

Ten years of Responsible Gambling Policy at Holland Casino

A study into the effectiveness of the Dutch casino RGP

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Topics addressed

- Responsible Gambling Programme at Holland Casino
- “The guests of Holland Casino”; study into the effectiveness of the RGP
- Response to the outcomes by HC
- Closing remarks

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Dutch gambling policy & legislation

- 1964 Law on games of chance
- 1976 Opening first casino
- 1986 Introduction slot machines
- 1990 Start comprehensive Responsible Gambling Policy (RGP)

Key-elements Holland Casino RGP

- Mission Statement
- Advertising Code
- Staff training programme
- Brochure ‘The risks of the game’
- Preventive & protective measures
 - Limited Visit (LV)
 - Entry Ban (EB)
- Visitors registration system (computerized)
- Frequent visitors monitoring system

RGP Mission Statement

The company's goal to make profits is equally important to the goals of the RGP.

If in individual cases there's a conflict of interest between the two goals, the RGP prevails over making a profit.

RGP Advertising Code

- *No commercials aimed at youngsters or other groups at-risk*
- *No mentioning of big winnings or jackpots*
- *Emphasis on entertainment; not on gambling*
- *Low key*

RGP Staff training programme

- *4 hour awareness session: all staff (also back-office)*
 - *early recognition signaling*
- *2 day session: Floor-managers*
 - *problem spotting*
 - *guest interviews*
- *2 day session: Security & Risk Control*
 - *problem- & crisis management*

RGP Brochure 'The risks of the game'



RGP Preventive & protective measures

- Limited Visit (LV)
 - 8 times/month maximum
 - duration 6 months or 1 year
- Entry Ban (EB)
 - Duration:
 - *6 months*
 - *1 year*
 - *indefinite (minimal 1 year)*

RGP Preventive & protective measures

- Limited Visit (LV) and Entry Ban (EB) apply for all 12 HC venues
- No exceptions are made
- When EB expires, there will be a 'return interview' before entering the casino, during which a LV will be advised

RGP Visitors registration system

- Computerized and all venues linked
- ID based
- Registers frequency, location(s), protective measures, incidents, observation reports and interview notes

RGP Frequent visitors monitoring system

- Based on visitors registration system
 - >20 visits a month over a period of the last 3 months
- Open interview on all aspects of the casino, with emphasis on RGP awareness
- Done by Floor-managers and SRC

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The guests of Holland Casino

a study into the effectiveness of the Dutch casino RGP

Reference: *Guests of Holland Casino; effectiveness of the responsible gambling policy*. De Bruin, D.E., F.R.J. Leenders, M. Fris, H.T. Verbraeck, R.V. Braam, G.F. van de Wijngaart (2001). *Gasten van Holland Casino. Effectiviteit van het preventiebeleid kansspelverslaving*. Utrecht: Centrum voor Verslavingsonderzoek. ISBN: 90-71772-31-4



Method of research

- Open interviews with key-persons (N=10)
- File- and document research (N=6753)
- Questionnaire for guests of HC (N=972)
- In-depth interviews
with problem gamblers (N=40)

Casino visits in 1998

- Total visits 4.987.000
- Total unique visitors 1.800.000
 - 1 - 3 times a year 88,0 %
 - 4 - 103 times a year 11,7 %
 - >104 times a year 0,3 %
- Total number of visitors, visiting twice a week or more: 6000

