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TECHNICAL REPORT

Map the Gap

a critical review of the literature
on gambling-related harm

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Sponsored by the Responsible Gambling Fund

The research described in this document was sponsored by the Responsible Gambling Fund.

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Published 2011 by the RAND Corporation
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Executive Summary

In order to ‘Map the Gap’ in the available evidence base on problem gambling, the Responsible Gambling Fund (RGF) commissioned a Rapid Evidence Assessment (REA) to explore the following issues relating to problem gambling:

- Prevalence among prisoners, the homeless and members of the armed forces
- The effectiveness of preventative measures, treatment, and other interventions including self-exclusion, self-limitation, and support by those working in the gambling industry or in health professions
- The evidence on situational features (the geographical density, clustering and distribution of gambling venues or machines) and of structural features of electronic gaming machines (such as speed of play, lights and sounds, stop buttons and whether the player can use notes or coins).

Pathological gambling is a recognised psychological disorder. Behaviours indicating problem or pathological gambling include frequent and persistent gambling, being preoccupied with gambling to the detriment of family life and financial situation, and feeling the need to gamble with increasing amounts of money to experience excitement.

Although prevalence rates vary depending on the measurement tool used, and whether prevalence is looked at over the last year or a lifetime, evidence from several countries indicates a prevalence of problem gambling in the general population of around 0.5–2 percent with higher levels amongst younger people, those in lower socio-demographic groups and minorities. There is also evidence that those who have a gambling problem are more likely to suffer a range of other problems, such as substance misuse and depression.

Across the eight issues of interest to the RGF the evidence on problem gambling is limited and patchy. The research has largely been conducted in North America, New Zealand and Australia, and findings from these countries are not necessarily transferable to Britain, given variations in the number and type of gambling opportunities, and difference in the public and cultural acceptability of gambling. Also, much of the empirical research into problem gambling included in this REA suffers from methodological weaknesses, which means findings are inconclusive.

Prevalence in specific demographic groups

The RGF asked for research into problem gambling among prisoners, service and ex-service personnel and the homeless. There is evidence from other countries that prison populations have a higher prevalence of problem gambling than other sections of the

population, and some studies indicate that at least some offences are committed by these individuals to fund a gambling habit. There is no British research into prevalence amongst the armed services, and no studies were found from any jurisdiction about prevalence among the homeless.

Prevention, treatment and other interventions

Prevention programmes have been implemented and evaluated in Canada and the US. Education and prevention initiatives may succeed in increasing knowledge and awareness of problem gambling, but the extent to which they can alter behaviour is yet to be ascertained.

Treatment for problem gambling has received considerable research attention, but this largely focuses on cognitive-behavioural approaches. There is good evidence that such approaches can be effective in reducing problem gambling. Other treatment approaches have not received equal research attention, nor is there sufficient evidence as to which treatments might be best-suited and most effective for different types of problem gamblers – for example, women and young people, or those with comorbid problems such as substance misuse. **Evidence suggests that most people who have a gambling problem do not seek treatment and that there is a high rate of ‘natural recovery’.** Available research indicates that the majority of people who enter treatment demonstrate improvements in gambling (and other) behaviours, but it is not clear whether, or the extent to which, treatment speeds up and improves natural recovery.

Evaluations of self-exclusion programmes show promising results, but do not provide robust evidence of their effectiveness. Most studies do not compare outcomes among self-excluders to a control group and are therefore unable to demonstrate that self-exclusion led to reduced gambling behaviour. It is likely that those who elect to exclude themselves are motivated to reduce their gambling behaviour or have reached a breaking point; the ‘value added’ by the self-exclusion is not known. **There is less evidence of the effectiveness of self-limitation strategies, and indications are that problem gamblers are least likely to impose limits on their playing.** The small number of studies on self-limitation suggests the possibility of unintended consequences: if time is limited, players might compensate by increasing the amount bet, for example.

There is one small study on the willingness of general practitioners in England to identify problem gamblers and signpost them to supports services. A range of professions may come into regular contact with problem gamblers, including drug treatment providers, social workers, General Practitioners and criminal justice professionals. These services could play a role in identifying individuals who have a gambling problem, providing support or referring them to treatment. Further evidence is needed in Britain on whether GPs and other health professionals have the ability or willingness to work with problem gamblers. **Evidence from Canada and Australia suggests that training can be effective in improving casino employees’ knowledge about the nature and signs of problem gambling.** However, the effect of training on employee behaviour (as opposed to knowledge) is not proved. There is little evidence on which to assess the transferability of these findings to the British workforce.

Situational and structural features

Findings relating to the impact of living close to a gambling venue, and/or to several venues are mixed, and can be hard to interpret. Evidence from other countries suggests that living close to a gambling venue increases the chance that an individual will gamble, but a relationship with problem gambling is not consistently found. Individual-level variables are much stronger predictors of problem gambling, and these interact in complex ways with neighbourhood and area-level factors. Available research provides limited evidence regarding these interactions. The possibility that individuals and populations might ‘adapt’ to living in an area where there are many gambling opportunities is a topic in need of further research. **There is no research into situational factors from Britain, and findings from other jurisdictions might not be transferable.** The regulatory structure and the kinds of electronic gaming machines available are just two factors that vary between jurisdiction and which suggest caution about transferring findings from Canada, Australia and the US to Britain.

There is a strong consensus in the literature that that electronic gaming machine use and problem gambling are closely related. However, whether electronic gaming machines contribute to the development and maintenance of problem gambling is not clear. **The available evidence on the impact of structural features is very limited.** There are no studies in Britain, and those conducted in other jurisdictions have limited reliability and validity.