



Critiquing the Reno Model I-IV International Influence on Regulators and Governments (2004–2015)— the Distorted Reality of “Responsible Gambling”

Linda Hancock¹  · Garry Smith²

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Abstract This article critically examines the Reno Model responsible gambling undertaking: its evolution, core ideological beliefs and promotion in four internationally influential journal articles, published between 2004 and 2015. This discourse has framed the international RG policy landscape for over a decade; emphasising individualised responsibility for harms and providing governments with justifications for compromised RG regulation. Axioms of the Reno Model are individual responsibility, framed as personal control and autonomy for informed choice and a focus on problem gamblers who manifest clinical symptoms of impaired control. Drawing on corporate political activity (CPA) analysis, regulatory-avoidance framing strategies of the gambling industry include shaping the evidence base, policy substitution (voluntary industry operator codes of conduct and problem gambler treatment programs) and assertions of insufficient evidence for introducing reforms. Barriers to ethical RG standards include deception and exploitation, faulty regulation and grim working conditions in gambling environments, along with Reno Model adherents’ dismissal of contradictory evidence. The critique proposes a shift in the dominant regulatory Model from industry self-regulation under self-monitored codes of practice to RG-Consumer Protection that addresses structural issues of power and vested interests, featuring core principles of public health, consumer protection, operator duty of care, regulatory transparency and independent research.

Keywords Reno Model · Gambling regulation · Public health · Responsible gambling movement · Framing · Advocacy Coalition Framework (ACF) theory · Corporate Political Activity (CPA) theory

In calling for clear principles to guide gambling research, Livingstone and Adams (2015, p. 6) note that without such guidelines, the “research agenda will continue to be distorted in a way

✉ Linda Hancock
Linda.hancock@deakin.edu.au

¹ Alfred Deakin Institute for Citizenship and Globalisation, Deakin University, 221 Burwood Hwy Burwood, 3125 Victoria, Australia

² University of Alberta, T5J4P2 Edmonton, AB, Canada

that fails to address fundamental issues at a policy level.” We concur with their observation and in this analysis of the responsible gambling (RG) movement, the Reno Model’s decade long reign over academic, policy and government regulatory discourses is deconstructed.

The rapid and radical expansion of gambling over the past twenty or so years occurred with minimal regard for effective RG safeguards. Gambling products (electronic gambling machines [EGMs] and continuous platform products in particular), have intensified. Gambling venues have proliferated, especially in disadvantaged communities, gambling has spread to internet platforms lacking consumer protections, and RG regulation has been marginal – despite a growing body of largely overlooked critical evidence (Bakken et al. 2015; Campbell and Smith 2003; Cassidy 2014; Chambers 2011; Dow Schull 2012; el Guebaly et al. 2005; Hancock 2011; Productivity Commission 2010; Reith 2004; 2013; Smith and Rubenstein 2009).

We are not anti-gambling. Our aim is to foster legal gambling environments that are equitable, ethical, empathetic and non-exploitative. Consequently, this article evaluates the RG movement, how it evolved and its lack of clear definition and firm guidelines. We then examine how RG has been circumscribed in four influential journal articles, (Reno Model mark I-IV published in academic journals from 2004 to 2015), by probing the basic assumptions of the Reno Model and overviewing Reno mark I-IV. These four articles emphasise individual responsibility for harms and in so doing, provide governments with justifications for compromised RG regulation. Drawing on Savell et al.’s (2014) corporate political activity (CPA) theory, framing strategies of the gambling industry are aligned with core Reno I-IV concepts.

We assess RG operations and the pervasiveness of individual responsibility for harms, against Eadington’s (2003) four stages for achieving RG, Hing’s (2010) hierarchical five-step evolution of RG, and Swedish Svenska Spel’s adoption of individual responsibility.

We then discuss barriers to RG – deception and exploitation, faulty regulation and grim working conditions in gambling environments. Explaining how these barriers have endured despite contradictory evidence, and “the Reno advocacy coalition’s” resistance to reforming RG. We espouse the usefulness of the Advocacy Coalition Framework (ACF) theory of biased assimilation and trusted collaboration within the Reno policy network elite (drawing on Henry 2011; Sabatier and Jenkins-Smith 1999 and others).

In the final section we argue that our critique of the Reno Model signals the need for a new approach to RG-with-Consumer Protection based on core principles related to (authentic as opposed to pseudo) public health, consumer safety, operator duty of care, integrity of operations and independent regulation and research. We maintain this reformulation requires a shift in the dominant regulation and governance model away from gambling industry self-regulation under self-monitored codes of practice, to mandatory externally monitored integrity standards that preferably, are internationally agreed upon, well publicised, enforced and include gambling products, practices, marketing, environments and operations within a new transparent governance frame. In all of this we need a debate on whether RG is too tarnished to keep at all and if so, what would replace it.

Origin, Development and Context of the RG Movement

Gambling expansion over the past three decades was driven by government and gambling industry revenue demands. At the outset (the timing varies from the early 1970s to the early 2000s, depending on the jurisdiction), expansion was justified on the grounds that gambling was an innocuous pastime that participants could engage in with few, if any, ill effects

(Campbell and Smith 2003). In addition to gambling's purported entertainment value, expansion was sold on its job creation potential, government debt reduction capacity and efficacy in supporting worthy causes (Room 2005). However, amidst these perceived free market benefits, it was presumed that governments would strictly regulate the industry, because of gambling's long standing association with vice, crime and shady dealings (Kingma 2008; Skolnick 1978).

As legal gambling opportunities spread, the main security focus of governments was to "keep the activity free from criminal elements and away from minors" (Hing 2010, p. 22). Coincidentally, in the rush to capitalise on new gambling opportunities, few governments had the foresight to implement problem gambling prevention and treatment programs. In fact, governments were seen as taking a covetous interest in citizens' gambling losses, which led to pointed questions about the probity of the state simultaneously acting as gambling provider, regulator, and beneficiary. Notwithstanding, these and other cogent policy issues were neither thoroughly debated nor satisfactorily resolved. Consequently, 'harm minimisation' and later, 'responsible gambling' initiatives were characterised by retrofit measures that bore little relation to the broader evolving research evidence on best practices to prevent harms (Campbell and Smith 2003; Hancock 2011). As a result, gambling regimes proliferated whereby revenue production overrode the public interest and gambling was offered and conducted in a manner that engendered preventable personal and social distress.

When adverse consequences of the activity became too glaring to ignore, pro-gambling rhetoric came under criticism (Campbell and Smith 2003). Challenges arose from prevalence studies showing high rates of problem gambling; increasing numbers of Gamblers Anonymous chapters; media reports of gambling-related suicides, bankruptcies and crimes committed by problem gamblers; research indicating that gambling was not the economic revitalisation or urban renewal nostrum it was intended to be; citizen opposition to proposed gambling venues and perceived dangerous gambling formats such as EGMs (for example, Crofts 2003; Dow Schull 2012; MacLaren 2016; O'Connor and Dickerson 2003; Orford et al. 2009; Productivity Commission 1999, 2010; Reith 2004, 2013; Smith et al. 2011; Storer et al. 2009; Woolley et al. 2013; Williams et al. 2011a, b). The tepid initial responses to these challenges were to "invoke euphemisms such as *gaming* for gambling, *players* for gamblers and *take out* or *profit* instead of player losses;" (Campbell and Smith 2003, p.139–140); promote gambling as a freedom of choice issue (no one is forced to gamble) (Shaffer et al. 2015); re-brand gambling as recreational entertainment (Blaszczynski et al. 2004); enumerate the economic benefits of gambling; and support the nascent RG movement (Productivity Commission 2010).

