EXPLORING THE LIMITS OF 'RESPONSIBLE GAMBLING': HARM MINIMISATION OR CONSUMER PROTECTION?

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ABSTRACT

In the context of the rapidly developing international interest in responsible gambling the paper presents a brief description of the different definitions of problem gambling and their related methods of measurement: problem gambling defined as a mental disorder, as a harmful impact and as an addictive behaviour. For each of the conceptual approaches the question was posed, ***"How can problem gambling (gamblers) be identified from behaviour patterns on the gaming room floor?"*** It was concluded that although all approaches may enable an observer to refine probability statements about whether A or B is a problem gambler none permit the sure identification of such a person. Current psychological research does not support the responsible gambling objective of excluding the problem gambler from gambling venues but does have significant implications for consumer protection. The argument presented is that loss of control over expenditure of time and money during a session of play/betting is a common and 'natural' experience for regular players. This sense of loss of control is likely to be an integral part of the pleasurable experience of gambling. It was concluded that the manner in which continuous gambling products are provided to regular gamblers is in direct conflict with responsible gaming strategies, may fail to satisfy the principle of duty of care and may be an issue best resolved in terms of consumer protection.

Introduction

The headline, ***"Why weren't we warned? Gamblers on legal warpath"*** signaled the opening moves in the first ever class action between " a group of gambling addicts" and the state-owned gambling monopoly in Quebec (Sydney Morning Herald 11th.June 2001) and brought into sharper focus contemporary developments in the concept of responsible gambling. First adopted and developed during the 1990s by key stake-holders in the gambling industry (e.g. The Center for Responsible Gaming, established 1997; the Victorian Gaming Machine Industry Code of Practice for the Responsible Provision of Gaming, 1997) the beginning of the new millennium has seen a flurry of responsible gaming developments from state governments in Australia. Currently there is experimentation with electronic gaming machine (egm) design in New South Wales, (Australia), Holland and Nova Scotia with the goal of reducing the harmful impacts and protecting the problem player.

Consumer protection, community/consumer awareness and education, harm minimisation and treatment have all been included within the frame of reference of 'responsible gambling'. The practices involved include consumer complaints mechanisms, responsible marketing, gambling information pamphlets, restricting access to ATMs, design of gaming machine features, venue self-exclusion procedures and financial support for problem gambling services (Hing, Dickerson & Mackellar, 2001). In addition some technological advances in and of themselves have contributed to the potential range of harm minimisation strategies (e.g. smart card technology and consumer protection proposals for internet gambling (Moneypenny, 2000)).

Despite the range of developments, definitions of key elements are rarely given or integrated into strategies. Furthermore there is generally a failure to draw upon existing literature on harm minimisation as it relates to other leisure/pleasure products that impinge on public health (e.g. alcohol and cigarettes) and a failure to develop strategies based on established principles or causal themes in the research literature. There is however an emerging literature locating responsible gambling within a public health paradigm (Korn, Gibbins & Azmier, 2001).

If one catalyst for this recent interest in responsible gaming has been concern about possible litigation another has been the increasing expression of community concern about the harmful effects associated with gambling (Costello & Millar, 2000). In Australia this was given impetus by the first independent national inquiry into the gambling industries by the Productivity Commission (1999). In the body of this report, the juxtaposition of the estimate that 1/3 of all gambling expenditure derived from problem gamblers and a detailed chapter on recommended consumer protection measures highlighted the naïve manner in which legislation had facilitated rapid gambling industry growth in almost all states in Australia during the 1990s. A similar reaction to parallel findings for problem gambler expenditure and the exploration of video lottery terminal (vlt) player harm minimisation strategies was stimulated by a unique survey in Nova Scotia (Schellink & Schrans, 1998).

The community values which have informed recent debate about responsible gambling, its definition and objectives, have been under-pinned by the principles of 'duty of care' (Law Lords, 1932) and 'informed consent', the keystone of all human

ethics policies and procedures covering medical/psychological treatment and research.

In the context of relatively rapid change the purpose of this paper is to reconsider the typical objectives of existing responsible gambling strategies, for example:

- ***"…..is committed to promoting responsible behaviour amongst its guests.."***

- ***"….we do not want compulsive gamblers in our casinos"*** , (http://www.harrahs.com/about_us/responsible_gaming/)

in the light of contemporary research on problem gambling. The paper's key objective is to address the question, ***"How can problem gambling (gamblers) be identified from behaviour patterns on the gaming room floor?"***

Recent national impact studies in the United States and Australia have critically reviewed the definitions of problem gambling (NGISC, 1999; Productivity Commission, 1999). "Pathological Gambling" referring specifically to the DSM -IV (APA 1994) mental disorder was preferred in the former and "problem gambling" in the latter, where both the positive and negative effects of the different terms were evaluated. In the following discussion the problem gambling is preferred except where specifically indicated and refers generally to the situation where harm arises from gambling (Dickerson, McMillen, Hallebone, Volberg &.Woolley, 1997).

In addressing the key question above the following approaches were selected:

- a conceptual approach that focused on the individual gambler i.e. Pathological Gambling

- an approach that focused on the harmful impacts arising from gambling i.e. the Victorian Casino and Gaming Authority research program projects that defined and measured "problem gambling"

- a recent survey study that focused on video lottery terminal(vlt) players, used an operational definition of problem gambling and gave unique details of gaming behaviour i.e. Schellinck & Schrans,1998

- recent psychological research that has focused on subjective choice or control over gambling i.e. the core psychological construct in the addictive behaviours.

Each of these is considered in terms of its definition and methods of measurement of problem gambling and the extent to which the related research provides answers to the question of detecting problem gamblers within the gaming venue.

1. The mental disorder model

The mental disorder conceptualisation of the harmful impacts of gambling is essentially focused on the individual. As listed in Table 1 the criteria, any five of which must be satisfied for the diagnosis of "Pathological Gambling" to be made, all concern the experiences of the individual evaluated by means of a clinical interview.

Table 1. DSM -IV diagnostic criteria for Pathological Gambling (APA,1994)

A: Persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:

1. is preoccupied with gambling (e.g. preoccupied with reliving past gambling experiences, handicapping* or planning the next venture, or thinking of ways to get money with which to gamble),
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement,
3. has repeated unsuccessful efforts to control, cut back, or stop gambling
4. is restless or irritable when attempting to cut down or stop gambling,
5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g. feelings of helplessness, guilt, anxiety, depression),
6. after losing money gambling, often returns another day to get even ("chasing" one's losses),
7. lies to family members, therapists, or others to conceal the extent of involvement with gambling,
8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling,
9. has jeopardised or lost a significant relationship, job, or educational career opportunity because of gambling,
10. relies on others to provide money to relieve a desperate financial situation caused by gambling.

B: The gambling behaviour is not better accounted for by a manic episode.

In the most recent critical evaluation of the DSM-IV model (NRC 1999) it was concluded that the,

"DSM-IV criteria (i.e. pathological gambling) appear to have worked well for clinicians for the past five years."(page 27).

However as there have been no published studies that evaluate either the reliability or validity of the diagnostic criteria when used in clinical assessment it is difficult to know the basis for this opinion.

