individual exclusions in Queensland's clubs and hotels. Of this group, 27% were aged between 25 and 34; 26% were aged between 35 and 44 and 16% were aged between 45 and 54. The average age of excluded males was 39 years. Females accounted for 38% of individual exclusions in clubs and hotels. Of this group, 19% were aged between 35 and 44; 25% were aged between 45 and 54; and 23% were aged between 55 and 64. The average age of excluded females was 47 years.

When considered in terms of venue size as measured by the number of operational EGMs, the Report on Problem Gambling Exclusions in Queensland January 2013 - June 2013 (Queensland Government, 2013) found that larger clubs and hotels were more likely to record exclusions. While 87% of clubs with more than 200 EGMs recorded exclusions, only 8% of clubs with fewer than 21 EGMs recorded exclusions. Similarly, 69% of hotels with 31 or more EGMs recorded exclusions compared with only 10% of hotels with fewer than 11 EGMs.

During the same six months, revocations of self-exclusion orders totalled 21 from hotels and clubs, 71 from the casino sector, and none reported by TattsBet. During the same period, there were 78 reported contraventions of exclusions (excluding contraventions of exclusions issued by a Casino operator under section 92 of the *Casino Control Act 1982*), with nine in hotels and clubs and 69 in casinos. Following investigations, 56 warnings and six penalty infringement notices were issued. Nine incidents were referred to casino on-site police. Seven contraventions were recommended for no further action.

4.3 INDUSTRY PERSPECTIVES ON EXCLUSION PROGRAMS IN QUEENSLAND

Interviews were conducted with senior representatives from Echo Entertainment, Clubs Queensland, the Queensland Hotels Association and Tattsbet to gain their views on various features of the Queensland exclusion programs. Information provided by interviewees on how the exclusion programs operate is not repeated as these processes have been described earlier. Instead, the summaries below focus on the strengths, weaknesses, effectiveness and potential improvements relating to Queensland exclusion programs, as perceived by the interviewees.

4.3.1 ECHO ENTERTAINMENT

The Echo Entertainment representative considered that self-exclusion provided an external control for gambling while participants built up their own internal control. Therefore, self-exclusion was considered important as this external control helps participants not to break their internal control. The interviewee also considered that participants need to stop gambling altogether, which self-exclusion assists, while they gain control even if they later revert to controlled gambling. In terms of the effectiveness of self-exclusion as a harm minimisation tool, the interviewee noted that self-exclusion fits into the 'self-management' stage of gambling interventions, and its appropriateness depends on where the person is at on the gambling continuum. The interviewee therefore considered that self-exclusion is best at 'early stages of external control while the person works on their internal control'.

A particular strength of the program was considered the strong legislation and external control, with consequences for breaching, unlike in New South Wales where there are 'no consequences for breaches except a letter'. However, a weakness identified was the volume of paperwork involved in self-exclusion which 'looks overwhelming to industry people who don't do many self-exclusions'. The instructions around processes could also be clearer. The interviewee also felt that the length of the ban 'could be looked at' as some people do not want to ban themselves for 12 months. Further development and availability of the remotely assisted self-exclusion pilot was seen as a potential improvement which would benefit both gamblers and industry.

Some insights were given into some distinctive aspects of exclusion at the Queensland Echo Entertainment casinos. The casinos are unique in Queensland in providing table games, and because about three-quarters of self-excluders play table games, the interviewee considered that they would not be gambling elsewhere once excluded. The interviewee also

noted that self-exclusion appears to be approached somewhat differently by their Asian participants, who tend to have a cultural aversion to counselling and seem more self-directed, using self-exclusion to put themselves on a break from gambling. The interviewee reported that their Asian excluders typically do not try to breach their self-exclusion but usually revoke the exclusion after 12 months. However, they might have 'four or five self-exclusions over six or seven years'.

The interviewee estimated that about 75% of casino excluders never breach their exclusion order, and of the 25% who do, some have been caught while attending the casino only to gain information about revoking their order. A person caught breaching self-exclusion must be reported to the government and the person receives a written warning. If a second breach is detected, a \$440 fine is issued by the government. On a third detected breach, the police are involved and the person may be issued with an order to appear in court. The magistrate may then impose a fine (maximum penalty \$4,400) and/or an order for the person to attend counselling. Monitoring for breaches relies on excluders' photographs which are kept in a database, which surveillance personnel regularly 'trawl' so they can recognise these people. When a customer undertakes a self-exclusion, surveillance personnel capture some footage of the person leaving and walking so that surveillance staff can see their height, how they walk, etc. This system, the interviewee reported, might help to explain why casinos detect more breaches than do other industry sectors.

An internal Exclusions Review Committee at each casino makes decisions on applications for revocation of self-exclusion, based on recommendations from senior people in the casinos' Responsible Gambling team. About six people per month seek a revocation and 'only a small number of requests are refused'. Each month, the interviewee examines the records of self-exclusions that are due to expire within the next month and considers whether the casino has any further information about these excluders, for example whether they have been caught breaching the self-exclusion order, and whether they are known to be previous Gambling Help clients. The interviewee then decides whether the casino has any grounds for a venue exclusion, based on this information. If not, the self-exclusion expires. However, the excluder might go on the watch list at the casino for 'persons of interest'. Customers on this list are talked to 'fairly regularly' by appropriate casino staff and information on these people's gambling behaviour is shared between casino properties. It is 'rare' for the casino to take more action such as a venue exclusion, because exclusion is about encouraging people to take personal responsibility unless it is 'very obvious' they are doing harm to themselves. This is because 'people only seek help when they're ready'. However, regular communication with a 'person of interest' can help 'sow the seed of self-exclusion for when they're ready'. However, people might be 'sent home on a break' if for example they 'gamble for longer than 24 hours'. Very few people have been placed on a venue-initiated exclusion, 'maybe 20-25 since 2005'. A venue exclusion is considered a last resort and done when a customer reports problem gambling but refuses to undertake a self-exclusion.

When asked about third-party approaches by concerned significant others, the interviewee did not agree the casino should act only on a significant other's advice. However, an

approach by a concerned significant other in relation to a patron's gambling will be noted as an incident report and the significant other advised that the casino will 'receive from them any other evidence'. If the significant other does not want the patron of concern to know they have expressed concerns, the interviewee will then 'look for a reason to approach' the person. If the significant other agrees that the patron can know they have expressed concerns, the interviewee approaches the patron and raises the significant other's concerns with them. Sometimes, the interviewee will meet with the family and gambler together.

4.3.2 CLUBS QUEENSLAND

The interviewee noted that Clubs Queensland is 'quite happy with the exclusion regimen in Queensland', that the sector 'follows the Queensland Responsible Gambling Code of Practice ' and 'our overall impression is that the exclusion program is working well in our clubs', although 'it just needs a bit of fine tuning like everything else'. He emphasised the important role of exclusion programs for clubs:

Basically, the exclusion provisions sort of tie in very well with our duty of care provisions. That's very, very important in a membership-based organisation. There are a lot of strings. It's the legislative requirement now as well ... really there wasn't any hesitation to make it a legislative provision but that shows that clubs sort of embraced it with open hands because it's a tool for them to assist people who may have a problem with gambling, otherwise they did not have a tool as such.

The interviewee noted that Clubs Queensland has 'a resident psychologist who is our problem gambling consultant and she has come up with all these resources to support the exclusion program', including training videos distributed to clubs. The interviewee considered that 'the exclusion part is the most difficult part in the code of practice ... [so] we provide as much training as we can to simplify it for our venues'. He explained that the training video covers the exclusion process, as well as:

... a bit on counselling services as well. Exclusion goes with counselling definitely. You can't divorce those two. We definitely feel that problem gamblers need assistance and the best form of assistance comes from counselling, proper counselling. In our clubs, they establish links with the local counselling for problem gambling ... [which are] very, very strong.

The interviewee also noted that they 'receive a number of calls here at Clubs Queensland' from clubs specifically asking for 'guidance on especially the forms they need to fill in'. The interviewee further explained that:

... generally the calls would come from the smaller clubs because the larger clubs are quite okay. They have the resources to manage this particular process on their own. Sometimes we have volunteers working in clubs in Queensland, and it gets hard because probably they are not up to speed with what is happening so they call Clubs Queensland for guidance and assistance.

The interviewee also saw an important role for venue-initiated exclusions, explaining that:

... sometimes no matter how much you try to encourage a patron to self-exclude, they may probably not self-exclude and this way the duty of care kind of falls on the venue and then the venue would have a tool which is venue-based exclusion.

In discussing the potential for multi-venue exclusion, the interviewee explained particular difficulties for the clubs industry, where 'each club is bound by its own constitution and the constitution determines how you treat your members'. Further, he noted that:

It becomes very, very difficult in that regard and also it's not feasible ... If I exclude myself from this particular venue in Brisbane north side and then I go to the Gold Coast, how would that particular venue know that I self-excluded myself from here? It gets very, very hard because a club is a busy environment. The reception staff wouldn't be on the look out for problem gamblers coming in there, they would just be looking out for members coming in. It depends on each individual as well and we do emphasise that there is some element of personal responsibility that needs to come in as well ... there are 500 different club venues in Queensland and to exclude yourself from all of those 500 venues is a nightmare ... It has to be practical, it has to be cost effective and the liability is there as well ... If you go down the path of having multi-venue exclusions the liability is huge because no matter how hard you would try there would be some people who would fall through the net.

The interviewee identified some advantages that clubs have over hotels in monitoring self-exclusion, explaining:

... anybody can walk into a hotel but clubs have a sign in process. Generally most members are known to the staff especially in small clubs that have got about 200 members and everyone knows each other. That makes it much, much easier.

A particular strength of the exclusion programs was considered its development in conjunction with the Responsible Gambling Advisory Committee:

The reason why we are so successful in Queensland is because of the Responsible Gambling Advisory Committee. That committee was established in 1990 and it brought together representatives from the communities up there, from the gambling sector and from the government overall and initially there was a lot of tension between the industry's interest versus the community's interest versus the government's interest. Then, after a bit of time there was this consensus that we have to do something about this and there were a lot of compromises, no doubt about it. Then, we came up with the code of practice and any changes to this code for practice and also the resource manual has to go back to that committee so it's the consensus ... that committee actually makes recommendations to the Treasurer and then it becomes law. Anything that goes to the Treasurer has the support of the industry as well as the community and that is why it is much, much easier here.

When asked about potential improvements to the exclusion programs, the interviewee noted:

Our industry thinks it's a good system. It's working and all the processes are in place to make sure that it is practical, feasible and the people who are doing it are in the know, they know what they are doing. It just needs a bit of fine tuning in terms of the number of forms ... because there are probably about 15 forms they need to fill in ... [However] the code of practice is being reviewed now and the resource manual is also being reviewed ... so we are in the process of streamlining everything so that particular aspect is being taken care of.

When asked about the effectiveness of the exclusion programs, the interviewee explained:

It would be hard to answer it from a gambler's perspective but from a venue's perspective, what I quote is anecdotal evidence, the quotes that come to me, it's a tool, it's a useful tool and we will use it to the best of our intentions.

4.3.3 QUEENSLAND HOTELS ASSOCIATION (QHA)

The interviewee explained the Queensland Hotels Association's overall suggested approach to self-exclusion as follows:

Being a peak industry body we advocate for following the existing process in the code of practice that we refer to, the flow chart for self-exclusion. Our general approach is that we think when someone has those definite signs identified, whether it be through them indicating it themselves, asking for help themselves, or through something that indeed staff see on the ground, that's when it's an appropriate time to make that interaction, which would advocate having some type of progressive gaming diary or incident diary. That may see over time that Fred on day one has had a bit of an outburst on the machine, day seven he's been very cranky, he started abusing staff, day 25 he's asking for some credit; it maybe time then to intervene with Fred. That's the general identifying stage we suggest. In terms of then interacting we suggest ... get them away in private, be non-judgmental, and basically then ask the question, 'These are some of the options available, including self-exclusion'.

The interviewee continued by emphasising that the QHA advocates that hotels follow the self-exclusion flowchart and processes, and that the QHA particularly tries to encourage members to develop strong links with the counselling sector:

I guess the one area we really try and push also is make sure you've got some link to your local gambling help services wherever you are. I don't know how often that helps or that actually happens but I think when the crunch time comes they're one of your best allies. You can say can you come and have a chat with me.

The interviewee also noted that the QHA regularly advises hotel venues on exclusion processes:

I'll get relatively frequent calls from venues saying, 'How do I go through the exclusion process?' I'll get a call saying, 'Fred's reappeared and wants to revoke his exclusion, how do I do it?'

While clearly recognising the value of resources to support self-exclusion processes for venues, the interviewee also pointed out some challenges with the system. One challenge was the ability for patrons to exclude only from the gaming machine areas of hotels, which made monitoring for breaches difficult:

... the whole thing about when you want to exclude someone from part of the venue. It's almost like, hey how do you monitor them while they're there. You're only excluded from the gaming area but you're welcome to go in the restaurant, to play Keno, go in the TAB, and sit in the public bar. I advocate to our venues, 'Unless you're very confident about Fred, and all the staff know Fred, because Fred's part of the furniture, if it's David who you don't really know, it's very, very hard for you with any confidence say, 'Look I'm going to give you a part-exclusion'. I say the whole of venue or nothing in some respects.

A further challenge for the QHA was instilling confidence in their member hotels that, as long as they have proper policies and processes in place, they should not have to be overly concerned about being penalised if a self-excluder goes undetected in their venue. The interviewee explained:

I'm forever trying to give some confidence back to the venue saying, 'Hang on, this is a two way street. Although you are agreeing not to let them in, there's some obligation on that individual not to get back in'. I don't think they have that concept well and truly. That's what I try to say, 'Look if Fred does come back in with a funny wig and you've done everything right, don't feel that you're going to be automatically in trouble because if you have done everything right, you've got nothing to fear. Fred's the one in trouble'.

The venues' fear of being penalised for not detecting a breach of self-exclusion was also reported to influence attitudes to remote assisted self-exclusion that involved exclusion from multiple venues:

One thing that venues are certainly terrified of ... you're excluded but you get back in somehow, and they're frightened to death of that. At the last RG [responsible gambling] community forum we had on the Sunshine Coast, the local Relationship Australia guy there was moving the concept of them being the facilitator of the exclusions and having the person with them from their end, they send out the request for self-exclusion, and verify the identification of the person, and deal with that leg work, which is a great idea. The venues were receptive to it, but the regulator in some ways wasn't embracing of it, because they didn't allay the fears to the venue about being held up to punishment because Fred somehow put on a funny hat and a wig, and got back in ... the venues, they're terrified of it. They want to do the right thing but they're more terrified about being caught out is the issue.

The interviewee also identified particular challenges for small hotels in implementing self-exclusions:

I certainly think the process could be slightly easier ... But one of the challenges typically for hotels specifically, beside your two major chain groups, Coles and Woolies who are very well managed, the rest of them, which represents probably another 650 of them, albeit there are 850 licensed hotels who are gaming enterprises, they're traditionally very small businesses and they're very hands-on businesses. They don't really have the policies and procedures in place; not to say that they're not compliant, but when the time comes for someone who wants to self-exclude it's, 'Oh my goodness what do I do now?' I panic. I ring the QHA, which is fine. This is what you do ... The process I guess is not an automated or easy process in that context ... Whether there's opportunity for a more streamlined way to do it, who knows?

The interviewee considered that self-exclusion was effective in minimising harm from gambling for people who were ready and willing to take it up, but the challenge remained to encourage more problem gamblers to seek help. He explained:

I think it's effective for those who seek help ... it's the one in three who seek help, it's fantastic. It's getting the two out of three to seek help. How do you do it? I think the signage and things, and I've heard anecdotally from problem gamblers who all say, 'I don't care if there's a hundred signs, I don't care if there's flashing things on the machine, until I'm at that point where I'm ready to exclude, that's what it is. I think sometimes it gets lost with all the other requirements in a venue of having to have this sign, that sign, that sign. Truly I don't know where the effectiveness is in that to encourage self-exclusion.

The QHA interview suggested four areas for potential improvements. The first was in simplifying the process for venues, as discussed earlier. Related to this was a suggestion for 'technology where it makes it easier for someone to self-exclude potentially, whether it's an online exclusion or it's somehow through that type of mechanism'. A third suggested improvement was in relation to multi-venue exclusion, but on a small regional basis:

I'm going to help you exclude from our venue, now I want to help you; what other venues do you frequent in the local area?' ... I think it's a great idea within that smaller radius, and even if it's a question of nominating the venues you go to, and then if you want to throw in a couple of others we can do that, and that's it. That's how I see multiple venues. It has to be a small scale, localised, nominated couple of venues.

Finally, the interviewee suggested that the self-excluder should have flexibility in nominating the length of their self-exclusion order, explaining that the current five years with no revocation for 12 months may be too short for some people but too long for others:

They think, 'Well I'm really having some troubles now but I'm looking for a couple of months break, I don't have to be having a whole year's break'. Probably the other side is

in their mind, that's too soon, I'll be tempted again. I think there should be flexibility around that and driven by the individual who wants to exclude.

The interviewee provided the following concluding comment:

... our problem gambling figures are quite low ... I think there may be a time where you get to a point that they can't go any lower. We'd all love to have a zero road toll but I don't know if there's always going to be a point no matter what you do, you're not going to get any better. Not saying that there's not room for improvement but I think there's got to be a point in time where if we're trained, we know it's going on, there's support there for those who want it, it's easy to access in a non-confrontational way.

4.3.4 TATTSBET

Tattsbet operates wagering outlets in Queensland in 850 agencies, hotels and clubs, as well as providing online and telephone betting channels. Face-to-face anonymous cash betting through retail outlets comprises about 75% of the business in Queensland, with a further 15% conducted online and 10% by telephone. Two representatives from Tattsbet participated in an interview and explained their processes for self-exclusion, commencing with those used for self-exclusion from a land-based agency:

... you get a customer walked up to the agent ... the agent would then go away and get a Form 3A, assist the customer to fill it out because they've got to nominate the place they're excluding from, get their personal details, their name, address, and date of birth, and postcode, and give a reason why they're self-excluded. They've got to turn it over and they've got to provide a recent photo. Often the process stops there when they go off, get a photo, and bring it back. They sign it and they have to get it witnessed so usually the agent witnesses that, they hand that to the agent, and the agent says, 'Thanks for that. Now I've got to go and grab my Form 3B'. That's a self-exclusion order so the notice is really the patron saying to the agent, 'I want to self-exclude'. The agent hands this back, which is confirmation that you are self-excluded. It's all the same information, the patron's name, what kind of exclusion you're doing, whether it's just about wagering TAB, or whether it's keno and gaming machines, so it's a one-size fits all form. Turn it over and providing a contact for a gambling help organisation. That might be where your counselling comes in if they then go on to contact them.

The process for self-excluding from an online betting account was different, as explained here:

On our website ... there's a button there called self-exclude and ... if you choose to do that, you'll be presented with a web form very similar to the questions you get asked on the Form 3A. You go through that and submit it, it goes to our account betting people upstairs, and ... the account-betting people will immediately close the account. Well suspend, sorry it can't be used. The responsible gambling officer does the Form 3B, and posts the Form 3B out. The problem with the Form 3B is it's supposed to be

countersigned by the customer to acknowledge service, and they very rarely do that and send it back. So they're not technically self-excluded but the effect is there because the account has been suspended and they can't cash it in. It's a bit of a grey area because it's not technically properly self-excluded.

The interviewees also explained the process for a venue-initiated exclusion:

Yes occasionally someone [an agent] will ring me and say I think we've got someone here with a bit of a problem and we'll suss out what's happening and have a chat to them, 'generally for your own good we'll exclude you', sort of thing.

Alternatively:

It happens occasionally ... where we've had a look at someone's activity [on their betting account] and thought you've got a problem, we're just going to close your account ... It normally comes to light more through some sort of customer enquiry that comes in and someone will write to you and you think, gee that's a bit odd what they're saying there. I had one bloke he who would make statements like, 'I've spent hundreds and thousands of dollars in the TAB over the years' ... As an example I saw one bloke there made a similar claim ... and you could see every sort of 20 or 30 seconds he was checking the account balance. I thought it's not for me to be judgmental here but that seems a bit obsessive compulsive to me. I said, 'Thanks for your business but we're going to close your account'.

Exclusions from TAB betting are not very common, with about 200 exclusions occurring over the previous ten years. Nevertheless, the interviewees highlighted some associated challenges. The first was the inability of stand-alone agencies to take the patron to a private space to conduct the self-exclusion:

Starting with venues, it's not an ideal process I've got to say ... I don't know if you've been into a TAB, but they're a pleasant environment; new electronic shop, there's a counter and there's our agent standing behind the counter, and the customers are on the other side of the counter. The customer needs to walk up to the agent who's typically on his or her own running the shop, and say, 'I've got a problem and I want to self-exclude'. The agent really has nowhere they can take them private and she's in the middle of serving other customers trying to deal with this.

The interviewees also considered the self-exclusion process to be overly complex requiring multiple forms and was not conducive to patron comfort, noting:

This is an incredibly bureaucratic process for someone who's in a bit of distress.

Further, the two-step process of providing a self-exclusion notice and then being issued with a self-exclusion order was seen as problematic, both for online exclusion as noted above and also in land-based agencies:

Sometimes I give them a notice and they'll go away, whether it's to get the photo or to fill the form out, and then you don't see them again. It's not really a very effective process.

Challenges were also raised about the need for gamblers to exclude from individual TAB outlets which was seen as overly bureaucratic and very difficult for patrons:

One other issue we find is people will say, 'Okay I don't want to bet on the TAB anymore', and they want to exclude themselves from all TAB outlets ... The government has previously told us their interpretation of the Wagering Act is that's not possible. It's an on an outlet by outlet basis ... If an agent is agent for two or three outlets, then that single agent can do exclusion for all of their outlets. ... That's not usually the case; probably he's got one agent per outlet, so every agent has to do their own, which again the bureaucracy. ... We assist where we can by getting the regional manager to take a person to each of those agencies from which they need to self-exclude, but once again, that's a horrendous process for the person ... I may be aware of half a dozen occasions I've got to say, over last six or seven years [where the regional manager has assisted patrons to exclude from multiple TAB agencies].

However, the remotely assisted self-exclusion scheme involving multiple venues was also perceived to have difficulties:

That's even a difficult one for us because ... we can send stuff and photos around to half a dozen agencies ... but you're relying on that being put on a back wall somewhere, people recognising the face, and that sort of thing. It's not ideal.

Several improvements were suggested to help overcome the challenges raised. The first was to enable self-exclusion to be conducted discreetly in private in a more caring and less bureaucratic way:

A much better system would be whereby all a customer needs to do is take a help number, ring that help number, and then they can help them through the process away from the venue at times, or we can make arrangements to discreetly deal with them. I think that would be far less confronting for the person who's in distress. ... Try to get some sort of caring person involved in the process right up front rather than leaving the poor old customer to be filling out forms.

A further improvement, particularly relevant for organisations with operations spanning several jurisdictions, would be a uniform approach to exclusion:

This is difficult to manage I know, but we operate in four different jurisdictions ... Every jurisdiction has its own different requirements, so it becomes a nightmare, like on our website because we need to order all the different materials that each jurisdiction requires us to provide to a customer. It ends up being quite a lengthy page full of information and you can imagine if you're someone in distress with a problem ... it's always difficult to get the states working together, but if they could ... decide on a

uniform approach, that would be a lot easier for the customer ... nationalise it and make it uniform would make it easy ... That's the Holy Grail as far as I'm concerned.

The overarching improvement suggested by the Tattbet representatives was for a simpler self-exclusion system:

I think the simplification message is the one we would really like to drive home. We're totally in favour of people being able to exclude. I've got to say I fully support that but to make it as easy as possible for the customer the basic message is.

When asked about the effectiveness of self-exclusion, the interviewees responded that:

It's obviously better to have it than not to have it. What the outcome is we never know. All I can say is there is a process by which you can revoke the self-exclusion order. I'm not sure on the exact numbers but I've got to say we don't see terribly many requests to revoke so I assume people, having self-excluded, probably do so successfully.

4.3.5 SUMMARY OF INDUSTRY PERSPECTIVES ON EXCLUSION PROGRAMS IN QUEENSLAND

Interviews with peak industry bodies and representatives revealed strong support for Queensland's exclusion programs, along with recognition that substantial resources were available to assist venues implement the programs. However, interviewees advocated for a simpler and less bureaucratic process involving fewer forms to complete, as the process was perceived as unnecessarily onerous, particularly for smaller less-resourced venues. Some interviewees also considered that having to wait 12 months before applying for revocation of self-exclusion may not be appropriate, with some advocating that the length of time should be determined by the excluder. General support was given for remote-assisted and multi-venue self-exclusion as long as it was restricted to a manageable number of venues within a reasonably small geographic radius of the excluder. Potential benefits of the pilot scheme to both venues and excluders were recognised, including an easier process for venues and a more conducive environment for individuals through being able to exclude through a Gambling Help agency. However, venue concerns that they may not be able to detect remotely-assisted excluders remain.

4.4 CHAPTER CONCLUSION

This chapter has provided some specific context to this study by describing exclusion programs in Queensland, where both self-exclusion and venue-initiated exclusion programs operate as provided for in legislation and the Queensland Responsible Gambling Code of Practice. The next chapter, Chapter Five, presents the review of Australian and international exclusion programs.

CHAPTER FIVE

REVIEW OF AUSTRALIAN AND INTERNATIONAL EXCLUSION PROGRAMS

5.1 INTRODUCTION

This chapter presents findings of Stage Two of this study which addressed Research Objective One: to examine what gambling exclusion programs are currently operating nationally and internationally and identify their commonalities and differences.

Chapter Three explained the methodology used to review 41 self-exclusion programs, six venue-initiated exclusion programs, eight third-party exclusion programs, and one government initiated exclusion program, as well as the exclusion programs operated by Australian wagering and lottery operators and 13 online wagering providers.

The level of detail provided in this chapter on the different types of exclusion programs reflects their usage. Self-exclusion is far more commonly used than are venue initiated and third party exclusions. Thus, most emphasis in this chapter is on self-exclusion. Further, most self-exclusions are from casinos, hotels and clubs, so an in-depth review is provided of selected self-exclusion programs that apply to these sectors across a wide range of jurisdictions in Australia, Canada, the United States (US), Europe, Asia and Africa. Features examined comprise their:

- Regulatory environment
- Advertising and promotion requirements
- Registration
- Scope
- Length of exclusion order
- Cooling off period
- Restrictions on excluded players
- Links to counselling services
- Penalties for breaches
- Reinstatement and revocation processes
- Information management

Less detailed overviews are provided of self-exclusion programs operated by land-based and online wagering operators and the lotteries sector in Australia, and of venue initiated and third party exclusion programs in Australia and selected overseas jurisdictions.

5.2 EXCLUSION PROGRAMS IN AUSTRALIAN JURISDICTIONS

5.2.1 OVERVIEW OF CASINO, HOTEL AND CLUB EXCLUSION PROGRAMS

Chapter Four detailed the exclusion programs conducted for casinos, hotels and clubs in Queensland. A brief overview of the main programs operating in other Australian jurisdictions is provided here, with their specific features reviewed in depth later in this chapter.

New South Wales (NSW) casino, hotel and club venues have a legal obligation to make available a self-exclusion program on request. Hotels and clubs may adopt the program offered by their respective industry peak body, the Australian Hotels Association (AHA NSW) and Clubs NSW. GameCare (AHA NSW) allows exclusion only from restricted gaming areas. Registering involves an interview at the Catholic Care office in Sydney. Patrons living outside the metropolitan area can attend an interview with a local GameCare representative, arranged and paid for by the AHA (NSW). Patrons are asked to nominate the venues they wish to exclude from or the districts where they live and/or work. ClubSafe (Clubs NSW) offers a multi-venue online self-exclusion program that can be completed at a local Gambling Help service or from individual clubs, enabling the applicant to exclude from up to 25 venues in each consultation. During the self-exclusion process, the applicant can elect to self-exclude from the entire venue, the gaming room or from all gambling activities inside the club. Exclusions can be for between six months and three years at the discretion of the patron. The Star Casino also offers a self-exclusion program which must be for a minimum of 12 months.

In Victoria (VIC), a condition of a venue operator's licence is that they operate a self-exclusion program approved by the Victorian Commission for Gambling and Liquor Regulation. Although there is no one prescribed exclusion program, the program must meet requirements of the Ministerial Direction on self-exclusion programs. Similar to NSW, the peak industry bodies (AHA VIC and Clubs VIC) offer and provide support for their own self-exclusion programs; however the programs are similar due to the Ministerial Direction. As in NSW, registering for Victorian programs requires a face-to-face interview either at the peak association's offices or at a venue. They also require a session with a problem gambling counsellor and face-to-face interview with program administrators to revoke the agreement or amend the term of expiry. Patrons can nominate all venues they wish to be excluded from. Protocols exist for participants in the AHA program to also exclude from clubs and casino venues and vice versa. Patrons can nominate an exclusion period between six months and two years. Crown Casino also operates a self-exclusion program. Reinstatement after self-exclusion requires satisfying criteria whereby the applicant demonstrates ways in which they have addressed their gambling behaviours, such that they are back in control. Crown also offers a Gambling Resumption Information Program to assist excluders in developing strategies when reinstated.

Two self-exclusion programs operate in South Australia (SA). Under the centralised program operated by the Independent Gambling Authority (IGA), the person is required to attend the IGA offices for an interview and complete prescribed forms. The IGA then issues a barring notice to the barred person and provides a copy of the barring notice and colour photograph of the person to each venue they have requested to be barred from. An end period for the exclusion cannot be nominated. The barred patron must apply to the IGA to have their ban revoked after an initial 12 month period. The venue program is supported by Gaming Care (AHA-SA) and Clubs SA. Under the venue program, only the licensee can bar a person from the gaming area(s) of a premises under the Gaming Machines Act 1992. Where a person approaches the licensee to self-bar, the licensee must facilitate the request while the person is on the premises. Venues must make an immediate referral to, or liaison with, a counselling agency for a person seeking self-barring. Skycity Adelaide Casino operates a self-exclusion program with similar features. South Australia also has provisions for venue barring and third-party barring.

None of the Western Australian (WA) gaming legislation contains exclusion provisions. Rather, the exclusion program administered by Crown Burswood Casino is an industry based program administered by the venue. Self-exclusion is for an indefinite period with a minimum of 12 months before applying to have the barring revoked. Reinstatement requires demonstrating to the casino that the excluder has sought appropriate counselling and addressed the issues that led to self-exclusion.

In Tasmania (TAS), the Tasmanian Gambling Exclusion Scheme allows people to be excluded from gambling venues or from participating in gambling. The Scheme is supported by the Gaming Control Act 1993 and managed by the Tasmanian Gaming Commission. The Act allows a person to be excluded from venue-based gambling in four different ways: self-exclusion; venue operator exclusion; third party exclusion; and exclusion by the Commissioner of Police. The Scheme is supported by an online database managed by the Liquor and Gaming Branch. The database allows venue operators, Gamblers Help service providers and the Liquor and Gaming Branch immediate access to information about excluded people. Registering for the self-exclusion program is done via Gamblers Help providers who offer counselling and assist in the process. A self-exclusion lasts for a maximum of three years and may not be revoked within the first six months.

In the Northern Territory (NT), gambling operators are to provide patrons who feel they are developing a problem with gambling with the option of excluding themselves from the gambling venue or site. A generic form of self-exclusion has been developed for use by Northern Territory gambling providers, although casinos have specific provisions in place. Procedures with clear, supporting documentation are to be implemented and application forms for self-exclusion must be available at reception, within the gambling area, adjacent to gambling products and/or on the website (if an online operator). Gambling providers are to offer customers who seek self-exclusion contact information for appropriate counselling agencies. A patron can nominate their own self-exclusion period above a minimum of three

months. The agreement cannot be revoked during the nominated excluded period. The NT also has provisions for venue-initiated exclusion.

In the Australian Capital Territory (ACT), clubs, hotels, casinos, bookmakers and ACTTAB outlets are required by law to provide self-exclusion on request. Self-exclusions are conducted by the Gambling Contact Officer in each venue either by telephone or in person. Alternatively, patrons can contact Lifeline ACT for assistance with self-exclusion. The Deed of Exclusion is for a time period agreed upon by the patron and the venue. The agreement cannot be revoked during the nominated excluded period. The ACT also has provisions for venue-initiated exclusions.

5.2.2 OVERVIEW OF WAGERING EXCLUSION PROGRAMS IN AUSTRALIA

Chapter Four detailed the exclusion programs conducted for wagering in Queensland. A brief overview of the main programs operating in other Australian jurisdictions is given here. Individuals can bet through land-based agencies (with an operator or via a self-service terminal), by telephone and online, and the self-exclusion programs cover all of these betting channels. Telephone/online accounts are suspended upon self-exclusion, while monitoring for land-based wagering is based on photographs. There is also the requirement across all programs to not send any promotional material to the excluder.

Tattsbet provides totaliser and fixed odds betting products in QLD, SA, TAS and NT. Under the responsible gambling section of the TattsBet website, patrons are directed to self-exclusion forms provided by the respective governments which can be lodged with any TAB outlet or centrally online or by telephone. Excluders are subject to different terms and conditions, depending on their jurisdiction. For example, the self-exclusion period for QLD wagering is five years with a 12 month minimum before revocation. Punters in SA can choose a fixed or indefinite period of exclusion. In the NT, the minimum time period for self-exclusion is three months.

Tabcorp provides totaliser and fixed odds betting products in NSW and VIC. Tabcorp offers its own self-exclusion program, Betcare. Patrons can choose to exclude from up to 15 agencies and licensed venues for a period of six, 12, 18 or 24 months. The patron must agree to seek and continue to seek the assistance and advice of a qualified and recognised gambling counsellor. At the end of the exclusion period, Tabcorp will automatically extend the application unless the person notifies Tabcorp that they wish to revoke their self-exclusion status.

ACT wagering services are licensed through ACTTAB which operates as a Territory-owned corporation, under provisions of the Betting (ACTTAB Limited) Act 1964. To exclude from an ACTTAB outlet, patrons contact either Lifeline ACT or a ACTTAB Gambling Contact Officer to complete a deed of exclusion which is the same agreement to exclude from an ACT club, hotel or casino. The length of the order can be nominated by the patron.

Racing and Wagering Western Australia is the controlling authority for the conduct of thoroughbred, harness and greyhound racing, together with the conduct of off-course (TAB) wagering in Western Australia. The application form to self-exclude is available on the website. A minimum 12 month self-exclusion period applies in WA and applications must be revoked prior to re-entry. To have the order revoked, an excluder must have undertaken a counselling session with Gambling Help WA or another recognised gambling help organisation.

5.2.3 OVERVIEW OF ONLINE WAGERING EXCLUSION PROGRAMS IN AUSTRALIA

This section overviews a sample of self-exclusion programs operated by 13 licensed online wagering operators in Australia. These operators are: bet365, Betchoice (Unibet), Betezy, Bookmaker, Eskander's Betstar, Centrebet, Luxbet (Tabcorp), Sportsbetting, Sportsbet, IAS Bet, Sportingbet, Tom Waterhouse Pty Ltd, and Betfair

Online gambling in Australia is regulated by the Interactive Gambling Act 2001 which prohibits provision of all types of online casino-style gaming to Australians. The primary objective of the Act is to reduce harm to problem gamblers and to those at risk of becoming problem gamblers. A recent review of the Act found that there are around 2,200 online gambling providers currently offering services to Australians that may be in contravention of the Act. The review found that provisions of the Act may in fact be exacerbating the risk of harm because of the high level of usage by Australians of prohibited services which may not have the same protections that Australian licensed online gambling providers could be required to have (Department of Broadband, Communications and the Digital Economy, 2013). The Productivity Commission (2010) suggested that the account-based nature of online gambling makes self-exclusion from any given website more effective than in a land-based environment. However, in practice, the self-exclusion features found on the sites of selected legal Australian online wagering providers are optional, piecemeal and by no means standardised.

Where the online gambling website is registered has a strong influence on characteristics of the self-exclusion program implemented. Betchoice, bet 35, Betezy, Eskander's Betstar, Centrebet, Luxbet, Sportsbetting, Sportsbet, IAS Bet, Sportingbet and Tom Waterhouse Pty Ltd are all registered by Gambling and Licensing Services, Northern Territory Department of Business. These businesses are required to adhere to the Responsible Gambling Principle 4 of the Northern Territory Code of Practice for Responsible Gambling. Only bookmaker and Betfair are registered in alternative jurisdictions (Norfolk Island and Tasmania respectively).

The majority of sites regulated in the Northern Territory offer a similar self-exclusion program based directly on the Responsible Gambling Principle 4 (Betchoice, Betezy, Eskanders Betstar, Centrebet, Luxbet, Sportingbet) allowing patrons to nominate their own length of exclusion, subject to a minimum period of three months, although they may select a permanent exclusion. bet 365, a UK company, offers a choice of six months, one year, two years, five years or a permanent ban. Sportsbet and IAS Bet differ by only permitting a

permanent ban. No responsible gambling section or self-exclusion information was found on the Sportsbetting website. Being registered in Tasmania, Betfair's program appears based on the Tasmanian Gambling Exclusion Scheme and has a minimum self-exclusion period of six months which cannot be revoked under any circumstances. The websites of Betchoice, Betezy, Centrebet, Luxbet, Sportingbet and Betfair all state that the self-exclusion commences three days after a patron request for exclusion.

Finding self-exclusion information on the websites was difficult. Availability of self-exclusion was noted on the websites of all providers except Sportsbetting, but was usually under a small heading of Responsible Gambling located in the top or bottom margins of the home page. Betchoice, bet365 and Luxbet also provide a telephone number and bet365 and Luxbet provide an email address to inquire about self-exclusion. Tom Waterhouse Pty Ltd provides a customer support telephone number to request a self-exclusion and no further information. Most websites note that exclusion is voluntary and does not place any obligation, duty or responsibility on any other person or body other than patron, that the self-exclusion form is not a contract, and that it in no way binds the operator.

Luxbet is the sole website that provides information on a revocation process. If the patron chooses to revoke their self-exclusion status they must complete an application form, accompanied by a report from an approved gambling support counsellor that the excluder has sought assistance from a gambling helpline or counsellor during their period of self-exclusion. The applicant may also submit information on any legal advice sought or any personal statements to support their application. If the order is revoked, the applicant authorises Luxbet to perform ongoing monitoring of all wagering activities and transactions made through the Luxbet account.

Mobile platforms of these operators were not systematically included in this audit, but many of them contain even less or no information on self-exclusion than their websites.

5.2.4 OVERVIEW OF LOTTERIES EXCLUSION PROGRAMS IN AUSTRALIA

This section provides a brief overview of Australian lottery exclusion programs. Because it is considered unfeasible to monitor and enforce exclusion orders throughout the hundreds of retail outlets that offer lottery products, self-exclusion orders are limited to online and/or telephone accounts and/or the cancellation of playing cards (e.g., Winners Circle Card in QLD).

With the exception of Western Australia, all Australian lotteries are licensed under Tattersalls, and are collectively known as Tattslotto. From a consumer perspective these licensed lotteries are branded differently depending on the jurisdiction: Golden Casket (QLD), NSW Lotteries (NSW, ACT), SA Lotteries (SA) and Tattslotto (VIC, TAS, NT). Despite the different branding, each Tattslotto program offers an initial 180 day self-exclusion period. Applicants can register online or by telephone. Responsible Play Liaison Officers are available to assist with self-exclusion or with gambling issues generally. Members who self-exclude three times are permanently excluded. No revocation process is available.

In Western Australia, LotteryWest is a state government statutory authority responsible for running the official state lottery and for raising and distributing the funds for beneficiaries under the Lotteries Commission Act 1990. LotteryWest permits a player to choose the period of time they wish to self-exclude for, with self-exclusion available only online. The player is not permitted to revoke an exclusion order during the selected time period.

5.3 FEATURES OF CASINO, HOTEL AND CLUB SELF-EXCLUSION PROGRAMS

This section provides more detail on specific features of self-exclusion programs for casinos, hotel and clubs in selected Australian, Canadian, US, European, Asian and African jurisdictions.

5.3.1 REGULATORY ENVIRONMENT

Tables 5.1 to 5.5 summarise aspects of the regulatory environment for the selected self-exclusion programs. These aspects include the types of programs authorised (self-exclusion, venue exclusion, third party exclusion), key legislation/regulations, and the regulatory agency.

The majority of sampled jurisdictions have legislative requirements for exclusion programs, in particular for casinos or EGM venues. In Australia, Western Australia remains an anomaly although this can be attributed to a broader policy of restricting EGM availability to a central casino only. No Western Australian legislation contains exclusion provisions; rather the exclusion program administered by the Crown Burswood Casino is an industry-initiated program.

Another notable exception to state regulated exclusion provisions is the US state of Nevada, where gaming officials deemed it unfeasible to enforce a self-exclusion program throughout the state's hundreds of casinos. The Nevada Gaming Commission regulations only require gaming properties to implement standards and procedures that allow patrons to self-limit from access to check-cashing, issuance of credit, and receipt of direct mailing of promotional materials. However, Nevada regulations do permit casinos to adopt and implement their own facility-based self-exclusion programs (Slavina, 2010).

Queensland and the ACT are unique in developing a single exclusion scheme that is applicable across a range of gambling operators (casinos, clubs, hotels, wagering, keno).

Many venues are able to develop their own exclusion programs based on legislative requirements. Some jurisdictions encourage venues to develop their own policies and procedures to tailor the policy to the venue/customer base (NSW, NZ, ACT, UK). Other states are more prescriptive regarding the procedures venues are required to adopt (QLD, SA, TAS).

Some major casino operators, including Harrah's Entertainment, offer their own responsible gambling program inclusive of exclusion provisions that may extend beyond a government regulated program. Harrah's has pledged to honour a patron's self-exclusion request in all of

its properties worldwide. Thus, if a patron completes a self-exclusion form in Harrah’s casino in one jurisdiction, this request will be effective in all Harrah’s properties, including in states where self-exclusion programs are not mandatory. Applicants to the Harrah’s self-exclusion program are asked to consider the implications of being excluded at all its properties worldwide before applying (Slavina, 2010).

Table 5.1: Regulatory environment for exclusion programs in Australasian jurisdictions

Jurisdiction	Exclusion Type	Legislation/Regulation	Administering Agency
QLD	Self-exclusion Venue exclusion 3rd party exclusion	Gaming Machine Act 1991; Gambling Legislation Amendment Act 2004; Casino Control Act 1982; Wagering Act 1998; Keno Act 1996; QLD Responsible Gambling Code of Practice.	QLD Office of Liquor & Gaming Regulation.
NSW	Self-exclusion only	Gaming Machines Act 2001.	NSW Casino Liquor & Gaming Control Authority, NSW Office of Liquor, Gaming & Racing.
VIC	Self-exclusion only	Gambling Regulation Act 2003.	VIC Commission for Gambling & Liquor Regulation.
SA	Self-exclusion Venue exclusion 3rd party exclusion	Independent Gambling Authority Act 1995 (IGA Scheme); Gaming Machine Act 1992 (venue scheme).	Independent Gambling Authority (IGA Scheme); Office of the Liquor & Gambling Commissioner (venue scheme).
WA	Self-exclusion only	No exclusion provision in the Gaming and Wagering Commission Act 1987. Casino Control Act 1984 gives casino general right to exclude.	Gaming & Wagering Commission of WA: Department of Racing Gaming & Liquor.
TAS	Self-exclusion Venue exclusion 3rd party exclusion	Gaming Control Act 1993.	Tasmanian Gaming Commission; Liquor & Gaming Branch Department of Treasury & Finance.
ACT	Self-exclusion Venue exclusion	Gambling and Racing Control Act 1999; Casino Control Act 2006; Gambling and Racing Control (Code of Practice) Regulation 2002.	ACT Gambling & Racing Commission.
NT	Self-exclusion only	Gaming Control Act 2000; Code of Practice for Responsible Gambling.	Gambling & Licensing Services, NT Department of Business.
NZ	Self-exclusion Venue exclusion	Gambling Act 2003 .	NZ Department of Internal Affairs.

Table 5.2: Regulatory environment for exclusion programs in Canadian jurisdictions

Jurisdiction	Exclusion Type	Legislation/Regulation	Administering Agency
Quebec	Self-exclusion only	Not stated.	Loto-Québec, a public corporation founded by the Québec Government.
Nova Scotia	Self-exclusion only	Not stated.	Nova Scotia Gaming Corporation; Nova Scotia Alcohol & Gaming Authority.
Ontario	Self-exclusion only	Not stated.	Ontario Lottery & Gaming Corporation.
Saskatchewan	Self-exclusion only	Regulatory authority of the Saskatchewan Liquor & Gaming Authority; provincial regulations; Criminal Code of Canada; Alcohol and Gaming Regulations Act 1997.	Saskatchewan Liquor & Gaming Authority; Saskatchewan Gaming Corporation.
Alberta	Self-exclusion only	Gaming and Liquor Act.	Alberta Liquor & Gaming Commission.
British Columbia	Self-exclusion only	Gaming Control Act.	British Columbia Lottery Corporation.
Manitoba	Self-exclusion only	Gaming Control Act.	Manitoba Gaming Control Commission.
Prince Edward Island	Self-exclusion only	Not stated.	Not stated.

Table 5.3: Regulatory environment for exclusion programs in US jurisdictions

Jurisdiction	Exclusion Type	Legislation/Regulation	Administering Agency
Missouri	Self-exclusion only	Voluntary Self-Exclusion Program Rules (11 CSR 45-17).	Missouri Gaming Commission.
California	Self-exclusion 3rd party exclusion	Bureau of Gaming Control administers a confidential list of self-excluded patrons who are banned from all licensed gambling establishments in the State, not including tribal casinos.	California Department of Justice Bureau of Gambling Control.
Colorado	Self-exclusion only	Not stated.	Colorado Gaming Association; Problem Gambling Coalition of Colorado.
Indiana	Self-exclusion only	Powers and Duties of Indiana Gaming Commission; Ejection or exclusion from facilities.	Indiana Gaming Commission.
Iowa	Self-exclusion only	Gambling Boat, Gambling Structure, and Racetrack Regulation.	Iowa Gaming Association.
Michigan	Self-exclusion only	Michigan Gaming Control and Revenue Act, as amended (Public Act 69 of 1997).	Michigan Gaming Control Board; Michigan Department of Community Health.
New Jersey	Self-exclusion only	Not stated.	New Jersey Division of Gaming Enforcement.
Nevada	Self-limitation only	Nevada Gaming Control Act.	Nevada Gaming Commission; State Gaming Control Board.

Table 5.4: Regulatory environment for exclusion programs in European jurisdictions

Jurisdiction	Exclusion Type Available	Legislation/Regulation	Administering Agency
Netherlands	Self-exclusion only	Under state monopoly of Holland Casino.	National Foundation for the Exploitation of Casino Games (Holland Casino).
Switzerland	Self-exclusion Venue exclusion	Casino Act.	Not stated.
Austria	Self-exclusion only	Federal Law on Games of Chance (Gambling Act).	Casinos Austria.
Sweden	Self-exclusion only	Not-stated.	Svenska Spel, a state-owned company.
UK	Self-exclusion only	Gambling Act 2005; UK Gambling Commission Licence conditions and codes of practice.	UK Gambling Commission.
France	Self-exclusion only	Not stated.	Department of Public Liberties in the Ministry of Interior.
Belgium	Self-exclusion 3rd party exclusion	Article 54 § 3.1 of the Act of 7 May 1999 on games of chance, paris, institutions gambling and player protection.	Commission on Gambling (state agency).

Table 5.5: Regulatory environment for exclusion programs in Asian and African jurisdictions

Jurisdiction	Exclusion Type Available	Legislation/Regulation	Administering Agency
Macau	Self-exclusion 3rd party exclusion	Article 6 clause 1 of law no. 10/2012 .	Gaming Inspection & Coordination Bureau.
Singapore	Self-exclusion Family exclusion 3rd party exclusion	Casino Control Act; NCPG Responsible Gambling Code of Practice.	Ministry of Home Affairs; Casino Regulatory Authority; National Council on Problem Gambling.
South Africa	Self-exclusion 3rd party exclusion	Section 14 of the National Gambling Act (Act 7, 2004); regulation 2(2) of the National Gambling Regulations.	National Gambling Board.

2.3.2 ADVERTISING AND PROMOTION OF SELF-EXCLUSION

Tables 5.6 to 5.10 summarise advertising and promotion requirements for self-exclusion programs across the selected jurisdictions, although this was a program feature for which it was difficult to access full information.

Some jurisdictions have legal requirements regarding the advertising and promotion of their self-exclusion program. In Queensland, New South Wales and Nova Scotia, gambling providers are required to provide exclusion procedures and supporting documentation, advertise that an exclusion scheme is available and where to ask for more information. In South Africa, every licensee authorised to make a gambling activity available to the public

must post a notice advertising the availability of an approved form to register as an excluded person. Where not required, some gambling operators in some jurisdictions opt to advertise their self-exclusion programs while others do not. It is not known which jurisdictions, if any, have their self-exclusion programs advertised by government departments or counselling agencies.

Table 5.6: Advertising and promotion of self-exclusion in Australasian jurisdictions

Jurisdiction	Exclusion Scope
QLD	Gambling Providers to provide exclusion procedures and supporting documentation.
NSW	Venues are required to provide in all areas where gaming machines are located a statement advising patrons that a self-exclusion scheme is available, and the name and contact details of the person or body who is able to assist patrons with becoming participants in the self-exclusion scheme conducted in the venue.
VIC	Not stated.
SA	Not stated.
WA	Brochure for Crown Perth Self-exclusion program.
TAS	Not stated.
ACT	Not stated.
NT	Not stated.
NZ	Not stated.

Table 5.7: Advertising and promotion of self-exclusion in Canadian jurisdictions

Jurisdiction	Exclusion Scope
Quebec	Pamphlets available in the casino.
Nova Scotia	Brochures and pamphlets; signs at entrance, casino staff, Responsible Gaming Resource Centre, casino website
Ontario	Not stated.
Saskatchewan	Not stated.
Alberta	Not stated.
British Columbia	Not stated.
Manitoba	Not stated.
Prince Edward Island	Not stated.

Table 5.8: Advertising and promotion of self-exclusion in US jurisdictions

Jurisdiction	Exclusion Scope
Missouri	Not stated.
California	Brochure on the self-exclusion program.
Colorado	Not stated.
Indiana	Voluntary self-exclusion program brochure.
Iowa	Not stated.
Michigan	Not stated.
New Jersey	Program brochure available.
Nevada	

Table 5.9: Advertising and promotion of self-exclusion in European jurisdictions

Jurisdiction	Exclusion Scope
Netherlands	Not stated.
Switzerland	Not stated.
Austria	Casinos Austria website provides information on exclusion program.
Sweden	Casino Cosmopol website provides information on exclusion program.
UK	Not stated.
France	Not stated.
Belgium	Not stated.

Table 5.10: Advertising and promotion of self-exclusion in Asian and African jurisdictions

Jurisdiction	Exclusion Scope
Macau	City of Dreams Casino Macau website provides link to the government exclusion information at the DICJ.
Singapore	Not stated.
South Africa	Must prominently post a notice advertising the availability of a prescribed form to be used by a person wishing to register as an excluded person.

5.3.3 REGISTRATION

Tables 5.10 to 5.15 summarise key features of the registration process for self-exclusion programs in the selected jurisdictions.

Registration is a central component of the exclusion process as typically represents an applicant's first point of contact with an exclusion scheme. Requiring people to register at the venue can provide benefits including contact with trained staff or a dedicated responsible gambling officer who may be able to provide additional support during the process and potentially create linkages to gambling support services to facilitate ongoing counselling or treatment. Registering in the venue also has an immediacy factor that the program is available where the person may be experiencing problem gambling issues (e.g., Crown Perth, NT, NZ). However, as discussed in Chapter Two, it may be problematic to require applicants to return to venues where they are experiencing difficulties to request an exclusion.

Some jurisdictions provide the option of undertaking the exclusion process at their local gambling support service offices (QLD if service is part of the remotely assisted self-exclusion pilot, NSW, TAS, ACT) or government agency (SA, Nova Scotia, Manitoba, Alberta). Off-site registration can potentially create accessibility and equity issues, particularly for people living in regional areas, as they have to travel to a central and often metropolitan office to exclude. However, most programs with a centralised exclusion facility also enable venue-based exclusion. California, Singapore and Netherlands provide the option of excluding online. Details are then incorporated into a national register.

The sampled Canadian jurisdictions offer registration either at the venue or off-site such as at a counselling or regulatory agency (except Saskatchewan and Prince Edward Island which

did not state an off-site registration place). Ontario requires a private meeting with Ontario Lottery and Gaming Corporation staff to assist the process.

The sampled US jurisdictions also offer options to exclude both onsite and offsite, with the exception of Missouri and New Jersey which only provide options to exclude at the central administering agency.

The sampled European jurisdictions contained a mixture of central and venue based registration. Patrons who wish to exclude in the Netherlands, Austria, France and Belgium must apply to the central agency, while patrons in Switzerland, Sweden and the United Kingdom (UK) apply at their local venue.

Table 5.11: Registration of self-exclusion in Australasian jurisdictions

Jurisdiction	Administered by	On-Site Registration	Off-Site Registration
QLD	Venue.	Venue - patron referred to Customer Liaison Officer.	Gambling Help Service if part of pilot program.
NSW	Venue. Central.	Venue (depending on program implemented).	Gambling Help Service - Clubsafe Multi-Venue Online Self-Exclusion; GameCare Self-exclusion Hotline; NSW AHA.
VIC	Venue. Central.	Venue (depending on program implemented).	AHA Vic; Clubs Vic .
SA	Central (IGA Scheme); venue (venue scheme).	Venue (venue scheme).	IGA (IGA Scheme).
WA	Venue.	Responsible Gambling Information Centre, Crown Perth.	
TAS	Central.		Gambling Help Service.
ACT	Venue.	Venue – Gambling Contact Officer.	Lifeline (Gambling Help)
NT	Venue.	Venue.	
NZ	Venue.	Venue.	By mail and phone to each venue.

Table 5.12: Registration of self-exclusion in Canadian jurisdictions

Jurisdiction	Administered by	On-Site Registration	Off-Site Registration
Quebec	Venue.	Security.	Certain crisis centres; treatment provider offices; Quebec City office. Casino investigators may go to a patron's house.
Nova Scotia	Venue.	Venue.	Nova Scotia Alcohol & Gaming Authority.
Ontario	Venue.	Venue (depending on program implemented).	Problem gambling or debt counsellor's office.
Saskatchewan	Central.	GameSense Info Centre; GameSense Advisor; security.	
Alberta	Central.	Venue.	Alberta Liquor & Gaming Commission or Alberta Alcohol and Drug Abuse Commission.
British Columbia	Central.	GameSense Info Centre; GameSense Advisor; security.	BCLC's corporate offices.
Manitoba	Central.	Security.	Manitoba Lottery Commission's corporate office; Addictions Foundation of Manitoba's office.
Prince Edward Island	Venue.	Security.	

Table 5.13: Registration of self-exclusion in US jurisdictions

Jurisdiction	Administered by	On-Site Registration	Off-Site Registration
Missouri	Central.		Missouri Gaming Commission agent or staff member.
California	Venue.	Venue.	Online; mail.
Colorado	Venue.	Venue (depending on program implemented).	Problem gambling or debt counsellor office.
Indiana	Central.	Indiana casino.	IGC office.
Iowa	Central.	Venue.	
Michigan	Central.	Security; GameSense Info Centre.	
New Jersey	Central.		New Jersey Division of Gaming Enforcement.
Nevada	Venue.	Venue.	

Table 5.14: Registration of self-exclusion in European jurisdictions

Jurisdiction	Administered by	On-Site Registration	Off-Site Registration
Netherlands	Central.		Online for entrance prohibition or visit limitation.
Switzerland	Central.	Casino.	By mail to casino.
Austria	Central.		In writing or person to Casinos Austria headquarters.
Sweden	Central.	Venue.	May telephone venue.
UK	Venue.	Venue.	
France	Central.		Handwritten application followed by interview with Judicial Police.
Belgium	Central.		Mail to Commission of Gambling.

Table 5.15: Registration of self-exclusion in Asian and African jurisdictions

Jurisdiction	Administered by	On-Site Registration	Off-Site Registration
Macau	Central.	May be submitted by venue however the DICJ will contact applicant to verify details.	DICJ office.
Singapore	Central.		Online; NCPG Office.
South Africa	Central.	Casino.	Provincial Gambling Board.

5.3.4 EXCLUSION SCOPE

Tables 5.16 to 5.20 summarise the scope of self-exclusion programs in the selected jurisdictions.

The main factor that influences ban scope is whether the jurisdiction operates a venue or centrally administered exclusion program. In venue administered programs, where the exclusion register is managed by the venue, applicants must submit separate applications to be excluded from additional venues. Some venue administered exclusion programs, including in Queensland, extend the ban scope to all venues owned by a single gambling operator. Centrally administered exclusion programs, where the exclusion register is managed via a central agency, permits an applicant to nominate one or more venues across the jurisdiction. This information is then disseminated through centrally managed databases or registers. In Victoria and South Australia, applicants can nominate multiple venues they wish to be excluded from. Gambling providers then have obligations to review the central registers and facilitate and monitor exclusion orders, as well as detect any exclusion breaches.

As discussed in Chapter Two, advantages and disadvantages apply for venue and centrally administered exclusion programs. Centrally administered programs are considered easier to administer as only one application is required and allow for greater flexibility as applicants can exclude from more than one venue or even all venues in the jurisdiction. For venue administered registration, applicants are required to make contact with the venue. It may be easier for venues to monitor an exclusion order and detect any breaches compared with a centrally administered program as they may be familiar with the patron. Completing separate applications for each venue, however, adds great complexity to the registration process for patrons.

In Canada, Quebec centrally excludes from all casinos and gaming halls; Ontario excludes from all casinos and racetrack slot operations with exclusion applying to all parts of the gaming venue including restaurants and entertainment areas; Saskatchewan excludes from all casino properties including show lounges and restaurants as well as the Saskatchewan Indian Gaming Authority casinos; Alberta excludes from all casinos and Racing Entertainment Centres in Alberta including restaurants and entertainment venues; Manitoba includes both applicable casinos but does not include the two First Nations casinos nor does it include video lottery terminal sites; Prince Edward Island excludes from the one casino and the exclusion is restricted to the gaming floor only.

Also in Canada, British Columbia offers the choice of three programs – option one includes all gaming facilities with slot machines, option two includes commercial bingo halls, and option three includes the online gambling site playnow.com.

In the US, Missouri, California, Colorado, Iowa, Michigan and New Jersey centrally ban from all venues. Indiana excludes from all gaming facilities although excluded persons are permitted in non-gaming areas.

Both of the sampled Asian jurisdictions operate central self-exclusion programs with applicants requiring to register via a central agency. Macau provides the option to submit at the venue although the applicant will be contacted by the central agency to verify details. Singapore offers an online registration option as part of its government website Singpass. The Macau program provides the option to exclude from some or all of the casinos, whereas Singapore limits to casinos only and not from other legal gambling outlets.

Programs in the Netherlands, Switzerland, Austria and Sweden exclude from all casinos across the country, while Belgium excludes from all gambling halls.

In France, patrons can centrally nominate which venues they wish to be excluded from and their details will be distributed to those venues. In comparison, patrons must exclude individually from each venue in the UK.

Some jurisdictions only permit exclusions from certain parts of the venue, such as gaming machine areas while permitting access to other entertainment areas. In Queensland, New South Wales, Tasmania and the Northern Territory, applicants can nominate not to enter or remain in the entire gambling facility or specify gambling areas only. New Zealand exclusion orders are for the gambling areas only, not the entire venue.

Table 5.16: Scope of self-exclusion in Australasian jurisdictions

Jurisdiction	Exclusion Scope
QLD	Single venue, except if gambling provider operates more than 1 gambling operation then may also nominate some or all of these operations. EGMs, keno and wagering - may nominate to not enter or remain in entire gambling facility or specify gaming machine area only. Casino – not to enter or remain in venue only. A remotely assisted self-exclusion scheme is being piloted that allows multi-venue exclusion.
NSW	Clubs: Patron can choose to be excluded from any area where EGMs are located; or any area where EGMs, or any other gambling facilities, are located; or the whole venue. Hotels: Patrons can only self-exclude from restricted gaming areas.
VIC	Can nominate all venues that wish to be excluded from. Protocols exist for participants in the AHA program to also exclude from the clubs and casino venues and vice versa.
SA	May nominate additional venues (IGA scheme).
WA	Entering or remaining in the gaming area.
TAS	Whole venue – the person cannot enter or be on premises; or participating in gambling at a venue - the person cannot engage in gaming activities, and cannot enter a restricted gaming area. Can nominate venues to be excluded from.
ACT	May nominate any ACT venue to exclude from.
NT	Can select one or more of the following: entire premises, gaming area, keno, table games, gaming machines, TAB or other (for example lotto). Need to fill out separate form for each gambling provider.
NZ	Gambling area only.

Table 5.17: Scope of self-exclusion in Canadian jurisdictions

Jurisdiction	Exclusion Scope
Quebec	Québec’s casinos and gaming halls for the duration of the contract. Additionally Espacejeux.com account will be closed and attempts to open new account blocked.
Nova Scotia	Both casinos in Nova Scotia.
Ontario	All casinos and racetrack slot operations in Ontario. Applies to all facilities at the site, including restaurants and entertainment venues. Self-exclusion from Casino Windsor also includes all Harrah’s Entertainment casinos worldwide.
Saskatchewan	Applies to all casino properties including the Show Lounge and restaurants. Enables voluntarily exclusion from Casinos Regina and Moose Jaw, and Saskatchewan Indian Gaming Authority (SIGA) casinos.
Alberta	All casinos and RECs in Alberta (including gaming floor, restaurants, lounges and entertainment venues located on the premises). 22 casinos and 3 Racing Entertainment Centres covered. No option to exclude from 1 venue only.
British Columbia	One program for all British Columbia Lottery Corporation casinos and community gaming centres; another program for commercial bingo halls. Covers 17 casinos (including slots at racetracks), 10 community gaming centres. Separate self-exclusion program for BCLC’s 17 bingo halls. If patron has self-excluded from a gaming facility, they are not eligible to gamble on PlayNow.com for duration of exclusion.
Manitoba	Both Manitoba Lotteries Corporation casinos. The two First Nations casinos are not part of MLC’s program; they have a separate program. VLT sites not included.
Prince Edward Island	The one casino in Prince Edward Island (gaming floor only).

Table 5.18: Scope of self-exclusion in US jurisdictions

Jurisdiction	Exclusion Scope
Missouri	Lifetime ban from all Missouri casinos (excursion gambling boats).
California	Self-excluded patrons are prohibited from entering the premises of those establishments.
Colorado	Casinos only.
Indiana	Includes all 10 Indiana riverboats, French Lick casinos at horseracing facilities in Shelbyville and Anderson. Excluded persons permitted in the non-gaming areas of gaming facility.
Iowa	Lifetime ban to all gaming areas of casinos. Some casino companies may extend ban to non-gaming areas. Casino includes gambling excursions boats, racetrack enclosures, gambling structures and any other facility that offers gaming at a licensed venue.
Michigan	Lifetime ban from Detroit casinos.
New Jersey	Excluded from all gaming activities at New Jersey casinos and casino simulcasting facilities.

Table 5.19: Scope of self-exclusion in European jurisdictions

Jurisdiction	Exclusion Scope
Netherlands	14 casinos across the country.
Switzerland	19 casinos in Switzerland.
Austria	All casinos.
Sweden	Casino Cosmopol casinos.
UK	Single venue only.
France	Exclusions registered via national database – avenue to exclude from more than 1 venue.
Belgium	Gambling halls random class I and II, as well as games and paris online

Table 5.20: Scope of self-exclusion in Asian and African jurisdictions

Jurisdiction	Exclusion Scope
Macau	Can exclude from some or all casinos
Singapore	Casino exclusion order only, does not exclude from other legal gambling outlets.
South Africa	Patron can select venues they wish to exclude from.

5.3.5 LENGTH OF SELF-EXCLUSION AND COOLING OFF PERIOD

Tables 5.21 to 5.25 show significant variation in the length of self-exclusion orders amongst the jurisdictions reviewed.

As discussed in Chapter Two, self-exclusion programs have been criticised for inbuilt rigidities and requirements that deter applying, including inability of applicants to select a ban length tailored to their needs and circumstances. Amongst the sampled jurisdictions, only Austria, the Australian Capital Territory and the Northern Territory permit the venue and applicant to nominate a particular ban length, although a minimum of three months applies to the latter.

An irrevocable lifetime ban (Iowa, Michigan) may act as a significant barrier to seeking an exclusion order by restricting future gambling activities, irrespective of whether problem gambling behaviour is subsequently controlled. In Iowa, excluded patrons may not even use the entertainment facilities offered by gambling venues. Recognising the strict ban in comparison to other jurisdictions, a Bill has been introduced in Iowa that would allow

gamblers to ban themselves for five years, instead of just for life. If the five-year option is chosen the first time, expires, and a problem arises again, another five-year or life option is available. After a second five-year ban, a gambler's only recourse would be a lifetime ban². At present, the Iowa Gaming Association's website still only offers lifetime bans.

Other jurisdictions provide a range for self-exclusion periods, such as New South Wales, Tasmania and Prince Edward Island where a time can be specified between 6-24 months. Other jurisdictions provide several alternate timeframes, such as six months, one year, two years and three years in British Columbia, with Alberta also offering a five year ban. Other jurisdictions set an indefinite ban, but allow excluders to apply to revoke the ban after a certain period, typically 12 months (SA, WA, Singapore). As discussed later, the length of the self-exclusion order may not be as important as the time period required before an excluder can revoke their exclusion. In Queensland, for example, the ban is for five years, but exclusions can be revoked after 12 months.

Also shown in Tables 5.21 to 5.25 are the cooling-off periods for self-exclusion in the selected jurisdictions. A cooling off period enables an applicant to cancel an exclusion order during a specified time period without the requirement to formally revoke the order. Where they exist, cooling off periods are typically 24, 48 or 72 hours, although France allows three months.

Table 5.21: Length and cooling-off period for self-exclusion in Australasian jurisdictions

Jurisdiction	Length	Cooling-off period
QLD	5 years (cannot be revoked within first 12 months).	24 hours.
NSW	6-36 months. May select own time period between this range.	Not stated.
VIC	6-24 months.	Not stated.
SA	Indefinite period. Minimum of 12 months, after which may apply to have revoked.	3 days.
WA	Indefinite period. Minimum of 12 months, after which may apply to have the barring revoked.	Not stated.
TAS	Maximum of three years and may not be revoked within first 6 months.	Not stated.
ACT	Can nominate period.	Not stated.
NT	Minimum 3 months.	3 days.
NZ	Up to two years. The Act provides no other guidance on how long an exclusion order should be issued for.	Not stated.

² <http://www.cardplayer.com/poker-news/15430-iowa-to-weaken-self-exclusion-program-for-problem-gamblers> (April 2003)

Table 5.22: Length and cooling-off period for self-exclusion in Canadian jurisdictions

Jurisdiction	Length	Cooling-off period
Quebec	3 months to 5 years.	Not stated.
Nova Scotia	Choose from lifetime/indefinite.	Not stated.
Ontario	6 months, 1 year, indefinite.	Not stated.
Saskatchewan	3 months to 5 years.	None.
Alberta	6 months, 1 year, 2 years, 3 years or 5 years.	48 hours.
British Columbia	6 months, 1 year, 2 years or 3 years.	Not stated.
Manitoba	2 years (indefinite if patron does not reinstate).	Not stated.
Prince Edward Island	6 months to 3 years.	Not stated.

