

Charles Livingstone
School of Public Health & Preventive Medicine
Gambling & Social Determinants

charles.livingstone@monash.edu

The end of responsible gambling: preventing and reducing global gambling harm





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- · World Health Organisation expert group on gambling and gambling harm.

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This paper ...

- Globally, gambling is growing rapidly, and with it, harm
- The discourse of 'responsible gambling' constitutes an orthodoxy – that is, a dominant discourse.
- It has effectively shaped research directions, policy, and practice, and created a cycle of powerlessness and stigmatization.
- It also reinforces the tactics of the gambling ecosystem.
- How do we move beyond this? With what discursive assemblage do we replace it?
- The current candidate is 'public health' but that is itself problematic
- What can we do to prevent harm?



Global prevalence of gambling risk and disorder

- These data were assembled for the Lancet PH Commission on Gambling (Wardle et al 2024)
- Note that we were unable to find any prevalence data for African countries
- Note also that globally, any risk gambling affects 450 million people, of whom 80 million experience gambling disorder

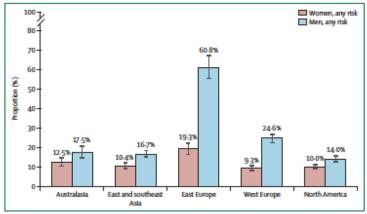


Figure 3: Prevalence of any risk gambling among people gambling in the past 12 months, by region and sex or gender Data from Tran and colleagues.²¹⁴

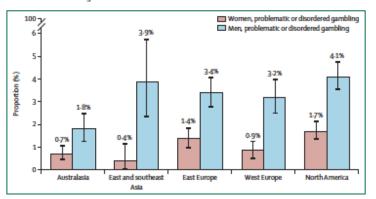


Figure 4: Prevalence of problematic gambling or gambling disorder among people gambling in the past 12 months, by region and sex or gender Data from Tran and colleagues.²²⁴







Doxa

- Until late 20th Century
 - Gambling is wasteful, immoral, and the province of the wastrel, the undisciplined, and criminal
 - Doxa = Bourdieu's concept for the unquestioned:
 ... a set of fundamental beliefs which does not even have to be asserted in the form of an explicit, self-conscious dogma (Bourdieu, 2000, p.16)
 - The doxa of gambling as immoral and criminal corroded into an orthodoxy, creating two categories:
 - 'problem gamblers' undisciplined consumers who cannot control consumption
 - 'recreational gamblers' who 'enjoy' gambling but can 'control it' and suffer 'no harm'



Corrosion of doxa

- To commodify commercial gambling, the doxa of gambling as pariah activity had to corrode into an orthodoxy (Reith, 2007, 2013; Francis & Livingstone 2021)
- That is:

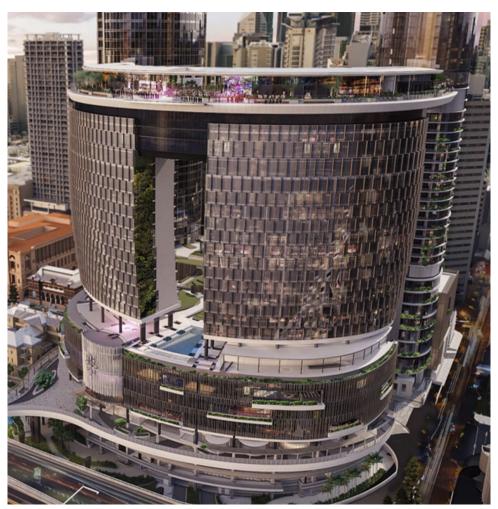
A powerful and dominant assemblage of discourses that are widely accepted in practice, despite being recognised as arbitrary (Deer 2014)

- 'Problem gambling' is the sticky label (see Ahmed 2004) that contains the pariah discourse.
- Yet those who experience most of the gambling related harm contribute most of the revenue.
- The ecosystem relies on 'irresponsibility'





Australia's unprofitable monopoly casinos



After multiple inquiries, Australia's largest casinos (The Star, and Crown) have been forced to implement precommitment and anti money laundering measures. As a result, Star is facing bankruptcy, and Crown is being propped up by is new owner (Blackstone)(allegedly).





