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## Commentaries

### THE WHEEL OF FORTUNE: CYCLES AND REACTIONS IN GAMBLING POLICIES

Jim Orford (2005) rightly points out the close parallels between the story of British gambling policy and the story of British alcohol policy in the New Labour era. Also parallel is the fact that the government's proposed policy changes have run into a stormy reaction from an unusually broad political spectrum. While the main response to the opposition so far in the alcohol case has been diversionary tactics which characterize the issues in terms of individual 'bad apples' (whether sellers or customers) to be singled out for punishment, in the gambling case the government has pulled back from some of the most extreme aspects of its proposals for expanded gambling, as its bill became 'enormously unpopular' (Mathiason 2005).

#### Complicity: variations on a theme

The British story of complicity between the government and gambling industry interests is a variation on a theme which will be familiar in a number of other countries. In some places, the problem is that the government has become dependent on gambling revenues. For one-fifth of US states, gambling revenues now account for close to or more than 10% of all their revenues. 'We're drunk on gambling revenue', says the House majority leader in the Delaware legislature. While the emphasis is often put on the danger of addiction for individual gamblers, a state Senator from South Dakota noted that 'the biggest addict turns out to be the state government that becomes dependent on it' (Butterfield 2005). This does not mean that gambling and state interests always see to eye to eye, but it does give the gambling interests extraordinary bargaining power.

Another variation is where the gambling interests are themselves governmental or semi-governmental. In Canada, casinos and lotteries are normally owned, and often run by, provincial agencies; in Ontario, for instance, the main agency is now the Ontario Lottery and Gaming Corporation, a merger of two previous government corporations. Unlike most government alcohol monopolies, gambling monopolies often take a singleminded view that their job is to maximize state revenue, without substan-

tial regard to any resulting problems. Thus my experience a few years ago was that the Ontario government gambling corporations were a consistent voice in the councils of government for the idea that any gambling problems resulted from an individual character defect, and had nothing to do with the availability of opportunities to gamble. Unlike the situation Orford describes in the UK, there is an agency in Ontario—the Ministry of Health—clearly in charge of dealing with gambling problems treatment and research. But listserv discussions in 2004 revealed that those funded by it felt pressure to remain 'gambling neutral'—e.g. to avoid a critical stance on the expansion of gambling. This constraint reflects the influence of the government gambling corporations. Thus in 1996, provincial gambling corporations made clear their extreme displeasure when Ministry of Health officials provided some bridge funding for a study of the effects among Niagara Falls community members of opening a casino (Room *et al.* 1999). The corporations were allergic to the idea that the availability of gambling might have something to do with the rate of gambling problems (as indeed it proved to have).

The complicity often extends to relations between the gambling industry and gambling research. The main specific avenue of support in the USA for gambling research is the National Center for Responsible Gaming (NCRG), set up and supported by various components of the gambling industry (<http://www.ncrg.org/funding/index.cfm>). NCRG supports research at and through the Institute for Research on Pathological Gambling and Related Disorders (IRPGRD), part of the Division on Addictions at Harvard Medical School. IRPGRD's 'philosophy' is firmly focused on 'pathological gambling' (<http://www.hms.harvard.edu/dao/institute/research.htm>). To anyone familiar with the history of the alcohol field, the arrangements for gambling research in the USA today are reminiscent of those for the alcohol field in the 1940s and 1950s, when the alcohol industry and academic entrepreneurs seeking funding from it were able to reach an implicit agreement to limit the research focus to the causes of 'alcoholism', a mysterious disease confined to a small fraction of the population (Rubin 1979; Roizen 1991). For gambling, the equivalent fraction has been kept particularly small by increases in the threshold number of criteria required for the 'pathological gambling' diagnosis in the *Diagnosics and Statistical Manual*

of the American Psychiatric Association – from 3 in DSM-III to 4 in DSM-III-R and to 5 in DSM-IV.

### Cycles and reactions

As Orford notes, not all countries are moving in the direction New Labour is taking Britain on gambling. Besides the examples he mentions, there are other instances of policymakers deciding that the availability and ease of gambling has been pushed too far. For instance, in the next couple of years, alterations will be made in the gambling machines ('Jack Vegas' machines) operated by the Swedish gambling monopoly to eliminate credit cards, slow down play and keep the player more in contact with time and place. In Norway, the number of gambling machines scattered through shopping centres is being halved and repositioned where age limits can be checked.

On the other hand, the European Union's single-market fundamentalism is beginning to catch up with the area of gambling. The trend in European Court cases is towards restricting the conditions for operating government gambling monopolies such as, for instance, the UK National Lottery. British gambling companies have played an active role in efforts to open the Nordic gambling markets to competition. The rise of internet-based gambling is also undermining limits on gambling availability at the national level. As the gambling industry becomes increasingly globalized, any control efforts must also move to the international level if they are to be effective.

Orford quotes Rose's paper (1991) on historical waves of repression and easy availability of gambling, usually as part of general waves of tightening and loosening of moral concerns (in the US, restrictive waves for gambling roughly correspond to temperance waves for alcohol – the 1820s and the early 1900s). More than for alcohol, Britain was swept up in the movement for prohibition of gambling, outlawing most forms of working-class betting for the first half of the 20th century (Dixon 1991). Orford notes that Rose's prediction that gambling will be outlawed again by 2029 seems unlikely now. But if governments continue along the path of complicity which regimes like New Labour have taken, we may well be doomed to repeat history's cycles, with an era of boom and bubble succeeded by an era of reaction and disgust.

