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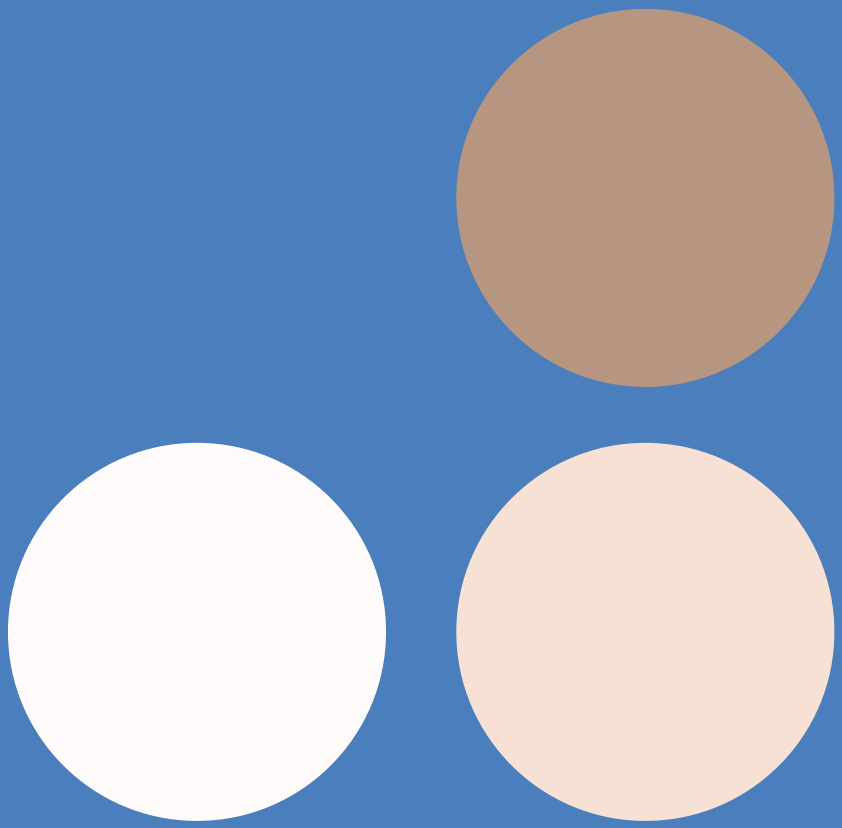
Prevention and Education Review: Gambling-Related Harm

Executive Summary



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Executive Summary

Background to the Report

The aim of the National Strategy to Reduce Gambling Harms (the "National Strategy") is "*to move faster and go further to reduce gambling harms*."[para 1] Prevention and education is a key objective of the National Strategy. An effective prevention and education plan draws upon evidence of successful initiatives to prevent gambling harm from occurring. It also incorporates learnings from harm prevention and education activities shown to be less helpful or that may lead to unintended consequences and should be avoided. Such a plan is a complex undertaking. It must consider three levels of measures: universal (for the benefit of the whole population), selective (for the benefit of at-risk groups), and indicated (for the benefit of at-risk individuals). This review helps to support the prevention and education objective by presenting research evidence for a range of initiatives at the three levels of measures. It offers guidance for decision-makers and identifies knowledge gaps where more research is needed.

Since the measures considered for prevention and education are wide-ranging, the project scope of this review was established by Greo in consultation with the Gambling Commission. Greo is an independent, not-for-profit, knowledge translation and exchange organisation with experience in generating, synthesising, and mobilising research across the health and wellbeing sectors. Greo provides support to the National Strategy. This report supports the 'Research to Inform Action' enabler of the Strategy.

After a preliminary assessment of the academic literature, measures for which there was an adequate evidence base were selected for review. At the universal level they are "*Regulatory Restrictions on How Gambling is Provided*" and "*Safer Gambling Messaging and Gambling Management Tools*." At the selective level, evidence is reviewed for "*Safer Gambling Campaigns for Children, Youth, and Older Adults*." Measures reviewed at the indicated level are "*Brief Internet-delivered Interventions*," "*Financial Gambling Blocks*," and "*Self-exclusion*." The reviews of universal, selective, and indicated measures are followed by "*Stakeholder Consultations*," where insights are shared by representatives of third sector charities who design, deliver, and evaluate gambling harm prevention and education programmes and activities. Meaningful information from people working directly in this area to support people at risk of, or experiencing, gambling harm provides valuable context for the research evidence presented in the reviews.

