

Clarifying Responsible Gambling and its Concept of Responsibility

**Alexander Blaszczynski, Howard
J. Shaffer, Robert Ladouceur & Peter
Collins**

**International Journal of Mental
Health and Addiction**

ISSN 1557-1874

Int J Ment Health Addiction
DOI 10.1007/s11469-020-00451-5



Your article is protected by copyright and all rights are held exclusively by Springer Science+Business Media, LLC, part of Springer Nature. This e-offprint is for personal use only and shall not be self-archived in electronic repositories. If you wish to self-archive your article, please use the accepted manuscript version for posting on your own website. You may further deposit the accepted manuscript version in any repository, provided it is only made publicly available 12 months after official publication or later and provided acknowledgement is given to the original source of publication and a link is inserted to the published article on Springer's website. The link must be accompanied by the following text: "The final publication is available at link.springer.com".



Clarifying Responsible Gambling and its Concept of Responsibility

Alexander Blaszczynski¹ · Howard J. Shaffer² · Robert Ladouceur³ · Peter Collins⁴

Accepted: 22 November 2020/Published online: 06 January 2021
© Springer Science+Business Media, LLC, part of Springer Nature 2021

Abstract

Despite its widespread use, the concept of “responsible gambling” lacks a clear definition. Consequently, debate and confusion surround the respective government, regulator, industry operator, individual, and community accountability as these stakeholders attempt to develop strategies, policies, and procedures that will protect consumers by minimizing gambling related harms. This brief report advances the argument that stakeholders should define responsible gambling as an outcome instead of an activity or process. Responsible gambling exists when individuals gamble within personally affordable limits. Therefore, we should not describe any policies, regulatory requirements, industry conduct, community advocacy, and individual decision making as responsible gambling initiatives. More appropriately, these are actions taken to achieve the outcome of responsible gambling. We draw a distinction between the outcome (i.e., responsible gambling) and the action of stakeholders who can bring about this situation. Governments are accountable for establishing the legal gambling environment, regulators need to ensure compliance with government standards, industry must comply with regulatory requirements, communities need to influence public policy and public health advocacy, and ultimately individuals are the decision making agents. Clarifying who is accountable for what activity provides stakeholders with the opportunity to target strategic groups to realize responsible gambling target outcomes.

Keywords Responsible gambling · Gambling · Policy · Gambling industry · Gambling disorder

The purpose of this brief report is to review and clarify the concept of “Responsible Gambling” and the responsibility of respective stakeholders. There is wide agreement that excessive

✉ Alexander Blaszczynski
alex.blaszczynski@sydney.edu.au

Howard J. Shaffer
Howard_Shaffer@hms.harvard.edu

Robert Ladouceur
Robert.Ladouceur@psy.ulaval.ca

Extended author information available on the last page of the article

gambling is associated with a variety of social, financial, and psychological harms (e.g., Browne et al. 2019; LaPlante et al. 2018; Markham et al. 2015; Petry 2005; Quilty et al. 2014; Shaffer and Martin 2011). In addition, a proportion of the population meets diagnostic criteria for gambling disorder (American Psychiatric Association 2013). To address this circumstance, governments have introduced legislation and regulatory requirements to control for the range of available gambling products, exploitative practices (e.g., inducements, targeted advertising), criminal activities (e.g., money laundering, loan sharks), and consumer protective measures designed to limit community and individual gambling related harms. Concurrently, industry operators have developed codes of conduct designed to protect consumers and minimize gambling related harms, although the implementation of adopted measures varies within and across industry operators. Although the origins of the term “responsible gambling” remain uncertain, legislation and codes of conduct designed to promote responsible gambling followed the lead of the alcohol industry in relation to “Responsible Drinking” by establishing “Responsible Gambling” policies and strategies (Gray et al. 2020).

More recently, using the term “Responsible Gambling” has come under attack. Critics consider “Responsible Gambling” to be a meaningless term that the gambling industry uses to deflect culpability for the negative impacts of gambling products. In fact, some public health advocates advance cynical claims that the gambling industry strategically and narrowly allocates primary responsibility for intemperate gambling to the individual while concurrently justifying and minimizing its own responsibility for excessive gambling by referring to codes of conduct and other corporate practices.