There are essentially two types of survey measures that have been developed to determine the prevalence of Pathological Gambling, the South Oaks Gambling Screen (SOGS)(Lesieur & Blume, 1987)(and variants thereof) and questionnaires based on the DSM-IV criteria themselves, the most recent of which was used in the US national inquiry into the impacts of gambling (NGISC, 1999). Although there is no doubt that the original SOGS survey developed by Henry Lesieur resulted in the first international comparisons of prevalence rates, the design of such screens for use in general population studies is complex and demanding and the methodological requirements of good science have yet to be met. The NRC (1999) in its review sections dealing with the psychometric requirements of prevalence studies was rightly concerned to set appropriately high standards,
"Validity also relates to sensitivity and specificity: if a net is thrown out, it must have mesh small enough to catch the cases of interest, but large enough to let escape those that do not have the attribute being sought."(page 47)

Unfortunately neither the SOGS nor the most recent DSM-IV derivatives, the NODS (National Opinion Research Centre DSM Screen for Gambling Problems: NORC University of Chicago, 1999) used in the latest US national survey, have been shown to satisfy these requirements.

The fact that the mental disorder model of Pathological Gambling has yet to be rigorously examined in terms of its reliability and validity and also its clinical nature make it an approach that is unlikely to assist in the detection of problem gamblers in gambling venues. The model focuses primarily on the internal experiences of the individual assessed in a clinical setting. An examination of the individual items in the DSM-IV and the SOGS questionnaires (see Tables 1 & 2) illustrates how few assess observable gambling behaviour :

- Within the DSM-IV only the item dealing with increasing stakes would be open to observation on the gaming room floor and it fails to specify whether this occurs during a session or over time from one session to the next. There is no clear empirical evidence on this aspect of gambling behaviour and certainly none to suggest that this behaviour alone is indicative of a problem gambler.
- The SOGS items have none that deal with the question posed in the introduction to this paper. There is the possibility that claiming to be winning when losing, and seeking to borrow money, for example from venue staff, would be indicative of possible harmful levels of gambling but there is no published data on observations of this kind made on the gaming room floor.
- The latest survey questions based on the DSM-IV e.g. *" Have there been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?"* (NORC,1999) do not focus specifically on observable behaviours in the venue.

Table 2: Examples of questionnaire items from measures assessing problem gambling.

Measure: ***NORC (1999) DSM-IV Screen for Gambling Problems***

"Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling?". If Yes, "Has this happened three or more times?"

"Have you ever gambled to escape from personal problems?"

Measure: ***SOGS (original 'lifetime version, Lesieur & Blume, 1987)***

"Did you ever gamble more than intended?"

"Have people criticised your gambling?"

Measure: ***Victorian Gambling Scale (Flinders Technologies, 2001)***

"Has your partner had difficulties trusting you?" If yes, "was this made worse by your gambling." (Harm to partner scale)

"Have you lied to yourself about gambling?" (Harm to self scale)

"Nowadays, when you gamble, is it fun?" (Enjoyment of gambling scale)

Measure: ***Scale of Gambling Choices (Baron, Dickerson & Blaszczynski, 1996)***

"I have been able to stop easily after a few games"

"I have found it difficult to limit how much I spend on poker machine play"

(current egm play wording: response categories, never, rarely, sometimes, often, always.)

The only item from measures within the mental disorder approach that would permit a problem gambler to be identified within a venue is the question from the SOGS "Do you feel you have a problem with gambling?", and venue staff are told the answer, "Yes" by the player. This is not as foolish as it might appear as some regular players do come to know staff and do seek help and advice from them. Thus it makes good sense that in the Responsible Gaming Resource Guide (AGA, 1998) new staff orientation material notes that,
"…if a guest approaches…with concerns about a gambling addiction.." the action taken is to "respect and respond". The latter involving the provision of the National Gambler's Help Line (AGA, 1998; Appendix VI-16 & 17).

The inability of the mental disorder model to provide an answer to the key question that is the focus of this paper is not unexpected. The whole conceptual thrust of mental disorder as defined within the DSM system implies a dysfunction within the individual (Wakefield, 1997) which is the cause of symptoms, e.g. the gambling related behaviours. Diagnosis of Pathological Gambling therefore depends on the skilled use of a psychiatric interview rather than observations of gambling behaviour.

2. Problem gambling as harmful impacts

The second approach to the definition and measurement of problem gambling to be considered formed the content of two research projects funded and managed by the Victorian Casino and Gaming Authority, the one to develop a definition and the second a measure for use in population surveys as part of routine monitoring of the social impacts of gambling within the jurisdiction (Dickerson et al 1997; Flinders Technologies, 2001 respectively). Problem gambling was defined as the situation when a person's gambling activity gives rise to harm that may impact on the individual player and/or his/her family, and may extend into the community.

In Australia, where most states and territories have not preferred the mental disorder model as the basis for their policy development, the above definition in some senses reflected current usage and deliberately avoided any theoretical causal assumptions. This was in a community setting where the acceptance of legalised gambling was generally high with up to 90% of the population participating in gambling in any twelve-month period. The definition maintained the focus of the ongoing community debate on the harmful impacts of gambling that was the concern shared by all stakeholders, the government, the industry and the community. In the context of the present discussion the definition provides a contrast with the mental disorder model as it is based on observable outcomes 'outside' the individual.

In developing a scale to measure problem gambling the most difficult task was the definition and measurement of 'harm'. An expert judgment method was adopted. Items for the scale were derived from the literature and from focus group studies. The project progressed through several pilot stages to a main validation study. The latter resulted in a scale of 21 items that gave a 3-factor structure comprising harm to the individual, to the partner, and the respondent's enjoyment of gambling. Based on the Receiver Operator Characteristic (ROC) technique that plots test sensitivity against specificity, the results showed that the harm-to-self scale showed a clear and sudden transition associated with only modest misclassification rates for problem gamblers and non-problem gamblers. As a completely new measure rigorously developed, the work requires further research to evaluate this early promise. Its accuracy under different base rates of problem gambling needs to be determined and whether other teams in different jurisdictions can replicate the internally reliable expert judgments of harm remains to be seen.

The origins of the test are essentially the social and economic impacts of gambling as they impinge on gambler's activities of daily living and in the context of the present discussion the 21 items in the test provide little help with the task of detecting problem gamblers in the venue. However as in the previous section the test can make a contribution to estimates of the likelihood of any player being a problem gambler. For example the results from the enjoyment scale showed that the pleasurable aspects of gambling were only 'lost' at the more severe levels of measured harm. At lower levels of harm problem gamblers reported more enjoyment than non-problem players. One can perhaps speculate that if players consistently show negative emotions while gaming they are likely to be problem gamblers. To what extent such observable emotional behaviour might form the basis for venue staff intervention has not been evaluated but it has face validity; the operator is after all providing an entertainment/leisure product.

