

BCLC's Voluntary Self-Exclusion Program: Perceptions and Experiences of a Sample of Program Participants



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Introduction

Gambling is a popular recreational pastime for many people. Although there has been a decrease in gambling participation since the 2003 British Columbia Gambling Prevalence study (Ministry of Public Safety and Solicitor General, 2003), where 85% of British Columbians gambled in the past year and 39% did so on a weekly basis, the most recent British Columbia gambling prevalence study indicated that gambling activities remain popular, with 73% of citizens reportedly engaging in gambling in the previous year, while nearly one-third (29 per cent) did so on a weekly basis (Ipsos Reid and Gemini Research, 2008). Typically, gambling participation involves lottery games (59 per cent), and one-quarter also gambled in casinos. By contrast, gambling online remained a very rare occurrence; namely 2% in 2003 and 3% in 2008. Those more likely to report past year gambling were adults between 55 and 64 years of age, residents of Southern British Columbia, and those with higher household incomes.

Currie, Hodgins, Wang, el-Guebaly, Wynne, and Miller (2008) suggested that low-risk gambling consists of gambling a maximum of two to three times a month with a maximum expenditure of 1% of gross income. With greater intensity of gambling, the risk for gambling-associated harms increases (Currie et al., 2008). In some cases, gambling can become compulsive and pathological, with the potential to cause serious personal and financial harm. Generally, studies have found that approximately 1% of the population present with signs of pathological gambling participation, while up to 5% show signs of problem gambling (Nowatzki and Williams, 2002; Shaffer, Hall, & Vander Bilt, 1997; Responsible Gambling Council, 2005). These statistics are similar in British Columbia. The *British Columbia Problem Gambling Prevalence Study (2003)* found that 85% of British Columbia's adults participated in gambling activities. Consistent with research elsewhere, less than 5% of these people could be classified as moderate problem gamblers, while less than 1% could be classified as severe problem gamblers (BC Problem Gambling Prevalence Study, 2003). However, although they represent a relatively small segment of the population, Williams and Wood (2004) estimated that nearly one-quarter (23 per cent) of gambling revenue in Canada was from problem gamblers. Unfortunately, treatment access is relatively rare amongst those with gambling problems, suggesting that other avenues to assist this population are necessary (Shaffer et al., 1997; Ladouceur, Gosselin, Laberge, & Blaszczynski, 2001). Voluntary self-exclusion programs are one such example.

Voluntary Self-Exclusion Programs

To assist those experiencing a problem with gambling, many jurisdictions have provided voluntary self-exclusion (VSE) programs as part of their responsible gaming programming (Nowatzki and Williams, 2002). Generally, an individual self-initiates the exclusion and completes a formal agreement with the gaming venue whereby they agree to abide by the program conditions (Nowatzki and Williams, 2002). These conditions always include exclusion from the gaming venue for a pre-determined period of time, and often also include removal from mailing lists and closures of gambling accounts (Nowatzki and Williams, 2002; Townshend, 2007). In some cases, penalties are agreed upon should the client violate their agreement by re-entering a casino or other gaming

venue while excluded (Nower and Blaszczynski, 2006). These penalties may include fines, criminal charges of trespassing, or relinquishing winnings (Nowatzki and Williams, 2002; Townshend, 2007). In other jurisdictions, counseling referrals may be made, and, for some, counseling is made mandatory prior to re-entering the gaming venue (Nowatzki and Williams, 2002). Agreements vary in length, with some jurisdictions operating a lifetime ban. Others, such as British Columbia, provide exclusion options ranging from six months to several years (Nowatzki and Williams, 2002).

While New Zealand and some European jurisdictions appear to have adopted a public health model of self-exclusion, North American programs assign more responsibility to the problem gambler (Nowatzki and Williams, 2002; Townshend, 2007). In the United States, the venue's responsibilities include removing the patron from all mailing lists, revoking player's cards, and escorting the excluded patron from the venue if they are found on the premises violating their agreement. However, other venue responsibilities are somewhat more limited, in that the venue agrees to take *reasonable* steps to check identification before providing cash and to take *reasonable* steps to identify the excluded patron should they attempt to enter the venue. In other words, the gaming venue does not guarantee that they will identify an excluded patron. Moreover, it is not the venue's responsibility to prevent entry into a gaming venue while excluded; instead, it is more common in North American jurisdictions that responsibility lies with the excluded person to self-report violations to the venue and to forfeit all winnings while excluded to the venue (Townshend, 2007).

Nowatzki and Williams (2002) summarized that the typical self-excluder was a male gambler, approximately 46 years old, who had accumulated significant gambling debts. Similar statistics were found by Ladouceur, Jacques, Giroux, Ferland, and Leblond (2000) in their evaluation of a Canadian self-exclusion program. Moreover, nearly all of the patrons enrolling in these programs could be classified as probable pathological gamblers (Ladouceur et al., 2000; Steinberg and Velardo, 2002 as cited in Nowatzki and Williams, 2002). As noted in Ladouceur and colleagues' (2000) study, before their current enrolment, most participants (83 per cent) wanted to stop gambling, but felt that they could not do so on their own. Furthermore, half (49 per cent) considered therapy for assistance with their gambling problems, but only one-in-ten had actually enrolled in any form of treatment.

Generally, participants in self-exclusion programs self-reported gambling problems with slots and casino card games, such as blackjack (Steinberg and Velardo, 2002 as cited in Nowatzki and Williams, 2002). However, this seems to differ by gender, as men tended to prefer games of strategy (e.g. blackjack, poker) to a greater degree than women (Nower and Blaszczynski, 2006; LaPlante, Nelson, LaBrie, & Shaffer, 2006). The most frequent reasons cited by both men and women for enrolling in a self-exclusion program were to get control over their gambling and to get help for their gambling problems (Nower and Blaszczynski, 2006).

VSE program evaluations have been conducted in several jurisdictions. Ladouceur and colleagues (2000) evaluated a program running in Eastern Canada by surveying 220 program patrons. Generally, patrons found out about the program on their own (44 per cent), through family (25 per cent), or friends (23 per cent). Similarly, Hayer and Meyer (2010) evaluated self-exclusion programs in Germany, Austria, and Switzerland by surveying 152 excluded patrons. While a similar proportion heard of the program from family and friends (28 per cent), an equal number (29 per cent) heard of the program through other gamblers. Interestingly, one-fifth reported the media as

their source of knowledge of the program. In Ladouceur et al.'s (2000) study, most program participants self-excluded voluntarily (74 per cent), rather than being pressured into it by family or friends (23 per cent). Consistent with Nower and Blaszczynski (2006), participants in both the Canadian and European studies reported financial reasons, such as having lost too much money having gambling debts, and having borrowed money to finance their gambling (66 per cent) as contributing to their decision to enroll in a VSE program.

At the time of Ladouceur et al.'s (2000) study, three-quarters (76 per cent) of participants were excluding themselves for the first time; two-thirds did so for 12 months or less, while another one-quarter did so for the maximum five years. A slightly lower proportion of European self-excluders (69 per cent) were enrolling in the program for their first time (Hayer and Meyer, 2010). Interestingly, many participants in the European study considered the self-exclusion program as a final option that they used after having developed a problem. In fact, there was an average of almost six years between the onset of gambling problems and enrolment in the self-exclusion program in this study (Hayer and Meyer, 2010). This may be due to the difficulty many problem gamblers have in realizing the seriousness of their problem and may also explain why it often takes a particularly significant event, such as a large financial loss, to convince a gambler to consider self-exclusion. It may also explain why so few problem or pathological gamblers access treatment. In the European study, less than one-tenth (7 per cent) of respondents had previously accessed professional support, and only one in ten planned to seek help during their exclusion period. However, it was encouraging to note that one-third of participants did seek professional support by the time of the study's follow-up survey (Hayer and Meyer, 2010). Yet, the fact that only a minority of participants sought professional support clearly indicated a need to better integrate treatment options into self-exclusion programs (Hayer and Meyer, 2010).

While virtually all (97 per cent) participants expressed confidence that they would abide by the self-exclusion conditions, overall, one-third (36 per cent) of the 53 participants in the Ladouceur et al. (2000) study who were on at least their second period of exclusion reported that they had returned to the casino during their period of self-exclusion, returning an average of six times. Those who attempted to return to the casino generally found it easy to do so, despite there being staff on the lookout for them. In fact, in many jurisdictions, excluded gamblers were only caught after they had won a substantial enough amount of money that they needed to show identification when cashing their winnings (Nowatzki and Williams, 2002). In addition, consistent with findings elsewhere, half of the sample reported gambling in other games while under exclusion; participants looked for other sources of gambling, such as non-casino games, casinos located in other jurisdictions, or internet-based gambling while excluded (Ladouceur et al., 2000; Nowatzki and Williams, 2002). Importantly however, one-third (30 per cent) did report successfully abstaining from all forms of gambling during their self-exclusion period (Ladouceur et al., 2000). Although Hayer and Meyer (2010) did not report the proportion of those who abstained from gambling during their self-exclusion, they noted that participants demonstrated improved psychosocial functioning as early as four weeks after they began their period of exclusion, an improvement that continued throughout the year. Therefore, these two studies suggested that self-exclusion programs appeared to help gamblers control their gambling and provided psychological benefits that contributed to improved social functioning.

Not surprisingly, given the above, participants in Ladouceur et al.'s (2000) study generally reported being satisfied with the program. Satisfaction was highest for those enrolling in the program for the first time (94 per cent), whereas 80% of those enrolling for a subsequent time also reported being satisfied with the program. Those who were dissatisfied appeared to feel this way because they expected to receive additional help during previous enrolments (Ladouceur et al., 2000). Additional differences between those enrolling for the first time and those on a subsequent enrolment at the time of the survey were that experienced participants had been gambling for significantly longer, reported significantly more winnings, were more likely to consider seeking help for gambling problems, and had told more people about their decision to exclude themselves from the casino (Ladouceur et al., 2000). Another factor that may be relevant to the greater satisfaction in the initial enrolment is that gamblers begin to feel an immediate reduction in their psychosocial stress levels upon signing the self-exclusion agreement (Hayer and Meyer, 2010). Although this effect continues over time, gamblers enrolling in the self-exclusion program for the first time likely feel as though a great weight has been removed. In fact, a study by Ladouceur, Sylvain, and Gosselin (2007) found that almost half (44 per cent) of first time self-exclusion enrollers reported a feeling of freedom and peace of mind at exclusion, while one-fifth felt an improvement in their financial situation. This was particularly relevant as many gamblers reported financial stressors or a lack of control as their main reason for enrolling in the program (Hayer and Meyer, 2010); thus, taking the initial step to enroll can be very psychologically relieving.

A fairly consistent comment expressed by the participants in Ladouceur et al.'s (2000) study was concern with the ability of the casino to detect violators, especially given that those who tried to violate the agreement found it easy to re-enter the casino. A second major concern was the nature of advertising, as many participants felt that they would have participated in the VSE program sooner had they known about it, consistent with the European findings (Hayer and Meyer, 2010). This was an important concern because they felt they would have lost less money if they had known earlier about the program. This coincided with Nowatzki and Williams' (2002) recommendation that more advertising is required to promote self-exclusion programs, as patrons frequently reported a lack of awareness about these programs. Two additional concerns in Ladouceur et al.'s (2000) study focused on the end of the exclusion process, as participants were concerned that a lack of formal follow-up or clinical support would reduce the program's influence on them, and that having to re-enter the casino in order to re-enroll in the program would be problematic for those with gambling problems. Therefore, while participants were generally satisfied with the nature of the program, they did express some need for improvement.

In effect, the VSE program assessed in Eastern Canada appeared to attract those with relatively severe gambling problems who had a clear desire to reduce or stop their gambling, and although over one-third of repeat enrollers violated their agreement, the program was generally perceived as helpful. Moreover, Ladouceur and colleagues (2000) reported that the VSE program appeared to be more successful in leading to an abstention from gambling during the exclusion period (30 per cent) than more traditional programs, such as Gambler's Anonymous (8 per cent). However, they did qualify these results by acknowledging that the majority of those enrolled in the program were unsuccessful in completely abstaining from gambling. Given this, the researchers suggested that more research was needed to determine what factors led to success in self-exclusion programs. They also suggested that alternative programs, such as gambling clinics focusing on self-control, be

implemented alongside the VSE; this option could help those who wish only to reduce their gambling rather than abstain completely.

More recently, Ladouceur, Sylvain, and Gosselin (2007) released the results of a longitudinal self-exclusion study, again in Eastern Canada. In total, 161 individuals participated in a baseline interview, and again at 6, 12, 18, and 24 month intervals. All participants were enrolling for their first time. The most popular self-exclusion period was one year (46 per cent), with another one-third selecting six months, and one-fifth (21 per cent) selecting two years or longer. In terms of program awareness, participants were made aware of the program through their friends and family (45 per cent), as well as through casino information (20 per cent), and the media (18 per cent). Similar to the previous research discussed, nearly all participants (91 per cent) were motivated by a particular event. The main reasons given for exclusion were financially-based (75 per cent), as well as reasons associated to a lack of control (88 per cent). At the time of enrolment, 89% met the criteria for pathological gambling as measured by the South Oaks Gambling Screen.

Consistent with the previous studies by Ladouceur and colleagues, they noted overall positive effects. Participants were screened for pathological gambling problems using two measures, both of which showed significant reductions by the first follow-up period. Interestingly, the majority of the positive changes happened between the baseline and six months interviews indicating that enrolling in the self-exclusion program led to immediate reductions in pathological gambling symptoms, as well as decreased urges to gamble, increased perceptions of control, and decreased intensity of negative consequences of gambling on a variety of psychosocial factors, including social life, work, and mood. Over the course of the rest of the interviews, each group (those enrolled for six, 12, and 24 months) experienced variability in their urges to gamble, with some slight increases and decreases, yet all groups remained far below their baseline level urge to gamble.

In contrast to these successes, more than half of all participants reported returning to the casino by the six month follow-up interval. Specifically, nearly half of those enrolled for either six months (41 per cent) or one year (42 per cent) had returned to the casino, while slightly more than one-fifth (22 per cent) of those enrolled for 24 months had returned. These early results might indicate that those enrolling for the maximum length of self-exclusion were the most committed to abstaining from gambling, thereby explaining their relatively greater success. In fact, by the 18 month follow-up period, only a slightly higher proportion (27 per cent) reported having breached their agreement (Ladouceur et al., 2007). Moreover, follow-up interviews suggested that those still enrolled in the exclusion program continued to have a greater perception of control over their gambling and were more likely to endorse the self-exclusion program as effective compared to those no longer enrolled.

Interestingly, Ladouceur et al. (2007) suggested that some participants were unclear as to who was responsible for endorsing the self-exclusion agreement. In other words, participants were unclear whether it was the casino's duty to prevent them from re-entering the casino or whether it was the participant's duty not to try to breach the agreement. The debate as to whose responsibility it was to enforce the agreement is ongoing elsewhere (see Faregh and Leth-Steensen, 2009 for a review of the legal issues surrounding self-exclusion programs); likewise, there continues to be a debate regarding the best way to detect excluded patrons. While checking identification at the door has been suggested by some researchers, Ladouceur et al. (2007) suggest this is contrary to North

American values. Instead, they reviewed perspectives by Collins and Kelly (2002) and Blaszczynski, Ladouceur, and Nower (2004) who viewed self-exclusion as a resource to assist gamblers. In other words, both these perspectives suggested that the primary responsibility to abstain from gambling was with the gambler, although gaming venues have an important role to play in connecting problem gamblers with necessary resources and support. More recently, a lengthy longitudinal analysis was conducted by researchers in Missouri (Nelson, Kleschinsky, LaBrie, Kaplan, & Shaffer, 2010). Here, 113 self-excluders were contacted at an average of six years (range of four to 11 years) after their exclusion, which, in Missouri, consisted of a lifetime ban. Again, primary reasons for enrolling were financial concerns or lack of control over gambling (77 per cent). Consistent with the previous research, participants reported generally positive experiences with their significant others, self-image, and emotional health following their exclusion, as well as reduced gambling and gambling problems, and reduced pathological gambling symptoms. However, half of those who tried to re-enter the casino while excluded were able to do so, which speaks to the issues of detection for participants for whom the psychological barrier of exclusion is not enough.

Importantly, the positive effects were stronger for participants who had engaged in some form of treatment/counseling. It was particularly encouraging to note that 60% of participants had received some form of treatment or support, most commonly Gamblers Anonymous. Interestingly, much of this treatment occurred before enrolling in the program (43 per cent). This may reflect the severity of the ban in Missouri. In other words, with the Missouri exclusion being a lifetime ban, participants may have elected to try another course of assistance before turning to the self-exclusion program as a last resort resulting in a greater than normal access of treatment.

The researchers identified three types of excluders: those who completely abstained from gambling (25 per cent), those who abstained only from casino gambling (18 per cent), and those who did not abstain from gambling at all (58 per cent) (Nelson et al., 2010). Using these groups to compare outcomes, the researchers determined that, although half (46 per cent) of those who quit all gambling at exclusion reported in the post-exclusion interview to have gambled at some point, they were far less likely to have done so in the past six months (18 per cent) than those who partially abstained (70 per cent) or did not quit (75 per cent). Those who did not quit gambling were the least satisfied with the program (43 per cent), whereas less than one-fifth of those who completely (18 per cent) or partially (15 per cent) abstained were dissatisfied.

Interestingly, these researchers found that excluders seemed to take the Missouri exclusion very seriously as there was a drop in their gambling in Missouri casinos from 97% to 8%; however, their exclusion did not appear to influence gambling participation outside of the state. In other words, self-excluders continued to gamble when they travelled outside of Missouri. This is not particularly surprising as bans are typically only state or province wide, and casinos in different jurisdictions do not tend to share program participant information with each other. However, what the research did not determine was whether these participants specifically travelled outside of Missouri to gamble or whether they happened to gamble while out of state for another purpose. This is particularly relevant to jurisdictions where borders are easy to cross, such as in British Columbia.

Nower and Blaszczynski (2006) also studied the Missouri self-exclusion program. They analysed demographic and program information for 2,670 problem gamblers with a focus on perceptions of the program, including their reasons for enrolment. Interestingly, they found some gender

differences, in that female participants, who represented 48% of the data, reported a significantly later age of onset of gambling ($X = 34$ years old) than males ($X = 27$ years old). Although females ($X = 10$ days) and males ($X = 11$ days) generally reported an equal number of days gambling in the previous month, females reported losing significantly less money ($X = \$1,090$) than males ($X = \$1,673$). These findings were consistent with LaPlante et al.'s (2006) summary of the research, in that men began gambling earlier in life, but took longer to develop a problem and seek help for it, while women tended to begin gambling later in life, but quickly developed problems and more rapidly sought help.

Interestingly, a recent longitudinal study suggested that the benefits of VSE programs were due to the enrolment process, rather than the enforcement of the agreement (American Gaming Association, 2010). This is consistent with Nowatzki and Williams (2002) earlier suggestion that the publicly stated decision to limit gambling that is made when enrolling in self-exclusion is a likely contributor to success in the program. Moreover, as previously noted, enrolling in the program led to immediate psychological benefits, such as a reduction in financial stress and other pressures. Furthermore, those who did not attempt to violate their exclusion reported fear of embarrassment at being caught and/or punished as some of the main reasons for not trying to re-enter the casino (Ladouceur et al., 2007); therefore, for some program participants, simply having the psychological barrier of knowing they have been excluded from a gaming venue was sufficient to prevent their return. In the longitudinal study mentioned above, 113 lifetime self-excluders in Missouri were followed for up to 10 years. Although very few had fully abstained from gambling since enrolling (13 per cent), there was a reduction in gambling frequency and pathological gambling symptoms after exclusion. Similar to Ladouceur and colleagues' (2000) findings a decade earlier, participants were either very (44 per cent) or mostly (24 per cent) satisfied with the program; those who were not satisfied generally reported that it was due to the lifetime nature of the exclusion. Of note, treatment has been identified as an important factor that contributed to increased abstinence and higher reported quality of life (American Gaming Association, 2010; Nowatzki and Williams, 2002). In this study, over half (60 per cent) of participants had accessed treatment in the past; this was noted to be an important additional component to the self-exclusion program in deterring a return into gambling habits (American Gaming Association, 2010). Consistent with the demographics summarized above, participants were in their mid-40s ($X = 45$ years old), though in this study they were generally female (55 per cent). The overwhelming majority (81 per cent) was Caucasian, and over half (58 per cent) were married.

It is important to note that self-exclusion policies and practices vary by jurisdiction. In the United States, programs are run by corporations (e.g. Harrah's), by individual casinos, or by the state (Nowatzki and Williams, 2002). Generally, in Canada, self-exclusion programs operate provincially, but there still is a degree of variation. Nowatzki and Williams (2002) summarized the various practices of Canadian provinces and found that, while some provinces' exclusion periods are revocable, others are not, some require evidence of steps taken to address the problem before returning to gaming while others do not, and some employ financial consequences for violators, while many others do not.

It is important to note that self-exclusion programs do not necessarily promote abstinence from all gambling (Townshend, 2007); rather, what is offered by participating gaming venues is an attempt

to deter gambling onsite for a particular period of time. Given this, self-exclusion programs are not designed to deter participants from gambling online, in some other way (e.g. through lottery), or in another jurisdiction. Complete abstinence is, therefore, the result of the participant's own initiative. While gamblers may treat the exclusion period as one of complete abstinence, many do not foresee their exclusion period as a commitment to lifetime abstention. In fact, nearly half (45 per cent) of participants during the baseline interview of Ladouceur et al.'s (2007) study on self-exclusion in Quebec reported intending to return to the casino following the end of their exclusion.

