

**THE GAMBLING PROBLEM AND PROBLEM GAMBLING:  
RESEARCH, PUBLIC POLICY AND CITIZENRY**

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“Once the gambling genie is released, it is very hard to contain let alone return to the bottle.”

(Jerome Skolnick)

“EGMs do not offer gaming responsibly .....nor do other forms that permit continuous play.”

(Mark Dickerson)

“The principal costs for society (costs that are not offset by benefits elsewhere) result from problem gambling.” (Australia Productivity Commission)

“Forty percent of gambling losses [in Nova Scotia] come from the 6.9% of adults (50,000) scoring at any level of risk for problem gambling”. (Focal Research Consultants)

“If you don’t think gambling is a serious problem for society, consider that no alcoholic ever drank away four generations of money in a weekend - which I know that gamblers can and do.”

(Robert Hunter, Psychologist)

“Gambling-related family problems need to be positioned centrally as an important public health issue.” (David Korn, Roger Gibbins, and Jason Azmier).

“It is clear that gaming as currently conducted is not sustainable.” (Nova Scotia Gaming Strategy)

## INTRODUCTION

The Governor-General award winning Canadian poet Milton Acorn started a poem after visiting a race track in 1953; eventually it became a 250 line political allegory about a harness race horse who longed to free herself from the confines of a trot:

“Oh for a gallop, one good gallop!  
Just let me hit the ground with a wallop!  
Just to release my inhibitions!  
To hell with trotting and its traditions!”

Finally, unable to restrain herself anymore, “Grey Girl” breaks into a glorious gallop: “not the prim pretty gait of civilization but a passionate route - pure barbarization!” While Acorn imagined “Grey Girl” as the unbridled spirit of the underdog resisting the harness of capital and regulation, I think she is also a fit metaphor for the gambling industry in general which has galloped into this century with a considerable wallop. The shift from “trot” to “glorious gallop” was aided and abetted by Criminal Code amendments in 1969 and 1985 which effectively removed the bit and harness from the industry and encouraged a “passionate route” of new and more gambling products that were fast-paced, de-skilled and computerized. By the end of the 1990s, gambling was a 24 hour, 7-day sensorium of VLTs, slot machines, high-stakes linked bingo, televised kenos, lotteries, and full scale urban casinos (Campbell and Smith, 2003).

This paper documents “gambling’s gallop” into the 21<sup>st</sup> century - wagering, profits and investments -, examines “gambling’s wallop” - the rising rates of problem gambling, the reliance of the industry on its troubled customers and the exploitation of the poor, the less educated and the elderly as part and parcel of gambling’s expansion - and articulates four public policy areas

for ethical review and reform: consumer protection, public education, prevention and treatment and the need for a “new vision” for future gambling. It is a position paper that presents findings about what we know and what we should be doing in formulating a solution-focussed debate about gambling and the harms related to it’s commercial expansion. The paper does not claim to be comprehensive. It focuses on recent research and highlights findings from only select provinces: Nova Scotia, Ontario and Alberta.

### **GAMBLING’S GALLOP: EXPANSION, WAGERING AND PROFITS**

There are now over 100,000 places to make a bet in Canada and betting limits are as high as \$1,000 a play in some provinces. Canadians can gamble at 38,652 VLT machines in 8,309 locations, 37,050 slot machines, 1,805 tables games, 27,063 on-line lottery outlets, 1,880 bingo hall events, 74 casino/racino sites, 70 race tracks, 107 teletheatres, dozens of on-line casinos and sports book betting operations and the numbers just keep growing (K.P.M.G., 2004). Electronic gambling machines [E.G.M.’s], saturate the landscape. There is an average of 1 E.G.M. for every 329 adults, 1 VLT for every 599 adults and 1 VLT location for every 2,668 adults in the country. On a per adult basis, most E.G.M. machines can be found in Manitoba [1 per 147 adults] and most VLT’s can be found in Newfoundland [1 per 154 adults]. However, Quebec with over 20,000 machines has the greatest number of E.G.M’s and 40% of the number of VLT’s [14,713 machines] in the country. Alberta has the highest per capita gambling expenditures on all forms of licensed gambling (\$781) as well as the highest per capita VLT expenditures (\$330); in comparison, the Canadian average is \$577 and \$236 respectively. Daily sales per VLT of \$338 in Alberta are the highest, almost double the Canadian average of \$185. Those who play the

machines in this province play them more frequently and enthusiastically than elsewhere in the country (Azmier, 2001:8-9; K.P.M.G., 2004; Smith and Wynne, 2004; 24-25).

The gross wager on provincial gambling is now over \$18 billion, the gross profit, (i.e. the amount left over after players prizes have been paid out but before expenses have been covered), is approximately \$12.5 billion, and the net revenue, (i.e. the amount left over after expenses and commissions have been paid out) is about \$6.5 billion dollars in profits. Profits have quadrupled since 1992 and employment in the gambling industry has risen from twelve thousand in 1992 to fifty thousand in 2003. Compared with workers in non-gambling industries those in the gambling industry were more likely to be women, 52% versus 47%, under thirty-five years of age, 49% versus 37%, paid by the hour, 81% versus 64%, and paid slightly less \$17.00 hourly versus \$18.00 (Marshall, 2004:1-6). The social and economic spin-offs that have emerged from permitted gambling include but are not restricted to funding sports programs, charity causes, health initiatives, cultural organizations, educational activities, building and construction projects, aboriginal, senior and youth programs and, of course, providing tax benefits to some citizens. In Nova Scotia, for example, \$170 million in direct gambling revenue in 2003 is said to have been able to fund salaries for 3,500 nurses, or build 18 elementary schools or enable 150 kilometers of new twinned highway to be constructed (Government of Nova Scotia, 2004b:8).

Gambling is now the leader in producing “vice-tax revenues” for all provinces and it rivals the revenues that Canadian provinces gain from the sale of alcohol and tobacco *combined* (Azmier, 2001: 3-4). The net income of provincial governments from total gambling revenues as a percentage of their budget, less operating and other expenses, rose from 2.1% in 1993 to 5.6% in 2002. The expenditures per citizens, based on persons 18 and over, rose from \$147 in 1993 to

\$483 in 2002. Growth has occurred across three categories of gambling: lotteries, VLT's and casinos; however the main components have been casino and VLT gambling. In 1992, casinos accounted for 1% and VLT's for 9% of gross gambling profit. By 2001, these proportions had risen to 29% and 27% respectively and they continue to increase (Marshall, 2001). Net revenue figures indicate a similar "passionate gallop": revenues from electronic gaming machines in lounges and race tracks (not including slot machines in casinos) rose by a whopping 1369% from 1992 to 2001. Casino revenues also increased by 573%, while lotteries remained steady as an income generator, rising by 19% in the years from 1992 to 2001 (Azmer, 2001: 4). By 2003, lotteries in Canada accounted for 25% for all net non-charity gambling revenue, casinos for 33%, VLT's for 23% and slot machines not in casinos for 19% (Marshall, 2004: 1-6).

