Australian Government
Australian Institute of Family Studies
Australian Gambling Research Centre

Review of electronic gaming machine pre-commitment features
Self-exclusion

Anna Thomas, Rachel Carson, Julie Deblaquiere, Andrew Armstrong, Sharnee Moore, Darren Christensen and Angela Rintoul

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Abbreviations

AGRC	Australian Gambling Research Centre
AIFS	Australian Institute of Family Studies
EGM	Electronic Gaming Machine
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
REA	Rapid Evidence Assessment
IGA	Independent Gambling Authority
IPART	Independent Pricing and Regulatory Tribunal of New South Wales

Executive summary

Background

Gambling is a popular activity in Australia, but can result in problems for a significant minority. The effects of gambling problems can extend well beyond the individual, and even low-risk gamblers can experience episodes that put them at risk of harmful consequences. Local, state and federal governments and the gambling industry all have an important role to play in protecting the public from gambling-related harms. Achieving an appropriate balance between implementing effective harm minimisation measures and the continued enjoyment of gambling is a significant consideration for all governments (Productivity Commission, 2010).

The addition of electronic self-exclusion to existing pre-commitment programs on electronic gaming machines (EGMs) could provide gamblers with more control over their gambling, allowing them to initiate self-exclusion in more flexible and accessible ways. Self-exclusion can be implemented in a number of different pre-commitment designs, varying by:

- how gamblers enter the pre-commitment system:
  - *full*—it is compulsory to use a gambler registration system;
  - *partial*—there is a choice to gamble either within or outside a registration system; and
- within a full or partial system, how they interact with limit-setting features:
  - *mandatory*—all gamblers are required to set limits;
  - *voluntary*—gamblers may choose whether they set limits or not.

The Australian Institute of Family Studies (AIFS) was commissioned by the former Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)[a] to research options for the introduction of electronic self-exclusion within a broader pre-commitment system. This report examines research evidence and opinions from regulators, academics, government officials and EGM venue operators relating to the optimum design of self-exclusion features within a pre-commitment system. The report provides analyses and options relating to applying self-exclusion features to EGMs as a consumer protection or harm minimisation measure.

Methodology

This report synthesises information collected in 2013 using two information-gathering approaches:

- a rapid evidence assessment (REA) was conducted to provide an overview of research that addresses the design of self-exclusion pre-commitment features; and
- consultations were held with key stakeholders in selected government, industry and research sectors in Australia and internationally regarding existing and proposed pre-commitment systems and any self-exclusion features within them.

a Now the Department of Social Services.

Current self-exclusion programs and barriers to access

Self-exclusion programs provide gamblers with the opportunity to regain control of their gambling by excluding themselves from entry into EGM gambling venues. Self-exclusion programs in Australia can provide substantive benefits to gamblers, including assisting gamblers to reduce or avoid gambling, providing them with an increased sense of control, helping to decrease their gambling urges, and reducing negative consequences from excessive gambling.

Current programs tend to involve the gambler making an initial request to self-exclude to a staff member at the relevant venue, or to a central administrator of the self-exclusion program. Our stakeholder consultations and review of relevant legislation and literature identified several barriers and issues in relation to these self-exclusion options, including:

- the limited number of options by which a gambler can activate self-exclusion;
- the complexity of self-exclusion agreements, including their language and content, with gamblers having a lack of understanding regarding the penalties for breaching these agreements;
- the complexity and/or protracted nature of application processes;
- the inability to contemporaneously self-exclude from multiple venues or on a jurisdiction-wide basis, and the resulting onerous task of completing the relevant paperwork for each venue;
- the potential for the gambler to feel embarrassed or shamed when required to initiate the self-exclusion process in person through one or more second parties (particularly in smaller, local venues where they may be well known or where cultural background means discussing gambling problems with strangers is difficult and/or considered inappropriate and/or very shameful);
- the inflexibility in choice of self-exclusion time periods, with very long or indefinite periods discouraging some gamblers from participating;
- an unwillingness on the part of gamblers to admit that they have a problem that they are unable to control without assistance;
- a lack of awareness of self-exclusion programs and problem gambling;
- a lack of access to support and treatment during the self-exclusion period; and
- a lack of effectiveness in enforcing agreements and the ability of the gambler to circumvent their self-exclusion agreements when the onus for detection of breaches falls on venue staff.

Moving beyond traditional programs of self-exclusion

Incorporating electronic self-exclusion into existing models is designed to complement and extend traditional paper-based methods of self-exclusion, not to replace them. A best practice model would provide links between electronic and paper-based systems, as well as links to counselling referrals to facilitate a "no-wrong-door" policy for the program.[b] This would allow more flexible options for self-exclusion, including the following:

- While face-to-face access to self-exclusion through the venue or a neutral site remains important, increased access to self-exclusion could be provided through an overarching electronic pre-commitment system.
- Electronic access to self-exclusion could occur at the machine, at a kiosk at the venue, or outside the venue through online options. Gamblers can take advantage of the movement to self-exclude with immediate effect, providing increased control to the gambler and reducing the risk that he or she fails to invoke self-exclusion due to lapsed motivation.

b A "no-wrong-door" policy refers to the expectation that services will ensure that, regardless of where someone first seeks help (e.g., a venue, a gambling help service or other support service), they will receive assistance to gain the help they need, including appropriate referrals.

- This system also facilitates private and anonymous self-exclusion, which will increase uptake among those who are reluctant to take this step due to embarrassment or shame, or due to other barriers, such as cultural considerations.
- Clear and easy-to-use links to various counselling options (e.g., online counselling websites, electronic contact points, referral information), as well as to other, more formal self-exclusion options, are vital to ensure people are able to access support and treatment where appropriate.
- Self-exclusion as part of a pre-commitment system enables provision of a wide variety of time periods for self-exclusion (ranging from as short as 1 hour, through to 24 hours, 48 hours or longer time periods), and enables gamblers to personalise self-exclusion to account for particular periods of vulnerability (e.g., pay day or a holiday period).
- This type of self-exclusion also facilities greater flexibility in revocation for short-term self-exclusion, which would encourage uptake. Similarly, this system could incorporate a short cooling-off period before self-exclusion takes effect to encourage gamblers to activate self-exclusion while they have the resolve to do so, but with the ability to rethink the decision.
- The system should enable access to reinstatement options at the expiration of self-exclusion to allow gamblers to simply and easily extend the arrangement.

These easy-to-use and flexible options may encourage gamblers to use self-exclusion at an earlier stage than they would have with only long-term non-revocable options.

It is important that the ability to circumvent self-exclusion is minimised to provide good support to gamblers wanting to stop gambling. Electronic self-exclusion options can assist with this as follows:

- Electronic systems make it possible to exclude from multiple venues and forms of gambling simultaneously. Further, the use of a jurisdiction- or country-wide full pre-commitment system, with a centralised database and a single account per gambler, would allow gamblers to self-exclude from wide geographic areas simultaneously. This prevents gamblers from impulsively gambling beyond the venues from which they have self-excluded.
- Computer-initiated identification will prevent impulsive breaches of self-exclusion as gamblers will be prevented from gambling on EGMs without inserting their personalised card or PIN. Paper-based exclusions could also be linked into this system, reducing pressure on staff to identify self-excluders, again minimising breaches.
- Electronic self-exclusion can be an effective means of preventing undesired gambling when it is operating within a full pre-commitment system where everyone must engage with the system to gamble on EGMs. It would be less effective within a voluntary system as self-excluders would be able to impulsively breach this by gambling without their card/PIN.
- Self-exclusion features within a voluntary or partial pre-commitment system could be used as a reminder to an individual who has self-excluded, and as a potential gateway to more traditional self-exclusion programs. It may also have some benefit for gamblers who are not experiencing difficulties but who would like the ability to self-exclude for short periods of time.

Broader supports for operating self-exclusion within a pre-commitment system are important. These could include the following:

- Help and support services must be partners in this program and be involved in the design to inform best practice.
- Clear links should be provided from electronic self-exclusion to various help service options operating in Australia. The system can also be set so that contact is initiated from counselling services under specific conditions.
- Information on new, electronic self-exclusion options must be widely disseminated into help services.
- Reinstatement after self-exclusion ends could involve contact (or offers of contact) with help services.
- Industry engagement and support will assist in ensuring a good design and smooth implementation. This will also increase the likelihood of support from industry.

- The involvement and training of venue staff is critical to ensure they are able to support gamblers through the process.
- The benefits, and availability, of self-exclusion needs to be widely promoted so that people are aware of the options available and how to access them.
- Social marketing and advertising should occur in a variety of places and through different media, both within the venue and in the general community.
- Messaging should use clear and simple language and an appropriate tone.
- Messages should create awareness about gambling problems, reduce stigma, contradict the common stereotypes about problem gamblers, and encourage help seeking.

Further research

Ongoing research is required to provide information on optimum design options for electronic self-exclusion. The lack of current knowledge means conducting a qualitative study would be a useful first step to inform on:

- when, where, how and for whom are short-term self-exclusions effective, given they may appeal to different cohorts of gamblers and may or may not be effective;
- appropriate revocation and cooling-off periods for shorter term self-exclusion agreements; and
- access to electronic self-exclusion by specific sub-groups who may be less likely to use traditional self-exclusion (e.g., cultural minority groups, rural/regional gamblers), to determine how helpful and effective they find these options in assisting them in regaining control of gambling.

Where self-exclusion has been implemented, quantitative techniques could be usefully employed as follows:

- Secondary data analysis would inform on use of the system (popular time periods for self-exclusion, how frequently self-exclusion is extended, how frequently self-exclusion is revoked). These are important to inform further research and ongoing design adaptation.
- Evaluations with large samples would test the efficacy of programs across socio-demographic groups in order to inform on the relationships between participating in these types of self-exclusion programs and outcomes for different groups of gamblers.

Greater understanding of who might use or benefit from various self-exclusion features, the circumstances in which these features may be used, and the factors that may enable them to operate effectively, can then inform future design.

Conclusions

Providing easy access to a clear and simple self-exclusion mechanism as part of a wider EGM pre-commitment scheme is likely to yield a net benefit for many gamblers who may have found that traditional forms of self-exclusion served as barriers to their participation. This is particularly likely to be the case if it is introduced together with measures directed at minimising the likelihood of circumvention of the system, and which support the normalisation and de-stigmatisation of seeking help for gambling problems.

A clear finding from consultations and the literature was that early pre-commitment systems and self-exclusion features were based on minimal evidence, with the design being driven by technological capability rather than theory or any clear understanding of gambler behaviour. There were important lessons learned from these early implementations and consultation data show that later designs were strongly influenced by the evidence and experiences of earlier trials and implementations.

This review provides a consolidated summary and critique of self-exclusion, including best-practice design options. It provides a valuable resource that could be used by both state and federal governments to inform their design and implementation choices within pre-commitment systems. Further empirical research would also build on existing knowledge to enable improvements in the effective provision of self-exclusion systems.

1 Self-exclusion in an effective pre-commitment system

1.1 Review context

Local, state and federal governments and the gambling industry all have an important role to play in protecting the public from gambling-related harms. Achieving an appropriate balance between implementing effective harm minimisation measures and the continued enjoyment of gambling is a significant consideration for all governments (Productivity Commission, 2010).

The Australian Institute of Family Studies (AIFS) was commissioned by the former Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)[1] to research options for the introduction of self-exclusion features within a broader pre-commitment system. Self-exclusion options are designed to enable consumers to voluntarily halt access to gambling opportunities and give problem gamblers a means by which to limit or cease gambling. Regulators in Australia and around the world have called for more extensive application of self-exclusion options in electronic gaming machine (EGM) venues to improve consumer protection and harm reduction measures. The Productivity Commission (2010) likewise recommended wider implementation and greater cohesion of self-exclusion options. It was their view that self-exclusion is one of the more practical and cost effective pre-commitment options.

This report examines existing evidence from research literature and opinions from regulators, academics, government officials and EGM venue operators relating to the optimum design of self-exclusion features within a pre-commitment system. These data were collected in 2013. The report provides analysis and options relating to the application of self-exclusion features to EGMs as a consumer protection or harm minimisation measure. The findings are designed to inform policy development, including any potential pre-commitment trials.

1.2 EGM gambling in Australia

More than 70% of the adult population in Australia participate in some form of gambling each year. The most popular forms of gambling are currently lotteries (60%), scratch tickets (30%), EGMs (30%), wagers on horse or dog races (20%), and Keno (15%). The remaining activities have participation rates of less than 10% each, including sports betting, casino games, Internet gambling and bingo (Delfabbro, 2012).

In 2008–09, expenditure on EGMs accounted for $12 billion, or 63% of the $19 billion spent on all gambling in Australia. Wagering accounted for 15%, while the remainder, including lotteries and Keno, accounted for 12%. Taxes on gambling provided $5 billion or 10% of the total tax revenue collected by the states and territories. EGMs provided the single largest source of gambling revenue for all states and territories (except Western Australia), contributing between 37% in the Northern Territory and 73% in South Australia (Productivity Commission, 2010).

The likelihood of a leisure gambling pursuit resulting in harm is low for those who play lotto, scratch tickets, bingo or raffles, but inflates considerably with frequency of gambling on table games, wagering and, especially, EGMs (Productivity Commission, 2010). Around 600,000, or 4%, of Australian adults play EGMs at least weekly. While survey results vary, around 15%

1 Now the Department of Social Services (DSS).

(90,000) of these regular gamblers are considered "problem gamblers", and a further 15% are at moderate risk of becoming problem gamblers. These rates are much higher than the prevalence of problem (1%) and moderate-risk (2%) gamblers among the total population of Australian adults who gamble, as people who use EGMs regularly are more likely to experience gambling problems. Further, problem and moderate-risk gamblers account for around 41% and 19% of EGM spending respectively, totalling 60% or $7.2 billion of all machine gaming expenditure (Productivity Commission, 1999, 2010).

Problem gambling is defined in terms of both behaviour and consequences. It is characterised by people having difficulties in limiting the amount of time and/or money spent on gambling, resulting in adverse consequences for the gambler, their family and friends, or for the community (Neal, Delfabbro, & O'Neil, 2005). Adverse consequences typically involve financial problems (including mortgage foreclosure, inability to pay bills/rent, or inability to purchase essentials such as food) and relationship breakdown. These harms extend to the family and friends of people who experience problem gambling. Work performance is often affected, resulting in absenteeism and potential job loss. Clinical distress is frequently reported, with attempted suicide or suicide in the worst cases. Consequences of gambling problems can also lead to legal or criminal issues when debts remain unpaid, or when theft or domestic violence result from financial or emotional strain (American Psychiatric Association, 2000; Productivity Commission, 2010). The social costs associated with problem gambling are estimated to range between $4.7 billion and $8.1 billion (Productivity Commission, 2010).

While the focus of research and intervention has tended to take a medical approach (by focusing on those identified as problem gamblers), it is recognised that the broader population of non-problem EGM gamblers also experience episodes of loss of control that put them at risk of harmful consequences. Around 70% of EGM gamblers report that they sometimes exceed their spending limits, and 12% do so often or always. Moreover, while overspend events tend to be rare among the lowest risk EGM gamblers, who play only occasionally, there are so many lower risk EGM gamblers that the aggregate number of overspends is large, as are the opportunities for harm (Productivity Commission, 2010). Therefore, despite the pleasure that many Australians derive from EGM gambling, there is clear evidence that it places a considerable burden of risk on individuals and communities. Such levels of risk strongly support a public health approach that targets prevention and harm minimisation policies at EGM gambling, and suggests that policy measures with even modest efficacy in reducing harm will be worthwhile. Successful prevention measures will have positive outcomes for gamblers and communities in the form of reduced harms, as well as for the gambling industry, in the form of providing a safer and sustainable entertainment product attractive to recreational gamblers.

1.3 Role of government

Governments have a role to play in working with the gambling industry to minimise the prevalence and harms of problem gambling and protect the wider community. At the same time, a key policy challenge for government is to maintain the enjoyment of gambling. Achieving a balance between effective consumer protection and harm minimisation and continued enjoyment of gambling is a significant consideration for government (Productivity Commission, 2010).

From the Productivity Commission's (2010) point of view, research and government policy should be directed towards understanding and influencing the epidemiology of problem gambling, particularly prevalence and incidence. The Productivity Commission argued for adopting a public health approach that focuses on the harm caused by problem gambling episodes to all gamblers and to the community. This approach emphasises harnessing protective factors for those presently not at risk and harm minimisation factors for those who are at risk. It stands in contrast to the traditional medical approach in which the focus has been on clinical or diagnosed cases of problem gambling. A clinical focus does not address the fact that many gamblers in low- and moderate-risk groups are at risk of harm and experience adverse consequences from spending more than they can afford. Studies have also shown that only a minority of individuals experiencing gambling problems seek professional help through services such as counselling (Hodgins, Wynne, & Makarchuk, 1999; Slutske, 2006). Consequently, governments are more likely to be effective if they regulate environmental factors, like gaming machine technology or

venue behaviour, through, for example, options to set limits and self-exclude from gambling, providing transaction histories, setting slower spin rates, encouraging smaller bet sizes and removing features such as "losses disguised as wins" (Delfabbro, 2012; Dixon, Harrigan, Sandhu, Collins & Fugelsang., 2010; Livingstone & Woolley, 2008). Effective targeting of such elements can assist individuals to self-manage their gambling, act as an effective harm reduction or protective measure, and have minimal influence on consumer enjoyment. This report considers the benefits and design options of one such environmental factor, electronic self-exclusion.