Non-coincidentally, therapy and treatment for 'problem gamblers' was encouraged, as opposed to prevention, which represented a threat to business as usual (Campbell and Smith 2003, p. 137) and gambling industry-funded research commissioned by the US National Center for Responsible Gaming (NCRG) has prioritized medical model neuroscience and genetics focused on drug treatment for 'disordered gambling behaviour' (Browne et al. 2014, p. 344–345). As Browne et al. (2014) point out, explaining problematic gambling-associated behaviour residing in individuals (who are really victims), enables casinos to 'escape effective regulation'.

In response to growing citizen concerns over gambling-related personal suffering and social disruption, modest RG measures began to surface in the late 1980s. Despite some progress in raising these standards over the past two decades, appropriate general principles and basic requirements (Blaszczynski et al. 2011; Shaffer et al. 2015) are still not widely in effect; hence the term 'distorted reality' in our title. Despite an ongoing global advisement concerning RG, weak regulatory oversight and predatory gambling practices continue. This situation is unavoidable when profit logic rules over public interest-driven regulation and governance.

As chronicled nearly 40 years ago by Skolnick and Dombrink (1979, p. 784): “if economic enhancement is the purpose behind gambling legalisation, the controls, no matter how tightly drawn, will be eroded in response to perceived economic needs.”

In concert with this view, Australian Productivity Commission Chairman Gary Banks (2011) asserted some years after their 1999 report, that the recommendations for mitigating the adverse effects of widespread gambling in Australia, produced little targeted research or policy activity. In particular, scant headway was made in EGM design modification, problem gamblers continued contributing a disproportionate share of gambling revenues, and broader consultation and transparency remained largely absent from gambling policy development.

Public interest proposals such as compensation for harms as expressed in the Productivity Commission’s 2009 draft final report were dropped from the Final Report a year later, under pressure from the industry. Likewise, reforms presented in the final Productivity Commission Report (2010) such as lower bet limits (A\$1 per button press and capping losses at A\$150 per hour), time and money pre-commitment strategies, and the appointment of independent gambling regulators and an independent national research institute, were not implemented. These suggested betterments were aimed at creating a more sensible and humane gambling environment; one offering a safe, fair, and high quality entertainment product, while also curbing collateral damage such as player exploitation, misery and depression, negative family and community impact and financial ruin (Productivity Commission 2010).

Reinforcing the importance of upgraded RG standards are the results of gambling attitude surveys conducted in the United Kingdom and Canadian province of Alberta. These studies reveal that widespread commercial gambling is perceived to be discordant with a beneficial community quality of life (Orford et al. 2009; Smith et al. 2011). Ironically, gambling expansion was rationalised on the presumption that citizen attitudes toward gambling had moderated “away from a negative moralising view toward acceptance of it as a largely unproblematic, normal leisure pursuit” (Orford et al. 2009, p. 40). This pretext was challenged by the UK study whose respondents’ thoughts were that: “gambling is foolish and dangerous, that on balance it is bad rather than good for families, communities and society as a whole, and should not be encouraged” (Orford et al. 2009, p. 51).

Australian respondents also took exception to widespread gambling, and as with the UK and Alberta surveys, not to the extent of wanting to ban the activity, but in terms of favoring tougher restrictions on gambling, especially with regard to mandatory player time and/or money pre-commitments on EGMs and gambling regulations being strictly enforced (McAllister 2014). Corresponding with the Hing et al. (2016) observation that Australians’ awareness of gambling-related harm has increased, McAllister conjectured “that the liberalisation of gambling has proceeded as far as the public currently wants it to go and, future policies need to address more directly ways to reduce the harmful social consequences of gambling” (McAllister 2014, p. 158).

The preceding commentary suggests that gambling power brokers are unaware of, or indifferent to, empirical research findings that could reduce gambling harms; the generally negative public attitudes toward the activity; and the sub-standard RG measures currently in place (Williams et al. 2012b). Bureaucratic inertia has created flawed gambling regimes where citizen welfare is eclipsed by an unwavering loyalty to the bottom line. At the same time, the power of gambling industry lobbying and political activity, plus the co-dependence of governments on gambling tax revenue, along with secretive government-industry deals on concessions to the industry, have produced a recipe for feckless public policy (Cassidy 2014; Dow Schull 2012; Hancock et al. 2008; Hancock 2011; Miedema 2012; Productivity Commission 2010).

Framing the RG Landscape – the Reno Model of RG

RG is a commonly used, albeit nebulous term, that according to McMillen and McAllister (2000), applies to “the provision of gambling services in a way that seeks to minimise the harm to customers and the community associated with gambling” (p. 7). A lack of clarity around the concept has been attributed to its amorphous definition and its discretionary operationalization by gambling providers (Blaszczynski et al. 2004).

In the following section we examine research directed at shaping RG policy and constructing dominant RG narratives. Ongoing commentary by an international group of gambling studies scholars has focused on developing principles, minimal requirements, and a strategic framework for RG (Blaszczynski et al. 2004; Blaszczynski et al. 2008; Blaszczynski et al. 2011; Collins et al. 2015). This RG doctrine emerged from collegial roundtables supported by government and commercial gambling interests. The outcome of these deliberations was the Reno Model, set forth in four key publications between 2004 and 2015, which we refer to as Reno Model mark I-IV. The first article, *A science-based framework for responsible gambling: The Reno model*, was published by the Journal of Gambling Studies (Blaszczynski et al. 2004). Initially created to stimulate discussion around effective RG principles and schemes, the Reno Model’s stated end goal was to establish a global consensus on RG standards, definitions, and measuring instruments, leading to a cooperative research agenda that could ultimately help lower problem gambling incidence and prevalence rates. Once operational, the Reno Model was to be refined through systematic empirically-based evaluations.

Basic assumptions guiding the Reno Model:

- Gambling is a legal, regulated form of entertainment or recreation.
- The ultimate decision to gamble resides with the individual, but to make this decision intelligently, players must be informed of how the games work and the possible consequences of their actions.
- Gambling may harm a small number of players. RG programs should primarily target high-risk populations and problem gamblers.
- RG measures should be carefully evaluated for undermining the enjoyment of recreational gamblers
- The social benefits of legal gambling exceed the social costs.
- Scientific research can and should guide harm reduction strategies.
- Key RG stakeholders have similar goals and need to work collaboratively.
- Gambling providers must not knowingly exploit vulnerable citizens.

The Reno Model was welcomed by governments, regulators and the gambling industry, ostensibly because little was expected of them in the way of accountability. Also, using RG in promotional materials gave the appearance of an industry and government with a social conscience. On the other hand, while researchers considered the Reno Model a useful starting point for discussing RG issues, they entertained doubts about its narrowness of scope, over-dependence on psychological and medical perspectives, insufficient concern for consumer safety, and being soft on what was expected from governments and the gambling industry (for example, Schellinck and Schrans 2004a, b). Livingstone et al. (2010) challenged the Reno Model for its overemphasis on the individual’s obligation to gamble responsibly, while placing little or no emphasis on harm-inducing gambling policies, formats, and environments. Similarly, O’Connor and Dickerson (2003) had previously argued that machine formats nullify

consent once players are in ‘the zone’ of lack of control over their gambling. Downshifting responsibility to individuals benefits gambling providers, because their role is then limited to helping players make informed decisions. This scenario conveniently protects profit margins while obscuring the influence of other factors such as deceptive and misleading gambling products (Alliance for Gambling Reform 2016) and predatory gambling industry practices (Dow Schull 2012), that contribute to gambling-related harm.

