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Gambling harms: where does the problem lie?

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We welcome Bowden-Jones et al's¹ call for independent gambling research in the UK, given growing appreciation of the threats that the gambling industry poses to public health. While the harms caused by gambling have long been recognised, the situation has changed enormously as highly profitable international corporations exploit the opportunities provided by innovative land-based and online products.^{2,3} However, we have concerns that their proposed research agenda is too narrow, and risks reproducing a conceptualisation of gambling harms that is highly favourable to corporate interests. It thus risks entrenching the very problems that they identify.

Gambling harms have traditionally been viewed through the lens of psychiatry, psychology, and the neurosciences,^{2,3} with a focus on the individual gambler. This approach reflects an international research agenda that originated with the gambling industry and organisations that it has supported over almost 40 years.^{2,4} The ways in which this has sought to pathologize people identified as “problem gamblers”, while leaving products, regulation, and the gambling industry unscrutinised, is well documented.^{2,4}

The result of these complex social and political processes is that literature on gambling and the systems that produce gambling-related knowledge lack independence, giving rise to serious but still largely unexplored conflicts of interest. Despite warnings, many gambling researchers have failed to engage meaningfully with the substantial body of literature that documents the risks posed by acceptance of industry funding and industry involvement with research - risks to the production of knowledge, public policy-making and public health.⁵

Bowden-Jones et al. propose a 1% levy on industry earnings to fund research. While this would be a clear improvement on the current unsatisfactory system, in which voluntary contributions from the industry are channelled through a charity, GambleAware, that both raises industry-derived funds and commissions research, this is not a panacea. Linking the available funding to the earnings of the industry creates an obvious conflict as those involved may hesitate if their actions reduce the latter. We fail to understand why public funding of this research should not be from government revenues, as with any other threat to health.

Instead, we call for a transformational change in how we conceptualise gambling harms based on a public health framework that moves away from the current individualistic focus on ‘disordered gamblers’, takes seriously the “upstream” drivers of harm (e.g harmful business practices, products, and policies), and prioritises prevention of all forms of gambling harms, with funding mechanisms that are consistent with these goals.

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