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Research Article

Moving Prevention of Gambling Harm Upstream: Opportunities in Social Policy and Research

Anticipando la Prevención en Juegos de Azar: Oportunidades en las Políticas Sociales y la Investigación

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Abstract: This article analyses the specificities of the policymaking and research communities to explain why policies to prevent gambling disorder and other gambling-related harms have seen little change over the last two decades. Although existing knowledge on these issues suggests the implementation of prevention interventions based on public health perspectives, there are few government-led initiatives that adopt broad approaches beyond those advocated by the Responsible Gambling perspective. This situation would be influenced by two communities of actors with distinct professional cultures: policy makers face general incompatibilities with prevention policies, which are complex and go beyond political timeframes; gambling researchers, in turn, operate in fields dominated by approaches oriented towards measuring gambling disorder and with little interest in structural issues. To address this situation, the text advocates emphasising socio-economic inequalities related to gambling by the research field and improving science communication strategies as a means of influencing action to reduce the overall negative consequences of gambling.

Keywords: gambling harm; gambling prevention; public health; social policy, policy advocacy.

Resumen: Este artículo analiza las características de las comunidades de policymakers e investigadores/as para explicar las razones por las que las políticas de prevención del trastorno de juego y otros daños derivados de los juegos de azar apenas han visto transformaciones en las últimas dos décadas. A pesar de que el conocimiento existente sobre estas cuestiones sugiere la implementación de intervenciones de prevención basadas en perspectivas de salud pública, son pocas las iniciativas promovidas por gobiernos que adoptan planteamientos amplios, más allá de los defendidos por la perspectiva del Juego Responsable. Esta situación está influida por dos comunidades de actores con culturas profesionales diferenciadas: los/as responsables de políticas presentan incompatibilidades generales respecto a las políticas de prevención, las cuales son complejas y exceden los ritmos de la política institucional; a su vez, los/as investigadores/as sobre juego operan en campos dominados por planteamientos orientados a medir el trastorno de juego y con escaso interés por cuestiones estructurales. Para resolver esta situación, el texto aboga por enfatizar las desigualdades socioeconómicas relativas a los juegos de azar desde el ámbito investigador y mejorar las estrategias de comunicación científica como medio para influir en las acciones para reducir las consecuencias negativas totales derivadas de los juegos de azar.

Palabras clave: daño por juego; prevención de juego; salud pública; políticas sociales; promoción de políticas.

1. Introduction

Gambling is behind one of the most prominent behavioural addictions nowadays. Gambling disorder (GD) is recognised as an addictive disorder by the World Health Organization and by the DSM-V of the American Psychiatric Association (Potenza et al., 2019). Overall, the prevalence of GD worldwide is between 0.12% and 5.8%, although differences between regions and countries may be influenced by different ways of measurement (Calado & Griffiths, 2016). Since the 1980s, governments in the global North have promoted prevention policies based on 'responsible gambling' (RG) (Blaszczynski et al., 2011), which aimed to mitigate the harm caused by gambling through the promotion of moderate and mindful leisure habits.

However, the 'public health' perspective that understands gambling as an activity with broad social impacts has gained importance in the last two decades. It is increasingly evident and shared that the RG perspective is insufficient to develop policies capable of reducing the harm of gambling in society (Livingstone & Rintoul, 2020). The negative consequences of gambling extend beyond the individuals who gamble, with particular impact on their social settings (Wardle et al., 2019). Thus, gambling is not considered as just another leisure activity, but as a phenomenon with broader health and social implications (Langham et al., 2016). However, the public health perspective includes other considerations that go beyond the harm caused to gamblers and focuses upstream, i.e., on gambling opportunities, marketing and gambling discourses. These have received less attention in the literature, although they have a significant transformative capacity.

Parallel to this, the growth of the gambling industry over the last two decades has found a matching trend in public policies to regulate it and to address its negative consequences. Policies to reduce harm have taken a largely restrictive angle, focusing on limiting general availability, advertising and age of onset (Nikkinen et al., 2018). The effectiveness of these measures has been contested, as the policies with the greatest potential are those that regulate prices and the environmental conditions of gambling (Sulkunen et al., 2020). However, these are also the actions that can generate the most reluctance from policymakers, public opinion, and industry, as they would limit the revenue derived from the activity and would entail restrictions to individual choice, as it is often argued (Blaszczynski et al., 2008). Alternatively, social marketing campaigns are a tool increasingly used by national and local government bodies to influence the perceived attractiveness of gambling and its relational components (Thomas et al., 2015). These do not need to be accompanied by changes in legislation in order to mobilise opinions and make government stances visible, making them appealing to policymakers. Their effectiveness lies in their rhetorical approach: from a public health perspective, campaigns that emphasise messages aligned with responsible gambling are of little help to people affected by gambling (Miller & Thomas, 2017) and offer few novel debates for the public sphere.

In this setting, prevention has become more important and more extensive. Individual responsibility is less prominent when authorities recognise the width of the harm caused by gambling. Despite this, there is a considerable gap between the most prominent prevention initiatives carried out by governments and analysed by researchers, on the one hand, and the prevention initiatives desirable from a public interest point of view, on the other hand (McMahon et al., 2019). A considerable amount of evidence and recently deployed interventions focus on individual behaviour in gambling contexts, although their effectiveness is known to be limited (Sulkunen et al., 2020). Both policy and research embody tendencies that delay tackling gambling as a matter of general interest. There is a need for a combined analysis of the reasons that lead to the steering of preventive policies and prevention research in similar directions. Thus, the text first discusses the role of the policy community in the relative scarcity of public health prevention initiatives along with the political factors that influence them. It then examines the main characteristics of gambling research and the challenges for the research community. Finally, a general approach for communicating research results is proposed, aimed at transforming the dominant policy framework on gambling harm minimisation.

