

# Gokken in kaart

## Tweede meting aard en omvang kansspelen in Nederland

*B. Bieleman, S. Biesma, A. Kruize, C. Zimmerman, M. Boendermaker, R. Nijkamp, T. Bak*  
INTRAVAL

### SUMMARY

This report describes the research done in 2011 into the nature and scope of gambling, gambling addiction and Dutch prevention policy. Preventing gambling addiction is an important target in Dutch gambling policy, and achieving this target requires an accurate picture of the nature and scope of gambling addiction. Following a first measurement in 2005, the Research and Documentation Centre (WODC) of the Dutch Ministry of Security and Justice asked INTRAVAL bureau for research and consultancy and Mediad at the end of 2010 to carry out a second measurement. This measurement is largely a repeat of the first one and was carried out to establish the developments that have since taken place. Four parts are central: The scope of gambling addiction, the nature of gambling addiction, the prevention policy and future predictions.

A combination of sources were used for this study. In addition to the 6,000 surveys conducted among the Dutch population aged 16 and older and the 500 interviews with regular players, we also used information from recent literature and discussions with experts from relevant organizations.

#### Scope of gambling addiction

In 2011, there were an estimated 8.7 million recreational players, 92,000 risk players and 20,300 problem players in the Netherlands (Table 1). The estimated number of recreational players has decreased since 2005 when the count was 9.6 million. In 2005, the estimated number of risk and problem players was 55,000 and 28,700 respectively.

Table 1 Estimated scope and confidence intervals recreational, risk and problem players (2005 and 2011)

	2005		2011	
	Estimate	Confidence interval	Estimate	Confidence interval
Recreational players <sup>a</sup>	9,625,000	9,470,000 - 9,780,000	8,700,000	8,500,000 - 8,900,000
Risk players	55,000	33,000 - 77,000	92,000	63,500 - 120,500
Problem players	28,700	13,000 - 44,400	20,300	6,700 - 33,900

<sup>a</sup> Statistically significant difference between 2005 and 2011

At first glance, the number of risk players seems to have increased and the number of problem players to have decreased but this is statistically not the case. This impression is created because the confidence interval of the estimates for both years overlap each other, making it impossible to determine whether the number of risk and problem players has really changed in the last five years. There does, however, seem to be a downward trend: the number of Dutch people who gambled in the year prior to the measurements done in 2005 and 2011 has decreased.

#### Types of games

Lottery is the most popular game in 2011, just as it was in 2005. However, the number of lottery players or players of almost all other types of games has decreased except for internet gambling

where the number of players has increased. Here, the number of recent (in the last year) players is estimated to have risen from 130,500 in 2005 to some 257,500 in 2011.

The number of people who only play the lottery, the so-called long-odds players, has increased between 2005 and 2011. On the other hand, the number of people who only play short-odds games and the number that plays both long-odds and short-odds games has decreased. Considering that the risk of addiction is higher for short-odds games, this can be considered as a positive development.

### **The nature of gambling addiction**

In order to describe the nature of gambling addiction, the players are divided into two categories (instead of three as described above). Of the 500 regular players interviewed, 22% fall in the category of risk players, which is made up of problem players (9%) and risk players (13%). The other 78% of the players fall in the category of recreational players. Regular risk players spend significantly more time at gambling machines than regular recreational players. They also play more casino games, poker and sport pools. Short-odds games are played relatively more often by risk players, whereas the starting age for this group is lower.

#### *Internet gambling*

About one-third of the risk players indicated that they had gambled online in the last year, which is statistically significantly more than the recreational players of which one-fifth indicated that they had gambled online last year. In-depth analyses show that the likelihood of a respondent gambling online is higher for respondents who already play games online than for those who do not.

#### *Substance use and delinquency*

In terms of alcohol use, there is no difference between recreational players and risk players, although neither group drinks more or less than the average Dutch person. There are, however, more smokers of tobacco and cannabis among both recreational and risk players than among the average Dutch population. Moreover, risk players smoke more tobacco and cannabis than recreational players. Risk players also commit more crimes than recreational players. The crimes committed by more than half of the risk players are related to gambling.

#### *Help*

A large majority of the interviewed recreational and risk players use self-control techniques to control their own gaming behaviour. Of the risk players, 15% have sought help for their gambling problem, and almost one-quarter of the risk players requested to be banned from entering or have restrictions imposed on them by Holland Casino. Fewer than 10% of the risk players have asked to be put on the white list at amusement arcades. Players with an entrance ban to Holland Casino or an amusement arcade play at other amusement arcades during the ban. This certainly speaks in favour of a common registration system. But in order to be effective, the system not only has to be linked between the amusement arcades, there also has to have a link between the amusement arcades and Holland Casino.

### **Prevention policy**

Our study is not an evaluation of the effects of the prevention policy. It is also not possible to create a direct relationship between measures to prevent gambling addiction on the one hand and the reduction in the number of (short odds) players on the other hand. Prevention policy is part of the general gambling policy, which is embedded in the Dutch Act on Games of Chance. Prevention is mentioned in virtually all of the house of representatives' documents as one of the pillars of the policy. Limiting access to gambling is considered as an effective mechanism. The assumption is that regulating access to gambling or introducing a government licensing system to control it will curb the need to gamble. An important part of the licensing conditions is that providers implement measures themselves to limit the risk of addiction.

### *Developments*

The policy has remained pretty much unchanged in recent years, both in terms of its weak points as well as in terms of its strong points. A number of changes and modifications have been announced, and the current secretary of security and justice has shared his vision on gambling. According to him, consumers should have suitable access to appealing games if they wish to play. Vulnerable groups (including young adults) should, however, be protected against the risks of gambling addiction.

### *Sector*

Gambling providers can and must take concrete measures to find potential problem players and prevent the problem from increasing. This they do by distributing folders and training employees to recognize gambling problems and talk to (potential) problem players. The experts we spoke to during our study all spoke positively about Holland Casino's prevention policy. Other studies produced similar results.

The opinions of the interviewed players of Holland Casino's prevention policy vary. According to the interviewed players, Holland Casino's prevention policy can be further improved by making the warning folders more visible and talking to risk players about their behaviour sooner. People with entrance restrictions or an entrance ban are (very) happy with Holland Casino's prevention policy.

### *Help*

Online help has gained popularity in recent years. The internet also enables fellow-suffers to interact directly with each other. The strength of both forms of help lies in their anonymity, which is greater than for face-to-face help. Today, online therapy must be reimbursed by healthcare insurance but it requires people to enter personal data, which questions the issue of anonymity. The number of requests for online help is expected to decrease due to the loss of anonymity, which is why experts are pleading in favour of anonymous therapy on the internet.

### **Future**

It is very likely that internet gambling will soon be liberalised. Although a number of measures have been mentioned that should help prevent the risk of gambling addiction, it is still difficult to predict how they will affect the problem as a whole. Addiction care suggests that they will increase the problems. The internet and its technological possibilities do provide a number of stepping stones in the area of prevention.

The following measures can be taken as soon as possible improvements to the prevention policy have been divided into universal, selective and indicated prevention: Universal: One general information folder; stricter enforcement of recruiting and advertising statements. Selective: One register for amusement arcades and Holland Casino; use online prevention options; further improve Holland Casino's prevention policy. Indicated: Encourage contact with fellow-sufferers; guarantee anonymity for online help; improve training for employees of gambling providers.