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The End of Responsible Gambling: Reinvigorating Gambling Studies

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Abstract: This paper argues that gambling research has, since the neoliberal-inspired period of gambling legalisation in the late twentieth century, been dominated by a specific discourse, that of 'responsible gambling'. This discourse originated in a conjunction of rationalities of government and capital, in the process of which commercial gambling was legitimated. Its liberalisation represented an extension of rationalities and technologies to form a new market from what had previously been an unlawful activity. The problems and harms associated with this liberalisation became subject to claims from some pockets of expertise, notably psy-sciences, and thus became a focus for analysis. As a consequence, gambling research has been characterised by a discourse of individual pathology as the focus of study. The orthodoxy formed from this discourse constitutes a system or apparatus of economic and quasi-medical power, in which reflexive relations between gambling operators, governments, charities, and some researchers, have been significant. These reflexive relations have largely constituted the *field* of gambling research. This paper contends that the orthodoxy of gambling research has failed to prevent harm arising from gambling and has restricted the expansion of knowledge. A systemic critique of the orthodox discourses and technologies that constitute much of gambling research is required to address these categories. This would also address a lack of diversity in theoretical framings of gambling research priorities. Alternative ways of conceptualising the problem of legalised gambling have emerged, most clearly under the discourse of 'public health'. The current competition between these two discourses might be categorised as between an orthodoxy ('responsible gambling') and a heterodoxy ('public health'). Extending the heterodoxy into a critical public health discourse may provide a basis for rapid expansion and diversification of the research field, particularly along paths that expand knowledge, facilitate effective regulation of harmful products, and prevent harm to individuals, communities, and populations.

Keywords: Responsible gambling, critical public health, discourse, industry influence

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Introduction

In 2001, I wrote that:

> There is a voluminous and growing literature dealing with particular aspects of the contemporary explosion of gambling … Much of this is concerned with the pathology of 'problem gambling' … little of it has addressed the local manifestations of gambling, and even less the social politics of this phenomena (Livingstone 2001. 45).

Over the last quarter of a century gambling research has expanded rapidly, and in many directions. But it is still reasonable to assert that most of the literature produced in the field remains preoccupied with 'problem gambling' and those pathologized as the subject of explorations of individual failings.

This is despite significant progress in expanding the disciplines that have been brought to bear to better understand the 'social politics' of commercial gambling expansion. In popular parlance, gambling harm defaults to 'problem gambling', and governments and their regulatory agencies continue to refer to 'responsible gambling' programs as being the answer to these difficulties, which are generally rendered at the level of the irresponsible consumer. And, as endless prevalence studies reiterate, these unfortunate people are shown to be few – at least to the satisfaction of responsible Ministers and gambling industry spokespeople. Treatment services are provided, often via a small impost on gambling profits, and that's that. Unless of course one happens to have experienced gambling harm oneself, or perhaps the way that gambling affects a loved one or family member. Such experiences demonstrate that gambling is not a trivial concern. Yet the reality of

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'responsible gambling' programs avoids such considerations.

This framework of deliberate non-understanding has not persisted by accident. It is the product of a system of meaning and representation that serves the commercial interests of powerful corporations and in some cases governments, for whom continuation of ineffective regulatory regimes means maintaining the revenue flow for as long as possible. This system of ineffective regulation relies on 'responsible gambling' as a mechanism to ensure that responsibility for harm is loaded on to individuals. It is a carefully laid smokescreen to escape regulatory interventions that, by reducing the addictive and harm producing potential of contemporary gambling products, would reduce profits. It also maintains a status quo that benefits actors from across the gambling ecosystem – gambling operators, device and software manufacturers, government finance departments, multiple 'good causes', regulatory apparatuses, some clinicians, and, the focus of this paper, many gambling researchers.

There is a growing concern with this situation. This has come from some researchers and concerned political actors, amongst others. However, it has come most powerfully from those with lived experience of gambling harm. If gambling harms can be prevented, why is it that they are not? What is preventing the introduction of effective regulation and interventions that dismantle the harm producing machinery of contemporary commercial gambling? Despite gambling studies being a relatively new field, and comparatively sparsely populated, there are significant bodies of knowledge available that promise effective interventions to prevent harm. In a few places, some of these have even been implemented.

Yet commercial gambling continues to expand, to frame the harms of gambling as the problems of a few, and mostly their own fault anyway.

This paper argues that we can understand this situation better if we posit a social dialectic that operates to maintain a powerful orthodox discourse. This discourse constructs the political, economic, commercial, and academic mechanisms that allow preventable gambling harm to persist. Effective harm prevention relies on consciously contesting these mechanisms, on developing understanding of the actual situation that maintains them, and bringing unpopular, heterodox understandings to engage in a process of significant reform.

To argue for this, the paper firstly examines the responsible gambling orthodoxy, followed by a candidate for the heterodoxy – critical public health discourses. It utilises some of Pierre Bourdieu's ideas to suggest how these discourses might be engaged, with the intention of dismantling at least some of the more egregious aspects of the harm production system of contemporary commercial gambling. This discussion then focusses on the nature of gambling research as an important part of the architecture of the harm production system, notable for upholding an orthodoxy that lacks specificity, has demonstrated few, if any effective interventions, and is widely derided by anyone with lived experience (and many without). The paper concludes with an argument for hastening the demise of the 'responsible gambling' orthodoxy and developing an approach capable of effectively contesting those who inflict avoidable harm on communities and populations, with the goal of preventing that harm.

