

Consumer Perspectives of a Multi-Venue Gambling Self-Exclusion Program: A Qualitative Process Analysis

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Abstract

Self-exclusion is an important harm minimization strategy implemented by gambling operators to restrict a problem gambler's access to gambling opportunities. Aspects of self-exclusion, including low uptake and non-compliance, limit the effectiveness of programs. Research that considers the consumer perspective is needed to enhance the perceived utility of self-exclusion in the target audience. Twenty interviews were conducted with current ($n = 13$) and former ($n = 7$) participants of a multi-venue self-exclusion program for land-based gaming machine venues in New South Wales, Australia. Participants were asked open-ended questions about their experiences and opinions of the program, including its strengths and weaknesses, and suggested improvements for future consumers. Overall, participants found self-exclusion beneficial. However, several shortcomings of the program were expressed, including lack of available public information and overly complicated registration processes. Participants lacked confidence in venues' willingness and ability to identify non-compliant gamblers and highlighted the need for vastly improved detection systems. The quality of interactions with venue staff in relation to self-exclusion were mixed; counsellor support, however, was perceived as important from beginning to end of a self-exclusion period. Results suggest that gambling operators should increase marketing efforts to promote the availability and benefits of self-exclusion. Investigation of strategies to streamline registration processes and to augment detection systems with new technologies was supported. Venue staff may benefit from training in appropriate self-exclusion facilitation procedures. Gambling operators should aim to foster strong links between self-exclusion programs and professional gambling counselling services.

Keywords: gambling-related harm, responsible gambling, harm minimization, gambling intervention, self-exclusion, problem gambling, gambling disorder, qualitative methods

Résumé

L'auto-exclusion est une importante stratégie de minimisation des méfaits mise en œuvre par les exploitants de jeux d'argent afin de limiter l'accès des joueurs pathologiques aux occasions de jeu. Certains aspects de l'auto-exclusion, notamment la faible participation et la non-conformité, limitent toutefois l'efficacité des programmes. Des recherches tenant compte de la perspective du joueur sont nécessaires pour renforcer l'utilité perçue de l'auto-exclusion auprès du public cible. Vingt entretiens ont été menés auprès de participants actuels ($n = 13$) et anciens ($n = 7$) d'un programme d'auto-exclusion multi-sites pour les salles de jeux de hasard en Nouvelle-Galles-du-Sud, en Australie. On a posé aux participants des questions ouvertes sur leurs expériences et leurs opinions sur le programme, y compris ses forces et ses faiblesses, et sur des améliorations à apporter pour les futurs participants. Dans l'ensemble, les participants ont trouvé le programme d'auto-exclusion bénéfique. Toutefois, plusieurs lacunes du programme ont été signalées, notamment le manque d'informations disponibles dans le public et des processus d'inscription excessivement compliqués. Les participants manquaient de confiance en la volonté et la capacité des propriétaires de sites d'identifier les joueurs non conformes, et ils ont souligné la nécessité d'améliorer considérablement les systèmes de détection. La qualité des interactions avec le personnel des lieux concernant l'auto-exclusion était mitigée; le soutien des conseillers a toutefois été perçu comme important du début à la fin de la période d'auto-exclusion. Les résultats laissent croire que les exploitants de jeux d'argent devraient intensifier leurs efforts de publicité pour promouvoir la disponibilité et les avantages de programmes d'auto-exclusion. La recherche de stratégies visant à rationaliser les processus d'inscription et à améliorer les systèmes de détection par de nouvelles technologies a été encouragée. Les membres du personnel des sites peuvent bénéficier d'une formation sur les procédures appropriées de facilitation pour l'auto-exclusion. Les exploitants de jeux devraient s'efforcer d'établir des liens étroits entre les programmes d'auto-exclusion et les services de conseillers professionnels en matière de jeu.