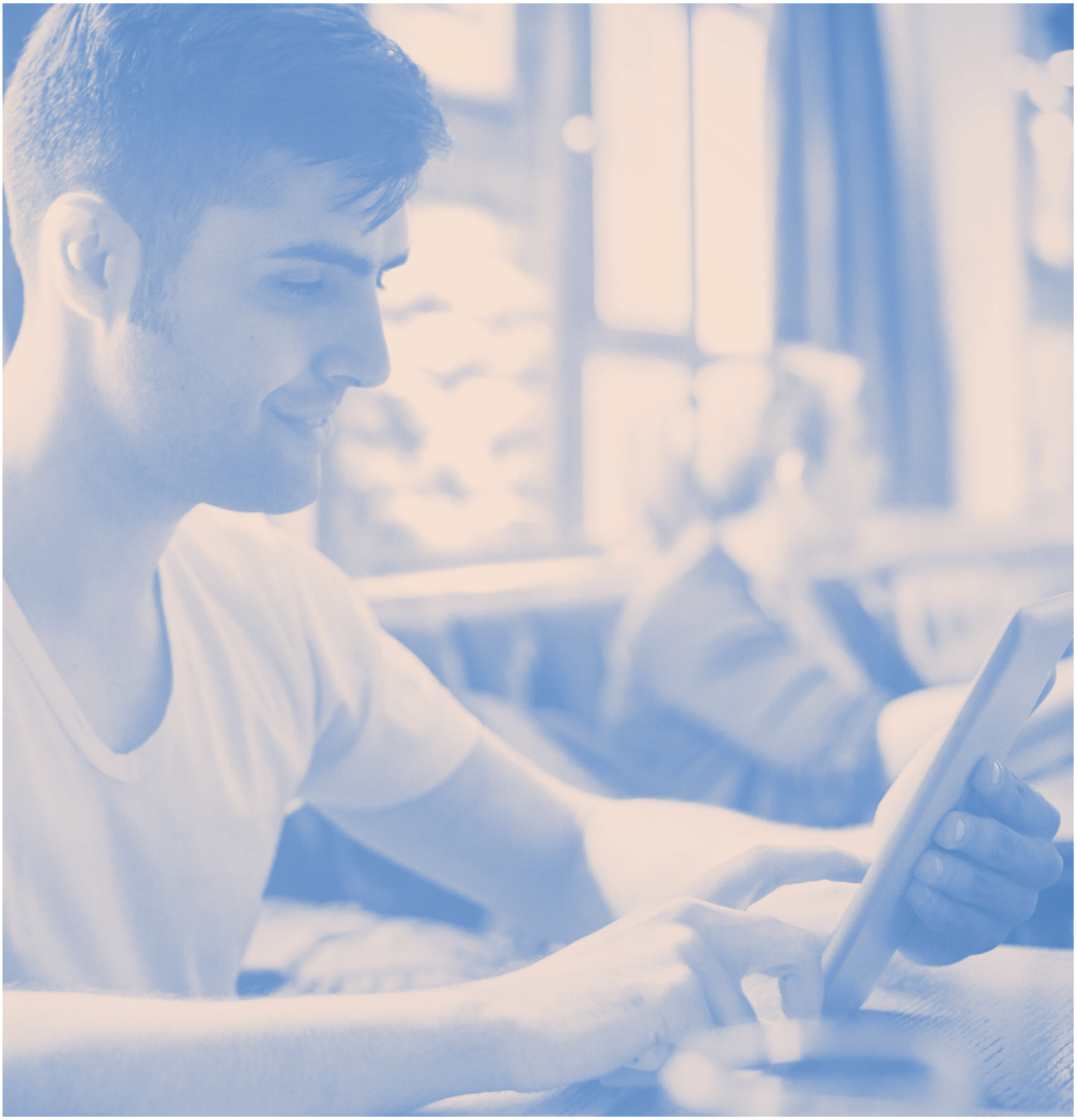
Search strategies for all reviews were developed by Information Specialists at Greo and the University Health Network in Toronto, Canada. Greo commissioned authors based on their research expertise for the specific measures. All chapters underwent peer review by experts in public health, gambling studies, and review methodologies. Search strategies were peer reviewed by information science professionals with expertise in health sciences or gambling studies using the PRESS tool. The research protocol for third sector charity consultations received ethical clearance from the University of Waterloo, in Waterloo, Canada (ORE#42588). Authors' brief biographies and conflict of interest statements are available on the Documentation Hub along with Greo's transparency statement, research protocols for each chapter, ethics clearance certificate, and other relevant materials.

