

Casino Self-Exclusion Programmes: A Review of the Issues

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## Abstract

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Casino self-exclusion is a procedure by which individuals can have themselves banned from entering a casino. One of the purposes of this paper is to present information about the availability and features of these programmes. A second purpose is to make recommendations about how to best operate them based on cross-jurisdictional analysis and lessons from the addiction literature. The first section of the paper describes the typical casino self-exclusion programme, outlining the features common to most policies. The second section provides a detailed overview of the programmes operating in Canada in order to give the reader an appreciation of the procedural variations that exist. The third section discusses the effectiveness of self-exclusion programmes. Finally, the fourth section contains recommendations on ways to improve effectiveness. When properly implemented, self-exclusion can be a valuable tool in helping to curb problem gambling.

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Casino self-exclusion is a programme that enables individuals to have themselves banned from entering a casino. It is different from the involuntary bans that casinos initiate to exclude unruly customers, people suspected of cheating, and criminals or figures in organised crime. Informal policies to discourage problem gamblers have been used by casinos for some time. However, the first formal self-exclusion programme was initiated in 1989 in Manitoba, Canada, coincident with the opening of Canada's first permanent, year-round casino. In the Netherlands, Holland Casino developed a programme in 1990. In the United States, a tribal casino in Connecticut implemented a self-exclusion programme in 1994, and Missouri developed the first state-wide programme in 1996. In the past few years, many casinos and jurisdictions around the world have adopted self-exclusion measures as part of their responsible gaming programmes.

Despite their wide availability, there is a lack of information about these programmes. To date, there is only one published study on the topic (Ladouceur, Jacques, Giroux, Ferland and Leblond 2000). Thus, one of the purposes of this paper is to present information about the availability and features of these programmes, as gathered from the people who actually administer them. The second purpose of this paper is to make recommendations concerning how to best operate these programmes. Cross-jurisdictional analysis and lessons from the addiction literature provide valuable direction on how to maximize their effectiveness.

This paper is organised into four sections. The first section describes the typical casino self-exclusion programme, outlining the features common to most policies and the demographic characteristics of excludees. The second section provides a detailed overview of the programmes operating in Canada in order to give the reader an appreciation of the procedural variations that exist. The third section discusses the effectiveness of self-exclusion programmes in curbing problem gambling. The final section contains recommendations on ways to improve their effectiveness.

### **The Prototypical Casino Self-Exclusion Programme**

Most casinos/jurisdictions advertise their self-exclusion programmes on their website and/or through pamphlets available at the casino(s). Persons wishing to self-exclude can usually sign up at any one of the licensed casinos in their jurisdiction. In some cases, registration may also be available at the office of the casino regulators. Individuals fill out an application and have their photograph taken. They are advised that help is available for problem gambling, and provided with a number for more information or an actual contact for problem gambling counselling.

The self-exclusion contract may apply just to one casino, or to all casinos in the jurisdiction, with coordination between venues. The exclusion does not usually apply to other gambling venues, such as bingo halls or racetracks. Self-exclusion programmes usually require casino operators to remove excludees from mailing lists, thus halting any mailings of promotional enticements. The policy may also require casinos to refer to their list of self-excluded persons before issuing new players cards, cashing cheques, extending credit, or paying out large jackpots.

Self-exclusion contracts are generally irrevocable for the time period covered, although some jurisdictions have a process for agreements to be revoked. Some jurisdictions offer a fixed time period, such as a lifetime ban or a specified period. Others offer a choice of ban length,

ranging from 6 months to lifetime. Requirements for re-entry vary, with some jurisdictions having no requirements and others requiring a waiting period or a formal review process.

Casino security personnel enforce casino self-exclusion policies. Casinos are absolved of any legal responsibility in the event that a self-exclusion contract is breached. Gamblers who violate their exclusion are usually prevented from collecting any winnings or recovering any losses. In some jurisdictions, violators may simply be asked to leave. In other jurisdictions, they may be subject to a trespassing charge and/or fine.

#### *Demographic characteristics of excludees*

The majority of people who sign up for self-exclusion appear to be male problem gamblers with significant gambling debts. In the Netherlands, the records of 6754 Holland Casino visitors who requested self-exclusion or visit limitation between 1 January 1998 and 1 April 2000 were analysed. The results revealed that 75% were male, with an average age of 39, and 25% were female, with an average age of 46 (De Bruin, Leenders, Fris, Verbraeck, Braam, van de Wijngaart 2001). In Switzerland, 90% of the 382 casino exclusions signed between 2000 and 2001 were voluntary. Eighty-four percent of these individuals were men, and the most common age group was 31 to 40 year olds (37%) (Haefeli 2002).

Ladouceur et al. (2000) found that in their sample of 220 self-excluded individuals in Québec, 62% were men, and the mean age was 41 years. About two-thirds (67%) lived with a spouse, and 58% had children. The modal annual income ranged from \$21,000 to \$31,000 Cdn. Ninety-five percent of the participants were probable pathological gamblers, scoring 5 or more on the SOGS (South Oaks Gambling Screen). Seventy-one percent reported having gambling debts, with an average of \$11,962 Cdn per person. Almost two-thirds had borrowed money in order to gamble.

In Connecticut, USA, Steinberg and Velardo (2002) found that in a sample of 184 self-excluded individuals, 60% were men, the mean age was 40 years, 76% were Caucasian, 41% were married, 91% were employed full- or part-time, and the modal household income was over \$60,000 US. Sixty-four percent reported they had a problem with slots, and 40% had a problem with blackjack. Other types of gambling that were problematic were casino video poker (16%), lottery scratch-off (15%), non-casino cards (15%), craps/dice (15%), casino poker (14%), and non-casino video poker (9%). Over 96% were probable pathological gamblers, and the average debt was \$19,608 US.