2. Policy, prevention, and normative assumptions

2.1. Prevention policy

Preventive public policies have an aspirational image and have been at the center of social policy agendas since the second half of the 20th century, offering the promise of significantly reducing inequalities and consequently reducing the costs of public services. If policies can be made less reactive, it is assumed, social spending would be more stable and contained (Billis, 1981). However, public policies that can be categorised as preventive are comparatively rare. Their attractiveness clashes with the complexity of the design and negotiation processes needed to implement them, i.e., the difficulty of translating an abstract vision into a tangible public initiative. The broadest conception of prevention policies as "a collection of policies designed to intervene as early as possible in people's lives to improve their well-being and/or reduce demand for acute services" implies the need to identify the phenomena behind the 'problems' to be tackled (Cairney & St Denny, 2020, p. 7). For example, anti-smoking policies in the UK included efforts to prevent young non-smokers from developing future smoking habits, for which a wide range of awareness-raising efforts were implemented (Levy et al., 2013). Despite the resources and efforts of the tobacco industry to delay such measures (Petticrew et al., 2017), policy makers generally had a clear understanding of the determinants of tobacco use and the need to act in a cross-cutting manner. Thus, rather than intervening on interconnected phenomena in the present, prevention policies are concerned with related but distinct factors that occur at different points in time.

The current state of gambling-related prevention policies, in general, places greater emphasis on the gambling contexts and the potentially negative elements it entails. Under the RG prevention model, the framework of preventive actions promotes messages of individual moderation and health protection for consumers of gambling entertainment. In short, the RG approach suggests that "the ultimate decision to gamble resides with the individuals and represents a choice, and to properly make this decision, individuals must have the opportunity to be informed" (Savard et al., 2022). Under this model, awareness-raising actions are aimed at informing individuals about the gambling offer in order to avoid misuse and secondary, on-site prevention is carried out by employees at gambling venues, other gamblers, and police authorities (O'Mahony & Ohtsuka, 2015). RG simplifies the tasks of policymakers because it does not focus on the life trajectories of gamblers or on the core properties of gambling, understood as the entertainment offer of an international industry with commercial and political interests; instead, policy makers under RG should be concerned with ensuring free access to 'safe gambling', which is primarily the responsibility of individuals.

RG has enjoyed wider support so far because it is comparatively simple to adopt, as opposed to more 'complex' frameworks. Policies that address the 'roots' of the problems they seek to solve must have the ability to seize opportunities in order to be adopted. In particular, prevention policies tend to clash with the dynamics and interests of politics. Given the multiple factors that influence most of the social problems to be prevented, government officials "show support for policy before they understand what it means. […] They choose a vague solution to an unclear problem" (Cairney & St Denny, 2020, p. 4). Later, when they begin to define the actions that would be needed in the eventual policy, other priorities on the public agenda tend to delay attention to prevention actions. In cases where the public agenda or stakeholders place other issues at the forefront of attention, "they often settle for the appearance of success, based on the popularity of their response or narrow indicators of outcomes, without addressing the 'root cause' of the problem they profess to be solving." (Ibid.). These frictions are intensified when the political climate is opposed to intervening in the lives of individuals, when the scientific evidence is not perceived as convincing, and when the social problem to be addressed is seen as too 'wicked', that is, having too many interacting elements and no agreeable solutions (Ibid.; McConnell, 2018).

2.2. Normative assumptions

Gambling legislation and, more specifically, the prevention of GD can be understood in this way. Firstly, regulation of the gambling industry in the United States and the European Union (EU) is fragmented, which makes it difficult to bring about significant transformations in the way policy makers understand gambling. In the United States, each state has the power to decide on access, prevention, and treatment policies related to gambling (Pavalko, 2004). Similarly, in the EU, each member state has control over the regulation of the gambling sector and licensing. Some countries run state owned enterprises that control most forms of gambling, such as Finland, while other countries' regulation gives more room to private companies, such as Spain. The European Commission provides some general guidelines for the protection of gambling consumers' rights, but does not dictate how these should be implemented in each member state's legislation (Selin, 2019; European Commission, 2021). The fragmentation of legal frameworks in two of the most influential markets in the globe contributes to reinforce discrepancies and deepens path dependency in gambling policies (Paldam, 2008).

Secondly, we must consider that a large part of the debates on potential measures to regulate gambling take place around the notions of equity or fairness. Indeed, there are important discrepancies in academia about the identification of the problematic aspects of gambling, what counts as a problem and what does not (van Schalkwyk et al., 2019; Shaffer et al., 2020). As a result, debates about 'what to do' in terms of regulation and prevention have intensified, both among policy makers and producers of scientific evidence (Latvala et al., 2019). The extent to which 'root causes' are addressed by prevention measures is closely linked to the position of stakeholders with regard to notions of inequality and fairness (Cohen, 1987). Evidence on the relationship between socio-economic structure where gambling options abound suggests that intensive gambling participation is linked to a higher GINI coefficient (Fiedler et al., 2019). Similarly, moderate levels of income inequality are associated with higher levels of expenditure on lottery and sports betting (Bol et al., 2014). In this respect, a normative position that accepts social inequality but rejects unfairness would find the deployment of comprehensive primary prevention policies unattractive. Calls to establish a discussion on gambling policy using only scientific evidence, despite "concerns about liberty and morality", such as Shaffer et al. (2020, p. 822), are an invitation to ignore ideological assumptions, both in academic debates and in policy making.

Moreover, the role of scientific evidence in social policymaking should be approached with caution, as it is usually other factors that most strongly influence the final outcome of government decisions, such as political debates and personal judgements (Head, 2008). Fundamentally, this is because policy makers operate under factors specific to their professional context, such as personal beliefs, media relations, career ambitions, or constituent opinion (Kingdon, 2011). Although researchers are also influenced by these factors (albeit in a different manner), policy makers and researchers belong to distinct professional communities (Bogenschneider & Corbett, 2021), which view scientific evidence differently. This was similarly noted by Weiss (1978), who observed that the use of scientific evidence and paradigm shifts in the field of social policy is driven by principles different from those of social sciences. In this context, the relationship between the two groups can be understood as one between 'research producers' (researchers) and 'research consumers' (policymakers) (Bogenschneider & Corbett, 2021).