Reno Mark II was “prepared for” the Australian Gaming Council (AGC) (the peak administrative body for the Australian gambling industry), and promoted in a dedicated AGC publication (Blaszczynski et al. 2005) as well as AGC-hosted author launch presentations to gambling researchers, policy makers, regulators and industry. The AGC paper, *Current issues, informed choice and gambling: Principles for consumer protection*, later academically published (Blaszczynski et al. 2008), continued the focus on individual responsibility with ‘informed choice’ as its centrepiece. It sought to link democracy and civil liberties to a primary individual responsibility for health; with a focus on education (including “on the nature of gambling as entertainment,” (Blaszczynski et al. 2008, p. 11), information and a narrow reading of public health approaches to enable informed choices and persuasion for individual behavioural change. They argue gambling more time or money than intended “is the outcome of a series of poor decision-making and/or ill-informed choices” (Blaszczynski et al. 2008, p. 106).

Reno II reiterates that “a science-based approach should form the foundation for effective socially responsible public policies designed to protect consumers, minimize social harm and maintain a sustainable gambling industry” (Blaszczynski et al. 2008, p. 104). The role of industry is to provide information to promote and foster RG behaviour “within the scope of government regulations and community expectations” (Blaszczynski et al. 2008, p. 105), and RG should help achieve a balance between individual and industry obligations. Not specified are the necessary and sufficient conditions that enable prudent informed choices. Meirs (2016) contends that merely being informed about the risks inherent in any gambling game is no guarantor of safe consumption. Critics of informed choice note that ‘fair and open’ information about gambling products is a necessary, but not a sufficient condition of responsible gambling. According to Dickerson (2003a, b) a focus on information places too great an emphasis on individual behavior, when the gambler may have only a limited understanding of the product’s environmental and structural characteristics.

A follow-up article Reno III, written by the Reno Model authors and others in 2011, *Responsible gambling: General principles and minimal requirements*, concluded that there is no research on the impact of RG measures and that what is needed is a cost-benefit analysis that balances the promotion of RG principles against restricted civil liberties. The authors cited certain duties for governments, industry and gamblers in order to create safe gambling environments (Blaszczynski et al. 2011): governments develop regulations that maximise consumer protection, and monitor compliance in these areas; industry - requirements in this category consist of a list of don’ts; that is, make misleading claims, engage in exploitative practices, omit or disguise relevant information, develop products that encourage excessive gambling or target inappropriate subpopulations; individual gamblers - are to take responsibility for understanding the nature and risks associated with the products they consume and the main responsibility for RG falls on the individual. “Once informed about the attributes of an activity, gamblers assume the burden of gambling responsibly; they must consider the individual and social consequences of their gambling choices and decisions to persist within and across sessions” (Blaszczynski et al. 2011, p. 567).

We too accept that gamblers must bear responsibility for their actions; however, it must also be recognized that just as there are problem gamblers, so too are there problem gambling formats, environments and business practices (Dow Schull 2012). “The gambling addiction process most commonly suggests a causal chain that extends beyond the vulnerability of individuals to the material contribution of gambling providers” (Smith and Simpson 2014, p. 320).

A fourth paper, *Responsible gambling: Conceptual considerations* (Collins et al. 2015 [Reno IV]) tried to clarify the concept of RG by introducing three moral positions (prohibitionism, libertarianism, and restrictivism) believed to underpin citizen’s perceptions of legal gambling. The thrust of their argument is that RG policies are often based on moral grounds rather than rooted in scientific proof (no examples are provided). Two of the hand-picked moral positions are straw men to the extent that only a small minority advocate a complete ban on gambling, and likewise, few favour wide-open gambling environments such as exist in Nevada and Macau. Despite operational and policy limitations, most citizens expect and accept restrictive gambling policies (McAllister 2014).

Collins et al. (2015) discuss how competing value judgments can influence RG policy development and maintain that empirical data, not moral considerations should be the final determinant. Given that gambling remains a highly contested moral activity (Smith and Rubenstein 2009), it seems paradoxical to endorse a morally neutral position. The article’s focus on moral neutrality is contradictory because some of their precepts are in fact moral positions; for example, placing the onus for RG on individuals while absolving gambling providers from liability, allowing gambling formats that are harmful and dismissing on-site staff interventions as a way of assisting gamblers under duress.

Counterpoints to the moral neutrality stance, we argue, include: freedom of choice without wisdom and direction can lead to moral disaster; a reliance on empirical research to resolve moral issues is questionable in this instance given the industry’s penchant for controlling the research agenda (Smith 2015); existing independent research by gambling studies scholars that could bolster RG initiatives is often ignored by captured researchers and policy makers (Cassidy 2014; Smith 2015); and the inference that moral convictions have no value in public debates unless they can be repackaged as scientific conclusions, needs to be challenged (Carter 1998). Finally, lost in the Collins et al. discussion is the concept of ‘moral courage’; that is, acting on principle even when it means going against the grain. Here we refer to the absence of RG guidelines for dealing with EGMs, despite their notoriety as being the most hazardous gambling format (Dow Schull 2012; Productivity Commission 2010).

Moreover, the Reno authors’ pluralist relativism is reminiscent of the debate on the role of values in social sciences sparked by Alvin Gouldner (1962) and others in the 1960s; the aftermath of which was to call for explicit identification of values, rather than claim to be value free. The values lurking beneath the statement that scholars (as opposed to community members) have no role taking sides on “general ethical controversies arising from competing conceptions” (Collins et al. 2015, p. 595) of how people should live or how gambling should be regulated, are dismissive of principles-based arguments invoking for example, human rights or consumer protection. These have no role because opposing arguments are framed relativistically, as ‘ethical controversies’ beyond resolve. Instead, they take the supposedly neutral, but value-laden path of recommending researchers’ role be limited to “scientific understanding of the empirical evidence,” which they link to cost-benefit assessments of different policies. In other words, a brokered outcome based on cost-benefit compromises, which trump more definitive objectives of principles-based regulation, and not surprisingly, serves to protect ‘business as usual’.

Overview of Reno Model I-IV

The table below summarises the key conceptual foci and messages in over a decade of Reno I-IV narrative and framing of RG. This portrayal also draws on the corporate political activity (CPA) framework developed by Savell et al. (2014) to illustrate strategies/tactics and frames/arguments used by the tobacco industry to influence marketing regulation (Savell et al. 2014). Strategies identified by Savell et al. include: information, constituency building, policy substitution, legal, constituency fragmentation and destabilization and financial incentives (for example, employment). Gaps and omissions are as important as what is asserted. We note that Reno Model key concepts involve in particular, *information strategies and shaping the evidence base*, *constituency building* (governments collaborating with industry) and *policy substitution* (invoking voluntary industry operator codes of conduct and educational/information programs for patrons, rather than public health or consumer protection, with the overarching aim of avoiding more intrusive government regulation).

Incrementally, Reno I-IV follow a consistent emphasis on *individual responsibility*, framed as personal control and autonomy for *informed choice* and focused on *problem gamblers* who manifest clinical symptoms of *impaired control* (hence also reinforcing a medical treatment rather than broader political economy or consumer protection models). Their emphasis on educating gamblers as the basis of informed choice does not include information on the lack of safety of EGMs or as critics note – “the capacity to lose substantial sums in short time frames, and absolute uncertainty about the price of play” (Livingstone et al. 2010, p. 4). In Reno IV, Collins et al. (2015, p. 596) argue in an appeal to relativism, that with the introduction of different schools of philosophical thought, gambling, problem gambling and responsible gambling are all a matter of value judgment.

The framing of *harm minimization* (Table 1) stays on-message across Reno I-IV 2004–2015, as RG lacking any clear definition and focused on player information and education, and RG as a collaborative multi-stakeholder effort. Illustrative of *policy substitution*, harm minimization is linked to excessive gambling; rather than re-regulation of harm-associated products such as EGMs or measures to address venue practices or gambling industry marketing that exploit patron vulnerabilities across the spectrum of risk/harm. Similarly, in Reno III, minimal essential measures are proposed: population based education (raising awareness about responsible gambling) staff training and information on treatment, signage, underage restrictions, self-exclusion, “ethical practices for advertising” and modifying structural features that might contribute to excessive gambling (Blaszczynski et al. 2011, p. 569) – all remarkable for what is omitted as integral to continued framing as individual responsibility for harms. Public health (mentioned once in Reno III) is equated with collaboratively designed RG programs aimed at target audiences with the caveat that such measures need to be weighed against restricting the civil liberties of others (Blaszczynski et al. 2011, p. 569), that is, recreational gamblers assumed to be non-problem gamblers.