Orthodoxy and Heterodoxy in Gambling Research

'Responsible gambling' is an important component of the orthodox approach to gambling studies. It has allowed considerable preventable harm to be inflicted on millions, if not hundreds of millions, globally. But it also provides an example of the power of orthodox discourse, when it is, as usual, fortified by money and political influence, and acts in support of commercial and political interests.

Almost two decades ago we argued that the orthodox research discourse around electronic gambling machine (EGM) gambling was essentially focused on maintaining the status quo, or 'business as usual' (Livingstone & Woolley, 2007). In the interim, many scholars have made enormous contributions to the critique of 'business as usual' (see, for example, Hancock & Smith, 2017; Miller & Thomas, 2018). But the orthodoxy remains largely intact. This gives effect to a particular set of technologies and apparatuses, operating in sections of the research community, many legislative and regulatory arrangements, and the day-to-day conduct of gambling businesses. This orthodoxy has largely constituted the *field* of gambling research, to adopt Bourdieu's metaphor for a type of social space in which 'interactions, transactions and events' occur (Thomson, 2014, p. 65). This field, in turn, is closely linked to and constitutive of the practices of commercial gambling. To understand the context of this field, we must interrogate: "… the ways in which previous knowledge … had been generated, by whom, and whose interests were served by those knowledge-generating practices" (Thomson, 2014, p. 65).

This paper seeks to illuminate a growing struggle (Thomson, 2014, p. 78) in the field of gambling research between an orthodoxy of 'responsible gambling', and a set of discourses that coalesce under the paradigm of

'public health'. This latter category can be viewed as heterodox, at present. That is, it is currently 'subordinated' in research in this field and many legislative arenas, and despite growing calls for its adoption, has yet to achieve the dominance achieved by the 'responsible gambling' orthodoxy.

This paper argues that Bourdieu's concept of a social dialectic (Bourdieu, 2000) can be utilised to address both the 'why', and the 'how' implicit in the question: 'Why did a new institution appear, or why did an existing one change'? (Rose & Miller, 2006, p. 7).

There are certainly multiple centres of heterodox discourse in the field of gambling research. These include disciplines and research fields that have not been widely accepted by those established in the gambling field – including certain critical disciplines that have less utilitarian purposiveness than either 'responsible gambling' or 'public health' (see Delfabbro & King 2017a; 2017b).

At this point, however, the heterodoxy of 'public health' appears most likely to supplant 'responsible gambling' as the technology that will likely succeed 'responsible gambling' in governing commercial gambling in some countries.

The category of the problem gambler, opposed to that of the responsible or recreational gambler, is a product of the neoliberal turn that facilitated the liberalisation of gambling in the late twentieth century (Miller et al., 2016; Reith, 2007). Indeed, it is an indispensable element of the discourse of responsible gambling.

The founding principles, and indeed the ethics of responsible gambling, as Blaszczynski et al. (2004) express it in a founding tract of the 'responsible gambling' orthodoxy, are that:

> Any responsible gambling program rests upon two fundamental principles: (1) the ultimate decision to gamble resides with the individual and represents a choice, and (2) to properly make this decision, individuals must have the opportunity to be informed. Within the context of civil liberties, external organizations cannot remove an individual's right to make decisions (p. 311).

This proposition, coupled with the critical spectacle of the 'problem gambler' – one who cannot control their gambling, and thus represents an irresponsible, flawed consumer (Livingstone & Woolley, 2007) – can be inserted readily into Rose & Miller's (2008) conception of:

> … 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 … (p. 9).

That is, the 'responsible gambler' is one who can control their impulses, exercise their freedom to gamble without incurring harm, and stop when they reach their limits. In contrast, the 'problem gambler' is one who gambles in an uncontrolled and harmful way, is unable to observe sensible limits, and incurs harm to themselves and others. This focus on the flaws of individuals, a failure to comprehend the evidence showing that different forms of gambling are associated with different levels of harm (Browne et al., 2023; Binde et al., 2017), and an engagement with industry (Blaszczynski et al., 2004; Livingstone, 2018) suggests that 'responsible gambling' discourse is unlikely to achieve success in preventing harm.

Its focus on those already experiencing harm suggests that responsible gambling's proponents envisage harm prevention as essentially impossible (Livingstone & Rintoul 2020). It is arguable that it is not intended to prevent harm. Rather, 'responsible gambling' appears as a smokescreen deployed by industry to assure concerned citizens and governments that all that can be done is being done to address the potential harm of gambling, without discommoding those who are 'responsible', or 'recreational gamblers'. Behind this smokescreen, the exploitation of often vulnerable and disadvantaged people has been legitimated.

Further, the adoption by psy-sciences of this approach (see Livingstone et al., 2018), and the rapid medicalisation of the irresponsible gambler, recreated a disease model:

> What is perhaps most immediately striking about its appearance is the fact that although steeped in a climate of commercial proliferation and economic deregulation, explanations of gambling problems were seldom couched in terms of consumer behavior but were rather discussed within a reductive, materialistic epistemology of sickness and disease (Reith, 2007, p.37).