Research consumers demand scientific evidence, especially on issues that are particularly complex or multi-causal. However, the degree of systematisation with which they use it differs from that of research producers. This is particularly noticeable in public health and primary prevention policymaking processes. Cairney & St Denny (2020, p. 12-14) propose a set of factors that describe potential issues in the relationship between the professional culture of decision makers and prevention policies. Given that prevention, as mentioned above, is more often an aspiration than a reality, it is relevant to consider the mechanisms present in the functioning of governments that contribute towards it:

- The scale of the task may become overwhelming for policymakers, as it exceeds the electoral term by which they tend to structure goals.
- There is high competition for policymaking resources, such as funds, attention, and political leverage. Often, the immediacy of emerging issues on the public agenda delays public prevention efforts.
- The benefits of preventive actions are difficult to measure and convey, particularly within electoral timeframes.
- Problems are 'wicked' and difficult to grasp. Both research producers and consumers may struggle to define clear terms about the causal loops they seek to address.
- If not done holistically, one aspect of prevention may undermine others, such as the redirection of funds from one prevention policy to another.
- The professional culture of policy makers usually requires that someone must be ultimately accountable. If prevention actions are designed in a broad and multilevel manner, responsibility is blurred and can lead to mistrust among government officials.

Thus, these general properties of preventive policies can also be applied to the case of gambling. Discussions held by policy makers based on equity and fairness criteria often make use of empirical data. However, as documented below, this use may be unreliable, limited, or invalid depending on the objectives pursued by policy makers and their relationship to the research output. As Miller and Michelson (2013) show, policy makers may fail to adequately assess the quality of evidence and use inappropriate data to advance their arguments and regulations. Crucially in this case, researchers do not escape this risk either. The ambivalence that arises between moral and rational arguments should not, yet, be understood as a malfunction in debates about 'what to do' in gambling (Ferraiolo, 2013), but as a property of gambling as an activity mediated by moral and ideological perspectives. This is supported by the findings on gambling policy by Cassidy et al. (2013, p. 8), which are consistent with the broader literature on policy-making processes and state that "the impact of evidence is unpredictable because its reception is contingent on factors including the constitution of boards, the personalities of board members, timing and luck".

It is clear, then, that the domain of social policies, both public health and inequality reduction policies, features internal logics that cause friction when the issues of GD prevention and regulation of gambling more broadly are brought to the table. Below we analyse the role of research producers in the state of knowledge and preventive actions, who represent another key actor for understanding the current state of these efforts.

3. Research, prevention, and influence

3.1. Prevention research

Based on the evidence-mediated relationship that exists between consumers and producers of research, we must assume that the changes that take place in the scientific field are subsequently translated into the field of policymaking. Although not at the same pace or in the same terms (Weiss, 1978), scientists' proposals are used as authoritative arguments in policy debates. In public health issues in particular, the reception and use of scientific knowledge tends to be beyond the reach of research producers, as it is uncertain, subject to bureaucratic structures and the values of those who occupy them (Almeida & Báscolo, 2006; Liverani et al., 2013). However, the prominence of the RG perspective in much of the regulatory frameworks and in the messages of the gambling industry is matched by the literature on gambling issues.

Indeed, not only is RG a relatively simple prevention perspective, and therefore attractive to policy makers, but it is also rarely challenged by the researchers who make use of it in their studies. This was already noted by Campbell & Smith (2003), who noted that discourses on RG omitted debates on the characteristics and justification of gambling as a business model, which had been salient previously. Nowadays, the literature on GD -as a relevant vector for prevention-

is dominated by studies focusing on the behavioural factors of individuals; specifically, in this area of knowledge "culturally responsive disordered gambling treatment appears to be lagging compared to the more robust focus on culture, diversity, and equity in related disciplines" (Christensen et al., 2022, p. 44). This trend is of significant importance if the goal of reducing the negative consequences of gambling is to be pursued broadly, taking socio-cultural factors into consideration.

Another relevant element in understanding current directions in prevention and public health research is the distribution of disciplines involved. The most influential journals and the concepts most used in gambling studies derive still from the fields of psychology, psychiatry, and medicine (Cassidy et al., 2013). Furthermore, most publications in these journals deal with issues related to the excessive gambling of individuals and their subsequent categorisation (Ibid.). Reynolds et al. (2020) found in a recent scoping review that almost 75% of the literature on RG is conducted by psychology and business researchers, who emphasise the behaviour of individual gamblers and the risk of 'pathological gambling'. When the literature is analysed through an umbrella review of interventions to reduce gambling harm it is found (McMahon et al., 2019) that the focus is again mainly on the individual behaviours of gamblers, over interventions focused on addressing the demand (primary prevention) and supply side of gambling. This is also true for reviews of more specific subjects, such as a recent review of problem gambling prevention programmes with young adults (Grande-Gosende et al., 2020), which found that the cases reviewed in the literature were dominated by the harm-reduction model based on RG.

Of course, these trends raise questions about the complementarity of knowledge produced by different disciplines. If the evidence produced by researchers in psychology, business, and medicine constitutes the majority of scientific production and is propelled by specific research questions and methods (Christensen et al., 2022), contributions from minority disciplines (in this field) such as sociology, geography, economics, or cultural studies face difficulties in integrating into the dominant stream. However, this does not constitute an essentialist perspective on these dominant disciplines, far from it: there are very diverse perspectives, for example, within psychology and most of them are fully compatible with the critical approaches displayed in other domains. As Livingston et al. (2018, p. 8) note, "structural, political and environmental perspectives are being embraced within the discipline of psychology, and methods such as social constructionism, critical discourse analysis and participatory action methodologies are now widely accepted", which differ substantially from the traditionally empiricist perspective employed by some of the most influential psychologists in gambling studies.