Introduction

Excessive gambling can result in a range of harms experienced by individual gamblers, family members, and the broader community. These harms occur across several domains, including financial, physical and mental health, employment and productivity, relationships, legal (i.e., criminal activity), and general quality of life (Langham et al., 2016; Shannon, Anjou, & Blaszczyński, 2017). National and international prevalence estimates of past-year problem gambling range from 0.3% to 1.1% (M. Abbott, Romild, & Volberg, 2017; Armstrong & Carroll, 2017; Dowling et al., 2016; Gainsbury et al., 2014; Markham, Young, Doran, & Sugden, 2017);

one study, however, suggests that between 7% and 22% of non-problem gamblers also experience some degree of gambling-related harm (Shannon et al., 2017). Electronic gaming machines (EGMs) have been identified as an especially risky form of gambling because of specific structural features (rapid and continuous play) and an overrepresentation of EGM players among gambling help seekers (Delfabbro, 2011; Dowling, Smith, & Thomas, 2005; James, O'Malley, & Tunney, 2016). Consequently, most harm minimization efforts are focused on EGM gambling. Harm minimization strategies exist as part of a “responsible gambling” framework designed to protect at-risk segments of the community. Self-exclusion programs are a predominant harm minimization strategy provided by the gambling industry, and in many jurisdictions, they are required by government regulators (Gainsbury, 2014; Gaming Machines Regulation 2010; Ladouceur, Blaszczynski, Shaffer, & Fong, 2016; Ladouceur, Shaffer, Blaszczynski, & Shaffer, 2017).

Self-exclusion is a formal method of pre-commitment that allows individuals to limit their own access to gambling opportunities. It involves a deed signed between the individual and the gambling operator, in which the individual agrees not to enter the gambling venue for an extended period (6 months to life). Personal information, including a photograph, is collected and securely stored by operators for identification purposes. Staff are authorized to deny access to an excluded individual or remove them from the gambling premises if they detect a breach of the agreement. Traditional systems of self-exclusion require participants to establish agreements with individual gambling venues, often involving paper-based deeds stored in physical folders, and rely on detection by sight recognition alone. Developments in technology have led to the implementation of online exclusion databases that allow instantaneous registration in multiple venues (Pickering, Blaszczynski, & Gainsbury, 2018). Biometric verification methods, including facial recognition, have also been piloted as a method to assist with the detection of breaches (Cavoukian et al., 2013).

Self-exclusion systems differ between jurisdictions according to the gambling environment, government licensing and regulatory framework, and organization providing the program. Opportunities to gamble are widely available in Australia. EGMs are situated in venues such as hotels, community clubs, and casinos. Geographical analysis of population level data has shown that most Australians live within walking distance of an EGM venue (Pickernell, Keast, Brown, Yousefpour, & Miller, 2013). All EGM venues in Australia provide options to self-exclude; the degree to which programs are mandatory and the details of required features, however, differ considerably between states and territories. Unlike in some European nations, no single body in Australia is responsible for implementing self-exclusion (De Bruin, Benschop, Braam, & Korf, 2006; Hayer & Meyer, 2011). Therefore, various programs operate through individual venues, private companies, industry representative bodies, and government agencies (Australasian Gaming Council, n.d.). We have previously argued for a more uniform approach to self-exclusion in Australia (Pickering et al., 2018).

Despite substantial differences between jurisdictions and programs, evaluation studies generally associate positive outcomes with self-exclusion participation

