



## Comparative Sociology of Dangerous Consumptions: An Interview with Robin Room

Robin Room, Fiona Nicoll

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Participant: *Professor Robin Room, Centre for Alcohol Policy Research, La Trobe University*

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Nicoll: *How did you first get involved in gambling research and what were the main problems at that time?*

### **Background**

Room: I worked for a long time in alcohol research in Berkeley, California, with money from the US federal government; we became a national alcohol research center. I was recruited from there to Ontario, Canada to be the Vice President for research in what was then the Addiction Research Foundation of Ontario. I was there from 1991 to 1998, and in that period Ontario was beginning to face up to doing something about gambling problems. They had, like much of the English-speaking world, greatly increased the availability of legal gambling, starting in the '60's or '70's. They began to realize there were some problems with it. The provincial gambling authority was quite upset about the fact that the Ministry of Health was bringing in the Addiction Research Foundation because, they said, these guys believe that the availability of something has something to do with how many problems there are, and we don't think that is a good avenue to be following. So, they tried to actually kill off the first thing we were doing. The Ministry of Health held on and kept us funded (Room, 2005)... Ontario had decided that it was going to open a casino right by the American border in Niagara Falls, so they could attract all these rich Americans who would spend money in Canada. So, we put forward a proposal to do a study of what happened in the Niagara Falls, Canada community with the opening of the casino. In other words, we were not worrying about the rich Americans but about the effect in

the community itself (Room, Turner, & Ialomiteanu, 1999).

That was the beginning of my involvement in gambling. There weren't that many studies actually of the opening of casinos, and what we showed was that there was an increase in gambling. The new gambling in the casino was, to some extent, at the expense of some other gambling. But the overall result was an increase. And there was some perception also of adverse neighbourhood impacts, such as difficulties in finding parking. So, we reported that and of course there wasn't that much fuss at that point. It was simply something that was there at that point, and we got involved in some other stuff... In the end, I left Canada because we got swallowed up by the Centre for Addiction and Mental Health, which was headed by psychiatrists, and I got a job in Sweden to head what's called SoRAD, the Center for Social Research on Alcohol and Drugs at Stockholm University.

Sweden also, in its own way, has moved into the world of gambling as a source of revenue for the state. As in Canada, the casinos were run by the government. In Sweden in fact, they had spent quite some time, a couple of extra years, finding an old truly Swedish building, so that they could have this Swedish casino that was somehow going to be different from Monte Carlo or whatever. We did a broader range of things there than we had in Ontario; as well as studying the casinos we were also looking at who it was who gambled and what went on in different types of gambling -- not only in terms of gambling machines in the casino; we included horse racing and bingo. We also did a study there on what happened when they opened

new casinos in two places (Westfelt, 2006). One place was in Malmö, which is across a long bridge from Denmark -- there was the same kind of theory as in Ontario that it would attract all these rich foreigners. Although what happened there I think, as in Canada, was that a lot of rich foreigners were from in and around China. And then a casino in a northern city, Sundsvall. It was a vaguely leftist government and they thought this would help the economy of this rather poor city. Sure enough, they never made much money from the casino in the north but did quite well in the one in Malmö. We had a control site to compare with Malmö. Unfortunately, not much of the Swedish research was published in English. One thing we found was that folk who are already problematic gamblers find that things get worse for them at the casino. There is quite a bit of evidence on this, and it is one of the things we try to emphasise in our book, *Setting Limits* (Sulkunen et al., 2019). And we found that a lot of the harm is not to the gambler, it's to the people around the gambler in one way or another, "harm to others" as we put it in alcohol studies.

In Sweden, they have a national network of gambling researchers, GARN – primarily social researchers -- which holds an annual meeting. What's going on in the Nordic countries is quite interesting. As elsewhere, there is a problem with gambling on the web. Since with gambling there is no commodity that has to cross borders, where it can be subject to national controls, Sweden essentially tried to attract those offering such gambling with a way to operate legally under Swedish regulation, to demonopolize a lot of the gambling so it wasn't only being run by the state. It offered licences to firms which were offering web-based gambling in Sweden to Swedes. And the Finns have also gone through some big changes. They had 3 different state gambling authorities and they have combined them into 1... So, there are interesting things going on in the Nordic states.