Interestingly, recent research suggests that abstaining completely from gambling and participating in controlled gambling have relatively similar outcomes. Dowling, Smith, and Thomas (2009) allowed participants in their study of female pathological gamblers to self-select abstinence or controlled gambling as a treatment outcome and found that, at the six month follow-up interval, 89% of those self-selecting abstinence and 82% of those self-selecting controlled gambling showed reductions in pathological gambling characteristics. Although this sample consisted of only a small number of female participants (n =41), followed participants for only six months, and did not identify if there was a particular type of problem gambler who benefited more from controlled as opposed to no gambling, the initial results suggested that both pathways could lead to success.

Regardless of whether abstinence or controlled gambling is selected, the available research suggested that self-excluded patrons benefited from treatment (Gomes and Pascual-Leone, 2009; Nelson et al., 2010; Palleson, Mitsem, Kvale, Johnsen, & Molde, 2005). Treatment may involve individual or group counseling sessions with psychologists/psychiatrists or it may involve support through group sessions, such as in Gambler's Anonymous. Perhaps as a result of this knowledge, Quebec introduced a modified self-exclusion program in 2005. During enrolment in the modified program, self-excluders are offered a meeting with a self-exclusion counselor where they can receive feedback on their gambling habits and information on local resources. Participants can also call their counselor each month for approximately 15 minutes where they can receive additional information on resources. At the end of their exclusion, participants must attend a meeting where they receive an evaluation of their gambling habits, information on chance and responsible gambling, and additional referrals, if necessary. As this final meeting is mandatory, participants who do not attend are considered still enrolled in the self-exclusion program and continue to be banned from gaming venues.

This program was evaluated between 2005 and 2007. Participants were at first offered the improved program, but, if they looked hesitant or rejected the program, they would be offered the original program, which did not necessarily connect a patron with resources, nor require a mandatory session before returning to the gaming venue. Overall, 75% of participants selected the improved program at the time of enrolment. Further, nearly half (40 per cent) indicated during their exclusion that they would want to meet with a counselor; unfortunately, for a variety of reasons, including difficulty contacting the participant or a change of mind, only 15% of all participants ended up meeting with a counselor. Those who did meet with a counselor were happy with the services they received and resources they were connected to, and all would recommend it to others. By the end of the exclusion period, 70% of participants attended the mandatory meeting, which was generally found to be very helpful in assessing gambling habits, learning how to gamble responsibly, and deciding whether to renew exclusion. Overall, after exclusion, the participants

displayed significant reductions in the amount of time and money they spent gambling, and a reduction in negative gambling consequences on their lives. Generally speaking, this program demonstrated similar effects to the other longitudinal research to date; however, the authors stated that the program connected more participants with counselors than would typically happen (Tremblay et al., 2008). Given that research supports the important positive effect of treatment on dealing with gambling problems, this project outcome is particularly relevant.

After reviewing the different practices of VSE programs, Nowatzki and Williams (2002) suggested that Canadian provinces implement irrevocable bans that last a minimum of five years. They defended this first recommendation by noting that the ban has little value if it can be easily revoked. They defended the second recommendation by arguing that program participants commonly recommended a preference for longer periods of exclusion, and that lengthier exclusions might contribute to a decreased tendency to violate the agreement (Nowatzki and Williams, 2002). After noting that programs often rely on security staff to enforce the exclusion through self-identifying program participants, they also recommended that gaming venues implement computerized identification checks to prevent entry of excluded gamblers, as research studies, including those by Ladouceur and colleagues (2000), found that violators of exclusion policies generally reported that it was quite easy to enter casinos while excluded (Nowatzki and Williams, 2002). This is particularly relevant in jurisdictions where multiple gaming opportunities and establishments are present. As an example, in British Columbia, a patron who regularly gambled in Prince George may be able to enter a casino in Richmond or Langley without being identified by the security staff given staff unfamiliarity with that particular patron. While facial recognition technology, as employed in British Columbia, may assist security staff with identifying these non-regular patrons, so too would identification checks at entry points into gaming facilities.

In effect, the above literature suggests that voluntary self-exclusion programs offer one avenue of potential intervention for gamblers who may be experiencing problems with gambling. Although there have only been several studies on this topic, the research available to date suggests that up to one-third of potentially problem gamblers abstain from gambling while enrolled in these programs, and though many return following the exclusion period, it is often to a lesser frequency or intensity of gambling (Nowatzki and Williams, 2002). However, the nature of these programs varies by jurisdiction, and their overall effectiveness has not been consistently evaluated using longitudinal studies. This report provides the results of a longitudinal study on voluntary self-exclusion in British Columbia.

British Columbia's Voluntary Self-Exclusion Program

British Columbia has operated a VSE program since 1998 when the British Columbia Lottery Corporation (BCLC) was given the mandate to manage and conduct casino gaming for the province. BCLC's self-exclusion is voluntary for the patron, but is mandatory for all casinos, commercial bingo halls, and venues with slot machines. The program is advertised through brochures and posters available in gaming venues across the province. The enrolment process generally requires people to self-identify as potential VSE patrons to BCLC staff at any gaming venue with slot machines or commercial bingo; alternatively, enrolment can also occur at the head offices in Kamloops or

Richmond. During the enrolment process, patrons fill out a VSE enrolment form and provide signed government issued picture identification. During this enrolment process, multiple photographs from a variety of angles are taken of the patron and entered into an iTrack system, which uses facial recognition software to assist BCLC staff in identifying future violators of the program agreement.

The VSE consent forms consist of two parts. Part 1 describes the period of self-exclusion that the patron has agreed upon: BCLC offers the program at intervals of six months, one year, two years, or three years of exclusion. Enrolment is not revocable, so the patron will remain excluded until the agreed upon period of exclusion has ended. The enrolment form, which is signed by the patron and witnessed by BCLC staff, serves as a legal notice to the patron under the *Gaming Control Act* and therefore also addresses issues of liability. Specifically, BCLC and its gaming service providers are released from responsibility if there is a breach of the self-exclusion agreement or if there is a failure to enforce the self-exclusion. Part 2 is a consent form that allows BCLC to refer the patron to the provincial Problem Gambling Program. This form is not mandatory for the patron to sign; however, staff is encouraged to promote this form.

The exclusion commences immediately upon completing the enrolment form. The patron is not only banned from casinos and bingo halls across the province, but they are also denied access to the PlayNow.com website, their BC Gold Card account is deactivated, and they are removed from BCLC's mailing list. The patron's information and photo is circulated to security offices in all BCLC venues with slot machines or commercial bingo across the province. In effect, the patron agrees to immediately be excluded from all gaming venues in British Columbia with slots or commercial bingo for an agreed upon period of time. Once signed, the exclusion cannot be revoked. If the exclusion is violated, charges may be laid under the British Columbia *Gaming Control Act*, and the violator may be fined up to \$5,000. Violators can also be charged with trespassing on BCLC property.

Current Study

Although BCLC has operated their Voluntary Self-Exclusion (VSE) program since 1998, the perception and views of program participants has not been analysed. In other words, the degree to which the VSE is an effective option for people who want a time out from gambling is unknown. Moreover, anecdotal reports suggested that while the VSE program worked well for some patrons, others struggled to commit to the agreement. Given this, the British Columbia Centre for Social Responsibility (BCCSR) entered into an agreement with BCLC to conduct a longitudinal evaluation of their VSE program between 2006 and 2010 to determine the strengths and weaknesses of the VSE, and to identify factors associated with program success among patrons from the perspective of VSE participants. It is important to note that during the evaluation, BCLC implemented some new policies and practices related to the VSE program; these new initiatives will be discussed later in this report.

This study had several main objectives related to behaviour management, awareness/information, and process of the VSE. In terms of behaviour management, the study sought to identify factors associated with program compliance and non-compliance, and to determine what role the VSE played in managing gambling participation from the perspective of program participants. With

respect to awareness/information, the study measured how participants became aware of the VSE, their understanding of what services were offered, and their comprehension of what the program offered them. In terms of process, the study explored the nature of the enrolment process in the VSE and their frequency of use of this process.

British Columbia Centre for Social Responsibility

The BCCSR is a provincial research and resource centre based primarily in the School of Criminology and Criminal Justice at the University of the Fraser Valley. The Centre coordinates and conducts research and program evaluation, operates a resource library for the public, and provides information and resources with a focus on negative social behaviours, such as alcohol misuse, gaming and Internet addiction prevention, fetal alcohol spectrum disorder, and other social issues. The Centre is committed to the prevention of program gambling in British Columbia and has a significant collection of resources available for the public in relation to problem gambling prevention and treatment. The Centre is co-located at the University of the Fraser Valley with the British Columbia Centre for Safe Schools and Communities, who also conduct research and provide resources and support to the public on issues facing students and community members. More information on the Centres and their resources can be found on the website www.bccsr.ca.

A central function of the Centres is to provide research opportunities and training to University of the Fraser Valley undergraduate students. A variety of students working with the BCCSR, primarily from the School of Criminology and Criminal Justice, assisted this project through conducting interviews, entering data, and mailing gift cards. The Centre's Research Directors and Research Coordinator oversaw their work and prepared this final report.

VSE Study

There were two main methodologies used in this study. First, focus groups were conducted by the BCCSR with BCLC service providers, and other staff. Second, the BCCSR conducted telephone interviews with a sample of VSE participants who agreed to participate in a longitudinal study of the program. Both sets of findings are summarized in the remainder of this report.

Focus Group Methodology

The purpose of the focus groups with BCLC staff and service providers was to determine attitudes towards and perception of the VSE program. General questions explored in these sessions were general attitudes towards the program, perceived effectiveness, operational practices, program challenges, perception of associated services (i.e. counseling), and recommendations for improvement. Four separate focus group sessions occurred in 2007 with a mix of security staff, program administrators, and Responsible Gaming Officers (now GameSense Advisors). The focus groups were conducted at BCLC Headquarters in Richmond and Kamloops.

Focus Group Results

Four focus groups were completed with BCLC security and administrative staff and several GameSense Advisors. All focus group participants were involved in the VSE program in several ways. For example, some were involved directly in helping patrons register with the program, others were responsible for conducting follow-ups with repeat violators, while others were involved in the administrative side of the program, such as developing policies and working with the technology used to assist the VSE program. During these focus groups, several consistent benefits and challenges of the program were identified.

BENEFITS OF THE VOLUNTARY SELF-EXCLUSION PROGRAM

Many focus group participants agreed that the VSE program was a necessary service and a helpful intervention for some patrons. Participants noted that there were primarily two distinct reasons that casino patrons signed up for the VSE program. In general, there were those who signed up as a last-step in their progression towards abstaining from gambling, while others signed up as a first step to assist them in curbing their gambling problem or addiction. The focus group participants also noted that, for some patrons, signing up for the program was sufficient to help a patron stop gambling, but others needed more than the services provided as part of the VSE program. According to those in the focus groups, it was those who needed additional services or resources that were the most challenging, as they tended to violate their period of exclusion more frequently, resulting in a large expenditure of additional resources on the part of BCLC.

Other benefits of the VSE program noted by the focus group participants included the ability of patrons to access counseling. In addition, having GameSense Advisors present to assist in conducting the self-exclusion process was perceived by the majority of focus group participants as an asset of the program. Although anecdotal, focus group participants noted that when Responsible Gaming Officers or GameSense Advisors were present, the tendency for patrons to agree to be contacted by a counselor increased substantially.

For some focus group participants, the available technology was viewed as an asset. In particular, participants noted that the current technology allowed for real-time updates of patrons who were excluded and their history of violations. Given this, the use of real-time updates allowed service provider staff to review up-to-date photos of VSE patrons, as well as specific information regarding their tendency to violate their exclusion period.

It was also agreed that the provision of the VSE program in multiple languages was a benefit as patrons could be informed regarding the specifics of the program and to ask questions in their native tongue. This ensured that they fully understood the VSE process. Focus group participants agreed that relying on family members who spoke English to provide this translation service was not recommended, as family members may not provide all the relevant information to the patron. This might result in a patron not truly giving consent to participate in the program or having a misperceived conception of how the program worked, what they could expect from the program, or what were the ramifications for non-compliance.

Nearly all focus group participants were supportive of the length of time available for exclusion. For example, many participants felt that a lifetime ban would be inappropriate given that people can and do change over time. Many participants were supportive of the six month time period, believing that those who signed up for this period of exclusion were often more realistic than those who signed up for the full three years. The three-year exclusionary period was perceived by some focus group participants as useful; however, others thought that those who signed up for this period of exclusion would be more likely to violate their exclusion period. Participants were asked whether they ever recommended a particular length of exclusion for a VSE patron and the response was that those conducting the process do not try to influence the patron into selecting a particular period of exclusion.

CHALLENGES TO THE VOLUNTARY SELF-EXCLUSION PROGRAM

There were several challenges that focus group participants identified. Most notably, the ability to respond to chronic violators was seen as a general weakness of the program. The tendency of some patrons to consistently violate their exclusion (in some cases as many as five or six attempts to violate per day, with some clients having a total number of violations exceeding 400) made the program high-maintenance for some service providers. Focus group participants were concerned that there were typically no consequences associated with persistent violations of the conditions of the program. Although there are specific consequences for violation of the agreement noted on the VSE consent form, focus group participants agreed that consequences were never invoked. While some participants saw this as a good thing, as they did not see the logic in, for example, fining people who have problems with gambling, others saw it as resulting in a program that “lacked teeth” in its response to problem gamblers. Furthermore, it was noted that these consistent violations by a few program participants resulted in enormous expenditures of resources on the part of service providers, as security staff must prepare and submit a report for each known violation.

The technology was also noted by some participants as problematic. Specifically, the Facial Recognition Technology was identified as poor at consistently identifying patrons listed in the database. Moreover, focus group participants noted that the technology suffered from occasional operational problems; however, this complaint is not specific to the VSE program, but the use of technology more generally. Furthermore, at the time of the focus groups, not all casinos had Facial Recognition Technology available as the technology was fairly new, making enforcement inconsistent among all of the locations with VSE programs. As a result of these various technology-related challenges, focus group participants reported that they often depended upon their own ability to recognize VSE program violators. As an aside, it was generally accepted among focus group participants that most violators of exclusion periods were, in fact, caught by security staff. While many staff members were confident in their ability to recognize chronic violators, they noted that there were approximately 4,000 people at any one time who were enrolled in the program and, therefore, relying upon their ability to recognize faces was neither sufficient nor efficient. Focus group participants felt that, while the VSE program could be applauded for providing an external constraint on gambling activities for many people, it was also difficult for staff to remain up to date

on who was excluded, especially if patrons attempted to bypass the technology and the staff by using costumes or disguises.

The focus group participants also noted that the “voluntary” aspect of the program could be a problem. They identified that not all clients signed up completely voluntarily as some were pressured by family or friends, while others signed up because they needed to show someone else (e.g. the bank, a judge) that they were doing something to address their gambling problem. Staff members indicated that they were aware of this occurrence and that they did their best to ensure patrons signed up on their own volition. However, they did feel that because some patrons did not sign up voluntarily, the program should not necessarily be defined as completely voluntary, especially as patrons compelled to join the program were those most likely to violate the conditions of the program during their exclusion period. Focus group participants were also somewhat concerned with the name of the program. They noted that the name “Time Out” implied that this program was focused only on a short break from gambling and that the name suggested that the participant would return to gaming once their break was completed.

Some focus group participants also questioned the efficacy of having security staff conduct the exclusion process. Some noted that this is a BCLC program and that it may be more appropriate for BCLC representatives to conduct the sign-up, rather than the casino service providers. Others questioned the ability of security staff to be prepared for and to adequately handle the emotional reactions that often occurred during the sign-up process. When a patron signs up for the program, they often desire to talk about what led them to this decision, and, while they do not necessarily expect that the security staff member would be able to provide them with counseling, the security staff response or lack of response during the process may be harmful. Some focus group participants expressed concern that security staff may be in a rush to complete the program enrolment so that they can return to their regular duties, while others questioned the ability of security staff to speak directly and with knowledge about the efficacy of counseling services. Others reported that through experience, security staff members appeared to have developed the patience and understanding that this is a difficult and embarrassing process for someone to go through, but others continued to question the appropriateness of the current enrolment procedure.

Lastly, focus group participants identified that some VSE patrons blamed the program for failing to prevent them from gambling. If a patron violated their exclusion, re-entered the casino, and lost money, they may shift blame for this toward BCLC or the casino as the casino for not preventing them from gambling. Participants suggested that this was likely the reason for paying out patrons who had won money at a casino while excluded.

FOCUS GROUP SUGGESTIONS FOR THE VOLUNTARY SELF-EXCLUSION PROGRAM

Focus group participants were asked to disclose any suggestions they might have for improving the VSE program. While a wide range of suggestions was provided, many were not completely accepted by all focus group participants. For example, some participants suggested that counseling should be mandatory, while others noted that mandatory counseling might scare patrons away from signing up for the program. Others noted that, as with most interventions, counseling had to be voluntary in

order to be effective. In other words, if a gambler did not want to engage in counseling, compelling them to participate was unlikely to have any long-term positive benefits.

Participants agreed that it was problematic to pay VSE patrons their winnings if they won while violating their exclusion agreements. Several suggestions for how to respond to this issue included donating the money to charity, having a future winnings clause, or withholding the payout until the exclusion period was completed. However, participants noted that there would be liability concerns with several of these options as patrons may question why they are not reimbursed for any losses they incurred while gambling during their exclusion period. In other words, there was a concern that any losses incurred during the exclusion period would be interpreted as the responsibility of the casino, as security staff did not prevent them from entering the establishment.

Focus group participants also discussed how to better enforce the conditions of the program, especially with chronic violators. Most participants were not supportive of using fines, as they argued that it seemed illogical to monetarily punish an individual who has a gambling problem. In addition, some participants identified that this practice could lead to a negative perception by the public towards BCLC. Others suggested that civil remedies might be more appropriate. Some suggested that, while not necessarily charging violators criminally, they should work with the police to enforce a trespassing clause. That said, it is important to note that while casino security staff are responsible for identifying and escorting program violators off the premises, any actual penalties are enforced through the Gaming and Prevention Enforcement Branch (GPEB) of the Ministry of Public Safety and Solicitor General in British Columbia. However, as detection and penalties should occur together, recommendations in both areas will be made later in the report.

With respect to the enrolment process, several participants suggested that patrons should be enrolled either in a counselor's office or through a GameSense Advisor. It was suggested that GameSense Advisors be available whenever the casino is open. Focus group participants also suggested that prior to re-entering a casino following their exclusion period, VSE patrons be required to go through either a probation period or mandatory treatment.

The results of the focus group sessions were provided to BCLC in 2007 and over the past several years, BCLC has taken steps to address many of the concerns raised. While security staff continues to enroll participants in the VSE program, whenever a GameSense Advisor is present in the gaming venue, the Advisor must participate in the enrolment session. Approximately 30% of enrolments are now conducted with a GameSense Advisor present. Further, security staff, as well as all other frontline staff, managers, and supervisors, receive Appropriate Response Training (ART) which promotes awareness regarding responsible gaming policies and practices, and teaches staff how to identify gaming venue patrons who are potentially in distress and approach them with responsible and problem gambling resources, such as the VSE. Staff involved in the enrolment process also received additional VSE enhancement training in 2009 to promote their ability to deliver VSE information to potential participants in a manner that expresses empathy and support, but also stresses the importance of enforcing the program agreement.

Further changes were made with respect to GameSense Advisors. At the time of the focus group sessions, only three GameSense Advisors were employed by BCLC; therefore, many gaming venues did not benefit from them, and even those that did would not necessarily have GameSense Advisors

when needed, such as in the early morning hours or when casino traffic was low. BCLC has since employed more GameSense Advisors and attempt to staff them on site according to known peak enrolment times.

A second major change implemented by BCLC concerned participants who would violate the agreement and gamble in a casino while excluded. In April 2009, BCLC implemented jackpot rules and regulations that explicitly stated that self-excluded individuals were not eligible to win jackpots. The basis for this rule was BCLC's belief that this would disincentivise self-excluded individuals from breaching their agreements. To make people aware of this police, signage was placed in all gaming facilities and the policy was posted on BCLC's website. These rules are also described to program patrons in the VSE enrolment package provided during the initial exclusion. While BCLC did not make any changes to the counselling options for program participants, counselling access is promoted in the VSE enrolment package where it is clearly stated that professional support is free and confidential, available in person or over the telephone, and is available whenever the participant needs it, including weekends or evenings. To access professional support, which includes individual counselling or debt/financial counselling, participants are advised to call the Toll-Free Problem Gambling Help Line at 1-888-795-6111.

While the information provided by the focus group participants was extremely valuable, it is difficult to evaluate the benefits and limitations of the program because the information was based on perceptions, beliefs, individual experiences, and/or anecdotal information of those involved in administering the program. Given this, a longitudinal study with VSE participants was used to evaluate several aspects of BCLC's VSE program.

VSE Patron Methodology

Survey participants were recruited for this evaluation at the time of their enrolment in the VSE using a short recruitment video created by the BCLC and BCCSR. The video advertised the study in multiple languages (English, Punjabi, Vietnamese, and Mandarin), explained the general purpose and procedures, the nature of the compensation for participation, and the consent form. VSE clients who agreed to participate in the evaluation study signed a consent form (see Appendix A), which was given to the VSE program enroller along with their VSE forms. Consent forms were then forwarded to BCLC where they were collated and sent to the BCCSR to initiate contact with the participant.

