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978-1-107-09120-7 - Moral Jeopardy: Risks of Accepting Money from the Alcohol,  
Tobacco and Gambling Industries

Peter J. Adams

Excerpt

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## Section 1

## Addictive consumptions

## Chapter

## 1

## Why it matters

It takes Colin all the energy he can muster to walk from his bedroom to the lounge. His lungs are screaming out for more oxygen, forcing him to stop and lean his weight against the wall. The doctors had told him many times that smoking had ruined his lungs. His emphysema was steadily getting worse and now they've said a cancerous growth has appeared in one lung. Nothing much can be done now. He finally reaches the couch and lowers himself awkwardly to sit slumped forward, waiting for this desperate panting to subside to a steady wheeze. It's so unfair. He'd worked hard all his life; surely he didn't deserve things to be reduced to this. He shuffles his back up against the arm of the couch and arranges himself into the position he will occupy for the rest of the day. He looks around the familiar and unchanging objects in the room. At sixty-eight he should be enjoying his retirement. He should be out playing golf, doing woodwork, meeting up with friends, visiting his grandchildren ... not sitting here worrying whether he has enough energy to draw in his next breath. He leans across to the side-table and picks up a conveniently placed packet of cigarettes. Well, it won't make any difference now; he may as well enjoy the few pleasures that remain.

Margie's heart begins to pound as she hears the garage door clunking shut, followed by the sound of her husband, Ron, cursing as he trips over on the stairs. She can tell by the tone of his cursing he's drunk again. In fact, most nights, after stopping off from work at the bowling club, he manages to stumble home drunk. Quickly she rounds up her two children and ushers them into their bedrooms, then places his dinner into the microwave. Ron is not a big man and with most people he is reasonably polite, but on these evenings his face turns to a menacing scowl that instills terror in Margie and the children. He strides into the kitchen, cursing at her and shouting about how messy the house looks. She tries to distract him with the meal she places on the table. He glares down at the food, scoffs at it then tips it onto the floor. Margie is now worried about what the children would be hearing. They become very upset when Ron shouts at her or they hear him hitting her. She pleads with him to talk quietly, but this only infuriates him more. He picks up an empty vase, one of her favorites, and throws it across the room to shatter next to her on the wall. She runs from the kitchen and hides in the laundry. He rushes unsteadily after her but he is unsure where she has gone and cannot be bothered searching. He contents himself with going into their bedroom and sweeping all the objects on her dressing table onto the floor then retreats to the lounge to watch football and drink a few more beers. Meanwhile, Margie sits on the washing machine sobbing. Her heart is still pounding and her limbs are shaking uncontrollably. She wonders how long she must live in this state of fear, in this state of siege, before something really bad happens.

Diana knew she should have done better. She is sitting at the kitchen table reading over a note from her husband, Jeremy, about him finally leaving her: he's sorry things haven't worked out, he thanks her for the good times, he's gone to live with his parents, a five-hour drive

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away. Should she go there and plead to give her another chance? Surely, after twenty-three years of marriage she deserves another shot? But they had already tried so many times. She had made many promises to stop gambling, but somehow those damn machines always managed to entice her back. Admittedly, it was rough when the bank foreclosed on their mortgage and when she was sacked for “borrowing” the petty cash ... and then when she was sentenced to six months’ home detention for forging a credit card signature, and when he found out about her one-night stands ... ah, those big wins ... She knew Jeremy had every reason not to trust her, and every reason to leave the relationship ... But how could he leave? He had no idea how hard she’d tried. Honestly, she’d put all she could into breaking the curse of those demon machines. Can’t he see how desperate and lonely her life will become? She knows he’ll never trust her again but surely they could recover some kind of life together?

The situations faced by Colin, Margie and Ron, and Diana and Jeremy are three of the many millions of challenging and damaging circumstances faced by those with problem or addictive relationships to tobacco, alcohol or gambling. Some of the damage is visible and can be counted, such as lives lost, limbs broken and money squandered. But much of the damage is difficult to measure; lost potential, lost intimacy, lost trust, lost hope.... Not only this, but these harms extend their damaging tendrils into the lives of those living around troubled consumers, including loved ones, workplaces, neighborhoods, communities and wider society. The scale of the damage is incomprehensible in its scope, its complexity and its extent. Before going on, it is worth touching on a few important aspects.