3. Problem gambling and player characteristics

The third approach to the definition and measurement of problem gambling was, when it appeared in 1998, new and innovative, and remains so today. This was the research survey of Schellinck and Schrans (1998) in Nova Scotia which used an operational definition of problem gambling the purpose of which was,

"to identify distinctive characteristics and behaviours of the Regular VL Players who are experiencing difficulties with video lottery gambling, in order to gauge and evaluate the nature and causes of problem play."(page 3-1)

Regular video lottery terminal (vlt) players who gambled on average once a week were classified into problem and non-problem players on the basis of three criteria:

1. An attitude score derived from 6 key statements associated with problem gambling (based on pilot testing);

2. A subjective rating of how serious a problem 'your' gambling represents and

3. Whether the respondent indicated they had <u>ever</u> spent more time or money playing VL games than they should, and that the problem was still unresolved.

On this basis a little over 1 in 3 of a large representative sample of 384 regular players were classified as problem players. Comparison with the proportion of a little over 1 in 5 'at risk' (Current SOGS score 5 or more) in a sample of regular egm players in Australia, (Productivity Commission, 1999) provides some cross-validation of this approach to the definition of problem gambling. However direct comparisons across jurisdictions and measures remain speculative unless a common standard measure such as the SOGS is used. This issue is not central to the value of the study that was essentially descriptive of a large representative sample of regular vlt players and the many ways in which their gambling became a part of their thinking, feeling and way of life. The results are a rich vein of information that will serve research development for many years.

An evaluation of the quality of the methodology is beyond the scope of the present discussion but the results of the project provided a wealth of detail about actual gambling behaviours that has a direct bearing on the concern to detect the problem player within the venue. One whole section of the report (3-6) examines time and money spent (years playing, times per month, minutes of play and expenditure amounts), games played, type of venue, when they play (day of week/weekend, times of day), play in more than one location in a day, plays at one location, finishing a session behaviours, the play of two or more machines simultaneously, superstitious behaviour while playing, and social aspects such as responses to being watched and ability to accurately track time during play. Respondents gave details of such behaviours as groaning, talking, swearing at the machine during play as well as the range and strength of the emotions they experienced.

Despite this detail no unique differences were revealed that distinguished between problem players and other regular players. All the behaviours were distributed on a continuum with the problem players showing a greater tendency to report potentially harmful themes such as greater spend, longer sessions, chasing behaviour etc. This included questions relating to choice and self-control, issues central to the concept of responsible gambling, e.g. 44% of Problem VL Players both set and exceed a monetary budget for a session, as compared to 21% of regular (non-problem) players (Schellinck & Schrans,1998). In the context of the present discussion the findings of this project help explain why distinguishing problem players from non-problem regular players is such a difficult task. All regular gamblers exhibit similar behaviours within the gaming venue.

One other theme of questions in this survey provided information on another important dimension, *"..approximately 77% of those who have solved their VL playing problems only did so within the last year. These people are still playing on a regular basis and probably are at greater risk of lapsing back into problem play."*(page 3-74)

Schellinck and Schrans (1998) concluded that there is a relatively rapid cycling of regular players into and out of problematic levels of gambling. It is essential to recall that the study was based on a representative sample of **regular** players and the use of the term 'problem' was simply a method of developing a frame of reference for understanding the results. The results refer to a representative sample of regular players.

4. Self-control and gambling

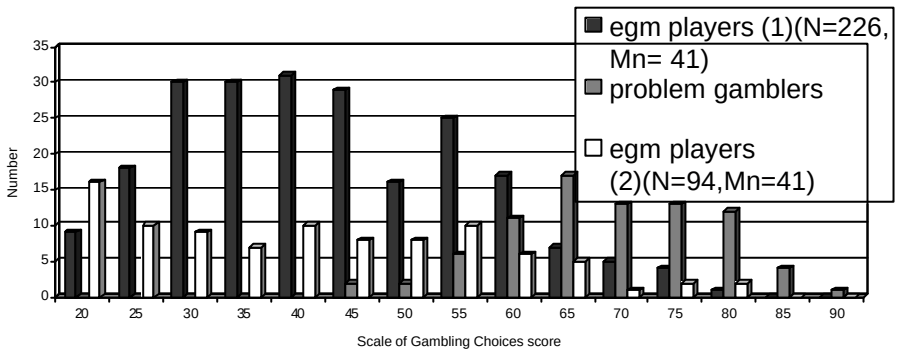
Impairment of control over gambling as a continuum involving all players rather than as a distinguishing characteristic of problem gamblers is also a key finding in problem gambling research that has focussed on the definition and measurement of self-control, the fourth approach to be considered in the present discussion.

A research strategy rather than a theoretical model:

"It is difficult to reject the premise that the erosion of a person's ability to control their time and money expenditure on gambling is central to a psychological understanding of the origins of the harm that can arise." (Dickerson & Baron 2000, page 1149).

Self-control of gambling is defined as consistently staying within preferred levels of involvement i.e. time and money expenditure.

Figure 1: Distribution of scores on the Scale of Gambling Choices (SGC)(Baron, Dickerson & Blaszczynski, 1996) by problem gamblers attending for treatment and two independent samples of regular egm players recruited in venues



The Scale of Gambling Choices (SGC)(Baron, Dickerson & Blaszczynski, 1996) is an 18 item survey designed to assess self-control over gambling and results for two independent samples of regular gaming machine (egm) players and a sample of Pathological Gamblers attending a treatment clinic are given at Figure 1. The distribution is continuous from high (impaired control) to low scores with considerable overlap of the scores of the problem and non-problem gamblers. It illustrates two key points:

1. That in the addictive behaviours ***loss*** of control is a misnomer; ability to exert control ***varies*** by degree between individuals and within individuals from one occasion and context to another (Heather, Miller & Greeley 1991)

2. That amongst individuals who are regular gamblers on a continuous form of gambling (in this case egms) some degree of impaired control is a very common experience.

There is only one study that that has directly compared the scores for impaired control for two different forms of continuous gambling. O'Connor & Dickerson (2001) compared regular (weekly or more frequent) egm players with regular TAB (off-course gamblers). For both the egm and TAB samples the aspect of impaired control most often experienced was "having an irresistible urge to continue" (EGM 43.8%, TAB 56.0%). (O'Connor & Dickerson, 2001)

(Note: The scoring of the SGC gives a minimum score of 18, no impairment of control and a maximum of 90 where the respondent would answer that they "always" experience all aspects of impaired control, staying for longer, chasing losses, spending more than planned etc. If the mean of 41 is taken as the typical regular player then such a score requires that at least 5 items are answered "sometimes" and the remainder "rarely".)

As this brief consideration of the fourth approach to problem gambling seems to have done no more than confirm the earlier failures to detect some unique characteristics of the problem gambler within the gaming venue it is helpful to summarise the conclusions that can be drawn from the evidence considered to this point.

The above selective review of research approaches indicates that there are some findings that are helpful in developing responsible gambling by detecting problem players in venues.

1. The importance of personal admissions of problems by players to venue staff and the fact that enjoyment of gambling appears to be lost only at the more severe levels of harmful impacts indicate possible responsible gambling strategies for staff. At present staff in many venues are trained how to respond responsibly to the former. Possible ways in which staff might approach a player who is consistently showing emotional signs of distress merit exploration.

2. Although none of the measures and surveys reviewed above provides ways of identifying the individual problem gambler, if the population base is known, all four approaches can refine the estimated likelihood that an individual is or is not a problem player. Thus for example in Australia (Productivity Commission, 1999), taking the SOGS and a score of 5 or more as the 'definition' of a problem gambler, this gives a prevalence of:

- 2% for the general adult population in Australia,
- 4.67% for all egm players, and
- 22.59 % for regular egm players .

