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# The Missouri Voluntary Exclusion Program: Participant Experiences across 10 Years

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The *Greater Kansas City Community Foundation* in partial fulfillment of the research  
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This study received approval from Cambridge Health Alliance’s Institutional Review Board.

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## **Executive Summary**

### **Purpose and objectives**

The research project, “Evaluation Services with regard to the Regional Impact of Compulsive Gambling,” was conducted by the Division on Addictions (“Division”), Cambridge Health Alliance, a teaching affiliate of Harvard Medical School, with support from the Port Authority of Kansas City, Missouri (“Port Authority”) through the Greater Kansas City Community Foundation. The Division research team analyzed data from the Missouri Voluntary Exclusion Program (MVEP), a state government program that allows individuals concerned about their gambling behavior to exclude themselves from the properties and services of Missouri’s riverboat casinos. The study was conducted in two phases.

In phase 1, the Division fulfilled the Port Authority’s objective of determining the prevalence and impact of disordered gambling in Missouri. The research team found that: 1) self-exclusion data could be used to determine a prevalence rate of disordered gambling and to allocate public health resources for treatment and prevention; 2) Missouri’s prevalence rate mirrors the national estimate of 1% of the adult general population; and 3) the self-exclusion enrollment data reveals a pattern of eventual adaptation by the population to the presence of gambling opportunities. The results of phase 1 were published in the report, *Disordered Gambling in Missouri: Regional Differences in the Need for Treatment* (Shaffer, LaBrie, LaPlante, & Nelson, 2004) and in the peer-reviewed article, “Missouri Casino Self-Excluders: Distributions Across Time and Space,” in the *Journal of Gambling Studies* (LaBrie et al., 2007b).

The purpose of phase 2, the subject of this report, was to assess the effectiveness of the MVEP as a tool for intervening in the course of a gambling disorder. The study collected information directly from a representative sample of self-excluders (SEs) about their behaviors and experiences both before entering MVEP and after, to assess the change in these behaviors and experiences after enrolling in the program. The sample was drawn from participants enrolled during the period from 1997 through 2003; for many participants their post-enrollment period spanned ten years. The study obtained extensive information designed to increase our understanding of both the characteristics of the SEs and their experiences with the program, including demographics, motives for enrollment, satisfaction, gambling behavior, gambling-related problems, treatment, and program compliance. This study is the only long-term evaluation of the experiences of SEs.

### **Ethical and privacy considerations**

Protecting the privacy of participants and upholding ethical standards regarding study practices is of the utmost importance to the Division. For this reason, we applied for and received a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). In addition, each participant was given a unique ID number to protect their identity. We kept the list that identified participants’ names and ID numbers separate from the database with survey responses.

## Key Findings

The Division research team found the following:

- The MVEP was largely successful in preventing SEs from gambling at Missouri casinos with only 15.9% attempting to enter casinos after enrolling in the self-exclusion program.
- Among those who attempted to enter a casino after self-excluding, 10 (55.5%) were caught at least once.
- The combined voluntary and forced compliance rate was 92.1% (i.e., 84.1% who did not try to enter a casino and 8.0% who tried to enter but never succeeded).
- Prior to entering the MVEP, 109 participants gambled in Missouri casinos; after entering the MVEP, only 9 participants reported gambling in Missouri casinos; however, 13 of the 21 SEs (61.9%) who had not gambled in non-Missouri locations prior to MVEP enrollment began gambling in these locations after entering MVEP.
- A large majority of recent gamblers (81%) reported that they gambled less now than before entering the MVEP.
- Approximately one in eight SEs (13%) had not gambled at all since enrolling in the MVEP and about one in four (40%) had not gambled in the six months before the interview.
- The prevalence of disordered gambling (i.e., Level 3: probable pathological gambling) in this sample decreased from 79% before MVEP entry (reported retrospectively) to 15% in the six months prior to the interview.
- This marked improvement is not attributable solely to being banned from casinos; 74% of the SEs had accessed casinos in other states after enrollment, suggesting that the act of enrollment in the MVEP and not just the consequent enforcement precipitated a change in the participants' gambling behavior.
- Self-exclusion was accompanied by other healthy initiatives including a marked increase in the proportion of SEs who received gambling treatment, from 15% before enrollment to 34% between enrollment and interview.

In short, these preliminary findings indicate that the MVEP is a promising intervention for individuals struggling with a gambling problem. However, a long-term prospective study is needed to fully assess the impact of this self-exclusion program. This report offers recommendations for future research as well as suggestions for improving the administration and impact of the MVEP.

## **Acknowledgements**

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We thank Christine Reilly, Executive Director of the Institute for Research on Pathological Gambling and Related Disorders, and Christine Thurmond, Administrative Director of the Division on Addictions, for their effective management of the progress of the project through the many, and sometimes difficult paths.



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## Introduction

An increasing number of casinos are implementing self-exclusion programs permitting individuals to ban themselves from entering casinos for a specified period, up to a lifetime. If casino staff identifies a self-exclusion program participant on site, they escort the participant off the premises; depending on local law, the participant could also face trespassing charges and have their winnings confiscated (Rhea, 2005). When the Crystal Casino opened in Manitoba, Canada in 1989, it established the first formal self-exclusion program in the world. Casinos across Canada followed in the early 1990s with similar programs, as did Missouri, Louisiana, Michigan, Mississippi, and New Jersey in the United States (Nowatzki & Williams, 2002). Currently, all of Canada's provinces except Quebec have province-wide self-exclusion programs, and most of Australia's states and territories have universal programs. Nation-wide programs exist in the Netherlands, France, Poland, Sweden, Switzerland, and South Africa (Nowatzki & Williams, 2002). In addition to government-run programs, company-wide self-exclusion and self-limit programs are available at some multinational casino companies and all American Gaming Association member venues (LaBrie et al., 2007b).

Missouri was the first state in the nation to implement a statewide self-exclusion program. Other states modeled their programs after Missouri's, but the details of each state's self-exclusion program vary. All programs require the intended participant to provide a number of identification credentials and to meet with gaming personnel to discuss the exclusion agreement (Rhea, 2005). However, the casinos' responsibilities to their patrons (e.g., punishment for violating the agreement) differ by state. For example, in Indiana, participants who break their contracts must forfeit their winnings as a fine, while in Illinois, money is confiscated only when sums exceed \$1,200. Durations of exclusion and reinstatement options also vary by state.

Despite the proliferation of self-exclusion programs, few studies have examined their effectiveness at helping participants recover from a gambling disorder. To date, only five studies have investigated the characteristics of self-excluders (LaBrie et al., 2007b; Ladouceur, Jacques, Giroux, Ferland, & Leblond, 2000; Ladouceur, Sylvain, & Gosselin, 2007; Nower & Blaszczynski, 2006, 2008). One of these studies examined the distribution of Missouri SE's over space and time (LaBrie et al., 2007b), and only one study interviewed SEs subsequent to enrollment in a self-exclusion program (Ladouceur et al., 2007). Longitudinal studies that measure changes over time are essential to determine the effects, both intended and unintended, of self-exclusion programs (SEPs).

### *Effects of Casino Exposure on Self-Excluder Enrollment*

LaBrie and colleagues (2007b) examined the geographic and temporal distribution of SEs from Missouri casinos. Results demonstrated that the Eastern and Western regions of Missouri, the most populous within the state, had the highest prevalence of SEs; 92% of all SEs who enrolled during the first seven years of program operation were from the Eastern or Western regions. The flow of enrollment exemplified typical exposure patterns of other disorders, as well as the effect of adaptation on gambling-related behavior. Enrollment increased during the first few years after the program's implementation, followed by a plateau (LaPlante & Shaffer, 2007; Shaffer, LaBrie, & LaPlante, 2004; Shaffer, LaBrie, LaPlante et al., 2004). Initially, SE enrollment rates in the Northern and Central regions were only a third of that in the Eastern region; the Southern regions exhibited the lowest enrollment rates in the state. However, in 2001, following the opening of the first two casinos in the Northern and Southern regions, the researchers observed

an increase in enrollment in Missouri's SEP in these locations. This outcome emphasizes the effect of novelty on gambling behavior.

### *Characteristics of Self-Excluders*

The best estimate of the percent of disordered gamblers served by SEPs derives from a Canadian study. According to that study, only 0.4% to 1.5% of disordered gamblers in Canada enlist in self-exclusion programs (Nowatzki & Williams, 2002). Researchers have scrutinized samples of self-excluders (SEs), hoping that a better understanding of this population will lead to improved implementation of self-exclusion programs and increased participation.

#### General Demographics

Studies indicate that the majority of participants entering SEPs are in their early 40s (LaBrie et al., 2007b; Ladouceur et al., 2000; Ladouceur et al., 2007; Nower & Blaszczynski, 2006). More than half of participants in two of these studies had high school educations, were employed, and were either married or living with a partner (Ladouceur et al., 2000; Ladouceur et al., 2007).

#### Gender

Studies show that the ratio of males to females involved in SEPs is essentially equal, with males having a slightly higher propensity to enroll (LaBrie et al., 2007a; Ladouceur et al., 2000; Ladouceur et al., 2007; Nower & Blaszczynski, 2006). An in-depth examination of gender among Missouri SEs (Nower & Blaszczynski, 2006) indicated that females were more likely than males to be older, African American, and not working full time.

#### Age

Nower & Blaszczynski (2008) studied the self-reported characteristics at enrollment of a sub-set of 1,601 Missouri SEs enrolled from January 1, 2001 to March 31, 2003. Among these SEs, 31% were young adults (i.e., ages 21 to 35), 59% were middle-aged adults (i.e., ages 36 to 55), and 10% were older adults (i.e., ages 56 to 79). Younger SEs were significantly more likely (19.4%) to have played only strategic games (defined as blackjack, craps, roulette, stocks, horse or other animal racing, card games, and sports betting) than middle-aged (5.7%) and older (5.6%) SEs. Older SEs were significantly more likely to report a desire to prevent suicide among the reasons for self-exclusion (13.7%) than younger (6.7%) and middle-aged (7.3%) SEs.

#### Prevalence of Problem Gambling

Ladouceur and colleagues (Ladouceur et al., 2000) provided the first reported study of SEs to examine problem gambling rates among participants (N = 220). Scores on the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987) revealed that 95% of participants were probable pathological gamblers (i.e., scoring 5+ on the SOGS) and the remaining 5% were potential pathological gamblers (i.e., scoring 3-4 on the SOGS); no one received a score below 3. In a later study of SEs in Quebec (Ladouceur et al., 2007), SOGS scores indicated that 89% of participants met criteria for pathological gambling.

Based on these findings and their own about the regional and temporal variation in SE enrollment rates in Missouri, LaBrie and colleagues (2007b) have suggested that SE enrollment is an accurate gauge of the underlying prevalence of disordered gambling. Tabulating

enrollments by jurisdictions such as health planning regions might be an efficient and cost-effective alternative to repeated household surveys.

### *Effectiveness of Self-Exclusion Programs*

Post-exclusion studies of SEs are rare. Ladouceur and colleagues (Ladouceur et al., 2000) interviewed 220 Quebec residents when they enrolled in an SE program. The majority of participants (76%; n = 167) were banning themselves for the first time, and most of these first-time SEs (94%) were confident that entering the program would curtail their gambling problem. Participants with previous self-selected periods of exclusion (24%; n = 53) reported their past experience. Thirty percent of previously banned participants reported successfully abstaining from gambling during exclusion, a rate nearly four times that of Gamblers Anonymous (8%, Stewart & Brown, 1988), and nearly equal to those who “naturally recover” (i.e., no longer meet criteria for problem gambling) by themselves (Hodgins, Wynne, & Makarchuk, 1999). However, 36% returned to the casino, and 50% continued to gamble at other venues during their exclusion period. Those who returned to a casino did so an average of six times.

In 2007, Ladouceur, Sylvain, and Gosselin completed the first, and currently only, published longitudinal study of self-excluders (n=161). The researchers conducted an initial interview and, depending on the duration of participants' exclusion (exclusion periods ranged from six months to two years), a follow-up interview every six months for up to 24 months. A substantial number of participants (27%) refused to continue with their participation in the project or could not be reached for the first follow-up. Results indicated that participants' urge to gamble and intensity of negative consequences of gambling in daily activities, social life, work and mood significantly decreased between the intake interview and six month follow-up; participants' sense of control significantly increased during this time. Both *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV: American Psychiatric Association, 2000) and SOGS scores decreased significantly. However, more than half of participants enrolled in the study returned to a casino within the first six months. The small number of participants and the dwindling response rate might lead to an inaccurate representation of the effects of the SEP. However, this study (Ladouceur et al., 2007) is the only one of its kind, and, therefore, while its limitations must be recognized, its findings are informative.

### *Present Study*

The current study investigates the effectiveness of the Missouri Voluntary Exclusion Program in helping participants curtail their problem gambling behavior. The study focused on participants who enrolled during 1997 through 2003; for many, this is their first interview after ten years of participation. The study also aims to obtain a better understanding of the population by gathering demographic information, determining participants' motivations for enrolling, assessing treatment involvement, and estimating participants' frequency of illegal return to the casinos.

## Methods

### *Program Description: The Missouri Voluntary Exclusion Program (MVEP)*

The Missouri Gaming Commission (MGC) created the first statewide self-exclusion program in the United States in Missouri in 1996. When enrolling in Missouri's self-exclusion program, applicants add themselves to the List of Dissociated Persons for life, assuming responsibility for remaining off casino property. In exchange, the MGC removes the applicants' names from all marketing lists, prohibits the applicants from cashing checks on the premises, and requires the presentation of appropriate identification before compensating any jackpot winner of \$1,200 or more. If an enrolled person returns to a casino, he or she can be arrested and charged with trespassing (American Gaming Association, 2003; Missouri Gaming Commission, 2008).

### *Participants*

In 2005, the MGC agreed to provide the Division on Addictions ("Division") with a vetted, censored roster of enrollees in the MVEP who had provided consent at the time of their application to be contacted at a later date for research purposes. However, because the MGC insisted on vetting the contact information it took nearly two years to supply this roster to the Division. These delays significantly impacted the project budget, leading to a reduced sample size. Despite the MGC's vetting process, the contact information had numerous errors, thereby adding further delays to the project. Based on this experience, we have outlined recommendations for how the MGC should proceed in future research initiatives in the "Future Directions" section below.

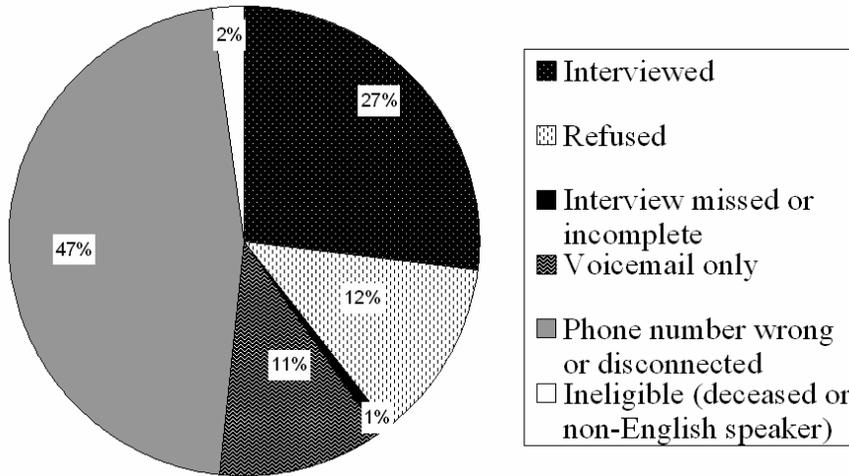
The roster included the demographic information and telephone numbers of 5,125 enrollees who applied to the MVEP from the beginning of 1997 through the end of 2003. To avoid confounding seasonal variations in SE enrollment with time at risk, an additional 212 SEs who enrolled in the MVEP early in 2004 when the research cohort was defined were not included. The researchers stratified the MVEP enrollees into three strata: year of application to the program, gender, and region. Year of application included five groupings: '97-'99 (these years were combined because few people signed up compared to the period from 2000 to 2003), 2000, 2001, 2002, and 2003. Region included four groupings: South/Central (combining three Missouri public health planning regions with few self-excluders), North, East, and West. This resulted in a five (year) x two (gender) x four (region) stratification grid. To arrive at a manageable sample, the researchers randomly selected 20% of the SEs in each stratum and randomly assigned them to one of five study blocks. If randomization failed to include a representative from each stratum within a block, a representative was chosen randomly from those not selected. This increased the sample size from the strictly proportional 1,025 to the total N of 1,040. Statistical analyses confirmed that the five blocks did not differ by gender, region, or year of application.