Ontario draws the most revenue from gambling at nearly \$4.7 billion and the most profit at just over \$2 billion. Gambling's share of total Ontario government revenue has increased from 1.9% in 1993 to 6.7% in 2002. Conversely Prince Edward Island draws the least revenue from gambling at \$30 million and the least profit at \$15 million. Indeed gambling's share of total Prince Edward Island government revenue from 1993 to 2002 has remained stable at 3%. *Proportionately*, however, the provinces that benefit most from gambling are Ontario (6.7%), Nova Scotia (6.1%), Saskatchewan (6.1%), and Alberta (5.9%). They collect nearly a full percentage point more in proportional revenue from gambling than do other provinces such as Newfoundland (5.0%), Quebec (4.9%) and British Columbia (4.5%) (Marshall, 2004: 2).

Nova Scotia has also experienced enormous growth in direct gambling revenues that parallels developments in other provinces. From 1996 to 2004, total gaming wagers increased by over 57% from \$844 million to \$1.49 billion. The majority of the money wagered in 2004 was

spent on VLTs (55%) and casino gambling (25%), followed by ALC lotteries (14%), bingos (5%) and charitable lotteries (1%). VLTs and casinos accounted for \$118 million and \$25 million respectively or 65% and 14% of the total net provincial gambling revenues of \$182.3 million (Nova Scotia, 2004a: 34-36,38, 40). While gambling revenues increased by 70% over this eight year period, losses by players rose by 35% in the years from 1996 to 2002. Indeed the number of potential problem players increased by 50% in that same six year period. The provincial government's *2000 Regular Video Lottery Players Follow-up Study* found that the average loss in after-tax dollars by VLT problem players had increased by 67% from \$808 per month in 1997-1998 to 1,200 per month in 2001-2002 (Nova Scotia, 2004b).

All in all it might be said that the expansion of gambling has been like a massive natural laboratory experiment on Canadian citizens. For the most part this has occurred without their consultation or permission. Where gambling machines are common, the industry has set the direction and defined a convenience model of consumption - anytime, anywhere - but without considering the consequences of commercialization on it's human subjects. Policy-makers and regulators are sitting uncomfortably in the sulky, holding on to the reins and putting whip to the horse, as the gambling equine turns across to the back-stretch and is tearing for home. Like Grey girl's handlers, they are having trouble holding on to the bridle.

Now, Grey Girl.....

When she can't get her way begins to get guiley  
If her driver is set on this disciplined goose-step  
He'd better watch out or she'll give him an upset  
He's rounding a turn and his left wheel is grazing  
He sees that one moment; next he's gazing  
Up into the clouds with a stupid expression  
Flat on his back, and his mind forms a question:  
What is this noise for? The answer is stunning:  
The crowd has gone wild 'cause Grey Girl is running

All by herself with nobody to mind her,  
Mane flying and sulky bouncing behind her;  
Off on her gallop.

## **GAMBLING'S WALLOP: INJURED PLAYERS AND VULNERABLE HOUSEHOLDS**

The wallop of gambling's gallop has to do with the social harms associated with the industry's growth. Seventy-six percent of Canadians gambled at least once in the year 2002, and 38% did so on a weekly basis. (Marshall, 2003). Of these approximately 19 million Canadians, 6.3% of them (1,197,000) were considered "problem gamblers". By problem gamblers I mean that growing category of players who exhibit patterns of continuous and excessive gambling behaviour that result in harmful consequences. Typically this includes categories sometimes identified as "at risk" or "pathological". Thus "at risk", or "pathological" players may be problem gamblers, but not all problem players are pathological. Buying lottery tickets was the most popular form of gambling (65% participation rate) and it was the least likely to harm players (6.5%). Conversely playing video lottery terminals was much less common (6.1% participation rate), but it was the most harmful with 25.6% of players in the at risk or problem category. Furthermore, compared to non-problem gamblers, problem gamblers had significantly higher rates of alcohol dependence 15% versus 2%, psychological distress 29% versus 6%, family problems due to gambling 49% versus 0% and financial problems due to gambling 70% versus 0%. Eighty-five percent of problem gamblers acknowledged their difficulties and 50% of them said that they had tried to stop gambling in the past year but were unable to do so. Twenty-five percent reported suffering major clinical depression and 20% had contemplated suicide in the previous year (Marshall and Wynne, 2004: 7-15).

Ten recent provincial prevalence studies have found rising rates of problem gambling

ranging from 3.1% to 5.9% of the adult population, with an average of approximately 4.2% (Addictions Foundation of Manitoba, 2002; Baseline Marketing Research, 1996; Doiron and Nicki, 1999; Ipsos Reid and Gemini Research, 2003; Ladouceur et al, 1999; Focal Research, 1998; 2004a; Smith and Wynne, 2002; Wieb et al, 2001; Wynne, 2002). While there are inconsistencies between these studies and actual provincial gambling revenues, caused by methodological problems in evaluating self-reported expenditures and tabulating revenues from different jurisdictional residents, the overwhelming conclusion is that both higher revenues and rates of problem gambling have grown in lock step with each other. Moreover, government gambling revenues do not come from a broadly distributed player base. There is growing evidence that a large proportion of government gambling revenue derives from a small number of gamblers who play continuously and excessively. Recent research in Australia (Costello and Millar, 2000; Productivity Commission, 1999), Canada (Smith and Wynne, 2002; Williams and Wood, 2004), New Zealand (Abbott and Volberg, 2000) and the United States (Lesieur, 1998; Gerstein et al, 1999), for example, found that problem gamblers accounted for a disproportionate share of gambling revenue ranging from 6% to 41% in some jurisdictions. Williams and Wood (2004:45-46) estimated recently that the average province in Canada derives 23% of its gambling revenue from problem gamblers. Using secondary prevalence data from 9 provincial jurisdictions, they estimated that the problem proportion for Canada as a whole was 32%, with each province weighted by population. In Alberta, for example, an estimated 39% of gambling revenues in 2002-2003 came from moderate and severe problem gamblers (Williams and Wood, 2005). Furthermore, in the VLT sector Alberta problem gamblers spent \$700 monthly or 70 times the amount spent by non-problem gamblers (\$10) on VLTs (Smith and Wynne, 2002).