To support this misdirected claim of individual responsibility and the absence of corporate responsibility, critics of Responsible Gambling have misinterpreted the Reno Model (Blażczynski et al. 2004), which suggests that the ultimate decision to gamble remains with the individual. This circumstance has led, deliberately or otherwise, to criticisms that the Reno Model ascribed primary responsibility to the individual and subsequently was used to advantage by industry to over emphasize the central role played by the failure of individuals’ to control their behaviour (van Schalkwyk et al. 2019). Advocates have used this misleading interpretation selectively when arguing that it has led to the development of a range of strategies and initiatives that focused on education campaigns, warning messages, and various tools to manage expenditure (e.g., pre commitment, deposit limits) without considering the important role of the political and industry policies and procedures that increase exposure to risk. Absent, for example, were strategies that targeted social and community risk factors (e.g., availability, accessibility, and the factors associated with how, where, and when gambling products are distributed throughout the community) that potentially could influence industry profits and government tax revenues.

In fact, well before the publication of the Reno Model, Korn and Shaffer (1999); Shaffer and Korn (2002) had provided seminal publications that set the foundation for the shift from an individual understanding of gambling towards a public health framework for gambling related harm minimisation. Citing the Ottawa Charter for Health Promotion (World Health Organization, Health and Welfare Canada, and Canadian Public Health Association 1986) as a guide, Korn and Shaffer (1999) argued for the need to promote health through the application of a wider perspective that included the development of personal skills, reorientation of health services, public health policies, and supportive environments and communities. The public health model has as its remit, identifying and modifying environmental variables that represent risk factors for gambling disorders. These include structural and situational characteristics, advertising and promotion, and exposure to products. Although attention to these variables is crucial in any effort to minimize gambling related harms, some stakeholders

have misinterpreted or neglected the concept of individual responsibility in discussions focusing on public health (Shaffer et al. 2019; Shaffer et al. 2020a, b).

The notion of responsible gambling what precisely is meant by applying the notion of “responsibility” within the context of gambling has not yet been defined adequately. Consequently, “responsibility” has been used as an expression to describe a variety of components across multiple stakeholders. As Blaszczynski et al. (2004) highlighted, stakeholders maintain accountability for different legislative aspects that provide guidelines for gambling availability and regulations for gambling participation. “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). The failure to distinguish between the respective roles and accountability among stakeholders has led to debates that operate at cross purposes; this situation contributes to confusion and dilution of responsible gambling as a valid construct. Stakeholders selectively have endorsed or denigrated alternative elements of this concept to advocate for ideological or personally held beliefs (e.g., that gambling is inherently wrong and should be prohibited). Thus, stakeholders often indiscriminately use the notion of Responsible Gambling as a descriptor for all policies, procedures, and regulatory requirements imposed by governments in an attempt to manage the conduct of industry operators and the behaviour of individuals who choose to gamble. Gambling advocates, often under the guise of public health scientists, then push to allocate responsibility to industry on the basis of providing and marketing gambling products. In contrast to this procedural interpretation of Responsible Gambling, we argue that Responsible Gambling is more accurately construed as the end state or outcome of gambling; that is where individuals act to restrict their gambling expenditure to within personally affordable limits of time and money and in the absence of gambling related harms. Governments and industry operators are vested respectively with the responsibility and accountability of implementing policies, procedures, and practices that promote Responsible Gambling as an intended outcome.

In the following discussion, we will identify three settings that contain distinct and interactive elements that work to encourage or discourage responsible gambling: (1) government policy, (2) industry compliance/procedures, and (3) individual capacity, efficacy, and agency. As the Reno Model suggests, all stakeholders must share a common purpose that fosters gambling within affordable limits and thus contributes to complementary measures in the public health approach that aims to reduce harms at the population level.

Government

The public entrusts governments with the task of legalizing gambling products and imposing appropriate consumer protection measures. The primary purpose of this responsibility is to ensure that suppliers offer and promote gambling products in a fair and equitable manner. This strategy should avoid exploitation of vulnerable individuals, prevent gambling related harms, prohibit money laundering, and limit any impacts on the integrity of sports. Stakeholders should design government policies to strike an optimal balance between the competing objectives of three interests that influence legalized gambling: (1) consumer choice and protection, (2) commercial interests, and (3) government revenue. Government interests should describe such policies by setting the parameters and governance that oversees industry operators during their provision of gambling opportunities. Accordingly, these policies should

not be referred to as responsible gambling policies, but more accurately, as policies that by preventing the incidence and reducing the prevalence gambling related harms encourage responsible gambling as an empirical outcome. That is, responsible gambling activities make it more likely that those who choose to gamble do so within affordable limits.