Researchers initially attempted to contact SEs in the first of the five blocks. After attempting to contact SEs in the first block for one month, researchers began contacting SEs in the second block. After several months of attempting to contact SEs in these blocks, the research team documented that 31% of the potential sample had confirmed wrong numbers and 52% still had not answered attempted telephone calls. Despite vetting by the Missouri Gaming Commission, the contact information was not accurate for at least 31% and possibly as much as 83% of the

potential sample. Therefore, the research team decided to focus their efforts on obtaining an adequate response rate from the first two blocks and restricted the study to SEs in those first two blocks.

Among the 419 SEs in these first two blocks, the researchers were able to speak to 169 (40.3%) and complete interviews with 113 (27.0% of the 419 and 66.9% of the 169). Figure 1 displays the final sample and the reasons for lack of completion among the rest of the potential participants.

**Figure 1: Response Rate Among Potential Participants (N=419)**



Researchers were able to complete interviews with 52% of the 216 SEs who had potentially working telephone numbers and were eligible (i.e., excluding SEs with disconnected or wrong number and SEs who did not speak English or were deceased). This represents the best estimate of the project’s response rate because, by agreement with the MGC, the researchers were not able to track further SEs with incorrect contact information. The final sample consisted of 113 SEs with complete interviews.

### *Materials*

The interview (see Appendix A) consisted of demographic questions, questions about gambling, substance use, treatment, and functioning adapted from the Follow-up Module of the Gambling Treatment Outcome Monitoring System (GAMTOMS: Stinchfield, Winters, Botzet, Jerstad, & Breyer, 2007), the South Oaks Gambling Screen (SOGS: Lesieur & Blume, 1987), the Massachusetts Adolescent Gambling Screen (MAGS: Shaffer, LaBrie, Scanlan, & Cummings, 1994), and questions about experiences with the MVEP. The research staff used Blaise 4.7 to program the instrument as a computer-assisted telephone interview (CATI). A CATI standardizes the way in which questions are asked of participants, eliminates interviewer interpretation and removes the possibility of entering data incorrectly. The CATI is also “gated,”<sup>1</sup> and thus can proceed to the next related question based on an individual’s previous response.

<sup>1</sup> “Gating” allows the interviewer to skip questions that are not applicable and probe for more detail when warranted.

### Gambling Treatment Outcome Monitoring System (GAMTOMS)

The GAMTOMS, an instrument for determining the effectiveness of a treatment or intervention, consists of a set of questions and scales that measure (1) demographic information; (2) recent gambling behavior (i.e., frequency, type of game, and gambling related financial problems); (3) substance use frequency; (4) treatment experience and history; (5) stage of change; (6) problem gambling severity (i.e., SOGS: Lesieur & Blume, 1987); and (7) changes in functioning. For this study, we used the items measuring gambling behavior, substance use frequency, treatment history, problem gambling severity (described in more detail below), and changes in functioning. The GAMTOMS exhibits sufficient internal consistency ( $\alpha = .78$ ) and temporal stability, as well as satisfactory content, criterion-related, and construct validity (Stinchfield et al., 2007).

### South Oaks Gambling Screen (SOGS)

The SOGS, which is incorporated in the GAMTOMS, is a 20-item survey used to screen for pathological gambling. The items are based on the DSM-IV diagnostic criteria for pathological gambling. A SOGS score is determined by summing the number of endorsed items out of 20. Additionally, the SOGS has specific cut-points to categorize the level of an individual's gambling problems: Level 0/1 (SOGS score = 0-2) indicates an individual who is not gambling or who is experiencing no or minimal adverse consequences (i.e., a non-problem gambler); Level 2 (SOGS score = 3-4) indicates an individual who gambles with a wide-range of adverse consequences but does not meet criteria for a gambling disorder (i.e., a problem gambler); Level 3 (SOGS score = 5+) indicates an individual who gambles with sufficiently adverse consequences to meet diagnostic criteria for a gambling disorder (i.e., probable pathological gambler). The SOGS has acceptable reliability with coefficient alphas of .69 and .86 in the general population and gambling treatment samples, respectively (Stinchfield, 2002).

### Massachusetts Adolescent Gambling Screen (MAGS)

The MAGS is a brief, 12-item survey based on the DSM-IV diagnostic criteria for pathological gambling. Although developed on an adolescent sample, it is appropriate for adult use. The MAGS is scored by summing the endorsed items. However, four of the items represent two DSM-IV criteria. Each of these endorsed items, therefore, only receives a weight of 0.5 when scored; the score of all items sums to 10. Much like the SOGS rubric for categorizing gambling behavior, if an individual scores of five or more on the MAGS, he or she meets diagnostic criteria for disordered gambling. The MAGS has sufficient internal consistency ( $\alpha = .87$ ) as well as criterion-related validity (Shaffer et al., 1994).

### *Ethics Review*

As at all U.S. institutions, Cambridge Health Alliance requires all research involving human subjects to be approved by an Institutional Review Board (IRB). The IRB strives to ensure that the rights and welfare of study participants are protected. This study was approved by the Cambridge Health Alliance IRB and received a Certificate of Confidentiality from the U.S. Department of Health and Human Services. To protect the identity of the study participants, each one was assigned a unique ID number. The researchers kept the list that identified the participants' names and ID number separate from the database with the survey responses.

### *Procedures*

Trained research staff began by calling SEs in Block 1 (N=209) during regular business hours (i.e., 9 am to 5 pm). During each subsequent week, the team contacted new individuals within Block 1 as well as SEs they had attempted to reach earlier but had been unable to contact. After attempting to reach each SE in Block 1 at least once, the team began calling individuals in Block 2. In an effort to reach participants who worked during the day, staff made additional telephone calls during evenings and weekends. Each potential participant was attempted at least once per week, more often if there was reciprocal contact. Researchers alternated each week between calling during business hours and evening/weekend hours. In addition, approximately every three weeks, researchers switched their calling lists to see if a new voice and a change in the gender of the interviewer would lead to a completed interview.

When staff members connected with a participant, they asked for the individual's full name and birthday to confirm the participant's identity. They then explained the purpose of the study and read the Informed Consent to each participant (See Appendix A); the interviewers received verbal consent before conducting the 20-30 minute CATI. Following the completion of the interview, participants provided interviewers with their mailing address in order to receive ten-dollar gift certificates to local stores as compensation for their contribution. After several months of attempted phone calls, this amount was increased to a twenty-dollar gift certificate.

If participants refused to participate, the research staff emphasized the importance of the project and the significance of each participant's involvement. Moreover, the staff offered to schedule the interview for another day and time if the current telephone call was inconvenient.

Often, staff did not reach participants directly but instead participants' voicemails or members of participants' households. At these times, interviewers left a brief message including their name, affiliation (i.e., Cambridge Health Alliance), and purpose for their call. In accordance with HIPAA<sup>2</sup>, interviewers did not mention the individual's participation in the MVEP or any other private information about the individual. Staff provided their work telephone numbers and requested that participants return their call. If participants did not return the call within a week, staff attempted to contact the individual again. Among participants who completed the interview, staff attempted an average of 5.0 calls. Among the remaining active telephone numbers (N = 108), staff attempted an average of 13.3 telephone calls.

Staff quickly discovered that more than half of the telephone numbers on the roster were either wrong or no longer in service (57.3%). Consequently, staff entered participants' full names and birthdays into Internet search engines (e.g., peoplesearch.com) in an effort to find participants' updated telephone numbers. This process yielded active numbers and subsequently completed interviews with three participants. No further tracking attempts were allowed by the agreement with the Missouri Gaming Commission.

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<sup>2</sup> The Health Insurance Portability and Accountability Act of 1996 (HIPAA), enacted in 1996, required the U.S. Department of Health and Human Services to develop regulations to protect the privacy of health information.

*Analytic Strategy*

The researchers conducted  $\chi^2$  analyses and *t*-tests to determine the final sample representativeness in comparison to both the initial sample and Missouri residents. Descriptive analyses and paired *t*-tests assessed participants' gambling behavior, treatment experience, and health before and after entering the MVEP. Finally, researchers analyzed whether outcomes of interest (i.e., satisfaction with the MVEP, quality of life after the MVEP, and changes in gambling behavior) varied by gender, region, or years enrolled in the MVEP by conducting linear and logistic regressions. All analyses were conducted using SPSS for Windows version 16.

## Results

### *Sample*

Forty-five percent of the sample was male. The average age of participants at the time of the interview was 50.7 years (SD = 10.2). The average reported amount of time since enrollment in the MVEP was 6 years (SD = 2). The majority of the sample was Caucasian (80.5%); 15.9% were African-American, 0.9% identified themselves as Asian, 0.9% as American Indian or Alaska Native, and 1.8% as “other.”

Participants did not differ significantly from potential participants who did not complete the survey (i.e., SEs in Blocks 1 or 2 who could not be contacted or refused: N = 306) in terms of gender, year of application to the MVEP (i.e., 1997-99, 2000, 2001, 2002, 2003), region (i.e., North, East, West, and South/Central), or race/ethnicity (i.e., African American, Asian/Pacific Islander, Caucasian, Hispanic, Native American, Other, Unknown). The difference in age at application to the MVEP between participants (M = 45.1 SD = 10.0) and non-participants (M = 41.2 SD = 11.2) was statistically significant,  $t(417) = -3.20$   $p < .01$ ; participants were significantly older than non-participants. Comparisons between participants and other SEs in all Blocks (N=927) revealed no significant differences in gender, year of MVEP application, region, or race/ethnicity. Age at application differed between participants and other SEs,  $t(1038) = -2.75$ ,  $p < .01$ ; participants were significantly older (M = 45.1, SD = 10.0) than other SEs (M = 42.2, SD = 10.6).

### *Demographics*

According to the U.S. Census Bureau, the median age among Missouri residents is 37.2; study participants were older with a median age of 50.0 at time of interview and ranged in age from 28 to 74 years old. Table 1 presents the demographic information of participants and demographics for state residents collected in Missouri during the 2006 American Community Survey conducted by the United States Census Bureau (United States Census Bureau, 2006). Participants had gender proportions similar to the state as a whole. Participants were more likely to report being Black/African American (15.9%) than Missouri residents (11.3%). Compared to the state as a whole, fewer participants had never married but a larger proportion was divorced. Participants reported higher household incomes; the proportion of participants with \$75,000 or more in annual income (45.2%) is nearly twice that of the state (23.6%).

**Table 1: Demographics of SEs Compared to 2006 U.S. Census Data**

	Participants (%)	Missouri Census 2006 (%)
<b>Gender</b>		
Female	54.9	51.2
Male	45.1	48.8
<b>Race/Ethnicity</b>		
White	80.5	84.0
Black or African American	15.9	11.3
Other	3.6	4.7
Hispanic or Latino (of any race)	1.8	2.8
<b>Marital Status</b>		
Married	58.4	51.8
Divorced	21.2	11.7
Never Married	13.3	27.8
Separated	2.7	2.0
Widowed	4.4	6.8
<b>Total Annual Household Income</b>		
Less than \$25,000	11	28.3
\$25,000 - \$74,999	44	48.2
\$75,000 or more	45.2	23.6

Approximately three-quarters of participants were employed (75.9%); 12.5% were unemployed, 3.5% were homemakers, 12.4% were retired, and the remaining 1.8% were disabled. None of the participants reported currently being on parole, probation, or awaiting trial or charges. However, 31 participants (28.2%) reported having been arrested at some point. The majority of participants identified themselves as Catholic (31.5%), Baptist (24.3%), Disciples of Christ/Christian Church (16.2%), or as not having a religious preference (14.4%). Among participants, 33.7% attended church once a week or more and 68.8% of participants agreed that religion was very important in their daily lives.

### *Participation in the MVEP*

From the records provided to the research team by the Missouri Gaming Commission we were able to determine that at the time of the follow-up interviews participants had been enrolled in the MVEP between 3.8 and 10.5 years; the average amount of time after enrollment was 6.1 years (SD = 1.6). We also asked participants how much time had passed since they self-excluded. Twenty-five participants (22.1%) inaccurately reported time after their enrollment (i.e., reported time in the MVEP differed from records by more than one year). Participants reported enrolling in the MVEP between 2.0 and 11.0 years ago; the average reported amount of time after enrollment was 5.6 years (SD = 2.0).

### Reasons for Entering the MVEP

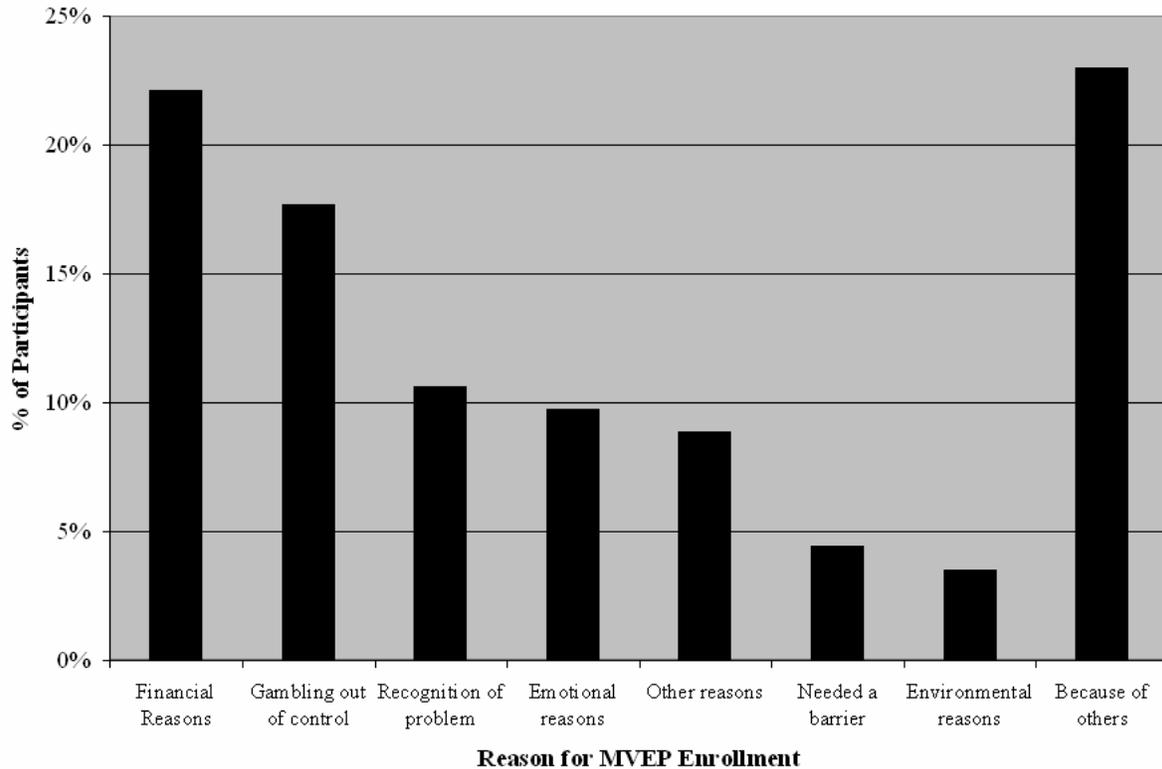
All participants were asked to identify briefly their reasons for enrolling in the MVEP. All reasons are provided in Appendix B. Three coders classified each reason into one of the following categories with major divisions between self-motivated and motivated by others:

- Self - out of control/lack of control
- Self - financial reasons
- Self - needed a barrier to going to casinos/boats
- Self - environmental reasons (e.g., so many casinos around)
- Self - recognition of problem
- Self - emotional state
- Self - other reason
- Because of others - coercion/threat of divorce
- Because of others - they were doing it also
- Because of others - through support/help of others
- Because of others - doing it for others
- Because of others - doing it to support other (i.e., other has a gambling problem)
- Because of others - other reason

Coder agreement was excellent ( $\kappa = .92-.95$ ) for determining whether a reason referred to the self or others. Agreement among coders was acceptable for specific reasons pertaining to the self ( $\kappa = .61-.64$ ), but low between two of the coders for specific reasons pertaining to others ( $\kappa = .35-.77$ ). Therefore, we present results for specific self-related reasons and the global because-of-others reason. For cases in which coders disagreed, the code selected by two of the three coders was used as the final code. If all three coders disagreed (which occurred in nine cases), disagreements were settled via discussion.

