

Crisis? What crisis in UK gambling policy reform?

Abstract

It is widely accepted that transformational change is needed in United Kingdom (UK) gambling policy to address the public health challenges posed by gambling harm. Here, we contest a recent assertion that there are four main areas holding back reform: potential conflicts of interest, prevalence surveys, the role and extent of industry funding, and the status of the proposed statutory levy. We argue that progress is being made in all four research-related areas and call for further independent and rigorous research to better inform gambling policymaking and reform. In conclusion, talk of a crisis in UK gambling policy may be overstated.

Keywords: gambling, research, policy, United Kingdom, funding.

The field of gambling studies is dynamic and subject to extensive critique, and rightly so (Collins et al., 2020; Kim et al., 2016; Livingstone & Adams, 2021; Griffiths & Auer, 2015). Indeed, the numerous domains impacted by gambling and related harm necessitates that the setting of research priorities, sources of funding, and the integrity and practice of gambling research, prevention or treatment approaches be continually appraised (Bowden-Jones et al., 2022; Louderback et al., 2021; Nikkinen, 2019; Thomas et al., 2023; van Schalkwyk et al., 2021). Recently, van Schalkwyk and Cassidy (2024) stated that transformational change was needed in United Kingdom (UK) gambling policy to address the public health challenges posed by gambling harm. While we heartily agree with the point that stronger action is needed from policymakers to reflect the evidence-base regarding the magnitude of gambling harms, we write this rejoinder to contest their diagnosis of the four main areas holding back reform. We contend that progress is being made in all four research-related areas, and call for stakeholders to assist in these ongoing efforts in order for independent and rigorous research to better inform gambling policymaking and reform.

Conflicts of interest

The first domain cited by van Schalkwyk and Cassidy (2024) concerned potential conflicts of interest. Specifically, “we need to challenge who is involved in gambling policymaking, research, education, and the governance of these processes” (p.1). We do not deny that conflicts of interest have been an issue in gambling research in living memory with Cassidy herself (Cassidy, 2014), as well as other researchers describing these past failings well (Adams, 2016; Orford, 2019).

As we await implementation of the UK government’s statutory levy, a main funder of research, education and treatment is still funded by voluntary donations from industry (GambleAware), although its operational side is now free from industry involvement. While some of GambleAware’s past public health campaigns have perhaps not struck the right tone,

and received criticism from Cassidy herself (Busby, 2019), their recent “stigma reduction” campaign features a range of hard-hitting first-person accounts of gambling-related harm (GambleAware, 2023). This campaign was shown effective at reducing gamblers’ urges to gamble, in contrast to gambling operators’ safer gambling urges which if anything had the opposite effect (Newall et al., 2025).

In the past, the gambling industry, with which GambleAware is considered synonymous, was one of the few funding options available to researchers (Cassidy et al., 2013), but there now exist a range of alternative funders. For example, long-established funders such as the NIHR have held several gambling-specific funding calls, research councils like UKRI have funded a wide range of gambling-related basic and applied research, and newer funders such as the Academic Forum for the Study of Gambling (AFSG) now support exploratory research that is fair and free from potential conflicts of interest (Roberts et al., 2024). In the future, advocates should precisely define what is deemed “industry” and to acknowledge that good quality and impactful research is often produced via this funding stream when potential conflicts are declared (e.g., it is noteworthy that the important work described by Sharman (2019) Wilson et al. (2024), and McGarrigle et al. (2024) was either funded or commissioned by GambleAware).

Prevalence surveys

van Schalkwyk and Cassidy (2024) stated, “we also need to question the ongoing production of problem gambling prevalence surveys” (p.1). Given the widespread acceptance of gambling as a global public health issue, there is a need to assess trends in both gambling engagement and the experience of related harms to help chart the impact of legislative change and the expansion of the commercial gambling industry (Calado & Griffiths, 2016; Tran et al., 2024). That is, it is important to acknowledge that prevalence surveys do more than generate headlines; they highlight different geographical regions experiencing various

degrees of harm and help identify research gaps and treatment and support opportunities. Overreliance on prevalence surveys is, however, counter-productive and in recent decades there has been extensive improvement in their precision and scope, whereby the associated question-sets, delivery methods, and scoring have all undergone evaluation (Ipsos, 2023; Sturgis & Kuha, 2022). Methodological innovation increases confidence in the findings obtained, the statistical assumptions on which they are based, and generate opportunities for further, public health-led research. This has led to the development of perhaps the largest ever prevalence survey in the world – the Great Britain Gambling Survey - which now extends beyond the individual gambler to also assess harm experienced by affected others (Gambling Commission, 2024). Similar strides have been made in other jurisdictions, such as Canada, whereby a more refined, comprehensive, and policy-oriented approach to measuring and addressing gambling-related harm has been implemented (CCSA, 2024). The large, open science compliant datasets generated by these surveys afford numerous opportunities for secondary analysis (James et al., 2024) to, for example, identify risk and protective factors, and test the predictive utility of theoretical and statistical models of gambling harm. This all leads to better targeted resources, evidence-based policy making, and the future prevention of gambling related harm. We therefore welcome novel, specific, and feasible suggestions from the authors relating to the improvement and/or replacement of gambling prevalence surveys and their linkage with a wider evidence base.

