

Public Policy and Problem Gambling

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I am trained as a public policy analyst, and in public policy analyst school you are taught that when devising public policy your process should be a rational one. You should carefully consider desired outcomes. You should obtain and take into account the best available knowledge on the subject at hand. You should carefully consider both costs and benefits, identify and analyze alternative approaches, ask who is best able to implement your proposed solutions, and design systems to help you know if your goals are being achieved.

With this in mind, what should public policy towards problem gambling look like?

To start with, it would be based on science. It would take into account what the best available evidence tells us about problem gambling. It would also recognize what we do not know, and include a strategy for filling in the critical gaps in our knowledge. It would be flexible enough to change as our base of knowledge increases. It would be interdisciplinary, taking into account expertise from medicine, psychology, sociology, economics, education, engineering, and communication, just to name a few.

Second, it would have as an objective the maximization of public health. It would build on successful efforts in closely related fields (such as substance abuse) as well as learning lessons from fields that might not seem so closely related (such as automobile safety).

Third, it should seek to analyze the relative public health risk of problem gambling compared to alternative uses of scarce resources, regardless of where those resources come from. It should recognize that problem gambling will have to compete for resources with other compelling public health issues, and be able to do good when the available resources are less than optimal.

Fourth, it would carefully consider who is best able to deliver the needed

services. The federal government, state governments, local governments, the non-profit sector, private business, and the gaming industry all potentially have roles to play. Which of these is best able to perform which function?

Fifth, it would look for opportunities to work in conjunction with other, similar public health issues. Must programs for the prevention and treatment of problem gambling always be separate and distinct from those for substance abuse? Given what we know of co-morbidity, might there be times when both can be subsumed under more general mental health approaches?

None of this, of course, is new. There are certainly many who have advocated eloquently for a science-based public health approach to problem gambling (ex. Blaszczynski, Ladouceur and Shaffer, 2004; Korn, Gibbons, and Azmier, 2003; Shaffer and Korn, 2002). But while there certainly exist numerous examples of programs for problem gamblers that benefit public welfare, there are few, if any, who would argue that the approach outlined above is the prevailing model for public policy.

What is the current state of affairs? In my view, it is characterized by continuous debate over who has responsibility for providing and paying for programs, and all too often this debate is characterized by avoidance. Douglas Adams, in his science fiction classic "The Hitchhiker's Guide to the Galaxy," states that the easiest way to render an object invisible is to turn it into someone else's problem, and the world seems full of people ready to ignore problem gambling by making it someone else's problem. The federal government can claim it is the responsibility of the states, which, after all, regulate the gambling that takes place within their borders and which profit from its conduct (ignoring gambling problems relating to the Internet or activities of organized crime or private business clearly engaged in interstate commerce, while also ignoring the contributions legalized gambling makes to federal tax revenues). States can attempt to shift responsibility to the gaming industry, which, after all, "causes" the problem in the first place (ignoring co-morbidity with other mental health conditions and their own stake in gambling revenues). And the industry can join others in "blaming" the gambler, who, after all, is culpable because of their unwillingness to control themselves (ignoring the role that the addictive object plays in the development of any addiction). None of this, of course, has anything to do with who can best provide the service.

In addition, to the extent that government and industry do address the problem,

more often than not it is done out of guilt or motivated by public relations. In both cases the need to be seen doing something is far more important than what is actually done. The results, too frequently, are a series of programs without an underlying coherent policy that are based on an incomplete understanding of flawed conventional wisdom. Such programs (to paraphrase Shakespeare) are full of sound and fury and accomplish nothing.

But beyond these issues lie two fundamental factors that in my view have done the most to hinder the development of a rational problem gambling public policy. First, the problem gambler is all too often used as a tool in a broader debate over the existence and extent of legalized gambling. To those who benefit from gambling, either through personal profit or through benefits to worthy programs, the problem gambler can be an inconvenient truth. The result can range from the denial of their existence to the denial of any link to their particular sector of the industry to placing all the blame on the gambler to superficial attempts at public relations. To those who see gambling in general as a plague on society, the problem gambler can be all too convenient a truth. The result can be that the welfare of the problem gambler takes second place to a greater moral crusade and that the development of programs to prevent and treat problem gambling becomes a means to punish the industry.

Second, and more importantly, the general public, and by extension policymakers, often badly misunderstands the reality of problem gambling. Bernhard (2007) has pointed out that for at least 200 years American history is replete with examples of problem gambling being framed as a moral weakness to which the response is moral judgment. Surveys taken in Minnesota confirm that many today view problem gambling as a moral weakness, that controlling it is largely a matter of willpower, and believe that treatment doesn't work (Feeney, 2006). Further, they overstate the extent of the problem. Of those venturing an opinion, 70 percent of Minnesota adults put the rate of "gambling addiction" at greater than 5 percent, and almost one-third place it at 20 percent or higher. This suggests a trivialization of problem gambling, that the addict is viewed not as someone suffering from devastating consequences but as someone who gambles more than the observer thinks they should. And if it is a moral weakness for which the cure is willpower, what need is there for a public policy?

Far too little attention, in my view, has been given to the need to educate the public and public officials on the reality of problem gambling. Far too often those

who work with the problem gambler have incorrectly assumed that public understanding of the issue mirrors their own. To remedy this situation we must first gain a better understanding of the public misconceptions and then develop and apply the advocacy skills needed to bring scientific findings effectively into the public debate. A rational public health policy on problem gambling is not an impossible dream, but it requires more involvement in the political process by those who understand the reality of the issue than has been seen to date. Effective public advocacy is not a skill anyone is born knowing. In fact, it can be as simple as just being willing to show up at the appropriate time and place. The experts—scientists, therapists, case workers, and those in recovery—must be willing to step forward and work with those whose expertise lies in educating the public and those who control the political agenda. The alternative is a policy that will continue to be based on noise, anecdote, avoidance, and ignorance.

References

Adams, D. (1980). *The Hitchhiker's Guide to the Galaxy*. New York: Harmony Books.

Bernhard, B. (2007). The Voices of Vices: Sociological Perspectives on the Pathological Gambling Entry in the Diagnostic and Statistical Manual of Mental Disorders. *American Behavioral Scientist*, 51, 8-32.

Blaszczynski, A, Ladouceur, R. and Shaffer, H. (2004). A Science-Based Framework for Responsible Gambling: The Reno Model. *Journal of Gambling Studies*, 20, 301-317.

Feeney, D. (2006). Problem Gambling: What the Public Thinks (And Why It Matters). Presented at the 20th National Conference on Problem Gambling. June 2006, St. Paul, Minnesota.

Korn, D., Gibbins, R. and Azmier, J. (2003). Framing Public Policy Towards a Public Health Paradigm for Gambling. *Journal of Gambling Studies*, 19, 235-256.

Shaffer, H. and Korn, D. (2002). Gambling and Related Mental Disorders: A Public Health Analysis. In J. E. Fielding, R. C. Brownson & B. Starfield (Eds.), *Annual Review of Public Health* (Vol. 23, pp. 171-212). Palo Alto: Annual Reviews, Inc.