1.4 Self-exclusion and pre-commitment systems

People who are struggling to control their EGM gambling will often make a decision to avoid visiting venues completely (Moore, Thomas, Kyrios, & Bates, 2012) and replace gambling with other activities (Jackson, Francis, Byrne & Christensen, 2013). However, these decisions can be over-ridden "in the heat of the moment" (Ariely & Loewenstein, 2006) when close to a venue or if a gambler is in the grip of a powerful urge to gamble (Battersby et al., 2010). EGM venues are full of sensory cues, such as lighting, sounds and animation, that are designed to induce gambling (Noseworthy & Finlay, 2009; Schull, 2012; Wilkes, Gonsalevz, & Blaszczynski, 2010). Decisions made at a distance from the gambling environment (using what are known as "cold cognitions") to limit gambling to particular amounts or to avoid gambling altogether, may be over-ridden once the gambler is surrounded by the cues of the environment or the excitement of the game (i.e., in a "hot cognition" condition).

An under-appreciation of the effect of these external stimuli on decision making can lead some gamblers to overestimate their capacity to control their desire to gamble, leading to harmful patterns of spending (Gupta & Derevensky, 2005). Other factors that are known to get in the way of good decision making about gambling include alcohol consumption and peer pressure (Dowling, Clarke, Memery & Corney, 2005; Welte, Wieczorek, Barnes, & Tidwell, 2006), both of which have been known to lead people to gamble more than they had intended.

Self-exclusion programs originate from the informal banning procedures used by casinos to remove problematic patrons, and have become a key harm-reduction strategy used by the gaming industry. These programs are designed to limit access to gambling opportunities and give problem gamblers a means by which to limit or cease gambling (Blaszczynski, Ladoucer, & Nower, 2007). Gamblers can sign up for self-exclusion programs where they agree to bar themselves from entering nominated venues for set periods of time. The premise of these programs is that they set barriers in place that make it much more difficult for a gambler to override their decisions not to gamble in the heat of the moment, as they risk being refused entry or being removed from the venue by staff. Legislation further empowers venues to enforce these commitments.

There has been some promising preliminary research in casinos and other gambling venues, showing that self-exclusion reduces the total value of spending by problem gamblers, improves perceived gambling control, and repairs personal and family relationships, mental health and work performance that have been damaged by gambling (Gainsbury, 2013; discussed in detail in Chapter 3 of this report). Regulators in Australia and internationally have called for more extensive application of self-exclusion features in EGM venues. The Productivity Commission (2010), for example, recommended making changes to improve existing harm reduction strategies. These recommendations include providing additional options such as simple and accessible processes for gamblers to self-exclude online and by phone (in addition to traditional paper-based self-exclusion), and making it easier to extend and revoke periods of self-exclusion.

Electronic self-exclusion

One of the ways self-exclusion could be made simpler, more accessible and more flexible in their arrangements is to introduce self-exclusion as an additional option within an electronic pre-commitment system. Electronic self-exclusion could sit well within a wider pre-commitment system (acting as an extreme form of limit setting). Depending on how it is set up, such a system could facilitate immediate and self-managed self-exclusion, which may appeal to those who wish to remain anonymous or want to try it out for a short period. It would also be

advantageous if self-exclusion could occur within a wider pre-commitment system that covers a large geographic region and multiple forms and/or platforms of gambling (e.g., online as well as terrestrial/venue-based gambling, phone betting). It must be acknowledged, however, that this system would not be sufficient for some gamblers to regain control. Best practice, therefore, should maintain paper-based self-exclusion programs in addition to electronic programs, and continue to provide clear links to support and counselling. A full discussion of the way in which the technology could operate as part of a wider self-exclusion system can be found in Chapter 3.

Pre-commitment models available

There are a number of different pre-commitment models. The most significant variable that differentiates models is whether the system is *full* or *partial*. A full system is the compulsory use of gambler registration, while a partial system gives the gambler the choice to either gamble within a registration system or gamble outside one. Within this, the system can be *mandatory* or *voluntary*. Mandatory systems require all gamblers to set limits (e.g., on how much money or time is spent gambling), while voluntary systems allow gamblers to choose whether they will set limits or not. These design options for limit setting are summarised in Table 1.1.

Table 1.1: Pre-commitment design options

	Customers must register (full)	Customers do not have to register (partial)
Limit setting required (mandatory)	Full, mandatory	Partial, mandatory
Limit setting not required (voluntary)	Full, voluntary	Partial, voluntary

For the purposes of this report we refer to a full system as requiring all gamblers to use some form of registration every time they gamble, while a mandatory system is the compulsory use of responsible gambling features, including limit setting.

Therefore, a system where all gamblers are required to register to gamble (e.g., using a card or logging on with an ID) and are required to set a limit would be a full and mandatory system. A system where gamblers do not need to register to gamble and are not required to set a limit would be a partial and voluntary system. If an individual sets their monetary and/or time limits to zero, they would effectively be self-excluding.

The main system design decision is two-fold: between a full and partial system and between mandatory and voluntary approaches. The system can then be further defined by the implementation characteristics, an important one in this context being whether the system is set such that limits set are *exceedable* or *non-exceedable*, or *opt-in* or *opt-out* (i.e., whether a gambler is presented with pre-commitment options they can opt in to, or presented with options they can opt out from).

1.5 Project objectives and research questions

Objectives

The objective of this project was to gather information from a number of sources relating to how self-exclusion may fit within a pre-commitment program to inform policy development. The analysis (based on data gathered in 2013) was based on:

- a literature review of relevant social policy and public health research, including grey literature;
- information gathered at state government and key stakeholder level regarding existing pre-commitment options in Australia; and
- stakeholder consultations with relevant government officials, venue operators and researchers in the Australian Capital Territory (ACT), Queensland, South Australia and Victoria, and, internationally, in New Zealand, Norway, Canada and Sweden.

Priority research questions

This report addresses seven priority research questions relating to the design of self-exclusion pre-commitment features:

- What is the program logic for why self-exclusion would be effective? What effects would you expect to see and for whom?
- What is the best way to design self-exclusion as part of an effective and efficient pre-commitment system that will maximise harm minimisation outcomes?
- What is an effective way for gamblers to opt in to self-exclusion (at the venue, Internet, counselling service)?
- What would be an effective self-exclusion time period (week, month, year, or day of the week)?
- Should a default time period to self-exclude be provided?
- What would be an appropriate period of non-revocation?
- What is the current state of play across jurisdictions and overseas?

1.6 Summary of methodology

Literature review

A rapid evidence assessment (REA) was performed to provide an overview of existing research that addresses the design of self-exclusion pre-commitment features. An REA rather than a systematic review was conducted in response to the time frame specified in the project brief. REAs aim to be rigorous and explicit in method and remain systematic, but make concessions to the breadth of the process by limiting particular aspects of the systematic review process (Government Social Research Service, 2009). The search process used by the research team is outlined in Figure 1.1 (on page 6).

Stakeholder consultations

Consultations were conducted with relevant Australian state government officials and researchers ($n = 8$, Queensland, South Australia & Victoria), selected government officials internationally ($n = 5$, Canada, Norway & Sweden), and with selected venue operators ($n = 8$, ACT, Victoria, New Zealand and Norway) regarding options for existing or planned pre-commitment features.

The consultations were conducted to determine how pre-commitment features had been designed and, where the information was available, how well those features were working and whether amendments or enhancements were being considered.

In total, information received from 13 consultations involving 21 professionals (who, in consultation with the former FaHCSIA, were identified as having expertise in the area) was incorporated into this report.

Further details on the methodology used can be found in Appendix A.

Structure of the report

Chapter 2 provides a legislative overview of the various options currently available for self-exclusion in each Australian jurisdiction and across selected international jurisdictions. Chapter 3 explores obstacles arising in relation to access to, and operation of, these current self-exclusion options. Chapter 4 then examines how a self-exclusion model that is embedded in a wider pre-commitment system could enhance a self-exclusion program and overcome many of these obstacles. Chapter 5 summarises our key findings from the literature and consultations, and outlines a range of simple and easy-to-access self-exclusion features that could form part of a wider pre-commitment scheme that complements traditional, paper-based models for self-exclusion.

Stage 1	
Identify sources/legislation to be searched Identify and pilot search terms	Identified electronic databases that had facilities to search academic, legislative and/or grey literature. Identified specialist websites to search. Defined combinations of search terms specific to each priority research question.
Stage 2	
Conduct initial search and create initial database of references	Entered search terms systematically into the databases. Created Endnote database of all "hits".
Stage 3	
Remove duplicates, apply inclusion/exclusion criteria by reading title and abstract	Removed duplicate hits. Applied the inclusion/exclusion criteria by reading title and abstract.
Stage 4	
Group hits by research question, and revise and apply inclusion/exclusion criteria	Refined and applied inclusion/exclusion criteria specific to each research question, based on developing understanding of scope of literature and to ensure manageable number of hits.
Stage 5	
Read and extract data and/or relevant legislative provisions	Extracted information and applicable legislative items relevant to research questions from each source using a data extraction template.
Stage 6	
Manual search and follow-up of references	Supplemented the systematic search by manually searching contents and bibliographies of key sources.
Stage 7	
Quality assessment	Different strengths and weaknesses of each study were described and tabled. Studies and literature of greatest strength and relevance were identified.

Figure 1.1: Overview of rapid evidence assessment method

2 A snapshot of self-exclusion systems

2.1 Self-exclusion systems in Australia

Commonwealth statutory framework

In addition to legislation in each state and territory, the Australian Government has established national gambling legislation. The *National Gambling Reform Act 2012* sets out a package of harm reduction measures to address problem gambling. The Act sets minimum standards that apply in each state and territory in relation to EGMs and forms part of a broader commitment by the government to assist problem gamblers. The Act operates concurrently with state and territory legislation and is not intended to limit the ability of a state or territory to impose stricter measures. At the time of writing this report, the Commonwealth legislation was not yet operational and so has not been addressed in further detail as part of this report.[1]

State and territory frameworks

Exclusion can be initiated by a venue (for a variety of reasons), by an individual and, in South Australia and Tasmania, by an affected third party. This section will focus on exclusion initiated by the individual, which is variously referred to by jurisdictions as self-exclusion, or voluntary- or self-barring. For convenience, the term self-exclusion will be used to describe each of these schemes.

In New South Wales (NSW), Queensland, the ACT, and the Northern Territory, it is mandatory for an EGM venue to offer a self-exclusion scheme. In Victoria, it is a condition of the venue operator's license that they offer a self-exclusion program, and venues can choose from one of two programs approved by the Victorian Commission for Gambling and Liquor Regulation. Venues in Western Australia, Tasmania and South Australia also offer self-exclusion schemes, but are not required to do so by law (although in Tasmania and South Australia, the legislation imposes a penalty in circumstances where a scheme is in place but a venue fails to remove an excluded person from the venue). While venues in all jurisdictions are also able to exclude a person for a range of reasons, in the ACT it is mandatory that a venue issues a deed of exclusion where they have reasonable grounds to believe the welfare of the person, or any of the person's dependants, is seriously at risk because of the person's gambling problem. Other jurisdictions also have the authority to exclude gamblers but, unlike the ACT, venues are not obligated by law to use this power.

Each of the Australian self-exclusion schemes operates using a broadly similar model, which we will refer to as the traditional self-exclusion model, with some variations. Where a person wishes to self-exclude, they must give notice—using the prescribed written form—to the nominated authority. In most jurisdictions, this is the venue operator (the licensee), except in South Australia where the application is made to the Independent Gambling Authority (IGA) who then notifies the licensee.

1 In addition to the traditional self-exclusion schemes operating in all jurisdictions, the pre-commitment system established by the *National Gambling Reform Act 2012* allows gamblers to set a $0 loss limit, which also effectively operates as a self-exclusion mechanism.

Once notice is given to a licensee that a gambler wishes to self-exclude, the gambler participates in an interview and the licensee will then issue an exclusion order. Across each of the jurisdictions this order is alternatively known as an exclusion direction, an exclusion notice or a deed of self-exclusion. However, the effect of the order is the same; that is, the gambler makes a formal undertaking not to be allowed to enter nominated venues, or gambling areas within the nominated venues, for the stipulated period, and authorises venue staff to remove them if they attempt to enter areas prohibited by the agreement. In NSW, venues are prohibited by law from refusing a request for self-exclusion. In other jurisdictions, a decision to make an order is at the discretion of the nominated authority.

In all jurisdictions, a gambler may elect to self-exclude from a whole venue, or just from the gambling area. In Victoria, a gambler may self-exclude from one or more venues that have adopted the same self-exclusion program. In South Australia and the ACT, the exclusion may apply to one or more venues within that jurisdiction. In Queensland, NSW, Tasmania, the Northern Territory and Western Australia, if a venue operator has an EGM license that relates to more than one venue, the self-exclusion notice may specify one or more of those venues. In NSW, a gambler can self-exclude from one or more BetSafe program venues, but must make an agreement with each individual club in other cases.

A self-exclusion order will usually remain in force for a minimum period, which is prescribed in legislation in a number of jurisdictions. In Queensland, the self-exclusion order commences from the date it is given to the gambler, and ends either when it is revoked upon application (which can only be within 24 hours or after one year) or five years after it is made. In NSW and the Northern Territory, the exclusion order cannot be revoked for three months. In Tasmania and Victoria the minimum period is six months, and in South Australia there is a minimum 12-month exclusion period. In Victoria, there is a six-month minimum exclusion period, but in respect of venues licensed under the *Casino Control Act 1991* (Vic.), a gambler may request that an exclusion order be revoked if they can demonstrate they have sought appropriate counselling and addressed the issues that led to self-exclusion. Similarly, in Western Australia, there is no minimum period, but an exclusion order may only be revoked if the gambler demonstrates they have sought appropriate counselling and addressed the issues that led to self-exclusion. In the ACT, there is also no minimum but the agreement must nominate a period considered to be reasonable in the circumstances.

Most jurisdictions also offer gambling-related counselling as part of the process of receiving an application to self-exclude. In NSW, Queensland, Victoria, South Australia, Tasmania and Western Australia, a gambler seeking to self-exclude must be referred to an appropriate counselling service. In Tasmania, a counsellor conducts the self-exclusion interview. In the Northern Territory, the venue will also refer a gambler making an application to self-exclude to counselling or other support services. In the ACT, all EGM venues must have a gambling contact officer who must assist identified problem gamblers to seek counselling, regardless of whether they are entering into a self-exclusion agreement.

All jurisdictions authorise licensees to remove gamblers who have entered into a self-exclusion agreement from the area from which they have self-excluded. In Queensland, South Australia, Tasmania and the ACT, the legislation imposes a direct obligation on licensees (and their employees) to prevent gamblers who have entered into a self-exclusion agreement from entering or remaining in the gambling area from which they have self-excluded. Venues in Queensland, Victoria, Tasmania and the ACT are also prohibited from distributing promotional or advertising material about gambling or an EGM venue to gamblers who are the subject of a self-exclusion agreement. In Queensland, South Australia and Tasmania, the legislation also establishes penalties for gamblers who breach a self-exclusion order.

Legislation passed by the Parliament in South Australia introduced a number of changes to the self-exclusion scheme from 1 July 2014. These changes include simplifying the process of entering into an exclusion agreement and introducing more flexibility to the minimum period before an agreement can be revoked by setting the default minimum at six rather than 12 months, if no other minimum period is specified.

2.2 Self-exclusion systems in Nova Scotia, Norway, Sweden and New Zealand

While self-exclusion in Australia currently operates within paper-based systems, some overseas jurisdictions have used the technology of their pre-commitment systems to incorporate self-exclusion options. These are discussed below.

Nova Scotia, Canada

The federal *Criminal Code* in Canada empowers governments of provinces to make laws facilitating the conduct of certain forms of gambling. Accordingly, the *Gaming Control Act, SNS, 1994–95, C4* and associated regulations set out the regulatory framework for gambling in Nova Scotia. The Nova Scotia Provincial Lotteries and Casino Corporation (NSPLCC) is responsible for managing gambling in Nova Scotia.

The NSPLCC has introduced the My-Play System, a voluntary pre-commitment system that, in addition to allowing gamblers to access their EGM play history and to set time and spending limits, also allows gamblers to stop play for a short period of time (one day, one week or one month) or for specific days, weeks or months. My-Play also has an emergency stop feature that allows a gambler to immediately stop play for 24, 48 or 72 hours. Within the My-Play system these features are known as a "play limit", but for consistency we will refer to these arrangements as self-exclusion.

