

knowledge snapshot



Research on gambling prevention interventions tends to focus on changing individual behaviour

What this article is about

This article evaluates previous systematic reviews on evidence regarding the effects of prevention and harm reduction interventions for gambling. Many studies have investigated how gambling negatively affects gamblers, as well as their family and friends. Some people may develop problem gambling from gambling too much and suffer negative consequences. These consequences may include financial problems, poor relationships, and mental health issues. People with low to moderate risk of problem gambling can also experience negative consequences. Research also shows that people with lower income tend to spend proportionately more of their income on gambling and suffer more gambling consequences. This may be in part because there are more electronic gaming machines (EGMs) in poorer neighbourhoods.

In this article, the authors identified previous reviews that had systematically examined prevention and harm reduction interventions to reduce gambling behaviour. They evaluated and summarized these reviews, as well as the effectiveness of the interventions reported. The authors also explored evidence on how the interventions might affect sociodemographic groups differently.

What was done?

The authors searched online databases for systematic reviews of prevention and harm reduction interventions for gambling. The search was limited to articles that had been peer-reviewed and published in English. Ten articles met the criteria to be included. The authors assessed the quality and relevance of all articles using A Measurement Tool to Assess systematic Reviews (AMSTAR 2). They grouped the interventions based on three types: 1) supply

Why is this article important?

Gambling is a popular but risky activity that can lead to problem gambling in some players. The authors evaluated evidence in previous systematic reviews on the effectiveness of different prevention and harm reduction interventions. Ten reviews reporting on 55 studies were identified. Many studies were interventions to change individual behaviour. Less research focused on interventions at a population level, such as reducing the supply of gambling opportunities. There is a lack of research on how interventions affect sociodemographic groups differently.

reduction (to reduce or disrupt the availability of gambling opportunities); 2) demand reduction (to reduce the desire to gamble and prevent problem gambling); and 3) harm reduction (to reduce the potential harmful effects of gambling).

The 10 systematic reviews reported on 55 primary research studies. The authors provided a diagram to show the process they used for selecting the reviews. They also included tables to summarize the main results of the studies based on type of interventions.

What you need to know

The quality of the systematic reviews was low. However, the reviews could be limited by the quality of the studies they examined. There was duplication of studies across reviews. Twenty-five of the 55 studies appeared in at least two reviews. Most of the studies focused on setting limits on money or time spent gambling, self-exclusion, programs for youth, and giving players feedback on their gambling behaviour while playing on EGMs.

In terms of supply reduction, one review looked at four studies on the effects of reduced venue hours and shutdown of EGMs. One review looked at two studies on capping the number of EGMs. These interventions seemed to have little effect. In terms of demand reduction, four reviews looked at 11 studies on programs for youth. Five of the 11 studies reported that programs reduced the number of youth who gambled and the number of youth with gambling problems. One review identified two studies on smoking bans at gambling venues. One study reported that a smoking ban reduced the amount of money spent gambling.

In terms of harm reduction, five reviews identified 11 studies on limit setting. Six studies showed that setting limits was effective. However, this strategy was only effective if players stayed within the limit they set. Two reviews looked at 11 studies on self-exclusion. Five studies found that self-exclusion reduced the severity of gambling problems, but the positive effects disappeared after the self-exclusion period ended. Five reviews looked at nine studies on the effects of feedback on EGMs, and one review looked at two studies on personalized feedback. These studies found that feedback could help players control how much time and money they spent. Two reviews looked at four studies of removing gaming machines that accepted large bills. One review looked at two studies on reducing the maximum bets. One review looked at one study on removing ATMs from gambling venues. Some studies reported positive effects, but other studies reported no effects.

Overall, most studies focused on how to change players' individual behaviour. Less research investigated how policy changes could protect the public from gambling problems. Not all systematic reviews stated their funding sources. There is also a lack of research exploring how prevention strategies affect sociodemographic groups differently.

Who is it intended for?

This article is intended for researchers and research funders. Future research could investigate how population-level interventions, such as shortening venue hours, affect gambling behaviour. More

research is also needed to understand how prevention and harm reduction programs affect sociodemographic groups differently.

About the researchers

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Citation

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Gambling Research Exchange Ontario (GREO)

Gambling Research Exchange Ontario (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 responsible 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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