Gambling advocacy: lessons from tobacco, alcohol and junk food

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Unhealthy commodity industries are those that produce products or services that are potentially harmful to the health of populations. Well-known examples include tobacco, alcohol and junk food.[1,2] Researchers have explored the role of public health advocacy strategies in responding to the tactics used by these industries.[3,4] There has been a substantial focus on the Big Three (tobacco, alcohol and junk food), but less understanding of the tactics employed by other unhealthy commodity industries, such as gambling, and the public health advocacy strategies that may be effective in responding to them.

Gambling has traditionally been viewed as an individual's choice, and as a recreational activity that enables the economic development of societies.[5] However, this viewpoint ignores the way in which gambling may also contribute to social harms within communities.[5,6] The expansion of legalised gambling and its associated harms have led to significant increases in negative health and social consequences for some population subgroups. This includes young people,[7] low socioeconomic households,[8] older adults,[9] Indigenous people[10] and young men.[11] In Australia, about 80,000–160,000 Australian adults experience moderate to severe problems with gambling, with an additional 230,000–350,000 considered at moderate risk of becoming a problem gambler,[12,13] although these figures are likely to significantly underestimate the true extent of the problem.[12] Further, for every person who develops a problem with gambling, an additional 5–10 people are estimated to be negatively affected.[12]

Most government, industry and research responses to gambling harm have focused on addiction frameworks and personal responsibility responses.[14,15] 'Responsible gambling' campaigns present gambling through the lens of the problem gambler, with public campaigns skewed towards personal responsibility and help-seeking narratives.[16] Cassidy and colleagues (2013) note that the political economy of gambling research is skewed towards problem gambling research.[17] While most gambling research has focused on addiction paradigms, individual pathology and responsibility measures,[18] some researchers have begun looking at how commercial determinants (including gambling products and the tactics of the gambling industry) have affected gambling harm.[17] Studies have included investigations of the development of new gambling products and technologies;[19-21] marketing and promotional strategies;[22-27] the role of the gambling industry in political lobbying;[17,28] the development of industry-government partnerships;[17,29] industry funding of research;[17,30] and ways in which

Abstract:

Objective: To explore the attitudes and opinions of public health experts in gambling and related unhealthy commodity industries towards the tactics used by the gambling industry to prevent reform and the advocacy responses to these tactics.

Methods: In-depth interviews (30–60 minutes) with a convenience sample of 15 public health experts and stakeholders with a public health approach to gambling (n=10), or other unhealthy commodity industries (food, alcohol, tobacco, n=5).

Results: Participants described the influences of political lobbying and donations on public policy, and industry framing of problem gambling as an issue of personal responsibility. Industry funding of, and influence over, academic research was considered to be one of the most effective industry tactics to resist reform. Participants felt there was a need to build stronger coalitions and collaborations between independent academics, and to improve the utilisation of media to more effectively shift perceptions of gambling harm away from the individual and towards the product.

Conclusions and implications: Gambling industry tactics are similar to the tactics of other unhealthy commodity industries. However, advocacy initiatives to counter these tactics in gambling are less developed than in other areas. The formation of national public health coalitions, as well as a strong evidence base regarding industry tactics, will help to strengthen advocacy initiatives.

Key words: Gambling, food, alcohol, industry tactics, advocacy, qualitative, public health.

industry and government seek to frame the public debate about problem gambling.[14,16]

Public health advocacy has played a critical role in responding to these tactics in other unhealthy commodity industries.[31,32] The World Health Organization has stressed the importance of advocacy in action on tobacco and similar issues, both as part of its own role and for the broader public health community, and emphasised that "understanding the tobacco industry's practices is crucial for the success of tobacco control policies".[33] We know of no research to date that has explored the role of advocacy in responding to the tactics of the gambling industry.

The study presented in this paper aimed to provide a starting point for future research aimed at documenting the attitudes and opinions of public health experts in gambling and related unhealthy commodity industries in Australia and New Zealand towards the tactics used by the gambling industry, and the advocacy responses to these tactics. We aimed to compare responses with expert opinions from established public health advocates working in alcohol and junk food. We explored three research questions:

RQ1: What are the tactics that the gambling industry uses to prevent reform?

RQ2: Are these tactics similar to those of other unhealthy commodity industries?

RQ3: What types of advocacy strategies may be most useful in responding to these tactics?

Methods

Participant recruitment

As this exploratory study aimed to provide a starting point for future investigations, participants for this study were recruited using convenience sampling techniques.[34,35] Fifteen participants from Australia and New Zealand who had engaged in advocating for the reform of the gambling, tobacco, alcohol and junk food industries were approached to participate. We approached individuals who had either: a) been involved in advocacy activities to prevent gambling harm; b) had conducted research on factors contributing to gambling harm; or c) had experience in advocating against harms caused by other dangerous consumption industries. These individuals were from non-government organisations, peak professional bodies, local government organisations and academia. The study received ethics approval from

the University Human Research Ethics Committee.

