Consultation on the structure, distribution and governance of the statutory levy on gambling operators

4a. Do you agree with the proposed objectives? (Yes/No/I don't know)

Yes

4b. Please explain your answer. (Free text box)

There are two elements in the consultation vision with direct consequences for the longitudinal research community: independent, long-term and trusted funding for research, and filling key gaps in the evidence base.

We agree that there are significant gaps in the evidence base, exacerbated by the constantly evolving gambling landscape. While there has been a steady increase in research examining gambling behaviour in the UK, most surveys on the prevalence of gambling harm have tended to be ad hoc in their design [1]. Almost all survey research in the area is cross-sectional, with a handful of exceptions [2]. These also tend to employ small, atypical samples and many are methodologically compromised [3]. The recurring recommendation from both academics and policymakers is that, although cross-sectional studies provide some insight into the early conditions associated with the development of problem gambling, longitudinal data and research is required to identify risk and protective factors as they are generally seen as preceding the development of gambling problems [4] [5].

Longitudinal population studies (LPS) follow the same people and households over time, often from birth, collecting a wide array of data and information about study participants, which enable researchers and policymakers to explore people's complex lives and how changes in society affect them. As it stands there is a dearth of longitudinal evidence on gambling, although we have offered a summary in our answer to consultation question 4c.

There are several important reasons for longitudinal data to be collected. The nature of gambling has changed markedly over time, such as through the growing use of online applications and other forms of online gambling [1]. Longitudinal studies could assess how individuals change their gambling habits in relation to these shifts. They could also reveal predictors of gambling, and predictors of disordered gambling in people who gamble recreationally. Insights into the life course trajectories of gamblers can only be understood with longitudinal data, which could measure domains thought to be associated with disordered gambling, such as: childhood experiences, trauma, parenting, antisocial behaviours, mental health, and substance use problems [1].

Longitudinal data would help in understanding processes related to gambling that evolve over time. For example, the process by which gambling may lead to harms like domestic violence, housing problems, debt and criminal involvement [1]. Importantly, longitudinal evidence could help to uncover whether certain harms play a role in the development of problem gambling or whether problem gambling plays a role in the development of such harms, or both [2].

The insights provided from longitudinal analyses shift the policy focus from identifying characteristics that co-exist with problem gambling at a single time point to the factors that are predictive of problem gambling in the future [4]. This is especially useful when asking how young

people become problem gamblers in adulthood, given that gambling problems typically begin in adolescence or early adulthood [6]. An improved understanding of gambling in young people may shed light on pathways to gambling but could also facilitate early interventions to avert the progression of problem gambling [6]. However, evidence of the effectiveness of gambling prevention policies is also scarce as individuals targeted have not been followed over time; longitudinal research is needed here too [7].

There is also the case for longitudinal research investigating resilience and vulnerability to gambling harms across relationship, community, and social domains. Many longitudinal studies measure these important variables that exist beyond the individual [1]. The Avon Longitudinal Study of Parents and Children (ALSPAC) is one CLOSER partner study that has demonstrated the importance of examining gambling over the life course. The benefits of using ALSPAC to carry out research in this area are that it represents a whole community and covers a range of environments. ALSPAC also collects a diverse range of psychological and physical measures from the study members and their families (for example, parental gambling activity) [8].

The pressing need for longitudinal gambling research is now well understood by UK policymakers. In July 2020, the House of Lords Select Committee on the Social and Economic Impact of the Gambling Industry published their report, "Gambling Harm – Time for Action". The report recommended that "the Government should commission a longitudinal survey to trace how and why individuals become problem gamblers, the actions they take, the treatment they receive, and the outcomes associated with problem gambling" [9].

In April this year DCMS published their policy paper, "High stakes: gambling reform and the digital age". DCMS identified a need for more longitudinal research in both establishing the causal relationships between gambling and other harms and isolating the causative role of gambling in the harms people experience in order to estimate their cost more accurately. The paper said that DCMS will work with UKRI to explore the development of longer-term funding options for longitudinal research in the gambling field. CLOSER is fully supportive of this.

