

# A question of balance: prioritizing public health responses to harm from gambling

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## ABSTRACT

**Aim** To provide an overview on the nature and importance of public health approaches to the global expansion of commercial gambling. **Method** Three key areas of public health activity are examined: harm minimization, health promotion and the political determinants for change. **Findings** The rapid proliferation of gambling experienced in many countries is driven by the commercial development of new products orientated around continuous and rapid mass consumption. This is particularly the case with ongoing refinements to electronic gambling machines and the development of new gambling technologies using the internet and mobile telephones. So far responses to negative impacts have, on the whole, focused upon individualized treatment interventions. A public health approach to gambling offers a broad range of strategies to tackle the wider implications of gambling expansion: harm reduction provides evidence-based strategies for managing identifiable harm; health promotion focuses upon communities building their capacity, knowledge and resilience with regard to the attractions of gambling, and action on the political determinants sets out to increase the accountability and reduce the conflicts of interest that influence government resolve in managing their gambling environments. **Conclusion** In this new environment of mass consumption, efforts in developing treatment responses to problem gambling need to be balanced with, at least, equal efforts in developing public health responses. With the expansion of commercial gambling occurring globally, international agencies could play a critical role in supporting public health initiatives.

**Keywords** Conflicts of interest, gambling, harm minimization, health promotion, public accountability, public health.

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The global expansion of high-intensity commercial gambling is a relatively recent phenomenon compared to other legalized dangerous consumptions such as alcohol and tobacco. While games of chance that involve risks to personal resources have entertained people in various forms from ancient to recent times [1], the modern expansion has occurred most intensively in the last 30 years. This is particularly the case in affluent western societies where gambling expansion has emerged in a series of jumps linked to changes such as the introduction of national lotteries in Europe, the spread of casinos from riverboats, reservations and into major population centres in North America and the widespread proliferation of the electronic gambling machines (EGMs) in Australia [2]. Similar expansions are currently emerging in

Latin America, in European countries in transition and in the 'tiger economies' of East and South East Asia [3].

The shape of modern gambling with its emphasis on new gambling products is a far cry from the relatively small-scale activities of neighbourhood friends visiting a bingo hall, work friends playing poker in a back room or families spending an afternoon at a racetrack. The new world of gambling is orientated around continuous and rapid mass consumption focused primarily upon individuals betting in increasingly socially dislocated environments. This is most obvious in the rapid rise of EGM betting—'pokies', 'slots', 'fruit machines', 'VLTs'—in casinos and bars and in the recent diversification of the remote delivery of gambling through mobile telephones, interactive television and the internet [4,5].

Modern provision of gambling is distinguishable from previous offerings in three important ways. First, in moving from small localized provision to large-scale commercial operations, the distribution of gambling takes full advantage of corporate systems and methods that have enabled other products, such as MacDonalds' hamburgers, to become ubiquitous throughout many communities. Secondly, corporate investment into sophisticated electronic and psychological technologies has maximized the potential for consoles such as EGMs to attract and engage players [6]. Finally, whether gambling is provided by private corporations (as in Australia) or government monopolies (as in Canada), this is a global expansion, with multi-national organizations involved at all levels including the design and manufacture and distribution of gambling products. The transnational connectedness between these corporations enables them to develop strategies that involve adapting gambling technologies to target vulnerable populations. These three factors working together have facilitated unprecedented increases in gambling consumption and associated profits, which in turn has propelled many nations forward into uncharted territories of gambling-related harm.

The question that then arises concerns how much effort should be put into dealing with the harm and how much should go into addressing what determines that harm. In a situation of relatively stable consumption concerted efforts to assist problem gamblers is understandable, but in a rapidly changing environment of escalating risk, focusing solely upon the needs of those affected acutely is arguably less urgent than attending to the situation itself. For example, when a submerged rock pierces a hole in the bottom of a boat, it makes little sense to attend solely to those who have been injured and it makes considerably more sense to focus a good deal of energy upon stemming the flow of water through the hole. Similarly, while it is important to develop some treatment options for problem gambling, in the face of escalating consumption it makes little sense to expend all available energy and resources on treatment when it is the rapid rises in consumption that are generating increasing numbers of people seeking help.