This is not to suggest that 'public health' discourses do not invoke similar internalised discipline or related epistemologies to prevent disease. There is a long history of public health actors applying such logics to adjust the eating, exercise, sanitary and other habits of populations

(see Rabinow & Rose, 2006, p. 201), often for economic and geo-political purposes (Clark & Doyle, 2022). Indeed, contemporary exhortations to eat well, exercise regularly, refrain from smoking, and to use seatbelts in motor vehicles pursue such discipline.

However, 'responsible gambling' derives from and is closely aligned to, if not dominated by, a powerful commercial discourse (Bourdieu, 1994a, p. 145) arising from vested interest, produced from neo-liberal technologies to maximise consumption, and focused on individualising externalities to 'irresponsible consumers' (from whom it draws a substantial proportion of revenue), whilst ignoring the systemic sources of harm intrinsic to the consumption of the product (Reith, 2007; Lee & Crosbie, 2020; Kesaite et al., 2023; GREO, 2019).

Public health discourse, in contrast, comes from a different place. It is concerned with identifying the nature of harm, its dispersal throughout the community, its systemic causes, and how it might be prevented. It pursues improved regulatory control over harm-producing systems of consumption (van Schalkwyk et al., 2021 Wardle et al., 2019; Reith et al., 2019). Thomas et al. (2002) assert the first principal of public health ethics as follows: "Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes" (Thomas et al., 2002, p. 1058).

This is closely aligned with the emergence of the concept of the Commercial Determinants of Health (WHO, 2023; Gilmore et al., 2023). It is also a reflection of the distinction recently drawn between the i-frame (interventions that address individuals) and the s-frame (interventions that pursue structural change) in attempts to address 'policy problems' (Chater & Loewenstein 2022). These authors argue that: "… highlighting the i-frame is a long-established objective of corporate opponents of concerted systemic action such as regulation … (Chater & Loewenstein, 2022, p. 1058).

Because of this an important element for an effective response to the orthodoxy involves recognition and widespread discussion of the actual nature of gambling harms, and their causes. 'Responsible gambling' is much more concerned with locating the problem within the flawed psyche of the 'problem gambler' (Francis & Livingstone, 2021; Reith, 2013).

Recently, work by Browne and colleagues (2021) and Wardle et al. (2019) amongst others have expanded understanding of the nature of gambling harms. However, the 'responsible gambling' discourse posits the individual as the problem and ignores the widespread nature of harm (Reith & Wardle, 2022). Identifying gambling harm as a consequence of individual pathology limited to a 'small minority' of the population is necessary to permit gambling to continue to pursue business as usual. As commonly asserted: "The majority of the adult population gambles responsibly. Only a small minority of the population develops gambling-related harm" (Blaszczynski et al., 2004, p. 309).

Further, as evidenced by the NSW Crime Commission (2022), a great deal of harm is inflicted on the community via the activities of those who either launder the proceeds of crime through EGMs, or in many cases commit crimes (including drug trafficking) to generate resources to gamble. The harms to the community from these activities are significant, and the associated costs considerable.

Public Health as Heterodoxy

'Public health' has recently emerged as the principal contender to 'responsible gambling' as an apparatus for governing commercial gambling operations. It is defined as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988, p.1).

It has been argued that adopting a 'public health approach' to gambling harm would lead to improved harm prevention and minimisation interventions, and thus reduce harm to populations (Wardle et al., 2021). Industry, and some researchers, have generally resisted such a shift (Delfabbro & King, 2017b). Properly implemented, it involves 'upstream' interventions that tackle the causes of harm (or the causes of causes). If implemented comprehensively, it is argued that these would reduce harm and gambling revenue.

Although concepts of public health can be traced to antiquity, its contemporary form had its origins in the 19th century struggle of nations to build healthy workforces for productive purposes (Tulchinsky & Varavikova, 2014).

As Rabinow and Rose (2006) argue:

> Over the eighteenth and nineteenth centuries, nation states, in addition to their theatres of power and public display, began to be key mobilizers of the internal forces of their territories so as to secure their objectives of prosperity and security (p. 203).

In the case of 'public health', claims of expertise arising from improved knowledge of micro-biology and epidemiology lead to improvements in the cleanliness of municipal water supplies. As exercises in governmentality these sought to regulate the way local authorities and communities undertook or exercised

fundamental activities of life. In other words, the constantly changing and expanding "apparatuses of knowledge collection and problematization" that grew throughout the nineteenth century were fundamental in re-creating the idea of 'the social' –non-state, decentralised forces (Rabinow & Rose 2006 p. 203). As repositories of expertise, these were sometimes opposed to the state, but frequently joined up to it (Clark & Doyle 2022). Indeed, "[liberal] states can rule only because of the ways in which they manage to connect themselves up to these apparatuses" (Rabinow & Rose, 2006, p. 203). The relevant public health apparatuses operate on the territory of biopower – control of individual and collective power, uncentred, and "productive of meanings, of interventions, of entities …" (Rose, & Miller 2008, p. 9).