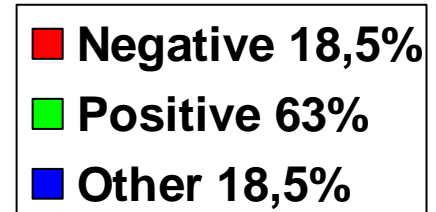
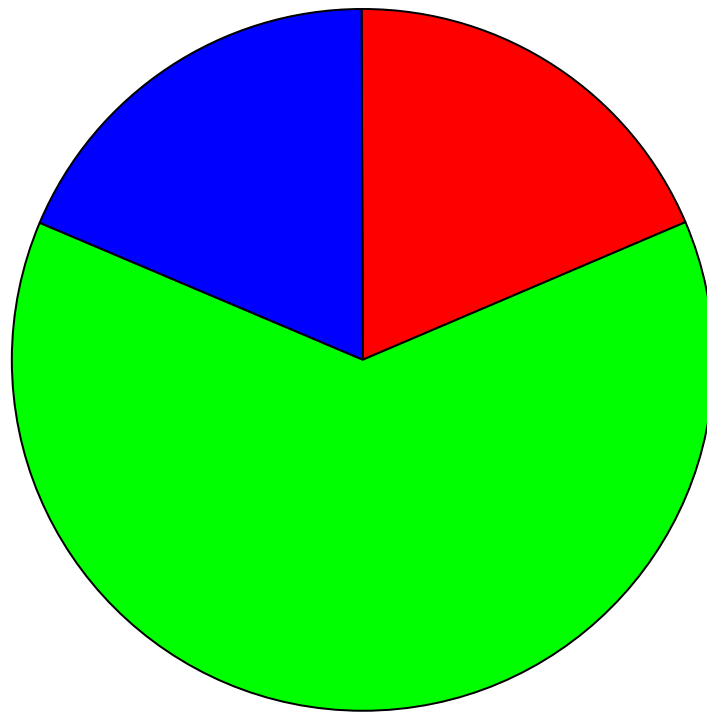
Problems ?

- SOGS 5+ screening (based on DSM-III-R criteria on pathological gambling) 5%
- After weighing 2,2%