(Gainsbury, 2014). Evaluations of self-exclusion programs in a number of international jurisdictions showed that participants reported benefits such as decreased problem gambling severity and improved psychosocial functioning as a result of their exclusion (Hayer & Meyer, 2011; Hing & Nuske, 2012; Hing, Russell, Tolchard, & Nuske, 2015; Ladouceur, Jacques, Giroux, Ferland, & Leblond, 2000; Ladouceur, Sylvain, & Gosselin, 2007; Pickering et al., 2018; Townshend, 2007). The effectiveness of self-exclusion, however, is seriously limited by low rates of utilization, with 9-17% of past-year and 0.4-1.5% of lifetime problem gamblers involved in programs (Nowatzki & Williams, 2002; Productivity Commission, 2010). Other studies indicate that up to 60% of gamblers fail to comply with self-exclusion agreements and up to 77% of these breaches are not detected (Nelson, Kleschinsky, LaBrie, Kaplan, & Shaffer, 2009; Schrans, Schellinck, & Grace, 2004). More than half of self-excluded gamblers will continue gambling at other venues or by engaging in other forms of gambling during the self-exclusion period (59-75%; De Bruin et al., 2006; Nelson et al., 2009; Responsible Gambling Council, 2008).

Although most studies focus on outcomes of self-exclusion, a limited number of studies have investigated the specific processes involved. Despite the fact that self-exclusion is a widely available harm minimization tool, public awareness of it and knowledge about each program's characteristics is generally lacking (Nowatzki & Williams, 2002). In addition, negative stigma associated with gambling problems and concerns about privacy often delay or prevent self-exclusion decisions (J. Abbott, Francis, Dowling, & Coull, 2011; Hing, Nuske, Gainsbury, & Russell, 2016). Self-excluded participants report mixed experiences in terms of registration procedures and venue monitoring efficacy. Perceptions of staff helpfulness and commitment to self-exclusion programs are particularly variable (Hing, Tolchard, Nuske, Holdsworth, & Tiyce, 2014). In studies involving traditional self-exclusion programs, participants perceived the need to exclude from each venue separately as a major weakness. They described the process as emotionally difficult and requiring a substantial amount of personal time and resources (Hing et al., 2014).

Identified limitations of current self-exclusion programs, in addition to the rapid expansion of gambling availability worldwide (largely due to advances in digital technologies), underscore the importance of ongoing advancement of harm minimization tools (Auer & Griffiths, 2015; Gainsbury, Russell, Blaszczynski, & Hing, 2015; Kolandai-Matchett, Bellringer, Landon, & Abbott, 2017; LaBrie, Kaplan, LaPlante, Nelson, & Shaffer, 2008). Consultation of consumers at all stages of design and implementation is critical in order to maximize consumer experience and to align characteristics of harm minimization with consumer needs (Brady & Tolley, 2014; Dennis, Perl, Huebner, & McLellan, 2000; Gainsbury, Jakob, & Aro, 2018). Gamblers' involvement in the development of self-exclusion programs, however, is largely missing, resulting in a high potential for unanticipated flaws in the system that can undermine effectiveness. Research directed at gaining a deeper understanding of the whole exclusion process, from the consumer perspective, can be used to inform enhancements designed to maximize rates of uptake, develop more consistent monitoring systems, and provide overall better consumer supports.

Qualitative research methodologies are highly suited to explore the cognitive-emotional factors that shape consumer experience and understanding of harm minimization tools (Svensson, 1995). There is, however, a dearth of peer-reviewed qualitative studies that focus on the topic of self-exclusion (Hing & Nuske, 2012). In this study, thematic analysis was used to explore current consumers' personal experiences of a self-exclusion program and their perspectives on its different characteristics. The program operates in New South Wales, Australia, and allows consumers to exclude from multiple land-based gambling venues simultaneously via a centralized online database with assistance from venue staff or a counsellor. Multi-venue self-exclusion (MVSE) is among the more technologically advanced programs currently available in Australia. Insights from analysis of the data and comparison with the self-exclusion literature may be used to make suggestions for program enhancement. These insights are relevant for self-exclusion providers and policy makers in establishing appropriate standards.