Study design

The study design followed a Constructivist Grounded Theory approach.[36] This approach recognises the role that the researcher plays in the construction and analysis of the data, including the subjective nature of data collection and analysis.[36,37] The design of the study questions was guided by Brownell and Warner (2009), who mapped the range of strategies used by Big Tobacco and Big Food in response to threats of regulatory reform.[38] They identified four categories of activity: 1) public relations and framing; 2) influencing government and key organisations; 3) disputing the science, planting doubt and creating conflicts of interest; and 4) product marketing and safer products. We used these themes as a starting point for our interview questions, with prompt questions under each. In addition, we included questions about advocacy responses and community engagement strategies. Consistent with the principles of qualitative methodology, the interview schedule was revisited and revised throughout the study, with new questions added as the study progressed. For example, we added in questions about reactive and proactive advocacy strategies after this emerged in discussion after one of the first interviews.

Data collection

Data was collected using semi-structured interviews with an open-ended style of questioning. Interviews lasted between 30 and 60 minutes and were conducted by Authors 1 and 2 via telephone, Skype or in person. One participant provided written responses to the questions. Interviews were transcribed within one week of being conducted. Data was anonymised and each participant was allocated a unique identifying number (e.g. G1 for gambling, F1 for Food, A1 for Alcohol and M1 for Multiple areas of advocacy).

Data analysis

Using QSR NVivo (QSR International version 10.2) to manage the data, we undertook a constant comparative thematic analysis.[39] Researchers met regularly to discuss themes that emerged, reading and re-reading the transcripts, making notes about ideas that emerged and categorising the data into

themes and subthemes. During this process, we also reflected on how the research related to the literature (in particular the key points mentioned in Brownell and Warner's framework) and to our research questions. We developed upon the technique proposed by Attride-Stirling (2001)[40] that presents data according to thematic networks. This approach develops that of Miles and Huberman (1994),[39] whereby an interpretive approach using open coding techniques was used to group data into thematic segments. We initially separated the sample into the gambling and non-gambling participant groups. We explored the responses to each of the interview questions and then more broadly within the transcript. We used a constant comparative approach, looking at the patterns that emerged within and across the two groups. Using the approach suggested by Attride-Stirling (2001),[40] data was then grouped and presented in thematic networks, which involved grouping the data into basic themes (the lowest level theme that is derived from the data), organising themes (middle order themes that group basic themes together) and global themes (the overall concept associated with the data).[40] These themes were pictorially represented in diagrams using a template developed by Thomas and colleagues (2014).[41]

Results

Thematic Network One: Identifying and responding to industry tactics

Thematic Network One relates to the tactics employed by industry and advocacy responses to these tactics. Within this theme participants described the range of tactics that industry used to prevent regulatory reform, and strategies they had undertaken, or that needed to be undertaken to effectively respond to these tactics. Within this theme, three main organising sub-themes emerged from the data (Figure 1).

Organising Theme 1:
Influencing policy and decision makers
Participants discussed the role of political donations and lobbying in influencing policy makers. Participants from junk food and gambling indicated that these industries had the financial power to employ dedicated lobbyists to influence politicians, which often gave them a voice in policy development and decision making, particularly at state and local levels.

Participants across the sample described the influential role that monetary donations to political parties had on the political decision-making process. Some participants described the lack of public transparency, stating that many of the influences occurred away from public view. One participant stated that the "behind the scenes" activity with government was the "great strength" of industry. Political donations and the revenue derived from the alcohol and junk food industries made it difficult for governments to commit to regulatory reform:

> *You see the government with a toe in each side of the water ... they're getting funding through various methods of junk food and also alcohol organisations. We see realistically them having one hand tied behind their back when it comes to speaking with people like me because they are getting such good revenue coming through the door from these organisations.* – M2

Participants described how lobbying, political donations, and taxation revenue received from gambling had resulted in the formation of "tight relationships" between industry and government. Some participants also drew clear links between these three issues and the resulting lack of policy reform and/or prevention strategies and a subsequent reluctance on the part of government to reform poker machine (and alcohol) industries. This included the expectation that – unlike in other areas of public health, such as tobacco – industry would always have a seat at the policy table:

> *When you think about it, what other industry are we all supposed to sit down around the same table together? You know, if it was even tobacco now, you wouldn't see surgeons and industry sitting down together and trying to negotiate something together.* – G4

Some participants described how industry placed pressure on politicians when governments were considering legislative or regulatory reform, e.g. targeting politicians in marginal seats when the reform of poker machines was proposed by the Gillard government.

