The WAGER 6(14) – Self-Help, Self-Exclusion

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While some problem gamblers seek support and fellowship through Gambler's Anonymous, others are adopting another self-help strategy to deal with gambling problems. According to Ladouceur, Jacques, Giroux, Ferland, and Leblond (2000), some casinos in Europe and Canada offer gamblers the choice of voluntarily being banned from the premises. A brief report by Ladouceur et al. (2000) examines individuals who excluded themselves from one Canadian casino.

Study participants (n=220) excluded themselves from the casino premises for a period ranging from a minimum of six months to a maximum of five years (Ladouceur et al., 2000). The researchers administered a four-section questionnaire[1] to collect data about socio-demographics, gambling experience at the casino, past year prevalence rate estimates of gambling disorders using the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987) and, if applicable, previous experience with the casino's self-exclusion service (Ladouceur et al., 2000).

Socio-demographic data showed that the annual income of the participants—62% were men and 76% were excluding themselves from the casino for the first time—ranged from no income to $100,000 CAN (Ladouceur et al., 2000). Moreover, 87% of the participants indicated they had lost an average of $8,734 CAN at the casino, with an additional 71% reporting gambling debts that averaged $11,962 CAN (Ladouceur et al., 2000). SOGS data presented in Table 1 indicate that 95% of research participants were probable pathological gamblers (i.e., level 3).

Table 1. Past year prevalence of gambling disorders among self-excluded casino gamblers

Level of Disorder	SOGS score	%	Range	Mean	sd
Probable pathological gambler (Level 3)	5 or more	95	3 to 20	9.87	3.42
Probable potential pathological gambler (Level 2)	3 or 4	5			
Non-problem gambler (Level 1)	0-2	0			

Statistically significant differences were found when the research sample was divided into two cohorts: those with and those without previous experience with the self-exclusion program (Ladouceur, et al., 2000). Research participants with prior self-exclusion experience at the casino gambled in the casino for significantly more months than those without self-exclusion experience (Ladouceur, et al., 2000). Additionally, those with previous self-exclusion experience won significantly more money at the casino and considered getting treatment more often than their non-exclusion-experienced counterparts (Ladouceur, et al., 2000). Finally, compared to study participants without prior self-exclusion experience, those with self-exclusion experience maintained a social network within which significantly more individuals were aware of their choice to ban themselves from the casino (Ladouceur, et al., 2000).

Ladouceur et al. (2000) have provided important insight into an otherwise unfamiliar faction of disordered gamblers who take an unusual step to limit the likelihood that they will gamble. However, this data remains preliminary due to methodological shortcomings. For example, data indicate that pathological gamblers are overwhelmingly more likely to use self-exclusion services than any other segment of the disordered gambling population. However, because the research sample yielding such results consisted of self-selected gamblers who chose a self-exclusion service, pathological gamblers within the general population can not generalize to such results. Additionally, while significant differences between those with previous self-exclusion experience and those without such experience were found, these results are based strictly on the self-report of casino gamblers. These reports also derive from only one casino and might be suspect to over-interpretation. Nevertheless, Ladouceur et al. (2000) have shed light on an evolving self-help strategy for disordered gambling that clinicians and researchers alike must carefully evaluate to determine whether it should be considered as an accoutrement to treatment.

[1] Ladouceur et al. (2000) do not clearly indicate whether the questionnaire was administered before or after the self-exclusion period.

References

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