

CURRENT ISSUES

INFORMED CHOICE AND GAMBLING: PRINCIPLES FOR CONSUMER PROTECTION

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Prepared for the Australian Gaming Council

November 2005

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Introduction

It is well accepted that uninformed, careless or reckless behavioural lifestyle choices have the capacity to adversely affect public health and individual rates of morbidity and mortality (Leichter, 2003). The position implicit in democratic societies that value civil liberties is that individuals are assumed to retain primary responsibility over decisions affecting their health and future, and accountability for their subsequent actions and outcomes. Accordingly, public health initiatives that are designed to better inform individuals aim to enhance an individual's capacity to make more reasoned and rational choices that promote healthy lifestyles and recreational activities (Leichter, 2003). This philosophy characterises preventative initiatives for alcohol and tobacco-related problems where education and persuasion strategies are among the most popular applied public health approaches that have been adopted although with variable effectiveness (Babor, Caetano, Casswell, et al., 2003). However, there is a need for more research to determine the best ways to provide information to maximise optimal decision-making since information by itself does not necessarily improve decision-making.

The primary objective of this paper is to clarify the issue of personal responsibility and the role of industry in providing relevant and full information necessary for informed decision-making. At the outset, we want to emphasise that information alone does not alter behaviour; similarly, we do not believe that public health information campaigns are the single best approach to responsible gambling. Rather, we suggest that information represents a basic and necessary building block upon which other multifaceted initiatives can be built. This paper will seek to establish a set of principles to guide and enhance informed choice.

It is important to emphasise that the purpose of this approach is not to place the burden of responsibility solely on the individual while abrogating responsibility on the part of the provider of a commercial product or service. Rather, providers retain some responsibility for their decisions and actions just as individual consumers are responsible for their behaviour: their decisions must be fully informed in respect to the potential foreseeable consequences and implications their actions in providing and promoting products and services have on consumers.

The balance between personal, community and industry responsibility recently was raised in the Reno Model, a position paper that outlines the principles and strategic framework for responsible gambling (Blaszczynski, Ladouceur, & Shaffer, 2004). Blaszczynski, et al. (2004) formulated this framework to assist gambling operators, regulatory agencies, health and welfare workers and community members to develop a systematic applied approach to gambling. As one of its core elements, the Reno Model argued that a science-based approach should form the foundation for effective socially responsible public policies designed to protect consumers, minimise social harm and maintain a sustainable gambling industry.

The issue of personal responsibility and choice in decision-making in gambling are two fundamental principles adopted in the Reno Model (Blaszczynski, et al., 2004). The basic premise underlying these principles is that the ultimate decision to gamble resides with an individual and represents a choice. To make optimal choices, individuals must have the opportunity to be fully informed of the set of alternative choices available to them; however, on its own, informed choice does

not guarantee that decisions made will be optimal. Everyone needs to recognise that, even though they have the necessary and sufficient information, individuals might still make poor decisions for a variety of personal reasons.

In addition, we recognise that there are many extraneous factors (e.g. depression, anxiety or other disorders) that can influence an individual to make poor decisions. However, such factors do not diminish the need to provide relevant information, or an individual's inherent capacity to evaluate information. The basic principle is that information is the basic foundation for informed choice: factors influencing how, why or which choice is made should be regarded as important related issues that require separate strategies for intervention.

The Reno Model proposes that both the gambler and the industry assume primary responsibility for acting in a manner that promotes and fosters responsible gambling behaviour within the scope of government regulations and community expectations. In addition, governments are responsible for providing regulatory controls and setting the parameters under which gambling can be offered as a product that takes into account consumer protection. Optimally, those regulations should be designed to minimise paternalism and excessive personal intrusion.

