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Author Manuscript

Faculty of Biology and Medicine Publication

This paper has been peer-reviewed but does not include the final publisher proof-corrections or journal pagination.

Published in final edited form as:

Title: The inclusion of health concerns in Swiss gambling legislation: an opportunity to access industry data

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Journal: International Gambling Studies

Year: 2017

Issue: 17

Volume: 2

Pages: 251-258

DOI: 10.1080/14459795.2017.1324894

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The inclusion of health concerns in Swiss gambling legislation: An opportunity to access industry data

Abstract

The Swiss gambling legislation is unique in the fact that it includes health concerns and obligations for gambling operators. Specifically, they are required to provide social measures for the prevention of problem gambling and to collaborate with prevention centers. These provisions are crucial for the development of problem gambling prevention and training programs. Further, they open important research avenues to make use of data collected within the industry. The present paper provides an insight into these specific aspects of the Swiss gambling legislation. It also illustrates recent examples of research that has been conducted on the basis of these legal provisions and considers their results.

Introduction

Switzerland is a multilingual confederation of 26 semi-sovereign states called cantons.

Despite its small population (i.e. 8 million inhabitants), Switzerland has 21 casinos and about 9,000 lottery vending points, which generate around 1.5 billion Swiss francs, annually (Swiss Federal Gaming Board, 2016; Swiss Lottery and Betting Board, 2016). This makes

Switzerland one of the densest countries in the world in terms of gambling opportunities.

However, gambling and problem gambling prevalence rates are similar to those of most of North America and European countries (Williams, Volberg, & Stevens, 2012). Recent data reports a past-year gambling rate of 46.6%, and a problem gambling prevalence rate of 1.1% (Eichenberger & Rihs-Middel, 2014).

The development of the Swiss gambling market is relatively recent (for a review: Billieux et al., 2016; Thompson, 2007; Villeneuve, 2011). In Switzerland, gambling remained banned until the 1990s since it was traditionally considered immoral. The opening of the casino gambling market was accepted by popular vote in 1993. As a consequence, the revised *Federal Gambling Act* (Swiss Confederation, 1998), specifically regulating casino activities, entered into force in 2000. Two arguments played a major role in convincing the Swiss people to break from the moralistic view of the past by voting for the removal of the ban: (1) the purpose of the Act to address the growing difficulties of the country in financing old-age insurance funds, and (2) the inclusion in the Act of concerns for potential negative consequences of gambling at an individual level. This second point represents an original and unique provision in the context of gambling regulation (Sychold, 2016; Thompson, 2007). According to the Act and to its disposition, casinos may acquire and conserve their operating license provided that they take specific social measures. These include preventing gambling addiction, precociously detecting problem gambling behaviors, training the personnel in

charge of the social measures, collecting data concerning gambling addiction, and excluding customers based upon specific criteria (e.g. betting more money than one can afford). In this same vein, article 37 of the disposition of the *Federal Gambling Act* stipulates that, in order to carry out their social obligations, casinos are required to collaborate with addiction treatment and prevention centers.

Lottery and betting activities are regulated by the *Federal Lottery Act* (Swiss Confederation, 1923), but are controlled at a cantonal level (Billieux et al., 2016; Villeneuve, 2011).

Differently from casinos, legal texts concerning Lotteries and Betting do not formally address problem gambling concerns. However, this gap is filled by an inter-cantonal agreement to pay a 0.5% tax, from their gross revenue, to finance prevention programs. As a result, different prevention centers have emerged at a cantonal level. Training programs with lottery and betting venue managers and employees are also provided by prevention centers.

Both the legal clauses on casinos' social measures and the lottery inter-cantonal agreements on prevention efforts are in line with the main "responsible gambling" principles (Blaszczynski et al., 2011; Blaszczynski, Ladouceur, & Shaffer, 2004). These include taking action to reduce gambling-related harm in venues, training gambling venue staff, and working collaboratively between key stakeholders. The Swiss legislation pushes the "responsible gambling" framework one step further in this respect: It opens the opportunity to exploit industry data for research and evaluation purposes.

Acquiring data from gambling operators may be problematic (e.g.: Paarlahti, 2014). Through the Swiss legal provisions, evaluation of operator prevention efforts places addiction prevention centers in an interesting position, both on a practical level and from an ethical point of view. Researchers' requests for access to operators' data are structurally legitimized and they can, if necessary, rely on the public regulatory authority. Furthermore, in cases where the regulatory authority deems it appropriate, a monitoring or evaluation effort must be

funded by the operator. Yet, exploitation of such opportunities has remained limited in Switzerland, as gambling research remains poorly funded. In fact, most of the research on gambling has depended upon the regular budgets of prevention centers and university evaluation units. Research calls have never been made by the gambling industry. Thus, in the absence of dedicated funding for specific research, scientific evaluation of these efforts remains long overdue (Swiss Society of Addiction Medicine, 2014).