Table 5.23: Length and cooling-off period for self-exclusion in US jurisdictions

Jurisdiction	Length	Cooling-off period
Missouri	Lifetime.	Not stated.
California	1 year, 5 years, lifetime.	Not stated.
Colorado	3 years, 5 years, 10 years, lifetime.	Not stated.
Indiana	1 year, 5 years, lifetime.	Not stated.
Iowa	Lifetime.	Not stated.
Michigan	Lifetime.	Not stated.
New Jersey	1 year, 5 years, lifetime.	Not stated.

Table 5.24: Length and cooling-off period for self-exclusion in European jurisdictions

Jurisdiction	Length	Cooling-off period
Netherlands	6 months, 12 months or >12 months.	Not stated.
Switzerland	Indefinite, can only apply to be revoked after a minimum of 12 months.	Not stated.
Austria	Period can be defined.	Not stated.
Sweden	At least two months, can also switch off for 6 months or indefinite period, subject to minimum of 12 months with a month's notice.	Not stated.
UK	6 months to 5 years.	1 day.
France	3 years.	3 months.
Belgium	Not stated.	None.

Table 5.25: Length and cooling-off period for self-exclusion in Asian and African jurisdictions

Jurisdiction	Length	Cooling-off period
Macau	Maximum 2 years. To extend the exclusion period requires a new self-exclusion application or the applicant has a confirmed 3rd party exclusion application.	Not stated.
Singapore	Indefinite with a minimum of 1 year. Order must be revoked.	None.
South Africa	Not stated.	Not stated.

5.3.6 EXCLUDED PLAYER RESTRICTIONS

Restrictions may be imposed on the excluded patron as part of the conditions of exclusion orders, in addition to not entering or remaining in the venue or gambling areas. These are summarised in Tables 5.26 to 5.30.

Most programs require removal from mailing lists, loyalty club membership and other promotional programs to ensure the venue does not distribute any marketing material to excluders during the exclusion period. Some programs also specify that any prizes won when gambling in breach of a self-exclusion order must be forfeited (e.g., VIC, British Columbia, Indiana, South Africa), with some programs requiring these forfeited prizes be donated to a problem gambling treatment program (e.g., California, Iowa). Where player cards are required to gamble, these are cancelled on self-exclusion (e.g., Quebec, British Columbia, Prince Edward Island), along with cheque-cashing facilities (e.g., Missouri, Indiana, Colorado). South Africa appears to disallow self-excluders to hold employment in gambling venues, while in Indiana, self-excluders are required to notify the Indiana Gaming Commission prior to commencing a job at the casino.

Table 5.26: Restrictions on self-excluders in Australasian jurisdictions

Jurisdiction	Restrictions
QLD	Gambling providers must not distribute promotional or advertising material to persons who are self-excluded, been issued with an exclusion direction for problem gambling or are known to have formally requested that this information not be sent.
NSW	Patrons choose in the self-exclusion deed whether to continue to receive gaming promotional material from the venue.
VIC	Loyalty scheme provider must not allow self-excluder to participate in the scheme. Self-excluders found gambling in breach of their agreements forfeit prizes.
SA	Self-excluders to be removed from any player loyalty mailing list maintained by the licensee.
WA	Not stated.
TAS	Not stated.
ACT	No advertising material to be received.
NT	Gambling providers not to send correspondence or promotional material to self-excluders or people who request that this information not be sent to them.
NZ	The Department strongly recommends that when a person is excluded, their details are removed from any mailing lists or databases used for the purpose of gambling promotions, advertising or events.

Table 5.27: Restrictions on self-excluders in Canadian jurisdictions

Jurisdiction	Restrictions
Quebec	Casino Privilèges card cancelled and balance account refunded. Name removed from list of recipients of promotional material.
Nova Scotia	Patrons names removed from marketing databases.
Ontario	Not stated.
Saskatchewan	Player's club account deactivated and patron asked to redeem points for cash.
Alberta	Must redeem reward points for cash.
British Columbia	Patron's name removed from mailing lists. Player card cancelled. If a BC Gold member, account deactivated and asked to redeem points for cash. If choose to be excluded from PlayNow, BCLC will cancel Player Account, close eWallet and pay out any unredeemed Player Cash once completed online form. Patron no longer eligible to win prizes in gaming facilities during self-exclusion period.
Manitoba	Not stated.
Prince Edward Island	Player card cancelled and player's profile flagged in player club system.

Table 5.28: Restrictions on self-excluders in US jurisdictions

Jurisdiction	Restrictions
Missouri	Name removed from marketing lists; prohibited from cashing cheques in casinos and requires identification before compensating any jackpot winner of \$1,200 or more; forfeits any points or comps earned prior to exclusion.
California	If found playing in a licensed cardroom, money confiscated and sent to Department of Alcohol and Drug Programs for problem gambling prevention and treatment services.
Colorado	Program allows persons to be removed from casino marketing lists, cancel slot club memberships, and cancel check-cashing privileges with any and all casinos in Colorado.
Indiana	Self-excluder must notify IGC prior to starting a job at a casino; forfeits any money or thing of value obtained from or owed by casino if found in gaming area of Indiana casino; does not have check cashing or credit privileges at casinos; casinos must stop all direct marketing; patron forfeits all points, comps and other promotional offers once enrolled.
Iowa	Applicant consents to jackpots, chips, tokens, machine credits, or ticket vouchers obtained by, or owed as a result of wagers made confiscated and donated to Iowa Gambling Treatment Program or any other treatment organisation as required by Iowa law. Applicant waives right to comps or other benefits earned in player reward program.
Michigan	Not stated.
New Jersey	Casinos must stop marketing to and remove patron from mailings lists and stop offering complimentary goods or services, credit or check cashing privileges.

Table 5.29: Restrictions on self-excluders in European jurisdictions

Jurisdiction	Restrictions
Netherlands	Patron declares that Holland Casino is not liable for the financial consequences if he/she exceeds visit limitation and/or despite entry ban at his own request in any way.
Switzerland	Not stated.
Austria	Not stated.
Sweden	Not stated.
UK	No marketing material sent to individual unless individual has taken positive action to gamble again, and has agreed to accept such material. Licensees must take steps to remove name and details of self-excluded individuals from marketing databases (or otherwise flag that person as an individual to whom marketing material must not be sent), within 2 days of self-exclusion notification. Licensees must close customer accounts and return funds held. It is not sufficient merely to prevent individuals from withdrawing funds from customer account whilst still accepting wagers from them. Where giving of credit is permitted, licensee may retain details of amount owed by individual, although account must not be active.
France	Not stated.
Belgium	Not stated.

Table 5.30: Restrictions on self-excluders in Asian and African jurisdictions

Jurisdiction	Restrictions
Macau	Not stated.
Singapore	Not stated.
South Africa	Patron not eligible to win gambling game and will be denied winnings; must not knowingly pay winnings from gambling to an excluded person; must not hold employment licence issued in terms of this Act or applicable provincial law, if that person is listed on register of excluded persons.

5.3.7 LINKS TO COUNSELLING SERVICES

Tables 5.31 to 5.35 summarise linkages to counselling services provided by the self-exclusion programs reviewed.

Many exclusion programs require the venue to provide excluders with a referral to a counselling service (SA, British Columbia, Ontario) or provide information on a gambling help service/problem gambling (QLD, NSW, WA, NT, Nova Scotia, Manitoba, Prince Edward Island, Missouri, Switzerland, South Africa). Other jurisdictions have programs with mandatory requirements for counselling or consumer education (Quebec, Alberta), while others such as British Columbia provide the option of counsellor-initiated contact. In Tasmania and Singapore, individuals register for self-exclusion through a counselling agency.

Table 5.31: Links to counselling services during self-exclusion in Australasian jurisdictions

Jurisdiction	Restrictions
QLD	Contact details of counselling services must be provided to patrons who are excluded.
NSW	Must be provided with information about the name and contact details of a problem gambling counselling service. Patron nominates whether to send their details to counselling service.
VIC	Venue operator, or a person who manages a self-exclusion program on the venue operator's behalf, to maintain regular contact with problem gambling support services and develop agreed protocols to facilitate: (a) referral of customers to problem gambling support services (b) enhancement of venue operator's self-exclusion program.
SA	Venue must make immediate referral to, or liaison with, a counselling agency for person seeking voluntary exclusion.
WA	Once excluded, patron will have opportunity to obtain appropriate counselling or assistance.
TAS	Scheme organised through a counsellor who, in addition to assisting with the self-exclusion process, is able to help person with their gambling problem.
ACT	Not stated.
NT	Gambling providers to offer customers who seek self-exclusion contact information for appropriate counselling agencies.
NZ	Trained staff to be able to provide the following: Information on the characteristics of problem gambling, Information on potential risks of problem gambling and how to contact problem gambling treatment providers.

Table 5.32: Links to counselling services during self-exclusion in Canadian jurisdictions

Jurisdiction	Restrictions
Quebec	Individuals have opportunity to meet with self-exclusion counsellor at beginning of self-exclusion period. The counsellor is a psychologist, independent from casino and located outside casino. Also, telephone support from counsellor is available to direct self-excluders toward appropriate resources during ban period.
Nova Scotia	Information package includes treatment and responsible gambling resources. Staff encourage use of RGRC and recommend self-excluders call problem gambling helpline.
Ontario	Casino staff may refer excluders to RGIC for resources on problem gambling and treatment. Pamphlets/brochures on problem gambling and treatment providers.
Saskatchewan	Not stated.
Alberta	Patron required to complete mandatory AGLC sponsored responsible and problem gambling workshop within 90 days of self-exclusion. Information on community problem gambling treatment resources provided and staff may set up an appointment with an AADAC counsellor or other problem gambling resource person.
British Columbia	Patrons provided with phone to call to helpline. Patrons asked if they want referral to counselling and contacted within 24 hours if they do. Referral to counselling provided on form and offered at time of self-exclusion.
Manitoba	Pamphlets/brochures on self-exclusion, financial counselling, and problem gambling helpline and treatment services.
Prince Edward Island	Information package includes treatment and responsible gambling resources. RGIC gives information on resources and sets up referrals for treatment, credit counselling, etc.

Table 5.33: Links to counselling services during self-exclusion in US jurisdictions

Jurisdiction	Restrictions
Missouri	MGC recommends you seek treatment for your gambling problem. Free treatment is available for both problem gamblers and their families.
California	Not stated.
Colorado	Not stated.
Indiana	Not stated.
Iowa	Not stated.
Michigan	Not stated.
New Jersey	Not stated.

Table 5.34: Links to counselling services during self-exclusion in European jurisdictions

Jurisdiction	Restrictions
Netherlands	Not stated.
Switzerland	Patron can discuss with the casino a possible consultation with external addiction departments.
Austria	Not stated.
Sweden	Not stated.
UK	GambleAware website provides general advice on self-exclusion.
France	Not stated.
Belgium	Not stated.

Table 5.35: Links to counselling services during self-exclusion in Asian and African jurisdictions

Jurisdiction	Restrictions
Macau	Not stated.
Singapore	Administered by National Council on Problem Gambling.
South Africa	Application form encourages patron to utilise free treatment services. Under National Gambling Act 2004, every gambling provider must make available a directory of local recognised counselling, treatment or education services addressing the problems of compulsive and addictive gambling.

5.3.8 PENALTIES FOR BREACHES

Penalties for breaches of self-exclusion are shown in Tables 5.36 to 5.40. Two types of penalties for breaches can be applied - to excluders who breach and to venue licensees and employees who failed to detect and remove an excluded person from the venue or restricted areas within the venue.

Penalties for self-excluders who breach can include fines, which range from \$120 in Ontario to \$10,000 in Alberta. In Australasia, fines range from \$500 (WA, NZ) to \$4,400 in Queensland. Some jurisdictions also allow for charges of trespassing (Ontario, Alberta, Missouri, Indiana, Colorado, Iowa, Michigan, Netherlands, South Africa) and imprisonment for up to six months (Alberta) or one year (Michigan). In practice however, it appears that in jurisdictions where fines and penalties apply, graduated responses are common such as a warning in the first instance escalating to fines, police involvement and/or criminal charges for multiple breaches.

However, many jurisdictional programs do not include fines or penalties for individuals who breach a self-exclusion order (e.g., NSW). In these cases, excluders are simply removed from the premises. In Quebec, there are no legal ramifications for a breach; instead, these individuals are offered assistance for their gambling problem. In Manitoba, excluders caught breaching are encouraged to seek treatment.

In communicating their exclusion programs, many jurisdictions do not emphasise the legal consequences of breaching an exclusion agreement, instead highlighting that the venue will support the exclusion by identifying and removing excluded patrons. Under programs with this emphasis, the onus is placed solely on the applicant to abide by conditions of the agreement, with no penalties applicable to venue personnel for failing to detect and/or remove excluded patrons from the venue or restricted areas.

However, in many jurisdictions, venues do have a legal obligation to have procedures to identify and remove excluded patrons. If venues fail to meet their obligations, they may be subject to penalties associated with their licence or fines. In the Australasian jurisdictions sampled, fines include up to \$27,500 in Queensland for the licensee and \$4,400 for the employee, \$35,000 for the licensee in South Australia, and \$10,000 for the licensee in New Zealand

Under the terms of exclusion orders, jurisdictions explicitly waive legal responsibility by the government or venues for any losses incurred from a breach of an exclusion agreement or other personal costs arising from the breach. Most jurisdictions allow for confiscation of any winnings or gaming chips if an excluded person is found gambling on the premises.

Table 5.36: Penalties for breaches of self-exclusion in Australasian jurisdictions

Jurisdiction	Restrictions
QLD	<p>Contravention of self-exclusion may incur maximum penalty of 40 penalty units. Gaming/wagering provider/operator employee or agent permitted to use necessary and reasonable force to prevent excluder from contravening this order.</p> <p>Licensee can be penalised 250 penalty points and employee 40 penalty points if allow excluder to enter or remain in excluded area. (1 penalty point = \$110).</p>
NSW	Venue's licensee/staff have the legal power to prevent excluder from entering venue and to remove from venue.
VIC	All breaches recorded in venue's responsible gambling register, including person's name, date and time of breach, action taken and by whom.
SA	<p>A licensee who allows a self-barred person to enter or remain in a gaming area is guilty of an offence, maximum penalty \$35,000.</p> <p>A barred or self-barred person who enters or remains in the gaming area from which he or she is barred is guilty of an offence, maximum penalty \$2,500.</p>
WA	Self-excluder to not enter or remain in licensed casino to which that prohibition relates. Penalty \$500.
TAS	Venue operators have responsibility to enforce exclusion. Breaches of exclusion by person or operator may result in penalties.
ACT	Self-excluder must not enter or remain in the casino. Maximum penalty: 50 penalty units. If breaches, patron will be warned in first instance and removed from casino. Subsequent breaches result in casino reporting them to ACT police.
NT	A breach of self-exclusion order does not constitute an offence. Any detected breach is personally followed up by a warning from compliance and host responsibility manager. Upon the third breach, self-excluded patrons are issued with a section 33 barring notice under the Gaming Control Act 2000 for which penalties may be incurred.
NZ	Offences relating to breach of exclusion order: excluded patron liable on summary conviction to fine not exceeding \$500; venue manager, or holder of a casino operator's licence liable on summary conviction to fine not exceeding \$10,000.

Table 5.37: Penalties for breaches of self-exclusion in Canadian jurisdictions

Jurisdiction	Restrictions
Quebec	No legal ramifications. Should excluded patron be found inside a gaming area, they will be offered assistance and accompanied outside.
Nova Scotia	Person detected breaching removed from property and issued Protection of Property Act notice. If person violates this notice, police issue a Summary Offence Ticket with maximum fine of \$500.
Ontario	First breach receives verbal warning. Repeated breaches may result in site trespass and/or trespassing charges (fine of \$120), at discretion of security staff. Time may be added to the self-exclusion.
Saskatchewan	If excluded patron enters a casino in Saskatchewan and identified, security will be alerted and they will be asked to leave. They may also be issued a Summary Offence Ticket.
Alberta	May be charged under Section 34.2 of the Alberta Gaming and Liquor Regulations and/or trespassing under Section 2(1) of Trespass to Premises Act and requested to leave facility. Individuals escorted off premises and may be charged with a general offence under Gaming and Liquor Act (maximum penalty is \$10,000 fine and/or 6 months imprisonment). RGIC staff will discuss situation with individual and provide problem gambling materials and offer referral to AADAC or other problem gambling services.
British Columbia	Patron asked to leave and escorted out. Charges/fines possible but not used in practice. After 3 breaches, patrons contacted and reminded of their bans and encouraged to seek treatment. If excluded person enters gaming facility during self-exclusion period and are identified, they will be asked to leave and may be liable for \$5,000 fine.
Manitoba	Shift manager involved with all breaches and encourages patron to seek treatment. Shift manager often asks RGIC staff to speak with patron about support and referral. Charges/fines possible but rare.
Prince Edward Island	On first breach, person is reminded of agreement conditions. Repeated breaches result in criminal charges.

Table 5.38: Penalties for breaches of self-exclusion in US jurisdictions

Jurisdiction	Restrictions
Missouri	Excluded patron will immediately be ejected, arrested and prosecuted for criminal trespass pursuant to 11 CSR 45-17, a class B misdemeanour. All chips, tokens and electronic credits in patron's possession at the time of discovery are subject to forfeiture.
California	If exclusion participant visits licensed cardroom, cardroom is required to remove participant from premises and notify agency of incident.
Colorado	If patron is found at any casinos in Colorado they may be evicted as a trespasser and Colorado casinos may assert any legal rights and claims against as a trespasser.
Indiana	If found in gaming area of Indiana casino, voluntarily excluded person will be asked to leave and could be arrested for trespassing.
Iowa	Patron may be arrested and prosecuted for trespassing and other violations of criminal law.
Michigan	Licensee shall do all of the following: (a) Immediately remove individual from casino premises. (b) Report incident to prosecutor for the county where casino is located. Licensee who violates this act subject to disciplinary action by the board. An individual who breaches guilty of criminal trespassing punishable by imprisonment for not more than 1 year, fine of not more than \$1,000, or both.
New Jersey	After patron is placed on self-exclusion list, casino personnel may refuse to accept wagers or ask them to leave gaming area. If patron gambles, they are unable to collect winnings or recover losses.

Table 5.39: Penalties for breaches of self-exclusion in European jurisdictions

Jurisdiction	Restrictions
Netherlands	Not stated.
Switzerland	Attempts to violate the game lock can draw legal action by casino (display for trespassing under Article 186 of the Criminal Code, the Criminal Code).
Austria	Not stated.
Sweden	Not stated.
UK	Removal of persons found in gambling area or attempting to gamble from premises.
France	Not stated.
Belgium	Not stated.

Table 5.40: Penalties for breaches of self-exclusion in Asian and African jurisdictions

Jurisdiction	Restrictions
Macau	Failure to comply with exclusion order requirement constitutes a crime of disobedience.
Singapore	Forfeiture of winnings if breach order.
South Africa	Patron found in gambling premises will be charged with trespassing and may be arrested.

5.3.9 REINSTATEMENT/REVOCAION PROCESS

Tables 5.41 to 5.34 outline reinstatement and/or revocation process requirements stated to rescind an exclusion order or to be reinstated into the venue(s).

Many jurisdictions (NZ, Quebec, Alberta, British Columbia, Manitoba, Prince Edward Island, California, Colorado, Indiana, New Jersey, France) do not permit a revocation process and the excluded patron is required to fulfil the exclusion order period. Other jurisdictions have minimum time periods before a self-excluded order can be revoked, such as three months (NSW, Belgium), six months (TAS, Nova Scotia; Ontario) or 12 months (QLD, SA, Saskatchewan, Singapore). Macau allows applications for revocation with no minimum time period applying.

Other jurisdictions allow revocation, and in some cases encourage case management or monitoring of the reinstated patron (SA, QLD). Some jurisdictions require certain criteria to be met before the order will be rescinded, such as evidence that the excluded patron has attended counselling (TAS, Singapore, South Africa), an appropriate statement from a person with a close personal interest in the excluder (VIC, WA), credit checks (Austria), clarifying information on the excluder's personal and financial situation (Switzerland), or acknowledgement from the excluder that they are a responsible gambler and have been rehabilitated (South Africa). Only Iowa and Michigan impose irrevocable lifetime bans amongst the jurisdictions examined.

Table 5.41: Self-exclusion reinstatement, revocation and renewal requirements in Australasian jurisdictions

Jurisdiction	Restrictions
QLD	<p>Application can only be submitted 1 year after self-exclusion has commenced, and may only be made once per year.</p> <p>Patron requested to attach: evidence from counselling service in support of application; evidence provided by persons with close personal interest in welfare; other relevant supportive evidence (e.g. personal statement).</p> <p>With permission of patron, gambling provider may, as a condition of re-entry, actively monitor identified problems against agreed risk indicators.</p> <p>If gambling provider refuses application for re-entry, person may appeal to Queensland Civil and Administrative Tribunal.</p>
NSW	<p>End of self-exclusion form must be completed, but not before 3 months.</p> <p>Participants advised to consult a gambling counsellor for advice on whether or not it is appropriate to end agreement.</p>
VIC	<p>AHA Vic: To revoke self-exclusion person must attend interview with problem gambling counsellor and obtain written acknowledgment of revocation counselling. Self-excluder must then attend face-to-face meeting with Self-Exclusion Officer to sign the Revocation Deed, and produce letter from counsellor stating s/he has discussed early revocation and sought guidance (including ramifications) on revocation/variation of the Deed.</p>
SA	<p>Barring orders not revoked automatically after 12 months. Barring remains until person has applied to IGA to have it revoked. To rescind after the 12 month minimum, excluder must: apply in writing/make an appointment to be interviewed; attend counselling; have a letter proving they did so; participate in case-management program for at least 3 months; set pre-commitment limits, with player follow-up reviews at 6 and 12 months.</p>
WA	<p>All self-excluded customers should seek professional counselling services before considering an application to re-enter the casino. Before you are permitted to re-enter the casino, patron needs to demonstrate to Crown Perth that they have sought appropriate counselling and addressed the issues that led to their to self-exclusion.</p>
TAS	<p>May be revoked after 6 months through a Gamblers Help counsellor. Commission will consider application and determine whether it is in public interest and interests of affected person to revoke.</p>
ACT	<p>Process directed by venue policy. Venue may take several factors into consideration including length of exclusion. Counselling may be a requested by venue as requirement.</p>
NT	<p>A Self-Exclusion Notice cannot be reversed after the end of 'cooling off' period.</p>
NZ	<p>Once an exclusion order has been issued for a particular length of time, it cannot be revoked, rescinded, cancelled, withdrawn or re-negotiated for a shorter period. Some conditions of re-entry imposed on excluder include counselling or treatment from approved problem gambling service provider. These conditions of re-entry are between issuer of exclusion order and excluder.</p>

Table 5.42: Self-exclusion reinstatement, revocation and renewal requirements in Canadian jurisdictions

Jurisdiction	Restrictions
Quebec	No early reinstatement. Patrons in the 'gateway' program are called 1 month before ban expiry to schedule a mandatory appointment with counsellor prior to reinstatement. At end of prescribed period, patron will need to go to a venue to sign new contract to remain self-excluded.
Nova Scotia	May have early reinstatement after 6 months, AGA investigates and decides whether patron should be allowed to reinstate. Reinstatement requires application to regulator who considers risk to individual and gaming operator.
Ontario	Early reinstatement option after 6 months. Patrons who have excluded 3 times in 3 years must wait 5 years before applying for reinstatement. Patron submits written request and meets with staff to complete reinstatement. Patron must then wait 30 days before returning to site. Unless applicant formally applies to reinstate, they may remain in program indefinitely.
Saskatchewan	Once initiated, a self-exclusion cannot be lifted within the first year. If patron wishes to remain self-excluded after exclusionary period ends they contact a GameSense Advisor to arrange a meeting. Patron can renew self-exclusion at either Casino Regina, Casino Moose Jaw or off-site.
Alberta	Patron cannot modify, revoke, withdraw or rescind agreement prior to expiry. Reinstatement occurs upon expiry of agreement. To extend expiry date, excluder must complete new agreement. Option to re-enter program for 6 months, 1, 2 or 3 years.
British Columbia	No early reinstatement option. Can renew in person at any gaming facility in BC or by email or mail to BC Lottery Corporation.
Manitoba	Mandatory attendance at half-day education program operated by the AFM prior to reinstatement. Patron must request reinstatement in writing. No early reinstatement.
Prince Edward Island	No early reinstatement. Patron submits written request for reinstatement to general manager and security manager. RGIC staff contact patron and set up reinstatement process, which includes signing legal document and receiving responsible gambling information package.

Table 5.43: Self-exclusion reinstatement, revocation and renewal requirements in US jurisdictions

Jurisdiction	Restrictions
Missouri	Name will remain on the list indefinitely. Excluded patron may apply to Commission to have name removed no sooner than 5 years after placement. If have name removed from list, and later reapply to be placed on list, placement is irrevocable for life.
California	Chosen exclusion term is irrevocable. Access automatically restored 1 year after nominated term is completed. If the patron chooses lifetime term, it is completely irrevocable and access will never be reinstated.
Colorado	Self-exclusion request may not be revoked during time period selected. Applicant must provide written notification to Problem Gambling Coalition of Colorado at end of time period to be removed from self-exclusion list.
Indiana	Excluded patron may increase time of participation in program, but may never decrease it. A person enrolled for 1 or 5 year period not automatically removed from VEP. To be removed, person must submit Request for Removal form in person to IGC at any Indiana casino or at IGC office.
Iowa	Self-exclusion request is irrevocable. It cannot be revoked or changed by applicant or any casino. Playing privileges and ability to enter casinos cannot be reinstated.
Michigan	Self-exclusion request is irrevocable.
New Jersey	Excluded patron must appear in person at one of Division of Gaming Enforcement offices to terminate self-exclusion only after chosen minimum self-exclusion time has elapsed.

Table 5.44: Self-exclusion reinstatement, revocation and renewal requirements in European jurisdictions

Jurisdiction	Restrictions
Netherlands	Not stated.
Switzerland	Submit form to casino which the ban was requested from. Need to enclose official ID. Applicant discusses revocation with casino. Clarifying documentation on personal and financial situation also required.
Austria	At end of defined exclusion/restriction period and/or upon receipt of a ban, casino conducts new credit check to ascertain whether individual meets requirements defined in Gambling Act.
Sweden	Not stated.
UK	Commission does not require licensee to carry out any particular assessment or make any judgement as to whether previously self-excluded individual should be permitted access to gambling. Requirement to take positive action in person or by phone is purely to a) check that customer has considered decision to access gambling again and allow them to consider the implications; b) implement 1 day cooling-off period and explain why this has been put in place.
France	The measure is irrevocable during the life of agreement. It may be renewed at expiration.
Belgium	Mail to Commission of Gambling to request to cancel access ban. Sign application and attach copy of both sides of identity card. Prohibition may be cancelled only by mail and after reflection period of 3 months.

Table 5.45: Self-exclusion reinstatement, revocation and renewal requirements in Asian and African jurisdictions

Jurisdiction	Restrictions
Macau	Excluded person may apply for revocation within exclusion period, however revocation will only come into effect 30 days after request is made. Applicant must apply to revoke exclusion order in person by going to DICJ office.
Singapore	Application for self-exclusion will stay in force indefinitely unless applicant applies to revoke from NCPG after at least 1 year. To revoke individual must make an application in person. Requirement to receive harm assessment and counselling sessions.
South Africa	Person acknowledges they are now a responsible gambler and have been rehabilitated from all gambling problems. Form asks: Do you understand that by asking to be removed from the National Register of Excluded Persons you are accepting that you are a responsible gambler and will be liable for all the consequences of your gambling? Do you understand that the licence holder/regulatory authority requires that a person must undergo treatment before being removed from the National Register of Excluded Persons? Must provide documentary proof that excluded person has complied with all requirements of any rehabilitation program.

5.3.10 INFORMATION MANAGEMENT

Tables 5.46 to 5.50 summarise information management requirements for self-exclusion in the jurisdictions reviewed.

Many jurisdictions have a legal requirement regarding the registering and monitoring of exclusion registers. Jurisdictions are beginning to establish online centralised databases to share information on the excluded persons register (e.g., TAS, Nova Scotia, Alberta, British Columbia, Manitoba, Missouri, California, New Jersey, Netherlands, France, Belgium). This password protected database can be accessed by authorised parties, including venues,

government agencies, law enforcement and gambling help services, as a tool to support the implementation and monitoring of the exclusion program. Other jurisdictions require venues to maintain an exclusion register in an approved form (e.g., QLD, NZ, Quebec, Ontario, Saskatchewan, Prince Edward Island, Indiana, Michigan; UK; South Africa).

Table 5.46: Self-exclusion information management in Australasian jurisdictions

Jurisdiction	Restrictions
QLD	Gambling providers required to keep register of exclusions in approved form.
NSW	Not stated.
VIC	AHA Vic: Centrally administered self-exclusion computerised data base is maintained by AHA (Vic). VIC gaming venues have access to database via individual confidential security password. This web-based system allows individual gaming venues to only access information relating to persons self-excluded from their respective venue. Information provided to venues includes name, address, date of birth, colour photographs (front and side profile), and deed expiry dates.
SA	Not stated.
WA	Not stated.
TAS	The Scheme is supported by online database managed by Liquor and Gaming Branch. Database allows venue operators, Gamblers Help service providers (Anglicare and Relationships Australia) and Liquor and Gaming Branch immediate and secure access to information about excluded people.
ACT	Licensee must keep register of people excluded under the Code.
NT	Not stated.
NZ	Every corporate society must keep and ensure that every venue manager at each of its class 4 venues keeps at that particular venue, a record of every person issued with an exclusion order for that venue, including any conditions of re-entry as may be imposed by regulations.

Table 5.47: Self-exclusion information management in Canadian jurisdictions

Jurisdiction	Restrictions
Quebec	Gambling providers required to keep register of exclusions in approved form.
Nova Scotia	Centralised self-exclusion database with photographs and participant information circulated to all participating venues.
Ontario	Hard copies of paperwork and photographs kept; electronic database being developed.
Saskatchewan	Once patron has signed up, information provided will be given to all security offices in Saskatchewan casinos.
Alberta	Self-exclusion application entered into centralised computer system at which time it is made available to all casino/RECs. Information kept confidential and stored in centralised computerised database: the Gaming Information Network (GIN).
British Columbia	iTrak Databank collects information (smaller venues don't have iTrak); breaches are recorded; venues have books with patron photos and bulletins.
Manitoba	Patron photos on computerised iTrak system, an electronic security reporting system.
Prince Edward Island	Reports and tracking forms printed and given to security.

Table 5.48: Self-exclusion information management in US jurisdictions

Jurisdiction	Restrictions
Missouri	MGC will notify each Class B Licensee once request for statewide self-exclusion is made, verified and approved. Patron's information will be added to statewide database.
California	Information added to statewide exclusion database.
Colorado	Colorado casinos may share information about request for exclusion with other affiliated out-of-state casinos and these affiliated casinos may also exclude patron according to company policies, but are not required to do so.
Indiana	Person's name will appear on confidential list of voluntarily excluded persons. The list will be distributed to all Indiana casinos, for the sole purpose of helping voluntarily excluded person fulfil terms of the VEP.
Iowa	Not stated.
Michigan	List of disassociated persons provided to each casino licensee, Department of Attorney General, and Department of State Police.
New Jersey	Division will distribute photograph and description of excluded patron to each casino.

Table 5.49: Self-exclusion information management in European jurisdictions

Jurisdiction	Restrictions
Netherlands	Safety in the casino starts with identification at the door. Each visit is established in a national database. The system holds records of visitors who have requested a ban or visit limitation. All 14 casinos are linked into the system, ensuring immediate detection of self-excluded persons.
Switzerland	Not stated.
Austria	Not stated.
Sweden	Not stated.
UK	Permit holders should implement procedures designed to ensure that excluders cannot gain access to gambling. This includes: a register of those excluded with appropriate records; photo identification (where available and in particular where enforcement may depend on photographic ID), and a signature.
France	National database.
Belgium	Excluded Persons Information System (EPIS), an electronic system that includes all suspended players. At the entrance of an automatic gaming or casino real or virtual, or a virtual agency pari's, the name and date of birth of the player are required to be registered to verify with EPIS the person can be admitted. Data will be included in a database at the Federal Justice Department.

Table 5.50: Self-exclusion information management in Asian and African jurisdictions

Jurisdiction	Restrictions
Macau	Not stated.
Singapore	Not stated.
South Africa	National register of excluded persons shall contain at least the following information in respect of each excluded person (a) full names, including other names used or known by; (b) date of birth; (c) identity number or passport number; (d) residential address; (e) telephone & cellular numbers, where applicable; (f) e-mail address, where applicable; (g) gender; (h) height; (i) weight; (j) hair colour; (k) eye colour; (l) visible distinguishing marks.

5.5 VENUE, THIRD-PARTY AND GOVERNMENT EXCLUSION PROGRAMS

Some jurisdictions have legislated to allow gaming venues and operators to involuntarily exclude individuals if it can be demonstrated their gambling is damaging to themselves or their dependents or to the safe operation of the venue (Gainsbury, 2010). Third-party exclusion can also permit a dependent or close family member to seek a gambling exclusion order to prevent a person from engaging in gambling activity which results in harm. Jurisdictions that permit third-party exclusions accept that these types of exclusions may have a role in protecting dependents or other family members from harm resulting from problem gambling behaviour. Because these involuntary exclusions legally restrict a person's freedom, policy makers recognise the importance of meeting a high evidential standard prior to imposing an order. Ideologically, the concept of involuntary exclusion is inconsistent with a person accepting personal responsibility and consequentially is not considered a policy option in some jurisdictions. No sampled Canadian or US jurisdiction offered involuntary exclusions, except for California.

This section provides information on venue initiated, third party and government exclusion programs offered by the sampled jurisdictions which include four approaches:

- Venue initiated exclusions, which are initiated by the venue over concerns of a person's gambling behaviour or other problematic behaviour.
- Third-party approach, where a third party may approach a venue with concerns about a person's welfare. If these concerns are validated by the venue, a venue initiated exclusion may be enacted
- Third-party exclusion, where a third party may apply for an exclusion order for a related person. Strict criteria regarding who can apply for a third party exclusion on another person's behalf and a requirement to prove problematic gambling behaviour and consequential harm (financial or personal).
- Government exclusion. In certain jurisdictions, once certain criteria are met (e.g., becoming bankrupt or receiving social welfare payment) an automatic government exclusion is imposed.

Table 5.51 shows which types of third party exclusions are operated in each of the sampled jurisdictions.

Table 5.51: Type of third party exclusion programs operated by the sampled jurisdictions

Type of Exclusion	Jurisdiction
Venue initiated exclusions	QLD, SA, TAS, ACT, NZ, California
Third-party approach	QLD, NZ
Third-party exclusion	SA, TAS, California, Macau, Singapore, Belgium, South Africa
Government exclusion	Singapore

5.5.1 VENUE INITIATED EXCLUSIONS

Table 5.52 outlines the criteria that venues, owners or licensees must use to assess a person's gambling before imposing a venue initiated exclusion and key program features. Third party approaches that lead to a venue initiated exclusion must also meet the same criteria before being imposed.

Table 5.52: Venue initiated exclusion criteria

Jurisdiction	Process and Criteria	Program Features
QLD	Person engaged in problematic gambling behaviour placed on active monitoring program. On reasonable grounds, patron must be deemed as a problem gambler as defined by the Gaming Machine Act 1991. For third party approach, venue must determine relationship to gambler and acting in gambler's best interests, then follow same process.	Venue exclusions are for 5 years and cannot be revoked within 12 months of first being initiated.
SA	If licensee believes that the welfare of the person or the person's family is at risk due to the person's excessive playing of gaming machines.	Barring period is at licensee's discretion. It can be for fixed period or indefinite period. Barred person can apply to Liquor and Gambling Commissioner for review of barring order. Commissioner may uphold or revoke barring following a hearing. Licensees may revoke order made by them at any time.
TAS	If venue believes person's behaviour is affecting their own welfare or welfare of others.	Lasts for maximum 3 years or until revoked by venue operator. No minimum period. When expires, venue operator can make new exclusion for that person if still appropriate. Appeals can be made to Tasmanian Gaming Commission within 28 days.
ACT	A person must be excluded from gambling at the premise if licensee has reasonable grounds for believing that welfare of person, or person's dependents, is seriously at risk from person's problem gambling.	Licensee can nominate exclusion period. Excluded person can ask ACT Gambling and Racing Commission to review decision.
NZ	Compare identified gambler's behaviour against venue policy for identifying actual or potential problem gamblers.	Exclusion orders issued for up to 2 years . Cannot under any circumstances be revoked, rescinded, cancelled, withdrawn or re-negotiated for a shorter period. Always open to venue manager, casino licensee or person acting on their behalf to initiate exclusion order where they hold concerns for person's behaviour and person refuses to self-exclude.
California	Internal list to bar certain individuals from entering the specific gambling establishment.	An involuntarily excluded patron may be removed from the list if they petition Commission and it is approved by Commission.

5.5.2 THIRD PARTY EXCLUSIONS

Table 5.53 summarises who is eligible to instigate third party exclusion proceedings, required processes and key program features of a successful application for the sampled third party exclusion programs.

In general, conditions for third party exclusions operate the same as for self-exclusions, although there may be some variation to the length of the order or additional conditions that must be met prior to reinstatement or revocation.

Table 5.53: Applicants, processes and potential outcomes for third party exclusion programs

Jurisdiction	Applicant	Process and Criteria	Program Features
SA	Relationship to respondent needs to be defined; if not immediate family complainant must have a 'proper interest' to make complaint e.g. departmental officer concerned with welfare of respondent's child, public advocate, guardian of respondent's child, person with whom respondent's child normally resides, person with a 'proper interest' in welfare of respondent's child.	Hearing at IGA required; parties may give evidence. Primary criteria: a person has dependent spouse or children under 18 living with them and person has by reason of problem gambling neglected their welfare (generally for 3 months or more). Details needed of family members affected by gambling behaviour of respondent, type and frequency of gambling, expenditure, funding, why respondent's behaviour is a problem, financial obligations of respondent, interpersonal problems, strategies already used to address gambling, whether other agencies are involved, list of legal proceedings.	Barring from gaming venue, requirements to attend counselling, requirements to pay wages into particular accounts.
TAS	Person with close personal interest (spouse, child or immediate family member).	Includes evidence and examples of social, psychological, emotional and physical effects of gambling behaviour on person, their immediate and wider personal contacts as well as impact on their family. Interview with government agency, report for Tasmanian Gaming Commission's assessment. Excluded person invited to make submission.	Exclusion from gaming venues/wagering for maximum 3 years or until revoked. Counselling offered to affected parties. Applications for revocation to Tasmanian Gaming Commission which considers submissions of applicant and respondent. Exclusion revoked if Commission finds it in best interests of excluded person and community to do so.
California	Immediate loved one (spouse, parent or child).	Need to prove strict criteria such as suffering or severe hardship.	Exclusion from gambling venues.

Macau	Applicant must be excluded person's spouse, parent, son/daughter or brother/sister. Recognised NGO may also make application, including organisations from Hong Kong, who have requested that some residents from neighbouring region are not allowed in Macau	Person to be excluded must sign on the application form to confirm exclusion.	Person excluded prohibited from entering or staying at all or some casinos in Macao Special Administrative Region during exclusion period (maximum 2 years).
Singapore	Applications for Family Exclusion Orders available only to immediate family members, defined as spouses, children (including adopted and step children) parents (including adoptive and step parents) and siblings (including adoptive/step/half siblings)	Family member may apply for Exclusion Order if individual has caused serious harm to family members. Issues notice to parties to attend Committee of Assessors hearing. Separate counselling and information gathering sessions with applicant and respondent on day of hearing.	Exclusion from casinos. Cannot revoke or vary within 12 months. To revoke, applicant must show supporting information demonstrating: substantial change in circumstances; counselling; and clinical assessment of gambler.
Belgium	A third person (e.g., partner) can apply for exclusion from the Commission of Gambling.	Patron must present his defence, provide detailed description of problem gambling, documents to attest to addiction.	Gambling Commission will impose ban after finding the problem of gambling addiction. After 1 year, player may request lifting of ban to Commission of Gambling.
South Africa	A family member of applicant; a person on whom applicant is economically dependent in whole or in part; a person for whom applicant is economically responsible in whole or in part; a person who is subject to an order of a competent court holding that person to be mentally deranged; or any other person to whom applicant has a duty of care.	Third party exclusions can be done by making use of the courts to have a person on whom you are financially reliant excluded should he or she have a gambling problem	Court may order registration of person as excluded person. Excluded person may apply to same court at any time to set aside the order. Court may approve, after considering grounds for making original order and any new evidence before it, it is satisfied it is no longer reasonable and just to prevent that person from gambling.

5.5.3 GOVERNMENT EXCLUSIONS

Singapore is unique amongst the sampled jurisdictions in providing for automatic exclusion from its two casinos based on government mandated criteria. Automatic exclusion is applied to persons who: are on social assistance; have greater than 6 months public housing rental arrears; are undischarged bankrupts or persons in financial distress. Order remains in force until person is no longer in the listed categories. No application is required. For the purposes of determining whether a person is vulnerable to financial harm, the Committee may have

regard, but not be limited, to all or any of the following: (a) the financial situation of the person; (b) any indebtedness of the person or inability of the person to pay his debts as they fall due; (c) frequency of the person's visits to a casino or the extent of his gambling activities in the casino.

5.6 COMMONALITIES AND DIFFERENCES AMONGST EXCLUSION PROGRAMS

Self-exclusion from casinos, hotel and clubs

Self-exclusion programs for casinos and gaming venues in 41 jurisdictions were examined for this review.

The main commonalities identified across self-exclusion programs are as follows:

- The vast majority of jurisdictions with legalised commercial casinos or gaming have mandatory state-prescribed self-exclusion regulations.
- The concept of self-exclusion remains similar across most organisations and jurisdictions, where a patron volunteers to enter the program which bans the patron from entering or remaining in the excluded venue or excluded parts of the venue.
- Most programs require removal from mailing lists, loyalty club membership and other promotional programs to ensure the venue does not distribute any marketing material to excluders during the exclusion period. Additionally, most programs specify that any prizes won when gambling in breach of a self-exclusion order must be forfeited.
- Most self-exclusion programs require the venue to provide excluders with contact details of or referral to a problem gambling counselling service.
- In most jurisdictions, venues have a legal obligation to have procedures to identify and remove excluded patrons. All programs authorise venue personnel to prevent entry or remove an excluded person from an excluded venue or venue area and to use reasonable force if necessary to do so.
- Jurisdictions explicitly waive legal responsibility by the government or venues for any losses or costs incurred from breaches of an exclusion agreement. Most jurisdictions allow for confiscation of any winnings or gaming chips if an excluded person is found gambling on the premises.

The main differences identified across self-exclusion programs are as follows:

- Requirements for advertising and promotion of self-exclusion programs appear to vary widely, although obtaining full information on this program feature was difficult.
- Twenty-two of the 41 jurisdictions had centrally administered self-exclusion programs, that sometimes operate in tandem with venue administered programs. Australasian jurisdictions operate predominantly venue-administered programs,

whereas half the Canadian jurisdictions examined operate centrally-administered programs and the other half operate venue administered systems. Centrally-administered programs are most common amongst the US and European jurisdictions included in this review, while all Asian and African programs reviewed are centrally administered. Some centrally administered programs are administered by government agencies and others by gambling counselling agencies.

- The scope of self-exclusion orders, that is the number of venues a person can apply to be excluded from in one registration, essentially mirrors the availability of venue administered or centrally administered programs. Centralised programs tend to allow multi-venue exclusions, whereas venue administered programs typically enable self-exclusion only from that venue, although venues operated by a single operator usually allow self-exclusion from all those venues in one application. Variation also exists in options to exclude from the whole venue versus excluding only from nominated gaming areas.
- Great variation was apparent in the length of the self-exclusion period. Only three programs were reviewed that allowed the excluder to nominate the exclusion period. More commonly, programs had either a set time period, or offered a choice of time periods. These prescribed time periods were most commonly six months, one year, two years or five years. Two jurisdictions only offered irrevocable lifetime bans, with one of these under review at the time of writing.
- The self-exclusion programs also differ in their provision of a cooling-off period, with many having no such period. Where they exist, cooling off periods are typically 24, 48 or 72 hours, although France allows three months.
- While most programs specify that any prizes won when gambling in breach of a self-exclusion order must be forfeited, only a few specify that these prizes must be donated to a problem gambling treatment program.
- Two jurisdictions had some requirements for self-excluders in relation to employment in gaming venues. South Africa appears to disallow self-excluders to hold employment in gambling venues, while self-excluders are required to notify the Indiana Gaming Commission prior to commencing a job at an Indiana casino. The other jurisdictions appear to have no similar requirements.
- Only two jurisdictions reviewed have self-exclusion programs with mandatory requirements for excluders to undertake counselling or consumer education on problem gambling and responsible gambling.
- Penalties for breaches of a self-exclusion order varied widely. Some programs have no penalties beyond removal from the venue or gaming area. Others impose fines, which range from \$120 to \$10,000. Others also allow for charges of trespassing, as well as imprisonment for up to 6-12 months. However, many programs with penalties allow for a graduated response commencing with verbal or written

warnings. Two jurisdiction's programs provide assistance for a gambling problem to the person breaching.

- Venues that fail to detect and remove excluded patrons are subject to no penalties in some jurisdictions, while in others they may be subject to penalties associated with their licence or fines. These fines range from up to \$10,000 to \$35,000 for Australasian venues amongst the jurisdictions sampled.
- Allowances and requirements for revocation of self-exclusion orders are highly variable, with many having no allowance for revocation within the self-exclusion period and two jurisdictions having an irrevocable life time ban. Other jurisdictions have minimum time periods before a self-excluded order can be revoked, which are typically six or 12 months.
- Some jurisdictions require certain criteria to be met before the order will be rescinded, such as evidence that the excluded patron has attended counselling, an appropriate statement from a person with a close personal interest in the excluder, credit checks, clarifying information on the excluder's personal and financial situation, or acknowledgement from the excluder that they are a responsible gambler and have been rehabilitated.
- Some jurisdictions have online centralised databases to share information on the excluded persons register, while others require venues to maintain an exclusion register in an approved form.

Self-exclusion from wagering outlets

All wagering exclusion programs reviewed in Australia share the common features of suspending telephone/online accounts upon self-exclusion and relying on patron photographs for land-based wagering. Operators are not to send any promotional material to excluders.

Features of wagering exclusion programs differ amongst those operated by Tabcorp in NSW and Victoria, Tattsbet in Queensland, South Australia, Northern Territory and Tasmania, ACTTAB in the Australian Capital Territory, and Racing and Wagering Western Australia. Different jurisdictional requirements have also resulted in different exclusion periods amongst the programs, from three months to five years.

The review of 13 online wagering operators found that self-exclusion provisions are piecemeal, variable and not prominently displayed on operator websites (and probably even less so on their mobile platforms). One operator had no self-exclusion information on its website, and the remainder had minimal information, including one that simply directed patrons to its customer support service for information. Length of exclusion period varies amongst programs from three months to five years, with two operators offering only lifetime bans. Luxbet is the sole website that provides information on a revocation process.

Self-exclusion from lotteries outlets

Australian lottery exclusion programs are limited to online and/or telephone accounts and/or the cancellation of player cards. Tattersalls operates lotteries in all Australian jurisdictions except Western Australia, with different brands in each jurisdiction. Each program offers an initial 180 day self-exclusion period. Applicants can register online or by telephone. Members who self-exclude three times are permanently excluded. No revocation process is available. LotteryWest in Western Australia permits players to choose their self-exclusion period, with self-exclusion available only online. No revocation process is available.

Involuntary exclusion programs

Venue initiated exclusions are initiated by the venue over concerns of a person's gambling or other problematic behaviour, and operate in Australia in Queensland, South Australia, Tasmania and the Australian Capital Territory. Other programs reviewed operate in New Zealand and California. These programs generally require a high standard to evidence that the person is a problem gambler and/or that their gambling is causing serious harm to their own or their dependent's welfare.

Third-party exclusion can occur where a third party applies for an exclusion order for a related person. Strict criteria regarding who can apply for a third party exclusion on another person's behalf (usually only family members) and a requirement to prove problematic gambling behaviour and consequential harm (financial or personal). In Australia, only South Australia and Tasmania offer third party exclusion, with these programs also found in California, Macau, Singapore, Belgium and South Africa. In general, conditions for third party exclusions operate the same as for self-exclusions, although there may be some variation to length of the order or additional conditions before reinstatement or revocation.

Singapore is unique amongst the sampled jurisdictions in providing for automatic exclusion from its two casinos based on government mandated criteria. Automatic exclusion is applied to persons who: are on social assistance; have greater than 6 months public housing rental arrears; are undischarged bankrupts or persons in financial distress. The order remains in force until person is no longer in the listed categories.

5.7 CHAPTER CONCLUSION

This chapter has reviewed key features a selection of Australian and international exclusion programs. In total, 41 self-exclusion programs, six venue-initiated exclusion programs, eight third-party exclusion programs, and one government initiated exclusion program were reviewed, as well as exclusion programs operated by Australian wagering and lottery operators and 13 online wagering providers. Commonalities and differences were highlighted.

The next chapter presents results of Stage Three of this study which entailed interviews with 18 gambling counsellors in Queensland.

CHAPTER SIX

INTERVIEWS WITH QUEENSLAND GAMBLING HELP COUNSELLORS

6.1 INTRODUCTION

This chapter presents the results from Stage Three of this study entailing interviews with 18 gambling help counsellors in Queensland, with the associated methods explained in Chapter Three. The chapter commences with an overview of the counsellors' roles within their agencies and their approaches to counselling. A general profile of the agencies' clients is provided before the chapter focuses specifically on self-exclusion. The counsellors' roles in the self-exclusion process, along with clients' motivators and barriers to self-exclusion are discussed next. Counsellors' views are then presented on specific aspects of the self-exclusion process. The chapter concludes with a focus on the counsellors' professional views on the effectiveness of self-exclusion and how this may be enhanced by counselling and other support.

6.2 COUNSELLORS' ROLES AND APPROACHES TO COUNSELLING

The length of time as a gambling help counsellor varied considerably amongst participants, ranging from one to 15 years, with the average length being four years and four months. While all interviewees were gambling help counsellors, several explained that their role also involved community education and development, such as 'creating links in the community, attending networking meetings, providing information, visiting venues ...' .

Participants noted that they do not use one counselling approach or therapy with all clients, but use a range of approaches depending on client needs. The following quotes highlight the numerous and diverse therapies used depending on the client's goals, stage of change, co-morbid disorders and other issues in their lives:

We don't use one framework, we use an elective approach depending on the clients and on what they want to achieve. We might need to challenge erroneous beliefs, set goals etc., and maybe do some mindfulness type techniques ...

It's a mixed bag approach involving problem solving, goal setting, it varies. Some motivational interviewing and some CBT [cognitive behavioural therapy]. Goal setting is very important, developing relevant goals that are suitable for that person and working sometimes with people who are in that pre contemplation stage using the wheel of change approach. It's about working with where they're at in terms of their readiness to actually change.

I would possibly do some motivational interviewing type techniques, goal setting. One of them I particularly like, it's a decisional balance sheet, when you look at the positives

and negatives of gambling, and then the positives and negatives of not gambling. That is something I can do quite early on. I guess some narrative therapy ...

We take an eclectic approach which also addresses other problems the client might have and other underlying issues such as alcohol abuse or drug abuse, loneliness, financial problems, relationship issues.

The average number of counselling sessions with clients also varied, with all counsellors emphasising that it is impossible to generalise because clients attend between one and 30 or more sessions. The following comments highlight wide variation in the number of counselling sessions clients attend:

It ranges from one session to 10 sessions or more. But the average number of sessions would be between three and four.

About half our clients come for one to two sessions and then it ranges from between 12 sessions and 20 sessions.

With our agency we run a five week course which around half would complete. Then we've got some people that have been coming for a couple of years, sort of on and off.

I would think maybe 30% of my clients are one session only. And then the ones who are the other 70% can be anything from maybe four or five sessions up to, you know, the most would be 25 sessions over a year.

6.3 PROFILE OF AGENCIES' CLIENTS

While the demographic profile of each agency's clientele varied, most (8) counsellors indicated that they saw 'fairly even numbers of men and women'. Five agencies saw 'slightly more women than men' and five counsellors indicated that their agency's clients consisted of 'mostly men'. Most (14) agencies indicated they mainly saw clients aged between 40 and 60 years. One explained: 'we see all ages but mostly middled aged people'. Others agreed that the age of clients ranged, with one counsellor noting that 'our clients range in age from 19, to mid 20s to early 70s, and I've had one client who was 90'.

Overwhelmingly, electronic gaming machines (EGMs) were noted as the gambling form associated with most clients' gambling problems. Indeed, all counsellors said it is 'mostly the pokies' with one counsellor explaining that '95% it's the pokies'. One counsellor noted: 'It's pokies one, sports betting two, and horses three – especially sport and horse betting for the men', and another commented that 'pokies are very dominant, then it's online sports betting, TAB and horses'.

6.4 SELF-EXCLUSION AMONGST AGENCY CLIENTS

The proportion of clients that counsellors reported had self-excluded was extremely diverse. Several counsellors could not be definite but noted 'the proportion is very low', and 'we've only had a few'. Three others said only 1% of clients had self-excluded, while another

estimated 3-5%. Three counsellors said that around 15% of their clients had self-excluded, four said that about 25% had done so, and three counsellors nominated 50%. Only one counsellor noted that most clients, 60%-70% had self-excluded.

When asked whether clients usually come to counselling before or after self-excluding, most counsellors (10) noted that 'it depends', or 'it's a bit of both'. Six said their clients mostly come to counselling before self-excluding, while conversely two counsellors said that clients generally attend counselling after self-excluding.

All participants explained that self-exclusion is spoken about early on, usually in the first counselling session. Counsellors reported that, while clients were sometimes aware of the self-exclusion program before their first counselling session, the majority were not. Some avenues identified by counsellors for becoming aware of self-exclusion were through information provided at venues, at community agencies and services, through various websites, and through family, friends and word-of-mouth.

6.5 ROLE OF COUNSELLORS IN HELPING CLIENTS TO SELF-EXCLUDE

As well as raising awareness about self-exclusion, the role of counsellors in helping clients to self-exclude ranged from providing relevant information, to assisting with the face-to-face procedure of physically entering each venue and completing the self-exclusion process. The range of roles is shown in the following quotes where it is apparent that some counsellors actively support clients in the self-exclusion process and help to limit the associated embarrassment:

My role is informing clients about the self-exclusion process, giving them the information, and talking about the benefits of self-excluding.

Our role as counsellors here is very minimal, mainly it's giving clients the forms to fill in and then they go to the venues by themselves.

I offer to go along to the venues with the client and I have escorted clients. The process can take a good hour to go through.

I would tell them about self-exclusion, inform them about what they don't already know. Like, I say to them, if you want to do this, then let me suggest, what are your usual haunts and we start there. And then we look wider, what's near work, what's near home, what's within walking distance, what's near the shops. I provide them with forms. I provide them with a telephone to ring and make appointments, so they don't have to walk in and hang around while everyone gossips about this person asking for self-exclusion. It takes some of the embarrassment away. In that phone call we ask them about the photograph, because some of the places take their own photograph, and others want them to bring a photograph. Again, it reduces embarrassment.

We've got packs here that we have set up with all the forms in and information about how to go about the process. We also always offer to go along with them if they need that.

Two counsellors spoke about trialling the introduction of self-exclusion via email which allows clients to undertake multiple exclusions without the requirement of entering each venue separately. One counsellor explained the process thus:

The reason we have persisted with establishing this self-exclusion via email process is that it seemed unfair to provide a system of self-exclusion but then for it to be so embarrassing and prohibitive to use. When we found that venues, clients and gambling help counsellors agreed that we needed an easier way to do multiple self-exclusions, we felt beholden to find a way to make it happen.

6.6 MAIN REASONS FOR SELF-EXCLUDING

Reasons identified by counsellors that some clients self-exclude include: the client being committed to stopping gambling, particularly if the main gambling problem involved EGMs; crisis and hitting 'rock bottom'; as a 'last resort' after trying all other options; due to relationship issues; and for financial reasons. Some illustrative comments from counsellors are as follows:

A lot of the time people come in and say, 'I've got to self-exclude. This is my last option. I've hit rock bottom. My wife has threatened to leave me if I don't do this.' It's usually some crisis that's going on. There's a threat of a relationship breakdown, financial ruin, loss of a job, or something that triggers them to go, 'This is it, I've got to do something about it and self-excluding is the way to go'.

They would have to be pretty serious and committed to stopping gambling. They've tried all the other options first, it's their last resort. And some clients find that it's the only way for them to stop gambling, to not have access to the pokies. It's also often financial reasons; running out of money. For example, with one client he'd blown \$20,000 over a very short period of time, and he is in a second marriage, which he really values. So he self-excluded in order to help his marriage.

One counsellor pointed out that self-exclusion is a particularly effective strategy for certain people, and identified 'mature aged middle-class women' as one group where it has been useful:

It can be a very effective way of thinking about dealing with gambling for people, especially mature aged middle-class women, usually, who are poker machine addicts who've never been in trouble in their life, usually the very idea of their being caught or being fined, like that's enough to hook into their value system ... like oh my god that really would be a deterrent; it's certainly often very salient for mature age women. Because generally most of the women I see at the poker machines, they are usually

quiet, middle-class, quite, you know, no problems with the law, no previous addictions really.

6.7 MAIN BARRIERS TO SELF-EXCLUDING

Counsellors spoke about various barriers to self-excluding which included: stigma, shame and embarrassment involved in the self-exclusion process; being unclear about what the process involves; having to exclude from multiple venues; doubt about the effectiveness of self-exclusion; confidentiality concerns and possible mismanagement of the self-exclusion process by venue staff; not being committed to stopping gambling at that time; gambling at venues being a social outlet for the client; denial that the gambling problem is severe enough to warrant total exclusion; and financial concerns about the consequences of breaching the ban. Some comments from counsellors concerning barriers to self-exclusion included:

I find that self-exclusion is only effective if clients only go to one venue. If they go to lots of different venues then it doesn't usually work. Also some clients have said that the process is awful because it's so public. They worry about breaches of confidentiality and mismanagement of the self-exclusion process by venue staff.

The two women that I was speaking to yesterday, both of them were incredibly embarrassed at the idea of going to self-exclude because then people would know, and yet that's actually probably also exactly the same reason why it would be effective for them. It's getting over that initial embarrassment of going and doing it because it takes a lot of courage to actually do that, so the main barrier is the courage it takes to get over the embarrassment of doing it.

Most of our clients are not quite comfortable with the idea of self-exclusion. There is a sense of social stigma, a sense of embarrassment in telling someone else their problems, someone else that they are not familiar with.

When I talk to clients about the consequences of breaking the ban, some people are not in that position yet to feel strong enough not to risk it. They've still got that risk-taking behaviour and if they place a ban on themselves, then they fear that they wouldn't be able to stop themselves. So they're just not ready for that kind of drastic measure. Another reason is that people feel that they can control this themselves and they don't need the exclusion, or they want to have a go at controlling it themselves. It's part of their cycle of change.

The following participant identified three key barriers to self-exclusion for clients:

Number one barrier is the embarrassment, shame and stigma associated with self-exclusion. Number two is they don't think it would work for them because they'd just go to another venue somewhere else. Number three is that they aren't committed enough to stop gambling; some are in denial that gambling is such a problem for them. You see,

some clients use playing the pokies as a social outlet, say after work, so they say it isn't such a problem for them and that self-exclusion wouldn't work for them.

6.8 COUNSELLORS' VIEWS ON SPECIFIC ASPECTS OF THE SELF-EXCLUSION PROCESS

Counsellors were asked for their professional views on several aspects of the self-exclusion process and its terms and conditions.

Promotion

As noted earlier, many counsellors reported that clients often did not know about self-exclusion when they first attended counselling, suggesting the program is not widely or effectively promoted. For example, two interviewees said:

I would say largely the clients actually don't even know about self-exclusion, and I have to explain to them what self-exclusion is.

... the first question is: 'Are you aware of self-exclusion?' and very often they'll say, 'No.' Then we explain what it is.

Conversely, one counsellor maintained that:

Most venues are very good. They have their signage up. They have brochures.

Registration process

Several counsellors noted how the self-exclusion process is time-consuming, not just because of the need to exclude individually from venues, but also because the registration process itself is lengthy. For example, one explained:

it's a little bit lengthy. It must have taken us a good hour that day, or even possibly longer. I guess they just crossing all their t's and dotting all their i's, but perhaps if we streamlined it so that we did not need to go in there for over an hour, or even maybe somehow allow the gambling help services to be part of the process, that may even be useful as well.

Several counsellors raised concerns over how confidential the registration process is due to occasional mismanagement by venue staff and how much self-excluders can expect their self-exclusion to be kept private, especially in small towns. The indicative quotes below highlight these issues and also reflect variability in how venues manage a self-exclusion:

She went to ... the service counter and said 'Excuse me, I'd like to talk to somebody about self-exclusion' and the manager at the front there yelled out, in a loud voice across the room to somebody else, 'Hey, Shante, there's somebody here that wants to self-exclude. Can you come and do that? I'm busy.'

She made it extremely difficult for him, made him stand in the pokie room for an hour while she said she had to go find paperwork and just went off and left him in the pokie

room and then when she did fill in the forms, he, she said to him 'if you're going to exclude from here, you must exclude from everywhere else in town or I won't do it.' Which, obviously, is not her concern, she just didn't want to lose the business, presumably. And then because you have the 24 hour cooling-off period, this was a Friday lunch time, and she said to him 'You've got 24 hours, but I'm not working until Tuesday, so you'll have to come back in on Tuesday and let me know if you want to go ahead with it.' So he had to go back into the pokie room to tell her that he wanted to exclude.

I'm just wondering about the confidentiality aspects of it. Because there is such a high turnover in venue staff, with the photos that they put up on the wall, and clients have questioned me on that: what happens? ... Because we've had cases of other staff walking into the room where the photos are up on the wall and one of them says, 'What's my auntie doing up there?'. ... [Additionally] gaming staff have problem gambling issues. If they self-excluded, basically they'd lose their job, wouldn't they?

There's one or two pubs in these remote places and everybody knows everybody. Clients, when they go into these places are embarrassed about having to ask to self-exclude because the bar person could be their next door neighbour.

A few counsellors talked about the negative impact on their clients of poor venue responses to a request to self-exclude, including shame, embarrassment and disempowerment:

They made her feel ashamed and she felt that unless she was gambling her heart out, they didn't want her there, and it had a very negative impact on disempowering her from handling her gambling problem.

For some people, it's their last option. It's their one and only option. It's a big thing. There's a lot of shame and embarrassment around it and if people walk in and ask to be excluded and they're treated with a bit of contempt or 'Go away, this isn't important,' than it's so crushing for some people.

Conversely, the positive impacts of sensitive and supportive responses from venues were also highlighted, for example:

I think what the venue does is key in how clients engage in that registration process. Because I've actually had clients where that process has been difficult for them to do and I have complained on their behalf. Other venues have been fantastic. They've made the experience a positive one, like they've really gone to great lengths to say, 'look you know, we understand this takes a lot of courage and I'm happy to do this and this is a good thing that you're doing', and so they've been actually quite positively reinforcing, and I think that varies.

Ban length

Most counsellors thought the ban length was 'an appropriate length of time', although responses did vary as illustrated by the comments below:

Most do the five years and I don't think it's a problem. My own opinion is that it's an appropriate length of time. Five years, it's not forever, but it's certainly long enough to sort of become entrenched that I don't go to the venues.

I think it's a reasonable enough time. I mean, I know after 12 months they can apply to have that reversed or modified and that 12 month period's a fair amount of time to think about how things are going ... people who are looking to exclude want to stop. They're not thinking necessarily about the timeframe of five years. They just want to stop and they want to stay stopped, and so they're certainly not concerned that it's too long. I certainly haven't heard anybody say it's too short.

My personal opinion, I think it is possibly too long really. But it really depends, doesn't it, whether you view gambling as an addiction and whether the person wants to stop completely.

Ban scope

A reoccurring concern raised throughout the interviews was absence of a process to allow multiple exclusions, although two participants spoke about trialling self-exclusion via email allowing multiple exclusions without the need to personally approach venues. However, this approach is not widely used, which is not surprising given its limited availability in Queensland at the time of the interviews. The following counsellors articulated their concerns thus:

Very often if there's somebody that will gamble anywhere, then they'll say, 'Look, there's no point in me doing it. There's too many venues. I know myself, and I know that if I exclude from those three, I'll just go find another one.'

Clients have certainly said they find it hard going to every single venue and the process needs to be clearer. And also in Queensland ... if you want to ban yourself from the TAB you have to go into every single TAB ... Whereas at least in Queensland if you go and ban yourself from the hotel that's run by either Coles or Woolies then you get banned from all of them.

I constantly hear from clients who want to self-exclude that they want to be able to self-exclude from one venue and then it goes on like a database and they can select which venues they want to exclude from. In other words, they don't want to walk around to each and every individual venue asking to be excluded.

Another counsellor also thought a central database would be beneficial to address some problems involved with assisting with multiple exclusions:

I guess it's very hard for clients to self-exclude from a range of venues and then to remain self-excluded if there is no central database to facilitate multiple exclusion and monitor them. Because it's easy for them to just exclude themselves from certain places and just skip down the road to a different place that they haven't excluded themselves from; it's not a problem for them. Because there's not a central database.

Revocation and renewal processes

Several counsellors were unclear about revocation and renewal processes for self-exclusion, particularly those who had not been employed in their gambling counselling position for long. However, other counsellors were knowledgeable and shared their related opinions. For example, one commented:

There is a 24-hour cooling off period. So if clients decide they don't want to go through with the self-exclusion within the 24 hours they can revoke it. I personally think this is a good idea. Self-exclusion is a five year exclusion and people can apply to renew the self-exclusion after the five years. Or they can also apply after 12 months to have it revoked.

One counsellor explained revocation and renewal processes thus and highlighted the venue's 'power and control' in these processes:

The revocation and renewal process is in the venue's power and control. People can apply to have their self-exclusion revoked after 12 months, and it's up to the venue whether they say yes or no. So, the venue could receive a revocation notice and the power all rests with the venue. In my experience the venue normally, they just uphold it because they're worried about litigation. So, they don't want to be seen to be encouraging somebody back with a gambling problem. So, more often than not, they just err on the safe side, and ignore it. And I'm very up front with my clients about that.

Penalties for breaches, venue monitoring and detection of breaches

Concerns about penalties for breaches of self-exclusion orders, venue monitoring and detection of breaches elicited much discussion in the interviews. Some counsellors were unclear about what the penalties for breaches involved, while one counsellor described the occurrence of penalties as 'an urban myth':

There is a sense of some clients who come in and say that they have been able to gamble at places where they have actually self-excluded themselves from. It seems to be the case that there is no evidence of penalties for breaching occurring. Over the years it has become sort of like an urban myth that such penalties exist for those who breach.

Several participants were concerned about what they considered a lack of support from venues concerning breaches:

There was one client where the venue rang me because they were just about to breach them, and I just thought why didn't they ring me three times ago, you know, they could have been a little bit more supportive. I just think that's the hotel just throwing all their

responsibility back on the client rather than them taking up the baton and actually being a bit proactive around their responsible gambling requirements.

I think the threat of penalty needs to be there because I think that's part of what makes it effective to start with for people in terms of why they would choose to self-exclude ... if you've self-excluded and you're still gambling at that place, there's something really wrong for you. And I think at that point there needs to be some really good processes that need to be able to support that person to help them achieve their goal of not gambling ... rather than just making them out to be the bad guy and the venue as the victim of this. The venue management needs to be more supportive in terms of, saying like, 'listen, you know, you have banned yourself from here so there's obviously something really not okay for you, how can we help you get back on track with this?'

Anecdotal evidence seems to suggest that clients are still able to play at the venues when they have been excluded without repercussions or anything like that, and so that kind of sends a message to the clients that it doesn't matter even though they have excluded.