Method

Participants

A convenience sampling method was applied. Individuals listed on the ClubsNSW MVSE database were contacted via e-mail to request their participation in an interview about their self-exclusion experiences. ClubsNSW is a representative body for not-for-profit social venues that contain EGMs and other gambling products, including sports and race wagering and Keno. Both currently and formerly self-excluded individuals were invited to participate in the study. Such liberal eligibility criteria supported a diverse range of perspectives. Recruitment e-mails were sent only to individuals who had previously consented to being contacted for research purposes during their self-exclusion enrolment procedure. Interviews were scheduled with individuals who responded with interest to the initial recruitment e-mail. Interviews were conducted with a final sample of 20 participants. As convenience sampling is prone to self-selection bias, the sample was not intended to represent the broader population of help-seeking gamblers. Recruitment was terminated when data saturation was reached. Information redundancy meant that few new topics were raised or opinions expressed during the final interviews (Saunders et al., 2018).

Of the 20 participants interviewed, 13 were current and seven were former self-excluders. Their mean age was 46.2 years ($SD = 11.23$), most were not married ($n = 17$; 85%), and most had no children ($n = 12$; 60%). The sample included slightly more male ($n = 11$; 55%) than female participants. Eighty percent of participants were employed ($n = 16$); household income of half the sample was less than AU\$49,999. Eighteen of 20 participants (90%) met the classification threshold for a gambling problem in the past 12-month period. In terms of their self-exclusion involvement, the 13 currently excluded participants had been registered in the program for an average of 19 months ($SD = 12.61$). The median exclusion period for these participants was 48 months, whereas the seven formerly excluded participants

had selected a median 12-month period. In the latter group, participants' exclusion agreements had ended an average of 7 months ($SD = 4.39$) prior to the current interviews. Across all participants, they had excluded from an average of 22.35 ($SD = 19.86$) different venues and had enacted self-excluded agreements 1.90 ($SD = 1.02$) times. Half ($n = 10$) reported being compliant with their self-exclusion agreement, and three-quarters ($n = 15$) had sought additional professional counselling.

Process

The study was carried out in accordance with the guidelines set out in the National Health and Medical Research Council (2007) National Statement on Ethical Conduct in Human Research. The protocol was approved by the Human Research Ethics Committee of the University of Sydney. Sixteen interviews were conducted in person, and to accommodate participants living in regional and remote locations, three interviews were conducted via telephone and one over Skype. Advantages of face-to-face interviewing include the ability to control the interview environment, build rapport with interviewees, and interpret non-verbal cues in relation to response content (Lo Iacono, Symonds, & Brown, 2016; Opdenakker, 2006). Although these factors are affected to differing degrees by telephone and Skype communication, such methods provide access to a more diverse group of interviewees. For in-person interviews, a consent document was reviewed and signed, and a brief formal questionnaire was completed immediately prior to the interview commencing. For telephone and Skype interviews, participants completed and returned these documents by e-mail before the interviews were conducted. On average, the interviews took 51.80 min ($SD = 16.24$) to complete. They were audio-recorded with participants' consent; the audio files were subsequently transcribed verbatim by a professional transcription company. Participants were compensated for their time with an AU\$50 retail gift card.

Measures

A formal questionnaire was administered to elicit demographic details about participants' age, gender, ethnicity, marital status, education, employment, household income, and living situation. The questionnaire also incorporated the Problem Gambling Severity Index of the Canadian Problem Gambling Index (CPGI-PGSI; Ferris & Wynne, 2001) to measure self-reported symptoms of problem gambling over the past 12 months. The CPGI-PGSI has previously demonstrated good internal consistency, construct validity, and test-retest reliability (Ferris & Wynne, 2001; Mcmillen & Wenzel, 2006; Wynne, 2003).

The semi-structured interview asked participants open-ended questions about personal reasons for joining self-exclusion, helpful and unhelpful aspects of self-exclusion, suggestions for improving current self-exclusion processes, types of support to best complement self-exclusion, opinions on penalties for non-compliant gamblers and unresponsive operators, and the timing and process for revoking

self-exclusion. Probing was used appropriately to aid with clarification and to follow up on key points raised (Berg, 2004).