In terms of *main messages*, Reno I-IV reinforce the lack of conceptual clarity and consensus on RG and informed choice as a pivotal requirement of RG. In Reno III they say, “debate and confusion continues to abound” (Blaszczynski et al. 2011, p. 569) and in Reno IV, argue it is about values, not empirical facts (Collins et al. 2015).

More research is repeatedly called for [Savell et al.'s (2014) *insufficient evidence frame*]; yet such recommended research is limited to PG screens, correcting erroneous beliefs (a foundation of clinical cognitive behaviour therapy [CBT]), cost-benefit analysis on RG measures on those who ‘choose to gamble’, how individuals may react to information, education and treatment, and more emphasis on clarifying value judgments underlying opposing policies. In Reno IV more research on design features of venues and EGMs and availability of gambling

Table 1 Key concepts and messages in Reno I-IV

Reno I-IV	Reno I 2004 “a strategic framework”	Reno II 2005/8	Reno III 2011	Reno IV 2015
Individual responsibility	RG Personal control	RG Personal control	RG Individual responsibility for understanding risks	RG Onus for RG is on individuals who have freedom of choice
Informed choice	Informed choice	Informed choice	Informed choice	Libertarians extol individual freedom of choice
Problem gamblers and impaired control	Problem gamblers (problem, compulsive, disordered, neurotic, excessive and pathological gamblers)	Impaired control	Impaired control. Clinicians use problem, compulsive, pathological	Defining problem gamblers is a value judgment.
Harm minimization (HM)	Need empirical data on HM measures, impact unknown	HM focused on inform and educate	HM and RG collaborative effort by governments, industry and gamblers	HM linked to excessive gambling harm as relativistic, depending on philosophical stance
Main message	Lack of conceptual clarity on RG No consensus on RG	Informed consumer is “the foundation of prevention” “Informed choice is a pivotal requirement of RG”	Lack of conceptual clarity on RG.	It’s about values, not empirical facts. Relativist pluralism means no one view prevails – there is no definitive answer on RG
More research please	Better screens “to identify gamblers that experience clinically significant consequences”.	Research on effectiveness of particular messages and information for informed choice, to correct erroneous beliefs about gambling	Research on cost-benefit impact of RG measures on those who “choose to gamble”	Research on providing greater conceptual clarity on value judgments underpinning policies and practices and impact of information and treatment

is mentioned– but there is no engagement with research that has already examined these issues, or detail on what is needed for sound policy, regulation and governance following public interest (consumer protection) principles.

In terms of tactics (Table 1), concepts are used from opposing ideological positions critical of their individually focused informed choice stance – public health, consumer protection, and consumer choice, but more as a form of re-appropriation and assertion rather than accepted meanings of these concepts; and in particular, the avoidance of prevention (beyond educating individual gamblers); emphasized as central to public health approaches (Korn et al. 2006). Illustrating policy substitution, Reno III reframes maximizing consumer protection as “informed consumer choice”. Duty of care translates into educating individuals, gambling within limits and data for informed decision-making. Reno IV claims that governments bear responsibility for consumer protection and notes a relativist argument about conflicts between consumer choice and consumer protection, but avoids saying what should be done.

Summing Up Reno I-IV

The Reno I-IV articles stem from a libertarian ideology which holds that ‘individuals should decide for themselves what is good’ (Etzioni 2004, p. 1) and disdains government regulations that diminish individual liberty and autonomy (Reith 2004). The articles herald the importance of free markets, freedom of choice, gambling as entertainment, the gambling industry being similar to other legal enterprises, yet unfairly heavily taxed and over-regulated and the need to strike a balance between government tax and gambling industry profits on the one hand, and social and economic costs, as though these are equivalents. The appeal to pluralist relativism in Reno IV discredits the research that is massing on what can effectively be implemented to reduce risk and harm. For example, reducing bet limits, banning note acceptors, banning ATMs in or near venues, restricting venue hours of operation, tracking players for targeted protective interventions, re-regulating products like EGMs and venue practices that exploit vulnerable patrons and licensing restrictions to reduce clustering of gambling venues in disadvantaged communities and venues open for extended hours.

The elephant in the room is the links between Reno authors and the gambling industry.

The details of industry funded research and activities for the four primary Reno Model authors drawn from recent declarations of interest and other publicly available sources and shown in Table 2, is illustrative, rather than exhaustive. It shows significant industry funding and evidence of international reach of Reno messages. Whether or not industry sponsorship results in biased or selective research is contested (Błaszczynski and Gainsbury 2014; Cassidy 2014; Griffiths and Auer 2015; Wohl and Wood 2015). However, transparency of disclosure has only recently become more prescriptive, although this is typically partial, and often restricted to the past three years or whether industry funded the specific research. The focus is on disclosure of research funding rather than confidential consultancies for industry. Key issues include lack of adequate disclosure (for example, industry funding received by auspicing universities), conflict of interest, insider confidentiality and the influence of government and gambling industry funding on research integrity. This is not to mention Reno authors’ involvement in academic journals complicit in the reproduction of research that reinforces the informed choice model, and the focus on problem gambling and treatment for individual problem gamblers as the focal point. Vital to disclosure is transparency of a researcher’s full funding history to enable readers to make their own judgments about research integrity and independence. There are certainly examples of compromised research

Table 2 Gambling industry sponsorship and international reach for core Reno Model authors: Blaszczynski, Shaffer, Ladouceur and Collins

Reno core authors	Gambling industry sponsorship	International reach
Alex Blaszczynski Professor of Clinical Psychology, and Director of the University of Sydney's Gambling Treatment Clinic and	- financial professional dealings with the gambling industry and various state and federal governments directly and indirectly over the last 3 years including research funding, personal fees for professional consultancy, honaria for grant reviews funding and expenses covered to attend and present at conference and government meetings from the following gambling industry operators including: La Loterie Romande (Switzerland), ClubNSW (Australia), Camelot (United Kingdom), La Française des Jeux (France), Loto-Québec (Québec, Canada), and the National Lottery (Belgium) for supporting this pro- ject. (listed in Shaffer et al. 2015). Additional gambling industry support: Svenska Spel (Sweden), Casino Austria, Sportsbet, British Columbia Lottery Corporation, and Aristocrat Leisure Industries (Victorian Responsible Gambling Foundation 2016).	Guest speaker at numerous conferences internationally. Editor-in-chief of International Gambling Studies. "I have had financial professional dealings with the gambling industry and various State and Federal governments over the last three years including": Received research grants from gambling industry corporations, governments, and research bodies within Australia, USA, and Canada (Shaffer et al. 2015, p. 297) Expertise, reports, compensation and reimbursement from governments and gambling industry corporations within Australia, USA and Canada (cited by Cassidy 2015). Chair, Independent Research Oversight Panel UK, GambleAware 2017
Howard Shaffer Cambridge Health Alliance, Harvard Medical School #	The Division on Addiction at the Cambridge Health Alliance has received funding support from a variety of sources, including the following: bwin.party Interactive Entertainment, AG. The authors extend special thanks to La Loterie Romande (Switzerland), ClubNSW (Australia), Camelot (United Kingdom), La Française des Jeux (France), Loto-Québec (Québec, Canada), and the National Lottery (Belgium) for supporting this project (Shaffer et al. 2015) "The Transparency Project (http://www.thetransparencyproject.org) is an example of an attempt by a group of researchers (lead by Howard Shaffer and Debi LaPlante of the Division on Addictions at the Cambridge Health Alliance, a teaching affiliate of Harvard Medical School) to share data contributed by an industry sponsor (bwin.party digital entertainment) (Cassidy 2014, p. 351) The authors extend special thanks to La Loterie Romande (Switzerland), ClubNSW (Australia), Camelot (United Kingdom) (Shaffer et al. 2015) La Française des Jeux (France), Loto-Québec (Québec, Canada), and the National Lottery (Belgium) for supporting this project. (listed in Shaffer et al. 2015).	Guest speaker at numerous conferences internationally, 2007 National Center for Responsible Gaming (NCRG) Scientific Achievement Award in the senior investigator category (Las Vegas).
Robert Ladouceur Professor Emeritus at Laval University in Quebec City.		Guest speaker at numerous conferences internationally, <i>Over coming pathological Gambling</i> a therapist and client guide (with Stella Lachance) Oxford University Press 2007, translated into Chinese and Japanese. "His cognitive treatment for pathological gamblers developed at Laval University is widely used around the world" (GambleAware 2016 Independent Research Oversight Panel, UK). He has published 450 scientific papers, made 500 presentations and published 5 books.