Three recent studies in Canada add to this disturbing portrayal. *The 2003 Nova Scotia Gambling Prevalence Study* found that: (1.) VLT gambling accounted for 40% of the total amount spent on gambling in the province in 2002, and about 60% of net provincial gambling revenue; (2.) continuous players were the main stay of gambling revenues; approximately 40% of gambling profits derived from 6.9% of adults in the province who were defined as “at risk” gamblers; (3.) six and a half percent of adults who gambled regularly played VLT and casino games each month. They spent an average of \$3,700 per year and, in turn, contributed about 43% of annual gambling expenditures in the province; (4.) the average amount spent on gambling expenditure per year increased dramatically when you considered the relationship between “no risk” gamblers and “at risk” gamblers. No risk gamblers spent about \$430 a year; at risk gamblers spent about \$1,800 a year; problem gamblers spent about \$7,000 a year; thus a disproportionate amount of government revenue came from gamblers who were seduced by continuous play; (5.) the level of exposure to problem gambling was considerable.

Approximately 20% of adults in Nova Scotia (150,000 people) were personally aware of someone who was having a problem with their gambling, approximately 2.4% (18,000 adults) reported direct exposure to problem gambling in their own households, and 6.3% (46,600 adults) indicated knowledge of current gambling problems among other family members. The level of exposure to problem gambling was directly related to type of gambling activity; about 85% of those who personally knew someone with a gambling problem identified VLTs as central to their gambling disorder (Focal Research Consultants, 2004a).

A 2004 study of the demographic sources of Ontario gambling revenue using a telephone survey and a prospective 4-week diary of gambling expenditures to enhance reliability and

validity of results found: (1.) the prevalence rate of moderate and severe problem gambling in Ontario in 2003 (based on a sample of 6,654 adults 18 years and over) was 4.8%; (2.) 35% of Ontario's gambling revenue was derived from moderate and severe problem gamblers; a rate of expenditure that was approximately seven times their proportion amongst the Ontario population. (3.) the proportion of revenue derived from problem gamblers was not equally distributed by type of gambling activity. Lotteries, instant win tickets, bingo and raffles derived approximately 19% of their revenue from problem gamblers. By comparison, almost 60% of revenues from electronic gambling machines (EGM's) were derived from problem gamblers. (4.) Ontario derived \$1,411 million from problem gamblers, spent \$457 million on marketing, promotion and advertising but allocated only \$36 million (2.6%) for prevention, treatment and research for those harmed by gambling activities (Williams and Wood, 2004, 43-47).

A 2003 study of VLT gambling in Alberta found: (1) only 13.4% of adult Albertans played a VLT machine at least once in the previous year; yet this form of gambling produced 65% of the \$1.1 billion in gambling profits; (2) six thousand VLT's yielded a profit of \$584 million or \$97,000 per machine; (3) a patron-intercept survey conducted at VLT sites resulted in higher percentages of problem and potential problem players being identified: moderate risk 39% versus 13% and problem 22% versus 6% when compared to a telephone population survey of a year earlier; (4) aboriginal respondents were highly susceptible to problems of play (moderate risk 29% and problem 38%); (5) problem VLT players were significantly more likely than other gambler types (non problem, low risk, moderate risk) to have played alone, longer, more frequently, spent more money per gambling session, lost control over their use of time and money, used ATM's to "re-invest" more money in gambling and knew the least about machine

payout percentages. (6) compared to other gambler sub-types, problem gamblers were more likely to have tried to stop gambling, had been under medical care for stress and or depression, had an alcohol problem and had family members with gambling and substance abuse problems (Smith and Wynne, 2004). Not surprisingly, in this province alone, the number of Gamblers Anonymous (GA) chapters have risen from two in the late 1980s to fifty-two in 2002 and four out of five GA members now cite VLTs and slot machines as their addictions (Campbell and Smith, 2003).

This converging line of evidence indicating the gambling industry's growing dependence on its continuous customers is mirrored by a second body of information about the socioeconomic characteristics of those who gamble. On the one hand, there is incontrovertible evidence that higher income households actually spend more on gambling. For them, gambling provides "pleasure, fantasy and social stimulation", to borrow Collins' (2004) terms, for which they pay handsomely and which, for the most part, they can afford. On the other hand, there is growing evidence that lower income households spend a higher *proportion* of their income on gambling and that gambling may be contributing to social disparities by functioning as a regressive tax and negatively impacting members of society who can least afford the costs associated with financial losses, job losses, divorce and separation and poor health. (Marshall, 1998; 2000; Nova Scotia, 1999; Productivity Commission, 1999; Smith and Wynne, 2000; Livingstone, 2001; Marshall, 2004). Korn (2000) in a recent survey found that Canadian households earning less than \$20,000 spent an annual average of \$296 on gambling activities which represented 2.2% of total household income, whereas those with an income of \$80,000 or more spent \$536, which amounted to only 0.5% of their total income. Marshall and Wynne

(2004) found a similar pattern. Those households with incomes of \$80,000 and over spent \$905 per year or 0.8% of their total income on gambling, while those households earning less than \$20,000 a year spent \$280 per annum or 2.0% of their total income. Those more likely to be “at risk” or have a “problem” included men (7.8%), aboriginal people (18.5%), those with lower education levels (7.6%) and those who gambled weekly (14.3%) or daily (30.3%). Williams and Wood (2004) in their study of Ontario gamblers also concluded that those who were more likely to get into trouble with their gambling were males, of aboriginal descent, single or divorced, with lower family income, and less formal education.

These findings are further confirmed in a study published by MacDonald, McMullan and Perrier (2004). We conducted a study of household samples from Nova Scotia, (821) Saskatchewan (898) and Canada (10,406) using statistics Canada data. The basic gambling data we used was expenditures on games of chance. We categorized households as engaging in gambling if this variable was greater than zero. We used several measures of gambling in our analysis. We examined games of chance expenses (\$), for those households from whom this was positive. We also constructed a variable for “games of chance expenditures as a proportion of total household income before tax income” and we studied the quintile expenditure distribution of games of chance. To examine the most intensive gambling, we used the top spending quintile as one measure, and the top quartile of gambling expenses as a proportion of household income as the other measure. We found the following: 1.) household income was positively associated with the likelihood of gambling in each jurisdiction but it was *not* a predictor of the amounts spend on gambling. Lower income households were over-represented in what we called the top gambling expenditure groups and they spent a larger proportion of their income on gambling

products than did other household income groups. The lowest income group in Nova Scotia spent 1.9% of their income on gambling, while those in the highest income group spent only 0.3% (in Saskatchewan 1.2% and 0.4% and in Canada 2% and 0.4% respectively). This regressive relationship means that the economic costs of gambling were borne by lower household income groups who were least able to afford them. 2.) higher gambling rates were generally found in middle age household groups. But households in the fifty-five to sixty-four age category spent the highest amount and the highest proportion of their household income on gambling. Moreover both the youngest and the oldest age groups in households had a strong likelihood of being in the high intensity gambling group. 3.) there was an increased likelihood of household gambling in provinces where casinos and VLT's were available. Of those households who gamble, the size of area was not related to the amount of money or the proportion of income spent on gambling. But there were variations in the quantity of gambling activities in households by size of areas; thus households in urban communities were more likely to be in the top gambling quintile and in the high gambling group. 4.) There was variation by type of game of chance. The percentage of households reporting bingo expenditures was relatively constant across income groups and geographic areas in Nova Scotia, but was higher for lower educated households. Lower educated households, older households, and households with no full-time earners spent more on bingos compared to other education, age and earning groups. Participation and spending on casinos and slot machines in Nova Scotia, on the other hand, increased with income and education, and were higher in urban areas. Participation and spending on government lotteries was high for most socio-economic and age groups but lotteries appealed less to those with post-secondary education and those living in rural Nova Scotia. 5.)

