

Synopsis

Visitors of Holland Casino **Effectiveness of the policy for the prevention of compulsive gambling**

The Addiction Research Institute, commissioned by the Netherlands Gaming Control Board, has studied the effectiveness of Holland Casino's policy for the prevention of compulsive gambling. The study was supervised by a commission of representatives of the Netherlands Gaming Control Board, the Ministry of Health, Welfare and Sport, the Ministry of Economic Affairs, the Ministry of Justice, the Research and Documentation Centre of the Dutch Ministry of Justice, the Netherlands Mental Health Association, and Holland Casino, under chairmanship of board member Dr M.W.J. Koeter. This synopsis lists the study's most important findings.

The study aims to give an insight into the effectiveness of Holland Casino's policy for the prevention of compulsive gambling. The term effectiveness can be used in many ways, and in this study is used as follows:

1. With regard to the degree to which visitors are aware of the prevention policy.
2. With regard to the degree in which the prevention policy actually reaches problem gamblers.
3. With regard to possible behavioural changes as a result of requesting a ban from the casino or a visit limitation.

During the course of the study different methods were used to find answers to the above mentioned research questions regarding the effectiveness of the policy for the prevention of compulsive gambling. Firstly, nearly 1,000 visitors of Holland Casino were interviewed on location with the help of a questionnaire. The information was obtained from a random sample and can be generalised to all Holland Casino visitors. Secondly, 40 problem gamblers were interviewed in-depth about the development of problematic gambling behaviour and the influence and effects of interventions, if any, by care providers, or Holland Casino's prevention policy. Since this group of problem gamblers wasn't selected randomly, the results cannot be generalised. However, they do provide certain indications about the effects of the prevention policy. Thirdly, 10 experienced Holland Casino employees were interviewed about developments within the prevention policy, the current state of affairs and their impression of the policy's effects. Lastly, an analysis took place of the records of 7,000 Holland Casino visitors, who requested a ban or a visit limitation between 1 January 1998 and 1 April 2000.

Results

Holland Casino's policy regarding compulsive gambling has a long history. While some form of prevention policy was introduced when the first Holland Casino establishments were opened, it was not until the start of the nineties that it developed into an integrated policy. An important element of Holland Casino's prevention policy is the option for visitors to request a ban or a visit limitation on a voluntary basis (up to a maximum of 8 visits a month). Because visitors are required to prove their identity on entry, this protective measure can be enforced in all Holland Casino establishments throughout the Netherlands. The enforcement is made possible with the help of OASE, a computer system holding the records of visitors who have requested a ban or visit limitation. OASE is linked to the visitor registration system so that the history and visiting frequency of any visitor can be checked at any time at all Holland Casino establishments.

Holland Casino offers games of chance that carry a risk, just like the alcohol industry offers products that carry a risk. Holland Casino's policy for the prevention of compulsive gambling is unique because in no other prevention policy does the provider of a hazardous product offer visitors the option to request a ban or a visit limitation on a voluntary basis. Holland Casino appears to have found a workable balance between efforts to prevent compulsive gambling and making a profit. It would appear that good visitor care is not an obstacle to a profitable turnover.

Prevalence of problem gamblers

The study tried to determine the prevalence of problem gambling among casino visitors. The SOGS (South Oaks Gambling Screen), an internationally validated instrument based on the DSM-III-R criteria for 'pathological gambling', was used to measure problem gambling. A score of 5 or higher on the SOGS indicates problem gambling. This was the case for 5% of our sample. Because the sample was made up of people visiting Holland Casino on a randomly chosen day, this means that on an average day, at an average Holland Casino establishment, 5% of visitors can be classified as problem gamblers.