Data Analysis

Descriptive statistics for demographic data and gambling severity scores were calculated by using IBM SPSS Statistics (Version 24). Thematic analysis with NVivo (Version 11.0) was applied according to guidelines detailed in Braun and Clarke (2006). To accurately represent consumer perspectives, we analysed data inductively (“bottom-up”) at the semantic (“explicit”) level of interpretation. The first and second authors initially read through the interview transcripts to familiarize themselves with the data. ZN systematically applied codes to the data where units of meaning were observed. Potential coding bias was minimized, as ZN was unfamiliar with the self-exclusion literature at this point of the analysis. DP and ZN jointly reviewed the codes and organized them into a set of candidate themes. These themes were subsequently reviewed by DP and ZN to ensure that the coded data accurately reflected each theme, and themes were cross-referenced against transcripts to add omitted extracts into relevant themes. Interpretive disagreements were discussed until thematic consensus was achieved.

Results

Participants expressed a diverse range of opinions and mixed experiences related to the MVSE program. Given the focus of this study—to inform program advancements—the sections below emphasize the weaker aspects of MVSE that were identified. Overall, however, participants found MVSE to be a useful tool to assist their recovery from a gambling disorder. The final themes and the subtheme are represented below as headings and a subheading, respectively. In terms of the self-exclusion process, themes are presented in approximate temporal order.

Access to Information

Participants commented on the scarcity of public information available about self-exclusion and supported more active promotional strategies. An accessible in-venue information packet or downloadable e-guide was suggested to increase gamblers’ understanding of specific features offered in the program. Venue staff were perceived to be responsible for approaching visibly at-risk gamblers.

He came over and said, “Look, if it’s a problem we have a program.” I agreed immediately. (Male, 43)

Counsellors were mentioned numerous times as a source of program referral. In some cases, family or friends convinced participants to self-exclude.

My daughter knew I had a problem. She was really distressed about me. She came home and said, “This is what we have to do mum.” (Female, 53)

Registration

A number of participants suggested that the sign-up procedure was overly complicated and time-consuming.

I did find the process to begin with a little difficult. When you're in that state and make that call, you would hope that something can be done within a very short space of time. (Male, 47)

Although participants supported the option to exclude from multiple venues, several indicated that the maximum limit (i.e., 35 venues) was too low.

There are so many clubs around me. Even though I excluded from some, I can still go to others. (Female, 57)

Self-excluding from venues across a larger geographical region was preferred, as were longer exclusion periods.

The time goes fast. Very fast. That's why I would select a longer period. (Male, 65)

Some participants felt they were disrespected or treated with contempt during the registration process. This experience, however, was not ubiquitous, as others complimented the professionalism and compassion of staff. The importance of staff training was emphasized.

Have a person with compassion, who doesn't treat you like an imbecile and lecture you, somebody who is trained to deal with people with addiction problems. They need to educate staff to know how to handle it. It's just about respecting that person. (Female, 44)

Those who self-excluded with a counsellor reported positive experiences. Counsellors were helpful in recommending the program, providing relevant information, and assisting with procedural aspects of registration.

Self-registration. Most participants supported online self-facilitated methods of registration to improve its convenience, efficiency, and privacy, in addition to bolstering individuals' self-efficacy.

Once you understand you've got a problem, you want to try and solve it on your own first of all. It's empowering to try on your own. (Female, 56)

However, various potential disadvantages of online self-registration were raised, including difficulties in navigating the technical and legal complexities, impulsive exclusions and less commitment to the program, unsolicited third-party exclusions, no personal support, and missed opportunities for counselling.

A lot of people may not be technically savvy enough to do that, and for me there was a lot of technicalities and legalities that I didn't necessarily understand. (Male, 30)

Detection and Enforcement

Most criticisms of the program related to the ineffectiveness of gambling venues in detecting self-exclusion breaches and removing non-compliant individuals from the premises. Some participants believed that irresponsible venues may be lax in this area, as it conflicts with their revenue goals.