- Based on 1,8 million visitors in 1998
SOGS 5+: +/- 40.000 visitors
- After renewed weighing (Bayes) according to DSM-III-R +/- 24.000 visitors

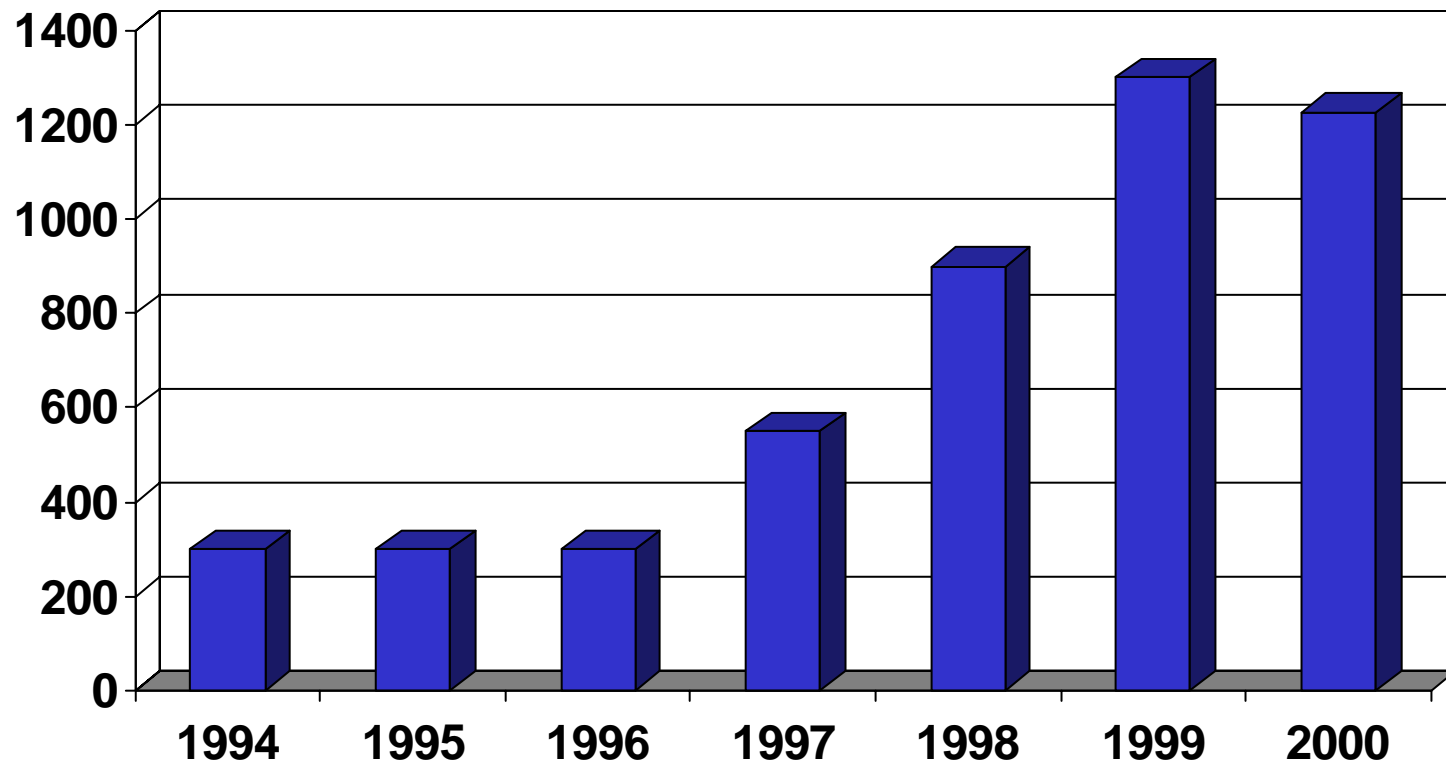
Is the RGP policy known?