Gamblers can register for My-Play using an automated terminal at the venue or by approaching specified venue staff. Gamblers who register with My-Play are issued with an anonymous account identification number, a membership card and a PIN (personal identification number). The card allows gamblers to access a range of features by inserting it into the EGM, including setting time and spending limits, monitoring their play against those limits, and self-excluding from playing EGMs for short periods of time. Gamblers who wish to continue playing, despite activating the self-exclusion feature, may continue to do so by not inserting that card into the machine.

EGMs in Nova Scotia also operate with a "break in play" feature. This feature forces the gambler to take a break in play after 120 minutes of play at one machine by shutting the machine down. The machine issues a ticket, which the gambler has to present to venue staff in order to resume play.

The legislation also provides that a person can more formally elect to self-exclude from a gambling venue; this is known as "voluntary exclusion". A person who wishes to voluntarily exclude makes an application—using the prescribed form—to the regulatory authority. In practice, the process is initiated by contacting a member of the security staff at the venue and consists of the gambler reading the information on voluntary exclusion, reviewing the process of revoking a voluntary exclusion, signing a declaration that they have read and understood the information on the program, and having a photograph taken for identification purposes. The effect of completing this process is that the gambler enters into an agreement with the regulatory authority, which is a formal undertaking not to be allowed to enter any gambling venues within the province, and authorises venue staff to remove them if they attempt to enter a venue prohibited by the agreement.

An exclusion agreement will remain in force indefinitely and may only be revoked upon application to the regulatory authority. Once the exclusion agreement is in place, venues are obligated to refuse access to the person named in the agreement.

Norway

In Norway, EGMs are subject to strict harm minimisation measures and all legal gambling operations are wholly owned by the state. Within the Norwegian system, the feature that operates as a self-exclusion scheme is known as a "break in play" or "player break", but for consistency we will refer to these arrangements as self-exclusion. Unlike exclusion schemes in

place in other jurisdictions outlined in this section, self-exclusion in Norway operates as one element of broader mandatory limit-setting arrangements.

These limit-setting arrangements require all gamblers to be registered, and all EGMs in Norway operate using a linked card-only system. Prior to starting, gamblers must either accept a prescribed maximum daily or monthly loss limit, or may elect to set lower loss limits. The gambler's card can also be used to set a self-exclusion period of up to 100 days. This can be done at the EGM terminal.

Gamblers who wish to self-exclude for periods of longer than 100 days, or exclude themselves permanently, must use a more traditional model of self-exclusion and notify the gambling venue operator by telephone or in person. It is understood that changes are soon to be implemented that will allow gamblers to instead use the EGM terminal to self-exclude for longer periods, or permanently.

Sweden

The Swedish Gambling Authority has overall responsibility for licensing, regulating and monitoring gambling in Sweden. Svenska Spel, the largest gambling company in Sweden, is state-owned and runs a variety of gambling activities, including sports betting, online and EGM gambling, bingo and lotteries. Corporate responsibility to provide safe gambling is of major importance, such that the company has a stated aim to prioritise social responsibility over maximising profit. Svenska Spel controls approximately 50% of the legal gambling market in Sweden and has over 6,000 EGMs in stores, restaurants, pubs and bingo halls, as well as four casinos across the country. EGMs in Sweden have legislated maximum limits on bets of Kr5 (approximately A$0.85) and win payouts of 100 times the bet. PlayScan, the Svenska Spel voluntary responsible gambling tool, has been used for some years in the company's online gambling business and has recently been trialled in Vegas video lottery terminals (as EGMs are called in Sweden).

The PlayScan system provides gamblers with access to a variety of pre-commitment features, including self-exclusion, which are designed to monitor spending and identify problematic patterns of gambling (for a review, see Griffiths, Wood, & Parke, 2009).[2] The PlayScan system was trialled on EGMs in August–September 2013; however, there was no information available regarding trial outcomes at the time of writing (Strand, 2013; stakeholder consultations).

New Zealand

New Zealand primarily operates a traditional self-exclusion system but is currently working to harness new technology to improve the system.

The Department of Internal Affairs regulates gambling in New Zealand and administers the *Gambling Act 2003*, which includes provisions that require gambling venues to develop policies for identifying problem gamblers. Where a licensee has reasonable grounds to believe that a person is a problem gambler, they are obliged to approach that person and offer advice or information about problem gambling. The licensee may also issue an exclusion order, which prohibits the gambler from entering the gambling area of the venue. The legislation also prescribes that a venue manager or holder of a casino operator's license must issue an exclusion order to a person who requests that an exclusion order be issued to prevent them from entering the gambling area (self-exclusion).

A third party may also notify a venue that a person is, or is potentially, a problem gambler. In accordance with the policies for identifying problem gamblers, the venue is required to assess the behaviour of the person against its policy, and approach the person if their behaviour indicates actual or potential harm arising from gambling.

A person can request to be excluded from a particular venue by attending a venue, identifying themselves as a problem gambler and requesting to be excluded from the venue, or from the

2 For further details on Svenska Spel, see the Swedish Gambling Authority website: <www.lotteriinspektionen.se/en/> and the Svenska Spel website: <svenskaspel.se>.

gaming machine area. Alternatively, a person can request to be excluded by writing to, or telephoning a particular venue, or series of venues, and requesting that each venue issue an exclusion order.

An exclusion order will remain in force for a nominated period of up to two years. Once the order is made, it cannot be revoked for the nominated period. Venues are obligated to remove any person who enters a gambling area in breach of an exclusion order, and are subject to penalties if they fail in this obligation. The legislation also establishes penalties for gamblers who breach an exclusion order.

Although not prohibited by law, the regulatory authority strongly recommends to venues that when a person is excluded from the particular venue, their details are removed from any mailing lists or databases used for the purpose of gambling promotions, advertising or events.

EGMs in New Zealand are required by law to support a "break-in-play" feature. In accordance with this requirement, EGMs will interrupt play at irregular intervals, timed so that a gambler cannot engage in more than 30 minutes of continuous play, and ask the gambler if they wish to continue with their session of play.

The regulatory authority is currently working with venues to implement a number of additional gambling harm minimisation strategies. These include an expansion of the self-exclusion arrangements to enable more streamlined multi-venue exclusions, which is currently being implemented in stages across New Zealand, and the proposed introduction of facial recognition technology to assist venues to identify gamblers who are the subject of self-exclusion orders.

3 Review of self-exclusion designs

3.1 Barriers and issues with current designs

The discussion in the previous chapter outlined the various options currently available for self-exclusion in each Australian jurisdiction. It showed that current self-exclusion programs in Australia tend to involve the gambler making the initial request to self-exclude by contacting a staff member at the relevant venue or the central administrator of the self-exclusion program. In some regions, gamblers are able to obtain assistance from counselling services to complete paperwork. An overarching barrier to the uptake of traditional self-exclusion programs is the limited flexibility with which a gambler can self-exclude. This chapter will examine this and related barriers to self-exclusion as it is offered currently, and examine the effectiveness of self-exclusion within current designs.

Key messages

Barriers to implementing self-exclusion agreements were identified as arising from:

- the complexity of self-exclusion agreements and the associated difficulties in comprehending the language used;
- the complexity and protracted nature of the application process;
- inflexibility in the choice of self-exclusion periods;
- the inability to contemporaneously self-exclude from multiple venues or on a jurisdiction-wide basis;
- the potential for embarrassment, shame or denial to be experienced by the gambler seeking to self-exclude; and
- a lack of awareness about self-exclusion programs.

Weaknesses associated with the current self-exclusion program were identified as including:

- a lack of knowledge about support and treatment options; and
- issues associated with the circumvention and enforcement of self-exclusion agreements.

Complexity of self-exclusion agreements

The complexity of self-exclusion agreements and associated difficulties in comprehending their language and content, including the legal and other implications arising from such arrangements, have been identified as a potential deterrent to those wishing to self-exclude (Productivity Commission, 2010). The application process often involves participation in an interview where the gambler wishing to self-exclude is informed of the legal responsibilities arising from signing the self-exclusion agreement, advised of the penalties for breaches of these responsibilities, and provided with information and referrals to support/counselling services. Despite this, research has identified a lack of understanding on the part of gamblers who had entered self-exclusion agreements regarding the penalties for breaching these agreements (Hing & Nuske, 2011; Williams, West, & Simpson, 2007).

The need to remove unnecessary legal jargon and to provide plain language self-exclusion agreements has been identified as an important step in facilitating the take-up of these agreements (e.g., Gainsbury, 2013; Productivity Commission, 2010). Other options that may be regarded as addressing deterrents to gamblers from entering into self-exclusion arrangements include providing access to a variety of alternative, "simple" forms; introducing more immediate mechanisms to initiate or renew self-exclusion agreements; making self-exclusion accessible to gamblers from culturally and linguistically diverse backgrounds; and/or not requiring gamblers applying for self-exclusion to undertake a face-to-face interview or attend at the gambling venue (Gainsbury, 2013; Ladouceur, Jacques, Giroux, Ferland, & Leblond, 2000; Productivity Commission, 2010).

This need to simplify agreements was also raised within consultations, as was a more general need to translate self-exclusion material into languages other than English to improve accessibility for culturally and linguistically diverse groups. Government consultees in particular also suggested there was a need to offer more immediate options for self-exclusion.

Complex and protracted application processes

Complex and/or protracted application processes that require applicants to participate in counselling as a prerequisite, have been identified by the Productivity Commission (2010) as resulting in time delays, potentially deterring uptake and inconveniencing gamblers who are seeking to act on their resolve to control their gambling. For example, if there is a significant time lapse between a gambler's decision to self-exclude and their ability to activate it, they may lose resolve and not follow through. Facilitating a gambler's ability to enter into a self-exclusion agreement at the time of making their initial approach was identified by the Productivity Commission (2010) as a potential solution.

Research supports this position, showing that the ability to easily access and activate self-exclusion options is significant. Hayer and Meyer's (2011b) evaluation of self-exclusion programs in casinos in Austria, Germany and Switzerland ($n = 152$) identified that their survey participants considered self-exclusion as "an urgently necessary last course of action" (p. 692, & see also p. 697), with their willingness to change their past behaviour peaking at the time they sign their self-exclusion agreement. Hayer and Meyer's (2011a) further comparison of these data with data gathered from participants using two Internet gambling sites suggests that the immediacy of accessing self-exclusion options was important for both their casino and Internet samples. In Australia, Abbott, Francis, Dowling, and Coull's (2011) study of the motivators and barriers to self-exclusion (through interviews with 60 self-excluded gamblers in Victoria) similarly identified immediacy of exclusion as being an important factor.

Inflexibility in choice of time periods

The summary of current legislation showed that traditional self-exclusion models emphasise long periods of self-exclusion. The option to self-exclude for extended or indefinite periods remains important. Verlik's (2008) study—involving telephone interviews with 300 randomly selected gamblers who had self-excluded from seven Canadian provinces—found that 41% of self-excluded gamblers who identified self-exclusion periods to be ineffective wanted the option of lifetime ban. A more recent survey of gamblers (Focal Research, 2010) conducted before and after the province-wide launch of the My-Play system in Nova Scotia identified that 64% of problem gamblers ($n = 59$) and 72% of moderate-risk gamblers ($n = 59$) wanted a My-Play feature that enabled blocking for longer periods and for it to be a voluntary feature, while 36% of problem gamblers and 28% of moderate-risk gamblers reported that they wanted this to be a mandatory feature. The length of period required for self-exclusion will vary for different people. Many problem gamblers talk about a desire to continue gambling again after a period of abstinence, and some people may find that they are able to gamble in a controlled manner after a period of self-exclusion (or at least with less harm). Others, however, require longer periods of self-exclusion. Severe problem gamblers who continue to struggle to control urges to gamble over time, and those who find they are relapsing after their self-exclusion periods ended, may prefer longer periods of self-exclusion to provide continued support while they work to regain control of gambling urges (Ladouceur, 2012; Ladouceur, Sylvain, & Gosselin, 2007).

However, long or indefinite periods of self-exclusion will discourage some gamblers from entering into self-exclusion agreements in the first place (Parke, Rigbye, & Parke, 2008; Williams et al., 2007; see also Productivity Commission, 2010). This is particularly the case if it is difficult or impossible to revoke self-exclusion if gamblers change their minds. For example, the rigidity of the Missouri Voluntary Exclusion Program, which requires gamblers signing up to the program to agree to a lifetime ban, was a factor in the dissatisfaction expressed by some participants in a 2007 study of this program (Nelson, Kleschinsky, LaBrie, Kaplan, & Shaffer, 2010). While most Australian programs offer time-limited self-exclusion, the time periods offered also tend to be quite lengthy (between 12 months and indefinitely) and options for revoking are limited. This inflexibility is likely to discourage some from participating. A study of self-management of gambling, for example (Thomas et al., 2011), found that some gamblers experiencing problems with self-control were reluctant to enter into self-exclusion programs because it meant they could not easily change their minds.

Inability to exclude from multiple venues in one step

The current system in many Australian jurisdictions requires a gambler to self-exclude on a venue-by-venue basis.[1] This is not exclusively the case, but where it exists it makes the task of self-exclusion more stressful and onerous. Gamblers may be required to liaise and complete the relevant paperwork particular to each venue, rather than contemporaneously self-exclude from multiple venues or on a jurisdiction-wide or national basis. This issue has been cited as an obstacle to participation (Hing & Nuske, 2012; Productivity Commission, 2010). Further, an inability to self-exclude from multiple venues or on a jurisdiction-wide basis has been identified as a flaw in self-exclusion models, as it means gamblers are able to gain access to gambling opportunities at alternative venues (Delfabbro, 2012; Productivity Commission, 2010).

Embarrassment, shame or denial

The potential for embarrassment or shame to be experienced when seeking to self-exclude in person has also been identified as a barrier to uptake (Gainsbury, 2013; Productivity Commission, 2010). This may be particularly the case for those seeking to exclude from smaller, local venues where they may be well known. There are also cultural barriers for some people. Admitting to a gambling problem can lead to a "loss of face" in some cultures, and Western conceptualisations of counselling or seeking help from strangers can be seen as inappropriate, with problems such as gambling being primarily managed by the individual and their family (Raylu & Oei, 2004; Russell, Thomson, & Rosenthal, 2008; Spencer-Oatey & Xiong, 2006). People from these groups may therefore be particularly reluctant to self-exclude through traditional systems.

It is important to challenge the stigmatisation of help-seekers where possible. Provision of information and advertising material that addresses the embarrassment or shame with seeking help to deal with gambling problems, that de-stigmatises the need to seek help, and which busts the myths and stereotypes associated with perceptions of problem gamblers, has been identified as being central to increasing the uptake of self-exclusion arrangements (Gainsbury, 2013, Hing & Nuske, 2012). For example, Gainsbury suggested that campaigns could be directed at "putting a different face on problem gamblers by depicting a wide range of individuals who have gambling problems and the courage and strength it takes to admit to needing help" (p. 15).

However, this will take time and cannot be seen as a complete solution in the short term. Further, Abbott and colleagues (2011) suggested that a significant barrier to initiating self-

1 In late October 2013, the Victorian Government introduced the Gambling Regulation Amendment (Pre-commitment) Bill 2013 to amend the *Gambling Regulation Act 2003* to enable provision for a pre-commitment system to commence from 1 December 2015. Under this system it is compulsory for all EGMs in all venues in Victoria to be connected to a state-wide pre-commitment system. Gamblers will then be able to choose if they wish to use the pre-commitment system or not A trial of a card-based pre-commitment system that was being conducted in eastern Australian states at the time of writing, allowed self-exclusion from multiple venues and operators, provided technical issues related to networking could be resolved. However, no information on the trial outcomes was available at the time of writing. While single-venue exclusion is the most common form, information from consultations also indicated that exclusion from multiple venues is also possible in some Australian jurisdictions.

exclusion agreements relates to gamblers' unwillingness to admit that they are unable to control their gambling without assistance (see also Gainsbury, 2013). The option of instigating a self-exclusion agreement on a remote basis, without requiring the gambler's personal attendance, should also be readily accessible as it may lessen the shame of admitting to having a gambling problem, thereby increasing the likelihood that gamblers enrol in a self-exclusion program.

Knowledge of support and treatment options

Studies have shown that there is a lack of information about self-exclusion programs (Hing & Nuske, 2011, 2012; Ladouceur et al., 2007; Williams et al., 2007). In particular, there is a lack of information about problem gambling that reduces the stigma, contradicts the common stereotypes about problem gamblers, and encourages help-seeking behaviour such as participating in a self-exclusion program (Abbott et al., 2011). Hing, Nuske and Gainsbury (2011) studied motivators and barriers to gamblers seeking help (n = 730, including 117 moderate-risk gamblers and 346 problem gamblers), and found that participants' awareness of the assistance that may be provided by venues, including self-exclusion programs, was low (36% among problem gamblers and 25% moderate-risk gamblers).