They turn a blind eye. As long as that money keeps going in the machines, they couldn't care less. (Male, 43)

Others felt that staff could be more discreet in their management of individuals who were detected breaching self-exclusion.

If there's a lot of people around, there's ways you can pull someone to the side. (Male, 37)

A range of suggestions were advanced to improve venues' self-exclusion monitoring systems, including requirements for high-resolution, up-to-date profile images; verification of ID or member card against the exclusion database at entry into the venue or during a payout; and use of biometric technology.

Penalties for Non-Compliance

Most participants supported penalties for gambling venues that allowed self-excluded individuals to continue gambling in their premises. Suggestions included monetary fines (either a fixed amount [AUD\$10,000] or percentage of the venue's daily revenue [5-10%]) and mandatory shutdowns of the premises for a designated period. In addition to venue management, concerns were raised that floor staff do not take their responsibility to enforce self-exclusion seriously and take a "passive" approach. Hence, some participants proposed regular reviews of staff requirements in relation to the program and disciplinary action when protocols are not adhered to (e.g., fines equivalent to those for staff breaches of responsible service of alcohol). In contrast, some participants believed that venues and staff should not be held accountable because of the difficulties associated with identifying self-excluders.

Until there are systems in place where they can detect straight up that you're not supposed to be in there then it's not really their fault. I mean you can't expect the staff to recognize thousands of faces. (Male, 31)

To ensure that gamblers appreciate the seriousness and legality of a self-exclusion agreement, several participants suggested applying financial penalties (suggested amounts ranged from AUD\$50 to AUD\$10,000) or life bans to excluded individuals who repeatedly breach the agreement. Others believed that it is not helpful to punish an already vulnerable individual. A more appropriate and compassionate strategy would be to focus on education and provide additional support.

Additional Help

Face-to-face counselling and 24-hour telephone or Internet support services were most frequently endorsed as effective auxiliary services to self-exclusion. Therapy was highlighted as a way to resolve underlying psychological issues that may lead someone to gamble. Self-exclusion by itself was perceived as not sufficient to address these issues.

Self-exclusion is kind of a Band-Aid or bandage around the problem. Why you need the bandage or the Band-Aid has to be addressed. (Female, 60)

In-venue counselling services (particularly in large clubs) were suggested as a means to provide immediate help to problem gamblers.

Revocation and Renewal

Participants' opinions about early withdrawal from the program varied. Approximately two-thirds insisted that it should not be permitted. Their justification was that self-exclusions are "legal contracts" and therefore, once signed, ought to be binding. Otherwise, the potency of self-exclusion is undermined, as well as its ability to help problem gamblers.

Everyone has a weak moment where they think, "oh, I wish I hadn't done this."
But I think ultimately, you'd regret it. (Female, 33)

A number of participants believed excluded individuals should be permitted to withdraw with a counsellor's authorization. A small proportion indicated that it is the individual's decision alone to withdraw from the program.

In terms of the renewal process, more than half of the participants suggested that there should be a notification (e-mail or telephone) shortly before the current agreement ends, including simple, easy-to-enact renewal options. Other opinions were that the agreement should renew automatically as the default, unless the individual expressly indicates their desire for it to terminate. One participant suggested a face-to-face counselling and debriefing session at the conclusion of all agreements, regardless of the decision to renew self-exclusion or allow it to expire. Another suggested monitoring individuals who were re-entering gambling venues for a brief probationary period.