Public health interventions aim to stem the rises in gambling consumption that drive harm. This is achieved by shifting from a focus on individual problem gamblers to attending to the context and environment in which harmful consumption is occurring. In contrast to the individualized focus inherent in approaches to treatment, public health initiatives explore opportunities within a particular physical, social and cultural context. Common measures include changes to the consumption environment (including policy and regulation), changes to the nature of the product and changes in the understandings

and views that influence patterns of consumption. Just as many of the major advances regarding harm from smoking have resulted from public health interventions (such as smoke-free environments, advertising bans and social marketing), so it is reasonable to expect that similar efforts with gambling could achieve similar reductions in harm.

To date, national responses to harm from gambling have concentrated by and large on establishing treatment services. Few nations have looked seriously at investing in public health responses to gambling expansion, and those that have commit only a small fraction of what they devote to treatment. Despite this indifference, efforts have already been made to articulate a public health approach to gambling [7–10]. This is specially the case in New Zealand, where not only have efforts been made to formulate a comprehensive public health approach to gambling, but progress has been made in putting some aspects of this into action. These opportunities were only possible because in their 2003 Gambling Act, the New Zealand Government recognized gambling formally as a public health issue.

During the 1990s, New Zealand endured 10 years of unfettered rises in gambling consumption that resulted in annual expenditure (net loss) rising almost fourfold from US\$0.3 billion in 1994 to approximately \$1.1 billion in 2004 [11]. As a result the numbers of people seeking help for problem gambling escalated and services were patched together quickly to cope with increased demand. However, as consumption continued to rise, concentrating all available resources on remedial services appeared increasingly futile unless parallel attempts were made to address the source of the problems. Accordingly, work began on articulating a New Zealand version of a public health approach to gambling, along with efforts to pressure for its recognition in government policy [12].

The New Zealand version of a public health approach to gambling identifies three main areas of activity; namely, harm minimization, health promotion and political determinants.

Harm minimization initiatives apply evidence-based strategies that incorporate modifications to the gambling environment, the product or consumer knowledge in ways that facilitate reductions in hazardous consumption. Of the three activity areas, harm minimization interventions have received the most international attention to date. An example of a harm minimization strategy targeting the gambling environment is a supply control initiative in the Australian state of Victoria where the numbers of EGMs are capped or reduced in communities (particularly low-income communities) where their accessibility is linked with harm [13]. An example of strategies targeting the product is the pioneering work in Nova Scotia, where data on EGM loyalty cards are being

used to identify problem gambling by tracking hazardous patterns of play [14]. An example of strategies targeting player understandings is an ongoing social marketing campaign in New Zealand which uses television and other media to alert the public to the community impacts of gambling [15].

The second area of public health activity, health promotion, is guided by the Ottawa Charter for Health Promotion with particular emphasis on the community action dimension and human rights violations in terms of health inequalities. The strategy involves work on a community-by-community basis to build community capacity, knowledge and resilience with regard to the attractions of gambling, on the basis that an empowered community will be able to deal now and in the future with the varieties of gambling opportunities that will inevitably continue to flow. Regulation is not enough when there is access, for instance, to internet gambling in one's own home, or new forms of gambling in the schoolyard. Also, empowered communities who know best what is good for them are powerful advocates to government and other agencies about how to tackle the gambling issues in their midst, which includes the disruption of family and community life in a variety of ways, especially among the poorer sections of a community. In New Zealand, a systematic method for mobilizing communities in a self-determined way has been trialled in several different communities with evaluations that provide accumulating evidence for the effectiveness of the approach [16,17].