The Nova Scotia study was able to take this one step further illustrating how the proportion of players actually sitting, playing at a vlt varied around approximately 50% according to the day of the week and the hour of the day (Schellinck & Schrans,1998).

Thus the measurement methods of all the approaches considered can identify which populations are most at risk thereby enabling the targeting of specific groups of gamblers with responsible gambling strategies e.g. where venues have loyalty schemes which generate a data base of regular players then this could be used as the basis for communicating responsible gambling information rather than being used solely as a marketing device. Segmenting the 'at risk' populations in this way enables responsible gaming strategies to be designed to match the type of product and the type of player thereby increasing the possible efficacy of the method.

Conclusion

None-the-less the real answer to the paper's question, ***"How can problem gambling (gamblers) be identified from behaviour patterns on the gaming room floor?"***

is

"They can't at present, because regular players, whether problem or non-problem players, exhibit the same behaviours, albeit with different frequencies."

The typical regular player: can s/he control their session of gambling?

A possible corollary of this is that all regular players of continuous forms of gambling should be the focus of concern rather than just the problem gambler. Regular players as a group account for 85-95% of the total expenditure on their preferred gambling product and individually spend in excess of $10,000 per annum (Productivity Commission 1999; Schellinck & Schrans, 1998). If it is very common for regular players to experience some degree of difficulty in controlling the duration and expenditure of any session of gambling once it has started, the implications for responsible gambling merit examination.

A detailed consideration of a 'session' of egm play in the context of the most recent psychological research on regular players clarifies the issue. Consider the moment 35 minutes into a session of play on an egm by a regular player; a relatively slow rate of play would be 10 games per minute and in NSW the maximum stake per game is $10. In other words at this early stage of a session (In NSW regular players on average play for 842 games in a session, range 14-2784: Haw,2000) the player has been offered a total of 350 games for each of which the possible outcomes ranged from a loss of $10 to a win of $100,000 for a linked machine ($10,000 for a stand-alone machine).

Recent research has illustrated the range and strength of emotions that regular players experience during such a sequence of gaming decisions (Coventry, 2001; Schellinck & Schrans, 1998). The latest theoretical model of human decision making, subjective expected emotion (SEE) (Mellers, Schwartz & Ritov, 1999) has provided a strong account of human gambling choices in the laboratory and which has seen recent support in field studies with regular gamblers (O'Connor, 2000). Recent studies of the cortical responses of human subjects to the expectation of winning money (Breiter, Itzhak, Kaheman, Dale & Shizgal, 2001) is entirely compatible with the thrust of the present argument that in the case of regular gamblers the issue is not one of pathology but that strong emotional/physiological responses during a session of play is a natural

human experience. The expectation that the player will be able to continue to make controlled, informed, rational decisions during such a session of continuous gambling is ill-founded.

Further support for this view is to be found in research involving one of the most common social activities that is enjoyed during gambling, drinking alcohol. This shows that normal, social levels of drinking alcohol (i.e. 2-3 standard drinks: Pols & Hawks, 1991) alter self-control over decisions to start to gamble and when to stop when losing in regular gamblers (Baron & Dickerson 1999: Kyngdon & Dickerson,1999). In addition mild, non-clinical levels of sadness prior to play inhibit the persistence of infrequent players during a losing session of gaming, but the effect is not found for regular gamblers (Hills, Hill, Mamone & Dickerson, 2001). Further contextual information comes from the finding that a proportion of regular players lose track of time during a session of egm play (Schellinck & Schrans,1998). Furthermore the calculation of "out of pocket spend or losses", of a session of play involving wins and losses and the purchase of more change, even when that exercise is completed in a laboratory setting by university students is done accurately by only two thirds of the participants (Blaszczynski, Dumlao & Lange, 1997).

From a psychological perspective a session of a continuous form of gambling, such as the egm session in our example, appears to be an 'addictive' sequence. This terminology implies no pathology, just that the regular experience of the sequence of events/games erodes the player's ability to maintain a sequence of informed and rational choices about purchasing the next game offered by the machine. This seems a very obvious conclusion, one with strong face validity and evolving empirical evidence cited above.

One could hypothesise that it would take a very unusual, highly motivated individual with considerable training to be able to maintain control over such a sequence of purchasing decisions and this is exactly what the literature shows for successful professional gamblers (Allcock & Dickerson, 1986). Such players approach gambling with a work ethic, devoting many hours daily to learning skills mastering new information in order to make rational decisions, well aware of potential hazards of emotional involvement and loss of control.

Contemporary gambling is marketed as a leisure and entertainment product. Therefore the possibility that responsible gambling strategies might seek to ensure that all regular players gamble 'like' professional gamblers is open to speculation but is essentially foolish.

The loss of control experienced by regular players during a session of continuous gambling is probably an integral component of the pleasurable feelings aroused during the session. From the evidence reviewed (e.g. Ben-Tovim, Esterman, Tolchard & Battersby, 2001) it may be that this pleasure is only reduced or lost once severe negative impacts arising from gambling are experienced by the player.

It is theoretically possible that for example an egm (or any other from of continuous gambling) might be developed that was both popular and yet did not result in the development of impaired control during sessions of gambling. The recent changes to egms played in Holland introducing silent cash-out boxes and other changes to machine features, is the first example of an attempt to reduce or eliminate the

'addictive' component ("Nijpels 14 points", cited by Riemers, 1997). The dearth of empirical knowledge about the impact of machine structural characteristics on player behaviour (Haw, 2000) has meant that recent research both in the laboratory (Loba, Stewart, Klein & Blackburn, 2001) and the field (Blaszczynski, Sharpe & Walker, 2001) have not produced clear-cut results. The latter however provided convincing evidence that even apparently minor structural changes to gaming machines can produce very significant reductions in revenue. This approach to harm minimisation may represent a possible way forward but is not an immediate or short-term solution as the machine characteristics that cause impaired control remain a matter for speculation.

Returning to the theme of personal control or choice, the fact that it is a common human response to lose control over a sequence of financial decisions that are integrated into all continuous forms of gambling has very significant implications for responsible gambling. Taking the current definition of responsible gaming from the Victorian Gaming Machine Industry (VGMI), a group that has set international benchmarks with its Code of Practice;

"The industry's role is to offer products and services in a way that facilitates customers' ability to engage in responsible gaming"

and

" Responsible gaming is each person exercising a rational and sensible choice based on his or her individual circumstance."

In the context of the example session of egm play reaching the 35 minute mark for a regular player, the evidence confirms that he or she will often be unable to continue to make controlled rational choices as the session progresses, but the next game is still being offered. It is still being offered to the player after 1, 2, or 10 hours of continuous play. The egm "offer" of the next game does not "facilitate", it undermines the player's ability to engage in responsible gaming: for the regular player it pretty much ensures that at least some of the time responsible gaming is not possible.