The primary responsibility of the gambling industry is to provide information to meet the conditions of informed choice and not to mislead, exploit or take advantage of gamblers. Similarly, individuals are responsible for ensuring that they are fully informed and select choices that are appropriate to, and within, their preferences, circumstances and financial and social limits. In other words, the industry must provide all relevant, pertinent and available information. Individuals will process and use this information to decide if they want to gamble or not. If they decide to gamble, they can use the information to assist in establishing their gambling limits.

It is recognised that there are significant differences in opinion and debate related to consumer protection and information, impaired control and the influence of psychological/emotional factors that may interfere with decision-making. The objective of continued vigorous debate is to achieve a reasonable balance between individual and industry obligations in promoting responsible gambling.

Basic principles of informed choice and gambling

Informed choice is one important cornerstone of responsible gambling. Measures that promote informed choice are designed to meet the mandate of consumer protection by targeting the population as a whole rather than simply restricting at-risk or current problem gamblers.

It is accepted that gambling is a recreational activity that involves choice and decision-making. From a commercial perspective, the gambling industry offers and markets various forms of products that represent an opportunity for individuals to gamble. Individuals retain the right to choose whether or not to gamble. If they choose to participate, ideally they will decide on the optimal frequency, duration, and intensity of their level of participation.

It is known that most community members gamble responsibly. Fewer than 2% of the worldwide population evidence gambling-related problems that meet diagnostic criteria (Petry, 2005). Responsible gambling refers to a situation

where an individual gambles within their means with respect to expenditure and time on the majority of occasions (Australian Gaming Council, 2004; Productivity Commission, 1999; National Research Council, 1999; Petry, 2005). But, at times, some individuals make gambling choices that are not in their best interest. Even recreational gamblers may occasionally gamble more time or money than they intend; despite their recreational status, they may occasionally 'chase losses' resulting in the presence of some degree of harm. This circumstance can create minor and transient harm for them.

Some people will make bad decisions as a result of errors in beliefs related to their perceived likelihood of winning and recouping losses. But, even under these isolated or, at times, repetitive circumstances, gambling more time and money than intended does not necessarily reflect impaired control; rather it is the outcome of a series of poor decision-making and/or ill-informed choices. In this regard, self-regulation, self-control or controlled behaviour reflect an individual's capacity to formulate goals and adjust behaviour in response to circumstances and information that allows that individual to pursue a planned course of action (Marsh & Dale, 2005). As a corollary, poor decisions are, in part, predicated on the inadequate availability of information from which to choose options. Informed choice, therefore, is a fundamental requirement for optimal decision-making.

There are three basic strategic principles that underlie informed choice:

- 1) Individuals are personally responsible for their level of participation in gambling;
- 2) Informed choice is a pivotal requirement for responsible gambling; and
- 3) Science can contribute to determining which information is necessary to promote informed choice in gambling.

The objective of informed choice is to provide relevant, available and timely information to all segments of the community including children and youth, with the aim of empowering them to understand the concept of gambling and what it represents, and to assist them in making appropriate decisions that are not based on faulty information or mistaken beliefs or attitudes.

Informed choice and gambling

The Independent Pricing and Regulatory Tribunal (IPART, 2004) of New South Wales has identified three elements essential to promoting a culture of responsible gambling: (1) the promotion of informed choice for the community; (2) the improvement of measures to protect gamblers; and (3) more effective and efficient counselling services. Informed choice refers to a reasoned decision made by an individual within the context of having, and having understood, the necessary information in the absence of coercion, influence or inducement.

Many members of the general community hold substantive myths and erroneous beliefs about gambling behavior and its outcomes (Ladouceur, Sylvain, Boutin, & Doucet, 2002; Toneatto, Blitz-Miller, Calderwood, Dragonetti, & Tsanos, 1997). These misperceptions are common across the gambling spectrum, among social and occasional gamblers as well as problem and pathological gamblers. They range from mistaken beliefs that the outcome of electronic gaming machines are

determined by set programs rather than random number generators and that operators manipulate payout rates, instead of understanding the meaning of 'expected player return rate' to misunderstandings related to the concept of randomness. Few gamblers are aware of the configuration of payout schedules and volatility of electronic gaming machines, with many believing that skill and/or following systems of wagering will improve their chance of winning.