Selected evidence highlights are presented in the sections that follow. Readers are encouraged to review the evidence-based guidance and research priorities for developing an effective gambling harm prevention and education plan, which are provided in each chapter.

Universal Measures

REGULATORY RESTRICTIONS ON HOW GAMBLING IS PROVIDED

This chapter focuses on supply reduction, which refers to reducing the availability of gambling. A scoping review was used to synthesise research on the effectiveness of policies to restrict gambling. Key findings relate to gambling products and place of delivery. Case studies and jurisdictional overviews provide insights into policies used elsewhere to restrict gambling and minimise harm. Relevant research is presented from other public health domains related to restrictions that have an impact on gambling and could help to guide policy development.



Gambling products	Licensing and regulating online gambling seem to reduce participation in offshore gambling sites. Gambling on offshore sites is associated with higher levels of gambling severity.
	Regulations that prohibit online gambling access are somewhat ineffective and have the unintended consequence of people accessing offshore sites, where there are potentially fewer consumer protection measures.
	Participation in sports betting has increased due to online gambling and mobile apps. Evidence is mixed as to whether sports betting, either online or offline, is related to an increased likelihood of experiencing harms. Research suggests that live action betting is linked to impulsive and problem gambling.
	Daily fantasy sports are recognised by some jurisdictions as a new gambling form, but few regulatory restrictions have been applied to reduce the potential for harm.
	Lottery play typically has a low association with gambling problems but may have an additive impact for people who are already experiencing harm from gambling.
	Scratch card use is often associated with youth gambling. Scratch cards in isolation from lottery play have received minimal research and regulatory attention.
	Casino table games have not been studied yet as the subject of specific policy outcomes.

Place of gambling delivery	Restricting opening hours, especially during early morning hours, has a greater impact on people with gambling problems than people without such problems.
	The availability of gambling opportunities is linked to a higher prevalence of problem gambling, although gambling risk level is tempered by adaptation as communities become more accustomed to expanded opportunities.
	The structural design of casinos requires careful consideration. Closed designs (e.g., unclear sightlines, narrow aisles, and lack of space and natural light) can influence unplanned gambling and reduce self-regulation.
	Geographic concentration of venues seems not to affect people who gamble recreationally but has a negative impact on people at risk of, or experiencing, harm from gambling.
	Geographic density of EGMs is more often found in neighbourhoods with low socio-economic status and higher levels of gambling problems, but the impacts of EGM density and socio-economic status are difficult to disentangle.
	Case studies presented for Australia, New Zealand, Germany, Finland, Norway, Canada, and the US show that among the most effective regulations to prevent harm are smoking bans, supply caps for EGMs, no food or alcohol, restricting cash payment, requiring a personal card to play (for age verification, self-exclusion, and allowing personal loss limits), and bans on certain forms of gambling.

Gambling advertising

High exposure to gambling advertising is linked to more gambling participation and the normalisation of gambling. People with gambling problems may experience more impact from gambling advertising than people without such problems.
The UK "whistle to whistle" ban during sports events effectively reduced the number of advertisements viewed by children and youth.
Despite age restrictions, many adolescents use social media platforms to follow gambling operators and are exposed to gambling advertisements.
Branded shirts worn by athletes and ground-based signage still contribute to a substantial portion of gambling marketing.
Some gambling advertisements can be exploitative to vulnerable people and youth when content implies limited risk, and contains inflated suggestions of winning, oversimplification of gambling, and complicated offers.
Alcohol advertising regulations may be useful for informing advertising restrictions for gambling. There is a significant relationship between youth's exposure to alcohol commercials and their subsequent behaviour, which may be transferable to gambling.