The language of psychology and psychiatry when applied to the harmful impacts of gambling may have obscured an obvious connection between the community values inherent in "duty of care" and " informed consent" and the regulation of contemporary forms of gambling. A guiding principle in applying these values is that of the 'typical' or 'average' situation or person e.g. addressing the question of whether the 'average' patient would understand the information provided and would be able to make an informed treatment choice. In contrast the terminology of 'pathological' and 'problem' gambling focuses on the unusual, the atypical. The present analysis in terms of self-control shifts the focus back to the typical regular player of continuous forms of gambling.
When any continuous form of gambling is described in common English as a rapid sequence of purchasing decisions integrated into an emotionally stimulating and pleasurable experience that can continue without pause for many hours, it is self-evident that as the chain of decisions progresses the decisions are unlikely to remain informed and rational. The typical regular egm player in NSW makes 832 consecutive purchasing decisions in a session of play. During such a session 43.8% of

regular players will report that they experience "an irresistible urge to continue" (O'Connor & Dickerson, 2001) i.e. an urge to continue purchasing more of the commodity. Given that gaming is now typically described by the gambling industry as "purchasing a commodity or leisure product" would not a consumer watch-dog be concerned about a sales practice that provided the consumer with an automated unlimited supply of the product under conditions that were associated with the average regular customer feeling an uncontrollable urge to buy more? Would not the concern of such a consumer protection agency be heighten by the fact that such regular customers may each spend of the order of A$10,000 per annum on the product and account for up to 95% of all purchases (and related government taxation) (Productivity Commission, 1999; Schellinck & Schrans, 1998).

Shorn of the jargon of problem gambling it seems self-evident that the typical regular player cannot be expected to gamble responsibly on continuous forms of gambling as they are currently regulated by governments and provided by operators. The current business practice is to warn players about the possible harmful effects of gambling by placing signs in venues and on machines and providing a range of pamphlets on how to gamble responsibly. How reasonable is it to warn players and yet at the very same time and place offer gambling in a way that is known to promote impaired control in the average regular player? In other words what is the value of a warning that is known to be ineffective?

Refining such arguments may make the case that the gambling industry and governments are failing in their duty of care unless and until they provide continuous gambling products in a way that ensures that the typical regular player can maintain their self-control over their expenditure of time and money.

The obvious principle that could guide the future responsible provision of continuous forms of gambling is that the point of sale should be removed from the addictive process inherent in the gambling sequence itself:

- to a point in ***time*** prior to the commencement of the session, and
- to a ***place*** away from the gaming room floor.

Contemporary smart card design has the potential to enable regular gamblers, whether they prefer TAB betting, egm play or casino table games, to pre-commit, setting session and weekly budgets for cash and time and then be free to enjoy their session, including the experience of losing control, without harmful impacts. This is apparently already quite feasible as a similar approach, together with the related regulatory practices was detailed during discussions about the legalisation of internet gaming in Australia (Monypenny, 2000).

Removing the point of sale from the gambling session itself is a simpler and potentially more secure method of ensuring that gambling is provided and enjoyed responsibly than experimentation with the gambling session sequence itself as previously argued (Dickerson, 1999), or by assuming that the features of continuous forms of gambling that cause impaired control may be removed without destroying the pleasurable aspects.

If the point of sale for sessions of continuous forms of gambling was physically separate from the gaming/betting area then the whole thrust of marketing could be

responsible using all the currently available posters and information brochures that industry and government have developed. The complete purchasing process could be informative, giving information about both the pleasurable and potentially harmful effects of gambling with no distractions of ongoing gaming/betting activities. Such an environment could genuinely facilitate a “customer’s ability to engage in responsible gaming”.

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Submission to the IPART " Review of gambling harm minimization measures"(ref:03/308)

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Reframing "responsible gambling" as consumer protection.

New Evidence
New evidence from a study of over 200 regular pokies players (A final study in a sequence of projects involving separate samples totaling over 700 such players funded by the Casino Community Benefits Fund.) shows that:

- The experience of impaired control i.e. being unable to stick to limits of time and money spent gaming is very common among players who play pokies once per week or more often, and
- the main cause of this impaired control is the enjoyable strong emotion experienced during play (enhanced by more playing time and prior levels of mild negative mood). (Model based on initial regression analysis attached.)

In other words the commonly reported impaired control over cash and time budgets is not necessarily an indication of pathology but is a natural response to modern sophisticated and entertaining poker machines. Players who spend several hours per week playing come to experience strong enjoyable emotions during play and the loss of control over time and money expenditure is likely to be a result of this emotion, increased by how long is played and any negative emotions 'brought' to the venue. This seems so utterly common-sensical and far removed from problem/pathological gambling that it merits a close and careful examination.

What is the regular player actually doing during a session of gaming?
She/he is purchasing an entertainment product that is provided in an automated fashion. Tracking data shows that such players in ***NSW play on average for 842 games in a session (range 14-2784): a typical rate of play would be of the order of 10 games per minute and the average cost/stake per game would be about 70 cents.***

In previous illustrations (Dickerson 2003) a random point in play, 35 minutes into a session was taken to illustrate what such a regular consumer of electronic gaming was coping with/enjoying***: the player has been offered and purchased a total of 350 games for each of which the possible outcomes ranged from a loss of $10 to a win of $100,000 for a linked machine ($10,000 for a stand-alone machine).***
The typical regular egm player in NSW makes 832 consecutive purchasing decisions in a session of play. During such a session 43.8% of regular players will report that they experience "an irresistible urge to continue" (O'Connor & Dickerson, 2001) i.e. an urge to continue purchasing more of the entertainment product ……..and the next game is being offered. It is still being offered to the player after 1, 2, or 10 hours of continuous play.

It appears that the research sequence at UWS has shown the obvious: when shorn of all words that speak of pathology it seems quite obvious that if the purchase point of an extremely attractive entertainment product is embedded in the same process of the player actually enjoying the emotional stimulation and pleasure that arises, why on earth would any person in their right mind expect them to continue to make rational, informed decisions i.e. to gamble responsibly? Impaired ability to control cash and time expenditure during gaming is not about pathology it is a typical human response that despite all the notices and warnings is commonly reported by almost every other regular player (Note: The research was conducted in venues where warning notices were on the machines, in the toilets, on the walls, pamphlets about problem gambling were available at the bar etc.)

If this is taken as a common sense starting point then the obvious question is whether these regular consumers of gaming are getting a fair go? If any other product than gaming were involved then the answer would clearly be "no". It would be entirely unacceptable for a product to be sold in an automated, emotionally distracting way that resulted in every other regular consumer buying more than they intended. Add the facts that the typical expenditure per annum of such players is over $10,000 and that 1 in 4 or 5 of them report harmful impacts arising from purchasing gambling then it is not surprising that recent legal opinion has supported the view that to market gaming to such regular players may be unconscionable behaviour in terms of the Trade Practices Act (4 Corners ABC; 13/10/2003).

The crucial readjustment is that the issue needs to be considered not in terms of some individual difference(s) inherent in some players but that loss of control is the common and expected outcome of the interaction between human beings and contemporary forms of continuous gambling.

A fundamental re-examination of the foundations of responsible gambling in the light of this reframing or statement of the obvious permits important conclusions to be drawn with significant implications for policy goals and strategies.