Once the BCCSR received the consent form, the name and contact information of the participant was entered into a password-protected spreadsheet where the participant was assigned a code number to record on the cover of each interview. The participant was contacted by their method of choice (telephone or email). A trained student research assistant explained the purpose and procedures for the study and arranged an interview time with the participant. This first interview sought to collect general demographic information on the participant, their gambling behaviours, their reasons for enrolling in the program, and their enrolment experience. At the end of this interview, the participant was mailed a \$30 VISA Gift Card in a plain white envelope. This process was followed for each of the next three interviews, each of which focused on the participants

experience in the program since their last interview, and their perceptions of the VSE program. Interviews were completed approximately six months apart. Between one and 10 attempts at contact were generally made for each round of interviews; if the participant did not answer the phone or return the phone call after repeated attempts at contact, they were removed from any further participation with the study.

Statistics provided by BCLC indicated that between July and September of 2007, 813 new clients signed up for the VSE program in a casino. During this same time period, 91 clients (11 per cent) signed a consent form to participate in the evaluation study. Overall, 313 VSE clients signed a consent form to participate in the current study; however, 144 of these subsequently refused to participate in the study when contacted by the BCCSR or were unable to be successfully contacted. Those who refused to participate generally indicated that they did not recall signing a consent form or that they had changed their minds about participating in the evaluation.

As the video recruitment was conducted in multiple languages, the interviews were also offered in those languages. The BCCSR recruited undergraduate students who spoke Punjabi, Vietnamese, and Mandarin. Unfortunately, although several interviews were conducted in Mandarin, no interviews ended up being completed in Vietnamese or Punjabi. This was due to either a failure to successfully reach the participant by phone, or the participant's decision to have the interview conducted in English once they were contacted. Moreover, very few interviews were received where the participant actually indicated a preference for another language, suggesting that attempts to recruit non-English speaking VSE clients may have been generally unsuccessful. However, it is important to note that it cannot be assumed from this result that individuals who primarily spoke another language enrolled in the VSE program at a lower rate than English speaking individuals. Instead, the results only suggest that study recruitment may have been less successful than hoped.

Results of VSE Participant Interviews

In total, 169 individuals agreed to participate with the study and completed the first round of interviews (T1). Slightly more than three-quarters of that sample (77 per cent; $n = 130$) completed the second round of interviews (T2). From the original sample, a minority of participants (41 per cent; $n = 70$) completed the third round of interviews (T3), and one-quarter (25 per cent; $n = 43$) completed all four rounds of interviews (T4).¹ For purposes of clarity, general information about the sample and their initial experiences with the program will be analysed and then issues around behavioural management and program process will be considered.

Demographic Characteristics of the Sample

A slight majority of the sample (58 per cent) were females. This proportion remained relatively stable throughout the four phases of the study. The proportion of the sample that was female

¹ This attrition rate is similar to that experienced by Ladouceur et al. (2007), where the original sample consisted of 161 participants followed by 73% at the six month interview ($n = 117$), 52% at 12 months ($n = 83$), 37% at 18 months ($n = 60$), and 33% at 24 months ($n = 53$).

during the T2 interviews rose to 61% and rose again for the T3 interviews to 63% before dropping to 59% for the T4 interviews. In effect, there would appear to be a good distribution of both male and female participants in all stages of the project.

The age of the sample ranged from 19 to 77 years old, with an average age of 46 years old. A large proportion of respondents reported living either in the Interior of British Columbia (47 per cent) or in the Lower Mainland (41 per cent), and 10% lived on Vancouver Island. These proportions remained relatively stable over the four interview periods.

As indicated by Table 1, three-quarters of the sample (77 per cent) identified themselves as primarily of Caucasian ethnicity, and a small minority of respondents identified as First Nations (12 per cent), Asian (8 per cent), Indo-Canadian (1 per cent), and other (3 per cent). English was the primary language spoken by the vast majority of participants (96.3 per cent); however, three respondents primarily spoke Chinese and were interviewed in this language. Again, these breakdowns remained very stable over the four interview periods.

TABLE 1: ETHNIC BACKGROUND OF THE SAMPLE

Primary Ethnic Background	
Caucasian	77%
First Nations	12%
Asian	8%
Other	3%
Indo-Canadian	1%

The majority of the sample was in a relationship and employed. Specifically, slightly more than two-thirds (68 per cent) of the sample was either single (34 per cent) or married (34 per cent) at the time of enrolling in the program. An additional 10% of the sample was in a common-law relationship. Moreover, slightly more than three-quarters of the sample (76 per cent) were employed at the time they enrolled in the program. While marital status was stable in all four interview periods, and this was also basically true for employment, in the final interview period, a slightly smaller proportion of respondents were employed (69 per cent). The average yearly income of the sample was \$42,000.00 with a range of no income (n = 4) to \$200,000 per year (n = 2). Of note, the average annual income remained stable over the first three interview periods, but increased to, on average, to \$50,000.00 in T4, which was interesting giving that a smaller proportion of these respondents were employed at the time of the interview.

Problem Profile of Participants upon Entering VSE

Prior research has suggested that problem gamblers often experienced other problems or addictions, such as substance use or mental health issues, such as depression or anxiety. The current study sought to explore to what extent participants were characterized by other problems in addition to gambling. Participants were asked whether they had ever experienced any of the following challenges: anxiety; depression; anger; stress; alcohol abuse; drug abuse; financial

problems; or smoking too much. If they had, participants were then asked if they felt that they currently had this problem.

As demonstrated in Table 2, this sample was characterised by the number of problems. Over two-thirds of participants (70 per cent) reported experiencing problems with stress in the past. Of those, a slight majority (53 per cent) reported that they continued to feel as though they had this problem. Similarly, a majority of respondents (62 per cent) had previously experienced problems with anxiety, and, of those respondents, a slight majority (51 per cent) reported currently experiencing this problem. Interestingly, only one-fifth of participants had experienced problems with alcohol abuse in the past; however, slightly more than one-fifth of those respondents (21 per cent) were still experiencing alcohol-related problems at the time of the first interview. Similarly, while only one-tenth of the sample had experienced drug problems in the past, nearly one-fifth of those respondents (18 per cent) felt as though they currently had drug-related problems. These results suggested that in addition to experiencing problems with gambling, VSE participants often have additional current issues that could be dealt with through counseling or other treatment. Although not the mandate of the VSE, it is possible that, as a result of these other problems, participants used gambling as a coping behaviour; alternatively, these problem behaviours may be reflective of an addictive personality in which gambling is just one manifestation.

TABLE 2: PROBLEM PROFILE OF VSE PATRONS

Problem Domains	Ever had this problem?	Currently have this problem?
Anxiety	62%	51%
Depression	58%	47%
Anger	28%	21%
Stress	70%	53%
Alcohol Abuse	20%	21%
Drug Abuse	10%	18%
Financial Problems	61%	56%
Smoking too Much	45%	66%

If participants indicated that they had experienced any of the aforementioned problems, they were asked whether they had ever seen a professional for assistance (see Table 3). This is important because it could relate to their willingness to seek counseling for their gambling problem and the degree to which they minimize their problems. While it was positive that for most of the types of problems, a majority of respondents indicated that they had sought professional assistance, it was concerning that, among those who did not seek professional assistance, a large proportion did not believe they had a serious problem. This is interesting because it derives from a sample of people who sought help for gambling problems, but, in many cases, felt that their other self-identified problems were not that serious of a problem. More specifically, participants most commonly reported seeing a professional for depression (82 per cent) and/or for drug abuse (81 per cent). Interestingly, only approximately one-third (38 per cent) sought professional assistance for financial problems, which might have an effect on their willingness to seek professional assistance for a gambling problem. Among those who identified having financial problems, but did not seek professional help, the primary reasons given for not seeking professional financial counseling were

because they did not believe their financial problems to be serious (46 per cent), and because they did not believe that a professional would be helpful (38 per cent). These results suggested that VSE participants needed better information as to the services of professional financial counseling; for instance, in the form of loans or bankruptcy advisors.

TABLE 3: USE OF A PROFESSIONAL FOR ASSISTANCE WITH PROBLEMS

Problem Domains	Has Seen or is Currently Seeing a Professional	Reasons Why Not Seeking Professional Assistance			
		Not that Serious a Problem	Don't have the Time	Don't want Anyone to Know	Don't Feel they can Help
Anxiety	62%	70%	17%	20%	24% ²
Depression	82%	50%	19%	6%	25%
Anger	49%	66%	15%	5%	25%
Stress	50%	70%	21%	6%	17%
Alcohol Abuse	61%	73%	19%	18%	9%
Drug Abuse	81%	0%	0%	0%	33%
Finances	38%	46%	13%	25%	38%
Smoking	41%	46%	19%	3%	27%

Previous Gambling Experience

In terms of the sample's gambling experience prior to enrolling in the VSE program, the average age at which participants reported first gambling was approximately 25 years old. Consistent with the research described above, this differed significantly by gender, as males began gambling at a significantly earlier age ($X = 19$ years old) than females ($X = 29$ years old).³ On average, participants reported gambling \$960.00 per week with a range of \$20.00 per week to \$18,000.00. Of note, the amount of money participants gambled in an average week was not significantly related to either age or yearly income.⁴ However, the amount gambled was related to gender, as men spent significantly more money gambling in a week ($X = \$1,426$) than women ($X = \638).⁵

Participants reported a variety of reasons for why they gambled. While the most common reason for gambling was because it was fun or exciting (93 per cent), a large proportion also reported gambling simply because they were bored (85 per cent) (see Table 4). While a majority of respondents (55 per cent) held out the hope that they could solve their financial problems with one big win, there were large proportions of participants who used gambling as a way of escaping from some personal problem. For example, nearly half (46 per cent) of the sample gambled to escape

² Totals sum to more than 100% as respondents could give more than one reason why they had not seen a professional.

³ $t(160.1) = -5.4, p = .000$

⁴ All statistical comparisons were conducted at the .05 level of significance. Only significant findings are provided in this final report; non-significant statistical findings can be obtained from the authors.

⁵ $t(71.6) = 2.1, p = .039$

from their financial problems or family problems (44 per cent). A substantial, but smaller proportion reported gambling to escape their mental health (31 per cent) or work (27 per cent) problems. Nearly one-fifth (19 per cent) indicated that a contributing factor to their gambling was to escape their general health problems.

TABLE 4: REASONS FOR PREVIOUS GAMBLING PARTICIPATION

Reason why Respondents Gambled	% Agreed or Strongly Agreed
It was fun/exciting	93%
Boredom	85%
To solve financial problems with one big win	55%
To escape financial problems	46%
To escape family problems	44%
To escape mental health problems	31%
To escape work problems	27%
To escape health problems	19%

In many ways, participants did not tend to specialize in their gambling behaviour. In effect, only 17% of participants indicated that they only engaged in one form of gambling from the list provided (see Table 5). More commonly, participants were typically involved in a variety of gambling activities, as the mean number of different types of gambling, in this sample, was three. The most common forms of gambling activities were slot machines (88 per cent), lotto tickets (76 per cent), Keno (52 per cent), and card games in the casino (50 per cent). Those who participated in a particular activity were also asked to report whether they believed they had a gambling problem associated with that activity. No participant indicated that they did not have problems with any of the forms of gambling they participated in, but it was clear that the form of gambling most problematic was slot machines. Here, more than four-fifths (83 per cent) of those who reported that they played slot machines stated that they thought they had a gambling problem with slot machines. The next largest proportion of players who felt they had a problem was with casino card players (61 per cent). These results suggest that the main problem gambling activities were with slot machines and card games in the casino, such as blackjack.

TABLE 5: PARTICIPATION IN GAMBLING ACTIVITIES AND GAMBLING PROBLEMS

Gambling Activities	% Participated In	Have Gambling Problem With
Slot machines	88%	83%
Lotto	76%	16%
Keno	52%	8%
Cards in casino	50%	61%
Bingo	46%	6%
Cards outside casino	30%	26%
Video poker in casino	24%	31%
Betting on horses	21%	17%
Gambling on the Internet	18%	33%
Video poker outside casino	15%	26%
Craps/Dice games	14%	15%
Sports betting	11%	21%

Given that those who enroll in VSE programs have admitted to themselves or recognized that they may have a problem with gambling, it was interesting to note that less than one-third (30 per cent) felt that casino employees should have been able to tell that they had a gambling problem. This did not vary statistically significantly by any of the aforementioned demographic variables. Related to this, prior to signing up for the VSE, only ten participants reported that a casino employee told them directly that they thought the subject had a gambling problem. While not directly related to the VSE program per se, this finding suggests that casino employees might benefit from even more additional training than they currently receive on how to identify those with a gambling problem.

However, the obligation to recognize someone with a gambling problem does not rest exclusively on the powers of observation among casino employees. In this sample, only 14% of participants indicated that they told a casino employee that they believed they had a gambling problem prior to signing up for the VSE program. Interestingly, in only half of these cases where the respondent directly told a casino employee that they thought they had a gambling problem did that staff member tell the patron about the VSE program. Therefore, in addition to the recommendation by Nowatzki and Williams (2002) that VSE programs need to be better advertised to potential problem gamblers, it appears that awareness also needs to be more regularly promoted amongst casino employees. Perhaps related to this finding, a majority of respondents (59 per cent) believed that casino employees had a duty to recommend the VSE program to any patron appearing or declaring to have a gambling problem of any sort.

Initial Experiences (T1) with the VSE Program

Participants were asked to report all the ways in which they heard about the VSE program. Casino literature appeared to be successful at increasing awareness of the VSE program, given that slightly more than two-thirds (69 per cent) of the sample reported this as a source of knowledge (see Table 6). Slightly more than one-third of the sample heard of the VSE program from a fellow gambler (38 per cent) or a friend (36 per cent), while approximately one-quarter heard about the program from a casino employee (24 per cent). Of note, very few respondents heard about the Voluntary Self-Exclusion program from Gamblers Anonymous (15 per cent) or the 24-hour helpline (14 per cent). Given these results, more must be done to make those organizations likely to have contact with gamblers in crisis knowledgeable about the VSE program.

TABLE 6: HOW PARTICIPANTS HEARD ABOUT THE VSE PROGRAM

Heard about VSE program from...	%
Casino Literature	69%
Fellow Gambler	38%
Friends	36%
Casino Employee	24%
Family	21%
Gamblers Anonymous	15%
24-Hour Helpline	14%
Co-Worker	12%
Doctor	4%

Regardless of how patrons found out about the VSE, two-thirds stated that the program was well advertised. This finding is very important because slightly more than three-quarters of the sample (77 per cent) reported that they were already thinking of stopping gambling before they heard of the VSE program. In effect, it is critical that those who feel they may have, or that they may be in the process of developing, a gambling problem, as well as those who wish to stop gambling be made aware of the availability of the VSE program, and that the program serve as an option for those who might be considering their options around wanting to stop gambling. This contention was supported by the finding that, upon reflection, approximately three-quarters of the sample (77 per cent) reported that the VSE program played an important role in their decision to stop gambling.

Critical to the VSE program success is a clear understanding of why people enroll in the program. In this sample, there were a number of key reasons why participants enrolled in the VSE program. As indicated by Table 7, the overwhelming reason why participants enrolled was because they personally felt that they had a gambling problem (94 per cent). Participants also identified financial problems as playing a large role in their decision to enroll (80 per cent). A majority of respondents also indicated that they enrolled because the program seemed like the only option (71 per cent), because of a big financial loss (59 per cent), and because of their mental health (51 per cent).

TABLE 7: REASONS FOR ENROLLING IN VSE PROGRAM

	%
Felt that they had a problem with gambling	94%
Financial problems played a big role in enrolment	80%
Seemed like the only option	71%
Enrolled because of big financial loss	59%
Mental health played a big role in enrolment	51%
Enrolled because of big emotional loss	44%
Enrolled because had hit “rock bottom”	43%
Family played a big role in enrolment	42%
VSE had worked for them in the past	37%
Knew others it had helped	35%
Someone told them they had a problem with gambling	33%
Physical health played a big role in enrolment	24%
Friends played a big role in enrolment	23%
Family gave them an ultimatum to stop gambling	15%
Someone pressured them into it	7%
Friends gave them an ultimatum to stop gambling	5%
Work gave them an ultimatum to stop gambling	3%

Of note, slightly more than one-third (37 per cent) enrolled because the program had helped them in the past or because they knew other people who had been helped by the program (35 per cent). It was also interesting to note that ultimatums or friends did not play a major role in respondents’ decisions to enroll in the program. Still, some respondents’ comments included that they signed up for the VSE program because gambling was “ruining my life”, to “save my marriage”, or because the “casino was unethical”. Interestingly, when asked the most important reason for enrolling in the program, a near majority (45 per cent) indicated that it was because they felt they had a gambling

problem. Of note, there were no statistically significant differences on these results by gender or age.

In addition to the VSE program, participants were asked to rank from the “most important” to the “least important” the relative responsibility of different groups in preventing them from gambling. Response options included: self; casino security; other casino employees; family members; friends; co-workers; or other. As expected, participants overwhelmingly identified themselves (95 per cent) as the person most responsible to stop the participant from gambling. Family members were viewed as the second most important group to stop the patron from gambling (37 per cent). Interestingly, a very similar proportion of participants did not think that it was the responsibility of casino employees (46 per cent) or casino security (51 per cent) to stop them from gambling.

The VSE program has a number of critical conditions. Currently, the VSE is not a lifetime ban, but the period of exclusion agreed upon at enrolment is irrevocable or irreversible. Interestingly, nearly two-thirds of respondents (64 per cent) agreed that a VSE program should be irrevocable (see Table 8) suggesting that they did not want to risk changing their mind after enrolling. Interestingly, a slight majority of the participants (55 per cent) believed that the VSE should be permanent with no appeal allowed; however, slightly more than one-third (39 per cent) believed that the VSE should be permanent, but with an appeal allowed. Of note, approximately half (49 per cent) believed that excluded patrons should be required to attend treatment before returning to the casino, and, when asked whether they would enroll in the program if treatment was mandatory, a clear majority (60 per cent) stated that they would. However, given that a substantial proportion would not enroll if treatment was mandatory, it may be important to maintain the voluntary nature of treatment if the program is going to continue to attract those who wish to be excluded from casinos. Similarly, it does not appear to be advisable to exclude patrons permanently as a large proportion indicated they would not enroll under these conditions.

TABLE 8: VSE CONDITIONS

Perception of VSE Conditions	Agree
VSE should be irrevocable	64%
VSE should be permanent with no appeal	55%
I would enroll if the VSE was permanent with no appeal	60%
VSE should be permanent, but with an appeal	39%
I would enroll if the VSE was permanent, but with an appeal	59%
Patron should be required to attend treatment before returning to casino	49%
I would NOT enroll if required to attend treatment before returning to casino	39%

The VSE offers four lengths of exclusion periods: six months; one year; two years; or three years. Upon their original enrolment, slightly over one-third (36 per cent) enrolled for the maximum length of three years, while nearly one-third (29 per cent) signed up for one year. A similar proportion (30 per cent) signed up for only six months, while a very small proportion signed up for two years (4 per cent). While not statistically significant, it was interesting to note that females were most likely to sign up for either six months (35 per cent) or three years (35 per cent), while males were more likely to sign up for one year (34 per cent) or three years (39 per cent).

When enrolling in the program, gaming patrons may elect to bring a support person with them to the enrolment. Slightly more than one-quarter (28 per cent) of patrons utilized this option. This did not differ significantly by gender. Respondents who had participated in the VSE program previously were less likely (20 per cent) than first-time participants (35 per cent) to bring someone for support; however, this difference was not significant.

In this sample, a slight majority (55 per cent) reported that this was their first time in the program. With respect to the 76 patrons who had enrolled in the past, they had enrolled, on average, 1.7 times in the past, ranging from one to six prior enrolments. Of those eligible to re-enroll in the program at the time of their T2 interviews (n = 55), slightly less than one-third (31 per cent) had re-enrolled with the program. Of those eligible to re-enroll with the program at the time of their T3 interview (n = 54), again, approximately one-third (30 per cent) had done so. Of those eligible to re-enroll with the program at the time of their T4 interview (n = 28), one-quarter of participants had done so. Of note, there were no statistically significant relationships between whether a patron was a first time enrollee in the program or had been previously enrolled with the VSE program and re-enrolling with the program after their exclusion period ended. For example, during the T2 phase, a majority of respondents (58 per cent) who had been in the program at least once prior to their initial interview had re-enrolled since their T1 interview compared to a minority of participants (42 per cent) who had never been in the program before.

It is possible that the enrolment process can affect success in the program as it may immediately affect satisfaction with the VSE. With respect to the staff completing the enrolment, the vast majority of participants were in agreement that the person completing their enrolment was sensitive to their needs (93 per cent) and was understanding of their situation (94 per cent). Specifically, VSE patrons stated that the staff used discretion, did not judge them, were easy to talk to, and cared about their situation. VSE patrons appeared to appreciate comments from staff such as “you are not alone” and were grateful for their assistance in recommending other sources of support, such as a counselor.

