Summary

Wired to more than a game; A study on the nature and extent of problem gambling in the Netherlands

This report deals with the nature and extent of gambling addiction, gambling policy and the prevention of gambling addiction. The results of this research were obtained via a survey of the population (n=5,575); face to face interviews with gamblers (n=450); research into literature and sources along with interviews within a focus group with key informants (n=22).

Fewer gambling addicts than expected

The number of gambling addicts in the Netherlands seems to be lower than is often assumed. The estimate of the number of gambling addicts in the Netherlands most often used dates from 1996 and was based on 70,000 gambling addicts. As no follow-up study was carried out, the number of gambling addicts has remained at 70,000 up to the present day. The number of gambling addicts in the Netherlands is estimated at 40,000. The reliability margin of the estimate is however relatively high at between 21,000 and 59,000. The bottom margin of the 70,000 estimate therefore overlaps with the top margin of this estimate. Besides the 40,000 gambling addicts, another 76,000 gamblers are at risk of addiction (between 58,000 and 103,000).

It is possible that there are now fewer gambling addicts as a result of the number of policy measures that have been taken over the years. For instance, since the beginning of the nineties a trend has started at a municipal level to ban slot machines from accessible catering establishments such as snack bars and sports canteens.

Another explanation for a decrease in the number of gambling addicts is the efforts made by the suppliers of slot machines aimed at prevention. Since the nineties, Holland Casino's prevention policy has greatly improved, together with that of amusement arcades. Problem gamblers are, for example, approached about their gambling behaviour, and have the option to request a voluntary entry ban or visit restrictions. In the amusement arcades, visitors can allow their names to be added to a so-called 'white list'. Holland Casino and amusement arcade employees also receive training so that they can recognise and draw attention to gambling addiction. They also learn conversational skills to enable them to address problematic gamblers about their behaviour.

An indication that the number of gambling addicts has actually decreased can be derived from the trend in addiction care organisations that has been noticeable since the mid nineties. Since 1994, fewer and fewer gambling addicts have sought help at the Alcohol and Drugs Clinics. The number of gambling addicts who reported at the Institutions for Addiction Care in 2003 had decreased by more than half in comparison to 1994: in 1994, around 6,000 people sought help from the addiction care

organisation, but in 2003, this was only 2,800. Since 2003, we have once more seen an increase in the number of people asking for help for the first time in ten years. A possible reason for this is the introduction of the euro and the associated price increases per game for the slot machines (from a 25 cent piece to 20 euro cents).

The number of gambling addicts in the Netherlands is also relatively low compared with studies from abroad: 0.3% of the population aged 16 years and over. In Sweden and Norway, prevalence figures for gambling addiction were found to be between 0.2% and 0.6% of the population. In Canada and the USA, recent prevalence figures for gambling addiction were found to be considerably higher: 1.8% (Hull, Canada, 2000) and 1.9% (USA, 1998).

Although participation in gambling is substantial (87% of the population aged 16 years and over), relatively few people seem to experience problems. But that does not alter the fact that the people that do have problems with gambling sustain considerable damage to their health. This not only applies to themselves, but also to people in their immediate environment such as partners, parents and children. They also often have to deal with the long term financial and social consequences of gambling addiction.

Bingo and casino gambling on the way up

Gambling participation is widespread in the Netherlands. In other words, gambling has a high degree of penetration. 80% of the population have taken part in a lottery; 31% have bought a scratch card; 35% have played on a slot machine and a quarter of the population have been to a casino. The other forms of gambling available in the Netherlands are less popular. For instance, 4% of the population have placed a bet on horses, another 4% have taken part in gambling on the illegal circuit and 1% of the population have played gambling games on the Internet. In comparison to earlier research from 1986 (Hermkens & Kok), 1993 (Kingma) and 1994 (Koeter & Van den Brink), casino gambling in particular appears to be on the increase. A smaller proportion of the population, in comparison with previous studies, use slot machines. However, the picture is not entirely clear because in the different studies, different sample groups are sometimes used, as a result of which the results are not readily comparable. A further striking fact is that participation in scratch cards appears to have died down after an explosive start. There has also been a marked increase in the popularity of bingo. Compared with the start of the nineties, the participation in bingo has more than doubled. This could be due to the bingo sessions that are sometimes organised on a large scale.

In comparison to 1986, the proportion of the population that have taken part in casino gambling has increased. This will have been due to the growth in the number of establishments. If we look at recent participation in casino gambling (prevalence in the last year), then we do not see an

increase, but rather there even appears to be a slight decrease. It is worth noting that there seems to be a connection between participation in casino gambling and branches recently opened by Holland Casino. In cities such as Utrecht and Enschede, where new Holland Casino branches have recently been opened, we are now seeing the highest prevalence figures (i.e. last year). This is similar in terms of effect to the introduction of scratch cards. It is possible that in the future, the prevalence figures for casino gambling in Overijssel and Utrecht will decrease and end up at the same level as in those provinces where a casino has already been established for a while. It will be interesting to see if Holland Casino's new branches in those regions where they have not previously been represented (Friesland, Drenthe, Zeeland, Flevoland) will lead to an increase in participation in casino gambling in these populations.