3.2. Methods as mechanisms of influence

In relation to methods, it is necessary to draw attention to the prevalence of Randomised Control Trials (RCTs) as a test of the reliability of interventions on gambling and GD prevention. RCTs have the reputation of being the "gold standard" of knowledge in several disciplines, as they allow for testing the effects of an action on two different groups of people influenced by the same set of factors. Under this procedure, researchers obtain clear information about the effects of such action (Hannes et al., 2013). RCTs, which are based on quantitative methods of measurement, are firmly established in the policy environments of many countries in the global North, mainly as an instrument for testing pilot interventions and evaluating established social policies. They are thus a highly influential type of evidence among policy makers who make enthusiastic use of research output (Bogenschneider & Corbett, 2021).

An example of their influence is the modification of the Family Nurse Partnership (FNP) in England following the publication of an RCT that questioned the cost-effectiveness of the programme. The FNP, introduced in 2007, is a preventive public health initiative that offers guidance and support to first time young parents aged 24 and under, generally to those who live in 'disadvantaged' socio-economic circumstances (Early Intervention Foundation, 2021). An RCT aimed at measuring the effectiveness of the FNP was published in late 2015 (Robling et al., 2016)

and a few weeks later attracted the attention of the national media (Andalo, 2015), as the results of the study indicated that the financial resources allocated to the FNP were not producing substantial results. This, in turn, led to considerable controversy (Hayes, 2017), resulting in adjustments to the programme's delivery with the aim of improving its cost-effectiveness and enhancing qualitatively measurable outputs (FNP & Dartington Service Design Lab, 2020). As we have highlighted above, the political atmosphere strongly conditions the chances of implementation and survival of preventive interventions, and the general stance of British public opinion between 2015 and 2018 was largely unfavourable towards increasing spending on non-employment social policies (O'Grady, 2022). The economic ineffectiveness of the FNP was consequently stressed by political and media actors interested in delegitimising equality-based measures, as opposed to equity-based measures.

However, there are compelling reasons to treat RCTs in the same way as other social policy research techniques and move away from the "gold standard" catchphrase. Primarily, it is necessary to consider that RCTs have a high level of internal validity, i.e., they have robust mechanisms that guarantee a very high level of reliability of the results, but, at the same time, the scope or generalisability of the results is very limited (Cartwritght, 2007). The specific conditions of an RCT describe the findings in the control group and in the target group, but do not provide a direct translation to the rest of society. To make the findings of an RCT operational, it is necessary apply the filter of "expert judgement" (Ibid., p. 19), i.e., those who are able to discuss, weigh and adapt the results into action in real-life scenarios. Moreover, the mere aggregation of RCTs for the identification of statistical patterns and averages in systematic reviews is not enough to understand the scope of interventions and policies that address complex social phenomena (Petticrew, 2015).

Despite these unfavourable prospects, RCTs have a strong presence in the literature on GD prevention and treatment, as the number of evaluation RCTs on GD treatment has doubled in the last 20 years (Christensen et al., 2022). The vast majority of these evaluation studies are published in gambling journals whose audience is composed of psychologists, psychiatrists, mental health professionals, and treatment providers (Ibid., p. 39). However, the use of RCTs in the current paradigm of mental health research has been thoroughly criticised (McPherson et al., 2020; Smith et al., 2021), as opposed to more pluralistic views for the identification of best practices. Regarding, again, the use of scientific evidence by policy makers and the limitations faced by preventive initiatives, it is necessary to pose research questions that address more than just the basic 'what works'; it is essential that GD treatment evaluations are also able to answer "for whom, where, why, for what, and when" will the intervention be effective (Gargani & Donaldson, 2011). For example, this would entail clearly describing which profiles of gamblers treatments are aimed at, including their socio-economic, cultural, and health conditions, gender implications, in which social settings they are best suited, or the type of friends or family members who could be involved in the process.

Thus, we observe that the causal and quantitative research paradigm, sophisticated and prominent in economics and psychology, has a favourable position in gambling research. This reality clashes with the growing presence of the public health approach and socio-cultural perspectives on GD prevention, especially in primary prevention. This approach assumes that prevention should be done 'upstream' "that is, it addresses determinants and factors that, if left undressed, will lead to harm for a considerable proportion of those who gamble or for others connected to those people" (Livingstone & Rintoul, 2020, p. 109). Similarly, as Lassnig (2012) notes, causal-quantitative research does not scape conflict, as it faces internal tensions between those who believe that they should have the capacity to transfer their results to stakeholders in real contexts and thus ensure their relevance in a time of change, and those who only dedicate their work to scholarly research.

There is currently a struggle to attract the attention of public decision-makers working on gambling related issues, since, as van Schalkwyk et al. (2021, p. e615) argue, many of the

determinants of gambling are explained through indirect causal relationships, which are difficult to quantify: "the relationship between gambling and harm is better conceptualised as 'conditional causation' reflecting how problems occur in combination with multiple factors reinforcing one another in a conditional relationship". Given the growing recognition of the complexity of gambling harm, the continuation of RG as the dominant perspective or, instead, the integration of new perspectives, is in dispute. The involvement of expert judgement, which is the decisive factor in synthesising and transferring scientific evidence to real-life contexts of action, plays a major role in this endeavour (Cartwright, 2007; Gargani & Donaldson, 2011).