However, in recent years, efforts have been made to exploit data within the framework of collaboration between gambling industry and prevention centers. Two early investigations examined problem gambling detection in German-speaking Swiss casinos (Haefeli & Lischer, 2010; Lischer, Häfeli, & Villiger, 2013) and exclusions in Italian-speaking casinos (for a review: Carlevaro, 2016). Since then, four new studies have been conducted within this same framework. They were presented at a conference that was held on 21st January 2016 in Bern, Switzerland, entitled "Swiss research relating to prevention by gambling venues". We outline these studies in the following sections. The first section concerns data collected from the casinos on voluntary exclusion measures in German-speaking and Italian-speaking Switzerland. The second section involves data issued from Lottery staff training, for those in contact with video lottery terminal (VLT) players in French-speaking Switzerland.

Data from casinos: examining self-exclusion and its effects on gambling behavior

Voluntary exclusion in Swiss casinos is based on a contract between the player and the casino. The gambler agrees not to access the games halls during a specified period of time. The casino has the duty to ensure that the player respects the agreement, through an identification system at the casino entrance. The exclusion is valid in all Swiss casinos, it lasts for a minimum of one year and its removal requires a discussion with an external expert. At the time of the exclusion, the casino venue that deals with this procedure asks the player if he

agrees to a preventive exclusion that may be timely, or late. In Switzerland, the option of voluntary exclusion has been available to gamblers in the casino sector since the reinstatement of casino operations in 2002. Since then, the number of excluded gamblers has grown commensurately: Each year some 3,200 people are added to the nationwide database of blocked gamblers that held 46,468 people at the end of 2015 (Swiss Federal Gaming Board, 2016). A previous study based on the data from six Swiss casinos found that most of the excluded gamblers were self-banners (70%), whilst only 30% were ordered exclusions (Haefeli & Lischer, 2010). The provision of data from the casinos, has allowed further examination of the gamblers' motivations to self-exclude from gambling. Every client applying for self-exclusion is required to justify their decision. The reason(s) for the decision are selected from a list of ten possible motives, and indicated on a form. An investigation is currently being carried out by the Lucerne University of Applied Sciences and Arts to analyze data provided by three casinos in German-speaking Switzerland (Baden, Bern and Lucerne). Between 2006 and 2015, these three casinos received 8,170 self-exclusion requests. The analysis revealed that motives such as the amount of *time* and *money spent on casinos* are good indicators of the appearance of excessive gambling behaviors. They also revealed that reasons such as *problems at work* are seldom mentioned, whereas, surprisingly, *for reasons of prevention* (i.e. of problem gambling) was reported relatively frequently (Lischer, Auerbach, & Schwarz, 2016).

Similar results have been observed in Ticino, the Italian speaking canton of Switzerland. Gambling exclusion in Ticino (Carlevaro, 2015) begins by casino personnel observing gambling behavior, or with the players themselves deciding to self-exclude, as an often precautionary measure. Here, the three ticinese casinos of Mendrisio, Locarno and Lugano have collaborated with the Institute for Gambling Research in Bellinzona since 2007. Their aim has been to develop an evidence-based prevention strategy for pathological gambling.

Data collected in this framework of collaboration between 2012 and 2014 yielded that 63% of self-exclusion applicants considered their application to be *preventive* (they believed they applied for exclusion before encountering problem gambling behaviors), 27% thought they submitted it the right time, and 10% thought it was late. However, further analysis showed that these percentages contrast with the severity of the problem reported by customers in accordance with the Diagnostic and statistical manual of mental disorders criteria (DSM-IV; American Psychiatric Association 1994). In fact, too many customers minimize their situation, as a third of the 90% of applicants considering their request to be *preventive* or *on time* met the DSM-IV pathological gambling criteria. Indeed, an analysis of notifications preceding exclusion revealed that, prior to exclusion, a notification was made by casino staff in 64% of cases. This proportion is relatively stable over time, despite extensive staff training.

Data collected longitudinally by the casinos of Mendrisio, Locarno and Lugano were also analyzed to examine the relationship between preventive self-exclusion and gambling behavior (Sani, 2016). The analysis involved 332 players who requested readmission following a period of exclusion. The decision to voluntarily exclude was based on the DSM-IV criteria score obtained by the player at the time of application. The request for exclusion was considered to be preventative if the DSM-IV score was a maximum of 4 points. The analysis showed that the larger the number of individual exclusion requests that were made in a given time period, the more these exclusions had a preventive function, and the more they had a positive effect on gambling behavior. Indeed, Sani (2016) observed that a higher number of exclusions led to a decrease in DSM-IV scores, and a decrease in the frequency and duration of visits.