Circumvention and enforcement of agreements

The prime aim of self-exclusion is to provide gamblers with support in their efforts to not gamble by putting in place firm barriers (such as legal agreements) that ban the gambler from entering gaming rooms or gambling, and allow staff to remove patrons from gaming rooms if they do enter. Agreements can also include more extreme consequences for breaches, such as fines, although in practice, our consultations suggest that these more extreme consequences are rarely implemented, except in cases of detected repeat recidivism.

However, there are concerns about the effectiveness of such programs and whether these penalties operate as deterrents to gambling, given the high levels of circumvention reported by self-excluded gamblers. For example, Australian and international research has raised concerns about the ease with which gamblers have reported that they have been able to circumvent their self-exclusion agreements without detection, with respondents commonly reporting multiple undetected breaches (Croucher, Croucher, & Leslie, 2007, cited in Productivity Commission, 2010, & Gainsbury, 2013; Ladouceur, et al., 2007; Nelson et al., 2010; O'Neil et al., 2003; Schrans, Schellinck, & Grace, 2004; Williams et al., 2007). In their study of 135 self-excluded gamblers in NSW between 2003 and 2005, Croucher and colleagues found that 45% of male participants and 33% of females had gambled at a specifically excluded venue, with those breaching their agreements doing so on at least 10 occasions. Similarly, Verlik's (2008) evaluation of self-exclusion programs in Canada reported frequent breaching of self-exclusion agreement among 300 randomly selected self-excluded gamblers. Most (81%) participants who breached their agreement reported that it was easy to do so, and fewer than half (48%) of those who breached their agreement were recognised. Other studies have also found that large proportions of people who have self-excluded regularly breach their agreements by gambling in venues from which they have self-excluded, and that these breaches are generally not detected (Ladouceur et al., 2000; Responsible Gambling Council, 2008).

The main reason gamblers can breach their self-exclusion undetected is that under these paper-based programs, the onus falls on staff to recognise self-excluding individuals based on photographs provided to the venue at the time the gambler initiated the self-exclusion order (O'Neil et al., 2003; Productivity Commission, 2010). Staff may be quite likely to recognise a patron if he or she is a regular gambler at the venue, the venue is small and the gambler attempts to breach relatively close to the time they initiated the self-exclusion. However, staff are much less likely to recognise self-excluded gamblers if the venue is large and/or busy; the venue management does not encourage or facilitate staff identifications (e.g., through inadequate training or poor display of photographs); staff members are resistant to the process (e.g., uncomfortable confronting patrons, or inexperienced); staff are not working regular shifts; or gamblers are either not regular patrons or they disguise their appearance (Delfabbro et al., 2007).

The concerns about staff's inability to accurately identify self-excluded gamblers are borne out by the research. Schrans and colleagues' (2004) evaluation of a self-exclusion trial in 45 EGM venues in Nova Scotia tested their detection and enforcement policies, and found poor detection rates. This was in spite of the test venues running staff training sessions and having only a small number ($n = 36$) of self-excluded participants in sites located in rural and smaller urban communities. Similarly, O'Neil and colleagues' (2003) evaluation of Victorian self-exclusion programs identified difficulties associated with staff attempting to identify self-excluded gamblers via photographic recognition. Broader concerns were also raised about the level of resources (including training and support for venue staff) available to operate these programs. Concerns have also been highlighted by the Responsible Gambling Council (2008). The 2004 Independent Pricing and Regulatory Tribunal (IPART) evaluation of self-exclusion programs in NSW also described the difficulties associated with the detection process, acknowledging that it may not be possible to prevent entry of self-excluded gamblers who are determined to enter a venue and employ disguises to avoid detection.

Participants in government and researcher consultations discussed similar concerns regarding the ability of venue staff to accurately detect self-excluded gamblers attempting to breach their agreements, and the stress that identifying and responding to contraventions of self-exclusion agreements can place on staff. Information from consultations more generally indicated that venue encouragement of self-exclusion, together with adequate training and resourcing of staff, were important factors in supporting staff undertaking this task. Not withstanding the considerable support provided, it was also apparent that staff remained uncomfortable at times in approaching patrons where the possibility of confrontation existed, such as when a gambler was attempting to breach their self-exclusion agreement. Interestingly, the concerns with respect to the detection of breaches were generally not shared by most industry representatives consulted. This suggests that venues may be unaware of the degree to which breaches happen at the venue level and that their compliance procedures do not operate as systematic control mechanisms.

A related issue is scepticism about the extent to which gamblers perceive venues as being committed to an effective self-exclusion program (Responsible Gambling Council, 2008; Williams et al., 2007), together with concerns about unsupportive venue staff who "discourage inquiries from patrons who wish to self-exclude" (Productivity Commission, 2010, p. E.11). For example, 76 focus group participants in the Responsible Gambling Council's (2008) recent study of experiences of self-exclusion programs in Canada identified not only a need for venue staff to be better trained to take a more supportive approach when dealing with gamblers wishing to self-exclude, but also that self-exclusion agreements needed to be viewed more seriously, with better enforcement and greater promotion of self-exclusion programs more generally.

Weaknesses in the enforcement aspect of self-exclusion programs will erode gamblers' feelings of confidence in the program (O'Neil et al., 2003). Notably, O'Neil and colleagues concluded that:

> a significant amount of time and energy is devoted to … defending the credibility of the program rather than developing appropriate monitoring systems and an effective self-exclusion system that could work in an integrated way with complimentary [sic] harm minimisation measures. (p. viii)

If gamblers perceive self-exclusion programs to be largely ineffective in assisting with gambling control, this may deter them considering from entering into self-exclusion agreements (Hing & Nuske, 2011; see also Productivity Commission, 2010).

Consultation information suggests that allocating specially trained staff members to the role of fielding enquiries about self-exclusion and liaising with self-excluded gamblers would alleviate pressure on general staff members and remove the onus from these staff to approach self-excluded gamblers attending the venue in breach of their agreement. More highly skilled and dedicated staff in these positions may also mean they provide better support for problem gamblers seeking help, and detect breaches more consistently. Electronic methods of identification (such as facial recognition) also have the potential to overcome issues associated with staff detection of breaches.

Summary

Therefore, while there are comprehensive self-exclusion programs running in Australia, these paper-based systems have a number of identified barriers to accessibility including: the complexity of agreements and application processes; inflexibility of self-exclusion time periods; difficulties associated with self-excluding from multiple venues; embarrassment and shame on the part of the gambler; and a lack of awareness about self-exclusion programs. The efficacy of the programs is also an issue, in terms of the ability of venues to prevent gamblers from continuing to gamble in breach of agreements.

3.2 Effectiveness of self-exclusion

Interestingly, despite the barriers identified with regard to current self-exclusion programs, and issues with regard to recidivist breaching, the few available studies on the effectiveness of self-exclusion programs in Australia (e.g., Croucher et al., 2007, cited in Productivity Commission, 2010, & Gainsbury, 2013; O'Neil et al., 2003) and internationally (e.g., Ladouceur et al., 2007; Nelson et al., 2010; Townshend, 2007; Tremblay, Boutin, & Ladouceur, 2008), do identify substantial benefits for gamblers who participate in self-exclusion.

Key messages

The benefits of self-exclusion include:

- reduction in gambling expenditure;
- increased abstention from gambling;
- decrease in financial distress;
- greater feeling of control over circumstances; and
- improved psychosocial functioning.

Croucher and colleagues' (2007) study of 135 problem gamblers participating in a self-exclusion program, found that although around 75% of gamblers participating in the program returned to gambling within six months of their initial self-exclusion, around 70% reduced their gambling expenditure by at least half (cited in Productivity Commission, 2010, & Gainsbury, 2013). Greater abstention was reported by Townshend (2007) in a small-scale survey of self-excluders in New Zealand ($n = 32$), with approximately 80% of participants reporting that they had abstained from gambling for between 2 and 24 months. This high rate of abstention may have been at least partly related to the fact that the program combined self-exclusion and treatment. The additional support may have led to better outcomes or, alternatively, the combined treatment and self-exclusion program may have attracted a more motivated group of gamblers.[2] While the results from this study are encouraging, care must be taken in interpreting the results as it was a very small-scale study of self-excluding gamblers at one service.

Interestingly, a larger study where attendance at help services was not an integral part of the self-exclusion program showed similarly high rates of abstention from gambling. Ladouceur and colleagues' (2007) study, based on interviews with 117 self-excluded gamblers, suggests strong adherence to agreements.[3] Almost 60% of those excluded for 6- or 12-month periods had not returned to a casino at the six-month follow-up, and almost 80% of those excluded for 12-months had not returned to a casino at the six-month follow-up. At the 12-month follow-up, approximately 45% of those with 12-month agreements had not returned to the casino, and almost 90% of those with 24-month agreements had not returned. And at the 18-month follow-up, approximately 73% of those with 24-month agreements had not returned to the casino. Ladouceur and colleagues' study also identified a significant increase in participants' sense of

2 Self-excluded gamblers in this study attended an average of six cognitive behavioural therapy sessions that focused on education about gambling and desensitisation to EGMs.

3 The use of help or treatment services by the group of self-excluded gamblers in this study is not discussed.

control during the self-exclusion period, together with a significant decrease in relation to the urge to gamble and the intensity of the negative consequences of gambling.

More recent studies similarly identified other benefits associated with participation in self-exclusion programs. Hayer and Meyer (2011b) suggested that in addition to a reduction in gambling behaviour and problem gambling severity, their longitudinal data ($n = 31$) were indicative of "a clear improvement in psychosocial functioning subsequent to self-exclusion" which, if considered together "with the respondents' positive assessment of the general benefits of this measure, self-exclusion evidently has the desired effects" (pp. 697–698). Nelson and colleagues' (2010) study, which examined the experiences of 113 self-excluded gamblers for up to 10 years after their initial enrolment in the Missouri Voluntary Exclusion Program, similarly identified participants' enrolment as contributing to a "positive change in their long-term gambling behaviour" (p. 142). Although the Productivity Commission (2010) acknowledged that this research is not indicative of the magnitude of any causal link between participating in the self-exclusion program and outcomes, these studies do, nevertheless, provide evidence of the positive effects associated with participating in self-exclusion programs.

Greater awareness of the potential for positive outcomes for participants in self-exclusion programs, and efforts to reduce some of the issues and barriers may assist in increasing uptake of self-exclusion as a means of re-establishing control. We will argue in the following chapter that embedding self-exclusion mechanisms within a wider pre-commitment system may be an effective and efficient harm minimisation measure that overcomes some of the obstacles outlined above.

3.3 Chapter summary

The discussion in this chapter has reviewed the barriers and issues identified with traditional paper-based self-exclusion programs currently in operation. Key barriers identified arise from the complexity and limited flexibility of these traditional systems in terms of choice of variable self-exclusion periods and "on-the-spot" self-exclusion from multiple venues or on a jurisdiction-wide basis if desired. Gamblers may also feel too embarrassed to seek help when they are required to proceed through a protracted process involving multiple other parties. A general lack of awareness of self-exclusion programs by gamblers was also identified as a limitation in current self-exclusion systems.

4 Design features of electronic self-exclusion

Incorporation of self-exclusion within a wider electronic pre-commitment system means gamblers can be provided with additional options to exclude themselves from play. This model of self-exclusion is designed to complement and extend traditional paper-based methods of self-exclusion, not to replace them. A best-practice model would provide links between electronic and paper-based systems, as well as to counselling referrals to facilitate a "no wrong door" policy for the program.[1] A program logic model (Figure 4.1 on page 20) has been developed to show how self-exclusion would operate within a pre-commitment system.

As shown in the program logic model, electronic self-exclusion could offer gamblers wanting to self-exclude additional options and flexibility in terms of access to self-exclusion, choice of immediate and variable time periods, and flexibility in revocation. The ability to exclude from multiple venues and multiple forms of gambling, jurisdiction-wide self-exclusion, and electronic identification would provide greater protection to the gambler by limiting their ability to circumvent the system.

Key messages

The benefits of self-exclusion may be increased by offering self-exclusion within an electronic pre-commitment system that:

- provides access to a simple, quick, easy and immediate self-exclusion mechanism;
- is self-instigated (and so anonymous), which can be a benefit for some people, but means it is important they have clear links to counselling and/or treatment services;
- offers the ability to immediately self-exclude for a range of short and variable time periods that can be tailored to suit an individual gambler's circumstances; and
- provides flexibility in the revocation of self-exclusion agreements.

Pre-commitment systems can be configured to minimise issues associated with circumventing self-exclusion if they:

- provide wide jurisdictional reach and the ability to self-exclude across multiple forms/platforms of gambling;
- operate a central database supported by electronic identification to assist in easier identification of self-excluded gamblers; and
- use a full (rather than partial) pre-commitment system.

4.1 Increased access to self-exclusion

Providing gamblers with access to a variety of sign-up options and providing clear information and promotion of available programs has been identified as facilitating greater uptake of self-

1 A "no-wrong door" policy refers to the expectation that services will ensure that, regardless of where someone first seeks help (e.g., a venue, a gambling help service or other support service), they will receive assistance to gain the help they need, including appropriate referrals.

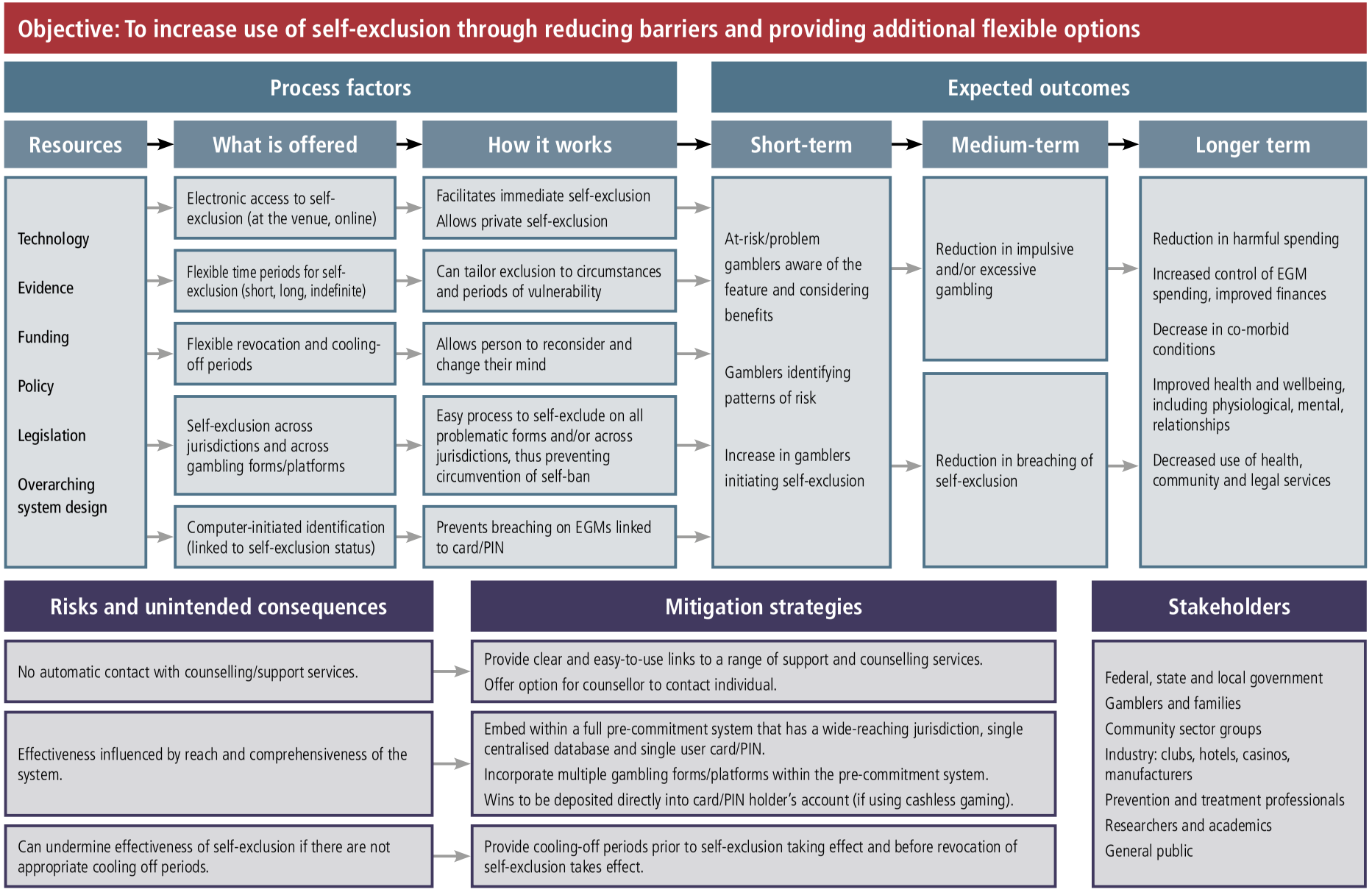

Figure 4.1: Program logic model for electronic self-exclusion within a pre-commitment model

exclusion (Gainsbury, 2013). Venues remain important access points as it means gamblers can act on resolutions made at the venue, sitting down with a member of staff immediately and discussing self-exclusion as an option, and its implications. The gambler may, at the same time, receive relevant information and referrals to support their attempts to minimise or abstain from gambling.