During the enrolment process, VSE patrons were typically taken to a small room off of the gaming floor. Within the privacy of this room, patrons completed the paperwork and were photographed by security staff. Generally, the participants agreed that the room their enrolment occurred in was comfortable (60 per cent) and that it gave them the privacy they needed (91 per cent). Despite this general agreement, many negative comments were made regarding the rooms. Some patrons mentioned that they were concerned with the location of the room, such as being forced to wait near the casino floor while the room was prepared. A few participants commented that the room made them feel “as though they had stolen something”, given that it was particularly small. Others found it “intimidating and not supportive”.

Patrons who had enrolled previously generally believed that the current enrolment process was the same as their previous experiences (57 per cent); however, slightly more than one-third (38 per cent) believed that their most current enrolling experience was better than their previous time(s), often because they were more familiar with the process and knew what to expect. Some of the common negative experiences related to enrolment included feeling embarrassed by having to walk through the casino with security to the exclusion room, and having to wait for some time for security to have the time to enroll them. This is critical because some participants reported

reconsidering their decision to enroll while waiting in the exclusion room. Still, repeat enrollers felt that the staff was just as encouraging and helpful as the first time they enrolled and that it was a very positive experience both times.

Only four participants believed that their current experience was worse than their previous experiences. These participants indicated that they had lost faith in the program, that they were enrolling a second time with the knowledge that they could continue to enter the casino and that the program was not actually helping them. In contrast, of the 28 participants who believed that their current experience was better than their last one, they reported that this was the result of the second enrolment being more familiar, they knew what to expect, the enrolment was faster given that the previous paperwork was still on file, the current enrolment also involved a Responsible Gambling Information Centre staff to assist them⁶, and the staff was more experienced with the enrolment process. Overall, 93% of all participants agreed that they felt comfortable enrolling in the program.

General Comments

Prior to the conclusion of the initial interview, participants were asked to make general comments regarding the program. Some of these comments were specific to the casino, in that the general public should be more informed as to how casinos operate and how the winning process works, that bank machines should not be kept in the casino, that it was not in the best interests of the casino to enforce their exclusion as they will lose profits, and that the casino did not enforce the exclusion agreement, as participants had gambled since enrolling in the program.

Others made comments regarding the nature of addiction and how it was a life-long recovery. Presumably, this was why many patrons supported the option of a permanent period of exclusion. This is consistent with Nowatzki and Williams (2002) who advised having a minimum five-year ban in place, given that at least two years of abstaining from an activity is necessary to successfully treat an addiction. In addition, some respondents made comments about the usefulness of counseling and that it should continue to be recommended by staff during the enrolment process. With respect to additional options to deal with gambling issues, some patrons commented on the lack of Gambler's Anonymous meetings in their community, while others suggested that debt counselors should be recommended.

In terms of advertising the VSE, several participants suggested that greater advertising of the program was required. In addition, there were comments regarding the need for advertising in additional languages, such as Farsi. With respect to enrolment in the VSE program, some participants suggested that there should be an option of enrolling online, to avoid entering the casino. While patrons do have the option of enrolling at one of the two BCLC headquarters, there were logistical barriers for some of these participants in attending these offices, such as living a far distance from one of these sites. In addition, some participants suggested that the casino or BCLC

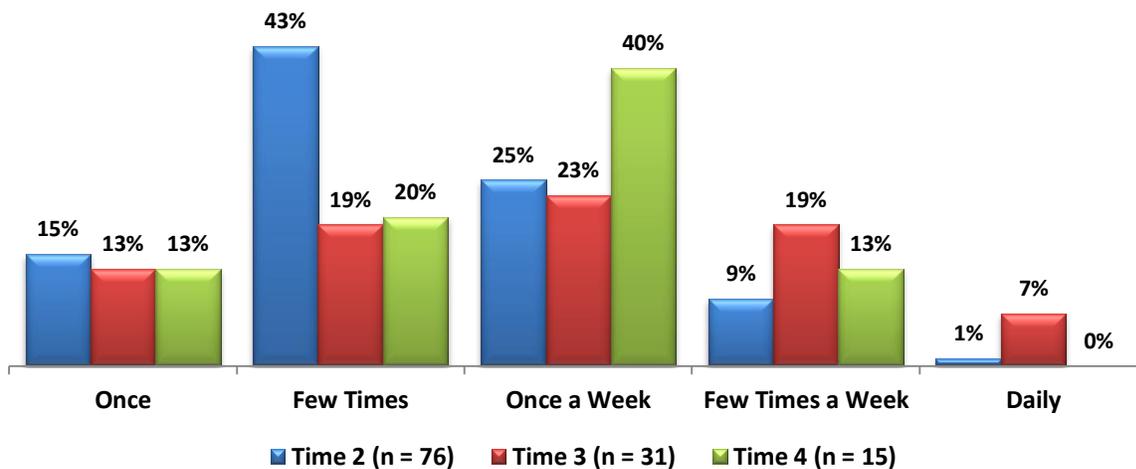
⁶ Some patrons reported that Responsible Gambling Information Centre staff provided information to patrons about the VSE program and, in some cases, assisted patrons with their enrolment in the VSE program.

should simultaneously cancel or suspend BC Gold Cards during the enrolment process to prevent use in the casino during the period of exclusion. It would also be good to ensure that those who are in the program do not receive any mail from BCLC that advertised or promoted gambling opportunities. In this sample, a small proportion of participants (15 per cent) reported receiving this type of advertising from BCLC while in the VSE program.

Gambling While Excluded

Over the course of the interviews, participants were asked whether they had gambled anywhere during the last six months while enrolled in the program. During the Time 2 (T2) interview, over half (59 per cent) reported that they had gambled (see Figure 1). This proportion increased to over two-thirds (69 per cent) in the Time 3 (T3) interview, but decreased to just over half again at Time 4 (T4; 54 per cent). Most commonly, respondents who gambled reported doing so either a few times a week or once a week. In effect, although the proportion of excluded patrons gambling daily was fairly low, respondents who reported gambling in the last six months tended to do so on a regular basis.

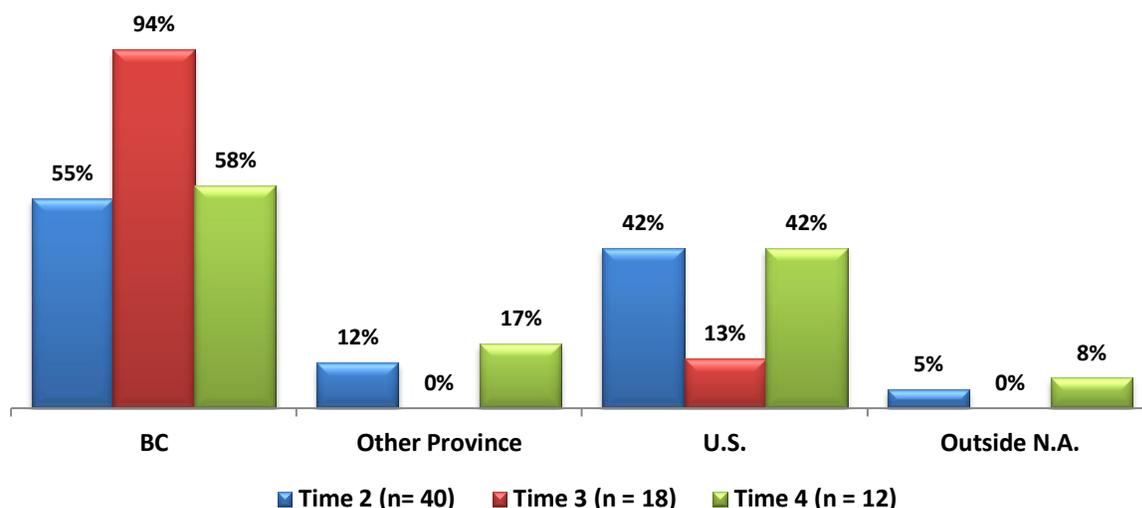
FIGURE 1: FREQUENCY OF GAMBLING IN LAST SIX MONTHS WHILE ENROLLED IN VSE



Respondents were asked where they had gambled in the previous six months. Generally, there were two primary venues for their continued gaming; casinos and ‘other’. Most commonly, participants identified casinos, which remained relatively consistent in the T2 (71 per cent) and T3 (72 per cent) interviews. This proportion increased to 80% in the T4 period. The second most common location was identified as “other”, which typically represented lotto scratch and wins or playing keno. Here, 68% of T2 and 58% of T3 respondents who indicated they gambled while enrolled in the program mentioned this option. Of note, in the T4 interviews, this proportion substantial dropped to just 13%. Given this, a majority of those who engaged in gambling in the last six months while enrolled in the VSE program did so by visiting a casino.

One of the concerns raised in the research literature, as well as by casino staff in the focus groups was that excluded patrons could visit locations in British Columbia or elsewhere to gamble. Generally, it appeared that participants were continuing to gamble in British Columbian casinos, and that some participants visited casinos outside of the province. Specifically, during the T2 phase, a majority (55 per cent) of those who gambled while excluded did so in a BC casino, but 42% did so in the United States, and a much smaller proportion (12 per cent) did so in another province (see Figure 2). Almost all T3 respondents (94 per cent) who gambled while excluded did so in a BC casino, and the T4 interviews results returned to the pattern of the T2 interview results.

FIGURE 2: LOCATION OF CASINO VISITS



In the T2 interviews, approximately four-fifths (79 per cent) of participants who visited a casino outside of British Columbia indicated that they visited that area specifically to gamble. However, this was less common in the subsequent interviews as less than one-third (31 per cent) of respondents at T3 and one-quarter (25 per cent) of those at T4 reported visiting an area outside of British Columbia specifically to gamble.

One of the most important factors for VSE success is an understanding of what factors relate to gambling, particularly while excluded. As such, a number of key factors were examined for each of the respondents in the T2 through T4 interview who did or did not gamble while enrolled in the VSE program. At the time of the T2 interviews, males (61 per cent) and females (63 per cent) were equally likely to gamble while enrolled in the program. However, this trend reversed in T3 as males (79 per cent) were more likely to report gambling while enrolled than females (68 per cent). This pattern was similar during the T4 period as a slight majority of males (58 per cent) compared to females (50 per cent) reported having gambled while enrolled in the VSE program. In effect, it appeared that males were at a slightly greater risk to gamble while excluded; however, these differences were not large enough to substantiate a relationship between gambling while excluded and gender. Similarly, no trends were observed for ethnicity in any of the interviews, as

approximately 60% of both Caucasian and non-Caucasian respondents reported gambling in the last six months while enrolled at T2 and T4, while approximately 77% reported gambling at T3.

Although there were some interesting trends with where the participant was living, these trends were not statistically significant. Still, those living in the Lower Mainland were the most likely to report gambling in the last six months while excluded at T2 (69 per cent), while those living in Vancouver Island (58 per cent) and the Interior (56 per cent) were generally equally likely to report gambling. Similarly, 82% of Lower Mainland respondents reported gambling at T3 compared to 71% of those in the Interior. Vancouver Island respondents were, by far, the most likely to abstain from gambling (43 per cent). In fact, by the T4 interviews, no Vancouver Island respondents reported gambling while excluded, whereas two-thirds of those in the Interior (67 per cent) and slightly less than two-thirds in the Lower Mainland (62 per cent) reported that they had gambled while excluded. It is important to note that the proportion of Vancouver Island respondents was the lowest across all interviews, and this may explain why this was the location least likely to have respondents report gambling while excluded. However, another possible factor that can explain this finding is that Lower Mainland residents have much greater access to gaming venues.

Although participants who reported gambling in the past six months at the T2 interview were generally younger ($X = 45$ years old) than participants who reported not gambling ($X = 50$ years old), this difference was not statistically significant. Among T3 participants, there was virtually no difference in age between those who reported gambling ($X = 50$ years old) and those who did not ($X = 48$ years old). Similar results were observed at T4 as participants who gambled continued to be younger ($X = 47$ years old), but not statistically significantly younger, than those who did not gamble ($X = 51$ years old). Therefore, similar to gender, there did not appear to be a relationship between a participant's age and their likelihood of gambling while excluded.

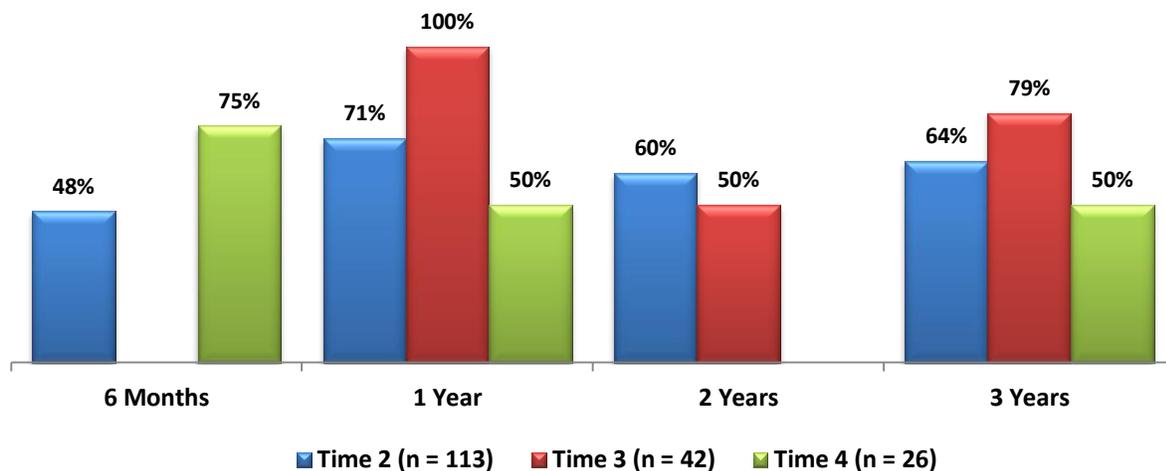
Although treatment issues will be discussed in greater detail below, participants who reported engaging in some form of treatment after their enrolment in the VSE were equally likely to report gambling in the previous six months at the T2 interview (58 per cent) as participants who did not engage in treatment (60 per cent). However, while not statistically significant, participants who had received treatment prior to enrolling were much more likely to report having gambled while excluded during their T2 interview (75 per cent) than those who had not been in treatment prior to enrolling (55 per cent). This finding may be an artifact of a more serious perceived gambling problem in that participants who had previously been involved in treatment may have had a more serious gambling problem than those not involved in treatment, and may likewise have had a more difficult time controlling their gambling while excluded.

The T3 and T4 interviews simply asked the participant whether they had ever accessed treatment for gambling-related issues. While not a statistically significant difference, a slightly higher percentage of those reporting that they had accessed treatment at T3 (75 per cent) or T4 (64 per cent) reported gambling while excluded than those who had not accessed treatment by T3 (64 per cent) or T4 (43 per cent). Again, these findings may suggest that those who have more difficulty controlling their gambling were more likely to enroll in treatment, rather than treatment participation being associated with a tendency to gamble while excluded.

Interestingly, although not statistically significant, there was a trend towards gambling participation while enrolled in the VSE among those who agreed that the VSE played an important role in their decision to stop gambling. Specifically, those who agreed that the VSE played an important role in their decision to stop gambling were more likely to report gambling during their T2 (67 per cent), T3 (74 per cent), and T4 (54 per cent) interviews than those who did not feel that the VSE program played an important role in their decision to stop gambling (T2 = 46 per cent; T3 = 50 per cent; T4 = 50 per cent). Given that many participants stated that they enrolled in the VSE program because they felt they had no other option, the trend towards gambling while excluded may again be a reflection of a general tendency of the VSE program to attract the more serious problem gambler, rather than the casual gambler. This conclusion was supported by the finding that slightly more than four-fifths (82 per cent) of T2 respondents indicated that they felt they had a gambling problem before enrolling in the VSE program. Moreover, with more serious gamblers, one might expect one or more relapses.

At Time 1, participants indicated how long they enrolled in the VSE program. This was compared against gambling behaviours in T2, T3, and T4 (see Figure 3). There were no statistically significant differences observed during T2 and T4; however, there was a statistically significant difference observed at T3.⁷ Here, those who enrolled for six months were significantly less likely to gamble while excluded than participants who enrolled for a longer period of time. In effect, the overall trend suggested that participants who enrolled for the shorter amount of time were the least likely across all interview periods to gamble while excluded. This trend suggests that taking small steps to control gambling tended to result in better outcomes.

FIGURE 3: PROPORTION OF PARTICIPANTS WHO REPORTED GAMBLING WHILE EXCLUDED BY LENGTH OF EXCLUSION PERIOD



⁷ Time 2: $\chi^2(3) = 3.4, p > .05$, Time 3: $\chi^2(1) = 12.5, p = .006$, Time 4: $\chi^2(1) = 0.9, p > .05$

During the T3 interviews, participants were asked a range of questions about possible indicators of gambling behaviour problems. The 11 items were: (1) missed work as a result of gambling; (2) gambled at work; (3) lied to family about gambling; (4) stolen from family as a result of gambling; (5) stolen from friends as a result of gambling; (6) stolen from work as a result of gambling; (7) had suicidal thoughts as a result of gambling; (8) attempted suicide as a result of gambling; (9) thought about harming yourself as a result of gambling; (10) attempted to harm yourself as a result of gambling; and (11) engaged in criminal activities as a result of gambling. Overall, participants endorsed, on average, two of these items; most commonly lying to family about gambling (73 per cent), having suicidal thoughts as a result of gambling (34 per cent), missing work as a result of gambling (32 per cent), or having thoughts of harming self because of gambling problems (31 per cent).

These gambling behaviour problems were summed to create a gambling behaviour problems scale ranging from zero to 11. Although only 49 participants completed this scale, those who gambled while excluded at T3 had, on average, a higher gambling behaviour problems score ($X = 2$) than those who did not gamble while excluded ($X = 0$). This finding was statistically significant.⁸ However, during the T4 interviews both those who gambled while excluded and those who did not identified, on average, only one problem; therefore, there was not a difference between those who did and those who did not gamble while excluded. However, this analysis involved only 16 participants who completed both the scale at T3 and the T4 interview.

A similar scale was created on the T4 interview to indicate the degree of problem gambling based on nine specific indicators. These items were: (1) betting more than you could really afford to lose; (2) needing to gamble with larger amounts of money to get the same feeling of excitement; (3) going back another day to try and win back the money lost; (4) borrowing money or selling something to get money to gamble; (5) having people criticize your betting or being told that you have a gambling problem; (6) feeling guilty about the way you gambled or what happens when you gamble; (7) health problems, including stress or anxiety as a result of gambling; (8) financial problems for you or your household as a result of gambling; and (9) feeling that you might have a problem with gambling. The scores were summed, and given the response options of never, sometimes, most of the time, and almost always, the range of scores were zero to 27. The average score for the 23 participants who completed this scale was 13. The most commonly endorsed items were feeling that you have a problem with gambling (100 per cent), and feeling guilty about the way you gamble or what happens when you gamble (96 per cent).

Although this scale was not significantly associated with gambling while excluded, it was related to the length of time enrolled. For example, participants who enrolled for the shortest period of exclusion at the T1 interview had the lowest average problem gambling score ($X = 10$), whereas higher scores were observed for those who enrolled for one ($X = 15$) or three ($X = 14$) years. These results suggest that participants who experienced fewer issues with controlling their gambling may have believed that they only needed a short time out from gambling, and may explain why they

⁸ $t(17.1) = -3.2, p = .005$

were more likely to not gamble while excluded. In effect, it appears that gambling while excluded was related to having a more severe gambling problem.

Finally, comparisons were made between satisfaction with the VSE program at the time of the interview and whether the participant reported gambling while enrolled in the program. Not surprisingly, participants who were satisfied with the VSE were less likely to report having gambled while excluded at the T2 (56 per cent), T3 (89 per cent), or T4 (48 per cent) interviews when compared to participants who were dissatisfied (T2 = 77 per cent; T3 = 63 per cent; T4 = 100 per cent) with the program, although these differences were not statistically significant. It is important to note that this analysis cannot determine causality, but rather the presence of a relationship. In other words, it remains unknown whether participants gambled due to their dissatisfaction with the program or whether they were dissatisfied with the program because they were still gambling. Also, it is important to note that by the T4 interviews, only three of the 28 participants with the relevant data for both variables indicated that they were dissatisfied with the VSE, and all three of these participants reported gambling while excluded.

Generally speaking, the conclusions that can be drawn from these trends are that those who were most likely to gamble while excluded agreed that the VSE played an important role in their decision to reduce their gambling, had previously accessed treatment though they were enrolling for the first time, and enrolled for longer periods of time. Lastly, they were more likely to be dissatisfied with the VSE program, perhaps because they continued to gamble. In contrast, those who did not report gambling while excluded were less likely to have been involved in treatment before enrolling, disagreed that the VSE played an important role in their decision to stop gambling, had been in the VSE program before, and enrolled for the minimum amount of time.

Summary of Trends in Gambling while Excluded

In effect, 42% of participants had abstained from gambling at T2, 31% at T3, and 46% at T4. When examining the overall proportion of participants who reported not gambling in any of their interviews, slightly more than one-third (35 per cent) completely abstained from gambling across all interviews. Even though complete abstention from gambling is not the ultimate goal of the VSE program, rather, the program intends to help patrons control their gambling in public locations (i.e. casinos and commercial bingo halls), it was very important to note that one-third of participants were able to completely abstain while excluded.