#### **Casino Self-Exclusion in Canada**

Permanent casinos exist in the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Québec, and Nova Scotia, but not in Newfoundland, Prince Edward Island, New Brunswick, the Northwest Territories, the Yukon, or Nunavut. All provinces with casinos offer some form of a voluntary exclusion programme for patrons. Many individual casinos had their own self-exclusion programmes prior to the implementation of a province-wide programme.

As of August 6, 1999, British Columbia casinos have been required to participate in the "Casino Self Exclusion Program" administered by the British Columbia Lottery Corporation (BCLC). Registration is available at each of the casinos, as well as three BCLC offices. Self-exclusion is revocable; if a person wishes to be removed from the self-exclusion list, they must complete a casino self-exclusion revocation form. The request is reviewed by the

BCLC manager, Casino Security and Surveillance, and a decision is made whether to revoke the agreement or not (S. MacFarlane, BCLC, personal communication, Nov. 5/01; Proctor 2001). British Columbia does not have a Gaming Act, and as a result, there are no penalties in place for individuals who breach their self-exclusion agreement. Because the casino service provider does not always report breaches of self-exclusion contracts to BCLC, it is not known exactly how many people have violated their agreements. However, BCLC is aware of an average of three to five self-excluded people detected in casinos each week. In January of 2002, BCLC assumed responsibility for 37 commercial bingo halls in the province. They are planning to extend the entire problem gambling programme, including self-exclusion, to these bingo halls (S. MacFarlane, BCLC, personal communication, Nov. 5/01; Feb. 5/02).

In Alberta, the province-wide self-exclusion programme began on September 18, 2000. It is a joint effort by the Alberta Gaming and Liquor Commission (AGLC), the gaming industry, and the Alberta Alcohol and Drug Abuse Commission (AADAC). The programme is administered by the AGLC and enforced by casino security staff. Registration is available at all casinos and at two AGLC offices, and forms are available on the AGLC website. AADAC also recently implemented a problem gambling programme for industry staff to raise awareness and train senior staff to refer individuals to AADAC programs and services (Alberta Gaming and Liquor Commission 2001; Government of Alberta 2000).

Voluntary admission bans have been available in Saskatchewan since 1997. The Saskatchewan Indian Gaming Authority operates four casinos but did not release details on their programme to the authors. The Saskatchewan Gaming Corporation (SGC) policy, which applies to Casino Regina, allows for a ban of up to five years. Guests who violate their voluntary ban receive a letter reminding them of their ban. Upon a second violation, the voluntary exclusion is converted to an involuntary exclusion for the remainder of the original ban. A third violation could result in a charge and a possible extension of the ban (D. Casper (SGC), personal communication, Nov. 26/01). Individuals may request a waiver of their ban prior to its expiry, but this is not common, and is possible only if the patron can demonstrate that steps have been taken to address the problem (i.e., a letter from an addictions counsellor). A ban of less than one year will not be revoked, and a ban of greater than one year will not be shortened during the first year of the ban. Should a request for a waiver be denied, the voluntary admission ban becomes an involuntary ban. The individual may request an appeal with the Saskatchewan Liquor and Gaming Authority (SLGA). A hearing will be set to review the issue, with SLGA having the final decision. Families may be allowed to make a case in which they request someone be removed from the casino (D. Casper (SGC), personal communication, Nov. 26/01).

In Manitoba, a voluntary exclusion programme has been in place since 1989, when it was implemented at the Crystal Casino. This location eventually closed, and self-exclusion was subsequently implemented at two new Winnipeg casinos in 1993. Registration is available at each of the casinos. Prior to 1999, self-exclusion was for an indefinite period. Now it is for two years, after which individuals may apply to the Vice President of Corporate Security, Manitoba Lottery Corporation (MLC) for re-entry to the casinos. Part of the MLC requirement for re-entry is attendance at a half-day gambling awareness workshop with the Addictions Foundation of Manitoba. The gambling awareness workshop includes a review of past gambling history, information on how gambling works (e.g., randomness; house advantage; cost), and a plan for returning to gamble (Addictions Foundation of Manitoba

[AFM] 2000). This programme must be completed in the two-month period immediately prior to the end of the voluntary exclusion period (C. Clarke, (MLC), personal communication, Nov. 27/01; K. Langevin (MLC), personal communication, Aug. 20/01; Ward 2001).

Three commercial casinos opened in Ontario between 1994 and 1996, each offering its own independent self-exclusion programme. These three programmes were eventually combined into a single common format. In December 1999, a new programme was implemented for all Ontario Lottery and Gaming Corporation (OLGC) sites, including 15 slot facilities at racetracks and 5 charity casinos. Individuals may sign up for self-exclusion at any of the casinos or slots-at-tracks. OLGC is a Crown agency responsible for all of these facilities, although the self-exclusion programme is administered at the casinos. Individuals cannot apply for reinstatement until six months after the date of self-exclusion. If individuals sign a reinstatement request, they must wait an additional 30 days before being allowed to enter gaming facilities. After three self-exclusion contracts, individuals are automatically self-excluded for a minimum of five years. (S. Ramondt, (OLGC), personal communication, Oct. 17/01).

In Québec, a self-exclusion programme was developed by the Société des Casinos du Québec, and was implemented at each casino upon opening, between 1993 and 1996. The programme is operated by each of the three casinos and, unlike other Canadian programmes which provide a province-wide ban, it allows clients to self-exclude themselves from one, two or all three casinos. An annual report on the self-exclusion programme is submitted to the Department of Problem Gambling Research and Prevention at Loto-Québec's head office (Loto-Québec 2001b). Since 1996, the three casinos together have averaged about 2,000 self-exclusion agreements per year.