An alternative option for accessing self-exclusion programs involves going to an independent organisation charged with the responsibility of administering the program (e.g., Hing & Nuske, 2012; Ladouceur et al., 2007). This retains a face-to-face approach, but occurs in a supportive, neutral environment that is likely to offer, or be closely linked to, counselling and/or treatment services. Participants in our consultations also discussed the benefits associated with having a central, overarching agency supplying counselling, and administering the self-exclusion program across multiple venues and multiple operators.

There is research support for the efficacy of this approach. Hing and Nuske's (2012) study, for example, examined responses to surveys ($n = 35$) and interview data ($n = 23$) from South Australian gamblers who had self-excluded using an independent, centralised service (the Independent Gambling Authority). Their study suggests that a centralised service, located away from the gambling venue and staffed by trained personnel who facilitate self-exclusion from multiple venues in one application, is advantageous over self-exclusion programs that required gamblers to attend directly at individual venues. Most of the participants experiencing this model had ceased or lessened their gambling in the 12-month period following their exclusion (Hing & Nuske, 2012; see also IGA, 2005).

Similarly, Tremblay and colleagues (2008) evaluated an "improved" self-exclusion program operating in Montreal, which included the option of having a meeting with a counsellor before entering and at the conclusion of the self-exclusion program, together with additional telephone support from the counsellor, who could then direct them to appropriate resources during their period of self-exclusion. Tremblay and colleagues found that the majority of the 116 self-excluded gamblers reported that they were "quite satisfied" or "very satisfied" with each component of the service and perceived it as "quite useful" or "very useful" (pp. 510–513). Further, major improvements were observed for participants between the initial and final evaluation with regard to time and money spent, consequences of gambling, symptoms of problem gambling, and psychological distress.

The advantage of accessing self-exclusion through a venue, therefore, is primarily that it is convenient (allowing the gambler to exclude when they are at the venue) and allows the gambler the ability to act at the time they decide they need to self-exclude. Accessing self-exclusion at an independent body or counselling services is less convenient, but has the advantage that it occurs in a supportive, neutral (non-gambling) environment, and may provide the opportunity for gamblers to work on underlying issues at the time they have decided to exclude.

However, neither of these options provides an immediate opportunity to self-exclude as they operate within traditional paper-based systems. They still require the individual to complete complex paperwork, and this can take some time to implement. Further, in the case of visiting a non-venue service, additional effort is required to make and keep an appointment. This may result in the individual losing the momentum to self-exclude. In addition, both require the individual to talk to someone face-to-face about their gambling issues. This will discourage those who feel a sense of shame and/or stigma related to their gambling, or who are reluctant to seek face-to-face help due to barriers related to language, gender, culture or mental health.

Electronic access to self-exclusion within pre-commitment systems provides an additional access point that may appeal to some people as it can be instigated in a number of locations, can be activated in private without the need for face-to-face consultations and takes effect immediately. Further, providing access to self-exclusion via an electronic-based system that gamblers are already familiar with, and enabling it to be activated as part of pre-commitment increases its accessibility and normalises self-exclusion as an extension of limit setting. This may also increase its uptake. Consultees in jurisdictions where paper-based self-exclusion was the only self-exclusion system operating were generally supportive of incorporating a mechanism to enable electronic self-exclusion to operate contemporaneously, as it was identified as allowing gamblers to self-exclude in private and for short periods that could start immediately.

Self-exclusion features within a pre-commitment system can be activated by the gambler at the venue, possibly at the EGM or through a kiosk in the venue. For example, gamblers in Nova Scotia may access My-Play using an automated terminal at the venue. Therefore, if someone decides they feel they need to self-exclude while they are at the venue they can do so then and there. Further, it comes into effect immediately, which may give the gambler a greater feeling of control. Alternatively, or additionally, pre-commitment programs can be set up so self-exclusion is accessible online. This means the gambler can implement it from home, again providing instant control. For example, the online gambling site of Swedish company Svenska Spel, provides access to self-exclusion facilities via its social responsibility tool, PlayScan. In a recent study of Svenska Spel gamblers' attitudes and behaviour towards PlayScan, 49% of 2,348 participants reported the self-exclusion option to be useful (Griffiths et al., 2009).[2]

In addition, the ability to self-exclude privately and anonymously without the traditional requirement to apply in writing and attend a meeting, may increase access for those who are reluctant to access self-exclusion because of shame or embarrassment. It is also likely to appeal to those gamblers in small communities where they may be well known, and to gamblers of culturally and linguistically diverse backgrounds who find the idea of talking to strangers about their gambling a major barrier to help seeking. This method also allows the gambler to retain the sense that they are self-managing their problem. Privacy around self-exclusion was an important consideration raised in all consultations, and the privacy afforded by electronic self-exclusion was identified as a potentially positive factor.

4.2 Clear and easy-to-use links to support and counselling

The autonomy and privacy offered by electronic self-exclusion can be a double-edged sword. The lack of engagement with professionals means the gambler is not automatically linked in to counselling and support options. This is not to say that this is an issue only relevant to electronic self-exclusion. A lack of support and access to counselling/treatment options during exclusion periods has been identified as a weakness of some current self-exclusion models (Delfabbro, 2012; Hing & Nuske, 2011, 2012; Ladouceur et al., 2000), and studies have observed that many self-excluders identified a need for better links to treatment and support during their period of self-exclusion (Responsible Gambling Council, 2008).

One of the major advantages of having trained counselling staff involved in formal exclusion processes is that this provides facilitated links into appropriate services. The "gateway model of self-exclusion" proposed by Blaszczynski et al. (2007), for example, involved clinically trained case managers assisting gamblers wishing to self-exclude by recommending them to the appropriate services and treatment. Similarly, the independent, centralised self-exclusion service in South Australia discussed above (Hing & Nuske, 2011) is staffed by trained psychologists, social workers and like professionals. This model was aimed at creating pathways to support and treatment services to assist gamblers to address their problems. The program involved staff conducting an interview with the gambler seeking to self-exclude and providing them with access to information and facilitated referrals to support and treatment options. Hing and Nuske's investigation found that half of the survey participants used face-to-face gambling counselling, and interviewees emphasised the importance of this additional support during their period of self-exclusion.

It is important, therefore, that self-exclusion options sited within a pre-commitment program include clear and easy links to support and counselling, as they will often be instigated without any face-to-face interactions. This could include contact details for phone and online counselling options, as well as traditional face-to-face counselling. The system could also suggest that gamblers contact venue staff for facilitated referrals. A bonus of the electronic system is that it could include an option to allow direct referral to counselling at the point of self-exclusion, such that a counsellor will contact the self-excluding gambler directly.

2 Note that 26% of participants had in fact used PlayScan when gambling online through Svenska Spel.

All stakeholders with whom we consulted reflected on the importance of the availability of counselling to support self-excluded gamblers. However, there were differing views as to whether or not this counselling should be a mandatory part of the process. For example, some consultants suggested that counselling should always be offered, but that participation by the gambler wishing to self-exclude should be optional to preserve privacy and support the gambler in taking control of their own situation. Others supported the idea of some type of engagement with counselling being mandatory or automatically activated as part of the system.

An additional feature that could be included in the electronic system would be that, after a period of self-exclusion, the gambler could be asked if they felt they were happy to resume gambling, and again be offered the option of linking into support and counselling options and/or continuing the self-exclusion.

4.3 Flexibility in the choice of time limits

One problem with traditional self-exclusion is the tendency to only offer long time periods for exclusion. This may discourage some gamblers from entering into agreements (Parke et al., 2008; Williams et al., 2007; see also Nelson et al., 2010; Productivity Commission, 2010). While this is important for some people with entrenched problems, this is not the case for all. The intention of offering flexibility in the choice of time periods for self-exclusion within an electronic system is to open up the program to people who may want to partially self-exclude (e.g., for specific high vulnerability days) or for short periods. It is expected that this feature will result in more people using the self-exclusion program, thus leading to overall reductions in impulsive gambling for people who do not want to gamble.

In conjunction with traditional options for self-exclusion, card-based or electronic systems provide the capacity to offer greater control and more numerous self-exclusion options, ranging from stopping play for as briefly as one hour, through to options for permanent self-exclusion. This flexibility in choice could also facilitate quite sophisticated partial self-exclusions, such as allowing gamblers to exclude for specific days of the week; for example, banning themselves from playing on pay days or over weekends, when overspending may be more likely. This system can also be used to self-exclude for short, specific periods of time; for example, stopping for several weeks while higher than normal expenses are due or when work or study is a priority.

The electronic system could also provide capacity for self-excluding over longer periods of time (e.g., 6 or 12 months, or indefinite self-exclusion), similar to traditional paper-based self-exclusion models. In addition to choosing from the variety of self-exclusion time frames, electronic-based systems implementing a wider pre-commitment scheme also, in practice, enable gamblers to self-exclude for indefinite periods by using limit-setting options to limit their spend to zero. This type of tailored self-exclusion also means a gambler can experiment with excluding for short periods of time without taking the more extreme step of full self-exclusion through a legal agreement.

Systems such as the My-Play Limit feature used in Nova Scotia provide gamblers playing on EGMs with an ability to exclude themselves from play in a wide variety of time frames, including one week, one month or for a greater period of time. The My-Play Limit feature also enables gamblers to self-exclude from the system on specifically selected days, when they anticipate that they may be vulnerable to problem gambling, or for more extended periods of time. In addition, emergency stop features mean that gamblers using this system can elect to immediately stop play for very short periods of 24 hours, 48 hours or 72 hours.

Research into the use of the "48-hour stop" showed that only a few participants reported that they would use this feature; however, the "consensus was that in the long run they would be glad to have the option to self-ban for a couple of days" (Bernhard, Lucas, & Jang, 2006, pp. 24–25). The My-Play trial initially had relatively low uptake of the self-exclusion features (1% of participants used the My-Play Limit feature to exclude themselves from gambling at least once). This is probably to be expected, as it is likely that only a small proportion of people would feel the need to enforce exclusion on their gambling. However, a more recent survey of gamblers pre- and post-launch of the My-Play system on a province-wide basis, found that 31% of moderate-risk gamblers and 41% of problem gamblers ($n = 59$) wanted mandatory features

that enabled them to self-exclude from gambling for specific dates or selected days or weeks (Focal Research, 2010). Problem gamblers also supported having mandatory features enabling them to set time limits for play sessions/days or months (38%) and mandatory features enabling them to block themselves from playing for longer periods of time (36%) (Focal Research, 2010). Therefore, while only a small proportion of people are likely to use the features at any time, it is clear that higher risk gamblers like the idea of having the features accessible to them.

Similarly, in Norway, Norsk Tipping EGMs support a variety of self-exclusion options, including personal player breaks of a range of time periods, specified by day, week or month, through to permanent exclusion.[3] This system also offers options for gambling sessions to be interrupted by a mandatory break after one hour of continuous play. Again, only a small percentage (3%) of gamblers set personal limits/exclusions (Hoffmann, 2012; stakeholder consultations).

Svenska Spel's online PlayScan system (Sweden) also provides gamblers with access to a variety of self-exclusion mechanisms. Griffiths and colleagues' (2009) study of PlayScan users provides significant insight into how participants using PlayScan rated the self-exclusion features (n = 569) (see Table 4.1).

Table 4.1: Participant ratings of PlayScan self-exclusion features, Sweden, 2009

Self-exclusion feature	Completely useless	Quite useless	Don't know	Quite useful	Very useful
24-hour self-exclusion	27.6%	13.2%	35.2%	15.1%	8.8%
7-day self-exclusion	29.0%	11.8%	35.3%	32.3%	14.0%
1-month self-exclusion	30.6%	9.5%	36.4%	14.1%	9.5%
Permanent self-exclusion	36.4%	8.3%	39.0%	9.5%	6.9%

Source: Griffiths et al., 2009, p. 417

Consistent with the results of other trials (Bernhard et al., 2006; Focal Research, 2010), substantial proportions of gamblers found each of the short-term exclusion periods to be potentially useful. Almost half of the participants (46%) identified the 7-day exclusion feature as "quite/very useful" (Griffiths et al., 2009), with this being the most popular of the identified time periods for self-exclusion. Griffiths and colleagues suggested that this feature may have been particularly useful for those gamblers wishing to avoid gambling during particular periods, such as the week prior to receiving their monthly pay. The one-month and 24-hour exclusion features were each rated as "quite/very useful" by 24% of participants, and Griffiths and colleagues suggested that these time features were:

> more likely to be associated with non-problem gamblers who may want to restrict their gambling behaviour [in] a very specific instance, such as preceding a night of heavy drinking (e.g., 24 hour self-exclusion) or (during) a particular time of the year such as Christmas holidays (e.g., 1 month self-exclusion). (p. 419)

The permanent self-exclusion feature was least likely to be rated as useful (16% of users). Griffiths and colleagues suggested that for PlayScan users, self-exclusion was a tool used to facilitate responsible gambling rather than permanent self-exclusion.[4]

Similar views were expressed in consultations, with discussions that gamblers want the option to set variable, as well as permanent, time periods of self-exclusion. This includes students wanting to self-exclude during periods of intense study and gamblers wanting to self-exclude on their pay days or for particular holidays.

In summary, Griffiths and colleagues (2009) observed that preferences as to the preferred types of self-exclusion features varied according to the participants' needs, with the breadth of these

3 At the time of consultation, permanent self-exclusion at EGMs was due to commence shortly in Norway.

4 An EGM trial was conducted by Svenska Spel in Sweden in 2013 where, in addition to the traditional paper-based systems, gamblers could choose to self-exclude for a period of 24 hours at the EGM, for day/week/month-long periods via an online mechanism (stakeholder consultations). No further information regarding this pre-commitment trial was available at the time of writing.

identified needs being indicative of the broader appeal and utility of a system that has a variety of self-exclusion features rather than one that facilitates self-exclusion for long periods only.

While previous studies have provided insight into gamblers' desire for, and experiences of, a broader range of self-exclusion periods, there is still a lack of understanding about the benefits associated with providing varying self-exclusion periods. While we, consultees, and Griffiths et al. (2009) have suggested some potential reasons why gamblers like specific short periods of self-exclusion, these are, at present, supposition. There is also limited empirical data articulating what requisite period of abstinence is required to avoid relapse and regarding what might constitute the most appropriate and beneficial self-exclusion periods (Ladouceur et al., 2007). Collins and Kelly (2002), for example, suggested that self-exclusion should be offered for a period of one year, while Blaszczynski, Ladouceur, and Nower (2004) suggested that the period of exclusion should be determined by the gambler, albeit with a default minimum period of one year. In contrast, Hing and Nuske (2011) recommended that self-exclusion arrangements be set in consultation with appropriate therapeutic support. It has also been suggested that a default or minimum time limit of six months should be invoked to "allow individuals sufficient time to enter treatment if desired to deal with their gambling problems" (Gainsbury, 2013, p. 20). This approach is likely to be useful where the individual has ongoing control issues, although, as identified earlier, there are groups of gamblers who value the opportunity to invoke short periods of self-exclusion. These gamblers may not have ongoing control issues but may have periods of vulnerability (e.g., around Christmas).

It may be that there are different groups of gamblers with different requirements regarding self-exclusion options. **Further empirical research is required to identify the most effective time periods of self-exclusion that could be offered within a pre-commitment program, and for which groups of at-risk gamblers the various exclusion periods are best suited. Research is also needed to better identify the particular benefits associated with the specified self-exclusion periods.**

Further, providing gamblers with as much flexibility and choice as possible may operate to encourage at-risk gamblers to try out self-exclusion measures at an earlier stage, even if it is just for short periods. This will provide gamblers with the opportunity to stop and reflect on their gambling expenditure and activity, and to consider whether a more formal self-exclusion process is required. Our consultations have revealed that in Australia, however, there has been some resistance to offering electronic self-exclusion programs within pre-commitment systems as some have identified such measures as inappropriate in a voluntary scheme or as unnecessary curtailments, with gambling expenditure being identified as a more critical factor than the time spent gambling.

4.4 Flexibility in revocation of self-exclusion

In addition to specifying time periods during which the self-exclusion is to operate, traditional self-exclusion agreements usually make only limited provision for the gambler to revoke their agreement prior to the expiration of the self-exclusion period. It is important to have restrictions to revocation in longer term self-exclusion agreements in order to provide safe barriers for self-excluded gamblers. The effectiveness of any self-exclusion program is reduced by the ability of gamblers to impulsively revoke the agreement. However, it may be appropriate to provide a greater degree of flexibility in revocation within short-term self-exclusion programs.