However, participants described a range of public health and advocacy strategies that could be used to build relationships with politicians. This included the need for advocates to build relationships with all levels of government and beyond, including with other political parties, and to craft messages to suit different political audiences.

> *The knocking on the doors, we need to be doing that as well and we need to be making sure that we have appropriate relationships with bureaucracy. Also with the Ministers and the Ministers' staff, and then of course the people like the chairs of community policy committees. I am talking in Federal, State and Territory [governments]. There are also backbenchers who chair the health committees, for example, both in their parties and in the parliament. You need to be in there talking to them all.* – M1
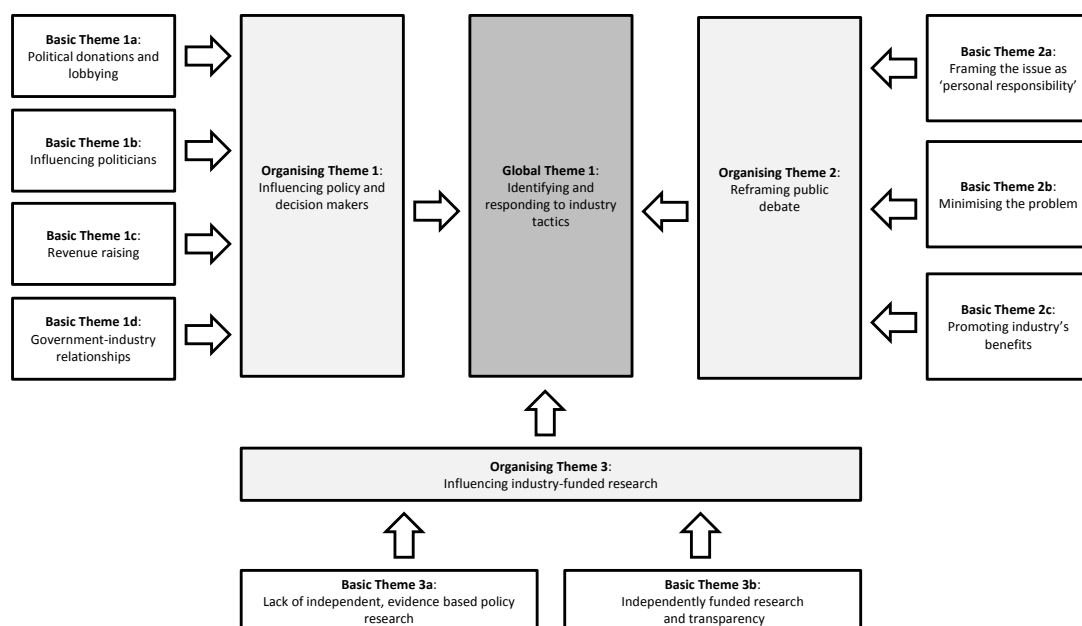
Organising Theme 2: Reframing the public debate

Participants across the sample described the way in which industry framed public debate about harmful products as being related to 'personal responsibility', often framing any suggestion of government intervention as being characteristic of a 'nanny state'. This discourse was used by industry to deflect responsibility from them and assign it back to individuals. Participants also emphasised how difficult it was to respond to this type of framing because:

> *That nanny state framing and the focus on the individual and 'individual responsibility' – it's a very, very hard thing to counter because you cannot deny that the individual is part of this. But what that chops out is the role of industry in nudging and moving individuals to make particular decisions.* – F1

Participants from gambling described how industry shaped language away from 'harm' and towards 'fun' and 'entertainment', as well as the use of 'softer' language (e.g. gaming rather than gambling). Some also said there was an emphasis on the way in which profits from gambling contributed to "community strength and community building".

Strategies that could be used to provide an alternative frame to those put forward by unhealthy commodity industries included evidence-based advocacy, using research evidence to highlight the harms caused by products and then using this to "push what the evidence shows". Participants from

Figure 1: Thematic network one – Identifying and responding to industry tactics.

gambling also stated that there needed to be a clear reframing of language away from 'problem people' and towards the harms caused by products to individuals and communities:

Perhaps the first thing I think is to focus on the product and the harm the product does and on fixing the product rather than fixing the individual … so let's start talking about the product, let's stop talking about individuals and individual behaviour. – G5

Organising Theme 3: Influencing industry-funded research

Industry funding of research was also discussed by participants as a potential barrier to reform. This included ways in which the industry used academics to produce findings that were sympathetic to the industry's arguments, or to provide professional commentary that challenged proposed government reforms. The disparity between the level of industry funding available for such research and that available to independent academic researchers was described as a "David and Goliath" battle. Industry-funded research was described as designed to "perpetuate the status quo" and that it was "used selectively" and "out of context" by industry to serve its own needs:

… they are not saying "here's the outcomes that we want" directly, but a lot of gambling research is, shall say we say, sympathetic to industry perspectives … – G3

To counter industry-funded research, participants from the gambling sample said there should be more independent funding mechanisms that supported gambling research. They suggested there was also a need for leadership from existing gambling researchers to build capacity and encourage other public health researchers to become engaged in gambling research. Finally, participants stated that full transparency about the relationships between funders and researchers was required:

So there needs to be much more transparency and the public need to feel that they can have confidence in research not to be skewed by those sorts of strong relationships… – G7

Thematic Network Two: Stakeholder engagement and measuring success

This network describes strategic approaches to advocacy and, in particular, the role of stakeholder engagement and measuring the success of advocacy initiatives (Figure 2).

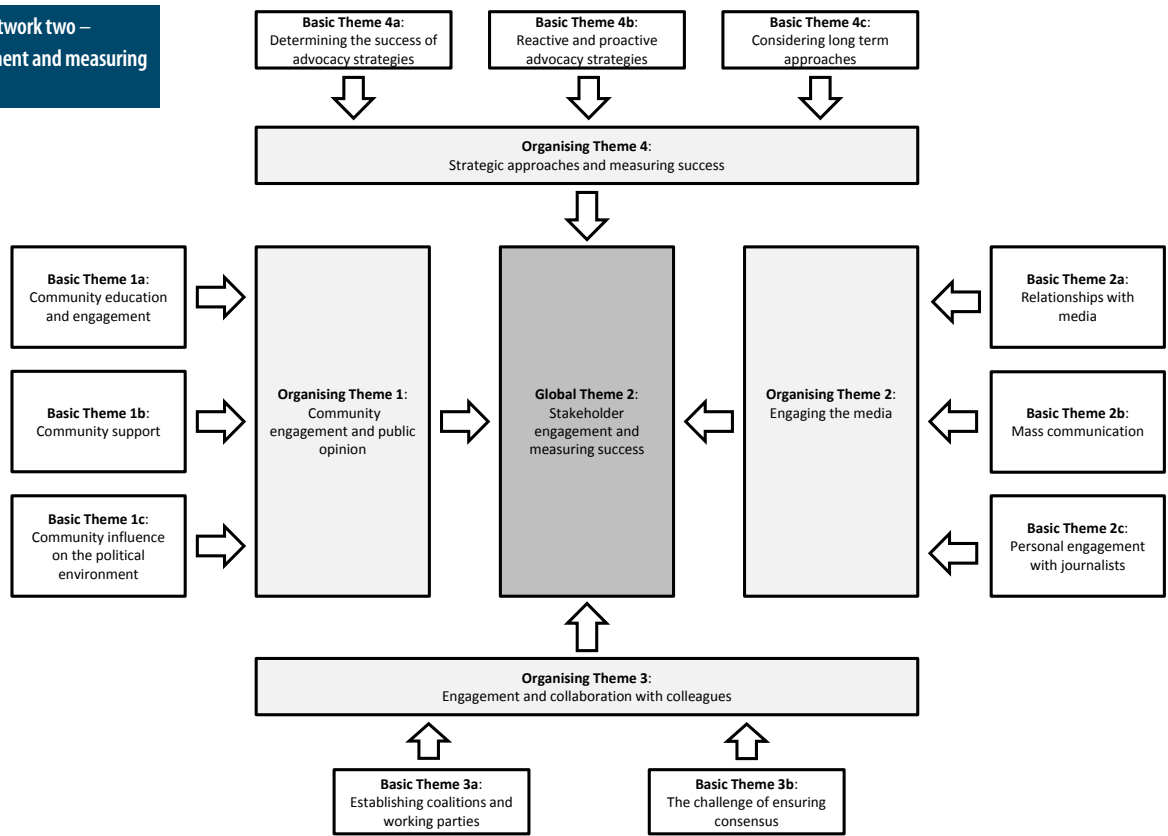*Organising Theme 1: Community engagement and public opinion*

Participants from gambling discussed a range of difficulties in engaging and mobilising communities to support gambling reform, such as the challenges associated with the development of strategies to effectively educate and engage the community.

Most participants from gambling commented on an urgent need to educate the community about the harms caused by the gambling industry and their products. Participants described the need for common messages and campaigns that could be disseminated at population and community levels:

I think the main means of advocacy for us is about continuing to educate the public on the dangers of machines, particularly because that is where the harm comes from. – G3

Participants across the sample observed that advocates could make connections to communities by using personal stories from problem gamblers, or examples with clear relevance to communities. Some also described the importance of using examples that clearly highlighted the role of industry as one of the "drivers of harm". Participants from gambling also noted that the public often

Figure 2: Thematic network two – Stakeholder engagement and measuring success.

only heard about very extreme examples of problem gamblers, with little focus on the causes and consequences of gambling harm.