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### FROM DISABLING TO ENABLING THE PUBLIC INTEREST: NATURAL TRANSITIONS FROM GAMBLING EXPOSURE TO ADAPTATION AND SELF-REGULATION

Orford's article [1] is an important and interesting review of gambling and the public interest. It raises many questions worthy of discussion and debate. It also reveals the complexity associated with managing gambling and gambling related problems. Orford successfully identifies the primary issues that are central to a thoughtful discussion about gambling, public policy and the relationship of these matters to the health of the public. Since David Korn and I first suggested that gambling could be treated as a public health matter, and provided a framework for doing this, the association between gambling and public health has flourished around the world [2,3]. Nevertheless, the evidence about gambling-related harms is nascent and can be interpreted from multiple perspectives. Consequently, observers can have difficulty distinguishing scientific evidence from conventional wisdom.

The following discussion examines the conventional wisdom that Orford tacitly presents in his article: that is, objects of addiction (e.g. gambling, alcohol, etc.) can overpower the human will and, as a result, compromise people's capacity to live harmoniously with activities or objects that hold addiction potential. Orford's article also implies that 1) the risks of engaging with unregulated gambling are unacceptable, and 2) there is little or no

benefit to use potential objects of addiction such as gambling.

### **Minimizing risks, maximizing benefits: finding the regulatory balance**

Despite the potential dangers associated with activities that rest upon variable ratio reinforcement schedules, and similar to drinking beverage alcohol and engaging in sexual intercourse, gambling likely has some worthwhile benefits [e.g. 2–5]. For example, drinking small amounts of alcohol on a regular basis is now recognized as having health benefits; similarly, having sex is healthy for the cardiovascular system as well as the spirit. In excess, however, these behaviors can have serious adverse health consequences. Hormesis exists when exposure to high doses of an object results in toxicity and exposure to low doses of the same object has important health benefits [e.g. 6,7]. Gambling, like drinking alcohol, displays a 'dose–response' association that reflects hormesis as an underlying process. This fascinating dose–response relationship often encourages government intervention to protect the public from toxic health effects—that is, too much (high dose) of a good thing (low dose).

When, where and how much the government gets involved to minimize the risks and maximize the benefits of gambling has been the focus of regulatory debate since the rule of law was first established. In civilized cultures, stronger groups care for the weak and vulnerable—how much protection and care is required remains a topic of considerable debate for both public policy makers and public health workers alike.

### **Government, public health, and personal responsibility**

As a means of advancing the greater good, it is the responsibility of the government to protect and serve the public. In free societies, people have the liberty to engage in activities that are not in their best interest despite warnings and protestations from those who either 'know better' or think they know better. Education and information serve to encourage people to make better choices for themselves. Historically, governments have struggled with public policy issues about various forms of consumption: how much should people drink, drug or gamble, for instance. When people are intemperate, whether it is gambling, drinking or engaging in sexual intercourse, observers have often viewed these excessive patterns as a reflection of poor personal choices or values. With advances in neurobiological and neurogenetic research, this view has gradually evolved into a more complex understanding that is informed by the interaction between personal vulnerabilities and a risk matrix of social setting exposure [e.g. 8]. In the area of gambling

studies, this transition to a more complex and interactive model reflects the move away from an individual psychology of addiction to a population-based psychology that includes consideration of the public health, behavioral economics, socio-cultural influences and other new expressions of what had been a small group oriented social psychology.

My colleagues and I have been developing public health research tools to permit a systematic examination of exposure to gambling and its effects on various jurisdictions and population segments [9]. If, as the implicit conventional wisdom suggests, exposure to gambling is inherently toxic, then more exposure, like radiation for example, should lead inevitably to increasing levels of morbidity and perhaps even mortality. In recently legalized gambling settings, such as Iowa and Missouri, new gambling exposure has led to increases in the numbers of helpline calls and increases in the requests for exclusion from casinos [10,11]. However, in more mature gambling settings (e.g. Nevada), exposure seems to have less adverse effect [9]. This evidence reveals a level of phenomenological complexity that scientists and policy makers rarely consider. Without a multidimensional and interactive consideration, clinicians, scientists and public policy makers alike will find it difficult to determine what events gambling can 'cause' (e.g., suicide, bankruptcy, or improved health) as either 1) a necessary and sufficient cause, or 2) a partial cause. In turn, this confusion will make it difficult to distinguish gambling 'facts' from gambling 'fictions'.

Deregulation of gambling certainly will lead to increased levels of exposure – though the UK is already among the most exposed gambling societies on earth. In the USA, there are venues with extraordinarily high and longstanding levels of gambling exposure (e.g. Nevada). If the exposure hypothesis is accurate, then it is reasonable to suppose that Nevada has proportionately more gambling related problems than other less exposed venues. However, the extant evidence does not support this expectation. Despite being about eight times more exposed to gambling than the next most exposed state (i.e. New Jersey), which is considerably more exposed than all of the other states, Nevada does not show proportionately more gambling related problems than the other states [9]. On some indicators, Nevada has fewer gambling-related problems than less exposed states [12]; Nevada has the lowest rates of youth gambling in the USA reported to date [12]. Further, Nevada's youth do not gamble in casinos more than their counterparts from states with far less access to casinos [12].