The Productivity Commission's (2010) recent Gambling Inquiry recommended taking a midline position between what might be regarded as the two extremes on the scale of options; that is, an option that sits between irreversible agreements that do not permit self-exclusion to be revoked (see, for example, Ladouceur et al., 2007) and self-exclusion agreements that may be revoked at any time. The Productivity Commission highlighted the importance of providing self-excluded gamblers with some capacity to revoke their self-exclusion agreement in the future, after a reasonable period that is non-revocable. An example given in some Australian consultations, which may be more broadly extended, was the arrangements currently in place to revoke a lifetime self-exclusion agreement. This arrangement involves the self-excluded gambler attending counselling, with a report to the relevant venue that details how the applicant's problem gambling is being addressed. Applicants who successfully revoke their

exclusion agreement could then undertake to engage in a resumption session with the venue to discuss the ongoing management of their gambling activity.

The main purpose of offering gamblers more flexibility in revoking self-exclusion is again to open up the program to more gamblers. We know that many gamblers would like to self-exclude but are reluctant to do so because they will not be able to change their mind later. It is expected that this feature will result in more gamblers trying the self-exclusion program as a whole, and so it should lead to overall reductions in impulsive gambling for people who do not want to gamble. It would make most sense for shorter periods of self-exclusion to be linked to short time frames before the gambler can revoke the exclusion.

In addition to the revocation of agreements, there could also be a delay between the request for revocation and its enactment, with this delay operating as a "cooling-off" period. A gambler, for example, may impulsively decide to revoke an agreement to facilitate impulsive gambling. If, however, there was a delay of 24 hours before the revocation could be activated, it would provide the individual with a short window to rethink what may be an impulsive decision to revoke.

The Productivity Commission (2010) also suggested that a similar, short cooling-off period of 24 hours would be appropriate when entering into self-exclusion, to cater for gamblers entering into agreements impulsively and then regretting the decision (see also Delfabbro, 2012). This seems to be a particularly important consideration for self-exclusion that can be invoked immediately within a pre-commitment program. However, others argue that this cooling-off period could be counterproductive. PlayScan's limit-setting arrangements remain irreversible for a period of one month. Griffiths and colleagues' (2009) study of gamblers' attitudes and behaviour towards using PlayScan identified this feature as giving rise to major concerns among participants, but the authors suggested that this frustration was an indication that PlayScan was meeting its goal of protecting gamblers during certain periods of vulnerability. This research suggests that one of the benefits of the electronic/card-based pre-commitment model is that it allows gamblers to activate self-exclusion while they have the resolve and commitment to do so, with the ability to rethink this decision in the short term, after which it then remains in place for the set period when the intention to gamble returns.

Again, while this review provides some discussion, there is a lack of good data informing on appropriate cooling-off periods when activating self-exclusion, periods before gamblers can revoke short self-exclusions, or on the period between revocation and its activation within a pre-commitment program. This, then, is an area where further research is required.

4.5 Minimising the ability to circumvent self-exclusion

The ability to circumvent self-exclusion programs and weaknesses in the enforcement aspect of self-exclusion programs have been identified as undermining their effectiveness (e.g., O'Neil et al., 2003; Productivity Commission, 2010). Several measures incorporated into pre-commitment systems have been identified as assisting in ameliorating these weaknesses and are discussed below.

Extending the reach of self-exclusion

A self-exclusion system where the agreements only cover a single venue or a few venues has limited reach as it is easy for gamblers to continue to access gambling by visiting venues from which they have not self-excluded. The ability to exclude from multiple venues or jurisdiction-wide in a single step is important to increase the efficacy of self-exclusion programs (Gainsbury, 2013; Joint Select Committee on Gambling Reform, 2012; Productivity Commission, 2010; stakeholder consultations). Hing and Nuske's (2012) study of the South Australian IGA program is relevant on this point. Although some systems, such as the centralised IGA program, facilitate self-exclusion from multiple venues in one application, issues remain due to limits to the number of EGM venues from which a gambler may choose to self-exclude, and the inability to access jurisdiction-wide self-exclusion. Further, where the choice to select venues for self-

exclusion exists, some problem gamblers will deliberately not exclude from particular venues to allow themselves the ability to continue gambling at times (Thomas, 2008).

The introduction of a jurisdiction-wide program that involves a central database together with mechanisms to facilitate the exchange of information would mean that self-exclusion initiated at one venue would carry across to all other venues linked to the central database. The importance of a multi-venue option, facilitated by a central database, or jurisdiction-wide self-exclusion, was positively described by consultees. In particular, some consultees indicated that a centralised self-exclusion system for the whole of the jurisdiction (e.g., state-wide), if not Australia-wide, was required to help remove the temptation for self-excluded gamblers to gamble at venues beyond those from which they have selected to be self-excluded. Victorian representatives discussed plans for a state-wide monitoring system to be used to ensure that the pre-commitment system to be rolled out in that state has this type of jurisdictional coverage. However, at this stage, Victoria is planning a voluntary rather than mandatory system of pre-commitment, which has issues for self-exclusion, as discussed below.

The Productivity Commission (2010) identified that in addition to using jurisdiction-wide databases to identify and prevent self-excluded gamblers from entering gaming rooms in breach of their agreements, these databases could also be used to facilitate the forfeiture of prizes, where the recipient's identification is checked against the database prior to the release of winnings large enough to be dispersed by cheque. This would provide a further disincentive for gamblers to breach their self-exclusion, although it is also possible that such a feature may discourage gamblers from activating self-exclusion in the first place. Similarly, a facial recognition system to assist in the identification of banned problem gamblers is currently being trialled by SkyCity Casino in Auckland, although data relating to the effectiveness of this system is not yet available (Auckland University of Technology, 2013; stakeholder consultations).

Further, none of the traditional self-exclusion systems cover alternative forms of gambling (e.g., online gambling or TAB). Therefore, gamblers who have self-excluded from EGM venues may still be able to access other forms of gambling. Although some prior research has suggested that people tend to have specific problems with specific forms of gambling (Petry, 2003), other research has shown that some people switch between alternative forms. For example, 59% of participants in the Responsible Gambling Council's (2008) study reported undertaking other (non-casino) forms of gambling during their period of self-exclusion that were not covered in their self-exclusion agreement. Similarly, Ladouceur and colleagues (2000) found that 50% of participants reported circumventing their self-exclusion agreement by engaging in alternative forms of gambling that were not precluded by their agreement. If the electronic pre-commitment system can be linked to other forms/platforms of gambling (e.g., online gambling), it could enable a person to contemporaneously exclude from all problematic forms of gambling. This would again strengthen the reach of the system to more effectively protect problem gamblers seeking to minimise or stop gambling.

Easier identification of self-excluders

Where electronic self-exclusion is part of pre-commitment with a card/PIN, identification of self-excluders will be improved. The IGA's 2005 inquiry into smartcard technology identified a "clear benefit" of having a card-only or electronic-based system that makes provisions for self-exclusion, suggesting that it would remove the process from the responsibility of staff (p. 40). Therefore, staff would no longer need to be notified about excluded gamblers, which would reduce embarrassment for people considering excluding, something likely to be particularly important to people living in small communities or who attend small venues. Further, it would mean that staff are not required to identify people who are self-excluded or to take steps to remove them from gaming areas. This reduces pressure on staff and reduces regulatory overhead for venues.

If electronic self-exclusion operates as part of a wider self-exclusion program, within a full system of pre-commitment (i.e., all gamblers must take part), then it can reduce the ability of all self-excluded gamblers to breach their self-exclusion agreement by entering the venue and accessing an EGM. For example, people who sign up for paper-based programs could also have this information added to their registration details in the pre-commitment system. This means

that this group, in addition to those excluding electronically, would have breaches detected electronically.

Full versus partial pre-commitment systems

An important consideration is that the effectiveness of self-exclusion within pre-commitment systems relies on the coverage and completeness of the overarching system. As discussed above, if the system covers a wide geographical area and covers multiple forms of gambling, effectiveness is increased.

While many features of pre-commitment offer benefits when operating in either a full or partial system, it is important to note that this particular feature is unlikely to be effective at preventing gambling for people experiencing problems unless it operates within a full system of pre-commitment where everyone must register to gamble and have a single card/PIN. A full pre-commitment system, such as the card-only, universal pre-commitment system operating in Norway, is seen as being effective for electronic self-exclusion as gamblers are unable to use EGMs without inserting their personalised card, making it difficult for self-excluded gamblers to circumvent (Hing & Nuske, 2012; IGA, 2005; Productivity Commission, 2010; academic consultation).

Self-exclusion as a feature would have limited effectiveness in preventing gambling within a partial system where use of the technology is not compulsory and/or where people can hold multiple cards/PINs. As discussed earlier, the purpose of self-exclusion programs is to provide strong support for people who find self-regulation of gambling difficult. Under a partial system, it would be easy for an individual to impulsively breach their self-exclusion by choosing not to use their card/PIN (or by using a different card/PIN). Further, if the person had signed up for self-exclusion electronically, staff at the venue would not have any information to let them know that the user should not be gambling. The limitations of this particular feature may explain why it has not been tested in trials of partial systems of pre-commitment in Australia, with emphasis remaining on traditional, paper-based self-exclusion.

It is possible that self-exclusion as a feature within a partial system provides some benefits for people who are not experiencing major issues with self-control and who do not wish to self-exclude for long periods of time, but who would like the added protection of enabling self-exclusion. It could be used to self-exclude for particular days of the week, for example, or for short periods of time to provide a "break in play". It may also have some efficacy as a reminder to an individual that they have self-excluded, and it can provide a gateway to more traditional self-exclusion programs. However this is yet to be determined. Future research is needed to examine the efficacy and effectiveness of this particular feature within partial systems to determine if, and when, it is likely to be of benefit.

It is important to acknowledge that even full pre-commitment systems can be circumvented where gamblers are determined to do so. For example, self-excluded gamblers may exchange their card/PIN with that of a gambler who is not self-excluded and continue gambling. In such cases, measures such as mandating that winnings be deposited directly into the PIN/card-holder's bank account may operate as a deterrent if the pre-commitment system includes cashless gaming.

Some researchers have called for venues to better address their responsibilities with respect to enforcing compliance (see Chapter 2 for non-compliance regimes currently in place). For example, Blaszczynski and colleagues (2004) suggested that while monitoring systems have their imperfections, EGM venues do have the scope to provide adequate staff training and the necessary surveillance to facilitate gamblers wishing to self-exclude, and the venues should be subjected to penalties for non-compliance. Gainsbury (2013) also suggested that venue operators "must take active steps to identify and remove self-excluded gamblers" (p. 20) and that this goal may be facilitated by requiring gamblers to display appropriate identification prior to admission to the venue, using computerised identification checks, and providing training to better equip staff involved in the enforcement of self-exclusion programs.

However, as discussed earlier in the report, significant concerns have been raised by researchers in relation to the practicalities of verifying the identity of self-excluded gamblers. It may also be

difficult for staff to remove patrons if the gambler has self-excluded within the pre-commitment system without signing a legal agreement and without staff having any additional proof of self-exclusion (such as a photograph). Staff do currently remove gamblers who are identified as being self-excluded; however, this is with the support of an agreement.

It is likely that both venue management and patrons may be unhappy at the idea of patrons having to regularly show identification to gamble. Currently there exists variability in the requirements called for at the point of entry into venues, with entry to hotels generally not requiring any particular identification beyond proof of age, while clubs may require membership cards to be swiped or attendance registers to be signed. The rigor with which these conditions of entry are enforced also appears to vary. Asking people to prove their right to gamble is moving a large step beyond current practice. As Ladouceur and colleagues (2007) observed, "verifying everyone's identify would resolve the problem but is contrary to the prevailing values of North America, Australia and New Zealand" (p. 92).

4.6 Supporting and promoting self-exclusion within a pre-commitment system

Help services, the gambling industry and media communications can all provide support and advice to facilitate the successful implementation of electronic self-exclusion (see the program logic model at Figure 4.2). The next section discusses issues that have been identified as being important in supporting self-exclusion.

Key messages

Several elements have been identified as being important in supporting self-exclusion.

Help services

- There should be input from help services into the system's design and the options available for people who self-exclude electronically.
- The provision of clear and active links to the variety of different help and support options available is important so that those who self-exclude electronically are not disadvantaged.
- Clear dissemination of information about new facilities for self-exclusion should be provided to a wide range of help and support agencies. This will mean that clients of help services are aware of these new self-exclusion options and that services are prepared for any increases in referrals through the uptake of electronic self-exclusion.

Industry

- The support of industry peak bodies and venue management and staff is important to obtain gambler participation in harm minimisation mechanisms.
- It is important and useful to obtain the knowledge and expertise of gambling industry representatives at various stages of the system's design, implementation and evaluation.
- Input from industry should be carefully managed, taking into consideration any conflicts of interest emerging in the context of such engagements.

Media and communication

- There is a current lack of readily available information about self-exclusion programs.
- It is important to ensure that help-seeking options such as self-exclusion are front of mind for at-risk and problem gamblers who may be considering accessing support and assistance.
- Effective options for communicating this help-seeking information must be identified, both within and outside gambling venues.

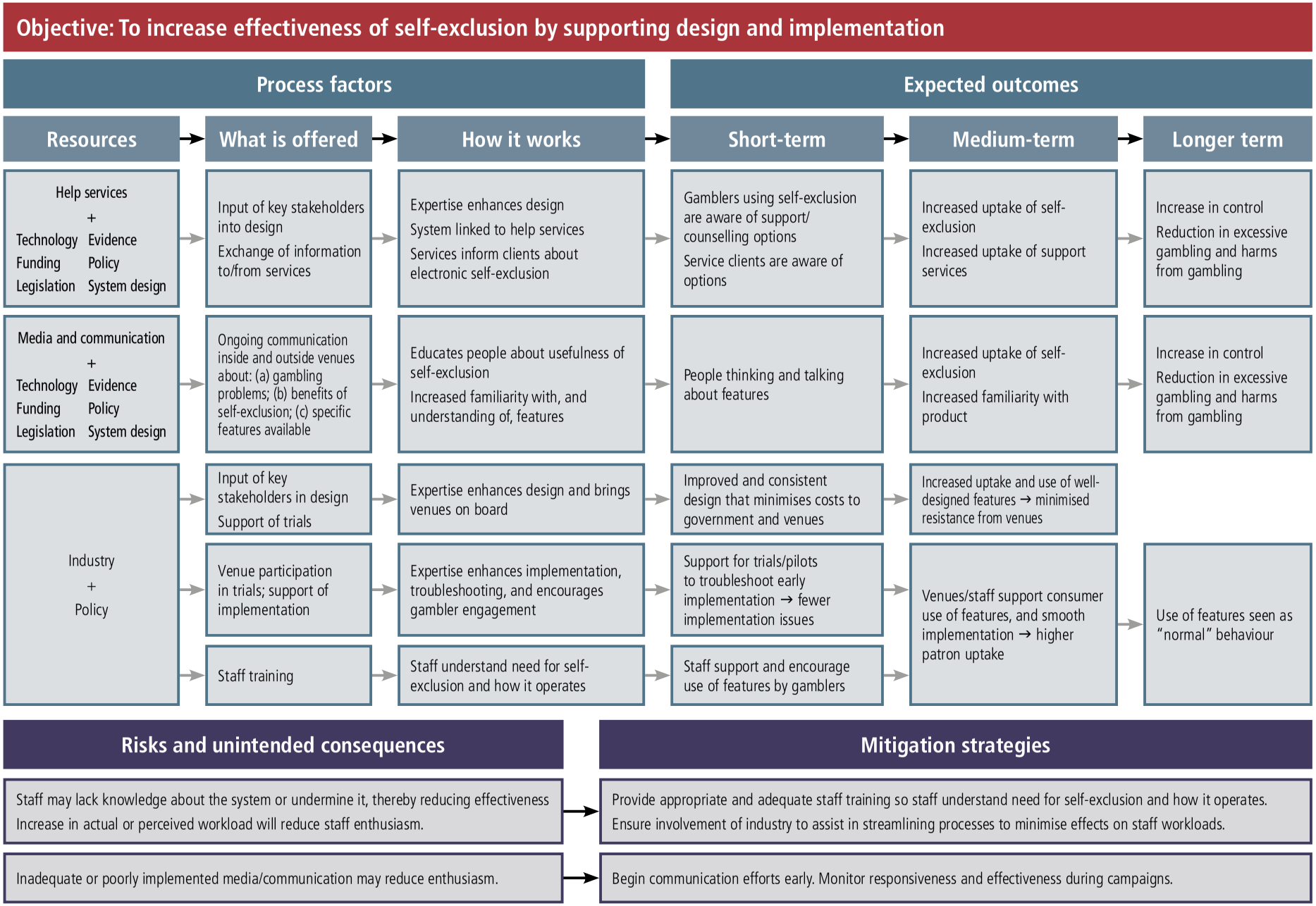

Figure 4.2: Program logic model for encouraging support for electronic self-exclusion

Help services as partners

The overarching goal of self-exclusion programs is to provide the gambler, when they are gripped by the urge to gamble, with support to stick to the decision they made in the "cold light of day" to limit or stop gambling (Battersby et al., 2010). By doing this they reduce impulsive gambling and provide the gambler with increased control. By themselves, these programs may not be sufficient to provide a long-term solution to severe gambling problems. To address this, paper-based self-exclusion programs are generally linked to counselling referrals. As discussed earlier, clear and easy-to-use links to counselling options should also be included within any electronic system of self-exclusion.