As Figure 2 shows, just under a quarter of all participants provided reasons that could be categorized as other-influenced (i.e., Because of Others). These included mentions of coercion (e.g., “It was either that or get divorced;” “She wanted a divorce if I did not stop”), contagion (e.g., “I was with someone else who signed up and signed up also”), and supportive influence from others (e.g., “Husband and children were very concerned... Husband saved me”). Seventy-seven percent of the sample provided self-related reasons; the most common of these were financial worries (e.g., “Just because I was spending too much money and getting too far into debt;” “Because I came to the realization... that I was headed for total financial disaster”). Inability to control gambling and recognition of having a problem were also commonly offered reasons.

**Figure 2: Reason for MVEP Enrollment (as coded by research team)**



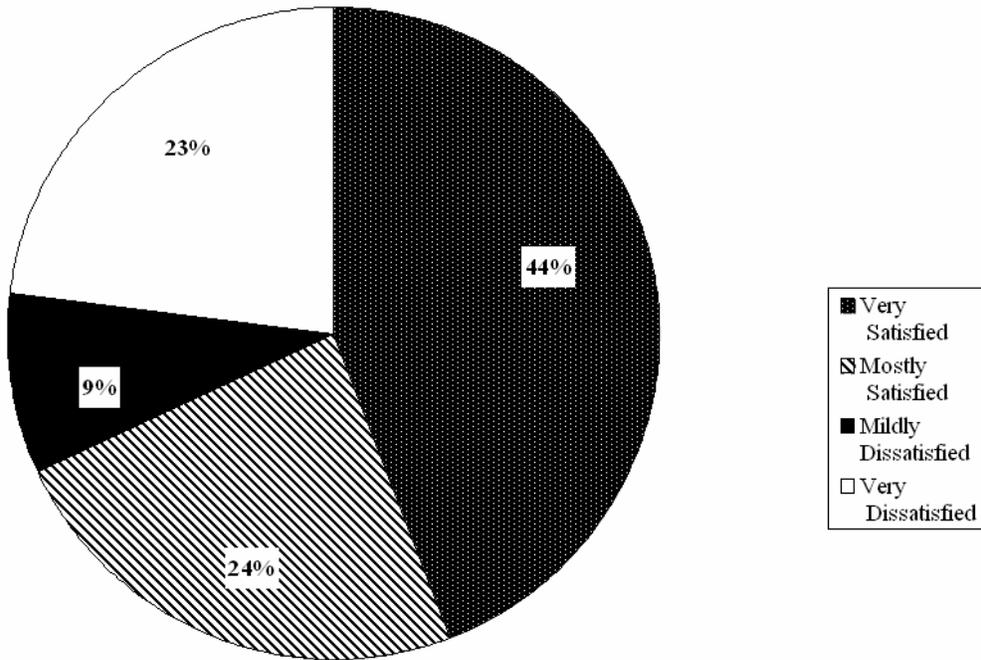
### Attempts to Trespass on Missouri Casinos

Eighteen participants (15.9%) attempted to enter Missouri casinos after enrolling in the MVEP. One self-excluder reported visiting a Missouri casino approximately 400 times after entering the program. The 17 other participants who tried to enter a Missouri casino entered an average of 4.7 times. Nine of the eighteen (50.0%) entered at some point without being caught, and ten of the eighteen (55.5%) were caught at least once. One of these was fined; one was arrested; seven experienced no consequences other than being asked to leave; and one received a citation and had to take a class.

### *Satisfaction with the Missouri Voluntary Exclusion Program*

Figure 3 presents participants' reported satisfaction with the Missouri Voluntary Exclusion Program. Nearly one third of participants expressed dissatisfaction with the MVEP. Fourteen of the 36 participants who were dissatisfied with the program provided reasons for their dissatisfaction. Eight of these participants (57.1%) were dissatisfied because of the permanence of the ban. Three thought the program was not explained adequately when they signed up, two found the staff implementing the program to be rude, and one thought it made his gambling worse. Six other participants, who were mostly satisfied with the program, also commented on perceived problems with it: two mentioned the lifetime ban as a problem; two indicated that it was still easy to get into casinos; and two stated that it didn't stop their gambling because they went to other states.

**Figure 3: Participants' satisfaction with the Missouri Voluntary Exclusion Program**

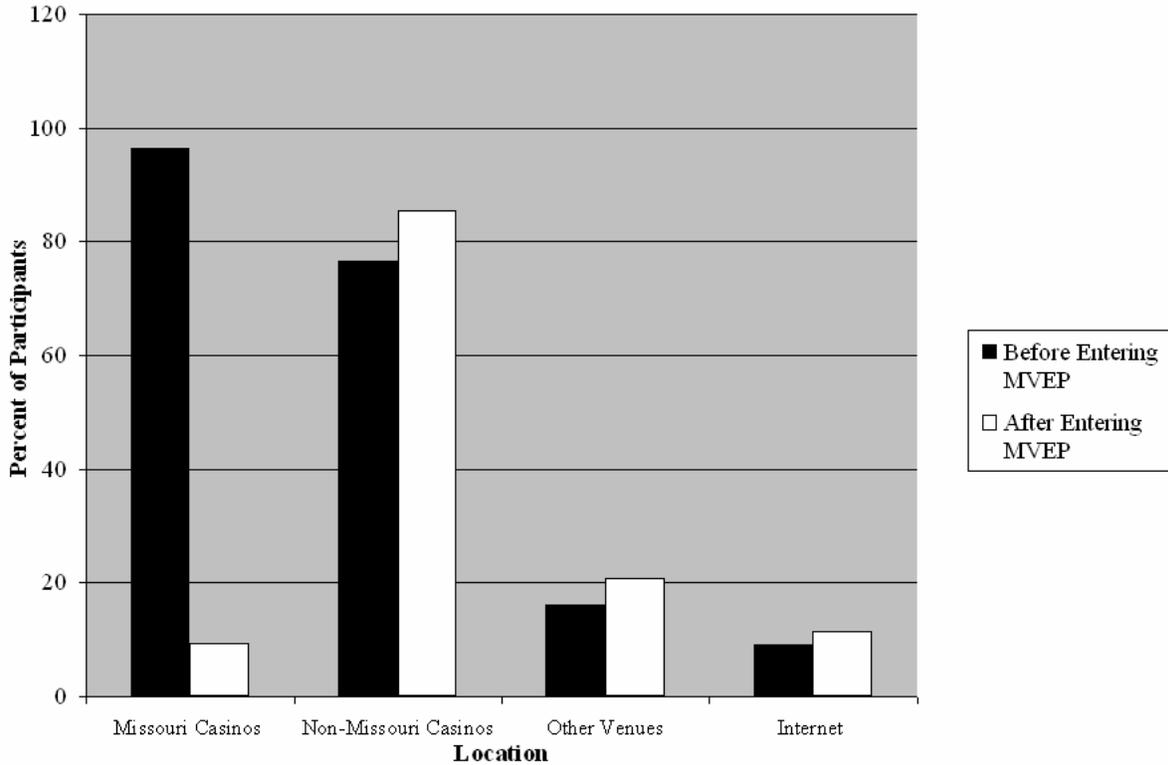


*Gambling Behavior*

Location of Gambling Before and After Entering the MVEP

Figure 4 presents the locations at which participants gambled before and after excluding themselves from Missouri casinos. The graph clearly indicates a significant decrease in the number of participants gambling in Missouri casinos (McNemar's  $\chi^2 [1, N=113] = 100.0, p < .001$ . Prior to entering the MVEP, 109 participants gambled in Missouri casinos; after entering the MVEP, only 9 participants reported gambling in Missouri casinos. The proportion of participants who gambled in any non-Missouri location (i.e., non-Missouri casinos, other venues, the Internet) did not change significantly after entering the MVEP; however, 13 of the 21 SEs (61.9%) who had not gambled in non-Missouri locations prior to MVEP enrollment began gambling in these locations after entering MVEP.

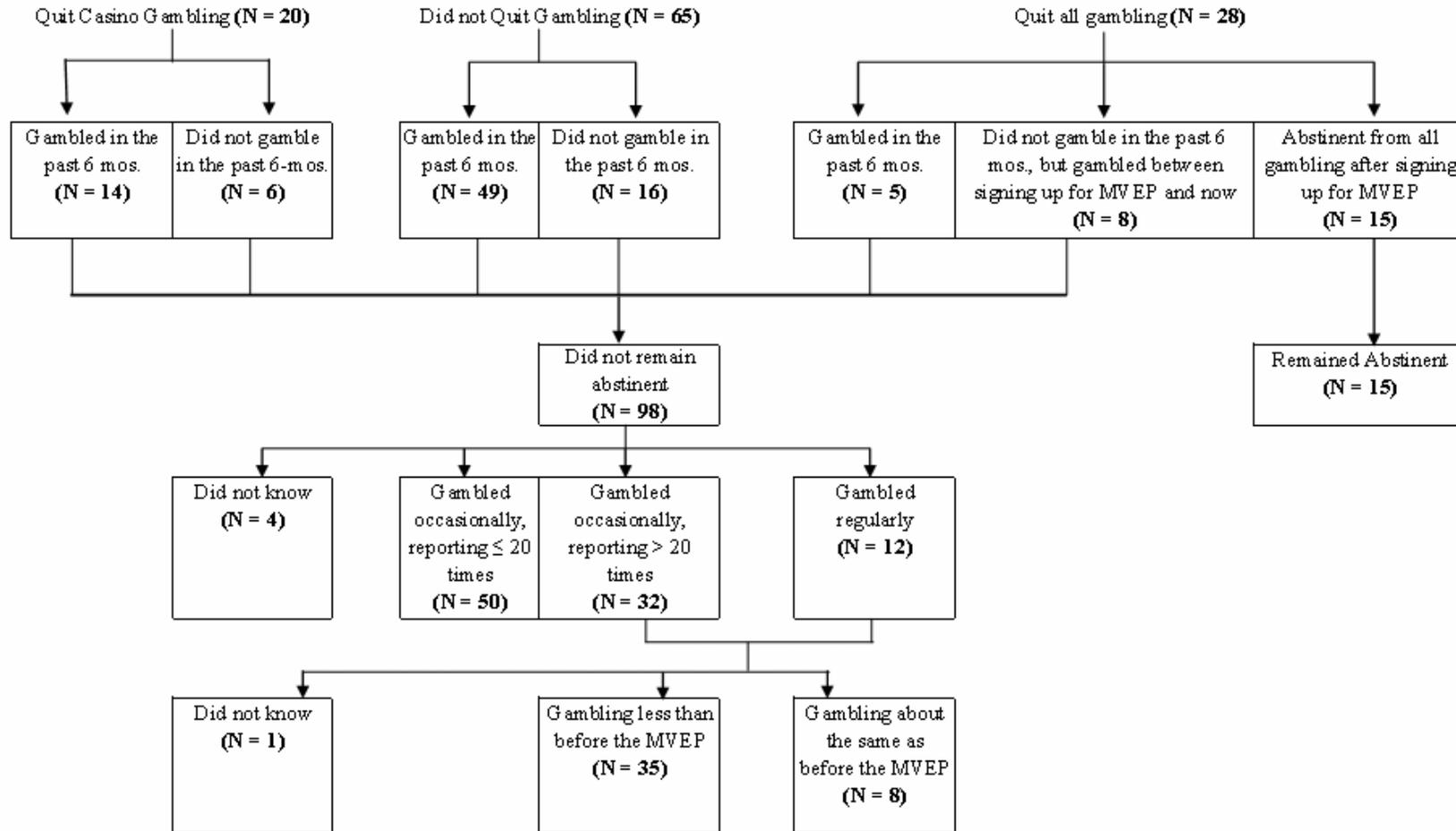
**Figure 4: Gambling Locations Before and After Entering the MVEP**



Gambling Frequency After Entering the MVEP

As Figure 5 shows, twenty-eight participants (24.8%) reported quitting all gambling and 20 participants (17.7%) reported quitting casino gambling after entering the MVEP. However, 65 participants (57.5%) reported not quitting gambling after they signed up for the MVEP.

**Figure 5: Gambling Status of SEs**



Among the 28 participants who reported quitting all gambling upon entering the MVEP, 13 (46.4%) had gambled at some point since MVEP enrollment. Sixty-eight participants (60.2%) had gambled in the past six months: 17.9% of those who quit all gambling upon MVEP entry, 70% of those who quit casino gambling upon MVEP entry, and 75.4% of those who did not quit gambling upon MVEP entry. Among the 98 participants who reported gambling at any point after signing up for the MVEP, most reported continuing to gamble only occasionally; 12 (12.2% of those 98) reported continuing to gamble regularly. Altogether, 44 SEs had gambled on 20 or more occasions (i.e., all 12 who reported gambling regularly and 32 who reported gambling occasionally), and 35 of those (79.5%) claimed to be gambling less than before since entering the MVEP. The other eight claimed their gambling was about the same.

**Gambling Patterns After Entering the MVEP**

Participants who gambled in the six months prior to follow-up reported an average aggregate loss of \$1,537.36 (SD = 3,153.87) during those six months. However, the median loss was much less at \$400.00, and the range was \$0 to \$20,000. This discrepancy and the large standard deviation describe a distribution of modest losses for most participants and large losses for a few. The largest amount of money reported lost in one gambling session ranged from \$0 to \$2,500 with an average of \$361.03 (SD = 532.33) and a median of \$200.

Table 2 presents the types of games and frequency of participation for participants who reported gambling in the 6 months prior to follow-up. Among the 68 participants who reported gambling in the past 6 months, the most popular games played included the lottery, slot machines and video lottery terminals, and card games.