- 47% knows about it (open question)
- After weighing: 36%
- *More frequent visitors have a better knowledge of the existence of the RGP policy.*

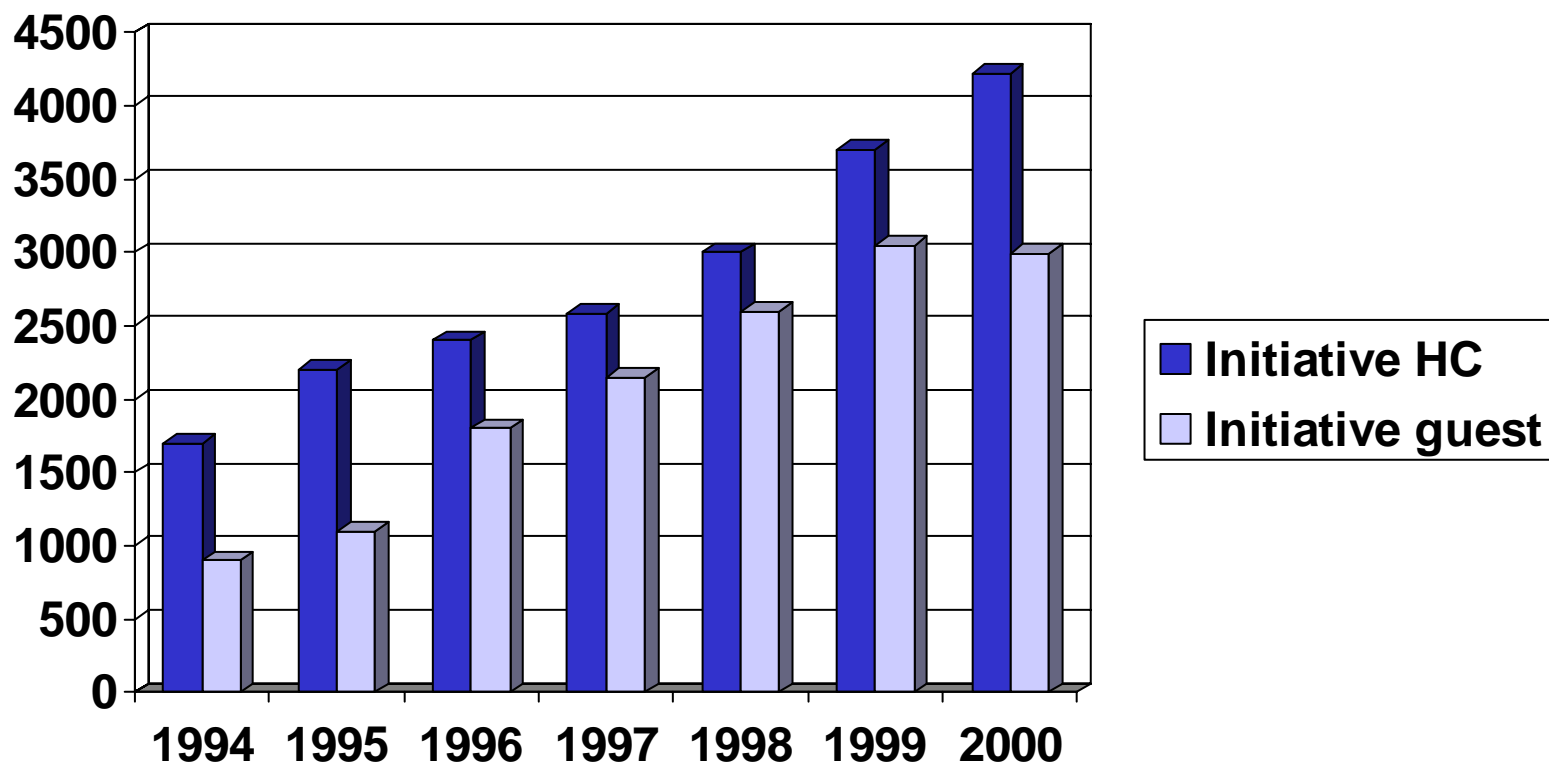
Approaching the guest



Signals recorded by HC staff



Number of interviews



Span of the preventive policy

- 90% of respondents has never been in contact with RGP activities.
- 40% of the problem gamblers (SOGS 5+) is captured.
 - The non-captured 60% consists of 25% who are not aware of the possibilities.
 - The rest (35%) is aware, but is never contacted (initiative HC).

Players with an Entry Ban (EB) or Limited Visit (LV)

60% of the problem gamblers (SOGS 5+) is not captured.

But: a considerable number of visitors takes the initiative themselves to ask for a EB or LV, without showing problematic behavior according to SOGS 5+.

Conclusions and recommendations

- Knowledge of policy & measures is reasonably good; gets better with higher frequency of visits.
- Signaling and approaching is essential part of the policy. Guests appreciate that.
- Frequency of visits as objective signal-indicator $\geq 2x$ a week:
 - *Guests with a lower frequency could be having problems too!*
 - *Also include change(s) in frequency pattern.*

Conclusions and recommendations

- Span RGP policy: 60% not captured:
 - Increase profile of RGP policy
 - Improve signaling and approaching
 - Clear protocol of RGP practice
- Effect protective measures (LV and EB):
 - Effect most temporarily
 - Motivation of guest is crucial;
 - More attention for motivational techniques in RGP training sessions

Conclusions and recommendations

- Relation with addiction specialists:
 - Protective measure is more effective when combined with any form of professional support or treatment.

Conclusions and recommendations

- Emphasis on Prevention is the positive key-feature
 - Protective measures
 - Age limit (18)
 - Mission Statement
 - RGP training sessions
 - Brochure 'Risks of the game'
 - Low stake games
 - OASE; computerized visitor registration

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- **Response to the outcomes by HC**
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HC responses to the outcomes

- New brochure 'The Risks of the Game'
- Improvement of signaling and pro-actively approaching guests at-risk
- More attention for motivational techniques

