

A public health approach to gambling regulation: countering powerful influences

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Often portrayed as a harmless leisure activity in the UK, gambling is being increasingly recognised as a public health concern. However, a gambling policy system that explicitly tackles public health concerns and confronts the dependencies and conflicts of interest that undermine the public good is absent in the UK. Although there is a window of opportunity to change the gambling policy system, with the UK Government's launch of a review of the Gambling Act 2005, the adoption of a comprehensive and meaningful public health approach is not guaranteed. Too often, government policy has employed discourses that align more closely with those of the gambling industry than with those of the individuals, families, and communities affected by the harms of gambling. In view of the well described commercial determinants of health and corporate behaviour, an immense effort will be needed to shift the gambling discourse to protect public health. In this Viewpoint, we seek to advance this agenda by identifying elements that need challenging and stimulating debate.

The challenge ahead

Often portrayed as a harmless pastime in the UK, gambling is increasingly being recognised as a public health concern.¹ Historically, when gambling was discussed in the medical literature, it was in the context of small numbers of pathological gamblers.² This scenario changed in the 1990s, when gambling began to be viewed through a public health lens;^{3,4} looking beyond the individual to the role of gambling products and gambling's wider determinants, and placing the risks of a range of health and social harms on a continuum, rather than, as previously, a dichotomy between the harmless and the pathological. However, although some countries formally recognise gambling as a public health issue, recognition does not always translate into action. No jurisdiction has yet created a gambling regulatory system that explicitly tackles public health concerns and confronts the dependencies and conflicts of interest that undermine the public good while embracing gambling liberalisation.⁵ There is a window of opportunity to change gambling regulation in the UK because the Government launched, in 2020, a review of the Gambling Act 2005, which will affect England, Scotland, and Wales.⁶ However, that transformational change will happen is far from certain, and current efforts to adopt a public health response risk being ineffective at best and counterproductive at worst. This risk is, to a considerable extent, due to a failure to gain traction in the policy arena with a convincing argument for adopting a public health approach. In this Viewpoint, we define a public health approach as one based on collective action to advance the public good by promoting health, equity, and social justice, and by adopting a broad and population-level perspective to gambling harms.⁷ Achieving this approach will, in part, require the public health community to engage fully with this issue, advancing counter-discourses to those that have become common, while recognising that policy and social change are complex and context-dependent.⁸ Gambling discourses have long been dominated by individualised and often pathologised understandings that serve to maintain the

status quo and that marginalise and conceal broader societal perspectives, such as the harmful effects of gambling products and gambling environments.⁹⁻¹⁴ For more than 20 years, UK Government policy has portrayed gambling as, firstly, enjoyable; secondly, an expression of adult freedom; and, lastly, harmful only to a minority. Too often, the UK Government and policy makers have employed discourses that align more closely with those of the gambling industry than with those of the individuals, families, and communities affected by the harms of gambling.^{6,10,12} This discourse is also reproduced by much research on gambling, a substantial proportion of which is funded by the industry and done in academic partnerships, and by industry-funded responses, such as individualised education and treatment. In this way, an international gambling evidence base that is narrow in scope, often methodologically weak, and that focuses on problematising individuals while deflecting attention from harmful products, industry practices, and the effects of liberalisation has emerged.^{13,15-19}

These developments have created, in the UK, one of the most liberal gambling markets in the world,^{7,10,12} supervised by a regulatory system that oversight bodies fear does not have the capacity or the data to regulate the industry in the public interest.^{20,21} This policy system has promoted self-regulation and industry-regulator partnerships as standard.^{10,12} Of note, the review of the Act is being led by the Department for Digital, Culture, Media & Sport,⁶ unlike the England tobacco control plan²² and obesity strategy,²³ for example, which are both overseen by the Department of Health and Social Care.

This review process must be seen in the context of decades of evidence documenting the ways in which corporations act to establish and maintain products and regulatory environments that are favourable to their interests. When industries selling highly profitable, yet harmful, products (eg, tobacco, alcohol, opioids, and oil) are faced with clear evidence of the resulting harms, the threat of government regulation, and declining public legitimacy, one of their first moves has repeatedly been to

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cast doubt on the science, distorting the evidence base to influence the public discourse, delay regulation, and restore their legitimacy.^{24,25} Everything that is known about corporate behaviour suggests that a monumental effort will be necessary to shift the discourse, but, as described by Livingstone and Rintoul,⁸ there are alternatives available that accurately reflect the current state of knowledge about gambling harms. Drawing on the literature documenting the commercial determinants of health and public health policy, we seek to identify informative and important elements of the UK gambling policy discourse that need to be challenged, thereby opening spaces for debate and supporting the aims of other initiatives, such as the *Lancet Public Health* Commission on gambling.²⁶