Table 2 (continued)

Reno core authors	Gambling industry sponsorship	International reach
Peter Collins Professor of Public Policy Studies at the University of Salford (retired 2010)	<p>“Centre for the Study of Gambling at the University of Salford in the United Kingdom which received £100,000 a year from casino corporations including MGM Mirage, Isle of Capri and Kerzner International” (Cassidy 2014, p. 350).</p> <p>Collins received funding from Bacta* for research presented at GambleAware 2016 conference (Collins et al. 2016).</p>	<p>Guest speaker at numerous conferences internationally</p> <ul style="list-style-type: none"> - Director of the Centre for the Study of Gambling. Executive Director of the South African Responsible Gambling Programme (1999–2013) -Trustee Gamcare (to 2015) - special adviser to the Joint Scrutiny Committee on the Gambling Bill (2003–04) and to the Strategy Board (2008–09) (GambleAware 2016)

Division received around seven million US dollars, one part of which was retained for its own research and another part of which was distributed to other researchers

Between 1996 and 2009, the Cambridge Health Alliance Division received approximately seven million dollars from the gambling industry (Adams 2011, p. 147)

*Bacta is the principal trade association for the amusement and gaming machine industry in the UK,

methodology in industry-funded research (discussed by Banks 2002; Hancock and Hanrahan 2015 in relation to Britain). Funder-bias is indicated in recent British research funded by Bacta (the principal trade association for the amusement and gaming machines industry in pubs, clubs, family entertainment centers in the UK), by Collins et al. (2016). Surprisingly, they compared harm reduction effects of maximum stakes of £10 and £50 on B2 machines in UK betting shops, when advocates for harm reduction have argued for a much lower £2 maximum stake in non-casino venues (APPG 2017), which would have been more useful research for assessing harm-reduction benefits. Their focus on establishing the validity of a £10 stake, may have more to do with Bacta's future intentions to lobby for raising stakes on their community venue machines to £10, than testing the harm-reduction effectiveness of a £2 stake.

Reno Model influence has even penetrated the judicial system. The authors have appeared as expert witnesses in trials where plaintiffs have alleged that a gambling provider has breached its duty of care by knowingly allowing, even encouraging, the addicted gambler to lose an enormous sum of money. Typically, prosecutors argue that the individual is solely responsible for any losses and the gambling operator has no liability in these instances (for example, *R v Jamieson* 2006).

Lately, parallels have been drawn between gambling and other legal commodities that impinge on public health such as tobacco, alcohol and fast food (Markham and Young 2015). Similarities include that they all: can cause serious harm (Orford 2011, p. 226–27); question the validity of scientific evidence to prevent regulation; use a script that stresses personal responsibility; lobby governments with substantial resources to blunt efforts to make their products safer; and use moral disengagement strategies to manipulate and disavow the addictive nature of their products (Bandura 2002).

There are glaring gaps and omissions in Reno I-IV. For example, no collective wisdom is provided for resolving contentious matters such as how to deal with hazardous gambling formats. There is no explanation of why the precautionary principle, which states “that action should be taken when there is evidence that not to do so would cause harm” (Kurland 2002, p. 498), is not a legitimate RG strategy when as they claim, empirical data is lacking. They fail to address the lack of transparency of industry practices under commercial confidentiality or contest the typically ‘light touch’ regulation and cozy relationships between industry and regulators that jeopardise RG, and provide no disquisition on how to suppress the corruption that exists within the sphere of commercial gambling (Transparency International 2016). Exploitative practices, using products that foster excessive gambling and not providing relevant industry disclosure are mentioned by the Reno Model authors as industry don'ts (Blaszczynski et al. 2011), but cited as ‘business as usual’ operations by Livingstone and Woolley (2007). The RG half-measures propagated in the Reno I-IV articles have inadequately safeguarded gambling environments, but have favoured protecting the gambling industry goldmine at the expense of consumers and communities.

In addressing the shortcomings of the Reno Model approach to RG, next we compare and contrast RG programs in several jurisdictions to ascertain the extent to which the individual choice and responsibility narrative has provided governments with justifications for compromised RG regulation.

Assessing RG Operations and the Pervasiveness of ‘Individualized Responsibility for Harms’

The few studies that have examined and categorized RG efforts have shown them to be more in the domain of public relations gestures designed to quell citizen concerns and absolve

gambling providers from blame, rather than sincere undertakings to protect gambling consumers from harm. These studies by Eadington (US), Hing (Australia) and in relation to Swedish Svenska Spel RG, are summarized below.

Prior to the Reno Model's publication Eadington (2003) used a four stage schema to weigh the merits of RG trends in North America: Stage one was characterised by governmental and gambling industry 'denial' and accompanied by commentary such as 'if there really is such a thing as problem gambling, it's not our fault;' 'if these people didn't gamble they would probably destroy their lives in some other way;' and, 'if we did try to reduce problem gambling, we would lose ground to competitors.' Stage two is labeled 'lip service' and reflects viewpoints such as 'we will acknowledge that problem gambling exists as long as it doesn't cost us any business or serious resources;' and 'our primary responsibility is to our shareholders and stakeholders—it's regrettable about the problem gamblers;'. Stage three is identified as 'halfway house' and defined by statements such as 'we want to be seen as doing the right thing, but may be constrained by market forces.' Stage four represents a full commitment to RG and is distinguished by assertions such as 'there is problem gambling and it's our responsibility to mitigate it as much as possible;' 'harm minimisation features must be built into the games, venues and conditions of play;' and, 'we have an obligation to do the right thing, even if it means a reduction in revenues.'

Issued over a decade ago, Eadington concluded that most providers and suppliers in the North American landscape were somewhere between the 'lip service' and 'halfway house' stages. Little apparent progress has been realised since then and the overwhelming majority of commercial gambling operations remain well short of the full stage four RG buy-in.

Using a five step model to analyse the evolution of RG policy in Australian states, Hing (2010), describes how RG measures advanced through an elementary phase (awareness of the concept and legal compliance); to an engaged phase (mostly symbolic actions, passive practices and a self-regulatory approach); to an innovative phase (RG legislation and new business practices such as self-exclusion and staff training in RG); to an integrated phase (the incorporation of RG initiatives into business strategy and operations such as hiring RG managers and linking with gambling help agencies); to the final, as yet unrealised, transforming stage (an emphasis on proactive, effective and targeted RG measures). Hing's elucidation of the five stages of RG progress is useful for historical context; however, as she stresses, more stringent RG proposals are usually met with strong opposition from gambling providers—especially if revenues are expected to be negatively affected, and not widely adopted unless there are strong penalties for non-compliance.