From a cognitive theory perspective, it is the misunderstanding of the nature of probabilities, overestimation of the likelihood of winning, illusions of control, failure to understand the fundamental concept of mutual independence of events and lack of knowledge of erroneous beliefs that contribute to decisions that lead to the persistence of gambling and the emergence of problem gambling (Gaboury & Ladouceur, 1989; Walker 1992). Cognitive theory maintains that identification and correction of erroneous beliefs and an understanding of the notion of randomness form the central mechanism governing effective treatment approaches for impaired control (Ladouceur & Walker, 1996).

Accurate information is crucial not only in the treatment of problem gamblers, but also in the prevention of problem gambling. This is not to suggest that erroneous perceptions or processes are unique to, or account for, all decisions related to gambling frequencies and intensities. Other psychological factors may play a significant role in maintaining the behaviour. The basic premise is that cognitive factors are pre-eminent in any decision to initiate gambling and these, in total, represent a primary cause that influences decision-making and, consequently, patterns and intensity of gambling.

Both the Independent Pricing and Regulatory Tribunal of New South Wales (IPART, 2004; p.29) and the Reno Model (Blaszczynski, et al., 2004) adopt informed choice as the basic tenet of a responsible gambling policy framework. However, informed choice is only possible if the industry provides all of the relevant and available information necessary to assist gamblers so they can freely choose among gambling options after fully considering the implications and consequences of various levels of gambling involvement. Consistent with a public health approach, informed choice applies to the general population and includes the full spectrum of participation from non-gamblers through to problem gamblers.

Although the term "informed choice" has been discussed in various contexts such as elective surgery and medical treatment, family planning and healthy eating styles, there are few operational definitions of the concept and its guiding principles. The Independent Pricing and Regulatory Tribunal (IPART, 2004) refers to a process in which choices relating to the purchase or consumption of a product are made on the basis of adequate information about foreseeable consequences.

There are two basic requirements that must be present for informed choice to occur:

- (1) *Competence*: The individual is able and competent to make a reasoned decision based on information provided; and
- (2) *Disclosure/understanding*: The individual is aware of the characteristics, operations and nature of the product to be used including any potential risk, implications or consequences that may arise as a result of consuming that product.

The information necessary for informed choice must have at least seven characteristics. It must be: (1) relevant to the product; (2) accurate in content; (3) not be misleading or deceitful in any form; (4) accessible to all potential participants; (5) provided in an understandable form; (6) provided in full, that is, with no pertinent information missing; and (7) delivered in a timely manner.

From a public health perspective, the provision of relevant information is fundamental to the principles of primary prevention: that is, to prevent morbidity (i.e. illness/problems) by reducing modifiable risk factors among gamblers, the information must target people who do not show signs of illness. Optimal proactive primary prevention strategies should require informing and educating the general population about the nature and characteristics of gambling as well as reasonable expectations about gambling outcomes.

Sufficient and necessary information

To date, there has been no systematic research into the concept of informed choice in gambling or the type of data necessary to facilitate healthy decision-making. In Australia, the IPART report has defined informed choice as providing "accurate, clear and accessible information either to the community in general or to gamblers in particular to help them make informed choices about whether they will gamble and how they will gamble" (IPART, 2004, p. 37). This information may aim to:

- ♦ Increase awareness of risks associated with gambling;
- ♦ Increase understanding of how gambling products work and the probability of winning a prize;
- ♦ Encourage responsible gambling practices;
- ♦ Help people recognise problem gambling behaviours;
- ♦ Inform and educate people about the assistance available for those experiencing gambling problems; and
- ♦ Increase the application of responsible behaviours.