This 'uncentered power' of public health actors is not always exercised benignly, or even with regard to reasonable ethical principles. During the COVID-19 pandemic, to take some recent examples, public health restrictions disproportionately impacted disadvantaged populations. These included restricting people's ability to work and thus earn an income and obtain necessary social and family support (Bear et al., 2020), even in some circumstances where income support or effective relief was inadequate, and the population involved was clearly subject to discriminatory policies because of the structures of economic and employment disadvantage that characterised much of their community (Rachwani, 2021). Highly disadvantaged culturally and linguistically diverse communities largely consisting of women and children were extensively 'locked down' without sufficient support (Glass, 2020). Globally, access to vaccines was unequal and sporadic, with many low- and middle-income countries simply unable to obtain vaccines for their populations (Twohey et al., 2020).

Public health, like all forms of knowledge, can clearly be utilised as an instrument of oppression, whether consciously or otherwise. The above examples suggest that in its contemporary form, public health discourse often pays little attention to the actual consequences of its actions, particularly on the already disadvantaged populations who frequently bear the brunt of what can only be seen as discriminatory public health directions. This is a very important consideration for gambling, given that gambling harm is disproportionately experienced by disadvantaged communities (van der Maas, 2016; Raybould et al., 2021; Resce et al., 2019; Latvala et al., 2021), is associated with poverty, homelessness, unemployment and economic inequality generally (Hahmann & Matheson, 2017; Hahmann et al., 2021), and that gambling opportunities are disproportionately available in more socio-economically disadvantaged areas (Rintoul et al., 2013; Wardle et al., 2014; Pearce et al., 2008; Xouridas et al., 2016; Kristiansen & Lyneborg, 2022; Papineau et al., 2020).

Assuming that a goal of the project of contesting 'responsible gambling' is the prevention of harm for those already disadvantaged, public health discourse must address any such ethical failure. The path for adaptation of effective public health principles must therefore arguably be that of a *critical* public health discourse.

Schrecker (2021) proposes five key elements for a critical public health. These involve a commitment to equity; a situating of health inequalities in institutional and social arrangements; a consideration of history; an acknowledgement 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 (Schrecker 2022 pp. 139-140).

A commitment to equity means taking sides (Schrecker 2022, p. 140) or advocating with and for disadvantaged populations against those who exploit them. This can be contrasted with one of the pillars of 'responsible gambling': its claim to be 'science based' (Blaszczynski et al., 2004), as if that renders it somehow neutral. In fact, 'responsible gambling' has, in practice, provided industry with a basis for the creation and expansion of significant, avoidable harm, inequality, and gross disadvantage. This arguably makes it far from neutral.

Opposing responsible gambling may require a form of overt advocacy that many researchers find uncomfortable – but that is an inevitable consequence of taking sides, and in any event is a choice that many have already made. The 'disease model' of 'problem gambling' replicates the pernicious medicalisation that Schrecker deplores and must be avoided in a critical public health model. And of course, critical public health must situate the history of commercial gambling amidst the political, economic, institutional, and social structures that allowed it to expand rapidly. That is, it requires an examination of the political economy of responsible gambling orthodoxy as perceived through the lens of the Commercial Determinants of Health (CDoH) (Reith, 2013).

We can imagine that seeking to materialise discourses of critical public health to restrain the consumption of harmful commodities will encounter opposition from governments and corporations unwilling to forego revenue (and the power) derived from production and sale of those products.

As those researching the effects of Corporate Political Activity (CPA) and the Commercial Determinants of Health (CDoH) have shown, corporations have many tools at their disposal to resist limitations on their right to sell harmful commodities. In many cases they can pre-empt them (e.g., de Lacy Vawdon et al., 2022; Miller et al., 2021). These tools are constantly used to persuade governments that, for whatever reason, orthodoxy should prevail. That is, change is unnecessary if just for the sake of improved public health and wellbeing, especially if that reduces commercial revenue. Existing public health discourses within the gambling research field are already heterodox, continually contesting often highly orthodox and powerful institutions keen to defend their financial and political interests. As Reynolds et al. (2020) have demonstrated empirically, the field is dominated by 'responsible gambling' discourses. Further, as Cassidy et al. (2014) have catalogued, gambling industry interests are well placed to make sure that this orthodox hegemony continues. Some of the critics of the developing public health approach to gambling research and policy have clearly identified the risks of this to the orthodoxy (for example, see Delfabbro & King, 2020; Delfabbro & King, 2017a; Blaszczynski et al., 2021).

However, this developing approach needs to be given some additional impetus. Adopting a critical public health discourse may provide an ethical and viable vehicle through which to contest the orthodoxy of gambling research more strongly.