For the results of the study to be generalised to all Holland Casino visitors, the results must be weighted on basis of visiting frequency. After this weighting the estimated number of problem gamblers falls to 2.2 %. With 1,8 million visitors, this means that an estimated 40,000 problem gamblers (SOGS 5+) visit the establishments of Holland Casino. It must be stressed that problem gambling is not synonymous with pathological gambling. In the case of relatively rare phenomena (like pathological gambling) the absolute number of false positives will always be greater than the number of false negatives. This means that the estimated prevalence based on a screener (in our case the percentage of problem gamblers) is an exaggeration of the true number of pathological gamblers. Once the percentage of false positives, false negatives and cases with SOGS5+ are known, the true number of pathological gamblers can be estimated with the help of a formula based on Bayes' theorem. In the case of Holland Casino this means an estimated percentage of pathological gamblers (based on the DSM-III-R criteria for pathological gambling) of 1.3%. This amounts to approximately 24,000 casino visitors in the Netherlands.

Awareness of the prevention policy

About half of the respondents indicate that they are aware of the existence of Holland Casino's prevention policy. However, the term prevention policy does cause confusion, as 74% of respondents, when asked, are aware of the option of requesting a ban voluntarily. Visitors are less aware of the option of requesting a visit limitation - 48% know about this option. A minority of visitors (42%) are aware of the brochure '*The Risks of the Game*'. Based on the available data it could be concluded that the brochure had a direct influence on gambling behaviour in 3% of respondents. Because of the limited but positive effects of the brochure, it is recommended that it is more prominently displayed or otherwise supplied to visitors. Perhaps in the future the brochure could be offered to all new visitors, for example as part of a more comprehensive information package explaining Holland Casino's house rules and the rules of games that are on offer.

Detecting and approaching problem gamblers

An important part of the prevention policy is the detection and approach of visitors who show signs of problem gambling. This part of the policy appears to be improving steadily, as over the last few years an increasing number of Holland Casino employees have talked to visitors who display such behaviour. On the other hand, the majority of problem gamblers say they have never been approached by employees, even though they feel they have displayed clear signs of problem gambling behaviour.

Reach

The questionnaire that was conducted among Holland Casino visitors shows that approximately 4 out of 10 respondents with a value of SOGS5+ are reached by the policy for the prevention of compulsive gambling, meaning that respondents have asked for a protective measure to be imposed or have been approached by Holland Casino employees about their gambling behaviour. Of respondents with a value of SOGS5+ who were not reached by the policy (60%), more than a quarter are not aware of its existence. The remainder are aware of the different options offered by the prevention policy, but have not yet asked for protective measures to be imposed.

To increase policy effectiveness the following extra efforts could be made:

1. Increasing awareness of the option to request a voluntary ban or a visit limitation.
2. Improving the detection, approach and encouragement of problem gamblers to modify their behaviour.
3. Streamlining the enforcement of the prevention policy at all Holland Casino establishments.

Effect of protective measures

The prevention policy's effectiveness was also assessed by looking at the effect that protective measures had on gambling behaviour. A small minority thought the protective measures had a positive effect. Even though the effect is only felt temporarily by some of the respondents, protective measures usually provide some kind of break, if only financially. A large percentage of people who request a protective measure to be imposed eventually return to the casino. The majority however are able to control the frequency of their visits either sufficiently or well. This is partly because of the aftercare provided by Holland Casino.

The study shows that in the period leading up to a protective measure being imposed, the visiting frequency increases. People with the highest frequencies are more likely to ask for a protective measure for 6 months than for a year. In many cases a relapse occurs after the period of restriction, i.e. the visiting frequency in the following 6 months shows a sharp increase. Over time the visiting frequency of most people stabilises at less than 8 visits a month. People who requested a protective measure for an indefinite period of time have the lowest and most stable visiting frequencies compared to others.

The reason behind the decision to take protective measures appears to play an important role in the success rate. If the decision is taken after due consideration and is combined with some sort of care or support, the chances of sustained success will increase. In this respect, more attention could be given to the teaching of conversational techniques (to encourage problem gamblers to take action) at the compulsive gambling training sessions that are run for Holland Casino employees. Another useful action could be to intensify and improve relations between Holland Casino and care institutions at a regional level.

