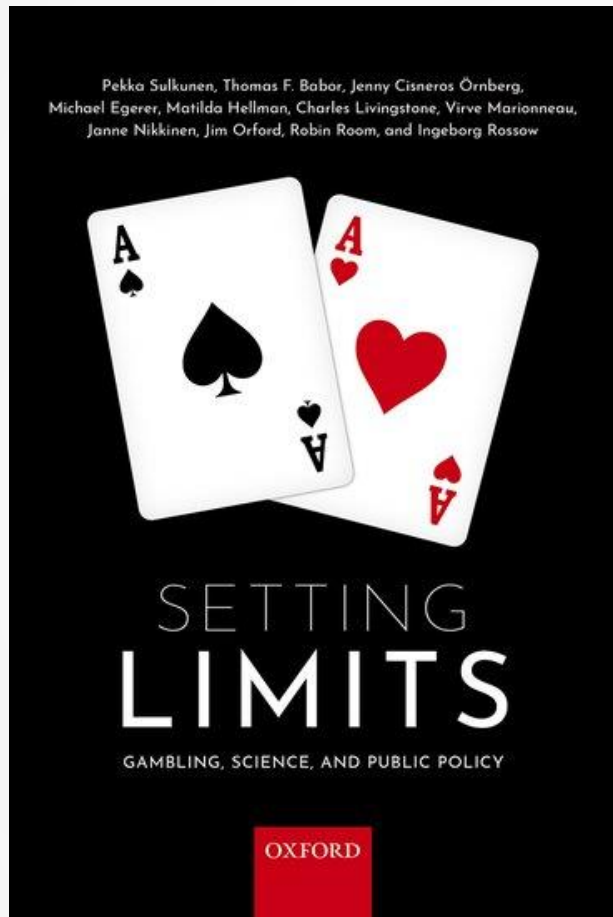




THE PUBLIC INTEREST APPROACH TO GAMBLING POLICY

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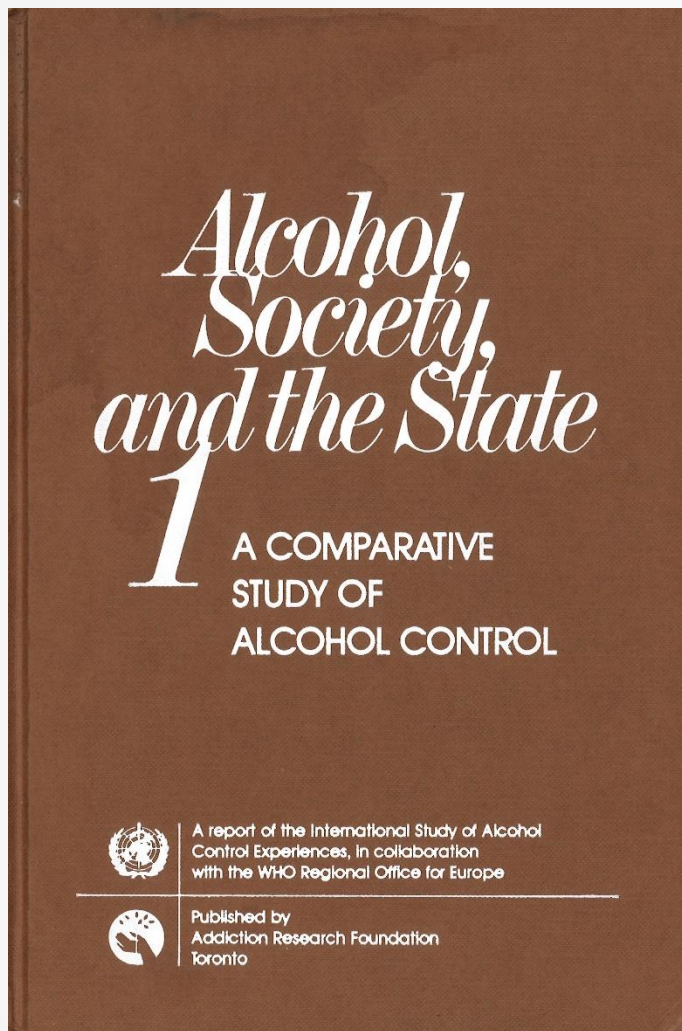
IN PUBLIC HEALTH PERSPECTIVE

