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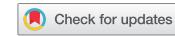


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LETTER TO THE EDITOR



## Setting limits on expectations: rethinking who should be using responsible gambling tools and why?

Despite decades of work aimed at promoting responsible gambling (RG), the field of gambling studies, regulators, and the gambling industry remain surprisingly silent on a fundamental question: What proportion of players should be using RG tools (i.e. tools such as voluntary money and time limit, self-testing, and feedback tools offered to players by an operator)? These tools – sometimes also called ‘consumer protection’ or ‘safer gambling’ tools – serve to restrict or curtail gambling in some way and include the ability to set limits on time or money spent gambling. This letter focuses primarily on voluntary pre-commitment tools – monetary and time limits – as a key mechanism for harm reduction. However, these tools form part of a broader suite of voluntary responsible gambling strategies, including transaction or activity statements, all of which share a common challenge: low uptake. Although our discussion centers on pre-commitment tools, insights may extend to other voluntary tools facing similar barriers. At present, RG tool uptake among players typically ranges from 1% to 17% (Bernhard et al., 2008; Heirene et al., 2021; Nelson et al., 2008; Schellink & Schrans, 2007),<sup>1</sup> depending on the jurisdiction, operator, and how uptake is defined. This is often described by stakeholders as ‘alarmingly low’ or disappointing. But compared to what? Without an explicit benchmark, these judgments hang in a vacuum.

There is robust evidence attesting to the efficacy of limit-setting tools – particularly deposit, money, and time limits – as effective mechanisms to prevent harm (Auer & Griffiths, 2013; Auer et al., 2020; Heirene & Gainsbury, 2021; Kim et al., 2014; Wohl et al., 2024). Mandatory global limits – defined as jurisdiction-wide monetary or time caps applied universally to all players without opt-out – are widely regarded as the highest bar for harm reduction (Delfabbro & King, 2021; Livingstone et al., 2019), but remain absent from most jurisdictions (Marionneau et al., 2025). Their implementation, although ideal from a harm reduction perspective, faces stark resistance from both industry and some consumers who view blanket restrictions as an infringement on personal freedoms (Bernhard et al., 2008). Others have argued that imposing global limits may push those most at risk of gambling harm to use unlicensed or unregulated gambling platforms (Delfabbro & King, 2021). Despite this, there is emerging evidence from Norway that such policies are often well-received when implemented and only a small percentage of consumers migrate to unregulated sites when they reach their limit (Auer et al., 2018; Hoffmann, 2016). Notably, these studies suggest that individuals at high(er) risk for gambling-related harm are somewhat more likely than low(er) risk players to report turning to other betting companies (likely including non-regulated offshore platforms) after reaching their limit – although this group still represents a minority, with just 16–18% reporting such behavior (Auer et al., 2018; Hoffmann, 2016).

Until the time when mandatory limits are broadly applied, we must encourage the uptake of voluntary tools. Our research, as well as others, continues to highlight the limited use of these tools (Gaudett et al., 2025; Heirene et al., 2021). In a recent evaluation of the GameSense responsible gambling program, Gaudett et al. (2025) surveyed over 1,000 regular players across the three casinos in Massachusetts where GameSense is used. They found that although 73.1% of regular players (i.e. those who visited one of the casinos at least three times in the last three months and spent at least \$100) were aware of the program only 17.6% had engaged with the program. In one of the largest behavioral analyses of tool use in the general population, Heirene, Vanichkina, and Gainsbury (2021) examined account data for nearly 40,000 customers from six online gambling sites in Australia. They found just 16% of the randomly selected customers had used a deposit limit at some point during a one-year window starting in mid-2018. More recently, in a 2024 follow-up using data from approximately 25,000 customers across two sites, only 8.5% had an active deposit limit as of January 2024, and just 17% had used any RG tool in the preceding two years (Heirene et al., 2025). This apparent decline in tool uptake may reflect waning engagement, a lack of perceived utility, or limited visibility and usability of available tools. Regardless of the cause, these findings highlight the need to better understand who engages with RG tools, why others do not, and what level of uptake should be considered a realistic and meaningful success.

Why do so few people use voluntary limit setting tools? Concerns about privacy may be one barrier that reduces uptake, especially when use of the RG tool requires creating a personal account and undergoing identity verification (Independent Panel on Gaming Reform, 2024). Stratton et al. (2024) identified several key barriers to deposit limit use among Australian consumers, including lack of awareness, uncertainty about how the tools work or what limits are appropriate to set, and the perception that these tools are designed exclusively for people with gambling problems. This perception may stigmatize the use of RG tools, discouraging individuals who do not identify as problem gamblers from engaging with them. Many players believe they are capable of managing their gambling without assistance and therefore perceive formal tools as unnecessary. This belief is reinforced by broader societal attitudes that equate self-control with individual willpower rather than the use of proactive strategies.