It would be useful to identify characteristics associated with those who abstained completely from gambling, as it may provide insight to BCLC as to those who benefit most from enrolling in the VSE program. Unfortunately, few such characteristics were identified in this sample. For example, demographic characteristics did not appear to play an important role in gambling during enrolment in the VSE program. Moreover, where the participant lived did not appear to play a substantial role in the likelihood that the participant would gamble while excluded. Being involved in treatment also did not significantly relate to whether the participant gambled while excluded as those who had been in treatment were more likely to report gambling while excluded than those who had never enrolled in treatment, though this was not a significant difference. It is important to note that this does not imply that treatment is unsuccessful; in fact, a more plausible conclusion is that those

who violated their agreement may have been more likely to enroll in treatment given the potentially more serious nature of their gambling problem.

Interestingly, there was virtually no difference between respondents who were repeat VSE participants and first time enrollers with respect to gambling while excluded. There was also no statistically significant relationship between the length of time a participant was excluded and whether they gambled while excluded, although those who enrolled for the shortest period of time were least likely to gamble while excluded, suggesting that taking small steps to control gambling is associated with greater success.

Gambling after Exclusion

A total of 40 participants completed interviews while no longer enrolled in the VSE program. These were participants who initially enrolled for a shorter exclusion period and who did not re-enroll following the end of their exclusion. At the time of the T3 interview, these participants had been out of the program for, on average, approximately four months ($X = 127$ days). In total, 82% reported having returned to gambling, and most were gambling fairly frequently. Specifically, over one-third (39 per cent) reported gambling once per week and another one-quarter (25 per cent) were gambling a few times per week. Overwhelmingly, these patrons were gambling in a casino (75 per cent), while one-third was gambling online (32 per cent), in other venues, such as through by lotto tickets (29 per cent), and slightly more than one-in-ten were gambling in a bingo hall (14 per cent). Although they had returned to gambling, it was encouraging to find that, generally, participants reported a decrease in their gambling activities. Specifically, two-thirds (64 per cent) reported a decrease in their use of slot machines, while over one-quarter (29 per cent) reported a decrease in their playing of cards at the casino.

Similar results were obtained in the T4 interviews. At the time of these interviews, participants reported being out of the program for, on average, approximately 6½ months ($X = 194$ days), and 87% reported returning to gambling. Nearly half (42 per cent) were gambling once a week, while one-third were gambling less than once a week (33 per cent), and all had gambled in a casino, while one-quarter (25 per cent) also did so online, and nearly one-in-ten (8 per cent) did so at a bingo hall. Nonetheless, virtually all (92 per cent) participants by the T4 interview reported a decrease in their slot machine playing, while half reported a decrease in their playing of cards at the casino.

In effect, overall, nearly all (88 per cent) of these participants indicated that, at the end of their exclusion period, they had returned to gambling. Although they were gambling on a regular basis, their participation in gambling activities was self-reported to be lower than before their last enrollment with the VSE program. Interestingly, women (96 per cent) were more likely than men (75 per cent) to gamble after their exclusion period ended, though this was not a statistically significant difference. Caucasian (86 per cent) and non-Caucasian (88 per cent) were equally likely to return to gambling. However, a statistically significant finding was that those who returned to gambling were younger ($X = 46$ years old), on average, than those who did not ($X = 58$ years old).

Those who gambled after their exclusion period ended were also more likely to gamble during exclusion. Specifically, of the 35 patrons who returned to gambling, 60% gambled while excluded.

However, only half (51 per cent) reported trying to violate their exclusion by returning to a casino. Another important finding was that less than half (43 per cent) of participants who returned to gambling reported ever being in treatment, whereas over half (60 per cent) of the patrons who did not return to gambling (n = 5) had been in treatment. While this comparison involved too few patrons to be statistically significant, it did suggest that treatment might be helpful in abstaining from gambling after the end of the exclusion period. However, more research on this is needed with substantially larger samples of VSE patrons.

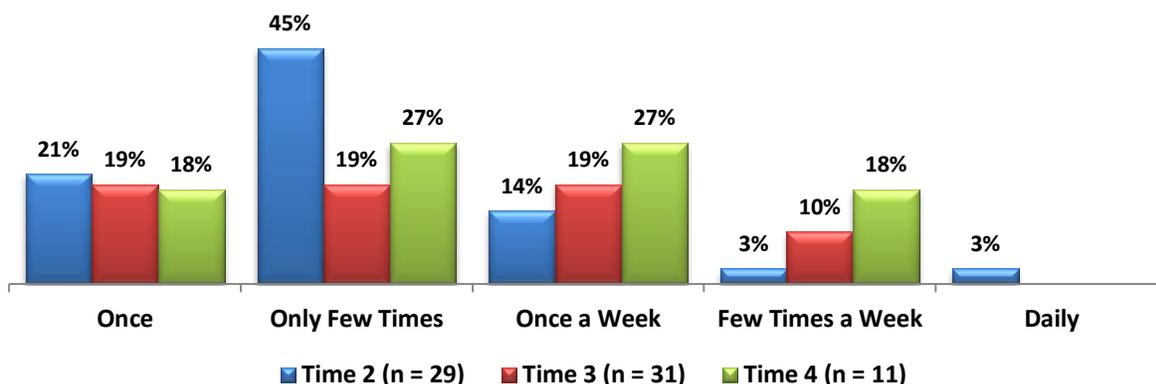
Overall, virtually all participants whose exclusion period ended and who did not re-enroll in the program returned to gambling, mainly at a casino. These participants were younger than those who did not return to gambling, and were slightly more likely to be female and living in the Lower Mainland or the Interior. They were also less likely to have been involved in treatment for gambling, though further research is needed to more fully understand this relationship.

Violating the VSE Agreement

In each of the T2, T3, and T4 interviews, participants were asked how often they tried to violate their VSE agreement in the last six months by trying to return to a casino, regardless of whether they were successful. At the T2 interview, approximately three-quarters (77 per cent) had not tried to violate their agreement; however, this proportion dropped to 53% by T3 and to 50% by T4. When considering each individual respondent, in total, two-thirds (65 per cent) reported never violating their agreement by trying to enter a casino.

Among those who did try to enter a casino while excluded, most commonly, they tried more than once (see Figure 4). Still, it was also uncommon for respondents to try a few times a week or more. There was not a simple trend by interview period, and it should be kept in mind that the number of respondents continued to get smaller for each interview period. Generally speaking, it appeared that, at T2, attempts to enter a casino while excluded occurred rather infrequently for the majority of respondents, but the frequency of attempts increased either the longer a participant was in the program or the more times a respondent enrolled in the program.

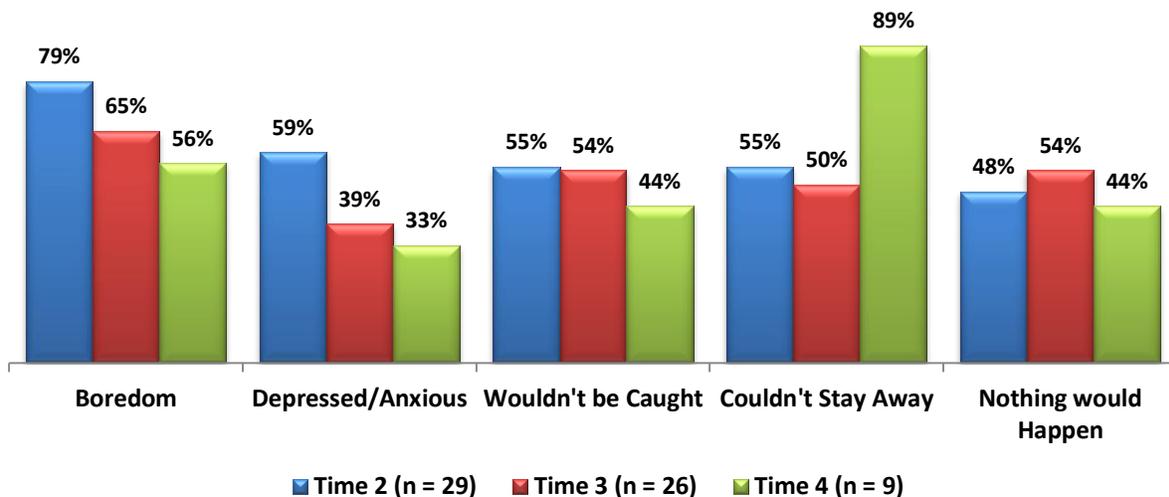
FIGURE 4: FREQUENCY OF ATTEMPTING TO RE-ENTER THE CASINO IN THE PAST SIX MONTHS BY INTERVIEW PERIOD



It seemed that, among those who wished to violate their agreement, it was not very difficult to enter a casino. While a slight minority of respondents (45 per cent) in their T2 interviews indicated that they could enter the casino without being recognized by security every time they tried, this proportion increased to approximately two-thirds (67 per cent) in the T3 interviews and 70% in the T4 interviews. In contrast, only 24% of respondents in T2, 7% in T3, and 10% in T4 indicated that they could never enter a casino without being recognized by security. This finding suggests that casinos should consider improving their detection capacity. As a result, a minority of respondents at T2 (48 per cent), T3 (35 per cent), and T4 (44 per cent) reported ever being caught in a casino while excluded. Consistent with the information provided by the focus group, excluded patrons who were caught in the casino were unlikely to receive any penalties. Generally, the only consequence reported was that their winnings were withheld. In only one case across all interview periods was a fine given.

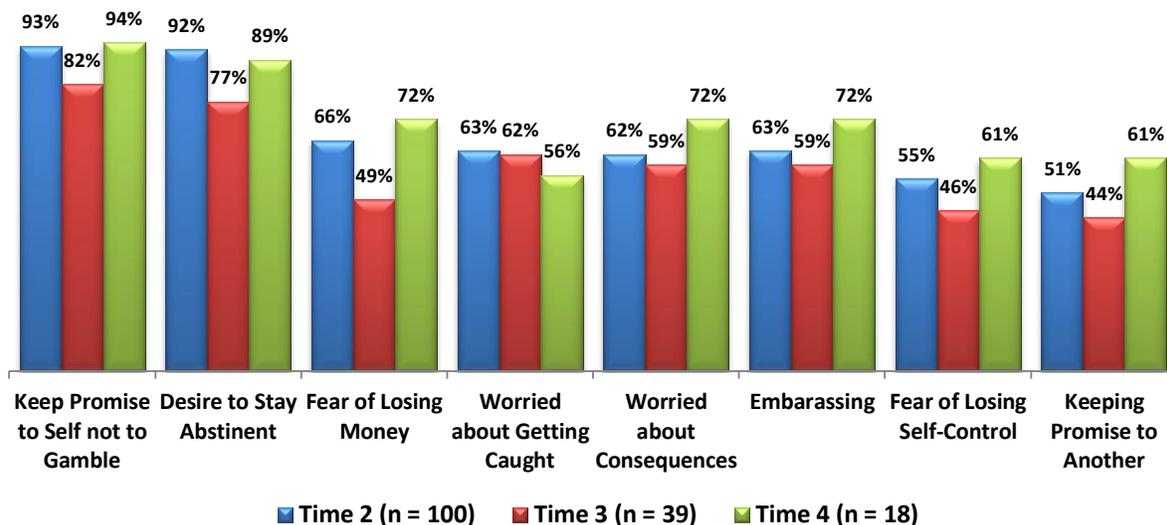
As demonstrated in Figure 5, among those who did re-enter a casino while excluded, with only some minor exceptions, a majority of respondents indicated that boredom, an inability to stay away, and a belief that they would not get caught contributed to their decision to violate their agreement. Approximately half of those who violated their agreements stated that knowing that nothing would happen to them if they were caught contributed to their decision. Again, this speaks to the need to develop a series of punitive responses to violators to assist them in maintain their commitment to the program.

FIGURE 5: REASONS FOR ATTEMPTING TO RE-ENTER THE CASINO



Among those who did not violate their agreement, nearly everyone stated that keeping a promise to not gamble and a desire to stay abstinent contributed to their decision (see Figure 6). While still represented by a large proportion of respondents, the least commonly cited reasons for not violating the conditions of their agreement were to keep a promise to someone else not to violate and a fear of losing self-control.

FIGURE 6: REASONS FOR NOT ATTEMPTING TO RE-ENTER THE CASINO IN THE LAST SIX MONTHS



It is important to understand whether there are unique factors that can be used to predict who is most likely to attempt violating their agreement as this information could assist casino staff in screening patrons to more effectively enforce the VSE program. To complicate this task, demographic factors were not relevant in trying to predict who might violate their agreement. Specifically, one-third (34 per cent) of women and 41% of men attempted to violate their agreement by trying to enter a casino. Caucasians were only slightly more likely to try to return to the casino (39 per cent) than non-Caucasians (32 per cent). Participants who tried to re-enter the casino were essentially the same age ($X = 46$ years old) as those who did not try to re-enter ($X = 47$ years old). In addition, length of enrolment reported at Time 1 was also not related to ever trying to violate the agreement, as one-third of those enrolling for six months (30 per cent) or one year (35 per cent) tried to violate their agreement compared to only slightly more of those enrolled for two or three years (40 per cent each). These results suggest that, rather than profiling, staff awareness and technological solutions will be needed to effectively ensure that those who consent to be excluded are identified and prevented from entering a casino or commercial bongo hall while excluded.

Prolific Violators

The focus group indicated that a small group of program patrons were chronic violators, with some attempting to violate the agreement over 400 times. Using the patterns exhibited over the course of the three follow up interviews (T2 through T4), categories of gamblers were created. Two-thirds (66 per cent) of the 128 patrons who continued on to further interviews could be classified as non-violators as in no interview did they report ever trying to violate their agreement. Slightly more than one-fifth (22 per cent) was identified as infrequent violators, as they reported trying to violate only once or only a few times over the course of two or more interviews. Generally, over one-third of these “infrequent violators” stayed this way over the course of the interviews (38 per cent),

although fairly equal proportions either increased their violation attempt frequency over time (33 per cent) or reported a decrease in violation attempt frequency (29 per cent) across the course of the interviews. Overall, 10% of respondents were identified as “prolific” violators, as they attempted to return to the casino once a week or a few times a week. Interestingly, none of the prolific violators decreased the frequency of their violation attempts over time. Instead, 40% remained stable in attempting to return to the casino once a week or a few times, while 60% increased their frequency attempts.

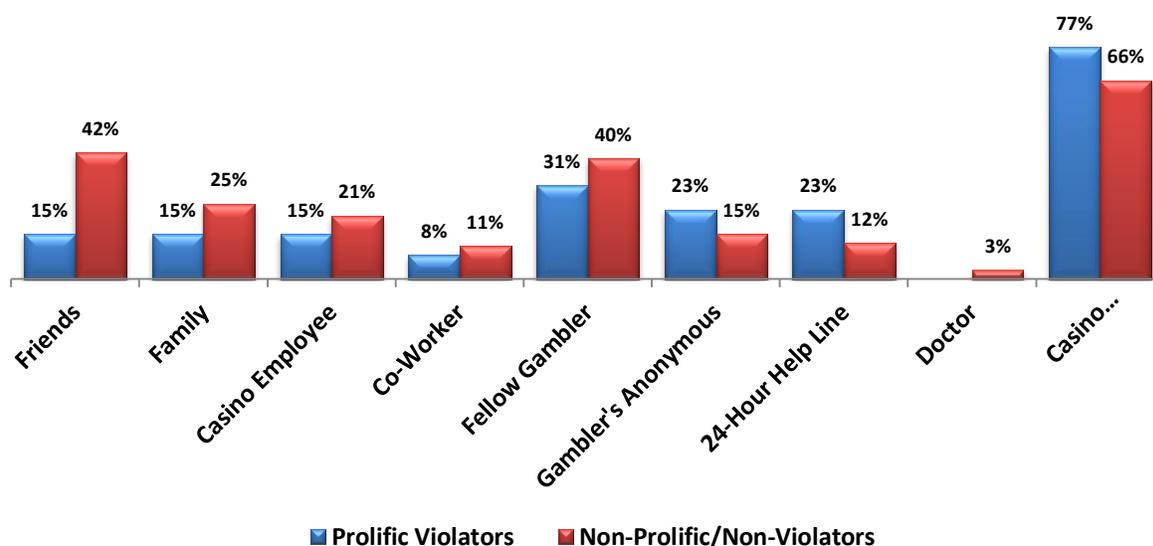
It is difficult to reliably compare this group to the non-prolific or non-violators as only 13 patrons fit this category. However, given that this group represents the most difficult patrons for the program administrators to deal with, an attempt was made to determine any distinguishing characteristics of these patrons compared to the rest. Interestingly, over half (54 per cent) of prolific violators were females; however, this may be a function of two females representing over half of the entire sample of participants. There was also no statistically significant difference based on ethnicity or age. One demographic variable difference that was statistically significant was where the patron was living. None of the 12 respondents from Vancouver Island who completed more than one interview were identified as a prolific violator, but one-fifth (21 per cent) of those from the Lower Mainland and 6% of those from the Interior were prolific violators. In effect, respondents living in the Lower Mainland were significantly more likely to repeatedly attempt to violate their agreement than respondents living elsewhere in British Columbia.⁹

Another interesting finding was that half (50 per cent) of the prolific violators had enrolled for three years compared to 41% of non-violators. One-third (33 per cent) of prolific violators had enrolled for six months, compared to one-quarter (23 per cent) of non-prolific or non-violators. Very few prolific violators enrolled for one year (17 per cent), and none enrolled for two years compared to one-third (32 per cent) and 5% of non-prolific and non-violators who enrolled for one and two years, respectively. In effect, the most common length of enrolment for both groups was three years; however this was slightly more characteristic of the prolific violators, as was enrolling for the shortest period of time. Prolific violators were equally likely (54 per cent) as non-prolific or non-violators (49 per cent) to have enrolled in the VSE program.

Prolific violators were slightly more likely to report a perceived gambling problem with slot machines (91 per cent) than were non-prolific or non-violators (83 per cent); however, this difference was not statistically significant. Interestingly, they were also more likely to have been told by a casino employee prior to enrolment that they may have a gambling problem (15 per cent) than non-prolific or non-violators (4 per cent), though again this finding was not statistically significant. In terms of how they heard about the program, prolific violators were more likely to have heard about the program from the casino literature/responsible gaming stand, the 24-hour help line, or Gambler’s Anonymous, whereas non-prolific or non-violators were more likely than prolific violators to hear about it from other sources (see Figure 7). In effect, prolific violators appeared to be more self-aware of or exhibiting signs of problem gambling that likely led them to search out sources for assistance.

⁹ $\chi^2 (2) = 7.3, p = .026$

FIGURE 7: SOURCES OF PROGRAM AWARENESS AMONG PROLIFIC AND NON-PROLIFIC OR NON-VIOLATORS



Prolific violators were equally likely as non-prolific or non-violators to indicate that the VSE played an important role in their decision to stop gambling (77 per cent each). A very interesting finding was that, despite the focus group suggestion that chronic violators were less likely to have wanted to enrolled in the program, no prolific violators reported signing up for the VSE program because someone pressured them into it, and none of them enrolled due to an ultimatum from friends or work. In comparison, one-tenth of non-prolific or non-violators reported signing up due to pressure from someone else, while others enrolled due to ultimatums. In fact, the only reason for enrolling that statistically differed between prolific and non-prolific or non-violators was that prolific violators were significantly more likely to enroll because they knew someone else who it had helped (92 per cent) than non-prolific or non-violators (63 per cent).¹⁰

Not surprisingly, 100% of prolific violators also gambled elsewhere while enrolled compared to 61% of non-prolific or non-violators. This difference was statistically significant.¹¹ Although 100% of these patrons also returned to gambling after the conclusion of their exclusion, this did not differ significantly from non-prolific or non-violators (86 per cent). Interestingly, one-third (62 per cent) of prolific violators reported ever engaging in treatment compared to one-third (36 per cent) of non-prolific or non-violators. Although not statistically significantly different, this difference suggested that prolific violators were reaching out for other sources of support in addition to the VSE program more consistently than non-prolific or non-violators. While this may be suggestive of

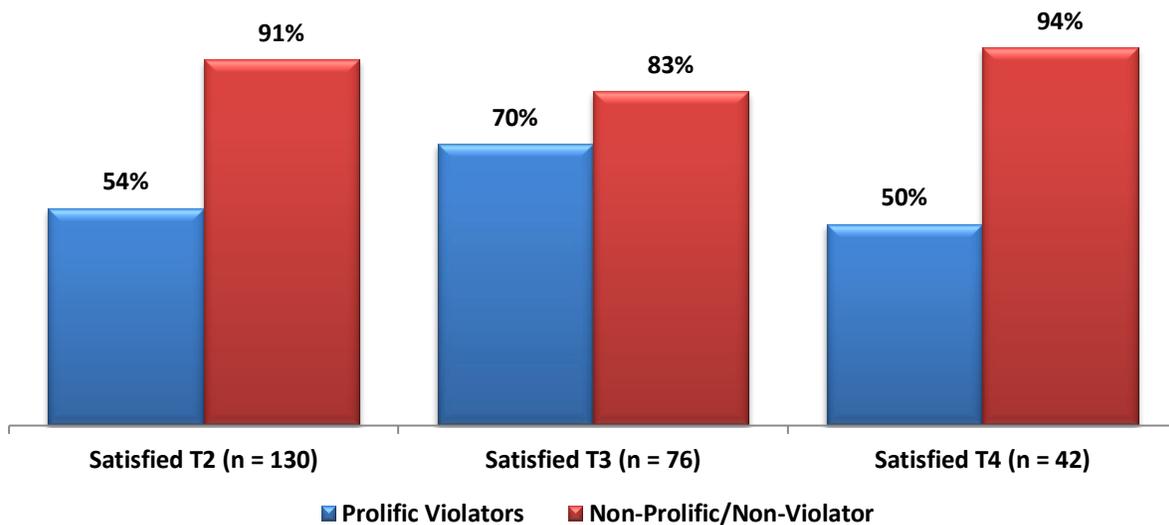
¹⁰ $\chi^2 (1) = 4.3, p = .037$

¹¹ $\chi^2 (1) = 7.9, p = .005$

a more severe problem with gambling, prolific violators did not appear to engage in more self-reported gambling behaviour problems ($X = 3$) than non-prolific or non-violators ($X = 2$). However, only six prolific violators provided answers to this scale, and therefore the results of this analysis were very limited. Furthermore, comparisons using the problem gambling screen could not be made as only three prolific participants had information available on this scale.