There was little correlation between educational levels and gambling *rates*, except that university-educated households gambled less in all jurisdictions. They spent less on gambling (mean \$178 Nova Scotia, \$151 Saskatchewan, \$201 Canada) and were less likely to be in the top quintile (12% Nova Scotia, 12% Saskatchewan, 12% Canada) or high intensity gambling group (7% Nova Scotia, 8% Saskatchewan, 9% Canada). But gamblers in the lowest educational household group gambled more *intensively* (as a proportion of their income), especially in Nova Scotia and Canada. This household group in Nova Scotia also had the highest average gambling expenditures (mean of \$441). Six out of ten households in the high intensity gambling group (59%) in Nova Scotia and four out of ten in the same gambling group in Saskatchewan (41%) and Canada (44%) were households where the education of the reference person was less than nine years. The spread of commercial gambling would seem to be an unfortunate “tax on the uneducated”. 6.) household security is being affected by the spread of commercialized gambling in Canada. While our findings did not show that spending on necessities such as food and shelter had been compromised by gambling, we did discover that gambling households were taking on greater amounts of debt in order to continue their gambling activities. The net change in assets minus liabilities or net worth, moreover, worsened as the amount of gambling increased in absolute or relative terms. There were significant negative affects for those in the high gambling group. For these households gambling is negatively changing their net worth. Similarly when we considered net changes in RRSP balances, (whether households were adding or using up their retirement savings) then we found that the level of gambling expenditures was significant and negatively related to the changes in RRSP balances in households. This means that those households who were in the high gambling group and who were spending a larger

proportion of their income on gambling were reducing their savings for retirement. For those who cannot save and who continue to spend on gambling, financial insecurity is occurring and likely will continue to occur. When we looked at the amount households saved or dissaved in a year (i.e. the changes in savings not total savings), we discovered that gambling households saved less than non gambling households, and that annual household savings decreased as gambling expenditures increased. The bottom line is as follows: households who spent a relatively low proportion of their incomes gambling were not losing their savings, but those households that spent proportionately more of their income on gambling (i.e. the low income, elderly and less educated households) were depleting their bank accounts, saving less and putting their future household security at risk (MacDonald, McMullan and Perrier, 2004).

### **PUBLIC POLICY IMPLICATIONS**

Gambling's gallop and wallop raises some hard questions. Is government sponsored gambling contrary to the interests of the public good and contrary to the purpose of good government? Can socially responsible gambling coexist with an industry whose economic sustainability appears to be more and more dependent on those who develop gambling-related problems and harms? If, with the exception of VLTs, provincial gambling revenues have peaked and may be in decline, what new government policies should be implemented?

My thinking about policy implications is framed by a model which recognizes the desires of consumers to gamble in a legally monitored marketplace and the responsibilities of gambling promoters and beneficiaries to guard against the harmful effects of these consumer products. On the one hand, gambling may be considered a "peculiar form of pleasure" that should be permitted

in a democratic society where adults choose for themselves how to live their lives (Collins, 2004). Government, in this view, should be kept at a distance so as not to disturb existing interests and relations between willing buyers and willing sellers. On the other hand, gambling is an industry fraught with problems and with a history of what can be termed “anti consumer behaviour”. Illegal gambling, the involvement of organized crime in both legal and illegal gambling markets and a tendency towards official corruption are well documented as part of the historical and contemporary conduct of gambling (Rosecrance, 1988; Campbell, 1996; Smith and Wynne, 1999).

Typically gambling is conceived as a “right” to freely consume and purchase products and that consuming behaviour is interpreted as a tacit agreement-in-action impervious to “external organizations” who may have a duty of care (Blaszczynski, Ladouceur and Shaffer, 2004: 311). The rationality of the market and the rights of autonomous subjects and their behaviours are the *de facto* and *de jure* backdrop against which public policy is often made. Thus consumer choice is valorized and harm reduction programs are strategically framed within an “individual responsibility” paradigm that pathologizes people, promotes profits to shareholders and invisibilizes the broader social, cultural and political contexts that supply deleterious products. In Borrell’s (2005:6) words, this type of thinking while common is profoundly ideological: “it conveniently let’s governments and gambling corporations ‘off the hook’, while focussing resources and energies on the sick or morally aberrant”.

Indeed I would argue that gambling products are “credence goods”. Consumers cannot easily use their experiences to assess whether the seller’s claims are true and honourable. Like the tobacco and pharmaceutical industries, there may be common incentives not to disclose

information about the risks of products to customers (Feethy, 2004). For example, EGMs are computer games that operantly condition players through effective reinforcement schedules and high event, time-structured gambling opportunities, (Griffiths, 1999; Morgan et al, 1996) and through designed outcome sequence patterns: “near misses”, “roller coaster rides” and “symbol displays”(Aronovitz, 1997; Bennis, 2004; Harbay, 2004; McMullan and Perrier, 2003). Machine characteristics, such as pay out intervals, multiplier attractions, bells and whistles effects, and screen commands and options induce players to form excessive gambling habits and foster beliefs that choices influence the outcome of games, when in fact these are games of pure hazard where operators bear no risk since their “take” is guaranteed by computer programs in advance of other winnings (Griffiths 1993, 1995; Dickerson, 1996; Doughney 2002:153).