Voluntary exclusion has been available in Nova Scotia since 1995. Individuals may obtain registration forms from the Nova Scotia Alcohol and Gaming Authority (NSAGA) offices or website, the Gaming Corporation, and casinos in Halifax and Sydney. Nova Scotia is the only province that requires a hearing for reinstatement. If an excluded participant wishes to be reinstated, he or she must request an 'Application for Reinstatement of Access to the Casinos' form from the NSAGA. The applicant will be asked to sign the 'Consent to Investigation' form, which gives the Authority permission to investigate the individual's personal and financial information. Following the investigation, a hearing is held before the Nova Scotia Utility and Review Board to review the information. The applicant has the option of signing a 'Refusal to Consent to Investigation' form. However, this form is presented as evidence during the application for reinstatement (NSAGA). Between 1997 and 2002, 49 requests for reinstatement were approved, 22 were denied, and 8 were adjourned or rescinded for various reasons (J. Baltzer, NSAGA, personal communication, May 28/02).

Table 1 summarises information on self-exclusion programmes for each of the Canadian provinces. Some information was unavailable, because the jurisdiction either did not keep records or was unwilling to disclose their records. For example, provincial figures were not available from Saskatchewan, because individual casinos maintain their own records. Thus, the figures from Casino Regina were used. With regard to the number of violated self-exclusions, most provinces do not keep detailed records. An exception is Québec, where casinos employ security guards whose main duty is to detect self-excluded individuals. This factor, combined with the lack of a penalty for breaching an exclusion agreement, results in a

dramatically higher number of detected violations. In other jurisdictions, one can presume that a significant number of self-excluded individuals go undetected. Because there is no reliable way to determine the number of undetected violations, it is difficult to make any conclusions about the effectiveness of self-exclusion based on the number of reported violations.

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Regarding the number of self-exclusion contracts, some provinces provided the ‘current’ number, while others provided the ‘total’ number. This difference should be taken into consideration when making comparisons, as one can assume that the total (cumulative) number will be larger than the current number. It also should be noted that larger numbers of self-exclusions for the provinces of Ontario and Québec are due to the much larger populations of these two provinces. As seen under utilisation rates, the actual proportion of self-exclusion contracts relative to the number of problem gamblers is similar to what is obtained in other provinces.

### **Effectiveness of Self-Exclusion Programmes**

The effectiveness of casino self-exclusion programmes can be measured in several ways. The most straightforward measure concerns the percentage of people who sign contracts who do not actually re-enter the casino(s) during the period of exclusion. There is very limited evidence on this topic. Ladouceur et al. (2000) studied 220 individuals self-excluded from a Québec casino. A subset of 53 individuals from this group went back to renew or re-establish a self-exclusion contract. Of this group, 64% reported not entering the casino during their previous exclusion period. However the 36% who did return reported going back a median of six times. Steinberg and Velardo (2002) studied a small subset (n=20) of the 294 excludées at the Mohegan Sun Casino in Connecticut. Here again, most reported they did not return to the casino during the period of exclusion, but the majority of the 20% that did return went back more than 9 times. Much higher compliance occurs in the Netherlands where personal identification is required to enter any of the 12 casinos operated by Holland Casino. A computer system registers all visits and immediately identifies anyone who has requested a ban or visit limitation (De Bruin et al. 2001).

Because gambling can occur outside of casinos and in other casinos outside the jurisdiction, it is also important to examine the impact self-exclusion has on overall gambling behaviour. Again, there is very little known about this. Of the 53 individuals who went back to renew a self-exclusion contract at a Québec casino, only 30% reported that they had stopped gambling completely during their previous contract (which had typically been for a period of 6 – 12 months) (Ladouceur et al. 2000). Two previous studies reported that about half of self-excluded patrons found alternative ways to gamble, such as illegal gambling or electronic gaming machines outside of casinos (De Bruin et al. 2001; Ladouceur et al. 2000). Furthermore, a study completed in the Netherlands found that a large percentage of people who requested a ban or visit limitation eventually returned to the casino following the period of restriction. Some had a sharp increase in visiting frequency in the following six months, although the visiting frequency of most people stabilised over time at less than eight visits per month (De Bruin et al. 2001).

Critics have questioned the impact of self-exclusion programmes on problem gambling, considering that many problem gamblers do not believe they have a problem. Self-exclusion programmes have the potential to work only for those who recognise their problem, and are willing to admit to it and take action to deal with the problem. Furthermore, considering the lax enforcement of self-exclusion, it is quite possible that success for many individuals has less to do with enforcement, and more to do with the person's decision to curb their gambling and their public proclamation of this decision.

It is also instructive to examine the utilisation rate these programmes have within the general population of problem gamblers. Overall, the number of self-exclusion is quite low relative to population of problem gamblers. In Canada, the prevalence of problem gamblers in the adult population is estimated to be between 2.7% to 5.5%, depending on the province (Azmier 2001). Based on the number of current or total self-exclusion contracts, only .4% to 1.5% of problem gamblers in Canada currently use self-exclusion. Utilisation rates are likely even lower in other countries where self-exclusion programmes are less common and have been in place for a shorter period of time.

The Netherlands is one noteworthy example of a jurisdiction that appears to have achieved higher utilisation rates. Between January 1, 1998, and April 1, 2000, there were 9,878 protective measures (self-exclusion or visit limitation) taken out by casino patrons. Since 1990, it is estimated that 25,000 protective measures have been arranged. Out of a random sample of 50 problem gamblers (i.e. score of 5 or higher on South Oaks Gambling Screen), 40% had been reached by Holland Casino's prevention policy. These individuals either had asked for a protective measure, or had been approached by Holland Casino about their gambling behaviour (De Bruin et al. 2001). The reason for this higher utilisation rate is discussed in the next section on Recommendations for Improving Effectiveness.