Tobacco consumption leads the way in terms of wreaking havoc on physical health. Between 1950 and 2000, it has been estimated that smoking has led to 62 million deaths in developed countries, comprising 12.5 percent of all deaths, 20 percent of male deaths and 4 percent of female deaths.<sup>1</sup> As depicted in Colin’s situation, a sad companion to this tragic loss of life is the poor quality of life associated with the chronic illnesses brought on by smoking. For every person who dies from their smoking, an estimated thirty people are living with smoking-induced disabilities.<sup>2</sup>

Problem and addictive drinking also takes a grisly toll, contributing to around 3.2 percent of deaths worldwide plus a strong contribution to disability in terms of disease and injuries.<sup>3</sup> However, alcohol’s most tragic contribution concerns the way it cuts deeply into our psychological wellbeing by disrupting thoughts and emotions as well as leading to various forms of havoc within relationships. This plays out in the way alcohol impacts on mental health, violence, crime, marital breakups and child neglect.<sup>4</sup>

The damaging effects of gambling are less well known. In the short period of two-to-three decades, gambling has moved from a dispersed cottage industry to a high-volume consumer enterprise – an industrial revolution on a worldwide scale. As a cottage industry, it took the form of relatively low consumption occurring in specific social venues such as racetracks or bingo halls. Then, at the forefront of this industrialization, 8 million gambling machines spread into various locations throughout the world: in the USA into riverboats, reservations and casinos; in Australia into bars and sports clubs; in Europe into bars and state casinos – and now bookie shops in the UK; and in Asian nations into the rising number of large casinos – including the pachinko parlors of Japan. This epidemic of machines has deepened with the steady improvements and refinements of electronic and psychological technologies. The dominance of gambling machines has swept aside the social and cultural aspects of gambling in favor of individualized consumption devoid of social engagement or meaning.<sup>5</sup> And yet in many people’s minds, gambling is still associated with the virtues of a cottage industry: moderate consumption, social involvement, community fund-raising

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and charitable contributions. The realities of mass consumption are very different. Where machines are present, rates of problem gambling average around 2.3 percent of populations,<sup>6</sup> with serious impacts in terms of people's finances, relationships, employment, mental health and involvement in crime.<sup>7</sup>

The extent of illicit drug use is minuscule compared to the consumption of tobacco, alcohol and gambling. The World Health Organization estimates the number of illicit drug users as 185 million, compared to 1,300 million who currently smoke and 2,000 million who currently drink,<sup>8</sup> plus other rough estimates of over 2,000 million who currently gamble.<sup>9</sup> Since the damage and misery caused by each of these consumptions is roughly proportional to the number of consumers, the impact of illicit drug use pales in comparison to the other consumptions. What differentiates them from drug use is that they are legal consumptions. The manufacturers and retailers of illicit drugs face an uphill battle struggling with border control, law enforcement and violent and corrupt distribution networks, while those involved with legal addictive consumptions are free to develop their systems out in the open and often with assistance rather than hindrance from governments.

Admittedly, addictive consumptions do contribute to positive aspects of our lives. One only needs to observe a family wedding or a cocktail function to see people loosening up after a few drinks and joining quickly into the conviviality of the occasion. This is similar to the enjoyment and excitement friends and family experience at a racecourse: arguing about the quality of the track and the horses, picking out which horse to bet on and watching with mounting expectation on the outcome of the race. Even with tobacco, the routine of having a smoke and talking over issues with workmates can be seen to play a positive role in daily life.<sup>10</sup>

But such benefits, surely, pale in comparison to the damage.

Tobacco, alcohol and gambling are undeniably consumptions that cause harm. They generate familiar and predictable patterns of harm which need to be managed. This includes responding to the damage that is already occurring as well as finding ways to make it less likely in the future. Anyone in a civilized society would, undoubtedly, feel compelled to intervene and it is here that governments play a critical role. Governments have a duty, on behalf of their citizens, to carefully work out policies and legislation aimed at preventing, moderating and ameliorating these harms. Unfortunately, on the basis of past behavior, governments have been remarkably slow in adopting necessary measures. For example, the deadly potential of tobacco was well known by the 1950s, but it took governments another fifty years to enact effective legislation. What is extra galling is realizing that much of the damage could have been avoided; a large proportion of those 62 million smokers mentioned earlier could have avoided premature deaths. A similar reluctance can be observed in how governments respond to harm from alcohol and gambling.