**Table 2: Types of Games Participants Played During the 6 Months Prior to Follow-up**

Type of Game	Less than											
	Never		Once a Month		1-3 Days a Month		1-2 Days a Week		3-6 Days a Week		Daily	
	N	%	N	%	N	%	N	%	N	%	N	%
Lottery	10	14.9	22	31.3	14	20.9	20	29.9	0	0	2	3.0
Slot Machines & VLTs	22	32.4	27	39.7	11	16.2	6	8.8	1	1.5	1	1.5
Card Games	50	73.5	4	5.9	6	8.8	4	5.9	3	4.4	1	1.5
Pull Tabs	58	85.3	9	13.2	0	0.0	1	1.5	0	0.0	0	0.0
BINGO	60	88.2	7	10.3	0	0.0	1	1.5	0	0.0	0	0.0
KENO	63	92.6	4	5.9	0	0.0	1	1.5	0	0.0	0	0.0
Sporting Events	65	95.6	2	2.9	1	1.5	0	0.0	0	0.0	0	0.0
Games of Skill	65	95.6	1	1.5	2	2.9	0	0.0	0	0.0	0	0.0
Dice Games	65	95.6	3	4.4	0	0.0	0	0.0	0	0.0	0	0.0
OTHER	66	97.1	1	1.5	0	0.0	1	1.5	0	0.0	0	0.0
Animal Races	67	98.5	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0
Stock or Commodities	68	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

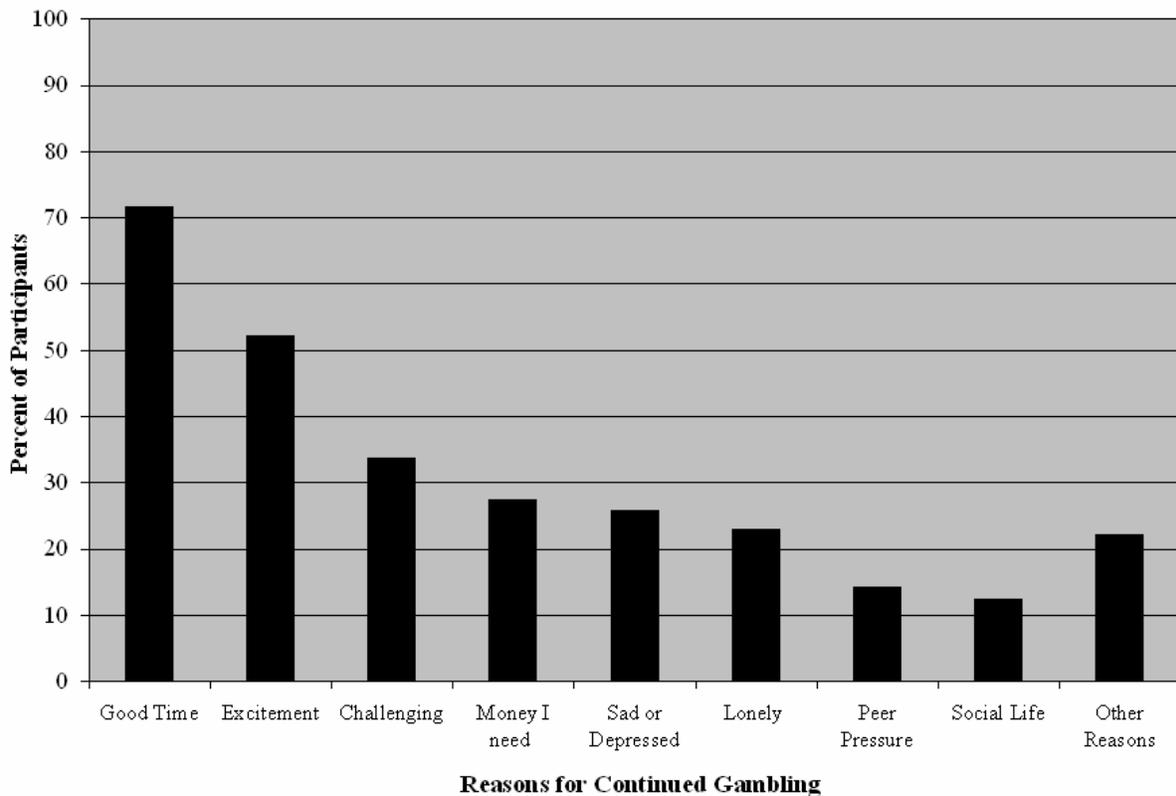
**Reasons for Continued Gambling**

Participants who reported gambling at any point after MVEP enrollment were asked to endorse one or more reasons for their continued gambling. Participants could also provide their own reasons for gambling after selecting the “other reason” category. Forty-eight (49.0%) of the

participants who answered the question provided specific “other” reasons. Many of these free response reasons could be categorized according to the pre-existing categories and were combined with these pre-existing categories to create Figure 6 below.

As Figure 6 shows, the most endorsed reasons were to have a good time, excitement, and the challenge of gambling. The “other reasons” that did not fit the pre-existing categories were coded into categories and included boredom (14.6% of other reasons), habit/compulsion (12.5%), escape (6.3%), emotional reasons other than sadness (4.2%), circumstances (4.2%), prescription drugs (4.2%), being near a casino (2.1%), drinking (2.1%), and “being a dumbass” (2.1%).

**Figure 6: Reasons for Continued Gambling Since Joining the MVEP Program**



Note: The columns do not sum to 100% because participants were able to endorse multiple reasons for their continued gambling.

### *Disordered Gambling*

#### South Oaks Gambling Screen (SOGS)

During the interview, participants described their gambling-related problems prior to entering the MVEP by responding to the SOGS problem gambling screen as it applied to their behavior at that time. Participants who had gambled in the six months prior to follow-up repeated the SOGS describing their gambling behavior during those six months. Table 3 displays the number of participants who endorsed each question of the SOGS. Approximately two-thirds of the participants felt they had a gambling problem prior to entering the MVEP; one-third of participants who gambled in the six months prior to follow-up still felt they had a gambling

problem. The majority of participants (86.6%) had gambled more than they intended prior to entering the MVEP and one-third of those who gambled in the past six months still reported gambling more than they intended. The other commonly endorsed questions were those asking participants if they had been criticized about their gambling, felt guilty about their gambling, and felt unable to quit gambling. When asked where they borrowed money to pay back gambling debt prior to MVEP entry, the most frequent participant responses were credit cards (63.7%), household funds (47.8%), and their checking accounts (38.9%).

**Table 3: Number of Participants Endorsing each SOGS Question**

SOGS Questions	All Participants (N = 113)	Gambled in the past 6 months?		
		Prior to MVEP N (%)	No <sup>¥</sup> (N = 45)	Yes (N = 68)
			Prior to MVEP N (%)	Prior to MVEP N (%)
<b>How often do you go back another day to win back money lost?</b>				
Never	25 (22.1)	10 (22.2)	15 (22.1)	47 (69.1)
Some of the time	36 (31.9)	13 (28.9)	23 (33.8)	20 (29.4)
Most of the time	24 (21.2)	9 (20.0)	15 (22.1)	1 (1.5)
Every time	28 (24.8)	13 (28.9)	15 (22.1)	0 (0)
<b>Ever claimed to be winning when in fact you were losing?</b>				
Never	79 (69.9)	32 (71.1)	47 (69.1)	62 (91.2)
Some of the time	20 (17.7)	7 (15.6)	13 (19.1)	4 (5.9)
Most of the time	10 (8.8)	4 (8.9)	6 (8.8)	1 (1.5)
Every time	4 (3.5)	2 (4.4)	2 (2.9)	1 (1.5)
		<b>Yes</b>		
<b>Ever felt you had a problem with gambling?</b>	76 (67.3)	<b>24</b> (53.3)*	<b>52</b> (76.5)*	22 (32.4)
<b>Ever gambled more than intended?</b>	98 (86.7)	39 (86.7)	59 (86.8)	23 (33.8)
<b>People ever criticized your gambling?</b>	78 (69)	28 (62.2)	50 (73.5)	17 (25.0)
<b>Ever felt guilty about the way you gamble?</b>	87 (77)	36 (80)	51 (75.0)	19 (27.9)
<b>Ever felt like you wanted to stop gambling but couldn't?</b>	70 (63.1)	28 (62.2)	42 (63.6)	15 (22.1)
<b>Have you hidden signs of gambling from important people in your life?</b>	59 (52.2)	23 (51.1)	36 (52.9)	10 (14.7)
<b>Ever argued with people you live with over how you handle money?</b>	57 (50.4)	18 (40.0)	39 (57.4)	14 (20.6)
<b>Money arguments centered on your gambling?</b>	52 (91.2)	17 (94.4)	35 (89.7)	6 (42.9)
<b>Ever borrowed money and not paid it back due to gambling?</b>	24 (21.2)	11 (24.4)	13 (19.1)	0 (0)
<b>Ever lost time from work or school due to gambling?</b>	40 (35.4)	15 (33.3)	25 (36.8)	2 (2.9)

\* Statistically significant difference,  $p < .05$

¥ 45 participants abstained from gambling in the past 6-months and were not asked to answer the past six month SOGS

Among participants who gambled during the six months prior to follow-up, there was a significant change in SOGS scores from prior to MVEP,  $t(67) = 11.6, p < .001$ ; the average decrease in SOGS score was 6.5 (i.e., from 8.9 to 2.4). Comparisons revealed no significant difference in SOGS score prior to MVEP between participants who did and did not gamble in the

past 6 months. Examining the individual questions, only one question, “Did you ever feel you had a problem with gambling,” differed significantly between groups. Among participants who abstained from gambling in the past 6 months 53.3% responded yes, compared to 76.5% of participants who gambled in the past 6 months.

We categorized SEs based on SOGS response into three levels: no gambling/few problems (SOGS score 0-2; level 0/1 gambler); gambling with a wide-range of adverse consequences but not meeting criteria for a gambling disorder (SOGS score 3-4; level 2 gambler); gambling with sufficiently adverse consequences to meet diagnostic criteria for a gambling disorder (SOGS score 5+; level 3 gambler). We considered SEs who had not gambled in the past six months to qualify as level 0/1 gamblers on the past 6 month SOGS.

Table 4 presents participants’ gambling levels before and after they entered the MVEP. The first two columns of the table display the change in gambling levels among all participants (classifying those who did not gamble in the past 6 months as Level 0/1); the middle column displays the gambling levels prior to MVEP of participants who abstained from gambling during the 6 months prior to follow-up; and the last two columns display the change in gambling levels among participants who gambled in the 6 months prior to follow-up.

**Table 4: Participants’ Gambling Level Based on SOGS Score**

Gambling Level	All Participants (N = 113)		Participants who abstained from gambling during 6 months prior to follow-up (N = 45)	Participants who gambled 6 months prior to follow-up (N = 68)	
	Prior to MVEP (%)	6 months prior to follow-up	Prior to MVEP (%)	Prior to MVEP (%)	6 months prior to follow-up
<b>Level 0/1</b> No Gambling Problems, or Not Gambling (SOGS score 0-2)	14 (12.4)	91 (80.5)	5 (11.1)	9 (13.2)	46 (67.7)
<b>Level 2</b> Gambling (SOGS score 3 or 4)	10 (8.8)	5 (4.4)	4 (8.9)	6 (8.8)	5 (7.4)
<b>Level 3</b> Gambling (SOGS score 5+)	89 (78.8)	17 (15.0)	36 (80.0)	53 (77.9)	17 (25.0)

Note. 45 participants abstained from gambling in the past 6-months and were not asked to answer past six month SOGS. These 45 were classified as Level 0/1 gamblers for the 6 month timeframe.

### Massachusetts Gambling Screen (MAGS)

SEs who had gambled in the past 6 months also completed the MAGS for comparison with the SOGS. Table 5 displays the number of participants, among those who gambled during the 6 months prior to follow-up, who endorsed each MAGS question.

**Table 5: Number of Participants Who Gambled During the 6 Months Prior to Follow-up Endorsing Each MAGS Question**

MAGS Questions	# of Participants (%)
Have you been preoccupied with thinking of ways to get money for gambling or reliving past gambling experiences during the past 6 months?	14 (20.6)
During the past 6 months, have you gambled increasingly larger amounts of money to experience the desired level of gambling excitement?	9 (13.2)
Did you find during the past 6 months that the same amount of gambling had less effect on you than before?	27 (39.7)
Has stopping gambling or cutting down how much you gambled made you feel restless or irritable during the past 6 months?	12 (17.6)
Have you gambled during the past 6 months to make the uncomfortable feelings that come from stopping gambling go away or keep from having them?	9 (13.2)
Have you gambled as a way of escaping from problems or relieving feelings of helplessness, guilt, anxiety, or depression during the past 6 months?	19 (27.9)
During the past 6 months, after losing money gambling, have you returned to gambling on another day to win back lost money?	20 (29.4)
Have you lied to family members or others to conceal the extent to which you have been gambling during the past 6 months?	19 (27.9)
Have you committed any illegal acts (e.g., forgery, fraud, theft, embezzlement, etc.) during the past 6 months to finance your gambling?	0 (0)
During the past 6 months, have you jeopardized or lost a significant relationship, job, educational or career opportunity because of your gambling?	0 (0)
During the past 6 months, have you relied on others (e.g., family, friends, or work) to provide you with money to resolve a desperate financial situation caused by your gambling?	7 (10.3)
During the past 6 months, have you made efforts unsuccessfully to limit, reduce, or stop gambling?	16 (23.5)

Comparing participants' MAGS and SOGS scores for the 6 months prior to follow-up, we found a strong positive relationship  $r(66) = 0.84, p < .01$ . We used the MAGS to categorize gamblers into the same levels used for the SOGS: MAGS score of 0-2 = Level 0/1; MAGS score of 3-4 = Level 2; MAGS score of 5+ = Level 3. Comparison of the MAGS' and SOGS'-based classifications, displayed in Table 6, revealed a percent agreement between the two of 79.4%. However, a kappa of 0.58 indicates that agreement was only moderately better than that expected by chance. The MAGS was more likely to classify SEs as disordered gamblers than the SOGS.