To be fair, not all problem gamblers have problems with casino games. However, evidence suggests that problem gamblers do have disproportionately high rates of casino use (Gerstein, Volberg, Murphy, Toce, et al. 1999; Australian Productivity Commission [APC] 1999) and spend somewhat more on casino table games and electronic gaming machines than other types of gambling (Volberg, Gerstein, Christiansen, and Baldrige 2001). It also needs to be pointed out that casino self-exclusion is a fairly new procedure and not yet widely known. Nonetheless, it is very clear that at this point very few problem gamblers are reached through this procedure in most jurisdictions.

### **Recommendations for Improving Self-exclusion Programmes**

Clearly, significant improvements need to be made in how self-exclusion programmes are implemented and operated. There has been some debate among addictions experts and gaming officials regarding the best ways to operate self-exclusion programmes. Based on cross-jurisdictional analysis and lessons from the addiction literature, we offer the following recommendations to be considered by policy-makers and gaming regulators.

#### *Recommendation #1: Mandatory promotion of self-exclusion programmes*

Part of the reason for the low utilisation rate of self-exclusion is lack of awareness. Several studies indicate that self-exclusion programmes are not being promoted. In Australia, the Interchurch Gambling Taskforce [IGT] (2000) concluded that promotion of self-exclusion programmes was not immediately visible in many venues. Spot checks on 41 venues from September 1999 to April 2000 found the programme visibly promoted in only 10% of



venues, and in these venues it was often promoted indirectly through a brochure. The Nova Scotia Alcohol and Gaming Authority [NSAGA] (1999) found that only 15 - 26% of respondents were aware of the voluntary casino exclusion programme at the province's two casinos. Steinberg and Velardo (2002) found that only five percent of 184 surveyed self-excludees learned about the self-exclusion programme at Mohegan Sun casino through literature available at the casino. Most learned about the programme from friends or family (39%) or from Gamblers Anonymous (14%). In a follow-up survey, half of 20 respondents indicated that the self-exclusion program was not advertised enough. Ladouceur et al. (2000) found that many excludees in their Québec study would have excluded themselves sooner had they known about the programme, and consequently, would have lost less money.

Somewhat higher awareness was found in the Netherlands. Almost half of the 972 casino visitors and 50 problem gamblers surveyed were aware of Holland Casino's prevention policy- 74% of casino visitors and 84% of problem gamblers were aware of self-exclusion, and 48% of casino visitors and 54% of problem gamblers were aware of 'visit limitation', whereby individuals can ask the casino to limit their visits to a maximum of eight per month. Only 42% of both groups were aware of the brochure, 'The Risks of the Game', which outlines the difference between recreational and problematic gambling and offers contact information for those seeking help. This brochure is placed in prominent locations throughout the casinos, including the entrance area beside the 'Rules of the Game' booklet (De Bruin et al. 2001).

Even where self-exclusion programmes are advertised, critics have pointed out that some casinos do not take requests for self-exclusion seriously or put up barriers for people who want to sign self-exclusion contracts (APC 1999, Norris 1999). For example, in the state of Washington, the Gaming Association adopted a voluntary problem-gaming policy, including self-barring, in 1999. Because the policy is voluntary, casinos are under no legal obligation to comply with requests for self-bans. Some casinos do not allow the practice and refuse to honour requests for self-exclusion, perhaps because they do not want to be liable for losses that might occur if people break their bans (Podsada 2001).

An argument can also be made that casinos have a vested interest in not promoting the availability of self-exclusion contracts, as problem gamblers contribute a large proportion of their revenues. There is debate about the exact proportion, but estimates have ranged from 15% to 33% (Abbott and Volberg 2000; APC 1999; Gerstein et al. 1999; Lesieur 1998). It may be overly cynical to suggest that casinos really do not want to deter problem gamblers. However, it is also clear that gambling is a commercial enterprise and priorities lie with revenue generation. As evidence of this, Manitoba has a total of 545 people who have signed exclusion contracts because of problem gambling, compared to 729 casino-initiated involuntary exclusions for other reasons (K. Langevin, MLC, personal communication, Aug. 20/01).

It should be mandatory for gaming venues to act on attempts by gamblers to self-exclude. Mandatory advertising and promotion are also essential, as it is not reasonable to leave this task to individual venues. Monitoring of casino self-exclusion programmes by a regulatory body, as occurs in Australia, would ensure that venues are complying and implementing self-exclusion programmes. All venues should be required to prominently display information about the availability of the self-exclusion programme and how it works. There is good

consensus that better awareness of the programme is needed to increase policy effectiveness (APC 1999, De Bruin et al. 2001, IGT 2000, Ladouceur et al. 2000, NSAGA 1999).

*Recommendation #2: Irrevocable contracts and minimum ban length of 5 years*

There does not seem to be agreement on the appropriate length for a self-exclusion contract. Some jurisdictions have irrevocable, lifetime contracts (e.g., Missouri, USA). Others place a limit on the ban, with a minimum of six months to a maximum of two to five years. Some jurisdictions allow self-exclusion agreements to be revoked, providing an opportunity for gamblers to have their access to gaming venues “reinstated”.