Something is getting in the way between recognizing a particular consumption as causing harm and government willingness to do something about it. It is this "something" that the current book seeks to examine. It will contend that government reluctance is far from accidental: addictive-consumption industries actively invest in strategies to promote government indifference and they achieve this via the services of a range of individuals and organizations who are willing to engage in serving their interests.

So, what might you expect to find out by reading this book? Well, I realize works of this size – around 270 pages – are seldom read from beginning to end. Personally, I shy away from reading non-fiction titles in this way, preferring instead to sample chapters then to read ones that interest me. With this in mind, I have put each chapter together in such a way that

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it stands more or less as a self-contained chunk. Each chapter opens by outlining the focus of what's coming up and how it fits with the rest of the book. The content is organized around one or two unifying themes which hold the chapter together, and references and notes are placed at the end of each chapter. These and other aspects enable chapters to be read and to be shared as individual units.

Despite the modular nature of each chapter, the book is still built around a solid central argument, and understanding the full scope of this argument would require reading the majority of chapters. Just in case the current reader is a chapter-sampler, like myself, I am going to provide, in a nutshell, an overview of the main points so readers are able to work out where each chapter stands in relation to the book's overall structure.

At its core, the book presents the case that accepting money from addictive consumptions can be viewed as a consumption that causes harm in its own right – a “dangerous consumption.” When somebody says “yes” to such profits, it might appear at the time as an isolated act – a simple financial transaction without really any wider implications – but engaging with these profits will be seen to play a critical role in enabling the damaging impacts of addictive consumptions to persist.<sup>11</sup>

The first major point is that problem and addicted consumers differ from ordinary consumers by consuming far more. Not that problem or addicted consumers<sup>12</sup> are necessarily any more numerous than ordinary consumers, but their excess consumption means they spend considerably more money and are, therefore, responsible for a larger proportion of the profits. For example, consumption surveys tend to peg current prevalence of problem drinkers at around 10 to 15 percent of most adult populations, but because problem drinkers consume more and, accordingly, spend more, they account for 60 to 80 percent of the expenditure.<sup>13</sup> Similarly, while problem gamblers typically comprise an average of 2.3 percent of most populations, they are responsible for 40 to 50 percent of gambling expenditure.<sup>14</sup> This reaches a peak with tobacco consumption, where well over 90 percent of smokers consume addictively and contribute to an even higher proportion of the acquired surpluses.<sup>15</sup> So, for all three consumptions, a large portion of the profits are derived from people consuming in ways that are causing damage and misery in their lives. What's more, this negative association is carried forward to all beneficiaries of these profits.

The next major point is that this add-on money from problem and addictive consumption enables these industries to invest in activities aimed at either promoting further consumption or protecting their profits from policy and legislative reforms. But they cannot achieve either of these on their own. People would see it as far too exploitative for them to attempt to directly influence policy. Instead, they require the services of other people to enable and facilitate the channels through which they exert influence on policy makers. They achieve this in three ways: by forming relationships with political actors, by promoting their activities as beneficial to society and by managing what we know about these consumptions. Each of these chains of influence calls on the services of individuals and organizations which include commercial organizations – such as public relations, lobbying and advertising firms; public-good agencies – such as health services, charities and community groups; and knowledge generators – such as researchers, universities and knowledge communicators.

In Section 2, the book moves on from the broad picture to considering profit consumption from the point of view of those accepting industry money. It begins by outlining the range of risks worth considering when faced with opportunities of accepting industry money. It then examines the tendency for recipients to keep quiet about accepting such money and argues that secrecy and silence play a critical role in the value of the engagement

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to industry interests. This is followed by an overview of the psychology required to justify accepting industry money, in particular, the way the mind is capable of “disengaging” or “neutralizing” ethical concerns. Interestingly, current research is pointing with increasing emphasis to the qualities of organizational environments (such as having a values culture) rather than the qualities of the individual (such as gender and personality) in shaping ethical awareness. For example, management support for talking about the issues can influence the way employees make ethical judgments. Section 2 finishes with a discussion of the key viewpoints (or discourses) which resource justifications for accepting money and for not talking about it. For example, talk of being a “spoilsport” helps in positioning those who question accepting money as puritanical fanatics, people who clearly fail to appreciate the wider value of what accepting this money will achieve.

