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BRIEF REPORT

Gambling Control and Public Health: Let's Be Honest

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Abstract
This comment corrects erroneous and misleading statements about gambling control and public health. In addition, it avoids tilting at windmills. This comment focuses on four primary issues: (1) the politics of public health initiatives, (2) gambling as a determinant of adverse health, (3) the nature and prevalence of gambling addiction, and (4) the moral aspects of gambling. These issues and gambling related problems in general often influence the practice of medicine, public health policy, and a range of scientific research activities. During this discussion, we provide an evidence based consideration of gam bling and public health. This discussion counters the political and personal views that are influencing public health policy development.

Recently, gambling critics claimed that "Gambling has been identified as a threat to health, but responses, including policy and industry funded corporate social responsibility initiatives, continue to focus on individual gamblers rather than, as is increasingly accepted for other health threats, challenging the companies that profit from this misery. There is a need to rapidly move away from this individual level narrative and address the wider corporate determinants of health in relation to gambling" (van Schalkwyk et al. 2019, p. 1680).

If this claim is taken at face value without examining the wider distribution of public health determinants, we would be sending Alice down the proverbial rabbit hole. If the emphasis for dealing with gambling and gambling related problems rested on individual gamblers, then

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indeed we would have a dangerous, shortsighted situation. As primary framers of the public health model of gambling and the Reno model for responsible gambling (Blaszczynski et al. 2004; Korn and Shaffer 1999; Ladouceur et al. 2016; Shaffer et al. 2019; Shaffer and Korn 2002; Shaffer et al. 2015), it is our intention here to correct these erroneous and misleading statements and avoid tilting at windmills. In this comment, we focus on four primary issues: (1) the politics of public health initiatives, (2) gambling as a determinant of adverse health;,(3) the nature and prevalence of gambling addiction, and (4) the moral aspects of gambling. During this discussion, we provide an evidence based consideration of gambling and public health.

Recently (Shaffer et al. in press), we noted that public health policies are "profoundly political" (Bambra et al. 2005). Implementing public health policies occurs across the back drop of competing community subsections, values, and conflicting interests (Klimczuk 2015). The politics of health are immersed in debates centering on social equity, justice, and the fair allocation of resources. Stakeholders develop public health policies within the context of multiple competing social, economic/business, political, moral, and religious values. More over, determinants of health and well being are related causally to the broad interactions between cultural, social, and economic factors such as employment, income, housing, educa tion, and ethnicity/race. This broad context might explain why some academics, who hold negative moral perspectives toward gambling per se, have criticized some of the basic assumptions of the Reno model (Collins et al. 2015).

Critics of gambling and the gambling industry have used a common but misleading political strategy: "repeat a claim and eventually it will be true." For example, consider the assertion that "Just like the tobacco and alcohol industries, the gambling industry and its associated bodies promote a narrative based on personal responsibility and "at risk" individ uals, exemplified by William Hill's "Nobody Harmed" campaign, which aims to "Support all customers to stay in control..." and focuses on individual level interventions. This approach reflects a gambling industry narrative that focuses on the so called problem gambler rather than on problem products, avoiding interventions that threaten its earnings" (van Schalkwyk et al. 2019, p. 1680). Limiting risk is a characteristic of public health programs just what the authors are encouraging! The Reno model (Blaszczynski et al. 2004), a science based guide for developing and maintaining responsible gambling programs, encourages activities that have a broad base of responsibility. A close and unbiased reading of the Reno model clearly shows that this approach ascribes responsibility to multiple stakeholders, not just the individ ual. Claiming that responsible gambling focuses only on the individual gambler is a political distraction. So is the confusion between decision making and responsibility. That is, it is not open to conjecture as to who makes the *final* decision to gamble: if not the individual, who then makes the decision? Recent findings show that the majority of individuals and those reporting some gambling related harm also believe they are personally responsible for this situation and are the principal agent for recovery (Browne et al. 2019).