Research in behavioral science supports this perspective. Gennara et al. (2023) showed that people often conceptualize self-control as an internal resource, such as grit or discipline, rather than something that can be supported through external aids like RG tools. Indeed, using such tools may be interpreted as an admission of weakness or a lack of personal control. A similar dynamic has been observed in the domain of smoking cessation. Smith et al. (2015), for instance, found that former smokers often viewed quitting 'cold turkey' as a badge of honor, and regarded those who sought external support – such as practitioners or support groups – as less strong or committed. These beliefs about the moral or psychological superiority of unaided behavior change are likely to manifest in gambling contexts as well, reducing openness to tool use even when those tools could enhance self-regulation.

Efforts are underway by researchers, regulators, and some operators to encourage greater engagement with responsible gambling tools (Heirene & Gainsbury, 2021; Kim et al., 2014; UK Behavioral Insights Team, B, 2018). These include strategies to improve the visibility and usability of limit-setting options, the

introduction of personalized feedback, and the use of behavioral nudges to prompt tool adoption at key decision points. Some operators have also embedded limit-setting prompts during account creation or at moments of high-risk play (Heirene et al., 2021).

However, these initiatives also underscore a critical distinction that should be noted explicitly: uptake is not synonymous with meaningful use. For voluntary pre-commitment tools (monetary or time limits), uptake typically reflects an active behavioral choice to constrain gambling, making it a valid and informative success metric. In contrast, for tools such as behavioral feedback or account statements, simple enrollment may be a poor proxy for impact – players can receive statements yet never read or act on them, as has been observed among online bettors in Australia (Gainsbury et al., 2025). In such cases, engagement quality (e.g. whether feedback is reviewed and influences play) is the more relevant outcome.

Recognizing this distinction helps clarify the scope of our argument: this letter focuses primarily on voluntary limit-setting tools, where uptake is an appropriate indicator of tool use and harm reduction potential. Still, the broader challenge persists – what level of uptake should be considered minimally acceptable? Is a 10% adoption rate problematic, promising, or perfectly adequate? Without a clear benchmark, efforts to assess or compare program success remain speculative. More broadly, how should stakeholders evaluate whether their interventions to promote RG tool use are succeeding? Uptake alone is not a sufficient metric; rather, engagement should be assessed in light of realistic goals, demographic targeting, behavioral outcomes, and broader harm reduction objectives. Beyond initial adoption, sustained use and retention are critical for achieving harm reduction goals. A minority of consumers have been shown to frequently adjust and remove voluntary limits (Heirene et al., 2021). Future evaluations should incorporate longitudinal metrics to capture retention alongside uptake. Success could also include user satisfaction, harm reduction outcomes, and general acceptance of the measure. Multi-criteria evaluations may provide a more accurate picture of effectiveness. Without such context, we risk misinterpreting numbers and undermining genuine progress.

Of course, 100% uptake of pre-commitment tools is ideal and should remain a long-term aspiration. However, we must balance this aspiration with pragmatic considerations. A significant portion of the gambling population engages only occasionally, often in the context of social or recreational events such as major sporting matches or holiday outings. Although we believe that even these infrequent players could benefit from setting spending or time limits as a proactive safeguard, it may be difficult to persuade them of the utility of such measures when their gambling is perceived as infrequent and low-stakes. Many players also report using informal money management strategies – such as setting mental budgets or only bringing a fixed amount of cash – and view these approaches as sufficient to manage their gambling. Indeed, some research suggests that players often find these self-directed methods more relevant and accessible than formal RG tools (Gainsbury et al., 2025). Although some studies indicate that perceptions of self-control can be overly optimistic or inflated (Jia et al., 2023), this is not universally the case. A proportion of individuals may genuinely manage their gambling effectively without formal interventions. Psychological research supports the idea that some people possess high trait self-control, which is associated with a reduced likelihood of engaging

in problematic behaviors, including excessive gambling (de Ridder et al., 2012; Tangney et al., 2004).

At the same time, it is important to recognize that self-control is only one part of a complex equation. Structural factors such as game design, accessibility, marketing, and industry practices significantly shape gambling behavior and risk. Although individual differences can moderate the impact of these structural factors, they do not eliminate them. It is therefore critical not to over-attribute gambling outcomes to individual traits. Still, it is a truism that some players are more vulnerable to harm than others and stand to benefit more from the use of responsible gambling tools. In this context, rather than assuming a one-size-fits-all approach, we should strive for a more nuanced understanding of which players are most likely to benefit from RG tools and design strategies to support those individuals effectively, while continuing to normalize proactive limit-setting as a healthy, non-stigmatized behavior for all players.