4. Discussion

In this text we have analysed the main drivers that make gambling harm prevention policies protect the public interest in a limited capacity. It is now clear that a public health perspective that concentrates efforts on informing individuals about the possible risks of gambling is insufficient, as it does not prevent a small part of gamblers (0.12% - 5.8% of gamblers worldwide) from developing GD. Advocates of this perspective (Shaffer et al., 2020) argue that this proportion of gamblers affected by excessive levels of gambling are part of the gambling landscape and that it is not as significant a concern as some other academic experts suggest. However, the number of people behind this proportion is significantly higher than the capacity of health services to provide adequate treatment, particularly in low- and middle-income countries (Wainberg et al., 2017). To uphold the public interest, it is necessary that strategies for the prevention of GD and other lesser forms of gambling-related harm take a socio-cultural approach, which emphasises primary prevention and the reduction of gambling habit levels. As Sulkunen et al. (2020) point out, reducing the total number of people experiencing the negative consequences of gambling means reducing the total number of gamblers. Thus, even if the proportion of pathological gamblers remains stable, minimisation and treatment services would be of higher quality and less inequal.

As we have established above, participation in different forms of gambling is associated with higher levels of socio-economic inequality, both at group and individual levels (Bol et al., 2014; Fiedler et al., 2019; Latvala et al., 2021). Furthermore, the limited research available suggests that there are inequalities in gambling harm, i.e., that different categories of people are likely to suffer harm of varying intensities and types (Raybould et al., 2021). Future research can be expected to detail the differences and inequalities arising from gambling harm, such as those based on gender, age, and socioeconomic status.

In general, health inequalities are nowadays present in countries with the largest 'welfare states'. The environmental conditions in which people live have a major influence on this (Phelan et al., 2010). By environmental conditions we mean here aspects such as peer networks, knowledge, social prestige, housing, or income, among many others. Some of these conditions are a direct result of government policies, while others are more indirectly related. Health inequalities in contemporary societies are largely explained by habits developed around consumption and based on differences in people's cultural capital (Gagné et al., 2015). Given the importance of individual consumption choices in health, the question of the fairness or unfairness of inequalities arises (Mackenbach, 2012) and it is the policymakers' responsibility to decide on the form and extent of interventions to correct them. Furthermore, gambling legislation should be context-dependent, as similar legal frameworks in the European context show different levels of GD (Planzer et al., 2014). This is an intensely political issue and one that lies at the very heart of the debates on gambling regulation, as illustrated above.

However, barring short-term transformations in public sphere attitudes towards gambling that would alter the orientation of policy makers' work, the research field can be the main lever for the deepening of gambling harm prevention. Effective primary prevention policies are more difficult to be implemented than reactive ones (Cairney & St Denny, 2020), hence it is desirable that critical research on gambling deploys a pragmatic approach to dissemination. In this sense,

the policy community should be understood as priority recipients of critical evidence in gambling research. As Nicoll et al. argue (2022, p. iii), conducting critical research entails moving "beyond the "pull of the policy audience" and expand the lens of what counts as political by accepting our responsibilities, not only as researchers employed by universities, but also as highly educated professionals and citizens within democratic societies".

To achieve this, Bogenschneider & Corbett (2021, p. 262-290) propose a range of basic practices for engaging with policy makers and effectively convey the evidence supporting the wider prevention of GD and other gambling-related harms. These guidelines can be useful for both advocates of RG and proponents of more upstream-reaching perspectives, so we assume that arguments will encounter opposition when reaching the policy field. Thus, the guidelines are the following:

- Identify the policymakers to contact.
- Learn about the policymaker's interests and questions.
- Take the initiative to contact policymakers or intermediaries.
- Familiarize yourself with the policy process.
- Focus on those issues where research matters most.
- Conduct and communicate research that is policy relevant.
- Conceptualize policy outreach not as disseminating research to policymakers, but as developing relationships with them.
- Communicate research findings in the ways policymakers prefer.
- Consider whether to approach policymakers as an advocate or an educator.
- Forge common ground with policymakers around widely valued populations such as youth and families.
- Show respect for the knowledge and expertise of policymakers.
- Be patient and self-rewarding in defining success in policy efforts.

Public health researchers, it is assumed, have no difficulty in shaping sophisticated arguments about the benefits and harms of acting on a particular problem. They face more challenges, however, in coordinating their efforts and deploying effective tactics. Thus, in order to understand the practical implications of the above guidelines, it is worth considering the example of Sherraden et al. (2002), who presented a model of action that includes the participation of students, researchers, practitioners and stakeholders in social policy advocacy from the perspective of social workers. The effectiveness of their actions was evident in the legitimisation of social workers as an expert figure in a context where they were previously scarcely taken into account, which strengthened their voice in subsequent policy processes. Proponents of gambling harm prevention from a broad public health perspective can draw relevant lessons about the usefulness of coordinated action and effective dissemination.

5. Conclusions

The current status of gambling harm prevention and gambling disorder (GD) shows that interventions focus on reducing the negative consequences for those who engage in the phenomenon of gambling (McMahon et al., 2019). Responsible Gambling (RG) perspective, still dominant given the support it receives from governments and the gambling industry (Reynolds et al., 2020), promotes a narrow perspective that does not prevent gambling harm from impacting more strongly on social groups already suffering from socio-economic and health inequalities. A broader prevention perspective is needed in this context, which is able to deploy a wider perspective and target actions to reduce harm by reducing the total number of gamblers (Sulkunen et al., 2020; van Schalkwyk et al., 2021). The advancement of the public health perspective, however, encounters resistance from both the policymaking and research communities.

