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INTRODUCTION

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1 SCOPE OF THIS SPECIAL ISSUE

In this special issue, critical consideration is given to existing knowledge and understanding regarding harm minimisation in gambling. While the reviews have been written with the British context in mind, we consider that most matters will have some relevance at an international level also. Papers in this issue also consider operational and regulatory matters through identifying priority areas for research and offering initial guidance on how existing research findings could be applied in operator-based approaches to harm minimisation.

It should be noted that concurrent work is being done in Great Britain by both the regulator and industry in response to concerns about the impacts of gambling individually and in local communities. The regulator has recently reviewed social responsibility provisions found within its License Conditions and Codes of Practice (LCCP), and this has established where greater degrees of player protection or player monitoring need to be mandated.

In classifying approaches according to their source of implementation and management, the papers in this special issue examine the evidence by considering a specific category of harm minimisation that has been referred to here as ‘operator-based’ harm minimisation. The four papers consider the issues in relation to facilitating awareness and control among consumers engaging in gambling; to restricting access to gambling products; and to ensuring that marketing functions operate in a transparent and responsible way.

2 CONCEPTUALISING GAMBLING-RELATED HARM

The term ‘gambling-related harm’ refers to any significant negative consequences which result from gambling in excess of what the consumer can afford in terms of either time or money (Blaszczynski, 2013; Blaszczynski, Ladouceur and Moodie, 2008; Neal Delfabbro and Oneil, 2005). More specifically, Blaszczynski (2013, p. 65) explains that: *“These parameters set the threshold of affordability for gambling; once the disposable income and time thresholds are exceeded, opportunity costs are incurred; that is, money and time intended for other expenses or social/family purposes are redirected*

to gambling. In this context, harm emanating from these two sources can range along a continuum from intermittent and inconsequential to recurrent and extremely severe; such harms can be construed as potentially affecting the full spectrum of participants from recreational through to problem gamblers.”

The Victorian Competition and Efficiency Commission (2012) categorises harm from problem gambling as follows:

- Economic harm: including direct and indirect impacts on resources: provision of treatment services, costs associated with lost productivity, bankruptcy, and divorce, involvement of judicial and regulatory systems, and financial costs incurred by excessive losses, and;
- Personal harm: including emotional distress, relationship conflicts, and psychiatric morbidities. The intangible costs associated with the impact on mental wellbeing, the Commission concluded, accounted for the substantial proportion of overall social and economic costs of excessive gambling. Estimating the costs of problem gambling is complex given that data can often be unreliable, issues of causality are not straightforward, and there exists a lack of consensus on best approach to categorise and assess impacts (Victorian Competition and Efficiency Commission, 2012).

Thus, the potential coverage of gambling-related harm is extensive and wide-ranging.

3 CONCEPTUALISING HARM MINIMISATION

There are a number of terms describing attempts to reduce harm in relation to behaviours that may have a negative impact on health and wellbeing. The specificity of such terms is, to some extent, ambiguous, with some concepts often being used interchangeably, failing to reflect any substantive or subtle distinctions in approach that may exist.

A ‘harm reduction’ approach, arguably the most commonly-used term of reference for the broad concept of averting harm, is often seen as a compromise between abstinence and harmful participation in a high risk behaviour (Marlatt et al., 2011). We would argue that this term carries with it the assumption that even modest participation may potentially be harmful, and stems from work in other health-related behaviours where this is more likely to be true (e.g., illicit drug use, tobacco). For this reason, this term may not be particularly well- suited to behaviours such as gambling, where modest participation does not necessarily impact health and wellbeing (see Forrest, 2013).

Other potentially conflated terms include, but are not limited to, harm ‘prevention’, ‘reduction’, ‘mitigation’ and ‘minimisation’. While usage of such terms may reflect historical development in various guises in public health, and/or different schools of thought in relation to epidemiology, for the purposes of this special issue we are keen to focus on what term makes most intuitive appeal, and in doing so, avoiding ambiguity regarding its usage.

‘Harm prevention’ is considered by some to be the most laudable of intervention terminology in that it could be taken to imply the avoidance of problems before they begin. However, it could also be argued that the term ‘prevention’, by definition, does not address those who are already experiencing gambling-related harm. In addition, using ‘harm prevention’ raises the question of whether the existence of harm would be indicative of failure if described in these terms.