After evaluating existing and proposed harm minimisation measures in light of these guidelines, the Tribunal determined that gaming venues should display the monetary value of credits, erect signs displaying probabilities, advertise the issue of problem gambling, tighten controls on advertising gambling products, display responsible gambling signage in venues and on gambling products, publish informational brochures on self-exclusion and counselling programs, and display clocks in venues. In addition, the Tribunal proposed introducing contact cards for counselling services and displaying periodic messages on electronic gaming machines. However, the nature and extent of what information is necessary, sufficient or relevant was unspecified and thus remains uncertain, in part because there is little or no evidence to suggest that these proposals will yield the intended results. In addition, like other public policy-making, these proposals include the risk that possible unintended adverse consequences might result.

It is also important to consider the optimum way to provide information to individuals, and the aim of the message that is to be conveyed. We need to acknowledge that not all individuals will use the information provided; some will avoid it while others will dismiss or deny it. Although there is no universal empirically supported way to convey a message, two basic elements should be used: the use of short concise messages, and the use of repeated presentations of such messages. However, it is important to recognise that these are only two of many potentially effective tools.

Depending on the outcome to be achieved, the content of messages may be designed to inform players of probabilities of winning or encourage the need to exercise caution in play, for example, "You cannot control the outcome of games of chance", "There are no lucky days: it's just a game of chance", "Do not gamble more than you can afford" or "Gambling is entertainment, not a way of making income". Information influencing attitudes that determine gambling choices can be classified into several categories.

- ♦ Information that warns gamblers that potential risks and harm may be associated with gambling;
- ♦ Information that informs players of the operation and characteristics of games, probabilities of winning, and the role, if any, that skill may play in games where outcome is determined by chance;
- ♦ Information that fosters responsible gambling practices; and
- ♦ Information designed to assist gamblers to monitor levels of expenditure in terms of time and money.

Depending on the type of gambling activity and characteristics associated with the gambling venue, there are different options to provide necessary information about gambling. For example, Sportingbet Australia has suggested that Internet bookmakers could best facilitate decision-making by: (a) displaying accurate information on odds and approximate dividends and payouts on the website; (b) providing clearly-worded information on rules related to bet types; (c) providing information regarding the warning signs of problem gambling; (d) diligently policing the exclusion of minors; and (e) refraining from "misleading or deceptive" advertising, particularly in relation to winning (Sportingbet.com, 2005). In contrast, informed decision-making at venues with gaming machines might necessitate precise explanation of the role and impact of reel spin, near miss, virtual versus "real" reel and other mechanical aspects of machine operation to dispel erroneous perceptions about the odds and probabilities of winning.

The impact of gambling-related problems on informed choice

Does the presence of gambling-related problems affect the capacity to make informed choice or remove personal responsibility? When gambling stimulates a subjective state of excitement, dysthymia, depression or desperation, individuals might make poor decisions repeatedly; further, their capacity to control their behaviours can become increasingly more weakened under these conditions. Some psychological theories attempt to explain such poor behavioural control through processes that are linked to affective (mood) self-regulation (Tice, Bratslavsky, & Baumeister, 2001). In such theories, behaviours are pursued at the expense of longer-term benefits because of their capacity to regulate current states of emotional distress or tension. As a result, emotional distress leading an

individual to gamble, or gambling-related problems arising out of excessive gambling represent mitigating circumstances that explain the motivation for why an individual acted in a specific way. Nevertheless, acknowledging the difficulty that emotional factors may have on impulse control, even under these conditions individuals are assumed to retain responsibility for their decisions and actions. This position holds for a range of impulsive behaviours that hold the potential to become excessive; these include compulsive shoplifting, aggressive outbursts, and aberrant sexual behaviours such as rape, paedophilia and exhibitionism.