Self-exclusion programmes have little value if individuals can change their mind at any time and be permitted to enter gaming facilities. Revocable bans defeat the entire purpose of self-exclusion contracts, which is to set up some enduring external constraints for people attempting to curb their gambling, usually after internal constraints have failed. Self-exclusion needs to be irrevocable. There is also some evidence that individuals prefer lengthier, irrevocable contracts. In a follow-up survey of 20 self-excluded individuals, Steinberg and Velardo (2002) found that 60% preferred a permanent self-exclusion with no possibility of an appeal, 15% preferred a permanent self-exclusion with the possibility of an appeal, and 25% preferred a time-limited exclusion, with a mean ‘length of time preferred’ of three years. In Québec, most self-excluded patrons (60%) choose the maximum ban length of five years. In 2001, a total of 1,993 out of 3,331 chose the maximum five-year ban compared to 18 (0.005 %) who chose a ban length of six months (Loto-Québec 2001b).

Lengthier exclusions may also result in a decreased likelihood of relapse. In the Netherlands, individuals who chose protective measures for an indefinite time period had the lowest and most stable visiting frequencies when they returned to the casino, compared to others with shorter contracts (De Bruin et al. 2001).

There is very little evidence from the gambling treatment literature concerning the appropriate length of abstinence necessary to prevent problem gambling relapse. However, there is information from the substance abuse literature. What is very clear is that abstinence periods of three to six months are commonly achieved, but they have almost no predictive value in preventing relapse of substance abuse (Brecht, von Mayrhauser, and Anglin 2000; Nides et al. 1995; Schuckitt, Tippe, Smith, and Bucholz 1997; Yates, Reed, Booth, Masterson 1994). Evidence suggests that periods of two years or more are necessary to prevent relapse in the majority of cases (Nides et al. 1995; Vaillant 1995). For alcohol abuse, 25% will still relapse after four years of abstinence and 7% will still relapse after six years (Vaillant 1995). However, it is important to note that these relapse rates are for individuals who are largely exerting self-control strategies. There is evidence that treatments involving external controls (e.g., disulfiram for alcoholism) tend to be somewhat less effective (Hughes and Cook 1997; Miller et al. 1995). Thus, we believe it would be a prudent policy at this stage for casino ban lengths to be irrevocable for a minimum of 5 years.

*Recommendation #3: Jurisdictional-wide programmes administered by the jurisdictional regulatory body*

In all of the Canadian provinces (except Québec), gamblers sign up for self-exclusion from all provincial casinos simultaneously. In countries such as The Netherlands (Holland Casinos), South Africa (Sun International Casinos), Switzerland, Poland (Casinos Poland), France (Casinos de France), and Sweden, self-exclusion applies to all casinos in the country.

Noteworthy exceptions include parts of the United States, where self-exclusion may be available at individual venues or groups of venues. Harrah's Entertainment has its own 'self-restriction' programme that covers its 23 casinos. Also, Global Cash Access (GCA) has developed a programme called S.T.E.P. - Self-Transaction Exclusion Program. S.T.E.P. provides a way for patrons to exclude themselves from GCA's cash access network in more than 1,200 gaming locations in the USA. It also allows patrons to set their own cash withdrawal limits (Global Cash Access 2001). Some states, such as Missouri, have state-wide programmes for casinos.

Without jurisdictional standardisation, each gaming venue within a jurisdiction could have its own self-exclusion list. It may be difficult for gamblers to exclude themselves from all the venues they could visit, particularly in metropolitan areas with high levels of accessibility. The effectiveness of a self-exclusion contract will always be limited if a problem gambler has ready access to nearby venues that do not have self-exclusion policies. Even if all venues do have self-exclusion policies, problem gamblers may be deterred from entering into self-exclusion if they must establish individual contracts with each venue.

As part of jurisdictional standardization, there should also be a standardised procedure for signing self-exclusion agreements. Critics of the New Jersey self-exclusion programme, for example, note that gamblers can sign up in Atlantic City and Trenton but not other parts of the state (Weinert 2001). In addition, many self-exclusion programmes, including several Canadian provincial programmes, require the patron to sign or renew agreements at one of the casinos. This procedure is ironic, considering that the purpose of self-exclusion is to prevent people from entering casinos and being tempted to gamble. If self-exclusion programmes were standardised, a uniform procedure could be made available by mail, e-mail, or through a third party (i.e., regulator) in order to avoid the risk of entering the casino again.

*Recommendation #4: Extending exclusion to all gaming venues, and restricting all gambling to gaming venues*

Even where casino exclusion is standardised and applied to all casinos within a specified area, most self-exclusion policies have not been applied to other gaming venues, such as bingo halls, racetracks, or sites with electronic gaming machines (EGMs). There is evidence that this may change, however. In Ontario, Canada, self-exclusion applies to 8 casinos and 15 slots-at-tracks facilities, and in British Columbia, plans are being developed to implement self-exclusion at 37 bingo halls in the province.

A great deal of gambling takes place outside of casinos. In Canada, approximately 2.6 billion gross revenue derives from casinos, but an equivalent amount of 2.4 billion derives from video lottery terminals (VLTs) outside of casinos (Azmier 2001). In the province of Québec, net revenue from casinos totalled 299 million dollars in 2000/01, while net revenue from VLTs was over 639 million (Loto Québec 2001a). In Australia, gaming machines are a major source of gambling problems. There are 104,000 gaming machines located in New South Wales clubs and hotels, and the state reports the highest prevalence of problem gambling (2.6%). In Western Australia, where there are no gaming machines outside of the Perth casino, the state reports the lowest prevalence of problem gambling (0.7%) (McMillen 2002).