The following participants agreed that there is a lack of enforcement and venue monitoring:

I've heard people from the casinos talk about how good they are in stopping people. I can tell you, I have spoken to plenty of people that have self-excluded and then gone and gambled at the casino and nothing's ever said to them. I've listened to the guys from the TAB in Queensland talk about how they've only had one person they stopped that they were aware of, because it happened to be in a two TAB town and everyone knew everyone else.

A number of counsellors raised concerns about fines for breaches of self-exclusion because people with gambling problems typically have financial problems, including gambling-related debt. One counsellor advocated for alternative repercussions:

I'm not sure that fining problem gamblers who would almost certainly already have financial issues is really very useful. Maybe policy makers can come up with something a little more imaginative, perhaps even community service. Fining people who've already got financial issues caused by the gambling doesn't seem to me like a very good way of dealing with this.

6.9 COUNSELLORS' VIEWS ON THE EFFECTIVENESS OF SELF-EXCLUSION

The interviewees shared their professional views on the effectiveness of self-exclusion in minimising gambling-related harm, in regaining control over gambling, and whether gains made from self-exclusion are sustained.

6.9.1 DOES SELF-EXCLUSION MINIMISE HARM FOR CLIENTS?

All counsellors agreed that self-exclusion is not an effective strategy for all clients. Counsellors whose client base had low rates of self-exclusion tended to view self-exclusion rather more negatively than counsellors whose client base had higher rates of self-exclusion. Nevertheless, all participants pointed out that 'it depends on the client' whether they choose to self-exclude or not.

Participants tended to view self-exclusion, where utilised, as a harm minimisation tool rather than a standalone strategy, as the following responses indicate:

I actually use the idea of self-exclusion as a potential harm minimisation strategy, rather than the be all and end all. And so it's about just giving clients accurate information so then they can evaluate whether or not it would be effective for them.

I always push the idea that it's a form of harm minimisation and I say that, 'even if you still gamble, you go and self-exclude from even the main hotel that you would normally go to, that means you knock out 80% to 90% of your gambling straight up.' So it's about looking at the mathematics of it in terms of potentially minimising financial damage for them as well.

I think it can be really helpful particularly in the initial stages of helping a client come to terms with their gambling. To work with a client and to explore relational things takes a number of sessions over a period of weeks, maybe months. I think something like self-exclusion can be helpful to assist a client to cut back on their gambling while they're doing their counselling work. Having said that, my view is that the practical stuff that a person can do, such as limiting the amount of cash they carry, self-exclusion, paying attention to their physical needs, agreeing on specified times to gamble — all those things are short-term fixes really. The challenge is to get to what's the underlying problem here that's causing the person to gamble more than they want to. So I think self-exclusion can be part of a range of strategies that a person could use to help them control the gambling, to minimise the harm involved in gambling, as they explore the other stuff.

Several participants also spoke about the value of self-exclusion in taking away immediate availability and access to gambling. For instance, one counsellor explained:

I think self-exclusion certainly holds value for some people because it can stop that immediate access to the gaming venue and so minimise loss. And I guess from what I hear from clients, most of the time they don't return after they've excluded themselves from a place because they don't want to take that risk of going back there.

However, several counsellors spoke about the self-exclusion process having no 'upside, no positive side or incentive', That is, the process emphasises the denial of something rather than reward, which, as articulated by the following participant, renders self-exclusion a difficult motivator for change:

Well, it probably boils down to motivating people to do it and therein lies the essence of the problem. If you want somebody to give up an addiction, any strategy must have an upside. Exclusion has no upside, no positive side or incentive; you are telling yourself not to do something, where if you say do something else that you like to do, such as going surfing or to the movies, there's an upside to it. So, it's very hard as a motivator to deny themselves something, it's easier to get them to do something they enjoy.

6.9.2 DOES SELF-EXCLUSION HELP CLIENTS REGAIN CONTROL OVER GAMBLING BEHAVIOUR?

When the gambling help counsellors were asked about the outcomes of self-exclusion for their clients, responses varied in terms of whether it assists people to gain control over their gambling. For instance, some counsellors were positive about the potential outcomes of self-exclusion as illustrated below:

Self-exclusion can give people hope that they can stop gambling. It can help people to be accountable for their actions and can assist people to manage their money. For clients who are keen to recover, it can play a major role and it can have helpful results.

All my clients who excluded have acquired positive outcomes. They managed to completely stop gambling. But it is very important that the gambling help services, as well as the venue staff work in partnership to make this program effective.

Some participants gave specific examples of client outcomes from self-exclusion that had occurred when there was good venue monitoring and when clients had previously gambled only in selected venues:

One of the clients who self-excluded, he completely stopped gambling. He said it worked for him largely due to the support of the venue staff and the monitoring by venue staff.

A woman who was a client self-excluded from the casino. That was the only venue she gambled at, so self-exclusion worked for her. It helped her to deal with her urges to play the pokies. Psychologically it was good for her, and for the other clients who have self-excluded, because they know they can't go to the venue to gamble.

It can help the clients to actually increase commitment to recovery. I know with one of my clients he said it helped him to remain in recovery.

I've found that it has been successful with some people. One client, for example, said, 'well, I wouldn't go to a hotel, I'll only go to the clubs. Well, they're the only places I go, so if I exclude from them, then I know I'm not going to then go to some grotty pub 'round the corner. I only like those venues.' So it worked well for him.

However, one counsellor spoke about a client who, once the self-exclusion period had expired, soon recommenced gambling at the casino she had previously self-excluded from and at heightened levels:

I had a client that excluded from the casino some years ago and that was fine but then when her exclusion ran out she went straight back. She said that pretty much within a week of it running out, she was back in there gambling and she said the gambling was worse in that year than it had been before she'd excluded. She sort of realised that the exclusion wasn't the end of it, which I think she thought it was to begin with, but she said, 'as soon as I knew that the exclusion was running out, it was all I could think about.'

Additionally, several interviewees highlighted the importance of having choice and control in any strategy if it is to be effective, which were points raised by the following two participants, the second of whom also noted that self-exclusion does not involve heightening internal control over gambling behaviour:

For the people that it does work for, part of it lies in them being able to have choice about how they do that, like whether they ban themselves from one hotel or all hotels or if they ban from one hotel or all Coles hotels or from pokies but not keno, and things like that. So the more choices that you can allow people, within reason, the better I think. What I think it does is that it doesn't help the people who could potentially use it as a strategy if it was just slightly more flexible. I think the thing that I get frustrated about is that it tends to be used as a punitive measure rather than a supportive measure. When some industry people talk about self-exclusion, like often their attitude is, well it just doesn't work because people will just go somewhere else. And it's like well, yeah, you can look at it like that, but really you're looking at that tool as though it's something to control people with, and judge them with, and push them around with. In actual fact, that's not the purpose of the tool at all; it's actually a tool for people to pick up and use should they wish to do so. So, I think sometimes that attitude comes from the industry because it's easier to just blame the gambler for the problem rather than helping to participate in the solution.

The thing I actually have concerns about with self-exclusion is that it is really externalising the loss of control and choice. And I know that certainly has some advantages in some ways, like when the wife takes over the control of the finances, that is still externalising the control, but eventually you want that person to internalise the control, to take control of themselves so they are not reliant on these outside mechanisms to reduce the gambling.

6.9.3 ARE THE EFFECTS OF SELF-EXCLUSION SUSTAINED FOR CLIENTS?

Several counsellors discussed how the effects of self-exclusion were sustained over time for most clients who had self-excluded, with most referring to sustained effects during the self-exclusion period. For instance, the following counsellors reported that:

About half of our clients have self-excluded and as far as I know only two of these have gone to other venues while they've been self-excluded. So we have had mainly positive

reports. It makes people aware of their actions, gives a sense of discipline and helps the majority to stay away from venues.

I'm not aware of any long-term data about this. But generally I have had positive reports from those clients who have self-excluded.

Another interviewee raised the option of renewing the self-exclusion order to enhance any sustained benefits:

I've certainly seen people who have come to me who are excluded and know the exclusion runs out in a few months and they're a bit worried because they think they'll go back. I mention they can, at any point, go once again back in and say, 'listen, you know, I'm excluded and I want to remain excluded', and once again they can start another five year period.

One participant explained that the effectiveness of self-exclusion over time is largely dependent on people's beliefs, particularly their concerns about being caught in a venue when excluded:

I think the effectiveness of self-exclusion and whether the effectiveness is continued really does vary depending on what people's beliefs about it are. So one fellow, he was very concerned about the consequences if he got caught, and it had quite a meaning for him, so once he had excluded himself, he definitely did not want to face the consequences. He believed it was likely that he would be caught, and that the consequences of being caught were quite important to him. And I think where people hold those beliefs then it is quite effective at keeping them out of that particular venue that they've banned themselves from. But some people will make a pretty rash decision to ban themselves from a venue and not do very much other work to change their gambling, and so they will be going back into that venue and discovering that they don't get caught, discovering that the consequences of getting caught are not as severe ... So once people have actually re-entered the venue and found that they weren't caught, then they will do that again and again. And then, yes, I guess sometimes they do get caught, but they are cautioned, they are not actually issued with a ban or have to see the magistrate or anything like that, so it doesn't seem like a big deal to them.

6.10 SELF-EXCLUSION, COUNSELLING AND OTHER SUPPORT: WORKING TOGETHER?

When participants were asked whether they believe that self-exclusion is more effective when combined with counselling, over two-thirds believed that self-exclusion and counselling can work together effectively. However, not all counsellors viewed the two interventions as compatible, particularly those with more negative views of the effectiveness of self-exclusion. Counsellors who believed that self-exclusion and counselling are compatible interventions suggested that counselling can help clients to feel more supported in their decision to self-exclude and assist them in addressing underlying issues,

past trauma and urges to gamble which self-exclusion alone does not. Some related comments were:

Certainly, I have seen clients where it has worked. I think clients tend to report feeling more supported in their decision when they come to counselling and they're self-excluded. I think it allows them to talk more freely around what's going on for them, the urges, the triggers and the successes they've had; to support them in their decision that what they've done is right for them and to praise and encourage them and keep them on track.

Yes, I definitely see self-exclusion and counselling working well together. See, exclusion can work as a barrier to gambling, but until people address why they're gambling and what their thoughts are about gambling, and all the erroneous beliefs and things that we look at, the underlying issues, until they're addressed, then there's always a danger that there will be relapse. And counselling helps with that. I had one client who excluded from the casino; she was still coming for counselling because she felt that she was still thinking about gambling a lot. So she didn't want to just know that she couldn't gamble, she wanted to not want to gamble, to deal with the gambling, so I think self-exclusion really worked for her because she was still coming for counselling.

Absolutely, 99.9% of the time my clients have significant trauma in their background. My belief is that if the client will continue to come to counselling when they've self-excluded then they can then focus on looking at the past, the underlying issues they have, and focus on some of the things they need to do.

Others, like the following participants, pointed out that their clients tend to not attend counselling after they self-exclude and that self-exclusion may be seen as an alternative to counselling:

It's difficult to ascertain. Once they've self-excluded they don't tend to come back to counselling.

There still is a myth out there that if you self-exclude, you don't need to go to counselling.

Other participants felt they could not comment because 'very few of our clients self-exclude'. For instance, like several other counsellors, one participant who had not had many clients self-exclude, explained that:

I would emphasise that the vast majority of people I see have not self-excluded. I think that counselling on its own can be effective for people to stop gambling.

Counsellors also spoke about how other types of support were important to optimise the effectiveness of self-exclusion and identified two types of ongoing support – from family and friends and from peer support groups. The following participant, while discussing what

contributes to self-exclusion being successful, stressed the importance of support from family and friends in dealing with the shame that often accompanies problem gambling:

There's an aspect of taking the gambling problems out of the dark, out of the shadows and bringing them out into the light. And I think part of what I see as being quite successful for people is when they can gain support from other people, friends and family, etc. And actually not be scared of letting people know that they've had problems with gambling ... If they can talk to their family or friends about it, they're probably more likely to actually go and exclude because some of the shame's been taken away.

Several counsellors commented on the impact of loneliness on people's gambling behaviour. They highlighted that being able to access support networks and groups was essential for sustaining the useful effects of self-exclusion, as demonstrated by one counsellor thus:

Other types of support are vital. One of the main triggers for gambling is loneliness, so having support networks, support groups are very important. I think self-exclusion is most effective when people can tap into these other support networks.

Some interviewees specifically noted the benefits of Gamblers Anonymous for those who have self-excluded as the following participant explained:

Clients who have self-excluded can tap into support groups. I've got clients that tap into GA, Gambler's Anonymous. It's not for everybody. Not everybody's a group person, but some people like that additional support outside the one-on-one counselling. To listen, to talk, to exchange stories with other people, I think for some it's very supportive for them. And because GA aims for a total ban on gambling this can work well for people who have self-excluded.

6.11 SUMMARY OF COUNSELLOR INTERVIEWS

The counsellor interviews highlighted the key role of counsellors in informing clients about self-exclusion and assisting and supporting them in the process, which was considered to be otherwise poorly promoted, arduous, embarrassing and inadequately enforced. A range of motivators and barriers to self-exclusion were identified, with clients typically taking up self-exclusion as a last resort when their gambling problems were causing severe consequences. Thus, self-exclusion by counselling clients appears to be used as a tertiary intervention, rather than as a mechanism to minimise or prevent gambling-related harm at earlier stages of problem development. Nevertheless, counsellors reported a range of benefits of self-exclusion for their clients, but tended to view self-exclusion as a harm minimisation tool that can potentially help limit negative consequences, rather than a standalone intervention to address problem gambling. Counselling was still needed to address underlying issues, co-morbid disorders, gambling urges and to internalise control over gambling. The counsellors also stressed the importance of having good support networks to enhance the effectiveness of self-exclusion over time.

Also apparent from the interviews was the large degree of diversity in the proportion of clients choosing to self-exclude, counselling techniques used and number of sessions clients attended. This diversity needs acknowledgement when considering whether self-exclusion is more effective when combined with counselling and other support, and whether the effects of self-exclusion are sustained over time for clients of gambling help services.

6.12 CHAPTER CONCLUSION

Eighteen Queensland gambling help counsellors were interviewed for Stage Three of the study which sought professional views and client experiences in relation to self-exclusion. This chapter has presented these results in terms of self-exclusion amongst agency clients, the role of counsellors in client self-exclusion, client motivators and barriers to self-exclusion, and counsellors' professional views on the self-exclusion process and its effectiveness.

The next chapter, Chapter Six, presents results from the Stage Four interviews with problem gamblers who participated in the study.

CHAPTER SEVEN

INTERVIEWS WITH GAMBLERS

7.1 INTRODUCTION

This chapter presents findings from the Stage Four interviews with problem gamblers, most of whom were interviewed at three points in time approximately six months apart. Time 1 interviews focused on motivators and barriers to self-exclusion, participant's experiences and opinions of various aspects of the self-exclusion process, outcomes from self-exclusion, professional help and other supports used, and the most effective strategies in controlling their gambling. The Time 2 and Time 3 interviews focused on the time period since the previous interview in terms of outcomes from self-exclusion, professional help and other supports used, and the most effective strategies that participants had used.

The chapter is structured to present the Times 1-3 findings for each the four groups of participants:

- Group A, who had self-excluded and had counselling;
- Group B who had self-excluded but not had counselling;
- Group C who had not self-excluded but who had undergone counselling; and
- Group D who had neither self-excluded nor had counselling.

Participant quotes are coded with the Time (1, 2 or 3), Group (A, B, C or D), participant number, sex (M, F) and age (in years). Thus, a 59 year old female in Group A at Time 1 with participant number 114 was coded (T1, A, 114, F, 59).³

7.2 GROUP A: SELF-EXCLUDED AND HAD COUNSELLING

Thirty-four Group A participants were interviewed at Time 1. This group of 18 men and 17 women had a mean age of 47 years. Twenty-nine were retained at Time 2 and 23 at Time 3.

7.2.1 MOTIVATORS AND BARRIERS TO SELF-EXCLUSION

At Time 1, Group A participants were asked when they had most recently self-excluded from a gambling venue in Queensland. Eighteen participants had self-excluded between one and five years ago, six participants between 2 months and one year ago, and the remainder less than two months before the Time 1 interview.

³ Participant identification numbers exceed 103 as not all participants who initially registered for participation and were given an identification number were interviewed. Some changed their minds about participating or were non-contactable after multiple attempts.

Motivations for self-exclusion

Motivations for self-excluding included financial problems, family and relationship stress, issues at work, legal problems and health concerns. Financial reasons were most often a major trigger for self-exclusion. One participant explained:

I had to self-exclude. I thought it might be a way of stopping, or at least controlling what I was doing. I just got so tired of not having any money between pay checks, not being able to pay my bills (T1, A, 114, F, 59).

For some, combined concerns triggered decisions to self-exclude. The following participant highlighted acknowledging the gambling problem, impacts on mental health, stress, and relationships with her children:

I knew I had a problem with gambling. It was affecting my mental health. It was very stressful and I was desperate ... and I promised my children I would do it (T1, A, 55, F, 52).

Involvement of others in the decision to self-exclude

Twelve participants reported that no-one else was involved in their decision to self-exclude. Others discussed how they had involved counsellors and family members, while two participants said they had involved work colleagues. An indicative comment was:

The counsellor and my wife were involved. We all discussed it and agreed that we had to do it. The counsellor arranged to get the forms and then we just went in and did it (T1, A, 16, M, 56).

Goals of self-exclusion

Well over half the participants (22) said they hoped their exclusion would enable complete abstinence from gambling, for example:

I had lost control and I felt I had to abstain to gain control. It has to be complete abstinence, I'm finding out (T1, A, 15, F, 42).

Seven participants wanted to gain control or gamble less, while others just wanted a break. One participant explained:

I don't want to stop gambling completely. I just want to limit it – to cut down a bit. Well the casino was becoming a regular event. So I thought, 'Oh, if I cut that out maybe that will slow things down a bit' (T1, A, 83, M, 66).

Barriers to self-exclusion

Almost half (16) of Group A participants reported no barriers to self-excluding. For the remainder, barriers included lack of confidence in the self-exclusion process, not wanting to stop gambling, embarrassment and pride, as well as not wanting to admit their gambling problems were severe enough to warrant self-excluding. Responses included:

I didn't do it earlier because I know it doesn't work (T1, A, 58, M, 50).

I loved gambling. I didn't want to stop. I was too hooked (T1, A, 109, F, 34).

I didn't think I had that much of a problem earlier, until I lost my house (T1, A, 12, F, 60).

I felt embarrassed ... to go in and say, 'Hey look, I've got a problem and I want to self-exclude.' (T1, A, 04, F, 54).

7.2.2 SELF-EXCLUSION PROCESSES

Group A participants were asked their views and experiences around several aspects of the self-exclusion process.

Advertising and promotion

Most participants (24) did not think that self-exclusion is promoted enough, both within and outside of venues, resulting in lack of awareness, for example:

I don't think it's promoted enough. They could advertise on TV or in the papers. You know, something like, 'If you have a gambling problem, why not consider self-exclusion?' Because I did not even really know about it until I got online. When I saw it, I knew I had to do something. There are signs all around saying, 'Do you have a problem with gambling? Call the help line', and all that. But there is nothing about self-excluding (T1, A, 13, F, 83).

Several participants had first heard about self-exclusion through their gambling counsellor or significant others. For instance, one said:

The only person that told me about it was the counsellor (T1, A, 12, F, 60).

On the other hand, five participants thought that self-exclusion is promoted and advertised sufficiently, but people can be in denial about their problem. For instance, one said:

I think self-exclusion is promoted. The back of toilet doors, I've seen it on posters around the place, in papers, on TV. I do think it is. It's a matter of the person who is going through gambling issues to come out of the phase called denial, and actually bite the bullet. From my own experience the only time I've ever done that is when I have been pretty rock bottom (T1, A, 15, F, 42).

Availability and accessibility

Most participants suggested that self-exclusion was reasonably accessible. Some participants had excluded from only one venue and others from multiple venues, usually those they frequented most often. The following participant explained:

I know now how easy it is to self-exclude. But I didn't know before. You just go to the bar and then they send out the manager and straight away it happens. The manager's got to stop work or whatever they're doing and they give you priority over anything that's happening. They stop and come out and sit with you and fill out all the paperwork and explain to you what goes on (T1, A, 86, M, 31).

However, several participants suggested that self-excluding could be time-consuming, especially when excluding from multiple venues:

It's very time-consuming. It takes a half-hour to forty minutes straight to fill out the forms. So if you do five a day, well that's two and a half hours to three hours a day ... That could be improved. There's got to be a quicker way of banning yourself from many places, because otherwise it's just too easy to go somewhere else when you are feeling down (T1, A, 74, M, 18).

Many participants noted that while self-exclusion was accessible, alternative gambling opportunities remained readily available. One emphasised:

As it is, it doesn't work. It just moves you around to another venue (T1, A, 58, M, 50).

Registration process

Participants had varied experiences of the self-exclusion registration process, both positive and negative. Approximately one-third perceived registration as relatively easy and venue staff as helpful and supportive, for example:

The places were so good and so kind. You go into the venue and tell them what you want to do and they go and get somebody, a particular person, who goes through it with you. You sit down and fill out the forms and they are really lovely people and very kind. They take a photo if you don't have one recent enough and then they shake your hand and off you go. I think they did really well. They were incredibly compassionate people. I mean, I was a little embarrassed the first time thinking this would be humiliating, but they not once made me feel, you know, bad. They were so supportive of what I was doing (T1, A, 43, F, 56).

Others had mixed experiences with different venues, for example 'with the club it was good, the staff were helpful, but with the hotel it was a bad experience'. One explained:

Two of the venues that I self-excluded from, we were taken to a different room and it was all done in privacy and it was explained brilliantly, but one particular venue, we just sat at the bar and I didn't feel comfortable at all. It was quite exposed ... Most places try to do it with a level of sensitivity, but I've also encountered some bad experiences as well. It really does vary from pub to pub, club to club (T1, A, 100, F, 51).

The following participant was concerned with misinformation and poor staff knowledge about the registration process:

I've had quite a few issues around this process. I think it's done really poorly ... Some places, staff have no idea. They say things like, 'Oh, we haven't done this in months and we don't know where the forms are, can you come back another time?' (T1, A, 80, M, 39).

One participant advocated for improved staff training to ensure the process was conducted sensitively and confidentially, with regard for people's feelings, privacy and difficulties they

faced. Many participants spoke about lack of privacy and confidentiality and how they found the process 'confronting' and 'embarrassing'. One participant stressed:

It was very embarrassing because it was done out in public, I think it should be done in a private office. Yes, it was humiliating and un-nerving because the general public was looking on, other staff members came up to talk to the person that was interviewing me, and I just found that it was something I would not do again. (T1, A, 67, F, 67).

Another explained that privacy issues are especially important for those living in close communities and small towns:

It's very embarrassing because my life now is common knowledge in a very small town. Everyone sees you. I think it needs to be done privately (T1, A, 111, F, 42).

To address privacy and confidentiality concerns, some participants suggested being able to self-exclude online or away from gambling venues, with one also wanting venue staff to be more proactive in identifying and approaching problem gamblers:

I think that the venue staff should be more proactive in identifying problem gamblers and then helping them by giving them the information about self-exclusion and counselling. Also, being able to exclude from a lot of venues at once with an online system or similar would be an improvement (T1, A, 15, F, 42).

Ban length

There was much uncertainty regarding ban length. Many participants (14) knew (or 'thought') they were excluded for five years. However, most other participants were clearly unsure how long their ban lasted. Seven nominated timeframes ranging from 'six months' to 'forever', while the remaining participants said 'I don't know', 'I can't remember', 'It can last as long as you want it to', and 'there is no time limit'. One participant, for example, stressed:

I was told it can last for whatever time you like, six months or two years or whatever. I think it's an individual choice (T1, A, 10, M, 60).

Responses about appropriateness of the ban length also varied. Several thought 'the longer the ban length the better', while another said 'I want to ban myself forever'. Two participants said that five years is 'too long' because 'people don't want to make that commitment'. However, others suggested that a ban length of five years 'is about right'.

Ban scope

Participants were generally clear they were required to exclude from each and every venue, although they raised issues of embarrassment and shame around completing multiple self-exclusions. One remarked:

To actually go in and go through that process in each venue is really hard, and humiliating. I think if you ban yourself, as soon as you ban yourself from one pub, as

soon as you fill that form out, that should go around to every other pub in your area (T1, A, 63, M, 42).

Many participants believed that being able to enact multiple exclusions simultaneously would make the process 'more user-friendly', reducing resources (e.g., time, transport, money, confidence) required, and thus enabling the reach and impact of exclusions to be more targeted and effective. However, one participant pointed out that hotels owned by Coles and Woolworths enable multi-venue exclusion from all venues owned by them. Other participants argued that self-exclusion would be more effective if they could complete the process once for as many gaming venues and other gambling sources (such as online) as they needed.

Provision of counselling and support information

In the main, participants believed they were given appropriate information about counselling services from venues when self-excluding. An indicative response was:

I was provided with counselling information. I was given a lot of booklets to read and they offered for me to just sit and talk. It was very appropriate and very, very helpful (T1, A, 11, F, 60).

However, several participants suggested they were not given information about counselling services they could access. The following participant said:

No, they didn't mention anything about counselling when I went in there to exclude myself. No information, none at all. I just wish at the time I was excluding myself they would have offered a bit more advice to me (T1, A, 66, M, 47).

When asked about improvements, one participant suggested having 'an advisor who should be a well-trained social worker who understands the problems that gambling can create' situated in venues to assist people with gambling problems:

I think if you had someone, an advisor, that is readily available, not someone you go make an appointment for in two or three days' time because that doesn't help at all. But someone who could say, 'Do you need advice regarding gambling?' They could sit down with people and say, 'Look, I'd like to refer you to this, or to this, or to this.' And in a non-dictator sort of way, someone who can persuade that person to go to a properly trained person away from the venue (T1, A, 06, M, 71).

Similarly, another interviewee advocated for regular telephone counselling to assist once self-excluded:

There should be more phone counselling alongside the self-exclusion, in my opinion. A lot of people work and can only go on weekends or after hours, and face-to-face doesn't really work because you've got to travel. If you had one person ... where you could call once a week ... (T1, A, 109, F, 34).

Revocation and renewal processes

Around half the participants (18) said the revocation and renewal procedures were explained during registration. However, several said these processes were not adequately explained, while others said that 'some of the venues talked about it a bit'. Ten participants suggested they were not told about these processes at all.

Venue monitoring and detection of breaches

Fourteen Group A participants were confident that venues could effectively monitor for self-excluders, mostly because, as one explained, 'the staff all know me'. To highlight the effectiveness of the process, one participant shared her experience of re-entering a venue:

I didn't realise one of the venues I had actually self-excluded from. I'd been sitting down having a go for half an hour or so on a machine, and a person came up to me and tapped me on the shoulder and mentioned, 'Excuse me, can I have a word with you outside?' The way they did it was discreet which I'm very impressed about. I grabbed my stuff and went straight out of that area ... I was so grateful because I hadn't realised I'd excluded from that venue. It showed me that it's working (T1, A, 15, F, 42).

Conversely, eight participants did not feel confident that venues monitor and detect breaches. Some noted they regularly went to excluded venues. As one asserted:

I have never had any problems going back there (T1, A, 16, M, 56).

Three interviewees highlighted difficulties for staff in monitoring all venue patrons and recognising excluders. High staff turnover was also noted as a limiting factor, as raised by one participant who also doubted venues' commitment to monitoring:

There's too big a changeover in staff to monitor it properly ... How can they watch so many people? Anyway, clubs want you there to gamble don't they? They don't really want to cut you off (T1, A, 11, F, 60).

Three other participants also implied apathy amongst staff in detecting and acting on breaches, as the following participant observed:

They should actually follow through if they see you in there, tell you to leave, instead of letting you kick in with hundreds or a thousand dollars. They don't really seem to care. They don't really seem to know me ... It's a bit of a nonsense. What was the point of me doing it if I can still walk in there and gamble? (T1, A, 63, M, 42).

Venue staff were also commonly noted to be unclear about the parameters of the self-exclusion. One participant expressed his embarrassment when publically confronted when going to another part of the venue for a meal:

I was walking across the gambling area to have dinner. It was extremely embarrassing ... The guy was waving his hand at me and carrying on, and I was with somebody who didn't know. (T1, A, 80, M, 39).

Penalties for breaches

Of concern, 32 participants did not know the penalties for breaching self-exclusion. Eight of these 32 participants were completely unaware that there were any penalties, while others said they 'couldn't remember', or 'it wasn't explained'. The wide range of responses included:

They just escort you out of the venue (T1, A, 06, M, 71).

I didn't even know there were penalties, for me or the clubs (T1, A, 105, M, 45).

I always thought the onus was on the actual club or pub itself, not the person who had excluded (T1, A, 86, M, 31).

I think I'd have to go to jail (T1, A, 13, F, 83).

Of the ten participants who knew there was a fine but had difficulty recalling the amount, two thought the fine was \$1,500, while the remainder suggested amounts between \$400 and \$50,000.

7.2.3 OUTCOMES OF SELF-EXCLUSION BY TIME 1

Effects on gambling behaviour

At Time 1, just over half of Group A participants reported that self-exclusion had helped them to stop or limit gambling because it halted easy access to venues frequented. For instance, one participant said:

Yes, I know that I can't just go up the road and gamble. Self-exclusion has worked for the simple fact that I know that I cannot go into the club and lose the money that I don't have (T1, A, 106, M, 36).

Nevertheless, many participants noted self-exclusion had reduced but not stopped their gambling, commenting 'It has helped a bit', 'It did help for a while' and 'maybe, to an extent'. However, others noted that self-exclusion had not helped them stop or limit their gambling. For example, one explained he just went to more distant venues:

It didn't work for me ... Instead of going to my local pub now I drive to a pub some minutes away that I hadn't excluded myself in. It's extended my range (T1, A, 66, M, 47).

Effects on gambling-related harms

Over two-thirds of participants said that self-exclusion had helped them to lessen harms from gambling, while for others, it was 'too early to tell'. Reduced harms were predominantly related to improved finances but also included improved relationships, work outcomes and health:

My finances are definitely better. I've been able to put food on the table for the whole fortnight. I'm managing to get my life back together. Just life in general is a lot better than having that guilt. It's also helped my relationship (T1, A, 10, M, 60).

Six other participants, however, said that self-exclusion had not helped to lessen gambling-related harms, principally because it had not helped them stop gambling or because other issues had emerged. One said:

It helped for a while. But no, I still gamble. In fact it's now gotten worse (T1, A, 11, F, 60).

Effects on the urge to gamble

Six participants indicated they no longer had gambling urges, while the remainder said they still had urges but 'less often than before', 'only occasionally now', and 'sometimes, but not as much'. Others, however, said they still get very strong urges to gamble:

Yes, I still get the urge to gamble. I still miss gambling every second of every day (T1, A, 109, F, 34).

Breaches of exclusion

Around half the participants reported breaching their exclusion. The following participants explained:

Sure. Yes, I have breached it. If I'm out and about with mates and if we're having a drink and if one or two of them goes to a gambling establishment then I put aside \$20. These are my rules. I stick to them. And when they leave I leave, it's that simple. Now I'm aware of my thought processes and when I can catch them I get up and leave (T1, A, 15, F, 42).

Yes I did and it wasn't detected. ... And there are so many venues still available that I haven't excluded myself from, so if I'm passing by one of them then that's a trigger for me to gamble (T1, A, 16, M, 50).

Others, however, emphasised they had not breached their self-exclusion, for instance:

This time no, I haven't breached it. I'm very determined to not play the pokies ever again (T1, A, 04, F, 54).

Overall effectiveness of self-exclusion

About two-thirds of Group A interviewees agreed that self-exclusion had been effective in addressing their gambling issues. One related comment was:

I think it is very good. I was stressed to the max for probably a week or two leading up to doing the self-exclusion. I think that my heart rate is calming down and I can feel the blood pressure just clearing, and like I say, just being away from not having that influence day-to-day constantly thinking about it. Knowing now that I can't go there to the venue, the normal day-to-day routines are coming back (T1, A, 29, M, 55).

Some, like the following participant whose exclusion was recent, recognised the need to be careful:

It's in the early days at the moment. I can see the dollars in the bank that aren't going out all the time. I'm still a little bit disturbed and distressed. When I start thinking about gambling I've just got to pick up a book and change the subject sort of thing, or write my feelings down like I have been. It's only been a short time and I've just got to be very careful (T1, A, 37, F, 60).

For the other participants, however, self-exclusion had not been effective. For instance, the following participants explained:

No, and it's always going to be ineffective. Anybody else I've known who self-excluded has found it ineffective as well. You can't ... exclude from every place, that's the problem (T1, A, 80, M, 39).

No, I don't think it has been effective. I reckon I could go into three pubs today that I've self-excluded from and still gamble. It's a deterrent not to go there because I'm pretty law-abiding to the authorities. I don't like getting into trouble for something. But when I went there they didn't pick it up. I pointed it out at the end of the night (T1, A, 86, M, 31).

Confidence in long-term change from self-exclusion

Around two-thirds of participants believed that changes brought about by self-exclusion would be lasting. Some were 'very confident' while others had reservations, reflected in responses like, 'yes, I think so', and 'I hope so, yes'.

Others who had recently excluded acknowledged it was too soon to say, for example:

I would say yes, but it's still in the early days. I've just got to get more confident, I think. I've just got to put things in place so that I'm not going to want to go in those areas where there is gambling any more (T1, A, 37, F, 60).

Six participants believed there would be no long term positive changes from self-exclusion. One participant described his experience:

At the start I did feel confident. But after a while when I knew the venues weren't doing anything about it, and I could just walk in to the venues, yeah, there was nothing to it. My gambling got worse again (T1, A, 63, M, 42).

Another participant believed self-exclusion may be more effective for some than others. He argued:

I believe self-exclusion is for people who are totally committed and at least have gone a month without gambling because then it stops them from relapsing when they have a really weak patch like an argument with their partner or something. But to actually have somebody give up gambling, no. I speak for myself. I gamble sometimes because I have to just to keep myself sane. If I don't go after a bit, I get all kinds of self-destructive thoughts in my head, and I manage to have a bit of a respite from my self-destructive thoughts (T1, A, 58, M, 50).

7.2.4 PROFESSIONAL HELP BY TIME 1

Counselling received

Participants had received gambling counselling from psychologists, counsellors, gambling helplines and community support services. Some interviewees had also undertaken financial and couples counselling. Most participants suggested counselling was beneficial in addressing underlying issues and developing strategies to decrease their gambling:

I was getting help from a gambling counsellor who used cognitive behaviour therapy. Basically, the first thing that we did was to stop the opportunity of just going out and doing it by self-excluding because you would do it on impulse and so the self-prevention thing, plus the changing of attitude, and the finances, ability to access money and that was stopped. After that it was virtually getting it into my head as to why did it start, how did it start and all that sort of mental side of it after that (T1, A, 16, M, 56).

A small number of participants, however, noted that the counsellors they had seen were 'not helpful'. Two commented:

The recent counselling I had was useless. I went back twice ... She just gave me a pamphlet around the odds of gambling and just asked me how I felt. She gave me a couple of tips about changing my bank or whatever, so that I don't carry cash. That was it. I was very disappointed actually (T1, A, 111, F, 42).

No, for me no ... my counsellor approached me with like I had the gene, the compulsive gambling gene because my dad was a compulsive gambler as well. I think there was more to it than that, coming from a totally dysfunctional family (T1, A, 67, F, 67).

Influence of counselling on decisions to self-exclude

About half the participants said that receiving professional help had influenced their decision to self-exclude, for example:

Receiving counselling helped the decision about self-exclusion. Yes, definitely, definitely that has made it easier. I think it would be very hard, for me anyway, just to find out about it online and just go out there and just do it. Confronting it with a counsellor, just talking with her about it and putting it on paper how much money was spent, making it real, talking about it and just deciding to go and do it, to self-exclude helped (T1, A, 52, F, 36).

Effectiveness of counselling with self-exclusion

Two-thirds of participants reported that counselling had helped support the ongoing effectiveness of their self-exclusion, such as:

I needed to see a counsellor while I was self-excluding. Self-exclusion stops the elephant. It pulled me up in my tracks so that we could then concentrate on the other counselling as to the how, when, where and why (T1, A, 16, M, 56).

Others explained that their multiple issues required multiple strategies, while another explained:

You need to do self-exclusion, plus seeking counselling help, plus some self-help strategies, plus, for me, going to GA meetings. People need to do several things. No one thing by themselves will do it, in my opinion (T1, A, 66, M, 47).

Almost one-third of participants did not believe that counselling had helped support their self-exclusion, for example:

All the counsellor did was just sort of say things like if you save this much money you could do this that and the other. And I just found it totally useless; it is not something I would do again, go to gambling counselling. Not at any time did we touch upon my lack of self-esteem or self-confidence or feelings of worthlessness (T1, A, 67, F, 67).

7.2.5 OTHER SUPPORTS BY TIME 1

Family and friends

Most Group A participants (25) acknowledged the importance of support from significant others, 'just being there to listen', or 'to take my mind off it when I get the urge to gamble'. Some significant others went with participants to self-exclude, while others took control of finances. The following interviewee explained:

I had help from my wife ... That is tough love, but I have got to say, the combination of the counsellor and the control of the finances have been the biggest two and myself, I guess ... in helping to this point in time beating the gambling (T1, A, 105, M, 45).

Three other participants suggested interaction with family and friends was less than effective. One explained:

I just people telling me to stop gambling. They tried to talk to me and tell me that there's no good in gambling. Just try to talk some sense into me. But a lot of people don't realise you can't talk rational to the irrational. It just doesn't work (T1, A, 66, M, 47).

Other participants did not have support from significant others. Another noted the emotional conflicts that can arise in receiving support from within the family:

With my wife, unfortunately there is so much emotion involved that we never had a productive conversation about my gambling and that's not supportive, no. It would start out with a sheet of paper and my partner showing me all the money I've spent and explaining that we're going to struggle making the mortgage. It started out easily but then it would get personal and then it went to being a screaming match and arguing (T1, A, 66, M, 47).

Peer support groups

Seven participants had found Gamblers Anonymous (GA) helpful, and a few mentioned participating in online support groups. One positive response was:

Gamblers Anonymous is fantastic. It's very, very good because you're speaking to people who have gambled and who have been able to give it up and they've got some incredible advice ... When you sit around and hear their stories, you sort of go, 'Okay, I'm not the only person. There are other people'. There are so many times I've connected with different people that would tell me something and I could think, 'Yep, I've done that, yep I did that'. It was very helpful that way (T1, A, 12, F, 60).

However, confidentiality can be an issue:

But there is a downside to GA as well. Confidentiality is an issue. It's anonymous in the sense that you have a pseudonym. But that's about it (T1, A, 12, F, 60).

Other participants had either tried GA and not found it helpful, or had not attended a GA meeting:

I don't agree with all their philosophy and all their rules (T1, A, 111, F, 42).

I didn't go to GA once I self-excluded because if I talk about gambling, I want to gamble (T1, A, 43, F, 56).

Self-help

Participants discussed self-help strategies they commonly used, including budgeting, paying bills by direct debit, leaving credit cards and cash at home, and their partner managing finances. Other strategies included keeping busy, joining groups, utilising workbooks, exercising, eating properly, listening to music, watching movies and reading for relaxation.

7.2.6 MOST EFFECTIVE STRATEGIES BY TIME 1

Two Group A participants said that self-exclusion had been the most effective strategy, although other strategies had also helped. One explained:

Self-exclusion helps you to get away, draw a breath and have a good think about things, and it takes away that immediate carrot, that attraction. Exclusion isn't the whole kit and caboodle because I think it comes down to discipline and getting a meeting up with your partner or your family to help secure credit cards, to help you control and keep the money away and give you a budget, give you limitations to live on etc. There are a lot of facets to this including counselling, including financial help, depending on the degree of addictive problem that you've got (T1, A, 29, M, 55).

Conversely, two participants thought that self-exclusion had been the least helpful strategy. For instance, one said:

From what I experienced, the weakest link is self-exclusion. The practical strategies and the self-help and Gambler's Anonymous and the counselling, they've all been far more helpful than self-exclusion (T1, A, 66, M, 47).

Three participants said counselling had been the most effective strategy for them. One explained:

With the counselling that I have received, I have actually been able to understand some of the root causes of why I was gambling ... At the same time, you also then learn techniques ... I think that is really important. Unless you understand the reasons for things, you are just going to become tempted by fire again. I think the counselling is really, really important (T1, A, 105, M, 45).

Other participants believed that a combination of strategies was the most effective approach, for example:

Each is helpful. I don't think any one thing would have worked alone. I think each of them has had a function (T1, A, 15, F, 42).

7.2.7 OUTCOMES OF SELF-EXCLUSION BY TIME 2

Effects on gambling behaviour

At Time 2, the 29 Group A participants retained in the study most often stated that self-exclusion had had a positive effect, continuing to provide an effective barrier diminishing ready access to gambling opportunities. Participant responses included:

It's helped. Yes, definitely. It's a deterrent when you have the risk of the fine (T2, A, 19, F, 35-44).

Yes, I would say it has made a difference. There's three or four different roads out of this town and they've all got pubs on them and it's just the fact that I'm excluded from all the pubs that I drive past. There's not so much of a 'I'll just drop-in' feeling or 'I'll just pop in here for a bit'. I have to go out of my way now, which means I gamble a hell of a lot less than I used to (T2, A, 80, M, 35-44).

Some participants were even able to go to venues without gambling, and this was helpful in building confidence and a greater sense of wellbeing. The following participant suggested:

It's been awesome ... When I go to that club ... I just enjoy my coffee and tune out to the machines completely. It's actually very relieving. It's a big weight off my shoulders. Certainly once in a blue moon you feel a pull to go and have a gamble, but you know you're not allowed to. The staff trust you and their trust actually makes you feel good too (T2, A, 15, F, 35-44).

Nevertheless, the difficulty of excluding from all possible gambling options hampered the effects of self-exclusion for some participants. For example:

It hasn't worked for me. I think there are just so many other sites out there that when you split from one, you just go somewhere else ... If only you could exclude from them all at the one time (T2, A, 82, M, 25-34).

Effects on related gambling harms

Participants who had reduced gambling after self-exclusion also reported a lessening of gambling-related harms at Time 2. These participants variously highlighted improvements in their finances, relationships, work, health and sense of wellbeing, such as:

My finances have improved, yes. I've managed to keep my relationships too over the last six months. Yes, I feel better in myself too, more in control (T2, A, 4, F, 45-54).

Conversely, those who had not reduced gambling had not experienced a lessening of gambling-related harms.

Effects on gambling urges

Urges to gamble remained strong for many participants at Time 2. However, most had developed strategies to help resist these urges and/or enlisted the help of others. The following participant explained:

Yes, but when I do get the urge to gamble I have a cigarette or I go surfing. I go out and do something else. I walk or I go for a swim or something like that. I ring the counsellor. I'm frightened of going back [to gambling]. That's why I keep that counsellor's number there and I just ring them up and say, 'Look, I'm stressing out', and then they calm me down. Talking to them for even five minutes, just talking a bit, it calms my mind. Then I go and do something else (T2, A, 63, M, 35-44).

Two participants reported they no longer gambled and no longer felt urges to gamble. Conversely, other participants who experienced strong urges were not as successful. They discussed ongoing attempts to resist gambling urges followed by 'giving in'. One revealed:

I try to talk myself out of it, or think myself out of it ... I try to think of all the things I need to get, need to buy, or other things I need to do, or something like that. But gambling wins out most of the time and I end up gambling instead (T2, A, 114, F, 55-64).

Breaches of exclusion

Most Group A participants at Time 2 had not breached their self-exclusion. However, some discussed the ease with which breaches can occur given the difficulty of remembering all exclusions, when these were done and would expire. They also reiterated the difficulty staff face in monitoring breaches.

Outright breaches were also revealed by four participants at Time 2, for example:

Yes, I've been back in the venue many times actually. They don't know it's me, I just use a different surname and they don't ask for ID. If we win big money my husband claims it (T2, A, 43, F, 55-64).

Yes. I got caught. They warned me and told me to leave. It was pretty bad, embarrassing (T2, A, 114, F, 55-64).

Overall effectiveness of self-exclusion

Most Group A interviewees believed their self-exclusion had been effective by Time 2, at least to some degree. Only two participants reported that exclusion had been responsible for completely halting their gambling. More commonly, participants reported it had helped decrease gambling by placing a barrier between them and particular gambling opportunities. An indicative response was:

It is definitely effective because, you know, the risk of the fine is what keeps you away from it, so that's definitely effective. But obviously, unless you self-exclude from every single venue, you're never going to avoid it (T2, A, 19, F, 35-44).

Other participants simply went to alternative venues:

It actually made me go to other places. There were so many other places to go to and I just went there instead. So, no, it hasn't helped me (T2, A, 12, F, 55-64).

Perhaps because this group of participants had both self-excluded and received counselling, they generally felt that self-exclusion was more effective when combined with other forms of help. For example, one participant explained:

Yes, it's very, very good. For me it put a dead halt to it. But I also have to give the credit to my counsellor for helping me make that decision and for dealing with the correspondence. It was all sent to him and so I didn't even know for sure where I was and wasn't excluded. Had it been sent to me I could have done damage with that; so I would recommend that if anyone's going to do it have someone else involved (T2, A, 16, M, 55-64).

Confidence in long-term change from self-exclusion

In terms of long-term change, some participants were confident they would not return to their previous gambling behaviour, for example:

Yes, absolutely. I never want to get caught in a rut with gambling again and the way it takes you and you don't feel like you can get out of the spiral. It's a financial nightmare and everything else, a social nightmare. I don't want to go to that spot again. I'm thinking to myself, been there, done that. It's nice to feel like I'm on the other side now where I don't have that going around in my head (T2, A, 15, F, 35-44).

Most participants, however, expressed some doubt about sustaining positive changes and consequently some believed it was wise to continue self-excluding as a precaution:

No, I don't. When it wears off and you go back and you think that you're all good, actually you realise that, no, the problem is still there. Even though I'm not feeling

though like I have absolutely no control over it. I'm finding I can still get into that [gambling] frenzy (T2, A, 98, F, 45-54).

7.2.8 PROFESSIONAL HELP BY TIME 2

Counselling received

Group A participants had self-excluded and previously received counselling. By the Time 2 interview, almost half were continuing with regular counselling sessions and found these helpful. These participants suggested counselling not only addressed gambling problems, but helped to address patterns of thinking and wider issues such as 'financial pressure, work stresses and alcohol problems'. The following participant revealed:

I've been doing counselling fairly often. I've listened and understood and agreed. I was quite amazed and sort of almost had a revelation over certain points. Like, that in the long run it just comes down to me, to what I actually do in my behaviour. So it was helpful in that they gave you some things to think about. It is definitely continuing (T2, A, 114, F, 55-64).

Other participants had attended counselling for only a short period (often 4-6 visits with one counsellor). Some stopped because they considered the counsellor 'unhelpful'. Others felt the counsellor had done all they could do to help:

I did four or five visits. Then he said that there's not much more that he can do to help me, as far as gambling goes. He suggested things to try and keep my mind off it, as far as doing hobbies and engaging in other activities, but that it was down to me to stop (T2, A, 83, M, 65+).

More than half the interviewees had not had counselling in the previous six months, with only one participant conceding they were open to returning to counselling if the need arose. Most believed their previous counselling had given them what they needed or had turned to GA or family instead.

Effectiveness of counselling with self-exclusion

Participants at Time 2 were asked whether gambling counselling had continued to play a role in supporting self-exclusion. Expectedly, participants continuing with counselling believed it had an important role:

Yes, for me the two go hand in hand. The counselling is really good. They give you a lot of tools. Added to that, they help you with putting them in place and working with the tools that you get from them. The counsellor has been really good because it's taken a long time to understand why I'm gambling and why I shouldn't be doing it (T2, A, 37, F, 55-64).

Participants in Group A who had stopped going to counselling reasoned:

I find that what I'm doing seems to be working for me. I feel more comfortable doing it my way if that makes sense? (T2, A, 4, F, 45-54).

Because I'm married to an alcoholic, well they like to get the addicts away from each other. I felt they were aiming to split us up and I wasn't ready to face that (T2, A, 43, F, 55-64).

7.2.9 OTHER SUPPORTS BY TIME 2

Family and friends

Most Group A participants also had strong support from family and friends, including help with budgeting and control of finances, monitoring gambling activity, listening to concerns and encouraging achievement of goals. Participants shared experiences such as:

I've got a really good friend and she's sort of in the same boat as myself, so we ring each other and just try and help talk each other around it, because it's fairly often you feel the urge at the same time, so it sort of works out good. And there is my mum. And just talking with them that's the best support ... When you get into that frenzy you need someone to snap you out of it (T2, A, 98, F, 45-54).

Other participants suggested support received from family and friends was less than effective, with one explaining:

I'm very much doing this on my own; I'd probably rather talk to a professional than friends and family. There are people that I could talk to but that's too hard (T2, A, 82, M, 25-34).

Peer support groups

Since their previous interview, peer support groups continued to help some participants. Participants attending GA particularly highlighted the benefits of mentoring, explaining:

I ring the lady there that I'm friendly with when I need to and that is helpful to me. I go once a week and sometimes twice. They're supportive and loving people. The lady from Gamblers Anonymous who's friendly with me, she hasn't gambled for four years. She'd say, 'Well that money is gone, forget about that. Just look forward to not doing it again.' She doesn't dress you down or break you, you know (T2, A, 13, F, 65+).

Other participants had been to Gamblers Anonymous but had recently stopped because the approach did not match their values or long term needs. Others accessed online forums which provided anonymity and a less structured approach to support. Connection with people experiencing the same issues was particularly important for these participants:

Internet forums are really good because you speak and you listen to people who are going through pain from that day's gambling, it's immediate ... I think sometimes if you can connect with people who are in that struggling way it kind of reminds you of how awful it feels to be in that position (T2, A, 80, M, 35-44).

Self-help

At Time 2, all participants employed a range of practical self-help strategies to better manage their money, including budgeting, leaving debit cards at home, and having someone else involved in managing finances and limiting access to money. Participants also discussed adopting a complementary range of rewarding activities to fill their time, occupy their thoughts and divert attention from gambling. One indicative response was:

Advice from a budgetary counsellor. Setting a budget. Just working, keeping myself busy, doing stuff around the house and going for my walks and my bike rides. I started voluntary work in the hospital and I'm studying now as well. I've got one to two days of work a week and I feel like talking to people. It's a great job, I love it. It's pulled me out. It gives me confidence ... I just want to keep going ahead the way I'm going ... Now I'm just putting a cross on the calendar every day and counting them up (T2, A, 37, F, 55-64).

Self-help materials were also accessed by some Group A participants. Online resources were helpful in understanding gambling, odds of winning and others' experiences. These materials were also important in assessing personal behaviour and developing strategies to address gambling. For example:

I have been on the computer checking the odds of winning and reading self-help stuff to get myself out of that cycle of wanting to gamble, you know. It certainly reinforces my thinking that it's a soul destroying problem (T2, A, 58, M, 45-55).

I think because there's things online – like reading other people's stories in similar circumstances and seeing how they overcome their problems. I found that a great help.

Recognising the role of cognition and patterns of belief in both reinforcing and disrupting established gambling behaviour, some participants were also trying less conventional methods, including hypnotherapy, meditation and carrying aspirational messages.

7.2.10 MOST EFFECTIVE STRATEGIES BY TIME 2

Participants were asked the most effective thing(s) they had done during the previous six months to address their gambling problem. Only one participant considered self-exclusion the one most effective strategy, saying:

I've got to say the self-exclusion really puts a lid on the problem (T2, A, 16, M, 55-64).

Most participants suggested more than one strategy had been needed, for example:

Probably the self-exclusion and the budgeting together (T2, A, 4, F, 45-54).

You've got the counselling, the self-exclusion, the support, all the other activities that I'm doing, like Meals on Wheels, church activities and the rest. Altogether that has really made it possible for me to stop gambling (T2, A, 10, M, 65+).

Indeed, many participants argued that a combination of strategies was important to effectively address gambling problems, as the following comment demonstrates:

They're all helpful equally, but by themselves they are unhelpful ... I've been gambling for a long time and I've tried everything, but I haven't tried stuff in combination which is what I'm doing now and that's working (T2, A, 66, M, 45-54).

7.2.11 OUTCOMES OF SELF-EXCLUSION BY TIME 3

Effects on gambling behaviour

The 23 Group A participants retained at Time 3 most often stated that self-exclusion continued to impact positively on their gambling behaviour. Several participants discussed how proud they felt that self-exclusion had enabled them to take control of their gambling, such as:

I'm very pleased with it now and how well I've done... I'm in total self-control now... Yes, I'm very proud of myself (T3, A, 11, F, 55-64).

Self-exclusion also gave some participants security that gambling was no longer an option in certain venues. One participant explained:

I've only excluded myself from their gaming area, not from the actual hotel ... I was over there with a friend, and we're having some drinks and I know that if I hadn't have been self-excluded the temptation could have been there ... because I knew I wasn't allowed in there, it just wasn't even an issue (T3, A, 52, F, 35-44).

Other participants also still visited gambling venues to dine or drink. One reported that this close proximity to EGMs made him initially uncomfortable, but had lessened over time:

I hear the machine and in the first period of time, say the first 6 to 12 months, the machines were very, very, very crisp and clear in my ear and I still had the tug of wanting to go in but these days virtually even with any wins that people have on the machines, what's going around in my head is, I'm happy for you but I'm served a lot more by not going in (T3, A, 15, F, 35-44).

Effects on related gambling harms

Participants discussed positive changes since self-excluding, particularly financial benefits of having more money to spend on other activities, saving money and paying bills on time. Others reported reduced stress and anxiety, more time with family and friends, greater confidence, renewed self-respect and improved family relationships. Two explained:

It's definitely helped our relationship. It's absolutely helped our finances (T3, A, 52, F, 35-44).

... I used to go there to hide because no one could find me in a casino because it was so busy. Now I don't have to hide... Everything's out in the open (T3, A, 12, F, 55-64).

One participant reported that gambling was no longer an issue for her:

It's really not that important anymore because it doesn't actually bother me (T3, A, 37, F, 55-64).

Effects on gambling urges

Most participants appeared able to resist gambling urges by Time 3. Some did so by realising where the dangers lay and avoiding these or having action plans to deal with potentially tempting situations. One explained:

I buy the newspaper from a local convenience store rather than go into a regular newsagents. That way I'm not seeing all the advertising for the lotto (T3, A, 10, M, 60).

Another participant dealt with gambling urges by telephoning a gambling counsellor until the urge had passed, explaining:

Having an action plan at the ready, knowing where the danger zones are, avoiding certain places or people that trigger the urge to gamble. If you're near a venue, call them [the counsellor] (T3, A, 109, F, 35-44).

Numerous participants used self-talk and reminded themselves of the consequences of gambling to help overcome gambling urges:

I do what my therapist suggested and I just say, 'Thank you mind for that thought, but when I go and gamble, the reality is I turn into a monster and I steal money and I'm not living my ideals and it's not fun. It's horrible and ugly and I get sick from it.' ... It's very helpful. It [the urge] passes quickly (T3, A, 43, F, 55-64).

Not having access to money after giving control of their finances to a spouse was sufficient for one participant to overcome gambling urges:

Every now and then I think of it, but ... I realise I can't do it, I've got no money, I can't go (T3, A, 4, F, 45-54).

Breaches of exclusion

Only two participants reported breaching their exclusion since the previous interview. One was unintentional and handled professionally and discreetly by venue staff, providing reassurance that staff were alert. In contrast, another detailed how she had breached her self-exclusion but was not caught, resulting in her continuing to gamble in multiple locations:

I just got back into gambling and I went to one of the venues and I didn't get kicked out, so I just kept going ... No, it wasn't detected. I even went back to the casino twice with my husband, and they didn't notice me (T3, A, 43, F, 55-64).

Overall effectiveness of self-exclusion

Several participants viewed self-exclusion as an opportunity to make life changes and gain more control through providing a barrier to entering convenient gambling venues:

There's always other venues but none as convenient (T3, A, 13, F, 65+).

Consequences of breaching were considered by the following two participants as reasons for its effectiveness:

I can't because you get fined \$5,000 and you'd go to court (T3, A, 12, F, 55-64).

It took away the temptation. I'm quite a ... timid sort of the person. If I went in there and I was told to leave I would be very embarrassed (T3, A, 6, M, 70+).

However, one self-excluder from a TAB outlet reported that ready availability of TAB outlets negated the effectiveness of self-exclusion:

You can't ban yourself from every TAB within a 20k area without spending half of your life in there. It just doesn't work. There's got to be an easier way to help people who, like I say, are a vulnerable client group (T3, A, 80, M, 35-44).

Of particular concern was one participant who had self-excluded from his local TAB because he could bet on credit there and had accrued large debts. Further, he assumed he could still gamble there because the exclusion was just a 'verbal agreement' with the TAB operator:

I excluded myself from the TAB, but I think if I wanted to go back in there, I probably could. It was just a verbal between me and the guy who actually runs it. And I just said I'm tired ... I want to exclude myself from it (T3, A, 106, M, 35-44).

Confidence in long-term change from self-exclusion

Overall, participants reported that they felt confident in long term change achieved after self-excluding. One very confident response was:

Oh, yeah! Yeah! I believe so, because I definitely don't want to go back there. So, as long as ... that exclusion is there, well, then it's going to block any movement. So, it can stay there as long as they'd like (T3, A, 16, M, 55-64).

7.2.12 PROFESSIONAL HELP BY TIME 3

Counselling received

At Time 3, several participants reported seeing a counsellor, psychologist, psychiatrist or therapist to assist with their gambling problem. These participants reported a range of strategies developed with their counsellors, including: recognising early warning signs; developing an action plan to deal with difficult situations; financial management skills; journaling and keeping a diary; medication; ongoing therapy; and continued phone counselling. Positive responses were mainly associated with practical skills and that the counsellor could 'relate' to their situation and reinforce the decision to curtail gambling:

I guess reinforcing the fact that I do have the will power – and not to do it. And helping with the action plans, and that kind of thing. More of the same, it's more mainly just that reinforcing (T3, A, 109, F, 35-44).

One participant stated that if their gambling became problematic they would definitely seek counselling again. However, some participants did not find counselling beneficial:

I felt like they said, 'You are a very strong willed woman, you can stop if you want to, you just stop.' He just said, 'Keep doing that, you'll be alright, you'll get over it' (T3, A, 13, F, 65+).

I felt he had more problems than I did! (T3, A, 4, F, 45-54).

Effectiveness of counselling with self-exclusion

Most Group A participants considered that counselling continued to play an important role with self-exclusion by providing practical skills, support to initiate and maintain self-exclusion, general support and someone to talk to about their gambling problems. Counsellor support was paramount to success for many participants at Time 3, for example:

Honestly, you can't do all these on your own. I tried. I tried that, invested, invested, invested. I tried that and it just does not work (T3, A, 6, M, 70+).

I think the counsellor helps you accept the fact that, you know, there is a hell of a problem here, even though you know it ... But the counsellor sort of eases you into the fact that you've got to do something about it. And then he oversaw that I, in fact, went and did it (T3, A, 16, M, 55-64).

One participant reported that self-exclusion, counselling and good support networks all combined to help her succeed:

I believe it's been, definitely, a combination of all. Many things. Because if I came home from the counselling and didn't have support from my husband, it would be easy just to turn around and go back out and do it. Then saying again, if I didn't have the tools and the help and the reassurance too from the counsellor. I needed that. Then I looked at the self-exclusion. That's a huge part because of being there. It would be just as easy to go in there and go, 'It'll be OK. I'll just put ten dollars in.' Whereas I know I'm not allowed to do that. I definitely felt that all those little things have definitely puzzled together. (T3, A, 52, F, 35-44).

Only three participants reported that the role of counselling with self-exclusion was negative. However, as highlighted by one of these participants, a person had to actually want the counselling to work and it was not just an 'easy fix'.

7.2.13 OTHER SUPPORTS BY TIME 3

Family and friends

Support came from a wide range of people, including local church members, family, friends and general practitioners. Support entailed having someone to talk to, to check-in with about their gambling, take control of finances, remove temptations, prevent them gambling when in venues, and praise them for managing their gambling. One explained:

My best friend ... helps me in all sorts of little ways, like I was at her place and I wanted to go and gamble and she could see I was getting really antsy and wanting to go, desperate to go. This was before I stopped; she was still trying to help me stop. Then she said, 'Look, I'll just cook dinner for the guys and then we'll go.' I really calmed down and we ate, and of course we didn't go. She was just doing that to side track me. She just knows how to help (T3, A, 43, F, 55-64).

However, one participant discussed how she had a negative experience when she discussed her gambling problem with her son:

He was disgusted when he found out. It took him about a month to share with people. He settled down and came back and said, 'We'll forget about it mum.' He never mentioned it since (T3, A, 13, F, 65+).

Another participant was unwilling to discuss her gambling problem with family or friends as she wanted to have it under control first. A further participant revealed that even having a supportive partner and knowing what he should be doing when experiencing gambling urges were still insufficient to stop him gambling:

I don't particularly do it well. I don't take less money out. I don't leave the card at home. I don't ring my partner when I'm thinking of gambling. I don't do any of the things when you get the trigger ... every time I'll have a bad loss, I'll be distraught and I'll have a conversation with my partner about when pay comes in, we'll send it to the bank account and then there won't be accessible money and blah, blah, blah ... it might last two weeks, it might last four weeks, but it always comes back to the way it was before. She's, yes, my partner's not inclined to be a rescuer (T3, A, 80, M, 35-44).

Peer support groups

Some participants regularly attended GA meetings and found them helpful. These participants reported they could relate to other gamblers' experiences and had made friends with group members who were not judgemental about their gambling struggles.

However, one participant reported how her children would often have fundraising raffle tickets to sell for school sports clubs. Having to abstain from all forms of gambling to attend GA, including raffle tickets, was too strict for this participant. Another participant did not find GA beneficial as having to tell his story to other group members was too difficult.

Self-help

Participants reported engaging in various activities to distract them from gambling, including: volunteering at a local church; going to the gym; meditation and yoga; having coffee with friends; drawing; writing a book; working harder; going fishing; taking up new hobbies; helping other people; surfing; watching movies; and studying. Other self-help strategies included developing and managing a budget, setting new goals and saving money for specific purchases such as holidays. As one participant explained:

The one thing that is very important I believe in a person's genuine recovery is you have to have something to fill the void time (T3, A, 6, M, 70+).

Several participants reported establishing an 'action plan' that anticipated likely problems and how to address them. Examples included: phoning someone; not having cash cards on them; not having access to cash for gambling; transferring responsibility for finances to another person; not having a PIN number for cash cards; and lowering ATM withdrawal limits. Participants also reported avoiding potentially tempting locations:

We go to some shopping areas here that don't have taverns underneath them (T3, A, 11, F, 55-64).

Only three participants reported using self-help materials. In preparing to stop gambling, one participant used internet resources to research what withdrawal symptoms she would experience. Another used a GA self-help book. A third participant reported using a website that challenged gamblers to give up gambling for 100 days, although with mixed results:

There's a 100 day challenge site ... I think I made about 40 days on that. Yes, I liked the way they laid it out. It seemed a lot more personal ... they send you emails ... I liked the way they did have real people there and real stories. It seemed a bit more focused than a lot of the forums which you just have various people sort of explaining their woes. It just seemed a little bit more focused and a little bit more tailored. I don't really know. I didn't diarize, I didn't do any of the things that you were supposed to do. I didn't check-in particularly more than a couple of times. I didn't give it a decent shot ... (T3, A, 80, M, 35-44).

7.2.14 MOST EFFECTIVE STRATEGIES BY TIME 3

Participants mostly reported that a combination of approaches and techniques were effective in addressing their gambling problem. The most effective approach for one participant was that self-exclusion initially provided a barrier which physically stopped him from visiting the venue:

Particularly at the beginning, it was just the avoidance of the place (T3, A, 10, M, 60).

Limiting access to money was the most important factor in addressing another participant's gambling problem:

My friend having all my account details. That's the one thing I found. I tried everything else. As soon as my access was stopped, that was it. I couldn't do it because I didn't have anything to do it with! (T3, A, 4, F, 45-54).

7.2.15 SUMMARY FOR GROUP A

Group A initially comprised 34 participants who had self-excluded and received counselling. Financial, relationship, work, legal and health problems were major reasons for self-excluding. Major barriers delaying self-exclusion included not having confidence in the self-exclusion system, not wanting to stop gambling, embarrassment and pride, and denial of the severity of their gambling problems. Twelve participants reported that no-one else was involved in their decision to self-exclude. Others discussed how they had involved counsellors and significant others. Most wanted to achieve complete abstinence from gambling, while others wanted to regain control. Most participants found that self-exclusion was reasonably accessible but not promoted adequately, and that a major problem was having to exclude from each venue individually. Only around one-third of participants thought venue staff were helpful and supportive during registration and that the process was relatively easy. Others had mixed and negative experiences and many were perturbed by lack of privacy and confidentiality during registration. Uncertainty regarding ban length was common. Participants were usually given appropriate information about counselling services when self-excluding, but around half reported that revocation and renewal procedures were not explained adequately or at all. Around one-third of participants were not confident that venue staff effectively monitored re-entry by excluders and almost half did not know the penalties for breaching or were unaware that there were any penalties

At Time 1, just over half of Group A said that self-exclusion had helped them stop or limit their gambling, others noted it had not helped, while for some it was too early to tell. Over two-thirds reported that self-exclusion had helped them lessen gambling-related harms. Most participants reported still experiencing gambling urges and around half had breached their exclusion. Nevertheless, around two-thirds of participants believed that positive changes from self-exclusion would be lasting for them.

Also at Time 1, about half of participants reported that counselling had influenced their decision to self-exclude and most participants considered that counselling had helped support the effectiveness of self-exclusion. Most also acknowledged that support from family, friends, colleagues and others had assisted. Seven participants had found GA helpful. Participants discussed numerous self-help strategies, mainly limiting access to cash, that reinforced self-exclusion. Most believed that utilising a combination of strategies had been the most effective approach to addressing their gambling problems so far.

At Time 2, most of the 29 Group A participants retained considered self-exclusion and counselling as effective ways to address problem gambling and related underlying issues, and to provide strategies for recovery. Self-exclusion was seen as effective in providing a barrier and financial deterrent to gambling due to fear of being fined for breaches. Some

participants had stopped gambling altogether and were confident to enter gambling venues without experiencing urges or other negative effects. However, self-exclusion had not worked for others, principally because of the difficulty of excluding from multiple venues and other gambling activities. Participants with reduced gambling also reported a lessening of gambling-related harms in relation to finances, relationships, work and wellbeing. The urge to gamble remained strong for some; however most had developed strategies to help resist these urges. Most participants had not breached their self-exclusion; however some were unsure where and when they had excluded and noted the ease with which breaches go undetected. Some participants remained confident that positive changes from self-exclusion would be lasting, but others expressed doubt about sustaining these changes and had decided to continue self-excluding indefinitely as a precaution.

Also at Time 2, while most participants believed self-exclusion had been effective, they also considered it was more effective when combined with other strategies such as counselling, peer support, practical self-help strategies, and health and lifestyle changes. Almost half of Group A continued with regular counselling and found this helpful, not only to address the gambling problem but also patterns of thinking and wider life problems. These participants believed counselling supported their self-exclusion and was beneficial in resolving related issues, devising practical strategies, and providing ongoing support and encouragement. Other participants had attended a few counselling sessions but then stopped. More than half had not attended counselling since the last interview, either because the counsellor was unhelpful or they felt the counsellor had done all they could do to help them. Most participants had strong support from family and friends, and peer support groups also continued to help some participants. All participants used practical strategies to better manage and limit access to money, and adopted rewarding activities to fill their time, occupy thoughts and divert attention away from gambling. Self-help materials were also accessed by some, including online resources to assess personal behaviour and develop strategies to control gambling. As at Time 1, participants at Time 2 considered that a combination of strategies was most helpful in addressing gambling problems.