> *Sometimes when you hear stories of just regular people you can identify with as yourself, that in a sense has more resonance, if their story seems normal. We often just hear extreme stories in the media, you know of huge embezzlements or very vulnerable people blowing their money on pokies. – G4*

However, participants had different beliefs about the power of the community to influence policy changes related to harmful consumption products. Some participants believed that advocates should never take for granted that government support would automatically follow from community support. However, participants noted that community knowledge and communities' subsequent support for reform were one mechanism of influencing government.

Organising Theme 2: Engaging the media

Participants noted that engaging and building relationships with the media was critical in developing effective advocacy, and described ways in which media allowed for information and arguments to be disseminated to a mass audience. They recognised that using local and national media to overcome the unlimited financial resources that were available to industry to drive campaigns was an important strategy.

> *… because we have so few resources, we haven't got $20 million like [poker machine] Clubs to put in to counter [mandatory] pre-commitment. – G3*

They also described the need to build relationships with journalists and work with them to identify stories that would resonate with communities.

Organising Theme 3: Engagement and collaboration with colleagues

Participants noted the importance of establishing working parties and coalitions among themselves as a means of providing support for advocacy strategies. They noted the need to "put aside differences" and "bring people in" from outside the health sector to work together to achieve common goals.

Some of the benefits derived from such collaborations included: 1) more rapid responses to issues; 2) increased support among organisations; 3) higher levels of awareness within communities around the

drivers of harm and the role of industry in creating harm; 4) building credibility; and 5) sharing resources.

While some felt that it was a challenge getting different stakeholders to agree on any one issue, participants stressed the importance of finding common ground between people with slightly different views:

> *We have learnt the importance and effectiveness of using and expanding our networks, of having many groups – even groups with slightly different views on things – working together, so we put aside where we have differences on some issues and work together on others … – M1*

Organising Theme 4: Strategic approaches and measuring success

The final theme related to measuring the success of advocacy strategies. Participants stated that it was extremely difficult to measure advocacy outcomes because of the length of time it took to see results. They also commented that the amount of work required, and the limited number of people available for this, meant that many advocacy strategies were reactive rather than proactive. Participants stated that embedding advocacy strategies into planning for public health initiatives would lead to stronger arguments for reforming harmful industries, and planning more proactive approaches:

> *We are not good at being organised in terms of countering, and I think we just do not do enough planning. We need to do that kind of strategic planning in preparation for the backlash, I guess that is really how I would describe it, and I think we are weak on that. – M1*

Discussion

This study aimed to explore the tactics used by the gambling industry and the role of public health advocacy in responding to these tactics. Before discussing the results, it is important to note that this study is exploratory and is based on the opinions of a small group of participants selected via convenience sampling techniques. As such, the findings in this study should be viewed as a starting point for further research. Our findings suggest that the tactics identified by participants in this sample are similar to those that have been documented in research about other unhealthy commodity industries.[38] Three key points emerge from the data for discussion:

1. Mechanisms used by industry to create influential relationships with governments

Donations to political parties from unhealthy commodity industries are not a new phenomenon and have been recognised as having a major impact upon health policy. The extent of political donations from the poker machine industry (in particular Clubs New South Wales and the Australian Hotels Association) in Australia has been documented, with some suggesting that donations increased with government plans for poker machine reform.[42,43] Previously confidential tobacco industry documents made available following the US Master Settlement Agreement have provided a vast array of material showing the extent of tobacco company political donations and the companies' clear intent that they would be used to influence public policy. There is similar evidence from public records in Australia about political donations from both tobacco and alcohol[44] industries. This influence may also explain why governments and the gambling industry implement strategies that ultimately have a limited impact on reducing gambling-related harm but protect both government revenue and industry profits.[29,45,46] There are opportunities for public health organisations and researchers working in gambling to monitor and publicise the industry's activities, to develop their own relationships with decision-makers, and to ensure that they are fully briefed on the evidence and appropriate policy options.

2. The ability of the industry to frame the public debate about gambling as personal responsibility

The personal responsibility rhetoric and 'nanny state' framing has effectively been employed by the other industries over decades as a means of countering reform.[47,48] Our study supports findings by Miller and colleagues (2014) who reported that industry and government commentary about problem gambling is framed around personal responsibility discourses.[14] These approaches ensure that the dominant discourse relating to problem gambling is one of 'problem people', which ultimately absolves industry and government from the role they cause in the harm associated with products.[48] There is no strong evidence to suggest that personal responsibility approaches have been effective in preventing the harms caused by unhealthy commodity products to community.[49] Further,

researchers working in the area of alcohol have shown that these discourses from industry are used to promote their products rather than convey the relevant public health information.[50] Public health groups have an important role to play in presenting the evidence about approaches that are effective, as well as the ineffectiveness of those proposed by gambling interests.

