Public Health England

Protecting and improving the nation's health

Gambling-related harms evidence review: scope

Contents

1. Background

There has been increasing concern in the UK about the harms associated with gambling.

In response to this, Public Health England (PHE) was asked to "inform and support action on gambling-related harm as part of the follow up to the Department for Digital, Culture, Media & Sport- led review of gaming machines and social responsibility" in its remit letter for 2018 to 2019.

In May 2018, DCMS published its response to a consultation on proposals for changes to gaming machines and social responsibility measures. In it they announced that "PHE will conduct an evidence review of the health aspects of gambling-related harm to inform action on prevention and treatment".

To fulfil this commitment, 2 complementary evidence reviews are being undertaken:

1. The National Institute of Health Research (NIHR) has commissioned a research unit in Sheffield University to review the effectiveness of national and international polices and interventions to reduce gambling-related harms.
2. PHE will carry out a broader evidence review on the prevalence of gambling and associated health harms and their social and economic burden.

This document describes the work conducted by PHE only.

2. Aim

The aims of the evidence review are to describe the prevalence, determinants and harms associated with gambling, and the social and economic burden of gambling-related harms.

We are conducting this evidence review to inform what action we need to take as part of a public health approach to gambling-related harms. We hope that it will support policy-making and practice aimed at preventing and addressing problem and dependent gambling, and gambling-related harms.

We expect that the research will identify gaps in the evidence base and make recommendations for future research and data collection.

3. Objectives

The objectives of the review are to:

1. Describe the prevalence of gambling and gambling-related harms in England by socio- demographic characteristics, geographical distribution and year.
2. Identify the determinants of gambling and harmful gambling.
3. Identify and describe the harms to individuals, families, communities, and wider societal harms associated with problematic and harmful gambling.
4. Examine the social and economic burden of gambling-related harms.
5. Gather stakeholder views on gambling-related harms in England.

4. Methods

This section provides a summary of the different elements of the review. More detailed protocols will be developed for each element of the work.

4.1 Quantitative analysis of secondary data

This relates to objectives 1, 2 and 4.

A brief search of the research literature will be undertaken.We will identify data sets and official statistics which include information on gambling by adults or children in England. Further analysis will be undertaken to fill gaps not currently addressed elsewhere.

The Health Survey for England (years 2012, 2015, 2016 and potentially 2018) is a potentially useful data set. Other possibilities include the British Gambling Prevalence Survey.

The first stage would be to identify what variables within the dataset could be used to answer the research questions, and whether the sample sizes are large enough to support the proposed statistical analyses, or if a combination of multiple years is required.

The analysis will broadly cover:

1. Gambling participation by the Index of Multiple Deprivation 2015 (measure of relative deprivation for small areas in England).
2. The prevalence of gambling and harmful gambling in England by year, exploring geographical prevalence and creation of England map to represent this.
3. What socio-demographic factors are associated with gambling and harmful gambling in England.
4. If gambling and harmful gambling affects people's health.

4.2 Review of literature

This relates to objectives 3 and 4.

Rapid evidence reviews

Two rapid evidence reviews will be undertaken, one focused on the risk factors of gambling and harmful gambling, and another on the harms associated with gambling and harmful gambling for individuals, family, friends and wider society. The provisional research questions for each review are as follows.

Evidence review of risk factors for gambling and harmful gambling:

1. What risk factors are associated with gambling?
2. What risk factors are associated with different levels of gambling intensity?

Evidence review of harms associated with gambling and harmful gambling:

1. What harms are associated with gambling and harmful gambling?
2. What harms are associated with different levels of gambling intensity?

Research protocols

Two research protocols will be developed and include details of the databases, the search terms and inclusion and exclusion criteria. A full search strategy will be drafted by the project team. Given the relatively short timescales for this review, we will use a rapid review methodology.

Literature review

The literature review will take the following steps:

1. One reviewer will undertake a first screening, eliminating irrelevant studies based on their title and abstract.
2. Two reviewers will independently screen half of all remaining titles and abstracts to arrive at a list of possibly relevant papers.
3. Each reviewer will check the accuracy of the other's title and abstract screening and 10% of discarded papers will be checked to see if any should be included.
4. If this quality assurance process identifies problems, the title and abstract screen will be repeated.
5. Full text screening of the papers will be undertaken by 2 reviewers.
6. Each reviewer will screen half of the papers and will check 10% of each other's screening to check for consistency of inclusion and exclusion.