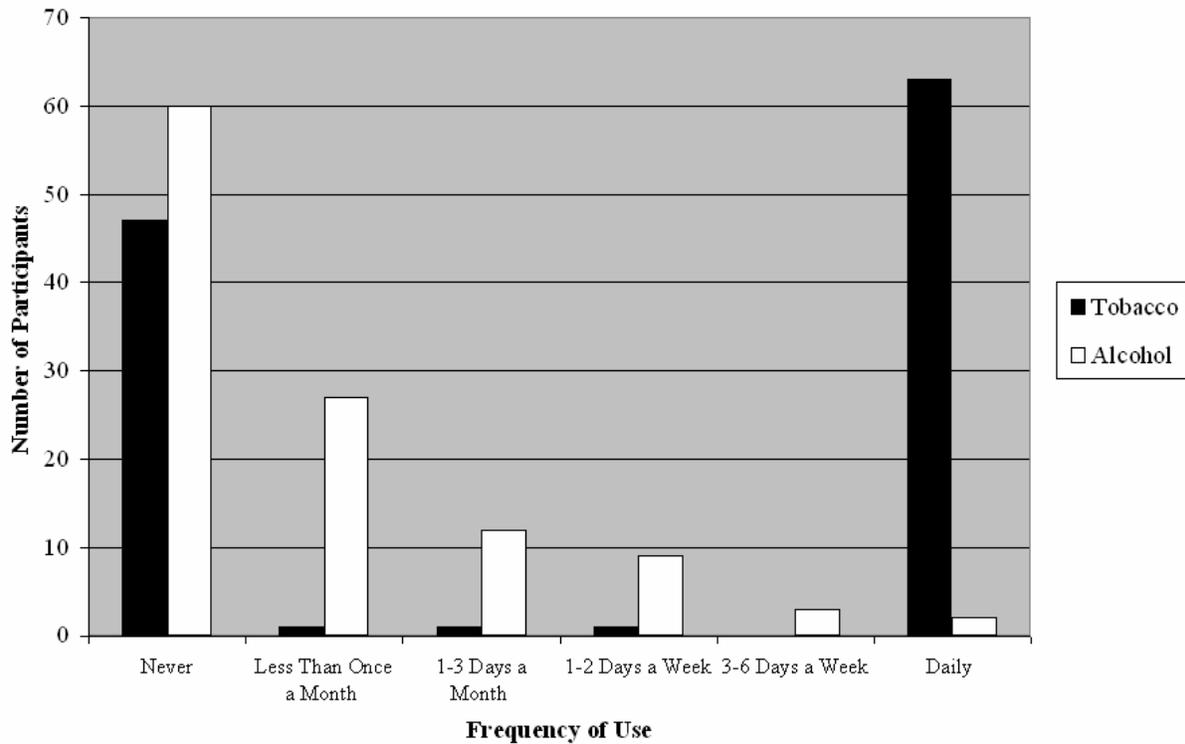
**Table 6: Past 6 Month SOGS and MAGS Classifications**

Six months prior to Follow-up MAGS	Six months prior to follow up SOGS					
	Level 0/1	N (%)	Level 2	N (%)	Level 3	N (%)
Level 0/1	<b>40 (87.0)</b>		5 (10.9)		1 (2.1)	
Level 2	3 (60.0)		<b>2 (40.0)</b>		0 (0.0)	
Level 3	2 (11.8)		3 (17.6)		<b>12 (70.6)</b>	

*Substance Use during 6 Months Prior to Follow-Up*

The vast majority of participants reported never using marijuana or hash, or other illicit drugs (95.5%, 99.1% respectively) during the six months prior to follow-up. Nearly half of the sample reported using tobacco and less than half reported using alcohol. Figure 7 presents participants' tobacco and alcohol use patterns during the six months prior to follow-up. The majority of participants reported either never smoking (n = 47, 41.6%) or daily smoking (n = 63, 55.8%). Less than 10% of the sample reported drinking more than once or twice a week. The 68 participants who reported gambling in the past 6 months were asked how often they had used substances (i.e., alcohol/drugs) while gambling during that time: 62 (91.2%) responded never/seldom, 4 (5.9%) responded sometimes; and 2(2.9%) responded always.

**Figure 7: Participants' Use of Tobacco and Alcohol during 6 Months Prior to Follow-up**



*Treatment Experience*

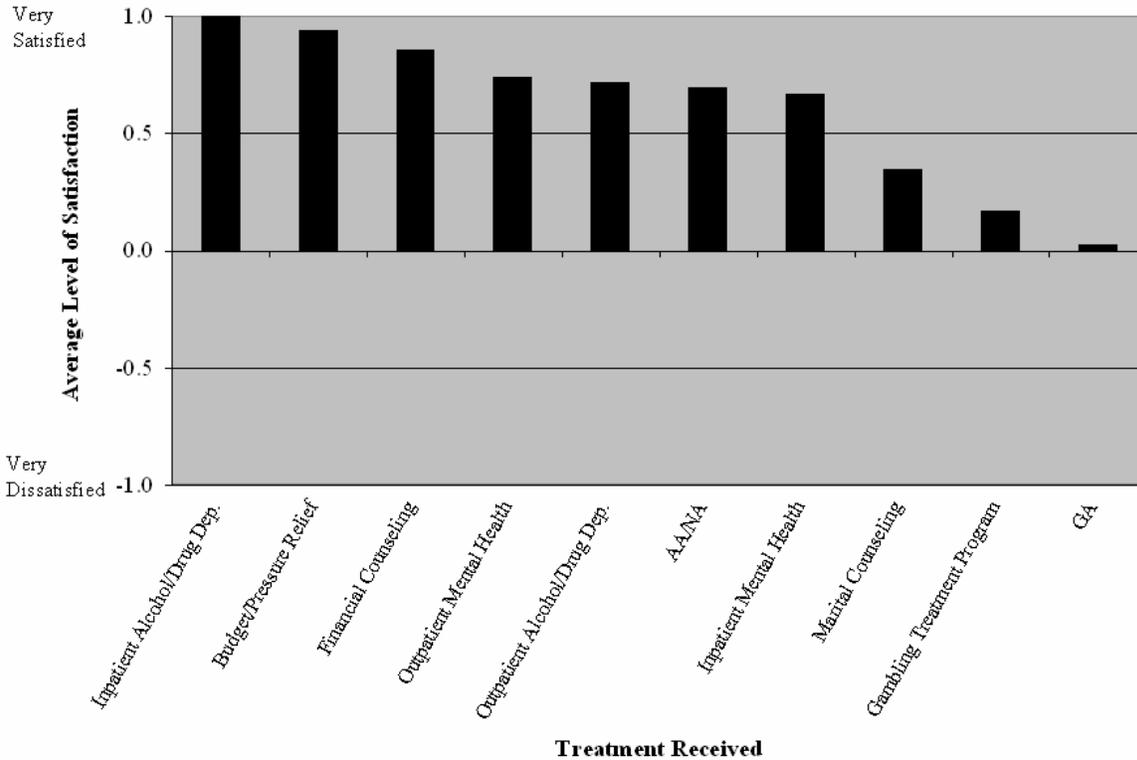
More than 50% of participants reported receiving mental health treatment, and close to 40% indicated receiving gambling-specific treatment (in addition to their MVEP enrollment). Table 7 displays the number of participants who reported receiving each treatment and the time at which they received these treatments (i.e., before and/or after entering the MVEP). Gambling treatments, including gambling treatment programs, gambling treatment extended care or aftercare sessions, and Gamblers Anonymous, were the most frequently received treatments among participants (37.2%). Gamblers Anonymous was the most popular gambling treatment among participants (33.6%).

**Table 7: Treatments Received Before and/or After Entering the MVEP**

Treatment Type	When Participants Received Treatments (N = 113)		
	Ever (%)	Before MVEP (%)	After MVEP (%)
<b>Any Treatment</b>	<b>67 (59.3)</b>	<b>49 (43.4)</b>	<b>60 (53.1)</b>
<b>Gambling Treatment</b>	<b>42 (37.2)</b>	<b>17 (15.0)</b>	<b>38 (33.6)</b>
Gamblers Anonymous	38 (33.6)	15 (12.4)	32 (28.3)
Gambling Treatment Program	27 (23.9)	8 (7.1)	24 (21.2)
Gambling Treatment Extended Care or Aftercare Sessions	3 (2.7)	2 (1.8)	2 (1.8)
<b>Substance Use Treatment</b>	<b>17 (15.0)</b>	<b>11 (9.7)</b>	<b>10 (8.8)</b>
Alcoholics/Narcotics Anonymous	14 (12.4)	10 (8.8)	9 (8.0)
Inpatient Alcohol/Drug Dependency Treatment	7 (6.2)	7 (6.2)	1(0.9)
Outpatient Alcohol/Drug Dependency Treatment	7 (6.2)	4 (3.5)	2 (1.8)
<b>Mental Health Treatment</b>	<b>29 (25.7)</b>	<b>23 (20.4)</b>	<b>26 (23.0)</b>
Outpatient Mental Health Treatment	23 (20.4)	22 (19.5)	20 (17.7)
Inpatient Mental Health Treatment	9 (8.0)	7 (6.2)	7 (6.2)
Budget or Pressure Relief Meetings	8 (7.1)	2 (1.8)	8 (7.1)
<b>Other</b>	<b>41 (36.3)</b>	<b>28 (24.8)</b>	<b>31 (27.4)</b>
Marital Counseling	23 (20.4)	19 (16.8)	16 (14.2)
Financial Counseling	17 (15.0)	8 (7.1)	13 (11.5)
Other Support Group	7 (6.2)	2 (1.8)	6 (5.3)
Other Service/Counseling	4 (3.5)	3 (2.7)	2 (1.8)
Vocational Counseling	3 (2.7)	3 (2.7)	3 (2.7)
Other 12-Step Group	2 (1.8)	1 (0.9)	2 (1.8)

Participants who reported receiving each treatment were asked about their level of satisfaction with that treatment. Participants rated their satisfaction on a four point scale: (1) Very Satisfied; (0.5) Mostly Satisfied; (-0.5) Mildly Dissatisfied; (-1) Very Dissatisfied. Figure 8 depicts the mean satisfaction level among participants for the most commonly received treatments. It is interesting to note that although Gamblers Anonymous (34.5%), gambling treatment programs (24.5%), marital counseling (20.9%), and outpatient mental health treatment (20.9%) were the most commonly received treatments, they did not provide participants with the most satisfaction. Other common forms of treatment endorsed by participants included financial counseling (15.5%) and AA/NA (12.7%); all other forms of treatment were endorsed by less than 10% of participants.

**Figure 8: Participants’ Average Satisfaction with Additional Treatments Received**

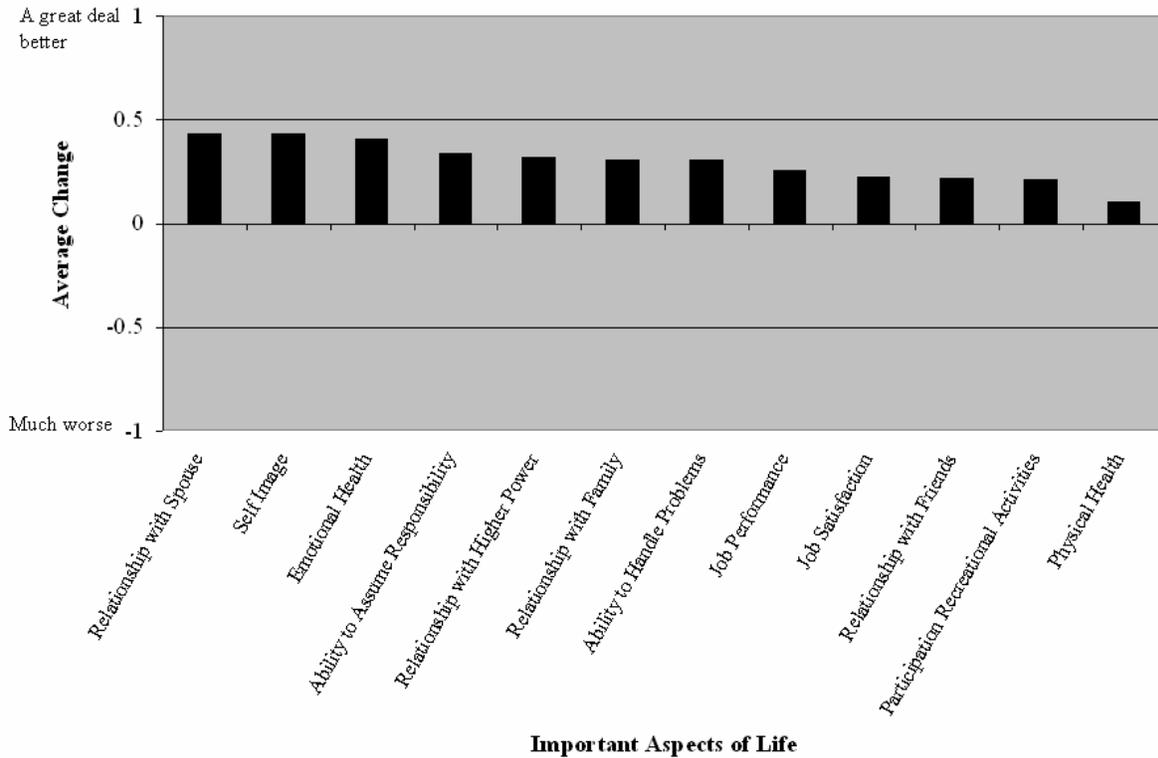


Note: GA is Gamblers Anonymous; AA/NA is Alcoholics/Narcotics Anonymous

*Quality of Life Since Enrolling in the MVEP*

Participants reported on the current quality of important aspects of their lives (e.g., relationships) compared to before entering the MVEP. Participants rated these changes on a scale from +1 to -1: (1) A great deal better; (0.5) Somewhat better; (0) About the same; (-0.5) Somewhat worse; (-1) Much worse. Figure 9 displays average ratings for each quality of life domain. Participants reported the greatest improvements in their relationship with their spouse/significant other (M = 0.4), their emotional health (0.4), and self image (0.4). As seen in Figure 7, all of the average reported changes were positive. However, 24 participants (21.2%) reported a decline in the quality of certain aspects of their lives. More specifically, the most commonly reported declines were in physical health (N=15), emotional health (N=8), and participation in recreational activities (N=6). After conducting a factor analysis, it was determined that all 12 questions represent a single composite scale we termed “Quality of life” (Cronbach's alpha coefficient = 0.81). On this scale, for which we averaged responses across the 12 questions, we observed the average score to be 0.3 (SD = 0.3), indicating on average a slight improvement in quality of life since enrolling in the MVEP.

**Figure 9: Changes in Quality of Life Since Entering MVEP**



*Differences in Outcomes by Gender, Region, and Time enrolled in the MVEP*

Three variables of interest to this study were gender, region, and time, the three variables we stratified on.

The sampling plan for this study stratified SEs by region, gender, and time at risk (year of enrollment) and selected a proportionate random sample of SEs within strata. We sought appropriate representation because of the potential for these factors to confound the study outcomes. For example, the casinos in Missouri are clustered in the planning areas in east and west of the state and SEs residing in the other regions with few casinos might have less trouble avoiding entering casinos. Therefore, we analyzed whether these three stratification variables influenced outcomes relevant to the Missouri Voluntary Exclusion Program.

The main outcomes of interest for this project included: (1) participant’s satisfaction with the MVEP; (2) Quality of life after the MVEP; (3) past 6 months SOGS score; (4) abstinence from gambling in the past 6 months; and (5) Probable Pathological Gambling status. For each of the five major outcomes, we examined the relationship between the outcome and the factors of gender, region, and time individually, and the combined influence of all three factors on the outcomes.

Satisfaction with the MVEP

As Table 8 indicates, gender accounted for 4% of the variance in satisfaction with the MVEP. The full model, including gender, region, and time, accounted for 8% of the variance. Gender

was statistically significant in the model. Men were more satisfied than women with the MVEP. Region and time enrolled were not significant in the model.

**Table 8: Regression Analysis Summary for Participant Variables Predicting Satisfaction with the MVEP**

Variable	B	SE <sub>B</sub>	β	R <sup>2</sup>
<b>Individual Models</b>				
1. Gender	-0.479*	0.224	-0.199	0.04
2. Region				0.026
East vs. West	-0.191	0.121	-0.15	
East & West vs. North	-0.108	0.169	-0.062	
East, West, & North vs. South	-0.012	0.142	-0.008	
3. Time in MVEP	-0.085	0.071	-0.112	0.013
<b>Full Model</b>				0.078
Gender	-0.474*	0.224	-0.197	
Region				
East vs. West	-0.205	0.119	-0.16	
East & West vs. North	-0.092	0.166	-0.053	
East, West, & North vs. South	-0.023	0.14	-0.016	
Time in MVEP	-0.083	0.07	-0.11	

\*p<.05

Quality of Life Composite Score

Table 9 shows the regression analysis for predicting the Quality of Life composite score. Gender in a model by itself accounted for 5% of the variance in Quality of Life Composite score. The full model, including gender, region, and time accounted for 6% of the variance, and gender remained a statistically significant predictor of Quality of Life Composite score. Compared to women, men reported better overall quality of life after signing up for the MVEP. As table 10 shows, Region and time were not statistically significant predictors of quality of life after enrolling in the MVEP.