A final comparison between prolific and non-prolific or non-violators examined satisfaction with the VSE program. It was anticipated that prolific violators would be more likely to report dissatisfaction with the VSE, as they were frequently attempting to violate the agreement, and the results were consistent with this (Figure 8). At both the T2 and T4 interviews, prolific violators were significantly less likely to report satisfaction with the VSE program.¹² Although the T3 findings were not statistically significant, the results remained in the same direction.

FIGURE 8: SATISFACTION WITH THE VSE PROGRAM AMONG PROLIFIC AND NON-PROLIFIC/NON-VIOLATORS



Overall, this study identified that approximately 10% of VSE program participants were chronic program violators. This finding was consistent with what the focus group suggested, in that there was a core group of program patrons who appeared to have extreme difficulty in abiding by the conditions of the program. In this study, prolific violators were slightly more likely to be adult Caucasian males living in the Lower Mainland who had engaged in treatment, who enrolled in the program because they had heard it had helped someone else, and who may have been exhibiting awareness of potential problem gambling by actively searching for information about assistance or treatment options by calling the Problem Gambling Helpline or visiting the Responsible Gaming

¹² Time 2: $\chi^2(1) = 13.9, p = .000$; Time 4: $\chi^2(1) = 9.7, p = .002$

Stand. Given their greater difficulty in controlling their gambling, this particular sub-group appears to be in need of additional intervention or sources of support.

It is important to qualify that this above description is based on only 13 patrons identified as prolific violators. While 10% may be a reliable proportion of patrons who are chronic violators, the overall number of prolific patrons available for analysis was fairly small. Given this, BCLC should conduct further research with patrons identified through their records as chronic program violators to determine whether their characteristics are consistent with these findings, and to determine if there are any other characteristics that significantly distinguish prolific violators from others. These characteristics could then be used to help security staff identify excluded patrons, and could also be used to assist program enrollers in promoting treatment or other opportunities to patrons who fit these characteristics when enrolling with the VSE program.

Access to Treatment/Counseling

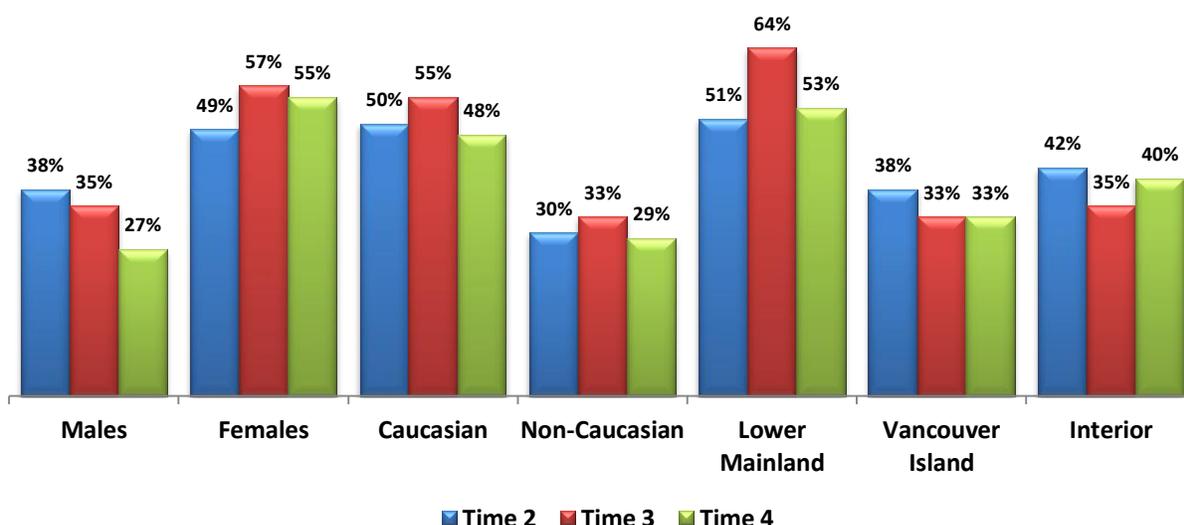
Participants were asked in their initial interview about whether they thought treatment should be required before an excluded patron is allowed to return to a casino or a commercial bingo hall, and whether they would enroll in treatment if that was the condition. As discussed earlier in this report, the responses suggested that a substantial minority of participants were not in favour of mandatory treatment. Participants at T2, T3, and T4 were subsequently asked whether they had ever enrolled in treatment for gambling, and what role the VSE program played in treatment access.

At T2, participants were asked whether, prior to enrolling in the VSE, they had ever accessed any treatment program, including Gambler's Anonymous, or a counselor specifically for a gambling-related issue. Nearly one-fifth (19 per cent) of participants reported that they had. Of note, there were no statistically significant differences in enrolling for treatment prior to VSE enrolment by gender, ethnicity, age, or where one lived. However, those who had previously been in treatment signed up for a significantly longer period of exclusion.¹³ Specifically, 77% of participants who had been in treatment before their VSE enrolment signed up for two or more years of exclusion compared to 39% of those who had not been in treatment prior to enrolling in the VSE program.

At each interview time, participants were asked whether they had consented to their name being released to the counselor. After removing from the analysis those who could not remember, approximately half of the respondents (T2 = 42 per cent; T3 = 48 per cent; T4 = 48 per cent) indicated that they had consented. Although females, Caucasians, and those living in the Lower Mainland were the characteristics of those most likely to give their consent, the differences were not statistically significant (see Figure 9).

¹³ $\chi^2(3) = 11.6, p = .009$

FIGURE 9: DEMOGRAPHIC FACTORS AND CONSENT TO RELEASING NAME TO COUNSELOR



Importantly, there was a statistically significant inverse relationship between consenting to having one’s name released to a counselor and overall satisfaction with the VSE program. Specifically, of those respondents who consented to be contacted by a counselor at T2 and rated their satisfaction with the VSE program (n = 44), two-thirds (67 per cent) indicated that they were dissatisfied with the program.¹⁴

In contrast, although not statistically significant, those who originally consented to have their name released to a counselor tended to enroll with the program for longer periods of time. Specifically, half of those who consented to being contacted by a counselor enrolled for three years compared to slightly more than one-third (38 per cent) of those who did not consent. While there were very small differences between those who enrolled for one year or two years, a larger proportion of those who did not consent (28 per cent) enrolled for six months compared to those who did provide consent (21 per cent).

There did seem to be good follow-up on the part of counselors in the three interview periods. Specifically, in T2, of those who consented to have their names released to a counselor (n = 44), approximately two-thirds (66 per cent) indicated that a counselor contacted them. This rate increased in T3 (n = 30) where 80% of those who consented were contacted and three-quarters of those who consented in T4 (n = 16) were contacted. As a result, consenting was statistically significantly related to engaging in treatment after enrolling (56 per cent) when compared to those who did not consent (12 per cent).¹⁵ In other words, signing Part 2 of the VSE enrolment form did appear to contribute to treatment participation.

¹⁴ $\chi^2 (1) = 4.4, p = .036$

¹⁵ $\chi^2 (1) = 23.2, p = .000$

Still, only slightly over one-quarter (28 per cent) of all participants at T2 accessed treatment after enrolling in the VSE, while one-third (35 per cent) of participants at T3 and nearly half (48 per cent) of those at T4 accessed treatment. The likelihood of accessing treatment after enrolling in the program was statistically significantly related to previously participating in treatment. Specifically, those who had accessed treatment before enrolling in the VSE were more likely to access treatment after their enrolment (63 per cent) than those who had not accessed treatment prior to enrolment (20 per cent).¹⁶

When considering the characteristics of participants, gender did not significantly affect whether someone accessed treatment, although males were slightly more likely to enroll in treatment (36 per cent) than females (28 per cent). Similarly, nearly equal proportions of Caucasian (28 per cent) and non-Caucasian (31 per cent) respondents enrolled in treatment after enrolling in the VSE program. Age was also not a predictor as participants who accessed treatment after enrolling in the VSE program were approximately the same age ($X = 46$ years old) as those who did not access treatment ($X = 47$ years old). However, where one was living did significantly relate to treatment access as very few participants from the Interior (14 per cent) enrolled in treatment, while nearly half of those in the Lower Mainland (49 per cent) or on Vancouver Island (42 per cent) accessed a treatment program.¹⁷

There was a statistically significant relationship between accessing treatment after enrolling in the VSE program and how long one agreed to be excluded. Among those who accessed treatment, approximately two-thirds (65 per cent) enrolled for three years compared to just one-third of those who did not access treatment. Furthering this trend, while only 18% of those who accessed treatment enrolled for six months, 26% of those who did not access treatment enrolled for six months. Similarly, 18% of those who accessed treatment enrolled for one year compared to 36% of those who did not access treatment.¹⁸ This suggests that participants who enrolled in treatment were likely more serious about controlling their gambling.

With respect to the relationship between accessing treatment after enrolling in the VSE program and overall satisfaction with the program, a large majority of both groups were satisfied with the program. However, while virtually all of those who did not access treatment (94 per cent) were satisfied, a smaller proportion (69 per cent) of those who accessed treatment was similarly satisfied.¹⁹ Again, this could be due to participants in treatment experiencing more severe problems with gambling, which contributed both to their enrolment in treatment and also to their tendency to enroll for a longer period of time.

Treatment questions in the T3 and T4 interviews varied slightly from the T2 interviews in that they asked the respondent whether they had ever accessed treatment for gambling-related issues,

¹⁶ $\chi^2 (1) = 17.3, p = .000$

¹⁷ $\chi^2 (2) = 15.0, p = .001$

¹⁸ $\chi^2 (3) = 11.5, p = .010$

¹⁹ $\chi^2 (1) = 15.0, p = .002$

whether this treatment access was a result of entering the VSE program, and what role the VSE played in their decisions to access treatment or counseling.

As noted above, at T3, one-third (35 per cent) of participants reported that they had accessed treatment for gambling-related issues at some point, and, at T4, nearly half (48 per cent) reported having done so. It is important to note that rather than reflecting an increasing trend towards treatment participation, it is possible that the participants who completed the T4 interview were more likely those who had taken treatment. Importantly for the VSE program, over half of the participants who had accessed treatment by either T3 (59 per cent) or T4 (74 per cent) indicated that their decision to seek and participate with treatment was a result of enrolling with the VSE program. Specifically, half reported that the VSE played a direct role in their decision to enter counseling (48 per cent at T3; 55 per cent at T4), while an additional one-quarter at T3 and slightly less than one-fifth at T4 (17 per cent) said it played an indirect role.

Accessing treatment by T3 or T4 was unrelated to gender, ethnicity, or age. However, where one was living again played a role in whether respondents accessed treatment in T3. Here, less than one-fifth of participants (16 per cent) from the Interior compared to over half (52 per cent) of those from the Lower Mainland or Vancouver Island (46 per cent) accessed treatment.²⁰ While the same general trend was identified in T4, the results were not statistically significantly different.

There was also a significant effect associated to the length of time that a patron enrolled in the VSE program. Importantly, participants who enrolled for a longer period of time were also more likely to access treatment by their T3 interview.²¹ Essentially half (49 per cent) of those who enrolled for three years accessed treatment compared to one-quarter or less of those enrolled for one year (26 per cent) or six months (17 per cent). Generally, the same results were found at T4 as those who enrolled for three years were the most likely to access treatment (56 per cent) compared to those who enrolled for six months (11 per cent).²²

Overall Trends in Treatment

Given the different trends observed at the different interview periods, a variable was created to indicate whether the participant had ever accessed treatment. Overall, slightly more than one-third of participants (38 per cent) reported ever being in treatment for gambling. Opinions on whether they would enroll in treatment if it was required before being allowed to return to a casino or commercial bingo hall was significantly related to participation in treatment. Not surprisingly, those who indicated that they would not enroll in the VSE if treatment were required were far less likely to have ever participated in treatment (20 per cent) compared to those who would enroll if

²⁰ $\chi^2(2) = 9.6, p = .008$

²¹ $\chi^2(2) = 6.1, p = .000$. This analysis removed those who enrolled for two years as there were only two participants in this category

²² $\chi^2(2) = 5.9, p = .05$. This analysis removed those who enrolled for two years as there was only one participant in this category

accessing treatment were a requirement (57 per cent).²³ Similarly, those who accessed treatment were much more likely to also agree (62 per cent) with the position that patrons should have to go through treatment before returning to gambling compared to those who had never accessed gambling-related treatment (21 per cent). In effect, and not surprisingly, it appeared as though support for mandatory treatment was more common among those who had previously accessed treatment. This suggests that implementing mandatory treatment could deter a substantial number of potential patrons from enrolling in the VSE program.

Again, gender, ethnicity, and where one was living did not predict having ever accessed treatment. However, there was a significant relationship associated to how long a patron chose to be excluded. Here, a majority (57 per cent) of those who enrolled for three years had accessed treatment compared to a minority (40 per cent) of those who enrolled for two years, one-third (32 per cent) of those who enrolled for one year, and one-fifth (22 per cent) of those who enrolled for six months.²⁴ In effect, enrolling in the VSE for a longer period of time was associated with a greater tendency to have accessed treatment. This might suggest some awareness on the part of those who had accessed treatment previously that they needed to be excluded for as long a period of time as possible to gain some control over their gambling behaviour. The finding that all participants who had accessed treatment felt that they had or may have had a gambling problem prior to enrolling in the VSE program further supported this conclusion. In contrast, a large majority (86 per cent) of participants who had not accessed treatment felt they had a gambling problem.

The prior literature has suggested that for treatment to be most effective, the participant must acknowledge the presence of a problem and be willing to change (e.g. Nowatzki and Williams, 2002). In this sample, the most common reason for accessing treatment was to stop gambling (70 per cent) followed by a feeling that the participant owed it to themselves (66 per cent). Only 10% provided the rationale that they owed it to someone else or to demonstrate to someone that they were serious about controlling their gambling. Perhaps one of the biggest obstacles to treatment is the belief that one can control the behaviour without the aid of trained professions. This was the case for two-thirds of those who had never accessed treatment in this sample. An additional one-third (36 per cent) did not believe that treatment would be helpful. Perhaps most concerning, especially since these people signed up for the VSE program, more than one-quarter of those who had never accessed treatment (28 per cent) still felt that they did not have a problem with gambling. These explanations were analyzed to determine if they could predict whether the individual ever gambled while enrolled in the VSE program, tried to violate their agreement by re-entering a gaming venue, or returned to gambling after their exclusion period was completed. The analysis revealed that there were no statistically significant differences, suggesting that one reason or another for not accessing treatment did not do a better job of predicting gambling while enrolled, violating the VSE agreement, or a return to gambling after completing the program.

It was previously mentioned that participants who had accessed treatment were more likely to gamble while excluded than those who had never accessed treatment. Likewise, participants who

²³ $\chi^2 (1) = 14.8, p = .000$

²⁴ $\chi^2 (3) = 10.3, p = .016$

had accessed treatment were significantly more likely to have tried to violate their VSE agreement by attempting to return to a casino (48 per cent) than those who had never accessed treatment (26 per cent).²⁵ While these findings might appear to suggest that treatment was more closely associated with attempts to violate or actual participation in gambling, it is more likely the case that these findings reflect the common occurrence of relapse during treatment, rather than a failure of treatment per se. One would expect that those with a more severe gambling problem would be both those who were more likely to enroll in treatment and relapse at some point in their treatment process. In fact, considering the average scores among participants on the problem gambling indexes in the T3 and T4 interviews, it would appear that the VSE program contributed to the decision to access treatment, sometimes for the first time, among patrons with fairly severe gambling problems.

When those who had accessed treatment were asked to describe, in their own words, what they felt were the strengths of treatment, the most common comment was the support they received from others in the treatment program. Many respondents spoke of the benefits of hearing other gamblers with similar stories and similar problems that they could relate with. Of note, for some, it was the social aspect of gambling that attracted them to this activity and they received this from the group dynamic in treatment. This is a very important comment because one of the concerns for those who treat people who suffer from some form of addiction is that another destructive behaviour will replace gambling, such as drinking or drug use. This risk is increased for those who are socially isolated. Because being excluded from gaming establishments can result in an increased sense of social isolation, treatment programs can provide positive social contacts to mitigate against the adoption or increase in other addictive behaviours. An additional comment was that, regardless of whether the participant engaged in one-on-one, individual counseling or group sessions, it was considered extremely important that the counselor have experience dealing specifically with gambling addiction; those participants who were dissatisfied with their treatment experience generally stated that the lack of experience or knowledge among counselors was why they were not happy with their treatment program.

Perceptions of the VSE Program

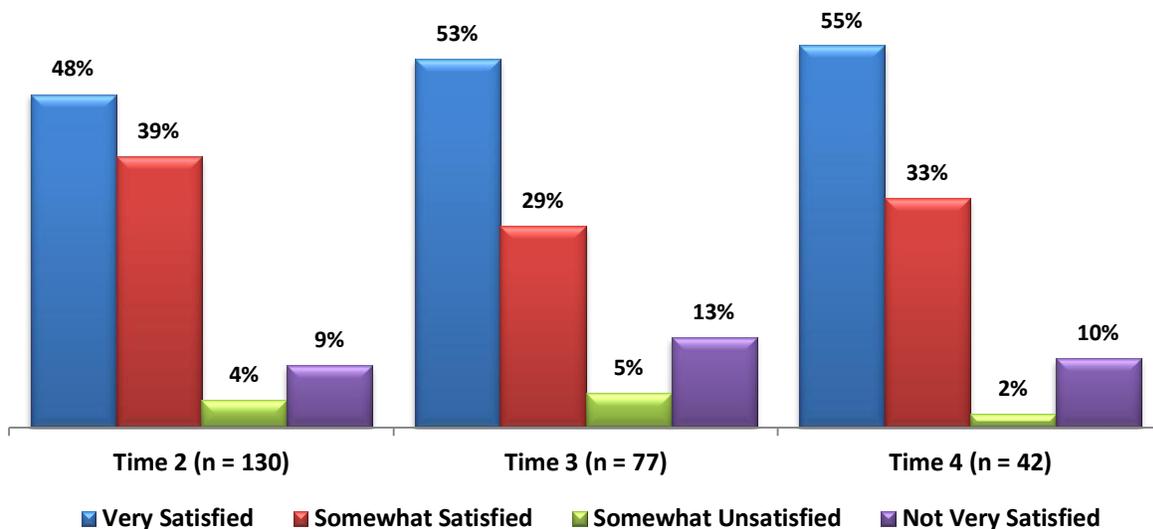
Participants were asked about their perceptions of the VSE program, its strengths and weaknesses, their levels of satisfaction with the program, and any recommendations they might have for the overall improvement of the program. When asked how informed they felt regarding the penalties for violating their agreement with the VSE program, approximately two-thirds (65 per cent) felt very informed and an additional 17% felt somewhat informed. Although there was a relatively high rate of violations, three-quarters (74 per cent) of respondents felt that the potential penalties associated with violating the VSE program were severe enough to deter. Of note, half of those who felt that the penalties were not severe enough actually attempted to violate their agreement by trying to return to the casino; however, this analysis was based on only six participants who thought the penalties were not severe enough.

²⁵ $\chi^2(2) = 6.4, p = .011$

Participants were asked whether they felt they had a problem with gambling when they first enrolled in the VSE program and whether they still felt they had a gambling problem. Importantly, participating in the program did appear to decrease the proportion of those who felt they had a gambling problem. For example, there was an 8% decrease in the proportion of those who felt they had a gambling problem when they first enrolled (87 per cent) compared to their feeling at T2 (79 per cent). There was also a small decrease at T3 from 88% to 84%. At T4, a greater proportion of respondents felt they still had a gambling problem as the rate slightly increased from 91% to 93%. These findings are important because they suggest that those who spend more time in the program or enroll more than once tended to recognize, to a greater extent, that they had a gambling problem and still have this problem. Alternatively, it might simply be that those who decided to participate in all the interviews felt this way. Becoming aware of the problem plays a critical role in accepting treatment or in reducing the problematic behaviour. It would appear that the VSE program plays a part in raising the awareness of participants that they had and have a problem with gambling.

Overwhelmingly, respondents reported satisfaction with the VSE program as over 80% consistently reported that they were either somewhat or very satisfied with the VSE program (see Figure 10). This pattern persisted for both those who spent longer periods of time in the program and among those who enrolled more than once. As with most of the analyses presented in this report, overall satisfaction with the program was unrelated to gender, ethnicity, age, and where one lived.