At Time 3, most of the 23 Group A participants retained stated that self-exclusion continued to have positive effects, providing security against gambling in certain locations and self-pride in gains made. Most participants reported positive changes since Time 2: more money to spend or save; paying bills on time; reduced stress and anxiety; renewed self-respect; and improved family relationships. Overall participants reported confidence in long term change. Only two participants had breached their self-exclusion since Time 2, one unintentionally. The other participant intentionally breached and had continued to gamble undetected.

Also at Time 3, while most participants believed self-exclusion had been effective, several continued using professional, non-professional and self-help. Most Group A participants considered that counselling was an important adjunct to self-exclusion, while the few participants attending regular GA meetings found these helpful. Other supports included family, friends, local church members and a GP who provided someone to talk to, to check-

in with, take control of finances, remove temptations, prevent them gambling when in venues, and praise them for managing their gambling. Participants also engaged in a wide variety of diversionary leisure, sporting, study and work activities. Several participants had established action plans to anticipate likely problems and how to address them, which mainly involved limiting access to cash. Only three participants had used self-help materials since Time 2. Overall, participants reported that a combination of approaches and techniques were most effective for them in managing their gambling problem.

7.3 GROUP B: SELF-EXCLUDED AND NOT HAD COUNSELLING

Nineteen Group B participants who had self-excluded but had not received gambling counselling were interviewed at Time 1. This group of 16 men and three women had a mean age of 34 years, the lowest of all groups and perhaps reflecting younger people's reticence to engage with counselling. Fourteen were retained at Time 2 but only six at Time 3.

7.3.1 MOTIVATORS AND BARRIERS TO SELF-EXCLUSION

Group B participants had all initiated their most recent self-exclusion from a Queensland gambling venue relatively recently. Five participants had self-excluded between one and three years ago, five had excluded between 6 months and one year ago, and the remainder had excluded less than two months prior to the Time 1 interview.

Motivations for self-exclusion

Motivations for self-excluding centred on financial problems, relationship issues and the realisation of having gambling problems. One participant explained:

The fact that I was always broke. I couldn't pay the rent. I was getting myself deeper and deeper into trouble with money, with the pokies (T1, B, 123, M, 30).

Involvement of others in the decision to self-exclude

Three participants noted the role of partners, parents and/or concerned significant others in their decision to self-exclude. One explained:

I had a few reckless nights and it was a decision between me and my partner to do something about it. We had like a heated discussion and that was followed by me excluding myself. It was the next day. It was sort of an ultimatum, basically, to do something about it or, and yeah. So I made the decision (T1, B, 129, M, 29).

However, the vast majority of Group B participants suggested that no-one else was involved in their decision to self-exclude.

Goals of self-exclusion

Six Group B participants wanted self-exclusion to bring about complete abstinence from gambling, for example:

I want it to stop completely and I think self-exclusion has heightened my accountability in that way (T1, B, 134, M, 28).

Six other participants indicated they wanted self-exclusion to help them reduce their gambling, as reflected in the following responses:

I just wanted to be able to still gamble but to gamble less. Not necessarily to stop gambling altogether. Just cutting down (T1, B, 40, M, 34).

To have a bit of a break and sort of take that main venue out of the equation. I was losing too much there and wanted to get back to winning at the gambling (T1, B, 129, M, 29).

Other participants also agreed that self-exclusion could be an effective way of restricting access to regular venues:

It helps, just not being able to gamble at my regular venue. It takes away the easy access (T1, B, 45, M, 31).

Barriers to self-exclusion

Numerous barriers to self-exclusion were identified. The following Group B participant, for example, emphasised that he did not know about self-exclusion until recently:

To be honest I just didn't ever think of doing it. I just didn't know self-exclusion existed (T1, B, 17, M, 35).

Six other participants, however, suggested they knew about self-exclusion, but did not want to exclude themselves from gambling altogether. For instance:

There was a lack of commitment to stopping gambling, I suppose. I was enjoying it, I didn't want to stop altogether. Maybe just cut down a bit (T1, B, 73, M, 32).

Denial. And I believed that I needed to try and get my money back (T1, B, 57, F, 52).

The other major barrier to self-exclusion, identified by four participants, was perceived embarrassment and shame involved in the process. One observed:

To some extent, I think there's shame in doing it. It's not fun. I suppose it is repeatedly having to submit yourself to a position where you're acknowledging that you're weak. And I don't really like that very much (T1, B, 126, M, 49).

Coupled with embarrassment and shame, concern about attitudes of venue staff were an influential barrier for some participants, as one argued:

As well as me feeling embarrassed, the staff at the venue weren't that cooperative. It took a bit of hassle to ask them to do it and that puts you off (T1, B, 129, M, 29).

7.3.2 SELF-EXCLUSION PROCESSES

Group B participants were asked their views and experiences around several aspects of the self-exclusion process.

Advertising and promotion of self-exclusion

Three participants believed there is good advertising and promotion of self-exclusion, but nonetheless felt it could be improved, as the following participant explained:

I think it is promoted well. There are signs everywhere. I think that it could be improved though. There could be larger advertisements, rather than tiny pieces of paper, maybe have it on the end of the gaming machine rows or whatever. They could have a big sign pointing it out and saying, 'You can do it right now', that sort of thing. I think there's definitely room for improvement (T1, B, 126, M, 49).

However, around half the participants argued that self-exclusion is not adequately promoted, contributing to general lack of awareness. For instance:

It's not good enough, for sure. I've seen the occasional sign here and there, but I really had to look for it. It wasn't on display. Instead of just having a little card hidden away somewhere, they need to really get it out there. People don't know enough about it. Whether it be more television coverage, more online information ... Just make the whole thing a bit more visible to the general public, so that people understand there are problems around, and that something like self-exclusion is an option (T1, B, 129, M, 29).

Availability and accessibility of self-exclusion

Mostly, participants believed that self-exclusion was reasonably available and accessible. However, several commented on potential advantages if able to exclude from multiple venues simultaneously. The following participant explained:

I've been going around to each venue, and I've still got one more venue to go to before I get paid again. It takes time when you're working. If I would have been able to do it in one big hit, it would have been a lot easier. But I've actually had to do it on the way home from work and then I have to explain why I'm late home. I wish that one order could stand for all gambling facilities (T1, B, 17, M, 35).

The registration process

Many participants were positive about their experiences of self-excluding. Venue staff, for example, were commonly noted as helpful and respectful, as the comment below shows:

It's easy enough. You go into the venue and it's basically sucking up your shame up and just saying to the person behind the gaming venue counter, 'I want to self-exclude'. They're always respectful and go get the manager. I've never had a bad experience with that. I've got to the point now where I know what forms need to be filled out. Their forms, my request form. I just walk in and I sign a few things and walk out again (T1, B, 126, M, 49).

Most participants, however, accentuated both positive and negative aspects of the registration process. Twelve participants noted the crucial facilitating role of venue staff. One reflected:

It was pretty good. The venue staff member helped me out. She said, 'You're doing the best thing.' The only thing was it wasn't really private, no, not private at all. There were people all standing around there, listening in. That wasn't good. (T1, B, 57, F, 52).

The issue of privacy and confidentiality emerged as an important concern for many participants, as highlighted here:

It was okay but it would have been nice if you didn't have to just walk up to the bar and initiate it, and end up talking to a whole bunch of different staff to get a supervisor out. It wasn't a very confidential or an easy process. I asked one of the people behind the bar and they didn't know anything about it, and then they had to drag a manager out who also didn't know anything about it. Eventually, they found this other supervisor who did know about it. It started to feel like a bit of a circus by that stage, especially seeing as how they knew me so well, it being my local club. I went there so often, everyone knew me, and so I found it awkward (T1, B, 119, M, 45).

Venue staff could be more encouraging and supportive during registration, as the following participants remarked when suggesting improvements:

I just found that the whole experience wasn't that good, like it was sort of, 'Okay, yep, yep. Sign here.' It was sort of like, 'Get out the door now'. It wasn't really like an inviting place to do that. There was no real encouragement of, 'Well, it's good that you've taken this decision,' and all that kind of stuff. No, not at all. I feel that the process could be improved. It should be more inviting. And the whole thing is if the staff had just been a bit more encouraging and supportive it would be a lot better (T1, B, 15, F, 42).

I think a bit more appreciation and a bit more planning by people at the venue would be good. Because they handled the self-exclusion process like it was a crisis situation. It was as if someone was walking into jail or something (T1, B, 73, M, 32).

Ban length

Only six of the 19 Group B participants were clear about the length of self-exclusion. Others said 'there is no timeframe', 'it's up to me', 'I think it's six months', 'maybe two to three years', and 'I can never go back there'. Two said they didn't know anything about ban length. Another disclosed that he couldn't remember as he had 'had a few drinks and was stressed out' at the time.

Another participant admitted he was 'a little bit confused' about what he had agreed to:

I self-excluded from one venue 16 years ago. At the time I thought that was a permanent lifetime thing. So, I don't actually know whether I'm still excluded or not from there. No one has pulled me up about it. The same thing with the casino, I excluded

from there 12 years ago and at the time I swear it was a lifetime thing and now I don't know. I don't know if I'm excluded or not, which is a bit weird (T1, B, 119, M, 45).

When discussing the appropriateness of a five year ban, three participants asserted that individuals should have some choice in ban length, such as:

It should be a ban for as long as you want - an individual choice - and up to the person (T1, B, 126, M, 49).

Ban scope

Participants were aware they needed to exclude from each individual venue. Several spoke about the difficulties of this system and suggested mechanisms to enable simultaneous multi-venue exclusion, 'like you can with the venues owned by Woolworths and Coles and the casinos':

It would be good if you could ban yourself maybe online and from any number of venues ... It's a good concept, but the problem is doing it. I would love to do it all in one hit after a big loss or something like that. I know that's what would trigger it. There should be the option to exclude yourself from everywhere. That would be fantastic (T1, B, 85, M, 24).

Similarly, the following participant said:

That's the reason why this system fails. It gets me riled up no end that I have to go into every single venue. The government allows these venues, and they know it's a problem. If I move into a new area, I will go to 50 venues and I have to go around to each one. I spend probably 25 hours every time I move into a new place. I think it's a huge downfall of self-exclusion and that's why I don't think it's going to work (T1, B, 126, M, 25).

Another participant noted the temptation posed by going to gambling venues to self-exclude:

I rang and told them at the venue that I wanted to self-exclude and that I didn't want to go in there to do it because I might be tempted to play the pokies again just by going there. I just don't like going there because I might find a reason for going and playing. But I ended up going in there and being escorted in (T1, B, 85, M, 24).

Provision of counselling and support information

Two participants said they were not given any counselling information at the time of self-excluding. However, the remaining participants acknowledged that appropriate information was provided:

Yes, they gave me the information and told me that free counselling is available. I think that's good to have the counselling option. When I self-excluded the woman who did the exclusion reckoned if you go to counselling, those people can help you (T1, B, 57, F, 52).

Revocation and renewal processes

Around half the participants recalled that revocation and renewal procedures were explained clearly to them. Others, however, said they were not clearly explained, while several participants could not remember.

Venue monitoring and detection of breaches

Generally, most participants were confident that venues can monitor re-entry by self-excluders. For instance, one said:

I think they've got that ability to monitor the venues. Yes, I'm confident that they can do that (T1, B, 17, M, 35).

Several participants, however, were not at all confident, with one participant explaining:

I don't think it is very effective. I've been back into all the venues, many, many times and never been picked up once, so I wonder about their abilities. I must have been in there 300 times (T1, B, 119, M, 45).

Penalties for breaches of exclusion

Around two-thirds of Group B participants were unclear about penalties for breaching. One participant thought 'there aren't any penalties', while others said they could not remember them. However, others were aware of penalties with one participant explaining:

They said it's quite serious; that if you go into a venue where you're excluded from and gamble, there's a fine of \$3,750, and that the venue gets fined \$20,000 (T1, B, 123, M, 30).

7.3.3 OUTCOMES OF SELF-EXCLUSION BY TIME 1

Effects on gambling behaviour

Participants gave mixed responses when asked whether their self-exclusion had achieved what they had hoped. Several thought it has been 'quite effective'. For instance, one said:

To some degree yes it has been effective. It's nowhere near as bad as how it was (T1, B, 134, M, 28).

Several participants explained that, while exclusion had helped to remove access from their most frequented venues, they now tended to gamble elsewhere. For example:

It's achieving what I wanted from the venues I've excluded from. I don't think about going to those places anymore, but it's also making it like I'm finding other venues to go to (T1, B, 85, M, 24).

Responses of several others who had only recently excluded reflected optimism, such as:

Yes, I hope it goes well, I think it will (T1, B, 73, M, 32).

It's definitively going to help me control the gambling because of where the venue is. It's down the road from me so it's quite easy for me to walk down and go and put some money in and walk home. But other places, I'd have to go ... on a train or bus or car (T1, B, 123, M, 30).

Effects on related gambling harms

Most Group B participants reported that self-exclusion had, to varying degrees, lessened harms from gambling, including to personal wellbeing, finances and relationships. Comments included:

I'm feeling better from not gambling. Yeah, I definitely feel better in myself (T1, B, 57, F, 52).

My finances are coming around a bit. Yeah. Once I'm out of my bankruptcy, I'll be all right (T1, B, 129, M, 29).

My relationships have been pretty good now for ten years, less conflict, because I have been trying very hard to limit things with gambling for a long time and, you know, obviously it's always a struggle. The last 12 months, the last exclusion I think did help because it certainly stopped just bad habits of going in for a pop after work or a weekend trip, so a lot less time spent away from the family (T1, B, 119, M, 45).

Effects on the urge to gamble

One participant reported that he no longer had gambling urges, while several others said urges had lessened, for example:

Yes, but not as much as I was getting the urge to gamble before, but I still do think about it (T1, B, 123, M, 30).

Another said:

Oh yeah, that's never going to go away (T1, B, 119, M, 45).

Two participants linked their gambling urges with drug or alcohol use and noted their self-control is challenged when under the influence of substances:

From time to time I do get the urge to gamble, about on a monthly basis. I try to avoid consuming alcohol because my mental ability to not gamble is definitely a lot easier to control than when I am under the influence (T1, B, 40, M, 34).

It's mainly linked to my drug use; whenever I'd use illicit drugs that would encourage me to go and gamble ... I found that I haven't really had the urge as much since I was sort of not being around with drugs (T1, B, 129, M, 29).

One participant disclosed that he still gets gambling urges and still gambles:

Yes, I still do get the urge to, yeah. And I still do gamble (T1, B, 23, M, 27).

Breaches of exclusion

One participant reported breaching his exclusion, while another explained he 'just goes somewhere else'. Others, however, had not breached. One participant explained why it had worked well for him so far:

To be honest with the embarrassment that is involved with the process, I think that might actually have been a positive because after all the sort of kerfuffle, I haven't been game to show my face (T1, B, 119, M, 45).

Overall effectiveness of self-exclusion

Most Group B participants considered that self-exclusion had been 'pretty effective', had yielded 'some improvement', or had helped 'to some degree'. However, only one participant was adamant that 'yes, it has been effective for me'. Several participants, whose self-exclusions were recent, noted 'it is too early to tell', or similar:

It's early days yet. But I think it will be good, yes (T1, B, 123, M, 30).

7.3.4 PROFESSIONAL HELP BY TIME 1

Barriers and motivators to counselling

Group B participants had not received any professional counselling for their gambling. When asked what, if anything, would prompt them to access professional help, some participants nominated more severe consequences, for example:

For me, it would take to probably declare bankruptcy (T1, B, 23, M, 27)

Others reported they would access counselling if they needed the extra help:

I would have to stuff up one more time, and if I did that's when I'd go ahead with the professional counselling (T1, B, 17, M, 35).

I want to see how I go right now with excluding myself because I don't want to gamble any more. But I guess if I get that feeling that I need the extra help, I've got their number, so I'd probably give them a call (T1, B, 123, M, 30).

Others wanted to address their gambling problems on their own, with one explaining:

I don't want my problem being everyone else's problem. I want to do it on my own; I don't want to be weak. I don't want to admit to people that I have a problem that could be affecting my relationship, my finances, and my possibilities in life. I think I would feel better in myself knowing that I haven't had the counselling. I'd know I've gotten through this by myself (T1, B, 85, M, 24).

One participant highlighted concerns about whether counselling would remain anonymous and about the counsellor's competency and ability to help:

It would honestly be a matter of confidence that it was going to remain fairly anonymous because I've managed to build a bit of a life now that does not revolve around everyone knowing that I'm a compulsive gambler. Secondly, a fair amount of competency in the knowledge of the professional, that they actually were up to speed with gambling issues. So yeah, if I was confident that the person really knew what they were doing and had something valid to offer I would definitely get involved (T1, B, 119, M, 45).

Perceived role of counselling with self-exclusion

Despite their own reticence to access counselling, Group B participants generally thought that counselling and self-exclusion could work well together for some people:

I don't believe there's any one thing that can work, I think you need a lot of different things to work together, so yeah, absolutely (T1, B, 119, M, 45).

The counselling would help. Yeah, for some people, but in my situation I haven't really given it that much thought (T1, B, 134, M, 28).

7.3.5 OTHER SUPPORTS BY TIME 1

Family and friends

Several participants reported just coping on their own. One participant noted that his pride prevented him from seeking support from family and friends:

I suppose I could get family involved, but again it's pride (T1, B, 124, M, 52).

Others, however, discussed support they had received from significant others. For instance, the following participants spoke about tough love, emotional and financial support and attempts by significant others to distract them from gambling:

About three years ago, when I first self-excluded, I didn't have money for the rent and I'd borrowed from mum a couple of times before and finally she said, 'No', she wasn't going to do it anymore. It was tough love really; she said, 'You got yourself into this mess, get yourself out'. Yes, and she's very supportive now in the way that if I've got issues she won't give me money, she'll go and buy food or whatever I need (T1, B, 70, F, 38).

My family has definitely been the biggest help. My mother has ... provided me with support emotionally, financially as well, and she would actively look at ways of trying to get me over it ... My sister has recently found out about it, and she's quite distraught, and she is trying to support me as well. She's having me over for dinner, trying to fill my days with activities and stuff, and she has offered to drive and meet me at lunch if I've got urges or whatever. Everyone has basically chipped in currently (T1, B, 126, M, 25).

Peer support groups

Most participants had not attended peer support groups. However, three participants spoke about experiences of GA meetings and deciding not to continue attending, for example:

I went a couple of times and then I didn't like it. There was a crazy guy there that just rambled on and on about how it used to be (T1, B, 130, M, 34).

I have given it lots of go's ... I struggled with their therapies, their theories and their talks about their lives ... They do spend a hell of a lot of time every night telling you about all their punts and their adventures, and that to me gets the juices going more than anything else. So yeah, my things are all about staying away from it, not abstinence but certainly periodic disassociation from the whole thing. I just didn't find it helpful rehashing it every week (T1, B, 119, M, 45).

Self-help

Various self-help strategies used included leaving bank cards at home, keeping busy, budgeting, limiting the amount of cash carried, declaring bankruptcy, accessing information, and avoiding drinking while gambling. Some responses included:

The main thing is to avoid drinking because once you start drinking your ability to stop gambling is limited ... Also if I do go out, I make sure I only take out a certain amount of cash. I leave my cards at home (T1, B, 40, M, 34).

Budgeting and leaving cash at home. I've used some self-help material, like workbooks and checklists (T1, B, 73, M, 32).

One participant explained that he has tried various strategies to no effect:

I've tried numerous things, none of which have really worked. And honestly, after doing it for so long, I'm numb to everything (T1, B, 126, M, 25).

7.3.6 MOST EFFECTIVE STRATEGIES BY TIME 1

Six of the 19 Group B participants reported that self-exclusion had been the most helpful strategy for them at Time 1. Other responses included self-help strategies, particularly budgeting, and support from family. Two participants highlighted that a combination of strategies including self-exclusion had been most effective for them.

7.3.7 OUTCOMES OF SELF-EXCLUSION BY TIME 2

Effects on gambling behaviour

The 14 retained Group B participants at Time 2 most often stated that self-exclusion had impacted positively on their gambling behaviour. The following participants observed:

It's good. Once I banned myself from the place, that's the last thing I think about. I can go to the venue and have dinner with people or have some drinks and not even be tempted in playing the pokies. It's a good thing (T2, B, 85, M, 18-24).

Self-exclusion is for three years and after two years I felt safer. By self-excluding, it kicked me out of the venue and made me really look at my behaviour and what it was

doing to my relationships and ... finances. I now avoid the forms of gambling that I did before. I don't play table games or other games of chance. I limit it to poker now (T2, B, 128, M, 45-54).

I am going on to other sites [online]. They have limits set up, say \$X per day or for how many days. Twenty dollars a week and that's it for me. At least there are limits there now (T2, B, 70, F, 35-44).

Other participants also still gambled, on other gambling forms or at alternate venues. Availability of alternate venues negated or eroded the effectiveness of self-exclusion for many:

It actually did stop me altogether for a couple of months. But then I found other venues to go to ... Then I went somewhere else and lost about a grand [\$1,000]. And it drags you back in (T2, B, 130, M, 25-34).

The exclusion was helpful to some extent. Well to the point, I guess, where I had to have a break from gambling for a couple of weeks, or until I walked past another venue, which was pretty much inevitable working in the city and where every suburb pretty much has pokies. I excluded from around 15, but always found another. It's an issue. It would be more helpful to exclude from multiple venues, absolutely. I think having a centralised system would have made a very big difference to me (T2, B, 126, M, 25-34).

Effects on related gambling harms

Participants who had reduced their gambling also experienced reduced harms. Improvements in finances, relationships, work, health and wellbeing were commonly reported:

Oh yes. Definitely. My family relationships and management of funds, everything has improved (T2, B, 73, M, 25-34).

Yeah. I feel so much clearer in the head now. I've been thinking straight. I don't get anxiety as much as I used to. I'm not stressing about how I'm going to pay for things. It's completely changed my life. I'm so glad I've turned the page and got over that (T2, B, 123, M, 25-34).

Yes, things have improved. I'm learning to manage my money better ... I'm feeling better. Health-wise, it's making me more active ... and getting involved with my kids (T2, B, 70, F, 35-44).

Effects on gambling urges

With a few exceptions, most Group B participants continued to experience strong gambling urges at Time 2. Most, however, had developed strategies to resist these urges with the help of significant others. Participants proposed:

Yes, I do still get urges from time to time but I just try and redirect myself and do more positive activity. Yes, and I try to talk about it with someone, whether it be my partner or ... someone else (T2, B, 122, F, 25-34).

Yes, but I have come up with a plan that sometimes works where I have either a book or a game I can go to and then I'll tell myself, 'Well, I have to get through this.' ... It's something that can take away that constant thinking about the gambling. You've got to have something else that equals that. Playing a game on that hard level you can think, 'Okay, this is good. It's a challenge' (T2, B, 70, F, 35-44).

Other participants experienced strong urges they found difficult to resist:

I still go. The urge definitely is overpowering at times. I trick myself into believing that I can win back my losses. I'm doing it more for the fact that I want to pay my debts as quickly as possible so I can move on and not worry about my losses ... A win would fix everything (T2, B, 85, M, 18-24).

Breaches of exclusion

Most Group B participants had not breached their self-exclusion. However, some continued to gamble at excluded venues, alternative venues or on different forms:

I wouldn't do it again. I'm not going back there. Well, I still go with my mother. But I can't explain it to her (T2, B, 57, F, 45-54).

No, I haven't [breached]. I haven't been into any of the casinos and I don't think I've been into any of the pubs or clubs. I've been pretty much focusing on TABs instead and going to the track on the weekends (T2, B, 119, M, 35-44).

Overall effectiveness of self-exclusion

Most Group B participants reported that self-exclusion had been effective, at least to some degree. While most in this group were still gambling, many believed they had benefited from excluding, most notably through reduced gambling. However, other participants noted that self-exclusion had limited effectiveness. Responses included:

It's sort of just put a band-aid on the problem. I've chosen not go into certain venues, but the problem is still there (T2, B, 122, F, 25-34).

[Self-exclusion] certainly has been controlling. But I would be kidding myself if I said I wasn't punting just as badly as I was in the past ... I am able to forget about it, to a certain extent, from Monday through to Friday. I put a lot of that down to the fact that I have excluded myself from two home venues (T2, B, 119, M, 35-44).

The following participant highlighted that, to be effective, self-exclusion requires strong commitment and personal responsibility:

It has to be of your own accord and independently, that's the only real way to get back. If I'd done it with someone else by my side it's almost like the second you get that moment alone, you lose that responsibility (T2, B, 126, M, 25-34).

Confidence in long-term change from self-exclusion

Most participant responses were tentative and their attitudes 'hopeful' rather than confident that positive changes from self-excluding would be lasting. For example:

I hope so, yes (T2, B, 73, M, 25-34).

I'm feeling somewhat confident, I guess (T2, B, 122, F, 25-34).

Well, I'm getting better and better. I've got a bit of money together again. Today is a day that I am feeling a bit more confident than I have in the past, even a month ago. The gambling is now partially controlled I would say (T2, B, 119, M, 35-44).

7.3.8 PROFESSIONAL HELP BY TIME 2

No Group B participants had taken up counselling since their previous interview. Embarrassment, denial and desire to resolve problems themselves were key reasons:

I am embarrassed about getting help. I think it's going to eventually come to that stage, but I just feel like I'm going to be less of a person because I haven't sorted this out myself, like I want to stick to it myself, but it's not working too well, yeah (T2, B, 85, M, 18-24).

Just busy with life, lot of work and study commitments so I haven't had the time. In a way by going to get official help that all cements the idea that I do have a problem. So yes, I've just been delaying it in a way, maybe because I don't want to face it (T2, B, 122, F, 25-34).

7.3.9 OTHER SUPPORTS BY TIME 2

Family and friends

Many Group B participants continued to have strong support from family and friends, including budgeting help, control of finances, monitoring gambling activity, listening to concerns and encouraging achievement of goals. Participants shared experiences such as:

My partner helps me a little bit especially with the urges. We sit and talk it out and just try to understand why am I feeling like that, what has brought it on, what's behind it and then we look at the positives and negatives of it and what sort of impact it will have - how I'll be after it and stuff like that. We just go through the process. That is helpful (T2, B, 122, F, 25-34).

However, some participants emphasised they did not rely on support from others, preferring to work on their problems themselves.

Peer support groups

Peer support groups had not been regularly accessed by Group B participants. Only one participant reported trying GA but found it unsuitable, turning instead to an online support group:

I have tried Gamblers Anonymous but they're just too different and I have little children. ... I have joined up with a group on Facebook ... It's just other gamblers really. But you know, it's helpful (T2, B, 70, F, 35-44).

Self-help

All Group B participants used practical strategies at Time 2 to better manage money, including budgeting, limiting access to money, leaving debit cards at home, and having someone else manage their finances. Participants also adopted numerous diversionary activities and actively engaged in setting and striving towards rewarding life goals. Responses included:

Basically I've become a lot more aware with the knowledge I got when I refreshed my Responsible Gambling Certificate. I got the updated facts and reference material that you get to complete the course. It made me aware of the statistics and got me a few really good links online. It made you think, so that was interesting. We've also set new goals within our family – to have holidays and things like that and things we want to save for. And I do budget my money now. We've got money in accounts that we can't touch, we're working towards goals. And I've been doing things like avoiding the venues and trying to distract myself with other activities. We've stopped going to pubs and things on a Friday and Saturday night, spending more time at home, just having a nice meal at home, or going to the movies, things like that instead of putting so much emphasis around gaming and bar venues (T2, B, 122, F, 25-34).

I'm studying now, so that's taken my mind off that completely. Because I actually have something to do with my brain, and that's really what I needed (T2, B, 130, M, 25-34).

Self-help materials were reportedly used by some Group B participants by Time 2. Online resources were helpful in understanding gambling, odds of winning, and how gambling problems might be addressed. These materials were also important in assessing personal behaviour, developing self and improving health and wellbeing. Responses included:

I get information that just tells you the straight facts as to what draws people into gambling in the first place. I also get self-help books online about how to build self-esteem. How to fix myself (T2, B, 70, F, 35-44).

Blogs and help pages and things like that ... You pick up a lot of stuff that's helpful (T2, B, 122, F, 25-34).

I got this hypnotherapy package which you can fall asleep to. You can find it on your iPhone; it's an application's tool. It's just a recording called Gambling. It's from Journeys Inward ... It's got some really good stuff in it (T2, B, 85, M, 18-24).

7.3.10 MOST EFFECTIVE STRATEGIES BY TIME 2

Group B participants were asked to identify the most effective measures undertaken since the previous interview to address their gambling problem. Two participants nominated self-exclusion, with one responding:

The self-exclusion has been the best one. It works. But I know that it's only a temporary thing. If I could exclude from everywhere, I'd feel more confident that it was going to help. That would be a relief actually (T2, B, 85, M, 18-24).

Other participants noted family as the key catalyst in changing their gambling behaviour:

My kids, really. It's been the wake up. They need me don't they? (T2, B, 70, F, 35-44)

Just re-evaluating what I want and what we want as a family. Realising that the issue is still there, but there's bigger and better things than that short instant gratification, like saving for things and family (T2, B, 122, F, 25-34).

More commonly, participants reported a combination of strategies as effective, as the following responses suggest:

Lots of separate things, I think. Access to money is always an issue and the self-exclusion is actually working (T2, B, 119, M, 35-44).

I think the change of lifestyle, stopping the drinking and trying to find other things to do rather than going to the pub or going to the pokies. But what I've done myself has really made the most difference (T2, B, 123, M, 25-34).

The study and having lots of other things to do with my time (T2, B, 130, M, 25-34).

Learning about self, meditation and self-improvement. Help from self-help books. Learning how to calm myself and why I do it [gamble] (T2, B, 70, F, 35-44).

7.3.11 OUTCOMES OF SELF-EXCLUSION BY TIME 3

Effects on gambling behaviour

Most of the six retained Group B participants at Time 3 reported that self-exclusion was sufficient to make changes to their gambling behaviour. Since self-excluding, they were not as stressed about money and felt more in control, for example:

The reason how it's helped is it waked myself up because I was just spending so much money, and now I've gone and I've bought things that I need on my house and myself (T3, B, 123, M, 25-34).

It was just a real wake up call for me that things were getting extremely bad and I needed to do something. By doing that and not gambling for two years, really allowed me to get a handle on it, I suppose (T3, B, 128, M, 45-54).

Effects on gambling-related harm

Participants who had reduced their gambling since self-excluding experienced improvements in health, relationships and finances, as highlighted below:

Before when I was stressing a lot ... I was losing sleep, not being able to think at work and not concentrating. Now, I mean, I get a full night's sleep. Now I can concentrate. I'm not stressed out, so I don't have to think about when and where money's going to come from (T3, B, 123, M, 25-34).

Effects on gambling urges

Some participants recognised triggers that created gambling urges and would attempt some distraction. Activities included going to the gym, contacting family and friends and generally keeping busy:

Well, oh, just easily go to the movies or go out to lunch with friends, try and keep myself occupied and not think about that all day. The gym. Yeah, just do anything really (T3, B, 123, M, 25-34).

One participant related his gambling urges to alcohol consumption. Moderating alcohol intake and the subsequent improved decision-making was important in managing gambling urges, as was his support network:

When I drink too much, then that's when the urge comes on stronger. I limit the amount of alcohol that I drink. If I find the urge coming on ... I've got a good support network to be able to say, 'Hey, I'm feeling like this,' and we usually redirect to another activity, or slow down on the drinks (T3, B, 129, M, 25-34).

Breaches of self-exclusion

No participants reported breaching their exclusions within the previous six months.

Overall effectiveness of self-exclusion

Most Group B participants felt their self-exclusion continued to be effective. Self-exclusion was often seen as a first step that also needed follow-up with additional support:

Initially it did make the first steps a lot easier, but then I made the decision, with my family and I, not to do that anymore ... Initially it did help a lot because I knew that I was excluded from the main venue in my town, but I feel that overall it just played an initial part (T3, B, 129, M, 25-34).

Confidence in long-term change from self-exclusion

At Time 3, most Group B participants felt confident that self-exclusion would bring long term change, for instance:

Yeah, I feel confident it will, I've got a better handle on it now (T3, B, 128, M, 45-54).

However, this confidence was somewhat fragile for one participant who realised it was a matter of taking one day at a time and managing an ongoing problem:

I hope so, but I sort of just take it each day that comes in a way (T3, B, 129, M, 25-34).

7.3.12 PROFESSIONAL HELP BY TIME 3

All retained Group B participants continued to avoid professional help at Time 3. Similar to Time 2, embarrassment and a desire to resolve problems independently were key reasons:

I was a bit embarrassed and a bit annoyed at myself that I had got that far, and I didn't want to go and get help. I mean, I wanted to do it myself and just stop (T3, B, 123, M, 25-34).

One participant considered his gambling problem was a consequence of a drug problem. Addressing his drug problem had a flow-on effect on his gambling:

I was addicted to illicit drugs, and I found that it was sort of like a cycle ... that was when I would start to gamble, so I had to sort of knock that initial thing on the head first and then deal with the rest (T3, B, 129, M, 25-34).

7.3.13 OTHER SUPPORTS BY TIME 3

Family and friends

Group B participants continued to have good support from family and friends, as detailed here:

I did have support from my partner at the time. That was really important support ... She really tried to make me aware of the issue and encouraged me to get help around it, I guess, and to self-exclude; even though I fought that for a long time, I did eventually do it (T3, B, 128, M, 45-54).

Another participant was very open with friends and refused to go with them if they went to gambling venues:

I avoid going out with them if they are going to a gambling venue, or there's gambling in there. I just won't go in (T3, B, 123, M, 25-34).

Peer support groups

One participant had tried a peer support group since his previous interview but their advice conflicted with his need to stop gambling completely:

I've stopped going because they sort of had the minimisation approach. They would say, 'Oh ... It's okay to do it sometimes,' and I would say, 'No, not really' ... I know myself I can't just do it a little bit, so ... I did not like the method that they were trying to push across (T3, B, 129, M, 25-34).

Self-help

All Group B participants continued to use practical strategies to better manage their money, including budgeting, limiting access to money, leaving debit cards at home, and having someone else manage their finances. Participants also adopted a range of diversionary activities. One participant reported commencing a university degree. Another participant, who still gambled on poker, utilised a limit setting feature:

I try to set myself a budget ... if I am going to play poker, on how much I'm going to be willing to spend up to. I'm pretty good at sticking to that ... I keep a tournament record in my phone, of how much money I buy in for and how much I cash out for (T3, B, 128, M, 45-54).

Another participant used a budget spreadsheet to record expenses, including gambling losses:

I have an Excel spread sheet that I put my bills in ... so that when I get paid I pay the certain bills for that fortnight. Then at the bottom I have a random line where I put all the gambling expenses (T3, B, 130, M, 25-34).

Only one participant reported accessing online self-help resources since the previous interview, utilising online blogs from other gamblers:

... just to sort of identify with other people and read their stories (T3, B, 129, M, 25-34).

7.3.14 MOST EFFECTIVE STRATEGIES BY TIME 3

At Time 3, the six retained Group B participants reported that numerous different strategies had been mostly effective in addressing their gambling problem. Strong support from family and friends as well as looking after health and fitness were important factors. Often, a new focus in life provided a turning point. For example, one participant reported that the most effective aspect for him was commencing a new course of study because:

...that gives me something to do instead of gambling (T3, B, 130, M, 25-34).

Another participant reported that getting fit and healthy in all aspects of life had contributed:

I haven't drunk alcohol for six months as of today as well, too. I think that the whole thing with not drinking and not going out and socialising in all those places has for me done it (T3, B, 123, M, 25-34).

7.3.15 SUMMARY FOR GROUP B

Group B initially comprised 19 participants who had self-excluded but had not received counselling for their gambling. Financial concerns, relationship problems and problem realisation were major reasons for self-excluding. Most commonly identified barriers were not wanting to stop gambling, embarrassment, shame, lack of knowledge about self-

exclusion, and unhelpful venue staff. A few participants had involved significant others in their decision to self-exclude, but the vast majority had decided independently. Some participants wanted to stop gambling completely, some hoped that self-exclusion would lessen their gambling, while others wanted a break from gambling. Most participants reported positive experiences of self-excluding and agreed that it is reasonably available and accessible, although about one-half thought that it is not promoted sufficiently. While participants were aware of the need to exclude from individual venues, several advocated for simultaneous multi-venue exclusion. Most participants acknowledged being provided with appropriate information about help services when self-excluding, although two reported receiving no such information. Around half the participants considered that revocation and renewal procedures were clearly explained to them, others reported they were not clearly explained, while several could not remember. Several participants were unclear about the length of the exclusion order. While most participants were confident that venues monitor re-entry by self-excluders, several were not at all confident and around two-thirds of Group B participants were unclear about penalties for breaches.

At Time 1, several participants explained that, while self-exclusion had helped to remove access to most frequented venues, they continued to gamble at other venues. Nevertheless, most Group B participants reported that self-exclusion had lessened the harms experienced from gambling, particularly financial harms. Most reported still having gambling urges, although several reported their urges had lessened and one participant reported no longer having the urge at all. Only one participant had breached the exclusion, but several respondents continued to gamble at other venues and on other gambling forms.

No Group B participants had accessed professional counselling for gambling by Time 1, with several preferring to address their gambling problems independently. Some would consider accessing counselling if current recovery efforts were unsuccessful, if their problem worsened, and if they were convinced of the efficacy and confidentiality of counselling. Most participants discussed support received from family and friends; however, several just managed on their own. Three participants had attended GA meetings but none continued as they did not find them helpful. Self-help strategies used included leaving bank cards at home, keeping busy, budgeting, limiting the amount of cash carried, declaring bankruptcy, accessing information, and avoiding drinking while gambling. Six participants identified self-exclusion as the most helpful strategy for them. Other participants considered that self-help strategies, particularly budgeting, and family support had been most effective. Two participants highlighted that a combination of strategies, including self-exclusion, had been most effective in addressing their gambling problems thus far.

At Time 2, the 14 retained Group B participants mostly expressed strong support for self-exclusion as a useful barrier and financial deterrent, yet participants also noted the importance of self-reflection and self-driven strategies. Many participants argued that self-exclusion alone had limited effectiveness particularly given ready availability of alternate gambling options and difficulties of excluding from all venues and all gambling forms. Indeed, some still frequented excluded venues, gambled at alternate venues or gambled on

different forms. Because of this issue and others, participants were generally only somewhat confident that self-exclusion would have lasting effects for them. Nevertheless, those with reduced gambling due to self-exclusion also reported reduced gambling-related harms, including improvements in finances, relationships, work, health and wellbeing. Most Group B participants continued to experience strong gambling urges at Time 2 but had developed strategies to help resist urges, often with help from family and friends.

Embarrassment, pride and a desire to resolve problems themselves were key reasons that Group B participants continued to avoid professional help and peer support groups at Time 2. They preferred instead to rely on personal resources and significant others. Most participants reported good support from family and friends, including help with financial management, arranging alternative activities and reinforcing the importance of self, relationships and strong family bonds. Self-help strategies used included budgeting, limiting access to money, leaving debit cards at home, and having someone else manage their finances. Participants also adopted a range of diversionary activities and engaged in setting and striving towards rewarding life goals. To this end, some also sought self-help materials to help them understand problem gambling, odds of winning, gambling recovery, issues of self and self-development, and improving lifestyle, health and wellbeing. Most participants believed that a combination of strategies was most helpful, including self-exclusion, support of family and friends, self-help materials, lifestyle changes and personal development.

At Time 3, the six retained Group B participants expressed strong support for self-exclusion in helping to address their gambling problems and lessen gambling-related harms, reporting improvements in health, relationships and finances. Most continued to experience gambling urges but had developed strategies to help resist them with the help of family and friends. Some recognised triggers for gambling urges and sought diversionary activities. While some participants still gambled, none reported breaching their exclusion during the previous six months. Most participants felt confident in long term change, as a result of self-exclusion.

Group B participants continued to resist professional help at Time 3, due to embarrassment and a wish to resolve problems themselves. Most had good support from family and friends who assisted via financial management, arranging alternative activities and strong family relationships. All participants continued to utilise money management strategies and diversionary activities. Participants felt that a combination of approaches was most beneficial. Strong support from family and friends as well as looking after health and fitness were important factors for this group.

7.4 GROUP C: NOT SELF-EXCLUDED AND HAD COUNSELLING

Thirty-three Group C participants who had not self-excluded but had received gambling counselling were interviewed at Time 1. This group of 17 men and 16 women had a mean age of 43 years. Twenty-four were retained at Time 2 and 22 at Time 3.

7.4.1 BARRIERS TO SELF-EXCLUSION BY TIME 1

None of Group C had self-excluded by Time 1. They were asked about their knowledge of self-exclusion, its potential effectiveness, barriers and potential motivators to self-exclude.

Knowledge of self-exclusion

All participants had heard about self-exclusion from counsellors, significant others, online, GA, gambling helplines, television or venue advertising. All participants knew that self-exclusion involved entering each venue and asking to be self-excluded. However, all were uncertain about many details, particularly ban length and penalties for breaches. Indicative comments included:

I know that you can see someone at a venue and tell them you don't want to be allowed in anymore. I don't know anything else about it (T1, C, 03, F, 44).

Basically, it's a program where you enter into a contract with a venue or the gaming people to either limit your access, or limit your ability to gamble, or they exclude you depending on your request. That's my understanding of it. I don't know how long you ban yourself for. I don't know what the penalties are. I don't know how it's monitored, I really don't know the intricacies (T1, C, 96, M, 59).

Perceived effectiveness of self-exclusion

When asked about how effective they believed self-exclusion is, several participants said it might be effective for some people, for instance:

It would definitely put that barrier there where you'd sort of have to think before you went into the venue (T1, C, 54, F, 27).

Some participants agreed self-exclusion may be strategy for some people, but was not an option for them, as one explained:

Yeah, for some people it may be effective. It would just help in taking back control of your life. Yeah, I guess for some, but I couldn't see it working for me (T1, C, 48, M, 23).

Others expressed doubts about the effectiveness of self-exclusion for various reasons, including ready accessibility to alternate venues and difficulties of effective monitoring. One participant argued:

I don't think it's all that effective. Number one, how do all the staff know you? Do they really check every person that goes in there? I think not. Also, I currently live on the Gold Coast and work in Brisbane three nights a week. There are literally hundreds of places I could stop at. Am I going to go to every single venue to self-exclude? I can tell you that I have probably visited 50 venues in Queensland alone, do I have to go to every single one and self-exclude myself from every single one? Yes. So it's not going to work for me (T1, C, 116, M, 44).

In fact, several participants stressed that the effectiveness of self-exclusion is highly dependent on availability of alternative venues. Numerous venues within a frequented region were said to lower the likelihood of success, with effectiveness potentially heightened with only one or two venues within easy access. One participant explained:

If you live in an area with only one venue, it's probably going to be extremely effective. If you live in an area with 15 venues within driving distance, then I can't see how it would be effective (T1, C, 27, M, 38).

Barriers to self-exclusion

As the responses above show, concerns about the multitude of alternative accessible venues represented important barriers to self-exclusion for this group. Time and resources required to exclude from multiple venues represented significant hurdles:

I did approach a club somewhere once and the whole process was going to take an hour, and that stopped me in my tracks. Gosh, the time it would take me to go around to all the venues I would need to, it would just be too much (T1, C, 54, F, 27).

Additionally, many participants were concerned about confidentiality and privacy in self-exclusion processes, and the embarrassment, shame and stigma this would cause, both personally and socially. The following participants revealed:

I know it is supposed to be confidential, but these people know me. I just couldn't trust them to keep it confidential ... the embarrassment overrides the self-exclusion. People know me there and they would know all about it. It would be the same in all venues, because staff all talk about people, it's what happens (T1, C, 44, M, 47).

By doing something like that you've kind of marked yourself. Like, there's a lot of judgement that can go with putting that guilty mark on yourself. I don't live in a big town and I work here ... I have deep concerns about the confidentiality (T1, C, 17, M, 38).

For 15 participants, the severity of fines for breaching was a significant barrier to considering self-exclusion. Two of these participants explained their concerns:

They said there could be legal obligations and fines, so it scared me off. They said I could get into trouble for it, and they can also get into trouble for it. I wouldn't even think of doing it now. I don't want to get myself in more trouble or anything, or get anyone else into trouble. So I'd worry about that (T1, C, 42, M, 32).

I feel pretty strongly that there are a lot of people out there that I've seen, and basically good people, that don't deserve to be penalised by something that just is so gripping [problem gambling]. I just don't think fining people and giving them more worry is the way to go to solve their problems (T1, C, 94, M, 43).

Social benefits from gambling, and patronising gaming venues, were also important reasons why some participants would not self-exclude. One suggested:

It's kind of a social thing really for me. I've joined a lot of different clubs. You get vouchers and stuff, like on your birthday, and you get free food, free meals, and other things. So, I suppose I go to the clubs to get out and socialise. So no, I wouldn't do it (T1, C, 40, F, 40).

Potential motivations for self-exclusion

When asked what might motivate participants to self-exclude, twenty two participants made comments like:

No, I don't think anything would ever make me do that (T1, C, 48, M, 23).

The few who conceded they might consider self-exclusion under certain circumstances focused on financial and relationship problems:

Probably only if I went out of control and spent all my money. If I was completely broke I might consider it (T1, C, 89, F, 60).

If it came to the stage where at home it was affecting my relationship with my partner, then I might do it. Well, if it got so bad that he felt he couldn't trust me (T1, C, 21, F, 42).

7.4.2 PROFESSIONAL HELP BY TIME 1

Counselling received

Amongst Group C participants, motivations for accessing gambling counselling varied but were most often associated with advice from doctors, or encouragement or pressure from family or friends. The following participant explained that his wife had proposed:

It is either get counselling or leave. She said, 'You have two scenarios, pack your bags and go, or get some counselling' (T1, C, 31, M, 45).

Several participants had been referred to counselling by GPs after seeking help for mental health problems, particularly depression. For instance, one explained:

My doctor referred me to a psychologist to help me with gambling. I was just getting terribly depressed because I was going through the money like there was no tomorrow (T1, C, 33, F, 70).

Other participants suggested they sought counselling to develop greater control over their life. For instance, the following participant maintained:

I just had enough of myself. My life was getting taken over by gambling - I was spending all my wages on it. ... I hit rock bottom. And I just said, 'I need to get back in control.' It was kind of a last resort for me, but I needed to get my life back in order (T1, C, 48, M, 23).

There was general support for counselling to address problem gambling as well as underlying issues that might trigger and support problem gambling behaviours. One participant emphasised:

Counselling is important ... unless you find the root causes of why someone is gambling to such a level you can't fix them (T1, C, 42, M, 32).

The broad range of issues addressed in counselling included life histories and background, significant life events, lifestyle, family and relationships, mental illness, life management issues, and gambling. Financial counselling was noted as beneficial, as well as practical strategies and emotional support. Indicative descriptions of support provided included:

He [the counsellor] showed me the reasons why I want to go gambling and how it's the high it gives me. We went through my life history and different things that have happened in my life, and the fact that I have depression. We speak a lot about that, how I think about myself, my low self-esteem, body image, everything really. Through my counsellor I have become more knowledgeable about things, the impact of gambling, and the odds of winning, and all those sorts of things (T1, C, 2, F, 53).

You give them a rundown of what your gambling is like and they get a picture of it, and you tell them all the problems caused by gambling and stuff like that ... And she said, 'We're going to work on strategies to make it less tempting for you to go gambling and just keep yourself busy in the tough times'. That's good, I need that, that help (T1, C, 48, M, 23).

Effectiveness of counselling with self-exclusion

Over two-thirds of participants thought that counselling might be effective alongside self-exclusion, at least for some people. For instance, the following participants suggested:

If you were in real trouble with the gambling, then I think, yes, definitely get counselling. Like my friend, she self-excluded but didn't get any help. Then she would feel more stuck, like she would say, 'I can't go there, I can't go in the club, and now I'm really depressed. Now I have no place to go.' So I think being self-excluded on its own could lead to worse things. You need counselling as well (T1, C, 3, F, 44).

Definitely, counselling would help. I mean, I think self-exclusion alone is just letting you drift in the wind. You have to have ways of knowing what to do with yourself once you're self-excluded (T1, C, 3, F, 44).

However, eight participants believed that both counselling and self-exclusion are not needed. One participant was particularly adamant:

No, I just don't think it'd help. I know if I self-excluded I wouldn't need counselling. I mean, if you're that bad that you self-exclude and you still need counselling, well crickey, you know (T1, C, 56, F, 73).

7.4.3 OTHER SUPPORTS BY TIME 1

Family and friends

Around two-thirds of Group C participants reported good support from family and friends. This support included help with budgeting, controlling finances, scheduling outings away from gambling venues, listening to concerns, encouraging successes, arranging alternative activities, and generally providing moral support. Some responses included:

Basically, it's been more, friends wise, say you go out to the pub or you're out and about, and they'll say let's go somewhere else, not into a pub like. A lot of the time they'll alter their own schedules because of me, which is kind of embarrassing. My partner's been a great help, listening to me and encouraging me (T1, C, 27, M, 38).

It is basically my partner. He just supports me. He tries to encourage me to think of doing other stuff. And he helps with the finances and the budgeting and all that. Like, if we ever go to the pub, or whatever, I'm not given control of the finances. I will give him my key card, just so I'm not in a position where I can overspend or gamble. That's fine with me. Then I can't get myself in trouble (T1, C, 99, F, 37).

Others, however, explained they did not have this support. The following participant explained that stigma attached to problem gambling prevented assistance from others:

No one's really done anything related to helping with my gambling. I think it's quite a taboo subject. I think it's very different to having an alcohol or drug addiction. People just don't understand it (T1, C, 54, F, 27).

Another participant revealed that his family and friends are using a 'tough love' strategy:

My family and friends have started to totally disown me right now, and they decided that's the way they should go and see how I go with it that way, a kind of tough love, I guess. Just throw me out of the life boat or something like that; it's sink or swim (T1, C, 97, M, 36).

Peer support groups

Around two-thirds of participants had attended at least one GA meeting, and around half of them found them helpful. Some positive comments included:

It's worked out very well with the GA group. GA is incredibly important to me. I go every week, it's a reminder, talking about what I used to do, and if you don't get that reminder, you'll forget what you did (T1, C, 79, M, 45).

I actually went to GA at the same time as counselling ... GA is great ... because you need to speak to people that have familiarity with gambling problems. I needed someone who knew exactly what I was talking about (T1, C, 41, F, 44).

Others had tried GA meetings but found them unsuitable. Several participants did not want to explore GA at all. Several explained that they are not group people and they prefer, and have more success with, one-on-one counselling as highlighted here:

I would not be a group therapy person. I have done group therapy for other things in the past and don't have a lot of empathy for other people, so it wouldn't really work very well for me (T1, C, 54, F, 27).

Self-help

Group C participants had adopted a variety of self-help measures. These included: budgeting; leaving bank cards at home; limiting cash taken when out; setting time limits for gambling; avoiding venues and other gamblers; taking up other activities; accessing information on gambling-related issues; keeping a diary; accessing online support; using self-help books and other materials; and avoiding alcohol when out. The following participants explained:

I have done practical things like budgeting, doing other activities to keep your mind occupied, set time limits. (T1, C, 28, M, 59).

I have avoided venues. I checked out how gambling works and why people gamble excessively and so on online. Oh, and I cut my banking cards up (T1, C, 41, F, 44).

One participant noted that no self-help strategies he tried had helped him:

Nope, the self-help materials, the books, the workbooks haven't helped. Handing your finances over to somebody else. Well, I have tried that a few times and that never worked. Make plans. Writing out what you're spending, I don't really want to write down how much I am wasting in the poker machines. I know it is all good intention and it may work for a handful of people, but nothing that they are bringing to the table has ever worked for me (T1, C, 116, M, 44).

7.4.4 MOST EFFECTIVE STRATEGIES BY TIME 1

When asked what had helped most in addressing their gambling problems, around one-third of Group C participants identified a combination of strategies, all involving counselling with other supports including GA, multiple self-help strategies and support from significant others. For example:

They've all helped in their own way ... The GA meetings are good because you're talking to other people in exactly the same situation. Some of the self-help strategies have helped. The counsellor was really good for helping with the family situation. So a combination kind of worked out in the end (T1, C, 79, M, 45).

I couldn't have done it without a counsellor, but a lot of the self-help stuff that I've done has helped to instil confidence in myself that I can do it. Doing some of my own research helped, especially researching the financial stuff. I definitely wouldn't pinpoint it on just

one thing; it's a combination of things. So yes, self-exclusion could have been another culminating factor that might have assisted at a certain time (T1, C, 77, M, 40).

Other participants identified just one strategy as most effective, principally support from family and friends or GA. The remaining participants did not know, or said 'none really stand out' or similar.

7.4.5 BARRIERS TO SELF-EXCLUSION BY TIME 2

None of the 24 Group C participants retained by Time 2 had self-excluded within the previous six months. Reasons remained the same as for Time 1, mainly because of doubts over its effectiveness due to numerous accessible venues. Some other participants believed self-exclusion was only appropriate for more serious gambling problems, while others were deterred by embarrassment and confidentiality concerns.

7.4.6 PROFESSIONAL HELP BY TIME 2

Counselling received

Some Group C participants continued with regular counselling at Time 2, finding it helpful to resolve underlying issues and develop control strategies to resist gambling urges, as this participant observed:

I have been seeing this particular counsellor for over 12 months. She gives me strategies to put into place and we're going over the underlying issues that cause people to gamble and getting right into the background of my life, because that is what I think is really important, to find out what the cause is. I can ring her on Mondays, Wednesdays and Thursdays. And I do ring the gambling helpline and they are very helpful when I'm having urges (T2, C, 48, M, 18-24).

Some participants had discontinued counselling by Time 2 because they believed it had given them what they needed, for instance:

I did feel that the counselling that I got a year ago was really helpful and I remember those things ... I just seem to be building confidence now and thinking more positively about myself (T2, C, 21, F, 35-44).

Other participants had discontinued counselling since the last interview because they found it unhelpful.

It would have been about seven months ago I last went. I went about two or three times then. They were just telling me stuff I already knew. It was not helpful (T2, C, 9, M, 35-44).

Nevertheless, most Group C participants continued to receive counselling, albeit irregularly and from multiple sources. Multiple sources of counselling were often used because some

participants were unsatisfied with counselling received or found it limited in some way. Two participants argued:

I've been to see three different counsellors, none of which I connected with at all. All of them seemed to want to go down the same path. Then they're either too young - I don't understand how a 22-year-old can understand what a 40-year-old is going through. I can't comprehend that. Then the older counsellors just want to go back to your childhood, and again, I don't accept that. I don't believe my gambling problem has anything to do with my childhood, or my mother, or her problems (T2, C, 110, F, 35-44).

I think counsellors give me the tools to work with ... But sometimes I feel like they're giving me the wrong tools ... Another problem is that you're just getting used to one idea, then another idea comes in, and you don't know who to believe, so which way do you go? Do you drop the six months work on one idea and start on another idea? You end up so confused. ... And some counsellors also make you feel worthless (T2, C, 28, M, 55-64).

Perceived role of counselling vs self-exclusion

Most Group C participants saw self-exclusion and counselling as distinct processes; but conceded they could work well together. For example:

I think they all have their own different roles. Self-exclusion is really good I think when you really want to commit. But I really believe that counselling helped me to gain an understanding that I had an issue, that I actually had a problem (T2, C, 68, F, 45-54).

Some participants pointed out that counsellors often don't encourage self-exclusion and may have limited knowledge of how it works. One participant suggested:

It would have been good, I think, for the counsellor to have taken the reins just a little bit and given me some more factual information about self-exclusion. And actually walked with me through those steps to do it so it really could affect my life. I was too frail mentally to be able to do anything like that on my own. A more direct approach from the counsellor I think would have been a really good thing for me back then (T2, C, 77, M, 35-44).

7.4.7 OTHER SUPPORTS BY TIME 2

Most participants continued to have strong support from family and friends. This support included help with budgeting, control of finances, monitoring gambling activity, listening to concerns and encouraging goal achievement. Participants shared experiences such as:

My son he takes care of my finances when I'm in the real deep pit. He takes control. He can look at my account. He has third party on it. He can see the spending habits. And he's come up to me and said, 'Mum, I'm real proud of you'. I know if I have trouble all I have to do is call him and let him know. He did come to counselling with me. So that

helped a lot too because he began to understand it and even though he is not there all the time, in the back of my mind know he's my backstop if I need it (T2, C, 2, F, 45-54).

My sister is my support. She will just say to me, 'Are you going okay? Are you coping? Are you controlling it?' Things like that. My sister was very adamant that I go and see someone. I probably wouldn't have if she hadn't pushed me into going to do it. My partner kept encouraging me to go to the psychologist, which was good. A part of me didn't want to go because of the cost, but he said, 'No, that's not a problem.' (T2, C, 21, F, 35-44).

The few participants who did not have good emotional support acknowledged basic practical support they received from significant others. As one noted:

[My friends] kept a roof over my head and food in the fridge and kept me entertained, I guess. We didn't talk about the gambling. That way it was just easy to stick with them and do what they did every day rather than my own routine of gambling (T2, C, 121, F, 18-24).

Peer support groups

Some participants perceived peer support groups, such as GA, to support or replace the need for self-exclusion or counselling. In these group environments, some had their experiences validated by others with similar experiences. This not only enhanced their sense of wellbeing but also their understanding of how they might address their gambling problems, as explained here:

I think with GA it's more that you can say what you need to say. People don't say, 'You're crazy', or, 'You can go to jail for that'. If you say it in Gambler's Anonymous people go, 'Oh yeah'. And it's an open forum as well. I find that when people speak, even though they may be totally different people to you, you can often see a pattern, and they are going through what you're going through, and you can identify what they've done to stop (T2, C, 27, M, 35-44).

Other Group C participants remained deterred from attending GA by the need to share personal experiences due to perceived lack of anonymity and accompanying personal judgements. In general, this sub-group realised greater benefits from more confidential and one-on-one counselling, as highlighted below:

I have been before. But I'm a bit of a closed person. I don't like being the centre of attention. When you're in Gamblers Anonymous, there are people sitting all around the table. You have to speak up. You have to speak in front of all these people. You've got all these people looking at you. People are judging you. Even though they might not be saying anything, they're judging you. That's my opinion. But I find with counselling, since its one-on-one, it's not so intimidating. You don't have those feelings so much. You can just talk to one person and get into it and relax (T2, C, 42, M, 25-34).

Self-help

All Group C participants continued to employ practical strategies to manage their money, avoid gambling activities and thoughts, and fill their time with interesting fulfilling activities. Strategies to manage money were diverse, although budgeting was a key approach:

When my pension comes through I budget the rent, power, the phone, the food. I've even got funeral insurance for my life now, so I budget for that too. A lot comes straight out of my pay. And so I know what I'm left with is for groceries and to get through the rest of the fortnight (T2, C, 2, F, 45-54).

The pinnacle of success for me was when I had made the decision to try as many ways as I could to stop. One of those ways was to put a 12 digit pin on my card, something that I thought of out of the blue. I went into the bank, I wrote down the 12 digits, I entered these 12 digits twice and my pin number was changed. I then ripped up that 12 digit pin and I threw it away. I could still go shopping, I could still get petrol, but I just couldn't go to an ATM machine and take physical cash out ...it forced me ... to actually go into a bank for the cash. It was the best thing that ever happened to me because even today I have money in my bank. I can't go through the whole account in one day (T2, C, 77, M, 35-44).

Avoiding gambling venues and gamblers were also practical strategies used to address gambling problems and disrupt established patterns. A typical response was:

I try to avoid venues and try to avoid people who gamble. I gamble when I'm really stressed out so I try to exercise to keep my mind off it and just be in another place (T2, C, 44, F, 45-54).

Participants engaged in fulfilling activities to occupy time and provide meaningful and satisfying alternatives to gambling. These were often encouraged in counselling sessions. Activities included work, study, hobbies, exercise, and community and group activities. The following participant observed:

I now have a job and am more involved in the school. I have been doing tuck shop. I help out in the class room. I started going to the gym ... I organise things with people that I can't get out of. I just try to keep myself busy ... Because when you have that real bad gambling problem, you just feel like you don't have a life. And so that's what I have been trying to create, a really interesting and busy life (T2, C, 21, F, 35-44).

Self-help materials, most commonly found online, were also accessed by some participants. Helpful resources included facts about gambling, odds of winning, others' experiences, and alternative activities to replace gambling. Responses included:

The Internet gives you information about how gambling is actually designed and how they actually work. It is probably one of the most important things in recovery. It is totally amazing. What I found is that no matter how much you play, you've got no chance of beating the odds. It's designed to keep you hooked. Now I just sit at the

Internet. I'll play a computer game or make a phone call to a few of my mates and just have a chat (T2, C, 48, M, 18-24).

I went online and typed in random things like pokie wins and pokie comparisons and the actual odds of winning, and then drew out all the other forms or types of gambling. All the odds were really crap on everything. That made heaps of difference. Now actually I've been doing a lot of word games online and a lot of reading. I was never open to anything else before (T2, C, 121, F, 18-24).

Taking personal control and responsibility was described by several participants as important in controlling their gambling. The following participant summed up these ideas:

I find at the end of the day, you're responsible for your own behaviour no matter whether you've got support or not. It's something that you have to do alone whether you've got a friend there beside you or not. It helps to some degree, I suppose to have that support, but I think it all comes down to the individual. You got yourself into it. You're the only one that can work yourself out of it. No one else can do it for you (T2, C, 41, F, 35-44).

7.4.8 MOST EFFECTIVE STRATEGIES BY TIME 2

By Time 2, Group C participants reported a wide variety of strategies positively influencing their gambling behaviour. Keeping busy with alternative activities, such as working, exercising and socialising, was the most common response. Some participants reported support of family, friends, counsellors and peer support groups was most effective, such as:

It would be having the support of family there. That is probably the first and foremost thing. Probably the secondary would be talking to the counsellor on the phone (T2, C, 78, M, 18-24).

I think going to Gambling Anonymous has helped the most, because it really does just ruin the fun of gambling if you go often enough. It ruins any enjoyment that you can have out of it (T2, C, 27, M, 35-44).

Other participants identified greater awareness of gambling harms and improved control of thoughts and behaviours as the most effective factors in their recovery to date. A unique response was given by one participant:

What worked for me, there was a program on Today Tonight about the tavern I go to. Its earnings from gambling are \$4.2 million a year. The highest earning tavern in Queensland. They don't give anything back to the community. It was like a sledge hammer on my head, \$4.2 million a year! Not only that. You can't win, even if you win you lose. I have played until I lost everything. I felt like an absolute idiot and I said, 'Good grief. I'm feeding these people and I'm killing myself', and that's when all of a sudden I decided, 'No more' (T2, C, 33, F, 65+).

It was also clear from these interviews that counselling played an instrumental role in assisting participants to develop greater understanding of their issues and behaviours and to develop personal strategies to effectively address their gambling behaviour.

7.4.9 BARRIERS TO SELF-EXCLUSION BY TIME 3

None of the 22 Group C participants retained by Time 3 had self-excluded within the previous six months. Embarrassment remained a key deterrent: embarrassment of asking for self-exclusion, of admitting they had a problem, and of being detected if they breached:

Because I don't want to stop gambling for a start, the embarrassment of, because I am very social, I go to a lot of lunches and lot of dinners to a lot of venues and the thought of someone tapping you on the shoulder in front of your peers or colleagues, I'd just die. I just wouldn't do that (T3, C, 110, F, 35-44)

Another common reason participants continued to resist self-exclusion was lack of faith it would work, with the number of available gambling venues greater than their capacity to self-exclude from each. One participant lived in a town with only a few venues so self-excluding would curtail his ability to socialise:

Well, there's only a couple of venues in this town, so there's nowhere else to really drink or socialise (T3, C, 84, M, 25-34).

7.4.10 PROFESSIONAL HELP BY TIME 3

Counselling received

Only a few Group C participants had accessed counselling since their previous interview. One reported this was not beneficial, preferring more practical advice:

I just found it just didn't focus enough on the actual issue and she wanted to do meditation with me and stuff like that. I don't think it worked and I just gave up. I didn't think that there was enough real hands-on tools (T3, C, 116, M, 35-44).

Another respondent had telephoned a gambling helpline, which was beneficial:

Just to get more help in quitting gambling ... It actually gave me more confidence in myself to talk about the underlying issues for gambling causes. The stress it causes, and the anger, and heartache it causes (T3, C, 48, M, 18-24).

Only two other participants reported accessing professional help since the previous interview, with one receiving cognitive therapy not specifically related to gambling and the other seeing a psychiatrist. Another participant used hypnotherapy, which he found helpful, but short-lived:

I've had hypnotherapy. The hypnotherapy worked for a period of time, but then I think it wore off (T3, C, 31, M, 55-64).

Effectiveness of counselling with self-exclusion

Group C participants held mixed opinions about the role of counselling with self-exclusion by Time 3. Positive experiences included greater understanding of gambling and gambling urges, more confidence, and ability to address underlying issues, as highlighted here:

Counselling helped me to understand the myths and everything about gambling itself and the statistics. Also, how to be aware ... self-aware of the urges and the way one can fool oneself, so you end up there anyway even though you fool yourself that you won't be (T3, C, 2, F, 45-54).

Negative experiences primarily related to some counsellors being unable to relate to gambling problems, unhelpful or unreliable, and because the experience was frustrating. For example:

I tried to reach out before and found it completely and utterly frustrating. Everyone's exactly the same whether it's an older counsellor or a younger counsellor. I don't know, everyone just wants to blame your childhood and I won't do that. That's not the reason (T3, C, 110, F, 35-44).

Well, you know if I want to get blamed for everything that's gone wrong, I can do that for free (T3, C, 27, M, 35-44).

They put me onto somebody who's going on holiday anyway, and then she said she's going to send all this stuff out to me and she never did, so it was unreliable, so that annoyed me (T3, C, 68, F, 45-54).

7.4.11 OTHER SUPPORTS BY TIME 3

Family and friends

Group C participants continued to receive helpful support from family and friends, including having someone to talk to, provide practical support, and help with budgeting and controlling finances. Participants also reported that family and friends helped to minimise gambling temptations. For example, the following respondent described how her friends would socialise with her where gambling temptations were absent:

... If we're going somewhere, not to go where it's tempting or that sort of thing. Go to different places or just keep me busy (T3, C, 3, F, 35-45).

Peer support groups

Some participants had attended peer support groups, such as GA, where members provided practical advice and hope within a supportive group with similar stories. The following quotes illustrate these benefits:

... it helps to remind you of what you were like. You don't want to forget the things that you did and how you used to think about it. Plus you put into play just little methods and ideas and things to stop me from going back to how you were (T3, C, 79, M, 45-54).

That's just like a group of people just like me and I relate to their stories and how they're feeling and I see other people get one year out, then two years out, then five years out. It just gives you hope, I suppose (T3, C, 9, M, 35-54).

Self-help

Practical strategies used by Time 3 included budgeting, avoiding gambling locations and temptations, keeping busy, and looking after health and fitness. Participants who kept busy and engaged in physical activities also reported they 'felt great' and were 'enjoying life'.

One respondent took her dog when she went out as this stopped her from gaining entry to gambling venues:

I take the dog with me all the time so you can't pull up at the pub and go in and play pokies and shut up the dog in the car (T3, C, 95, F, 55-64).

Many participants used practical financial strategies, including limiting available cash, having money deposited directly into bank accounts, weekly budgeting, and buying store cards for groceries and petrol instead of using cash. As in the example below, limiting available cash was an effective strategy for these participants:

I do things like also buy Woolworths cards on payday instead of leaving cash and that works well ... I always have food and all that stuff, petrol, the dog's always fed and things like that (T3, C, 97, M, 35-44).

Very few Group C participants used self-help materials by Time 3. Of those who did, online testimonials from other gamblers were helpful:

Self-help sort of thing and just looking for answers ... just reading up on things knowing it could be a lot worse. I just go on and read people's stories (T3, C, 95, F, 55-64).