Reclaiming the evidence debate

The tobacco industry has long sought to capture the discourse on the evidence on smoking and health. This effort includes casting doubt on the evidence of harm, generating a parallel evidence base that fuels uncertainty in the minds of the public and policy makers, and manipulating scientific concepts to impose unrealistic standards of proof. The industry thus seeks to delay regulation, avoid litigation, promote ineffective interventions, and blame consumers for any harm.^{25,27,28} Access to internal industry documents enabled an understanding of these strategies, which are also adopted by many other industries.^{16,24,25} The nature of the evidence is also central to gambling policy debates. Like the tobacco and alcohol industries, gambling corporations in communication with receptive governments have established a double standard, whereby evidence-based interventions that threaten their business model must meet exceptionally stringent criteria of proof, whereas industry-sponsored so-called responsible gambling interventions of dubious value—many reminiscent of the Drink Responsibly messaging and similar approaches adopted by the tobacco industry—are accepted without question.¹⁰ In submissions to the 2013 Australian Parliamentary Sports Betting Advertising inquiry, the industry distorted the evidence about the extent and nature of gambling harms and the effects of their activities, selectively presenting evidence, omitting crucial findings, and allowing unsubstantiated claims to be made.²⁹ In doing so, they could draw on the body of gambling research, much characterised by conflicts of interest, which has pathologised so-called deviant individuals.^{10–13,16,30} This depiction recalls the tobacco industry's support for genetic research as part of a decades-long strategy to find explanations for disease among smokers that were not related to their products.^{10,14,16,31–33} In reality, the evidence on interventions and treatments to prevent gambling harms, including youth education programmes, is generally weak, of individual level, and has short follow-up periods.^{16,17,34} Yet, despite their insistence on a high level of proof before adopting regulations,³⁵ UK betting firms and their leading trade body heavily promote their £10 million investment in

youth programmes.^{35–37} There is little reason to believe that such programmes would work, given findings that a similar approach promoted extensively by the tobacco and alcohol industries has been ineffective or counter-productive (and might even, at times, be designed to fail, or be strategically ambiguous).^{38,39}

As with other industries marketing harmful products, gambling corporations exploit the often indirect causal pathways linking their activities to disease.^{10,16,40} Gambling poses several challenges because exposure or use, as well as harms to individuals, families, and communities, are difficult to measure and quantify, take a range of forms, and are constantly changing. The harms of gambling on individuals, families, and communities often represent co-occurring problems, afflicting many people who are already in vulnerable circumstances, exacerbating precarious and challenging lives, and hindering their attempts to overcome adversity.⁷ Gambling harms extend well beyond high-intensity relationships such as problem gambling,⁴¹ affecting families and communities, often with devastating consequences, including job loss, violence, relationship breakdown, suicide, education disruption, or homelessness. As with similar complex public health challenges, Sulkunen and colleagues⁷ explain that the relationship between gambling and harm is better conceptualised as “conditional causation” reflecting how “problems occur in combination with multiple factors reinforcing one another in a conditional relationship”.

The evidence base to inform policies that can prevent gambling harms is developing,^{7,8} but there is already enough to argue that many of the established methods to counter other harmful but legal products (eg, tobacco and alcohol)—restricting access, availability, and advertising, and denormalisation and evidence-based counter-marketing—can be used to guide interventions to prevent gambling harms.^{8,42–44} These industries have sought to delay effective action by citing uncertainty about the evidence and thereby justifying inaction.^{16,24,25,27,28} However, as widely accepted in public health,^{45,46} the unavailability of so-called perfect evidence should not legitimise inaction; policy change can be informed by the best available evidence, which is the basis of the precautionary principle.⁴⁷