Competition cannot be relied upon to provide consumer protection in such a market place; nor can the consumer entirely protect themselves from gambling’s harmful products (Industry Canada, 2004; Dickerson, 2004; Productivity Commission, 1999). Moreover in the Canadian context, provincial governments have a monopoly on gambling that is limited only by the Criminal Code and the social policies and practices of provincial legislatures. As both operators and regulators, governments are committed to maximizing their own revenues on the one hand while simultaneously trying to protect the public good on the other hand (Eadington, 1994; Campbell and Smith, 1998). This creates a conundrum: if they put serious social policy considerations forward, they may lose money; or if financial matters take precedence, they risk citizen’s well-being. Governments must constantly wrestle with the question “how much revenue for how much harm?” (Simpson, 2005) The future of gambling will depend on whether customers can learn or be educated to gamble sensibly or, if not, be kept away from the venues

so as to prevent avoidable suffering, and whether governments and operators are prepared to adjust their profits to reduce harm before becoming even more addicted to gambling themselves. (Thompson 1997; Klassen and Cosgrove, 2002)

This suggests that government and industry will have to adopt a more prudent approach when it comes to promoting and regulating gambling products and behaviours. Specifically they should err on the side of doing no harm in the community's interest by limiting exposure to dangerous products and requiring that the onus of proof be placed on the gambling industry to demonstrate product safety. This precautionary principle is not alien to business practices, but it has had little play in the gambling sector. As Bowal and Lau (2005) observe, consumers in Canada are protected in several different ways - misleading advertising legislation, labelling requirements; product safety, fair trading rules, unfair practices prohibitions, credit reporting and disclosure requirements and designated codes of conduct - but there are no general precautionary guidelines, let alone legal protections, for gamblers who are consumers, even though every bet has consumer content. Public standards and community interests should be put at the forefront of gambling practices and regulations and a Responsible Gambling Act should be enacted, either federally or in all provincial jurisdictions, as soon as possible. At minimum, we need to move beyond "traditional" regulation to include community/public health criteria, reverse onus and the use of "may cause" criteria that includes personal, social or economic harm suffered by the gambler, his or her spouse, family, community and employer, and the use of statutory powers to ensure that participation in gambling is fair, honest, and informed and carried out without undue pressures or devices designed to encourage gambling at levels that *may* cause harm. The emphasis should be that gambling is a potentially dangerous activity and "must not be licensed

unless” certain conditions are met with regard to financial capacity, fitness of persons, harm reduction measures and so on (Seeker, 2005).

The policy suggestions that follow are best thought of as cognitive maps for a precautionary approach rather than finely grained programs or measures. They articulate some of the principles and practices required to provide better consumer protection, harm reduction, treatment and prevention and renewed gambling. They may be best described as directional guides to future possibilities, although some reforms are already in place, others are being considered and still others are far away from being implemented. Many of them are inspired by other researchers, but a few of them are my own derived from recent research.

To start, *one area* that requires public policy reform is player protection. In order to protect gambling households from misfortune, governments should ensure that information encouraging consumers to gamble “for charity” or “for entertainment” is accurate, fully disclosed and lists potential harmful side-effects. As Blaszczynski, Ladouceur and Shaffer (2004:312) note, informed choice is foundational to healthy gambling and the industry must arm players with the “core information” to make sensible decisions and stop exploiting players with “gambling- related problems”. Fairness standards should indicate how the games or machines work, the logic of randomness, the odds of winning and losing and how the payout schedules work. Obligatory product safety signage, warnings and protective measures should be implemented in accordance with the Competition Act; the Consumer Packaging and Labelling Act, the Hazardous Products Act, the Fair Trading Acts and the Criminal Code of Canada where applicable (Boxenbaum and Thomas, 2004: 12-13; Bowal and Lau, 2005) “Your chance of winning the maximum prize on a gaming machine is generally no better than one in a million”is

one type of signage found on gambling floors in Australia (Feethy, 2004). Gambling providers have a duty of care to “take all reasonable and practical steps to protect their customers from gambling problems”, notwithstanding the legal uncertainty that currently characterizes the relationship between the gambling industry and its patrons (Productivity Commission, 1999: 16).

Consumer protection, furthermore, should be embedded in a coherent, integrated gambling policy framework that includes all forms of gambling and that reflects real at risk problem gambling conduct. Specific initiatives could include: mandatory cheque pay outs for winnings that are greater than \$250; severe limitations on ATM withdrawal amounts or the removal of ATMs from gambling venues; lowering maximum bet limits on games and gambling machines; paying higher returns to players; promoting second screen technology with clocks, pop-up messages, and warnings; removing bank note acceptors from EGMs; cheque cashing limits or bans; establishing specific time restrictions on all gambling activities; prohibiting services where players are intoxicated or unable to comprehend the consequence of their behaviour; eliminating “near win” screens, “free spin” features, and “hold and stop” buttons that prolong play and foster false impressions of choice and introducing pre-commitment systems such as smart cards for all players in as many gambling venues as possible. While there are mixed results concerning the effectiveness of some of these initiatives, they should be encouraged. They are not harmful to recreational players and they have been shown to provide some benefits for some players some of the time (Blaszczynski, Sharpe and Walker, 2001; Cote, Caron, Aubert and Ladouceur, 2003; Focal Research, 2004b:5-9; Ladouceur and Sevigney 2003; Loba, Stewart, Klein and Blackburn, 2001; Reith, 1999: 107-108 Smith and Wynne, 2004:24).

Pre-commitment smart cards should be pursued. Like a gambling license, they could be

granted to anyone who is of age and who can provide adequate and verifiable identification (i.e. driver's license, government identification card, passport) and apply primarily, but not exclusively, to casino or casino like customers. The justification behind the smart card is to identify, isolate and work with that particular group who are engaged in continuous play and who are incurring costs that are socially harmful. The smart card could contain information such as wager limits; when a player reaches that limit the game shuts down and the player can not gamble for a twenty-four or forty-eight hour period. Continuous play is disrupted and players have time to reflect on their playing sessions and behaviours. The card could be suspended or revoked for a number of reasons including self restriction, banning at the request of family members following a due process model, or by order of a court of law (Eadington, 2003). The information on the card should be available to all players in the form of monthly statements so that winnings and losses are known to them and those bordering on problem gambling are able to see the costs of their gambling conduct. To protect the privacy of the players, the information collected by the use of gambling cards should not be held by either the industry or government. The process should be administered by an independent third party and all information should be reported in the aggregate so as to avoid excessive consumer targeting or unwanted state surveillance (Eadington, 2003).

Taken together, these measures allow players to set loss limits, curb reinvestment, cool off, control liquidity spending and maintain privacy rights. They instill revokable remedies to protect the vulnerable without significantly constraining the enjoyment of those consumers and potential consumers who are "normal" gamblers, for whom recreational play does not seem to result in personal harm or public cost. These remedies promote a process that removes the point

of sale of the product from the gambling session proper [bingo games, EGM interactions, etc] “to a point in time prior to the commencement of the session, and to a place away from the gaming room floor”(Dickerson, 2004). This prioritizes precautionary principles and insists that those responsible for producing and distributing gambling products and services should bear the burden of proof for their safety and be held accountable if damage occurs, not unlike the responsibilities that bar owners and managers have if their customers are impaired by their products and injure a third party.