When I came back to Australia, I was at Turning Point Alcohol and Drug Center and set up a social and policy research center, mostly about alcohol. We did some gambling stuff but mostly in the context of the fact that Turning Point runs gambling help lines for most of the states in Australia. So, there's quite a bit of research going on there about who calls the gambling help lines. 40% of the callers aren't the gamblers themselves but are the family members.

So that's my history in gambling research. The situation and the field looks different in each country. Australia is right up at the top in terms of

percentage of the national income that is spent on gambling (Sulkunen et al., 2019).

### **Comparing Gambling and Alcohol Research**

My observation, looking at gambling from the alcohol side, is that gambling research is about 30 years behind alcohol research in terms of some of the thinking, certainly in terms of emancipating itself from the interests that are involved. You can draw a kind of continuum from tobacco, where the public health folk are extremely committed to the notion that anyone who had anything to do with tobacco industry has nothing to do with their research. Alcohol: when I came into the field, 50-something years ago, you certainly could consider going to a meeting that was funded by the alcohol industry and might even consider taking a bit of money from them from under one circumstance or another. That has gradually changed over time. You will find that there is a pretty clear division now between who's taking money from the alcohol industry -- they tend to be doctors and biological researchers. Social researchers can't get away with it. In gambling, an awful lot of the research, particularly the US gambling stuff, has been essentially funded by either the industry or by state authorities that are depending on the industry one way or another. The difference in the behavior of state agencies where there is a state monopoly is noticeable between gambling and alcohol also. In fact, even in the US now, the remaining monopolies in the alcohol field are quite aware that they need to form an alliance with public health if they are going to survive. That's their justification in the neoliberal world. The Nordic alcohol monopolies, and the Canadian ones to some extent, have always seen it that way before and kept a little more public health and welfare-oriented. The gambling agency is usually located in the ministry of finance, in terms of where it is in the government, and is more focused on revenue. It's almost as bad as the opioid monopolies that the European and Japanese empires used to run in Asia in the nineteenth century, which were all about revenue and exploitation.

Nicoll: *That's fantastic. Thank you. What I want to move to discuss now is how sociologists, and people who work in humanities disciplines even more so, are the minority of people who do research on gambling. So, I would like to get your reflection on what you think that sociology as a discipline offers an understanding of gambling.*

Room: Well, the way I got into alcohol research (which is relevant to this I think) is that I was originally in physics and then decided I was interested in too much to be that specialized.

Nicoll: *Okay, that's interesting.*

Room: And I ended up switching into English literature. I decided after a while after that I couldn't see myself teaching literary criticism for the rest of my life ... So I took a course taught by a sociologist in the sociology department called the Sociology of Literature. I could tell right away that he wasn't teaching literature. It wasn't till some time later I discovered he wasn't teaching sociology either. He was basically teaching intellectual history. But on the basis of that I came into sociology. In those days the sociology department at the University of California in Berkeley was a really good department in terms of its reputation, but with not necessarily terribly good teachers. I remember coming over from English to sociology and wondering about why do they limit themselves to one idea per hour in their lectures. In those days, survey research was going to turn sociology into a science. And so, we had a whole year of survey research in the beginning of being a doctoral student. On the basis of having taken that year, I got a summer job in something called the California Drinking Practices study, which was looking at drinking in the general population. So, an awful lot of my funding over the years has been about general population surveys in alcohol and drugs and also on gambling.