Industry

The main task of the gambling industry is to offer those legal products approved by governments in compliance with the stated government policies and regulatory requirements that are associated with gambling. If the industry complies fully and genuinely with consumer protection policies and regulations, then individuals are less likely to gamble more than they can afford. This process of compliance entails offering a range of strategies, activities and tools to assist individuals manage levels of involvement. For example, these activities can include monitoring player behaviours that provide the opportunity to inform players with timely data that enables them to moderate their play within affordable limits. Industry operators that comply with responsible gambling policies provide activities and tools that proactively promote responsible gambling. In addition, operators act to intervene in response to behavioural indicators of gambling related problems. It is fundamental that operators apply these procedures so they comply with mandated government policies and consistent with oversight by the regulators. By so doing, operators promote the capacity for individuals to gamble within affordable limits, and/or act to support self exclusion and referral to treatment services for those players who exhibit signs of gambling related problems. Ultimately, for the gambling industry to evidence responsible conduct, it must promote compliance with government regulations and supplement this behaviour by applying genuine proactive strategies to protect individuals with compromised decision making abilities due to ignorance, mental impairments, or other obstacles to making informed choices.

Individuals

Lifestyle choices maintain a central role that contributes to a range of health problems in industrialized societies (Easthope and Hansen 2007). Within the health field and with respect to individuals, the notion of responsibility has been associated with substantial differences of opinion: for example, society's obligation to minimize environmental factors versus degrees of personal responsibility in maintaining healthy lifestyle choices (Resnik 2007). Adding to the complexity of this debate on the attribution of responsibility is the interaction between external factors and genetic, personality traits, and life experiences. These differences have created and sustained heated debates reflecting strong personal convictions. For the majority of individuals who choose to gamble, their participation is best described as recreational. Individuals make decisions about gambling based on adequate, timely, and accurate information (i.e., informed choices) and either apply self regulation strategies or adopt external strategies (e.g., pre commitment) to gamble within affordable limits.

A proportion of individuals who choose to gamble experience limitations or other capacity impairments (e.g., mental health conditions, medication influences such as Parkinson's dopamine antagonists, intellectual disabilities, etc.) so that it is difficult for them to form adequate decisions despite having sufficient gambling related information. These limitations require additional consumer protection for vulnerable individuals who are at high risk for gambling related problems.

Stakeholders need to evaluate the outcomes of Responsible Gambling efforts carefully across government, industry and individual settings to establish whether and how responsible gambling interventions have produced the expected and desired results.

Conclusions

This paper advances the argument that, in relation to gambling, the term “responsible” should not be used as an adjective describing procedural processes, for example, policies, strategies, or codes of conduct. Responsible gambling is an outcome, the end result of the application of procedural processes. Adopting this framework has the implication that governments, regulators, industry operators, and individuals all share a degree of accountability in achieving the ultimate objective of having individuals gamble within affordable limits. To avoid misinterpretation, we emphasize that no single entity in this framework assumes total responsibility. Instead, we recognize all as accountable for their actions within their sphere of influence. Currently, the predominant focus of attention of advocates is directed towards industry operators although there is some evidence that regulators are being targeted for their lack of action. Taking into account the concept of Responsible Gambling and the settings within which it can be used, we suggest that public health advocates are incorrectly targeting industry operators as the primary culprit responsible for gambling related problems. After considering the different settings that promote Responsible Gambling and the different activities that contribute to the achievement of that goal, we suggest that critics shift their predominant focus from the industry operators to pay equal, if not greater attention to the government policy decision makers that set the guidelines and rules for the conduct of industry and individuals. The government and their duly established operators must assume a shared responsibility and accountability for the policies and operations of legal gambling and the variety of adverse consequences associated with such activities. Given recent evidence that moderate risk and problem gamblers accept responsibility for their actions (Browne et al. 2019), the agency of individuals in making decisions cannot be reasonably set aside with the exception of those requiring protection from mental illness or other circumstances that adversely can affect decision making.