Given the regressive effects of gambling on low income households, some thought must also be given to establishing ways and means of re-administering the convenience market place so that gambling products impact less on households and gamblers who can least afford to purchase them, while simultaneously allowing what Collins (2004) calls the “democratic consensus of perfectly sensible players to gamble”. Maximizing consumer protection, requires that gambling products and activities be both available but segregated from everyday life. Reduce convenience and the temptations of impulse gambling. Promote informed gambling as when visiting casinos players have at the very least to make a number of decisions about whether they want to gamble, where they want to gamble, on what type of game, and with how much money. Most gamblers would not be seriously inconvenienced if they had to purchase lottery products from dedicated lottery stores, not unlike the sale and distribution of alcohol in some provincial jurisdictions. VLT gambling should be downsized and only permitted in designated gambling sites. Remove the danger of habitual over-indulgence in countless taverns, lounges, bars, restaurants, service clubs, etc. where gambling is an ill-considered add on to other leisure pursuits such as drinking, eating, or watching sport’s events. Reduce the number of VLT

machines, do not relocate them in areas that have lower than average socio-economic characteristics, and impose immediate safety testing on all VLT machines. The research from Australia, for example, suggests that these machines are inherently dangerous products and their concentration in lower socio-economic areas perpetuates social inequalities and amounts to robbing the poor to pay the state (Livingstone, 2001; Productivity Commission, 1999). Furthermore since the majority of surveys show that most VLT and slot players drink alcohol while playing and develop heightened arousal, dysphoric moods, and impulsive behaviours that harm them, then alcohol at machine gambling venues should be carefully monitored and permitted only in enclosed spaces away from the gambling floors (Baron and Dickerson, 1999; Stewart, McWilliams, Blackburn and Klein, 2002).

Responsible gambling entails consumer protection. Until the latter is ensured the former is empty rhetoric. Embedding the purchase point of gambling anywhere, anytime and in places and sequences of play that problematizes self-control is not as Dickerson (2004) puts it “a fair go... it appears unethical.” For this reason an interactive player card tracking system for video lottery networks should be implemented. This allows players to interact individually with the network through the use of a player card. They can monitor their play, budget their money, set limits, and manage their own access. As Schrans, Grace and Schellinck note, a player card is the “ultimate empowerment model for responsible gaming and appears to be the ideal “tool” for effective play management” (Focal Research, 2004b: 5-8). Indeed as smart card technologies advance, an interchangeable card can be inserted into slot machines, table games, bingos and VLTs in a integrated pre-commitment player card scheme. The cost need not be too large for taxpayers or existing beneficiaries if a combination of compensation schemes, planned

reductions, and joint profit sharing were introduced and implemented to run these dedicated sites, or if they were added to existing gambling sites such as race-tracks subject, of course, to previous deactivation from existing dispersed locations.

Voluntary codes of practice and industry managed programs such as self exclusion should be reconfigured. At best, they are symbolic: they promise much but deliver little. At worse, they are openly disreputable since policing practices vary greatly from disinterested to not at all. For professional card counters or others that casinos consider “undesirable”, surveillance technologies do a reasonable job at identification, evaluation and exclusion. When it comes to its best customers who are trying to quit, that very same technology can’t seem to consistently locate let alone ban them! Of course, some casinos do take it upon themselves to identify problems, ban players and encourage remedial counseling, but these initiatives are relatively few and far between (Eadington, 2003: 208) and self-exclusion does not normally apply to VLT and bingo sites where there is an absence of surveillance and supervision (McMullan and Perrier, 2004). Like wayfaring ghosts, players appear and reappear to play before the machines and tables until they are exhausted or harmed. Stronger preventative measures are required in law obliging the gambling industry to prevent harm at the point of purveyance. Duty of care means mandatory safeguards - the equivalent of speed bumps, seatbelts and airbags - for all consumers of all gambling products. (Boxenbaum and Thomas, 2004: 7-8). As Dickerson (2004) recently put it:

“Can a case be made that with respect to the regular player (who account for over 80% of all expenditure on gaming) that they represent government and operator failure to apply existing consumer protection law? The answer has to be “Yes”.

Self-regulation should be replaced with an effective integrated system, tied to pre-commitment

cards available for most forms of gambling that can target at risk players, initiate industry preventive and protective measures such as limited bans (so many times a month for a six month period) or indefinite bans, and evaluate income capacity to gamble, household risks, and proven ability to manage restricted play (Feethy, 2004). At the very least ID's to enter a gambling facility should be mandatory to effectively restrict self-excluders and gambling providers should be legally liable for not enforcing their own self-exclusion arrangements (Williams and Wood, 2005).

Relatedly retailers and staff at casinos, VLT outlets and bingo halls must be better trained about identifying and helping problem gamblers. There is a need for both a comprehensive training service program tied to employee hiring or licensing for all types of gambling and an advanced continuous in-service training program for employed staff that can devise intervention strategies to provide assistance when warranted (Freethy, 2004). As Ladouceur et al (2004:185) note in their study of one training program for VLT retailers and employees in Quebec, "awareness instills responsible gambling interventions", which the industry says it wants, and which reduces harm to players.

Consumer awareness programs offer a *second related area* for policy reform. There are certainly divergent opinions about the merits of permitted gambling. But Canada West's public opinion survey of 2,200 Canadians showed that arguments based on rights of choice, tax benefits and economic development predominated in favour of gambling. Two-thirds of respondents favoured gambling revenues over tax increases as a means of raising public revenues and, agreed to strongly agreed, that gambling revenues were useful in reducing public debt. Forty-five percent believed that gambling would foster economic progress for First Nations communities

and 58% felt that gambling enhanced employment (Azmier, 2000). Similarly in a recent study of gambling and the news, McMullan and Mullen (2002) found that corporate and government sources constructed a powerful public rhetoric in support of gambling services, institutions and products. News accounts overwhelmingly emphasized economic prosperity, individual choice, jobs, tax relief and improved community services as themes for expanding gambling. Public health and law and order consequences were minor issues in the eyes of citizens and the press, although social costs were a distant but secondary rationale for anti-gambling advocates (McMullan and Mullen, 2002).

The problem is not only that few Canadians or the mass media frame gambling as primarily a public health or a consumer protection issue. Few are aware of any impact of gambling beyond the problem gambler (Azmier, 2000; Canada West Foundation, 2001). Of 234 news reports published about gambling in Nova Scotia from 1992 to 1997 only 14 stories or 6% framed it as a social issue with public health consequences. Reporters did not usually cultivate medical experts as information sources. Instead problem gambling was framed within “the categories that political and corporate sources used to make sense of the gambling world and through which they identified matters worthy of policy intervention” (McMullan and Mullen, 2002: 342). In the national opinion survey discussed above only one-third of Canadians felt that gambling had any positive or economic impact on communities and only 11% agreed that they themselves were impacted positively or negatively. Overwhelming problem gamblers were perceived by the public as the architects of their own misfortunes and problem gambling was viewed as the by-product of flawed human nature (Azmier, 2000).