The basic thing that we were offering I think in each of those areas was some sense of what is going on outside the frame of who shows up needing or pushed into treatment. Increasingly as we went on, we also were collecting stuff in treatment populations to do comparisons and beginning to talk about the process by which you get from one to the other. So that's the concrete problem-solving justification for an awful lot of what we did. We weren't being funded to do policy research per se, because governments are very shy about paying for policy research. As one of the Finns in the alcohol field once said, "it means they now are the subject of investigation. What government would want to pay for you to investigate it?" So, it was difficult always to get funding for policy research.

#### **On transforming and competing disciplinary paradigms for gambling research**

Nicoll: *Something that is happening increasingly in the psych-science and medical research is citing a*

*framework or model that they call biopsychosocial. And that term is being used as if it's a new thing that would enable them to capture the importance of context in some way. I'm just curious about your thoughts on this as a sociologist. I want to return to your exposure to the Frankfurt school in your early graduate training which has got nothing to do with the biopsychosocial model. In my view of it, this model seems to be a defensive reaction to say "look, we don't need these other disciplines to come from outside because we can address whatever criticism that is coming from outside from within our own discourses." So, I was just curious on your thoughts on this trend.*

Room: Okay, I think that is a fair comment. The clearest example in a way would be drugs, where you would get the brain addiction model from the US. They are happy to talk about the biopsychosocial. But in their thinking one level dominates, or is the underlying factor. It's particularly an issue in addiction I think. Things that get talked about as being addiction end up with clearly whatever the psychiatrists think they mean by addiction or dependence. It incorporates an awful lot of stuff that is in the world of sociology. In their interpretation of it, if people are complaining about your gambling or you say your gambling has adversely affected your family life, it is a sign that you are addicted. Knowing about the complaints is not seen as something that is useful in its own right, but as something that's simply a signal of the other level which they care about. ... And if you say there's an awful lot of problems that happened around people's behaviors that wouldn't necessarily fit into addiction, they say, yes that's fine, but let's focus on the important thing.

It's interesting what's happening now in psychiatry: if you look at DSM5 they have lost their belief in dependence for drugs and alcohol; it doesn't exist anymore. Though that's not true in ICD-11, which still keeps it as a category. On the whole notion that it all is fed through addiction, they're not so sure anymore. So, that side of it may be changing a bit, though it depends on who you listen to. If you listen to the American Psychiatric Association and their DSM5, they have lost their faith that everything revolves around dependence or addiction.

#### **Uses of Cultural Research on Gambling**

One of the other things that was interesting to me in Ontario: the Chinese Canadian Community Association, whatever it was called in Toronto,

came to us relatively soon after the Addiction Research Foundation was clearly doing research on gambling and said, look, our community really has a problem. There really are big differences between cultures for alcohol and for drugs and for gambling. Cultures vary in how susceptible they are, so to speak, to getting over their limit. It's clear the Australian casinos keep getting themselves in trouble over the fact they are trying to attract big fish who by and large are of Chinese origin or ancestry. We have talked about it a little bit in the book *Setting Limits*. If you look into traditional Confucian Chinese culture, then luck is a really important part of it. Someone needs to go further down that road and look at that. Just as in terms of cultures and alcohol, cultures that emphasize ecstatic transformation -- being taken out of yourself -- tend to have more trouble with alcohol. So, I'm convinced there is some sort of cultural inclination for particular kinds of addiction.

The other thing to say is alcohol studies, in particular the social science side, are very cross national in perspective; I have been involved in cross-national studies a great deal of the time. Even when I started out, when I went to work in the California Drinking Practices Study, we quickly became aware of the work going on elsewhere. At that time, pretty much as Rome is for Catholics, Finland was for social alcohol researchers. Finland had this research institute that was funded by the alcohol monopoly there, was headed by a sociologist and had a bunch of sociologists on its staff. We looked to and formed connections with research groups like that. It's an unusual field in terms of its internationalism, if you compare it with general sociology, for instance.

Nicoll: *Why do you think that is?*

Room: If you're going to be an alcohol sociologist, you get involved very quickly in policy and culture. There's no way of avoiding it, even if you're just doing surveys. And if you work in a place like the US or Canada or Australia, which are multicultural societies, then at some point you start worrying about, well, what it is in like Japan if Japanese Americans drink this way? I know more about this for alcohol than I do for gambling, but I think living in multicultural societies certainly encourages you to be looking across the borders. That's the simplest way of saying it I think.

