

# Six public policy interventions to prevent gambling-related harm

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# My topic today

## SÄÄNTELYYN PERUSTU- VAT RAHAPELIHAITTOJEN EHKÄISYTOIMET JA NIIDEN SOVELTUVUUS SUOMEN RAHAPELIJÄRJESTELMÄÄN

Tutkimustietoon ja asiantuntija-arvioihin perustuva  
selvitys 1.6.2017

■ SOSIAALI- JA TERVEYSMINISTERIÖ  
Helsinki 2017

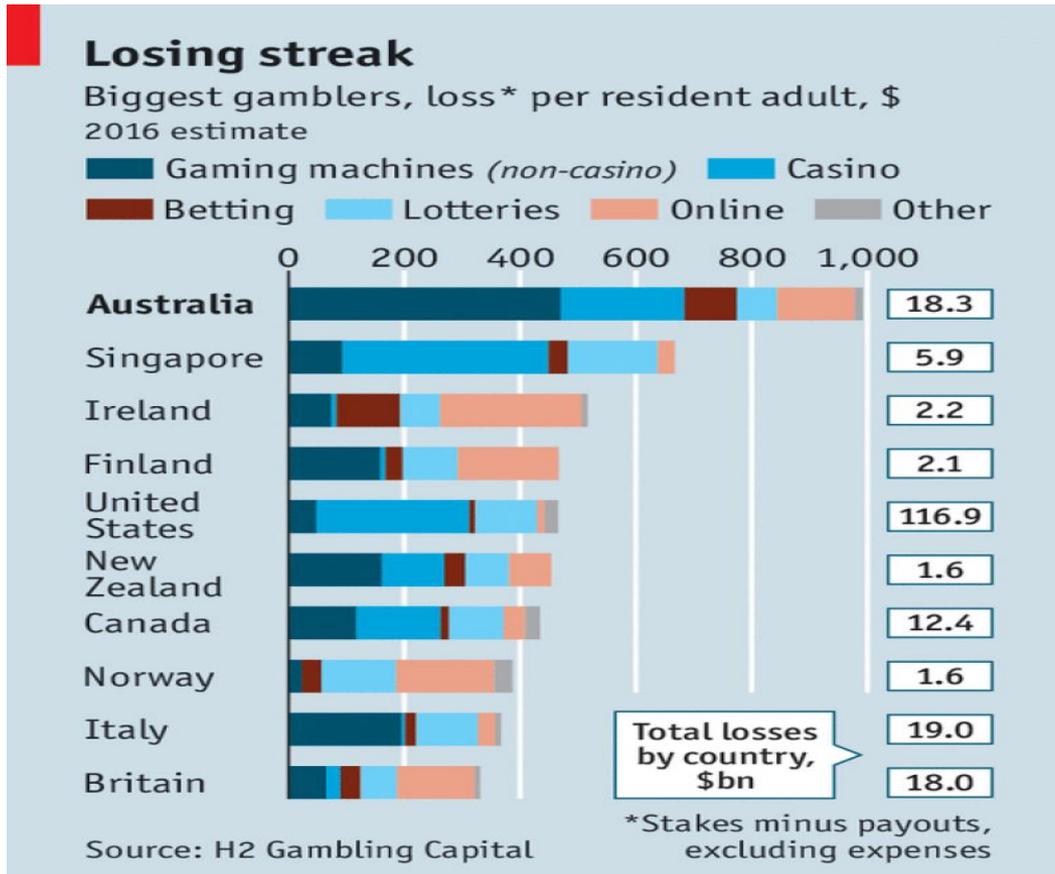


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# Background: Gambling in Finland

# Gambling in Finland



Economist.com



- State monopoly on all gambling
- Over 22 000 EGMs (3,8/1000 persons)
- 18 500 EGMs decentralized
- SOGS 3+ (2015): 3,3 %
- Past year participation rate 80 % (2015)
- Lotteries Act: main aim prevention and reduction of social, economic and health harms

(Salonen & Raisamo, 2015)

# On the history of gambling in Finland

- Gradual institutionalisation of gambling in Finland since 1920s
- Gradual formation of state monopolies → beneficiaries dependent on gambling revenue
- Gambling and the maintenance of social order during times of crisis in 1940s, 1960s/1970s, and 1990s (Ahonen, forthcoming)
- Establishment of gambling as integral part of good citizenship (Matilainen 2017) → the common good dispositif

# The need for gambling policy

- Matilainen (2017): 1990s onwards the risk dispositive
- EU membership in 1995: a monopoly system needs to be justified → reduction of gambling harms
- Amendments to the Lotteries Act (LA): 1993-2001, 2006-2011, 2014-2016, 2018 → gambling harms get more attention
- 2014-16: the merger of 3 state-controlled operators → a single state monopoly
- Gambling harms not addressed during the merger process → new amendment of LA needed → assignment to review research evidence on the most effective prevention interventions and assess their suitability to Finnish context