HC responses to the outcomes

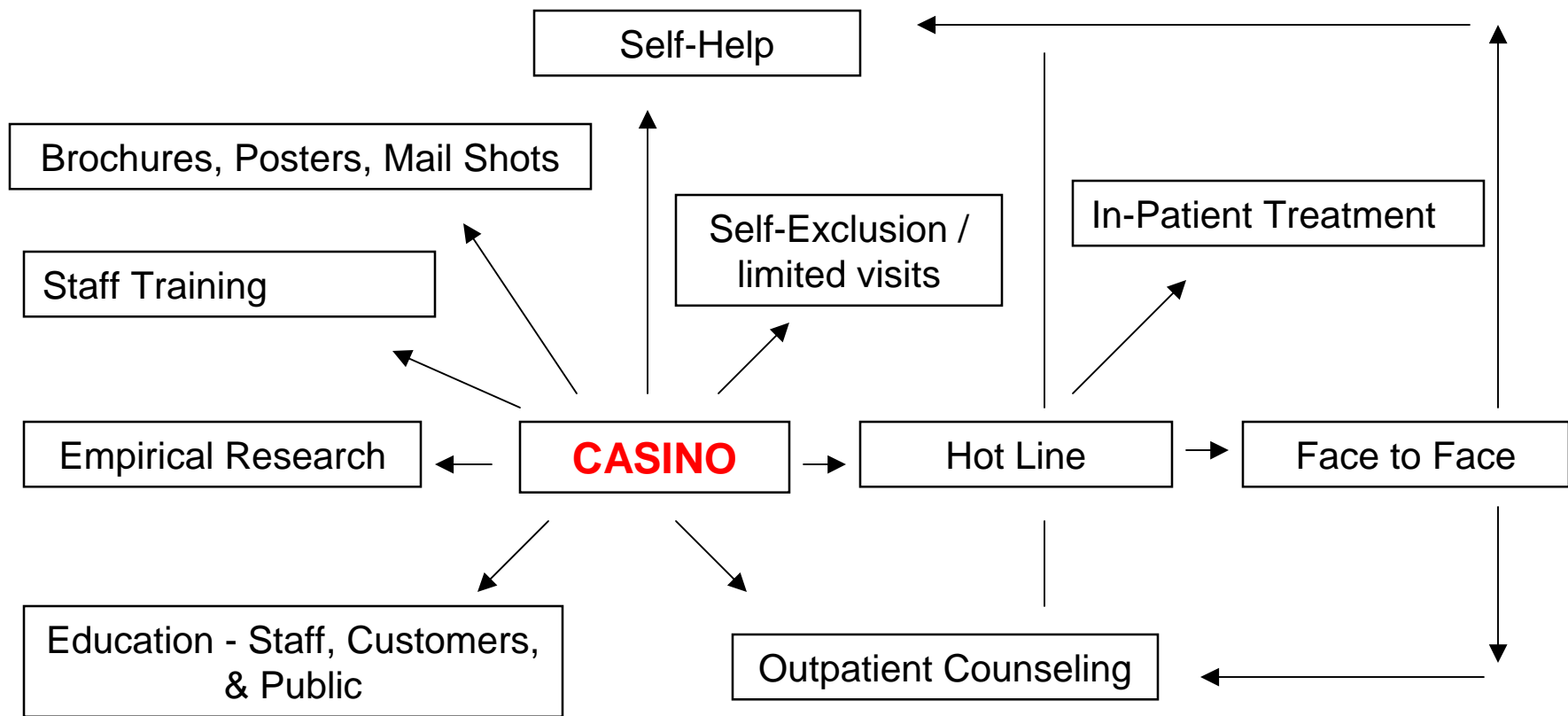
- Frequent visitors monitoring system:
 - Interview >15 visits a month
 - age-group 18-23: >8 visits a month
 - sudden rise in frequency of visits not exceeding 15 (or 8)
- RGP measures incorporated in 'Holland Casino Digital' (Internet)

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Linking to the keynote address on Stages of Change

Matrix of Preventive and Curative measures



Is legislative framework in place?

Stakeholders

PUBLIC

- * General
- * Gamblers
 - * All
 - * At risk

RESEARCH INSTITUTES

- * Scientific exploration & development of a relatively new domain

INDUSTRY

- * Public Image
- * Economical strategy
- * Competitive edge

GOVERNEMENT

- * Regulation
- * Tax Income
- * Elections

PREVENTION & TREATMENT PROFESSIONALS

- * Quality improvement services
- * Development of methodology and skills
- * Lower threshold to services

Motivation

- What stage of behavior change is the individual in?
- Ambivalence and resistance
- Readiness, importance and confidence

Motivational interviewing (1)

A definition

“A directive, client-centered counseling style for helping clients explore and resolve **ambivalence** about behavior change.”