Decision-making strategies and their impact on behaviour

Currently, there are no clear guidelines as to what necessary and/or sufficient information is required to satisfy gambling-related informed choices. Information alone forms only a part of the decision-making process relating to behavioural choices, with attitude an important mediating factor between knowledge and choice. Attitudes determine what information is selected and filtered out, and information affects attitudes. Within this feedback cycle, both attitudes and information form a critical link in decision-making processes. Social and marketing factors influence attitudes. However, information remains a crucial element in making optimal decisions. Even when scientifically derived and objective information is available to decision-makers, they will process, filter and interpret this information through their attitudes and personal characteristics (e.g. personality).

The concept of informed choice has served as the basis for numerous public health marketing campaigns worldwide for more than 30 years. These campaigns have assessed the relative effectiveness of peer and formal education, group support and other informational strategies designed to increase or decrease participation in specific behaviours. Consistent with this, recent theoretically-based studies of informed choice have found a positive relationship between a patient's perception of severity of illness, susceptibility to complications and beliefs related to the efficacy of treatment, and informed choices regarding health behaviours: breast self-examination (Manfredi, Warnecke, Graham et al, 1977; Norman & Brain, 2005); compliance with diabetic treatment regimens (Cerkoney, & Hart, 1980), antihypertensive therapy (Inui, Yourtee, & Williamson, 1977) and condom use (Mashegoane, Moalusi, Ngoepe, & Peltzer, 2004).

Findings from these and similar studies are based on widely accepted health theories with important implications for informed choice measures in gambling. These include the Health Belief Model (Janz & Becker, 1984; Rosenstock, Strecher, & Becker, 1988), Social Cognitive Theory (Bandura, 1986, 1997), Theory of Reasoned Action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975), and Transtheoretical Model of Behaviour Change (Prochaska & DiClemente, 1982, 1983).

Both the Health Belief Model and Social Cognitive Theory propose that individuals will only decide to perform a recommended behaviour if the benefits of performing the behaviour outweigh the costs. The Health Belief Model maintains that individuals must also believe they are at risk of engendering serious adverse consequences should they decline to perform the behaviour. Social Cognitive Theory reasons that individuals must also have a sense of personal efficacy, that is, they must believe they are capable of performing the behaviour despite obstacles and barriers. As an example, these theories suggest that individuals

who decide to limit their gambling do so because they believe that the adverse consequences associated with gambling (e.g. unable to pay bills, strife at home) outweigh the benefits (e.g. socialisation, relaxation), and that they perceive themselves as capable of limiting their gambling despite obstacles.

The Transtheoretical Model of Change (Prochaska & DiClemente, 1982, 1983) also highlights the benefits of self-efficacy in decision-making. This model maintains that personal change is a stepwise process, largely determined by individuals' willingness to change and confidence in their ability to be successful. The stages of change are as follows: (a) precontemplation – no plans to alter behaviour; (b) contemplation – desire to change but no formal plans; (c) preparation – taking steps toward beginning change; (d) action – effort to change; and (e) maintenance – managing the tendency to lapse or relapse to the original undesirable behaviour or a variant of that behaviour. As with the other aforementioned models, the Transtheoretical Model maintains that behavioural decision-making is dependent on an analysis between the costs and benefits of continuing the present behaviour versus adopting new behaviours. Though evaluation of costs and benefits are both important in the decision-making process, research has indicated that focusing educational messages on positive by-products of discontinuing a behaviour is a stronger predictor of change than those stressing the negatives (Prochaska, 1994).

Ajzen & Fishbein suggest a final key variable in this process of change (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). Their Theory of Reasoned Action holds that an individual's intention largely determines the successful performance of a particular behaviour. Those intentions, in turn, depend on the individual's attitude toward the behaviour (i.e. the extent to which they believe that performing the behaviour will lead to positive outcomes) and/or the dictates of social norms (i.e. the extent to which one's social support network endorses the behaviour, the individual's desire to please the members of that network). Therefore, to decide to gamble within reasonable limits, gamblers require sufficiently persuasive information to convince them that they should not view gambling as an income-generating activity; furthermore, a gambler's peer and other support groups should share this view to strengthen the capacity to discourage excessive gambling.