Normalization

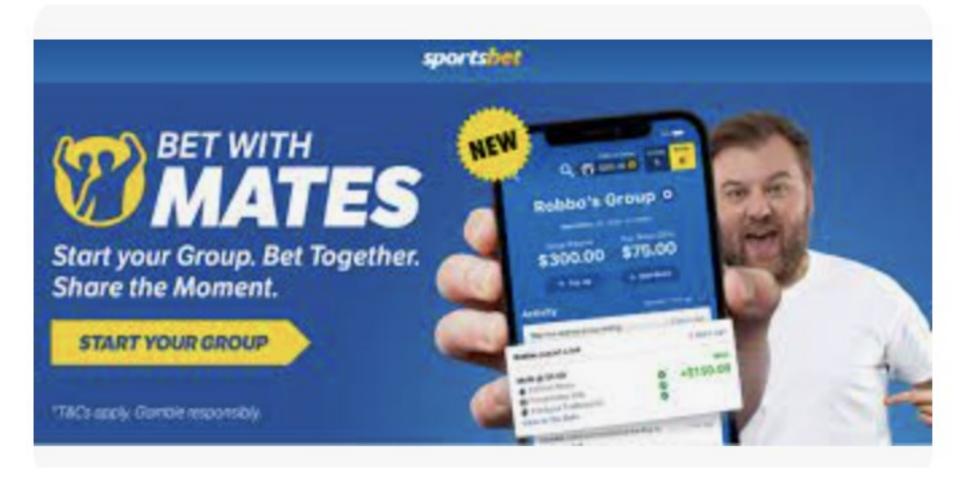
- The orthodoxy is a key element of gambling commercialization/liberalization
- It needs the appearance of that which is perfectly normal, in keeping with neo-liberal discourses of:
 - Rational consumption
 - Consumer sovereignty
 - ... contemporary forms of power ... built on a premise of freedom, a type of regulated freedom that encouraged or required individuals to compare what they did, what they achieved, and what they were with what they could or should be ... (Rose & Miller 2008: 9).
- Key elements of the discursive assemblage that constitutes the gambling ecosystem
- And reflexively supports the ecosystem's discourses



Sport as a vehicle for normalization

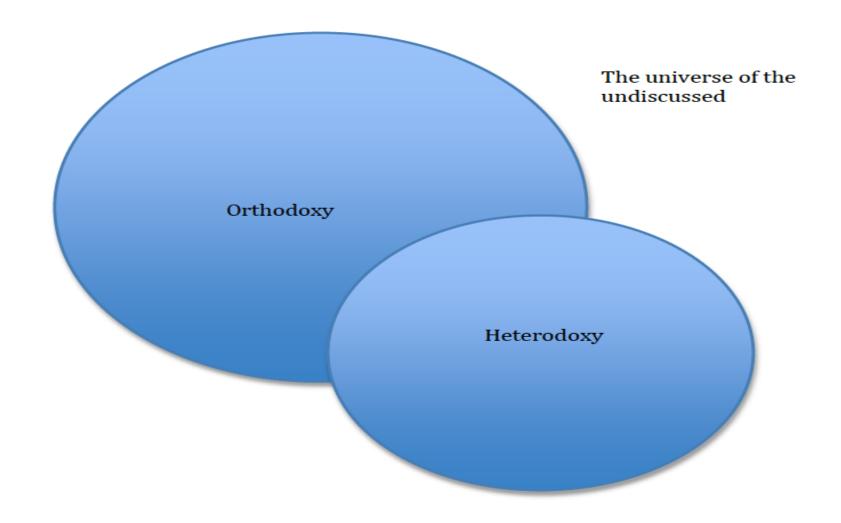


Bet with mates!!!