Recycling the same arguments to deflect and delay

When faced with the threat of stronger regulations, industries invoke a series of familiar arguments to delay policy and deflect attention from ongoing harm. One well documented argument relates to illicit trade. The tobacco industry has long warned that tax increases and standardised packaging would encourage this trade.^{48,49} However, that the industry based its arguments on unreliable data, itself facilitated illicit trade, and sought to prevent the adoption of robust, independent systems directed at tackling the illicit market are now known

facts.⁵⁰ Critics of minimum unit alcohol pricing similarly drew on dubious arguments about illicit trade.⁵¹ Now, arguments about the illicit or so-called black market have entered the UK gambling policy debate, with the industry and its leading trade body warning against unintentionally driving consumers to the black market through stricter regulations.⁵² However, in doing so, they have drawn heavily on a single report, based mainly on survey and internet search data collected over only 3 years. Seasonality might have biased the findings, and data from 2018–19 appear to have been combined and compared with data from 2020—clearly an aberrant year due to the pandemic.^{52,53} The Australian gambling industry used a similar report that again concluded that restricting online gambling would drive a substantial proportion of gamblers to unregulated sites.²⁹ Although the black market poses risks to children and adolescents, adults, and society,⁵⁴ most harm arises from regulated markets.⁷ Arguments invoking the risk of illegal providers also do not reflect the more nuanced reality (panel).^{7,55} An effective strategy to reduce gambling harms needs to address the entire spectrum of gambling opportunities.

A second argument is centred on the industry's contribution to charitable causes, taxes, and the economy. This is something that the tobacco and alcohol industries have long invoked, and arguments that have also long ago been discredited.^{55,56} Assertions about the contribution of the gambling industry to the economy similarly warrant scrutiny. The current policy discourse emphasises the industry's tax contributions (approximately £3 billion paid to the Her Majesty's Treasury annually) and role as employer of nearly 100 000 people.⁶ However, this framing overlooks the safety risks associated with some of these jobs^{10,14} and the fact that the gambling industry is a so-called rent-seeking industry that does not create wealth, but rather redistributes it from the deprived and vulnerable, including those affected by gambling-related harms, to the very rich, extracting money from its customers.^{19,57} Furthermore, the phased introduction of public health principles into policy change does not inevitably lead to mass job losses, as evidenced by the introduction of stake limits on fixed odds betting terminals,⁵⁸ and employment is also likely to be stimulated in other sectors as consumer expenditure shifts away from gambling.^{59–61} In addition, despite the UK Government publicly committing to “levelling up” society, gambling taxation is highly regressive,⁶² increasingly so as access is broadened.⁶³ These limitations have implications for the “build back better” post-COVID-19 agenda, which requires a shift away from reliance on rent-seeking industries, particularly those associated with social costs that undermine resilience at the individual, familial, and societal levels.

A third element to be addressed is the concept of balance. Both government and the industry argue for the need to balance the prevention of harm and the enjoyment of those for whom gambling is a harmless leisure activity.^{6,35} However, a public health approach does not

Panel: Types of gambling markets*

Legal or licensed markets

The legal market can be organised in different ways—for example, through licensing of private interest or government monopoly. Each form of legal market has advantages and disadvantages. As explained by Sulkunen and colleagues,⁷ what is of concern from a public interest perspective is not which regimen is chosen, but how well a given arrangement ensures the separation of market regulation from economic interests.

Illegal or black markets

Gambling activities that are prohibited by law (eg, so-called underground poker clubs, or unlicensed land-based or online gambling provision). Banks⁵⁴ describes three opportunities for illegal online gambling: an online gambling provider that accepts bets from people in jurisdictions in which online gambling is prohibited, a provider that accepts online bets placed by underage gamblers, and a provider that operates online in the absence of an appropriate licence.

Grey markets

The European Commission makes a distinction between so-called black and grey market operators, black representing operators who provide unlicensed betting and gaming opportunities from EU or non-EU countries, and grey (also referred to as the offshore market) representing those operators who, although licensed in one or more European Economic Area member states, provide gambling opportunities to customers in other member states without those states' specific authorisation. Both the black and grey markets pose risks to consumers and undermine a given state's ability to regulate online gambling markets.

Shadow markets

Here we introduce what we refer to as the shadow market, to capture the development, promotion, and dissemination of different forms of so-called stimulated, money-free, practice, or demonstration (demo) gambling, which tend not to have age restrictions and can therefore be accessed by children and adolescents. They can be accessed via online platforms or apps, and some are embedded within non-gambling games, whereas others are simulated gambling forms of more traditional games such as Monopoly.