William Miller & Steve Rollnick

Motivational interviewing (2)

Ambivalence

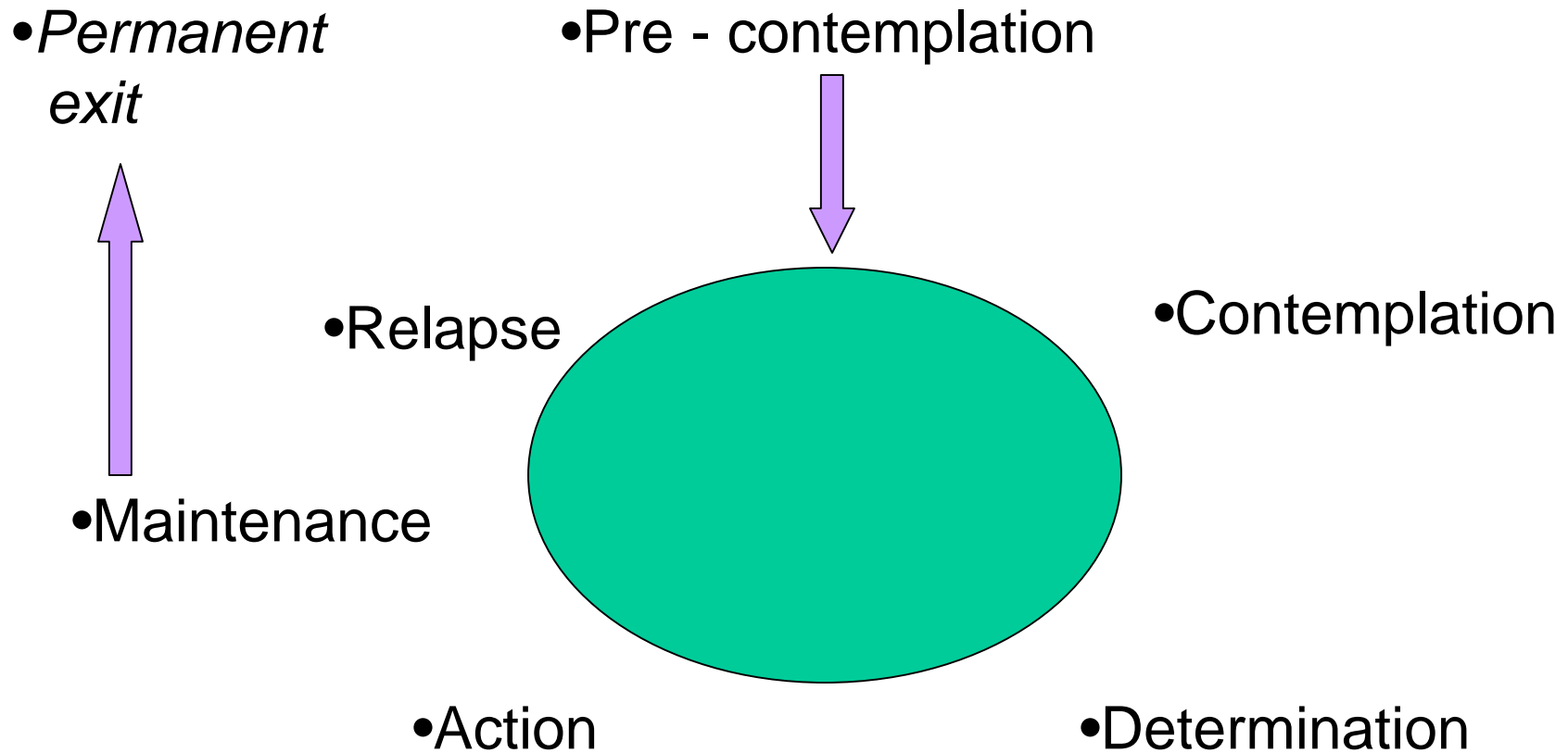
“The coexistence in one person of contradictory emotions or attitudes towards a person or thing”

The Shorter Oxford English Dictionary

“To be or not to be: that is the question.”

Hamlet [Act III]

Stages of Change



The Complexity of Ambivalence

Ambivalence			
No Change		Change	
+ve advantages of no change	-ve disadvantages of no change	-ve disadvantages of change	+ve advantages of change

Not Ready to change	Unsure about change	Ready to change
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What about your ambivalence towards rolling out a RGP programme?

<i>No change; No RGP</i>		<i>Change; RGP</i>	
Advantages	Disadvantages	Advantages	Disadvantages

Thank you for your attention

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