In cases where individuals sign self-exclusion agreements that effectively keep them out of casinos, they may continue to have access to other types of gambling. Most problem gamblers play a wide variety of games in a wide variety of venues. A study in the Netherlands found that nearly half of all problem gamblers looked for alternative ways to gamble while excluded from Holland Casinos, by accessing illegal gambling activities, choosing alternatives like amusement arcades or the Internet, or crossing the border to gamble (De Bruin et al. 2001). Similarly, Ladouceur et al. (2000) found that 50% of self-excluded patrons engaged in some other form of gambling, such as video poker. Steinberg and Velardo (2002) found that over one-third of 184 individuals signing casino self-exclusion agreements had problems with non-casino forms of gambling. Thus, it seems clear that self-exclusion policies would be most effective if they extended to all major gaming venues (i.e., bingo halls and racetracks), and if EGMs were removed from non-gaming facilities. Policies should also apply to on-line gambling, in jurisdictions where this exists. The Netherlands has taken the lead in extending casino self-banning to its on-line gambling site.

*Recommendation #5: Computerised identification checks for enforcement of self-exclusion*

Enforcing self-exclusion appears to be a universal problem in the gaming industry. Under most self-exclusion programmes, gaming venue staff, usually security guards, are required to be familiar with the photographs of self-excluded persons. While this may be somewhat effective for individuals who have frequented a particular casino, it is not as feasible for individuals who have been excluded from other casinos. In addition, many individuals will go to great lengths to change their appearance to avoid detection.

Although there are jurisdictions that report large numbers of detections (e.g., Québec), there are also frequent reports of lax detection in these same jurisdictions. In Ladouceur et al. (2000)'s study, 36% of Québec excludées went back to the casino during their self-exclusion period, returning a median of six times. These individuals reported it was easy to return to the casino without being identified, despite the presence of trained staff. In Missouri, most violators are caught only when claiming large jackpots or trying to get checks cashed, at which point they are required to show identification (Yerak 2001). A final consideration is that as the number of self-excluded gamblers continues to increase, the ability to effectively detect all of these individuals decreases. It is not possible for security personnel to remember the pictures of thousands of individuals.

Improvements to self-exclusion could be made by requiring all gaming venue patrons to provide scannable identification, such as a driver's license or passport, when entering a gaming venue. All venues could be hooked up to a low-cost on-line computerised database containing the names of self-excluded individuals, making it extremely difficult for them to enter any gaming venue. This system would have the added benefit of preventing minors from entering gaming areas. Some European countries (e.g. Switzerland, Poland and Austria) already require identification checks. In Great Britain, you must be a member or a guest to play in a casino. In the Netherlands, Holland Casino uses a computer system that registers all visits by guests. The system holds the records of visitors who have requested a ban or visit limitation. All 12 casinos are linked into the system, ensuring immediate detection of self-excluded individuals.

Holland Casino's visitor registration system goes a step further, in that the history and visiting frequency of *any* visitor can be checked at any time at all Holland Casino sites. The system can also generate reports on the number of protective measures requested, signs of

compulsive gambling (sudden increase in frequency of visits), and the number of talks staff have with visitors about compulsive gambling (see Recommendation # 8) (De Bruin et al. 2001). Effectiveness percentages can be computed for each casino, thus providing a management tool that enables casinos to make mutual comparisons. National and/or local gambling figures can be reviewed immediately, and consequently, trends can be reacted to and policy adjusted more quickly (Holland Casino 2000).

Computer registration would be most easily accomplished in Europe, where the government has traditionally had a critical role in the operation and regulation of gambling venues. European casinos are relatively small and admissions are closely monitored. As is the case with Australian clubs, access is usually restricted to ‘members’. Some casinos do not allow local residents to gamble. Entrance fees may be charged, dress codes are the norm, and identification and/or registration is required. Casinos operate with limited hours, rather than 24-hour access. Taxes are high, advertisement/promotion is non-existent, and credit policies are restrictive. Most casinos already have self-exclusion policies, and some allow ‘third-party’ exclusions whereby families can impose a ban on a family member with gambling problems (Thompson 2001).<sup>1</sup>

In North America, where governments are less involved in gaming operations, computerised registration may be viewed as an infringement on an individual’s right to privacy. Computerised identification checks therefore may be viewed as more palatable and less intrusive. The North American approach to casino self-exclusion is more ‘passive’, as it assumes that individuals must take responsibility for their actions and make decisions about their gambling behaviour. In Europe and Australia, however, a much more ‘proactive’ approach is common, whereby governments are actively involved and take a responsibility of ‘due care’ in their commitment to responsible gambling. Adopting computerised registration in North America is a practical possibility, but would require a fundamental shift in the way government is involved in gambling. At the very least, computerised identification checks could be implemented to enforce self-exclusion. Self-exclusion policies will continue to be little more than ‘lip-service’ unless such measures are taken.

*Recommendation #6: Penalties for both venue and gambler upon violation of agreement*  
There is debate about the appropriate penalties for breaching a contract, with some jurisdictions having no penalties and others having fines or criminal charges. Some people have argued that venue operators should be held legally responsible for breaches of self-exclusion to better ensure enforcement of the programme (IGT 2000). An argument can also be made that casinos have a responsibility analogous to drinking establishments that cannot serve alcohol to intoxicated individuals. However, from a treatment perspective, it is also important that the gambler take responsibility for his or her actions. We believe that both parties bear ethical responsibility to uphold the contract and that this is also how maximal effectiveness would best be achieved.

It is also clear that there needs to be a penalty for both casinos and self-excluded individuals, to provide a deterrent and ensure compliance. The lack of penalties in certain jurisdictions contributes to the frequency with which people repeatedly breach their contracts (e.g.,

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<sup>1</sup> Third-party exclusions, however, have had limited success in Australia and are controversial due to the possibility of malicious applications and the violation of the individual legal rights of gamblers (J. McMillen, Australian Institute for Gambling Research, personal communication, March 15, 2002).