A dialectic





The critique of orthodoxy

- Heterodoxy: non-conforming opinion
- The engagement of the heterodox and the orthodox is a dialectic, a process of critique and sometimes denormalization
- Challenging the way things are constituted
- Offering an alternative or evolved discursive assemblage
- The current prime candidate for the heterodox is 'public health'



The call for 'public health' to displace 'responsible gambling'

Now commonly articulated:





Some further contradictions

- As with the category of the 'problem gambler' and the discourse of responsible gambling:
 - ... although steeped in a climate of commercial proliferation and economic deregulation, explanations of gambling problems were seldom couched in terms of consumer behavior but ... discussed within a reductive, materialistic epistemology of sickness and disease (Reith 2007).
- Akin to traditional as well as contemporary 'public health' concepts
- PH evolved from national contests for power and control
 via colonization, for example (Rabinow & Rose 2006)
- Becoming a form of uncentered bio-power ... supporting states
 - '... productive of meanings, of interventions, of entities ...' (Miller & Rose 2008)



Contemporary experiences of public health discourse

- Restricting the ability to work, earn an income and obtain necessary social and family support (Bear et al 2020),
 - Where the population involved was clearly subject to 'structural' discriminatory policies via socio-economic disadvantage (Rachwani 2021).
- Highly disadvantaged culturally and linguistically diverse communities, mostly women and children, extensively 'locked down' without sufficient support based on doubtful science (Glass 2020).
- Global access to vaccines unequal and sporadic, with LMIH countries simply unable to obtain vaccines (Twohey et al 2020).
- Public health practice arguably regularly operates to reinforce disadvantage and discrimination – like all apparatuses of control
- And this matters gambling harm is mostly experienced by the socio-economically disadvantaged



Critical public health?

- Responsible gambling needs to go
 - But so, arguably, does traditional public health thinking
- In their place I propose (following Schreker):
 - Commitment to equity;
 - Situating health inequality in social, economic, & political institutions;
 - Consideration of history (such as colonization*, institutionalized racism, disadvantage, and sexism);
 - Acknowledging that medicalisation and the dominance of medical frames may be pernicious; and
 - Recognition that production of scientific knowledge is a social process with important material and institutional contexts to be considered (Schreker 2021: 139-140)

^{*} and we can see contemporary gambling operations in LMIC as neo-colonialist



Equity means taking sides; against racism, sexism, colonialism, privilege.













What does this mean in practice?

- Accepting a need to advocate for change not just 'present the evidence'; which makes many academics nervous (and the RG crowd quite upset)
 - Because no-one else does. Those experiencing gambling harm have been (often, and largely) stigmatized into silence, and vested interests defend profits
- Situating the emergence of 'responsible gambling' amidst the political, social, economic, commercial and other institutions that have fomented it:
 - Permitting extraordinary exploitation of overwhelmingly vulnerable people
 - Currently expanding rapidly in LMICs in Africa and Asia
- Perceiving the political economy of commercial gambling, and its ecosystem, perhaps through a CDoH lens



If 'critical public health' displaced 'responsible gambling' ...

- Equity means taking sides (Schreker 2021: 140)
- Advocating with and for disadvantaged populations against those who exploit them.
- Understanding the inherent bias in individualised narratives of 'problem gambling'
 - And the interests that this conception reflects
- One of the pillars of 'responsible gambling' is its claim to be disinterested because it's 'science based' (Blaszczynski et al 2004) (quite a fantasy, really).
- 'Responsible gambling' provides a basis to create and expand significant, avoidable inequality, and gross disadvantage.
 - Those who advocate it have already chosen their side.