Section 3 takes a closer look at the dilemmas faced by the five main players: industry, health providers, government agencies, community groups and researchers. I expand the notion of “industry” from single units to consumption “complexes” with fuzzy boundaries along which people are invited to provide a range of services which include social responsibility activities, health-promotion initiatives, legal services and public communication. This zone of engagement offers industry outsiders opportunities to dip their toes in and then to join in with activities promoting industry interests. Health providers are attractive because of their obvious contributions to public good. For example, donations to disease charities (e.g. cancer and childhood illnesses) help generate the impression of an industry concerned about public wellbeing, and contributions to addiction treatment and public health services create the impression that industry is actively addressing the problems their products generate. Government agencies often find themselves caught in conflicting roles between their responsibility to address harm and their interest in revenue. Overlaying this is their duty to serve their political masters – a group who industry lobbyists have already engaged in other ways. Community groups, facing chronic shortfalls in funding, are tempted to accept small industry contributions only to find themselves caught up in a cycle of financial dependency. Similarly, researchers driven by their university’s interest in external funding form secretive relationships directly with industry or through government-brokered – but industry-framed – funding arrangements. This serves to download responsibility for change away from the true drivers of consumption and onto individual consumers.

The four chapters in Section 4 focus on the development of a preventive framework to reduce and, ideally, minimize the negative impacts of profit consumption. The framework is divided into three parts. The first part addresses what to do about those who are already hooked in with industry money. For example, source warnings on funding application forms help alert applicants, and procedures for estimating ethical risk help clarify positions. The second part addresses how to prepare people for recognizing and making decisions about conflicts of interest. For example, easy-access systems providing information about financial ties would help reduce secrecy about industry funding and improve people’s awareness of the issues. The third part looks at the role of governments and other authorities in setting up frameworks to curtail, to manage or to monitor acceptance of industry funding. For example, international conventions or charters with statements of clear ethical principles would provide governments with guidance on how to respond to the harmful effects of industry ties.

The final two chapters take a closer look at the opportunities for change with each of the three consumptions – tobacco, alcohol and gambling – plus an overview of how the content of the book relates to other dangerous consumptions such as pharmaceuticals and

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fast-food. While many tobacco-industry pro-consumption activities were curtailed as part of the US Master Settlement Agreement (more on that later), industry actors are slowly rebuilding their chains of influence particularly in emerging mega-markets in Asia, Africa and Latin America. Tobacco companies are also exploring the potential for increased profits through partnerships with the pharmaceutical industry, particularly in the design and sale of new “safer” products such as e-cigarettes. The alcohol industry will continue to pursue a business-as-usual approach in the political environment, with heavy investment into third-party organizations aimed at enhancing public favor and filtering out public health evidence. Reforms in alcohol policy are, to some extent, dependent on challenging links to these third-party bodies. The gambling industry is distinguished by its thorough capture of the knowledge base. Freeing the field of industry-funded research is a high priority because what we currently know about gambling lacks sufficient integrity to design effective public health responses. The book concludes by discussing the opportunities for building addiction industry studies as a field of enquiry in its own right, and one that will in the future determine whether effective policy and legislative reforms can take place.

As you may have already gathered, I am not speaking in this book as a dispassionate observer.<sup>16</sup> My various exposures as a practitioner, researcher and teacher in addiction studies have convinced me that accepting industry money plays a critical role in blocking change. I believe the misery of addictive consumptions will persist unabated unless we can find ways to reduce widespread willingness to consume industry profits. The situation is not improving. As more and more people consume addictively, the profits available for co-opting non-industry players into pro-consumption activities increases, and, along with this, industry capacity to control policy agendas maintains its ascendancy. I invite you to read this book and join with me in viewing industry ties as an area that calls for urgent reform.