The policy community has general difficulties in adopting and implementing prevention policies. This is primarily because the social problems they seek to address are complex and multi-causal (McConnell, 2018), on the one hand, and because appropriate interventions to promote prevention tend to exceed the framework of electoral timeframes, both in their implementation and evaluation, on the other (Kingdon, 2011; Cairney & St Denny, 2020). In response, researchers often find it difficult to align their professional culture with that of policy makers (Bogenschneider & Corbett, 2021). There is also significant internal resistance in past and present research on gambling harm and its prevention. It is still dominated by scholars who favour pathologising approaches and quantitative methods, most of whom belong to the disciplines of psychology, psychiatry and medicine (Shaffer et al., 2020; Christensen et al., 2022). The inclusion of other approaches and methods capable of analysing structural and political questions about gambling, coming from psychology, sociology or geography, among other disciplines, remains in dispute (Cassidy et al., 2013).

However, there is a growing demand from policy makers for approaches and interventions from a public health perspective (Livinstone & Rintoul, 2020). Public services increasingly recognise that gambling harm adds another element to health inequalities, especially as the gambling industry contributes to exacerbating socio-economic inequalities (Nikkinen et al., 2018; Fiedler et al., 2019). Consumer habits greatly condition individuals' health today and the adoption of measures to tackle harm is a fundamentally political issue, as it is guided by conceptions of fairness and unfairness (Cohen, 1987; Mackenbach, 2012). However, its political nature does not exclude researchers from being able to act on it. In fact, researchers also have a role to play in deepening prevention measures and in questioning the preconditions of RG (Nicoll et al., 2022) and their representation depends on their ability to engage in coordinated communication efforts and collaboration with other stakeholders (Sherraden et al., 2002). Given the prevailing inertia in policy communities (Cairney & St Denny, 2020) and the strong influence of corporate interests (Petticrew et al., 2017; van Schalkwyk et al., 2021), researchers have a key role to play in moving policy frameworks on GD and gambling harm prevention upstream.

References

Almeida, C., & Báscolo, E. (2006). Use of research results in policy decision-making, formulation, and implementation: a review of the literature. *Cadernos De Saúde Pública*, *22*, S7-S19. https://doi.org/10.1590/s0102-311x2006001300002

Andalo, D. (2015, November 24). *Family Nurse Partnership: helping young families or a waste of money?* The Guardian. https://www.theguardian.com/social-care-network/2015/nov/24/family-nurse-partnership-teenage-mums

Billis, D. (1981). At risk of prevention. *Journal of Social Policy*, *10*(3), 367-379. https://doi.org/10.1017/s0047279400010977

Blaszczynski, A., Collins, P., Fong, D., Ladouceur, R., Nower, L., Shaffer, H., Tavares, H., & Venisse, J.L. (2011). Responsible Gambling: General Principles and Minimal Requirements. *Journal of Gambling Studies*, *27*(4), 565-573. https://doi.org/10.1007/s10899-010-9214-0

Blaszczynski, A., Ladouceur, R., Nower, L., & Shaffer, H. (2008). Informed Choice and Gambling: Principles for Consumer Protection. *The Journal of Gambling Business and Economics*, *2*(1), 103-118. https://doi.org/10.5750/jgbe.v2i1.527

Bogenschneider, K., & Corbett, T. (2021). *Evidence-Based Policymaking* (2nd ed.). Routledge.

Bol, T., Lancee, B., & Steijn, S. (2014). Income Inequality and Gambling: A Panel Study in the United States (1980–1997). *Sociological Spectrum*, *34*(1), 61-75. https://doi.org/10.1080/02732173.2014.857196

Cairney, P., & St Denny, E. (2020). *Why Isn't Government Policy More Preventive?* Oxford University Press.

Calado, F., & Griffiths, M. (2016). Problem gambling worldwide: An update and systematic review of empirical research (2000–2015). *Journal of Behavioral Addictions*, *5*(4), 592-613. https://doi.org/10.1556/2006.5.2016.073

Campbell, C., & Smith, G. (2003). "Gambling in Canada—From Vice to Disease to Responsibility: A Negotiated History". *Canadian Bulletin of Medical History*, *20*(1), 121-149. https://doi.org/10.3138/cbmh.20.1.121

Cartwright, N. (2007). Are RCTs the Gold Standard? *Biosocieties*, *2*, 11-20. https://doi.org/10.1017/s1745855207005029

Cassidy, R., Loussouarn, C., & Pisac, A. (2013). *Fair Game: Producing gambling research*. University of London. http://dx.doi.org/10.11575/PRISM/9507

Christensen, J., McDowell, T., & Kosutic, I. (2022). A Critical Review of the Scholarly Discourse on Gambling Disorder Treatment. *Critical Gambling Studies*, *3*(1), 35-46. https://doi.org/10.29173/cgs96

Cohen, R. (1987). Distributive justice: Theory and research. *Social Justice Research*, *1*, 19-40. https://doi.org/10.1007/bf01049382

Early Intervention Foundation. (2021). *Family Nurse Partnership*. Early Intervention Foundation Guidebook. https://guidebook.eif.org.uk/programme/family-nurse-partnership

European Commission. (2021). *Commission work in the field of online gambling services*. Internal Market, Industry, Entrepreneurship and SMEs. https://ec.europa.eu/growth/sectors/online-gambling/commission-work-field-online-gambling-services_en.

Ferraiolo, K. (2013). Is State Gambling Policy "Morality Policy"? Framing Debates Over State Lotteries. *Policy Studies Journal*, *41*(2), 217-242. https://doi.org/10.1111/psj.12015

Fiedler, I., Kairouz, S., Costes, J., & Weißmüller, K. (2019). Gambling spending and its concentration on problem gamblers. *Journal of Business Research*, *98*, 82-91. https://doi.org/10.1016/j.jbusres.2019.01.040

FNP & Dartington Service Design Lab. (2020). *FNP ADAPT*. FNP National Unit. https://www.fnp.nhs.uk/media/1359/fnp_adapt_report_web.pdf

Gagné, T., Frohlich, K., & Abel, T. (2015). Cultural capital and smoking in young adults: applying new indicators to explore social inequalities in health behaviour. *The European Journal of Public Health*, *25*(5), 818-823. https://doi.org/10.1093/eurpub/ckv069