Current responsible gambling strategies set out to:

1. detect, exclude, protect problem gamblers from further exposure to gambling
2. educate the community raising awareness of the harmful impacts of gambling and encouraging gamblers to make responsible decisions about their gambling, and
3. remove the 'addictive' components of poker machines.

There is general expert agreement that 1 cannot be achieved by operators and in the light of the current findings it is apparent that 2 and 3 above are misdirected and unlikely to succeed e.g. both seem to make impossible demands, either the player learns not to enjoy play or that the enjoyable, emotionally stimulating component of the machine somehow be removed.

Table 1 in the IPART discussion document illustrates how the lack of adequate evidence based principles to guide harm minimization results in a 'scatter-gun' approach with a diversity of possible measures, many based on false premises. The evaluation/enactment of these is almost impossible to achieve and a very popular entertainment activity is likely to be jeopardized in the process.

A simpler principle can be developed from the above explanation of the origins of impaired control resulting in a completely new vision of responsible gambling expressed as consumer protection for gamblers.

Protecting the regular player:

The origins of responsible gambling policy:

Although nowhere clearly articulated responsible gambling has its origins in public health policy relating to alcohol consumption. Both legally and morally the provider of alcohol bears some responsibility for some of the harms that arise from excessive alcohol consumption. The goals of responsible alcohol policy programmes have been to provide an environment that promotes the safe, healthy consumption of alcohol and prevents whenever possible excessive and potentially harmful levels of drinking.

The three main types of responsible gambling strategies listed above show a similar concern, to protect the individual from excessive or harmful levels of gambling consumption. However the new data indicate an important difference between alcohol and gambling that needs to be reflected in policy formulation.

In relation to alcohol, provided that the ordinary regular drinker is over 18years of age and is consuming alcohol in safe healthy quantities, perhaps in a licensed premise, the question of responsibility for harmful impacts does not arise.
In contrast in relation to regular gaming machine play (and probably all other continuous forms of gambling) the ordinary regular player may be consuming/using the gaming product in just the way in which the manufacturer, the venue operator and the regulatory body intended, and yet very likely be placed at immediate risk of harmful impacts because of the loss of control that at times is an integral part of his/her pleasurable gaming experience.

In brief the risk of the harmful impacts,

- for alcohol arise from ***excess***
- for gambling/gaming arise from ***regular usage***.

In developing responsible gambling policy this distinction needs to be born in mind: the goal of preventing excess, as in alcohol, can only be achieved by ensuring that the ordinary regular player's normal enjoyment ***and*** loss of control does not result in excessive expenditure of time and money.

As pointed out above the current strategy aimed at changing the machine **or** the player to not lose control is ill conceived and derived from the alcohol context. A more appropriate aim from a consumer protection perspective is to maintain the integrity of the gaming experience – it is clearly enjoyable and what the consumer wants – and yet to prevent the enjoyed loss of control resulting in excessive, and potentially harmful expenditure.

Policy driven by the principle of safe-guarding the right of gamblers to make rational decisions about expenditure limits.
As argued previously (Dickerson 2003) this could guide the future responsible provision of continuous forms of gambling by requiring that the purchase point be removed from the loss of control process inherent in the gambling sequence itself:

- to a point in ***time*** prior to the commencement of the session, and
- to a ***place*** away from the gaming room floor.

This argument reaffirms that rather than pre-commitment being just one of many possible consumer protection options (as listed by the Productivity Commission, 1999) it should be considered **the** protective measure preferred by regulatory bodies. Given the nature of the impaired control reported by regular players (includes difficulties in limiting the number of sessions per week as well as session length/spend) a player's decision to limit time and/or money expenditure to a particular amount would have to hold for a specified period with the minimum perhaps being for the next week i.e. a cooling off period.

In the context of the current trend toward cashless gambling/gaming there is now both the knowledge base and the technology to enable governments to develop a consumer protection environment that balances the individual freedom of the player with the opportunity for the community to prevent problem gambling and underage gambling 'at a stroke'. In contrast to the present burgeoning bureaucracy associated with responsible gambling a regulated consumer protection approach could be derived from the one principle of defending the ability of all gamblers to make rational, controlled choices (and could be applied to all new gambling products as they emerge) and could be fully automated and web based. At the same time providing for very effective methods for assisting existing problem players.

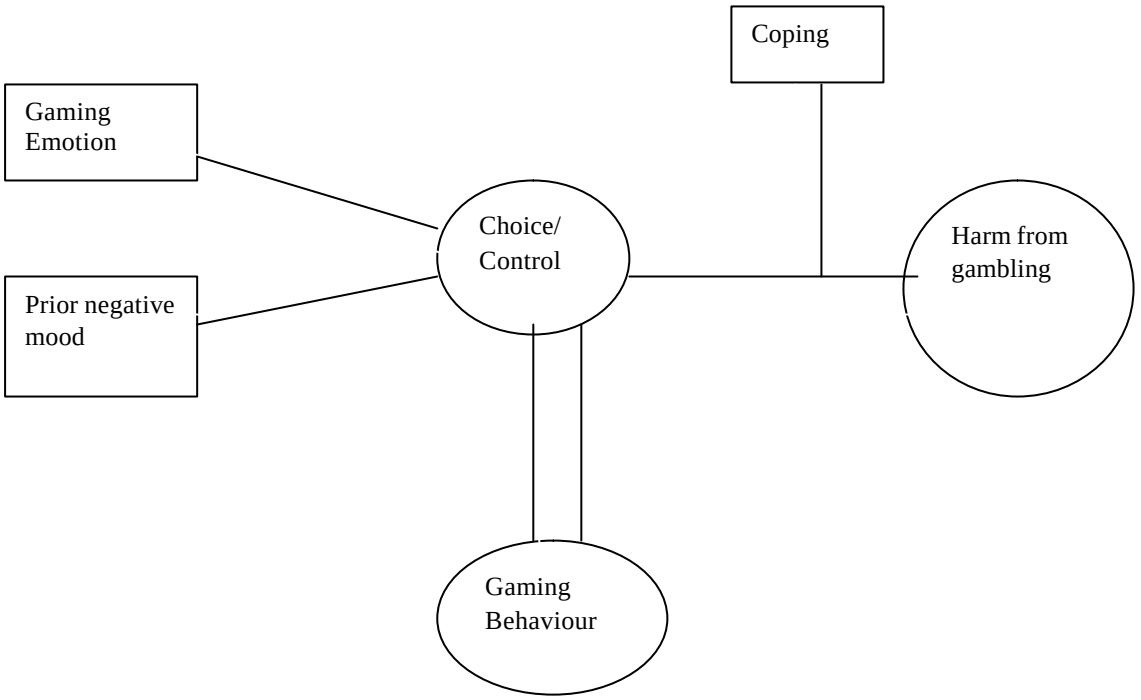
The current IPART review of harm minimization measures will find that despite the elapse of 4 years since the Productivity Commission (1999) confirmed that a third of the total expenditure on gambling came from gamblers who were experiencing significant harmful impacts arising from their gambling, we have no demonstrably successful ways of protecting such individuals. The community should be aware that we now have the opportunity to choose to make gambling as safe from harmful impacts as any other entertainment product.