3. The influence of industry over research agendas

In our opinion, this – in particular – may pose a significant threat to the progression and integrity of gambling research, for two reasons. First, as described by participants and acknowledged by other researchers, there is *a clear lack of transparency and disclosure* regarding industry/researcher relationships in gambling.[17,30,51] Industry funding of research has been documented on numerous occasions in other areas of public health, particularly tobacco, alcohol, junk food and pharmaceuticals.[52-55] There is now a consensus in public health that research aligned with unhealthy commodity industries is more likely to support an industry point of view.[55,56] As a result, most reputable academic journals have strict disclosure policies relating to declarations of industry funding,[57-59] and the *British Medical Journal* has recently announced a 'zero tolerance' policy for editorials and education articles from authors with financial links to industry.[60] Yet, editors of gambling academic journals still argue that relationships with the gambling industry are vital in achieving valid results in some gambling research, and they even argue that public health advocacy approaches reflect a prohibitionist stance.[61] Future research should systematically investigate the quality and conclusions of gambling industry-funded research to examine whether these studies lead to more favourable results for the industry as compared to research funded by other independent sources. Second is the *type of research that is funded by government and/or industry*. Cassidy and colleagues (2013) argue that money flows towards conservative or 'safe' ideas in gambling, while serious questions may be left unanswered, or even unformulated.[17] There is also a consensus that the standard of gambling research is poor, with research concluding that gambling is an "insular and uncritical homogenous field" as compared to other fields of research such as alcohol and tobacco.[51] If these types of research are relied on, it is likely that very little

will be done to develop health policies aimed at preventing the harms caused by gambling to communities. There is a tremendous opportunity (and urgent need) for public health to contribute robust, methodologically sound evidence that critically examines the vector in the development of gambling harm, which in turn will contribute to strong advocacy initiatives in this emerging field of public health.

Conclusion and implications

Given the similarities between the tactics employed by the gambling industry and the tactics of other unhealthy commodity industries, it is important that public health advocates work together to share ideas and experiences and support each other. Gambling advocates should seek to learn from the experiences of others working in other similar unhealthy commodity areas and, where possible, form collaborative partnerships and a national coalition against gambling harm.

Research will play an important role in gathering in-depth information about the processes associated with advocacy, and disseminating this to wider audiences. Future research should seek to monitor advocacy activities, and to document processes involved in effective advocacy. It should also continue to develop research projects and frameworks and map and monitor industry practices, and how these change over time. This may be done in a number of ways, including mixed methods research with experts in the field, media analysis to monitor public discourses and tracking how issues are reported over time, policy reviews to assess changes in policy over time, and public opinion research to monitor public attitudes towards gambling and perceptions of gambling harm.

Most importantly, public health advocates need to remain mindful that the aim of public health advocacy initiatives is to reduce community harm. This study highlights the fact that responding to the tactics of powerful industries such as gambling is not easy, but is essential in reducing the harm caused to some of our most vulnerable communities.