### **Toward benchmarks and research priorities**

Determining a minimally acceptable level of voluntary RG tool uptake is complex. Acceptable rates may differ by demographic subgroup. Should we expect the same adoption rate among older men with minimal risk profiles as among young men, who tend to engage in more impulsive, risky behavior and are more vulnerable to harm? Should uptake goals be based on minimum gambling activity thresholds (e.g. anyone gambling more than annually)? Or should they reflect more nuanced risk segmentation, targeting those at elevated risk due to behavior, demographic profile, or attitudinal indicators?

These are empirical questions. Future research should focus on establishing evidence-based benchmarks for voluntary RG tool uptake. A promising approach would be to stratify expected uptake by gambling product type, player risk profile, and behavioral intensity. For instance, what proportion of high-frequency online sports bettors should reasonably be expected to set monetary or time limits compared to occasional lottery players? Empirical studies could leverage large-scale account data and segmentation models (e.g. using PGSI or behavioral markers) to identify patterns of adoption and retention across different subgroups. Establishing these benchmark figures will form the foundation for field-wide conversations regarding discrepancies between existing rates and minimal acceptable standards.

Another research priority involves understanding engagement quality. Uptake is not synonymous with meaningful use; therefore, longitudinal studies are needed to differentiate between players who set a limit and those who adhere to it over time. Such studies could evaluate whether intermittent versus sustained engagement produces measurable reductions in gambling-related harm, and what design features (e.g. personalized feedback, default options) support longer-term adherence.

Behavioral economics and public health frameworks should also guide research on cost-effectiveness and harm reduction. Even small increases in voluntary uptake may have large population-level benefits, but this assumption requires validation through simulation models and economic evaluation. An additional avenue for investigation is the utility of rewarding players for adopting and maintaining the use of RG tools. Incentive-based approaches – whether monetary (e.g. bonuses, loyalty points) or non-

monetary (e.g. social recognition, gamified achievements) – may reduce barriers to initial uptake and sustain engagement over time (Hollingshead & Wohl, 2024; Wohl, 2018). Research is needed to determine which types of incentives are most effective, how they interact with player characteristics (e.g. risk level, reward sensitivity), and whether they influence long-term behavior without creating dependency or undermining intrinsic motivation for responsible gambling.

Finally, future studies should address psychosocial and technological barriers to tool adoption. This includes experimental research testing interventions that reduce stigma associated with tool use, such as reframing limit setting as an indicator of strength rather than weakness. Additionally, the role of trust, data security, and user control in shaping consumer acceptance of both voluntary and mandatory systems warrants further exploration. Together, these research programs would provide the empirical foundation needed to set realistic targets for RG tool uptake and evaluate success beyond simplistic adoption metrics.

## Conclusion

We encourage researchers, regulators, and industry stakeholders to move beyond generic claims about 'low' uptake and instead articulate and test clear benchmarks for success. We further call on stakeholders to encourage uptake of voluntary RG tools, aiming for full participation while recognizing that 100% uptake is unlikely without systemic change. Realistic goals and minimum standards must be established, both to guide best practices and to enable meaningful evaluation. It is within this light that we contend it's time to stop asking whether RG tool uptake is low and start asking: Low compared to what – and for which players?

## Note

1. Note that these rates are solely based on studies using player tracking (account) data provided by gambling operators that are not subject to issues with sampling bias and representativeness. Studies of self-reported RG tool use often find higher rates (e.g. Gainsbury et al., 2019), consistent with higher rates of tool use among survey responders than non-responders in a study by Heirene et al. (2025).

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**Robert M. Heirene** is a Research Fellow at the Gambling Treatment and Research Clinic, based within the Brain and Mind Centre, University of Sydney. His work focuses on understanding risk factors for disordered gambling and how gambling-related harms can be prevented (including via the use of RG tools), often using behavioral tracking data collected by operators to investigate these topics. He also explores the merit of the methods used in gambling research and how the quality of the evidence base in the field can be improved.

**Michael J. A. Wohl** is a Professor and Graduate Chair in the Department of Psychology at Carleton University. Work in his Carleton University Gambling Laboratory (CUGL) focuses on, among other things, factors that predict disordered gambling (e.g., erroneous beliefs, financial focus), facilitators of responsible gambling (e.g., monetary limit setting and adherence), and means to overcome barriers to behavior change (e.g., nostalgia for life lived before the addictive behavior took hold). Members of CUGL also examine the potential pitfalls and possible harm-minimization utility of rewards program membership.

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