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## Notes

- 1 S. Chapman (2007) *Public Health Advocacy and Tobacco Control: Making Smoking History*. Oxford: Blackwell, p. 3.
- 2 US Department of Health and Human Services (2014) *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General: US Department of Health and Human Services*. Atlanta, GA: Centers for Disease Control and Prevention.
- 3 World Health Organization (2002) *The World Health Report 2002: Reducing Risks to Health, Promoting Healthy Life*. Geneva: World Health Organization, p. 66.
- 4 See summary by R. Room, T. Babor, and J. Rehm (2005) “Alcohol and public health.” *The Lancet* 365(9458): 519–30.
- 5 I describe this in detail in my book P. J. Adams (2007) *Gambling, Freedom and Democracy* (Volume 53 in Routledge Studies in Social and Political Thought). New York: Routledge.
- 6 R. J. Williams, R. Volberg, and R. Stevens (2012) *The Population Prevalence of Problem Gambling: Methodological Influences, Standardized Rates, Jurisdictional Differences, and Worldwide Trends*. Toronto: Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care. They state in this report: “the standardized past year rate of problem gambling ranges from 0.5% to 7.6%, with the average rate across all countries being 2.3%.”
- 7 Australian Productivity Commission (2010) *Gambling: APC Report no. 50*. Canberra: Productivity Commission.
- 8 WHO website page “Management of substance abuse” Geneva: World Health Organization. Retrieved April 12, 2015, from [www.who.int/substance\\_abuse/facts/global\\_burden/en/](http://www.who.int/substance_abuse/facts/global_burden/en/)

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- 9 Currently we lack well-founded estimates on the global prevalence of gambling. Researchers have tended to focus more on the prevalence of problem gambling than on gambling itself. Prevalence studies in the developed countries of North America, Europe, Asia and Australasia have obtained varying estimates of how many people gambled within the last year, varying from 50% to 80% of the adult population. Taking a conservative mid-range of 65%, these countries would have around 700 million people who gamble. Taking a lower percentage of 33% for the emerging economies of Brazil, India, China and Russia, this would still entail around 1 billion people gambling. Add to this an unrecorded number of people participating in both formal and informal forms of gambling in developing countries, and a global estimate is likely to extend beyond 2 billion.
- 10 The social value of cigarettes is described in Richard Klein (1993) *Cigarettes Are Sublime*. Durham, NC: Duke University Press.
- 11 I have adopted the term “profits” to refer broadly to all the proceeds from the sale of these consumptions. This collapses some distinctions. For example, the government taking money from industry in the form of taxes is not, strictly speaking, based on profits, but on sales, which is slightly different. But there is still a benefit gained by a third party from consumption that damages the first party.
- 12 I have adopted the term “addicted and problem consumers” throughout the book because harm from these consumptions involves a continuum of risk, with addictive behavior occurring at the extreme end. Problem drinkers and gamblers also generate harm from these consumptions and, in terms of moral jeopardy, accepting money derived from them involves buying into links to this questionable source. This issue is discussed more fully in Chapters 7 and 14.
- 13 See S. E. Foster, R. Vaughan, W. Foster, and J. Califano (2006) “Estimate of the commercial value of underage drinking and adult abusive and dependent drinking to the alcohol industry.” *Archives of Pediatric Adolescent Medicine* 160: 473–78. Also W. C. Kerr and T. K. Greenfield (2007) “Distribution of alcohol consumption and expenditures and the impact of improved measurement on coverage of alcohol sales in the 2000 national alcohol survey.” *Alcoholism: Clinical and Experimental Research* 31(10): 1714–22.
- 14 Australian Productivity Commission (1999) *Australia’s Gambling Industries: Final Report*. Canberra: Productivity Commission. And their recent update: Australian Productivity Commission (2010) *Gambling: APC Report no. 50*. Canberra: Productivity Commission.
- 15 J. Mackay and M. P. Eriksen (2002) *The Tobacco Atlas*. Geneva: World Health Organization. Also, M. Siahpush (2003) “Socioeconomic status and tobacco expenditure among Australian households: Results from the 1998–99 Household Expenditure Survey.” *Journal of Epidemiology and Community Health* 57: 798–801.
- 16 I need also to declare that no money from dangerous consumption industries contributed either directly or indirectly to the writing of this book. Moreover, in my career, I have not at any stage received funding directly from alcohol, tobacco or gambling industry sources. I do not have friends or relatives working within those industries and nor do I partake in favors or in-kind benefit. In the past, I have worked on projects funded by two government administered bodies receiving hypothecated taxes, one from gambling through the New Zealand Ministry of Health and the other from alcohol through a quasi-government body, the Alcohol Advisory Council (these two sources will be discussed more fully in a section on “hypothecated taxes” in Chapter 9).