Data from Lottery: examining problem gambling detection and intervention in video lottery terminal operators

Another example of how gambling industry data can be exploited (due to Swiss gambling legislation) relates to problem-gambling prevention programs. The data in question comes from French-speaking Switzerland, and concerns video lottery terminals (VLT). These are electronic machines installed in 350 bars and restaurants to offer screen scratch-card games to customers aged 18 years and above. VLT are owned by the Swiss lottery agency operating in West Switzerland. Owners of these venues are granted a percentage of the VLT profits from the machines, by the agency. The venues have obligations with respect to these machines, namely to enforce the rules of use of the VLT (e.g. legal age-limit, no children around the machine, no borrowing from the establishment) and attend annual problem-gambling prevention workshops organized by the agency itself. Such workshops aim to enhance knowledge about: problem gambling; detection and intervention techniques; managing relationships with gamblers; and reminding staff of the existence of problem gambling treatment centers. Pre and post-training questionnaires are systematically administered at the workshops to evaluate participants' satisfaction with the experience, and to investigate research questions. One study involving 177 VLT operators examined owners' and staff members' reluctance to intervene with clients who were showing signs of problem gambling (Tomei & Zumwald, 2016). In-keeping with the reports of a previous Australian inquiry (Hing & Nuske, 2011), the study showed that these frontline VLT operators are confident in their ability to identify the signs of problem gambling. They are, however, reticent to intervene, mainly due to fear of potential negative reactions from the gambler. Further analysis yielded differences in such behaviors according to the intervener's gender and position in the establishment (owner vs. staff). Specifically, female staff members reported the fewest interventions, and were the most frequent to report fear as the main reason for not intervening with gamblers needing assistance.

Discussion

We have illustrated some examples of research exploiting data from Swiss gambling operators. They provide information with regards to the proportion of self-exclusions in several casinos in Switzerland, and demonstrate the feasibility and acceptability of voluntary exclusion for preventative purposes within this context. Further, they determine the reasons for such exclusions and, importantly, show the positive effects of self-exclusion upon gambling behaviors. This particular result should motivate gambling houses to further promote voluntary exclusion as a way of controlling playing. Also, this information should be highlighted during readmission interviews, to support a positive view of voluntary exclusion and thus motivate people to use this facility. As regards to the analyses performed on lottery data, this contributes to our understanding of VLT operators' behaviors, within the context of social responsibility programs. It highlights important disparities in staff receptivity, which calls for differentiation, in order to better achieve the objectives fixed by the legislator. Prevention training programs may benefit from implementing more targeted guidance based on staff members' gender and their position in the establishment.

We should note that none of this evidence would have been gathered without the Swiss Confederation's legal provisions, with regard to problem gambling prevention and to industry data. These provisions clearly contribute to the fulfillment of the “responsible gambling” principle; that prevention programs need to be evaluated and monitored (Blaszczynski et al., 2011; Blaszczynski et al., 2004). The examples described here demonstrate how access to data from the gambling industry provides important information for prevention, training and monitoring purposes. Moreover, they point out two considerable methodological benefits for the research. Firstly, data from the gambling industry gives access to problem gamblers who are not in treatment, thus broadening the target-population otherwise limited to patients in treatment centers. Secondly, it provides ongoing access to industry data. Continuous access

widens the range of research approaches that can be undertaken by allowing both cross-sectional and longitudinal studies.

Regarding the collaboration between research and the gambling industry, the studies presented here implicitly underline a paradox. Each is based on a professional connection consolidated with operator services for social measures. These services have enabled the investigation of sensitive issues, without funding by the operators, themselves. Remarkably, this work was carried out without restrictions on the publication of results or data handling. Can we therefore say that the model is satisfactory? At least three aspects raise questions. Firstly, in Swiss law, there is no legal basis systematizing the production of information for monitoring purposes, and encouraging a logical framework for this purpose. Secondly, several conflicts of interest, inherent to this disposition, are ignored; particularly, the most sensitive data such as that from individual electronic gambling sessions and the processing of data related to publicity and marketing practices. Thirdly, there is, to date, no specific public peer-reviewed research funding, to ensure the emergence of large-scale works, in the long term.

It is too early to know whether these challenges will be addressed by a future revision of the Swiss legislation on gambling. However, it is likely that the introduction of framework conditions requiring prevention measures to be adapted to the dangers of a given game would represent a significant step forward.

To conclude, a few recommendations to enhance gambling prevention in Switzerland can be made. Firstly, a monitoring framework including a set of indicators should be defined. The task of undertaking annual evaluations should be assigned to independent institutions. Secondly, a national advisory authority comprised of independent experts involved in prevention should be constituted. This would act as a bridge between policy-makers and researchers and would play a crucial role in determining needs and providing guidelines for

gambling research. Finally, gambling research based on peer-reviewed evaluations should be encouraged by public research funding, or by creating a dedicated fund.

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