POPULATION-BASED SAFER GAMBLING/ RESPONSIBLE GAMBLING EFFORTS

This chapter examined whole population-based safer gambling campaigns, point-of-sale gambling messaging, and gambling management tools for people who gamble and for the general public. Systematic and narrative reviews were conducted.

Safer gambling messaging and gambling management tools for people who gamble	Concrete messages that promote specific safer gambling actions (e.g., "set a safer gambling limit") are more persuasive than abstract messages (e.g., "gamble safely").
	Messages framed positively that focus on the benefits of using gambling management tools are more persuasive than negatively framed messages about harmful effects of gambling.
	Cognitively simple messaging about how games of chance work can help improve knowledge of gambling odds among consumers, but evidence that this knowledge leads to safer gambling is limited.
	Safer gambling messages that encourage people to appraise their own gambling behaviour are related to more awareness of and less time spent gambling, along with more realistic thoughts about the odds of winning.
	Personalised feedback is less effective for players at the highest risk of harm but has positive effects on people who have recently won or lost an unusually high amount.
	It remains unclear whether interactions with advisors in safer/responsible gambling information centres lead to an increase in safer gambling.
	Initiatives aimed at increasing monetary limit setting and adherence allow players to better manage the amount of money spent on gambling and to stick to their financial limit.
	Pop-up messaging with information about approaching pre-set time limits is more effective than pop-up messaging that appears only when the time limit is reached.
	Players experiencing gambling problems more often set a higher spending limit and exceed their limit than people without such problems. This aligns with the aim of limit setting as a way to prevent gambling harm rather than as an intervention.
	Voluntary deposit limit setting tools are positively linked to player loyalty and continued gambling participation. Setting deposit limits is associated with reduced time spent gambling and stronger feelings of control.

Safer gambling messaging and gambling management tools for the general public

General population campaigns appear to have the greatest impact on people who gamble and have already developed problem gambling behaviours.

People who do not gamble limited their future gambling behaviour more often when presented with negative images, while people who gamble were more likely to limit future gambling when presented with positive imagery (e.g., the benefits of safer play).

There is limited evidence that belief in some gambling myths may be reduced at the end of a public awareness campaign.

Selective Measures

TARGETED SAFER GAMBLING CAMPAIGNS FOR CHILDREN, YOUTH, AND OLDER ADULTS

A scoping review was used to examine the evidence base for three age cohorts. More evidence was available for children and youth, less for emerging adults, and little research focused on harm prevention and education for older adults.

Children and youth

11% of youth in the UK between the ages of 11 to 16 years gamble. Further, many adults with a gambling problem began gambling as children.

Most gambling prevention and education programmes are school based. Educating children and youth allows them to make better informed decisions, at least in the short term. Little is known about long-term behavioural changes.

Recommendations to increase the effectiveness of prevention and education programmes include applying an appropriate cognitive development approach to materials, educating youth about odds and probabilities, shifting the focus to participation in other activities, and offering classroom activities and discussion for complex concepts.

Since an early win is a risk factor for later problem gambling, some initiatives have targeted lottery corporations with a holiday campaign recommending that lottery tickets should not be given to children and youth as holiday gifts. Scratch card tickets should be similarly avoided as gifts, according to some initiatives.

Online, "loot boxes" and social casino games present a risk to children and youth. Research suggests that early mobile gaming among teens may predict gambling problems.

Many factors influence children's and youths' gambling behaviour. Tailoring the programme to the group's specific needs, especially for vulnerable youth, can increase effectiveness.