Observations about gambling-related problems in Nevada provide support for the adaptation hypothesis of addiction. That is, after the novelty of initial exposure, people gradually adapt to the risks and hazards associ-

ated with potential objects of addiction. Similarly, adaptations have occurred with alcohol in general and gin in particular, for example [13]. Consequently, the public policy questions of importance are, how long does it take to adapt and can we afford to wait that long after a group is newly exposed?

In the UK, few people are newly exposed to gambling. Gambling-related regulation has been integrated into the UK culture and its public policies for more than seven centuries [14]. Current plans to deregulate UK gambling mean that people will be exposed to more and different strains of gambling than the ones that they already have adapted to. Whether the people of the UK have sufficient immunity from their centuries of gambling experience and adaptations to manage new forms of gambling without additional adversity remains to be determined; but it is likely that some immunity exists. The presence of this immunity suggests that time will reveal whether the dire claims of dramatically increasing gambling related morbidity are hyperbolic. An old proverb reminds us that 'Truth is the daughter of time' [15].

#### **Deregulation, temptation and the freedom to self-regulate**

Deregulation permits increased access to objects of temptation. Like exposure, in the short term, temptation tends to stimulate more social adversities. However, temptation has worth. The value of tempting activities (e.g. gambling, investing, engaging in sex) is that enticements provide the opportunity to learn self-control and build character. Self-regulation emerges from the gentle interplay with temptation; absent such access, it is more difficult if not impossible for people to learn how to regulate themselves. When people lack self-regulation, governments have little choice but to exert greater control. At one extreme, government regulation can establish an Orwellian state without personal liberty [16]; anarchy resides at the other extreme. For societies of every stripe, the question of considerable difficulty is how much government regulation is optimal to arouse the self-regulation necessary to sustain a civilized society.

#### **The gambling industry**

Orford makes the common mistake of stereotyping the various purveyors of gambling as a monolithic 'industry'—as if all suppliers spoke with one voice. Interestingly, an epidemiology of the gambling industry reveals that this 'industry', like the general population, is comprised of many different segments. These subunits represent groups with distinct attributes. Some industry segments are interested in the public health and welfare; others are

not. Gambling regulations are similar: an epidemiological review of US gambling regulations reveals that these are heterogeneous with respect to objectives across the states [17]. Viewing these various gambling or regulatory segments as homogenous leads to the very same errors that people make when they consider the distribution and determinants of an illness as uniform across the general population.

#### **Conclusion**

Orford was part of a team that, in my opinion, conducted the finest national study of gambling and its social impacts to date [18]. Along with other national studies, this contribution reveals that the rate of the most serious form of gambling disorder has been surprisingly stable across national boundaries, research methods and shifting exposure levels [19].

Despite the capacity of humans to adapt to the presence of tempting objects and the adverse consequences associated with exposure to these objects, we need to be concerned with gambling related problems because these difficulties can compromise the public health and welfare. We must also carefully manage the delicate balance between liberty and regulation. Liberty, temptation, opportunity and regulation commingle to influence health in complex and unexpected ways. When infirmities emerge, these complex interactions defy simple regulatory solutions. In the absence of legal gambling, there are gambling problems. In the presence of unlimited legalized gambling, problems are less than expected. Norman Zinberg (personal communication) noted long ago that bad laws prevent few and punish many; good laws prevent many and punish few. The challenge facing public policy makers is to employ gambling regulations that strike the right balance between prevention and punishment.

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## TO FORMULATE GAMBLING POLICIES ON THE PREMISE THAT PROBLEM GAMBLING IS AN ADDICTION MAY BE PREMATURE

In his article, Orford (2005) is critical of the new United Kingdom Gambling Bill, arguing that the government, heavily influenced by industry pressure, has adopted legislative policies that will lead to the liberalization and expansion of gambling. He expresses concerns that this trend will have a negative impact on the incidence of problem gambling within the community, particularly in affecting the gambling behaviour of children and adolescents. However, availability is one factor interacting among a myriad of others to explain the development and maintenance of problem gambling. Despite Orford's dismissal of the findings of the DCMS' commissioned review of young people and gambling as erroneous, disputes over the accuracy of index measures and reported rates of adolescent problem gambling continue unabated in the literature (Derevensky, Gupta & Winters 2003; Jacques & Ladouceur 2003). There is accumulating empirical evidence that the high rates of problem gambling are inflated. More research needs to be conducted in order to confirm that problem gambling is more prevalent among young adults. In addition, it raises the need to further clarify the fundamental construct of problem gambling and the validity of its conceptualisation as either an addictive or impulse control disorder.

Orford's relevant discourse, I believe, raises two substantive and related questions that are of philosophical and theoretical significance: 1) what are the relative responsibilities of individuals versus industry in preventing problem gambling and 2) is gambling a product that contains properties which in and off themselves, inherently cause addiction?

Orford is of the view that gambling is no ordinary commodity but one that is inherently 'dangerous' in its capacity to form addictions and create harm, and therefore, there is paternalistic imperative to protect the community from the insidious collusion of governments and industry in expanding gambling. He raises the public health versus personal responsibility debate, one that has parallels and precedence in other areas of health and lifestyle choice as noted by Leichter (2003).

Public health and consumer policies are increasingly based on the assumption that people have the capacity and freedom to make sensible choices resulting in legislation that requires relevant consumer information to be clearly displayed or provided to individuals. In support of this position, Blaszczynski, Ladouceur & Shaffer (2004) argue that in the absence of any comorbid psychiatric disorder such as manic depression or schizophrenia that causes affective disturbance and/or impairs cognitive processes, gambling represents an informed choice with the responsibility for making that choice remaining the individual's. However, to make a reasonable informed decision, the gambler requires the industry to provide full, timely and accurate information about the characteristics of the game, probabilities of winning, possible risks of harm arising from participating, and available options for assistance. Responsible gambling is the joint responsibility between informed choices made by individuals, and the provision of sufficient and necessary information by industry in the context of ethical business/commercial practices.

