

Gambling control: in support of a public health response to gambling

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Gambling has recently been identified as an important threat to health and yet, responses continue to focus on individual gamblers rather than, as is increasingly accepted for other health threats, challenging the companies that profit from this misery. The need to address what is now termed the “corporate determinants of health” is apparent given evidence linking the British government’s reluctance to tackle Fixed Odd Betting Terminals to the influence of a highly controversial consultant’s report funded by the gambling industry,¹ with the government acting only after a junior minister resigned in protest.

Against this background, the decision by Public Health England (PHE) to partner with an industry-funded charity, GambleAware, in a recent public messaging campaign, is concerning, especially following so soon after the agency’s much criticised collaboration with the alcohol industry-funded charity DrinkAware.² Of course, some will argue that, as the industry has created many of the problems that concern PHE, it should contribute to solving them. However, looking closely at what the industry is doing in this regard gives few grounds for optimism.

Just like the tobacco and alcohol industries, the gambling industry, and its associated bodies, promote a narrative based on personal responsibility and “high-risk” individuals, exemplified by William Hill’s “Nobody Harmed” campaign, which aims to “Support all customers to stay in control...” and focuses on individual-level interventions.¹ This appears to reflect the gambling industry position that focuses on the “problem gambler” rather than problem products, avoiding interventions that threaten its earnings.

GambleAware’s new “landmark public health campaign” is an example of this.³ “Bet Regret” professes to promote “moderation” by young male gamblers, encouraging them to focus on remorse associated with impulsive bets.³ This blame-the-victim stance claims to deal with stigma but actually relies on stigmatisation. Those who design public health campaigns (and, one might speculate, the large marketing companies hired by the gambling industry) know that this type of messaging is likely to “backfire”, thus reinforcing the behaviour it purports to discourage.⁴

Moving forward, the challenge is that much of the available research on gambling is industry funded, albeit via a charitable intermediary, creating obvious conflicts of interest. Although this sector has not been subjected to anything like the scrutiny that tobacco and, more recently, alcohol and food producers have experienced, it would be surprising if at least some of the

same tactics were not being employed, such as distortion of the evidence and manipulation of the research agenda.⁵

Also concerning are recent workshops commissioned by the Gambling Commission, which bring together the industry and its clients, including low and moderate risk gamblers, to “involve multiple participants from different backgrounds sharing ideas in a collaborative, open forum”.⁶ It is doubtful whether such workshops would be considered ethical or acceptable if they brought, say, regular smokers together with tobacco industry representatives to ‘share ideas’.

The value to harmful commodity industries of such activities is well-documented: part of this is due to their “halo effect”, - they give the industry legitimacy, allowing it to portray itself as part of the solution rather than sustaining the problem.⁷ This is not the only example: clients who have used the services of gambling addiction treatment provider Gordon Moody are offered the opportunity to attend retreats run by private organisations which bring together recovering problem gamblers and members of the gambling industry in joint team building and leadership exercises.

While the Gambling Commission and treatment providers are undoubtedly striving to reduce gambling harms, these examples deserve closer scrutiny, particularly given how other industries that produce and market harmful products have exploited similar activities in order to delay or prevent implementation of effective measures – such as tighter regulation of their products.

It is becoming evident that gambling is one among many threats to public health promoted by powerful vested interests.^{8,9} In the case of tobacco, we accept that industry should not play any part in designing “solutions”, whether as a funder of research or through co-creation with its clients. That is a recipe for producing interventions that are either ineffective or counterproductive, in particular, interventions that have as their main purpose the undermining of public health interventions that are known to work.

In short, development of an effective public health approach to gambling needs to start by applying the lessons learned from dealing with harms from tobacco, alcohol and food and beverage industries. We need an evidence-based, joined-up response to this addictive product

for which there is no evidence of a safe level¹⁰ – an approach we might refer to as “Gambling Control”.

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