

How care calls affect gambling behaviour in people with various gambling profiles

What this research is about

In several European countries like Norway and Sweden, gambling operators have a duty to contact people who show high-risk gambling behaviour. During a typical care call, staff provide feedback on the people's gambling behaviour and share information about safer gambling measures. The purpose of this study was to examine how different criteria used for triggering care calls affect people's participation in this intervention, the actions they take during the call, and changes in their gambling behaviour afterwards.

What the researchers did

Norsk Tipping (NT), the state-owned gambling monopoly in Norway, provided account-based behavioural data for 4,766 people who received care calls between 2022 and 2024. NT used the following criteria to initiate care calls:

- High loss in last 12 months. High loss was defined as loss of 60,000 NOK or more for 20 to 25-years-olds and losing most money in their age group for 18 to 19-years olds; loss of 60,000 NOK or more for 26 to 30-years-olds; and loss of 120,000 NOK or more for people aged 30 and older.
- High loss for people newly registered (loss of 10,000 NOK or more in last 3 months).
- Long-term high-risk status in the behaviour tracking system (Playscan).
- A recent increase to high-risk status in Playscan.
- Contact with customer service indicating problem gambling.
- Contact through NT's intervention service "Spillepuls" indicating problem gambling.

What you need to know

This study examined how different criteria used for triggering care calls affect people's participation in this intervention, the actions they take during the call, and changes in their gambling behaviour afterwards. The researchers analyzed account data from 4,766 people who gambled with Norsk Tipping, who received care calls between 2022 and 2024. Overall, gambling decreased after care calls, including fewer days gambled, fewer wagers, lower amounts wagered, and lower net losses. Larger reductions were seen among people who initiated the contact, new and younger people with high losses, and those with a recent increase to high-risk status. Smaller reductions were seen among older people with high losses and those with long-term high-risk status. People who lowered their loss limits during the call also had greater reductions than those who did not lower their loss limits.

The researchers examined the following features:

- Gambling behaviour 12 weeks before and 12 weeks after the call, including net loss, number and sum of wagers, theoretical loss (expected loss in the long run given the house advantage), days gambled, and number of deposits.
- Safer gambling actions, including self-exclusion, pauses, change in loss limits, and self-tests performed.
- Care call details, including whether a care call was performed and rated as 'successful' by the NT staff, and whether any actions were taken.

What the researchers found

A higher percentage of care calls were successful among men than women (58.3% vs 51.3%). The differences between men and women were especially evident among people aged 18 to 25 years and those aged 30+ years with high losses, people at long-term high-risk, and people newly registered with high losses.

Successfully completing a care call was less likely among older people and those with a higher theoretical loss during the 12 weeks before the call. A successful care call was more likely among men and those who bet on sports.

Behaviour change: After the care call, people generally had gambled for fewer days, placed fewer wagers, wagered a smaller total amount, had lower net losses, lower theoretical loss, and fewer deposits. People who contacted through “Spillepuls”, people who had newly registered with high losses, young people aged 18 to 25 years with high losses, and people with a recent increase to high-risk status showed the largest reductions. The intervention had the least effect on older people with high losses and people with long-term high-risk status.

Actions taken: The most common action people took during the call was reducing loss limits (43.7%). People who initiated the contact themselves and young people were most likely to reduce their loss limits. People aged 30+ with high losses, long-term high-risk status, or a recent increase to high-risk status were least likely to do so.

People who reduced their loss limits during the call gambled for fewer days and had lower amounts wagered, lower net losses, lower theoretical loss, and fewer deposits compared to those who did not reduce their loss limits.

How you can use this research

Practitioners and gambling operators can use this research to identify which groups of people may respond best to proactive care calls and which groups may need additional support. The findings also suggest helping people take practical protective actions during the call, such as lowering their gambling loss limits.

About the researchers

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Citation

Jonsson, J., Hodgins, D. C., Munck, I., Carlbring, P., Pallesen, S., Lakew, N., Hensler, I., Forsström, D., & Lindner, P. (2026). Exploring the impact of different triggering criteria for making care calls to at-risk customers of a gambling company. *Psychology of Addictive Behaviors*, 40(6), 660–671. <https://doi.org/10.1037/adb0001163>

Study Funding

This study was funded by Norsk Tipping through an industry–academia collaboration that guaranteed full academic independence under a written agreement.

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