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Section 1

## Addictive consumptions

Chapter

2

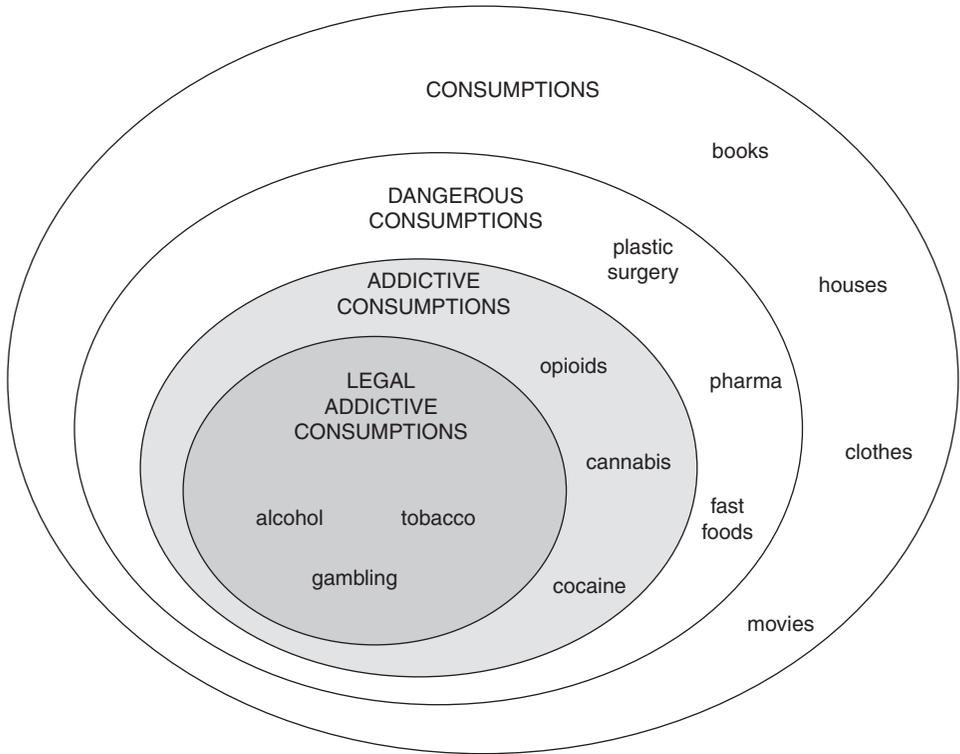
## Addiction surplus

The harm-producing and profit-producing capacity of tobacco, alcohol and gambling places them in a special category separate from other forms of consumption. For consumptions generally, the products I choose to buy play a key role in defining who I am and how I want people to perceive me: The brand of sunglasses I buy, the type of restaurant I frequent, the books I purchase, the organic food I cook, the charities I donate to, the films I watch, the type of transport I use; all these many spending decisions made on a daily basis help define who I am as I navigate my social world. In amongst this broader array of consumptions lies a narrower set of consumptions – also a key part of my identity – with the capacity to cause harm to myself or others. These “dangerous consumptions” include sugar products with the capacity to contribute to obesity, fossil fuel products that contribute to global warming, medications with harmful side effects and handguns designed to injure or kill people. Figure 1 illustrates the narrowing subtypes of everyday consumptions.

“Addictive consumptions” are a narrower set of dangerous consumptions with a proportion of the harm produced linked to their capacity to generate addictive behavior. Many of the products here include illicit drugs such as heroin, cannabis, cocaine and methamphetamine; each with their specific capacities to cause harm. A subset of addictive consumptions, and the focus for this book, consists of legal addictive consumptions, in particular tobacco, alcohol and gambling.<sup>1</sup> Legality here plays an important role. The capacity of tobacco, alcohol and gambling companies to trade freely, market their products freely and engage with government freely enables their products to become an integral part of daily living.

Throughout the book, accepting money from addictive-consumption industries will be considered a “dangerous consumption.” Its dangerousness relates to its capacity to contribute to processes that obstruct policies aimed at reducing the damage caused by addictive consumptions. Some might argue that accepting industry money could be considered an “addictive consumption” because repeated acceptance can lead to forming a dependency.<sup>2</sup> I would contend that this stretches the parallel too far in that the full range of indicators of addiction are not present. However, accepting industry money can quite legitimately sit alongside other non-addictive dangerous consumptions – such as armaments, fossil fuels and pornography – because, arguably, as this consumption rises, more harm becomes possible, and as it dips, less harm becomes possible. This categorization will be discussed more fully in later chapters. In the meantime, we need to consider the role money plays in this form of consumption.