7.4.12 MOST EFFECTIVE STRATEGIES BY TIME 3

Counselling, financial strategies and family support were cited most often by Group C as having the most positive impact on their gambling behaviour. Responses included:

I think the counselling has been (most effective) (T3, C, 2, F, 45-54).

Probably being able to talk to friends or my husband, that sort of thing (C, 3, F, 35-44).

I have to pre-plan if I wanted cash. I had to think about it. That for me was the best and it's never faulted. I've never had an issue with that. It's the best security block that I've ever put in my life (T3, C, 77, M, 35-44).

One respondent reported that having the willpower not to gamble was the most important factor combined with:

... not to try to celebrate by playing (T3, C, 31, M, 55-64).

Another respondent with responsibility for running GA meetings considered this as most important in his gambling recovery.

7.4.13 SUMMARY FOR GROUP C

Group C initially comprised 33 participants who had not self-excluded but had received gambling counselling at Time 1. While all participants had heard about self-exclusion, they were deterred by ready accessibility to alternate gambling venues and options, time and effort to exclude from multiple venues, concerns about confidentiality, shame and stigma, and anxiety about fines for breaching. Most participants would not consider self-exclusion although a few would if their gambling problems worsened.

Group C participants were, however, prompted to access counselling to improve finances, personal relationships and career, and by GP referrals after presenting with mental health concerns. Counselling was considered beneficial in understanding underlying reasons for gambling, and to learn strategies to regain control and support to curtail their gambling. Around two-thirds of participants thought that counselling could complement self-exclusion, particularly to address underlying issues. Also at Time 1, around two-thirds of participants had good support from family and friends, including financial management, scheduling outings away from gambling venues, listening to concerns, encouraging successes, and arranging alternative activities. About two-thirds of Group C participants had attended at least one GA meeting, and around half of them had found these helpful. The remainder did not want to attend GA meetings, mainly because they were averse to the group approach. Participants used a variety of self-help strategies by Time 1, including budgeting, leaving bank cards at home, limiting cash taken when out, avoiding venues and gamblers, taking up other activities, accessing information about gambling-related issues, keeping a diary, accessing online support, using self-help materials, and avoiding alcohol when out. Around one-third of Group C participants identified a combination of strategies as the most effective approach by Time 1, all of which involved counselling with other supports including GA, multiple self-help strategies and support from significant others. Other participants identified just one strategy as most effective, principally support from family and friends or GA. The remaining participants could not identify particularly effective strategies.

By Time 2, none of the 24 retained Group C participants had self-excluded, again citing concerns about confidentiality, embarrassment, easy access to abundant gambling options, and difficulty of excluding from enough venues. Instead, most participants continued with counselling although this was irregular or from multiple sources due to problems with finding helpful counsellors they could relate to. Most participants perceived counselling and self-exclusion as distinct processes, but believed they could work together for some people, although they were not inclined to pursue this approach. Some participants also noted that counsellors often do not promote self-exclusion and may have limited knowledge of self-exclusion processes.

Also at Time 2, most participants continued to have strong support from family and friends including budgeting, control of finances, monitoring gambling activity, listening to concerns, encouraging goal achievement, and taking care of basic needs. Peer support groups, such as GA, were perceived by some to support or replace the need for self-exclusion or counselling. Having their experiences validated by others with similar issues was a key benefit that enhanced subjective wellbeing and recovery efforts. Other participants were deterred by the need to share personal experiences, perceived lack of anonymity and accompanying personal judgements; they realised greater benefits from more confidential and personalised counselling. All participants continued to employ practical strategies to manage money, avoid gambling thoughts and activities, and fill their time. Taking personal control and responsibility was described by several participants as also important. Self-help materials, most commonly sourced online, were accessed by some participants and provided facts about gambling, odds of winning, experiences of others, and alternative activities. A wide variety of factors were reported to be most effective in positively influencing gambling behaviour. Keeping busy with alternative activities, such as working, exercising and socialising, were the most common responses, and counselling clearly assisted participants to develop greater understanding of their issues and behaviours and to develop personal strategies to effectively address their gambling behaviours.

At Time 3, none of the 22 Group C participants retained had self-excluded due to potential embarrassment of asking for self-exclusion, of admitting they had a problem and of being detected and escorted from a gambling venue if they breached. They also believed self-exclusion would not work as the number of available gambling venues exceeded their ability to self-exclude from each.

By Time 3, only a few Group C participants continued with counselling, reporting mixed experiences. While counselling had helped some participants to better understand their gambling and gambling urges, and had enhanced confidence and ability to address underlying issues, some counsellors were reportedly not able to relate to gambling problems, were unhelpful or unreliable, and some participants found the experience frustrating. Nevertheless, Group C participants reported continued helpful support from significant others, including having someone to talk to, practical support, and help with financial management. A few participants accessed support from GA where members provided practical advice within a group with similar stories that participants could relate to. Participants continued to use self-help strategies, including budgeting, avoiding gambling locations and temptations, keeping busy, and looking after health and fitness. Very few participants used self-help materials by Time 3. By Time 3, counselling, financial strategies and family support were cited as impacting most positively on participants' gambling behaviour.

7.5 GROUP D: NOT SELF-EXCLUDED AND NOT HAD COUNSELLING

Group D comprised 17 participants with self-reported gambling problems who had neither self-excluded nor accessed counselling. These seven men and ten women had a mean age of

50 years. They were interviewed only at Time 1 to illuminate barriers to self-excluding and supports and strategies used in the absence of professional help.

7.5.1 BARRIERS TO SELF-EXCLUSION

None of Group D had self-excluded when interviewed at Time 1. They were asked about their knowledge of self-exclusion, its potential effectiveness, barriers and potential motivators to self-exclude.

Knowledge of self-exclusion

Six participants did not know anything about self-exclusion. Only one participant, a gambling venue employee, knew how the self-exclusion process works. However, the remainder said they knew 'a bit' about the self-exclusion process, as evidenced in the following comment:

I know how to self-exclude myself. I don't know anything about how long the ban is for and the kind of penalties, or how the venue monitors it, or what they do to keep you out of the venues. I think the information should be more easy to find – people should know what it is, what it includes, what it entails, how it works (T1, D, 20, M, 38).

Perceived effectiveness of self-exclusion

Several participants suggested self-exclusion had potential effectiveness for some people. For example, participants believed:

If it worked correctly, it might help. It could be a good way of avoiding venues (T1, D, 88, F, 40).

I think it gives people time to save and then keep money in the bank. Once you see that money staying there, it's good encouragement ... it could give some incentive to stay away from venues (T1, D, 75, F, 59).

Overall, however, Group D participants did not perceive self-exclusion as effective for them, as it would be humiliating, not address the gambling problem, be too restrictive and not provide sufficient support. Some responses included:

I think that would be very degrading actually, to go in and self-exclude (T1, D, 18, F, 72).

I don't think self-excluding would fix someone's gambling problem at all (T1, D, 62, F, 56).

It's a warning, like something there that reminds you that it's illegal and that you're not to set a foot near there. But it's just like a prison (T1, D, 38, F, 43).

One participant explained that self-exclusion does not provide the kind of support gained through other approaches, such as support from family and friends:

I don't think self-exclusion would work for me, especially not as much as the support of your family and friends. You need that support, people to talk to and watch over you (T1, D, 25, F, 48).

The following participant also emphasised that self-exclusion does not address people's self-esteem issues:

I think it's a real achievement to be able to stop gambling on your own. People don't have a lot of self-esteem. And a venue exclusion, to me, is a bit silly, because self-esteem is still a problem. To then walk into another venue, it's not lifting their self-esteem, just the opposite (T1, D, 75, F, 59).

Barriers to self-exclusion

The main barrier was the need for exclusions from multiple venues for self-exclusion to be effective. As many participants noted, essentially 'people can just find another venue where they haven't been excluded'. A typical response was:

Well, I am looking at it from a gambler's point of view, I'd just go somewhere else, to a different venue. There are so many venues and I don't see how you can exclude from all of them (T1, D, 76, F, 50).

Two participants discussed the importance of personal control over gambling, which they argued self-exclusion did not encourage:

I decided not to exclude myself because I think I need to have more self-determination. I need to say in my mind that I don't need to go to venues and gamble (T1, D, 75, F, 59).

It affects the way you feel about yourself because you exclude yourself from something that you don't have control over. It might make you feel as though you're less of a person because you can't control what you're doing, and so that might lead you to gamble more (T1, D, 71, M, 55).

Potential motivations for self-exclusion

Most participants in this group argued that they would not be motivated to self-exclude. Some comments included:

I would not do anything like that. I would like to think that I would not do it (T1, D, 18, F, 72).

Maybe, but to be honest it's hard to imagine that I would self-exclude (T1, D, 121, F, 23).

Some participants argued they were receiving enough support and therefore did not need to self-exclude, as the following participant emphasised:

Well, because I am getting so much support from Gamblers Anonymous, I don't think I need to exclude myself at the moment (T1, D, 25, F, 48).

Several participants explained they would not consider self-excluding because they preferred to address their gambling issues independently:

I wouldn't self-exclude. I think it's a matter of just turning your mind to other things. I'm pretty strong-headed, strong-minded (T1, D, 75, F, 59).

No. I mean, I gave up drinking on my own. I figure if I can do that, I would probably be able to stop gambling if I wanted to. When I stopped drinking I had to stop going to pubs and clubs and parties and things where there was alcohol. Well until I got to a point where it didn't bother me. That's the same for gambling, I would need to do it myself (T1, D, 62, F, 56).

However, another said she needed to feel ready before considering self-exclusion:

I think I'm ready for that sort of information now. I don't know that I was before because I was seeing such a block with it (T1, D, 76, F, 50).

In this regard, some participants advised a lack of information on self-exclusion. The following participant also noted lack of venue support:

I don't believe self-exclusion works. I made mention of it down at my local a couple years ago when I first realised I had a problem. It was a waste of time asking. They didn't really seem interested. There was not one material to be found anywhere on self-exclusion. It is just invisible. No one knows about it. There is nothing in the public arena that tells people that the program is there. The main point is to make it much more visible (T1, D, 30, M, 58).

7.5.2 PERCEPTIONS OF PROFESSIONAL HELP

None of the Group D participants had accessed professional treatment for their gambling problem. They were asked about their perceptions of counselling and its potential role with self-exclusion.

Perceived role of counselling

All Group D respondents agreed that counselling may have a role in assisting some people to address gambling problems. Several participants pointed out that counselling provides opportunities for exploring wider, underlying issues:

I had never really thought about it, but I think counselling might help clarify the reasons why you gamble. If you've got somebody there that understands and can support you through that, I think that it could be very beneficial (T1, D, 76, F, 50).

I think the benefit of counselling is that it can help people, because often there's something else within them that's being suppressed, and they use gambling as a distraction from what they're really feeling (T1, D, 36, F, 44).

One participant also perceived a role for counselling provision at gambling venues:

I would perhaps consider it if there was a counsellor at the pokies, like a private place at the venue. A place where I could go and talk to somebody before I step up and play the pokies, that might help me, I think (T1, D, 76, F, 50).

Perceived effectiveness of counselling with self-exclusion

Participants generally thought counselling might also have a beneficial role alongside self-exclusion. Comments included:

I would say they would work together because if you exclude yourself then you've probably got a really bad problem. Counselling would help ease the problem. If I excluded myself from KFC [fast food outlet], which would probably be a good thing, I would also go to a dietician too (T1, D, 46, M, 49).

It would be a good idea to have counselling to find something else that will fill that void, fill that loneliness. So yeah, it's replacing the gambling with something else. Self-exclusion is not going to do that (T1, D, 71, M, 55).

Sometimes you just need a helping hand - if you have no family, if you don't have a support team around you, or if they're not aware of the issues with gambling. A counsellor would be able to make you aware or give you sound advice (T1, D, 75, F, 59).

7.5.3 OTHER SUPPORTS USED

Family and friends

Ten participants revealed they had support from family and friends, to varying degrees. This support largely focused on developing strategies to minimise gambling and gambling losses. For instance, the following participants said:

I've had help from my daughter. She helped restrict access to my funds. That was very difficult for me because of course I still wanted to go gambling (T1, D, 30, M, 58).

I just talk to my friends. What they do is they help me with my budget. They say, 'Okay, you can gamble if you want, but keep it within the budget.' So I write my budget in a book and they check it every fortnight (T1, D, 75, M, 49).

The support I've got from friends has worked out well. They do things, organise things, like dinner and that, so I won't make it out, so I don't get near the venues (T1, D, 20, M, 38).

Some participants, however, noted issues around receiving support from family. Issues of trust, for example, were identified:

I have support from my partner mostly. I've had all my financial rights taken off me and it's affected our relationship, trust-wise. It's very difficult. It's putting more strain on me and on our relationship (T1, D, 88, F, 40).

Other participants disclosed that they had no support from family and friends. For instance, one said:

No, I've had no support really. My family don't know that I play. I don't see them very often anyway. They're not around (T1, D, 62, F, 56).

Peer support groups

Four participants in this group had attended GA and found the experience helpful. They explained:

Yes, I think Gamblers Anonymous did help me to see that I was having a problem and how big of a problem I could have if I didn't start to do something about it (T1, D, 20, M, 38).

Gamblers Anonymous have been there to support me at various times. Whenever I want I can ring them, there's always somebody there. I don't think I could have done it without them (T1, D, 25, F, 48).

GA is very confronting from the point of view that you have to face exactly what your problems are and change your life, and adopt a different philosophy on operating your life. But having said that, I have only been going for a week and a half but already it has helped me because I don't want to go back to the venues. I have started the program, going through the GA book and the steps to get myself right. I don't want to go any further backwards. I got too low (T1, D, 30, M, 58).

The following participant attended GA meetings but had reservations about continuing:

I find it pretty depressing because everyone just sits around and tells their story, so I don't get a lot out of the meetings. Yeah, I've missed the last couple of weeks and I'm sort of getting less likely to go. They could be giving more information on how they themselves avoid venues and stopped gambling, and what their sponsors do for them, to encourage them not to gamble. Those sorts of conversations. The group format is fine. Just the conversations they have, they need to go in a different direction (T1, D, 88, F, 40).

Self-help

All Group D participants discussed utilising self-help strategies, including budgeting, keeping busy, not carrying cash or credit cards, joining social groups, listening to motivational recordings, and being informed about gambling. Some comments were:

With the diary, I pretty much write down my feelings and what's happening on a daily basis. If I start crying, I just leave it. With budgeting, I've got a receipt book so all my expenditure's recorded. I keep my receipts, I've got like a little spreadsheet on my desk of the money I have spent. So in the morning when I wake up that is what I see and I have to face up pretty much every day the amount which is gone, and which I can never get back. And I leave my card at home. So pretty much, if I go out I have probably \$20 in my purse. I also try to keep busy, I do a lot of gardening

and I've just signed up to volunteer with Meals on Wheels. And my next step will be to help at the primary school where my granddaughter goes (T1, D, 25, F, 48).

I've found that physical stuff is very good for me. I used to restore a lot of furniture so now that I've bought a house I'll paint a wall, stuff like that. But when I have an urge to go and spend money, instead of going to a poker machine I'll do some retail therapy [shopping]. I do get into motivational CDs and things like that and they're quite helpful for me. I've got six hours on one CD so if I put that on in the morning, that takes me right through the day (T1, D, 88, F, 40).

7.5.4 MOST EFFECTIVE STRATEGIES

Group D participants, in the main, argued that self-help strategies were most beneficial in controlling their gambling. Strategies to control finances, keep busy, be aware and mindful of gambling activities, and to be socially connected through volunteering and participating were especially important to this group. While responses varied, some participants also noted the importance of ongoing support from family and friends, counsellors, religious beliefs, gambling helplines and Gamblers Anonymous.

7.5.5 SUMMARY FOR GROUP D

Seventeen self-reported problem gamblers who had neither self-excluded nor had counselling were interviewed only at Time 1. Most knew very little about self-exclusion, with six responding they knew nothing at all about it. Overall, participants did not perceive self-exclusion would be effective for them personally, but some conceded it might be effective for others. Identified problems with self-exclusion included lack of information about the process, availability of alternative venues, embarrassment, and limitations in addressing underlying psychological issues. Most participants said they would not consider self-excluding in the future, with several stressing that they wanted to control their gambling in their own ways. Despite not accessing counselling themselves, all participants believed it could assist some people with gambling problems. Some participants also thought counselling might be beneficial in combination with self-exclusion.

Most Group D participants had informal support from family and friends, and a few from GA. All participants discussed various self-help strategies including budgeting, keeping busy, not carrying cash or credit cards, and being physically active and socially connected. Consistent with their non-participation in either self-exclusion or counselling, these participants predominantly believed self-help strategies and informal support from family and friends were the most helpful approaches in limiting their gambling.

7.6 CHAPTER CONCLUSION

This chapter has presented findings from interviews with a commencing sample of 103 problem gamblers, most of whom were interviewed at three points in time approximately

six months apart. Findings from four sub-samples of participants, grouped according to their varying uptake of self-exclusion and counselling, focused on their experiences and opinions of self-exclusion, counselling and other supports, and the outcomes they had achieved at each interview time. Summaries for each group and the changes apparent over time have been presented. A later Discussion chapter compares findings for each group and integrates the qualitative findings from the present chapter with those from surveys conducted with these same participants. These survey results are presented in the next chapter of this report.

CHAPTER EIGHT

SURVEYS OF GAMBLERS

8.1 INTRODUCTION

This chapter presents results from surveys with 103 self-reported problem gamblers, with the associated methods and measures explained in Chapter Three. The 103 gamblers were divided into the following groups for analysis, based on their status at recruitment:

- Group A comprised problem gamblers who had self-excluded and received counselling for a gambling problem (SE+C).
- Group B comprised problem gamblers who had self-excluded but had not received counselling for their gambling problem (SE no C).
- Group C comprised problem gamblers who had not self-excluded but had received counselling for their gambling problem (C no SE).
- Group D comprised problem gamblers who had not self-excluded and had not received counselling for their gambling problem (no SE no C).

All groups were surveyed at Time 1, with Groups A, B and C also surveyed approximately six and 12 months later at Times 2 and 3 respectively. Group D was not surveyed at Times 2 and 3 because it differed significantly on most pertinent measures at Time 1, so it was not considered a comparable group. Each survey round assessed self-exclusion and help-seeking behaviour and contained measures for gambling behaviour, problem gambling, gambling urge, alcoholism, general health and gambling-related consequences.

This chapter first presents the sample demographics, followed by descriptive results for each of Times 1, 2 and 3 along with tests of significant differences amongst groups. Trends over the three time periods are then plotted to ascertain changes in key measures for each group. Lastly, comparative analyses attempt to isolate the effects of self-exclusion and counselling on gambling behaviour, problem gambling and associated harms.

8.2 SAMPLE DEMOGRAPHICS

Table 8.1 shows the demographic characteristics of Groups A, B, C and D and the total sample. Overall, the sample appears to include a spread of ages, genders, education levels, employment categories marital statuses, household types and incomes, indicating that uptake of counselling and/or self-exclusion for gambling problems was not confined to any one demographic within this sample. However, those who had self-excluded but had not had any counselling (Group B) were significantly more likely to be male than those who had self-excluded and had counselling (Group A), $\chi^2(1, N=53) = 5.18, p = 0.023, \Phi = 0.31$. Group B was also significantly younger than Group A, $t(50.46)=3.95, p < 0.001, d = 1.11$. Due to the small sample size and number of response options, no other statistical comparisons were possible.

Table 8.1: Demographics by group at Time 1

Demographic	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17		Total Sample N=103	
Age	Yrs		Yrs		Yrs		Yrs		Yrs	
Mean	47.0		34.0		43.4		49.5		43.8	
SD	14.9		9.1		12.1		13.8		13.8	
Median	47.0		31.0		42.0		50.0		43.0	
Lowest	18		24		22		23		18	
Highest	83		52		73		77		83	
Sex	N	%	N	%	N	%	N	%	N	%
Male	18	52.9	16	84.2	17	51.5	7	41.2	58	56.3
Female	16	47.1	3	15.8	16	48.5	10	58.8	45	43.7
Education	N	%	N	%	N	%	N	%	N	%
Postgraduate	1	2.9	1	5.3	1	3.0	1	5.9	4	3.9
University or college degree	8	23.5	4	21.1	1	3.0	3	17.6	16	15.5
Trade/technical cert/diploma	8	23.5	8	42.1	11	33.3	3	17.6	30	29.1
Completed high school	7	20.6	4	21.1	10	30.3	4	23.5	25	24.3
Completed junior high school	9	26.5	2	10.5	10	30.3	5	29.4	26	25.2
Completed primary school	1	2.9	0	0.0	0	0.0	0	0.0	1	1.0
Missing	0	0.0	0	0.0	0	0.0	1	5.9	1	1.0
Employment	N	%	N	%	N	%	N	%	N	%
Work full-time	13	38.2	5	26.3	8	24.2	5	29.4	31	30.1
Work part-time	1	2.9	0	0.0	3	9.1	1	5.9	5	4.9
Work casually	5	14.7	2	10.5	4	12.1	1	5.9	12	11.7
Self-employed	4	11.8	2	10.5	3	9.1	1	5.9	10	9.7
Unemployed & looking for work	4	11.8	2	10.5	4	12.1	1	5.9	11	10.7
Full-time student	0	0.0	3	15.8	1	3.0	1	5.9	5	4.9
Full-time home duties	0	0.0	1	5.3	0	0.0	0	0.0	1	1.0
Retired	1	2.9	0	0.0	3	9.1	2	11.8	6	5.8
Sick or disability pension	4	11.8	1	5.3	4	12.1	3	17.6	12	11.7
Other	1	2.9	3	15.8	3	9.1	1	5.9	8	7.8
Missing	1	2.9	0	0.0	0	0.0	1	5.9	2	1.9
Marital Status	N	%	N	%	N	%	N	%	N	%
Never married	8	23.5	4	21.1	11	33.3	6	35.3	29	28.2
Married	7	20.6	4	21.1	10	30.3	3	17.6	24	23.3
Other 'live-in' relationship	6	17.6	8	42.1	5	15.2	3	17.6	22	21.4
Separated but not divorced	4	11.8	2	10.5	3	9.1	0	0.0	9	8.7
Divorced	6	17.6	1	5.3	2	6.1	3	17.6	12	11.7
Widowed	3	8.8	0	0.0	2	6.1	2	11.8	7	6.8
Household type	N	%	N	%	N	%	N	%	N	%
Single person	12	35.3	1	5.3	6	18.2	8	47.1	27	26.2
One parent family with child	2	5.9	0	0.0	3	9.1	0	0.0	5	4.9
Couple with children	4	11.8	5	26.3	10	30.3	3	17.6	22	21.4
Couple with no children	8	23.5	6	31.6	5	15.2	3	17.6	22	21.4
Group household	6	17.6	6	31.6	6	18.2	2	11.8	20	19.4
Other	2	5.9	1	5.3	3	9.1	0	0.0	6	5.8
Missing	0	0.0	0	0.0	0	0.0	1	5.9	1	1.0
Household income	N	%	N	%	N	%	N	%	N	%
\$0	0	0.0	0	0.0	0	0.0	1	5.9	1	1.0
\$1 - \$10,399	1	2.9	0	0.0	0	0.0	0	0.0	1	1.0
\$10,400 - \$15,599	2	5.9	2	10.5	2	6.1	1	5.9	7	6.8
\$15,600 - \$20,799	5	14.7	1	5.3	3	9.1	1	5.9	10	9.7
\$20,800 - \$31,999	4	11.8	1	5.3	8	24.2	4	23.5	17	16.5
\$31,200 - \$41,599	5	14.7	1	5.3	1	3.0	2	11.8	9	8.7
\$41,600 - \$51,999	5	14.7	0	0.0	0	0.0	0	0.0	5	4.9
\$52,000 - \$64,999	1	2.9	3	15.8	1	3.0	3	17.6	8	7.8
\$65,000 - \$77,999	1	2.9	5	26.3	2	6.1	2	11.8	10	9.7
\$78,000 - \$103,999	6	17.6	3	15.8	7	21.2	0	0.0	16	15.5
\$104,000 or more	4	11.8	3	15.8	7	21.2	3	17.6	17	16.5
Refused	0	0.0	0	0.0	2	6.1	0	0.0	2	1.9

8.3 TIME 1 RESULTS

At Time 1, respondents were asked about various aspects of their self-exclusion (Groups A and B) and administered several scales in relation to the six months before uptake of their most recent self-exclusion (Groups A and B), the six months before their most recent counselling consultations (Group C), or in the six months prior to the survey (Group D). For brevity, these time frames are referred to as 'the six month time frame for Time 1' throughout this chapter.

8.3.1 SELF-EXCLUSIONS REPORTED AT TIME 1

When Groups A and B were asked how they had first learned about self-exclusion, the most common responses were from written signs in a gambling venue or from a counsellor (Table 8.2). No statistical comparisons were possible for this question due to the low sample size.

Those who had self-excluded and had counselling reported self-excluding from an average of 3.71 venues (SD = 3.21, median = 3.00, range = 1-15), while those who had self-excluded but not had counselling reported self-excluding from an average of 2.89 venues (SD = 2.36, median = 2.00, range = 1-10). Types of venues respondents had self-excluded from is shown in Table 8.3. There were no statistically significant differences between the groups for any of these figures.

When asked about their first self-exclusion, responses ranged between a week prior to the survey up to 15 years. More than three-quarters of respondents from both self-exclusion groups (i.e., those who had and had not had counselling) had initially self-excluded within the last five years, more than half within the last three years and approximately one-third within the last year.

At Time 1, the most recent self-exclusion was still in place for 28 of the 34 (82.4%) Group A respondents and 17 of the 19 (89.2%) Group B respondents.

Eleven of the 34 (32.4%) Group A respondents reported gambling in a venue from which they were self-excluded at the time, mostly one or two times, but up to 10 times. Of these eleven people, six reported being caught by staff at the venue either once or twice. In comparison, three of the 19 (15.8%) Group B respondents reported gambling in a venue from which they were self-excluded between two and 10 times and only one reported being caught doing so by venue staff.

Table 8.2: How did you first learn about self-exclusion? (Time 1)

Source of information	Group A (SE+C) (N=34)		Group B (SE no C) (N=19)	
	N	%	N	%
From written information at a gaming venue (signs, brochures)	3	8.8	7	36.8
From a counsellor	5	14.7	0	0.0
From the telephone Gambling Helpline	0	0.0	1	5.3
From Gambling Help Online	1	2.9	0	0.0
From your family or friends	3	8.8	3	15.8
From the general media (TV, billboards, etc.)	2	5.9	0	0.0
From information on the Internet	3	8.8	2	10.5
Other	7	20.6	2	10.5
<i>Missing</i>	10	29.4	4	21.1

Note: 'Other' responses for Group A: Gambler's Anonymous (x3), pubs (x2), word of mouth, 'can't remember'. For Group B: 'Just know', 'not sure', 'venue banning'.

There were no significant differences between those who had and had not had counselling in terms of how many venues they had self-excluded from, with most respondents self-excluding from hotels, clubs and casinos (Table 8.3).

Table 8.3: Where have you self-excluded yourself from gambling? (Time 1)

Venue	Group A (SE+C) (N=34)			Group B (SE no C) (N=19)		
	N	Mean (SD)	Median	N	Mean (SD)	Median
Hotel	22	3.09 (4.22)	1.00	9	2.67 (2.29)	2.00
Club	17	1.47 (0.72)	1.00	5	1.20 (0.45)	1.00
Casino	7	1.71 (1.11)	1.00	9	1.56 (0.88)	1.00
TAB	3	2.67 (2.08)	2.00	0	-	-
Internet gambling sites	2	1.50 (0.71)	1.50	2	2.00 (1.41)	2.00

Note: Multiple responses possible. N refers to how many of each group reported self-excluding from each venue, while the mean, SD and median values refer to how many exclusions have been undertaken by those who had self-excluded from those venues.

8.3.2 GAMBLING BEHAVIOUR REPORTED AT TIME 1

Table 8.4 shows participation in different forms of gambling during the six month time frame for Time 1. Poker machines were clearly the most popular form for all groups. A significantly lower proportion of those in Group D took part in horse or greyhound race betting and keno betting (compared to Group A) and casino table games (compared to Group B). This gives some indication that those who self-exclude and seek counselling are more active gamblers, although no causal links can be drawn.

Table 8.4: Gambling forms by group at Time 1

Gambling form	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
	Poker machines	29	85.3	17	89.5	31	93.9	15
Horse or greyhound races	14	44.1	6	31.6	9	28.1	1	5.9
Instant scratch or lottery tickets	15	46.9	6	31.6	10	31.2	4	25.0
Keno	14	43.7	5	26.3	7	21.9	1	6.3
Casino table games	7	21.9	8	42.1	6	18.7	2	11.8
Bingo	6	18.7	0	0.0	1	3.1	0	0.0
Sporting events	8	25.0	2	10.5	3	9.4	0	0.0
Card games	4	12.5	2	10.5	2	6.2	1	5.9
Dice/mah-jong	2	6.3	1	5.3	1	3.1	0	0.0
Internet gambling	6	18.7	5	26.3	4	12.5	1	5.9

Note: Some questions were not answered by all respondents. Percentages shown are valid percentages, that is, based on those who answered the question.

Respondents were asked to identify up to three types of gambling that had caused them most problems during the six month time frame for Time 1, with results shown in Table 8.5. No statistical comparisons could be conducted on these data. However, Table 8.5 indicates that most respondents considered EGMs to be the form that had most contributed to their gambling problems, regardless of which group they were in.

Table 8.5: Most problematic forms of gambling by group at Time 1

Gambling form	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
	First mention:							
Poker machines	22	64.7	12	63.2	28	84.8	15	88.2
Horse or greyhound races	3	8.8	1	5.3	3	9.1	0	0.0
Sports betting/TAB*	3	8.8	1	5.3	0	0.0	0	0.0
Internet gambling	2	5.9	2	10.5	1	3.0	0	0.0
Casino table games	1	2.9	2	10.5	1	3.0	1	5.9
Card games	3	8.8	1	5.3	0	0.0	0	0.0
None	0	0.0	0	0.0	0	0.0	1	5.9
Second mention:								
Poker machines	1	2.9	2	10.5	1	3.0	0	0.0
Sports betting/TAB*	2	5.9	2	10.5	0	0.0	0	0.0
Internet gambling	0	0.0	1	5.3	0	0.0	1	5.9
Casino table games	1	2.9	2	10.5	1	3.0	0	0.0
Card games	0	0.0	0	0.0	1	3.0	0	0.0
Lottery tickets	0	0.0	0	0.0	0	0.0	1	5.9
Keno	1	2.9	0	0.0	0	0.0	0	0.0
None	29	85.3	12	63.2	30	87.9	15	88.2

Note: No one mentioned any third responses. *TAB was usually mentioned along with sports betting. TAB was mentioned by itself in three cases.

Given that EGMs were the most commonly reported problematic form of gambling, frequency of EGM playing is presented in Table 8.6. Between 70% and 82% of each group

played EGMs at least weekly during the 6 months timeframe for Time 1. There were no significant differences between groups in terms of frequency.

Table 8.6: Frequency of playing EGMs at Time 1

Frequency	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
Nearly every day	10	29.4	6	31.6	7	21.2	4	23.5
A few times a week	13	38.2	7	36.8	13	39.4	7	41.2
About once a week	4	11.8	1	5.3	7	21.2	1	5.9
About once a fortnight	2	5.9	1	5.3	2	6.1	1	5.9
About once a month	0	0.0	1	5.3	2	6.1	0	0.0
Less often than once a month	0	0.0	1	5.3	0	0.0	2	11.8
Never	5	14.7	2	10.5	2	6.1	2	11.8

Respondents were asked how much they spent on gambling in a typical month and about how much money, if any, they owed due to gambling during the six month time frame for Time 1, with results shown in Tables 8.7 and 8.8.

Due to the large amount of variance in the expenditure and debt data, analyses were also run using the non-parametric Kruskal Wallis test. The groups differed significantly in terms of debt ($\chi^2(3, N=83) = 9.48, p = 0.024$) but not expenditure ($\chi^2(3, N=83) = 7.61, p = 0.055$). Follow-up tests for the debt result indicated that the median debt for Group D was significantly lower than that for Groups A and B, but not Group C, with no other significant differences between groups.

Table 8.7: Monthly gambling expenditure (\$) by group at Time 1

Gambling expenditure	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	Mean	2,507.35	2,100.00	1,591.52	4,917.50			
SD	2,170.54	1,703.59	1,377.54	12,457.71				
Median	2,000.00	2,000.00	1,000.00	500.00				
Lowest	200.00	300.00	20.00	0.00				
Highest	10,000.00	8,000.00	5,500.00	50,000.00				

Table 8.8: Gambling debt (\$) by group at Time 1

Gambling debt	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	Mean	22,513.79	11,140.00	13,048.89	3,153.85			
SD	35,469.47	12,000.35	38,520.66	5,843.03				
Median	5,000.00	7,000.00	2,000.00	0.00				
Lowest	0.00	0.00	0.00	0.00				
Highest	150,000.00	35,000.00	200,000.00	20,000.00				
Missing (N)	5	4	6	3				

8.3.3 PROBLEM GAMBLING REPORTED AT TIME 1

Respondents were asked to indicate on a scale where 1 = no problem to 10 = severe problem, how severe they thought their gambling problem was during the six month time frame for Time 1, with results shown in Table 8.9.

When parametric tests were run, the only significant difference between the groups was that Group D was significantly lower than all other groups for perceived severity of gambling problem, with no other significant differences between groups ($F(3,79) = 13.65, p < 0.001$ with Tukey pairwise comparisons). This result indicates that respondents who perceived the severity of their gambling problem to be lower were less likely to undertake self-exclusion or counselling.

Table 8.9: Perceived severity of gambling problem by group at Time 1

Perceived severity	Group A (SE+C) N=34	Group B (SE no C) N=19	Group C (C no SE) N=33	Group D (no SE no C) N=17
Mean	9.1	8.4	8.6	6.6
SD	1.3	1.2	1.5	2.5
Median	9.5	8	8	7
Lowest	6	7	5	1
Highest	10	10	10	10

Note: Measured on Likert scale from 1 (no problem) to 10 (severe problem).

The PGSI was also administered for the six month time frame for Time 1 with results presented by PGSI category (Table 8.10) and mean score (Table 8.11). Almost all respondents were classified as problem gamblers according to the PGSI. No statistical comparison was possible for this result. When the PGSI was analysed as a continuous score variable, significant differences were evident between the groups ($F(3, 98) = 4.50, p = 0.005$). Tukey pairwise comparisons revealed that Group D was significantly lower on the PGSI compared to groups A and C, but not Group B. No other significant differences were present. This result indicates that respondents who had sought counselling were more likely to have higher PGSI scores.

Table 8.10: PGSI categories by group at Time 1

PGSI category	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
Non-problem	0	0.0	0	0.0	0	0.0	1	5.9
Low risk	0	0.0	0	0.0	0	0.0	1	5.9
Moderate risk	0	0.0	1	5.3	2	6.1	2	11.9
Problem	34	100.0	18	94.7	31	93.9	12	70.6
Missing	0	0.0	0	0.0	0	0.0	1	5.9

Table 8.11: PGSI scores by group at Time 1

PGSI score	Group A (SE+C) N=34	Group B (SE no C) N=19	Group C (C no SE) N=33	Group D (no SE no C) N=17
Mean	17.7	15.4	17.5	12.3
SD	4.6	5.0	5.5	6.9
Median	18	15	18	14
Lowest	10	7	4	0
Highest	26	25	26	25

8.3.4 GAMBLING URGE REPORTED AT TIME 1

Respondents completed the Gambling Urge Scale for 'a typical day' in the six month time frame for Time 1, as reported in Table 8.12. A parametric omnibus test indicated some evidence for significant differences between the groups, $F(3,98) = 2.70$, $p = 0.050$. A non-parametric omnibus test was not significant. However, pairwise comparisons (both parametric and non-parametric) indicated that Group D was significantly lower on gambling urges than Group A, with no other significant differences between the groups. This result is consistent with previous findings that Group D had lower perceived severity of their gambling problem and a lower mean PGSI score than the other groups, which may explain their decision to not seek either self-exclusion or counselling for a gambling problem.

Table 8.12: Gambling urge scores by group at Time 1

Gambling urge	Group A (SE+C) N=34	Group B (SE no C) N=19	Group C (C no SE) N=33	Group D (no SE no C) N=17
Mean	25.3	23.8	24.6	16.4
SD	11.3	10.2	9.6	13.2
Median	29.5	28.0	26	13.5
Lowest	2	6	0	0
Highest	36	35	36	33

8.3.5 ALCOHOL CONSUMPTION REPORTED AT TIME 1

Table 8.13 reports the number of standard alcoholic drinks reportedly consumed per week by each group. No statistical tests were possible on these data.

Table 8.13: Number of standard drinks per week by group at Time 1

Number of standard drinks of alcohol per week	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
0	12	35.3	4	21.1	15	45.5	7	41.2
1-7	9	26.5	6	31.6	5	15.2	3	17.6
8-14	2	5.9	1	5.3	1	3.0	1	5.9
15+	11	32.4	8	42.1	12	36.4	5	29.4
Missing	0	0.0	0	0.0	0	0.0	1	5.9

Those who reported drinking more than 0 standard drinks per week were then asked the CAGE questions (Table 8.14). The groups did not differ significantly in terms of their CAGE score reported at Time 1. A score of 2+ on the CAGE is considered clinically significant. Between one-fifth to two-fifths of respondents in each group scored as clinically significant for alcoholism.

Table 8.14: CAGE scores by group at Time 1

CAGE score	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
0	24	70.6	14	73.7	22	66.7	12	70.6
1	5	14.7	0	0.0	4	12.1	2	11.8
2	1	2.9	1	5.3	2	6.1	1	5.9
3	3	8.8	4	21.1	3	9.1	2	11.8
4	1	2.9	0	0.0	2	6.1	0	0.0

8.3.6 GENERAL HEALTH REPORTED AT TIME 1

Respondents completed the General Health Questionnaire (GHQ), with results shown in Table 8.15. The GHQ score for Group D was significantly higher than that for Group C (Tukey pairwise comparison), indicating better wellbeing in Group D. This result is consistent with previous results showing Group D had lower perceived and measured problem gambling severity and lower gambling urge scores than the other groups. No other differences were statistically significant.

Table 8.15: General health questionnaire scores by group at Time 1

GHQ score	Group A (SE+C) N=34	Group B (SE no C) N=19	Group C (C no SE) N=33	Group D (no SE no C) N=17
Mean	14.3	16.5	12.4	18.9
SD	7.1	5.2	6.0	7.2
Median	13	16	12	20
Lowest	4	7	3	1
Highest	29	26	26	29

8.3.7 GAMBLING CONSEQUENCES REPORTED AT TIME 1

Respondents completed the Gambling Consequences Scale (Table 8.16). The most commonly experienced consequence of gambling for all groups was gambling making it harder to make money last from one payday (or pension day) to the next.

A significantly lower proportion of Group D (compared to all of the other groups except where specified) stated that they had experienced the following consequences in the six month time frame for Time 1: 'not enough time to look after my family's interests', 'impact negatively on my relationship with any of my children' (except Group B), 'put off doing

things together', 'lost time from work, study or your main role' (compared to Group A only) and 'my performance in my work, study or main role was affected'. These results are consistent with Group D's lower problem gambling severity, weaker gambling urges and better general health and may explain why they did not seek self-exclusion or counselling.

Table 8.16: Consequences due to gambling by group at Time 1

Consequence	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
Not enough time to look after my family's interests	22	64.7	13	68.4	19	57.6	5	29.4
Cause arguments with my family	23	67.6	15	78.9	23	69.7	7	41.2
Incidents of domestic violence within my household	4	11.8	1	5.3	5	15.2	1	5.9
Other incidents of violence involving family, friends or others.	2	5.9	0	0.0	6	18.2	0	0.0
Impact negatively on my relationship with any of my children	19	55.9	6	31.6	13	39.4	3	17.6
People close to me had difficulties trusting me	23	67.6	14	73.7	24	72.7	7	41.2
Put off doing things together	27	79.4	15	78.9	27	81.8	8	47.1
I lost time from work, study or your main role	25	73.5	11	57.9	21	63.6	6	35.3
My performance in my work, study or main role was affected	25	73.5	14	73.7	20	60.6	4	23.5
I borrowed from someone and did not pay them back	18	52.9	7	36.8	12	36.4	3	17.6
I had no money to pay your rent or mortgage	24	70.6	11	57.9	18	54.5	6	35.3
I had no money to pay for household bills	26	76.5	15	78.9	20	60.6	9	52.9
It was harder to make money last from one payday (or pension day) to the next	33	97.1	17	89.5	28	84.8	12	70.6
The break-up of an important relationship in my life, or separation or divorce	6	17.6	5	26.3	11	33.3	4	23.5
Losing contact with any of my children	4	11.8	1	5.3	2	6.1	0	0.0
Changing jobs	5	14.7	3	15.8	7	21.2	2	11.8
Being sacked from a job	1	2.9	0	0.0	4	12.1	2	11.8
Being declared bankrupt	8	23.5	4	21.1	3	9.1	1	5.9
The sale, repossession or eviction from your house	1	2.9	1	5.3	2	6.1	1	5.9
Loss of superannuation or other investment funds or assets	8	23.5	2	10.5	10	30.3	3	17.6
Stealing or obtaining money illegally	10	29.4	5	26.3	6	18.2	3	17.6
Trouble with the police	1	2.9	1	5.3	2	6.1	1	5.9
Being in court on charges relating to my gambling	1	2.9	1	5.3	2	6.1	0	0.0
A prison sentence	1	2.9	0	0.0	1	3.0	0	0.0

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable').

8.3.8 HELP-SEEKING REPORTED AT TIME 1

Respondents were asked whether they were currently seeking various types of gambling specific professional help, general professional help, non-professional help and self-help in relation to their gambling (Table 8.17). Most of the respondents, regardless of group, were

currently using self-help strategies, with some seeking help from friends, family or partners/spouses. Due to low cell counts, the only analyses that could be conducted were for lines indicated in italics. There were no significant differences between groups for any of those analyses. Thus, the groups do not appear to differ in terms of some current non-professional and self-help seeking strategies, although the low power of these analyses is acknowledged.

Table 8.17: Current help seeking for gambling by group at Time 1

Source of help	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
Professional help services:								
Face-to-face counselling from a gambling help agency	10	29.4	0	0.0	2	6.1	0	0.0
Telephone counselling from a gambling helpline	5	14.7	2	10.5	6	18.2	1	5.9
Live online counselling from Gambling Help Online or another professional online gambling help service	0	0.0	0	0.0	0	0.0	0	0.0
Email counselling from Gambling Help Online or another professional online gambling help service	0	0.0	0	0.0	0	0.0	0	0.0
Residential treatment program for gambling	0	0.0	1	5.3	0	0.0	0	0.0
Other professional gambling help service (please specify)	0	0.0	0	0.0	1 ^a	3.0	0	0.0
General help services:								
General practitioner (GP)	6	17.6	1	5.3	8	24.2	0	0.0
Psychiatrist, psychologist or mental health practitioner	7	20.6	0	0.0	8	24.2	0	0.0
Financial counsellor	1	2.9	0	0.0	0	0.0	0	0.0
Relationship counsellor	0	0.0	0	0.0	1	3.0	0	0.0
Legal advisor	1	2.9	0	0.0	0	0.0	0	0.0
General telephone counsellor (e.g. Lifeline)	4	11.8	0	0.0	3	9.1	0	0.0
Alcohol or drug service	0	0.0	0	0.0	2	6.1	0	0.0
Culturally specific/migrant/ethnic support service	0	0.0	0	0.0	0	0.0	0	0.0
Other health professional including social worker, occupational therapist, complementary/alternative therapist such as a herbalist or naturopath	5	14.7	0	0.0	2	6.1	0	0.0
Other general help service (please specify)	2 ^b	5.9	0	0.0	0	0.0	0	0.0
Non-professional sources:								
<i>Partner/spouse</i>	9	26.5	5	26.3	11	33.3	7	41.2
<i>Family member other than partner/spouse</i>	12	35.3	3	15.8	7	21.2	5	29.4
<i>Friends</i>	7	20.6	5	26.3	10	30.3	7	41.2
Work colleagues	3	8.8	2	10.5	3	9.1	1	5.9
Gaming venue staff	1	2.9	1	5.3	1	3.0	0	0.0
Church/religious leader	0	0.0	0	0.0	2	6.1	1	5.9
Community leader or Elder	0	0.0	0	0.0	0	0.0	0	0.0
Online support group (internet forums or chat rooms)	1	2.9	1	5.3	1	3.0	0	0.0
Face-to-face support group (e.g. Gamblers Anonymous)	5	14.7	0	0.0	9	27.3	4	23.5
Other non-professional help, advice or support (please specify)	0	0.0	0	0.0	0	0.0	1 ^c	5.9

Table 8.17: Current help seeking for gambling by group at Time 1 (cont'd)

Source of help	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
Self help:								
Self-help books or other materials (e.g. self-help DVDs, online self-help materials)	12	35.3	1	5.3	7	21.2	4	23.5
Used a checklist to self-assess a gambling problem	3	8.8	3	15.8	7	21.2	3	17.6
Kept records of your gambling activities and expenditure	6	17.6	5	26.3	4	12.1	3	17.6
Set a budget for gambling and other expenses	7	20.6	7	36.8	7	21.2	8	47.1
Gave control over your finances to someone else	9	26.5	3	15.8	6	18.2	4	23.5
<i>Sourced information about how gambling works and the odds of winning</i>	11	32.4	4	21.1	11	33.3	7	41.2
<i>Sourced information about why some people gamble excessively</i>	10	29.4	5	26.3	10	30.3	4	23.5
<i>Avoided friends/family who gamble</i>	9	26.5	3	15.8	12	36.4	4	23.5
<i>Avoided being near the venue(s) where you primarily gamble</i>	21	61.8	10	52.6	18	54.5	8	47.1
<i>Limited access to money for gambling e.g. leaving bank cards at home, limiting the cash you take with you)</i>	21	61.8	10	52.6	18	54.5	13	76.5
<i>Took up other activities to take the place of or distract you from gambling</i>	25	73.5	8	42.1	19	57.6	10	58.8
Other strategy/method (please specify):	2 ^d	5.9	1 ^d	5.3	1 ^d	3.0	0	0.0

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable').

Note also that a small number of respondents in Groups B and D reported currently using telephone counselling, despite saying that had not ever had counselling for a gambling problem at recruitment. It may be that these respondents contacted a helpline for information rather than counselling.

'Other' responses comprised: ^aGambler's Anonymous online info – no formal counselling; ^bself-organised group or work sponsored counsellor; ^cfamily psychologist; ^d(Group A) get up campaign and political activism, meditation, (Group B) avoid alcohol, (Group C) make plan for day to keep busy.

Respondents were also asked whether they had sought help from the same types of sources in the past in relation to their gambling (Table 8.18). Similar to responses for current help-seeking, no significant differences were present between the groups for past help-seeking behaviour (where analyses could be run).

Table 8.18: Previous help seeking for gambling by group at Time 1

Source of help	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
	Professional help services:							
Face-to-face counselling from a gambling help agency	23	67.6	0	0.0	18	54.5	0	0.0
Telephone counselling from a gambling helpline	13	38.2	4	21.1	12	36.4	0	0.0
Live online counselling from Gambling Help	4	11.8	0	0.0	2	6.1	0	0.0
Online or another professional online gambling help service								
Email counselling from Gambling Help Online or another professional online gambling help service	2	5.9	0	0.0	0	0.0	0	0.0
Residential treatment program for gambling	1	2.9	0	0.0	2	6.1	0	0.0
Other professional gambling help service (please specify)	4 ^a	11.8	0	0.0	1 ^a	3.0	0	0.0
General help services:								
General practitioner (GP)	9	26.5	3	15.8	14	42.4	0	0.0
Psychiatrist, psychologist or mental health practitioner	8	23.5	1	5.3	17	51.5	0	0.0
Financial counsellor	7	20.6	1	5.3	4	12.1	0	0.0
Relationship counsellor	3	8.8	0	0.0	7	21.2	0	0.0
Legal advisor	1	2.9	0	0.0	1	3.0	0	0.0
General telephone counsellor (e.g. Lifeline)	4	11.8	1	5.3	4	12.1	0	0.0
Alcohol or drug service	2	5.9	0	0.0	4	12.1	0	0.0
Culturally specific/migrant/ethnic support service	0	0.0	0	0.0	0	0.0	0	0.0
Other health professional	0	0.0	0	0.0	2	6.1	0	0.0
Other general help service (please specify)	2 ^b	5.9	0	0.0	0	0.0	0	0.0
Non-professional sources:								
Partner/spouse	12	35.3	4	21.1	12	36.4	7	41.2
Family member other than partner/spouse	11	32.4	4	21.1	14	42.4	4	23.5
Friends	9	26.5	4	21.1	11	33.3	5	29.4
Work colleagues	2	5.9	0	0.0	4	12.1	1	5.9
Gaming venue staff	3	8.8	1	5.3	2	6.1	0	0.0
Church/religious leader	1	2.9	0	0.0	4	12.1	1	5.9
Community leader or Elder	1	2.9	0	0.0	0	0.0	0	0.0
Online support group (internet forums or chat rooms)	1	2.9	2	10.5	0	0.	0	0.0
Face-to-face support group (e.g. Gamblers Anonymous)	14	41.2	4	21.1	11	33.3	2	11.8
Other non-professional help, advice or support (please specify)	0	0.0	0 ^c	0.0	0	0.0	0	0.0

Table 8.18: Previous help seeking for gambling by group at Time 1 (cont'd)

Source of help	Group A (SE+C) N=34		Group B (SE no C) N=19		Group C (C no SE) N=33		Group D (no SE no C) N=17	
	N	%	N	%	N	%	N	%
Self help:								
Self-help books or other materials (e.g. self-help DVDs, online self-help materials)	15	44.1	4	21.1	13	39.4	2	11.8
Used a checklist to self-assess a gambling problem	9	26.5	3	15.8	10	30.3	1	5.9
Kept records of your gambling activities and expenditure	9	26.5	3	15.8	10	30.3	3	17.6
Set a budget for gambling and other expenses	8	23.5	3	15.8	9	27.3	6	35.3
Gave control over your finances to someone else	13	38.2	5	26.3	14	42.4	6	35.3
Sourced information about how gambling works and the odds of winning	14	41.2	5	26.3	12	36.4	2	11.8
Sourced information about why some people gamble excessively	14	41.2	6	31.6	12	36.4	1	5.9
Avoided friends/family who gamble	9	26.5	2	10.5	12	36.4	1	5.9
Avoided being near the venue(s) where you primarily gamble	19	55.9	7	36.8	16	48.5	2	11.8
Limited access to money for gambling e.g. leaving bank cards at home, limiting the cash you take with you)	19	55.9	7	36.8	24	72.7	6	35.3
Took up other activities to take the place of or distract you from gambling	19	55.9	4	21.1	21	63.6	4	23.5
Other strategy/method (please specify):	1 ^d	2.9	1 ^d	5.3	0	0.0	0	0.0

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable').

'Other' responses comprised: ^afamily counselling service (Group A), GA (Group A) and (Group C) hypnotherapy; ^bGA (x2), church; ^cone person from Group B stated that they were offered help from (unspecified) other sources, but they did not accept it; ^dto do lists/timelines for financial issues (Group A). avoid alcohol (Group B).

For those who had sought counselling prior to Time 1, there were no significant differences when tested via parametric and nonparametric tests between those who had and had not self-excluded in terms of: when they first sought counselling (mean for Group A = 2008.5, mean for Group C = 2004.7); number of consultations in previous rounds of counselling (mean for Group A = 18.8, mean for Group C = 13.2); how long the sessions were (mean for Group A = 57.8 minutes, mean for Group C = 52.3 minutes); and perceived helpfulness of counselling (67.6% of Group A considered counselling useful cf. 64.5% of Group C).

8.4 TIME 2 RESULTS

At Time 2, respondents were asked a series of questions in relation to the six months (approximately) since they responded to the Time 1 survey. Unfortunately, several Time 1 respondents dropped out of the study at Time 2. Group A dropped from 34 respondents to 26, Group B from 19 to 14, and Group C from 33 to 22. Group D was not surveyed at Time 2.

8.4.1 ADDITIONAL SELF-EXCLUSIONS REPORTED AT TIME 2

Since Time 1, 28.0% of those in Group A had initiated a self-exclusion from a venue(s) they had not previously excluded from, compared to 15.4% of those from Group B, as shown in Table 8.19. These results suggest that these respondents perceived some potential utility from extending the number of venues they were excluded from, presumably because their previous self-exclusions also had some utility. Furthermore, three respondents from Group C had initiated a self-exclusion since the first survey, suggesting that counselling alone may not have met all their needs.

Table 8.19: Self-exclusion by group at Time 2

Self-exclusion information	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
Have you initiated a self-exclusion from venues that you weren't already excluded from since T1?	7	28.0	2	15.4	3	13.6
How did you find out you could self-exclude from these additional gaming venues?						
From written information at a gaming venue	0	0.0	1	50.0	0	0.0
From your family or friends	1	14.3	0	0.0	0	0.0
From information on the internet	0	0.0	0	0.0	1	33.3
Other ^a	2	28.6	1	50.0	2	66.7
How many gaming venues have you ever self-excluded from?						
Mean	16.3		9.0		10.7	
SD	21.6		8.5		12.4	
Median	4		9		4	
Lowest	3		3		3	
Highest	60		15		25	

Note: Percentages are based on how many respondents answered each question.

^aOther responses comprised: Already knew (x3), GA, from the interview 6 months ago.

8.4.2 GAMBLING BEHAVIOUR REPORTED AT TIME 2

As shown in Table 8.20, the majority of respondents had gambled since the previous survey, although this proportion was lower amongst those who had self-excluded compared to those who had not. The proportions of respondents who had gambled on EGMs were still relatively high at Time 2, given that most respondents from each group described EGMs as the form that had contributed the most to their problems (both at Time 1 and Time 2).

Some gambling at Time 2 occurred in venues respondents had self-excluded from. Five of 25 people from Group A reported gambling in a venue from which they were self-excluded since the last interview, while one of 13 people from Group B reported doing so. Of respondents who had breached their self-exclusion, two from Group A but none from Group B reported being caught breaching by venue staff. Low levels of detection clearly facilitate continued gambling in self-excluded venues.

Table 8.20: Gambling forms by group at Time 2

Gambling form	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
	Gambled since last interview	19	73.1	10	71.4	18
Poker machines	13	68.4	7	70.0	17	94.4
Horse or greyhound races	5	26.3	2	20.0	2	11.8
Instant scratch or lottery tickets	1	5.6	0	0.0	3	16.7
Keno	3	16.7	1	10.0	1	5.6
Casino table games	1	5.3	0	0.0	1	5.6
Bingo	0	0.0	0	0.0	0	0.0
Sporting events	0	0.0	1	10.0	0	0.0
Card games	1	5.6	1	10.0	1	5.6
Dice/mah-jong	0	0.0	0	0.0	0	0.0
Internet gambling	1	5.6	1	10.0	1	5.6

Note: The 'forms' questions were only asked of those who had gambled since the last interview. Percentages shown are valid percentages, that is, based on those who answered the question. There is still the occasional missing data for each form.

Respondents who had gambled since the previous interview were asked their most problematic form of gambling at Time 2 (Table 8.21). Similar to Time 1, most respondents attributed their gambling problem to EGMs.

Table 8.21: Most problematic forms of gambling by group at Time 2

Gambling form	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
	First mention					
Poker machines	12	46.2	5	35.7	16	72.7
Horse or greyhound races	3	11.5	1	7.1	1	4.5
TAB*	1	3.8	0	0.0	0	0.0
Internet gambling	1	3.8	1	7.1	1	4.5
Casino table games	0	0.0	1	7.1	0	0.0
Keno	1	3.8	0	0.0	0	0.0
<i>None/not concerned</i>	8	30.8	6	42.9	4	18.2

Note: No second or third mentions

Given that EGMs were the most commonly reported problematic form of gambling, frequency of EGM playing is presented in Table 8.22. Compared to results for Time 1, the respondents appeared to play EGMs less often over the last 6 months than prior to any self-exclusion or counselling. Due to the low N and relatively large number of response categories, no statistical analysis comparing categories could be run.

Table 8.22: Frequency of playing EGMs at Time 2

Frequency	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
Nearly every day	0	0.0	0	0.0	0	0.0
A few times a week	2	7.7	0	0.0	6	27.3
About once a week	2	7.7	1	7.1	1	4.5
About once a fortnight	4	15.4	4	28.6	0	0.0
About once a month	1	3.8	0	0.0	5	22.7
Less often than once a month	4	15.4	2	14.3	5	22.7
Never	13	50.0	7	50.0	5	22.7

Tables 8.23 and 8.24 shows mean monthly gambling expenditure amongst all respondents since the previous interview and men gambling debt at Time 2, respectively. There were no significant differences between Groups A, B and C at Time 2 in terms of monthly gambling expenditure or gambling debt.

Table 8.23: Monthly gambling expenditure (\$) by group at Time 2

Gambling expenditure	Group A (SE+C) N=26	Group B (SE no C) N=14	Group C (C no SE) N=22
Mean	626.92	383.57	775.00
SD	1,015.31	650.04	1,088.22
Median	200.00	35.00	350.00
Lowest	0.00	00.00	0.00
Highest	4,000.00	2,000.00	4,000.00

Table 8.24: Gambling debt (\$) by group at Time 2

Gambling debt	Group A (SE+C) N=26	Group B (SE no C) N=14	Group C (C no SE) N=22
Mean	1,867.31	607.14	8,109.09
SD	6,114.23	1,495.87	26,424.50
Median	0.00	0.00	0.00
Lowest	0.00	0.00	0.00
Highest	30,000.00	5,000.00	120,000.00

8.4.3 PROBLEM GAMBLING REPORTED AT TIME 2

There were no significant differences between Groups A, B and C at Time 2 in terms of perceived severity of gambling problems (Table 8.25), nor between PGSI categories (Table 8.26) and PGSI mean scores (Table 8.27).

Table 8.25: Perceived severity of gambling problem by group at Time 2

Perceived severity	Group A (SE+C) N=26	Group B (SE no C) N=14	Group C (C no SE) N=22
Mean	4.15	4.07	5.00
SD	2.77	2.50	3.10
Median	3	3.5	4
Lowest	1	1	1
Highest	10	8	10

Note: Measured on Likert scale from 1 (no problem) to 10 (severe problem).

Table 8.26: PGSI categories by group at Time 2

PGSI category	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
Non-problem	5	19.2	4	28.6	3	13.6
Low risk	3	11.5	1	7.1	1	4.5
Moderate risk	5	19.2	3	21.4	3	13.6
Problem	13	50.0	6	42.9	15	68.2

Table 8.27: PGSI scores by group at Time 2

PGSI score	Group A (SE+C) N=26	Group B (SE no C) N=14	Group C (C no SE) N=22
Mean	9.2	6.4	11.2
SD	8.2	6.0	8.2
Median	7.5	5.5	11
Lowest	0	0	0
Highest	25	17	27

8.4.4 GAMBLING URGE REPORTED AT TIME 2

No significant differences were observed between Groups A, B and C at Time 2 in terms of gambling urge scores (Table 8.28).

Table 8.28: Gambling urge scores by group at Time 2

Gambling urge score	Group A (SE+C) N=26	Group B (SE no C) N=14	Group C (C no SE) N=22
Mean	12.3	9.8	16.3
SD	13.7	9.7	13.5
Median	6	7.5	15.5
Lowest	0	0	0
Highest	36	29	36

8.4.5 ALCOHOL CONSUMPTION REPORTED AT TIME 2

No significant differences were observed between the groups at Time 2 in terms of CAGE scores (Table 8.29).

Table 8.29: CAGE scores by group at Time 2

CAGE score	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
0	20	76.9	11	78.6	19	86.4
1	2	7.7	1	7.1	1	4.5
2	2	7.7	2	14.3	2	9.1
3	1	3.8	0	0.0	0	0.0
4	1	3.8	0	0.0	0	0.0

8.4.6 GENERAL HEALTH REPORTED AT TIME 2

No significant differences were observed between the groups at Time 2 in terms of GHQ scores (Table 8.30).

Table 8.30: General health questionnaire scores by group at Time 2

Gambling expenditure	Group A (SE+C) N=26	Group B (SE no C) N=14	Group C (C no SE) N=22
Mean	25.0	26.4	21.5
SD	9.6	7.0	8.9
Median	25.5	27.0	23.5
Lowest	6	11	6
Highest	36	36	34

8.4.7 GAMBLING CONSEQUENCES REPORTED AT TIME 2

Gambling consequences reported at Time 2 are shown in Table 8.31. Any differences that could be tested were not statistically significant. Commonly experienced consequences of gambling at Time 2 were putting of doing things together, not enough time to look after family's interests, gambling causing arguments within the family, and gambling making it harder to make money last from one payday (or pension day) to the next.

Table 8.31: Consequences due to gambling by group at Time 2

Consequence	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
Not enough time to look after my family's interests	12	46.2	2	14.3	9	40.9
Cause arguments with my family	12	46.2	8	57.1	10	45.5
Incidents of domestic violence within my household	0	0.0	1	7.1	0	0.0
Other incidents of violence involving family, friends or others	0	0.0	1	7.1	0	0.0
Impact negatively on my relationship with any of my children	5	19.2	1	7.1	6	27.3
People close to me had difficulties trusting me	12	46.2	6	42.9	9	40.9
Put off doing things together	13	50.0	9	64.3	12	54.5
I lost time from work, study or your main role	9	34.6	5	35.7	9	40.9
My performance in my work, study or main role was affected	8	30.8	5	35.7	8	36.4
I borrowed from someone and did not pay them back	5	19.2	1	7.1	3	13.6
I had no money to pay your rent or mortgage	7	26.9	2	14.3	5	22.7
I had no money to pay for household bills	7	26.9	2	14.3	7	31.8
It was harder to make money last from one payday (or pension day) to the next	12	46.2	4	28.6	10	45.5
The break-up of an important relationship in my life, or separation or divorce	2	7.7	1	7.1	3	13.6
Losing contact with any of my children	2	7.7	2	14.3	1	4.5
Changing jobs	5	19.2	3	21.4	1	4.5
Being sacked from a job	3	11.5	1	7.1	1	4.5
Being declared bankrupt	2	7.7	1	7.1	0	0.0
The sale, repossession or eviction from your house	3	11.5	1	7.1	1	4.5
Loss of superannuation or other investment funds or assets	4	15.4	1	7.1	4	18.2
Stealing or obtaining money illegally	3	11.5	1	7.1	0	0.0
Trouble with the police	2	7.7	1	7.1	0	0.0
Being in court on charges relating to my gambling	2	7.7	1	7.1	0	0.0
A prison sentence	2	7.7	1	7.1	0	0.0

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable').

8.4.8 HELP-SEEKING REPORTED AT TIME 2

Table 8.32 shows professional, general, non-professional and self-help sought since the previous survey. As at Time 1, most of the sample, regardless of group, were currently using self-help strategies at Time 2, with some seeking help from friends, family or partners/spouses. No significant differences were observed between the groups for variables that could be tested.

Table 8.32: Current help seeking for gambling by group at Time 2

Source of help	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
Professional help services:						
Face-to-face counselling from a gambling help agency	7	26.9	1	7.1	3	13.6
Telephone counselling from a gambling helpline	4	15.4	0	0.0	3	13.6
Live online counselling from Gambling Help Online or another professional online gambling help service	2	7.7	1	7.1	0	0.0
Email counselling from Gambling Help Online or another professional online gambling help service	0	0.0	0	0.0	0	0.0
Residential treatment program for gambling	0	0.0	0	0.0	0	0.0
Other professional gambling help service (please specify)	0	0.0	0	0.0	0	0.0
General help services:						
General practitioner (GP)	4	15.4	1	7.1	2	9.1
Psychiatrist, psychologist or mental health practitioner	5	19.2	1	7.1	3	13.6
Financial counsellor	0	0.0	0	0.0	0	0.0
Relationship counsellor	0	0.0	0	0.0	1	4.5
Legal advisor	0	0.0	0	0.0	0	0.0
General telephone counsellor (e.g. Lifeline)	3	11.5	0	0.0	0	0.0
Alcohol or drug service	0	0.0	0	0.0	0	0.0
Culturally specific/migrant/ethnic support service	0	0.0	0	0.0	0	0.0
Other health professional including social worker, occupational therapist, complementary/alternative therapist such as a herbalist or naturopath	0	0.0	0	0.0	1	4.5
Other general help service (please specify)	0	0.0	0	0.0	0	0.0
Non-professional sources:						
Partner/spouse	10	38.5	3	21.4	8	36.4
Family member other than partner/spouse	9	34.6	3	21.4	5	22.7
Friends	9	34.6	3	21.4	9	40.9
Work colleagues	3	11.5	1	7.1	0	0.0
Gaming venue staff	2	7.7	0	0.0	1	4.5
Church/religious leader	1	3.8	0	0.0	1	4.5
Community leader or Elder	0	0.0	0	0.0	0	0.0
Online support group (internet forums or chat rooms)	2	7.7	1	7.1	1	4.5
Face-to-face support group (e.g. Gamblers Anonymous)	6	23.1	0	0.0	4	18.2
Other non-professional help, advice or support (please specify)	0	0.0	0	0.0	0	0.0

Table 8.32: Current help seeking for gambling by group at Time 2 (cont'd)

Source of help	Group A (SE+C) N=26		Group B (SE no C) N=14		Group C (C no SE) N=22	
	N	%	N	%	N	%
Self help:						
Self-help books or other materials (e.g. self-help DVDs, online self-help materials)	9	34.6	4	28.6	5	22.7
Used a checklist to self-assess a gambling problem	3	11.5	1	7.1	2	9.1
Kept records of your gambling activities and expenditure	4	15.4	4	28.6	1	4.5
Set a budget for gambling and other expenses	9	34.6	8	57.1	9	40.9
Gave control over your finances to someone else	8	30.8	2	14.3	2	9.1
Sourced information about how gambling works and the odds of winning	3	11.5	4	28.6	7	31.8
Sourced information about why some people gamble excessively	6	23.1	2	14.3	6	27.3
Avoided friends/family who gamble	8	30.8	3	21.4	8	36.4
Avoided being near the venue(s) where you primarily gamble	13	50.0	9	64.3	16	72.7
Limited access to money for gambling e.g. leaving bank cards at home, limiting the cash you take with you)	13	50.0	9	64.3	8	36.4
Took up other activities to take the place of or distract you from gambling	15	57.7	9	64.3	19	86.4
Other strategy/method (please specify):	2 ^a	7.7	1 ^a	7.1	5 ^a	22.7

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable').

^a 'Other' responses comprised: swim, work hard (Group A), cut some people out of my life (Group A), study (Group B), 100 day gambling diary challenge (Group C), eat/don't drink/don't gamble – put family first (Group C), get a job (Group C), not go out (Group C), spend money on house and kids (keep money 'busy') (Group C)

Sixteen Group A respondents and 10 Group C respondents had sought counselling for their gambling since the previous survey. There were no significant differences when tested via parametric and nonparametric tests between Groups A and C in terms of: number of consultations since Time 1 (mean for Group A = 5.9, mean for Group C = 5.0); how long the sessions were (mean for Group A = 54.6 minutes, mean for Group C = 50.0 minutes); and perceived usefulness of counselling (78.6% of Group A considered counselling useful cf. 72.7% of Group C).

8.5 TIME 3 RESULTS

At Time 3, respondents were asked a series of questions in relation to the six months (approximately) since they responded to the Time 2 survey. Unfortunately, several Time 2 respondents dropped out of the study at Time 3. Group A dropped from 26 respondents to 23, and Group B from 14 to 6. All 22 Group C respondents were retained at Time 3. Group D was not surveyed at Time 3. Note that results for Group B are not presented in this section due to low numbers.