Taken together, these models suggest that a successful plan for informed choice in gambling should accomplish four primary goals. Firstly, it should provide the relevant educational information necessary to objectively evaluate gambling options and to modify erroneous cognitions that lead individuals to view gambling as an income-generating behaviour rather than as entertainment. Secondly, that information should detail the benefits of responsible gambling, as well as the potential social and personal costs of excessive gambling, and provide sufficient guidelines to assist individuals in identifying their current level of responsible gambling. Thirdly, the information should target specific gambling activities, socio-demographic groups and stages of change, such that any individual could feel confidently informed about gambling options. Finally, information providers should convey content by using several mediums to ensure schooling most or all members of an individual's social network about the realities and parameters necessary for making an informed gambling choice.

**Cognitive intervention:
The key component of informed choice in gambling**

If behavioural choice depends largely on intention, attitude, self-efficacy and evaluation, then it is crucial for any informed choice program in gambling to target faulty cognitions. Studies have shown that a majority of problem and pathological gamblers gamble to excess, in large part because they harbour a variety of cognitive misconceptions, including erroneous perceptions, irrational belief schemas and misunderstanding of randomness, mutual independence and probabilities, which lead to the misattribution of causal connections between chance events and unrealistic estimates of the likelihood of winning (Ladouceur, et al., 2002; Ladouceur & Walker, 1996; Toneatto, et al., 1997; Walker, 1992; Sylvain, Ladouceur, & Boisvert, 1997). Toneatto, et al. (1997) and Ladouceur and his colleagues (Ladouceur, Gaboury, Dumont, & Rochette, 1988; Gaboury & Ladouceur, 1989) have consistently found that up to 80% of problem gamblers seeking treatment described a range of irrational verbalisation or cognitive distortions. For this reason, it is important for an informed choice protocol to target information to address and dispel these misconceptions so that gambling choices will be based on realistic perception that gambling is a form of entertainment rather than a means of income generation.

The primary cognition underlying problem gambling is the misconception that one can win on a long-term basis (Felscher, Derevensky, & Gupta, 2004; Ladouceur, Sylvain, Boutin et. al, 2003). For example, in a study of problem (n=15) and non-problem (n=15) VLT players, Ladouceur, et al. (2003) found that 81% of problem gamblers as compared to 68% of non-problem gamblers reported erroneous perceptions of the probabilities of winning before and 41% versus 27% during play. This finding suggests that such perceptions encourage players to chase losses in response to the gambler's fallacy: the notion that the longer one plays, the more likely s/he is to win. It is notable that a sizeable percentage of both groups reported erroneous perceptions, highlighting the need to tailor informed choice information to common misconceptions.

In addition to the gambler's fallacy, empirical evidence suggests that problem gamblers differ from recreational gamblers on a wide variety of characteristics that we can broadly categorise into those related to personal skill and judgment (e.g. illusions of control: Langer, 1975), ability to influence outcomes (e.g. superstitious rituals and beliefs: Joukhador, Maccallum, & Blaszczyński, 2004), selective recall and biased evaluation of outcomes (e.g. Gilovich, 1983; Gilovich & Douglas, 1986) and erroneous perceptions regarding randomness and the independence of events (e.g. Gaboury & Ladouceur, 1989; Coulombe, Ladouceur, Desharnais, & Jobin, 1992; Walker, 1992). Toneatto, et al. (1997) reduced 13 such identified cognitive distortions into five clusters under three similar higher-order categories: control, reframing, and prediction.

Research suggests that optimal informed choice protocols should target erroneous beliefs regarding randomness that lead to the development of illusions of control over outcomes that underlie futile strategies and skill-based efforts to increase winnings (Sylvain, et al., 1997; Ladouceur, et al., 2001; Benhsain, Taillefer, & Ladouceur, 2004).