There is now a need for a rigorous public education campaign about gambling if those

opinions are going to be changed . And it should be said that opinions are shifting. Canadians are more sceptical of official claims and four out of five now believe that governments are addicted to the revenue from gambling. Since much of what the public knows, and is likely to know about gambling is mediated knowledge, governments need to collect and convey knowledge based information via electronic, print and internet sources. This might entail the creation of a national research council on gambling, provincial task forces, regional and national databases, specific surveys, national and provincial advertisement campaigns, local town hall meetings, and internet sites; all of which would be evidence based, precautionary and designed to create an up-to-date, accurate and transparent tutelage complex about gambling. What is especially important now is to create dedicated positions to raise public awareness, liaison with the media, enable access to social services, advocate for responsible gambling, enhance community concerns, and promote harm reduction, healthy alternatives, and precautionary attitudes about gambling. Alert and educate the public that gambling is not just fun, it is risk-taking. You pay for your pleasure by losing in the long run and, for a growing number of players, bingos, EGMs, VLTs, and kenos, are seductive products that emotionally “hook” them into excessive and uncontrolled gambling that is damaging and devastating for them, their families, and their communities. At the very least, it is time for an independent national study into gambling’s “passionate gallop” over the last two decades. This study should examine the federal legal context of gambling, especially the role of the Criminal Code, the social benefits and costs of gambling, the provincial policies and regulations governing gambling, the gambling environments including product location, mix, design and safety features and future directions for economic growth and sustainability and responsible industry and player conduct.

Relatedly consumers need to know that the promotional materials used to advertise gambling are accurate. All too often these materials emphasize a “rags to riches syndrome” or target particular populations according to perceived consumer lifestyles (i.e. images that associate gambling with social retirement and fun, and gambling with youthful thrills and excitement). While gambling may be occasionally associated with “winning” all too often it is about “losing” and this is especially pernicious for those living in households with low incomes and low education and where seniors are now witnessing an erosion of their net worth and savings. Serious thought should be given to the content, time of day, and medium of private and public advertising about gambling. If gambling is a public health issue, then like tobacco products there may be secondary environmental consequences affecting all citizens, requiring aggressive prohibitions or public service advisories warning of the health hazards of gambling (Korn, Gibbins and Azmier 2003). At the very least, advertising activities should be ethical and not present misleading information or misrepresentations of the chances of gain. They should be conducted in accordance with the Competition Act of Canada and existing Fair Trading legislation which prohibits false or misleading representations in promoting the supply or use of products, forbids deceptive marketing practices, and prevents suppliers doing or saying anything that might reasonably deceive or mislead a consumer (Bowal and Lau, 2005).

Consumer education programs should also be aimed at problem gamblers and households who are already involved in intense gambling so as to limit further harm. Self help programs, counseling and intervention training, help lines, curriculum programs and financial awareness and management services aimed at high gambling households need to be expanded and innovated. These measures aimed at reducing the development of problem gambling should be

more available and locally accessible - as close as possible to gambling household and injured players. Look for areas where there is strong support and consensus and broadcast them first. Examples might include informed consent, improved staff training, self exclusion programs, fairness standards, health care and treatment services and the like. These consumer education strategies can be deployed in educational contexts, sporting, recreational and tourists sites, voluntary organizations, health promotion offices, financial institutions, religious organizations, retirement associations, community organizations, transportation systems, municipal and provincial governments and, of course, at gambling venues such as casinos, race tracks, bingo halls, bars, lounges and taverns, internet sites and corner stores that currently sell gambling products. These measures should be both proactive and reactive, combine risk awareness with risk management and where possible involve public and private enterprises working together involving genuine community and stake-holder consultations. At bottom, funding for public education, treatment, research and community awareness should be increased by all provincial governments beyond the paltry 1% to 3% that they currently spend from their gambling profits (Azmir, 2001:10). With net revenues of approximately \$6.5 billion, provincial governments could spend much more (4x or 5x) on public health and consumer protection for gamblers, their families and their communities and they should specify precisely where the spending from gambling's profits are being directed. Right now, they are often buried in general revenue spending, and the public can not determine to what degree (or not) that government sponsored gambling is in the interest of the public good and to what degree (or not) that government is attending to the welfare of those injured by the spread of commercial gambling.

Given the prevalence figures of problem gambling, the patron-intercept data derived from

research interviews conducted in gambling venues and the spread of gambling households that are “at risk”, the need for health promotion and socio-medical intervention and treatment has grown enormously in the last fifteen years and will continue to do so in the future as an entire generation of youth who have grown-up with permitted gambling mature into adulthood (Deverensky, Gupta and Winters, 2003). This raises a *third area* of public policy concern related specifically to households that are at risk from gambling. While I recognize that treatment has been and should be directed at individual gambler’s needs and circumstances, we also need to direct public policies to families who have been affected by intense and continuous gambling. As Korn, Gibbins and Azmier (2003:242) rightly observe, “gambling related family problems need to be positioned centrally as an important public health issue”. A three fold strategy seems sensible. First public health policies in the gambling area should be increasingly preemptive, predictive and aimed at knowing in advance as much as possible the likely problem gamblers and their households. They should have an “informative touch” and involve the medical modeling of families who are likely to get in trouble so as to intervene at the front end of the gambling problems syndrome before it becomes a health problem. This might entail the development and circulation of educational guides that warn of the risks of harm, the costs of gambling, and provide strategies to play effectively and minimize losses for those at any level of risk as part of a long-term precautionary intervention strategy (McMullan, Perrier, McDonald, 2004).

Second, public policy requires better recognition systems that encourage both informal and formal action with regard to gamblers who get injured by their conduct. This involves empowering family members, friends and associates in community and work settings to identify

the characteristics of problem gambling and to encourage self help action or remedial counsel and treatment as soon as possible. For example, like neighborhood watch programs in the crime control field, this might take the form of gambling watch programs that encourage what Jane Jacobs once called “mutual eyes and ears” that endorse symmetrical community care. In addition, experts and practitioners who work in the social services and health system should be encouraged to develop and deploy more “*household focussed*” identification strategies that recognize gambling as a social phenomena not primarily an individual pathology (McMullan, Perrier, MacDonald, 2004). This means recognizing the collective, culturally embedded character of intense gambling and promoting measures that lead to early social intervention. Religious leaders, doctor’s offices and G.P. clinics are increasingly being contacted by problem gamblers and their families and are now crucial communication sites for the distribution of assistance information (Focal Research Consultations, 2004a:36-38). In addition, front line social and health workers should be increased in numbers and trained in intervention strategies that incorporate health care, consumer education, income administration, family counseling, employment planning and legal crisis management so as to be preventive rather than reactive. Such target groups would include regular gamblers for continuous forms of gambling behaviour deactivation (bingos, Kenos, VLTs, slots), low income households for risk reduction and money management seminars, seniors (55 years+) for casino gambling and financial counseling.