Current economic thinking with its emphasis on the freedom of individual consumers to access open markets draws heavily on the idea of autonomous, informed and rational consumers whose collective choices shape how markets evolve.<sup>3</sup> In choosing where to purchase a sandwich for lunch, a consumer might consider factors such as the convenience



**Figure 1** Different forms of consumption

of the location, the efficiency and friendliness of the salespeople, the quality of the food and, of course, the price. The consumer weighs up these various considerations, making an informed judgment, which is then implemented in a spending choice. Such judgments then combine with many other similar judgments by other people, and collectively the power of these purchasing choices determine how products become available and how markets develop.

However, this way of understanding the shaping of market via the rational exercise of individuals' consumption decisions is not so easily reconciled with what happens with addictive consumptions. When people consume addictively, they, by definition, consume to excess. They engage knowingly with a product to such an extent that its consumption leads to ongoing problems at a number of levels. Such problems typically include risks to health, relationships, finances and freedom. Whatever drives this destructive pattern, it is arguably linked more to perceived need than to a willing "choice." In the context of the physical drivers (such as tolerance) and psychological drivers (such as control issues) associated with addiction, factors such as convenience, friendliness, quality and price are but minor considerations compared to a driving impulse to obtain, to consume and to acquire more; balanced consumer choice comes a low second place to these overriding drivers. Accordingly, does the normal concept of consumer choice apply in these contexts? How much can we assume these additional amounts of money are coming from rational and willing consumers?

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One consideration here is that not all the damage caused by addictive consumptions is derived from consumers addicted to these products. The potential for harm is best thought of as a continuum, with those addicted at one end, non-consumers at the other end and a broad range of different patterns of consumption in between.<sup>4</sup> At the higher end, but below those consuming addictively, lies an important group of people who choose to consume heavily and as a consequence experience problems but who are not displaying all the features of addiction. These heavy non-addicted consumers – or “problem consumers” – can contribute in a major way to harms. For example, while the 3 to 6 percent of people addicted to alcohol inflict profound harms on themselves and others, the larger group of 10 to 15 percent of problem drinkers can, arguably, contribute similar harm simply because there are more of them. Individually, problem consumers may not be causing as much damage, but collectively their impact mounts up, and so does their contribution to the profits.<sup>5</sup>

This chapter describes “addiction surplus” as the additional amounts of money derived from the excessive spending by problem and addicted consumers. In other words, addiction surplus refers to the sum of money left over by subtracting the amount spent by non-addicted and non-problem consumers from the total spend by all consumers. This extra boost – this addiction add-on – will be seen as playing an important role in fostering the growth of addictive consumptions and in challenging recipients of this money on the ethics of how they are benefiting. The deployment of addiction surplus has important consequences for public health in that it enables beneficiaries to effectively sideline or neutralize initiatives that threaten to reduce levels of addictive consumption.

## The potency of addiction surplus

One historical illustration of the power associated with addiction surplus occurred during the Opium War of the 1840s between Britain and China. Throughout the nineteenth century, Britain had sought to balance its trade deficit from importation of Chinese tea by cajoling farmers in their Indian colonies to grow poppies, the opium from which they could then sell at a large profit to traders in southern China. As more Chinese became addicted, the trade in opium increased steadily to a point that the Chinese Emperor grew increasingly concerned by claims of widespread opium addiction and, accordingly, commanded his officials to curtail what they saw increasingly as a pernicious trade. The British Prime Minister, Lord Palmerston, in recognition of the extent to which the British economy depended on this trade, responded by sending an expeditionary force to compel China to continue buying their opium.<sup>6</sup> In reflecting on this trade, a Director of the British company responsible, Henry St George Tucker, argued:

Is there any man so blind as not to perceive that it [the opium trade] has had a most injurious effect upon our national reputation? If a revenue cannot be drawn from such an article [opium], otherwise than by quadrupling the supply, by promoting the general use of the drug, and by placing it within the reach of the lower classes of people, no fiscal consideration can justify inflicting upon the Malays and Chinese so grievous an evil.<sup>7</sup>

And yet, despite these sentiments, the trade flourished for another century under the careful protection of the British government. What is most remarkable is how an empire at the peak of its pride and power could be swayed by a commitment to such an ethically questionable trade.

A similar but more recent demonstration of the potency of addiction surplus has occurred in Mexico where trade in illicit drugs (heroin, cocaine, cannabis) has led to the