Supporting documents attached:

Dickerson, M.G. (2003) Exploring the limits of 'responsible gambling': Harm minimization or consumer protection? ***Gambling Research*** (Journal of the National Association for Gambling Studies Australia), 15, 29-44

Dickerson, M.G. (2003) What if there were no problem gamblers?
Published at www.responsiblegamblingcouncil.org

Model of impaired control;



NOTES:

- **Gaming emotion**: positive valence and strength of feelings experienced during play
- **Prior negative mood**: mild, non-clinical levels of depression, anxiety or stress being experienced by the player in their life prior to starting a session of EGM play.
- **Choice/control**: the level of loss of control experienced by the player over session length and how often to have a session per week.
- **Gaming behaviour**: frequency times typical session length in minutes
- **Coping**: practical problem-solving approaches provide some protection to the player from the harmful impacts arising from the loss of control.
- **Harm from gambling**: as measured by the Victorian Gambling Screen or the SOGS

What if there were no problem gamblers?

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Published at www.responsiblegamblingcouncil.org ***July 2003 following a seminar presentation at the "Responsible Gambling Council" (Ontario) Toronto.***

The 12th. International Conference on Gambling and Risk-Taking (Vancouver,25-30th.May 2003) was unusual for the reappearance of a challenge to orthodox views not seen for at least 20 years. Two academic speakers with marketing as their background argued that sales and other data about the leisure, entertainment product of gambling looked like the distribution for any other consumer product and that therefore the validity of some unique consumer such as a problem gambler could be challenged. These arguments were essentially vigorous rather than scholarly but it seemed an opportunity to put aside the language of psychology and see what transpired; to see what might be the implications if, so to speak, there were no problem gamblers and the task was simply to sell the product, gambling, in all its different forms.

Selling a product does not occur in a vacuum but in a social context of values and regulations that both facilitate and put various checks and balances on how products may and may not be marketed. When the expenditure on any one product by an individual is large, say for gambling, A$12-15,000 per annum for regular (once per week or more often players) (Productivity Commission 1999), then the high value placed on a free and informed choice by most developed nations results in certain requirements regarding the process by which the product is sold.

Where the 'product' is a choice between various therapeutic options in the remediation of illness the concern is that the patient can make an informed choice and the validity of any one process by which a patient is informed and reaches a decision is tested: e.g. would the information be understood by the 'average' patient? Was the decision made in a calm and secure place and manner? Is a cooling off period required to ensure that a change in choice is possible?

In the marketing of gambling products such social values have already influenced some sectors of the industry in their definitions of 'responsible gambling'. Taking the current definition of responsible gaming from the Victorian Gaming Machine Industry (VGMI), a group that has set international benchmarks with its Code of Practice;

"The industry's role is to offer products and services in a way that facilitates customers' ability to engage in responsible gaming"

and

"***Responsible gaming is each person exercising a rational and sensible choice based on his or her individual circumstance."***

The latter confirming the relevance of a free and informed choice as a socially valued concept that imposes certain requirements on how gambling products may be provided to the customer/player.

If attention is now focused on one of the most popular forms of gambling where ever they are legally available especially in convenience settings such as bars, clubs and hotels, the Electronic Gaming Machine (EGM). Consider the moment 35 minutes into a session of play on an EGM by a regular player; a relatively slow rate of play would be 10 games per minute and in New South Wales (Australia) the maximum stake per game is $10. In other words at this early stage of a session (In NSW regular players on average play for 842 games in a session, range 14-2784: Haw, 2000) the player has been offered a total of 350

games for each of which the possible outcomes ranged from a loss of $10 to a win of $100,000 for a linked machine ($10,000 for a stand-alone machine).

In this process of purchasing games the purchase point is both at commencement when the player may buy a sum of coins from the cashier or place a $20, $50 or $100 bill in the note acceptor fitted to the machine and then between each game there are further purchase points where the player decides whether to stop, cash out or buy another game (or spin).

Even before turning to the relevant evidence every aspect of this gaming machine sequence by which games are sold seem to be in conflict with the value of informed decision-making.

Recent research has illustrated the range and strength of emotions that regular players experience during such a sequence of gaming decisions (Coventry, 2001; Schellinck & Schrans, 1998). The latest theoretical model of human decision making, subjective expected emotion (SEE) (Mellers, Schwartz & Ritov, 1999) has provided a strong account of human gambling choices in the laboratory and which has seen recent support in field studies with regular gamblers (O'Connor, 2000). Recent studies of the cortical responses of human subjects to the expectation of winning money (Breiter, Itzhak, Kaheman, Dale & Shizgal, 2001) supports the view that strong emotional/physiological responses during a session of play is a natural human experience. The expectation that the player will be able to continue to make controlled, informed, rational decisions during such a session of continuous gambling is ill-founded.

Further support for this view is to be found in research involving one of the most common social activities that is enjoyed during gambling, drinking alcohol. It has been shown that normal, social levels of drinking alcohol (i.e. 2-3 standard drinks: Pols & Hawks, 1991) alter self-control over decisions to start to gamble and when to stop when losing in regular gamblers (Baron & Dickerson 1999: Kyngdon & Dickerson,1999). In addition mild, non-clinical levels of sadness prior to play inhibit the persistence of

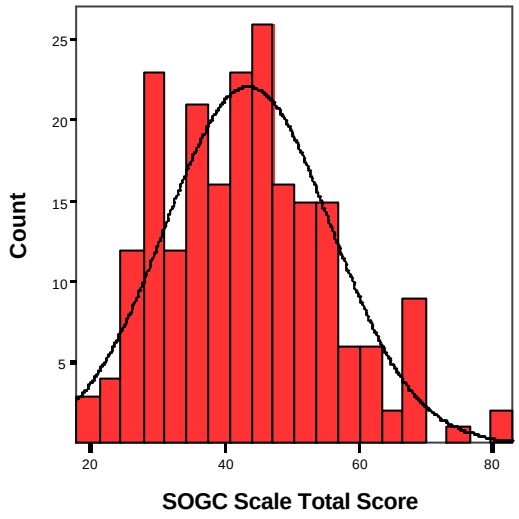
infrequent players during a losing session of gaming, but the effect is not found for regular gamblers (Hills, Hill, Mamone & Dickerson, 2001). Further contextual information comes from the finding that a proportion of regular players lose track of time during a session of EGM play (Schellinck & Schrans, 1998). Finally the calculation of "out of pocket spend or losses", of a session of play involving wins and losses and the purchase of more change, even when that exercise is completed in a laboratory setting by university students is done accurately by only two thirds of the participants (Blaszczynski, Dumlao & Lange, 1997).

In brief the evidence confirms just what would be expected: place the consumer of gaming in a complex, emotionally stimulating and pleasurable environment that absorbs their attention and distracts them from the realities of their life circumstances and the 'average player' loses control of time and money expenditure.

Figure 1: Distribution of responses of regular EGM players (N=246) to item number 18 of the Scale of Gambling Choices (Baron, Dickerson and Blaszczynski, 1995)

As illustrated in the figure above when regular players are recruited in gaming venues(no other selection criteria) 43% "sometimes", "often" or "always" experience an irresistible urge to continue a session of play once they have started. The response distribution to this item with the median close to the category "sometimes" is shown by the distribution of responses of regular players to the full set of items as shown in Figure 2.