This consultation refers to the Gambling Commission's new report on evidence gaps and priorities. In each of the four themes identified by the Gambling Commission the need for longitudinal research is strongly emphasised. On early gambling and gateway products, "research with a longitudinal aspect that establishes patterns in gambling behaviour over time would aid our understanding". On the range and variability of gambling experiences, a focus of the Commission will be on "establishing recontact samples for longitudinal research". On gambling-related harms and vulnerability, this theme "is likely to require a blend of evidence from longitudinal" and other sources. On the impact of operator practices, exploring this theme will potentially require the use of longitudinal data.

CLOSER would urge that, should the levy be used to fund longitudinal research, this research strategy utilises the existing expertise of the UK's world-leading longitudinal population study community. In the past there have been obstacles to our community producing gambling research, which are addressed in consultation question 5. If DCMS were able to harness existing longitudinal capacities in the UK, it could streamline the production and vastly improve the quality of new data.

4c. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

While longitudinal evidence on gambling is sparce, the Avon Longitudinal Study of Parents and Children (ALSPAC) does collect information on gambling among its participants and has produced important findings that aid our understanding of gambling behaviours across the life course. ALSPAC follows people born between April 1991 and December 1992 and their families in the former county of Avon, in the West of England. Research based on ALSPAC data has provided valuable insights beyond those afforded by cross-sectional studies. For example, overall rates of gambling in ALSPAC study members increased between the ages of 17 and 20 years, with online gambling increasing the most, but varied little thereafter [8]. This shows that gambling habits in young adulthood appear to be established in late adolescence. Strong associations were found between gambling and smoking cigarettes, alcohol consumption, and high social media use [8].

Although there were no gender differences among those who gambled occasionally, there appeared to be a strong association of regular gambling with being male. Any rise in gambling between the age of 20 to 24 was almost exclusively seen in young men [8]. The ALSPAC data suggests that as young men gain more independence, the widespread availability of gambling apps on smartphones, combined with immature self-regulation and impulsivity increases the frequency of gambling [8].

Research has also used ALSPAC data to understand how gambling habits changed during the pandemic. During lockdowns, young men in particular engaged in more frequent gambling [10]. The data was detailed enough to reveal that regular gamblers not only gambled online more than previously, but also more frequently betted on games at home, gambled on lotteries and used scratchcards [10]. Further, gamblers in the ALSPAC study reported more financial difficulties pre-lockdown than non-gamblers, which could mean that some young people may have been gambling during lockdown in response to, or to escape from, financial hardship [10].

Beyond ALSPAC, longitudinal evidence on gambling has rarely been collected. The Emerging Adults Gambling Survey interviewed individuals aged 16-24, first in summer 2019 and second in summer-autumn 2020. Despite the short length of the study important findings again demonstrate the value of longitudinal data and research in the area. Researchers found that an increase in severity of problematic gambling was associated with making a suicide attempt, and that this remained consistent when controlling for impulsivity, loneliness, low wellbeing, and anxiousness [11].

The UCL Covid-19 Social Study, a panel survey of 75,000 adults from March 2020 for the duration of the pandemic, also collected gambling data. It found that those with indicators of lower socioeconomic position (e.g. lower educational attainment, lower income, living in overcrowded housing) were more likely to be at risk for gambling [12]. Researchers suggested this may be because the density of gambling machines and shops tends to be higher in areas of lower socioeconomic position, which could help to inform more effective future policy interventions [12]. The UCL study also found that 9.2% of adults who gambled prior to the strict lockdowns reported having increased their gambling frequency during strict lockdown periods, and, of these, 14.1% had continued or further increased this following the easing of lockdown restrictions [12].

There are limitations to each of these studies. ALSPAC is regionally constrained, and the experiences of participants in the West of England cannot be assumed to represent the UK as a whole. The Emerging Adults Gambling Survey is restricted by only having collected two waves of responses, one year apart, so earlier predictive factors or later outcomes cannot be measured. The UCL Covid-19 Social Study is not nationally representative as, in order to rapidly collect data on people's experiences during the pandemic, existing participant networks were used [11]. It also collected data over a fairly limited time period.