FIGURE 10: SATISFACTION WITH VSE AT EACH INTERVIEW

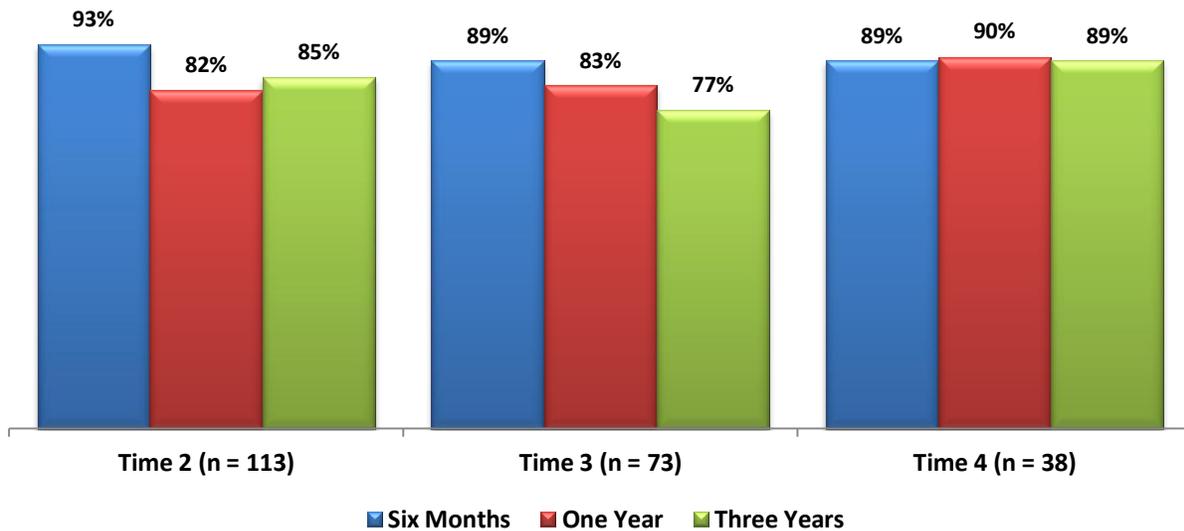


When asked to explain the basis for their levels of satisfaction, the most common response was that the program had worked in keeping them out of gaming venues when they could not have stayed away on their own. Some patrons also specifically stated that the program had saved them a lot of money. However, those who were dissatisfied with the program felt that it was much too easy for them to enter gaming venues undetected and for them to gamble while excluded. Important to the continued success of the program was the observation that although the enrolment process was easy and the people who conducting the enrolment were generally supportive, some participants

reported that they felt judged by those conducting the enrolment and that staff could demonstrate more empathy for the program's patrons.

Of note, levels of satisfaction with the VSE program were not affected by whether participants felt that the program had played an important role in their decision to stop gambling. In fact, regardless of the reasons for initially enrolling in the VSE, the overwhelming majority of participants were satisfied with the program. Respondents were also equally satisfied with the program regardless of whether they enrolled for six months, one year, or three years (see Figure 11).²⁶

FIGURE 11: LENGTH OF ENROLMENT AND SATISFACTION WITH VSE PROGRAM



Even among those who had gambled while excluded, there were very high levels of satisfaction with the program. By way of comparison, 80% of those who had gambled while excluded indicated satisfaction with the program compared to over 90% of those who had not gambled while excluded. In effect, the only observable differences were found when comparing those who had accessed treatment for gambling and those who tried to violate their VSE agreement. Specifically, three-quarters (74 per cent) of participants who had ever accessed treatment for gambling were satisfied with the program compared to nearly all respondents (95 per cent) who had not.²⁷ One possible explanation for this finding is that patrons with more severe gambling problems who find it more difficult to control their gambling behaviour may be more likely to access treatment, but be dissatisfied with the VSE program because it did not completely prevent them from gambling. This conclusion was supported by an examination of the gambling problem behaviours mentioned earlier. Participants who were dissatisfied with the VSE program had a statistically significantly higher number ($X = 4$) of gambling problem behaviours than participants who reported being

²⁶ Very few respondents selected a two-year enrolment. As such, their results are not presented.

²⁷ $\chi^2(1) = 11.9, p = .001$

satisfied ($X = 2$) with the program.²⁸ Moreover, those who were dissatisfied also had a higher score on the gambling problem scale ($X = 16$) than those who were satisfied with the program ($X = 13$); however, this difference was not statistically significant.

In terms of the relationship between program satisfaction and violating one's VSE agreement, between two-thirds and three-quarters of those who attempted to violate the agreement by trying to return to a casino were satisfied with the program compared to virtually all participants who never tried to violate their agreements.²⁹ There are many reasons why someone might attempt to violate their agreement, from social isolation to addiction, to a belief that they would not get caught, to boredom, to regretting enrolling in the program in the first place. However, it is possible that increased dissatisfaction with the program among this group was a reflection of the ease they experienced getting into a casino and gambling while excluded. In addition to the benefits associated with keeping excluded patrons out of casinos, increasing the detection potential of excluded patrons will contribute to the program functioning more effectively for those who find it too difficult to stay away from the casino, and will likely lead to increased program satisfaction.

While there was overwhelming satisfaction with the VSE program, there were some comments regarding potential for improvement, particularly in terms of detecting excluded patrons. The most common suggestion was that the risk of being detected must be increased. Specifically, participants recommended making it more difficult for excluded patrons to enter and remain in the casino. Some suggestions around how this might be achieved included improving the facial recognition program used to identify excluded patrons, checking identification more regularly when paying jackpots, and encouraging casino staff to be more vigilant in identifying excluded patrons. The first and third comment actually relate to each other in a very important way. Given the sheer number of patrons enrolling in the VSE on a regular basis, it is extremely difficult for casino security to be aware of or memorize all of those on the excluded list on any given day. As such, they rely on the facial recognition technology to signal them if an excluded patron is in the casino. Anecdotally, from the focus group responses, there were some issues and concerns with this technology. However, this technology has never been tested; therefore, the rate at which it correctly identifies excluded patrons is not known. While patrons had some considered insights for improvement, overwhelmingly, they found that the VSE program helped them control their gambling. As the name implies, the VSE program was designed as a time out from gambling. By design, the program is intended to assist patrons to control their gambling for a specified period of time, rather than attempting to enforce a complete and lasting abstention from all gambling. Participants were asked to describe why they felt the VSE either did or did not help them stop gambling; while many answers supported the nature of the program, in that it gave them a time out, others felt that they had managed to completely rid themselves of their gambling habit. Furthermore, those who continued to gamble during or after their agreement expired reported that the program helped them reduce their gambling. Moreover, the program does appear to connect many patrons to treatment, which, in the long-term, may help to create additional processes to help address the

²⁸ $t(47) = 2.0, p = .052$

²⁹ Time 2: $\chi^2(1) = 19.7, p = .000$, Time 3: $\chi^2(1) = 5.1, p = .024$, Time 4: $\chi^2(1) = 6.2, p = .012$

underlying issues many participants experience that contribute to their problem gaming. In effect, for patrons who used the VSE program as a mental barrier to prevent gambling, they felt that the program successfully provided them with some time away from the casino. For those who tested this mental barrier and found it easy to break, the program appears to quickly lose its effectiveness.

Given the general trends towards a reduction in perceived gambling problems, a reduction in frequency of gambling, the perception that the VSE program helped control their gambling behaviour, and the general levels of overall satisfaction with the program, it was not surprising that virtually all participants during each interview reported that they would recommend the VSE to others (T2 = 94 per cent T3 = 88 per cent; T4 = 93 per cent). The main reason provided for this recommendation was that it removed the opportunity to gamble by providing a time out. Even participants who did not find the VSE program useful for them said they would recommend it to others. Of note, many participants also suggested that their recommendation was based on the fact that there were no or very few other resources available to those who needed help controlling their gambling. In effect, of all the known options, participants regarded the VSE program as the best available option. In fact, when participants were asked to describe how their gambling needs could best be addressed, the most common response was the VSE program.

Respondents also suggested that there could be better education and promotion about the program, and that there could be greater privacy during enrolment. Specifically, participants suggested that the casino should make their VSE advertising within the casino much more visible, and that advertising the program in locations other than a casino or commercial bingo hall would be beneficial. In terms of the privacy issue, some participants felt that the enrolment process was a difficult one, and that more privacy could help the process. Some participants also suggested having counselors present during the enrolment process as this could increase the amount of empathy and friendliness that patrons felt from the staff during the enrollment process.

Another concern regularly expressed by participants was that if they wanted to reenroll in the program, they had to enter a casino to do so. Although a patron could enroll in the program by visiting BCLC's head office, this is not always practical. Therefore, most participants had to re-enter a casino at the end of their enrolment period, and many felt that this put them at risk for a relapse. Given this, participants suggested that being able to mail in a re-enrolment application or being able to re-enroll online may be more ideal. In effect, the VSE program appears to offer British Columbians help to control their gambling. That said, the results of this study also identified some potential areas for improvement.

Recommendations

Overall, the majority of participants did not attempt to violate their exclusion agreement and participants were generally very satisfied with the VSE program. However, there are some areas for program improvement.

Recommendation 1: Improve Detection Capabilities

The main concern expressed appeared to relate to the perceived ease of violating the agreement. In effect, consistent with the focus group perceptions, a substantial minority of participants tried to

violate their agreement, many repeatedly, and generally found it easy to do so. This suggests that a main recommendation for BCLC is to find ways to improve the detection capability of gaming venues to identify excluded patrons. This is especially important considering the potential beneficial effects of the psychological barrier; if caught the first time they attempted to violate, the likelihood of repeated attempts to do so could be expected to be reduced substantially as participants would have been successfully deterred. Moreover, many participants reported that the fear of being embarrassed by being caught as an excluded patron was enough to deter them from trying to violate the ban. Therefore, increasing the likelihood of this potential embarrassment by enhancing detection may reduce the tendency to try to violate the exclusion and therefore contribute to the program working more successfully for more patrons.

One manner in which this may occur is through the provision of security specifically for the identification of excluded patrons, as in Quebec (Nowatzki and Williams, 2002). However, this is likely to be costly, and given the sheer number of patrons enrolling in the VSE on a regular basis, is unlikely to be effective. Instead, a more useful option may be to introduce a system of identification upon entry into the casino. This process is used in the Netherlands, where all individuals entering a casino must provide identification that can be scanned into a computerized database where the names of self-excluded patrons are held (Nowatzki and Williams, 2002). Nowatzki and Williams (2002) also note that having this system also allows the casinos in Holland to identify patrons who could potentially benefit from a program like the VSE, as the system can be set up to “flag” individuals who visit the casinos over a certain number of times in a month. Patrons who visit casinos more than twenty times in a three to six month period are interviewed by casino staff, who suggest possible enrolment in self-exclusion. In Holland, 85% of the 790 patrons approached in this way agreed to either self-exclude or limit their visits, while another 13% reduced the frequency of their casino attendance on their own (Nowatzki and Williams, 2002).

Having a computerized identification system in place could also be used to set up a controlled re-entry process for VSE patrons, where they can enroll in a visit-limit program after the VSE where they are only permitted access to a casino a limited number of times in a month for a specified period of time (e.g. six months) after their exclusion finishes (Nowatzki and Williams, 2002). This would allow patrons to control their gambling by abstaining for a period of time, and then slowly returning to this activity.

Of course, consideration must be given to how door identification may negatively affect casinos and commercial bingo halls, as it may deter individuals from visiting their gaming venues. This is particularly true in North America, where providing identification to enter commercialized gaming venues contrasts with the value many citizens place on privacy. As an alternative, a system of random identification could be considered, whereby casino patrons are randomly selected to provide identification. Of note, BCLC recently introduced license plate recognition technology to identify patrons potentially violating their exclusion. This technology, which is primarily used by police to detect prohibited, unlicensed, or uninsured drivers, scans license plates and compares it to a database of license plates of interest. When a match is made, the database sends an alert signal. Using this technology, BCLC hopes to increase their detection potential of excluded patrons returning to the casino. Patrons may attempt to evade this technology, for instance by taking public

transit; however, BCLC reported that the initial implementation of license plate recognition technology contributed towards an increase in detection in 2010.

BCLC has also worked on enhancing its facial recognition technology. As mentioned in the focus group sessions, facial recognition technology was fairly new at the time of implementation by BCLC, and, therefore, it was not available at all gaming venues, and suffered from many limitations. Thus, BCLC should consider evaluating the facial recognition program to determine how useful it is in assisting casino security and other staff to identify excluded patrons. This is particularly important as BCLC staff relies on the technology to help them identify patrons of this program, but patrons frequently report going undetected in the casinos, thereby lessening the deterrent effect of the VSE program. However, it should be noted that in early 2011, BCLC began a pilot test with a newer version of the technology and will use the results of this, and other evaluations, such as those occurring in Ontario, to shape its adoption of facial recognition technology in the future.

An important aspect of detection is actually promoting the ability to detect. In other words, part of deterrence involves making those subject to deterrence aware of the plans in place to detect violators so as to prevent them from trying to violate in the first place. In effect, by signaling to VSE patrons that the likelihood of successfully violating their agreement is very small, the program will be more likely to achieve its goals of assisting patrons in staying out of the casino for the agreed upon period of time. Thus, BCLC is encouraged to evaluate all aspects of their detection practices and to convey the results of these practices to VSE program participants. By informing VSE program participants of their likelihood of being caught violating their exclusion agreement, perhaps deterrence can be enhanced. Currently, participants perceive the program as easy to violate if they want to. Therefore, BCLC must work to change this perception in order to enhance the psychological barrier offered by gaming venue exclusion. One manner of notification may be to post the number of detected violators each month at entranceways to gaming venues. Alternatively, BCLC might consider promoting statistics of how often violators are detected in the VSE enrolment package.

When discussing detection, it should be noted that only a minority of VSE program participants attempted to re-enter a casino while excluded. The vast majority of these attempted violators only attempted to violate once or a few times. Again, detection initially would likely be enough to deter the majority of violators from attempting to violate a second time. However, as noted both in the focus groups and in the participant interviews, a minority of program violators repeatedly attempted to re-enter the casino, some on a daily basis. Although they comprised a very small number of participants in the current study, these program participants are a drain on BCLC resources given their frequency of violation attempts. Given that this particular group of participants seem unlikely to be deterred using the technologies noted above, a harsher response may be needed. For chronic/prolific violators who are not deterred by being caught and escorted out of the gaming venue, public identification may be a necessary tactic. In other words, similar to the public identification by commercial stores of repeat shoplifters, BCLC might consider posting photographs near the entrance to gaming venues across British Columbia of participants frequently caught attempting to violate their agreement, e.g. more than ten times. Posting their photographs may help deter participants from attempting to re-enter the gaming venue while excluded, and may also help security or other staff in detecting violators.

This is not an ideal response. The authors, as well as BCLC focus group participants, acknowledge that gambling can result in addiction for a small group of patrons, and that controlling gambling activity can be particularly difficult for some patrons. But, it should be recognized that the VSE program is not very successful for this small group of participants, and more severe measures may need to be considered to enhance the program's ability to detect and deter this group of prolific violators.

Recommendation 2: Implement Helping Rather than Punitive Penalties

In addition to the ability of VSE patrons to enter the casino undetected, half of those who attempted to violate the agreement reported that knowing nothing was likely to happen if they were caught contributed to their decision to try and violate the agreement. Furthermore, the few participants who were caught violating reported experiencing virtually no penalties, other than being escorted off the premises by security. As such, there is a need to ensure consequences are imposed on those who are caught. However, this is a difficult issue to resolve, as financial consequences are clearly not supported by those administering the program and lifetime bans from gaming venues for violating self-exclusion agreements may unintentionally prevent some patrons from enrolling in the program in the first place. Thus, rather than fining violators, connecting them to treatment or providing gambling awareness workshops may be more useful. As noted, Montreal introduced a mandatory gambling awareness workshop as part of their improved SE program. While the results in the current study suggests participants may be deterred from the program should treatment be required, perhaps offering a gambling awareness workshop for those who attempt to violate their agreement could help reduce violations by providing these struggling program participants with additional support.

A more recently introduced penalty, which primarily is intended as a form of deterrence, is BCLC's implementation of a regulation denying winnings to excluded gamblers. This rule, that VSE participants are not eligible to win while enrolled, is stated in the VSE enrolment package and was introduced in the hopes of deterring participants from violating their agreement. To ensure participants awareness of this rule and that it is strictly enforced by BCLC, staff should clearly remind participants of its existence during their enrolment.

Similar to the discussion on detection, it should be conveyed to participants not only how often violators are caught, but also what penalties were imposed. Focus group participants felt that the VSE program lacked teeth as GPEB rarely enforced any form of financial or criminal penalty, and program participants themselves stated that knowing no penalty would be enforced contributed towards their likelihood of violating the agreement. Therefore, clearly stating to program enrollers that the VSE program does come with penalties that are regularly enforced on violators may help convey to VSE participants how seriously BCLC and GPEB take violations to the program. However, to support the promotion of the enforcement of penalties, BCLC/GPEB should consider removing the currently stated financial and criminal penalties for violating as they essentially consist of empty threats and only serve to weaken the program at this time.

Recommendation 3: Implement a Sliding Scale of Penalty Enforcement

As noted, perhaps a more helping than punitive consequence would be to connect violators to professional support. This could be implemented as a sliding scale; those caught violating their agreement initially could be reminded of their agreement and provided again with information concerning free access to counseling. However, for those caught violating the agreement multiple times, connection with a counselor or participation in a gambling awareness workshop could be made mandatory. Similar to the program implemented in Montreal, should prolific violators not abide by this condition, their exclusion could continue indefinitely. This sliding scale approach could be useful because research into treatment for problem gambling suggests that those enrolled in treatment are more successful in abiding by their self-exclusion agreement. Thus, the connection to treatment could help those struggling to control their gambling participation in organized gaming venues. Moreover, while this could be helpful for any participant caught violating, the results suggested that prolific violators were less likely to have been involved in treatment; therefore, requiring prolific violators to engage in treatment may help them gain control.

However, it is important to note that making treatment mandatory prior to lifting of the VSE ban for prolific violators will likely result in continual problems for security staff. These individuals have clearly shown an inability to be deterred by a gaming venue ban; therefore, continuing their program enrolment until some form of treatment is accessed, as in Montreal, is unlikely to change their behaviour, and they are likely to continue violating their agreement. Following an evaluation of their VSE program, Alberta recommended introducing an interesting response to these prolific violators; those caught repeatedly violating the program clearly demonstrated that the program could not work for them, and, as a result, they were removed from the program (Alberta Gaming and Liquor Commission, 2007). Although Alberta's recommendations suggested that these individuals be subjected to a lifetime ban, as noted above, this is unlikely to deter participants, unless criminal penalties were enforced. Should GPEB not wish to implement criminal penalties, or have difficulty doing so, as criminal charges require the participation of provincial Crown Counsel, British Columbia could consider removing participants from the program and allowing them to re-enter the casino. In other words, for participants who are intent on repeatedly violating their agreement, the gaming venue ban is lifted and they are permitted access. This assists security staff in that they no longer have to focus their limited resources on those few participants intent on repeatedly violating their agreement. Of course, this approach does nothing to assist prolific violators in gaining some measure of control over their gambling problem; however, participants cannot be forcibly made to attend treatment to deal with their gambling issues. Thus, for the time being, a sliding scale of enforcement might be the ideal approach for BCLC, at least until new initiatives can be considered to help prolific violators. In effect, the following enforcement scale could be considered:

- Violation 1: Provide the violator with treatment options (i.e. the Problem Gambling Toll-Free Line) and strongly recommend that they use this support to control their desire to gamble in a commercial gaming venue. Also, mail a letter to the participant reminding them of the length of their ban and the various supports in place to help them.
- Violations 2-9: Require mandatory counseling or gaming workshop attendance; until completed, the exclusion is extended.

- Violations 10+: Advise the participant that as they are not upholding their end of the agreement, the agreement is nullified and they are no longer excluded from the casino, and are not eligible to re-enroll for a pre-determined period of time (e.g. 3 months).

This differs from the sliding scale recommended in Alberta, where the initial violation results in a treatment recommendation, the second violation results in contact from a counselor, the third violation results in charges, and the fourth violation results in program expulsion, a lifetime casino ban, and criminal charges (Alberta Gaming and Liquor Commission, 2007). However, British Columbia's approach to problem gambling seems less favourable to punitive penalties than other provinces; therefore, unless GPEB displays an appetite to begin criminally charging program violators, BCLC should consider adopting the above recommended sliding scale.

Recommendation 4: Enhance Options for Program Re-Enrolment

As noted above, a common concern expressed by patrons was the method of re-enrolment, as many felt that needing to return to the casino to re-enroll put them at risk of relapsing. Thus, other options, such as re-enrolling by mail or online, were suggested. During the focus group, these options were also raised, but administrators of the program expressed concerns about the quality of photographic information, as well as privacy and personal rights, especially around the concept of the enrollment being voluntary. More specifically, the focus group participants were concerned that the facial recognition technology would not work with photographs that were mailed in by the patron as the photographs currently taken were from multiple angles to allow for a more lifelike 3-D image of the participant. In addition, they felt that it would be difficult to confirm the identification of the patron enrolling in the program, and that there would be potential risks of a person being enrolled by someone else. Therefore, if mail or online options are put in place, there must be safeguards to ensure the program will still work efficiently and that those who enroll do so of their own free will.