Local help services therefore become partners in this enterprise. Overarching design is likely to be improved if key stakeholders from this sector are involved at the design stage to inform on options and issues from their perspective. A range of help services are now on offer in Australia, including crisis telephone support, telephone counselling, online support/counselling, and guided or unguided online treatment programs, in addition to traditional face-to-face counselling options. An electronic system could be set up so that information on available support and counselling options is always available (online or at a venue kiosk, for example), and/or so that messages about support options are "pushed" to the gambler if they access self-exclusion. Other options include providing gamblers with the ability to sign up for a counsellor to contact them whenever self-exclusion is activated. The system could even be set such that contact from a counsellor is provided automatically when self-exclusion is activated. This last option, however, may result in reduced uptake from those who do not want counselling at that time.

On the other side, information about new, electronic self-exclusion programs needs to be disseminated widely at the service level. This facilitates the ability of counsellors to discuss these options with their clients to facilitate greater uptake and a smooth transition. Ensuring services are well aware of electronic self-exclusion options also means they are prepared for any increase in referrals flowing from increased uptake of self-exclusion.

Gainsbury (2013) identified the importance of providing gamblers with a reinstatement process following a period of self-exclusion, to take place away from the gambling venue, that enables gamblers to extend their self-exclusion agreement and again receive information and referrals to support and treatment services should this be required. The IGA (2005) also referred to post-self-exclusion options involving a probationary six-month period during which limits are set with the assistance of a counsellor.

Industry engagement and support

This section considers ways in which groups responsible for system implementation—venue operators, governments and regulators—can provide knowledge and support in the design and implementation of EGM pre-commitment features. Consultations were undertaken with industry in accordance with the terms of reference for this review. It should also be acknowledged that community groups and consumers have significant expertise and knowledge that could inform the development of self-exclusion features within a pre-commitment system. Consultations and the literature evaluating voluntary pre-commitment systems have found that venue engagement, staff knowledge, and support from industry associations are influential in obtaining gambler participation (Delfabbro, 2012; Department of Justice, 2012; Department of Treasury and Finance, 2010; Office of Regulatory Policy, 2009; Responsible Gambling Working Party, 2012; Schottler Consulting, 2010a, 2010b).

The knowledge and expertise of gambling industry representatives (manufacturers, EGM operators and venues etc.) should be obtained at various stages of the system design, implementation and evaluation. However, this input needs to be carefully considered against the potential conflict of interest of this stakeholder group in promoting and encouraging consumption of their product. This means that any engagement with the gambling industry—including hotels, clubs, casino operators and manufacturers—needs to ensure the information and concerns of industry are heard, but with the knowledge that this advice may not align with a public health approach that seeks to minimise harm.

Self-exclusion programs have been supported by industry and regulators for a long time and are fairly non-controversial. High-level industry consultation is likely to be useful at the design stages and may provide important insight and knowledge around experiences in establishing previous systems. Industry involvement in the testing and trialling of self-exclusion features could provide an early alert to unexpected problems in implementation. Having active participation by these stakeholders (peak bodies, venue owners/operators, help services) in development and implementation means they will feel part of the process (rather than having it imposed on them), leading to increased ownership of the outcomes. It also means that strong and workable links can be established or reinforced during the design phase between the program and relevant help services.

The support of industry peak bodies to promote new self-exclusion options to venue operators and managers would also be useful, as venues are in direct contact with gamblers, and support at the venue level will enhance the success of programs. This support could include information flowing from peak bodies to venue operators to outline the new options and their contribution to a "responsible gambling environment", as well as showing venues how they could support the initiatives through the prominent display of information, announcements in venues, and staff education. All of this would lead to a smoother transition and normalisation of the use of features to better support safer gambling.

Industry support is also needed at the staffing level. Staff promotion of the features on the ground will be enhanced if staff are educated about: (a) why the measure is important; (b) how the features operate to assist gamblers regain control of their gambling; and (c) how to assist customers to use the features and link to support services. Encouragement from venue management and adequate staff training are likely to lead to a smoother implementation as staff will be more effectively equipped to troubleshoot and deal with any spike in usage. An example of this type of system can be found in the work of venue support workers in Victoria, who provide industry staff with education and training around self-exclusion and other harm reduction measures. Consultations at industry level suggest that programs that do not include sufficient staffing resources, or which have ongoing technical issues, lose vital staff support. Well-designed and tested systems that emphasise simplicity should minimise patron confusion and frustration and ensure that staff do not feel overwhelmed with additional work. Longer term effective staff engagement should assist in normalising the use of measures.

In addition to strengthening these links, it is vital that all self-excluded gamblers are removed from venue mailing lists, gambling loyalty programs and incentive offers during the period of self-exclusion. This is an important measure to accompany the gamblers' receipt of information, advice and therapeutic support. If the pre-commitment system is linked to an existing loyalty card system, it is important that gamblers are able to continue using their card without any gambling-related information. It is important to note, however, that venue consultees felt that self-exclusion should generally be restricted to the gaming floor and not include restaurants or other areas that facilitate socialisation. This consideration may be particularly important in rural and regional areas where venues are frequently a major social site.

Media and communication

Social marketing techniques should be used to provide information about self-exclusion—both within and outside gambling environments—in a way that creates awareness about gambling problems, reduces the stigma, contradicts the common stereotypes about problem gamblers, and encourages help-seeking behaviour (Abbott et al., 2011). Good marketing is also vital to ensure that gamblers are aware of the existence of self-exclusion features and understand their potential usefulness. There is a lack of readily available information about self-exclusion programs (Hing & Nuske, 2012; Ladouceur et al., 2007; Williams et al., 2007). Help-seeking options, including self-exclusion, should be prominent in the minds of higher risk gamblers who are considering the need for help, but a study of motivators and barriers to help-seeking found that awareness of assistance options was as low as 36% among problem gamblers and 25% among moderate-risk gamblers (Hing et al., 2011). Gainsbury (2013) suggested that self-exclusion programs "need to be promoted more effectively and potentially modified to make them more attractive as a suitable strategy to control gambling for problem gamblers" (p. 10).

In addition to continuing to advertise traditional programs, clear communication about new, electronic means of self-exclusion options that extend the flexibility of traditional programs is important information to feed to patrons, and may lead to a more substantive uptake of the program than has been the case to date. Information from consultations similarly suggests that carefully targeted social marketing, both before and during rollout of the system, may be an important strategy to encourage consumer take-up of a pre-commitment scheme.

Consultations and the literature suggested the following strategies:

- Messages in venues should inform on all available options and access points using different media—including paper/flyers and scrolling messages on EGMs, voice-over announcements, short videos. Messaging about or links to counselling should also be provided with other correspondence to patrons, such as transaction history statements or promotional offers.
- Venues could alert their patrons to the availability and potential benefits of self-exclusion through their customer contact base and/or loyalty programs.
- Information needs to be clear and simple.
- Presentation and language needs to be direct and easy to understand in order to compete with the stimulating experience of gambling and the other activities in the venue.
- Information about self-exclusion could be embedded within other pre-commitment features, such as limit-setting and transaction history mechanisms.
- Messages could be tailored to appear where patterns of behaviour are found to be problematic (e.g., triggered by particular levels of spending or breaches of self-set limits).

Importantly, the *tone or expression* of the messages influences whether the content of the message can "break through" emotional and cognitive barriers for gamblers. In the venue, gamblers are more likely to be in a "hot cognition" state where they feel stimulated and are extremely responsive to powerful emotionally salient cues (e.g., distressing or exciting images). Therefore, for messages to break through to gamblers when they are in the venue, "hot tone" messages should be used; for example, "losses are depressing", "I feel bad when I lose a lot". In contrast, research has shown that "cold" messages (objective, rational, and factual information) in these circumstances will have less salience (e.g., Figner, Mackinlay, Wilkening, & Weber, 2009; Gold, Skinner, Grant, & Plummer, 1991). This type of "cold" language may be more effective if provided to gamblers outside the gambling environment; for example, through transaction history statements or community messaging.

An ongoing community education plan will increase general familiarity with the services, break down stigma around it, and mean that consumers are familiar with the services and processes should they wish to use them in the future. Over time this will help to normalise the process, particularly for options that may be useful for gamblers from different risk groups. This view was reflected in information gathered from consultations, noting that governments could actively support pre-commitment through an advertising campaign that could include mass media as well as online promotion.

4.7 Chapter summary

This chapter has considered a range of mechanisms that could be made available in Australia to provide gamblers with access to self-exclusion through electronic pre-commitment systems. This provides gamblers wanting to self-exclude with additional options and flexibility in terms of access to self-exclusion, choice of immediate and variable time periods, and the ability to exclude from multiple venues and multiple forms of gambling on a jurisdiction-wide basis. Measures to provide flexibility in revocation and minimise circumvention, as well as ameliorate issues associated with enforcing self-exclusion agreements, could also be implemented in such an electronic and linked system. Such a system would maintain and provide links to the paper-based systems currently in place, as well as to counselling and/or treatment services, which would facilitate a "no wrong door" policy for the program.

5 Summary and conclusions

This report has examined the options for including self-exclusion as part of an effective and efficient pre-commitment system. The report has drawn on multiple sources, using commentary and emerging evidence from Australian and international literature, together with accounts from key national and international stakeholders representing government, industry and research groups.

Although there is a dearth of empirical research investigating the effectiveness of self-exclusion programs, the available Australian and international research has identified substantial benefits associated with the participation in self-exclusion arrangements for at-risk and problem gamblers. The benefits identified by this research include the prevention or reduction of gambling expenditure for gamblers and the consequential decrease in their financial distress, a significant increase in gamblers' sense of control during self-exclusion, improvements in psychosocial functioning, a significant decrease in the urge to gamble, and a decrease in the intensity of negative consequences arising from gambling.

It is in this context that we have outlined a range of simple and easy-to-access self-exclusion features that could form part of a wider pre-commitment scheme that complements traditional, paper-based models for self-exclusion. These features increase the range of self-exclusion options open to gamblers and reduce some of the barriers associated with traditional self-exclusion. This, in turn, could lead to greater uptake of the service.

5.1 Increasing accessibility to self-exclusion

Our review of research literature, commentary and consultations has identified that a barrier to uptake in self-exclusion arrangements is the failure to provide ready accessibility to simple and easy-to-use mechanisms by which gamblers can activate self-exclusion. The provision of a range of access options would move self-exclusion beyond the one-size-fits-all approach of traditional self-exclusion, towards a more flexible and accommodating model. Providing access to electronic-based self-exclusion as a component of a wider pre-commitment system has been identified as a means of increasing the ease with which people can activate their self-exclusion, whether by selecting the chosen self-exclusion period at the EGM or venue kiosk, or by accessing and amending their membership details online.

Facilitating quick and easy access to self-exclusion features as part of the wider pre-commitment scheme normalises self-exclusion by presenting it as a feature of the card/PIN-based system with which gamblers are already familiar. It also enables self-exclusion to be activated in conjunction with other responsible gambling features that may be accessed when gamblers place their card in the EGM or venue kiosk, or log in online. This then provides gamblers with information on self-exclusion at regular intervals and enables them to activate it "on the spot". This ability to self-exclude with some measure of immediacy has advantages over the lengthy and protracted process for traditional self-exclusion, during which time the gambler may renege on their decision due to a weakening of their resolve.

In addition to providing broad access by embedding self-exclusion features within a wider pre-commitment system, it remains important to provide gamblers with the ability to access self-exclusion via traditional models (by attending in person at the venue or an independent body

such as a regulatory body or counselling service) so that those who wish to engage in person with staff and discuss the options and implications of self-excluding are able to do so.

Self-managed exclusion through electronic means increases gamblers' privacy, but also means that they are not automatically linked into counselling. This raises the possibility that people accessing online programs take up counselling options at lower rates than those in traditional gambling systems, due to the lack of personalised interactions. Ensuring that there are clear and easy-to-operate links to referral and support options within the system may mitigate this potential issue.

5.2 Time frames

A key factor emerging in the relevant research and commentary was the importance of providing greater flexibility in the choice of self-exclusion arrangements as a means of facilitating the numerous harm minimisation goals. These goals range from the reduction or cessation of impulsive gambling and gambling during identified periods of vulnerability, through to complete abstention. Limitations in the choice of available time frames for self-exclusion (e.g., long minimum self-exclusion periods or indefinite periods of self-exclusion) have been identified as operating as potential barriers to those wishing to reduce their gambling expenditure or to trial self-exclusion without locking themselves into a long or permanent arrangement.

As discussed in Chapter 4, increased flexibility for these features could include allowing a wide variety of time periods for self-exclusion, ranging from as short as one hour through to 24 hours, 48 hours or 72 hours; more extended time periods of one week or one month; a selected period of days, weeks or months; or even indefinite self-exclusion. In addition to embedding self-exclusion options within a wider pre-commitment scheme, a gambler may choose to exclude for indefinite periods by limiting their spend to zero.

5.3 Revocation

Care needs to be taken in identifying appropriate provisions for revocation of self-exclusion that consider both the need to avoid unnecessary rigidity and the need to provide adequate protection for problem gamblers. While it may be appropriate to provide a greater degree of flexibility in revocation for short-term self-exclusion, it is important to keep in mind that the effectiveness of any self-exclusion model is reduced by the ability of gamblers to impulsively revoke arrangements. Any delay between the request to self-exclude and its activation can similarly lead to people changing their minds.

A short cooling-off period of, say, 24 hours has been suggested as a feature of a self-exclusion model embedded within a pre-commitment scheme that allows gamblers to activate self-exclusion while they have the resolve to do so, with the ability to rethink the decision to self-exclude in the short-term. A similar cooling-off period has also been suggested before any revocation of self-exclusion can be effected, meaning gamblers have the ability to rethink any hasty decision to revoke. Access to reinstatement options at expiration of their self-exclusion will allow gamblers to simply and easily extend their self-exclusion arrangement.

5.4 Minimising circumvention

Self-exclusion could be made readily accessible and available for immediate activation by all gamblers if it is part of a full electronic system of pre-commitment that does not allow users to gamble on EGMs without a card (or PIN). A full system reflects best practice for self-exclusion as it means that self-excluded gamblers are prevented from gambling because the EGM cannot be used without individual identification through the use of a card (or PIN) to activate the machine. While self-exclusion features can still be offered within a voluntary system, they would be ineffective at preventing gambling for those experiencing problems with self-control, as gamblers are able to continue gambling without their card/PIN.

Similarly, introducing features within a system where gamblers are able to self-exclude from multiple EGM venues or on a jurisdiction- or country-wide basis (and for multiple forms of

gambling) increases the effectiveness of self-exclusion by reducing the ability to gamble outside the system. Multiple-venue or jurisdiction-wide self-exclusion also creates a simple and easy-to-access "one-step" process by removing the onerous task of liaising with and completing the relevant paperwork particular to each venue.

The ability to circumvent traditional self-exclusion programs, and weaknesses associated with their enforcement, have been identified as undermining effectiveness. A full EGM electronic pre-commitment system makes it more difficult for self-excluded gamblers to circumvent because gamblers are unable to use EGMs without inserting their personalised card or PIN. Linking paper-based self-excluders' status to their card/PIN would strengthen the overall program by enabling the technology to overcome issues of detection for all self-excluded gamblers.

5.5 Providing broader support and promotion of electronic self-exclusion

To assist in the effective operation of self-exclusion options that are part of a wider pre-commitment scheme, information, referrals and pathways to therapeutic support must be offered to gamblers during their period of self-exclusion. Input from key stakeholders within help services into the design and options provided is important to ensure a wide range of service options and workable linkages from the system to the services.

Clear dissemination of information to help and support agencies about new facilities for self-exclusion must also occur. This will mean that the clients of help services are made aware of new self-exclusion options and that services are prepared for any increases in referrals through the uptake of electronic self-exclusion.

In addition to strengthening these links, it is important to ensure that all self-excluded gamblers are removed from venue mailing lists, loyalty programs and incentive offers during the period of self-exclusion. Participation in reinstatement processes upon the expiration of their self-exclusion may assist gamblers to receive information and referrals to support and treatment services, as well as to extend their period of self-exclusion should this be required.

Further, industry input will assist in the effective implementation and operation of self-exclusion within a pre-commitment scheme. Industry involvement may be of assistance at the design/development stage, as well as being an integral part of the promotion within venues. The involvement and education/training of staff is also critical so that they are well able to support gamblers through the process.

Research has shown that gamblers lack information about self-exclusion programs. A further important aspect of facilitating easy access to self-exclusion therefore relates to the adequate dissemination of information and advertising material. This will increase knowledge in the general community about the services, normalise self-exclusion, and de-stigmatise the need to activate such options. Communication mechanisms should be clear and easy to understand, and use appropriate language and tone for the audience and environment.