Acknowledgement

References

1. Stuckler D, McKee M, Ebrahim S, Basu S. Manufacturing epidemics: The role of global producers in increased consumption of unhealthy commodities including processed foods, alcohol, and tobacco. *PLoS Med*. 2012;9(6):e1001235.
2. Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T, et al. Profits and pandemics: Prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet*. 2013;381(9867):670.
3. Chapman S. Advocacy for Public Health: A primer. *J Epidemiol Community Health*. 2004;58(5):361-5.
4. Dorfman L, Krasnow ID. Public health and media advocacy. *Annu Rev Public Health*. 2014;35:293.
5. Korn D, Gibbins R, Azmier J. Framing public policy towards a public health paradigm for gambling. *J Gambl Stud*. 2003;19(2):235-56.
6. Livingstone C, Adams PJ. Harm promotion: Observations on the symbiosis between government and private industries in Australasia for the development of highly accessible gambling markets. *Addiction*. 2011;106(1):3.
7. Huang J-H, Boyer R. Epidemiology of youth gambling problems in Canada: A National Prevalence Study. *Can J Psychiatry*. 2007;52(10):657.
8. Korn D. Examining gambling issues from a public health perspective. *J Gambl Issues*. 2001;4. doi: 10.4309/jgi.2001.4.9
9. Southwell J, Boreham P, Laffan W. Problem gambling and the circumstances facing older people: A study of gaming machine players aged 60+ in licensed clubs. *J Gambl Stud*. 2008;24(2):151-74.
10. Hing N, Breen H, Gordon A, Russell A. The gambling behavior of indigenous Australians. *J Gambl Stud*. 2014;30(2):369-86.
11. Thomas S, Lewis S, Duong J, McLeod C. Sports betting marketing during sporting events: A stadium and broadcast census of Australian Football League matches. *Aust N Z J Public Health*. 2012;36(2):145-52.
12. Productivity Commission. *Gambling: Productivity Commission Inquiry Report*. Canberra (AUST): Commonwealth of Australia; 2010.
13. Jackson AC. Using the CPGI to determine problem gambling prevalence in Australia: Measurement issues. *Int J Ment Health Addict*. 2010;8(4):570-82.
14. Miller HE, Thomas SL, Robinson P, Daube M. How the causes, consequences and solutions for problem gambling are reported in Australian newspapers: A qualitative content analysis. *Aust N Z J Public Health*. 2014;38(6):529-35.
15. Livingstone C. Responsible gambling and the spectacle of the problem gambler. *The Conversation* [Internet]. 2013 April 26 [cited 2014 Sep 28]. Available from: http://theconversation.com/responsible-gambling-and-thespectacle-of-the-problem-gambler-13579
16. Thomas SL, Lewis S, Westberg K. 'You just change the channel if you don't like what you're going to hear': Gamblers' attitudes towards, and interactions with, social marketing campaigns. *Health Expect*. 2012;18(1):124-36.
17. Cassidy R, Lossouarn C, Pisac A. *Fair Game: Producing Gambling Research- The Goldsmiths Report*. London (UK): University of London; 2013.
18. Blaszczynski A, Ladouceur R, Shaffer HJ. A science-based framework for responsible gambling: the Reno model. J Gambl Stud. 2004;20(3):301-17.
19. Dowling N, Smith D, Thomas T. Electronic gaming machines: Are they the `crack-cocaine' of gambling? *Addiction*. 2005;100(1):33-45.
20. Reith G. Regulating harm – gambling technology and the challenges for Great Britain. *Addiction*. 2011;106(1):9.
21. Harrigan K, MacLaren V, Brown D, Dixon MJ, Livingstone C. Games of chance or masters of illusion: Multiline slots design may promote cognitive distortions. *Int Gambl Stud*. 2014;14(2): 1-17.
22. McMullan JL, Miller D. All in! The commercial advertising of offshore gambling on television. *J Gambl Issues*. 2008;22:230-51.
23. McMullan JL, Miller D. Wins, winning and winners: The commercial advertising of lottery gambling. *J Gambl Stud*. 2009;25(3):273-95.

24. Thomas SL, Lewis S, McLeod C , Haycock J. 'They are working every angle'. A qualitative study of Australian adults' attitudes towards, and interactions with, gambling industry marketing strategies. *Int Gambl Stud*. 2012;12(1):111-17.

25. Lindsay S, Thomas S, Lewis S, Westberg K, Moodie R, Jones S. Eat, drink and gamble: Marketing messages about 'risky' products in an Australian major sporting series. *BMC Public Health*. 2013;13:719.

26. Binde P. *Gambling Advertising: A Critical Research Review*. London (UK): The Responsible Gambling Trust; 2014.

27. Thomas SL. *Parents and Adolescents Discuss Gambling Advertising: A Qualitative Study*. Melbourne (AUST): Victorian Responsible Gambling Foundation; 2014.

28. Markham F, Young M. Who wins from big gambling in Australia. *The Conversation* [Internet]. 2014 March 5 [cited 2014 Sep 28]. Available from: http://theconversation.com/ who-wins-from-big-gambling-in-australia-22930

29. Adams PJ, Buetow S, Rossen F. Vested interests in addiction research and policy poisonous partnerships: Health sector buy-in to arrangements with government and addictive consumption industries. *Addiction*. 2010;105(4):585.

30. Adams P. Ways in which gambling researchers receive funding from gambling industry sources. *Int Gambl Stud*. 2011;11(2):145.

31. Chapman S. Advocacy in public health: Roles and challenges. *Int J Epidemiol*. 2001;30(6):1226-32.

32. Moore M, Yeatman H, Pollard C. Evaluating success in public health advocacy strategies. *Vietnam J Public Health*. 2013;1(1):66-75.

33. World Health Organization. *Tobacco Free Initiative: Watching and Countering the Industry* [Internet]. Geneva (CHE): WHO; 2014 [cited 2014 Dec 7]. Available from: http://www.who.int/tobacco/industry/en/

34. Creswell JW, Plano Clark VL. *Designing and Conducting Mixed Methods Research*. Thousand Oaks (CA): SAGE Publications; 2011.