The Critique of Orthodoxy

Bourdieu (1994b) discusses a theoretical process of social change, in which what he calls *doxa* (for Bourdieu, 'opinion', as opposed to *episteme*, 'knowledge'), encapsulating "the universe of the undiscussed", may be broken down in part into different categories that facilitate contest. The universe of the undiscussed (that is, the universe of *doxa*) consists of all that is beyond critique. As Bourdieu (2000) puts it, *doxa* is: "a set of fundamental beliefs which does not even have to be asserted in the form of an explicit, self-conscious dogma (p.16)

We can see *doxa* in such arbitrary[2] social constructions as the subjugation of women and people of colour, colonial models of conquest and exploitation, and discrimination in many forms. In some cases, the uncontested nature of these examples of *doxa* has broken down into *orthodoxy*, ('correct opinion'). That is, a powerful and dominant set of discourses that are widely accepted in practice, despite being recognised as arbitrary (Deer, 2014). The recognition of this arbitrariness allows the possibility of critique. It may indeed be that the *doxa* that related to most forms of gambling prior to its widespread legalisation and commercialisation from the 1970s onward broke down because of the need to legitimise commercial gambling.

Reith (2007; 2013) and Francis & Livingstone (2021) argue that the previous construction of gambling by the bourgeoise as a pariah pastime, the province of criminals, or working-class wastrels, has of necessity broken down into an orthodoxy in which those who gamble are divided into two broad categories: responsible, or recreational gamblers, who readily control their consumption; and problem gamblers, who cannot. The latter represent the containment of the pariah in a small pathologized group, thus permitting the 'vast majority' of those who gamble to do so, and to lawfully transfer funds to corporations and governments that benefit from this process.

Commercial interests with the support of government corroded the *doxa* of gambling as pariah to establish a new orthodoxy that allowed legalisation of gambling. In this context, 'responsible gambling' and the category of the 'problem gambler' are necessary discursive elements of the new orthodoxy. This might be thought of as a key aspect of the process of 'normalising' widespread accessibility and participation in gambling. It also demonstrates that the corrosion of *doxa* can emerge from multiple sources.

The critique of orthodoxy is *heterodoxy* ('non-conforming opinion'). That is, it represents a set of discourses that contests the way things are. The process by which these discourses engage – the hegemonic orthodox, and the subordinated heterodox - constitutes a dialectic of social change.

It might also be interpreted as a process of 'denormalization', where critique addresses aspects of orthodoxy that are injurious to equality, basic human rights, health, or wellbeing (such as sexism, misogyny, racism, colonialism, and smoking). Indeed, denormalization has been and remains a key tool in the reduction of tobacco consumption, and associated cancers and cardio-vascular disease (Hanley-Jones et al., 2023).

This dialectical process helps to explain the nature of things at any given point in time, but it may also assist in understanding the process that critical studies encapsulate and address important questions about *how*

[2] Arbitrary in the sense that they are not legitimated by evidence, but by power, opinion, and tradition.

the order of things changes. That is, processes whereby we seek to identify the effects attributable to particular ideologies, activities and policies and improve our collective response to address those issues or systems that cause harm. How does Bourdieu's model help us to better understand specific issues related to gambling as a field, both empirically and theoretically?

Gambling Research and the Orthodoxy

The orthodox, responsible gambling focus is largely centred on identifying and quantifying the individual risk factors associated with the likelihood of developing a case of 'problem' or 'pathological' gambling, the purported measurement of prevalence of such cases, and the methods for treatment of these cases (Blaszczynski et al., 2011). This is not unimportant. However, it generally extends little beyond such considerations, and remains congruent with the discourse of 'responsible gambling'. Within this framework gambling operators provide 'information' to their customers, who are then 'enabled' to make 'informed choices' about whether and how much to gamble.

As Reith & Wardle (2022) argue, the capacity of most gamblers to fully comprehend the nature of the technology with which they are gambling is highly questionable. This is certainly true of EGMs (Livingstone, 2017) and of increasingly complex wagering options (Newall & Allami, 2023), which for most gamblers rapidly overwhelm rationality and judgement. Regardless of the impossibility of informing every user of the details of why and how their money disappears, 'responsible gambling', as suggested above, was a development of the gambling industry, a response to the clear emergence of significant harm associated with the burgeoning growth of legalised gambling in the late twentieth century. As with 'responsible drinking' campaigns, it asserts that the responsibility overwhelmingly resides with the individual, and particularly with the 'problem gambler'. The gambling provider, as has been amply demonstrated in multiple jurisdictions, gets away with little in the way of 'responsible provision of gambling', and in many cases its precise opposite (Fiedler et al., 2021, Rintoul et al., 2017). Recent Royal Commissions and inquiries into Australian casino operators, referred to above, provide ample evidence of this (Finkelstein, 2021; Govt. of WA, 2022: Gotterson, 2022; NSW, 2022; NSW Crime Commission, 2022; Crofts & Van Rijswijk 2023).

'Responsible gambling' is endorsed and indeed operationalised by state authority, endorsed by commercial gambling businesses, and helps to legitimise those businesses. It assists the transfer of resources from generally disadvantaged people to corporations, the state, and sometimes wealthy individuals. Its advocates see it as non-political – i.e., not engaged in forming the technologies to govern the business, or the regulatory activities of states (see, for example, Delfabbro & King, 2020, Blaszczynski et al., 2021). Yet, 'responsible gambling' discourses are crucial to maintaining existing technologies of commercial gambling and thereby supporting the transfer of funds from the disadvantaged to corporations, the state, and some charities.