The apparatus of 'responsible gambling'

- RG is endorsed and rendered as standard practice by governments, regulators, many treatment providers, and by a big chunk of the gambling research community
- It has successfully provided an illusion of concern, while effectively blaming the affected for their plight
- And, as important as treatment is, it may be helpful for many, but reaches around 5% to 10% (at best) of those who might benefit from it
- And even as smokescreen, it is widely decried as ineffective and of marginal benefit by those with experience



The role of researchers

- Three prominent gambling research Profs. oversaw Crown casino's RG policy
 - A very standard RG commitment
- The Finkelstein Casino Royal Commission saw it thus:
 - Crown Melbourne had for years held itself out as having a world's best approach to problem gambling (sic). Nothing can be further from the truth. (Finkelstein, 2021, p.3).
- And many prominent researchers continue to enjoy funding direct from the gambling industry
- Including some of Australia's most prominent, and most of those in the US
 - Funding 'sensible' research, to quote ClubsNSW re: Prof Blaszczynski and the University of Sydney



Of course, the funding won't influence the research ...

University of Sydney gambling research centre bankrolled by casinos is 'troubling', experts say

Sydney Uni's new gambling research centre funded by gambling companies

University of Sydney gambling research centre bankrolled by casinos is 'troubling', experts say

AMA President tells Sydney University to "read the room" on gambling funds

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RG – a hollow orthodoxy

- Like many orthodoxies, 'responsible gambling' is:
 - non-specific,
 - ill defined,
 - non-evidence based,
 - its hegemony rarely challenged by regulators or legislators
 - aligned with powerful and well-resourced commercial interests and protects those interests.
- In this, it emulates the many institutions associated with exploitation, such as:
 - racism, sexism, misogyny, colonialism, and of course contemporary capitalism more generally.
- Its purpose is to veil power in a smokescreen of apparent beneficence and concern, without demonstrating any such attributes. In this, it has performed remarkably well.

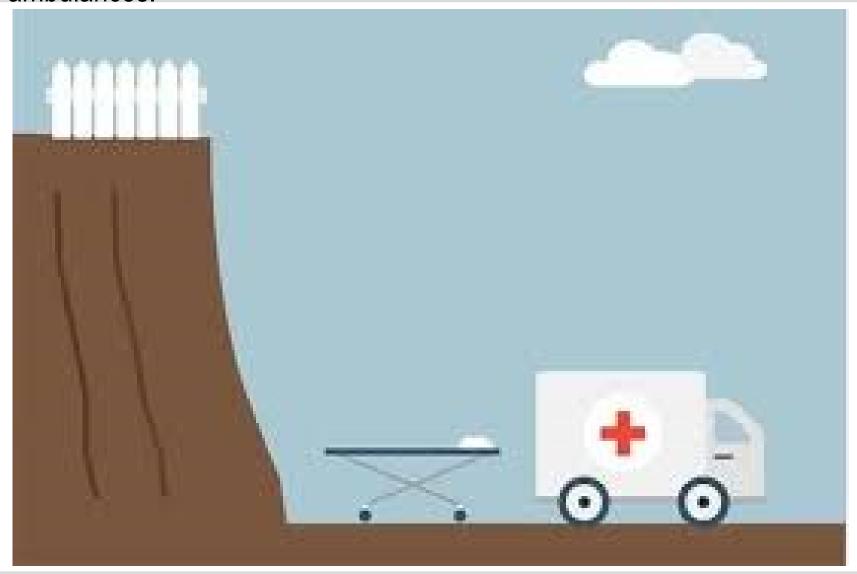


What do we do, then?

- Give priority to prevention
- Improve access to treatment, and make it better
- Work with communities and people
- Learn from those affected by gambling harm
 - Not just as research subjects but as co-designers of research and interventions
- Use expertise to publicly argue for change
- Don't take money from vested interests
 - And clearly declare where your research funding comes from
- Use positive language
 - 'Problem gambling' and 'problem gambler' are stigmatizing and unnecessary
- Improve knowledge of gambling harm



We should be building a fence at the top. Instead, we fund a few ambulances.





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