Figure 2: Distribution of total scores on the Scale of Gambling Choices(SOGC) by regular EGM players (N=246) with normal curve superimposed.



In Figure 2 above the distribution of scores by regular players does not differ significantly from the normal curve. Difficulties in maintaining limits to session length and expenditure and over involvement in gambling generally are very common in this group as was predicted from the manner in which the purchase point is embedded in a sequence of emotionally involving and entertaining events that recur at speed.

One could hypothesise that it would take a very unusual, highly motivated individual with considerable training to be able to maintain control over such a sequence of purchasing decisions and this is exactly what the literature shows for successful professional gamblers (Allcock & Dickerson, 1986). Such players approach gambling with a work ethic, devoting many hours daily to learning skills mastering new information in order to make rational decisions, well aware of potential hazards of emotional involvement and loss of control. Given that contemporary gambling is marketed as a leisure and entertainment product, the possibility that all regular players might somehow learn to gamble 'like' professional gamblers is open to speculation but is

essentially foolish: despite being the corner-stone of most responsible gambling strategies!

The difficulties of maintaining rational choice experienced by regular players during a session of continuous gambling is probably an integral component of the pleasurable feelings aroused during the session: loss of control may be part and parcel of a really enjoyable session of play. From the evidence available (e.g. Ben-Tovim, Esterman, Tolchard & Battersby, 2001) it may be that this pleasure is only reduced or lost once severe negative impacts arising from gambling are experienced by the player.

Returning to the theme of how to market EGM play, the fact that it is a common human response to lose control over a sequence of financial decisions that are integrated into EGM play can now be seen to be:

a) exactly as one would expect, and

b) in conflict with the earlier definition of responsible gambling:

"Responsible gaming is each person exercising a rational and sensible choice based on his or her individual circumstance."(VGMI)

In the context of the example session of egm play reaching the 35 minute mark for a regular player, common sense and the research evidence confirms that he or she will often be unable to continue to make controlled rational choices as the session progresses.

In addition the industry or the provider of the gaming is also in breach of responsible gambling:

"The industry's role is to offer products and services in a way that facilitates customers' ability to engage in responsible gaming"

In the example session the next game is still being offered by the EGM. It is still being offered to the player after 1, 2, or 10 hours of continuous play. The EGM process of offering the games to players does not "facilitate", it does the opposite, it **undermines** the average regular player's ability to engage in responsible gaming.

From a marketing perspective if the adherence to the social value of informed choice is to be satisfied by the manner in which gaming is sold to the player then either the EGM sequence needs to be slowed and made less emotionally pleasurable and absorbing etc so that the purchase point is not surrounded by an entertaining and distracting context i.e. a denial of the whole basis of the design and purpose of EGMs, or, the purchase point needs to be removed from the gaming sequence to a time and place away from the venue floor.

This is nothing new and has been referred to as pre-commitment; the process enables a player to decide prior to actually starting to gamble, how much s/he wishes to spend in terms of frequency of venue visits, and time and money duration of any one session, and is available in different degrees for some internet gaming sites.

The marketing of gaming could at a stroke guarantee that players could purchase currently available forms of gaming and yet never over-spend. The gaming industry could choose to prioritise informed choice of all players, thereby echoing the value placed on this throughout the community. It could claim that all consumers were protected from excessive expenditure by the safeguards that were in place.

This could be achieved 'tomorrow' by the change to the use of player cards for all EGM play (Machines would only operate to cards to which cash value had already been committed and would not operate to the insertion of coins.). Player cards would be issued on the usual 100 point ID requirements of other significant cash cards, accounts etc. Such cards can be made desirable to players depending on a variety of attractive loyalty and reward schemes.

The limits to the amounts of money and time that an individual could pre-commit to his/her card would be transparently computed along the same sort of lines by which mortgage and other credit/loan levels are currently established. There would be the opportunity for individuals to make a special case that they had greater levels of discretionary monies than the standard levels but such claims, as in any other major

purchasing context, would be open to verification. For the majority of players it is likely that their preferred expenditure would be well within the regulated limits.

The environment in which the player made these pre-purchase decisions would be the proper place in which to provide player warnings and information about the potential harmful impacts that can arise from gambling and the availability of professional help should harmful impacts arise. This setting could include a simulated EGM (Productivity Commission, 1999) so that buyers could explore how long a particular level of staking might last on a particular machine and what were the probabilities of winning.

The venues would then need have no notices and warning labels on machines but return to the pre- "responsible gambling" days of being purely escape and fantasy, never a window or a clock in view. The player could go and play and 'lose control' within the previously set safety constraints.

There would be additional positive corollaries for the providers of gaming; by using a process of consumer protection for all players that guaranteed informed choice gaming could be advertised as 'safe', the industry would be seen to have set standards that transparently abided by a core social value and their status would rise accordingly, new products could be tested against the same standard before being legalized. Above all the industry would have a coherent approach derived from a social value and with the whole policy and process couched in their core language and expertise of business management and marketing.

If the marketing process ensured that only by criminal activity such as fraud could a player spend excessive and uncontrolled amounts of cash on gambling, then the industry takes charge of the agenda and can be proactive rather than reactive to each research finding about the harmful impacts of gambling etc.

If such consumer protection was demonstrated to significantly reduce the harmful impacts of gambling, the nexus between convenience availability of gaming, regularity of

play and the higher risk of harmful impacts would have been loosened if not broken. Extending the regular player base and increasing the availability of gaming then may become socially acceptable options.

The above argument can be replicated for all forms of gambling (currently available and those in the future) that permit continuous sequences of stake, play and determination, whether casino table games or off-course betting (e.g. O'Connor & Dickerson, 2003: 56% of regular bettors report "sometimes, often or always" " I feel an uncontrollable urge to continue gambling once I have started.").

There are a number of good reasons why all forms of gambling should be included in such a regulated, player card system of purchasing gambling:

1) it would at a stroke stop all under-age gambling
2) some rare players have been known to develop harmful levels of gambling using only lottery type products
3) some players gambling to their limit using EGMs etc might then reach harmful levels of expenditure purchasing unregulated quantities of lottery products and
4) future gambling products may be developed that blurr the line between continuous forms and other current non-continuous forms such as the daily/weekly draw of a lottery.

The use of a player card would have almost no impact on the convenience of most people as they purchased gambling. Introduced with player points and bonus schemes as a loyalty card but with the added social impact of stopping the harmful impacts of gambling it could be a highly attractive option politically in jurisdictions wanting to maintain the taxation/revenue stream from gambling but aware of the growing community backlash against the levels of harm arising and the escalating costs of preventing and treating individuals and families adversely affected.

The argument makes logical sense and good business sense without any mention of problem gambling. In retrospect it may be seen that industry's preoccupation with

problem and pathological gambling has been one of reaction to the evidence, concepts and theories of psychology and psychiatry rather than proactive policy and strategy driven by sound business and marketing ethics and practice. The latter approach has been shown to result in a strong consumer protection approach which ‘at a stroke’ has the potential to prevent excessive consumption of gambling: i.e. to prevent problem gambling?

If the consumer protection approach is taken all jurisdictions where gambling is legalized can now choose to prevent problem gambling.

Published at www.responsiblegamblingcouncil.org

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