# Six public policy interventions

# Method

- Studies on game characteristics, school interventions, educational interventions, restrictions on marketing, age limits were excluded because regulations concerning them already exist
- Due to time limitation no new comprehensive literature review → a hierarchy of evidence from 2000 to 2017:
  - i. Systematic reviews on prevention interventions
  - ii. Non-systematic reviews on prevention interventions
  - iii. Systematic reviews on risk factors (observational studies)
  - iv. Other peer-reviewed empirical studies on interventions (or secondarily on observational studies)

# Recommended public policy interventions

## **Restrictions on availability**

- Restrictions on the density of gambling outlets
- Restrictions on the number of gambling outlets (EGMs especially)
- Restrictions on gambling opportunities in premises with alcohol license

## **Harm minimisation interventions**

- Mandatory identification
- Mandatory spending limits
- Self-exclusion

# Restrictions on the density of gambling outlets

## Evidence base:

- Reduction of availability can be effective. Best evidence from Norway, where EGMs were totally removed in 2007 (Lund 2009). As a result, significant decrease in PG rate.
- Adolescents, problem gamblers and people with lower socio-economic status are vulnerable to gambling harms vulnerable
- In multiple studies globally: gambling harms, spending, and gambling frequency are positively correlated with the vulnerability of the neighbourhood
- EGM density is greater in vulnerable neighbourhoods

# Restrictions on the density of gambling outlets

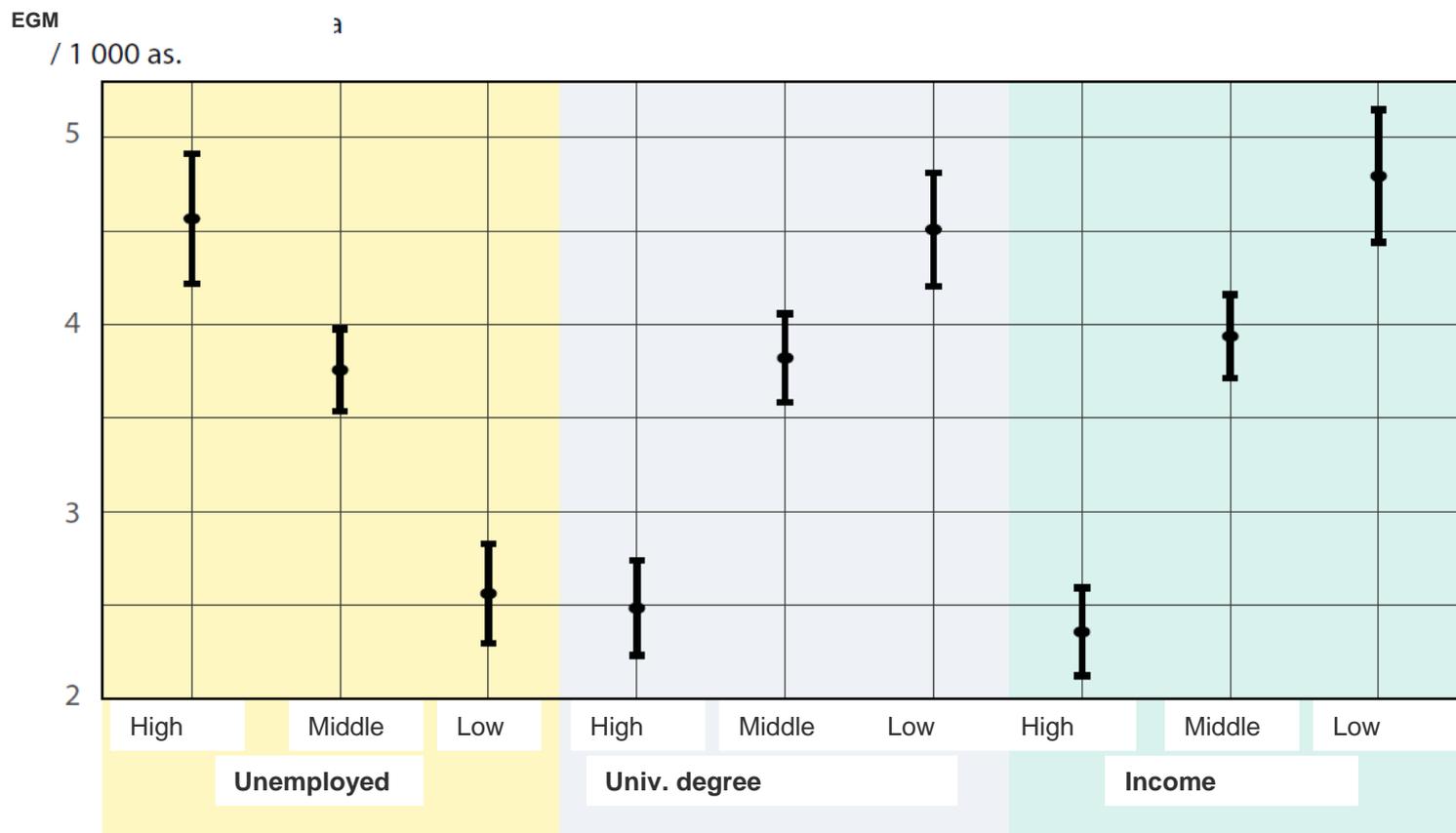
## Suitability:

- Segregation of neighbourhoods taking place in the Helsinki region → a reason to monitor that gambling supply does not concentrate on the socio-economically vulnerable neighbourhoods

## Likely effects:

- Some reduction of overall spending
- Local reduction of gambling harms
- Other interventions can increase effectiveness.

# Excursion: EGM density & neighbourhood vulnerability (Selin & al. 2018)



# Restrictions on the number of gambling outlets (especially EGMs)

## Evidence base:

- Reduction of availability can be effective (Williams 2012; Folkhälsomyndigheten 2016). The case of Norway.

## Suitability:

- Decentralization of EGMs similar to the Norwegian model prior the removal of EGMs in 2007
- Gambling on EGMs in arcades (N=2500) can increase → have higher risk potentia due to higher maximum stakes
- In Finland the rate of EGM/1000 people much higher (3.3) than in Norway (0.77) or Sweden (0.58).

## Likely effects:

- Placement of EGMs in arcades would decrease gambling harms and spending on EGMs considerably

# Restrictions on gambling opportunities in premises with alcohol license

## Evidence:

- A strong correlation between risky drinking and gambling problems (e.g. Barnes et al. 2015)
- Some evidence on the effect of alcohol on spending and gambling behaviour (e.g. Leino et al. 2017)

## Suitability:

- Majority of alcohol consumed in private places where online gambling also available
- Not allowing gambling when intoxicated is in line with the idea that consumers need to be able make informed choices (also endorsed by the gambling industry: "responsible gambling" discourse)

# Restrictions on gambling opportunities in premises with alcohol license

## Likely effects:

- Would not alone decrease gambling harms significantly but can decrease risky gambling if other harm minimisation interventions implemented.

# Mandatory identification

## Evidence:

- Little empirical evidence because the intervention not widely in use
- Young starting age of gambling a risk factor (e.g. Dowling et al. 2017)
- Alcohol studies: age limit control and experience of restricted availability have decreased prevalence of underage drinking.

## Suitability:

- Precondition for implementation of global precommitment and self-exclusion

## Likely effects:

- If comprehensive, would make age limit control more effective
- Increase in in the starting age of gambling and consequently would prevent PG (in the age group 18-24 PG prevalence rate highest (6 %) in Finland).

# Self-exclusion

## Evidence:

- Can possibly decrease participation, spending and reduce harm among PGs in the online context (e.g. Livingstone et al. 2014).

## Suitability:

- Online gambling will become more prevalent, most PGs play monopoly games.

## Likely effects:

- Not alone effective, effectiveness dependent on other harm minimisation interventions.

# Mandatory spending limits

## Evidence:

- Evidence not undisputed but spending limits can decrease spending (eg. Harris et al. 2017).
- Mandatory limits not studied (new study from Norway: Auer et al. 2018)

## Suitability:

- Online gambling becoming more prevalent
- Global limits in Norway for Norsk Tipping 2100 euros/month, for EGMs 63 euros/day and 263 euros/month
- In Sweden only 2 % of customers used voluntary limits

## Likely effects:

- Depend on level of limits and the comprehensiveness of identificationvaikutukset: if limits low enough and identification global can decrease risky gambling and PG

# Responses to the recommendations

- From a memo to a published report: media reporting on the "classified report" in fall 2017 → published as an report and discussed in the media
- A decree in December 2017: purchase limits (2000 euros/month for certain high risk games) and self-exclusion for online gambling
- Government proposition in June 2018: mandatory identification, spending limits & self-exclusion for EGMs (EGMs in arcades excluded)

# Discussion

- Evidence base still quite limited
- Best evidence on restrictions on availability
- "The devil is in the details" → good implementation and follow up needed (e.g. level of spending limits matter)
- Usually the most effective public policy interventions are the least-liked (e.g. Diepeveen et al. 2013) → in Finland only harm-minimisation interventions have been introduced

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# Thank you!

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