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THE WORLD HEALTH ORGANIZATION REGIONAL OFFICE
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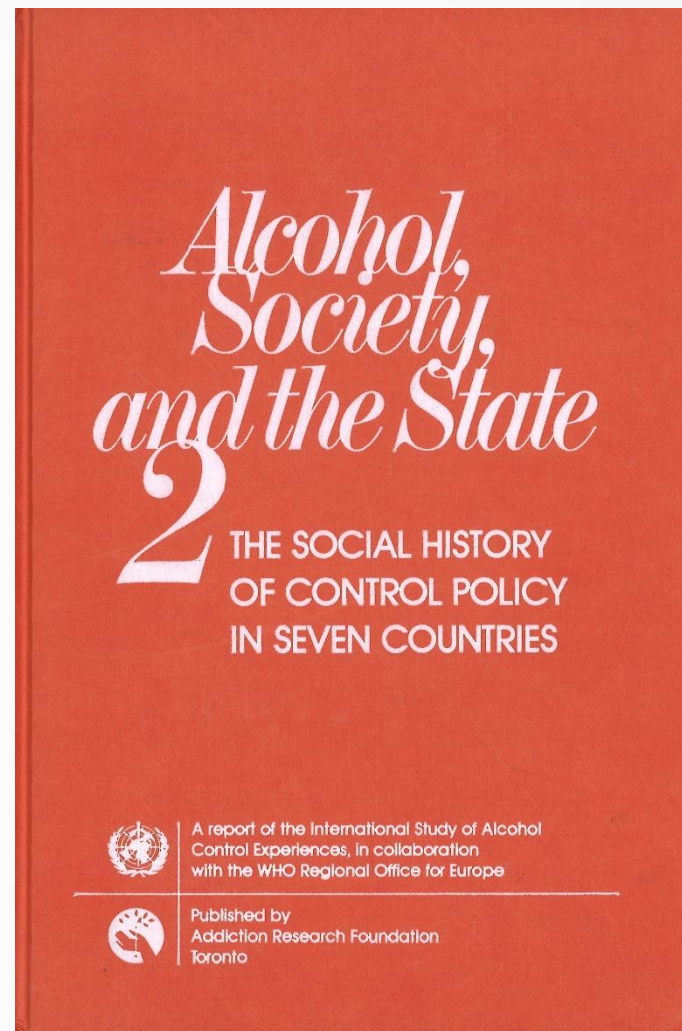