8.5.1 ADDITIONAL SELF-EXCLUSIONS REPORTED AT TIME 3

Only one person (Group A) had initiated an additional self-exclusion since Time 2. This person did so from two hotels six months previously and had not gambled in either of these venues since.

8.5.2 GAMBLING BEHAVIOUR REPORTED AT TIME 3

As shown in Table 8.33, the majority of respondents had gambled since the previous survey, and these proportions were similar amongst those who had self-excluded and those who had not. The proportions of respondents who had gambled on EGMs were still relatively high at Time 3, given that most respondents from each group described EGMs as the form that had contributed the most to their problems (at Times 1, 2, and 3).

Table 8.33: Gambling forms by group at Time 3

Gambling form	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
Gambled since last interview	16	69.9	15	68.2
Poker machines	8	50.0	15	100.0
Horse or greyhound races	4	25.0	1	6.7
Instant scratch or lottery tickets	3	18.7		26.7
Keno	6	37.5	1	6.7
Casino table games	1	6.3	0	0.0
Bingo	0	0.0	0	0.0
Sporting events	2	12.5	0	0.0
Card games	0	0.0	0	0.0
Dice/mah-jong	0	0.0	0	0.0
Internet gambling	0	0.0	1	6.7

Note: The 'forms' questions were only asked of those who had gambled since the last interview. Percentages shown are valid percentages, that is, based on those who answered the question. There is still the occasional missing data for each form.

Once again, EGMs were generally seen as the form of gambling that most contributed to respondents' problem gambling (Table 8.34).

Table 8.34: Most problematic forms of gambling by group at Time 3

Gambling form	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
First mention				
Poker machines	7	30.4	13	59.1
Horse or greyhound races	1	4.3	1	4.5
Horses + sport	1	4.3	0	0.0
Lotto	1	4.3	0	0.0
Poker tournaments	0	0.0	0	0.0
Keno	1	4.3	0	0.0
<i>None/not concerned</i>	12	52.2	8	36.4

Note: No second or third mentions

Given that EGMs were once again the most commonly reported problematic form of gambling, frequency of EGM playing is presented in Table 8.35. Due to the low N and relatively large number of response categories, no statistical analysis comparing groups could be run.

Table 8.35: Frequency of playing EGMs at Time 3

Frequency	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
Nearly every day	1	4.3	1	4.5
A few times a week	0	0.0	4	18.2
About once a week	3	13.0	2	9.1
About once a fortnight	1	4.3	2	9.1
About once a month	0	0.0	0	0.0
Less often than once a month	3	13.0	6	27.3
Never	15	65.2	7	31.8

Table 8.36 and 8.37 show monthly gambling expenditure amongst all respondents since the previous survey and gambling debt, respectively. No significant difference was observed between Groups A and C for monthly gambling expenditure. However, the self-excluded group (Group A) had a significantly smaller mean gambling debt at Time 3 than the non-excluded group, $F(1,15) = 5.02$, $p = 0.041$.

Table 8.36: Monthly gambling expenditure (\$) by group at Time 3

Gambling expenditure	Group A (SE+C) N=23	Group C (C no SE) N=22
Mean	256.09	630.00
SD	538.55	1,112.12
Median	10.00	90.00
Lowest	0.00	0.00
Highest	2,000.00	4,000.00

Table 8.37: Gambling debt (\$) by group at Time 3

Gambling debt	Group A (SE+C) N=23	Group C (C no SE) N=22
Mean	247.83	3,488.18
SD	794.22	9,657.53
Median	0.00	0.00
Lowest	0.00	0.00
Highest	3,000.00	40,000.00

8.5.3 PROBLEM GAMBLING REPORTED AT TIME 3

Tables 8.38, 8.39 and 8.40 show perceived problem gambling severity, PGSI categories and mean PGSI scores for Groups A and C at Time 3. No significant differences were observed between the groups for any of these results.

Table 8.38: Perceived severity of gambling problem by group at Time 3

Perceived severity	Group A (SE+C) N=23	Group C (C no SE) N=22
Mean	3.5	4.1
SD	2.6	2.8
Median	3	3.5
Lowest	1	1
Highest	9	9

Note: Measured on Likert scale from 1 (no problem) to 10 (severe problem).

Table 8.39: PGSI categories by group at Time 3

PGSI category	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
Non-problem	9	39.1	7	31.8
Low risk	3	13.0	3	13.6
Moderate risk	4	17.4	3	13.6
Problem	7	30.4	9	40.9

Table 8.40: PGSI scores by group at Time 3

PGSI score	Group A (SE+C) N=23	Group C (C no SE) N=22
Mean	5.8	6.5
SD	7.2	7.1
Median	1	4
Lowest	0	0
Highest	22	24

8.5.4 GAMBLING URGE REPORTED AT TIME 3

No significant differences were observed between the groups at Time 3 in terms of gambling urge scores (Table 8.41).

Table 8.41: Gambling urge scores by group at Time 3

Gambling urge score	Group A (SE+C) N=21	Group C (C no SE) N=19
Mean	13.0	15.8
SD	14.3	12.3
Median	8	14
Lowest	0	0
Highest	36	36

8.5.5 ALCOHOL CONSUMPTION REPORTED AT TIME 3

No significant differences were observed between the groups at Time 3 in terms of CAGE scores (Table 8.42).

Table 8.42: CAGE scores by group at Time 3

CAGE score	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
0	20	87.0	18	81.8
1	1	4.3	2	9.1
2	2	8.7	1	4.5
3	0	0.0	1	4.5
4	0	0.0	0	0.0

8.5.6 GENERAL HEALTH REPORTED AT TIME 3

No significant differences were observed between the groups at Time 3 in terms of GHQ scores (Table 8.43).

Table 8.43: General health questionnaire scores by group at Time 3

GHQ score	Group A (SE+C) N=23	Group C (C no SE) N=22
Mean	26.7	27.5
SD	8.3	7.8
Median	28	29.5
Lowest	3	12
Highest	36	36

8.5.7 GAMBLING CONSEQUENCES REPORTED AT TIME 3

By Time 3, common consequences of gambling were gambling causing arguments with the family, not enough time to look after family's interests, putting off doing things together and gambling making it harder to make money last from one payday (or pension day) to the

next. No significant differences were observed between the groups at Time 3 in terms of gambling consequences for those items that could be statistically compared (Table 8.44).

Table 8.44: Consequences due to gambling by group at Time 3

	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
Not enough time to look after my family's interests	4	17.4	8	36.4
Cause arguments with my family	7	30.4	7	31.8
Incidents of domestic violence within my household	0	0.0	0	0.0
Other incidents of violence involving family, friends or others.	0	0.0	0	0.0
Impact negatively on my relationship with any of my children	2	8.7	4	18.2
People close to me had difficulties trusting me	5	21.7	6	27.3
Put off doing things together	4	17.4	9	40.9
I lost time from work, study or your main role	6	26.1	5	22.7
My performance in my work, study or main role was affected	5	21.7	8	36.4
I borrowed from someone and did not pay them back	1	4.3	3	13.6
I had no money to pay your rent or mortgage	2	8.7	3	13.6
I had no money to pay for household bills	3	13.0	6	27.3
It was harder to make money last from one payday (or pension day) to the next	5	21.7	9	40.9
The break-up of an important relationship in my life, or separation or divorce	1	4.3	2	9.1
Losing contact with any of my children	0	0.0	2	9.1
Changing jobs	0	0.0	1	4.5
Being sacked from a job	0	0.0	1	4.5
Being declared bankrupt	0	0.0	0	0.0
The sale, repossession or eviction from your house	0	0.0	0	0.0
Loss of superannuation or other investment funds or assets	1	4.3	1	4.5
Stealing or obtaining money illegally	0	0.0	0	0.0
Trouble with the police	0	0.0	0	0.0
Being in court on charges relating to my gambling	0	0.0	0	0.0
A prison sentence	0	0.0	0	0.0

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable').

8.5.8 HELP-SEEKING REPORTED AT TIME 3

No differences between groups were evident in relation to seeking professional, general, non-professional and self-help for the types of help for which statistical comparisons could be conducted (Table 8.45). Respondents from both groups appeared to rely on the same kinds of strategies as they did at Times 1 and 2, namely seeking help from friends, family members or partners/spouses along with avoiding being near gambling venues, limiting access to money and taking up other activities as distractions. Setting a budget for gambling and other expenses and giving control over finances to other people were also popular alternatives.

Table 8.45: Help-seeking for gambling by group at Time 3

	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
Professional help services:				
Face-to-face counselling from a gambling help agency	3	13.0	2	9.1
Telephone counselling from a gambling helpline	2	8.7	1	4.5
Live online counselling from Gambling Help Online or another professional online gambling help service	2	8.7	0	0.0
Email counselling from Gambling Help Online or another professional online gambling help service	0	0.0	0	0.0
Residential treatment program for gambling	0	0.0	0	0.0
Other professional gambling help service (please specify)	0	0.0	0	0.0
General help services:				
General practitioner (GP)	3	13.0	1	4.5
Psychiatrist, psychologist or mental health practitioner	5	21.7	3	13.6
Financial counsellor	0	0.0	1	4.5
Relationship counsellor	0	0.0	0	0.0
Legal advisor	0	0.0	0	0.0
General telephone counsellor (e.g. Lifeline)	0	0.0	0	0.0
Alcohol or drug service	0	0.0	0	0.0
Culturally specific/migrant/ethnic support service	0	0.0	0	0.0
Other health professional including social worker, occupational therapist, complementary/alternative therapist such as a herbalist or naturopath	1	4.3	0	0.0
Other general help service (please specify)	0	0.0	0	0.0
Non professional help:				
Partner/spouse	4	17.4	5	22.7
Family member other than partner/spouse	8	34.8	5	22.7
Friends	10	43.5	8	36.4
Work colleagues	1	4.3	2	9.1
Gaming venue staff	1	4.3	1	4.5
Church/religious leader	1	4.3	0	0.0
Community leader or Elder	0	0.0	0	0.0
Online support group (internet forums or chat rooms)	0	0.0	0	0.0
Face-to-face support group (e.g. Gamblers Anonymous)	3	13.0	3	13.6
Other non-professional help, advice or support (please specify)	0	0.0	0	0.0

Table 8.45: Help-seeking for gambling by group at Time 3 (cont'd)

	Group A (SE+C) N=23		Group C (C no SE) N=22	
	N	%	N	%
Self help:				
Self-help books or other materials (e.g. self-help DVDs, online self-help materials)	2	8.7	4	18.2
Used a checklist to self-assess a gambling problem	2	8.7	0	0.0
Kept records of your gambling activities and expenditure	0	0.0	0	0.0
Set a budget for gambling and other expenses	6	26.1	8	36.4
Gave control over your finances to someone else	7	30.4	4	18.2
Sourced information about how gambling works and the odds of winning	2	8.7	3	13.6
Sourced information about why some people gamble excessively	2	8.7	3	13.6
Avoided friends/family who gamble	3	13.0	5	22.7
Avoided being near the venue(s) where you primarily gamble	15	65.2	13	59.1
Limited access to money for gambling e.g. leaving bank cards at home, limiting the cash you take with you)	13	56.5	10	45.5
Took up other activities to take the place of or distract you from gambling	17	73.9	15	68.2
Other strategy/method (please specify):	0	0.0	2 ^a	9.1

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable').

^a'Other' responses comprised: Tom Waterhouse (Group C), wife's carer (Group C).

Twelve Group A respondents and five Group C respondents had sought counselling for their gambling since the previous survey. For those who had sought counselling since the previous survey, there were no significant differences when tested via parametric and nonparametric tests between Groups A and C in terms of: number of consultations since Time 1 (mean for Group A = 3.9, mean for Group C = 4.8); how long the sessions were (mean for Group A = 44.3 minutes, mean for Group B = 54.0 minutes); and perceived usefulness of counselling (80.8% of Group A considered counselling useful cf. 60.0% of Group C).

8.6 TRENDS OVER TIMES 1-3 FOR GROUPS A, B, C AND D

This section graphs results for the main measures administered to respondents over the three time periods, where data are available, to depict trends over time. However, small numbers in each group imply caution is needed in interpreting these results.

8.6.1 GAMBLING BEHAVIOUR

Figure 8.1 shows the proportions of each group who reported still gambling at each time period. It shows that about 30% of all three groups reported abstaining from gambling between Time 1 and their last assessment period, although this decline was slower for Group C. Figure 8.1 was based on results of a question asking whether respondents had gambled at all during the last six months. However, a subsequent question asking about gambling during the last six months for individual forms of gambling actually showed that all respondents in all three groups still gambled on at least one form of gambling during the

assessment period. This list of gambling forms included private gambling, such as dice games, cards and mah-jong, so perhaps respondents did not consider these to be forms of gambling when responding to the global question. Nevertheless, this result needs to be interpreted with caution and provides the most positive interpretation of the data.

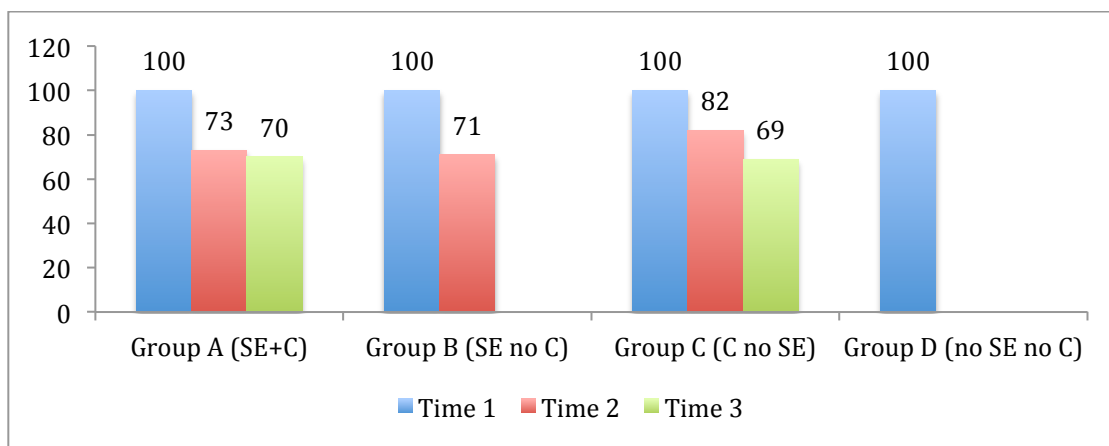


Figure 8.1: % of respondents who reported gambling during assessment period for Groups A-D, Times 1-3

Poker machines were the most popular form of gambling amongst all groups over Times 1-3 and the form of gambling to which most respondents attributed their gambling problems. Figure 8.2 graphs the proportion of respondents in each group who played EGMs at least weekly for Times 1-3 where data are available. All groups had high proportions of at least weekly EGM gamblers at Time 1. By Time 2, Groups A, B and C all showed reduced proportions of at least weekly EGM gamblers and this reduction was greatest amongst those who had self-excluded (Groups A and B). By Time 3, Group A had an increased proportion of at least weekly EGM gamblers compared to Time 2, while the proportion for Group C remained the same.

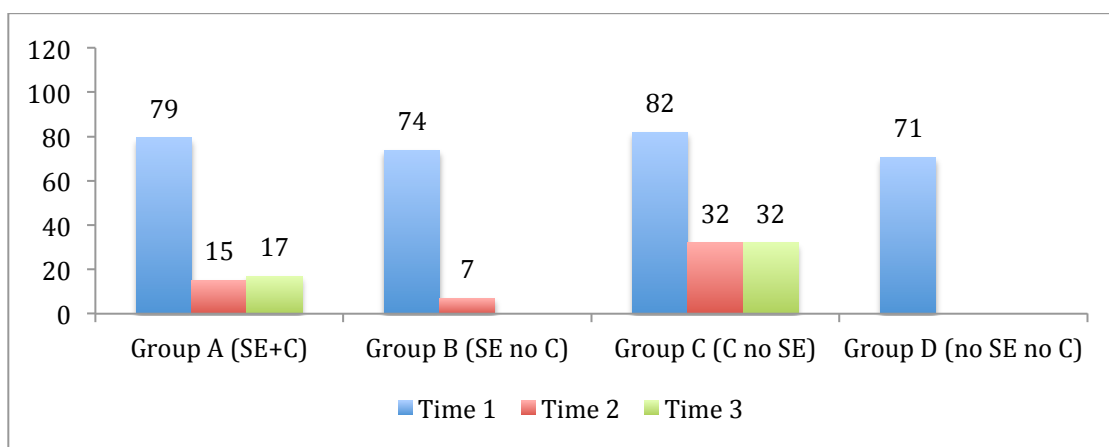


Figure 8.2: % of respondents participating in EGM gambling at least weekly for Groups A-D, Times 1-3

Figure 8.3 shows changes in reported monthly gambling expenditure for each group over the three time periods. Group D had the highest monthly gambling expenditure of all groups at Time 1, followed by Groups A, B and C respectively. By Time 2, Groups A, B and C all showed reduced gambling expenditure and this reduction was greatest amongst those who had self-excluded (Groups A and B). By Time 3, expenditure by Groups A and C had declined further, but to a much greater extent for Group A.

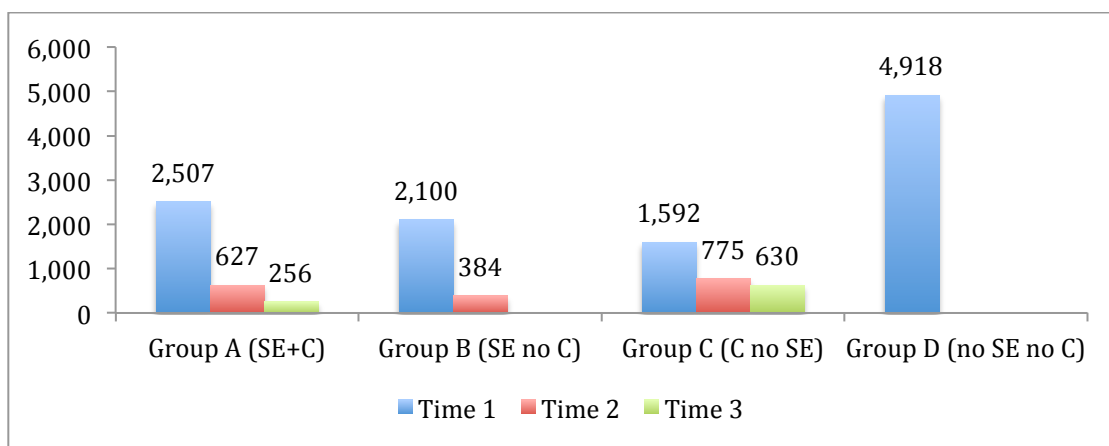


Figure 8.3: Monthly gambling expenditure (\$) for Groups A-D, Times 1-3

Figure 8.4 shows the mean gambling debt over the three time periods. Group A had the highest mean debt at Time 1, followed by Group C, B and D, respectively. By Time 2, Groups A, B and C all showed reduced gambling debt and this reduction was greatest amongst those who had self-excluded (Groups A and B). By Time 3, the mean debt of Groups A and C had declined further, but to a much greater extent for Group A.

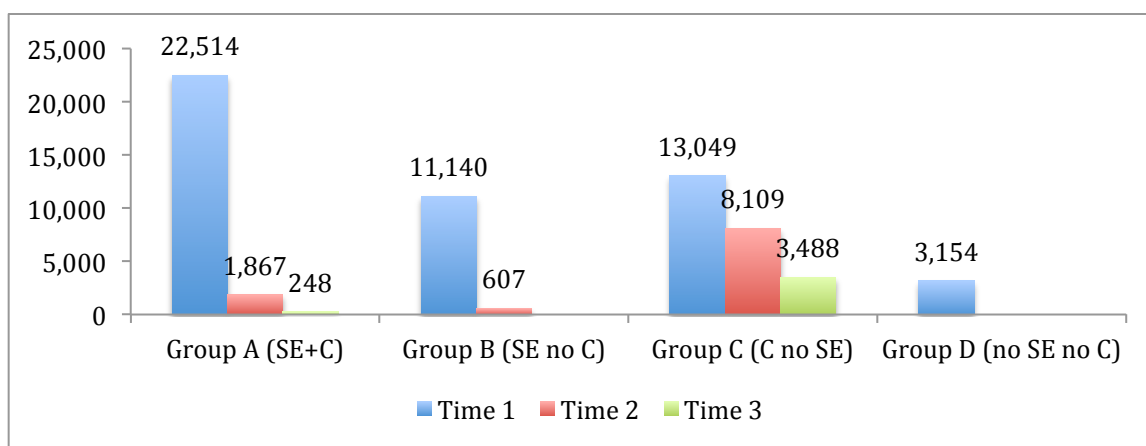


Figure 8.4: Gambling debt (\$) for Groups A-D, Times 1-3

8.6.2 PROBLEM GAMBLING

Figure 8.4 graphs perceived severity of gambling problems over the three time periods. Group D showed a substantially lower mean score than the other three groups at Time 1,

with all groups declining substantially by Time 2. Further declines in perceived problem gambling severity were reported by Groups A and C by Time 3 but were far more modest.

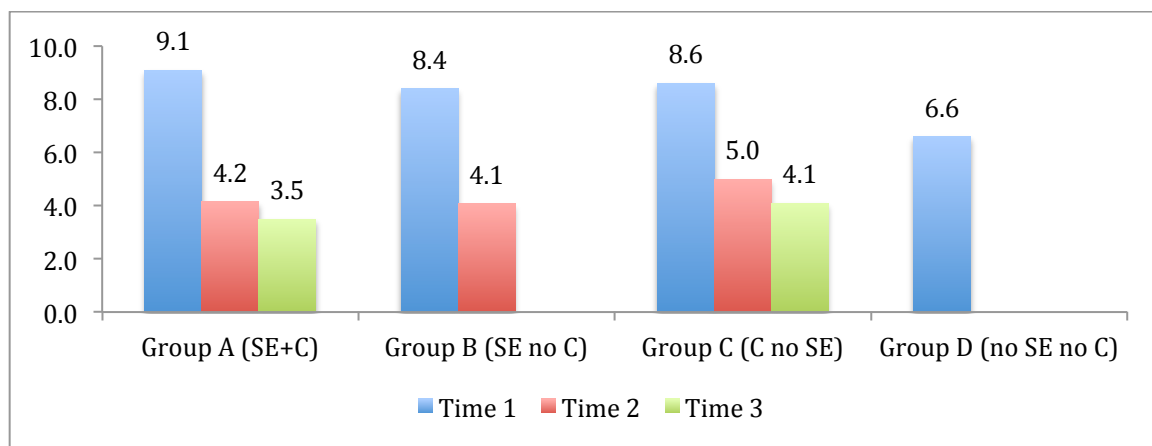


Figure 8.5: Perceived severity of gambling problem for Groups A-D, Times 1-3

Figure 8.6 shows changes in mean PGSI scores over the three time periods. Groups A and C had the highest mean PGSI scores at Time 1, followed by Groups B and D respectively. All groups had mean scores in the problem gambling category of the PGSI at Time 1. Groups A, B and C all showed substantially lower mean PGSI scores by Time 2, with the self-excluded Groups A and B showing the greatest decline. By Time 3, mean PGSI scores for Groups A and C were both in the moderate risk gambling category.

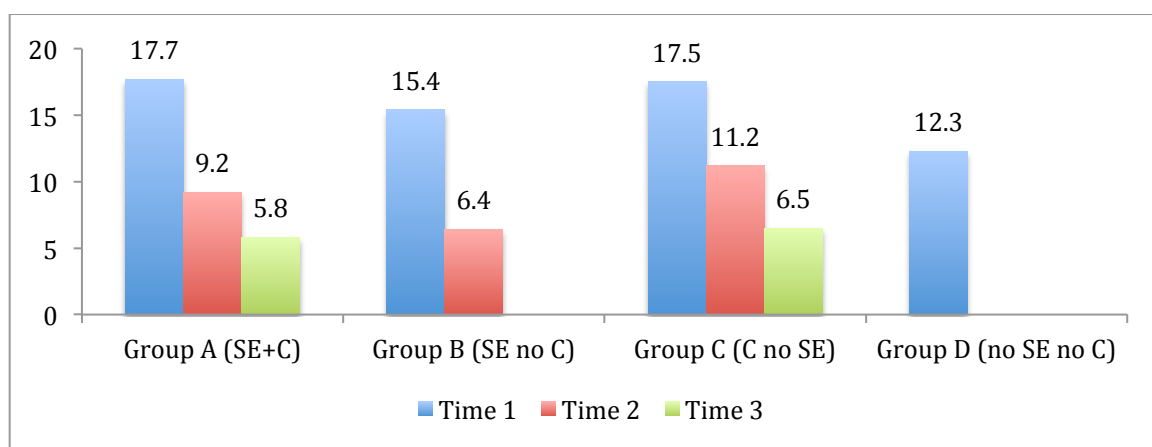


Figure 8.6: Mean PGSI score for Groups A-D, Times 1-3

8.6.3 GAMBLING URGE, ALCOHOLISM AND GENERAL HEALTH

Figure 8.7 graphs the mean gambling urge score over the three time periods. Groups A, B and C had similar scores at Time 1, but Group D had a substantially lower mean score. Groups A and B showed the greatest decline in mean gambling urge score by Time 2, although Group C also had a lower score. For Groups A and C, no further decline in gambling urge score was apparent by Time 3.

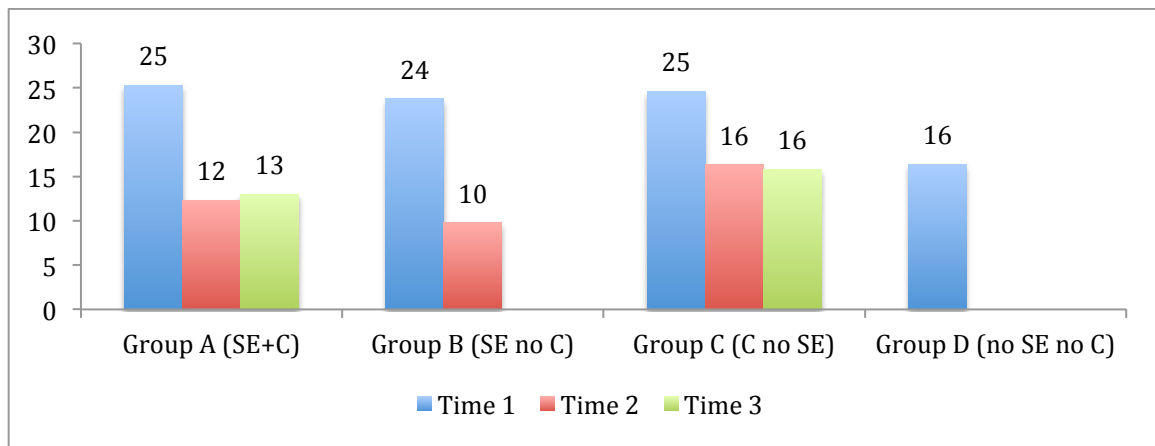


Figure 8.7: Mean gambling urge score for Groups A-D, Times 1-3

A graph of the proportion of each group with clinically significant CAGE scores for alcoholism (2+) is displayed in Figure 8.8. At Time 1, these proportions were highest for Group B and lowest for Group A. These proportions had declined by Time 2 for Groups B and C, and by Time 3 for Group A.

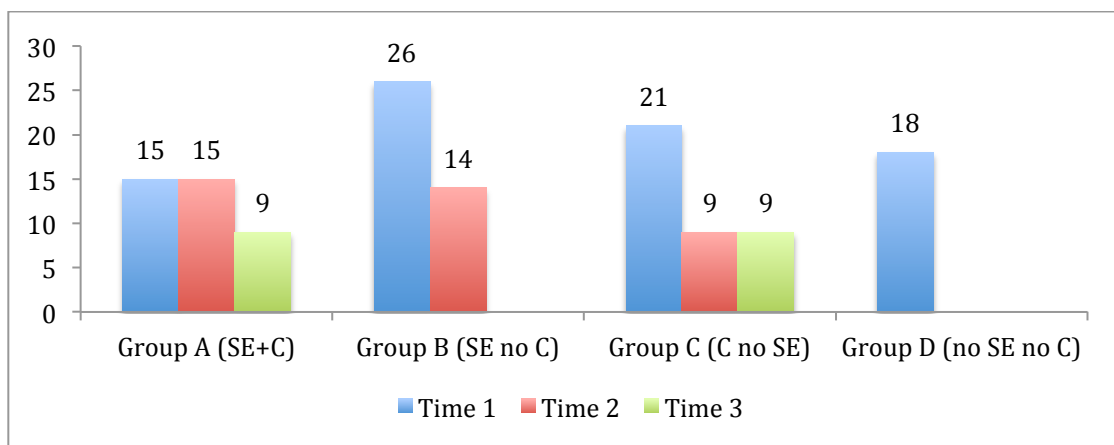


Figure 8.8: % of respondents with clinically significant CAGE score (2+) for Groups A-D, Times 1-3

Figure 8.9 shows the mean scores for each group on the General Health Questionnaire for the three time periods. At Time 1, Group D respondents reported the best general health, while Group C reported the worst. By Time 2, Groups A, B and C all reported improvements in general health of similar magnitudes. Further improvements in general health were reported at Time 3 by Groups A and C, with the greatest improvement evident for Group C.

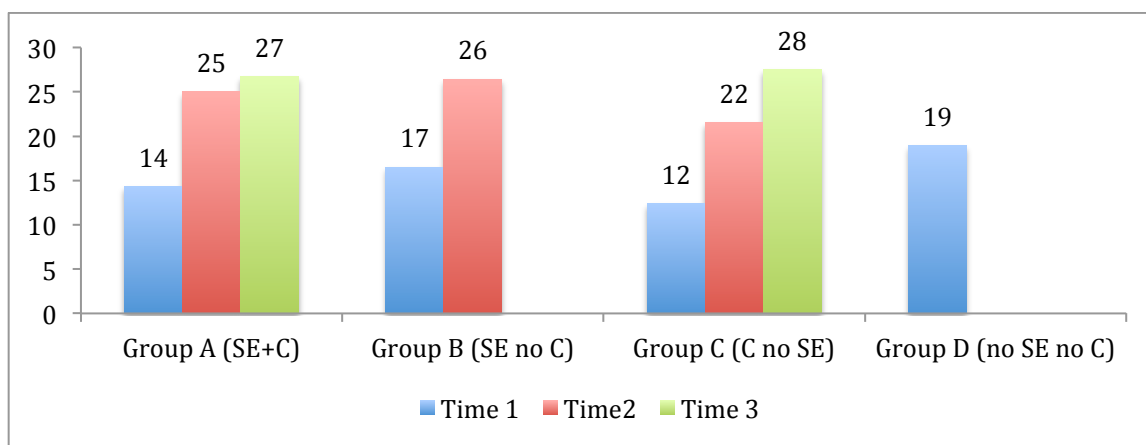


Figure 8.9: Mean GHQ score for Groups A-D, Times 1-3

8.6.4 GAMBLING CONSEQUENCES

This section presents graphs for the ten most commonly experienced gambling-related consequences reported by the sample of gamblers in the study.

Figures 10 to 14 graph the proportions of each group that reported consequences of gambling relating to their family and relationships. Figure 8.10 shows that the proportions of respondents reporting that their gambling had left not enough time to look after their family's interests were highest for Group B at Time 1 and lowest for Group D. By Time 2, these proportions had declined for all of Groups A, B and C. By Time 3, Group A showed a much greater further decrease in this consequence compared to Group C.

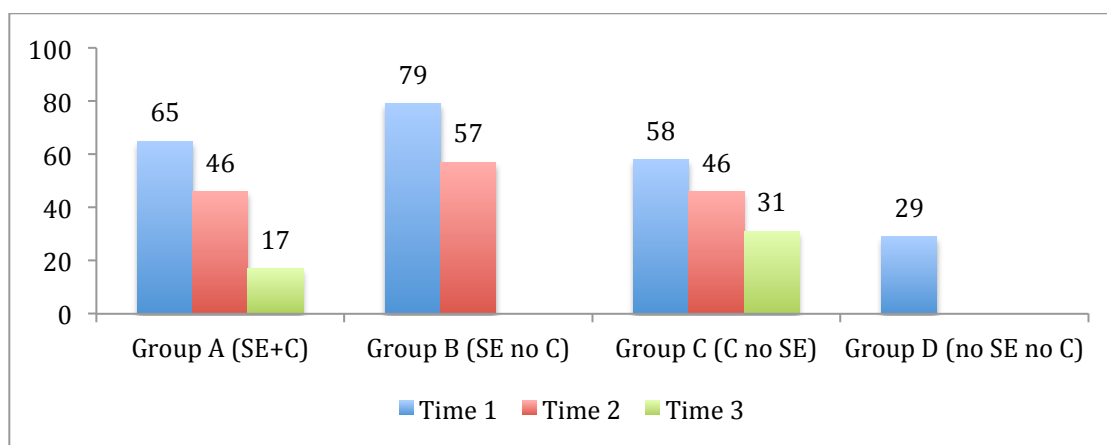


Figure 8.10: % of respondents reporting that their gambling had left not enough time to look after their family's interests for Groups A-D, Times 1-3

Figure 8.11 shows that the proportion of respondents reporting that their gambling had caused arguments within their family was highest for Group B at Time 1 and lowest for Group D. By Time 2, these proportions had declined for all of Groups A, B and C. By Time 3, both Groups A and C showed further decreases in this consequence compared to Time 2.

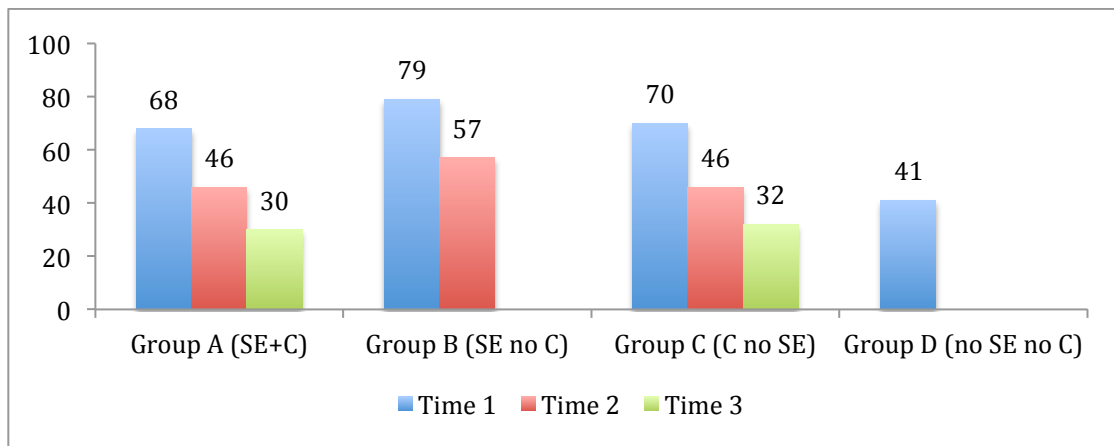


Figure 8.11: % of respondents reporting that their gambling had caused arguments within their family for Groups A-D, Times 1-3

Figure 8.12 indicates that the proportions of respondents reporting that their gambling had impacted negatively on their relationship with any of their children was highest for Group A and lowest for Group D. By Time 2, these proportions had declined for all of Groups A, B and C, with the greatest decreases for Groups A and B, followed by Group C. By Time 3, Groups A and C showed further decreases compared to Time 2.

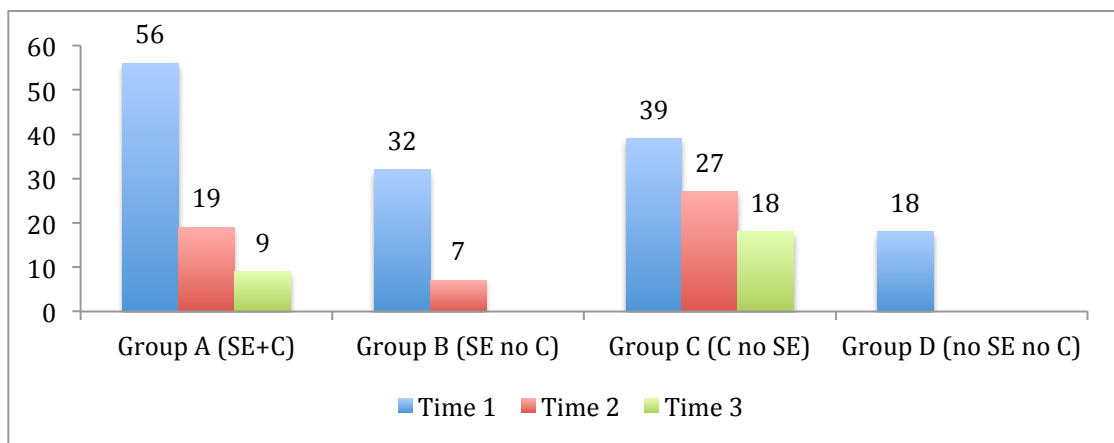


Figure 8.12: % of respondents reporting that their gambling had impacted negatively on their relationship with any of their children for Groups A-D, Times 1-3

As indicated by Figure 8.13, the proportions of respondents reporting that because of their gambling people close to them had difficulties trusting them was highest for Groups B and C and lowest for Group D. By Time 2, these proportions had declined for all of Groups A, B and C. By Time 3, Groups A and C showed further decreases compared to Time 2.

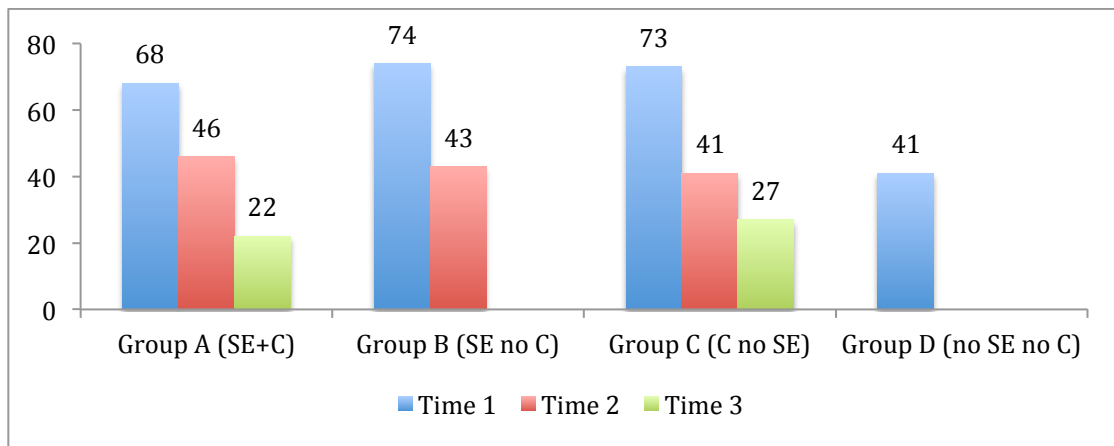


Figure 8.13: % of respondents reporting that because of their gambling people close to them had difficulties trusting them for Groups A-D, Times 1-3

Figure 8.14 shows that the proportions of respondents reporting that their gambling had caused them or people close to them to put off doing things together was substantially higher amongst Groups A, B and C compared to Group D. By Time 2, these proportions had declined for all of Groups A, B and C, with the greatest declines for Groups A and C. By Time 3, Groups A and C showed further declines compared to Time 2, with Group A showing a much greater decrease than Group C.

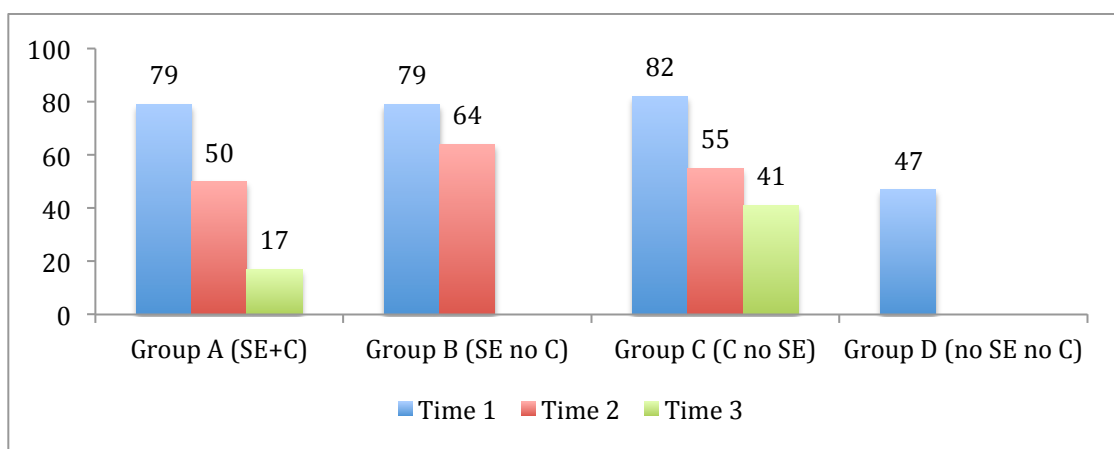


Figure 8.14: % of respondents reporting that their gambling had caused them or people close to them to put off doing things together for Groups A-D, Times 1-3

Figures 8.15 and 8.16 graph gambling consequences relating to work, study or the respondent's main role. Figure 8.15 shows that Groups A, B and C had the highest proportions, respectively, of participants reporting that their gambling had caused them to lose time from work, study or their main role, compared to Group D. By Time 2, these proportions had declined substantially especially for Group A. These proportions declined further for Groups A and C at Time 3.

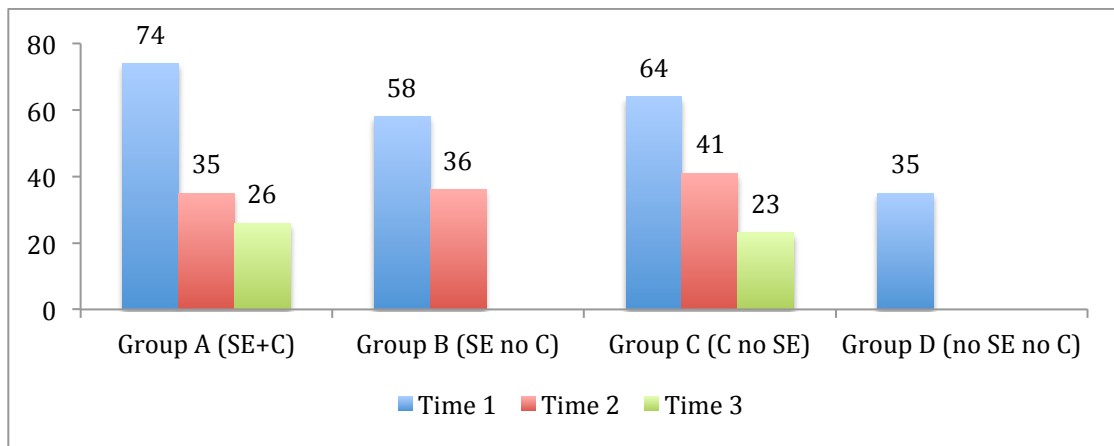


Figure 8.15: % of respondents reporting that their gambling had caused them to lose time from work, study or their main role for Groups A-D, Times 1-3

Similarly, the proportions of respondents reporting that their gambling had affected their performance in their work, study or main role were highest from Groups A, B and C, respectively, compared to Group D, as shown in Figure 8.16. Substantial declines were evident for Groups A, B and C by Time 2. This decrease continued into Time 3 for Group A and stabilised for Group C.

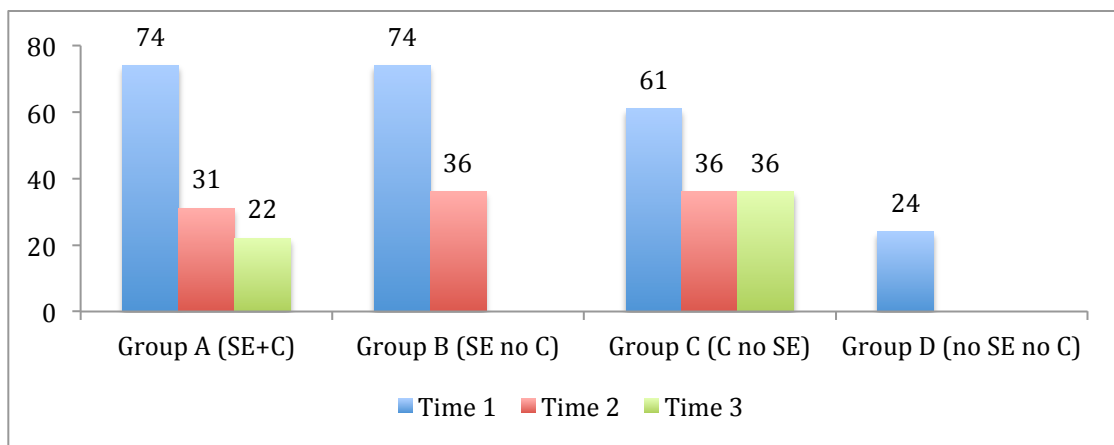


Figure 8.16: % of respondents reporting that their gambling had affected their performance in their work, study or main role for Groups A-D, Times 1-3

Figures 8.17 to 8.19 graph the proportions in each group reporting financial consequences from their gambling. Figure 8.17 indicates that the proportion reporting that their gambling had left them with no money to pay their rent or mortgage was highest for Group A and lowest for Group D. Substantial declines in the proportions of Groups A, B and C reporting this consequence were evident between Times 1 and 2, with smaller decreases apparent by Time 3 for Groups A and C. Overall, Group A showed the most decline between Times 1-3.

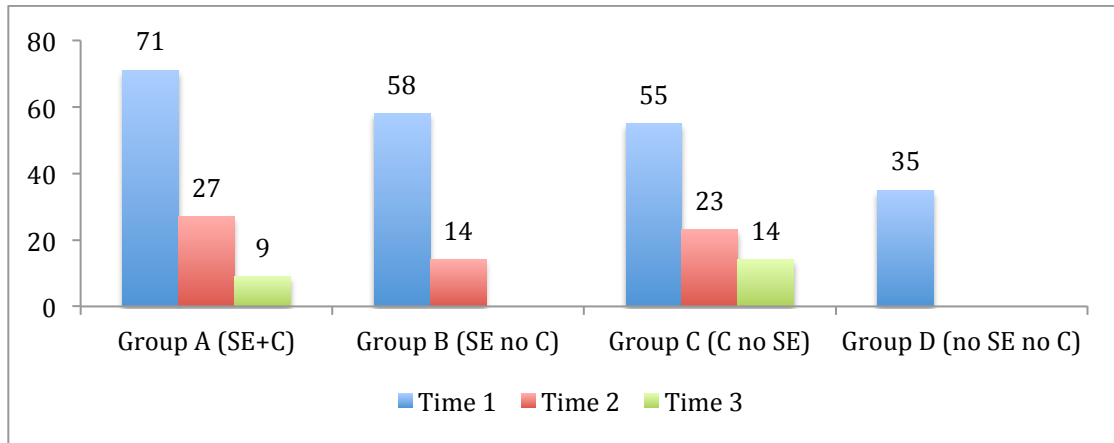


Figure 8.17: % of respondents reporting that their gambling had left them with no money to pay their rent or mortgage for Groups A-D, Times 1-3

Figure 8.18 shows the proportion of respondents per group reporting that their gambling had left them with no money to pay for household bills. The highest proportions reporting this consequence were for Groups A and B, and the lowest for Group D. Groups A, B and C also showed substantial decreases in these proportions by Time 2, with Groups A and B showing greater decreases than Group C. By Time 3, both Groups A and C had further decreases, with the greatest decrease for Group A.

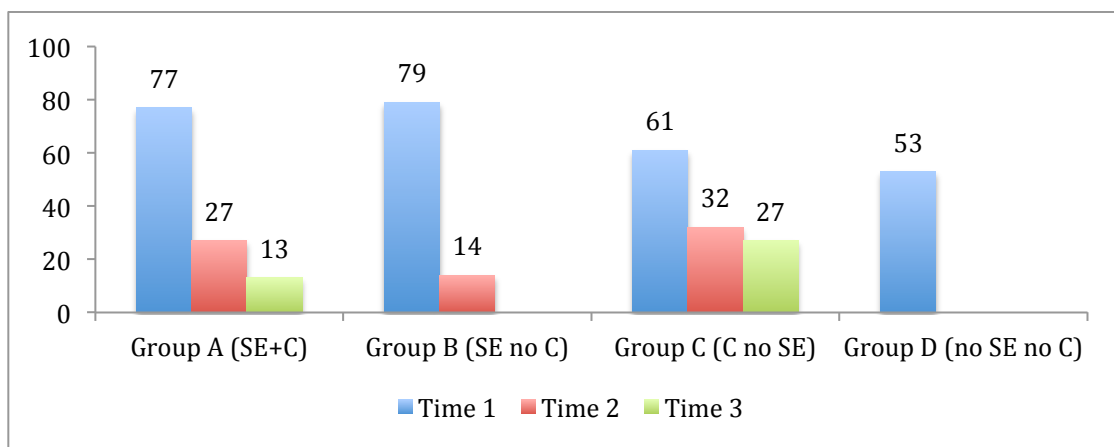


Figure 8.18: % of respondents reporting that their gambling had left them with no money to pay for household bills for Groups A-D, Times 1-3

Finally, Figure 8.19 indicates decreases in the proportions of respondents reporting that their gambling had made it harder to make money last from one payday (or pension day) to the next. This gambling consequence was the most frequently reported amongst all possible consequences examined in the survey. Figure 8.19 reveals that nearly all of Group A and the vast majority of the other groups reported this consequence at Time 1, although this was reported least frequently by Group D. By Time 2, these proportions within Groups A, B and C had all decreased, with the greatest decrease for Group B. By Time 3, Groups A and C further decreased, with the greatest decrease for Group A.

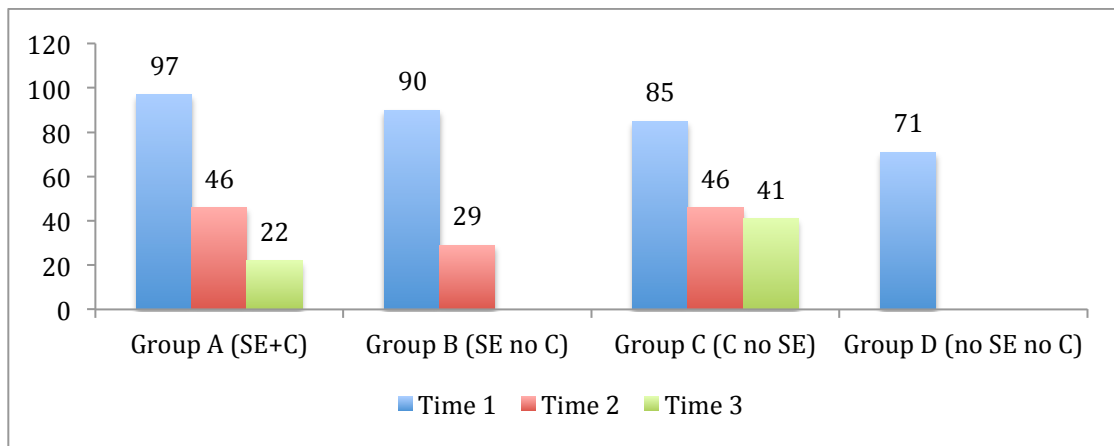


Figure 8.19: % of respondents reporting that their gambling had made it harder to make money last from one payday (or pension day) to the next for Groups A-D, Times 1-3

8.6.5 SUMMARY OF TRENDS TIMES 1-3

In summary, the trends graphed above indicate improvements across all of Groups A, B and C in all measures reported, regardless of whether they had self-excluded, had counselling or both. The greatest improvements were evident between Time 1 and Time 2, compared to between Time 2 and Time 3. The results show that groups who had self-excluded reduced their reported gambling participation, at least weekly EGM play, monthly gambling expenditure, gambling debt, mean PGSI score and mean gambling urge score more than those who had not self-excluded. These results are consistent with the role of self-exclusion in acting as an external barrier to gambling compared to counselling that focuses more on building up internal control. Lower proportions of all three groups met clinical significance in their mean CAGE scores subsequent to Time 1, but the pattern of decline was more mixed. All three groups also reported improvements in general health over the time periods, but those who had received counselling showed greater improvement in general health compared to those who had not had counselling. This result is consistent with the capacity of counselling to focus on numerous areas of a person's wellbeing and address underlying problems that may contribute to a person's gambling problem, as well as addressing the gambling behaviour itself.

Groups A, B and C also all showed declines over the assessment periods in the proportions of respondents experiencing each of the ten most common negative gambling consequences reported across the whole sample of gamblers. These results indicate that use of self-exclusion or counselling individually, as well as in combination, were all associated with decreased likelihood of experiencing these consequences. As with the other measures, greatest improvements were made between Time 1 and Time 2, with more modest improvements made between Time 2 and Time 3. Groups A and B, which had both taken up self-exclusion, showed more improvement in financial and work/study/main role consequences than did Group C which had not self-excluded. Results were more mixed for family/interpersonal consequences. Groups A and B who had self-excluded showed more

improvement than Group C in relation to not having enough time to look after their family's interests, and gambling impacting negatively on their relationship with any of their children. Improvements were more similar amongst Groups A, B and C in relation to gambling causing arguments within the family, and gambling causing them or people close to them to put off doing things together, and gambling causing people close to them to have difficulty trusting them.

The trends presented above provide evidence that, within the samples examined, both self-exclusion and counselling used individually, as well as in combination, were associated with improvements in all outcome measures except CAGE. While there was attrition in each group over the three time periods, raising the question of whether those who dropped out of the study had worse outcomes than those retained, the majority of Groups A and C were retained for the three time periods. Thus, these trends reflect the majority of respondents initially recruited into Groups A and C. Unfortunately, the high attrition from Group B means that trend results could only be captured for Times 1 and 2; nevertheless these data reflect the majority of respondents initially recruited into Group B.

The next section of this chapter applies statistical tests to trend data between those who had self-excluded and those who had not and also attempts to better isolate the effects of self-exclusion and counselling.

8.7 COMPARATIVE ANALYSES

While some comparative analysis were conducted in earlier sections of this chapter to test for significant differences between groups, further comparative analyses are reported here to better inform Research Objectives Two, Three and Four.

8.7.1 EFFECTIVENESS OF SELF-EXCLUSION IN MINIMISING GAMBLING-RELATED HARM

Research Objective Two of this study was to assess the effectiveness of gambling exclusion programs operating in Queensland as a mechanism to minimise gambling-related harm. Thus, analyses were conducted to compare groups who had self-excluded to those who had not on measures for gambling behaviour, problem gambling, gambling urge, alcoholism, general health and gambling consequences.

Time 1 comparisons

Analyses of Time 1 data tested Groups A and B combined (who had self-excluded) vs Group C (who had not self-excluded) using independent samples-t-tests. Three respondents were excluded from Group C as they indicated that they had started a self-exclusion between Times 1 and 2. No respondents from Group C reported starting a self-exclusion between Times 2 and 3.

As shown in Table 8.46, a significant difference was found between the groups who had self-excluded and those who had not for monthly gambling expenditure. Those who had self-excluded had higher mean monthly gambling expenditure than those who had not self-

excluded. No other significant differences were observed at Time 1 between the groups who had self-excluded and those who had not for gambling debt, self-perceived problem gambling severity, PGSI score, gambling urge score, CAGE score and GHQ score. The groups were also compared for the proportions of those who reported abstaining from their most problematic gambling form at Time 1. Given that the Time 1 survey asked participants to respond to these measures for the six months before uptake of their most recent self-exclusion (Groups A and B) or the six months before their most recent counselling consultations (Group C), these data do reflect any changes that can be attributed to self-exclusion or counselling. Instead, they indicate that the self-excluded group did not differ from the non-self-excluded group on these measures at baseline except for gambling expenditure.

Table 8.46: Comparison between respondents who have and have not self-excluded in terms of gambling expenditure, gambling debt, perceived problem gambling severity, PGSI score, gambling urge score, CAGE score and GHQ score at Time 1

Variable	SE Groups Mean (SD) N=53 (44 for debt, 38 for CAGE)	Non-SE Groups Mean (SD) N=30 (26 for debt, 18 for CAGE)	Inferential statistic
Monthly gambling expenditure	\$2,361.32 (\$2,008.32)	\$1,477.33 (\$1,344.14)	$t(81) = 2.15, p = 0.034$
Gambling debt	\$18,636.36 (\$29,930.69)	\$12,204.62 (\$39,027.93)	n.s.*
Perceived problem gambling severity (1-10)	8.83 (1.25)	8.67 (1.58)	n.s.
PGSI score	16.87 (4.81)	17.57 (5.67)	n.s.
Gambling urge score	24.75 (10.86)	24.70 (9.90)	n.s.
CAGE	0.89 (1.29)	1.28 (1.49)	n.s.
General Health Questionnaire	15.06 (6.54)	12.53 (6.33)	n.s.
	SE Groups N (%) N=53	Non-SE Groups N (%) N=30	Inferential statistic
Abstain from most problematic form of gambling	5 (9.4%)	1 (3.3%)	n.s.

Note: * indicates that this comparison was significant when run as a non-parametric test ($U=393.5, p = 0.029$). The comparison for expenditure was also significant using a non-parametric test ($U = 555, p = 0.022$). No other results at Times 1, 2 or 3 were significant using non-parametric tests.

Table 8.47 shows the number and percentage of the groups who reported experiencing a range of gambling consequences. Analyses to compare groups were conducted either with a chi-square test of independence or, where expected values were below 5, Fisher's exact test.

Table 8.47 indicates that a slightly significantly lower proportion of respondents in the self-exclusion group reported gambling-related incidents of domestic violence, but this comparison was based on very low numbers of respondents experiencing this consequence.

Table 8.47: Comparison between respondents who have and have not self-excluded in terms of gambling related consequences at Time 1

	SE Groups (N=53)		Non-SE Groups (N=30)		Inferential statistic
	N	%	N	%	
Not enough time to look after my family's interests	35	66.0	16	53.3	n.s.
Cause arguments with my family	38	71.7	21	70.0	n.s.
Incidents of domestic violence within my household	5	9.4	3	10.0	n.s.
Other incidents of violence involving family, friends or others.	2	3.8	5	16.7	$\chi^2 (1, N = 83) = 4.12, p = 0.042$
Impact negatively on my relationship with any of my children	25	47.2	10	33.3	n.s.
People close to me had difficulties trusting me	37	69.8	21	70.0	n.s.
Put off doing things together	42	79.2	25	83.3	n.s.
I lost time from work, study or your main role	36	67.9	19	63.3	n.s.
My performance in my work, study or main role was affected	39	73.6	18	60.0	n.s.
I borrowed from someone and did not pay them back	25	47.2	9	30.0	n.s.
I had no money to pay your rent or mortgage	35	66.0	16	53.3	n.s.
I had no money to pay for household bills	41	77.4	18	60.0	n.s.
It was harder to make money last from one payday (or pension day) to the next	50	94.3	26	86.7	n.s.
The break-up of an important relationship in my life, or separation or divorce	11	20.8	10	33.3	n.s.
Losing contact with any of my children	5	9.4	1	3.3	n.s.
Changing jobs	8	15.1	6	20.0	n.s.
Being sacked from a job	1	1.9	3	10.0	n.s.
Being declared bankrupt	12	22.6	3	10.0	n.s.
The sale, repossession or eviction from your house	2	3.8	2	6.7	n.s.
Loss of superannuation or other investment funds or assets	10	18.9	9	30.0	n.s.
Stealing or obtaining money illegally	15	28.3	5	16.7	n.s.
Trouble with the police	2	3.8	2	6.7	n.s.
Being in court on charges relating to my gambling	2	3.8	2	6.7	n.s.
A prison sentence	1	1.9	1	3.3	n.s.

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable'). n.s. indicates a non-significant result.

Time 2 comparisons

Analyses for Time 2 were run as a series of independent samples t-tests. Table 8.48 shows no significant differences between those who had self-excluded and those who had not at Time 2 for monthly gambling expenditure, gambling-related debts, perceived problem gambling severity, PGSI score, gambling urge score, CAGE score and GHQ score. Thus, self-exclusion was not associated with better outcomes on these measures at Time 2 compared to those who had received only counselling for a gambling problem. However, at Time 2 a

significantly higher proportion of self-excluders than non-excluders reported abstaining from their most problematic gambling form (as nominated at Time 1).

Table 8.48: Comparison between respondents who have and have not self-excluded in terms of gambling expenditure, gambling debt, perceived problem gambling severity, PGSI score, gambling urge score, CAGE score and GHQ score at Time 2

Variable	SE Groups N=40 (29 for expenditure, 30 for CAGE)	Non-SE Groups N= 19 (16 for expenditure, 10 for CAGE)	Inferential statistic
Monthly gambling expenditure	\$771.38 (\$974.26)	\$1,009.38 (\$1,193.63)	n.s..
Gambling debt	\$1,426.25 (\$5,008.03)	\$7,547.37 (\$27,691.46)	n.s..
Perceived problem gambling severity (1-10)	4.13 (2.64)	5.11 (3.04)	n.s..
PGSI (score)	8.20 (7.55)	11.53 (8.25)	n.s..
Gambling urge score	11.45 (12.35)	16.74 (13.50)	n.s..
CAGE	0.60 (1.07)	0.50 (0.85)	n.s..
General Health Questionnaire	25.45 (8.68)	21.74 (9.27)	n.s..
	SE Groups N (%) N=40	Non-SE Groups N (%) N=19	Inferential statistic
Abstain from most problematic form of gambling	22 (55.0%)	5 (26.3%)	$\chi^2 (1, N = 59) = 4.27,$ $p = 0.039$

Table 8.49 indicates no significant differences between those who had self-excluded and those who had not for a range of gambling-related consequences at Time 2. Thus, self-exclusion was not associated with lower likelihood of a range gambling-related consequences at Time 2 compared to those who had received only counselling for a gambling problem.

Table 8.49: Comparison between respondents who have and have not self-excluded in terms of gambling related consequences at Time 2

	SE Groups (N = 40)		Non-SE Groups (N = 19)		Inferential statistic
	N	%	N	%	
Not enough time to look after my family's interests	15	37.5	8	42.1	n.s.
Cause arguments with my family	20	50.0	9	47.4	n.s.
Incidents of domestic violence within my household	1	2.5	0	0.0	n.s.
Other incidents of violence involving family, friends or others.	1	2.5	0	0.0	n.s.
Impact negatively on my relationship with any of my children	6	15.0	5	26.3	n.s.
People close to me had difficulties trusting me	18	45.0	8	42.1	n.s.
Put off doing things together	22	55.0	11	57.9	n.s.
I lost time from work, study or your main role	14	35.0	8	42.1	n.s.
My performance in my work, study or main role was affected	13	32.5	7	36.8	n.s.
I borrowed from someone and did not pay them back	6	15.0	3	15.8	n.s.
I had no money to pay your rent or mortgage	9	22.5	5	26.3	n.s.
I had no money to pay for household bills	9	22.5	7	36.8	n.s.
It was harder to make money last from one payday (or pension day) to the next	16	40.0	9	47.4	n.s.
The break-up of an important relationship in my life, or separation or divorce	3	7.5	2	10.5	n.s.
Losing contact with any of my children	4	10.0	1	5.3	n.s.
Changing jobs	8	20.0	1	5.3	n.s.
Being sacked from a job	4	10.0	1	5.3	n.s.
Being declared bankrupt	3	7.5	0	0.0	n.s.
The sale, repossession or eviction from your house	4	10.0	1	5.3	n.s.
Loss of superannuation or other investment funds or assets	5	12.5	4	21.1	n.s.
Stealing or obtaining money illegally	4	10.0	0	0.0	n.s.
Trouble with the police	3	7.5	0	0.0	n.s.
Being in court on charges relating to my gambling	3	7.5	0	0.0	n.s.
A prison sentence	3	7.5	0	0.0	n.s.

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable'). n.s. indicates a non-significant result.

Time 3 comparisons

As for Time 2, analyses were run as a series of independent samples t-tests. Table 8.50 shows no significant differences between those who had self-excluded and those who had not at Time 3 for monthly gambling expenditure, gambling-related debts, perceived problem gambling severity, PGSI score, gambling urge score, CAGE score and GHQ score. Thus, self-exclusion was not associated with better outcomes on these measures at Time 3 compared to those who had received only counselling for a gambling problem. However, at Time 3 a significantly higher proportion of self-excluders than non-excluders reported abstaining from their most problematic gambling form (as nominated at Time 1).

Table 8.50: Comparison between respondents who have and have not self-excluded in terms of gambling expenditure, gambling debt, perceived problem gambling severity, PGSI score, gambling urge score, CAGE score and GHQ score at Time 3

Variable	SE Groups Mean (SE) N=29 (20 for expenditure, 28 for severity, 27 for urge, 17 for CAGE)	Non-SE Groups Mean (SE) N=19 (14 for expenditure, 16 for gambling urge and 7 for CAGE)	Inferential statistic
Monthly gambling expenditure	\$407.00 (\$558.60)	\$987.14 (\$1,272.81)	n.s.
Gambling debt	\$300.00 (\$879.94)	\$3,249.47 (\$10,001.90)	n.s.
Perceived problem gambling severity (1-10)	3.43 (2.52)	4.47 (2.82)	n.s.
PGSI (score)	5.55 (6.71)	6.84 (7.23)	n.s.
Gambling urge score	12.00 (13.51)	16.31 (12.41)	n.s.
CAGE	0.41 (0.80)	0.86 (1.21)	n.s.
General Health Questionnaire	27.21 (8.17)	26.79 (8.02)	n.s.
	SE Groups N (%) N=29	Non-SE Groups N (%) N=19	
Abstain from most problematic form of gambling	16 (55.2%)	5 (26.3%)	$\chi^2 (1, N = 48) = 3.88,$ $p = 0.049$

Table 8.51 indicates no significant differences at Time 3 between those who had self-excluded and those who had not for a range of gambling-related consequences. Thus, self-exclusion was not associated with lower likelihood of experiencing a range of gambling-related consequences at Time 3 compared to those who had received only counselling for a gambling problem.

Table 8.51: Comparison between respondents who have and have not self-excluded in terms of gambling related consequences at Time 3

	SE Groups (N = 29)		Non-SE Groups (N = 19)		Inferential statistic
	N	%	N	%	
Not enough time to look after my family's interests	6	20.7	7	36.8	n.s.
Cause arguments with my family	9	31.0	6	31.6	n.s.
Incidents of domestic violence within my household	0	0.0	0	0.0	-
Other incidents of violence involving family, friends or others.	0	0.0	0	0.0	-
Impact negatively on my relationship with any of my children	4	13.8	3	15.8	n.s.
People close to me had difficulties trusting me	6	20.7	6	31.6	n.s.
Put off doing things together	5	17.2	8	42.1	n.s.
I lost time from work, study or your main role	8	27.6	5	26.3	n.s.
My performance in my work, study or main role was affected	6	20.7	7	36.8	n.s.
I borrowed from someone and did not pay them back	1	3.4	3	15.8	n.s.
I had no money to pay your rent or mortgage	4	13.8	3	15.8	n.s.
I had no money to pay for household bills	4	13.8	5	26.3	n.s.
It was harder to make money last from one payday (or pension day) to the next	7	24.1	8	42.1	n.s.
The break-up of an important relationship in my life, or separation or divorce	2	6.9	2	10.5	n.s.
Losing contact with any of my children	0	0.0	1	5.3	n.s.
Changing jobs	0	0.0	1	5.3	n.s.
Being sacked from a job	0	0.0	1	5.3	n.s.
Being declared bankrupt	0	0.0	0	0.0	-
The sale, repossession or eviction from your house	0	0.0	0	0.0	-
Loss of superannuation or other investment funds or assets	1	3.4	1	5.3	n.s.
Stealing or obtaining money illegally	0	0.0	0	0.0	-
Trouble with the police	0	0.0	0	0.0	-
Being in court on charges relating to my gambling	0	0.0	0	0.0	-
A prison sentence	0	0.0	0	0.0	-

Note: All questions specifically refer to gambling-related issues. Percentages are based on how many people answered the questions (i.e. not including those who indicated 'not applicable'). n.s. indicates a non-significant result, while – indicates the test could not be run because no one reported the consequence.

