

Self-Exclusion: A Gateway to Treatment

Vicki Flannery, Chief Executive Australian Gaming Council
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KEY ISSUES

- Who uses self-exclusion?
- How effective is self-exclusion?
- Under what circumstances would it work best?
- Little research – to date has reviewed administrative arrangements with focus on policing and implementation
 - Nowatski (2002)
 - O'Neil (2003)
 - Ladouceur et al (2000)

BACKGROUND

- Self-Exclusion introduced in Manitoba in 1989 and adopted as a tool to assist problem gamblers
- Abstinence goal
- No research into behavioural theory
- Intended for people who want to stop gambling but are unable to stop on their own
- Low utilization rate
 - O'Neil - < 3.5% problem gamblers
 - Nowatski – 0.4 – 1.5% problem gamblers

- Abbott (1999) suggests many people who scored as “lifetime problem gamblers” in 1991 did not report lifetime problems when reassessed seven years later
- High rates of problem gambling remission – especially for those favouring gaming machines – suggest ‘outflow’ faster than previously assumed.
- McMillan (2004) suggests low utilisation of treatment services for problem gamblers

SELF-EXCLUSION: A GATEWAY TO TREATMENT

By:

Professor Alex Blaszczynski Ph.D., University of Sydney, New South Wales, Australia

Professor Robert Ladouceur Ph.D., L'Universite Laval, Quebec, Canada

Lia Nower, J.D. Ph.D., University of Missouri, St Louis, United States of America

WEAKNESS IN SELF-EXCLUSION PROGRAMS

- No integration with counselling services
- Confusion over roles, responsibilities, expectations and policing between individuals, industry and treatment providers
- Perceived conflicts of interest

PROPOSED MODEL

Shift from a punitive approach to an integrated individual centered focus with emphasis on education and rehabilitation

FUNDAMENTAL PRINCIPLES FOR SUCCESS

- Qualified and competent counselling assessment and referral on individual basis
 - Maximise systems to detect breaches
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- Monitoring and compliance
 - Independent audit, publicly available data

WHO IS RESPONSIBLE FOR WHAT?

Individual

- Recognise, accept and be willing to deal with problem
- Make considered, not impulsive or emotional decision
- Maintain motivation
- Accept responsibility for compliance
- Not change decision for period of exclusion

WHO IS RESPONSIBLE FOR WHAT?

Industry

- Effective systems, policies, procedures
- What is reasonable and practical for best endeavours
- Open, transparent reporting of audit

NEXT STEPS

- Pilot programs, Quebec , and possibly Sydney

- Review will identify
 - implementation issues
 - practical guidelines
 - recommend model going forward

- Also need to investigate
 - utilisation of treatment, counselling programs
 - what would make the treatment more attractive?