'Responsible gambling' is and has been necessary for the gambling business to expand as it has. Its great success has been in providing the illusion of concern, while effectively blaming the affected for their plight. There is very little evidence that 'responsible gambling' has developed interventions that effectively prevent or reduce harm (Livingstone et al., 2019; Chóliz, 2018; Ladouceur et al., 2017.), and one of its major discursive elements is the notion that consumers ought to be able to make bad decisions if they wish. This, of course, is consistent with ideas of 'consumer sovereignty', as demonstrated by Reith & Wardle (2022). This operates in direct contradiction to the behavioural addiction to gambling many people experience (see Gabellini et al., 2023), which is largely ignored by the responsible gambling orthodoxy. Indeed, a theory of rational addiction (Becker & Murphy, 1988) (now largely debunked – see Rogeberg, 2020) was once posited as implying that regulation should treat addictive products as little different from anything else.

Further, as Reynolds et al. (2020) discuss, this has meant that the field of gambling research has experienced substantial opportunity costs. Research focused on 'responsible gambling' squeezes out alternative ways of understanding the issue, such as public health or other critical disciplines. The gambling research field has recently expanded to include research employing critical disciplines such as anthropology, sociology, geography, political economy, social theory, history, cultural studies, and public health. But these efforts are contested by those articulating the responsible gambling orthodoxy (Delfabbro & King, 2017a; 2017b; 2021; Blaszczynski et al., 2021), and mostly ignored by governments and regulators.

If the reduction of harm and the enhancement of knowledge are its key objectives (as Ladouceur 2017 et al. suggest), it is highly arguable that 'responsible gambling' has been an abject failure.

Indeed, 'responsible gambling' has arguably failed in three important categories. It has failed to prevent and minimise gambling-derived harm; it has not markedly

improved the state of knowledge; and it has achieved at best a limited theoretical base.

To contest the orthodoxy requires a heterodox project drawing on critical and public health principles – that is, giving priority to the health and wellbeing of populations, especially disadvantaged populations, adopting multiple disciplinary approaches and methods, and adopting a critical, theory-building perspective. In other words, the heterodox project is to better understand and interpret the nature of the gambling system and its specific historical trajectory, and to pursue change, with goals such as preventing and reducing harm, improving the state of knowledge, and enhancing, or perhaps developing a theoretical basis or bases for the field.

This does not mean that a critical public health approach to gambling research would ignore the pressing need for people experiencing harm from gambling to receive support and therapeutic assistance as necessary. Indeed, people harmed by gambling, including affected others who may not gamble themselves, need much improved and more readily accessible support than is currently provided by the state. But to this must be added a host of reforms that effectively curtail the harm producing capacity of the now globally powerful orthodox institutions of commercial gambling, and its companion, 'responsible gambling', along with much improved knowledge and a theoretical base for the field.

The Institutional Architecture of 'Responsible Gambling'

One of the most important transitions required to improve the state of the field is the need to distance gambling research from a reliance on gambling industry funding and influence. In some jurisdictions, gambling research is heavily reliant on money sourced from, and largely controlled by, the gambling industry. Organisations such as the International Center for Responsible Gaming (ICRG) (previously the National Center for Responsible Gaming) claim $40 million in resources to support gambling research. This comes from "Commercial and Indian casino gaming companies, equipment manufacturers, vendors, ICRG board members, gaming employees and individuals" (ICRG n.d. Second par., 'Funding'). This includes several of the largest casino operators in the US.

In other jurisdictions, industry funded 'charities' have a long history of identifying and funding their own research priorities. GambleAware, a UK charity established by gambling operators, has provided significant funding focused originally on 'problem gambling'. It has in recent years become more independent in its mode of research funding but remains reliant on the revenues of the gambling industry for its existence. This reliance caused the UK National Health Service to sever its links with the 'charity' in 2022 (McInnes, 2022).

Some gambling operators are themselves significant funders of research. ClubsNSW, the peak organisation representing licenced clubs in New South Wales, Australia's largest state, boasted of 'investing' in research in 2017: "We continue to generate sensible gaming research. This year ClubsNSW extended its gambling research partnership with the University of Sydney and Professor Alex Blaszczynksi for another three years, taking our investment to $2.5 million" (p.12).

The clubs represented by this organisation operate 70,000 EGMs in that state, with annual EGM revenue of over $4.6 billion in 2022. (Liquor and Gaming NSW, 2023).

Crown casino, the subject of multiple inquiries and Royal Commissions in Australia in recent years (referred to above) engaged three prominent academic gambling experts (Professors Blaszczynski, Delfabbro, and Nower) (Finkelstein, 2021, p. 40) to form a Responsible Gambling Advisory Group in 2019. Despite their efforts, however, the Royal Commissioner inquiring into Crown's Melbourne operations concluded that "Crown Melbourne had for years held itself out as having a world's best approach to problem gambling. Nothing can be further from the truth" (Finkelstein, 2021, p.3).

The effects of the predominance of responsible gambling approaches have been to establish its discourse as the major, in some cases the only, way to understand gambling harm minimisation. Such institutionalisation of orthodoxy represents an articulation of the power of industry and demonstrates its ability to influence the state and indeed people who gamble, whose response may be to internalise shame and blame themselves for their problems (Wardle & McManus, 2021, Livingstone & Rintoul, 2020 Rintoul et al. 2023). The coupling of this with the significant resources of gambling operators acts to reinforce the power and credibility of the discourses that institutionalise orthodoxy. Because of the flows of money that derive from the logic of this orthodoxy, governments and corporations remain committed to it. Moving away from this requires interruption of these lucrative, institutionalised arrangements.