Viewed together, activities in harm minimization and health promotion function in different ways and at different levels to facilitate the capacity of people and communities to protect their wellbeing in environments of high-intensity gambling. Their complementary motion can be likened to two jaws grinding together and reducing threats to wellbeing and facilitating increases in resilience. The upper jaw, harm minimization, moves top-down (policy to community) with policies and strategies aimed at addressing harms from gambling directly as they become identified. The lower jaw, health promotion, works on a more long-term basis, bottom-up (community to policy) to empower neighbourhoods and communities in building their capacity to influence and adapt to their gambling environments.

Connected to both these jaws and providing them with their motive force is the third area of activity, political determinants. This is arguably the most challenging area for intervention of the three because it focuses directly upon modifying the conflicted relationships that form between gambling profits and government. Government sector organizations (including national, state, provincial and sometimes local governments) derive significant tax contributions from gambling profits and

often set up secondary arrangements where profits are distributed for charitable purposes in ways that reduce their own obligations for such funding. For example, national lotteries are typically set up to both contribute directly to government revenue as well as to resource recreation, education and community activities that in the past the government would have been expected to support. While gambling consumption is low scale, these arrangements pose few threats to the integrity and independence of government. However, as the scale of consumption increases, so do the profits. For example, by 2003 Canadian government revenue from gambling had exceeded those from both alcohol and tobacco combined [18]. As a consequence it becomes increasingly less attractive for governments to mount effective public health initiatives that might result in reduced consumption [19]. This is most evident in several Australian states, where the contribution from gambling has been trending up as high as 15% of state government revenue [20]. In these situations it is hard to imagine strong incentives for governments to provide the motive force for a genuinely public health response to gambling.

Action on the political determinants of gambling consumption—which aim to improve the motive force, the will, to develop effective interventions—is an emerging field and can be seen currently in three areas of activity; namely, public health advocacy, surveillance mechanisms and structural accountability. Public health advocacy seeks to increase public awareness and facilitate the capacity of communities to speak out regarding the conflicts of interest in government management of gambling [21]. For example, in locations such as Canada, Australia and New Zealand, 'gambling-watch' organizations have been formed to foster a media presence in challenging the reliance of both community and government sector organizations on gambling profits. Other groups who challenge government complicity actively include diverse groups that include church groups, community action alliances and some political parties. Surveillance mechanisms offer another way of improving the public visibility of financial links into government and community agencies. For example, some organizations (such as the Problem Gambling Foundation of New Zealand) are developing databases with details on recipients of gambling profits. Structural accountability refers to efforts at building into regulatory processes mechanisms for detecting and responding to its own conflicts of interest. This is difficult territory, because in most jurisdictions interest in revenue from gambling penetrates most levels of government. This makes it difficult to locate points of independence to which to be held accountable. Despite these difficulties, some attempts are being made and an early example occurred recently in Canada, where a series of ombudsman investigations highlighted poor

management of conflicts of interest in the provision of lottery products by three provincial governments [22].

The future for the health of populations in this new environment of mass consumption is a question of balance. Efforts in developing treatment responses to problem gambling need to be balanced with equal efforts in developing public health responses. Furthermore, because the expansion of commercial gambling is occurring on a global basis so, ultimately, a public health response will require a balance between local initiatives and global alliances. Disappointingly, multi-lateral public good agencies such as the World Health Organization have failed to embrace gambling as a public health issue. There is a clear role in the future for such agencies to foster the development of a global public health framework for gambling [19].

#### Declarations of interest

The authors did not receive funding support for this work and, to their knowledge, have no relationship to any other activity that benefits directly from alcohol, gambling and other dangerous consumption industries.

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Unlike the conventional purpose of customer databases (i.e. to increase sales), the objective is to develop social responsibility tools that can detect and help problem gamblers and/or those at risk from developing a gambling problem [11]. Such detection tools have been compared to a safety belt (i.e. something you use without intending to actually make use of). Evaluations of such systems are currently under way and they may provide another useful addition to harm-minimization strategies. In addition to these initiatives, there are initiatives that use the internet as a medium for guidance, counselling and treatment of problem gambling, although evaluations are only just beginning to emerge [12].

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**Keywords** Addiction, biopsychosocial model, gambling, gambling industry, harm minimization, social responsibility.

