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

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ABSTRACT

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

Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. The mental disorder model

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

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

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

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

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

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

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

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

There are essentially two types of survey measures that have been developed to determine the prevalence of Pathological Gambling, the South Oaks Gambling Screen (SOGS)(Lesieur & Blume, 1987)(and variants thereof) and questionnaires based on the DSM-IV criteria themselves, the most recent of which was used in the US national inquiry into the impacts of gambling (NGISC, 1999). Although there is no doubt that the original SOGS survey developed by Henry Lesieur resulted in the first international comparisons of prevalence rates, the design of such screens for use in general population studies is complex and demanding and the methodological requirements of good science have yet to be met. The NRC (1999) in its review sections dealing with the psychometric requirements of prevalence studies was rightly concerned to set appropriately high standards,

"Validity also relates to sensitivity and specificity: if a net is thrown out, it must have mesh small enough to catch the cases of interest, but large enough to let escape those that do not have the attribute being sought."(page 47)

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

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

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

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

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

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

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

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

"Did you ever gamble more than intended?"

"Have people criticised your gambling?"

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

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

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

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

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

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

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

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

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

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

2. Problem gambling as harmful impacts

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

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

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

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

3. Problem gambling and player characteristics

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

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

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

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

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

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

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

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

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

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

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

4. Self-control and gambling

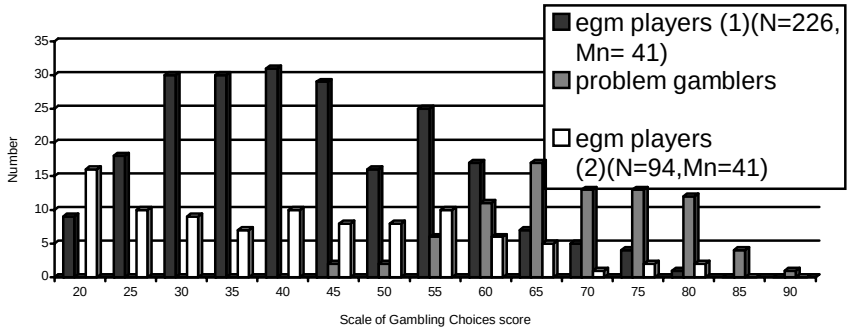
Impairment of control over gambling as a continuum involving all players rather than as a distinguishing characteristic of problem gamblers is also a key finding in problem gambling research that has focussed on the definition and measurement of self-control, the fourth approach to be considered in the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

A research strategy rather than a theoretical model:

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

is

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and

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

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

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

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

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

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

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

- to a point in ***time*** prior to the commencement of the session, and

- to a ***place*** away from the gaming room floor.

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

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

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

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

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