Evidence of the value of a comprehensive, nationwide gambling longitudinal study is demonstrated by the Swedish Longitudinal Gambling Study (Swelogs). Through two separate survey periods, this followed nationally representative cohorts of 3000+ participants for 7-8 years [13]. The questionnaires covered gambling participation, problem gambling, health and socio-demographic variables, and further relevant data was added from official registers [3]. The study was able to increase confidence in the reliability of the prevalence estimates of problem gambling in Sweden [3]. It found that gambling problems tend to fluctuate over relatively short periods, and that substantially more people experience gambling-related problems than is evident during a particular 12-month period [3]. This means that cross-sectional studies, such as those the UK utilises at present, do not provide a complete picture. Given its longitudinal nature, Swelogs was able to find that problem gamblers are prone to relapse, and subsequently recommended that relapse prevention should receive higher priority in treatment and public health campaigns [3].

On 1 January 2019, four years after the first Swelogs cohort and during the survey period for the second cohort, Sweden introduced a new Gambling Act [14]. The new gambling regime meant tougher requirements introduced for gambling companies concerning responsible gambling and marketing. It is also possible for gamblers to exclude themselves from gambling through a national self-exclusion register, helping solve the problem of relapse that was identified in Swelogs [14]. A key benefit of longitudinal approaches is that not only was Swelogs able to inform the development of the new Act; it has subsequently been able to track its effectiveness. If DCMS, alongside UKRI, were to facilitate a comprehensive longitudinal study on gambling in the UK, it would represent a step-change in our understanding of the area and allow policymakers access to far more evidence with which to plan interventions.

5a. Do you agree with the proposal that 10-20% of funding raised by the levy should be allocated for sustained, high-quality, independent research? (Yes/No/I don't know)

Yes

5b. Please explain your answer. (Free text box)

Researching gambling and associated harms with a longitudinal approach is important in several ways. It can identify those who would benefit most from early preventative measures by uncovering pathways to gambling and vulnerability markers [1]. It could also explore which interventions are most effective in preventing problem gambling or improving recovery, and whether different groups benefit from certain interventions [1]. A deeper understanding of these issues would give policymakers much better tools with which to tackle gambling harms.

Longitudinal research depends on collecting data over time, and this data becomes increasingly useful the longer data collection continues. As such, longitudinal population studies require sustained, long-term funding to generate insights. The consultation's assertion that there needs to be a high degree of certainty about the level of funding available to enable proper planning is therefore especially true in relation to longitudinal studies. This was recognised in DCMS's report "High stakes: gambling reform for the digital age", published April this year, which proposed that DCMS and UKRI would explore the development of longer-term funding options for longitudinal research in the gambling field.

Academic reviews of the gambling research evidence base also highlight long-term funding as a prerequisite for successful longitudinal studies. One overview found that high-quality, independent, and large-scale longitudinal studies will require sufficient funding for extended periods of time [1]. To give context for how long this might be, we can turn to the successful Swedish Longitudinal Gambling Study (Swelogs), whose evidence we detail in consultation question 4c. The first cohort was tracked from 2008-2015, and the second from 2015-2021 [13]. Aiming to fund studies for similar lengths of time would be a good starting point for a successful UK study of gambling.

5c. Do you agree with the proposal for levy funding to establish a bespoke Research Programme on Gambling led by UKRI? (Yes/No/I don't know)

Yes

5d. Please explain your answer. (Free text box)

The funding problems that this consultation identifies reflect those that have restricted longitudinal research into gambling in the past. Through a search of traditional funding bodies, there is currently no dedicated explicitly-independent funding for research into gambling disorder, and related conditions, in the UK. Historically some independent bodies did provide such funds, which led to highly-cited successful outcomes [1].

It is true that substantial funding for gambling research is available through operators, but it is also true that academics and research institutions are reluctant to receive this funding given potential conflicts of interest with industry and perceptions that industry may have influence over research projects. We have observed this in the longitudinal research community and it is a primary reason that ALSPAC stands alone in our partner studies as a collector of detailed gambling data. More independent research funding options are essential as many people involved in research, both nationally and internationally, do not just voluntarily reject industry funding, but are restricted by institutional rules related to conflicts of interest [1]. Indeed, previous academic reviews of longitudinal research into gambling in the UK have identified the potential for the statutory levy to provide independent funding as a solution to this problem [1].

Allocating funding to UKRI to establish a Research Programme on Gambling would be effective in stimulating interest. The longitudinal research community is familiar with UKRI funding models and applications. Most UK longitudinal population studies already exist within UKRI's portfolio, so channelling new gambling funding opportunities through UKRI would be an effective way to reach longitudinal researchers and existing study teams.

5e. Is there any additional evidence in this area the government should consider? (Free text box)

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