Limitations to recent Swedish reforms to gambling regulation illustrate their adherence to the individual control model. Following a prevalence study showing that 2% of Swedish adults had gambling problems, and the internet boom which accelerated e-gambling, Svenska Spel, the Swedish state owned gambling operator, developed a new RG regime (Alexius 2011).

The Svenska Spel RG program rests exclusively on the principle that gambling consumers are responsible for their own behavior. The primary role of the government is to advocate RG practices through the various mediations it provides. However, the mechanisms put in place to induce excessive gambling are ignored and no responsibility is assumed for the addictive properties of state-sanctioned gambling formats or environments (Alexius 2011).

Commonalities in these RG regimes include: 1) a refusal to deal with pressing issues related to problem gambling such as frequent and intense EGM play, the disproportionate percentage of net revenues contributed by at-risk gamblers and the influence of player loyalty programs on problem gambling; 2) opposition to regulations that are likely to diminish harm because

revenues may also drop; 3) the absence of a common law duty of care requiring intervention when harm is foreseeable, and providing legal redress for associated negligence; and 4) spurning EGM modification, despite researchers' conclusions that this would more effectively reduce harm than current in-venue practices (Livingstone et al. 2014).

Limitations notwithstanding, the RG regimes discussed above are far superior to what exists in Macau, the world's most lucrative gambling destination (Han Leung and Snell 2015; Hao et al. 2014), characterized by a liberal gambling regulatory regime (Hancock and Hao 2016). While greater attention has been paid to RG since Eadington's 2003 review, a serious commitment to minimising gambling-related harm has yet to be realised. Most initiatives echo the core Reno I-IV assignment of responsibility for harm to the individual and a focus on a small group of 'problem gamblers' as 'the problem.' Few go beyond calling for treatment and a range of largely symbolic and ineffective measures.

While governments and regulators have embraced the basic assumptions guiding the Reno Model (the focus on RG, industry-framed codes of RG practice on problem gambling and individual treatment model), there has been -push-back from some Reno Model precepts in some jurisdictions. A 2005 Alberta Gambling Research Institute (AGRI) report (el Guebaly et al. 2005) based on literature search of best practices in gambling, alcohol and tobacco control policies, researchers' assessments and a survey of 74 provincial stakeholders, was critical of the Reno Model promotion of a collaborative model.

In examining jurisdictional websites, we note that RG offerings typically fall into three broad categories:

- Public awareness and education (information about how the games work, tips for gambling responsibly, and how to detect problem gambling);
- Support services and counselling (problem gambling help-lines; on-site counsellors, and self-exclusion programs); and
- RG environments (RG codes of conduct, awareness training for gambling venue staff, self-directed marketing guidelines, and acknowledgement of RG accreditation).

There is no mention of high-risk gambling products or environmental conditions that encourage excessive gambling and reforms such as pre-commitment (where players set time and or money limits), which lose impact if they are voluntary rather than mandated (Productivity Commission 2010).

Barriers to RG

Gambling distinguishes itself as a government-sanctioned product/activity that knowingly harms the people it was elected to serve. This reality raises the question: are governments that offer a non-essential activity (gambling) that can endanger citizens' health, finances and relationships, acting in a socially responsible manner, especially if they fail to place meaningful constraints on delivery? The fact that gambling is a highly profitable, government-regulated business inspires the tautological conclusion that it must be safe. Were it not safe, would it not be prohibited, or even as heavily regulated as tobacco or alcohol? This mantle of legitimacy allows gambling operators to provide a potentially harmful activity virtually unimpeded, while insisting that associated harm is satisfactorily mitigated by their RG efforts. This assertion is unwarranted given the many instances of purposeful deception, exploitation and unfairness

that permeate the commercial gambling realm. Outlined below are commonplace realities that subvert the maxims of Reno-framed RG: deception and exploitation, faulty regulation and grim working conditions in gambling environments.

Deception and Exploitation

Deception in the gambling environment occurs in many ways, but is most pronounced with electronic gambling machines (EGMs). For example, in Alberta EGMs deliver 85% of the gambling industry profit, but are also the preferred gambling format for 75% or more of the problem gambler population. An Alberta socioeconomic analysis found the proportion of EGM revenue derived from problem gamblers exceeded 70% (Williams et al. 2011b).

Dow Schull (2012, p. 52) identifies three interlinked operational strategies as the keys to EGM revenue production: accelerating play, extending its duration, and increasing the total amount spent. Deception is an integral part of EGM design intended to get players gambling faster, longer and more intensively. In Dow Schull's view this amounts to encouragement to "gambling to extinction". For example, bill acceptors speed up play and increase expenditure; credit slips dematerialise cash and cause players to forget that real money is at stake; built-in near misses create the illusion that a win is imminent; and stop buttons give the impression that player control is possible, even though there is no optimal playing strategy (Alliance for Gambling Reform 2016; Dow Schull 2012; Livingstone and Woolley 2007; Productivity Commission 2010).

The most irrational and counter-intuitive finding for Western gamblers is the conditioning through regular play that can replace the desire to win money with the pursuit of free games (Dow Schull 2012); whereby players spend money to gain time, not winnings, on the machines. This only adds to the dysphoria of losing. Impaired control and subsequent onset of addiction is a natural consequence of regular, high-intensity EGM play, and is not just limited to a small minority of addicted gamblers (Dickerson 2003a, b).

Some governments report EGM cash-in and cash-out percentages such that profits appear to be smaller than is really the case. For example, the Alberta government claimed in its Annual Reports that EGMs had a 92% payout percentage even though the yearly revenues from EGMs were consistently around 30% of the total amount wagered. This discrepancy was revealed only after an addicted EGM player who had lost \$400,000 discovered the government's evasive reporting formula and disclosed it to the media (Jubenville 2012). The same question of fairness was raised in Australia regarding confusion over the difference between EGM hold and payout percentages. In terms of consumer protection, it is more important to know the gambling provider's profit (Woolley et al. 2013).

Unfair odds and payouts are customary in Canada's legal sports betting operation. Single event sports betting is not allowed in Canada, only parlay wagers (a bet on two or more events whereby any money wagered and won on the first bet is placed on the second bet and so on. If any bet loses, the player gets no return). In fiscal year 2014 the province of Alberta retained 45% of all the sports dollars wagered. Theoretically there is an element of skill in sports gambling (certainly it is marketed as though this were the case); however, no amount of skill can neutralise a hefty 45% house advantage.

Faulty Regulation

The following realities of gambling regulation in Las Vegas and Atlantic City were described 35 years ago, yet remain relevant in many jurisdictions today and speak to the difficulty in

overcoming the “perverse incentive” created when revenue maximisation trumps harm prevention (Skolnick and Dombrink 1979).

- Where the purpose of legalising gambling is to raise revenue, a state will face the dilemma of regulating an industry while at the same time encouraging it to prosper.
- The dilemma of Nevada gaming control has been posed by an inherent contradiction—the desire to maintain revenue sources originally developed by gangsters while disassociating the state from their disrepute. (This is tested each time money laundering via gambling creates a scandal.)
- Classic issues of gambling regulatory law enforcement include the sources of stringency and leniency in the interpretation of rules, the tendency toward industry capture of its regulators, and the adoption of a managerial perspective by the regulating authorities, as opposed to the prosecutorial perspective held by federal law enforcement agencies.
- When strict law enforcement values conflict with other important social imperatives, such as economic stability or growth, the policy imperative is subverted as accommodations are made to the regulated interests.
- The larger the economic interest of the state in casino gambling, the greater is the outside pressure to erode the mechanisms of control.