Orford's perspective is also founded in part on the assumption that there is some inherent property of gambling that causes addiction and that with technological innovations, this addictive property is magnified. Accordingly, the implication is that any expansion of gambling carries with it serious risk of personal and social harm. However, should gambling be considered a unique product or should it be seen as similar to other products and activities such as alcohol, shopping or internet use?

There are similarities but also essential differences between different appetitive activities. Should all such activities be construed as falling within the domain of an addiction? Alcohol and other substances involve the direct action of an external reinforcing agent on neurobiological and cognitive processes leading to neuroadaptive changes and psychological dependence. There is no similar action associated with gambling although there is some tentative data suggesting the involvement of dopaminergic neurotransmitters and genetic vulnerabilities although the cause effect relationship requires further clarification. Gambling has more in common with other impulse control disorders such as compulsive shopping or kleptomania rather than substance dependence disorders (Blaszczynski & Nower 2002). It must be remembered that the criteria for problem gambling was modelled on that of substance abuse with minimal recourse to supportive empirical evidence. Debate continues to linger as to whether gambling is an addictive, impulse control or obsessive-compulsive spectrum disorder. Therefore, discussion of inherent addictive qualities of gambling as a product is somewhat premature. As a product, gambling is not unique and should not be differentiated from any other human recreational activity. If

we start to stigmatize gambling, we are at risk of stigmatizing any appetitive activity that causes harm to a minority.

Gambling is construed as a neutral activity in which the majority (97%) of the adult population responsibly participate. The excitement produced by gambling is linked to anticipated wins and not the consequence of the direct act of gambling. Take away the prospect of winning, for example playing a simulated PC gambling game with no money, and the activity becomes boring. Erroneous and irrational beliefs and misunderstandings of probability theory and concepts of mutual independence of chance events maintain persistence in gambling in the face of adverse consequences. Therefore, a cognitive rather than addictive model describing the phenomenon of dependence observed in gambling appears a more parsimonious explanation of problem gambling.

Gambling does not cause addiction any more than open department store displays and marketing strategies can be said to cause kleptomania or compulsive shopping. A powerful car does not make the driver speed. As in a range of other areas of excessive appetitive behaviours, community education programs in conjunction with initiatives to change attitudes toward participation in gambling is a far more effective approach to reduce the incidence of problem gambling than restrictive legislative policies. After all, the moral imperative of the prohibition era did little to eliminate alcoholism or problem gambling. This is why we strongly believe that informed choice is the pivotal element in reducing harm that is potentially associated with gambling activities.

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## STEPS TOWARD RESPONSIBILITY

In his article, Orford raises many questions about gambling which ought to be of great concern for anybody dealing with addiction, addiction policy, and health issues (Orford 2005). Let me respond to, and elaborate on, some of his points.

Yes, the UK government is disabling the public interest by siding with the addiction industry, especially alcohol and gambling industry. I agree with Robin Room (Room 2004) and Jim Orford (2005) in their criticism of the British government. However, this criticism could be applied to most governments around the world where there is a high consumption of addictive products, like alcohol, tobacco, drugs, bad food and computer games. It is a little unfair to attack the UK, because the UK is doing more right now to develop a responsible gambling policy than most European nations. Getting and handling money without strict control is a threat to the morale of all nations: You think it is rightfully yours and you want to have more (Bernstein 2000). Any government caught will be dependent on alcohol taxes and gambling revenues.

The growth of gambling around the world has been promoted by two parties. The private gambling industry and state governments (Castellani 2000). The big problem with gambling is that most bad consequences and costs are long-term and hidden, while short-term gains appear to be great. Gambling could be a small profit or a bad business for society, but not something to promote for

the economic and welfare reasons (Productivity Commission 1999). In the Swedish national gambling prevalence study (Rönnerberg *et al.* 1999, Volberg *et al.* 2001) it was also found that a large part of the gambling revenues comes from heavy gamblers. It could be argued from the results of that study as well as from the Australian Productivity commission reports that at least a third of the gambling revenues come from people with gambling problems.

For many the remedy for this sad state of affairs is a state monopoly. However, state monopolies have a lot of bad side-effects, like being in conflict with the idea of free trade and stifling of criticism as well as making development of innovative solutions to upcoming problems less common.

The government's role ought to be the controller of the gambling, alcohol, and other addiction industries. But the government should not get into the double role of running and themselves owning any addiction industry. That role will undermine the government's role as promoting welfare for its citizen as a first duty. In the Nordic countries, for example in Sweden and Norway, there are good government controlling agencies to be found, but they have no power. The responsibility diffusion is characteristic of governments that run gambling themselves, thereby trying to avoid responsibility for the bad effects on the welfare of its citizens.

The government's first duty is to have an independent research foundation for policy guidance. This research has to include gambling problem prevalence studies, the effects of methods to prevent and treat gambling problems as well as free research on subjects that researchers might want to investigate. The prevention and treatment of gambling problems should be readily available. The cost for all this will be at least 1% of the net revenues of gambling.

The government's next duty is to have a plan for action and responsibility in the gambling field. Without any clear-cut plan for what to do to promote responsible gambling from individuals and the gambling industries, responsible gambling action will not exist.