Authors: Klaus
Mäkelä, Robin Room,

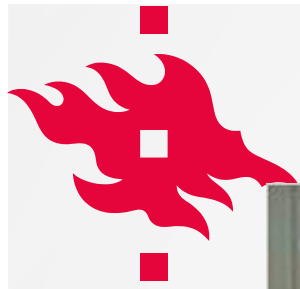
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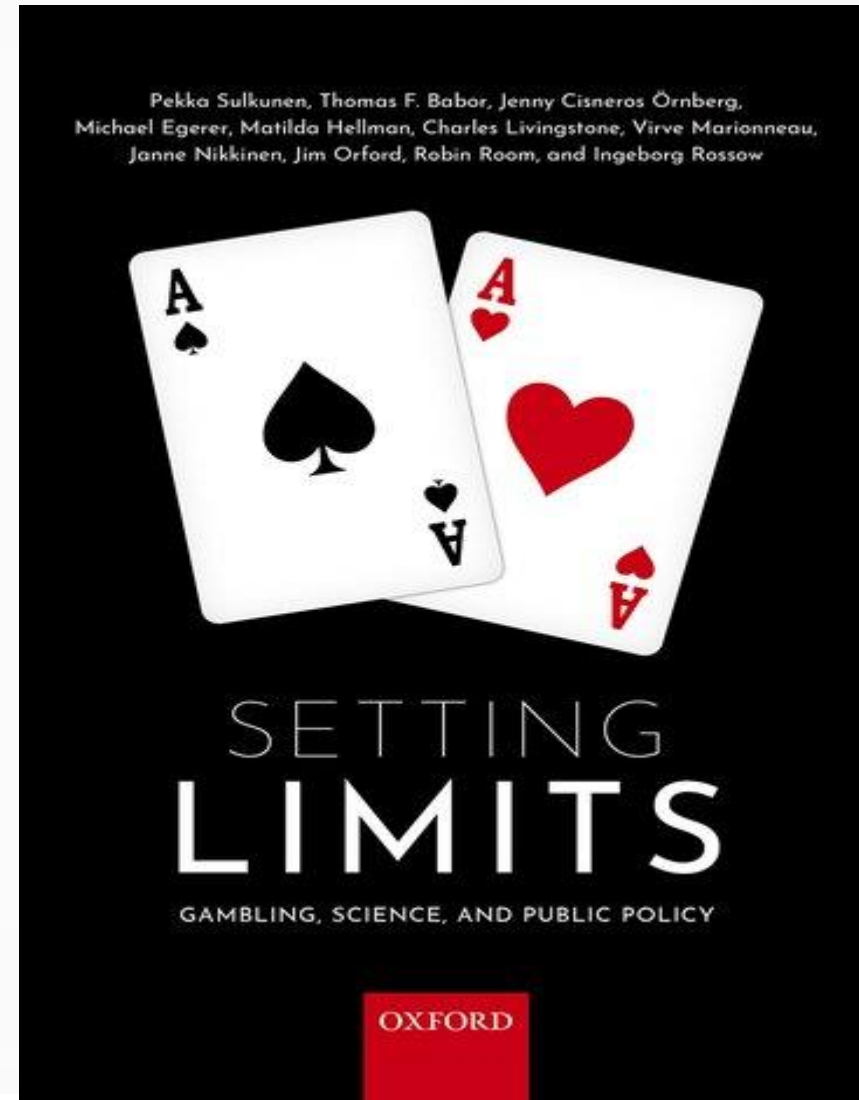
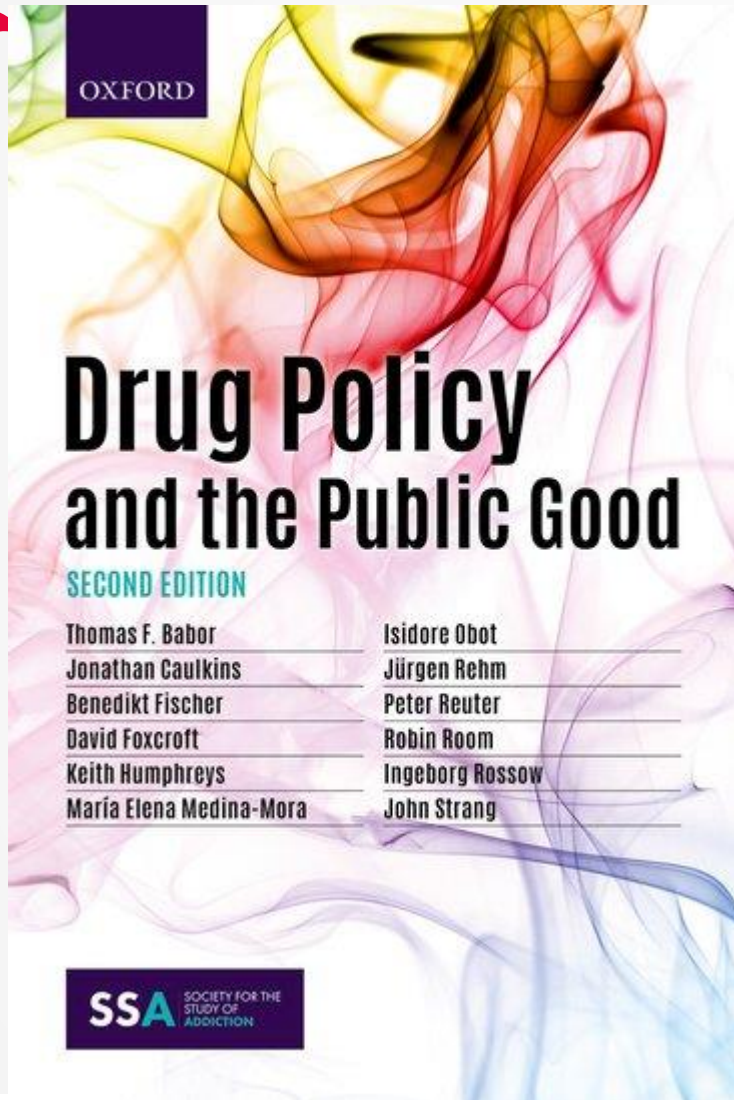
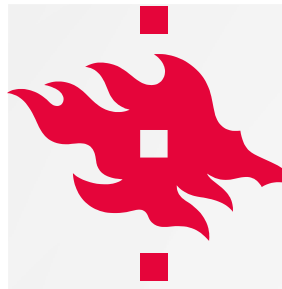
Eric Single, Pekka
Sulkunen and Jan de