Discussion

This qualitative study explored the unique personal experiences and attitudes of consumers of a centralized MVSE program for land-based gaming machine venues in New South Wales, Australia. Similar to what has been reported in previous studies, participants in the present study criticized the lack of public information available that clearly explains self-exclusion options to consumers (Hing & Nuske, 2012; Hing et al., 2014). Low rates of uptake among the target population are likely

related to inadequate efforts to promote the availability of self-exclusion. This is not unique to self-exclusion, as low public awareness has been reported across various Australian gambling help services (Gainsbury, Hing, & Suhonen, 2013). Gainsbury et al. (2013) advocate the “demystification” of the help-seeking process with strategic advertising efforts to educate gamblers about the availability of confidential, low-cost, culturally sensitive services and how they can assist with gambling problems. As several participants became aware of self-exclusion via family, friends, or a counsellor, program providers may consider targeting these third-party influencers in advertisements for self-exclusion.

The ability to simultaneously exclude from multiple venues in the current program is a structural improvement over traditional systems in which physical attendance is required at each individual venue (Hing et al., 2014). However, several participants in this study found the MVSE registration process to be laborious. Although refinements to streamline registration processes should be implemented where possible, many registration steps are necessary. As self-exclusion involves a legal document, gamblers need to have a clear understanding of their individual responsibilities and those of the nominated gambling venues. The personal information collected during registration is important for identifying the individual in the event of a breach. Blaszczynski, Ladouceur, and Nower (2007) also argue that registration should be coupled with a formal clinical assessment and referral to specialist treatment services. A challenge in devising appropriate registration procedures for self-exclusion is achieving the correct balance between thoroughness and efficiency.

To our knowledge, this study is the first to explore consumer perspectives of a self-registration process for self-exclusion. Despite the various drawbacks identified, the associated benefits and the support from most of the sample for this feature suggest that it should be pilot tested in further studies.

Limitations of technology and resources hinder the expansion of self-exclusion. As self-exclusion membership increases, it is unreasonable to expect venue staff to subjectively detect and accurately report on non-compliant consumers (Gainsbury, 2014). The inability of venue operators to reliably detect non-compliant individuals was commonly referenced in this study. Half of the sample also reported compliance with self-exclusion, which raises questions concerning whether participants' perceptions were based on their experience or influenced by unspecified factors. The findings, however, are supported by studies that report that up to three-quarters of self-exclusion breaches remain undetected (Responsible Gambling Council, 2008; Schrans et al., 2004). Lack of confidence in detection systems seriously undermines the potency of programs. More effective mechanisms are needed that integrate new technologies to manage this crucial aspect of self-exclusion. The high density of gaming machine venues in Australia suggests a need for jurisdiction-wide self-exclusion. This was supported in the current findings, as participants felt that the MVSE upper limit of 35 venues was not sufficient. Knowledge sourced from the implementation of national self-exclusion programs in other countries, including the United Kingdom and European member states, should be applied to the

Australian context, adjusting for variations between gambling environments (Chrysalis Research, 2017; Griffiths, Hayer, & Meyer, 2009).

Participants interpreted breach detection failures as evidence of the conflicting interest that venues face between helping problem gamblers and generating profit. The degree of genuine investment by the gambling industry in developing effective harm minimization tools has been questioned previously (Chóliz, 2018; Hancock & Smith, 2017; Loh, Deegan, Inglis, & Monroe, 2015; O’Neil, et al., 2003). Objective and transparent scientific research programs designed to rigorously monitor operations and outcomes are therefore an essential aspect of harm minimization strategies (Blaszczynski et al., 2007; Tanner, Drawson, Mushquash, Mushquash, & Mazmanian, 2017; Wohl & Wood, 2015). Furthermore, implementation of corporate social responsibility practices is linked to positive perceptions of brand integrity and general commercial success, including in the gambling industry (Cai, Jo, & Pan, 2012; Lindorff, Jonson, & McGuire, 2012; Luo, 2018; Wang, Fu, Qiu, Moore, & Wang, 2017).