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### GAMBLING BENEFICIARIES HAVING THEIR CAKE AND EATING IT: THE ATTRACTIONS OF AVOIDING RESPONSIBLE GAMBLING REGULATION

It is tempting to think of gambling and other dangerous consumption industries as capable of managing the predatory and exploitative excesses from within their own ranks. If they could achieve this there would be little need to subject them to the strictures of top-down policies and restrictive legislation. They would work in partnership with government agencies, communities and scientists in implementing a range of public health responses that would ensure minimal harm to consumers and their families. Unfortunately, the history of involvement with such industries tells a different story.

With reference to their experience with the tobacco industry, Moodie & Hastings [1] identify how marketing strategies have, on the whole, served more to help proliferate tobacco consumption than to control it. Indeed, looking back over the last 50 years we can see how tobacco industry partnerships with government and with scientists have played a critical role in delaying and stalling the types of effective interventions that are now contributing to reduced smoking prevalence [2,3]. While drawing on his experience with the alcohol industry, Diyanath Samarasinghe [4] points out how a 'globally crafted public mindset' establishes an opposition that pits individual freedom against public health interventions in ways that encourage widespread distaste for alcohol regulations. Alcohol industry interests have done little to dispel this false dichotomy and continue to link notions of freedom with opportunities to drink. In both these commentaries the authors urge us to embrace these lessons as we explore ways to develop a public health response to the recent proliferation of commercial gambling.

Despite the lessons from tobacco and alcohol, and despite an even more heightened capacity of commercial gambling to turn a sizeable profit on minimal investment,

Mark Griffiths [5] expresses confidence that, when it comes to gambling, things could be different. He argues that partnerships with gambling industries could contribute to a proactive approach to harm that reduces the need for regulation. He describes an environment in which 'socially responsible' gambling operators work alongside government and scientists to develop and implement a range of host responsibility measures such as gambling codes of practice, player tracking and product modifications.

We do not share Griffith's optimism. We would contend that such measures can only gain traction in contexts where the standards and quality of the measures are mandated and audited [6,7]. Without such regulation, initiatives are liable to be applied weakly and inconsistently in ways that cloak the gambling operator with the outward impression of responsibility while under this cloak, profitable consumption is pursued in a 'business as usual' fashion [8].

The idea that the gambling industry has the capacity to regulate itself has proved remarkably resilient despite poor evidence of past success with both gambling and other dangerous consumptions [9–11]. The idea's resilience cannot be explained wholly by the way it is championed by industry interests. At least part of its appeal can be explained by understanding the dilemmas that government agencies face in high-intensity gambling environments. As Jim Orford [12] points out, in contexts where governments have expanding interests in the revenue potential from gambling, their ministries and departments are often faced with the dual task of processing the financial benefits from gambling along with containing the harm. Under such circumstances, strongly enforced regulations would risk decreases in consumption and associated decreases in revenue, but the absence of any attempt to reduce harm would risk public opprobrium for failing in a duty to protect the weak and vulnerable. Because neither alternative is acceptable, the language of self-regulation and social responsibility presents itself as an increasingly attractive and convenient compromise. If gambling operators could partner with government agencies in a series of self-regulated harm reduction measures, then both parties would benefit from projecting the impression of responsible management while at the same time avoiding any serious impacts on consumption.

The way in which government agencies are drawn to the idea of industry self-regulation as a way of resolving their own conflicts and dilemmas is reflected further in Griffith's funding declaration, where he acknowledges that he 'undertakes consultancy for various gaming companies'. While the nature and extent of these associations are not specified the main point is that, parallel to the predicament of government agencies, his interest in pro-

moting the opportunities derived from industry self-regulation is consistent with his willingness to benefit from gambling profits. As has occurred with tobacco and alcohol, the scientist stands alongside government agencies in having their cake and eating it, and thereby both find themselves participating in watering down the prospects for building a genuinely public health approach to gambling.

#### Declarations of interest

None.

**Keywords** Alcohol, harm reduction, health promotion, gambling, public health, tobacco.

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