Summary

In summary, the analyses comparing self-excluded groups to non-self-excluded groups indicated that, at baseline, the former had higher monthly gambling expenditure; however, this was the only significant difference for the outcome measures tested at Time 1. At Times 2 and 3, the self-excluded group was significantly more likely to have abstained from their most problematic form of gambling (as nominated at Time 1) compared to the non-self-excluded group. However, the analyses showed no evidence that self-exclusion was subsequently associated with lower monthly gambling expenditure or gambling-related debt, or with improved perceived problem gambling severity, PGSI score, gambling urge

score, CAGE score, GHQ score and gambling-related consequences beyond those experienced by respondents who had undertaken counselling for their gambling but not self-exclusion. Thus, self-exclusion did not make any unique contribution to improved outcome measures at Times 2 and 3, even though the self-excluders were significantly more likely than the non-excluders to completely abstain from their most problematic form of gambling.

Figures 8.20 to 8.37 provide visual representations of changes in outcome measures for the self-excluded and non-self-excluded groups from Times 1 to 3.

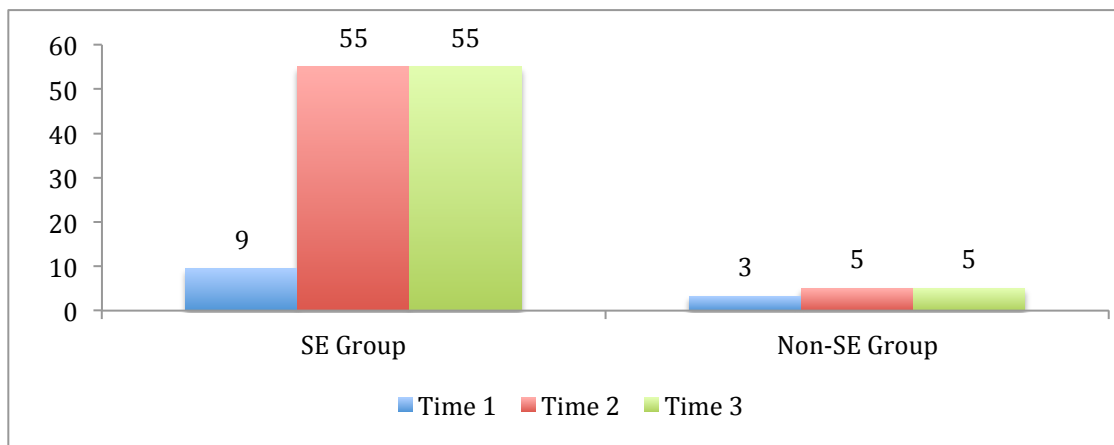


Figure 8.20: % of respondents reporting abstaining from most problematic gambling form at Time 1, Times 1-3

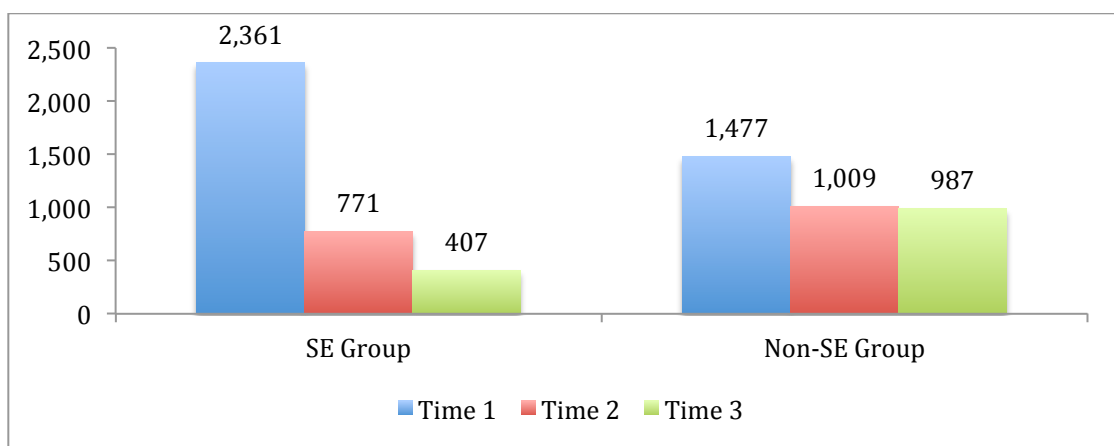


Figure 8.21: Monthly gambling expenditure (\$) for SE and Non-SE Groups, Times 1-3

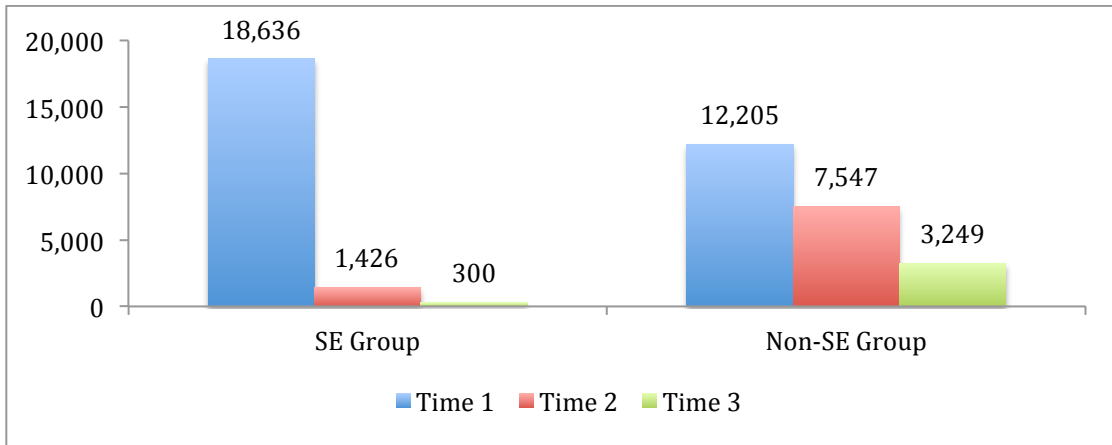


Figure 8.22: Gambling debt (\$) for SE and Non-SE Groups, Times 1-3

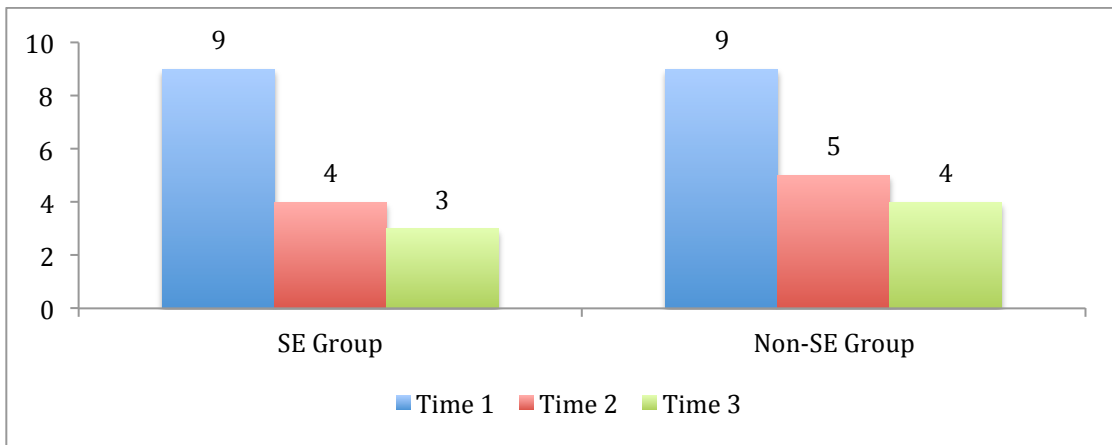


Figure 8.23: Perceived severity of gambling problem for SE and Non-SE Groups, Times 1-3

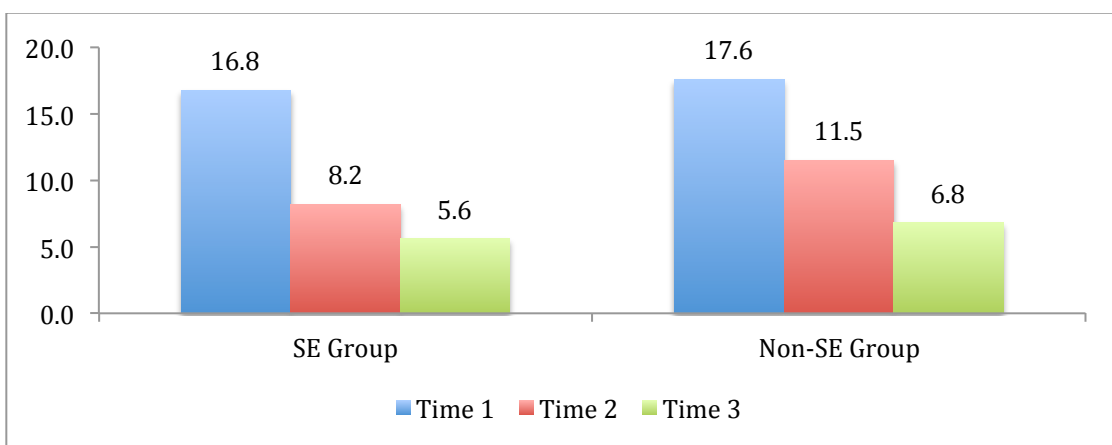


Figure 8.24: Mean PGSI score for SE and Non-SE Groups, Times 1-3

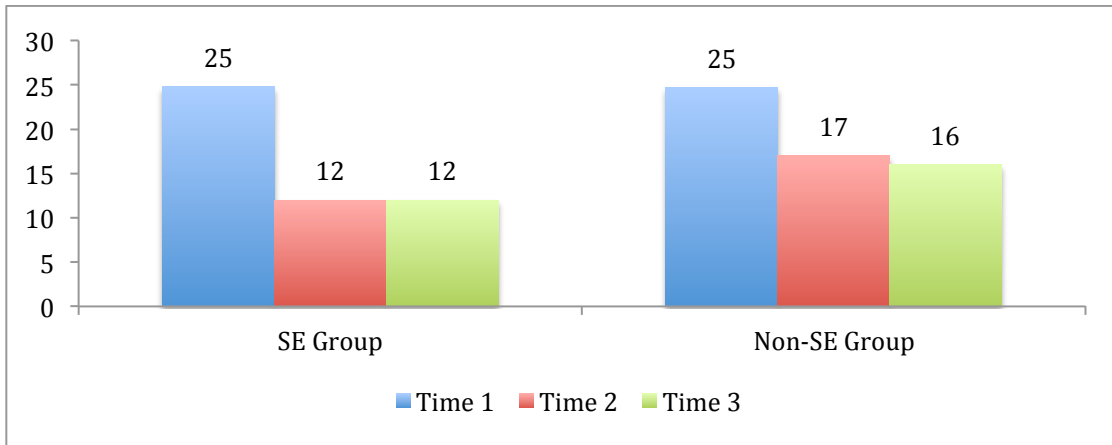


Figure 8.25: Mean gambling urge score for SE and Non-SE Groups, Times 1-3

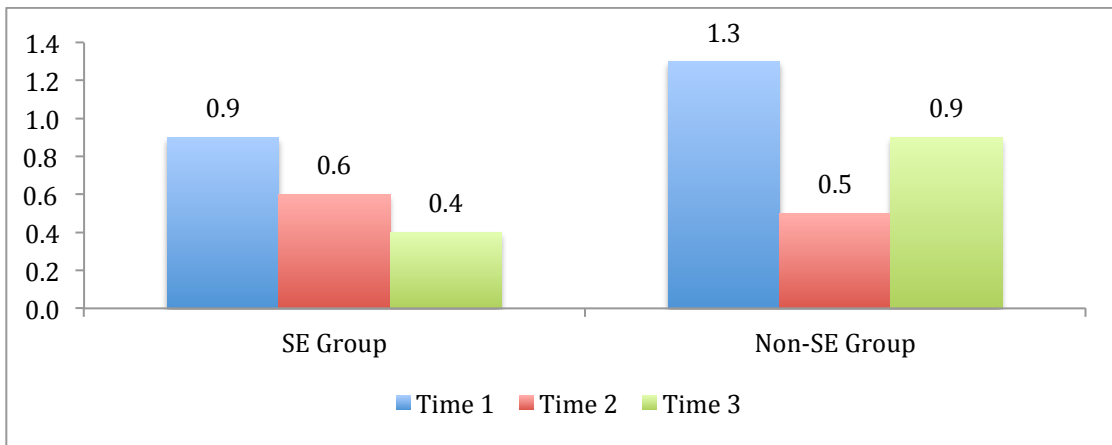


Figure 8.26: Mean CAGE score for SE and Non-SE Groups, Times 1-3

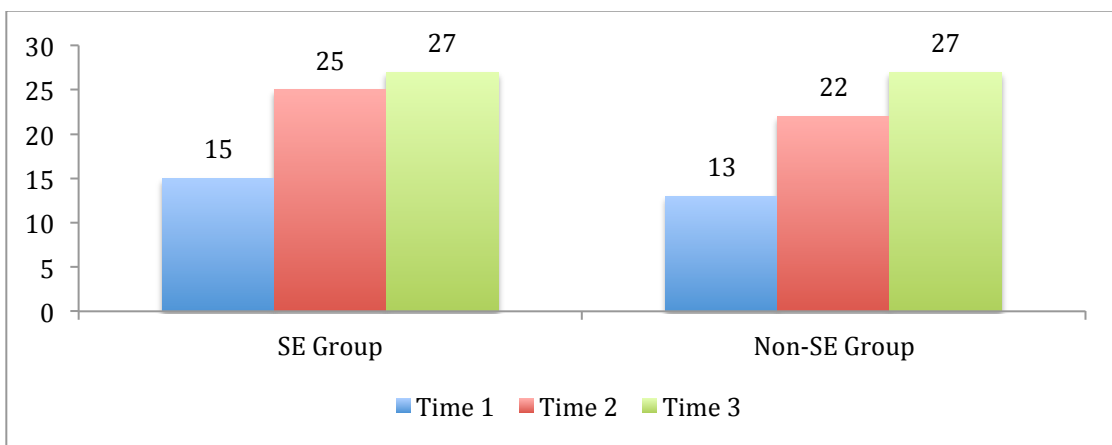


Figure 8.27: Mean GHQ score for SE and Non-SE Groups, Times 1-3

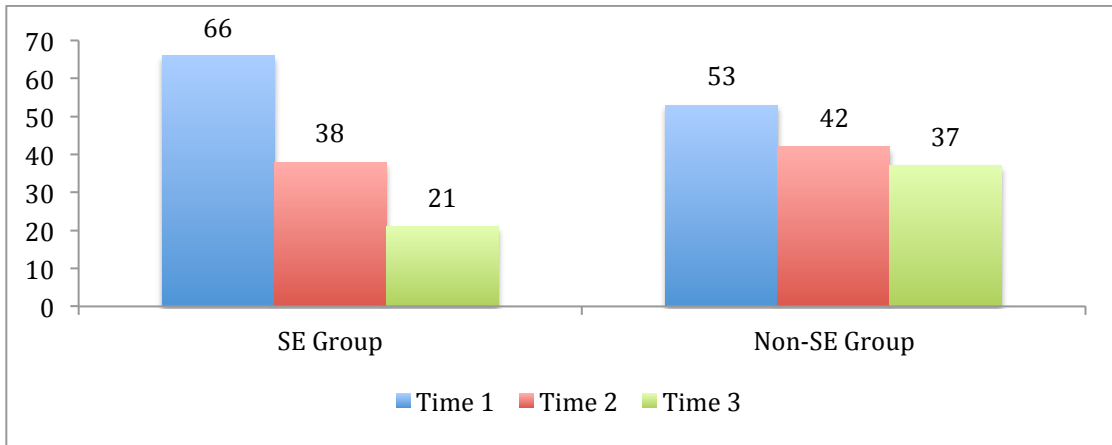


Figure 8.28: % of respondents reporting that their gambling had left not enough time to look after their family's interests for SE and Non-SE Groups, Times 1-3

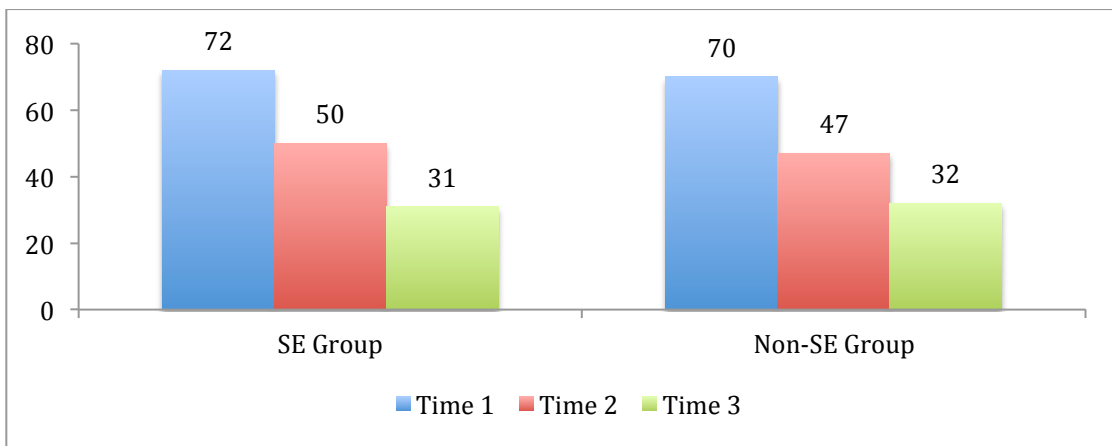


Figure 8.29: % of respondents reporting that their gambling had caused arguments within their family for SE and Non-SE Groups, Times 1-3

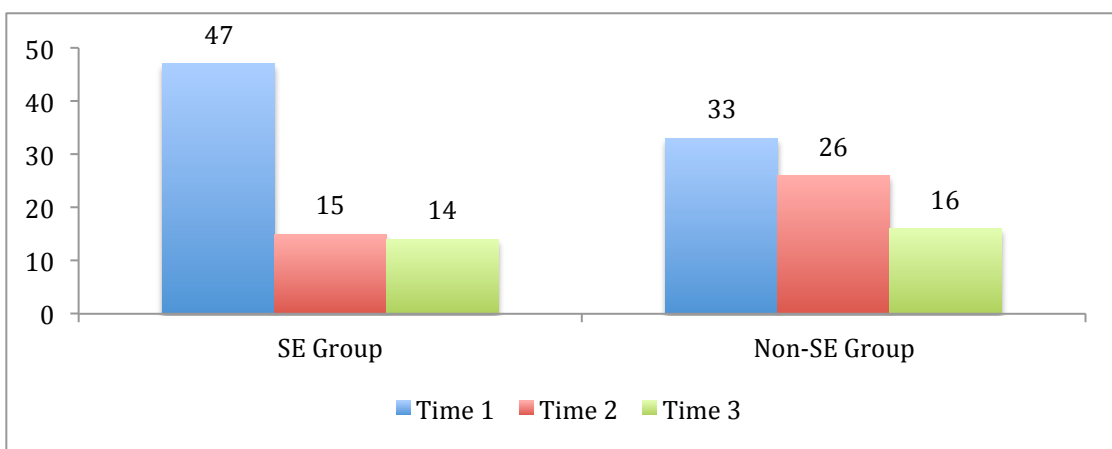


Figure 8.30: % of respondents reporting that their gambling had impacted negatively on their relationship with any of their children for SE and Non-SE Groups, Times 1-3

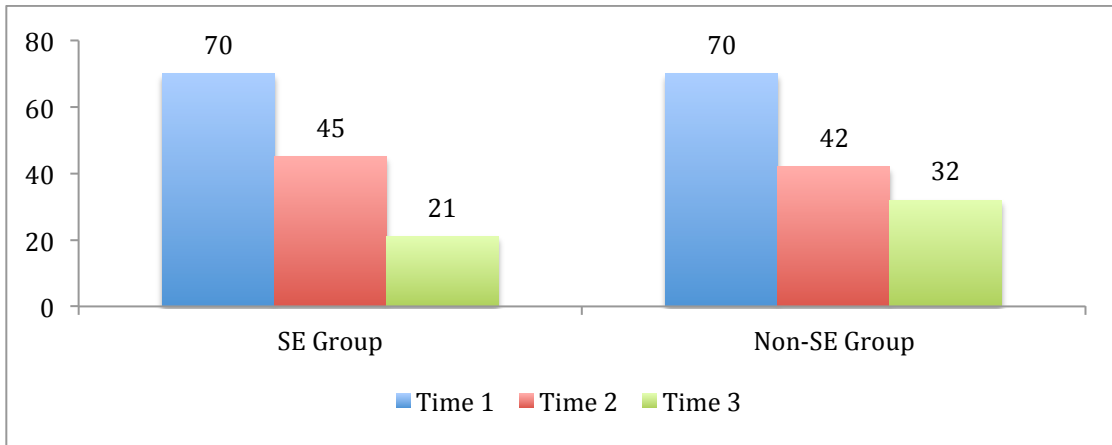


Figure 8.31: % of respondents reporting that because of their gambling people close to them had difficulties trusting them for SE and Non-SE Groups, Times 1-3

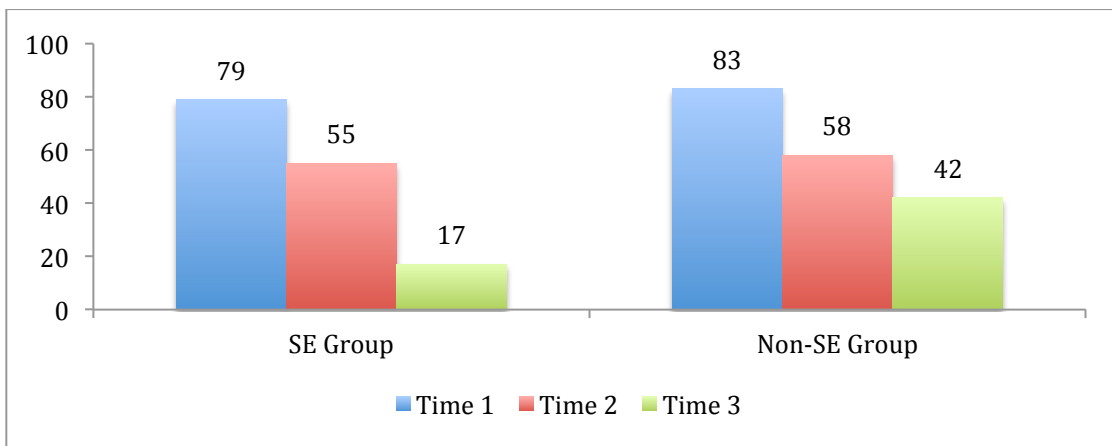


Figure 8.32: % of respondents reporting that their gambling had caused them or people close to them to put off doing things together for SE and Non-SE Groups, Times 1-3

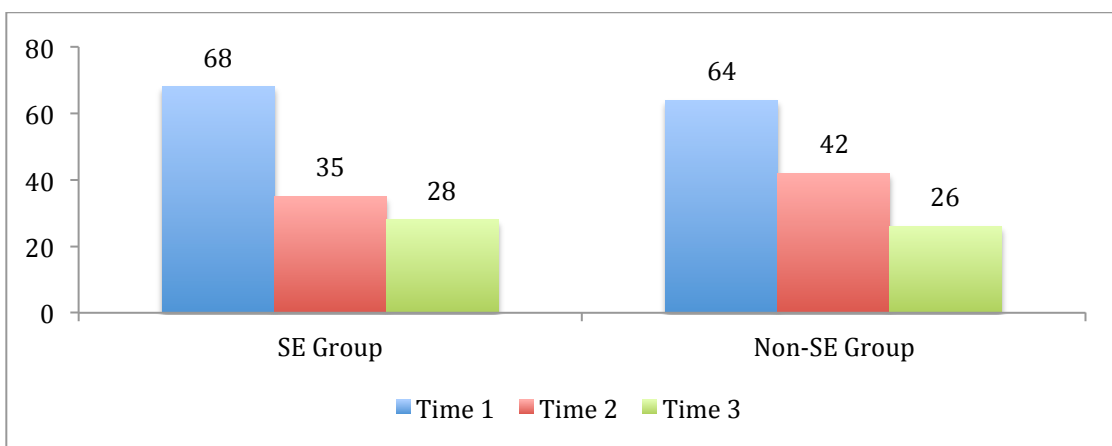


Figure 8.33: % of respondents reporting that their gambling had caused them to lose time from work, study or their main role for SE and Non-SE Groups, Times 1-3

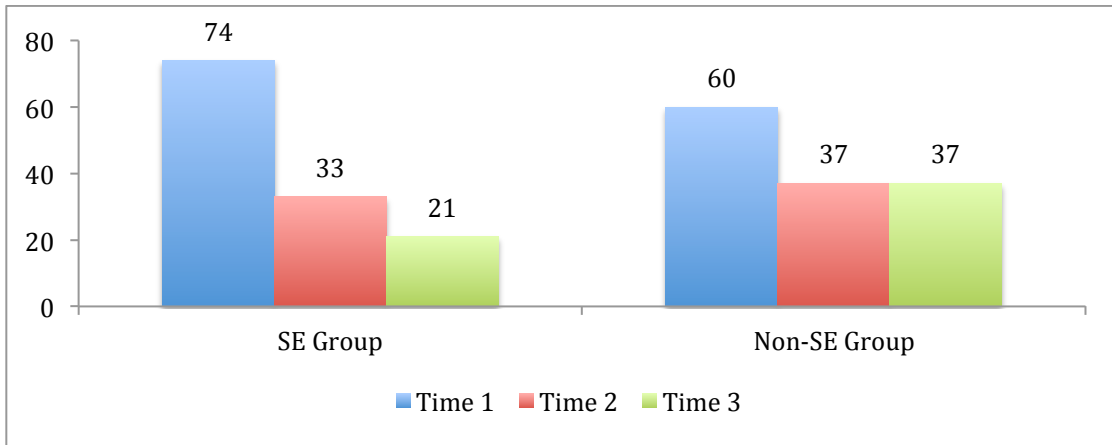


Figure 8.34: % of respondents reporting that their gambling had affected their performance in their work, study or main role for SE and Non-SE Groups, Times 1-3

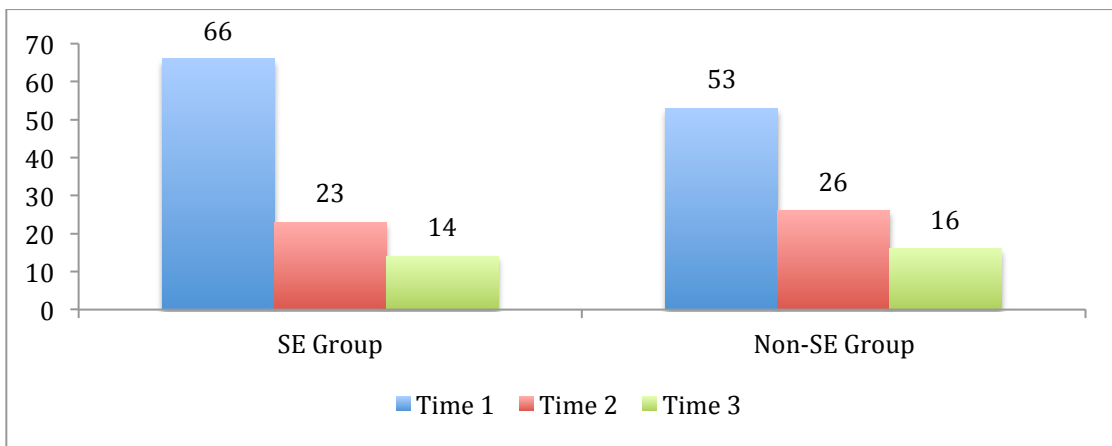


Figure 8.35: % of respondents reporting that their gambling had left them with no money to pay their rent or mortgage for SE and Non-SE Groups, Times 1-3

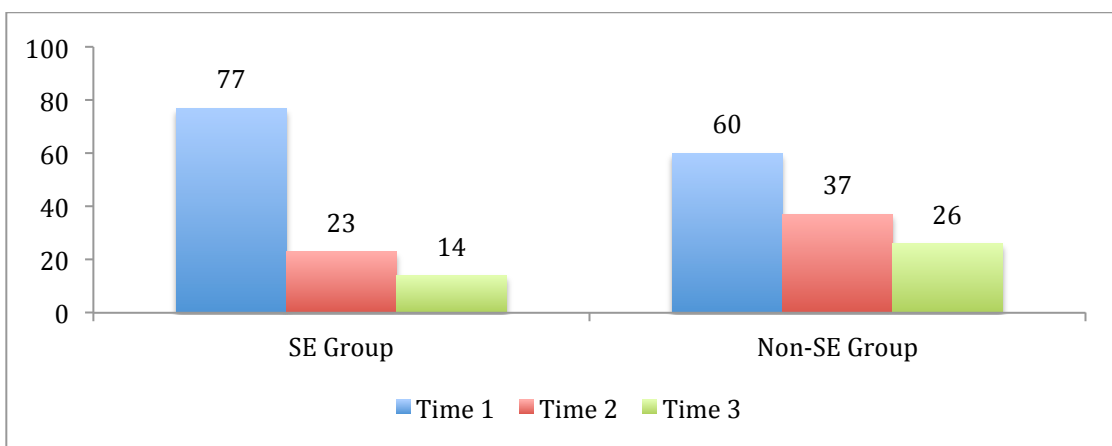


Figure 8.36: % of respondents reporting that their gambling had left them with no money to pay for household bills for SE and Non-SE Groups, Times 1-3

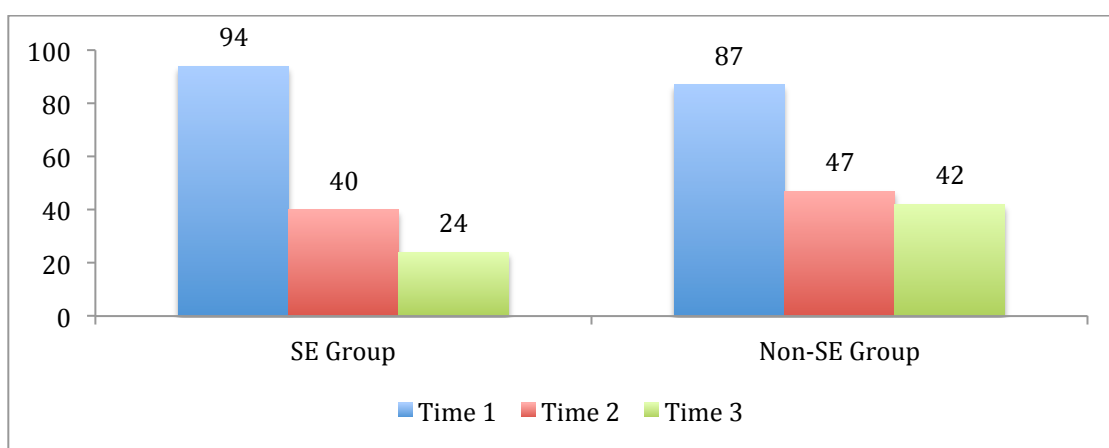


Figure 8.37: % of respondents reporting that their gambling had made it harder to make money last from one payday (or pension day) to the next for SE and Non-SE Groups, Times 1-3

8.7.2 WHETHER EFFECTS OF SELF-EXCLUSION ARE SUSTAINED OVER TIME

Research Objective Three was to determine whether the effects of exclusion programs in minimising gambling-related harm are sustained over time. To inform this objective, change scores were created for Time 1 to Time 2, Time 1 to Time 3, and Time 2 to Time 3 for each measure in Table 8.52. Change scores were then examined for the exclusion and non-exclusion groups separately to determine whether results for either group changed. Interaction terms were then examined to assess whether the groups changed at different rates over time.

Table 8.52: Mean (and SD) scores on each scale by group at Times 1-3

	SE Groups			Non-SE Groups		
	T1	T2	T3	T1	T2	T3
Monthly gambling expenditure	\$2,139.66 (\$1,339.74)	\$771.38 (\$974.26)	\$477.06 (\$579.45)	\$1,764.29 (\$1,628.41)	\$1,079.17 (\$1,253.26)	\$987.14 (\$1,272.81)
Gambling debt	\$15,784.85 (\$22,787.92)	\$1,637.88 (\$5,482.86)	\$348.00 (\$941.24)	\$15,834.67 (\$51,153.97)	\$9,560.00 (\$31,069.16)	\$3,631.76 (\$10,538.8)
Perceived problem gambling severity (1-10)	8.9 (1.3)	4.1 (2.6)	3.6 (2.5)	8.5 (1.6)	5.2 (3.2)	4.5 (2.8)
PGSI (score)	17.2 (4.7)	8.2 (7.5)	5.6 (6.7)	17.1 (6.4)	12.0 (8.5)	6.8 (7.2)
Gambling urge score	25.6 (10.4)	11.5 (12.4)	11.7 (13.7)	25.9 (10.1)	16.7 (13.5)	16.1 (11.3)
CAGE	0.8 (1.2)	0.5 (0.9)	0.4 (0.8)	1.0 (1.2)	0.8 (1.0)	0.9 (1.2)
General Health Questionnaire	15.1 (6.9)	25.5 (8.7)	27.2 (8.2)	13.4 (6.9)	21.7 (9.3)	26.8 (8.0)

Table 8.53 indicates that both the excluded and non-excluded groups improved significantly from Time 1 to Time 2 on monthly gambling expenditure, perceived problem gambling

severity, PGSI score, gambling urge score and general health score, but only the self-excluded group improved significantly on gambling-related debt. In most cases, this change was either sustained or improved even further between Times 2 and 3. CAGE scores did not change significantly for either group.

Table 8.53: Inferential statistics testing whether each group changed between time points for each of the five scales

	SE Groups			Non-SE Groups			Interaction		
	T1-T3	T1-T2	T2-T3	T1-T3	T1-T2	T2-T3	T1-T3	T1-T2	T2-T3
Monthly gambling expenditure	$t(19) = 4.01, p = 0.001$	$t(28) = 5.28, p < 0.001$	<i>n.s.</i>	$t(13) = 2.50, p = 0.026$	$t(15) = 2.25, p = 0.040$	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>
Gambling debt	$t(24) = 2.77, p = 0.011$	$t(32) = 3.47, p = 0.001$	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>
Perceived problem gambling severity (1-10)	$t(27) = 9.14, p < 0.001$	$t(39) = 11.18, p < 0.001$	<i>n.s.</i>	$t(18) = 4.93, p < 0.001$	$t(18) = 4.10, p < 0.001$	$t(16) = 2.63, p = 0.018$	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>
PGSI (score)	$t(28) = 7.87, p < 0.001$	$t(39) = 7.58, p < 0.001$	<i>n.s.</i>	$t(18) = 5.26, p < 0.001$	$t(18) = 2.65, p = 0.016$	$t(16) = 2.68, p = 0.016$	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>
Gambling urge score	$t(26) = 4.20, p < 0.001$	$t(39) = 6.83, p < 0.001$	<i>n.s.</i>	$t(15) = 2.14, p = 0.049$	$t(18) = 3.12, p = 0.006$	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>
CAGE	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>
General Health Questionnaire	$t(28) = 6.99, p < 0.001$	$t(39) = 8.05, p < 0.001$	<i>n.s.</i>	$t(18) = 6.61, p < 0.001$	$t(18) = 3.52, p = 0.002$	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>	<i>n.s.</i>

Note: The interaction tests whether any changes were significantly different between those who had and had not self excluded. *n.s.* indicates a non-significant result.

Change in the prevalence of gambling consequences over time were also examined for the two groups. The analyses reported in Table 8.55 are a series of McNemar's tests, which are the repeated measures version of the chi-square analysis. As the prevalence of any of the consequences did not change significantly for any of the groups from Times 2 to 3, only changes from Times 1 to 2 are presented here. No significant change between Times 2 and 3 means that any improvements gained by Time 2 were sustained by Time 3. Due to the constraints of the analysis, the respondents included in these analyses are only the ones who responded at both Times 1 and 2. However, this means that any observed changes in proportions are not due to respondent attrition.

Table 8.54 shows comparisons between the proportion of respondents who experienced each gambling related consequence at Times 1 and 2, specifically looking for change in these proportions. As can be seen in the table, the self-exclusion group experienced a significant

reduction in more of the consequences than did those who did not self-exclude. Both groups experienced significant reductions in the following consequences: having enough money to pay for household bills, making the money last from one pay day to the next and lack of trust from those close to them. The self-exclusion groups also experienced significant reductions in the following consequences: not having enough time to look after my family's interests, arguments with their family, negative impacts on their relationships with any children, putting off doing things, losing time from work, study or their main role, performance at work, study or their main role, borrowing money and not paying it back and having no money to pay for rent or the mortgage.

While some of these changes were significant for self-exclusion groups but not for non-self-exclusion groups, the amount of change was also directly compared using a repeated measures logistic regression. No significant differences were found, so while some of the results are significant for one group and not the other, the amount of change is not actually significantly different.

Table 8.54: Changes in prevalence of gambling consequences between Times 1 and 2 by group

Consequence	SE Groups	Non-SE Groups
Not enough time to look after my family's interests	*	
Cause arguments with my family	*	
Incidents of domestic violence within my household		
Other incidents of violence involving family, friends or others		
Impact negatively on my relationship with any of my children	*	
People close to me had difficulties trusting me	*	*
Put off doing things together	*	
I lost time from work, study or your main role	*	
My performance in my work, study or main role was affected	*	
I borrowed from someone and did not pay them back	*	
I had no money to pay your rent or mortgage	*	
I had no money to pay for household bills	*	*
It was harder to make money last from one payday (or pension day) to the next	*	*
The break-up of an important relationship in my life, or separation or divorce		
Losing contact with any of my children		
Changing jobs		
Being sacked from a job		
Being declared bankrupt		
The sale, repossession or eviction from your house		
Loss of superannuation or other investment funds or assets		
Stealing or obtaining money illegally		
Trouble with the police		
Being in court on charges relating to my gambling		
A prison sentence		

Note: An asterisk (*) indicates a significant decrease in the proportion of respondents experiencing that particular consequence for that group.

Summary

In summary, significant and sustained improvements in perceived problem gambling severity, PGSI score, gambling urge, general health and monthly gambling expenditure were

experienced both by those who had self-excluded and had counselling, and those who had only had counselling. However, only the self-excluder group experienced a significant reduction in gambling-related debt.

Further, sustained improvements were experienced by both groups relating to having enough money to pay for household bills, making the money last from one pay day to the next and the lack of trust from those close to them. However, only the self-exclusion group also experienced significant reductions in the following consequences: not having enough time to look after my family's interests, arguments with their family, negative impacts on their relationships with any children, putting off doing things, losing time from work, study or their main role, performance at work, study or their main role, borrowing money and not paying it back and having no money to pay for rent or the mortgage.

Overall however, these results do not provide strong evidence that self-exclusion heightens improvements on outcomes measures beyond those experienced by gamblers who attend counselling only, although they do provide some evidence that self-exclusion is associated with greater reduction in some negative gambling-related consequences, particularly those associated with impacts on family and work/study/main role.

8.7.3 WHETHER SELF-EXCLUSION IS MORE EFFECTIVE WHEN COMBINED WITH COUNSELLING AND SUPPORT

Research Objective Four was to assess whether exclusion is more effective when combined with counselling and support.

The quantitative analyses revealed that outcomes of self-exclusion did not differ between self-excluders who had attended counselling (Group A) and self-excluders who had not (Group B). At Time 1, these two groups were not significantly different on measures of gambling expenditure, gambling-related debt, perceived problem gambling severity, PGSI score, gambling urge, CAGE scores, harmful consequences from gambling, and general health. Nor did they differ on any of these measures at Time 2, with both groups showing major and significant improvements since Time 1 on all outcome measures except CAGE. Comparisons were not conducted at Time 3 as only six Group B participants were retained. These findings indicate that self-exclusion was not more effective for participants in the short-term when combined with counselling.

Other supports investigated in this study of self-exclusion comprised non-professional help and self-help. Unfortunately, the diversity in the types of other supports used at Times 2 and 3 and the low numbers of retained Group B participants at Time 3 precluded statistical comparisons based on use of other supports. Analyses with larger samples may yield significant results, although it is acknowledged that capturing self-exclusion respondents can be particularly difficult. Furthermore, it should be noted that any differences may be too subtle or individual to be captured in a statistical analysis.

8.8 CHAPTER CONCLUSION

This chapter is the last of the results chapters and has presented results of surveys with gambler participants in the study administered at three points in time. The next chapter concludes the report by summarising and integrating results of the study and discussing them in relation to pertinent literature.

CHAPTER NINE

DISCUSSION

9.1 INTRODUCTION

This chapter summarises the study's findings and discusses them in relation to pertinent literature. The chapter is structured to sequentially address the four research objectives. Findings from the review of Australian and international exclusion programs are discussed first to highlight their commonalities and differences (Section 9.2). Section 9.3 presents a process evaluation that assesses how effectively Queensland gambling self-exclusion programs have been implemented. Section 9.4 presents an impact evaluation to assess the effectiveness of Queensland self-exclusion programs in minimising harm for program participants and whether these effects are sustained over time. Section 9.5 considers the role of counselling and other support and whether they enhance the effectiveness of self-exclusion. Limitations of the study and some directions for further research are then presented before the chapter concludes.

9.2 NATIONAL AND INTERNATIONAL GAMBLING EXCLUSION PROGRAMS

This section focuses on the first objective of this research, which was to examine what gambling exclusion programs are currently operating nationally and internationally and identify their commonalities and differences. These results were summarised in Chapter Five based on a review of 41 self-exclusion programs, six venue-initiated exclusion programs, eight third-party exclusion programs, and one government initiated exclusion program. The review also included exclusion programs operated by Australian wagering and lottery operators and 13 online wagering providers licensed in Australia. Key findings are now discussed in relation to the literature.

9.2.1 SELF-EXCLUSION PROGRAMS FOR CASINOS, HOTEL AND CLUBS

Mandatory government-prescribed self-exclusion programs now operate in most jurisdictions where casinos, hotels and clubs provide gambling. Self-exclusion programs have expanded since their introduction several decades ago, particularly since the 1990s when commercial gambling was liberalised in many countries (Blaszczynski et al., 2007; Hayer & Meyer, 2011a; Nowatzki & Williams, 2002; Productivity Commission, 1999; 2010; Williams et al., 2012). The accompanying expansion of self-exclusion programs continues, with the review finding that more recent entrants to the casino market, such as South Africa, Macau and Singapore, have joined more established gambling markets, such as Australia, Europe, Canada and the US, in offering these programs. The introduction of self-exclusion programs to coincide with the opening of casinos in these newer markets indicates that self-exclusion remains an integral component of a responsible gambling environment and the gambling industry's predominant harm reduction strategy (Blaszczynski et al., 2007).

Consistent with findings of reviews of self-exclusion programs in general (Gainsbury, 2010; Nowatzki & Williams, 2002; Responsible Gambling Council, 2008), core features were found to be very similar across the programs reviewed, including those in Queensland. In all programs reviewed, patrons volunteer to be banned from entering or remaining in the excluded venue or excluded parts of the venue for a specified time period, are removed from mailing lists and promotional programs, and are provided with information on problem gambling counselling services. Venues are typically required to implement procedures to identify and remove excluded patrons and are authorised to prevent entry or remove excluded patrons, although legal responsibility for any costs incurred from breaches is generally waived. However, in alignment with observations by Blaszczynski et al. (2007) for self-exclusion programs in general, other requirements, procedures, processes and penalties for self-exclusion programs were found to be inconsistent across the jurisdictions reviewed.

A major inconsistency is whether self-exclusion programs are administered centrally or at the venue level, with about half the programs reviewed being centrally-based and about half being venue-based. Centrally-based programs typically enable multi-venue exclusion in one application which eases the otherwise considerable physical, emotional and financial burden on program participants to exclude from multiple venues individually (Hing & Nuske, 2012; Hing et al., 2010). Amongst those reviewed, centrally administered systems are operated by all Asian and African programs, most US and European programs, and about half the Canadian programs. In Australia, centralised services operate in South Australia and Tasmania, with some options to exclude away from venues provided in the ACT, NSW, Victoria and via a pilot program in Queensland.

Where centralised multi-venue self-exclusion services are located away from gambling venues, as most centralised programs reviewed are, excluders also avoid the gambling environment and associated triggers when registering (Hing & Nuske, 2012; Nowatzki & Williams, 2002). Where available through non-gambling industry services, any gambling operator conflict of interest is also avoided (Hing & Nuske, 2012; Nowatzki & Williams, 2002). In this review, centralised services were typically operated by government departments and, to a lesser extent, available through nominated counselling or welfare agencies. In a small number of jurisdictions reviewed (e.g., California, Singapore, Netherlands), individuals can apply online. The ability to exclude by mail and/or telephone appears more common in the European jurisdictions reviewed than elsewhere. Thus, some programs recognise that providing off-site registration options facilitates access, which should optimise program uptake (Hing & Nuske, 2012; Hing et al., 2010; Nowatzki & Williams, 2002).

Australasian jurisdictions operate predominantly venue-administered programs, in contrast to programs established in jurisdictions with more recent casino expansion. However, while lagging behind recent international trends revealed in the review, Australian programs are increasingly providing off-site registration facilities, although these have been mainly initiated by certain industry sectors rather than mandated by governments. Apart from the remotely assisted self-exclusion pilot in Queensland, individuals in that jurisdiction need to

physically enter the gambling venue to exclude and to do so for each venue from which they wish to exclude, with similar requirements in the Northern Territory, New Zealand and about half the Canadian provinces reviewed. Such a complex, difficult process of registration can deter participation (Gainsbury, 2010), especially if that process is perceived to be embarrassing, shameful and stigmatising (Hing & Nuske, 2012; Hing et al., 2010).

Another highly variable feature of the self-exclusion programs reviewed is the scope of self-exclusion orders. While centrally-based systems typically enable multi-venue exclusion, some programs automatically exclude the individual from all venues in the jurisdiction, as occurs in several jurisdictions in Canada, the US and Europe, although these exclusions may apply only to certain types of venues such as casinos. British Columbia also automatically extends gambling exclusion to the province's PlayNow.com internet gambling site. In contrast, multi-venue exclusion programs in Australia restrict the number of venues an individual can apply to be excluded from. A wide scope of exclusion orders is considered beneficial in jurisdictions with multiple venues, as self-exclusion has limited effectiveness if only applied to one or a few venues or gambling forms (Williams et al., 2012). Nevertheless, even jurisdiction-wide exclusion from all venues does not prevent cross-border gambling and access to Internet gambling sites (Williams et al., 2012), and consideration should be given to whether this approach may deter some potential program participants.

Great variation was apparent amongst the programs reviewed in length of the self-exclusion period. Most programs have either a set time period, or offer a choice of time periods, commonly six months, one year, two years or five years. Three programs allow excluders to nominate the exclusion period (Austria, ACT, NT), while two jurisdictions offer only irrevocable lifetime bans (Iowa, Michigan). Because the period of abstinence required to avoid relapse is unknown (Williams et al., 2012), an optimum self-exclusion period is difficult to prescribe. Some researchers have advocated for at least five years, given high relapse rates in the first few years (Williams et al., 2012), while others have advocated that ban length should be individually tailored to the excluder's needs or preferences (Blaszczynski et al., 2007; Responsible Gambling Council, 2008). Mandatory lifetime bans may be a significant deterrent for some potential excluders (Responsible Gambling Council, 2008). Length of the ban period also needs to be considered alongside revocation periods. Many jurisdictions do not permit self-excluders to apply for revocation, while others have minimum time periods such as three months (NSW, Belgium), six months (TAS, Nova Scotia; Ontario) or 12 months (QLD, SA, Saskatchewan, Singapore).

The programs reviewed also vary in detection methods for breaches and penalties applied if caught. The Australasian, Canadian and US programs reviewed rely on venue staff to recognise excluders from photographs supplied, which has obvious limitations that are reflected in high rates of undetected breaches (Bellringer et al., 2010; Cohen et al., 2011; Gainsbury, 2010; Hing & Nuske, 2012; Nelson et al., 2009; O'Neil et al., 2003; Responsible Gambling Council, 2008; Williams et al., 2012). In contrast, appropriate identification is commonly required to enter Asian, African and European casinos (Williams et al., 2012). Scanning ID against a self-exclusion database optimises detection rates, facilitates the

efficacy of off-site registration, and reduces excluder concerns about lack of confidentiality and privacy where excluders' photographs are displayed to venue staff (Hing & Nuske, 2012; Hing et al., 2010; Williams et al., 2012).

Penalties for breaches of a self-exclusion order also show substantial variation across the programs reviewed. Some programs have no penalties for excluders beyond removal from the venue or gambling area. Others impose fines, which range from \$120 (Ontario) to \$10,000 (Alberta), with variation in Australasia from \$500 (WA, NZ) to \$4,400 (QLD). Others allow for charges of trespassing, as well as imprisonment for 6-12 months, as well as relinquishment of any winnings. In practice however, many programs with penalties have a graduated response commencing with verbal or written warnings. Penalties appear to deter breaching (Bellringer et al., 2010; Cohen et al., 2011), although the optimal fine to achieve this deterrence is unknown (Nowatzki & Williams, 2002), with concerns raised that heavy fines compound financial problems while trespassing charges criminalise excluders (Responsible Gambling Council, 2008).

Penalties for venues that fail to detect and remove excluded patrons also vary. Venue fines are uncommon in the overseas programs reviewed, but those applicable to Australasian venues include up to \$27,500 in Queensland for the licensee and \$4,400 for the employee, \$35,000 for the licensee in South Australia, and \$10,000 for the licensee in New Zealand. Penalties for venues should provide some inducement for venues to monitor for breaches of self-exclusion, given the inherent conflict of interest between program enforcement and commercial objectives of gambling operators (Blaszczynski, Ladouceur & Shaffer, 2004; O'Neil et al., 2003).

Another key area of program variation relates to links with counselling agencies for excluders. While all programs reviewed require venues to provide contacts for gambling counselling agencies to excluders, only two programs have mandatory requirements for counselling or consumer education on problem and responsible gambling (Quebec, Alberta). Some programs allow individuals to exclude through counselling agencies, which connects them to these services (e.g., Singapore, TAS). Only one program (Quebec) provides assistance for a gambling problem when a self-excluder is detected breaching. Some jurisdictions require evidence that an excluded patron has attended counselling before rescinding a self-exclusion order (TAS, Singapore, South Africa), although many programs have no allowance for revocation. Because self-exclusion represents an external control and does not address psychological factors contributing to the gambling problem (Blaszczynski et al., 2007), linking excluders with treatment services provides support for them to also build up internal control.

In summary, and in contrast to recent international trends, Australian self-exclusion programs are characterised by being venue-administered, they require on-site exclusion from individual venues, do not allow exclusion from all venues in the jurisdiction, rely on photographs for detection, impose penalties for excluders for breaches and for venues for failure to detect breaches, and provide minimal connections to counselling services.

9.2.2 SELF-EXCLUSION PROGRAMS FOR WAGERING AND LOTTERY OUTLETS

All wagering exclusion programs reviewed in Australia share the common features of allowing excluders to ban themselves from land-based, telephone and online wagering channels. They suspend telephone and online accounts upon receiving applications for self-exclusion and rely on excluders' photographs for land-based wagering. As with self-exclusion programs for other gambling forms, wagering operators are not to send any promotional material to excluders.

Features of wagering exclusion programs differ amongst those operated by Tabcorp (NSW, VIC), Tattsbet (QLD, SA, NT, TAS), ACTTAB, and Racing and Wagering WA, and according to different jurisdictional requirements. This presents complexities for both providers operating across different jurisdictions and for excluders with wagering accounts in more than one state or territory. For example, exclusion periods amongst the programs range from a minimum of three months (NT) up to five years (QLD), with some programs enabling excluders to nominate the ban period beyond a minimum time (NT, ACT) or from a range of options (NSW, VIC). Tattsbet in Queensland requires exclusion from individual TAB outlets, whereas Tabcorp enables individuals to exclude from up to 15 venues in one application. Links with treatment agencies also vary, with individuals in the ACT able to exclude at Lifeline agencies, while in Western Australia attendance at counselling is mandatory for revocation of a self-exclusion order. Thus, compared to some other Australian programs, the self-exclusion program for wagering in Queensland is distinguished by requiring exclusion applications at individual outlets, a five year ban period, and minimal connections to treatment services.

Even though the account-based nature of online gambling makes self-exclusion more effective in online than land-based environments (Gainsbury, 2010; Productivity Commission, 2010), the review of 13 online wagering sites found that self-exclusion provisions are piecemeal, variable and not prominently displayed on web or mobile platforms. One operator website reviewed contains no self-exclusion information, while the remainder are characterised by minimal information. Length of exclusion period varies amongst programs from three months to five years, in accordance with different requirements of jurisdictions operators are licensed in. Two operators offer only lifetime bans which may present an unnecessary deterrent (Responsible Gambling Council, 2008). Only the Luxbet website provides information on revocation. Thus, despite enhanced potential for effectiveness, self-exclusion programs from online wagering outlets do not optimally encourage uptake.

Australian lottery programs reviewed offer self-exclusion only from online and/or telephone accounts, but not from retail outlets. Across Australia, these programs show much more consistency than programs for other sectors, because lotteries are operated by one company, Tattersalls, in all jurisdictions except Western Australia. Each program offers an initial 180 day self-exclusion period. Applicants can register online or by telephone. Account holders who self-exclude three times are permanently excluded. LotteryWest permits

players to choose their self-exclusion period, with self-exclusion available only online. No revocation process is available with any Australian lottery provider.

9.2.3 INVOLUNTARY EXCLUSION PROGRAMS

Venue initiated exclusions appear to be rarely enacted in Australia, with information about their operation found only for Queensland, South Australia, Tasmania and the Australian Capital Territory. These programs generally require high standards of evidence that the person is a problem gambler and/or that their gambling is causing serious harm to their own or their dependents' welfare. In Australia, only South Australia and Tasmania offer third party exclusion, with these programs also found in California, Macau, Singapore, Belgium and South Africa amongst jurisdictions reviewed. In general, conditions for third party exclusions operate the same as for self-exclusions, although with some variation to ban length or additional conditions before reinstatement. Singapore is unique amongst the sampled jurisdictions in providing for automatic exclusion from its two casinos based on government mandated criteria for persons who: are on social assistance; have greater than six months public housing rental arrears; are undischarged bankrupts or persons in financial distress. No information was found for involuntary exclusion programs by online gambling operators despite the potential for operators to track and detect gamblers displaying high-risk gambling behaviours (Gainsbury, 2011; Griffiths, 2003; Griffiths & Parke, 2002).

9.3 PROCESS EVALUATION OF QUEENSLAND'S SELF-EXCLUSION PROGRAMS

The second objective of this study was to assess the effectiveness of gambling exclusion programs operating in Queensland as a mechanism to minimise gambling-related harm. In order to be effective in minimising harm, self-exclusion programs need to be implemented appropriately so that they provide and deliver as planned to the target groups. A process evaluation is now presented that assesses the implementation of Queensland gambling self-exclusion programs. This evaluation contributes to addressing Research Objective Two, draws together relevant findings from different project stages, and discusses them in terms of relevant literature.

This process evaluation was informed by interviews with key stakeholder groups – Queensland Gambling Help counsellors, peak gambling industry associations, and problem gamblers including excluders, non-excluders, those who had received counselling and those who had not. These interview data enabled assessment of the effectiveness of program implementation in areas including motivations and barriers to uptake, program promotion, scope and accessibility, registration process, length of exclusion orders and conditions for revocation, venue monitoring, penalties for breaches, and links with counselling agencies.

9.3.1 PROBLEM GAMBLING DETAILS OF PARTICIPANTS

Most (34) of the 53 self-excluders interviewed for this study reported EGMs as causing them most problems before exclusion, followed by wagering (8), Internet gambling (4), poker (4) and casino games (3). Fifty-two of these excluders scored as problem gamblers on the PGSI

and one as a moderate risk gambler at their first interview. Thus, similar to a New Zealand study (Bellringer et al., 2010), take-up of self-exclusion was mostly by problematic EGM players with severe gambling problems, consistent with observations that these programs are used as a tertiary intervention to regain control over gambling (Gainsbury, 2010; Williams et al., 2012). Therefore, self-exclusion programs need to be repositioned appropriately if they are to be utilised as a harm minimisation and prevention tool before gambling-related problems become acute.

However, not all problematic EGM players take up self-exclusion, with the vast majority of the 50 non-excluders (43) also reporting EGMs as causing them most problems, followed by wagering (3), casino games (2) and Internet poker (1) (1 non-response). Forty-three of these excluders scored as problem gamblers on the PGSI, four as a moderate risk gamblers, one as a low risk gambler and one as a non-problem gambler, at the time of their first interview (1 non-response). Thus, it is informative to consider motivators and barriers to self-exclusion to assess how program take-up could be enhanced.

9.3.2 MOTIVATIONS FOR PROGRAM UPTAKE

Motivations for self-excluding included financial, relationship, emotional, work, legal and health concerns. For some participants, a combination of these concerns triggered decisions to exclude, reflecting that the help-seeking process is often not based on one factor alone (Delfabbro, 2012). However, financial reasons were the most common trigger, including never having money, not being able to pay bills and continuously going deeper into debt. Other studies have found that financial distress is the most common trigger for help-seeking for problem gambling (Bellringer et al., 2008; Delfabbro, 2012; Hing, Nuske & Gainsbury, 2012), including for self-exclusion (Bellringer et al., 2010; Hing & Nuske, 2012). The interviews revealed that gambling-related problems had typically become very severe before participants were motivated to self-exclude, consistent with previous observations that self-exclusion is often motivated by a crisis situation (Blaszczynski et al., 2007). This was confirmed by the counsellors interviewed who noted that clients typically self-exclude only as a last resort after trying all other options and when faced with a crisis situation such as financial ruin or relationship breakdown.

The counsellors also confirmed that clients who opted for self-exclusion mainly had gambling problems with EGMs and had reached a point of commitment to stopping gambling, reflecting a shift from contemplation to action stages of change (Prochaska et al., 1992). Of the 53 excluders in this study, most (28) hoped to achieve complete abstinence, with the remainder wanting to reduce or have a break from gambling. More excluders who had received counselling aimed for complete abstinence compared to excluders who had not received counselling. This may reflect greater willingness to undertake counselling once a decision to abstain has been reached or that counselling strengthens commitment to stopping gambling altogether.

Most non-excluders did not think that anything could motivate them to self-exclude given the considerable barriers they identified, as discussed below. However, a few conceded they might consider self-exclusion if they experienced severe financial or relationship stress, emphasising the tendency for gambling consequences to become acute before excluding. However, this finding also indicates that the non-excluders did not appear to view self-exclusion as a harm minimisation or prevention tool they would utilise to prevent gambling problems from escalating.

About two-thirds of the 34 excluders who had received counselling involved others in their decision to self-exclude, including counsellors, family, friends and work colleagues, with counsellors playing a key role in alerting some participants that the self-exclusion programs exist and in helping to arrange exclusions with participants. In contrast, only three of the 19 excluders who had not had counselling reported that others had been involved in their decision to self-exclude. This finding suggests that counsellors can play a key role in motivating self-exclusion, and that efforts to increase counselling uptake and to encourage counsellors to promote self-exclusion will also likely increase self-exclusion uptake. This finding also suggests that efforts to raise awareness of self-exclusion and counselling amongst the broader community should better equip significant others to encourage problem gamblers to seek these interventions.

9.3.3 BARRIERS TO PROGRAM UPTAKE

Several barriers to self-exclusion were raised by study participants. Considerable insights were given by the non-excluders and gambling counsellors, while over half the excluders also identified barriers initially deterring or delaying them from self-excluding. Intrinsic barriers are discussed here, with extrinsic factors relating to program implementation discussed later.

As found in previous studies (Hayer & Meyer, 2011a; Hing & Nuske, 2012), a major barrier which deterred or delayed self-exclusion amongst excluders and non-excluders in this study was shame and embarrassment about admitting a gambling problem, of approaching venue staff to self-exclude and about the possibility of others finding out through venue staff and through having their photographs displayed. Non-excluders especially, but also those who had excluded, had little faith that venue staff could be trusted to keep their gambling problem and self-exclusion confidential. Thus, to self-exclude was perceived as embarrassing and stigmatising. A few non-excluders therefore felt that self-exclusion would lower their self-esteem even further and would not provide enough support to address their gambling problem. Some excluders and counsellors cited examples of humiliating responses by venue staff when registering for exclusion or when excluders were publicly approached by staff in venue areas they were not excluded from. Counsellors discussed the considerable stigma, shame and embarrassment involved in the self-exclusion process because it is so public and open to breaches of confidentiality and mismanagement by venue staff. Several researchers have noted the stigma attached to problem gambling and its role in deterring help-seeking for gambling problems (Cooper, 2001; Dhillon, Horch & Hodgins, 2011; Evans &

Delfabbro, 2005; Hing, Holdsworth, Tiyce & Breen, 2013; Hing et al., 2012; Horch & Hodgins, 2008; Rockloff & Schofield, 2004).

Over half the excluders identified other intrinsic barriers initially deterring or delaying them from self-excluding. Some had denied the severity of their problem, had wanted to continue gambling to recoup former losses, or felt they had not been ready to stop gambling. Both non-excluders and counsellors also confirmed that not being committed to stopping gambling was a major barrier, along with not perceiving the problem as severe enough to warrant total exclusion. For some participants, the social aspects and enjoyment of patronising venues also undermined consideration of self-exclusion. These findings are consistent with previous research into intrinsic barriers for help-seeking for problem gambling (Bellringer et al., 2008; Delfabbro, 2012; Hing et al., 2012). More specifically, Nowatzki and Williams (2002, p.11) contemplated whether success of self-exclusion is mostly due to reaching a decision to control gambling and publically proclaiming this decision through a self-exclusion order. Thus, self-exclusion programs can be expected to have little impact on problem gamblers who do not believe they have a gambling problem or who are unwilling to commit to behavioural change. Public health measures to raise problem recognition may shift more problem gamblers to commit to change through self-exclusion.

Additional intrinsic deterrents to self-exclusion were the belief that the gambling problem could be addressed without self-exclusion and preferring to manage the problem alone. For example, some non-excluders who had not received counselling stressed the importance of having personal control over their gambling, which self-exclusion did not encourage. They appeared to see utilising external control as a weakness which would lower their self-esteem and thus compound their problems. Other studies of help-seeking have reached similar conclusions. For example, a review by Delfabbro (2012) identified that false hope in regaining control over gambling and winning back losses are major barriers to help-seeking.

Extrinsic barriers to self-exclusion included lack of program awareness and of what it involves, requirements to exclude individually from multiple venues, doubts that venues could effectively monitor self-exclusion, and penalties for breaches. These issues are discussed below in relation to various aspects of the self-exclusion program.

9.3.4 PROMOTION OF THE PROGRAM

Only 13 of the 53 self-excluders had learnt of self-exclusion from information at gaming venues. Other main sources of this information were counsellors, family/friends and the Internet, with less common sources being GA, the general media and word of mouth. Not surprisingly, most excluders were critical that self-exclusion is not promoted enough so that many people remain unaware that self-exclusion programs exist. Many suggested wider promotion through more prominent venue signage and television and online advertising. Other Australasian studies have also found that most self-excluders become aware of self-

exclusion through sources external to gambling venues (Bellringer et al., 2010; Hing & Nuske, 2012), confirming low levels of effective in-venue promotion.

The 33 non-excluders who had received counselling had heard about self-exclusion through sources including counsellors, family, friends, online, GA, gambling helplines, television and venue advertising. They knew that self-exclusion involved entering each venue and asking to be self-excluded. However, all were uncertain about many details, particularly ban length and penalties for breaches. In contrast, six of the 17 non-excluders who had not received counselling did not know anything about self-exclusion, again suggesting that counsellors play an important role in raising awareness of the programs in the context of low venue publicity. This was confirmed by the counsellors who reported that, while clients were sometimes aware of the self-exclusion programs before their first counselling session, the majority were not. These counsellors all reported that self-exclusion is spoken about early on, usually in the first counselling session. Thus, encouraging more people into counselling should also lift self-exclusion rates.

Nevertheless, more effective in-venue publicity of the self-exclusion program is clearly needed if take-up rates are to increase. Several other studies have also called for better publicity of self-exclusion programs (Bellringer et al., 2010; Blaszczynski et al., 2007; Gainsbury, 2010; Hing & Nuske, 2009, 2012; Hing et al., 2010; Nowatzki & Williams, 2002; Responsible Gambling Council, 2008; Steinberg, 2008).

9.3.5 THE PROGRAM'S SCOPE AND ACCESSIBILITY

Most excluders believed that self-exclusion was reasonably available and accessible, but time-consuming. A major barrier was the need to exclude individually from multiple venues. This amplified shame and embarrassment, with counsellors and gamblers both noting the considerable courage and fortitude required to repeat the process multiple times. In alignment with previous research pointing to self-exclusion's limited effectiveness if only applied to one or a few venues (Hing & Nuske, 2012; Williams et al., 2012), several non-excluders also thought that self-exclusion would not be effective for them, mainly due to the multitude of alternative venues that they would still be able to access, coupled with the considerable time and resources required to exclude from all accessible venues. This requirement also deterred some excluders from taking up this option earlier and has been raised as a major barrier in prior studies of single-venue self-exclusion (Bellringer et al., 2010; Hing & Nuske, 2009, 2012; O'Neil et al., 2003). Hing and Nuske (2012) also explain that excluding individually from multiple venues increases exposure to the gambling environment that may trigger gambling urges. This was clearly recognised by one participant in the current study who was escorted through the venue to prevent him gambling when he came to register for self-exclusion. Some non-excluders noted that they had ready access to hundreds of venues, so that self-excluding from all of them would be impossible.

Some non-excluders and counsellors considered that self-exclusion would only be effective in areas with a very small number of accessible venues. That some excluders simply

gambled at other venues after excluding demonstrates this inherent program weakness, similar to other studies finding that self-exclusion can simply shift many participants' gambling to other venues (Bellringer et al., 2010; Hing & Nuske, 2012). Indeed, some excluders attributed their lack of success with self-exclusion to the availability of numerous venues and the inability to take out a blanket self-exclusion across all venues in a region.

Additionally, some counsellors and gamblers interviewed noted that the registration process itself is lengthy, about an hour each time, which deterred some non-excluders from attempting the process once they realised the considerable time required to exclude from multiple venues. Industry participants interviewed also identified the volume of paperwork as a program weakness. Counsellors suggested streamlining the process, with their own involvement potentially helping in this regard. Many excluders believed that being able to enact multiple exclusions would reduce resources required, such as time, transport, money and confidence, would reduce the considerable shame and stigma involved, and thus enable the reach and impact of self-exclusion to be more targeted and effective. They suggested several possible mechanisms, such as a central online system, sharing of one application across multiple venues or a national database. Similar sentiments were voiced by counsellors who reiterated that many clients raise the problem of excluding from individual venues and would prefer a single application on a database to enable multiple exclusions. The remotely assisted self-exclusion pilot being trialled in Queensland may help to eventually remedy this issue by facilitating multi-venue exclusion. Industry interviewees in this study were broadly supportive of its implementation.