To control the government and to help the government to implement its plans for action in the gambling field we need a much more aware public and research community than we now have in most countries where gambling is abundant. This is also why I regard contributions by Orford (2005), Room (2004), and others well worthy of our attention.

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Dr Sten Ronnberg has at times received remuneration from gambling interests

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## DISABLING THE PUBLIC INTEREST: GAMBLING STRATEGIES AND POLICIES FOR BRITAIN: A COMMENT ON ORFORD 2005

During my first visit to England 20 years ago much was familiar and as expected. But there were surprises. In Brighton I walked past large numbers of adults sitting at the seaside in overcoats amidst rain and wind. Taking shelter I was even more perplexed to be surrounded by children of varying ages engrossed in gaming machine play. Returning to London I noticed that the hotel where I had resided for the past week was adjacent to a casino. However had I ventured in, I discovered later, I would have been ejected. Back home in New Zealand we didn't have casinos, gaming machines were not legal and we went to the seaside when it was warm and sunny.

Since then things have changed a lot on the gambling front—in Britain, New Zealand and many other parts of the world. Shortly, perhaps particularly in Britain, they will change a great deal more.

Relative to other jurisdictions, throughout much of the twentieth century Britain has been liberal. However, liberalism (as indicated by Dixon (1991) and quoted by Orford 2005) was balanced by 'unstimulated demand'. While many 'hard' forms of gambling were allowed, they were not actively promoted.

During the past 15 years gambling has been a major growth industry globally. This has been particularly so

with electronic gaming machines and casinos, following an earlier phase of lottery expansion. Britain and most other parts of Europe have been somewhat left behind and are viewed as under-exploited markets. It has been argued that the evolution of commercial gambling is driven by a variety of deep-seated, interrelated factors, played out on the world stage (Abbott & Volberg 1999). While consumer choice is frequently cited as a reason for further liberalisation, Eadington (2004) maintains that gambling is usually not legalised for the benefit of consumers 'but for the economic rents that can be captured by specific interests, especially governments'.

Rapid gambling expansion has been accompanied by rising concern about problem gambling, as well as by research on this topic and specialist service provision for problem gamblers. In some jurisdictions this in turn has led to significant tightening of regulations, reductions in the number of gaming machines and the mandating of comprehensive prevention and treatment services. Recent examples include New Zealand, Nova Scotia and some Australian states.

I have followed the British gambling review with interest. At the outset of the Gambling Review Body's deliberations the Chairman, Sir Alan Budd, circulated a note to members headed 'The Chairman's dream.' It read:

I hope we shall be able to establish principles . . . acceptable to all sensible people and shall make proposals consistent with those principles. The (unanimous) Report will then be published (to schedule) to widespread acclaim and all its recommendations will be accepted. (Gambling Review Body 2001, Chairman's Introduction)

Wither Sir Alan's modest dream?

The report was unanimous and published to schedule. It established principles and made proposals. Whether they are 'acceptable to all sensible people' depends on the definition of 'sensible'. Professor Orford, for one, does not agree with them, particularly the view that benefits outweigh the costs of significantly increasing gambling availability. He is not alone. Public and political debate around the report and ensuing legislation has been volatile. While public opinion was divided, the government did accept most of the recommendations. With a notable exception concerning the introduction of new casinos, they have now passed into law

A major thrust of Orford's article, echoing Room (2004) on alcohol, is that the government is unduly influenced by industry and is disingenuous in introducing legislation that will increase gambling problems while claiming to provide protection for children and vulnerable people. Among other things he also asserts that the Abbott *et al.* 'government commissioned' (2004a, 2004b) report recommends future research projects that

are predominantly predicated on the assumption that problem gamblers are to blame for their problems. There is at least a hint that the list is industry tainted. I do not believe these views are grounded in fact. Almost all of the 37 recommended projects have now been approved. Given the diminutive British academic gambling community mentioned by Orford, it would be unfortunate if this deterred its members from participating.

Apart from the foregoing objection, I broadly agree with much of what Orford has to say. One could quibble over detail or point to scanty supportive documentation in places and black and white portrayals when reality is in many shades of grey. However, the article serves its purpose as a catalyst for debate.

Further comment is confined to the question of whether or not increased gambling liberalisation in the UK will result in an increase in the prevalence of problem gambling and some of Orford's comments about the Abbott *et al.* (2004a, 2004b) report.

While the UK adult prevalence estimate of 0.7% is marginally higher than Sweden's (Volberg *et al.* 2001) and not insignificant, it is substantially lower than rates from many North American and Australian jurisdictions. Based on current international research it is likely that the UK prevalence of problem gambling will increase in the short to medium term, possibly 3- to 4-fold. This would have substantial flow-on costs to families, communities and wider society. It is also probable that current gender, age, socio-economic and ethnic differences will diminish as gambling and problem gambling spread throughout the population (Abbott *et al.* 2004b, 2004c).

Most things that go up usually come down. This is also true in epidemiology. Abbott *et al.* (2004b) cite research strongly suggesting that problem gambling prevalence will eventually level out and decline, even if accessibility continues to increase. Greater public awareness, expanding services for problem gamblers and regulatory, industry and public health measures are among the likely contributors. What is not known is how quickly these and other factors can have a significant impact and whether or not they could prevent problem escalation if introduced in the UK concurrently with increased access to 'hard' gambling.

