

knowledge snapshot



A review of programs that aimed to reduce or prevent gambling harm

What this article is about

Gambling has become more popular over the last 10 years. In some countries, as many as 1 in 17 people, or 5.8% of the population, have problem gambling (PG). PG is repetitive gambling behaviour that leads to harms such as poor physical and mental health, large amounts of debt, and strained relationships. These gambling harms are experienced by the person who gambles, their family, friends, and community.

Evidence suggests that prevention programs may increase people's knowledge about gambling harm. It is unclear whether they can change people's gambling behaviour and reduce harm over the long term. Policy makers in different countries suggest that public health strategies reduce PG and its associated harm. However, there are no proven strategies that are best able to reduce gambling harm. In this article, the authors identified and described previous reviews of programs that aimed to prevent or reduce the harm people experience from gambling.

What was done?

The authors searched online databases for systematic reviews. They included 30 review articles in their study. The articles described programs that aimed to prevent or reduce gambling harm. The articles focused on programs for an entire population, people who gamble, or people who are more vulnerable to experience gambling harm such as children and young adults. The articles were published in English between 2012 and 2019.

The authors put the articles into two groups. One group of articles described prevention programs for an entire population. These programs aimed to reduce people's desire to gamble and how much they

Why is this article important?

The authors identified previous reviews of programs that aimed to prevent and reduce gambling harm. The authors searched online databases for systematic reviews. They found 30 articles looking at either programs for an entire population or programs targeted to people at risk of harm. The authors noted that evidence for most programs is weak. There is a lack of evidence about whether these programs are useful over a long period of time. The authors also noted a lack of screening programs and programs to provide ongoing support for people after their treatment.

gamble. The other group of articles evaluated programs that were targeted to people likely to experience gambling harm. These programs included therapies, self-help programs, and drug treatments.

The authors invited a public advisory group of eight people to provide input. This group had people from across the United Kingdom who suffered gambling harm or knew someone who did. They suggested important information that the authors could consider while doing their study. The authors also sought feedback from a different group of 19 people to help them better understand their initial findings. This group had people from clinical practices, charities, and universities in the United Kingdom.

What you need to know

Prevention programs for an entire population

There were three reviews on programs for children and young adults. These programs were delivered in schools as gambling education programs. Some

evidence suggests that they improve young people's knowledge of gambling in the short term. There is little evidence about whether these education programs have long-term benefits on gambling attitudes and behaviour.

There were four reviews on programs to help people reduce their gambling. Many programs showed warning messages on posters and on gambling game screens. Some warning messages let people know when they reached their spending or time limits. Other programs included removal of cash machines and smoking bans. Evidence suggests that static posters and signs do not work. Pop-up messages, especially those approved by medical or government organizations, appear to be the most promising.

Targeted programs for people at risk of harm

There were 12 reviews on therapies for people at risk of harm. Some evidence suggests that cognitive behavioural therapy (CBT) can reduce gambling harm for susceptible people in the short term. Few studies investigated if CBT is useful over a long period of time. Motivational interviewing may reduce how much people gamble, especially if delivered with CBT. Brief interventions are programs that last no more than three sessions. Some evidence suggests that brief interventions may reduce people's risky gambling behaviour over a short period of time.

There were four reviews on self-help programs for people who gamble. These reviews noted that studies often only measured short-term results. Evidence suggests that protective behavioural strategies (e.g., setting money limits) and personal feedback on play may reduce how much people gamble in the shorter term. Gamblers Anonymous and stress management programs together may also reduce the amount of time and money people spend gambling.

There were five reviews on drug treatments. Overall, there is a lack of evidence about what types of drug treatments may be useful in reducing people's risky gambling behaviour and related harms.

The authors identified two gaps in current research. The first is a lack of screening programs to identify

people with risky gambling behaviour. The second is a lack of programs to provide ongoing support to people after their treatment and to prevent relapse.

Who is it intended for?

This article is intended for researchers, clinicians, and policy makers. The authors noted evidence to support most programs is weak. More research is also needed to determine the long term effects of these programs.

About the researchers

Lindsay Blank, Susan Baxter, Helen Buckley Woods, and Elizabeth Goyder are affiliated with the School of Health and Related Research at the University of Sheffield in Sheffield, United Kingdom. For more information about this study, please contact Lindsay Blank at l.blank@sheffield.ac.uk.

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About Gambling Research Exchange (GREO)

Gambling Research Exchange (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in safer gambling policies, standards, and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

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