Emerging adults (aged 18-25 years)	Younger adults, age 18-25 years, have higher rates of at-risk and problem gambling than older age groups.
	Much of the evidence is based on studies where emerging adults are college or university students. Few studies have examined emerging adults in the community who are working, or emerging adults who are neither working nor enrolled in post-secondary institutions.
	Eighteen-year-olds are of legal age to gamble in most jurisdictions. They can benefit from the same harm prevention strategies, initiatives, and activities available to the general adult population.
	Personalised Normative Feedback (PNF) is a low-cost, easily disseminated intervention for emerging adults. It is linked to reduced gambling expenditures and frequency, and a decrease in gambling problems. PNF could also have a potentially negative "boomerang" effect among emerging adults, whereby people who gamble socially or recreationally may increase their gambling frequency and spending to reach the "average" level of their peers. Long-term effects of PNF on emerging adults are unknown.
	On-campus gambling policies vary by jurisdiction. Seventy percent of US colleges and universities had an advertised policy compared to only 32% in Canada.
	Guidance for on-campus policies has been developed by the National Center for Responsible Gambling's Task Force. Their recommendations range from using evidence-based strategies to identify and assist students who experience gambling harms, to strengthening the capacity of student counselling services through training on treating students with gambling problems.
	Internet-based approaches to gambling harm prevention and education may be more accessible to emerging adults, and offer other benefits such as privacy and confidentiality.

Older adults (aged 60 and older)	Older adults are commonly targeted by the gaming industry since they are perceived to be a lucrative group. Land-based venues often cater to older adults' physical health needs and provide incentives such as 'free' food, drinks, and transportation—thereby enhancing the appeal of gambling as a leisure activity.
	Online gambling is a concern as more older adults become technologically adept. Older adults who perceive their health to be vulnerable may move more toward online gambling.
	No specific harm prevention or safer gambling programmes were found that targeted older adults.
	Families may play an important role in harm prevention by helping older adults gamble within their means or by exerting some control over their finances, although this can affect relationships.
	Many older adults use self-limiting strategies such as waiting to check lottery results, walking away after losses, setting and maintaining pre-set time and money limits, reading self-help books, and accessing support from religious leaders.
	Recommended gambling harm prevention strategies include educating operators; increasing awareness of self-exclusion and other safer gambling tools; eliminating free food, transportation, and promotional items; consideration of cultural differences and comorbidities; use of family supports, and alleviating help-seeking stigma.

Indicated Measures

Three indicated measures for the benefit of people at-risk were reviewed. A systematic review was conducted for brief Internet-delivered interventions for gambling. Financial blocks to gambling, specifically the systems and tools that produce "hard" barriers and limit access to funds, were examined using a scoping review, and self-exclusion programmes were reviewed using a narrative approach. Only self-exclusion had a well-developed evidence base.

BRIEF INTERNET-DELIVERED INTERVENTIONS FOR GAMBLING: PREVENTION, EARLY INTERVENTION, AND HARM REDUCTION

Four types of brief online intervention are highlighted.

Personalised feedback (PF) or Personalised normative feedback (PNF)	PF has been linked to reduced time spent gambling and lower financial expenditure. This was most evident among people at moderate risk of gambling harm.
	PF combined with advice has a greater impact on reducing spending when compared to PF combined with other interventions.
	PNF is linked to reduced gambling spending and intensity in the short term. In one study, reduced spending and problem gambling severity continued to be observed at a 24-week follow up for people at moderate-risk of harm from gambling only.
	PNF for early intervention shows mixed findings at the three-month follow up assessment.
Limit setting	Lower gambling spending was seen in one-third of limit setting studies.
	Pop-up messages when a person reaches 80% rather than 100% of their spending limit can help to reduce gambling expenditure.
	No studies were found that explored the effectiveness of different ways to help people set limits.

Self-directed internet interventions	Engagement with content is a concern for self-directed internet interventions since people may register for the programme but then not access the content.
	Some evidence suggests that self-directed internet interventions help to improve gambling symptoms for people seeking help, but the intervention is no longer effective when given to people who are not actively seeking help.
	One study of a self-directed internet intervention shows that gambling risk severity, but not gambling expenditure, had decreased at the two-month follow up.
Online self-exclusion	In two-thirds of the studies, online self-exclusion was related to reduced gambling severity and expenditure.
	Risk level may play a role. In one study, after returning to gambling following the online self-exclusion period, gambling severity increased for people with gambling problems.