Valtiotieteellinen tiedekunta



Editors: Eric Single,
Patricia Morgan and
Jan de Lint (1981)







CO-AUTHORSHIP INVOLVES:

Consensus report (WHO Expert Committee model)

Shared starting point: The Total Consumption Model (TCM) → The Public Health Approach

Each book contributes a new perspective, theoretical or empirical

Bruun et al 1975: TCM epidemiological foundations

Mäkelä, Room & Sulkunen 1980: historical policy context

Edwards et al 1994: The prevention "paradox"

Babor et al 2003: Evidence on policy implications (availability theory)

Babor et al 2018 (2nd ed): Limits to limits on drug use

Sulkunen et al 2019: *Public interest vs public health*



PUBLIC HEALTH AND PUBLIC INTEREST: CONTINUITIES AND A NEW PERSPECTIVE

Continuities:

- populations, not individuals
- (health) consequences, not behaviour (drinking, gambling, drugs)
- priority in prevention; treatment as secondary (risk levels, brief interventions) and tertiary prevention (**not a medical model !**)
- emphasis on regulation of demand and supply ("availability theory")

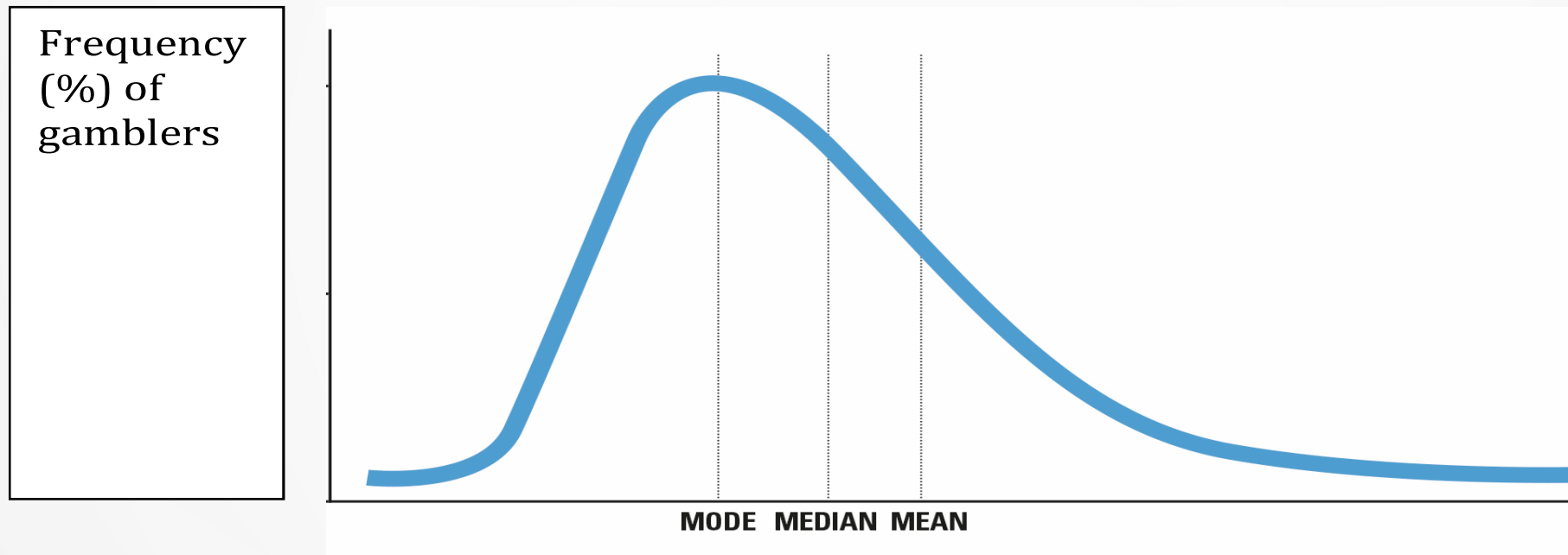
New perspective:

«Redistribution of wealth, concentration of the cost on a very small fragment of the population, and reinforcement of other vulnerabilities make gambling policy an issue of distributive justice.»