Gargani, J., & Donaldson, S. (2011). What works for whom, where, why, for what, and when? Using evaluation evidence to take action in local contexts. *New Directions for Evaluation*, *2011*(130), 17-30. https://doi.org/10.1002/ev.362

Grande-Gosende, A., López-Núñez, C., García-Fernández, G., Derevensky, J., & Fernández-Hermida, J. (2020). Systematic Review of Preventive Programs for Reducing Problem Gambling Behaviors Among Young Adults. *Journal of Gambling Studies*, *36*, 1-22. https://doi.org/10.1007/s10899-019-09866-9

Hannes, K., Booth, A., Harris, J., & Noyes, J. (2013). Celebrating methodological challenges and changes: reflecting on the emergence and importance of the role of qualitative evidence in Cochrane reviews. *Systematic Reviews*, *2*(84). https://doi.org/10.1186/2046-4053-2-84

Hayes, D. (2017). How the Family Nurse Partnership is adapting its work after criticism. *Children & Young People Now*, *13*, 3-16.

Head, B. (2008). Three Lenses of Evidence-Based Policy. *Australian Journal of Public Administration*, *67*(1), 1-11. https://doi.org/10.1111/j.1467-8500.2007.00564.x

Kingdon, J. W. (2011). *Agendas, alternatives, and public policies* (2nd ed.). Longman.

Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2016). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, *16*(80). https://doi.org/10.1186/s12889-016-2747-0

Lassnigg, L. (2012). 'Use of current best evidence': Promises and illusions, limitations and contradictions in the triangle of research, policy and practice. *International Journal of Training Research*, *10*(3), 179-203. https://doi.org/10.5172/ijtr.2012.10.3.179

Latvala, T., Lintonen, T., Browne, M., Rockloff, M., & Salonen, A. (2021). Social disadvantage and gambling severity: a population-based study with register-linkage. *European Journal of Public Health*, *31*(6), 1217-1223. https://doi.org/10.1093/eurpub/ckab162

Latvala, T., Lintonen, T., & Konu, A. (2019). Public health effects of gambling – debate on a conceptual model. *BMC Public Health*, *19*(1077). https://doi.org/10.1186/s12889-019-7391-z

Levy, D., Currie, L., & Clancy, L. (2013). Tobacco control policy in the UK: blueprint for the rest of Europe? *The European Journal of Public Health*, *23*(2), 201-206. https://doi.org/10.1093/eurpub/cks090

Liverani, M., Hawkins, B., & Parkhurst, J. (2013). Political and Institutional Influences on the Use of Evidence in Public Health Policy. A Systematic Review. *Plos ONE*, *8*(10), e77404. https://doi.org/10.1371/journal.pone.0077404

Livingstone, C., & Rintoul, A. (2020). Moving on from responsible gambling: A new discourse is needed to prevent and minimise harm from gambling. *Public Health*, *184*, 107–112. https://doi.org/10.1016/j.puhe.2020.03.018

Livingstone, C., Adams, P., Cassidy, R., Markham, F., Reith, G., Rintoul, A., Dow Schüll, N., Woolley, R., & Young, M. (2018). On gambling research, social science and the consequences of commercial gambling. *International Gambling Studies*, *18*(1), 56-68. https://doi.org/10.1080/14459795.2017.1377748

Mackenbach, J. (2012). The persistence of health inequalities in modern welfare states: The explanation of a paradox. *Social Science & Medicine*, *75*(4), 761-769. https://doi.org/10.1016/j.socscimed.2012.02.031

McConnell, A. (2018). Rethinking wicked problems as political problems and policy problems. *Policy & Politics*, *46*(1), 165-180. https://doi.org/10.1332/030557317x15072085902640

McPherson, S., Rost, F., Sidhu, S., & Dennis, M. (2020). Non-strategic ignorance: Considering the potential for a paradigm shift in evidence-based mental health. *Health: An Interdisciplinary Journal for The Social Study of Health, Illness and Medicine*, *24*(1), 3-20. https://doi.org/10.1177/1363459318785720

McMahon, N., Thomson, K., Kaner, E., & Bambra, C. (2019). Effects of prevention and harm reduction interventions on gambling behaviours and gambling related harm: An umbrella review. *Addictive Behaviors*, *90*, 380–388. https://doi.org/10.1016/j.addbeh.2018.11.048

Miller, H., & Thomas, S. (2017). The problem with 'responsible gambling': Impact of government and industry discourses on feelings of felt and enacted stigma in people who experience problems with gambling. *Addiction Research & Theory*, *26*(2), 85–94. https://doi.org/10.1080/16066359.2017.1332182

Miller, R., & Michelson, G. (2013). Fixing the Game? Legitimacy, Morality Policy and Research in Gambling. *Journal of Business Ethics*, *116*(3), 601-614. https://doi.org/10.1007/s10551-012-1487-z

Nicoll, F., Bedford, K., Rintoul, A., Livingstone, C., & Casey, E. (2022). Editorial: What are Critical Gambling Studies? *Critical Gambling Studies*, *3*(1), i-v. https://doi.org/10.29173/cgs135

Nikkinen, J., Egerer, M., & Marionneau, V. (2018). Gambling Regulations and the Use of Gambling Revenues in European Welfare States. In M. Egerer, V. Marionneau & J. Nikkinen (Eds.), *Gambling Policies in European Welfare States* (pp. 1-14). Palgrave Macmillan.

O'Grady, T. (2022). *The transformation of British welfare policy*. Oxford University Press.

O'Mahony, B., & Ohtsuka, K. (2015). Responsible gambling: Sympathy, empathy or telepathy? *Journal Of Business Research*, *68*(10), 2132-2139. https://doi.org/10.1016/j.jbusres.2015.03.012

Paldam, M. (2008). The Political Economy of Regulating Gambling. In M. Viren, (Ed.) *Gaming in the New Market Environment* (pp. 184-208). Palgrave Macmillan.