Well known gambling researchers in Australia, the US and elsewhere, regularly consult for gambling companies and argue that this is acceptable if undertaken for what they call 'responsible gambling' purposes. This includes

editors and associate editors, effectively the gatekeepers, of prominent journals.

Indeed, prominent researchers defending the discourse of 'responsible gambling' have argued that it is not correct to assert that industry funding corrupts gambling research, even though other industries (such as tobacco) have a record of corrupting relevant research priorities and outcomes (Bero, 2005). Although they admit that such concerns are warranted, they also argue that:

> … what if, in the case of industry funding, the gambling field is not a follower but a leader? What if, in this case, the gambling field is not another example of industry-funded research gone wrong but instead is an example, indeed *the example*, of research gone right? If this were the case, then, it makes no sense to tar and feather today's gambling researchers who use industry funding with the sins of others (LaPlante et al., 2019, p.10).

Of course, generous funding from any source (whether provided via an institutional arrangement or otherwise) bestows important, scarce resources and thus accrues academic power, via track records for grant success, publications, institutional approval, etc. This power may be symbolic, but it is also tangible. Yet, as Adams (2016) has argued, there are significant risks to integrity, reputation, and ethical standing associated with accepting funding and/or support from vested interests.

The Hollow Orthodoxy

In the discourse of responsible gambling, we can observe an orthodoxy that, although not instituted as beyond question, has been promoted as though it were. This is a remarkable example of Bourdieu's concept of orthodoxy (Deer, 2014). The concept of 'responsible gambling' and of the 'problem gambler' and 'problem gambling' have been widely adopted by legislative and regulatory actors and embodied in legislative and regulatory texts. Yet, there is a persistent sketchiness about these concepts. Implementation of a regulated system of gambling that relies on 'responsible gambling' is widespread. But what 'responsible gambling' looks like remains very unclear.

Hing and colleagues (2016) reported that a comprehensive literature review confirmed the lack of an accepted definition of what they termed "responsible consumption of gambling" (RCG) and 'an agreed set of underlying objectives or principles for RCG' (p. 2). Content analysis of relevant websites also "confirmed the lack of a consistent definition of RCG in consumer information and lack of clarity about its underlying principles or goals" (Hing et al., 2016, p. 2). The results of a survey of experts (researchers, treatment professionals, educators, and policy specialists):

> … overwhelmingly considered RG to be poorly understood by consumers and inadequately promoted in a meaningful way. They considered the existing consumer guidelines for RG inappropriate and lacking evidence of their efficacy. Promotion of RG, particularly by industry and governments, was seen as inadequate for all forms of gambling, but especially deficient in relation to EGM gambling, sports betting and race betting (Hing et al., 2016, p. 2).

In fact, even its supporters concede that it is poorly defined (Blaszczynski et al., 2021). A review of the efficacy of the 'responsible gambling' interventions that are generally implemented under gambling venue 'codes of conduct' revealed a notable lack of evidence for the efficacy of most interventions. These included self-exclusion programs, signage, messaging, interaction with gamblers, removal of ATMs, and responsible gambling codes of conduct (Livingstone et al., 2014). Indeed, one of its key supporters argues that 'responsible gambling' has "… not yet progressed to best practices that are supported by scientific evidence; RG programs mostly remain at the 'seemed like a good idea' stage of development." (Ladouceur et al., 2017, p. 233)

The same authors, who prepared the 'Reno Model, which they describe as "… the first strategic framework describing the fundamental principles necessary to guide the development of RG strategies …" (Ladouceur et al., 2017, p. 225) argue that although the purpose of responsible gambling programs is "… to prevent or minimize gambling related harms … the scientific evidence supporting many of these programs and initiatives is absent or weak" (Ladouceur et al., 2017, p. 225).

It would therefore be reasonable to conclude that 'responsible gambling' orthodoxy is ill defined and is associated with few, if any, effective interventions. Modest interventions of uncertain effectiveness characterise the orthodoxy and give it its materiality. Yet even these are mostly ignored (Rintoul et al., 2017).

Thus, like many orthodoxies, 'responsible gambling' is non-specific, ill defined, not well understood or implemented by those who are supposed to use it, non-evidence based, its few interventions regularly ignored in

practice, and its hegemony rarely challenged by regulators or legislators. It endures as the orthodoxy in its field because it is aligned with powerful and well-resourced commercial interests and protects those interests. In this, it emulates the many institutions associated with exploiting minority or disempowered populations, such as racism, sexism, misogyny, colonialism, and of course 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.

The dismantling of 'responsible gambling' is more easily argued for than achieved. As we know from recent work on the commercial determinants of health, the situation in gambling is echoed with many other dangerous commodities and the industries that make significant revenues from their production, distribution, marketing, and consumption.