Most participants felt that venues should receive some form of penalty for allowing self-excluded gamblers to enter the premises. It is difficult, however, to demonstrate that a venue has wilfully permitted the breach to occur. Several participants reported positive staff interactions during their process of self-excluding, suggesting that significant variability exists between venues in terms of the culture and attitudes toward self-exclusion and problem gambling in general. It is likely that the broader social stigma associated with problem gamblers plays a considerable role in engendering the insensitivity displayed by some staff. Perceived stigma and negative self-perception are associated with coping strategies characterized by secrecy and reluctance to self-acknowledge problems, which can extend to avoidance of help-seeking behaviors such as self-excluding (Gavriel-Fried & Rabayov, 2017; Hing et al., 2016; Hing & Russell, 2017).

The current study provides evidence for greater integration between self-exclusion and professional counselling services. Three-quarters of the participants had sought counselling during their self-exclusion. Ongoing counselling support was perceived as beneficial from the beginning to the end of self-exclusion. Participants also recognized the limitations of self-exclusion as a strategy to control their physical access to gambling venues. In contrast, psychological treatments are designed to correct inaccurate cognitions and address the emotional factors that contribute to gambling problems (Blaszczynski et al., 2007). With an external barrier of self-exclusion in place, professional counselling can empower individuals by strengthening their internal controls over gambling.

The current findings add evidence to an area of self-exclusion that has received little research attention, that is, the processes of renewal and expiration. Participants’ suggestions supported some of the recommendations made in a report by the Responsible Gambling Council (2016), specifically, the importance of communication between venues and excluded gamblers during this stage and the provision of

counselling or some form of debriefing at the end of the exclusion period. Not all findings were consistent: Participants suggested passive automatic renewal of self-exclusion, whereas in the report, the Responsible Gambling Council (2016) recommends an active renewal system to reinforce individual commitment to the program. Procedures at the end of a self-exclusion agreement are highly variable in Australia, ranging from passive expiration to active application for removal and counselling requirements (Australasian Gaming Council, n.d.). Further quantitative research may be useful to continue developing best practice methods for this critical stage of self-exclusion.

Limitations

The qualitative nature of this study allowed the collection of in-depth data, though at the cost of representativeness associated with larger sample research designs. In terms of age and gender, however, the demographics of this sample were comparable to those of previous self-exclusion studies (Hayer & Meyer, 2011; Ladouceur et al., 2007; Tremblay, Boutin, & Ladouceur, 2008). Although one strength of qualitative research is methodological flexibility, for the same reason, it is sometimes criticized for lacking scientific rigour, which can lead to untrustworthy, non-reproducible data. To maximize the reliability of the current findings, we applied a structured thematic analysis framework (Braun & Clark, 2006) and used a second coder for inter-coder reliability. We also analysed data from participants' retrospective accounts of their experiences, which may be affected by recall and interpretation biases. A key function of the qualitative methodology is to understand the subjective experiences of individuals; therefore, bias is in this sense unavoidable but not necessarily negative (Sutton & Austin, 2015).

Conclusion

This qualitative research shows that individuals who participated in MVSE perceive the program as a useful tool to assist with their recovery from a gambling disorder. The current participants, however, are only part of a small subsample of problem gamblers who decide to seek formal help (Gainsbury et al., 2013). The interviews identified key aspects of MVSE that may negatively affect the rate of uptake and program effectiveness. These aspects included initial difficulties in accessing clear information about the program, overly complicated and tedious registration procedures, insensitive venue staff, lack of venue commitment, and unreliable detection systems. Perspectives on these issues, however, were not uniform. For example, a number of participants praised staff professionalism during the self-exclusion process. Suggested enhancements to self-exclusion were even more varied, showing the diversity of opinions even within a small group with shared experiences. Future quantitative studies are needed to obtain more specific estimates of preferred program enhancements among different stakeholder groups. Investigators may wish to pilot such enhancements in additional studies to test user acceptability and investigate the potential impact on program uptake and effectiveness.

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