SYSTEMS AND TOOLS THAT PRODUCE ACTUAL ("HARD") BARRIERS AND LIMIT ACCESS TO FUNDS

Attitudes and preferences toward systems and tools	Many people are unaware that financial transactions with gambling sites and venues can be blocked.
	Most people who use debit and credit blockers rated them as a helpful way to control expenditures.
	Hard barriers imposed by third parties are more effective than soft mechanisms involving family members. Having control over one's own finances appears to be more therapeutic in some cases than financial assistance for strain involving debt reduction after stopping gambling.
	Useful features of financial blocking systems include having a limit on cash withdrawals, a time-release lock, and a cooling off period between initiating and turning off the block.
	When instituting a permanent block on a card for gambling expenditures, contact with a specialist in gambling harm at the financial institution is helpful.
	In a qualitative study in Australia, men with moderate risk or problem gambling were concerned about the ease of credit card use. Many called for a ban on using credit cards for gambling to limit access to money.

Attitudes toward ATM and EFTPOS prohibition	Removing ATMs (or 'cash machines') is strongly supported because it imposes a break in play and helps people to control impulsive spending. People with problem gambling and people who do not gamble were more likely to favour the removal of ATMs from gambling venues.
	In one study, just under half of the participants agreed with the removal of Electronic Funds Transfer at Point of Sale (EFTPOS) facilities from gambling venues. People who gamble occasionally and people with problem gambling were the least likely to favour allowing ATMs and EFTPOS to be permitted inside gaming rooms.
	Participants in another study were concerned that ATM removal meant that cash would be accessed through EFTPOS instead, which has no restrictions. EFTPOS could undermine ATM removal.
Effectiveness of hard barriers	Removing ATMs from gambling venues reduces unplanned cash withdrawals in the short-term, although at a 30-day follow up there was no difference in gambling expenditure, frequency, or unplanned gambling.
	Removing ATMs makes people 'think twice' about further gambling expenditures.
	Most participants in one study reported no change to gambling expenditure with the removal of ATMs, although people with moderate risk and problem gambling were more likely to report reduced spending compared to people without problem gambling.
	After removing ATMs from gambling venues in Victoria, Australia, people reported reduced spending in hotels and clubs, although no difference in spending was detected at either casinos or racecourses.

SELF-EXCLUSION

Effectiveness and ineffectiveness of self-exclusion	Self-exclusion is underused, with one review showing a use rate of between 0.6% to 17% for people with gambling problems.
	Barriers that prevent or delay enrollment include complicated enrollment processes, lack of access to counselling and support during self-exclusion, being excluded from a single venue only, and insufficient choice for exclusion periods. Some people who gamble believe that they do not have a problem, and that using other tools can help them to control their gambling.
	Financial difficulty and/or career, legal, and health-related concerns are often identified as motivations to enroll in a self-exclusion agreement.
	Some studies report reduced gambling and gambling-related harm linked to participating in a self-exclusion programme.
	Although the severity of problem gambling may decrease after enrolling, the decrease was not seen when people began gambling again.
	There is no consensus about the optimal length of self-exclusion.
	At least 50% of people will breach their self-exclusion agreement. The likelihood of breaching increases over time as people may become less satisfied.
	Self-exclusion is linked to improvements in sense of control, self-confidence, and the belief that gambling is less disruptive to one's life.
	Uptake of counselling during self-exclusion is limited.
Unintended consequences of self-exclusion	Self-exclusion at one venue may lead to gambling at other venues where no such agreement is in place.
	People who self-exclude are mostly responsible for complying with the terms of their agreement on their own. The lack of external support has been linked to higher breaching rates.
	Some self-exclusion agreements include mandatory counselling, which could deter enrollment.

Stakeholder Insights

The perspectives, insights, and experiences of representatives from 13 third sector charities that design and deliver gambling harm prevention and education programmes in Great Britain were explored through in-depth interviews. By integrating knowledge derived from academic research and stakeholder expertise, a more complete body of evidence is created to support effective harm prevention and education planning. Stakeholders contributed their knowledge regarding universal and selective measures.