Ladouceur et al. 2000). In Québec, a large number of self-excluded people are said to be detected in their attempts to enter the casinos. At the Montreal casino, the shift manager in charge of security guards reports that the four security guards whose main job is to look for these gamblers, spot and expel about 800 or 900 of them every month (Norris 1999). However, because there is no penalty for violation of a self-exclusion agreement, many of these people are the same individuals who have been expelled earlier. It is less clear what that penalty should be. Casinos in New Jersey, USA that knowingly fail to bar self-excluded gamblers must forfeit any winnings and are subject to a fine or other penalties (Weinert 2001). All money forfeited by both casinos and gamblers is divided between the state's casino-revenue fund and treatment programmes for compulsive gamblers (Rosenberg 2001).

With regard to individuals who breach their agreements, some argue for a non-financial penalty, such as a community service. This would recognise that problem gamblers' difficulties are principally financial in nature and that monetary penalties may create incentives for more gambling (to make up the loss) or impose hardships on the families of the problem gamblers (APC 1999). In addition, it has been argued that gamblers should not face prosecution for trespassing, as such a charge would 'criminalise their behaviour on the basis of a programme they have entered voluntarily and fails to acknowledge the degree of compulsion people may be struggling against' (IGT 2000).

The issue of imposing a penalty on gamblers and venues would be less relevant if a computerised registration system were developed (see recommendation # 5). Presumably, self-excluded patrons would be detected immediately upon their attempts to enter the venue, at which time they would be refused access. However, if casinos are reluctant to implement such a system, a financial penalty for casinos and a trespassing charge for individuals would provide a deterrent, and hopefully lead to compliance.

*Recommendation #7: Optional counselling and mandatory gambling education seminar prior to reinstatement*

It is widely believed that problem gamblers who sign voluntary exclusion agreements have taken an important first step, but they still need counselling or treatment to successfully deal with their gambling problem. This need for further help and support was expressed by many people signing self-exclusion contracts in Ladouceur et al.'s (2000) study. A study in the Netherlands found that the chances of sustaining success increases if the decision to take protective measures is combined with some type of care or support (De Bruin et al. 2001).

However, there is debate over compulsory counselling. For example, it is not known if all self-excludees need treatment (Eisenberg, Griffiths, Maurer, and Whyte 2001). Furthermore, it is unclear how effective compulsory counselling would be. Self-motivation and willingness to participate are important steps toward recovery. Individuals having difficulties regulating their gambling activities may not be ready to seek professional help. When the step of seeking professional help appears to be a barrier, self-exclusion alone may be attractive as a less intrusive procedure for gaining self-control (Ladouceur et al 2000).

When signing self-exclusion contracts, individuals could be provided with professional contacts, and strongly encouraged to seek counselling. Relationships between the gaming industry and treatment facilities should be improved, to ensure that self-excluded individuals have access to help and have opportunities to create support networks (NSAGA 1999, De Bruin et al. 2001). Rather than mandatory counselling, a brief responsible gambling

education seminar should be made compulsory for reinstatement. In Canada, Manitoba is the only province with a gambling awareness workshop at the end of a voluntary exclusion contract. Individuals must participate in order to be granted re-entry into the province's casinos.

*Recommendation #8: Increased training and education of casino employees*

According to Quinn (2001), casinos should be leaders in the recognition and identification of pathological gamblers. However, it is likely that most problem gamblers are never approached by casino employees. Steinberg and Velardo (2002) found that only 11% of 184 self-excluded individuals found out about self-exclusion from a casino employee. Self-exclusion programmes could be improved by educating casino employees about the signs and symptoms of problem gambling. In the Netherlands and Switzerland, prevention measures include training programmes for all staff members to recognise signs of trouble at an early stage. With the aid of their computerised visitor registration system, Holland Casino can monitor the visiting frequency of their guests in every casino, and detect possible problem gambling. Staff are encouraged to be proactive, and approach individuals and recommend protective measures when they feel this is warranted (Holland Casino 2000, Haefeli 2002).

It is well known in the addiction treatment community that milder and less entrenched problems are much easier to rectify and treat than serious, well-established ones. Thus, there would be real benefits to casino staff intervening with people at risk for gambling problems before a serious problem develops. This occurs at Holland Casino, where a large percentage of requests for protective measures are made by people who do not yet meet the criteria for pathological gambling, but wish to prevent problems (De Bruin et al. 2001).

The computerised visitor registration system at Holland Casino allows for the early identification of problem gambling: it detects increases in gambling frequency, and provides automatic notification when a guest attends Holland Casino 20 times or more over a period of three to six months (De Bruin et al. 2001, Holland Casino 2000). This notification allows employees to approach potential players-at-risk for an "interview". An interview involves talking with the guest, and it generally steers the individual toward a protective measure. While guests are free to refuse such a measure, most interviews result in either a self-exclusion or visit limitation agreement (Holland Casino 2000). A study found that of 790 patrons detected and approached, 85% accepted a protective measure (i.e., ban or visit limitation), 13% greatly reduced their visits of their own accord, and only 2% showed no response to the interview (Holland Casino 2000).

When appropriate, a visit limitation may be recommended to individuals who have completed a self-exclusion. Approximately 40% of guests accept a visit limitation when their self-exclusion agreement expires. If an individual decides not to sign a visit limitation agreement, casino staff will approach the individual for an interview should visiting frequency increase within six months or exceed the norm of eight visits per month. Approximately half of those who do not initially sign a visit limitation agreement eventually do (Holland Casino 2000).