Gambling and gambling research are politically charged. Research findings sometimes challenge strong vested interests. Researchers are often accused of being either pro- or anti-gambling and biased, irrespective of the reality of the situation. Some of us have been subject to vitriolic attack from both the gambling industry and problem gambling service providers. While acknowledging human proclivity for self-deception, I believe I do my best to say it as I see it and to hell with the consequences.

The following is from Abbott *et al.* (2004b; p. 53)

'Historically, gambling industry reactions to problem gambling prevalence research appear to have been typically dismissive. Efforts have been made to publicly discredit studies and argue that methodological deficiencies artificially inflate prevalence estimates. The usual stance is that pathological gambling is a rare mental disorder that is predominantly physically and/or psychologically determined. Whilst acknowledging that gambling plays some part, it is maintained that if those people did not become pathological gamblers they would manifest some other, possibly more disabling, mental disorder. Emphasis has been placed on research that investigates risk factors in the host rather than in the agent or environment.'

There is more in the full 299 page report (Abbott *et al.* 2004b) along these lines and major sections review literature on the role of gambling in the development of gambling problems and other adverse outcomes. It does not focus on or blame individuals. The report and its recommendations are organised within an explicit public health framework. While placing strong emphasis on the agent, gambling, it also examines the role of the wider environment in which gambling occurs and the 'host'. As with other public health issues, comprehensive understanding requires full consideration of agent, environment and host, and interactions between them. Rather than reinforcing individual pathology, we expected that examining problem gambling this way would help position it as a public health issue in the UK. The most expensive recommendation is for the implementation and evaluation of a public awareness campaign. There is provision for sociological studies and researcher-initiated applications. The importance of independent peer-review is also stressed. Perhaps someone will incorporate a trip to Brighton or its present-day equivalent? Hopefully on a fine day.

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#### Declaration

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### **COMPLICITY ON THE RIVER BANK: THE SEARCH FOR THE TRUTH ABOUT PROBLEM GAMBLING: REPLY TO THE COMMENTARIES**

It is a privilege to have been asked to reply to the commentaries from five people on my contribution, each of whose work on gambling and problem gambling I have been stimulated by in the past (Abbott 2005; Blaszczynski 2005; Rönnerberg 2005; Room 2005; Shaffer 2005). The positions they take in their commentaries are diverse, but one thing is clear – publicly and politically gambling is newsworthy and controversial, and professionally gambling is calling the attention of students of addiction. It raises in a new form some of the long asked questions in the field. What is addiction? When there is associated harm, does the mischief lie in the product or in the people? (to paraphrase the early eighteenth century Dr John Jones, cited by Kurland 1978). Is the relationship between exposure and harm a straightforward one? Between the liberty of the individual citizen and the responsibility of governments to protect the citizen from harm and exploitation, where does the right balance lie? Can there ever be an effective alliance between those who purvey the product for profit and those whose business is the promotion of health? Is money for research always tainted if it comes from the industry?

First I must take issue with Blaszczynski who challenges the very idea of gambling addiction on the grounds that gambling, unlike substances, involves no direct action of an external agent on neurobiological and cognitive processes, and that a gambling problem may be better thought of as an impulse control disorder. The evidence that individuals can become so strongly attached to gambling that they find it difficult to stop despite the multiple harms that it is causing is substantial, widespread and longstanding (e.g. France 1902; Orford *et al.* 2003). The evidence that excessive gambling can spoil people's lives is really incontrovertible. Whether one wishes to call that state of affairs an 'addiction' or an 'impulse control disorder' seems to me of little consequence. That question, although it exercises those who compiled the American Psychiatric Association's Diagnostic and Statistical Manual, with its 400 or so diagnoses, is a red herring in my view and simply serves to confuse debate. As Shaffer states, a complex and interactive model of causation has evolved in the field of excessive appetitive problems, and gambling is no exception. Alongside the cognitive processes to which Blaszczynski refers, advances are being made in understanding causative factors of social, personal, learning and biological kinds. In the latter area, research in the last few years is suggesting a role for brain systems including mesolimbic reward motivational systems and frontal cortical inhibitory or self-control systems (Lubman, Yücel & Pantelis 2004), in a way that suggests the distinction between excessive appetites involving the ingestion of substances and those that involve behaviours with strong nervous system effects is unhelpful. Indeed as one cognitive neuroscientist, active in the gambling area, has put it, one of the attractions of studying a behavioural addiction is that it, '... can serve as an informative model for substance dependence since it represents a similar addictive disorder, but it does not carry the confounding issue of exogenous drug effects on brain substrates' (Bechara 2003; p.44).

It surprises me that Blaszczynski believes that a separation can be made between people with psychiatric disorders such as manic depression or schizophrenia, who are vulnerable to uncontrolled gambling, and all the rest of us who can be expected to make an informed choice about gambling. Quite apart from the comfort that would give to the gambling industry, it seems to be contrary to most ideas about the complex nature of maintaining or losing control over behaviour and the dimensional nature of loss of control and dependence. Both Abbott and Room strongly make the point that when an organisation, whether industry or government, is dependent on gambling revenue, then it is comforting for them to believe that gambling-related problems are due to another mental disorder or to an individual character defect.