*The boundaries between these different markets are often blurred.

simply take an average of winners and losers; rather, it prioritises social justice and the public good, paying particular attention to those who are most at risk of harm. It does not simply weigh the disadvantages and gains incurred by society as a whole, especially where the greatest harms are incurred by the already disadvantaged while the benefits accrue to those who are well off.⁷

A fourth element of the current discourse invokes complexity. As with other harmful products, the causal chain between a corporate decision, for example, to

promote different gambling opportunities, and the harm to individuals, such as suicide, is complex and convoluted and there are always other factors involved. This complexity is used by the gambling industry to argue against regulation, at the same time as they endorse simple measures to address the complex issue of gambling harms.⁴⁰

Promoting an alternative discourse could be difficult, in particular since the gambling industry has invested in relationships with politicians, arguably undermining the democratic process by exerting hidden influence.^{10,12,19,64} The industry and its proponents invoke, and widely advertise, the benefits of a liberalised gambling sector, for instance through sport sponsorship and contributions to charitable causes, which, however, create dependencies and conflicts of interest that undermine the public interest.^{5,16,64,65} These arguments ignore how, like the alcohol industry,⁶⁶ a substantial share of the gambling industry's income, and thus its profitability, is derived from the heaviest users.^{63,67} The ethical and business implications of this "addiction surplus"⁶⁵ are rarely discussed.^{14,16}

Detail matters

Corporations act to shape public discourses.^{16,24,25} Those charged with promoting public health have a duty to challenge how current discourses articulate gambling harms and potential responses, which will require questioning the use of gambling as a catch-all term for what is more accurately conceptualised as a complex system of products, practices, and agents.^{18,68} Consequently, a comprehensive response needs to consider the unprecedented breadth and forms of gambling products; cultural variations in gambling experiences; substantial shifts in acceptance, accessibility, availability, and awareness; innovations in marketing strategies and reward schemes; the ability to track and engage directly with customers; the use of personal data mining processes by third-party affiliates who can identify and refer those who display problematic use, profiting from their future lifetime losses; and the role of the industry in providing warnings and information and intervening when players display signs of harmful consumption.^{5,7,10,18,53,69}

Although we do not dispute that some people view some forms of gambling as entertainment, we argue that a much greater appreciation of, and debate about, the diversity of products, industry practices, and consumer experiences is needed. The labelling of gambling as a singular leisure activity overlooks this nuanced social reality, and potentially mislabels many products that are designed to maximise revenue despite the harm that they can cause.¹⁸ The addictive and harmful nature of gambling products and the effectiveness of promotional practices should not be underestimated. As documented by Schüll,¹⁸ the design of electronic gaming machines seeks to optimise speed, length, and intensity of play, creating products that extract maximum revenue per available customer. In addition, the use of simple estimates of the

prevalence of problem gambling and comparisons over time are highly problematic and involve misleading indicators of harm, and should not form the basis of policy making.^{7,13,70} The claim that only a minority is harmed is highly contested by some advocates and researchers in the field. Using prevalence within the entire population is misleading; if the denominator is restricted to the gambling population or, even more so, to those who gamble regularly, a different picture emerges.¹⁸ For example, Livingstone and Woolley found that over half of those who regularly use electronic gaming machines either have, or are at risk of, problem gambling.¹¹

Echoing leading tobacco and alcohol scholars,^{28,71} Orford describes how modern gambling products are no ordinary commodities; the need for accompanying self-restriction tools, player tracking, and treatment facilities being key indicators of this fact.¹² Public health professionals and governments have a duty to reduce the individual and social costs arising from any product that can cause serious harm to individuals, families, and communities. The industry cannot be expected to adopt measures that might curb profits, as is assumed by policies based on self-regulation.⁷² Transformational, bold, and innovative policy change, guided by the best available evidence and principles of health, equity, and social justice is essential to creating a UK gambling regulatory regimen that prevents and minimises harm, is adaptive and proactive as markets and products change, and is shaped by democratic processes that welcome public voices, particularly those affected by gambling harms. Meaningful policy change will need to reflect the scale and nature of gambling harms. This change will require attending to the complexity of the interplay between industry practices, products, policy, effects on the population, the inequitable distribution of harms and benefits, and the public health and ethical issues created by the networks of influence, dependencies, and conflicts of interest. The scale of this change and the barriers that will need to be overcome should not be underestimated. However, the commitment and desire for change is evident within many communities worldwide. The wider health community can add their voice and expertise to support this agenda, recognising that gambling policy change in the name of public health and social justice is realisable, and that ongoing harms and harmful products, practices, policies, and partnerships can no longer be overlooked or tolerated.

Contributors

MCIvS conceptualised and led the drafting of this Viewpoint. All authors contributed to subsequent revisions and finalisation of the manuscript.

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