Nicoll: *That makes a lot of sense, particularly for this kind of research. And I think that's why this kind of research brings insights that the biopsychosocial research doesn't.*

Room: Absolutely... The biology is going to be pretty well the same everywhere, while the social is not. So, there's a strong argument that national and cultural differences matter more on the social side than on the biological side.

Nicoll: *I think that's right, that culture and policy provide a common ground for us to dialogue in our disciplines... I have another question. I am really interested in your thoughts having been thinking and researching on gambling, often in the context of alcohol policy, in research institutes that are looking at both. But just thinking more about gambling, what do you see as having shifted most fundamentally from the beginning and now in terms of the policy challenges that gambling is producing from let's say 30 years ago?*

Room: I don't really know before the 90's. At least what I know about earlier is from reading other people. By the 90's, the neo-liberal expansion of gambling had pretty well done its work. Now the countries were beginning to face up to the fact that the expansion brought problems with it to a greater or lesser extent.

Nicoll: *For example, one of the things I noted is that Aristocrat, the Australian EGM company, owns Plarium, an Israeli developer of online strategy, role playing games and massive multiplayer online games. This kind of development has had a big impact on gambling research; we are seeing hordes of gambling researchers moving over into video gaming studies, which previously had been quite a different field. There's also a lot of good research literature now on surveillance and big data and algorithms. I think the way algorithms worked in the early days was pretty primitive in pokies or slots or video lottery terminals. It feels to me that a lot of the questions about regulation are increasingly common to both video gaming and online gambling.*

Room: I think it depends on where you look. The World Health Organization has moved quite fearlessly into videogaming as opposed to gambling because Eastern Asia is particularly worried about their 14-year-olds glued to their screen or smartphone. So, the countries there pay WHO to run meetings on gaming problems, whether in South Korea or Japan. I think even China is also worried. That part of the world seems to be worrying a lot more about whether young people can get away from the machines even less than the rest of us. It's mostly a worry about how the person spends their time, as opposed to other things they

should or might be doing during that time. With gambling, with the money involved, of course there's more than that. Both gaming and gambling have this quality of being something that is not a tangible commodity passing across borders, which gives them much stronger arguments to have an international treaty or some kind of international control than even is for true for drugs and alcohol.

The world is at this point not doing anything about that. However, there is good reason for at least watching across fields what each other are doing, in terms of measures like controls of Facebook and all the other stuff going on which is not about gaming but about the general addictive web.

Nicoll: *I think 'the addictive web' is a really good description. Increasingly these things are connected. Also, with two generations of neo-liberal policy reforms, resources for government to regulate are really scarce. That obviously affects academic research and I guess what can be constituted as a legitimate problem for researchers.*

Room: Another thing I would still say is true is that vested interests play a larger role in gambling research than in alcohol and drugs. I presume that would be true even more for gaming and the web in general. The difference with gambling is that you often have government monopolies. The government monopolies don't have a public health consciousness to the extent that even the alcohol equivalents have. So, there are differences around that. Particularly what you find in federal countries is that, and this is true for alcohol as well as gambling, different levels of government all need their resources. The centralized federal one tends to harbour all the good resources, so you end up with the states or provinces being very dependent on resources like revenue from gambling. If you look at India, for instance, they have a huge battle over alcohol. But the states there get something like 40% of their revenue from alcohol taxes. If they move to prohibition, as sometimes they have, they have a real problem.