OASE

Holland Casino has developed an excellent computer system, OASE, designed to enable the enforcement of requested and imposed protective measures. The system makes it possible to call up, at any time and at any Holland Casino establishment, the individual history of visitors with regard to their visiting frequency. The system can also generate reports of the number of protective measures requested, signs of compulsive gambling, the number of talks with visitors about compulsive gambling, and aftercare effectiveness. However, it should be understood that the system is not primarily designed as a scientific tool, i.e. it is not designed to translate individual developments in gambling behaviour into general trends. In the future, the system could be utilised more efficiently to gain more insight into the prevention policy's effectiveness.

Primary prevention

One remarkable finding is that a relatively large percentage of requests for protective measures are made by visitors who have never had any problems with gambling, but who would like to prevent problems (primary prevention). Others request protective measures to conquer existing problems and break through the cycle of addiction (secondary prevention).

Problems at a visiting frequency of less than 8 visits a month

The study has shown that a relatively large percentage of problem gamblers start experiencing problems with gambling even at low visiting frequencies. 'Low' in this case means less than 8 visits a month, the cut-off point used by Holland Casino, which is also the maximum number of visits allowed when a visit limitation is imposed. It is possible that rather than an absolute number of 8 visits per month, a sudden increase in visits could be a better indicator. This new indicator has now been integrated into Holland Casino's computer system, causing a message to be shown when the visiting frequency (suddenly) increases.

Lower stakes

As a possible protective measure Holland Casino could change the settings of their games. Whilst gaming machines in bars, cafes and amusement arcades are set to a maximum average loss of 50 guilders (\$20) per hour, Holland Casino visitors lose, according to their answers, on average 171 guilders (\$70) per hour. Additionally, Holland Casino's decision to remove low stake gaming tables (minimum stake 5 guilders (\$2)) from their establishments – because they were not profitable – appears to be at odds with the prevention policy. Lower stakes can slow down the addiction process, slowing the rate at which people get into problems (financial or otherwise).

No alternatives

The effectiveness of the prevention policy is enhanced when gamblers do not have access to alternative ways of gambling whilst being banned from Holland Casino establishments. Nearly half of all problem gamblers look for alternatives, finding these in the illegal circuit, abroad or in amusement arcades. Additionally, at present a number of developments in the gaming market could (further) undermine the effectiveness of Holland Casino's prevention policy, such as a possible increase in gambling licenses, product differentiation in amusement arcades, and gambling through the Internet. The aim for the future should be to tune the policy to take into account the policies of other existing and new providers of games of chance, with the goal of producing an integrated policy.

Overview of the study results

Holland Casino visitors (N=972)	Average day at an average establishment	Holland Casino visitors
Prevalence of problem gamblers (SOGS5+)	5.1%	2.2%
Reach of prevention policy		
Been approached at some time	2.8%	1.5%
Have requested a ban at some time	4.9%	2.2%
Have requested a visit limitation at some time	3.0%	1.4%
TOTAL (affected by prevention policy)	9.1%	3.4%
Awareness of		
Prevention policy	46.7%	35.7%
Ban	73.8%	54.2%
Visit limitation	48.1%	27.4%
Brochure	41.6%	27.5%
Problem gamblers (N=50)		
Awareness of prevention policy among problem gamblers (SOGS5+)		
Prevention policy	48%	
Ban	84%	
Visit limitation	54%	
Brochure	42%	
Reach of prevention policy among problem gamblers (SOGS5+)		
Been approached at some time	16%	
Have requested a ban at some time	24%	
Have requested a visit limitation at some time	18%	
TOTAL (affected by prevention policy)	40%	
Experience of:	Positive/negative/other	
Being approached about problem behaviour	63% 19% 19%	
Ban	54% 28% 17%	
Visit limitation	50% 27% 23%	
Frequency of visits	75% of problem gamblers visit casino less than twice a week	
Records (N=6754)		
Between 1 January 1998 and 1 April 2000	9,878 protective measures	
Since 1990	25,000 protective measures	
Type of protective measure	60% ban /40% visit limitation	
Who?	75% males (average age 39)	
	25% females (average age 46)	