Another advantage of staff training is that it does not leave the entire responsibility to request self-exclusion to the problem gambler. A substantial number of problem gamblers do not believe they have a problem. In the 1999 prevalence study of gambling in New Zealand, only half of the people classified as problem or pathological gamblers indicated that they considered themselves to have experienced problems with gambling (Abbott and Volberg

2000). In the Australian national study, 15% of people scoring at problem gambling levels (SOGS 5+) did not believe they had a problem and another 28% believed their problems were minor (APC 1999).

## **Discussion**

There is very little research on casino self-exclusion programmes or how to best optimise their effectiveness. What is known is that in most jurisdictions only a very small minority of problem gamblers use these programmes. For those that do, the impact of self-exclusion on overall gambling behaviour is uncertain, although it is clear that a significant percentage successfully find other ways to gamble. Evidence does suggest that most excludees do not return to the casino they banned themselves from, although a minority return many times, illustrating that enforcement is a serious problem for most programmes.

More research is needed to better address these issues. However, at this juncture there is enough evidence to indicate that these programmes need to be better utilised and more effectively implemented. Cross-jurisdictional analysis and common-sense reasoning suggest some ways in which that can be accomplished. At the very least, the following recommendations could serve as hypotheses or propositions for further research:

1. Mandatory promotion.
2. Irrevocable contracts and a minimum ban length of 5 years.
3. Jurisdictional-wide programmes administered by the jurisdictional regulatory body.
4. Extending exclusion to all gaming venues and restricting all gambling to gaming venues.
5. Computerised identification checks for enforcement of self-exclusion contracts.
6. Penalties for both venue and gambler upon violation of the contract.
7. Optional counselling and a mandatory gambling education seminar prior to reinstatement.
8. Increased training and education of casino employees.

Implementing some of these recommendations may require a shift in the approach to problem gambling. In North America, there is often a belief that primary responsibility for regulating gambling behaviour rests with the individual gambler. This is in contrast to other parts of the world such as Europe and Australia where government and industry have accepted greater ownership of problem gambling and taken a more active role in curbing it. Regardless of theoretical orientation, however, it is clear that a more active role by government and industry is needed for casino self-exclusion to be optimally effective.

It is also important to realise that effective self-exclusion does not necessarily have a serious negative impact on profits. The Netherlands is a good example of a country with a thriving casino industry as well as an effective self-exclusion policy. As stated in their own literature, Holland Casinos has ‘found a workable balance between efforts to prevent compulsive gambling and making a profit. It would appear that good visitor care is not an obstacle to a profitable turnover’ (De Bruin et al. 2001). The Netherlands is attempting to achieve what everyone wishes for, which is to maximise the benefits of gambling and minimise the harm.

Finally, it must be noted that the development of effective self-exclusion programmes is only one of many policy tools that are needed to minimise problem gambling. Researchers have suggested several others: e.g., limiting casino hours of operation; removing automated banking machines from casinos; eliminating house credit; eliminating smoking and/or



drinking from gaming venues; changing gaming environments to make people more aware of the current time and how to exit the establishment; and introducing responsible gaming features on EGMs (e.g., eliminating bill takers, reducing the speed, interrupting play at regular intervals, regular postings of how much time and money have been spent, etc.) (McMillen 2002; Quinn 2001).

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Table 1. Details of Self-Exclusion Programmes in Canada.

Province/Adult Population	# Casinos & Net Revenue <sup>1</sup>	Date Implemented <sup>2</sup>	Length of Ban/ Revocable ban	Applicable to other gaming venues	Penalty for Breach	# of Self-Exclusions	Utilisation Rate <sup>3</sup>	# Violations detected <sup>4</sup>
<b>British Columbia</b> 3,275,000	19: \$242M	1999	6 months to lifetime; yes	37 bingo halls (in near future)	none	741 current (May 2002)	0.5%	120 in 2001 95 in 2002
<b>Alberta</b> 2,451,000	16: \$174M	2000	6 months to 3 years; no	no	trespassing charge	661 total (May 2002)	0.4%	92 (May 2002)
<b>Saskatchewan</b> 813,000	1: \$63M (2001)	1997	up to 5 years; yes (after 1 year)	no	trespassing charge	394 total (May 2002)	<1.8%	N/A
<b>Manitoba</b> 920,000	2: \$57M	1989 Crystal Casino 1993 Winnipeg casinos	2 years; no	no	trespassing charge	390 current (Aug. 2001) 545 total (Jan. 2002)	1.0%	N/A
<b>Ontario</b> 9,499,000	8: \$985M	1994-1996 (commercial) 1999 all sites	Indefinite; yes (after 6 months)	15 racetracks with EGMs	trespassing charge + fine	>2000 total (Oct. 2001)	<0.5%	N/A
<b>Québec</b> 5,928,000	3: \$291M	1993 Montreal 1994 Charlevoix 1996 Hull	6 months to 5 years; no	no	none	3,331 current (Mar. 2001)	1.3%	46,598 total (1997 to 2001)
<b>Nova Scotia</b> 754,000	2: \$31M	1995	Indefinite; yes	no	none	826 total (May 2002)	<1.4%	N/A

<sup>1</sup> Revenue is in millions Canadian for the fiscal year 1999/2000. Saskatchewan data for Casino Regina only, as the Saskatchewan Indian Gaming Authority (4 casinos) and exhibition casinos did not release details of their policy.

<sup>2</sup> Many casinos had their own self-exclusion programmes prior to province-wide programmes (eg. B.C., AB)

<sup>3</sup> Based on the number of current exclusion contracts divided by the estimated number of problem gamblers (Azmier, 2001). Where current numbers were not available, the total was used to give an approximate utilisation rate.

<sup>4</sup> Incidents, not individuals. In British Columbia in 2001, 22 patrons were responsible for 55 of the violations. In 2002, 18 patrons were responsible for 49 of the violations.