Slot machines and casino gambling are the most addictive
Most gambling addicts take part in several different forms of gambling.
The actual cause of the gambling problem is therefore often unclear.
Slot machines and casino gambling are more closely related to gambling problems than, for instance, lotteries and betting on horses. Scratch cards come somewhere in between. A larger proportion of punters in the illegal circuit have gambling problems. Gambling in the illegal circuit clearly appeals to gambling addicts in particular and much less to recreational gamblers. Participation in sports pools (at work, in cafés) and playing at cards and dice for money are also popular pursuits for many problem gamblers.

Problematic gambling is not only linked to the type of gambling or the type of location, but also in particular to the number of different short-odds games in which the person is participating. In other words, most problem gamblers are addicted to more than one game. The combination of gambling on slot machines in amusement arcades and in the catering industry shows the strongest link to problematic gambling.

Frequency of gambling most indicative of problems

In the face to face interviews, we encountered a relatively large amount of problem gamblers from amusement arcades. We must, however, be cautious in concluding that this type of location has a stronger link with gambling problems than, for instance, branches of Holland Casino. It appears from the analyses that gambling problems are not so much related to the location or the type of gambling as to the frequency with which gamblers take part in the relevant form or forms of gambling. Regular gamblers in Holland Casino experience problems with gambling just as frequently as regular gamblers in an amusement arcade. However, the amusement arcades largely attract visitors who enjoy gambling on slot machines. The people who visit these places do this relatively often. Holland Casino attracts a much wider range of people

going out – day-trippers, occasional visitors but also regular visitors. The average visit frequency at Holland Casino is generally lower than at amusement arcades. As a result of this, a much larger proportion of those present in an amusement arcade at any given time will be frequent visitors and have problems with gambling than in a Holland Casino.

Many unmarried men and less well educated people among problem gamblers

The profiles of gamblers differ according to the form of gambling. Lotteries are particularly popular amongst elderly Dutch citizens. Young people and non-Western immigrants are less likely to take part in lotteries. However young people, in particular young men (Dutch natives as well as second generation immigrants), more often play on slot machines. They are usually unmarried, still at school and belong to lower income groups. Gamblers in casinos have a completely different profile. Here too, we see more men than women, but the difference is less than with slot machines. The average age, the level of education and the income of casino gamblers are on average a lot higher than with slot machine gamblers. Casino gamblers usually have a paid full time job or are self-employed entrepreneurs. The highest percentage of participants in casino gambling is found in the large cities and in cities where there is a branch of Holland Casino. Scratch cards are purchased by a much wider section of the population. Men are not more likely to take part in this than women. Elderly people purchase scratch cards less frequently. A noticeably large number of first generation immigrants take part in scratch card lotteries. It appears to be easier to define the type of gamblers who are involved in betting on horses. These people are generally highly educated Dutch natives with a high income.

The profile of problem gamblers is not a direct reflection of the people who take part in gambling. Problem gamblers are usually unmarried men between the age of 30 and 50. Gambling addiction rarely occurs among older people (50+) and young people (16-30).

Other problem gamblers who become evident from the analyses are found among those with a lower level of education and non-Western immigrants. People from this group do not generally participate more frequently in gambling, however those who do, appear to experience more problems. We also find a relatively high number of problem gamblers among the unemployed and job seekers. Additionally, it appears that the respondents who are single or divorced are more likely to have problems with gambling than those who are married.

Providers of a prevention policy are effective to a certain extent

The prevention policies of amusement arcades and of Holland Casino can
make an important contribution to the prevention of gambling addiction

or to the limitation of the adverse effects of this. Holland Casino's prevention policy is better known among the general public than that of the amusement arcades. Nonetheless, the proportion of problem gamblers who actually use the visit restriction measure (the white list) in the amusement arcades is higher than at Holland Casino. The majority of the respondents who had been affected by a protective measure were satisfied with these. Many found the measure to be a needed rest and were able to relax (in financial terms) during the period of the voluntary entry ban. A significant proportion of the respondents who had themselves banned from an amusement arcade or from Holland Casino had looked for alternative ways of gambling during the period of the entry ban. Half of the respondents who took a protective measure at Holland Casino went to gamble at another location during the term of the measure. The slot machine gamblers usually went to gamble in an amusement arcade, but also abroad or in catering establishments. Casino gamblers often sought refuge abroad or in an illegal casino during the entry ban. The proportion of problem gamblers who had themselves banned from an amusement arcade and then during this ban gambled elsewhere was slightly higher than at Holland Casino. Three quarters of the respondents who had their names placed on the white list gambled at other locations until the entry ban was lifted, primarily in other amusement arcades or in catering establishments. None of them gambled in Holland Casino during this time.