Pavalko, R. (2004). Gambling and Public Policy. *Public Integrity*, *6*(4), 333-348. https://doi.org/10.1080/10999922.2004.11051261

Petticrew, M. (2015). Time to rethink the systematic review catechism? Moving from 'what works' to 'what happens'. *Systematic Reviews*, *4*(36). https://doi.org/10.1186/s13643-015-0027-1

Petticrew, M., Katikireddi, S., Knai, C., Cassidy, R., Maani Hessari, N., Thomas, J., & Weishaar, H. (2017). 'Nothing can be done until everything is done': the use of complexity arguments by food, beverage, alcohol and gambling industries. *Journal of Epidemiology and Community Health*, *71*(11), 1078-1083. https://doi.org/10.1136/jech-2017-209710

Phelan, J., Link, B., & Tehranifar, P. (2010). Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications. *Journal of Health and Social Behavior*, *51*(S), S28-S40. https://doi.org/10.1177/0022146510383498

Planzer, S., Gray, H., & Shaffer, H. (2014). Associations between national gambling policies and disordered gambling prevalence rates within Europe. *International Journal of Law and Psychiatry*, *37*(2), 217-229. https://doi.org/10.1016/j.ijlp.2013.11.002

Potenza, M. N., Balodis, I. M., Derevensky, J., Grant, J. E., Petry, N. M., Verdejo-Garcia, A., & Yip, S. W. (2019). Gambling disorder. *Nature Reviews Disease Primers*, *5*(51). https://doi.org/10.1038/s41572-019-0099-7

Raybould, J., Larkin, M., & Tunney, R. (2021). Is there a health inequality in gambling related harms? A systematic review. *BMC Public Health*, *21*(305). https://doi.org/10.1186/s12889-021-10337-3

Reynolds, J., Kairouz, S., Ilacqua, S., & French, M. (2020). Responsible Gambling: A Scoping Review. *Critical Gambling Studies*, *1*(1), 23-39. https://doi.org/10.29173/cgs42

Robling, M., Bekkers, M., Bell, K., Butler, C., Cannings-John, R., Channon, S., Corbacho Martin, B., Gregory, J.W., … & Torgerson, D. (2016). Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial. *The Lancet*, *387*(10014), 146-155. https://doi.org/10.1016/s0140-6736(15)00392-x

Savard, A. C., Bouffard, M., Laforge, J. P., & Kairouz, S. (2022). Social Representations of Responsibility in Gambling among Young Adult Gamblers: Control Yourself, Know the Rules, do not become Addicted, and Enjoy the Game. *Critical Gambling Studies*, *3*(1), 58–70. https://doi.org/10.29173/cgs88

Selin, J. (2019). National gambling policies and the containment of the EU's politico-legal influence. *Nordic Studies on Alcohol and Drugs*, *36*(2), 77-90. https://doi.org/10.1177/1455072519835703

Shaffer, H., Blaszczynski, A., & Ladouceur, R. (2020). Gambling Control and Public Health: Let's Be Honest. *International Journal of Mental Health and Addiction*, *18*(3), 819-824. https://doi.org/10.1007/s11469-020-00240-0

Sherraden, M., Slosar, B., & Sherraden, M. (2002). Innovation in Social Policy: Collaborative Policy Advocacy. *Social Work*, *47*(3), 209-221. https://doi.org/10.1093/sw/47.3.209

Smith, K., McLeod, J., Blunden, N., Cooper, M., Gabriel, L., & Kupfer, C. et al. (2021). A Pluralistic Perspective on Research in Psychotherapy: Harnessing Passion, Difference and Dialogue to Promote Justice and Relevance. *Frontiers In Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.742676

Sulkunen, P., Babor, T., Cisneros Örnberg, J., Egerer, M., Hellman, M., & Livingstone, C., Marionneau, V., Nikkinen, J., Orford, J., Room, R., & Ingeborg, R. (2020). Setting Limits: Gambling, Science and Public Policy—summary of results. *Addiction*, *116*(1), 32-40. https://doi.org/10.1111/add.15241

Thomas, S., Lewis, S., & Westberg, K. (2015). 'You just change the channel if you don't like what you're going to hear': gamblers' attitudes towards, and interactions with, social marketing campaigns. *Health Expectations*, *18*(1), 124-136. https://doi.org/10.1111/hex.12018

van Schalkwyk, M., Cassidy, R., McKee, M., & Petticrew, M. (2019). Gambling control: in support of a public health response to gambling. *The Lancet*, *393*(10182), 1680-1681. https://doi.org/10.1016/s0140-6736(19)30704-4

van Schalkwyk, M., Petticrew, M., Cassidy, R., Adams, P., McKee, M., Reynolds, J., & Orford, J. (2021). A public health approach to gambling regulation: countering powerful influences. *The Lancet Public Health*, *6*(8), e614-e619. https://doi.org/10.1016/s2468-2667(21)00098-0

Wainberg, M., Scorza, P., Shultz, J., Helpman, L., Mootz, J., Johnson, K., Neria, Y., Bradford, J-M. E., Oquendo, M., & Arbuckle, M. (2017). Challenges and Opportunities in Global Mental Health: A Research-to-Practice Perspective. *Current Psychiatry Reports*, *19*(5). https://doi.org/10.1007/s11920-017-0780-z

Wardle, H., Reith, G., Langham, E., & Rogers, R. D. (2019). Gambling and public health: We need policy action to prevent harm. *BMJ*, l1807. https://doi.org/10.1136/bmj.l1807

Weiss, C. H. (1978). Improving the linkage between social research and public policy. In L. E. Lynn (Ed.), *Knowledge and policy: The uncertain connection* (pp. 23–81). National Academy of Sciences.