**Table 9: Regression Analysis Summary for Participant Variables Predicting Quality of Life Composite score**

Variable	B	SE <sub>B</sub>	β	R <sup>2</sup>
<b>Individual Models</b>				
1. Gender	-0.301*	0.128	-0.22	0.048
2. Region				
East vs. West	0.025	0.07	0.035	0.006
East & West vs. North	0.075	0.106	0.071	
East, West, & North vs. South	-0.025	0.082	-0.03	
3. Time in MVEP	-0.013	0.041	-0.031	0.001
<b>Full Model</b>				0.057
Gender	-0.306*	0.13	-0.224	
Region				
East vs. West	0.021	0.069	0.03	
East & West vs. North	0.093	0.105	0.088	
East, West, & North vs. South	-0.034	0.081	-0.041	
Time in MVEP	-0.011	0.041	-0.026	

\*p<.05

### Past 6 Months SOGS Score

Table 10 shows the regression analysis for predicting past 6 months SOGS score. Controlling for SOGS score of problems experienced before participants signed up for the MVEP, neither the individual models nor the full model had any statistically significant effect on the SOGS score of problems experienced 6 months prior to follow-up.

**Table 10: Regression Analysis Summary for Participant Variables Predicting SOGS score for 6 months prior to follow-up**

Variable	B	SEB	$\beta$	R <sup>2</sup>
<b>Individual Models<sup>±</sup></b>				
Prior to MVEP SOGS Score	0.276*	0.08	0.391	0.153
1. Gender	0.615	0.779	0.09	0.161
2. Region				0.225
East vs. West	0.789	0.412	0.22	
East & West vs. North	0.972	0.598	0.183	
East, West, & North vs. South	-0.231	0.795	-0.034	
3. Time in MVEP	0.174	0.231	0.087	0.16
<b>Full Model<sup>±</sup></b>				0.243
Prior to MVEP SOGS Score	0.256*	0.085	0.362	
Gender	0.788	0.782	0.116	
Region				
East vs. West	0.778	0.414	0.217	
East & West vs. North	1.046	0.612	0.197	
East, West, & North vs. South	-0.137	0.803	-0.02	
Time in MVEP	0.143	0.227	0.071	

\*p<.01 \*\*p<.05

± Controlling for SOGS score before signing up for MVEP

### Disordered Gambling

Next, we examined the ability of gender, region, and time in the MVEP to predict past 6-month disordered gambling status. As table 11 shows, neither gender nor region nor time was a good predictor of disordered gambling status by itself or in the full model.

**Table 11: Logistic Regression Analysis Predicting Disordered Gambling status according to SOGS score for six month period prior to follow-up.<sup>£</sup>**

Predictor	B	SE	Odds Ratio	Wald statistic
<b>Individual Models</b>				
1. Gender	0.371	0.596	1.45	0.388
2. Region				
East vs. West	0.655	0.414	1.925	2.505
East & West vs. North	0.669	0.433	1.952	2.388
East, West, & North				
vs. South	-4.805	10048.24	0.008	0
3. Time in MVEP	0.012	0.174	1.012	0.005
<b>Full Model</b>				
Gender	0.479	0.631	1.615	0.576
Region				
East vs. West	0.643	0.416	1.902	2.391
East & West vs. North	0.732	0.443	2.080	2.728
East, West, & North vs.				
South	-4.750	10048.244	0.009	0.000
Time in MVEP	-0.016	0.183	0.984	0.008

£ controlled for Problem Gambling status at the time participants signed up for MVEP

### Abstinence from Gambling

Finally, As table 12 shows, the three stratification variables were not significant predictors of abstinence from gambling after signing up for the MVEP.

**Table 12: Summary of Logistic Regression Analysis Predicting Abstinence from Gambling**

Predictor	B	SE	Odds Ratio	Wald statistic
<b>Individual Models</b>				
1. Gender	0.099	0.429	1.104	0.053
2. Region				
East vs. west	0.076	0.221	1.079	0.118
East & West vs. North	6.763	5469.57	865.657	0
East, West, & North vs.				
South	-1.572	1367.392	0.208	0
3. Time in MVEP	0.174	0.143	0.976	1.468
<b>Full Model</b>				
Gender	0.057	0.439	1.059	0.017
Region*				
East vs. west	0.092	0.223	1.096	0.168
East & West vs. North	6.749	5431.608	853.161	0.000
East, West, & North vs.				
South	-1.560	1357.902	0.210	0.000
Time in MVEP	0.172	0.146	1.188	1.391

## Discussion

This report provides the first long-term observation of participants in the Missouri Voluntary Exclusion Program. The challenges of this research (e.g., delays in receiving contact information, incorrect/dated contact information, and participants' failure to respond to repeated attempts at contact) are not unlike those any researcher faces in a new area of research. At the time gamblers signed up for a voluntary lifetime ban from Missouri casinos, they were asked if they were willing to be contacted sometime in the future for an evaluation of the program. Everyone in the potential research sample agreed to be contacted; however, 4 to 10 years passed between the time participants excluded themselves and the time at which the research team received their contact information and contacted for follow-up. This lapse in time made it more challenging to locate, contact, and follow-up with participants.

### *Effectiveness of the MVEP*

The explicit intervention of the MVEP program is to support the decision of participants to avoid entering Missouri Casinos. In this study, 18 SEs (15.9%) attempted to gain entrance to a river boat casino in Missouri; nine (50.0%) did so successfully at some point without being caught. These nine include an SE who reported having entered Missouri casinos more than 400 times since becoming an SE. These findings indicate that, though enrolling in the MVEP deters most SEs from attempting casino entry, Missouri casinos' MVEP enforcement is less than optimal.

The combined voluntary and forced compliance rate of 92.1% (i.e., 84.1% who did not try to enter a casino and 8.0% who tried to enter but never succeeded) is much higher than the 64% reported by Ladouceur et al. (2000) in a study of Canadian SEs with a much briefer time at risk. However, after committing to self-exclusion, 74% of SEs in this sample went to casinos in other jurisdictions. These results indicate that most of the participants who responded to the survey were committed to staying out of Missouri casinos and took the threat of prosecution for trespassing seriously. The attendance at other casinos and the findings that the SEs did not change their access to other gambling venues suggests that the beneficial outcomes discussed below are not solely the result of lack of access to gambling. Instead, it is likely that the very act of entering the MVEP, not just the consequent enforcement, precipitated a change in participants' gambling behaviors.

This study interviewed SEs with an extensive period of self-exclusion ranging from 3.8 to 10.5 years (mean = 6.1 years) under a lifetime exclusion agreement. The only published prospective study (Ladouceur et al., 2007) focused on SEs who agreed to periods of self-exclusion in six-month increments from six-months to two years. Results of the first interview in that study, covering a period during which all subjects were SEs, indicated that 50% of the SEs had gambled in that 6 month period. Brief studies such as Ladouceur's depict initial effects and do not allow for full courses of recovery and adjustment that eventually yield stable and enduring behaviors. In the current study, about one in eight SEs (13%) had not gambled at all since enrolling in the MVEP. Though most participants did not abstain from gambling as a result of signing up for MVEP, the program seems to have had a positive impact on their long term gambling behavior. About one in four (40%) had not gambled in the six months before the interview. Among self-excluders who did gamble in those six months, the majority gambled less than once per week on the three most prevalent forms of gambling: lottery, slots/VLTs, and card games. The large majority (81%) of the SEs who continued to gamble regularly after enrolling in

the MVEP reported that they gambled less than before, and no one reported gambling more than before. Though recovery from disordered behavior likely includes episodes of relapse, the long follow-up period suggests that our findings are less liable to short-term fluctuations and that the 40% abstinence rate at six months prior to follow-up is a healthy outcome for people who resorted to self-exclusion as an aid to coping with gambling problems.

Self-exclusion contributed to reducing gambling-related problems. The prevalence of Level 3 gambling problems (probable pathological gamblers according to the SOGS) declined from 79% at enrollment to 15% at follow up. Current gamblers reported the SOGS problems they experienced during the previous six months. The most frequently experienced problems six months prior to follow-up were endorsed by roughly one third of current gamblers; 31% endorsed chasing losses, 34% endorsed gambling more than intended, and 32% said they had a gambling problem. In this study, recognition of a problem acted as a global measure of the severity of gambling problems and was predictive of later gambling behavior. We compared the SOGS problems endorsed at entry into the MVEP of SEs who did not gamble in the last six months to SEs who continued to gamble. The groups were significantly different on a single item, recognition of a gambling problem. Among SEs who currently abstained from gambling, 53.3% said that they had a gambling problem at enrollment compared to 76.5% of current gamblers who said they did. This suggests that problem recognition in itself is not enough to significantly curb gambling behavior and that additional treatment might be necessary for these gamblers.

### *Complementary Treatment*

Some SEs complemented their decision to self-exclude with obtaining gambling-related treatment. At enrollment, relatively few SEs ( $n = 17$ , 15%) had received some type of gambling-related treatment. However, after enrolling in the MVEP, more than twice that number ( $n = 38$ , 34%) received gambling-related treatment. For SEs in this research sample, electing treatment might have been encouraged by the free compulsive gambling services offered to residents by the Missouri Department of Mental Health. As mentioned earlier, the act of enrolling in the MVEP might be as important as subsequent enforcement to initial changes in gambling behavior, but as with any addiction, relapse is likely and recovery is a complex process. Access to after-care and relapse prevention programs constitute important adjuncts to self-exclusion.

### *MVEP Experiences*

Despite its apparent effectiveness, only 44% of SEs were “very satisfied” with the MVEP, and almost a quarter were “very dissatisfied.” This dissatisfaction was due primarily to the permanence of the ban imposed by the MVEP, though a few SEs thought the lack of enforcement and the limit of the program to Missouri casinos constituted problems. Participant dissatisfaction might also reflect the finding that pressure or influence from others was the most endorsed reason for entering the MVEP. However, it is possible that the MVEP’s effectiveness relates directly to participants’ dissatisfaction. Any program whose purpose is to help enrollees control behaviors over which they have impaired self-control will presumably encounter situations in which participants’ desires come into conflict with the imposed regulations. However, there is evidence that natural recovery from addictive behaviors is possible and abstinence is not always required (LaPlante, Nelson, LaBrie, & Shaffer, 2008; Marlatt & Witkiewitz, 2002). This evidence, together with the level of dissatisfaction with the MVEP

suggests that the other possible timeframes for self-exclusion ought to be considered. Ultimately, empirical research will be needed to determine the effectiveness of such program adjustments.

### *Study Limitations*

Although this is a follow-up study, it did not include baseline survey administration. Therefore, participants reported retrospectively on events and experiences that occurred prior to signing up for MVEP and events and experiences that occurred between that time and follow-up. This retrospective reporting introduces the possibility of recall errors and self-report biases. We were able to obtain completed interviews from only 27% of the SEs in two of the original five blocks of SEs, limiting the representativeness of the sample. Participants who completed the survey were significantly older than SEs in the same blocks who did not complete the interview (mean age 46 versus 41). On other demographic measures, the SEs in this study are representative of Missouri SEs. However, we cannot be certain that the results we observed are representative of all SEs. It is possible that participants who completed the survey were more successful at making changes to their gambling behavior and because of this decided to complete the survey.

### *Future Directions*

A long-term prospective study of Missouri self-excluders is the next logical step in studying this important population. A prospective study beginning when residents self-exclude would allow the research team the opportunity to observe and survey SE behaviors in real time, limiting potential recall and self-report biases. Periodic contact would help prevent invalid contact information and refusal to participate. Such a longitudinal study design is important because it can correct many of the limitations we observed in the current study and provide detailed information about the impact of the MVEP on SEs.

Our findings also suggest several areas for improvement that the MVEP ought to consider. First, if the MVEP considers enforcement of the SE contract a priority, more stringent measures are needed to identify and prevent SEs from entering Missouri casinos. Second, and related to the first point, the MVEP needs to obtain better contact information and maintain better records of their enrollees. If involved in another research project, the MVEP should allow the research team to vet the contact information. Based on the delays in securing the data, it is not clear that the MGC has sufficient staffing to conduct the vetting efficiently and in a timely manner. This will not only facilitate research, but increase program enforcement and communication with enrollees. Finally, the MVEP needs to reconsider the lifetime ban in light of SE satisfaction and empirical evidence.

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## Appendix A: Informed Consent Form

### Division on Addictions Study on Missouri's Voluntary Exclusion Program

Principal Investigator: Howard Shaffer, PhD  
Division on Addictions, Cambridge Health Alliance  
an affiliate of Harvard Medical School  
Station Landing \* 101 Station Landing  
Medford, MA 02155

#### Informed Consent Procedure

When the identified respondent is on the phone, a trained interviewer will read the following script to seek informed consent.

*To be read to potential subjects by trained staff member prior to telephone interview. (Section titles not read)*

#### Study Purpose and Procedures

We are doing a research study of people who have participated in Missouri's Voluntary Exclusion Program. We want to ask you some questions about your experience with the program. Your answers will help us learn how the program is working and what we could do to make it better. We will ask you questions about yourself such as how old you are and why you joined the program. We will also ask about your experiences before and after you entered the program.

It will take about 30 minutes to answer the questions.

#### Money Matters

We appreciate your answering the questions. To thank you, we will pay you for your time. After the interview, we will have you talk to someone who will get your mailing address. That way we can send you a \$20 gift certificate.

#### Possible Risks

This research might not help you directly but it can help us learn more about Voluntary Exclusion from gambling. Some of the interview questions might make you feel uncomfortable. If you need help with these feelings, we can help. Dr. Howard Shaffer can speak with you about your feelings. He can be reached at (781) 306-8600. There is a very small chance that someone will find out that you were in this study. Let me tell you about the steps we take to prevent anyone from knowing that we asked you questions or what you told us.

#### Confidentiality

Only people running this study will see your interview. That means that nobody at the Missouri Voluntary Exclusion program will know what you said. We don't put your name on the information. We give you a study number. The list that matches the study numbers to names is kept away from all of the other information. The list is locked in a drawer so no one can get to it. *We have a Certificate of Confidentiality from the US Department of Health and Human Services (DHHS). It means the researchers cannot be forced to identify you, even under a court order or subpoena. (The Certificate does not mean the Secretary of DHHS approves or disapproves of the project. It adds special protection for the research information about you.) You should know, however, that researchers may tell someone if harm to you, harm to others, or child abuse becomes a concern. Also, the federal agency that pays for this study may see your information in an audit, but it, too, will protect your privacy.*

**Right to Withdraw from the Study**

If you agree to answer our questions, you will help us learn more about Voluntary Exclusion programs. However, taking part in this study is up to you. If you say no, you will not be penalized in any way. Your answer will not influence your participation in Missouri's Voluntary Exclusion Program. We will not tell anyone involved in the program that you were one of the people selected for the study. If you say yes, you can still stop at any time. You also can skip any questions you don't wish to answer. Saying no or stopping will not change your involvement with the program.

**Consent**

If you don't understand this form, we can talk about it more. If you think of more questions later, you can call Chrissy Thurmond. Her number is (781) 306-8600. If you understand and want to be interviewed, agree to proceed with the interview.

---

The interviewer will confirm that the respondent understands the features of the study and his/her commitment and answers any questions posed by the respondent. The respondent consents to participate by answering "Yes" when the interviewer asks:

**May I proceed with the interview?**

[The part that is read out loud is all between 6<sup>th</sup> and 7<sup>th</sup> grade Flesch-Kincaid reading level if the "Missouri Voluntary Exclusion Program" is ignored and the sentences on the Certificate of Confidentiality are ignored.]