5.6 Avenues for further research

While the discussion in this review considered Australian and international research providing evidence of the positive effects associated with participating in EGM self-exclusion programs, there is a only a limited amount of empirical research investigating the effectiveness of self-exclusion programs or comparing their elements and implementation. There is even less research investigating the usefulness and effectiveness of additional self-exclusion features within a pre-commitment system. As well, policies differ between jurisdictions, both here and internationally, making comparisons and generalisations of effectiveness difficult. Consequently, there is limited evidence to inform best practice or to choose which program elements to introduce or retain.

The review suggests that accessing self-exclusion options as part of a wider, electronic pre-commitment system would overcome barriers arising in respect of the traditional paper-based system, as it is easy, convenient, flexible and private for gamblers to access. This discussion suggests that these options may appeal to a different type of gambler compared to those

accessing traditional self-exclusion programs; for example, gamblers who have identified particular periods of vulnerability to problem gambling (e.g., pay day or Christmas holiday period). It may also encourage gamblers to use self-exclusion earlier than they would otherwise have done so. However, it is not clear as yet whether this is the case, or how effective this option is for those who choose to take it up.

In the short term, some exploratory research using qualitative methodologies could provide valuable information that could drive ongoing design options in the system.

Access and electronic self-exclusion

Electronic self-exclusion provides an additional access point. It may be taken up by people simply because it is convenient, but is also likely to appeal to a group of people who are reluctant to take up self-exclusion through traditional agreements.

Analysis examining uptake of self-exclusion through pre-commitment by specific sub-groups who may be less likely to use traditional self-exclusion could be useful. For example, is there higher use by young people and/or those from different cultural backgrounds who are known to avoid counselling and help services? Do they find these new options helpful and effective to assist in regaining control of gambling?

When, where, how and for whom are short-term self-exclusions effective?

From the limited empirical research presently available, we know that short-term exclusion periods are regarded as being potentially useful and that they may appeal to a different cohort of gambler. However, many questions remain unanswered.

- It is still very unclear when and why short-term (e.g., 24 hours, 48 hours) and medium-term (e.g., 72 hours, 7 days, 1 month) self-exclusion periods would be chosen over longer term periods (e.g., 6 months, 12 months, indefinite).
- How do short-term self-exclusion periods work? Are they more likely to be used to provide a break for a period of high vulnerability, as a breathing space to consider longer term plans for self-management of gambling, or as a trial before opting for longer term, traditional self-exclusion?
- Who are shorter periods effective for? Are they more likely to be helpful and effective for lower rather than higher severity problem gamblers? Are they more effective for those who are just starting to have issues with impulsive overspending? Can they be effective within pre-commitment systems where general participation is voluntary? Are longer term and more binding agreements required for those who have major underlying issues such as depression?
- In addition, when, why and for whom might partial self-exclusion features such as exclusion on specific days be most effective?
- What benefits can self-exclusion features provide in a partial system (where use of the system is voluntary)? Are they useful for people who are not experiencing issues with control but who want to set themselves periods of exclusion? Do they have any efficacy as a reminder to an individual that they have self-excluded and as a gateway to more traditional self-exclusion programs where required?

Revocation and cooling-off periods

A related area that requires further research is around revocation and cooling-off periods for electronic self-exclusion. One of the strengths of self-exclusion is the fact that it cannot be easily overturned. However, given electronic self-exclusion has been discussed as offering short-term more flexible self-regulation, it has been suggested that this should also be easier to cancel. However, there is little data on which to base decisions around this. In particular, should there be any revocation period on shorter self-exclusion periods (e.g., under a month)? Where it is

determined that revocation after a certain period of time is applicable, how easy should it be to do this and what period of time must expire before a gambler can revoke self-exclusion?

Further, the Productivity Commission (2010) suggested a cooling-off period of 24 hours before revocation takes effect, to allow people to change their mind on impulsive decisions to cancel self-exclusion. However, research is yet to determine if this cooling-off period is the most efficacious.

The Productivity Commission (2010) has similarly suggested a cooling-off period of 24 hours before self-exclusion takes effect. A cooling-off period appears to be a good idea to offset impulsive use of this tool (given the immediacy of the electronic approach). However, to our knowledge, there has been no empirical research investigating whether this or an alternate period of time is appropriate, or whether such a cooling-off period should only be offered for longer term periods of self-exclusion (e.g., over a month).

A qualitative methodology would be the most appropriate design for further research at this very early stage of understanding. Once self-exclusion has been activated as part of pre-commitment, research using larger, more generalised samples can be conducted.

Secondary data analysis and evaluation

Anonymised data collected through pre-commitment systems could also be analysed to inform future studies that evaluate gambling behaviour over time. For example, these data could show which time periods for self-exclusion are more popular, how frequently self-exclusion is extended, or, in contrast, how frequently self-exclusion is revoked. Depending on how the system is set up, and what additional information is collected, data could also be examined in terms of basic demographic differences (e.g., gender, age, ethnicity) and/or to determine how frequently self-excluders access links to support and/or counselling. These data would be extremely valuable and are unlikely to be readily accessible by other means. The data could be used to inform further research and ongoing design adaptation. As in any case of secondary data analysis, particular care would need to be exercised and protocols put in place to ensure that the use of such data does not jeopardise consumer confidence in the privacy of gambling activity.

Where electronic-self-exclusion has been implemented, evaluations using large samples should be conducted to test the efficacy of the programs across socio-demographic groups. This will inform on the relationships between participating in these types of self-exclusion programs and outcomes for different risk groups of gamblers.

Once there is greater understanding of who might use or benefit from the various self-exclusion features, the circumstances in which these features may be used, and the factors that may enable them to operate effectively, this knowledge can then inform future system design. Our consultation data suggest that, apart from the ability to set time and/or money limits to zero, the capacity for self-exclusion features to be embedded within a wider pre-commitment system has not been widely considered by gambling venues or government. Empirical research of the nature described above would encourage broader discussion of self-exclusion features and boost its prominence on the agenda for industry.

5.7 Concluding comments

Self-exclusion offers significant benefits for at-risk and problem gamblers. Providing easy access to a clear, simple and more flexible self-exclusion mechanism, as part of a wider EGM pre-commitment scheme, is likely to yield a net benefit for many gamblers who may have experienced barriers to their participation in traditional forms of self-exclusion. This is particularly likely to be the case if it is introduced together with measures directed at minimising the likelihood of circumvention of the system.

A clear finding from consultations and the literature is that early pre-commitment systems have been based on minimal evidence, with technological capability often driving design rather than theory or any clear understanding of gambler behaviour. Later designs have been strongly influenced by the evidence and experiences of earlier trials and implementations. This review

provides a consolidated summary and critique of self-exclusion, including best-practice design options for electronic self-exclusion. It provides a valuable resource that can be used by both state and federal governments to inform their design and implementation choices for self-exclusion within pre-commitment systems. Further empirical research is clearly needed to build on existing knowledge to improve the provision and efficacy of electronic self-exclusion.

Instruments and references

Legislation

Casino Act 1997 (South Australia)
Casino Control Act 1982 (Queensland)
Casino Control Act 1984 (Western Australia)
Casino Control Act 1991 (Victoria)
Casino Control Act 1992 (New South Wales)
Casino Control Act 2006 (Australian Capital Territory)
Criminal Code RSC 1985, c C-46 (Canada)
Gambling Act 2003 (New Zealand)
Gambling Regulation Act 2003 (Victoria)
Gaming Control Act 1993 (Tasmania)
Gaming Control Act, SNS, 1994–95, C4 (Nova Scotia)
Gaming Machine Act (Northern Territory)
Gaming Machine Act 1991 (Queensland)
Gaming Machine Act 1992 (South Australia)
Gaming Machines Act 2001 (New South Wales)
Independent Gambling Authority Act 1995 (South Australia)
National Gaming Reform Act 2012 (Commonwealth)
Gaming Machines Regulation 2010 (New South Wales)
Gambling and Racing Control (Code of Practice) Regulation 2002 (Australian Capital Territory)

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Appendix

Appendix A: Methodology

Rapid evidence assessment

Stage 1: Identify sources to be searched and identify pilot search terms

The research team searched 50 databases through EBSCOhost, which hosts academic, scientific and grey literature. These included:

- EconLit, the American Economic Association's electronic database, which covers virtually every area related to economics and is the world's foremost source of references to economic literature;
- PsycARTICLES, from the American Psychological Association, which is a definitive source of peer-reviewed, scholarly and scientific articles in psychology;
- Psychology and Behavioural Sciences Collection, the world's largest psychology database;
- PsycINFO, the largest resource devoted to peer-reviewed literature in behavioural science and mental health; and
- Hospitality and Tourism Complete, which includes industry publications and scholarly journals such as International Gambling Studies.

Eleven databases were searched through Informit, which primarily contains Australian content. These included:

- Attorney-General's Information Service, which covers all aspects of law;
- Health Collection, which includes evidence-based treatment practices for addiction; and
- Multicultural Australia and Immigration Studies, which covers a wide range of material on cross-cultural topics.

Ten Australian institutions with specialist gambling-related websites were identified and searched manually. These were:

- Gambling Research Australia;
- Victorian Responsible Gambling Foundation;
- Melbourne Monash Problem Gambling Research & Treatment Centre;
- Gambling Research Unit, University of Sydney;
- Centre for Gambling Education and Research, Southern Cross University;
- Centre for Gambling Research, Australian National University;
- South Australian Centre for Economic Studies, University of Adelaide;
- Offices, Departments or Commissions of Liquor, Racing and Gaming, VIC, NSW, QLD, SA, TAS, NT, WA;
- Australian Productivity Commission; and

- Parliament of Australia, Parliamentary Joint Select Committee on Gambling Reform.

Search terms were developed and piloted, with searches confined to post-2000 references. The search terms were:

- gamb* and self-exclusion;
- gamb* and self-exclusion and pre-commitment;
- gamb* and self-exclusion and limit;
- gamb* and self-exclusion and voluntary;
- gamb* and self-exclusion and involuntary;
- gamb* and self-exclusion and third party;
- gamb* and self-exclusion and self-report;
- gamb* and self-exclusion and harm;
- pre-commitment and self-exclusion; and
- pre-commitment and self-exclusion and harm.

In addition to literature searches, the research team identified the relevant primary and subordinate legislation for the Commonwealth and each state and territory. This was done by manually searching relevant legislative databases (austlii, NZlii, Canlii), and the respective databases for the parliament in each state and territory as well as for the Commonwealth. To supplement the legislation, the research team also identified the regulatory body concerned with gambling in each state and territory and searched the regulator's website for details of non-legislative regulatory tools. These were noted along with the legislation. Finally, the research team reviewed the responsible gambling policies of major venues/licensees in each state and territory.*

Stage 2: Initial search and creation of reference database

Search terms were entered into each of the identified databases. The research team maintained and shared notes as to how the search terms were entered into the databases. This ensured transparency and replication of approach.

The research team used Endnote, a reference management program, to keep a record of the references identified. Each relevant "hit" was downloaded or entered manually into Endnote. The information retained for each reference is tabled below.

- author;
- year of publication;
- title;
- type of publication (e.g., book, journal article, fact sheet, grey literature);
- publication details (e.g., volume and page numbers for journals, publisher name and city for books); and
- electronic full text where available.

Stage 3: Removal of duplicates and application of inclusion/exclusion criteria

The "remove duplicates" function on Endnote was used to remove duplicates. Further duplicates that were not removed by this function were extracted by hand when encountered.

Three researchers read the title and abstract for all references recorded in Stage 2, and independently applied the initial inclusion/exclusion criteria shown in Figure A1.

The researchers collaborated to cross-check how the criteria were applied to the first 10 references and found unanimity in decisions to include or exclude.

* No legislative documents were available in English for Norway and Sweden.

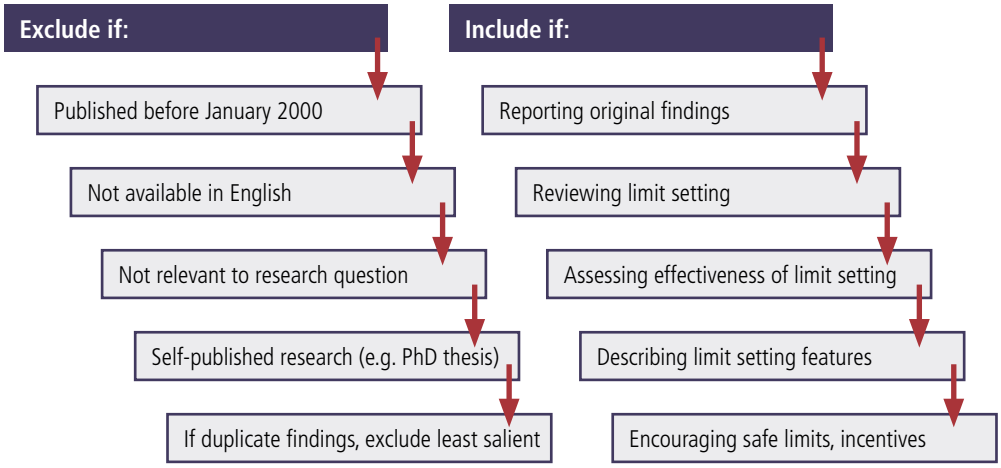

Figure A1: Criteria for including or excluding reference sources

Stage 4: Categorising by research question and reviewing

After the initial exclusion criteria were applied, the hits were categorised according to the research questions to which they applied. The researchers identified those research questions that had a large or small number of hits through this process. The number of hits was judged to be of a manageable magnitude for each research question. No revision was made to the exclusion criteria.

Three members of the research team reviewed a pool of references where their inclusion or exclusion was undecided and made unanimous decisions as to the correct categorisation.

Stage 5: Reading and extracting data

Members of the research team read each reference that had been retained. References that were agreed to be especially relevant to the research questions were assigned for full data extraction. Additional literature was read and integrated as appropriate.

Information was extracted from each source using the categories shown below. This template provided information for study descriptions and quality assessment.

- Citation information
- Publication type
- Study aims:
  - focus
  - purpose
- Sample characteristics:
  - population
  - sample
  - age
  - country
- Methodology:
  - study timing
  - data collection
  - sample selection method
  - recruitment method
  - incentives

  - data analysis methods
  - variable measurement
  - method used
  - drop-out rate
- Self-exclusion intervention characteristics:
  - hypothesis/research question
  - year and duration of intervention
  - program logic/theory
- Self-exclusion features:
  - self-exclusion options
  - self-exclusion time period
- Results

A similar approach was also applied in relation to reviewing the legislation in each state and territory and the Commonwealth. Having identified relevant Acts and Regulations the research team identified the specific provisions and using a data extraction tool, noted the applicable items. Where the state or territory relied on a Code of Conduct or similar as the regulatory framework, this was also reviewed against the data extraction tool.

Stage 6: Manual search and follow-up of references and citations

The systematic database and specialist website search was followed up with a manual search of the bibliographies and references for highly cited references. This allowed the team to identify the following prominent EGM researchers:

- Alex Blaszczynski, University of Sydney;
- Paul Delfabbro, University of Adelaide;
- Sally Gainsbury, Southern Cross University;
- Mark Griffith, Nottingham Trent University;
- Sarah Hare, Schottler Consulting;
- Nerilee Hing, Southern Cross University;
- Robert Ladouceur, Laval University;
- Sharen Nisbet, Schottler Consulting; and
- Lia Nower, Rutger University.

A manual search of the works of these researchers was performed to identify key ideas, concepts of relevance, or historical knowledge that may have been overlooked.

Stage 7: Quality assessment, reporting and synthesis

Data extracted from the studies identified were used to write the report. The researchers internally discussed the value and contributions of papers to the research questions. Strengths and limitations of the studies were considered in the weight given to their influence over the report. Behavioural studies, studies of implementations, and studies with large samples were given the greatest prominence.

Stakeholder consultations

Communication

Consultations were conducted primarily over the phone with a small number conducted face-to-face with Australian stakeholders. The discussions took place between June and August 2013. Consultations involved between one to three participants and took between approximately 35 and 100 minutes. With the participants consent, consultations were recorded (but not transcribed) to ensure that the content of discussion was accurately documented and to allow a detailed review of the discussion to be undertaken. Extensive notes were taken and the recordings were destroyed once the accuracy of the notes was verified.

The information provided by these discussions was provided confidentially and any information that may have identified an individual or venue was removed.

Consultation schedule and extraction of data

The consultation schedule was structured to inform the topics shown in Table A1, which provided information related to the research questions. These topics formed a data extraction template into which the information gathered from each consultation was partitioned and organised.

- Location
- How measures were developed
- Consultant type
- Influences on choices made
- Professional background
- Cash or card
- Purpose of self-exclusion measures (in place, under consideration, trialled/trialling)
- Target groups
- Full or partial system
- Evidence supporting choice
- Mandatory or voluntary
- What should be implemented and why
- Opt-in or opt-out
- What research/evidence would help
- Single location or wider
- Amendments being considered
- Relation to social setting
- Unintended consequences
- Relation to legislation
- Technology

Data synthesis

Data extracted from the consultations were synthesised into responses to each of the research questions. Synthesised responses were further integrated into the report to inform the design of pre-commitment self-exclusion features.