#### **On Co-morbidities and comparisons between regulated vices**

Nicoll: *I wanted to ask you about the term comorbidities and something that I have observed as someone who has been working with gambling now for nearly 20 years. In the gambling research, I notice there's almost like an equivalence between alcohol, drugs and gambling. So, comorbidity just*

*seems to be another strand of a deeper problem that affects an individual. I am particularly struck by this because of the distribution of pokies in Australia. You always have alcohol with pokies. Often you have smoking with pokies and even when smoking is outlawed, some venues create an outside area where people can smoke and play. I was recently in Macau and they just have these little boxes where the smokers go on the casino floor. Whenever I think about comorbidities from a critical cultural studies perspective, which is where I would say I am coming from, I think about ways of creating and targeting synergies between markets for addiction.*

Room: The thing that happened in Australia, and certainly in Sweden, when pokies first came along, is that the government thinks they want to keep kids away from them. They put them in a place where kids are already kept away from, which is the pub. So, the state forces them together. The term "comorbidity" puts all the problems on the individual, when in fact part of the comorbidity is that it's based on how those things are socially structured.

Nicoll: *Yeah, they are like clustered vices.*

Room: I know. I went looking at connections between tobacco and alcohol (Room, 2004). What can you say about the literature about combined use? Comorbidity, first of all, involves the framing in terms of medical psychiatry, so it's focussing on something that is going on in the brain. There are a lot of different levels in which things can go together. For example, they can be both things that are done only by 30-year-old males who tend to cluster in the same places. There's all that sort of thing involved.... I avoid the term comorbidity. I'm quite happy to talk about combined enjoyment or use another kind of wording. When you look at how things interact with each other, it's often quite complicated. Are you talking about using them at the same time? Are you talking about one being used to control the other? Or doing it to feel better? To improve the feeling? I remember once when we were doing a preliminary drug study with the heavy drug users on Telegraph Avenue in Berkeley, California, someone explained to us his folk derivation of "reefer", a standard slang term for a marijuana cigarette. You reef in an effect when you're sailing by the wind by reefing in the sail. He explained that, while he reefed in the effect of smoking cannabis cigarettes by drinking some alcohol, other people reefed in their drinking by smoking cannabis. There he was talking about

something where you're actually using one behavior to limit the effects or change the effects of the other.

That's of course talking about drugs and things you take into the body. But the drinking and the gambling are forced by the state into the same places, at least when you're talking about gambling machines. So, the behaviours are linked, but they can interact in various ways. When they decided in the Australian state of Victoria to keep allowing smoking in pubs after they outlawed it in restaurants, there was some tiptoeing around how they were going to extend the ban eventually to pubs. So, they decided they would do it first where there were pokies. For the first 6 months, until the owners of the places figured out how to counteract this, the state actually lost a third of its revenue from the pokie machines.

Nicoll: *I remember that. It was dramatic. It was really dramatic.*

Room: There are lots of interdependencies that people don't pay much attention to.

Nicoll: *And there's the connection with illegal drugs too. I remember seeing a documentary on pokies where they interviewed a heroin addict who found that he was able to modulate his heroin use by using pokies. I think there's a much richer conversation that is possible around what I think you're calling co-usage.*

Room: Yes, these behaviours for one reason or another tend to go together but it's interesting to know when and under what circumstances, and for whom.

Nicoll: *I have one final question. We talk a lot about harm-minimization in relation to gambling and alcohol in particular. I am curious about things that you associate with harm-maximization. Thinking about all of the examples or problems that you have been involved with, is there one thing you would associate with harm-maximization - on an individual level, a social level, a familial level, or a policy or product?*

Room: You can find for any of these products that the distribution of use is highly concentrated. Among alcohol users, the usual findings are that 20% of them account for 80% of the consumption, and at least the same concentration is true for gambling (Sulkunen et al., 2019). Anything that is helping or assisting a heavy user to get more is problematic from the point of view of public health. Opening

hours are relevant. Who is it that is drinking at three in the morning? The discounts for the price per unit of large bottles might be equivalent to patterns in the promotion of gambling. For example, consider the fact that the "Whales" – those who gamble large amounts – get treated specially at the casinos, including often with free and prestigious alcohol. These are all basically devices to encourage the very top of the use distribution to do more. And if you are looking at the drivers of harm-maximization, that's it.