7. Data extraction tables will be set up and will be specific to the type of study being reviewed. These will include information such as the authors, date, country, type of harm.
8. Reviewers will extract data independently.
9. Twenty per cent of papers will be checked for accuracy by another reviewer. Any disagreements will be referred to a third person.
10. The quality of papers will be assessed using appropriate appraisal tools.
11. Two reviewers will assess the papers independently. Any disagreements will be referred to a third person.
12. We will undertake a narrative synthesis (an approach to collating findings from multiple studies which have used different methodologies) because the wide range of different types of studies included in the review will not support a quantitative analysis.
13. Studies will be summarised according to themes. For example a description of the harms associated with gambling; prevalence of harms and the severity of harm.

4.3 The social and economic cost of gambling-related harm

This relates to objective 4.

There are different approaches to estimating costs, such as cost of illness (COI), willingness to pay and human capital. In line with previous government estimates of social and economic harm, we will adopt a COI approach, which would measure the burden of gambling for all individuals affected (the gambler, their family and the wider community).

Costs and benefits can be private (for instance, how much someone spends on gambling or the pleasure they get from it) or external and paid for by public money (such as increased use of the NHS). Only external costs will be estimated in this study, because it is these costs that justify government intervention.

Data permitting, the study will include the direct external costs of resources associated with treatment and enforcement, as well as the indirect costs of losses associated with gambling.

In this framework, problem and dependent gambling is regarded as an illness or disease that gives rise to costs and consumes resources, which would have been used in another way if gambling had not existed. The data derived from the literature and data sets on the prevalence of problem gambling will be used to estimate the associated costs.

Costs will be limited to England only and will be presented in 2019 to 2020 prices.

4.4 Stakeholder perspectives on harm

This relates to objective 5.

To complement the review of the literature and data, we plan to undertake a mixed method analysis of publicly available sources to explore stakeholder perspectives on the gambling-related harms affecting adults or children in the UK.

The sources to be used are still to be confirmed but are likely to focus on a set of consultation responses and a sampling of social media content. We will explore the views of the full range of gambling stakeholders including people who gamble, their families, employers, third sector organisations, academics, treatment providers and industry stakeholders. We will use qualitative content analysis methods to identify themes s in the source materials.

5. Reporting

A peer-reviewed report will be completed by Spring 2020. Other materials (such as a summary and slide-set) and academic outputs will then be produced from the report as appropriate.

The views expressed in this review may not reflect the stated position or policy of government.

6. Governance

Project and advisory teams will be set up. The protocol for the evidence review elements will be registered with the PROSPERO register of systematic reviews. The final report will be externally peer reviewed.

7. Project team

Marguerite Regan will project manage the work.

Rachel Clark will provide methodological oversight of the evidence reviewing work.

Mark Cook will lead the analytical work with the support of Fionnuala O'Toole (Clare Griffiths and Caryl Beynon will provide support if necessary).

Caryl Beynon will lead the evidence synthesis work on harms which will involve writing the protocol, providing methodological support, resolving queries and writing and editing sections of the report.

Jenny Mason, Fionnuala O'Toole, Mary Gatineau, Marguerite Regan and Alyson Jones will carry out the evidence synthesis work including screening, quality appraisal and report writing.

Virginia Wright will lead on the economic component, which will include writing the protocol, screening, quality appraisal and report writing.

Marguerite Regan will lead the analysis of stakeholder perspectives with the support of Mary Gatineau, Jenny Mason and Robyn Burton.

Nicola Pearce-Smith will lead on the development of the search strategy and the literature retrieval strategy.

Clive Henn, Felix Greaves and John Marsden will contribute to the development of conceptual models, review methods, external commissioning, interpretation of review findings and final report writing.

Expert reference group and internal advisory panel The expert reference group will:

- provide feedback on the protocols and methodological approaches at the beginning of the project
- provide insight throughout as needed
- review a draft of the full report at the end of the review

There are terms of reference for the group and a list of members.

An internal advisory panel will be set up to meet occasionally to help resolve issues that arise in evidence synthesis and other relevant work. This group will be made up of internal PHE staff.

8. Timescales

This work has been delayed due to coronavirus (COVID-19). We are currently revising our timeline for publication.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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