A pressing question for academics in this field is how best to hasten the demise of the responsible gambling orthodoxy. Gambling operators have, ironically, assisted in this project through significant overreach, driven by greed and the lack of oversight and enforcement authority that has characterised gambling regulation around the globe.

Apart from research and the technological and regulatory innovation it may drive, however, what are the key activities that academics might bring to the critical study of gambling?

Of its many faults, the most egregious failure of 'responsible gambling' has been the active neglect of those experiencing harm, the overwhelming majority of whom receive no support (Slutske, 2006), and whose difficulties endure long after they, or their loved ones, have stopped gambling. They are disproportionately drawn from disadvantaged populations, and recent significant expansion of the gambling industry into low- and middle-income countries will, in the absence of effective regulation (Sichali et al., 2023), exacerbate this striking inequality (Bitanihirwe et al., 2022).

For this reason, it is imperative that the voices of those who have lived experience of harm are incorporated in our work, whatever its nature. Much of the energy and momentum for change where it has occurred has come from those who know the harms of gambling firsthand. We must choose their side.

Secondly, we must acknowledge that the evidence and literature in this field is patchy, at best, and remains largely focused on an ideological commitment to the study of individual pathologies, represented by the myth of the 'problem gambler'. Further, it frequently pursues largely useless knowledge with the aim of perpetuating this myth, and other foundational ideologies of the 'responsible gambling' discourse. These relate strongly to the neo-liberal economic ideologies of the later twentieth century, especially concepts such as consumer sovereignty and the supremacy of the market. However, responsible gambling orthodoxies have taken these and supercharged them for the benefit of governments, regulators, and corporate interests. Studies in political economy, anthropology, sociology, philosophy, law and legal scholarship, criminology, and social theory, for example, can produce new literature to support a turn to alternative ways of configuring the way we understand the idea of gambling, and what we should do about it and the harms it causes.

Further, the public health disciplines should critically reinterrogate the epidemiology of gambling harm. As we have learnt from the social epidemiology of disease, mortality and morbidity, harm follows carefully systematised paths, often of disadvantage and discrimination. So, it seems, with gambling. Commercial gambling provides an extraordinary example of the relentless exploitation of vulnerable populations via a poorly regulated legal product.

Finally, it seems remarkable that the theoretical base for gambling research is so thin. Although there are many excellent scholars who have addressed this with great expertise and thoughtfulness, particularly in academic monographs, there is a yawning gap between such work, and the day-to-day research published in journals that has largely powered the growth of commercial gambling.

Assembling the Heterodox

Independence from industry control of research funds, and access to research data, is of pressing importance in the field of gambling research. Cassidy et al. (2014) and Adams (2016) have demonstrated the extent to which industry control has become embedded in academic careers, and thus turned researchers towards the orthodoxy. Reynolds et al. (2020) have demonstrated how the orthodoxy imposes major opportunity costs on the field. Livingstone & Adams (2015) have called for the development of clear principles for integrity in gambling research, and as noted Livingstone (2018) has argued for 'clean' gambling research conferences. The reality is that even if independent sources of funding can be expanded, industry control of conferences and agendas may persist, as Livingstone & Adams (2011) argued.

Developing funding sources that are truly independent of industry control and influence at any level is a major task. Yet it remains a significant priority if research in this field is to become original, productive,

and capable of achieving reasonable goals to protect populations from harm and eradicate exploitation of the vulnerable.

As a first step, establishing research forums that are truly independent of industry influence is a necessity. The major gambling research conferences in the United States, in Europe, and in Australia, are all linked to industry influences (Livingstone, 2018).

Finally, drawing on principles of critical public health, it seems clear that we must systematically address the gulf between what needs to be done, and what is being done to address gambling harm. Prevention is barely in scope in the regulatory and harm minimization regimes of most jurisdictions. This situation will persist while the orthodoxy of 'responsible gambling' and of the 'problem gambler' remain powerful.

We must also act urgently and co-operatively to stem the pandemic of gambling harm that is spreading rapidly from high income countries to low- and middle-income countries (Reith et al., 2019). 'Responsible gambling' and its accompaniments such as 'problem gambling' will not achieve this, for the simple reason that they do not work, and were never intended to. International cooperation, including via global organisations such as the World Health Organisation, is of great importance.

Achieving these goals is a not inconsiderable task. However, it must first involve development of a coherent critical heterodox discourse that can contend with the orthodoxy that has dominated the field. Ignoring 'responsible gambling' will not make it go away.

How can we do this? The first step is, arguably, to identify the elements of 'responsible gambling' that are most at odds with our critical perspectives, disciplinary understanding, or available evidence, and contest them, vigorously. We should also make sure that these contests are circulated as widely as possible amongst our critically oriented colleagues, and as far as possible, policy makers and the interested public.

The establishment of *Critical Gambling Studies* has been a major step in the development of this project. Establishing regular, truly independent international academic conferences is another. Developing a global network of relevant concerned researchers and scholars with a capacity for dissemination of regular updates and ideas is yet another.

Actively contesting 'responsible gambling' in whatever forums we think appropriate is the *sine qua non* to develop a new approach that will allow the field to fully escape from the constraints of what is arguably a shameful tradition of intellectual stagnation and miasma. If this means we must invent those forums, then that is what must be done.

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