Gambling industry and gambling research, education, and treatment

van Schalkwyk and Cassidy (2024) provided no sources of support for the claim that, “in contrast to other fields, the gambling industry is the main funder of research, education, and treatment” (p.1). To address this, we need to know the extent of the evidence regarding the role of industry in the funding of gambling research. To date, however, no study has been

conducted of the UK gambling funding context, but the evidence from other jurisdictions clearly fails to support their claim (and there is little reason to suggest the UK context would be any different).

To unpack this, let us assume that if the gambling industry was the main funder of research, then one might expect to see a high proportion of such work represented in the peer-reviewed literature. Ladouceur et al. (2018) and Shaffer et al. (2019) found no evidence of any such bias in the source of funding (industry or non-industry) of gambling research. In a comprehensive analysis, Shaffer et al. identified $n=720$ articles published between 2008 and 2018 and found that only 6.39% ($n=46$) reported industry funding of any kind. Further analysis was conducted to determine whether indirect industry influence of gambling research via not-for-profit or independent research centres led to differences in methodological rigour or outcome reporting compared to all other funded studies. Shaffer et al. found that studies were no more likely to yield positive (hypothesis-supporting) findings or to include a conflicts of interest statement if they were conducted by not-for-profit or independent research centres and other funded studies. Similarly, among studies that did or did not disclose their funding sources, the same levels of methodological rigour and outcome reporting were found. Thus, there is no compelling evidence of gambling industry influence over the peer-reviewed gambling research literature (Delfabbro & King, 2020). While similar evidence from the non-peer-reviewed (grey) literature is lacking, the extent to which it impacts the field of gambling research (or reviews of this research) is debatable (Baxter, 2021; Baxter et al., 2021). To be clear, we do not deny that there exists an established grey literature in gambling research and that many stakeholders produce reports on a range of topics related to research, prevention and treatment, only that such literature was outside the purview of the articles.

Future debate would be better informed by an empirical assessment of the impact of funders on the extant UK research literature to update and extend the analyses of Ladouceur et al. (2018) and Shaffer et al. (2019). This would help to reject or support the oft-cited assertion that the gambling industry is the dominant funder of research, prevention/education and treatment or that the outcomes of industry-funded research differ from non-industry funded or unfunded research. We therefore reject the assertion of a dependency between research, treatment, education and the gambling industry. As we have outlined, there is no evidence for this position.

Undermining progress towards implementing the statutory levy

Despite one of the authors having previously been a signatory of a letter calling for independent funding for the prevention and treatment of gambling harms (Wardle et al., 2020), van Schalkwyk and Cassidy (2024) claimed that “*If, in the absence of industry derived funds, the NHS cannot afford to manage the burden of harm caused by the way we regulate gambling then the solution is not more funding, but a change to the regulations.*” For them, the statutory levy on gambling industry profits to be used for research, prevention, and treatment will only serve to reinforce the “*dependency between researchers, treatment and educational services, and industry profits*”. We take a different stance: ring-fenced statutory funding, while not perfect, represents significant progress and should be duly welcomed, since it removes the need for gambling to have to compete for already scarce resources.

We have previously called for the unequal distribution of NHS gambling services across the UK to be addressed (Dymond et al., 2020, 2023) and remain committed to ensuring the NHS has the lead role in the prevention and treatment of gambling related harm. The level of funding currently allocated to the 15 NHS gambling harm clinics in England is clearly inadequate and additional sources of funding are needed as the cost-of-living crisis continues to bite. Recently, following calls for a statutory levy on UK gambling industry

profits to fund independent gambling research, prevention and treatment (Bowden-Jones et al., 2022; Bowden-Jones & Chamberlain, 2022; Chamberlain et al., 2023; Wardle et al., 2020), the UK government has committed a great deal of public funding to ensure the sustainability of UK-based research into gambling and the prevention and treatment of harm. We welcome the forthcoming statutory levy for gambling research, prevention, and treatment and call on researchers from all disciplines to continue to address resource inequality in all of its forms.

Conclusions

Talk of a crisis in UK gambling policy may be overstated. A great deal of innovative, policy-informed research is already underway, conducted by researchers from a range of disciplines, which we contend must be borne in mind if one is to seek to critique the current pace of change. Research linking prevalence surveys across several jurisdictions (James et al., 2024) and meta-reviews of global prevalence rates (Tran et al., 2024), the relationship between population-wide gambling harm and quality of life (Moore et al., 2024), the social and economic costs of gambling harm (Harris et al., 2023; OHID, 2023), the application of big financial transaction data and machine learning approaches to the lived experience of gambling harm (Muggleton et al., 2021; van Baal et al., 2024), the nature and extent of gambling advertising on social media (James & Bradley, 2021; Rossi & Nairn, 2022), population-level changes in online searching for gambling related terms since the pandemic (Houghton et al., 2023), and a growing evidence base for empirically supported treatment for gambling (NICE, 2024; Pfund et al., 2023; Seel et al, 2024), are all illustrative examples of the transformational work underway.

While the pathways to policy-based impact of such work may be long and winding, with occasional detours prompted by changes in government and the prevailing global financial conditions, we believe it is critical to acknowledge the advances made thus far and

to unite, not divide, researchers tackling one of the greatest public health challenges of our time.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Ethical Statement

Ethical approval was waived as this is a commentary article no new data were collected.

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