## Appendix B: MVEP Follow-Up Survey

### Voluntary Exclusion Follow-Up

This questionnaire asks about you and your experiences since beginning participation in the Missouri Voluntary Exclusion Program. Your answers will be kept confidential, so please respond open and honestly.

ID# \_\_\_\_\_

Today's Date (mm/dd/yr): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. What is your Gender?

- 1 Male
- 2 Female

2. What is your age? \_\_\_\_\_

3. How long have you been enrolled in the Missouri Voluntary Exclusion Program?  
# of [days/weeks/months/years]

4a. Are you currently married, separated, divorced, widowed, or never married?

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never married

4b. (Following "5" on 4a) Are you currently living with someone in a marriage-like relationship?

- 1 Yes
- 2 No

5. Are you of Hispanic or Latino descent – that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin? (Which one?) (Enter all that apply)

- 1 Not Spanish/Hispanic
- 2 Mexican
- 3 Mexican American
- 4 Chicano
- 5 Puerto Rican
- 6 Cuban
- 7 South/Central American
- 8 Other Spanish origin"

6. Which of the following best describes your race: American Indian, Alaska Native, Asian, black or African American, Native Hawaiian, Pacific Islander, or white? (Enter all that apply)

- 1 White/Caucasian
- 2 Black/African American
- 3 American Indian
- 4 Alaska Native
- 5 Asian
- 6 Native Hawaiian
- 7 Pacific Islander

**7a. What is your religious preference?**  
(options provided in computer program)

**7c. How often do you usually attend religious services?**  
(options provided in computer program)

**7d. In general, how important are religious or spiritual beliefs in your daily life – very important, somewhat, not very, or not at all important?**  
(options provided in computer program)

**8a. What is your annual household income in the past 12 months, before taxes (including personal income and income of any immediate family members living in your household)?:**

- |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| 1. Less than \$0 (Loss) | 13. \$10,000 - \$10,999 | 25. \$30,000 - \$34,999 |
| 2. \$0 (none)           | 14. \$11,000 - \$11,999 | 26. \$35,000 - \$39,999 |
| 3. \$1 - \$999          | 15. \$12,000 - \$12,999 | 27. \$40,000 - \$44,999 |
| 4. \$1,000 - \$1,999    | 16. \$13,000 - \$13,999 | 28. \$45,000 - \$49,999 |
| 5. \$2,000 - \$2,999    | 17. \$14,000 - \$14,999 | 29. \$50,000 - \$74,999 |
| 6. \$3,000 - \$3,999    | 18. \$15,000 - \$15,999 | 30. \$75,000 - \$99,999 |
| 7. \$4,000 - \$4,999    | 19. \$16,000 - \$16,999 | 31. \$100,000-\$149,999 |
| 8. \$5,000 - \$5,999    | 20. \$17,000 - \$17,999 | 32. \$150,000-\$199,999 |
| 9. \$6,000 - \$6,999    | 21. \$18,000 - \$18,999 | 33. \$200,000-\$299,999 |
| 10. \$7,000 - \$7,999   | 22. \$19,000 - \$19,999 | 34. \$300,000-\$499,999 |
| 11. \$8,000 - \$8,999   | 23. \$20,000 - \$24,999 | 35. \$500,000-\$999,999 |
| 12. \$9,000 - \$9,999   | 24. \$25,000 - \$29,999 |                         |

**8b. What is your current employment status? Are you working now for pay, self-employed, looking for work, disabled, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?**

- 1 Employed
- 2 Self-employed
- 3 Looking for work/unemployed
- 4 Temporarily laid off
- 5 Retired
- 6 Homemaker
- 7 Student
- 8 Maternity leave
- 9 Illness/sick leave
- 10 Disabled
- 11 Other

**9a. Did you quit gambling when you entered the voluntary exclusion program? (Follow-up with whether they quit all gambling or just casino gambling.)**

- 1 Yes, all gambling
- 2 Yes, casino gambling
- 3 No

**9b. Have you gambled at all in the past 6 months?**

- 1 Yes
- 2 No

**9c (Following “1” to 9a and “no” to 9b) Did you ever gamble between the time when you entered the voluntary exclusion program and now?**

- 1 Yes
- 2 No

**10a. (Following “yes” to 9c or “yes” to 9b or [“2” or “3”] to 9a) Between the time you entered the voluntary exclusion program and now have you gambled regularly or occasionally?**

- 1 Regularly
- 2 Occasionally

**10b. (Following “occasionally” response to 10a) On approximately how many occasions did you gamble between the time you entered the voluntary exclusion program and now?**

# of occasions

**10c. (Following “1” for 10a or “>20” for 10b) Which of the following statements comes closest to describing your gambling behavior since you entered the Voluntary Exclusion Program?**

- 1 I am gambling less than I used to
- 2 I am gambling more than I used to
- 3 I am gambling about the same as I used to

**11a. Did any of your gambling before entering the voluntary exclusion program take place in Missouri casinos?**

- 1 Yes
- 2 No

**12a. Did any of your gambling before entering the exclusion program take place in non-Missouri casinos?**

- 1 Yes
- 2 No

**13a. Did any of your gambling before entering the exclusion program take place in other venues?**

- 1 Yes
- 2 No

**14a. Did any of your gambling before entering the exclusion program take place on the Internet?**

- 1 Yes
- 2 No

**11b. (Following “yes” to 9c or “yes” to 9b or [“2” or “3”] to 9a) Did any of your gambling after entering the voluntary exclusion program take place in Missouri casinos?**

- 1 Yes
- 2 No

**12b. (Following “yes” to 9c or “yes” to 9b or [“2” or “3”] to 9a) Did any of your gambling after entering the exclusion program take place in non-Missouri casinos?**

- 1 Yes
- 2 No

**13b. (Following “yes” to 9c or “yes” to 9b or [“2” or “3”] to 9a) Did any of your gambling after entering the exclusion program take place in other venues?**

- 1 Yes
- 2 No

**14b. (Following “yes” to 9c or “yes” to 9b or [“2” or “3”] to 9a) Did any of your gambling after entering the exclusion program take place on the Internet?**

- 1 Yes
- 2 No

**(Following “yes” to 9b) I am going to read a list of various types of gambling. Please indicate how often (if at all) you have played the following types of gambling activities within the last 6 months.**

**15. During the last 6 months how often have you:**

	Never	Less than Once A Month	1-3 Days Month	1-2 Days A Week	3-6 days Per Week	Daily
a. Played cards (e.g. blackjack, 21, poker, etc)	0	1	2	3	4	5
b. Played the Lottery (including Powerball, scratch offs, lotto, daily numbers)?	0	1	2	3	4	5
c. Played pull tabs?	0	1	2	3	4	5
d. Bet on the outcome of a sporting event (such as the Super Bowl or Final Four;)?	0	1	2	3	4	5
e. Bowled, shot pool, played golf, or played some other game of skill for money?	0	1	2	3	4	5
f. Played slot machines, poker machines, video lottery terminals (VLTs) or other gambling machines?	0	1	2	3	4	5
g. Played bingo for money?	0	1	2	3	4	5
h. Bet on horses, dogs, or other animal racing	0	1	2	3	4	5
i. Played dice games for money (i.e. craps, over and under)	0	1	2	3	4	5
j. Played Keno ( at a bar, restaurant, casino, or other public place)	0	1	2	3	4	5
k. Wagered or gambled on <u>high risk</u> stocks, commodities or real estate?	0	1	2	3	4	5
l. Played other forms of gambling (Please specify) _____	0	1	2	3	4	5

**16. (Following “yes” to 9c or “yes” to 9b or [“2” or “3”] to 9a) If you have gambled at all since entering the Voluntary Exclusion Program, please indicate the reasons you believe led to your continued gambling since you excluded yourself from Missouri casinos: (multiple response option: read all options – randomize order)**

- 1 I bet for the feeling of excitement I get
- 2 I bet to get money I need
- 3 I bet because others around me were betting
- 4 I bet because I have a good time
- 5 I bet because I feel lonely
- 6 I bet because it’s challenging
- 7 I bet because it’s an important part of my social life
- 8 I bet because I felt sad or depressed
- 9 I bet for other reasons \_\_\_\_\_

**17a. (Following “yes” to 9b) Taking all of your wins and losses over the past 6 months together, how much money, if any, have you lost in the past 6 months due to gambling?**  
\$ \_\_\_\_\_

**17b. (Following “yes” to 9b) In the past 6 months,, what is the largest amount of money you have lost gambling on any one day?**  
\$ \_\_\_\_\_

**(Following “yes” to 9b) For the next set of questions, please rate your experiences during the past 6 months, responding with a “yes” or “no”.**

	<u>Yes</u>	<u>No</u>
18. Have you been preoccupied with thinking of ways to get money for gambling or reliving past gambling experiences (e.g., handicapping) during the past 6 months?	1	0
19. During the past 6 months, have you gambled increasingly larger amounts of money to experience the desired level of gambling excitement?	1	0
20. Did you find during the past 6 months that the same amount of gambling had less effect on you than before?	1	0
21. Has stopping gambling or cutting down how much you gambled made you feel Restless or irritable during the past 6 months?	1	0
22. Have you gambled during the past 6 months to make the uncomfortable feelings that come from stopping gambling (e.g., restlessness or irritability) go away or keep from having them?	1	0
23. Have you gambled as a way of escaping from problems or relieving feelings of helplessness, guilt, anxiety or depression during the past 6 months?	1	0
24. During the past 6 months, after losing money gambling, have you returned to gambling on another day to win back lost money?	1	0

	<u>Yes</u>	<u>No</u>
25. Have you lied to family members or others to conceal the extent to which you have been gambling during the past 6 months?	1	0
26. Have you committed any illegal acts (e.g., forgery, fraud, theft, embezzlement, etc.) during the past 6 months to finance your gambling?	1	0
27. During the past 6 months, have you jeopardized or lost a significant relationship, job, educational or career opportunity because of your gambling?	1	0
28. During the past 6 months, Have you relied on others (e.g., family, friends, or work) to provide you with money to resolve a desperate financial situation caused by your gambling?	1	0
29. During the past 6 months, have you made efforts unsuccessfully to limit, reduce or stop gambling?	1	0

For these questions, think about all of your past gambling behavior unless I ask you specifically about the past 6 months

30b. Thinking about your gambling prior to entering the MVEP, *how often* do you go back another day to win back the money you lost (If queried, in general)?

- 0 Never
- 1 Some of the time (but less than half the time)
- 2 Most of the time I lost
- 3 Every time I lost

30c. (Following “yes” to 9b) When you have gambled in the past 6 months, *how often* did you go back another day to win back the money you lost?

- 0 Never
- 1 Some of the time (but less than half the time)
- 2 Most of the time I lost
- 3 Every time I lost

31b. Thinking about your gambling prior to entering the MVEP, have you ever claimed to be winning when in fact you were losing?

- 0 No, never
- 1 Yes, less than half the time I lost
- 2 Yes, most of the time I lost

31c. (Following “yes” to 9b) During the past 6 months, have you ever claimed to be winning when in fact you were losing?

- 0 No, never
- 1 Yes, less than half the time I lost
- 2 Yes, most of the time I lost

["b" questions asked with following lead-in: "Thinking about your gambling prior to entering MVEP..."]

	<u>Yes</u>	<u>No</u>
<b>32b.</b> Have you ever felt you have a problem with gambling?	1	0
<b>32c.</b> (Following Yes to 32b and yes to 9b) During the past 6 months, have you felt you had a problem with gambling?	1	0
<b>33b.</b> Have you ever gambled more than you intended?	1	0
<b>33c.</b> (Following Yes to 33b and yes to 9b) During the past 6 months, did you ever gamble more than you intended?	1	0
<b>34b.</b> Have people ever criticized your gambling?	1	0
<b>34c.</b> (Following Yes to 34b and yes to 9b) During the past 6 months, people criticized your gambling?	1	0
<b>35b.</b> Have you ever felt guilty about the way you gamble or what happens when you gamble?	1	0
<b>35c.</b> (Following yes to 35b and yes to 9b) During the past 6 months, have you felt guilty about the way you gamble or what happens when you gamble?	1	0
<b>36b.</b> Have you ever felt like you would like to stop gambling but you didn't think you could?	1	0
<b>36c.</b> (Following Yes to 36b and yes to 9b) During the past 6 months, have you felt like you would like to stop gambling but you didn't think you could?	1	0
<b>37b.</b> Have you ever hidden betting slips, lottery tickets, I.O.U.'s, gambling money, or other signs of gambling from your spouse, children, or other important people in your life?	1	0
<b>37c.</b> (Following Yes to 37b and yes to 9b) During the past 6 months, have you hidden betting slips, lottery tickets, I.O.U.'s, gambling money, or other signs of gambling from your spouse, children, or other important people in your life?	1	0
<b>38c.</b> Have you ever argued with people you live with over how you handle money? (2 Not applicable/I live alone)	1	0
<b>38d.</b> (If Yes to 38b) Have the money arguments centered on your gambling?	1	0
<b>38e.</b> (Following Yes to 38b and yes to 9b) In the past 6 months have you argued with people you live with over how you handle money? (2 Not applicable/I live alone)	1	0
<b>38f.</b> (If Yes to 38c) Have the money arguments in the past 6 months centered on your gambling?	1	0
<b>39b.</b> Have you ever borrowed money from someone and not paid them back as a result of your gambling?	1	0
<b>39c.</b> (Following Yes to 39b and yes to 9b) In the past 6 months have you borrowed money from someone and not paid them back as a result of your gambling?	1	0

**40b.** Have you ever lost time from work, school or other responsibilities as a result of your gambling? Yes   No

1   0

**40c.** (Following Yes to 40b and yes to 8b) In the past 6 months have you lost time from work, school, or other responsibilities as a result of your gambling?