Many of these regulatory concerns appeared in Hancock’s (2011) case study of Melbourne’s Crown Casino. In assessing the extent to which Crown Casino adhered to its RG Code of Conduct, 225 front line employees were interviewed. Among the findings were 1) the RG Code of Conduct was not integrated into workers’ daily routines, few staff were conversant with all the signs of problem gambling enumerated in the code and it was seldom referred to by senior management; 2) financial considerations overrode the responsible serving of alcohol; to wit, revenue targets had priority over serving obviously inebriated customers; and 3) there was confirmation of ‘regulatory capture;’ that is, ‘light touch’ government regulation under the mantra of ‘responsive regulation’ that allowed Crown Casino to violate its Code’s tenets on both RG and responsible service of alcohol, without serious repercussion.

Crown is the largest casino in the southern hemisphere and touted as the pinnacle Australian gambling establishment. Crown’s assertion of operating according to international RG best practices clashed strikingly with Hancock’s ‘regulatory failure’ verdict as evidenced by the perfunctory observance of its Code of Conduct, numerous concessions granted for example on tax and smoking, lack of transparency excused as commercial-in-confidence and its close link with government regulators thus compromising the public interest.

In a follow-up assessment of Crown Casino’s most recent licensing review, Hancock (2013) claims the following issues remain: 1) the RG Code of Conduct compliance is still unmonitored externally; 2) gambling regulators are more concerned with revenue production than a safe and sustainable gambling environment; and 3) gambling operators continue to dodge responsibility for the harms caused by EGMs and table games.

Gambling regulatory oversight has also been deficient in dealing with financial crimes such as money laundering and loan sharking. For example, a recent Australian Supreme Court case involving a US property matter, found an Australian-Chinese citizen gambler earning US\$300,000 per year had a gambling turnover at Crown Casino of A\$850 million between 2005 and 2013 (Ma v Commissioner of the Australian Federal Police 2016). Newspaper accounts describe Canadian casinos in British Columbia as a haven

for money launderers. Lee and Shaw (2014) found suspicious money transactions in British Columbia casinos more than doubled between 2011 and 2013, and yet, of the 1013 cases reported in 2013, no charges resulted. Nearly \$27 million flowed through two casinos in a three-month period in 2014, much of it in shopping bags and suitcases stuffed with bundles of \$20 bills—the typical currency for buying street drugs. Might the perverse incentive extend to not clamping down on money laundering?

Grim Working Conditions in Gambling Environments

On the surface, some gambling environments project elements of glitz, glamor and excitement. However, most front line jobs are relatively low paying (even counting the tips that some receive) and fraught with occupational hazards. The problems faced by casino workers in Reno Nevada (Chandler and Jones 2011), Atlantic City New Jersey (Mutari and Figart 2015) and Melbourne Australia (Hancock 2011) are detailed in three recent books. Typical worker complaints include: 1) unhealthy working conditions such as exposure to second hand smoke and excessive noise, plus nagging injuries caused by repetitive arm movements and constant standing; 2) stress and feelings of lack of safety in the workplace caused by having to deal with inebriated, unhygienic and abusive customers; 3) coping in a highly sexualised environment where women's bodies are marketed to attract customers; 4) employee morale concerns related to shift work, limited opportunity for advancement, poor wages and benefits, cost-cutting and work restructuring practices; and 5) casino employees known to have problem gambling rates significantly higher than the general population (Hing and Gainsbury 2011; Hancock, 2011; Williams et al. 2012a).

Four basic dimensions of job quality - a safe, respectful working environment; decent pay and benefits; having a work-life balance; and building a meaningful identity - are difficult to achieve in a gambling environment. Gambling bosses must “weigh how desperate for business they are against the dignity of their employees” (Mutari and Figart 2015, p. 101). In making this decision considerable patron misbehavior is tolerated, which is likely to further estrange employees.

We did not delve deeply into how gambling venues profit from employee suffering in this section. Our objective is to draw attention to substandard job conditions, gambling providers needing to be more responsive to workers' concerns, and the importance of fostering caring gambling environments; all of which are RG building blocks.

The Reno Advocacy coalition's Resistance to Reforming RG

Research over the last 20 years challenging the prevailing comfort zone of industry-government on gambling policy and regulatory cooperation renders the basic assumptions guiding the Reno RG Model as being highly questionable. Over a decade of Reno Model I-IV has systematically ignored or attempted to nullify research that asserts the need for a new set of RG principles. Interpreting how this works under the collaborative industry-government-regulator nexus of adherence to the shared ideology of the Reno Model, draws on advocacy coalition framework (ACF) theory of biased assimilation and trusted collaboration within the Reno policy network elite (Henry 2011; Sabatier and Jenkins-Smith 1999; Sabatier 1999;

Marsh and Smith 2000). Research disregarded in favour of the dominant RG ideological paradigm includes findings such as:

- exposure to high intensity continuous platform machines, venue hours of opening, and time spent playing EGMs contribute to serious harm (Banks 2002; Dow Schull 2012);
- density of EGMs is significantly related to the magnitude of problem gambling (Storer et al. 2009);
- loss of control when in ‘the zone’ militates against informed choice and player control, especially on continuous forms of gambling (for example, slots, electronic gambling machines and fast table games) (Dickerson 2003a; Dow Schull 2012);
- impact on vulnerable and disadvantaged communities is demonstrated by geospatial player loss analysis (Astbury and Thurstain-Goodwin 2015);
- crime, suicide, violence and alcohol use are significant negative community impacts associated with legalized gambling (Crofts 2003; Hancock 2011; Productivity Commission 2010; Warfield 2014);
- player tracking via card based play on EGMs is an effective means of preventing risky player practices and patterns (Schellinck et al. 2009; Schrans and Schellinck 2014), and in the case of Norway, consumer protection against excessive gambling losses (Bakken et al. 2015);
- slack state regulatory monitoring and enforcement efforts and the failure of industry self-regulation of voluntary RG codes of conduct (Hancock 2011);
- despite millions of dollars spent in multiple jurisdictions over the last 20–30 years on PG treatment (prioritized by both governments and industry subscribing to core Reno Model assumptions), Reno authors find there is still little agreement on what works for effective treatment (Shaffer et al. 2015);
- harm from gambling is much higher than previously claimed and needs to include not just the relatively small number of severely harmed problem gamblers but those lower down the harm continuum. By sheer weight of numbers, low risk gamblers account for “a major part if not the majority of gambling-related harm”, prompting a re-think of the sole focus on the relatively small and churning problem gambler group and the need to investigate aggregate harm across the gambling risk continuum (Browne et al. 2016, pp. 143, 145 – *The Harms Study*). At a population level, the total burden of harm from gambling has similar magnitude of impact as depression and harmful use of alcohol and “exceeds that of cannabis dependence, schizophrenia, epilepsy, and eating disorders combined” (Browne et al. 2016 p. 144, 145).

In light of this evidence, the Reno Model is too narrow and individually-focused, and thus regrettably ineffective. However, the sustained dominance of the Reno Model ideology in the face of such disconfirming evidence is remarkable, but unsurprising given the stakes involved. The Reno Model ideology has helped forge a powerful policy network collaboration between industry, governments and regulators with a vested interest in “business as usual”. The four articles analysed earlier have reinforced key organising messages in a shared belief system, thus entrenching powerful alliances within the gambling policy network. Industry gains in terms of profits, government gains from gambling tax revenue linked to player losses and regulators gain from the limited drain on their resources of light-touch regulation. The dismissal of evidence that contradicts Reno precepts is explained by advocacy coalition theory in terms of “biased assimilation” (Lord et al. 1979); that is, coalition stability and members who are “glued together by some of their policy core beliefs” (Weible et al. 2009, p. 130).

A fundamental insight of ACF is that beliefs relevant to policy are highly resistant to change in the face of contradictory evidence, leading to situations where coalitions of like-minded policy actors entrench themselves in ideological bunkers and talk past one another about policy issues (Henry 2011, p. 365).

