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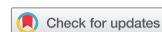
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The inclusion of health concerns in Swiss gambling legislation: an opportunity to access industry data

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ABSTRACT

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 centres. These provisions are crucial for the development of problem gambling prevention and training programmes. Further, they open important research avenues to make use of data collected within the industry. The present article provides an insight into these specific aspects of 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.

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KEYWORDS

Switzerland; gambling legislation; public health; prevention; self-exclusion

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 9000 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, see 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 licence provided that they take specific social measures. These include preventing gambling addiction, early detecting problem gambling behaviours, 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 centres.

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 programmes. As a result, different prevention centres have emerged at a cantonal level. Training programmes with lottery and betting venue managers and employees are also provided by prevention centres.

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, Ladouceur, & Shaffer, 2004; Blaszczynski et al., 2011). 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. see Paarlahti, 2014). Through the Swiss legal provisions, evaluation of operator prevention efforts places addiction prevention centres 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 centres 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 centres. 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 21 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 behaviour

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 or she 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 3200 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 10 possible motives, and indicated on a form. An investigation is currently being carried out by the Lucerne University of Applied Sciences and Arts to analyse data provided by three casinos in German-speaking Switzerland (Baden, Bern and Lucerne). Between 2006 and 2015, these three casinos received 8170 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 behaviours. 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 behaviour, 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 behaviours), 27% thought they submitted it at 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* (DSM-IV; American Psychiatric Association, 1994) criteria. 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 analysed to examine the relationship between preventive self-exclusion and gambling behaviour (Sani, 2016). The analysis involved 332 players who requested readmission following a period of exclusion. The data 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 four 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 behaviour. 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 programmes. 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 centres. 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, 2017). 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, reluctant to intervene, mainly due to fear of potential negative reactions from the gambler. Further analysis yielded differences in such behaviours 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 regard 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 behaviours. 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. With regard to the analyses performed on lottery data, this contributes to our understanding of VLT operators' behaviours, within the context of social responsibility programmes. It highlights important disparities in staff receptivity, which calls for differentiation, in order to better achieve the objectives fixed by the legislator. Prevention training programmes 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 fulfilment of the 'responsible gambling' principle that prevention programmes need to be evaluated and monitored (Błaszczynski et al., 2004, 2011). 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. First, 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 centres. 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. First, 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; in particular, 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. First, 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 policymakers 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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Conflicts of interest

Competing interests

T. Carlevaro, A.-M. Sani and S. Lischer receive financial remuneration from the gambling industry for specific mandates concerning staff training, prevention programmes and specific consultations. O. Simon and A. Tomei receive no funding from the gambling industry. The Centre for Excessive Gambling receives government funding from the lottery income tax for problem gambling prevention programmes. The Centre for Excessive Gambling occasionally receives public funding from the Inter-cantonal Programme for Gambling Prevention (PILDJ).

Constraints on publication

None.

Notes on contributors

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Suzanne Lischer has been a lecturer and project manager at the University of Applied Sciences and Arts – Social Work (HSLU) since 2011. She holds a doctorate in media sciences from the Freie Universität Berlin and is a qualified graduate social worker. Her main focuses in teaching and research are harm reduction in gambling and public health related to addiction.

Anna-Maria Sani is a psychotherapist and holds a Master of Science in social psychology. She is head of the IRGA (Gambling Research Institute) and coordinator of Gruppo Azzardo Ticino – Prevenzione (GAT-P), both in Ticino, Switzerland. She developed the social measures model for the casinos of Locarno and Lugano, and has been responsible for its application for the past 10 years. She currently assists casinos in implementing social measures programmes, for staff training, and the conduct of readmission interviews. She also coordinates problem gambling prevention projects and health care networks at a State level, in Ticino.

Olivier Simon is a psychiatrist and psychotherapist. He has been active in the field of addictions since 1992. He has worked in the addiction medicine units of the University Hospitals of Geneva and Lausanne, Switzerland. He has been the head and scientific coordinator of the Centre for Excessive

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Alexander Tomei is a psychologist. He has worked as a research associate at the Centre for Excessive Gambling, Lausanne University Hospital, since 2012. His current research activities focus on gambling behaviours in young people, responsible gambling practices in the gambling industry, and social representations of gambling.

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