With regard to the protective measures (Holland Casino's voluntary entry bans and visit restrictions and the amusement arcades' 'white list'), a large proportion of the key informants were of the opinion that the effectiveness of these could be increased considerably if they applied to both Holland Casino and all amusement arcades. The results of this research confirm this belief: frequent gambling and gambling at many different locations are key characteristics of borderline and problem gamblers. In addition to this, a number of these people do not appear to be able to withstand the temptation to gamble elsewhere for the duration of the protective measure. The research has shown that a considerable proportion also flees to other amusement arcades or catering establishments during this time.

In order to prevent the aforementioned displacement effects, consideration should be given to allowing measures for the prevention of gambling addiction to relate as far as possible to the gambling industry as a whole. Linking Holland Casino's prevention policy to that of amusement arcades would be a step towards 'industry-wide' prevention, although this may prove to be insufficient.

Area specific measures

With regard to area specific measures, it is considered that removing slot machines from accessible catering establishments would be advisable

as this would mean that young people would not come into contact with slot machines at such an early age. Dissatisfaction was expressed with the level of commitment and effort on the part of the catering industry and local authorities in the implementation of preventative measures within this sector.

Some representatives from welfare services, self-help organisations and the Supervisory Board for Games of Chance have therefore recommended the removal of slot machines from accessible catering establishments. However opinion is divided as to whether this is feasible.

Another decisive point mentioned is that different local authorities operate different policies with regard to combating gambling addiction and that responsibilities are not clearly designated at a municipal level. Recommendations for improving policy implementation at municipal level vary from tightening the laws on gambling and issuing clearer information, to transferring (or returning) policy jurisdiction to national government.

Follow-up study

Periodic repetition of this research in the form of a monitor is recommended. This will allow changes in the scale of gambling to be tracked, and will give more insight into the nature and level of gambling addiction and the possibilities for policy and prevention options to respond to this problem. Further insight can be gained in the connection between the supply of opportunities for gambling and the extent of problems.

In addition to monitoring gambling problems, research is required into the determinants of gambling addiction, so that assumptions about the risks of gambling can be better founded and perception gained into the way in which addiction develops. Subjects that could be investigated further are: the effects and risks of standardisation, profiling and the large-scale participation in lotteries and also the possible stepping stone function of accessible short-odds gambling such as instant lotteries, Internet gambling, and telephone and SMS gambling.

Expected future developments and developments abroad will influence the gambling issue in the Netherlands. It appeared from the interviews that European developments in the near future could have a significant effect on the organisation of gambling policy. National decisions in the field of prevention policy will need to be placed within the context of European developments, expected policies and economic trends. It is recommended that comparative research be conducted on an international level, which would allow differences in government and regulations to be compared against each other. Insight into this can also have a short-term effect on decisions to be taken with respect to 'bones of contention' in current gambling policy that have come to light during this

research: the linking of protective measures and the role of the catering industry in this, the regulation of Internet and telephone gambling, and the tackling of illegal providers of gambling games on the Internet.

Move towards an integral prevention offer

A basic principle of gambling policy that directly relates to prevention is that the risk of addiction must be minimised. In practice, we see that establishing risks and taking preventative measures is generally limited to the form of gambling in question. The perspective of the relevant players in the field of gambling policy seldom extends to the mutual relationship between the forms of gambling on offer and the risks for gamblers or the formation of clear and effective prevention policy.

One of the most important conclusions from this research is not only that the type of gambling (short-odds) is linked to problematic gambling habits, but also, in particular, the number of different types of location where gambling takes place, and the number of different forms of gambling in which the gambler participates. As the number of forms of gambling in which the person takes part increases, so too does the extent of problematic gambling behaviour in a linear (or even exponential) manner.

In order to further develop gambling addiction policy, it is therefore important to aspire to an integral program of prevention options. Short-term discussion of further prevention options from different angles and the involvement in this of representatives from amusement arcades, the catering industry, Holland Casino, national government, local authorities and welfare services is recommended.

In conclusion, on the basis of this research, the following recommendations for the improvement of prevention can be made:

- a uniform approach to all forms of gambling;
- a clear and unambiguous sanction policy;
- improved collaboration between welfare services, local and national government, businesses and supervisory bodies in the development, implementation and evaluation of preventative measures;
- clear distribution of responsibilities in the above collaboration process with regard to development, implementation, evaluation and supervision;
- development and implementation of gambling industry and location wide preventative measures, such as linking the protective measures of Holland Casino with those of amusement arcades, and any other providers;
- additional preventative measures to reduce the risk of gambling addiction in catering establishments: 0-0-0 policy (ban slot machines), improvement of prevention policy and/or participation in linking preventative measures;

- clarity in local government policy and regulation with regard to amusement arcades;
- a prevention policy based on the evaluation of the effects of policy, monitoring of developments in the market and monitoring of the nature and extent of gambling problems.