9.3.6 THE REGISTRATION PROCESS

Excluders had both positive and negative experiences of the registration process, with high variability experienced across venues. About one-half of excluders thought the registration process was relatively easy and venue staff were helpful and supportive. The other half reported less positive experiences, a much higher proportion than found in Bellringer's et al.'s study in New Zealand (2010). The Responsible Gambling Council (2008) has also noted that venue staff are not always prepared or adequately trained to handle a self-exclusion appropriately. Studies involving venue staff also confirm substantial levels of staff discomfort and uncertainty when self-exclusion is requested, particularly if the patron is distressed, frustrated or afraid (Bellringer et al., 2010; Hing & Nuske, 2009; Hing et al., 2010). Some industry participants interviewed also alluded to difficulties for staff when self-exclusion is requested, especially in smaller venues, because this happens too infrequently for staff to become familiar with the process.

Several excluders and counsellors confirmed that venue staff are not always knowledgeable about the process and had to consult with several staff before finding one who knew what to do and where forms were located. Some patrons were asked to come back later to complete the exclusion or to confirm the exclusion after the 24 hour cooling-off period. Some excluders and counsellors cited examples of having to wait in the gaming room until staff were available and of having to complete the registration process in gaming rooms

amongst other gamblers. Some venues, it appears, may not have sufficient staff on duty to release one to conduct a self-exclusion in a private space, a concern also noted by industry participants in relation to stand-alone TAB agencies.

Venue staff were also believed to have a role in providing sensitivity, encouragement and support, which did not always occur. Counsellors raised deep concerns that an insensitive staff response disempowered clients in their efforts to address their gambling problem and added to their shame and humiliation, while some excluders noted that this type of staff response deterred them from further exclusions. In contrast, counsellors and excluders both noted how a sensitive and positive staff response can reinforce help-seeking efforts by excluders, as advocated by the individual assistance (Responsible Gambling Council, 2008) and gateway (Blaszczynski et al., 2007) models of self-exclusion.

Interviews also revealed the important role that many counsellors take in assisting people to register. As well as informing clients of the self-exclusion program, counsellors may promote the benefits of self-exclusion, provide information about how the program works, help clients to identify the most appropriate venues to exclude from, help them to make venue appointments to reduce time exposed to the gambling environment, and accompany clients to venues to register for the program. Counsellors felt that these forms of assistance genuinely helped to limit the embarrassment involved for clients in self-excluding.

Privacy and confidentiality emerged as serious concerns for many excluders when they had to go to the bar to inquire about self-exclusion or were not taken to a private space to complete registration. Counsellors also gave many examples of confidentiality being compromised when registering for self-exclusion. Some excluders and gambling counsellors particularly emphasised that privacy issues are important when living in close communities. Non-excluders also held serious concerns about the confidentiality of self-exclusion which deterred many from taking it up.

9.3.7 LENGTH OF EXCLUSION ORDERS AND CONDITIONS FOR REVOCATION

Most excluders were uncertain about the ban length, with responses ranging from six months to permanently to not knowing. Responses about the appropriateness of the five year ban length also varied. Several excluders thought the longer the ban length the better, while others wanted to ban themselves permanently. Two excluders considered five years too long because people do not want to make that commitment. However, other excluders suggested the ban length is appropriate, a view shared by most counsellors. Three excluders asserted that individuals should choose the ban length, which is consistent with calls for more individualised program elements (Blaszczynski et al., 2007; Responsible Gambling Council, 2008). As noted earlier, little is known about the optimum length of a self-exclusion order (Williams et al., 2012).

Excluders were similarly uncertain about revocation and renewal processes, as were several counsellors, especially those who had recently entered the profession. While about one-half of excluders recalled these procedures being explained to them during registration, several

said the processes were not explained adequately or at all, and many could not remember. As noted above, knowledge of program details such as ban length and revocation was very low amongst non-excluders. One counsellor maintained that revocation was often not allowed by venues as they did not want to risk the perception that they were encouraging problem gamblers back to the venue; as such, venues had the ultimate decision over revocation. However, this issue was not raised by any other study participants and the casino representative interviewed noted that very few revocation requests are refused. Some industry participants considered that having to wait 12 months before applying for revocation may not be appropriate, with some advocating that the length of time should be determined by the excluder.

9.3.8 VENUE MONITORING AND PENALTIES FOR BREACHES

When assessed at Time 1, 14 of the 53 excluders reported having breached their exclusion, most only once or twice but others more than ten times. One excluder claimed to have revisited excluded venues '300 times' without being detected. Only seven of the 14 excluders who had breached were detected by venue staff, and only on one or two occasions. Realising they had not been detected, some of these excluders then breached more often. Counsellors also confirmed that self-excluded clients report not being detected breaching, with counsellors and excluders concerned that this undermines the point of self-excluding and sends an inappropriate message to excluders. Indeed, some non-excluders attributed their decision to not self-exclude to inadequate venue monitoring and the subsequent perceived ineffectiveness of the program.

Not surprisingly then, about half the excluders interviewed were not at all confident in venue monitoring, a sentiment echoed by some non-excluders. Reasons for poor venue monitoring were noted as difficulties for staff in monitoring all venue patrons and recognising who was excluded, especially with staff turnover, possible staff apathy and conflict of interest by venues. Nevertheless, about one-half of excluders were confident that venues can effectively monitor re-entry by self-excluders, with some citing examples of being detected and asked to leave. Other excluders noted staff confusion over venue areas they were barred from, and the resulting extreme embarrassment when they were approached by venue staff while having meals or drinks with friends who did not previously know of their exclusion or gambling problem. Several other studies of self-exclusion programs which rely on excluders' photographs have found low detection of breaches and highlighted difficulties of effective venue monitoring (Bellringer et al., 2010; Croucher et al., 2006; Hing & Nuske, 2009, 2012; Hing et al., 2010; Ladouceur et al., 2007; O'Neil et al., 2003; Williams et al., 2012)

The vast majority of excluders did not know the penalties for breaching. Some thought there were no penalties while others could not remember, or said it had not been explained to them. Others knew they would be escorted out of the venue if detected, but one thought a jail sentence would apply. Penalties for breaching and its financial and legal ramifications

were significant deterrents to program uptake for nearly one-third of non-excluders as they did not want to attract any more trouble or be penalised.

However, counsellors raised different issues in relation to penalties for breaches. Some were concerned that the penalties do not appear to be enforced yet felt that the threat of penalty makes the program more effective, similar to findings by Cohen et al. (2011) and Williams and Nowatzki (2002). Some industry participants also viewed excluder penalties for breaching as a strength of the program. However, a widespread sentiment amongst counsellors was that venues could provide a much more supportive approach to excluders they detect breaching to help them achieve their goal of not gambling, rather than to simply tell them to leave the venue. Additionally, and consistent with other research (Responsible Gambling Council, 2008), some counsellors considered fines an inappropriate penalty for people who are probably already in financial distress, with one suggesting community service might be more appropriate.

9.3.9 LINKS WITH COUNSELLING AGENCIES

Excluders generally believed they were given appropriate information about counselling services when self-excluding, including all but two of those who had not taken up counselling. Excluders typically found provision of this information appropriate and helpful. However, several participants suggested they were not given contact details for counselling services. Self-exclusion provides an opportunity to link problem gamblers with treatment services, which is important given outcome studies showing that most clients who seek professional help benefit from treatment, irrespective of its form (Productivity Commission, 2010). Thus, many researchers have advocated for self-exclusion programs to better connect excluders with treatment (Blaszczynski et al., 2007; Gainsbury, 2010; Responsible Gambling Council, 2008; Williams et al., 2012)

9.3.10 POTENTIAL IMPROVEMENTS TO THE SELF-EXCLUSION PROGRAM

Several strengths of the self-exclusion programs in Queensland were identified by study participants. Along with widespread availability, many self-excluders reported positive experiences with venue staff in responding to their request, being knowledgeable about the process, explaining conditions, respecting their privacy whilst registering, providing support and encouragement, and offering information about professional help. Industry participants indicated strong support for the programs and acknowledged the substantial resources available to assist venue implementation. Most counsellors considered that the programs can be a useful adjunct to counselling to help reduce gambling-related harms.

However, many barriers to and criticisms of the program were made and inform the improvements suggested here:

- Findings confirm that self-exclusion is currently used only as a tertiary intervention. Repositioning the programs may increase their utilisation for harm minimisation and prevention before gambling problems reach crisis point.

- The programs need much wider publicity to increase program participation and facilitate more timely uptake.
- Because a major barrier to self-exclusion is shame and embarrassment, stigma-reduction efforts are needed to position self-exclusion as a positive step rather than one that indicates personal weakness.
- Measures to increase counselling uptake and to encourage counsellors to promote self-exclusion would also increase program participation, given the major role many counsellors already play in connecting clients to self-exclusion.
- Measures are needed to raise awareness of self-exclusion and counselling amongst the broader community to better equip significant others to encourage problem gamblers to seek these interventions.
- Measures to raise recognition of problem gambling symptoms and that they are unlikely to be resolved without behavioural change may help to shift more problem gamblers to commit to behavioural change through self-exclusion.
- Off-site registration for self-exclusion located away from gambling venues would facilitate access, lessen shame and embarrassment, increase privacy and confidentiality, allow excluders to avoid the gambling environment, and circumvent potential operator conflict of interest. Off-site registration would also address difficulties experienced by some venues in providing timely, private, confidential and supportive responses to self-exclusion requests.
- A multi-venue exclusion process is clearly needed to lower the considerable and sometimes insurmountable difficulties of excluding from numerous venues, and to increase program uptake and effectiveness rather than shifting excluders' gambling to other venues. The remotely assisted program may assist if implemented widely and if it allows exclusion in one application from all accessible venues.
- Involving counsellors in the registration process would help to ensure excluders have logistical and emotional support and strengthen links between self-exclusion and treatment. As occurs in some other jurisdictions, centralised self-exclusion facilities could be located at counselling agencies, which would need appropriate resourcing.
- Lack of privacy and confidentiality is a serious concern that requires resolving if program uptake is to improve. Solutions could entail online registration, ideally through professional agencies with well-embedded confidentiality protocols along with electronic monitoring of venue entry or EGM play to remove the need for multiple venue staff to be privy to self-exclusion information.
- The registration process itself should be streamlined to reduce time and paperwork required by both venues and excluders. Consideration should be given to a one step process that does not require excluders to return to venues to lodge paperwork and photographs. An online system connected to a centralised database appears appropriate.

- If self-exclusion registration remains with gambling venues, improved training is needed to ensure all customer service staff are knowledgeable about self-exclusion, and respond to requests in a sensitive supportive manner that respects excluder's dignity and privacy. All customer service staff should also know how to appropriately approach excluders in breach of their order, including the need to maintain their privacy and to ensure accuracy as to which part of venue they are excluded from. Penalties for breaching and revocation and renewal procedures are poorly understood by excluders and require better explanation during program registration.
- Better venue monitoring and detection methods are needed to prevent further undermining of the program's credibility and enhance uptake. Requiring patron identification to enter gambling venues or play EGMs would be needed for a failsafe system that could match identification against an electronic list of excluders.
- Venues could be more proactive in connecting self-excluders to counselling by offering to make a telephone or face-to-face appointment with a counsellor during the registration process.
- Penalties for breaching should provide a more supportive approach to help address the gambling problem and uncontrolled gambling urges. Community service and counselling appear more appropriate than current fines and charges that simply penalise the person breaching.
- Penalties for breaches need to be applied consistently to enhance adherence to the program, reinforce excluders' commitment to their self-exclusion order(s) and maintain program credibility.

9.4 IMPACT EVALUATION OF QUEENSLAND'S SELF-EXCLUSION PROGRAMS

This section also contributes to addressing Research Objective Two of this study (to assess the effectiveness of gambling exclusion programs operating in Queensland as a mechanism to minimise gambling-related harm) as well as Research Objective Three which was to determine whether these effects are sustained over time. This impact evaluation is informed by the interviews and surveys with problem gamblers, and interviews with gambling counsellors, with results also discussed in relation to relevant literature.

This evaluation first discusses whether self-exclusion was followed by improvements in outcome measures (Section 9.4.1). However, causality cannot be assumed between uptake of self-exclusion and any subsequent changes in problem gambling symptoms and gambling-related harms. Section 9.4.2 compares outcomes between excluders and non-excluders who participated in this study to isolate any unique effects of self-exclusion.

9.4.1 ASSOCIATIONS BETWEEN SELF-EXCLUSION AND REDUCED AND SUSTAINED GAMBLING-RELATED HARMS

Fifty-three study participants had self-excluded at the time of their recruitment, comprising 34 participants from Group A (self-excluded and had counselling) and 19 from Group B (self-exclusion, no counselling). The majority of these 53 excluders experienced significant reductions in problem gambling symptoms and gambling-related harm following their self-exclusion, as discussed below. However, while these results show associations between self-exclusion and harm reduction, causality cannot be assumed. Further, changes following self-exclusion reported below are based on the number of respondents retained in Groups A and B and it is not known whether those who dropped out of the study had different outcomes than those retained.

Gambling behaviour

Overall, the self-excluders in this study decreased their gambling participation following self-exclusion. At Time 1 (T1), all self-excluders reported gambling in the six months preceding their most recent self-exclusion. By Time 2 (T2), 27% of self-excluders had abstained from gambling altogether, increasing to around 30% by Time 3 (T3).

Of more importance is whether self-excluders abstained from the gambling form causing them most problems. Only a small proportion (9%) of self-excluders had abstained from their most problematic gambling form at Time 1, but this proportion increased significantly to 55% at both of Times 1 and 2. Thus, over half of self-excluders achieved abstinence from their most problematic gambling form by Time 2 and this abstinence was sustained for Time 3.

Overall, the self-excluders in this study had significant reductions in gambling expenditure following self-exclusion. Their mean monthly gambling expenditure declined from \$2,361 (T1) to \$771 (T2) to \$407 (T3). Gambling debt was also reduced. The self-excluders' mean debt declined from \$18,636 (T1) to \$1,426 (T2) to \$300 (T3). These decreases in monthly gambling expenditure and gambling-related debt were significant between Times 1 and 2, but not between Times 2 and 3. Thus, self-exclusion was associated with quick declines in gambling expenditure and debt, and these changes were sustained over the 12 month period of assessment.

These results are consistent with the qualitative interviews amongst these same 53 self-excluders. At Time 1, just over half of Group A reported that self-exclusion had helped them stop or limit their gambling, others noted it had not helped, while for some it was too early to tell. At Time 2, Group A generally considered self-exclusion as effective in providing a barrier and financial deterrent to their gambling due to fear of being fined for breaches. Some participants had stopped gambling altogether and were confident to enter gambling venues without experiencing urges or other negative effects. By Time 3, most Group A participants stated that self-exclusion continued to impact positively on their gambling behaviour. Similar outcomes were reported by Group B. At Time 1, several Group B participants explained that, while self-exclusion had helped to remove access to their most

frequented venues, they continued to gamble at other venues. By Time 2, most Group B participants reported that self-exclusion had impacted positively on their gambling behaviour, although some participants still gambled at alternate venues. By Time 3, most of the six Group B participants retained felt confident in long-term change to their gambling behaviour as a result of self-exclusion. Thus, the trend of reduced gambling behaviour was apparent in both the qualitative and quantitative responses of self-excluders.

The counsellors interviewed for this study also articulated benefits of self-exclusion in immediately reducing gambling activity, with some of their self-excluded clients stopping gambling completely. Even if clients were unable or unwilling to exclude from all accessible venues, counsellors generally considered that self-excluding from preferred venues can help to reduce their gambling activity substantially, even if a longer time period was needed to fully address their gambling problem. Thus, the counsellors tended to view self-exclusion as an external control over gambling that helped reduce gambling activity, minimise gambling losses and regain control over finances while clients built up internal control over their gambling. However, some counsellors also cautioned that if self-excluders breached and were not detected or penalised, this external control was severely weakened and undermined some excluders' resolve to curtail their gambling.

These results align with other outcome studies which have shown substantial reductions in gambling following self-exclusion and also that most reduction occurs immediately following self-exclusion (Bellringer et al., 2010; Cohen et al., 2011; Croucher et al., 2006; Hing & Nuske, 2012; Ladouceur et al., 2000; Nelson et al., 2010; Tremblay, Boutin & Ladouceur, 2008).

Problem gambling

Overall, the 53 self-excluders showed significant declines in perceived problem gambling severity following their Time 1 assessment. Perceived problem gambling severity was measured on a 10-point scale where 1 = no problem and 10 = severe problem. Their mean score declined from 8.8 (T1) to 4.1 (T2) to 3.4 (T3). The excluders also showed significant declines in mean PGSI score, from 16.9 (T1) to 8.2 (T2) to 5.6 (T3). These changes in perceived problem gambling severity and mean PGSI score were both significant between Times 1 and 2, but not between Times 2 and 3, although they had moved on average from the problem gambler category on the PGSI to the moderate risk gambler category by their last assessment. Thus, these results indicate that self-exclusion was associated with a rapid decline in problem gambling severity which was sustained over the 12 months.

The counsellors viewed self-exclusion as a harm minimisation measure rather than a form of treatment which would resolve a gambling problem. However, some noted that self-exclusion can increase clients' commitment to recovery, increase awareness of and accountability for their actions, instil a sense of discipline and give them hope in being able to recover, especially when gains from self-exclusion became apparent. This sentiment was also expressed by many self-excluders. By Time 3, interviewees discussed how proud they felt that self-exclusion had enabled them to gain more control over their gambling, and that

it had given them security in knowing they could not gamble in certain venues. For some, self-exclusion had provided a wake-up call and given them the opportunity to make life changes, with many being confident about achieving long-term change in addressing their gambling problem.

Reductions in problem gambling severity have also been found in previous outcome studies of self-exclusion. For example, Ladouceur et al. (2007) found reduced DSM-IV scores for pathological gambling over their two year follow-up of excluders from one Canadian casino, including between baseline and six-months. Reduced DSM-IV scores following self-exclusion from a Montreal casino were also found by Tremblay et al. (2008). In New Zealand, Townshend (2007) found a significant reduction in problem gambling symptoms and severity in a retrospective study of self-excluders. Hayer and Meyer (2011a) reported that the problem gambling rate amongst their 20 retained participants had decreased from 80% of the sample at the time of self-exclusion from a European online gambling site to 5.3% of the sample 12 months later.

Gambling urge

Gambling urge scores more than halved after self-exclusion. The 53 excluders' mean gambling urge score changed from 25 (T1) to 12 (T2) to 12 (T3). Thus, the urge to gamble, as measured by the Gambling Urge Scale (Raylu & Oei, 2004), was reduced amongst study participants after self-exclusion with this reduction being significant between Times 1 and 2. Thus, self-exclusion was associated with a rapid decline in gambling urge which was sustained over the 12 months.

These results were confirmed in interviews with these self-excluders. At Time 1, most Group A participants reported still experiencing gambling urges and around half had breached their exclusion. At Time 2, the urge to gamble remained strong for some; however most had developed strategies to help resist these urges and had not breached. At Time 3, most Group A participants appeared able to resist gambling urges by recognising, avoiding or having action plans to deal with tempting situations. Only two Group A participants had breached since Time 2, one unintentionally. At Time 1, most Group B participants reported still having gambling urges, although several reported their urges had lessened and one participant reported no longer having urges at all. Only one participant had breached the exclusion, but several respondents continued to gamble at other venues and on other gambling forms. Most Group B participants continued to experience strong gambling urges at Times 2 and 3, but had developed strategies to help resist urges, often with help from family and friends.

The counsellors interviewed generally felt that self-exclusion helped clients to resist gambling urges through providing an external barrier to gambling. Similar to other external controls, such as a partner controlling the finances or limiting the amount of cash carried, self-exclusion reduced opportunities for people to act on gambling urges. The counsellors generally felt that other strategies, principally counselling, were needed for people to reach a point where they no longer needed external controls. A few counsellors cited examples of

clients who recommenced gambling as soon as their self-exclusion ended, emphasising the principal role of self-exclusion as an external barrier rather than a way to reduce gambling urges.

One previous longitudinal study has also measured and reported changes in gambling urge following self-exclusion. Ladouceur et al.'s (2007) study of 161 excluders found reduced urge to gamble following self-exclusion, with the greatest reduction occurring within the first six months. While the urge to gamble increased and decreased amongst participants over subsequent assessment periods, gambling urge scores remained well below their baseline scores. Self-excluders in the current study also experienced large reductions in gambling urge following self-exclusion but many clearly continued to experience gambling urges at their last assessment.

Alcoholism and general health

No significant decreases or increases were found in CAGE scores for alcoholism following self-exclusion, implying no association between self-exclusion and subsequent alcohol consumption. However, the excluders' mean general health score improved from 15 (T1) to 25 (T2) to 27 (T3). These improvements were significant between Times 1 and 2, but not between Times 2 and 3. Thus, the excluders showed significant improvements in scores on the General Health Questionnaire (Goldberg & Williams, 1988) soon after self-exclusion and these improvements were sustained for the 12 months.

The interviews did not ask excluders specifically about their general health, but improvements over time were mentioned by some participants, usually in relation to reductions in gambling-related harms. For example, some Group A participants reported reduced stress and anxiety and renewed self-esteem by Time 3. Group B participants similarly reported improved emotional and physical wellbeing after self-excluding. A few studies have also measured and reported improved health-related outcomes following self-exclusion. Ladouceur et al. (2007) reported improvements in mood, while Tremblay et al. (2008) reported reduced psychological distress. Nelson et al. (2010) conducted a retrospective study of self-exclusion from Missouri casinos and reported improved quality of life, especially amongst excluders who had also engaged in treatment or self-help after excluding. Hayer and Meyer (2011b) found a clear improvement in psychosocial functioning directly after self-excluding amongst excluders in selected European countries.

Gambling consequences

Following self-exclusion, substantial reductions were apparent in the proportion of self-excluders experiencing a range of negative gambling-related consequences. The most commonly experienced consequences are discussed here. These included reductions in consequences relating to family and relationships, including that gambling had left not enough time to look after their family's interests, that gambling had caused arguments within their family, that gambling had impacted negatively on relationships with children, that because of gambling people close to them had difficulties trusting them, and that gambling had caused them or people close to them to put off doing things together. These

consequences were reported by 47%-79% of self-excluders (T1), declining to 15%-55% (T2) and to 17%-31% (T3).

Reductions were also observed in gambling-related consequences for work, study or the respondent's main role, both in terms of gambling causing them to lose time from work/study/main role, and gambling affecting performance in their work/study/main role. These consequences were reported by 68%-74% of self-excluders (T1), decreasing to 33%-35% (T2) and to 21%-28% (T3).

Financial consequences of gambling also showed substantial reductions amongst excluders. These consequences included that gambling had left them with no money to pay their rent or mortgage, that gambling had left them with no money to pay for household bills, and that gambling had made it harder to make money last from one payday (or pension day) to the next. These consequences were reported by 66%-94% of self-excluders (T1), decreasing to 23%-40% (T2), and to 14%-24% (T3).

Thus, on average, negative consequences of gambling relating to family and relationships, work/study/main role and finances decreased substantially following self-exclusion, especially between Times 1 and 2, according to their survey responses. These findings were confirmed in interviews. At Time 1, over two-thirds of Group A participants reported that self-exclusion had helped them lessen gambling-related harms in relation to finances, relationships, work and wellbeing, with continued improvements reported over subsequent assessments. At Time 1, most Group B participants also reported that self-exclusion had lessened harms experienced from gambling, particularly financial harms. At Time 2, those in both groups with reduced gambling due to self-exclusion also reported reduced gambling-related harms, including improvements in finances, relationships, work, health and wellbeing, with sustained improvements also reported by both groups at Time 3.

Gambling counsellors also considered that self-exclusion can have substantial benefits in minimising gambling-related consequences. They tended to view self-exclusion as a short-term harm minimisation tool that can immediately reduce gambling activity and some of its negative consequences, particularly financial ones. A widely held view amongst the counsellors was that self-exclusion can help to limit the damage from gambling while clients explore other strategies, but that it is not a standalone strategy that addresses issues underlying and contributing to the gambling problem itself.

Similarly to excluders in the current study, (Ladouceur et al., 2007) found that the intensity of negative consequences from gambling was reduced for daily activities, social life and work following self-exclusion, while Tremblay et al. (2008) also reported improvements on negative consequences of gambling between initial and final assessments of excluders from a Missouri casino. In Australia, Croucher et al. (2006) surveyed 135 self-excluders in NSW between 2003-05 with benefits reported in relation to finances and relationships.

9.4.2 INFLUENCE OF SELF-EXCLUSION ON MINIMISING AND SUSTAINING GAMBLING-RELATED HARMS

The preceding discussion focused on associations between self-exclusion and reduced gambling-related harm over the study's 12 month assessment period. However, these findings do not provide evidence that self-exclusion causes or influences these harm reductions. To investigate these relationships further, this study compared changes in harm experienced by participants who had self-excluded and those who had not.

As noted above, 53 study participants had self-excluded at the time of their recruitment. An additional 50 self-reported problem gamblers participated in the study who had not self-excluded at the time of recruitment. Three subsequently self-excluded during the study's 12 month assessment period and were removed from further analysis. As for the previous section, these comparisons are based on the number of respondents retained at each assessment period and it is not known whether those who dropped out of the study had different outcomes than those retained.

Further, Group D (no self-exclusion, no counselling) was only assessed at Time 1, as the groups' mean scores on most outcome measures were significantly lower from the other groups at Time 1, including on the PGSI. As found in previous research, natural or untreated recovery is the pathway chosen by gamblers with less severe problems (Hodgins & el-Guebaly 2000; Suurvali, Hodgins, Toneatto & Cunningham 2008; Toneatto & Dragonetti, 2008).

Thus results for non-excluders at Times 2 and 3 are only for the non-excluders who had received counselling for their gambling problem (Group C). Nevertheless, if self-exclusion provides a unique contribution to reducing gambling-related harms, significant differences should be apparent in outcome measures between those who excluded and those who did not.

However, no significant differences were found between excluders and non-excluders at any of the three assessment periods in relation to gambling-related debt, perceived problem gambling severity, PGSI score, gambling urge, CAGE scores for alcoholism, general health, and harmful consequences from gambling. However, non-excluders had a significantly lower monthly gambling expenditure at the baseline measure at Time 1, but not at Times 2 and 3. Given that the baseline measure applied to the six months before take-up of exclusion or counselling, this difference cannot be attributed to these interventions. However, self-excluders were significantly more likely to have abstained from their most problematic form of gambling by Times 2 and 3, compared to non-excluders.

These results indicate that, overall, participants in this study benefited equally from self-exclusion and counselling, either individually or combined, in terms of problem gambling symptoms and reduced gambling-related harms, although self-exclusion was followed by abstention from gambling on most problematic form for over half the excluders. Thus, self-

exclusion did not make a unique contribution to minimising problem gambling severity and gambling-related harm.

This finding is consistent with Williams et al. (2012, p. 49) who, in a review of self-exclusion, concluded that:

The most unambiguous impact [of self-exclusion] is that most people who enter into these programs have a significant reduction in their gambling and problem gambling symptomatology. Undoubtedly, a good portion of this effect is due to the fact that people taking this step have recognized they have a problem, are highly motivated to do something about it, and have made a public proclamation that they do not intend to reenter casinos. The subsequent behavioural changes observed in self-excluders are not fundamentally different than what is observed in people presenting themselves to any form of gambling treatment. The additional utility of self-exclusion lies in its potential to provide additional external constraints on the person's gambling when his/her motivation falters.

No previous studies have compared outcomes between those who have self-excluded and those who have not. However, the majority of people receiving professional, psychologically-based treatment for a gambling problem benefit with abstinence or controlled gambling, irrespective of type of treatment (Pallesen et al., 2005; Productivity Commission, 2010). Thus, positive outcomes may be due more to problem recognition, movement to action stage of change, and being accountable to a third party. Given that outcomes were no different in the current study between self-excluders and those who only had counselling, the benefits of self-exclusion may also emanate from similar intrinsic factors rather than from the self-exclusion program alone. As Blaszczynski et al. (2007) explain, an individual's voluntary request for self-exclusion demonstrates acceptance that their gambling is excessive and harmful, recognition of the need to take personal responsibility, and motivation to become active participants in their recovery.

Nevertheless, just as many gambling counsellors in the current study used a range of treatment approaches depending on client need, providing a range of interventions including self-exclusion may help to best accommodate the diverse needs and preferences of problem gamblers. In the current study, Group B participants had elected to self-exclude but not to attend counselling, providing evidence that self-exclusion provides an alternative to counselling that was equally effective for these participants. Group A used self-exclusion as an adjunct to counselling, also with equal effectiveness. Group C achieved equivalent outcomes without self-exclusion but with counselling. As noted by others, providing a wide choice of interventions and treatments may be the most effective approach to encouraging people to proactively address a gambling problem, given that a complex interplay of a wide range of internal and external factors and risk factors contribute to problem gambling (Williams et al., 2012). Results from this study suggest that self-exclusion remains a highly useful intervention, especially given low rates of professional help-seeking amongst the population of problem gamblers (Delfabbro, 2012).

9.5 THE ROLE OF COUNSELLING AND SUPPORT WITH SELF-EXCLUSION

The fourth objective of this study was to assess whether exclusion is more effective when combined with counselling and support. The relevant quantitative and qualitative findings of this study are now discussed in relation to this objective, along with some pertinent literature.

9.5.1 THE ROLE OF COUNSELLING WITH SELF-EXCLUSION

The quantitative analyses revealed that outcomes of self-exclusion did not differ between self-excluders who had attended counselling (Group A) and self-excluders who had not (Group B). At Time 1, these two groups were not significantly different on measures of gambling expenditure, gambling-related debt, perceived problem gambling severity, PGSI score, gambling urge, CAGE scores, harmful consequences from gambling, and general health. Nor did they differ on any of these measures at Time 2, with both groups showing major and significant improvements since Time 1 on all outcome measures except CAGE. Comparisons were not conducted at Time 3 as only six Group B participants were retained. These findings indicate that self-exclusion was not more effective for participants in the short-term when combined with counselling.

However, attending counselling influenced the decision to self-exclude for about half of Group A. Indeed, about 15% of Group A first found out about self-exclusion from a counsellor. As discussed earlier, interviews with excluders and counsellors revealed that many counsellors play a key role in facilitating self-exclusion amongst their clients by alerting them to the existence of the programs, explaining their details and requirements, helping to arrange exclusions, and sometimes accompanying clients to venues to register to reduce embarrassment and shame. Thus, while counselling may not change the outcomes of self-exclusion in the short-term, it does appear to encourage uptake of self-exclusion in the first place amongst some problem gamblers.

Interview findings suggest the benefits of counselling as an adjunct to self-exclusion may become more apparent in the longer-term. The majority of Group A participants considered that counselling had helped support the effectiveness of their exclusion and was beneficial in addressing patterns of thinking and wider life problems, as well as in devising practical strategies and providing ongoing support and encouragement to address their gambling problem. However, about half of Group A had ceased counselling by Time 2, either because they found the counsellor unhelpful or felt the counsellor had done all they could do to help. As some counsellors suggested, clients may see self-exclusion as a replacement for counselling especially if experiencing immediate gains from self-exclusion. However, the self-excluders who remained in counselling reported that it supported and reinforced their decision to curtail gambling, provided general support and someone to talk to about their gambling and other problems, and gave them numerous practical skills. These practical skills included: recognising early warning signs; developing action plans to deal with difficult situations; financial management skills; journaling and keeping a diary; medication; ongoing therapy; and continued phone counselling. About two-thirds of counsellors interviewed

considered self-exclusion and counselling as compatible interventions because counselling can help clients to feel more supported in their self-exclusion decision and assist them in addressing underlying issues, past trauma and gambling urges which self-exclusion alone does not. As one counsellor explained, self-exclusion can help clients to not gamble, but counselling can help them not want to gamble.

Previous studies have also noted the limited role of self-exclusion in addressing gambling problems as it is not designed to address irrational cognitions or psychological factors contributing to impaired control and problem gambling (Blaszczynski et al., 2007). Blaszczynski et al. (2007) caution that self-exclusion should not be misconstrued to represent a psychological treatment, but is instead an initial barrier to gambling or gateway that may be best supplemented with other interventions. Indeed, some researchers contend that by abrogating control over gambling to an external source, self-exclusion decreases cultivation of internal control and increases likelihood of relapse or of adopting other maladaptive coping strategies (Blaszczynski et al., 2007, Napolitano, 2003). These views, along with some interview data from gamblers and counsellors, suggest that achieving long-term benefits from self-exclusion and relapse prevention through resolving underlying problems may best be supported by professional treatment. Unfortunately, the current study did not retain sufficient Group B respondents to provide statistical evidence of counselling's contribution to longer-term outcomes from self-exclusion. However, to rigorously assess this would require longer timeframes than the 12 month assessment period used in this study.

9.5.2 THE ROLE OF OTHER SUPPORTS WITH SELF-EXCLUSION

Other supports investigated in this study of self-exclusion comprised non-professional help and self-help. Unfortunately, the diversity in the types of other supports used at Times 2 and 3 and the low numbers of retained Group B participants at Time 3 precluded statistical comparisons based on use of other supports.

Nevertheless, both the quantitative and qualitative data revealed that Groups A and B used a vast array of non-professional help and self-help measures to support their self-exclusion. In addition to counselling, most Group A participants were supported by significant others who provided encouragement to self-exclude and someone to talk to, to check-in with, take control of finances, remove temptations, prevent them gambling when in venues, and praise them for gains made. A few participants regularly attended GA meetings and found these helpful. Group A participants also engaged in a wide variety of diversionary leisure, sporting, study and work activities. Several participants had established action plans to anticipate and address likely problems, which mainly involved limiting access to cash. Only a few participants used self-help materials, including online resources to assess personal behaviour and develop control strategies. Overall, Group A participants reported that a combination of supports and strategies, including self-exclusion, were most effective for them in managing their gambling problem.

In the absence of counselling, most Group B participants preferred to rely on personal resources and significant others to support their self-exclusion. Embarrassment, pride and desire to resolve problems themselves were key reasons that Group B participants avoided professional help and peer support groups. Most participants reported good support from family and friends, including encouragement to self-exclude and help with financial management, arranging alternative activities and reinforcing the importance of self, relationships and strong family bonds. Self-help strategies used included budgeting, limiting access to money, leaving debit cards at home, and having someone else manage their finances. Participants also adopted a range of diversionary activities and engaged in setting and striving towards rewarding life goals. To this end, some also sought self-help materials to help them understand problem gambling, odds of winning, gambling recovery, self and self-development, and to improve lifestyle, health and wellbeing. Most participants believed that a combination of strategies was most helpful, including self-exclusion, support of family and friends, self-help materials, lifestyle changes and personal development.

Counsellors also discussed that other types of support were important to optimise the effectiveness of self-exclusion. Several counsellors commented on how loneliness impacts on gambling behaviour, with ability to access support networks and groups essential for sustaining the useful effects of self-exclusion. Peer support groups were considered potentially useful, providing opportunities to talk, listen, exchange stories, learn about useful strategies, and to give and receive support for efforts made. A major role of counsellors was to provide self-help tools to self-excluders, as discussed previously.

The diversity of other types of support used by self-excluders in this study, and wide variation in how and when they were used, means that drawing definitive conclusions about those that best support self-exclusion is extremely difficult.⁴ Indeed, little is known about how people use non-professional and self-help in addressing problem gambling and there is currently no evidence to support which types are efficacious (Hing et al., 2012). A large Australian study of gambling help-seeking found that problem gamblers prefer self-help strategies initially to avoid shame and embarrassment of other treatments, that about half also use non-professional sources of help, and that movement of help-seeking is typically circular, beginning and ending with self-help behaviour (Hing et al., 2012; Hing & Nuske, 2013). From a qualitative study of 43 resolved pathological gamblers, Hodgins and el-Guebaly (2000) reported that most commonly used strategies entailed stimulus control (e.g. avoiding gambling venues) and new activities (e.g., exercise, reading, spending more time with family). Treatment (including peer support groups), cognitive strategies (e.g., self-talk, thinking about the negative consequences of gambling) and social support were the next most frequently used. The Transtheoretical Model of Change suggests that cognitive-experiential strategies are more useful in promoting change in earlier stages of behaviour change, with behavioural processes more important in later stages (DiClemente & Prochaska, 1998; Prochaska et al., 1992). A survey administered to 37 recovered gamblers

⁴ For example, one study participant maintained that her dog was the best support, because she resolved to take it everywhere with her so she could not enter gambling venues.

(Hodgins, 2001) found that the most frequently used strategies were cognitive-experiential in nature, including self-reevaluation (e.g., feeling shame, struggling with self-image), environmental reevaluation (e.g., acknowledging the impact of their gambling on significant others), dramatic relief (e.g., strong negative feelings about their gambling behaviour), and self-liberation (e.g., committing to action). Participants who had sought gambling treatment reported greater use of most strategies, particularly cognitive-experiential ones. However, while this study is one of the few to consider how people change their problem gambling behaviour, it was unable to illuminate which strategies are most effective at different stages of change and how they interact with interventions such as self-exclusion.

In all likelihood, the types of support that are most effective with self-exclusion probably depend on a complex interplay of psychological factors, personal circumstances, quality of social support networks, degree of problem gambling severity and stage of behaviour change. Nevertheless, the excluders in this study overwhelmingly believed that a combination of interventions, supports and self-help was most effective for them, including self-exclusion. The preceding findings and discussion suggest that providing a wide range of supports should assist excluders to access those they find most useful in supporting their self-exclusion and recovery from problem gambling.

9.6 LIMITATIONS OF THE STUDY

As predicted in designing this study given the small population of self-excluders in Queensland, only modest samples of self-excluders were obtained which limited analyses. Further constraints existed because the excluder sample was divided into those who had received counselling and those who had not, to assess whether counselling enhances the effectiveness of self-exclusion. Small samples were also obtained of problem gamblers who had not self-excluded, with additional analytical constraints when divided into those who had received counselling and those who had not. While comparative analyses between these sub-groups helped to assess any unique contribution of self-exclusion in minimising gambling-related harm, the small samples need consideration in interpreting results. Additionally, self-exclusion's unique contribution to harm minimisation could only be assessed relative to counselling and not to the absence of professional help as Group D proved not to be a valid control group.

Not all gambler participants commenced exclusion and/or counselling at the same time, so baseline measures apply to different points in time amongst respondents. Later assessments focused on the six months (approximately) since the previous assessment. Unlike this study that recruited from the general population, studies recruiting participants through venues have been able to survey excluders at consistent intervals following self-exclusion. Nevertheless, recruiting from the general population enabled Queensland exclusion programs to be assessed based on a wide range of venues, unlike many previous studies recruiting excluders from one gambling venue.

As in all longitudinal studies, participant attrition was a limitation although the current study's retention rates were better than those obtained in previous studies of self-exclusion.

However, large attrition occurred within the sample of self-excluders who had not attended counselling, with only six of these participants retained by the third assessment period. This limited analyses examining sustained effects of self-exclusion.

Important concerns in any longitudinal study are whether participants retained are different from those not retained and whether participation in the study influences participants' behaviour and outcomes. It is not known whether retained participants had better outcomes than those who dropped out of this study, but some bias should be expected. Nevertheless, the majority of Groups A and B were retained for all three assessments. Thus, the study shows that self-exclusion was associated with significant and sustained improvements for most self-excluders in the study. Participation in the study influenced some respondents' behaviour, with two participants self-excluding after learning about self-exclusion in the first assessment. Surveys also relied on self-report and retrospective data so are subject to recall and possibly social desirability bias.

Limitations also apply to the qualitative aspects of this study. Our small purposive interview samples limit the generalisability of qualitative findings. However, qualitative research does not always aim to generalise, but instead seeks to reveal meaningful insights into how experiences are understood in a given context and from a shared perspective. Qualitative data can illuminate the dynamics of those experiences in context. Additionally, self-reported interview data, while providing rich, multi-layered accounts of human experiences, relies on participants' selective and perhaps biased memories. Nevertheless, qualitative research focuses on how people interpret and make sense of their experiences and so self-reported and retrospective accounts are appropriate for this purpose. The inclusion of in-depth qualitative data helped to offset anticipated difficulties of surveying large numbers of self-excluders and other problem gamblers in Queensland.

To overcome some of these limitations and to further the understanding of self-exclusion, ongoing research is needed. Knowledge about self-exclusion and its effects on harm minimisation and problem gambling is hampered by the absence of longitudinal studies with lengthy timeframes to rigorously assess its sustained effects. Ideally, assessments over five to ten years would be appropriate. Further, while the current study is the first to compare excluders and non-excluders on pertinent outcome variables, much larger commencing samples are needed to allow firmer conclusions about the effectiveness of self-exclusion relative to professional treatment and other interventions, and its effectiveness as an independent intervention and in combination with other supports. Research into the effectiveness of self-exclusion programs with different features would also advance understanding of optimal program elements, including independent evaluation of the remotely assisted self-exclusion pilot. Research into exclusion from online gambling sites is also needed given the rapid growth of Internet gambling, particularly for race wagering and sports betting, given that the current study mainly recruited excluders experiencing problems with land-based EGMs.

9.7 CHAPTER CONCLUSION

This chapter has discussed the findings of the first independent evaluation of gambling exclusion programs operating in Queensland Australia. The study first conducted a desktop review of over 80 Australian and international gambling exclusion programs for their commonalities and differences. The study then sought to assess the effectiveness of Queensland exclusion programs as a mechanism to minimise gambling-related harm, determine whether these effects are sustained over time, and assess whether exclusion is more effective when combined with counselling and support. The chapter has synthesised results from surveys and interviews with 103 problem gamblers at three assessment periods over 12 months, and interviews with 18 Queensland Gambling Help counsellors and gambling industry associations, and discussed them in relation to the extant literature. The study makes an important contribution to understanding motivators and barriers to self-exclusion, how key program elements are received by problem gamblers and how program implementation could be improved. Being the first longitudinal study to compare outcomes for excluders and non-excluders, the study also makes an important contribution to understanding the role of self-exclusion in minimising harm amongst existing problem gamblers and the role of counselling and other support as adjuncts to self-exclusion. As such, the study provides valuable and extensive information to assist and inform policy developments and future research on gambling exclusion programs and their outcomes.

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APPENDICES

APPENDIX A

INTERVIEW SCHEDULE FOR GAMBLING COUNSELLORS

About your agency:

- What agency do you work for?
- What is the demographic profile of your agency's clients? (e.g. mostly men/women, main age groups, etc)
- What types of gambling do most of your agency's clients have a problem with?

About your role:

- What is your role at the agency?
- About how long have you worked as a gambling counsellor?
- What approach(es) to counselling do you use? (e.g. cognitive, CBT, narrative etc.)
- Do you use the same approach with all clients?
- If no, what other approaches do you use?
- What is the average number of sessions you might have with a client?
- Do you involve family members or significant others in counselling sessions?

Client uptake of self-exclusion:

- About what proportion of your clients have self excluded?
- Do they usually come to you before or after self excluding?
- How do they find out about self-exclusion?
- What are their main reasons or triggers for self-excluding?
- What are the main barriers that deter some of your clients from self-excluding?

Your professional views on self-exclusion:

- What are your professional views about the value of self-exclusion?
- Do you view self-exclusion as a part of the client's recovery process? Why or why not?
- Do you see self-exclusion and counselling working together? Why or why not?
- Do you suggest self-exclusion to clients? Why or why not?
- If yes, at what stage in the counselling do you make this suggestion?
- Do most follow through with this suggestion?
- Do you play a role in helping them to self-exclude? How?

Outcomes of self-exclusion:

- What role does self-exclusion play in minimising gambling related harm for your clients? Please provide some examples of client experiences.
- Do you think self-exclusion is more effective when combined with counselling? Please provide some examples of client experiences.
- What role do other types of support play in the effectiveness of self-exclusion? Please provide some examples of client experiences.
- Do you think these effects are sustained over time for your clients? Please provide some examples of client experiences.
- What role does self-exclusion play in problem gambling recovery for your clients? Please provide some examples of client experiences.

Your professional views on specific aspects of self-exclusion:

What is your opinion of the following aspects of self-exclusion and how could they be improved? If possible, please provide some examples of client experiences to support your views.

- Availability, access and promotion
- Registration process
- Ban length
- Ban scope (e.g. number of venues)
- Links with counselling and support
- Revocation and renewal processes
- Penalties for breaches
- Venue monitoring and detection of breaches
- Regulatory oversight and penalties

Any other comments:

Are there any other comments you'd like to make about self-exclusion?

Thank you

APPENDIX B
TIME 1 INTERVIEW SCHEDULE AND SURVEY FOR GAMBLERS
(GROUP A)

SURVEY A TIME 1

SURVEY FOR SELF-EXCLUDERS WHO HAVE ALSO HAD COUNSELLING

RECORD PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

PARTICIPANT ID: _____

INTERVIEWER NAME: _____

DATE: _____

PREAMBLE: FOR ALL PARTICIPANTS

Hello, my name is _____. Can I please speak to (Participant)

If Participant is not available, do NOT leave any details, but try to contact them again later.

Once Participant answers:

Hello, my name is _____ (Ensure speaking to participant before advising ...) I'm calling from the Centre for Gambling Education and Research to interview you for a study on self-exclusion that you kindly agreed to participate in.

By now, you should have received some information from us about the study and an Informed Consent Form. If you have not yet signed and returned this form, can you please do so as soon as you're able to.

Is now still a good time for this interview? It will take about 45 minutes.

Do you have any questions before we start?

Proceed if OK, or make another time for the interview.

TIME AND DATE OF RESCHEDULED INTERVIEW IF ANY _____

SECTION A: SURVEY

ABOUT YOUR SELF-EXCLUSION

1. How did you first learn about self-exclusion? (please ask this question without reading response categories then tick which applies)

- From written information at a gaming venue (e.g. signs, brochures)
- From talking to managers or staff at a gaming venue
- From other patrons at a gaming venue
- From a counsellor
- From the telephone Gambling Helpline
- From Gambling Help Online
- From your family or friends
- From the general media (e.g. TV, billboards, etc)
- From information on the Internet
- Other (please specify) _____

2. How many gaming venues have you ever self-excluded from? _____

3. About how long ago did you first self-exclude from a gaming venue? ___ years ___ mths

4. About how long ago did you initiate your most recent self-exclusion? ___ years ___ mths

5. Is this self-exclusion still in place? Yes No Don't know

6. How many of the following types of venues are you currently self-excluded from?

_____ Hotels _____ Clubs _____ Casinos _____ Standalone TAB
outlets _____ Internet gambling sites

7. Since your most recent self-exclusion, how many times, if any, have you gambled in a venue you are self-excluded from?

0 1 2 3 4 5 6 7 8 9 10 or more times

8. (Ask only if answered "1" or more to previous question) And how many of these times if any were you caught by venue staff gambling in a venue you are self-excluded from?

0 1 2 3 4 5 6 7 8 9 10 or more times

BEFORE YOUR MOST RECENT SELF-EXCLUSION

YOUR GAMBLING BEFORE YOU SELF-EXCLUDED

Please think back to the 6 months before your most recent self-exclusion and answer the following questions in relation to this time in your life.

9. During the 6 months before you most recently self-excluded, how often did you gamble on each of the following activities, including at both land-based and online venues?

Gambling frequency	Nearly every day	A few times a week	About once a week	About once a fortnight	About once a month	Less often than once a month	Never	Don't know (don't read)	Refused (don't read)
a. Poker machines or gaming machines	1	2	3	4	5	6	7	98	99
b. Horse or greyhound races excluding sweeps	1	2	3	4	5	6	7	98	99
c. Instant scratch tickets, lotto or any other lottery game like Gold Lotto, Powerball, Oz Lotto, Pools or lottery tickets	1	2	3	4	5	6	7	98	99
d. Keno	1	2	3	4	5	6	7	98	99
e. Casino table games such as blackjack or roulette	1	2	3	4	5	6	7	98	99
f. Bingo at a club or hall or other place	1	2	3	4	5	6	7	98	99
g. Sporting events like football, cricket or tennis	1	2	3	4	5	6	7	98	99
h. Card games like poker privately for money	1	2	3	4	5	6	7	98	99
i. Any other games such as mahjong or dice games privately for money	1	2	3	4	5	6	7	98	99
j. Used the internet for any gambling activities	1	2	3	4	5	6	7	98	99

10. During the 6 months before you most recently self-excluded, what types of gambling were causing you the most problems?

1st most problematic _____
 2nd most problematic (if applicable) _____
 Any other (if applicable) _____

11. During the 6 months before you most recently self-excluded, about how much did you spend on all types of gambling (combined) in a typical month, not including winnings?

\$ _____ per month

12. Before you most recently self-excluded, about how much money, if any, did you owe due to gambling?

\$ _____

13. During the 6 months before you most recently self-excluded, and on a scale where 1 = no problem to 10 = severe problem, how severe do you think your gambling problem was?

(No problem) 1 2 3 4 5 6 7 8 9 10 (severe problem)

14. During the 6 months before you most recently self-excluded:

Problem Gambling Severity Index	Never	Some-times	Most of the time	Almost always	<i>Don't Know (don't read)</i>	<i>Refused (don't read)</i>
a. how often did you bet more than you could really afford to lose?	0	1	2	3	98	99
b. how often did you need to gamble with larger amounts of money to get the same feeling of excitement?	0	1	2	3	98	99
c. how often did you go back another day to try to win back the money you lost?	0	1	2	3	98	99
d. how often did you borrow money or sold anything to get money to gamble?	0	1	2	3	98	99
e. how often did you feel that you might have a problem with gambling?	0	1	2	3	98	99
f. how often did people criticise your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	0	1	2	3	98	99
g. how often did you felt guilty about the way you gamble, or what happens when you gamble?	0	1	2	3	98	99
h. how often has your gambling caused you any health problems, including stress or anxiety?	0	1	2	3	98	99
i. how often has your gambling caused any financial problems for you or your household?	0	1	2	3	98	99

15. On a typical day just before you most recently self-excluded, how strongly would you have agreed or disagreed with the following statements?

Gambling Urge Scale	Strongly disagree	Moderately disagree	Mildly disagree	Neither agree nor disagree	Mildly agree	Moderately agree	Strongly agree	<i>Don't Know (don't read)</i>	<i>Refused (don't read)</i>
a. All I want to do now is gamble	0	1	2	3	4	5	6	98	99
b. It would be difficult to turn down a gamble this minute	0	1	2	3	4	5	6	98	99
c. Having a gamble now would make things seem just perfect	0	1	2	3	4	5	6	98	99
d. I want to gamble so bad I can almost feel it	0	1	2	3	4	5	6	98	99
e. Nothing would be better than having a gamble right now	0	1	2	3	4	5	6	98	99
f. I crave a gamble right now	0	1	2	3	4	5	6	98	99
g.	0	1	2	3	4	5	6	98	99

YOUR HEALTH AND WELLBEING BEFORE YOU SELF-EXCLUDED

16. During the 6 months before you most recently self-excluded, how many standard alcoholic drinks, if any, did you typically consume each week?

_____ drinks per week

17. During the 6 months before you most recently self-excluded:

CAGE – ask only if drinks alcohol	Yes	No	<i>Don't Know (don't read)</i>	<i>Refused (don't read)</i>
a. Did you ever feel you should cut down on your drinking?	1	0	98	99
b. Did people annoy you by criticizing your drinking?	1	0	98	99
c. Did you ever felt bad or guilty about your drinking?	1	0	98	99
d. Did you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (i.e. An eye-opener or a hair of the dog)?	1	0	98	99

18. During the 6 months before you most recently self-excluded, had you...

General Health Questionnaire	Not at all	A little	Some what	Always	<i>Don't Know (don't read)</i>	<i>Refused (don't read)</i>
a. been able to concentrate on whatever you were doing	0	2	3	4	98	99
b. lost much sleep over worry	0	2	3	4	98	99
c. felt that you were playing a useful part in things	0	2	3	4	98	99
d. felt capable of making decisions about things	0	2	3	4	98	99
e. felt constantly under strain	0	2	3	4	98	99
f. felt you couldn't overcome your difficulties	0	2	3	4	98	99
g. been able to enjoy your normal day to day activities	0	2	3	4	98	99
h. been able to face up to your problems	0	2	3	4	98	99
i. been feeling unhappy and depressed	0	2	3	4	98	99
j. been losing confidence in yourself	0	2	3	4	98	99
k. been thinking of yourself as a worthless person	0	2	3	4	98	99
l. been feeling reasonably happy, all things considered	0	2	3	4	98	99

Gambling Consequences (includes interpersonal, work/study, financial and legal problems)

19. During the 6 months before you most recently self-excluded, how often...

	Never	Rarely	Some-times	Often	Always	Not applicable (don't read)	Don't Know (don't read)	Refused (don't read)
a. Did your gambling leave you with not enough time to look after your family's interests?	1	2	3	4	5	97	98	99
b. Did your gambling cause arguments with your family?	1	2	3	4	5	97	98	99
c. Did your gambling lead to incidents of domestic violence within your household?	1	2	3	4	5	97	98	99
d. Did your gambling lead to other incidents of violence involving family, friends or others?	1	2	3	4	5	97	98	99
e. Did your gambling impact negatively on your relationship with any of your children?	1	2	3	4	5	97	98	99
f. Did people close to you have difficulties trusting you due to your gambling?	1	2	3	4	5	97	98	99
g. Did you and people close to you put off doing things together as a result of your gambling?	1	2	3	4	5	97	98	99
h. Did you lose time from work, study or your main role because of your gambling?	1	2	3	4	5	97	98	99
i. Did your gambling adversely affect how well you perform in your work, study or main role?	1	2	3	4	5	97	98	99
j. Did you borrow from someone and not pay them back as a result of your gambling?	1	2	3	4	5	97	98	99
k. Did your gambling leave you with no money to pay your rent or mortgage?	1	2	3	4	5	97	98	99
l. Did your gambling leave you with no money to pay your household bills?	1	2	3	4	5	97	98	99
m. Did your gambling make it harder to make money last from one payday (or pension day) to the next?	1	2	3	4	5	97	98	99

20. Before you most recently self-excluded, did your gambling lead to any of the following?

	Yes	No	Not applicable (don't read)	Don't Know (don't read)	Refused (don't read)
a. The break-up of an important relationship in your life, or separation or divorce	1	0	97	98	99
b. Losing contact with any of your children	1	0	97	98	99
c. Changing jobs	1	0	97	98	99
d. Being sacked from a job	1	0	97	98	99
e. Being declared bankrupt	1	0	97	98	99
f. The sale, repossession or eviction from your house	1	0	97	98	99
g. Loss of superannuation or other investment funds or assets	1	0	97	98	99
h. Stealing or obtaining money illegally	1	0	97	98	99
i. Trouble with the police	1	0	97	98	99
j. Being in court on charges relating to your gambling	1	0	97	98	99
k. A prison sentence	1	0	97	98	99

PROFESSIONAL HELP FOR YOUR GAMBLING

21. Are you currently seeking help from any of the following professionals in relation to your gambling?

	Yes	No	Don't Know (don't read)	Refused (don't read)
a. Face-to-face counselling from a gambling help agency	1	0	98	99
b. Telephone counselling from a gambling helpline	1	0	98	99
c. Live online counselling from Gambling Help Online or another professional online gambling help service	1	0	98	99
d. Email counselling from Gambling Help Online or another professional online gambling help service	1	0	98	99
e. Residential treatment program for gambling	1	0	98	99
f. Other professional gambling help service (please specify)	1	0	98	99

22. Have you sought help in the past from any of the following professionals in relation to your gambling?

	Yes	No	Don't Know (don't read)	Refused (don't read)
a. Face-to-face counselling from a gambling help agency	1	0	98	99
b. Telephone counselling from a gambling helpline	1	0	98	99
c. Live online counselling from Gambling Help Online or another professional online gambling help service	1	0	98	99
d. Email counselling from Gambling Help Online or another professional online gambling help service	1	0	98	99
e. Residential treatment program for gambling	1	0	98	99
f. Other professional gambling help service (please specify)	1	0	98	99

23. Are you currently seeking help from any of the following general help services in relation to your gambling?

	Yes	No	Don't Know (don't read)	Refused (don't read)
a. General practitioner (GP)	1	0	98	99
b. Psychiatrist, psychologist or mental health practitioner	1	0	98	99
c. Financial counsellor	1	0	98	99
d. Relationship counsellor	1	0	98	99
e. Legal advisor	1	0	98	99
f. General telephone counsellor (e.g. Lifeline)	1	0	98	99
g. Alcohol or drug service	1	0	98	99
h. Culturally specific/migrant/ethnic support service	1	0	98	99
i. Other health professional including social worker, occupational therapist, complementary/alternative therapist such as a herbalist or naturopath	1	0	98	99
j. Other general help service (please specify)	1	0	98	99

24. Have you sought help in the past from any of the following general help services in relation to your gambling?

	Yes	No	Don't Know (don't read)	Refused (don't read)
a. General practitioner (GP)	1	0	98	99
b. Psychiatrist, psychologist or mental health practitioner	1	0	98	99
c. Financial counsellor	1	0	98	99
d. Relationship counsellor	1	0	98	99
e. Legal advisor	1	0	98	99
f. General telephone counsellor (e.g. Lifeline)	1	0	98	99
g. Alcohol or drug service	1	0	98	99
h. Culturally specific/migrant/ethnic support service	1	0	98	99
i. Other health professional including social worker, occupational therapist, complementary/alternative therapist such as a herbalist or naturopath	1	0	98	99
j. Other general help service (please specify)	1	0	98	99

25. When (which year) did you first see any of the professionals we've mentioned in relation to your gambling?

_____ (which year)

26. About how many consultations have you had in your most recent round of sessions with these professionals in relation to your gambling?

_____ recent consultations

And before that?

_____ previous consultations

27. What was the average length of time (in minutes) for these consultations?

_____ minutes

28. Overall, would you say these consultations were helpful?

- Yes
 No
 Some were helpful, some weren't
 Don't know

OTHER TYPES OF HELP AND SUPPORT

29. Are you currently seeking help, advice or support from any of the following sources in relation to your gambling?

	Yes	No	<i>Don't Know (don't read)</i>	<i>Refused (don't read)</i>
a. Partner/spouse	1	0	98	99
b. Family member other than partner/spouse	1	0	98	99
c. Friends	1	0	98	99
d. Work colleagues	1	0	98	99
e. Gaming venue staff	1	0	98	99
f. Church/religious leader	1	0	98	99
g. Community leader or Elder	1	0	98	99
h. Online support group (internet forums or chat rooms)	1	0	98	99
i. Face-to-face support group (e.g. Gamblers Anonymous)	1	0	98	99
j. Other non-professional help, advice or support (please specify)	1	0	98	99

30. Have you sought help, advice or support in the past from any of the following sources in relation to your gambling?

	Yes	No	<i>Don't Know (don't read)</i>	<i>Refused (don't read)</i>
a. Partner/spouse	1	0	98	99
b. Family member other than partner/spouse	1	0	98	99
c. Friends	1	0	98	99
d. Work colleagues	1	0	98	99
e. Gaming venue staff	1	0	98	99
f. Church/religious leader	1	0	98	99
g. Community leader or Elder	1	0	98	99
h. Online support group (internet forums or chat rooms)	1	0	98	99
i. Face-to-face support group (e.g. Gamblers Anonymous)	1	0	98	99
j. Other non-professional help, advice or support (please specify)	1	0	98	99

31. Are you currently using any of the following self-help strategies in relation to your gambling?

	Yes	No	<i>Don't Know (don't read)</i>	<i>Refused (don't read)</i>
a. Self-help books or other materials (e.g. self-help DVDs, online self-help materials)	1	0	98	99
b. Used a checklist to self-assess a gambling problem	1	0	98	99
c. Kept records of your gambling activities and expenditure	1	0	98	99
d. Set a budget for gambling and other expenses	1	0	98	99
e. Gave control over your finances to someone else	1	0	98	99
f. Sourced information about how gambling works and the odds of winning	1	0	98	99
g. Sourced information about why some people gamble excessively	1	0	98	99
h. Avoided friends/family who gamble	1	0	98	99
i. Avoided being near the venue(s) where you primarily gamble	1	0	98	99
j. Limited access to money for gambling e.g. leaving bank cards at home, limiting the cash you take with you)	1	0	98	99
k. Took up other activities to take the place of or distract you from gambling	1	0	98	99
l. Other strategy/method (please specify):	1	0	98	99

32. Have you used in the past any of the following self-help strategies in relation to your gambling?

	Yes	No	Don't Know (don't read)	Refused (don't read)
a. Self-help books or other materials (e.g. self-help DVDs, online self-help materials)	1	0	98	99
b. Used a checklist to self-assess a gambling problem	1	0	98	99
c. Kept records of your gambling activities and expenditure	1	0	98	99
d. Set a budget for gambling and other expenses	1	0	98	99
e. Gave control over your finances to someone else	1	0	98	99
f. Sourced information about how gambling works and the odds of winning	1	0	98	99
g. Sourced information about why some people gamble excessively	1	0	98	99
h. Avoided friends/family who gamble	1	0	98	99
i. Avoided being near the venue(s) where you primarily gamble	1	0	98	99
j. Limited access to money for gambling e.g. leaving bank cards at home, limiting the cash you take with you)	1	0	98	99
k. Took up other activities to take the place of or distract you from gambling	1	0	98	99
l. Other strategy/method (please specify):	1	0	98	99

DEMOGRAPHIC QUESTIONS

33. Are you male or female?

a. Male	
b. Female	
99. Refused	

34. Could you please tell me your age (write whole number)

99. Refused	

35. In which country were you born? _____

36. What is your highest educational qualification?

a. Post graduate qualifications	
b. A university or college degree	
c. A trade, technical certificate or diploma	
d. Completed senior high school (Year 12)	
e. Completed junior high school (Year 10)	
f. Completed primary school	
g. Did not complete primary school	
h. No schooling	
i. Other (please specify)	
99. Refused	

37. Which of the following best describes what you currently do?

a. Work full-time	
b. Work part-time	
c. Work on a casual basis	
d. Self-employed	
e. Unemployed and looking for work	
f. Full-time student	
g. Full-time home duties	
h. Retired	
i. Not employed and not looking for work	
j. Sick or disability pension	
k. Other (please specify)	
99. Refused	

38. How would you describe your current marital status?

a. Never married	
b. Married	
c. Other 'live-in' relationship (de facto)	
d. Separated but not divorced	
e. Divorced	
f. Widowed	
99. Refused	

39. Which of the following best describes your household?

a. Single person	
b. One parent family with children	
c. Couple with children	
d. Couple with no children	
e. Group household	
f. Other(please specify)	
1. <i>(Not Established)</i>	

40. What is your household annual income before tax including pensions, income from investments and family allowances? (Note: If the respondent asks, this does not include gambling winnings)

a. Zero	
b. Less than \$10,399	
c. Between \$10,400 and \$15,599	
d. Between \$15,600 and \$20,799	
e. Between \$20,800 and \$31,999	
f. Between \$31,200 and \$41,599	
g. Between \$41,600 and \$51,999	
h. Between \$52,000 and \$64,999	
i. Between \$65,000 and \$77,999	
j. Between \$78,000 and \$103,999	
k. \$104,000 or more per year	
98. <i>Don't know (don't read)</i>	
99. <i>Refused (don't read)</i>	

SECTION B: ABOUT SELF-EXCLUSION

Reasons for self-excluding

- Can you please remind me how long it has been since you initiated your most recent self-exclusion?
- What motivated you to initiate your most recent self-exclusion? Was there a particular trigger?
- Who else was involved in this decision? (e.g. family, friends, counsellor). How were they involved?
- Were there any barriers you faced that delayed or deterred you from self-excluding?
- What did you hope self-exclusion would achieve for you in relation to your gambling? (e.g. abstinence/ less gambling/ a break from gambling)

The self-exclusion process

Let's now focus on the details of the self-exclusion process by going through each step in the process. Can you please tell me what happened during each of these steps, how you felt and whether you have any suggestions for improvement?

- Its advertising and promotion. Do you think self-exclusion is advertised or promoted enough in Qld? How might this be improved?
- Its availability and accessibility. Where did you go to self-exclude? Appropriateness? Improvements?
- The registration process. Please tell me what happened. How did you feel? How might this be improved?
- Ban length. How long are you excluded for? Appropriateness? Improvements?
- Ban scope (e.g. number of venues). How many venues could you exclude from at once? Appropriateness? Improvements?
- Links with counselling and support. What information was provided to you? Appropriateness? Improvements?
- Revocation and renewal processes. Were these explained to you during the self-exclusion? Appropriateness? Improvements?
- Venue monitoring and detection of breaches. How confident do you feel venues can monitor re-entry by excluders? Any improvements?
- Penalties for breaches. Do you know what these are? Appropriateness? Improvements?
- Are there any other aspects of self-exclusion that could be improved? How?

Outcomes of self-exclusion

- How has self-exclusion affected your gambling behaviour? Has it achieved what you hoped?
- Has self-exclusion helped to lessen the harms from your gambling? In what ways? (e.g. finances, relationships, employment, emotional wellbeing).
- Do you still get the urge to gamble? What do you do to help control this urge? Does anyone or anything else help you to resist this urge (e.g. counsellor, family, friends, diversionary activities)? How?
- Have you breached the exclusion? If so, what triggered this? Was the breach detected, and what did the venue do?
- Overall how effective has self-exclusion been for you in addressing your gambling issue?
- Do you feel confident that the changes brought about by self-exclusion will be lasting for you?

GO TO SECTION C

SECTION C: ABOUT PROFESSIONAL GAMBLING HELP

- You've said that you've received professional help for gambling. Was this at around the same time as you self-excluded?
- Why did or didn't you seek professional gambling help when you self-excluded? Were there particular things that encouraged/discouraged you from seeking professional help?
- **(If person did receive professional help while excluded).** Can you please tell me about the professional help you received while you were self-excluded. What does/did the counsellor do to help you? (i.e. what sort of counselling – but they may not be able to put a name to it). How did the professional help support or not support the effectiveness of your self-exclusion?
- **(If person did not receive professional help while excluded).** Can you please tell me about the most recent professional help you received. Was this before or after you self-excluded? What does/did the counsellor do to help you? (i.e. what sort of counselling – but they may not be able to put a name to it). How did the professional help support or not support the effectiveness of your self-exclusion even though it was not at the same time?
- Did the fact that you received professional help for gambling influence your decision to self-exclude from venues? How or why?
- Do you think that gambling counselling has a role in supporting or replacing the need for self-exclusion? Tell me more about that...in what ways does/did it support or replace the exclusion?

GO TO SECTION D

SECTION D: OTHER SUPPORT USED

We'd now like to ask you about other things you may have done to address your gambling. You've already told me what types of other support you've used but I'd like to ask you more about these.

- Help or support from family, friends or other people you know. Please tell me about this. Did it help support the effectiveness of your self-exclusion and counselling?
- Peer support groups, such as Gamblers Anonymous or online support groups. Please tell me about this. Did it help support the effectiveness of your self-exclusion and counselling?
- Practical strategies, e.g. budgeting, leaving your debit card at home, taking up other activities to divert your attention away from gambling. Please tell me about this. Did it help support the effectiveness of your self-exclusion and counselling?
- Self-help materials, e.g. workbooks, online materials, etc. Please tell me about this. Did it help support the effectiveness of your self-exclusion and counselling?
- Is there anything else you've done to address your gambling that we haven't talked about? Please tell me about this. Did it help support the effectiveness of your self-exclusion and counselling?
- Out of all the things you've done – counselling, any self-exclusion, any self-help, help from others, group attendance, etc – what has been the most effective for you? Or does it all help equally? Tell me more about this.
- Is there anything else you would like to tell me about your experiences or opinions about self-exclusion, counselling and support?

GO TO SECTION E

SECTION E: CLOSING

We've very much enjoyed talking with you and thank you again for your very valuable contribution to this important study.

We need to send you a \$30 Starcash voucher as a thank you for your participation. What name and address would you like this sent to please?

Name _____

Address _____

And finally, because we are wanting to assess the effectiveness of self-exclusion over time, we'd like to interview you again in a few months time. We would give you another \$30 Starcash voucher for this second interview – which will only take about half the time. Are you willing to be interviewed in a few months time?

- Yes – Thank you – we'll ring you back in a few months to make a time for the next interview.
- Maybe – Thank you – we'll ring you back in a few months to see if you're willing to participate in another interview.
- No – Thank you anyway.

Thank you!