



RESEARCH SYNOPSIS

LaBrie, R. A., Nelson, S. E., LaPlante, D. A., Peller, A. J., Caro, G., & Shaffer, H. J. (2007). Missouri casino self-excluders: distributions across time and space. *Journal of Gambling Studies*, 23(2), 231-243. doi:10.1007/s10899-006-9037-1

RESEARCH QUESTIONS

What are the demographic characteristics of Missouri casino self-excluders (i.e., those who voluntarily make a pledge to stay out of gambling venues in a defined area for a specific time period)? How are these self-excluders distributed across time and space?

PURPOSE

Missouri implemented the first state-wide self-exclusion program; however, to date no research has examined how exposure to gambling and regional vulnerability to addictive behavior impacted participation in self-exclusion programs. The purpose of the present study was to present data from the Missouri self-exclusion program describing the demographic characteristics of self-excluders and the distribution of self-excluders across time and geographic area.

HYPOTHESIS

As self-exclusion rates are associated with rates of gambling disorder, it was hypothesized that self-exclusion rates would be higher in areas with proximal access to casinos. It was also hypothesized that exposure to new gambling opportunities would result in an initial period of increased self-exclusion rates, followed by a levelling off of rates during later years. It was expected that regional exposure would have an effect on self-exclusion rates after taking into account the regional vulnerability to addiction in general.

PARTICIPANTS

Participants were 6,599 self-excluders (48% males; average age = 43 years) from Missouri casinos between November 1996 and February 2004.

PROCEDURE

Select demographic information was obtained from the Missouri Gaming Commission and analyzed to answer the research questions.

MAIN OUTCOME MEASURES

The Missouri Gaming Commission censored demographic information to preclude possible individual identification of self-excluders.

Demographic information was provided regarding: gender, date of birth, race/ethnicity, and city and state of residence. The data also included information about the date of application and application status.

KEY RESULTS

Overall, 81% of the self-excluders were from Missouri, the remaining 19% from 18 other states and Canada. Of the 19%, the vast majority (96%) were from 2 of the 8 states that bordered Missouri: Kansas, and Illinois. Non-Missouri self-excluders were more likely than Missouri self-excluders to be males. Missouri self-excluders were younger than the general population (83% were 24-54 years versus only 57% of the general population). The proportion of minorities was greater among self-excluders (26%) than the general adult population (13%) and self-excluders were slightly more likely to be male (52% vs. 49%). The annual number of enrolled self-excluders increased steadily during the first 5 years of the program, but annual enrolment levelled off during the last 3 years. Non-Missourians enrolled during those years showed a similar pattern in enrolment in the earlier years, except there was a steady enrolment increase rather than a levelling off in recent years. There was a noticeable geographic clustering of counties with similar levels of self-excluders, as well as a visible relationship between the location of gambling venues and higher self-exclusion rates. The Eastern and Western regions had the highest rates of self-excluders and were the most populous regions in Missouri. Of all the self-excluders enrolled during the 7 years of program operation, 92% were from the Western or Eastern regions. The Eastern and Western regions enrolled most of their self-excluders during the early years of the self-exclusion program, but the Northern and Central regions enrolled the majority of self-excluders more recently, after casinos opened in those regions. Analysis of the role of underlying vulnerability within regions indicated that general vulnerability to addiction was a significant influence on the prevalence of disordered gambling.

In Missouri, distance to the nearest casino was a much stronger predictor than the number of casinos available at that distance.

LIMITATIONS

The gambling venues did not enforce self-exclusion. The present findings for Missouri self-excluders might have limited generalizability to self-excluders in other geographic areas. Studies of self-excluders only present findings for a fraction of problem gamblers in the general population. The estimate of vulnerability was restricted to the need for treatment for alcohol disorders. An updated treatment need index as a measure of vulnerability would improve the precision of the relationships among measures.

CONCLUSIONS

The results suggested a relationship between gambling proximity, gambling availability, and self-exclusion rates. The relationship persisted after taking into account the underlying regional vulnerability to disordered behaviors. This finding can inform the allocation of public health resources and the creation of new interventions for disordered gambling in Missouri and beyond. Given the high rate of disordered gambling among self-excluders, self-excluders might serve as a useful barometer for the temporal and geographic distribution of disordered gambling.

KEYWORDS: gambling, pathological gambling, self-exclusion, prevention

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