The temptation to attribute an addiction such as gambling to causes internal to the person, and to neglect external or situational determinants was pointed out nearly thirty years ago by Cornish (1978), who compiled what was probably the first comprehensive British account of problem gambling for the Home Office Research Unit. The leading situational theory is exposure or availability theory. I am surprised that Shaffer considers it only to be a hypothesis that may or may not be accurate. The evidence for the importance of availability has been considered by official review bodies in Australia (Australian Productivity Commission 1999), the USA (National Research Council 1999) and the UK (Gambling Review Body 2001). Each concluded that increased availability of opportunities to gamble was associated with more gambling and more problem gambling. Amongst the evidence is a particularly thorough study carried out before and after the opening of a new casino in Niagara Falls, Canada, by Room and colleagues (Room *et al.* 1999; Turner *et al.* 1999) and a study of household expenditure on gambling before and after the inauguration of Britain's National Lottery (Grun & McKeigue 2000). I accept that the relationship between availability and problems is unlikely to be completely straightforward, although I wonder if Nevada might have special features that might make it an anomalous case. Shaffer favours instead a theory that I have not come across before which he refers to as the adaptation hypothesis, suggesting that people gradually adapt to the temptations and hazards associated with the potential objects of addiction. There is a moral element to it since facing such risks successfully builds character and self-control. The character building discourse around gambling is rarely heard these days but has been very evident historically (Reith 1999) and in sociological accounts of the 1960s and 70s (e.g. Goffman 1967). Abbott says something similar, although in different terms, when he suggests that the prevalence of problem gambling may level out and decline, even in the face of increasing accessibility, with the help of public awareness, expanded services for problem gamblers, and regulatory, industry and public health measures.

But of course that is exactly what we do not have currently and are very unlikely to have on sufficient scale for the foreseeable future. To question the relevance of availability at a time when the UK, in line with global trends, is liberalising accessibility to gambling on a massive scale, whilst efforts at prevention and treatment for gambling problems remain miniscule, and to suggest that we can show strength of character by resisting the temptations, falls right into the trap laid by gambling industry lobbying. It is also at variance with the public health view that has come to be widely accepted when it comes to the consumption of products where there is a supplier (operating legally or illicitly) and where consumption can lead to

harmful excess. I refer to the view that, complex and multifactorial though causation is, the more the product is supplied in an accessible form, the greater the volume of consumption and the greater the incidence and prevalence of harm. I doubt there would be many who would argue with that basic public health law when it comes to, for example, the supply of alcohol, tobacco and other drugs of various kinds. It would be very surprising indeed if that general rule were not also true for gambling, and the onus should be upon those who think gambling might be an exception to the general law to prove their case. All commentators on Britain's new gambling legislation, with the exception of industry representatives, think that the rate of gambling problems will rise as a result. The Government's Gambling Review Body acknowledged that it was a probability, and even the British Government subsequently has grudgingly admitted the possibility and, as a result, has set in motion a series of regular prevalence surveys and other studies to collect evidence on the results of the legislation. In anticipation of the new law coming into force (now expected some time in 2007), the Department of Health for the first time has begun discussions about how treatment services can be provided nationally for problem gamblers. I note that Abbott thinks it likely that the UK prevalence of problem gambling will increase in the short to medium term, perhaps a staggering three to four-fold, and that as a result there will be increased costs to families, communities and the wider society. It is surely our responsibility to challenge, on ethical grounds, government policy that is so widely believed to be putting individual and family health at risk.

Shaffer thinks I am mistaken in portraying the gambling industry in stereotypic terms. He suggests that some segments of the industry are interested in public health. I accept there are differences in the stated positions of different parts of the industry. The same is true for the alcohol industry, and no doubt for the tobacco industry as well. We have been having a debate in the UK (Edwards 2004) about whether we should trust alcohol industry statements of concern for public health or whether we should acknowledge that the alcohol industry is a stakeholder group with basic interests that are in conflict with public health. My view tends to be in line with Room's when he writes of the complicity between the government and the gambling industry and the bargaining power that affords the industry, and with that of Rönnerberg who writes of the dependence of governments on gambling taxes, and the dependence of the gambling industry on revenues from the minority of the population who will gamble most. Rönnerberg cites a figure of around 3% of Swedish gamblers accounting for as much as a third of gambling revenue. That is in line with the Australian estimate I quoted that about one third of all gam-

bling expenditure came from problem gamblers. The latter come disproportionately from those on lower incomes (Orford *et al.* 2003).

Rönnerberg makes a good point when he says it is unfair of me to attack the UK Government which is simply following global trends. But in Britain we still cling to the notion that our Government has some freedom of action over public policy, and the New Labour Government has developed a reputation for being very ready to respond to industry requests to remove controls on its operations.

Shaffer writes of the likelihood that gambling has worthwhile benefits. Rather strangely he draws a parallel with drinking small amounts of alcohol and having sex, both of which he suggests may be good for the heart! I must say I struggle to see the equation with sex, but there is a lot of evidence that certain forms of gambling are associated with heart rate increases, so moderate gambling might be good for the health of the heart in that sense. But then I am sure there are many other ways of increasing heart rate, not all of them to be encouraged. I am not so naïve as to think that gambling could be eradicated from society, but I am not convinced that we would be worse off if it were. The Australian Productivity Commission (1999), in its most comprehensive review of gambling and society, made a valiant attempt to cost the benefits to society of gambling, but their argument was tortuous and unconvincing in my view, resting on the debatable concept of consumer surplus and depending on a crucial parameter, the elasticity of demand, that could only be estimated very approximately.