Another option for consideration is to allow patrons to re-enroll in the program at a treatment provider's office. In this manner, the VSE administrators can be confident that the person enrolling is doing so willingly, and treatment providers could be provided with the technology to take the required photographs, thereby avoiding a patron's visit to a casino. However, the issue here is the provision of technology to counselor's offices to allow for the photographs needed for the facial recognition technology to be taken. Providing this technology throughout treatment centres across the province would likely be very expensive. Instead, BCLC could consider selecting specific locations across British Columbia where enrolment could occur. This already occurs through the BCLC Headquarters; however, there are only two such locations and many participants reported that they simply could not attend these facilities. Perhaps BCLC could select particular treatment locations within cities across the province to host the necessary computer technology and could provide a list of these locations in the VSE enrolment package. Of course, the added benefit of allowing participants to re-enroll in treatment venues is that it would support a connection to treatment providers. This could be very helpful for program participants, especially those enrolling initially for six months, as Ladouceur and colleagues' (2007) research suggested that after six months, some participants begin to experience a slight increase in their desire to gamble. In other words, these participants may be more open to professional support at this time and encouraging

them to visit treatment centres to re-enroll where they can be advised about the various support option may help treatment uptake.

Another option for gaming venues to consider is the location of the enrolment room. In some casinos, the enrolment room is located far within the casino, which requires participants to be exposed to gaming activities as they seek re-enrolment. Whenever geographically possible, locating the enrolment room near a main entranceway could help deter the risk of relapse. In addition, VSE program enrollers should suggest to participants that should they re-enroll in the program, they should consider bringing a support person with them. Participants in the current study who brought someone with them to enroll reported doing so for support and to prevent relapse. This recommendation should also be provided in the VSE enrolment package.

Recommendation 5: Treatment should be Recommended, but Not Made Mandatory

While some participants felt that treatment should be mandatory before returning to gambling in public areas, the results of this study do not support this recommendation. A substantial minority of participants during their first interview indicated that they would not enroll in the VSE program if treatment were mandatory, and these people did not in fact access treatment while enrolled. It should be remembered that the VSE program was designed to assist those who want more control over their gambling by providing them with a time out; therefore, it should not be assumed that all those who enroll in the VSE program have a pathological gambling problem or are in need of treatment.

That said, many participants did find treatment helpful, and, as such, BCLC should continue to promote the treatment opportunities to patrons as they enroll in the VSE program. Furthermore, perhaps rather than consenting to release names to the counselor, Part 2 of the form can be removed and all patrons can be automatically contacted by a counselor or GameSense Advisor a few days later as a routine part of admission into the program. This would likely improve treatment uptake, as the results in this study found that those who consented to have their name released were significantly more likely to engage in treatment. Those who were not interested in counseling could then decline when contacted by a counselor rather than declining at the time of enrolment, while those who were interested could get additional information and book appointments with gambling or other types of counselors. In fact, it is clear from the earlier recommendations that some additional marketing of the different types and benefits of counseling is required, as participants were not all aware of the flexible conditions problem gambling counselors offer, including treatment in multiple languages, and the ability to have counselors visit the client at a time convenient for the client. Moreover, they specifically suggested promoting awareness regarding other types of counseling, including debt counseling. Debt/financial counseling is explicitly mentioned in the VSE enrolment package, but the results of this study suggest that informing the participants verbally about the range of support options available is also necessary. In addition, given that some program participants view themselves as in need of only a brief time-out and that they do not have a gambling problem, the pamphlet provided during enrolment should also specifically state that accessing counseling does not necessarily mean one must acknowledge that they have a problem with gambling, but that many VSE patrons find it easier to cope with the

exclusion process by talking to a counselor about why they chose to exclude themselves, or other problems that they may be experiencing, such as financial issues, anxiety, or stress.

Should Part 2 of the enrolment form be removed, it is recommended that the contact from the counselor or GameSense Advisor occur within a few days following enrolment. At the time of enrolment, participants are often extremely stressed and may not recall information provided to them during the meeting. Evidence of this was seen in the current study, as some of the participants who initially gave consent to participate in this evaluation, but who withdrew during the initial research contact a few days later, did so as they did not recall consenting to this project. Thus, giving them minimal information at the time of enrolment and providing them with the range of support options within a few days of enrolment may result in greater understanding of the variety of options available. This also gives participants time to review the VSE enrolment package, which contains a lot of the aforementioned information, and to ask questions when they speak with a counselor/GameSense Advisor. It should be noted that it is important that this initial contact be made with the privacy of the participant in mind, as for some VSE participants, enrolment in the program remained a private issue that even their families were not informed about. Thus, for some participants, it may be helpful to allow them to contact the counselor/GameSense Advisor, rather than the reverse. Method of contact could be selected on the VSE enrolment form.

BCLC could also consider implementing the Montreal improved self-exclusion model where initially participants are offered the program that contains a mandatory gambling awareness program prior to re-entry into the casino. If participants appear to be resistant, the standard program could be offered instead. However, as the results of this study suggested a large proportion of participants would be deterred by mandatory programming, BCLC could consider first piloting the delayed contact program model.

Recommendation 6: Involve GameSense Advisors during Enrolment and Evaluate the Effect

As a result of the focus group sessions, one recommendation from this study is that whenever possible, when participants do enroll in the program in a casino, the enrolment process should be conducted by GameSense Advisors. It should be noted again that BCLC has already taken steps in this direction by hiring more GameSense Advisors, and now approximately one-third of enrolments occur with a GameSense Advisor present. Furthermore, it should be noted that security staff who are responsible for enrolling participants have received training in providing empathy and support to program enrollers. Since 2004, BCLC has used the Appropriate Response Training (ART) program to develop or enhance responsible gambling knowledge, awareness, and skills for all gaming personnel. As part of their employment, all frontline staff, managers, supervisors, and security officers in gaming venues are required to successfully complete ART within a defined period of time once hired. Some of the main goals of ART are to educate and train gaming staff on how to respond appropriately to patrons who may be in distress, understanding of venue responsible gaming policies and practices, and how to identify and approach patrons who might be in need of resources, such as the voluntary self-exclusion program. To further their training, in July, 2009, BCLC launched Making a Difference: Voluntary Self-Exclusion. The primary audience for this program was security staff and other gaming facility staff directly involved in the VSE sign-up

process. According to BCLC, the objectives of this program are to provide the skills, tools, and resources necessary to deliver VSE information more efficiently and effectively with greater emphasis on empathy and participant support, while maintaining strong messaging around ban enforcement. Once all staff was trained, the program became a permanent part of the ART program for all gaming facility staff involved in enrolling people in the VSE program.

Finally, it is important to note that virtually all study participants reported being satisfied or very satisfied with the person doing their enrolment. However, although many participants felt that the security staff that enrolled them were understanding, anecdotal results suggested greater treatment uptake when the enroller was a GameSense Advisor. Regardless of who facilitates the enrolment process, it is essential that the counseling options be described to the participant, as stated in Recommendation 5. Moreover, as it is only an anecdotal result, BCLC should evaluate the effect of GameSense advisors on the enrolment and treatment uptake processes. Part of this evaluation could be to determine whether participants understand the program and the treatment options better when the information is provided by a GameSense Advisor or security staff, and whether they feel more comfortable in the enrolment process when a GameSense Advisor is also present. BCLC should also consider evaluating the effect of security staff training, for instance by having mock enrolments, as in the form of “mystery shoppers” in restaurants, or underage patrons used by liquor corporations to determine enforcement of liquor age restrictions. This idea was suggested by Alberta (Alberta Gaming and Liquor Commission, 2007) as a way of testing how well staff conducts the enrolment process when they are not aware that they are being evaluated.

Recommendation 7: Enhance Program Awareness through Greater Program Marketing

Although most program participants reported hearing about the VSE program through casino literature or a responsible gaming display, a common recommendation from participants was a need for more advertising. In effect, program participants often felt that with greater advertising they would have discovered the program sooner, and subsequently enrolled prior to losing more money. This is consistent with Hayer and Meyer’s (2010) finding that there is often an average of six years between the initial emergence of problem gambling symptoms and enrolment in VSE programs. Therefore, if not already mandatory, BCLC should make it mandatory for all casinos and commercial bingo halls to clearly post signs about the VSE program, and should put these signs in common locations, such as by the entry to the casino, in washrooms, and near in-casino restaurants. It should be noted that BCLC has already enhanced its in-casino responsible gaming awareness with the provision of GameSense Information Centres, which provide information about responsible gambling and support options for those who need assistance controlling their gambling.

Marketing outside these gaming venues is also recommended, as is ensuring that the Problem Gambling Phone Line operators and casino staff are aware of this program and recommend it regularly to callers or those who exhibit signs of problem gambling in gaming venues. Again, the “mystery shoppers” methodology could be used to test how often the VSE program is recommended by these various personnel. Marketing should also occur in a variety of languages common to the area; while already marketed in some languages, specifically in this study, Farsi was a recommended language for advertising.

Marketing outside of the commercialized gaming venues could also be considered. For instance, a Fetal Alcohol Awareness Campaign was launched several years ago by the British Columbian government. All licensed establishments in British Columbia were provided with signage promoting FASD messages, such as “It is safest not to drink when pregnant” and were expected to post this signage where patrons could easily view it (Rice, 2007). The province of British Columbia could consider a similar approach to marketing of the VSE program by providing signage to everywhere in British Columbia that gaming occurs, including casinos and bingo halls, race tracks, and lotto dispensaries. This marketing would have the benefit of promoting the VSE program to people who do not gamble in commercialized gaming venues, but who may know someone who they suspect need assistance with their gambling behaviours. However, it is also important to consider a saturation effect, in that too much signage may result in people effectively tuning out from the message. Thus, any public awareness campaign of this sort must be carefully implemented and evaluated for effectiveness.

Recommendation 8: Implement a Sliding Scale of Enrolment Options

A final recommendation concerns the length of enrolment in the VSE. Very few patrons selected the two-year enrolment; therefore, BCLC could remove this option. Although Nowatzki and Williams (2002) recommended a minimum five-year ban, the current results do not support this. Specifically, in the current study those who enrolled for six months were generally less likely to gamble while excluded or to attempt to violate their exclusion agreement. As noted previously, it therefore appears that for many participants, taking small steps in their attempt to reduce gambling appeared to be associated with success, whereas for those who immediately selected the maximum ban appeared to have more difficulty abiding by the exclusion conditions. A recommendation therefore is that BCLC staff recommends the six-month enrolment for those entering the VSE program for the first time.

In contrast, for those who have been in the program before, a lifetime ban may be a useful option, especially given that some of the participants had already enrolled six times before. The lifetime ban should not be available to those enrolling for their first time, to deter impulse enrolments that are later regretted. Moreover, it may be useful to implement a revocation process for those who enroll only for the lifetime period. However, to revoke the lifetime exclusion, participants should be required to demonstrate that they have taken steps towards dealing with their gambling issues, such as by providing a letter from a treatment provider (e.g. Nowatzki and Williams, 2002). However, BCLC may consider implementing a lifetime ban without a revocation, similar to Missouri’s ban, as these participants have clearly demonstrated through their repeat enrolments that they do not wish to ever re-enter a commercialized gaming venue in British Columbia. Perhaps again a sliding scale of enrolment length could be useful, whereby first time enrollers are required to sign up for six months, second time enrollers can re-enroll for a period ranging from six months to three years, and those who wish a non-revocable lifetime enrollment must be on at least their third enrolment and must have successfully already completed a three-year enrolment with no recorded violations. That said, a lifetime ban may not be necessary if alternatives to program enrolment that do not require re-entry to a casino were available for those who wish to continue with the program.

Conclusion

Overall, VSE program participants were satisfied with their experiences in the VSE program. The program generally appears to do what it sets out to; that is, it appears to provide gamblers with a brief time out from this activity. Over the course of their exclusion, 65% of program participants never tried to return to the casino. Moreover, the program appeared to have added benefits for some participants, as 35% were able to completely abstain from gambling, even in the general community and in the privacy of their own homes. As previously noted in the Ladouceur et al. (2000) study, this success rate exceeds the general 10% rate of success for programs like Gamblers Anonymous. Furthermore, even those who had difficulty completely abstaining reported a general reduction in gambling frequency. In addition, the program successfully connected 38% of participants with treatment, which is a very encouraging number. The fact that the VSE was frequently reported as playing a direct role in treatment access was particularly important, given that problem gamblers face many barriers to treatment access (McCormick and Cohen, 2006) and treatment uptake has been found to be as little as 10% of this population (Shaffer et al., 1997). The main limitation of this program appears to be with the ability to detect violators of the agreement, and the authors of this report strongly recommend taking additional steps to enhance detection. With an enhanced detection capacity, this program will provide an even more promising opportunity to British Columbians who wish to control their participation in gambling.

References

- American Gaming Association. (2010). Ground-breaking research reveals potential impacts of self-exclusion programs. *Responsible Gaming Quarterly*, 8(1): 6-7.
- Blaszczynski, A., Ladouceur, R., & Nower, L. (2004). Self-exclusion: A proposed gateway to treatment model. *International Gambling Studies*, 7(1): 59-71.
- Collins, P. & Kelly, J. (2002). Problem gambling and self-exclusion: A report to the South African Responsible Gambling Trust. *Gaming Law Review*, 6(6): 517-531. As referenced in Ladouceur et al., 2007.
- Currie, S.R., Hodgins, D.C., Wang, J., el-Guebaly, N., Wynne, H., & Miller, N.V. (2008). Replication of low-risk gambling limits using Canadian provincial gambling prevalence data. *Journal of Gambling Studies*, 24: 321-335.
- Dowling, N., Smith, D., & Thomas, T. (2009). A preliminary investigation of abstinence and controlled gambling as self-selected goals of treatment for female pathological gambling. *Journal of Gambling Studies*, 25: 201-214.
- Faregh, N. & Leth-Steensen, C. (2009). Reflections on the voluntary self-exclusion of gamblers and the law-suits against Ontario Lottery and Gaming Corporation. *Journal of Gambling Studies*, 25: 131-138.
- Gomes, K. & Pascual-Leone, A. (2009). Primed for change: Facilitating factors in problem gambling treatment. *Journal of Gambling Studies*, 25: 1-17.
- Hayer, T. & Meyer, G. (2010). Self-exclusion as a harm minimization strategy: Evidence for the casino sector from selected European countries. *Journal of Gambling Studies, Online Version, December 2010*. Accessed from SpringerLink.
- Ipsos Reid Public Affairs and Gemini Research. (2008). *British Columbia Problem Gambling Prevalence Study*. Submitted to the Gaming Policy and Enforcement Branch, Ministry of Public Safety and Solicitor General. Available from <http://www.bcreponsiblegambling.ca/responsible/docs/rpt-rg-prevalence-study-2008.pdf>.
- Ladouceur, R., Gosselin, P., Laberge, M. & Blaszczynski, A. (2001). Drop-outs in clinical research: Do results reported in the field of addiction reflect clinical reality? *The Behavior Therapist*, 42: 44-46.
- Ladouceur, R., Jacques, C., Giroux, I., Ferland, F., & Leblond, J. (2000). Analysis of a casino's self-exclusion program. *Journal of Gambling Studies*, 16(4): 453-460.
- Ladouceur, R., Sylvain, C., & Gosselin, P. (2007). Self-exclusion program: A longitudinal evaluation study. *Journal of Gambling Studies*, 23: 85-94.
- LaPlante, D.A., Nelson, S.E., LaBrie, R.A., & Shaffer, H.J. (2006). Men and women playing games: Gender and the gambling preferences of Iowa gambling treatment program participants. *Journal of Gambling Studies*, 22(1): 65-80.

- McCormick, A.V. & Cohen, I.M. (2006). *Barriers to Accessing Treatment for Problem Gambling*. British Columbia Centre for Social Responsibility, Abbotsford: BC. Available at www.bccsr.ca
- Ministry of Public Safety and Solicitor General. (2003). *British Columbia Problem Gambling Prevalence Study*. Available from <http://www.bcresponsiblegambling.ca/responsible/bcprob gambstudy.pdf>.
- Nelson, S.E., Kleschinsky, J.H., LaBrie, R.A., Kaplan, S., & Shaffer, H.J. (2010). One decade of self-exclusion: Missouri casino self-excluders four to ten years after enrollment. *Journal of Gambling Studies*, 26: 129-144.
- Nowatzki, N.R. & Williams, R.J. (2002). Casino self-exclusion programmes: A review of the issues. *International Gambling Studies*, 2: 3-26.
- Nower, L. & Blaszczynski, A. (2006). Characteristics and gender differences among self-excluded casino problem gamblers: Missouri data. *Journal of Gambling Studies*, 22(1): 81-99.
- Pallesen, S., Mitsen, M., Kvale, G., Johnsen, B., & Molde, H. (2005). Outcome of psychological treatments of pathological gambling: A review and meta-analysis. *Addiction*, 100: 1412-1422.
- Responsible Gambling Council. (2005). *Gambling Facts and Stats*. Accessed March 2011 from <http://www.responsiblegambling.org/en/media/stats.cfm>.
- Rice, C. (2007). *A Fetal Alcohol Spectrum Disorder Media Campaign in British Columbia*. British Columbia Centre for Social Responsibility, Abbotsford: BC. Available at www.bccsr.ca
- Shaffer, H.J., Hall, M.N., & Vander Bilt, J. (1997). *Estimating the Prevalence of Disordered Gambling in the United States and Canada: A Meta-Analysis*. Boston, MA: Harvard College.
- Townshend, P. (2007). Self-exclusion in a public health environment: An effective treatment option in New Zealand. *International Journal of Mental Health Addiction*, 5: 390-395.
- Tremblay, N., Boutin, C., & Ladouceur, R. (2008). Improved self-exclusion program: Preliminary results. *Journal of Gambling Studies*, 24: 505-518.
- Williams, R.J. & Wood, R.T. (2004). The proportion of gaming revenue derived from problem gamblers: Examining the issues in a Canadian context. *Analyses of Social Issues and Public Policy*, 4: 33-45.

Appendix A

Time Out Voluntary Self-Exclusion Program: Patron Survey Information Sheet

The Time Out Voluntary Self-Exclusion (VSE) program, established in the fall of 1998, allows people to exclude themselves from entering venues with slot machines and/or commercial bingo halls across British Columbia.

The BC Centre for Social Responsibility is currently conducting a study to evaluate the effectiveness of the Time Out VSE program and is requesting your participation in the project. Your participation will involve the completion of a short survey. The survey will ask you about your experiences with the Time Out VSE program and your thoughts and opinions on how the program may be improved.

Your responses will be kept strictly confidential. The information provided by you will not be shown or communicated to anyone other than the primary researchers. All of the findings will be aggregated so that no individual can be identified by their responses. Strict methods will be implemented to ensure that all information is kept confidential by law.

Your name will not be linked to any information you provide and the completed surveys will be securely stored until they are destroyed at the end of the project.

There are no physical risks of participating in this project. However, some of the questions may touch on uncomfortable topics, for example, your past gambling habits. It is important to answer these questions as honestly as possible. You do not have to answer any question that you are uncomfortable with and you can withdraw from the survey at any point. If you would like to contact someone to discuss any such issues further, please contact the toll-free BC Problem Gambling Helpline at 1-888-795-6111

You will be contacted every six months for two years to conduct a follow-up survey. Your participation in the follow-up surveys will also completely voluntary. Each time you complete a telephone interview, you will be paid an honorarium equivalent (gift certificate) of \$30.00 for your time.

Any information you provide us with will help us in gaining a better understanding of gambling and the Voluntary Self-Exclusion program. You will be asked to sign a consent form prior to participating with the survey.

If you would like more information about the results of this study, please contact Dr. Irwin M. Cohen at 604.870.5446 or visit www.bccsr.ca. If you have any concerns about this research study, please contact Yvon Dandurand, UFV Dean of Research, at 604.864.4654 or yvon.dandurand@ucfv.ca.

**Time Out Voluntary Self-Exclusion Program: Patron Survey
Informed Consent**

Your signature on this form will signify that you have received the *Information Sheet* which describes the procedures, risks, and benefits of your involvement in this study, that you have had an adequate opportunity to consider the information in the document, and that you voluntarily agree to participate in the project.

I have read and understood the procedures, risks, and benefits of this research as described in the *Information Sheet*.

I understand that I may withdraw my participation in this project at any time. Furthermore, I understand that once I have completed the interview, I will be contacted every six months for two years to complete a follow-up survey.

I understand that I will be paid an honorarium equivalent of \$30.00, in the form of a gift certificate, each time that I complete an interview.

I have been informed that the research material will be held confidential by the BC Centre for Social Responsibility and that I will not be identified in any way by the research project.

The personal information that you have provided BCLC with on this sheet will be used for your participation in the Time Out research study and in the administration of responsible gaming programs and may be shared with BCLC's service providers for these purposes. Please note: only the information given on this informed consent will be provided to BCLC, all information provided through the course of the research project will not be shared with BCLC in a personal format.

The authority for obtaining this information from you complies with Section 26(c) of the *Freedom of Information and Protection of Privacy Act (BC)* and the *Gaming Control Act (BC)*. If you have any questions about BCLC's collection of personal information, please contact BCLC's Freedom of Information Coordinator at 74 West Seymour Street, Kamloops, BC, V2C 1E2 or telephone (250) 828-5500.

I agree to participate in this research project:

Name (please print):

Date |__|__| |__|__| 200|__|
 M M D D

Signature _____

How would you like us to contact you to set up an appointment for the interview?

Phone: (|__|__|__|) |__|__|__| - |__|__|__|__|

Email: _____