35. Patton MQ. *Qualitative Evaluation and Research Methods*. Newbury Park (CA): Sage Publications; 1990.

36. Mills J, Bonner A, Francis K. The development of constructivist grounded theory. *Int J Qual Methods*. 2006;5(1):25-35.

37. Charmaz K. Grounded Theory: Objectivist and Constructivist Methods. In: Denzin N, Lincoln Y, editors. *Handbook of Qualitative Research*. 2nd ed. Thousand Oaks (CA): Sage Publications; 2000.

38. Brownell KD, Warner KE. The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food? *Milbank Q*. 2009;87(1):259-94.

39. Miles MB, Huberman AM. *Qualitative Data Analysis: An Expanded Sourcebook*. Thousand Oaks (CA): Sage Publications; 1994.

40. Attride-Stirling J. Thematic networks: An analytic tool for qualitative research. *Qual Res*. 2001;1(3):385-405.

41. Thomas SL, Olds T, Pettigrew S, Randle M, Lewis S. "Don't eat that, you'll get fat!" Exploring how parents and children conceptualise and frame messages about the causes and consequences of obesity. *Soc Sci Med*. 2014;119:114-22.

42. Safi M. Altruistic Political Donations? Wanna Bet? *The Global Mail*. 2013.

43. Martin L. Parties hit Jackpot in Political Donations. *The Australian*. 2014; Feb 3.

44. Foundation for Alcohol Research and Education. *Alcohol - Victorias Most Harmful Drug* [Internet]. Deakin (AUST): FARE; 2014 [cited 2014 Dec 7]. Available from: http://www.fare.org.au/get-involved/alcohol-victorias-most-harmful-drug/

45. Adams PJ. Gambling beneficiaries having their cake and eating it: The attractions of avoiding responsible gambling regulation. *Addiction*. 2009;104(5):697–8.

46. Adams PJ, Raeburn J, de Silva K. A question of balance: Prioritizing public health responses to harm from gambling. *Addiction*. 2009;104(5):688-91.

47. Daube M, Stafford J, Bond L. No Need for Nanny. *Tob Control*. 2008;17(6):426-7.

48. Brownell KD, Kersh R, Ludwig DS, Post RC, Puhl RM, Schwartz MB, et al. Personal responsibility and obesity: a constructive approach to a controversial issue. *Health Aff*. 2010;29(3):379-87.

49. Sacks G, Cameron A. Personal responsibility won't solve Australia's obesity problem. *The Conversation* [Internet]. 2014 [cited 2014 Dec 7]. Available from: http://theconversation.com/personal-responsibility-wont-solve-australias-obesity-problem-23723

50. Clegg Smith K, Cukier S, Jernigan DH. Defining strategies for promoting product through 'drink responsibly' messages in magazine ads for beer, spirits and alcopops. *Drug Alcohol Depend*. 2014;142:168-73.

51. Cassidy R. Fair game? Producing and publishing gambling research. *Int Gambl Stud*. 2014:1-9.

52. Drope J, Chapman S. Tobacco industry efforts at discrediting scientific knowledge of environmental tobacco smoke: A review of internal industry documents. *J Epidemiol Community Health*. 2001;55(8):588-94.

53. McCambridge J, Hawkins B, Holden C. Industry use of evidence to influence alcohol policy: A case study of submissions to the 2008 Scottish government consultation. *PLoS Med*. 2013;10(4):e1001431.

54. Jenkin GL, Signal L, Thomson G. Framing obesity: The framing contest between industry and public health at the New Zealand inquiry into obesity. *Obes Rev*. 2011;12(12):1022-30.

55. Lundh A, Sismondo S, Lexchin J, Busuioc OA. Industry sponsorship and research outcome (Cochrane Review). In: *The Cochrane Database of Systematic Reviews*; Issue 12, 2012. Chichester (UK): Wiley; 2012.

56. Stuckler D, Nestle M. Big food, food systems, and global health. *PLoS Med*. 2012;9(6):e1001242.

57. Drazen JM, Curfman GD. Financial associations of authors. *N Engl J Med*. 2002;346(24):1901-2.

58. American Academy of Family Physicians. *Conflicts of Interest Form* [Internet]. Leawood (KS): AAFP; 2014 [cited 2014 Dec 7]. Available from: http://www.aafp.org/dam/AAFP/documents/journals/afp/COI form 2014.pdf

59. Kassirer JP. Tackling conflicts of interests what the New England Journal of Medicine did. *BMJ*. 2011;343:d5665.

60. Chew M, Brizzell C, Abbasi K, Godlee F. Medical journals and industry ties. *BMJ*. 2014;349:7197.

61. Blaszczynski A, Gainsbury S. Editors' notes. *Int Gambl Stud*. 2014:1-3.