Shaffer acknowledges that a government is responsible for protecting its citizens against known harms, and raises the often debated question of where to strike the balance between liberty and regulation, rather implying that he would strike the balance more towards liberty than I would in the case of gambling. One of the best discussions of this issue in relation to health behaviour that I have seen was a paper by Alonzo (1993). He started by citing the well-known prevention dilemma analogy of a river where people are repeatedly being rescued from drowning, until someone has the bright idea of going upstream to see why people are repeatedly falling in (or are they being pushed?). At the end of a longish paper that considers issues of detection, prevention, protection and health promotion, Alonzo amusingly elaborates the river analogy. The 'doctor', thoroughly confused by the mixed messages that he gets downstream, about why people need rescuing (and indeed whether they want rescuing at all), finally asks, 'What is going on upstream?'

'He stoles up the rivers edge to see who is letting these people into swim. He finds Mr Profits and Ms Rights,

a.k.a. Ms Least Restrictive Alternatives. Mr Profits is a very pushy person, and Ms Rights can be quite ornery and contradictory at times, but always stands up for herself. The doctor wants to find out who these people are who want to drown, perhaps he can screen for the drowning prone person, so he can tell the gate keepers not to let them in. Ms Civil Liberties says, 'Can't do that'. But Mr Profits thinks that is a great idea, he would not have to pay as much for liability insurance on risky swimmers. The doctor, even more confused than before, wants to know who set up this crazy swimming beach. Mr Profits says 'It's what the people want'. Ms Rights says, 'Yes, people need to have this kind of place, but sometimes people, like you Doc, come here and try to close the place down because it is causing too much of a disturbance to the community. Rumor has it the community is right some of the time, we need to screen for drowners, and we can either keep out the non-swimmers with ordinances or give free swimming lessons'. The doctor, after hearing all this, jumps in the river not knowing whether he should feel he has a right to drown or has the obligation not to drown. As he finishes his swim, however, and is trying to get out of the river, he notices Mr Profits casually pushing in tired swimmers who are sitting by rivers edge and then offering to sell them a life saver!' (pp. 1031–32).

I leave the reader to decide what parts in that story I, the commentators on my article, the British Government, the gambling industry, and all the rest of us are playing.

Room raises the question, all-important for readers of *Addiction*, of the possible complicity between industry, government and other research sponsors, and researchers themselves. My experience, like Room's, is that the gambling industry is keen to focus the research agenda on the 'small minority' of people who are 'pathological' and to define the pathology in such a way as to make prevalence look as small as possible. Abbott thinks I have been unfair in criticising the recommendations of the report he and others prepared for the new Responsibility in Gambling Trust (RiGT, UK; Abbott *et al.* 2004) for focusing research recommendations on problem gamblers and their treatment. I may have been presumptuous in suggesting that what was recommended was a focus on the individual-personal causes of gambling addiction, and if so I apologise, but I continue to believe that insufficient place was given to focusing on the harm potential of gambling products themselves and, secondly, on public opinion about the place of gambling in British society. Currently the RiGT, funded by the gambling industry, has set up a partnership with the Government-funded Economic and Social Research Council (ESRC) to launch a

programme of research based on the Abbott *et al.* (2004) recommendations. The research community will be watching very carefully to see how decisions about research funding are made. Let us hope that Room's concern about complicity proves to be unfounded and that my worries are misplaced.

Finally, let me dare to touch on some bigger issues – of science, truth and policy! Abbott is quite right to say that my article was meant as a catalyst for debate. The model I used was (Room 2004) a forceful article on alcohol strategies and policies for England. The editors asked me to remove some of the stronger language that appeared in my first draft. Even so, Abbott found, '... scanty supportive documentation in places and black and white portrayals when reality is in many shades of grey'. This prompts me to ponder the nature of scientific truth, and to ask at what point we should conclude that 'the science' justifies taking a position on policy. Although I would not describe myself as a social constructionist, I do see in our field good examples of the way in which 'the evidence' is marshalled in particular ways to support particular versions of 'the truth' (Gergen 1999). One of the prime examples in recent British gambling debates is whether there is evidence that children and young people are specially vulnerable to the development of problem gambling, and specifically whether it is harmful to play low-stake/low prize gambling machines (traditionally included in the category 'amusements with prizes', now to be called type D machines, continuing to be legal for children to play in Britain, unlike anywhere else). My reading of the evidence is that it is overwhelmingly in support of the view that children and young people are particularly vulnerable to problem gambling, the evidence coming from numerous studies in a number of countries. Indeed I have concluded that the vulnerability of the young is one of the very best established facts in the gambling field (Orford *et al.* 2003; Orford 2004). I am surprised therefore that Blaszczynski in his commentary should question that conclusion, arguing that prevalence rates amongst young people have been inflated. In my article I referred to the Government-sponsored review of young people and gambling in Britain which I was not alone in believing had read the evidence in a biased way, also concluding that the evidence on harm to young people and gambling had been exaggerated (our critique of that report has since been published, Griffiths & Orford 2005). Governments take positions, using 'evidence' in various ways. I believe it is our responsibility, as those privileged to have access to certain forms of knowledge which others may not have, to point out how we think evidence is being used to support a position that puts the unsuspecting at risk, and to take a position that we consider to be in the public interest.

#### Author's note

Since I wrote my article, there has been a UK General Election. The Gambling Bill just got through in the 'wash-up' period before parliament was dissolved. Although most of the Government's proposals are unchanged, there have been some significant changes in response to concerns of both Houses and lobbying by charitable organisations and health professionals. Notably, there will only be one of the new regional casinos with type A machines in the first instance (as opposed to an unlimited number, later reduced to eight), and Christmas Day will remain gambling-free!

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