Nicoll: *And advertising I guess?*

Room: Yes, but it depends what the advertisement is saying. Often the advertisement is trying to create new users rather than encourage more use by heavy users.

Nicoll: *And one more question. What are your thoughts on the effectiveness of harm-minimization advertising in gambling? For example, messages encouraging people to gamble responsibly?*

Room: Useless. The "do it responsibly" message is basically worse than useless, because it essentially becomes a political argument by those who profit from the behaviour that says, "leave us alone, we've done our bit". The responsible alcohol stuff was there before the responsible gambling stuff came along, and there is no public health person who has a good word to say about it. Messages that are more concrete about specifying low-risk levels are probably not so counterproductive, but there's not much evidence that they actually affect behaviour. When the California government put out the message that "the tobacco industry is not in business for your health", that actually did apparently impress teenagers and seemed to reduce rates of starting to smoke. As you might guess, tobacco industry interests made sure the campaign was short-lived.

Nicoll: *Is there anything else you would like to say?*

Room: Yes, that the language we choose to use is important. For instance, in the gambling field, the politicians chose to name the agency that was set up to do something to do about limiting problems from gambling as the Victoria Responsible Gambling Foundation (VRGF). The Foundation actually does good work in the public interest, behaving roughly like Vic Health, the state-funded agency promoting public health, only with regard to gambling. In fact, the two agencies do some things together. But when you meet with their

staff, they seem a little embarrassed about the fact that is their name.

Nicoll: *It almost sounds like a temperance union.*

Room: That wasn't what was intended. The "responsible gambling" formulation, like "responsible drinking" for alcohol, puts the responsibility for any harm that happens on the consumer, deflecting attention from the product, and thus is favoured by those producing and selling the product.

For another example of choosing the language, I was on the 2009 Australian alcohol guidelines committee. We changed the name of the guidelines from "safe drinking" guidelines to "low-risk drinking" guidelines; now it's being changed again to "guidelines to reduce health risks from drinking alcohol" – which is more exact but rather a mouthful. But you know there has been a strong industry influence when you have a campaign in Britain which is about 'responsible drinking'. Because what do you mean by responsible? Is it the fact that I am not driving and decided that I am just going to sit here and get drunk responsibly? Sometimes there is too much worry about language, but it is important how you are going to talk about any message that you are going to put out to minimize harm. And with gambling, I don't think any campaign I've seen is paying enough attention to the fact it's a social behavior and the effects are often on others. If you think about the drink driving campaign, the most effective anti-drink driving campaign in the US, I think, was about "good friends don't let friends drive drunk". That recognized the social side of it.

Nicoll: *I'm thinking about how the industry itself has tried to do that or tried to appear to be doing that in the online advertising. So, they create an app where you can pull out and access all these things to help responsible gambling. But I wonder, does it have to be a product? I would say no, it doesn't have to be a product. In fact, the selling of a product, can also be a way to offload problems from people. If we all have the apps to stop us when we go too far, how do we work out what to say in a face-to-face context where we are all watching and betting on the football game, and we know somebody is going overboard. Why can't we just say "Mate, you've gone overboard?"*

Room: Yeah, one of the really interesting studies I was part of was Charles Livingstone's study where he had got money from the Victorian responsible

gambling agency to write about what can you learn from other areas (Livingstone et al., 2019). And it was interesting to me to look at how the literatures differed in where there was literature on the effect of policy changes. Because that gave you some sort of indication of what was politically acceptable in different fields. And it was interesting how limited the gambling field is from that point of view. And how different it is from something like alcohol. Self-exclusion is not something that would get any substantial attention in the alcohol field. The notion that you can get someone to self-exclude, and that is the solution to problematic gambling – that is a signal of how weak the public health side of gambling is. If you just look at the list of what are the preventative measures that governments are willing to pay for, I would argue that it's quite limited.

Nicoll: *Thank you for all your time on this discussion.*

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