

Table 1: responsible consumption vs. public health paradigms

Paradigm	Responsible consumption	Public health
Focus/epidemiology	Focus on individual – problem gambler	Focus on population – gambling harm
Scope	Regulation of individual behaviour	Regulation of systems, products and environment
Disorder model	Disease model	CDoH-SDoH-legal-political-environmental
Main emphasis	‘Freedom of choice’, consumer sovereignty, <i>caveat emptor</i> regulation	‘Freedom from harmful commodities’, consumer protection regulation
Range of interventions	Mainly downstream, individual level interventions	Utilises interventions across the range from upstream, including addressing determinants, to mid- and down-stream
Where effort/resources are maximised	Most effort on treatment	Incorporates treatment effort, but also early intervention, harm minimisation, and harm prevention.
Characteristic interventions	Education, signage, referral to counselling, ‘codes of conduct’, self-exclusion.	Accessibility, price (where applicable), product characteristics, pre-commitment, limited or prohibited marketing/advertising.
Evidence base	Modest or poor	Well developed in analogous areas; requires adaptation; emerging evidence of effective population interventions.
Regulatory orientation	Self-regulation with limited oversight, self-reporting, and voluntary codes	Regulatory specificity and effective enforcement.
Ecological frame	The ‘problem gambler’	Environment, CDoH, SDoH, operators, and multiple govt. agencies.
Priority consumer	‘Responsible users’	PWLE, communities.

Sources: APHA 2022; CDC 2023; EPHO/WHO 2021; CPHA 2017; Heather et al 2018.