1   0

**41a.** I am going to read a list of different financial sources. Please indicate if you've ever borrowed from the following sources to gamble or to pay gambling debts. Yes   No

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. Household money (mortgage/rent, groceries, etc)         | 1          | 2         |
| b. Spouse (if applicable)                                  | 1          | 2         |
| c. Other relatives or in-laws                              | 1          | 2         |
| d. Banks, loan companies, or credit unions                 | 1          | 2         |
| e. Credit cards  | 1          | 2         |
| f. Loan sharks   | 1          | 2         |
| g. Cashed in stocks, bonds, or other securities            | 1          | 2         |
| h. Sold personal or family property                        | 1          | 2         |
| i. Borrowed on your checking account (or wrote bad checks) | 1          | 2         |
| j. Have (had) a credit line with a bookie                  | 1          | 2         |
| k. Have (had) a credit line with a casino                  | 1          | 2         |

**41b.** (Following Yes to 41a and yes to 9b) I am going to read a list of different financial sources. Please indicate if you borrowed from the following sources to gamble or to pay gambling debts in prior to entering MVEP. Yes   No

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. Household money (mortgage/rent, groceries, etc)         | 1          | 2         |
| b. Spouse (if applicable)                                  | 1          | 2         |
| c. Other relatives or in-laws                              | 1          | 2         |
| d. Banks, loan companies, or credit unions                 | 1          | 2         |
| e. Credit cards  | 1          | 2         |
| f. Loan sharks   | 1          | 2         |
| g. Cashed in stocks, bonds, or other securities            | 1          | 2         |
| h. Sold personal or family property                        | 1          | 2         |
| i. Borrowed on your checking account (or wrote bad checks) | 1          | 2         |
| j. Have (had) a credit line with a bookie                  | 1          | 2         |
| k. Have (had) a credit line with a casino                  | 1          | 2         |

**41c.** (Following Yes to 41a and yes to 9b) I am going to read a list of different financial sources. Please indicate if you've borrowed from the following sources to gamble or to pay gambling debts in the past 6 months. Yes   No

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. Household money (mortgage/rent, groceries, etc)         | 1          | 2         |
| b. Spouse (if applicable)                                  | 1          | 2         |
| c. Other relatives or in-laws                              | 1          | 2         |
| d. Banks, loan companies, or credit unions                 | 1          | 2         |
| e. Credit cards  | 1          | 2         |
| f. Loan sharks   | 1          | 2         |
| g. Cashed in stocks, bonds, or other securities            | 1          | 2         |
| h. Sold personal or family property                        | 1          | 2         |
| i. Borrowed on your checking account (or wrote bad checks) | 1          | 2         |
| j. Have (had) a credit line with a bookie                  | 1          | 2         |

k. Have (had) a credit line with a casino 1 2

**42. What is your current legal status?**

- 1 None
- 2 Parole
- 3 Probation
- 4 Awaiting charges, trial, or sentence

**43. Have you ever been arrested?**

- 1 Yes
- 2 No

During the past 6 months, how frequently have you used:

	Never	Less than Once a Month	1-3 days A Month	1-2 days a Week	3-6 days a Week	Daily
44. Tobacco (cigarettes, chew)	0	1	2	3	4	5
45. Alcohol (beer, wine, liquor)	0	1	2	3	4	5
46. Marijuana or hash	0	1	2	3	4	5
47. Other drugs ( <i>not for medical purposes</i> ) please specify: _____	0	1	2	3	4	5

**48. (Following yes to 45, 46 or 47) In the past 6 months, how often did you drink alcohol or use drugs while gambling?**

- 0 Never/seldom
- 1 Sometimes
- 2 Often
- 3 Always

**49. Have you ever received any of these forms of treatment?**

	Yes	No
a. Gambling treatment program	1	0
b. Gambling treatment extended care or aftercare sessions	1	0
c. Gamblers Anonymous (GA)	1	0
d. Budget/Pressure relief meeting	1	0
e. Alcoholics/Narcotics Anonymous	1	0
f. Other 12-step group _____	1	0
g. Inpatient alcohol/drug dependency treatment	1	0
h. Outpatient alcohol/drug dependency treatment	1	0
i. Inpatient mental health treatment	1	0
j. Outpatient mental health treatment	1	0
k. Financial counseling	1	0
l. Vocational counseling	1	0
m. Marital counseling	1	0
n. Other support group	1	0
k. Other service/counseling (please specify): _____	1	0

**50a. (For each yes to 49) Did you receive \_\_\_\_\_ treatment before entering the voluntary exclusion program?**

- 1 Yes
- 2 No

**50b. (For each yes to 49) Did you receive \_\_\_\_\_ treatment after entering the voluntary exclusion program?**

- 1 Yes
- 2 No

**50c. (For each yes to 49) How satisfied were you with your \_\_\_\_\_ treatment experience? (Choose most recent if more than one)**

- 1 Very Satisfied
- 2 Mostly Satisfied
- 3 Mildly Dissatisfied
- 4 Very Dissatisfied

**51. Overall, how satisfied were you with the MVEP?**

- 1 Very satisfied
- 2 Mostly satisfied
- 3 Mildly dissatisfied
- 4 Very dissatisfied

**52. How is your relationship with spouse/significant other now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**53. How is your relationship with immediate family now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**54. How is your relationship with friends now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**55. How is your relationship with Higher Power now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**56. How is your self image (how you feel about yourself) now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**57. How is your physical health now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**58. How is your emotional health now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**59. How is your participation in recreational activities now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**60. How is your ability to handle problems now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**61. How is your ability to assume responsibility now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**62. How is your job performance now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**63. How is your job satisfaction now, as compared to before entering MVEP?**

- 1 A great deal better
- 2 Somewhat better
- 3 About the same
- 4 Somewhat worse
- 5 Much worse
- 6 Not applicable

**64. Briefly, Why did you participate in the MVEP?** \_\_\_\_\_

**65a. Have you tried to enter a Missouri casino or riverboat while participating in the MVEP?**

- 1 Yes
- 2 No

**65b. (if yes to 65a) How many times have you tried to enter a Missouri casino or riverboat since participating in the MVEP and agreeing to exclude yourself from casinos?** \_\_\_\_\_

**65c. (If yes to 65a) How many times have you been caught trying to enter a Missouri casino or riverboat while participating in MVEP?** \_\_\_\_\_

**65d. (If 65c > 0) What happened as a result of being caught? (multiple response)**

- 1 Nothing
- 2 I was arrested
- 3 I was fined
- 4 I served jail time
- 5 Other (Specify)

Items 15, 17, 42 – 48, 52 – 63 are derived from the GAMTOMS  
Items 18-29 are derived from the MAGS. These items are used in place of the 10 scored SOGS items to measure DSM-criteria.  
Items 30b to 41c are derived from the South Oaks Gambling Screen.

## Appendix C: SEs' Reasons for Entering the MVEP

I was depressed that day. To be honest. It was depression. I was depressed when I walked in and I was more depressed when I walked out.
Financial difficulties. I was sick of worrying about it. It can get you down when you get in too deep.
Because my sister took me to the commission and I signed the paper.
I decided I was spending too much time and money there and it wasn't under control
My sister wanted to quit gambling so I did it with her
I knew I had to stop my gambling issues, or my wife would have left me... She wanted a divorce if I did not stop, so I stopped.
Just wanted to quit.
I lost my rent money in three hours of gambling and decided that I needed to quit.
Because my life was a mess. I was depressed and drunk and usually because I lost another pay check at the casino
It was either that or get divorced. Admitting to myself I had a problem.
Because I was beginning to use credit cards when I was losing. The day I did it, I kept going back to get more money off my credit card. I recognized that right away as a no-no and went right in and excluded myself.
I was spending too much money. Mother was sick and would go there as an out.
Pressure from my ex wife.
I was out of hand.
I was with someone else who signed up and signed up also. Lost a few pennies and thought I'd win them back and didn't so left it alone.
I felt at the time I was taking time away from my granddaughter, but in retrospect I was not. I felt like I was losing more money than I should have.
The casinos in Missouri were too convenient and I was going too often.
Just because I was spending too much money and getting too far into debt. And I needed to get a handle on it.
Because I had got hammered a couple of times gambling. I was losing. I was out of control. Sister was also out of control but she can afford to do it. Both got hammered and decided to quit. Was a good idea at the time, but both live south so go to Illinois to play.
When you have 6 gambling boats within 20-25 miles of your house...it's such a bad idea in general...it's happening everywhere...MO works because it has a system - you have to give your drivers license and in other states that's not the case. I could see that this was probably going to end up being a problem. I was hearing horror stories from customers spending tons of money in one night and was suicidal...a number of issues. At one time there were a lot of newspaper articles about people stealing money from the business they work for or older couples who lots all their money and drowned themselves in the river...at one time there was a lot of bad publicity when the casinos came in...The casino queen and the admiral were here before I even entered one of the casinos, but I entered one with my brother in law one day and that was a bad idea. the first time I went on I ended up winning 1000 dollars on a keno machine and that was the worst thing that could have happened
I felt the urge was getting too great. I was enjoying it too much, so I figured I'd put a stop to it before it became a problem. I stopped it before it was a problem.
For my spouse. To support my spouse.
So I wouldn't go back on Missouri boats.
I was a wreck, mostly. I was a compulsive gambler which is no way to live your life. It was time for a change. Exclusion program lessened my options. Limited my accessibility. Didn't solve any problems. That came from somewhere else inside me. But it made it more difficult to gamble.
I realized I was a compulsive gambler and I had gone off the deep end. That's why. Shortly after that I tried to kill myself over gambling.
I was upset about losing my money so quickly.
To prevent getting into a large loss that could have started coming about if I had continued.
I think it was pretty obvious. I was out of control.
I needed to change my way of life
Primarily to keep my husband and my children. I believe at one point I was actually suicidal and I knew I had to stop. The only way to do it was to sign myself off, because I was not going to drive far to gamble. Husband and children were very concerned. Husband saved me.
So I could decrease my number of times of going to the casino. Not realizing it would be for life - I feel kind of

## Missouri Voluntary Exclusion Program (Phase II Report)

demeaned because my employers have different meetings at the site and I cannot attend so it's embarrassing. I could have controlled it eventually. I didn't realize it was for life when I signed it. I was told I could reapply in five years and that's not the case. There are job outings at restaurants and she cannot go sometimes which makes her feel bad.
take a break
My mother is a heavy gambler and we had made a pact that we would both get banned together. I banned myself and she never did. That's why my relationship with her is not any better.
I just got tired of lying to people about where I was at. About making excuses so I could go.
Put up barricades/something in the way so you can't go to the casinos. That worked for him.
Because I drive a truck and where I was going there were always casinos and it was easy to get food and go gamble. They make it very easy for truckers to get in and out. It was something to go do. Except I was doing it too much.
I was mad because I lost a few dollars. And now I wish I had not and I cannot get myself off the list. Has also been excluded from casinos in other states that have properties in Missouri. Really unhappy about being in the MVEP.
To stop problems. My husband's father was a gambler he made me do it.
I felt like I wanted to get out and that was the only way I could get out.
Because I came to the realization with the help of a good friend that I was headed for total financial disaster. And possibly loss of my job.
I let my mother talk me into it.
Because my husband wanted to sign off and I figured if he wanted to sign off, I would do it too.
My daughter thought I was spending too much money, and she did not want me to spend all of my retirement money. I did it for her.
I recognized I had a problem and I wanted to nip it in the bud so I did.
I was writing several checks and didn't have money. So I figured I'd stop. That would stop me from going.
Marital problems.
Mainly because Casinos were too convenient making gambling easy.
I decided to participate because I knew I had a gambling problem... and I am very close to the Casinos (about 25 miles) I wanted to slow my gambling.
I felt I was spending too much money.
I thought it was my only option at the time because I thought I was spending too much money. If I understood all the ramifications I probably wouldn't have done it.
You come to the realization that it's either your family or gambling. I thought my family was a whole lot more important than going to a casino. Ultimatum with wife.
Basically, either do it or get divorced, I guess is what you can say. An ultimatum.
I was getting out of control. There were too many choices.
I spent everything I had.
I felt like I needed to.
I was spending all my money and couldn't stop. I was about to lose my house.
I felt like I was out of control and I knew I was hurting the people around me so I needed to change it.
Argument between husband and he. He doesn't believe in gambling. If volunteer for it, should be able take self off. Otherwise, not volunteering.
Because I saw I was doing something bad. And I was working for nothing... I felt like I was working for them. I wish they never built any casinos. We would not have this trouble. Lots of people with all sorts of problems. Gambling money does not help people (schools etc.) it only helps Casinos. Better for me to give to charities.
Poker room was primary mode of gambling. I signed up because I was upset with how the dealers called hands. Made gross errors in dealing, the floor supervisor ignored my complaints. I was irritated, it was late, I was tired and I made a poor decision to sign up.
I was losing too much money at the time. Addictive habit.
I was spending too much time there.
It was October and I had already borrowed all my money for the rest of the year and I thought I just can't do this anymore so I went to the slow machine and asked the service desk how I got myself banned from here. And that was the last time. I had lost a whole year's wages.
I was going to the casinos too often, spending too much money
I knew I had a problem
Well, after much discussion with the wife, we developed a great rift and it was a problem and we had 25 years invested in a marriage and everything so we decided to get this problem taken care of to see if we can continue.

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I was out of control.
I got myself into a financial mess and realistically my mom wanted me to do it. I needed to do it too.
I did it to appease my wife. She was the one who had the problem.
I was gambling too much.
Spending too much money at the casinos.
I was 21 and my family and friends thought I was at the casino way too much, and I dared them that I could stay away, and to them that meant that I should sign off.
My gambling was out of control. It was ruining my marriage. It was overpowering me. It was too addictive. That's what gave me my rush, that's what made me feel better.
I got laid off from the airline (a real good job) and went into a depression from the lay off and I found myself gambling and I knew if I didn't do anything about that... so I went and put my name on the list. In the long run I realized this wasn't something I wanted to do, but without the job I had nowhere to go in the morning. It was a mistake. Had it been for a year or two years then it would have been okay. We're fine. My husband and I put our names on the list but now I wish we hadn't. It was just a moment thing and now it's a lifetime.
I was out of control.
That day I lost money, and I was so mad, I signed myself off. I should not have done it because I do not have a problem with gambling. All you have to do to get on the boat is use someone else's card. I should not have done that. My husband did not understand why I did it.
At the time, I had a lot of things going on in my life with in-laws that were causing great stress on our life - we had someone who was using drugs and alcohol. There was a lot of stress.
I felt like I was out of control. It was one of those things - you get a thrill from it and want to get that thrill again. I felt like I was chasing myself all the time. I realize now how ridiculous that was.
I was financially destroyed
It was the only way that I could stop gambling. and I think it was the threat of jail time (if I broke the rule)
To slow down the amount of gambling I was doing. After joined felt it was a little drastic for what I needed.
I knew I had a problem and I knew I had to get out of the casinos, get out of the habit, and better myself.
Forced to. Either had to choose between gambling or husband and she chose her husband.
My wife. The condition was that if she banned herself then he would ban himself.
Trying to slow down, but not to quit. Just an attempt to slow down.
To quit gambling completely. But I found different avenues as far as different ways to gamble.
Wish hadn't. Didn't participate on anything. Brother encouraged her.
It was getting out of control and she had to do something. knew she had a problem
I had borrowed money from my parents and I kept going to the casinos and spending all my checks and I had no food and no social life either so I didn't know what to do so I decided to ban myself.
My oldest grandson had a baseball game and I lied to that kid because I didn't want to go to his baseball game I wanted to go gambling. And then I knew. I knew that gambling was going to kill me in some way.
I was trying to make sure that it didn't become a big problem for me.
I needed to find a way to stop.
It was a never ending game. It became too much of a hassle.
I did it because I gambled so much and I didn't know why I was gambling all this money and not caring. I'm not that kind of person. We traced it back to the medicine. I don't think about gambling now.
Because I had a gambling problem. And I lost too much money at one time. Alcohol played a part in that too - I blame alcohol for that too. when I quit drinking, my problem with gambling went down I'd say 90% but it was me that was putting alcohol in me no one was making me drink it.
Because I felt like I had a gambling problem. The carnival syndrome... Once you get there it's surreal.
It was making me unhappy to gamble. It was making me broke.
Kind of got to be a habit more than a... more than it should have been, recreational.
I was gambling all my money away. I borrowed from my family; I just destroyed my life for about six years. When I realized the mistakes I was making - that I was losing my family and might lose my home - I filed chapter 13 bankruptcy. I went through 3 years of hell and now I'm getting my life back together. I think that was the worst thing, legalizing gambling in MO.
At the time I did it, I had just been through a rough relationship and it was very spur of the moment for me and that was it. I had regrets about doing it because I don't feel... I wish it wasn't for lifetime. I wish it was two or three years or something.

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So I would quit wasting a bunch of money. I couldn't afford to waste it.
It helped me stop gambling.
(Got cut off from before)... he got out of the hospital and asked where the money was. I thought I had hit bottom before, but now I had hit bottom.
My daughter put me into it.
Too close to my house.
After losing many hundreds of thousands of dollars I decided it was time to quit gambling
I knew I had a problem and I couldn't stop it on my own.
I just was tired of losing money.
I knew I had a problem and it was tearing my family apart and tearing me apart and I knew it was something I had to do.
So I could stop gambling
I just felt bad about the way I gambled.
Basically, um I pretty much lost everything. So I had to take responsibility and you signed yourself off. I made the decision
I felt like I needed a little help with gambling