Funding Disclosures Alex Blaszczynski has received direct and indirect funding during the last 3 years for research projects, consultancies, book royalties, honoraria for conference presentations, and to cover travel expenses from sources including La Loterie Romande (Switzerland), Svenska Spel (Sweden), Club NSW (Australia), Camelot (UK), La Française des Jeux (France), Loto Québec (Québec, Canada), Crown Casino, National Lottery (Belgium), Sportsbet, Aristocrat Leisure Industries, Responsible Gambling Trust (GambleAware), NSW Office of Liquor, Gaming, and Racing, Gambling Research Australia, National Association for Gambling Studies, National Council on Problem Gambling, and Le Comité d'organisation Congrès international sur les troubles addictifs. He receives funding from the Routledge Group in his role as Editor in Chief for International Gambling Studies. All professional dealings have been conducted with the aim of enhancing responsible gambling and harm minimization policies and practices, training counsellors in the treatment interventions, and advancing our understanding of the psychology of gambling.

Howard Shaffer and the Division on Addiction have received funding from a variety of sources, including the Foundation for Advancing Alcohol Responsibility, the Healing Lodge of the Seven Nations via the National Institutes of Health (NIH) and Indian Health Services (IHS),

the Integrated Centre on Addiction Prevention and Treatment of the Tung Wah Group of Hospitals, which receives funding from the Hong Kong Jockey Club Charities Trust, DraftKings, the Massachusetts Gaming Commission, GVC Holdings PLC, and the Massachusetts Department of Public Health. In addition, during approximately the past 5 years, Shaffer or the Division on Addiction received funding from the National Center for Responsible Gambling, National Institutes of Health, the Alcohol Beverage Management Research Fund, the Danish Council for Independent Research, Heineken USA, Inc., bwin.party, St. Francis House, the State of Florida (i.e., as a subcontract to Spectrum Gaming Group), the Massachusetts Residential Substance Abuse Treatment for State Prisoners Grant Program (i.e., as a subcontracted evaluator for Worcester House of Corrections), and the Massachusetts Juvenile Accountability Block Grant Program as a subcontracted evaluator for Cambridge Police Department. Dr. Shaffer also has received speaker honoraria and compensation for consultation from the American Psychological Association, Las Vegas Sands Corp., Davies Ward Phillips and Vineberg, LLP, Freshfields Bruckhaus Deringer, LLP, and from the Dunes of Easthampton, a residential addiction treatment program, for serving as a consultant. Regarding this project, he did not receive any reimbursement from Laval University for travel or other expenses. He did not receive an honorarium associated with the international group on responsible gambling.

Robert Ladouceur has received funding during the last few years for consultancies, book royalties, honoraria for conference presentations, and to cover travel expenses from sources including La Loterie Romande (Switzerland), Club NSW (Australia), Comelot (UK), La Française des Jeux (France), Loto Québec (Québec, Canada), and National Lottery (Belgium). He is a member of the Independent Assessment Panel of the World Lottery Association.

Peter Collins is retired and receives no funding for gambling related research. As past Director of the Centre for the Study of Gambling at the University of Salford, UK, (Retired 2010) his work was funded by the UK casino and betting industries. As past Executive Director of the South African Responsible Gambling Foundation (Retired 2013) his work was funded by the South African gambling industries.

Compliance with Ethical Standards

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 for this manuscript.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Arlington, Va: American Psychiatric Association.
- Blaszczynski, A., Ladouceur, R., & Shaffer, H. J. (2004). A science-based framework for responsible gambling: The Reno model. *Journal of Gambling Studies*, 20(3), 301–317. <https://doi.org/10.1023/B:JOGS.0000040281.49444.e2>.
- Browne, M., Rockloff, M., Hing, N., Russell, A., Boyle, C. M., Rawat, V., ... Sproston, K. (2019). *NSW Gambling Survey 2019*. Report prepared for the Responsible Gambling Fund, https://www.responsiblegambling.nsw.gov.au/_data/assets/pdf_file/0008/881279/NSW-Gambling-Survey-2019-report-FINAL-AMENDED-Mar-2020.pdf.
- Easthope, G., & Hansen, E. (2007). *Lifestyle, health and disease Critical studies in health and society*. Abingdon, Oxfordshire: Routledge, an imprint of Taylor and Francis.