This explains how Reno proclamations of public health whilst subverting the concept, and side-lining the harmful impact of machines and continuous formats, are either re-appropriated or glossed over in favour of ‘core beliefs’. The complicity of regulators also dilutes RG measures. As Banks (2007, p. 29) argued: “A regulation that is not enforced, or cannot be, can be worse than having no regulation at all, because the true situation is obscured”.

Re-Framing RG with Consumer Protection

A broader definition of RG would specify who is responsible for what and how (Alexius 2011), the extent to which gambling providers have a “duty of care to patrons and employees, as well as public safety and social impact responsibilities” (Hancock 2011, p. 3). In this regard, the Victorian Responsible Gambling Foundation (2014) adopted a two-part definition embracing both the individual gambler and the wider community (including gambling providers, governments and sporting associations). Adding a public health perspective requires RG initiatives to “take a panoramic view of gambling in society” (Campbell and Smith 2003), include more than problem gambling concerns, and place the obligation for securing the public interest squarely on governments (Hancock 2011). Given the uncontested evidence showing EGMs to be the most unsafe gambling format (Dow Schull 2012; MacLaren 2016; Livingstone and Woolley 2007; Productivity Commission 2010), the definition of RG needs also to address gambling formats such as EGMs and automated casino table games adopting similar continuous formats so successful in extracting losses, and identify who is answerable for creating remedial measures to blunt their habituating power. Recent ground-breaking research (The harms study by Browne et al. 2016) challenges the orthodoxy of focusing on ‘problem gamblers,’ given the harms spread throughout the gambling risk continuum, with heavy aggregated impact in terms of costs to communities.

The above points suggest the need for re-framed RG policies as RG-Consumer Protection, that are preferably driven by an international coalition committed to consumer protection and structural regulatory reform. It is open to debate whether RG is beyond redemption for continued use. We include it, but only if driven by consumer protection. Suggested improvements include:

- consumer protection/safety as the pre-eminent principle (over revenue generation);
- consumer redress for harms with clarified duty of care under the license to operate;
- a public health population approach focused on prevention of harms rather than focusing solely on ‘problem gamblers’ or prevention only pitched at gamblers rather than harmful product formats and industry regulation;
- community empowerment as the basis for licensing/planning decisions (e.g. gambling venue licensing) and industry consultation, not the compromises that come with Reno-style ‘collaboration’;
- an onus on regulators to mandate RG practices that protect players from harmful gambling formats and environments and provide industry workers with safe work environments, and a responsibility of operators/gambling providers (as in New Zealand), not individual consumers, to ensure consumer protection effectiveness;

- operator duty of care with legalised redress for harms under mandated RG codes of conduct;
- transparency of industry research, player data and revenue reporting (with researcher access to industry data a condition of license);
- transparency and public reporting of regulatory efforts;
- research that is independent of industry funding and influence;
- independent RG regulation focused on integrity of operations, transparency of monitoring, enforcement and operations, with accountability via the parliament.

Conclusion

Over the past decade or so, the same group of gambling researchers, augmented at times with others, and funded by gambling industry interests have published a series of articles from 2004 to 2015 (Reno Model I-IV). These constructions of RG have impacted international RG discourses, with themes that incrementally promote individual responsibility for gambling-related harms. This emphasis is framed as individual autonomy and informed choice. Within this master narrative, patron education and awareness, informed choice and treatment for those experiencing harm are advocated. We have highlighted this framing of key concepts, which amount to “core beliefs” promulgated by a policy advocacy coalition (Sabatier and Jenkins-Smith 1999), noting that overall, Reno I – IV illustrate corporate political activities such as *information strategies*, *shaping the evidence base* and *policy substitution* as maneuvers that maintain the dominance of the elite Reno policy network.

Lip service is paid to public health and consumer protection, but robust measures that could effectively protect or reduce harm are avoided. For example; mandatory codes of practice, reducing the intensity of EGMs (for example, slower spin rate, lower bet stakes, reducing lines of play multipliers of stake, banning near misses, losses disguised as wins, and note acceptors), banning ATMs from venues and playing on credit, proof of identity for casino entry, player tracking used for protective interventions, and a host of public health and consumer protection reforms that directly flow from research. Instead, potentially effective measures are marginalized, trivialized or overlooked; in a process of “biased assimilation” under advocacy coalition theory. Reno Model proponents call for more research, but limited to research in areas such as how individuals may react to information and education and what sorts of treatments may work.

Not acknowledged is that consumer education, in the face of relentless disinformation, deception, and inducement, has little beneficial effect. The Reno Model unites government and industry as co-beneficiaries of gambler losses and places both in an inescapable conflict of interest with respect to consumer protection. From this oblique perspective, industry-developed and monitored RG codes of conduct are championed, in denial that “social costs [are] also large and could exceed benefits” (Banks 2007, p. 28). That at least one third of gambling revenues represents losses from those gamblers variously described as excessive, problem or pathological remains unaddressed, seemingly because it would entail vested interests accepting diminished returns. Moreover, this amount is multiplied when gambling participation is identified further down the risk of harm continuum (Browne et al. 2016).

The Reno Model’s master narrative of individual responsibility has provided both industry and governments with distorted justifications for compromised RG. As Reith argues, the articulation of “bio-psychological discourses of ‘pathology’” and of “(ir)responsibility” conceals “wider structural relationships” and the role of globalised technology in “the generation and acceleration of the gambling economy” (Reith 2013 p. 721, 730–734).

We have sought to illustrate how these circumscribed RG narratives have become established in jurisdictions including the US, Australia, Canada, New Zealand, the United Kingdom, Sweden and expressed by transnational corporation gambling operators and RG managers in the Asia Pacific region (Hancock and Hao 2016). Although others have set out principles for effective alternatives, we are calling for mandated measures based on international coalitions committed to harm reduction and prevention. Our goal is to inspire governments to adopt harm minimization standards that protect citizens from unnecessary and entirely foreseeable harm. As Banks (2007) argues “in the absence of effective duty of care obligations under common law, consumer protection regulation has a key role in ensuring ‘balance’. A primary control for consumers is pre-commitment of time and money to be spent in a gambling session. As venue/games restrictions restated from the Productivity Commission (1999), p. 28), Banks lists the following areas requiring regulatory attention: ATMs (location and withdrawal limits), credit restrictions, bill acceptor limits, cheque payouts, spending rates, enforced breaks, machine caps, opening hours, advertising restrictions and lighting, sounds and clocks (Banks 2007). Allowing gambling in an essentially deregulated environment where industry and government are co-producers’ of harms, identifying the strategic influence of the Reno Model, points to the need for re-regulation.

Given that gambling products and operators are driven by transnational corporate interests in gambling operations and products, it could also be that international public health instruments modeled on the WHO Framework Convention on Tobacco Control, are useful for duty of care enforcement on gambling. The language of rights needs to be a priority that is linked to government and business responsibility for sustainable development under the Sustainable Development Goals (SDGs) which apply globally, for the protection of vulnerable groups.

Finally, we contend that rigorous RG measures and their enforcement, are essential for a safe and caring gambling environment that will prevent harm. This we have re-framed as RG-Consumer Protection, but could just as well be encapsulated within ‘responsible business’ under the license to operate, with consumer protection as the essential public interest test. Current RG initiatives and their regulatory oversight are generally anemic and ineffectual and have done little to challenge business-as-usual gambling practices. Research on RG has been influenced by the gambling industry (Cassidy 2014) and libertarian dogma promoted by the Reno Model proponents, which has encouraged slack policies that place the responsibility for problem gambling on individuals, whilst leaving gambling providers largely immune from accountability. Over 20 years of research findings that run counter to such orthodoxies are largely ignored by those with the power, authority and responsibility to effect change.

Compliance with Ethical Standards

Conflict of Interest The authors have no potential or actual conflicts of interest related to this publication or the research upon which it is based.

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