Third, limiting harm is not always possible and the spread of commercial gambling in Canada necessitates more specialized treatment services for problem gambling households. These services should be expanded, calibrated, and better advertised and promoted, especially since the use of formal services and experts increases with risk for problem gambling and their

households. While comprehensive programs for addiction services personnel are needed, diverse household treatments geared to specific domestic problems and to circumstances giving rise to household problems should also be made available to ensure household security. The approach might focus on money and neuro-economics, by integrating money management and debt counseling into treatment and on the pleasure and social stimulation afforded by gambling by finding out what other alternative values and activities may make life worth living and then developing reasons for quitting gambling and staying quit (Collins, 2004). For example, in situations where elderly households are impacted treatment might entail a team approach involving debt managers, marriage counselors, psychologists, medical experts, legal specialists all of whom would attempt to protect existing family resources, control the troubled behaviour, attend to emotional trauma, and prevent further social and legal harm.

These policy suggestions should be combined with an evaluative process. Once populations have been targeted for supply and demand reduction, staff training, harm minimization, consumer protection and advertising reform, educational awareness, early prevention, clinical treatment, family counseling and the like, impact assessments should be conducted to monitor the effects of reforms and regulatory changes and produce good independent empirical data that can guide the industry and governments in better implementing, and revising policy reforms for both gambling's problems and problem gambling (Blaszczynski, Ladouceur and Shaffer, 2004; Focal Consultants, 2002; 2004).

*Finally*, there is an urgent need for a new vision for the gambling industry. Overall the industry is now over-reliant on EGM wagering and as currently conducted it may not be sustainable in the long run. The Nova Scotia Annual Gaming report for 2003-2004, for example,

tells us that the wagers for ALC lotteries, casinos and bingos were down by 2.8%, 0.4% and 10.7% respectively, while VLT wagering was up by 7.0% from the previous year. Revenue to the province, however, fell 7.4% from \$196.9 million to \$182.3 million and commercial revenue remained static (0.3%) at \$52.7 million. The prognosis for 2004-2005 is that VLT revenues will increase by another 9% to \$133 million, while other gambling revenues streams will continue to worsen.

Government related gambling is now caught in a “squirrels cage” of its own making: VLTs and slot machines in this country are now spinning longer, more often, and for higher dollar amounts for governments and retailers, but at the expense of individual and communal well-being. At certain times during a day in Canada almost half the players in VLT sites are problem gamblers. It begs two questions: How can problem gamblers who lose between \$7,000 - \$10,000 a year on average continue to play before depleting their assets and wearing themselves out as consumers? How many more gamblers will enter the market place to replace them and at what cost?

If the industry is to remain financially viable then it will have to reduce its dependency on its troubled customers. This calls for a new top down commitment to responsible gambling that develops a broader revenue base of low spending recreational gamblers (who do not get into trouble with their play), at the same time as one removes problem gambling revenue from its pride of place. It means mass consumerism not the exploitation of vulnerable customers. It means cashless gambling with strong consumer protection measures such as smart cards. It means responsible advertising and enlightened and honest consumer education. It means effective self-exclusion and genuine community consultation and collaboration. It means a new

ethics for healthy gambling across the spectrum and especially with regard to electronic gambling that puts precautionary principles before profit-making.

We are, of course, some way from realizing many of these remedies. Not only is there a lack of consensus about visions, responsibilities, target groups, interventions, follow-ups and best practices, there are genuine divides between stakeholders. But more and more researchers, politicians, gambling advocates and citizens are wrestling with Howard Becker's (1967) poignant question "Whose side are we on?" More and more there is a healthy scepticism about gambling's promise when measured by its performance, and this extends to recent government and industry claims for responsible gambling. As Campbell and Smith (2003) note: the "responsible gambling paradigm" is only the latest strategic partnership of "government officials, the gambling industry and experts and professionals" who have transposed the "social problems affiliated with excessive gambling" into individual, moral and therapeutic discourses and in the process depoliticized the very supply of gambling and the conditions under which it is supplied and consumed. Its emphasis on individualism, choice and economic rationalism make it insensitive to genuine community prevention and precautionary politics.

Yet there is a politics of hope on the horizon. Community stake holders are becoming a more organized, articulate and informed social movement focussed on achievable goals: awareness education, machine reductions, responsible gambling features, increased treatment and prevention programs and resources. By targeting areas where there are the most agreements first, they may be able to build on victories to address the tougher issues such as consumer protection, pre-commitment smart cards for players, deactivation and meaningful self-exclusion. No doubt community groups will have to continue to lobby government and political parties

forcefully and preferably with professional lobbyists and sound research to keep their needs on the political agenda. And treated clients, sport figures, media personalities, prominent citizens are now getting the media attention that is necessary to popularize different world views and shape alternate priorities about gambling. There may be a window of opportunity for community organizations to create alliances with those in government and industry circles who recognize the need for reform. Sensible stakeholders who have benefitted from gambling's "glorious gallop" are starting to realize that a new negotiated order is better than a gambling industry melt down! In Nova Scotia, the government has released a five year plan to create "a better balance" in the industry by reducing problem gambling and government reliance on VLT revenue and increasing health care, public education, prevention and social accountability. It is a first move in a sensible direction: 1,000 VLTs will be deactivated across all profit retail locations [31% reduction]; the hours of VLT operations will end at midnight; the speed of games will be reduced by 30 percent; play will be slowed down by removing the "stop" button feature on all machines; a pilot, card-based player tool for VLTs will be tested; an early identification program for at-risk players will be developed and a \$3 million investment on problem gambling treatment and prevention will be undertaken. This is anticipated to cost the government \$22 million in 2005-06 and the annualized impact going forward [lost gambling revenues and new investments] as expected to be \$40 million (Government of Nova Scotia: 2005).

While this plan could have gone much further in regard to player protection, sequestration practices, consumer education, advertisement controls, precautionary prevention, and limiting continuous play in other types of gambling, the point is that the government has been made to move from denial to recognition of the problems associated with gambling even if

that recognition is partial and focussed only on VLT gambling. We will have to see how these changes play out on the ground and what future directions might evolve from them. The crucial questions still remain: can effective community coalitions put gambling on the political map and keep it there? can governments be made to put people before profits? If not, then I suspect that Milton Acorn's admonition to the race-track industry in the middle of the 20<sup>th</sup> century may apply with even greater force to the gambling industry as a whole at the beginning of the 21<sup>st</sup> century.

“Quick - get down your bets!” The tone is stentorian  
From a righteous loud speaker, so authoritarian  
That greed seems the thing, and a lot of them scurry  
As told to, to get down their bets in a hurry....  
From each bet put down there's subtracted unfairly  
Twenty percent of the dough of the winner for five minutes work!  
Whose roll won't be thinner at the end of a day of that kind of dealing?  
Some call it business but I call it stealing!”

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