Proposed components of an informed choice campaign in gambling

This paper is not intended to describe in detail the type of information required for an individual to make an informed choice over his or her gambling. Such a description would require outcome-based research to determine specific measures tailored to particular venues and forms of gambling. Rather, the authors of this paper suggest that the field adopt as a basic framework a three-pronged strategy for information dissemination: universal, gambler-specific, and problem gambler-specific. As outlined earlier, the principles and empirical findings derived from cognitive frameworks that take into account decision-making processes relating to behavioural lifestyle and healthy choices provide the foundation upon which these strategies rest.

1. Universal gambling-related information

Universal gambling-related information would include pamphlets, brochures, billboards, advertisements and other methods of educating the broader public regarding the realities of gambling in an effort to correct erroneous beliefs about gambling. To that end, this information would:

- ♦ Educate on the nature of gambling as entertainment;
- ♦ Dispel myths that gamblers can “beat the house” with excessive gambling by explaining the realities of probability, odds, randomness and venue-specific misconceptions;
- ♦ Provide sufficient information on specific gambling activities to allow players to set effective limits for play; and
- ♦ Increase awareness of the potential risks associated with excessive gambling.

2. Gambler-specific information

Gambler-specific information would tailor educational materials to gamblers from various demographic groups. This information should provide research-based information that targets gamblers by age, gender, ethnicity, and socio-economic factors. Examples include:

- ♦ Detailed and optimally interactive information regarding specific games, such as player return rates, “real” reels versus virtual reels, and computer operation of machines;
- ♦ Promotional materials, resources and referrals for individuals who gamble for non-entertainment reasons (i.e. due to factors of loss, loneliness, social isolation, income generation, peer support, and cultural sanction);
- ♦ Educational materials that identify gambling-related erroneous cognition and counter each belief with information (e.g. illusion of control, gambler’s fallacy);
- ♦ User-friendly screens to promote identification of the signs and symptoms of problem gambling behaviours; and
- ♦ Concise, repetitive messages to heighten self-awareness regarding expenditure and patterns of play.

3. Problem gambler-specific information

Finally, problem gambler-specific information would be targeted to those who are already experiencing gambling-related problems. Such measures would include:

- ♦ Assessment guidelines for determining the relative “health” of one’s gambling behaviour and one’s relative position along the spectrum of gambling behaviour;
- ♦ Resources and referrals for counselling, hotline, self-exclusion and self-help services;
- ♦ Cost-related information designed to educate problem gamblers on the financial and legal risks of excessive gambling; and
- ♦ Strategies for adopting gambling limits and increasing responsible gambling behaviour.

Conclusions

The choice to gamble has been, and remains, an individual decision. However, sufficient, necessary and timely information regarding the potential implications and outcomes associated with the decision to gamble is a basic requirement of informed choice. In this context, informed choice is but one component of a complex process associated with gambling. It is difficult to determine which individual components of such processes need to be modified to keep gambling from emerging as a problem and, accordingly, the one solution fits all approach to preventing or treating complex behaviour patterns like gambling disorders should be avoided. The principle remains that informed choice represents the important foundation and starting block upon which other interventions are based.

The gambling industry, in collaboration with governments and the community, has the prime responsibility to provide the requisite information to gamblers in an accessible and readily understood form. Only in the context of a collaborative and cooperative partnership between industry, governments and individual gamblers can gambling stakeholders achieve the objectives of consumer protection and responsible gambling.

One cornerstone of a public health strategy that seeks to minimise the negative consequences of gambling through education is to provide the necessary information that forms the basis for informed choices. However, the amount, type and form of information delivery needed to enhance informed choice in gambling remains unclear and inconclusive. While we can extrapolate the directions for future inquiries from the findings of the extant research in other fields of addictions and behavioural lifestyle changes, it is imperative that empirically derived findings guide the gambling industry’s efforts to provide gambling-related information. In this context, it is imperative that industry and governments collaborate to guarantee that gamblers are provided with sufficient and necessary information upon which individuals can base their informed choice, which will guide their level of participation within affordable limits.

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