- Gray, H. M., Wiley, R. C., Williams, P. M., & Shaffer, H. J. (2020). A scoping review of "responsible drinking" interventions. *Health Communication*, 1–21. <https://doi.org/10.1080/10410236.2020.1733226>.
- Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies*, 15(4), 289–365.
- LaPlante, D. A., Gray, H. M., Williams, P. M., & Nelson, S. E. (2018). An empirical review of gambling expansion and gambling-related harm. *SUCHT*, 64(5–6), 295–306. <https://doi.org/10.1024/0939-5911/a000563>.
- Markham, F., Young, M., & Doran, B. (2015). The relationship between player losses and gambling-related harm: Evidence from nationally representative cross-sectional surveys in four countries. *Addiction (Abingdon, England)*, 111(2), 320–330. <https://doi.org/10.1111/add.13178>.
- Petry, N. M. (2005). *Pathological gambling: Etiology, comorbidity, and treatment* (1st ed.). Washington, DC: American Psychological Association.
- Quilty, L. C., Avila Murati, D., & Bagby, R. M. (2014). Identifying indicators of harmful and problem gambling in a Canadian sample through receiver operating characteristic analysis. *Psychology of Addictive Behaviors*, 28(1), 229–237. <https://doi.org/10.1037/a0032801>.
- Resnik, D. B. (2007). Responsibility for health: Personal, social and environmental. *Journal of Medical Ethics*, 38(8), 444–445. <https://doi.org/10.1136/jme.2006.017574>.
- Shaffer, H. J., & Korn, D. A. (2002). Gambling and related mental disorders: a public health analysis. In J. E. Fielding, R. C. Brownson, & B. Starfield (Eds.), *Annual review of public health* (Vol. 23, pp. 171–212). Palo Alto: Annual Reviews, Inc..
- Shaffer, H. J., & Martin, R. (2011). Disordered gambling: Etiology, trajectory, and clinical considerations. *Annual Review of Clinical Psychology*, 7(April), 483–510. <https://doi.org/10.1146/annurev-clinpsy-040510-143928>.
- Shaffer, H. J., Blaszczynski, A., & Ladouceur, R. (2017). Truth, alternative facts, narrative, and science: What is happening to responsible gambling and gambling disorder? *International Journal of Mental Health & Addiction*, 15(6), 1197–1202.
- Shaffer, H. J., Blaszczynski, A., Ladouceur, R., Collins, P., & Fong, D. (Eds.). (2019). *Responsible gambling: Primary stakeholder perspectives*. New York: Oxford University Press.
- Shaffer, H. J., Ladouceur, R., & Blaszczynski, A. (2020a). Considering the public health and Reno models: Strategic and tactical approaches for dealing with gambling-related harms. *International Journal of Mental Health & Addiction*. <https://doi.org/10.1007/s11469-019-00149-3>.
- Shaffer, H. J., Ladouceur, R., & Blaszczynski, A. (2020b). Gambling control and public health: let's be honest. *International Journal of Mental Health & Addiction*, 18, 819–824. <https://doi.org/10.1007/s11469-020-00240-0>.
- van Schalkwyk, M. C. I., Cassidy, R., McKee, M., & Petticrew, M. (2019). Gambling control: in support of a public health response to gambling. *Lancet*, 393(10182), 1680–1681. [https://doi.org/10.1016/S0140-6736\(19\)30704-4](https://doi.org/10.1016/S0140-6736(19)30704-4).
- World Health Organization, Health and Welfare Canada, & Canadian Public Health Association. (1986). *Ottawa charter for health promotion*. Paper presented at the International Conference on Health Promotion: The Move Towards a New Public Health, Ottawa, Ontario, Canada. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Affiliations

Alexander Blaszczynski¹ · Howard J. Shaffer² · Robert Ladouceur³ · Peter Collins⁴

¹ Faculty of Science, Brain and Mind Centre, School of Psychology, University of Sydney, Sydney, New South Wales, Australia

² Department of Psychiatry, Harvard Medical School, Division on Addiction, Cambridge Health Alliance, Malden, MA, USA

³ Laval University, Quebec, Canada

⁴ Cape Town, South Africa