This is not to claim that players always make decisions in their best interests. Rather, timely, accurate, and full information is a necessary, but not sufficient, condition for them to make informed choices. The Reno model is clear: the primary stakeholders responsible for gambling activities are "...consumers, gambling industry operators, health service and other welfare providers, interested community groups (i.e., including those in favor and opposed to legalized gambling), as well as governments and their related agencies that have the responsibility to protect the public... (with emphasis on its most vulnerable segments)" (Blaszczynski et al. 2004, p. 303). "The Reno model states that the government has the final responsibility for

maintaining legislative and regulatory functions to protect consumers, and the industry to implement responsible gambling strategies to minimize harm and to provide sufficient and necessary information on which informed choices can be made" (Shaffer et al. 2017, p. 1198).

van Schalkwyk et al. claim that "Development of an effective public health approach to gambling needs to start by applying the lessons learned from dealing with harms from tobacco, alcohol, and food and beverage industries. An evidence based, joined up response is needed to this addictive product for which there is no evidence of a safe level an approach we might refer to as gambling control" (van Schalkwyk et al. 2019, p. 1681). On the surface, this assertion seems logical. However, addiction does not reside in the object of interest. Addiction is the relationship between the user and the object or activity, a relationship modulated by the intensity of its use (e.g., dose). If "addictiveness" resided in gambling or psychoactive drugs, then many, if not most, users would evidence addiction. This is certainly true for tobacco, but it is far from true for gambling. Gambling addiction (i.e., gambling disorder) is prevalent among only a small percentage of players (e.g., about 0.6%; (Kessler et al. 2008). More compelling is the evidence that, despite dramatic expansion, since the middle 1970s, the prevalence of gambling disorders has not increased in the USA and most other places around the world! It has remained relatively steady at about 0.6% of the population (Kallick Kaufmann and Reuter 1979; Kessler et al. 2008; Welte et al. 2004). Further, Kessler et al. demonstrated that the vast majority of people who develop gambling addiction evidence mental health problems that are antecedent to the gambling disorder (Kessler et al. 2008). If exposure to gambling was a necessary and sufficient cause of gambling disorder, then we should observe a corresponding increase in exposure and gambling disorder. There are important reasons why exposure to gambling fails to stimulate gambling disorder; these reasons include the social adaptation to gambling: adaptation occurs when, after a period of exposure, the population adapts to the novelty of gambling and gambling environments (LaPlante and Shaffer 2007; Shaffer 2005). Many factors are responsible for addiction, not just the target activity (Shaffer et al. 2004).

van Schalkwyk et al.'s (2019) claim that there is no evidence of safe gambling is troubling. Unfortunately for critics, there is evidence for safe and perhaps even healthy gambling, particularly among older gamblers (e.g., Blaszczynski et al. 2004; Desai et al. 2004; Desai et al. 2007; Vander Bilt et al. 2004). Further, the concept of hormesis (Calabrese 2005) teaches us that the consequences of an activity are often dose related: low levels of gambling might be healthy, while higher levels of gambling might be toxic.

Finally, it is important to raise a very sensitive "moral" matter about gambling. As we have discussed previously (Collins et al. 2015), nobody can or should ignore their personal views about gambling. Indeed, if someone believes a product is bad, shameful, or offensive, these beliefs likely will trigger arguments prone to ignoring scientific evidence. We must judge the validity of gambling policies against scientific evidence. van Schalkwyk et al. (2019) argue that governments adopt an "intrusive" or "paternalistic" role that limits the offer of some products. This proposal represents the beginning of a dangerous and very slippery slope for any democratic society (e.g., the so called nanny state) (Hassel 2015). More specifically, gambling critics evidence a paternalistic attitude that can lead to an autocratic approach. This tendency can be very dangerous to the essential freedoms inherent to a democratic society. It is a strategy that might be applied to other products that risk the public health. There are many products or activities that represent health risks when used in an excessive way (e.g., sugar, salt, fatty foods, shopping, video games, etc.). Interestingly, consumers typically use these products much more than gambling. Where is the limit?

Critics of gambling are ignoring empirical evidence and focusing on their personal agenda to limit or prohibit gambling. Despite our concerns about liberty and morality, we encourage stakeholders to use scientific evidence to guide us during any gambling related debate and actions. For example, despite gambling expansion around the world, evidence indicates that the prevalence of gambling disorders is relatively stable and, in many instances, declining. Gambling problems are not, as many critics assert, continuing to grow in lockstep with exposure and expansion (LaPlante and Shaffer 2007). In addition to a public health context, contemporary considerations of gambling and its consequences still reside within a moral context (Collins et al. 2015), with stakeholders often underestimating the moral influences in shaping gambling related arguments. Although debate and discourse are necessary for science to develop, the mechanisms of science provide an adequate foundation to advance the field. Evidence must drive our understanding of gambling, not dishonesty, hidden agendas, and misrepresentation.

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Compliance with Ethical Standards

Ethics Approval This article does not contain any studies with human participants or animals performed by any of the authors.

Conflict of Interest The authors declare that they do not have conflict of interest.

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