TCM 1: SINGLE DISTRIBUTION. CONSUMPTION FOLLOWS A CONTINUOUS SKEWED DISTRIBUTION WITH A HIGH DEGREE OF CONCENTRATION

Figure 6.1. Illustrative curves demonstrating a uni-modal distribution skewed to the right, as applied to gambling



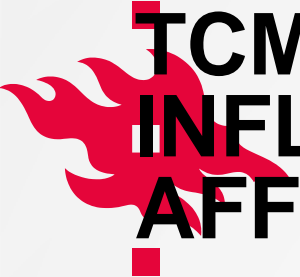
Gambling behavior (e.g. gambling frequency, gambling expenditures)



TCM 2: harm in the population is related to consumption

Figure 6.2. Assumed associations between total gambling consumption, prevalence of excessive users, and harm rate in a population.





TCM 3: AVAILABILITY THEORY: REGULATION INFLUENCES CONSUMPTION AND TO SOME EXTENT, AFFECTS HARM DIRECTLY





TCM 1-2-3 APPLIED TO GAMBLING

Single distribution: solid evidence, except that the high end of the distribution involves high turnover

Harm: *problematic* to show causality because of high co-morbidity (substance use, mental health, physical health, poverty, crime)

Regulation: *problematic* to show causality because of other changes in the context, population mix, games and environments; price of the game is ambiguous, substitution and complement effects in game mix are not well known



THE CHALLENGE

Most of the risky game and environment features as well as effective limit-setting techniques are *well known* BUT

1. Problem gambling prevalence indicators from population surveys are unreliable
 2. Few problem gamblers seek help
 3. High numbers of other persons are affected by problem gamblers
 4. High turnover (probably) among heavy gamblers
 5. Gambling includes many different activities and involves different sub-populations
- Many population-based techniques of regulation are less effective than those targeted at heavy gamblers (eg mandatory limit-setting)
 - Public health justifications are not convincing
 - Need for a public interest approach



PUBLIC OR COMMON; GOODS OR INTERESTS?

The terms public or common good, public or common interest are often used without distinction; yet the distinction makes sense:

Many things are regulated because they are *valued positively or negatively* in themselves: alcohol, gambling, family life, consumption in general

Other arguments for regulation are based on *interests*, common or particular, public or private: economic growth, environment; health, welfare, security

Consensus about these justifications can be strong or weak



NEUTRALIZATION: THE PUBLIC HEALTH ARGUMENT AS COMMON INTEREST

The public health argument was new in the 1980s because it brought controversial lifestyle issues (sexuality and the family, alcohol and tobacco, nutrition) into a *neutralized* policy discourse

Appeals to a strong consensus about our *common interest* in health, but the same logic applies to welfare and security

Health, welfare and security are *abstract interests* that most people feel they share in common, and expect that others should respect them

The public health argument involves solidarity among homogeneous populations: "we all" are interested in health and the cost of health loss

	COMMON	PUBLIC
<p><i>GOODS</i></p>	<p>PROSCRIPTION</p> <p>Emphasis on <i>the negative value of gambling</i> (religion, ethical norms, class divisions)</p> <p><i>SOLUTIONS: Prohibitions, criminalization, exclusions</i></p>	<p>AMBIVALENCE</p> <p>Emphasis on <i>positive public value of gambling</i> (funding good causes)</p> <p><i>Indifference</i> towards private pleasures</p> <p>Private hardships as <i>casualties</i> (cf war)</p> <p><i>SOLUTIONS: Responsible gambling, harm reduction</i></p>
<p>INTERESTS</p>	<p>NEUTRALIZATION</p> <p>Emphasis on <i>abstract interests</i> (health, welfare, security)</p> <p><i>SOLUTION: The public health approach</i></p>	<p>THE PUBLIC INTEREST APPROACH</p> <p>Emphasis on <i>fair distributions</i> of cost and benefit between populations with different capabilities. Distinction between public and particular ("vested") interests</p>



CONCLUSION

«*Redistribution of wealth, concentration of the cost on a very small fragment of the population, and reinforcement of other vulnerabilities make gambling policy an issue of distributive justice.*»

THIS MEANS:

1. A step forward from the homogeneity assumption ("we all have an interest in health") to differentiated populations with *differential capacities*
2. Maintaining the focus on consequences rather than valuations of gambling itself
3. Avoiding the *ambivalence of the public vs private good* argument
4. A call for research to help public debate on the value and weight of different and often contradictory interests
5. A new emphasis on fair distributions of benefits and costs



THANK YOU!