The term ‘harm mitigation’ is broader than ‘reduction’ or ‘prevention’; however, it does not emphasise the need and the desire to mitigate harm to the lowest possible level. It is for these reasons, and in ignoring traditional usage of these concepts, that for the purposes of this special issue we have opted to refer to ‘harm minimisation’ as the preferred term of reference for averting harm. By definition, the term ‘minimisation’ denotes bringing the severity and extent of harm to the lowest level. It is with that specific aim in reference to gambling that the evidence is considered and this special issue formulated.

4 CLASSIFYING APPROACHES TO HARM MINIMISATION

As with most forms of classification in the social sciences, maintaining mutually exclusive categories is difficult, and any attempt to delineate should be seen as indicative rather than definitive. We have opted to classify broad approaches to minimising harm according to their domain: the product; operations; and the community.

Product-based approaches relate to the configuration of the core properties of a gambling game. Such approaches include restrictions on game parameters such as stake, prize, speed, payment methods, payback percentage, partial credits, decimal wins, ‘losses-disguised as wins’ (Dixon, Harrigan, Sandhu, Collins & Fugelsang, 2010), volatility, and near wins. Also included in this category are ‘game design protocols’; an approach used to systematically evaluate, categorise and address potential risks of a gambling game based on its core properties. ‘Guidance about Responsible Design’ (GAM-GaRD; Griffiths, Wood & Parke, 2008) and the Assessment Tool to Measure and Evaluate the Risk Potential of Gambling Products (AsTERIG: Blanco, Blaszczynski, Clement, Derevensky et al., 2013) are the two most common game design protocols.

Operations-based approaches (the focus of this report) cover harm minimisation strategies that are enacted through a gambling operator’s website, land-based venue or by direct marketing. We have identified the four components of operator-based harm minimisation:

- ‘Restricting Access’ which includes venue or site-based restrictions such as age restriction and self-exclusion;
- ‘Facilitating Control’ by supporting customers to control their gambling through tools such as limit-setting (time, money and pre-commitment) cooling-off periods, and restricting access to additional funds;
- ‘Facilitating Awareness’ by providing session histories (e.g., money and time spent), problem gambling information, advice and referral and promoting game transparency by enhancing understanding of how games work and outcomes are determined;
- ‘Responsible Marketing’ whereby rules for promotions and inducements are transparent, non-proportional to time or money spent, and advertising is responsible, adhering to appropriate codes.

The community-based category of approaches to harm minimisation is the broadest of the three categories as it encompasses all efforts beyond modifications to the game or approaches executed at venue or site-level. This category includes education and prevention initiatives, including but not limited to; promoting a better understanding of probability, the nature and signs indicative of gambling-related harm, how games actually work and how gambling outcomes are determined. Education may also cover flawed reasoning which inappropriately influences gambling behaviour (e.g., cognitive biases) and the provision of more practical general knowledge relating to money management and debt. Community-based approaches also include ‘location-based restrictions’ on density, proximity and distribution of gambling venues. Perhaps the most obvious form of community-based harm minimisation relates to therapeutic interventions and support. This also refers to broader environmental influences such as culture and media and their impact on normative values, particularly on younger consumers.

In addition to the above approaches, staff training is also relevant. However, we consider this to be an ‘input’ into, rather than an ‘output’ from, operations-based approaches. In other words, appropriate staff training does not necessarily ensure nor preclude effective operations-based harm minimisation, but is a useful means for preparing and educating staff to improve their ability to limit harm in their venue.

Additionally, the term ‘interaction’ is often identified as an approach to harm minimisation. However, we consider this to be a more general term that by definition represents a means of communication and/or implementation of operator-based approaches. For example, promotion of self-exclusion or notification of a spend limit would be communicated through interaction.

Finally, a necessary first step for the minimisation of harm is the identification of harm. Harm identification is possible through using a variety of methods including clinical interview, population level screens, behavioural indicators exhibited by player either through their overt behaviour during play

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or as manifested in the data collected in relation to their specific game play. A review of potential indicators of harm recently commissioned by the Responsible Gambling Trust is also available (see www.responsiblegamblingtrust.org.uk for more details).

Regarding this specific special issue, we hope that the four papers focusing on operator-based approaches to harm minimization will prove useful and interesting to all those who have an interest in promoting responsible gambling behaviour and minimising gambling-related harm.

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