→ Responses to questions about universal measures can be grouped into critiques of population-based messaging; effective practices for designing and delivering universal measures; gambling harm prevention and education awareness and training; conducting evaluations and measuring outcomes; and unintended consequences.

→ Participants shared insights about selective measures for children and youth, emerging adults, and older adults. Most comments related to effective practices for training practitioners, effective design and delivery of initiatives, building capacity among children and youth, best practices for incorporating experts by experience, and addressing unintended consequences. Only two prevention and education initiatives focused on older adults who gamble.

→ Stakeholders' insights and perspectives were also shared at the selective measures level for ethnocultural groups, affected others, employees, military personnel and veterans, people experiencing homelessness, and people who are incarcerated. Since each at-risk group is unique, stakeholders' experiences pertaining to gambling harm prevention and education often varied. Still, there were some commonalities, notably for locating and engaging with people belonging to an at-risk group, developing relationships with others already working in the sector as well as community gatekeepers, and taking the time to fully understand the group to which programmes are being delivered. This allowed initiatives to be tailored specifically for the group—in terms of content and training for the people who would deliver them—so that there was a stronger chance of success.

→ Stakeholders were attentive to the potential for unintended consequences and shared examples from their experiences in programme design and delivery. They also offered guidance for others working in gambling harm prevention and education. The guidance focused on three areas: being responsive to participant feedback and the changing gambling landscape; the important role of policy, legislation, and regulations in preventing harm; and, collaboration with other organisations to enhance rather than duplicate efforts, and to direct participants to other resources, when needed.

DIVERSE INFORMATION SOURCES ENHANCE PREVENTION AND EDUCATION PLANNING

The insights of third sector charity representatives can lend support to or challenge the research evidence. Stakeholders' direct experiences can contribute to programme design and delivery in ways that may be less obvious to researchers. Stakeholders are well positioned to suggest practical avenues for future research and support academic-community research partnerships. Summarised below are ways in which their knowledge can complement the academic literature.

Alignment of expert knowledge with research findings

'One-size-fits-all' messaging at the population level is less effective than targeted messaging. More tailored and flexible approaches are needed.
Peer-to-peer contributions to the design and delivery of prevention and education programmes are important and may have extended benefits for capacity development, particularly among children and emerging adults.
Social media is an effective way of reaching younger people, although use patterns differ between gambling operators and third sector charities. Gambling operators have been active on social media for a longer time, using it both for advertising and required messaging.
Due to health-risk commonalities, successful behaviour change models designed for other public health issues such as alcohol, tobacco, and substance use can be adapted to gambling harm prevention and education strategies.
Both researchers and third sector charity representatives share concerns about gambling industry funding of research.

Stakeholder insights into the design and delivery of programmes and activities for researchers	Stakeholders often mentioned the importance of a participatory approach to programme design and delivery to improve outcomes.
	Very little academic research on gambling harm prevention and education examines how the design process for programming and messaging can influence outcomes.
	Some stakeholders shared the concern that due to limited resources, messaging for the general population was often targeted instead at groups at greater risk of experiencing harms. More consideration of available resources and message intent may be needed.
Identifying areas for future research or research partnerships	More researchers could provide evaluation and research support through community-university partnerships.
	Since older adults are seen as a priority group, more directed attention is warranted. Little research evidence exists for older adults' gambling harm prevention and education and only two examples were given by stakeholders of support resources for older adults.

Evidence for Prevention and Education Varies in Quantity and Quality

DEPTH AND BREADTH OF THE EVIDENCE BASE

The evidence base for gambling harm prevention and education measures is uneven in both quantity and quality, which can be a limitation to advancing new policies and initiatives. There were a number of mixed or inconclusive findings that detract from drawing broad conclusions.

Although the original intent of this report was to include systematic reviews only, it was not possible due to a considerable imbalance in the quantity of research evidence for specific measures. This could happen for a number of reasons, such as a lack of research funding to explore a measure, or it could be that the measure is a relatively new advancement (e.g., financial blocks to gambling). The evidence base is insufficiently developed to conduct any type of review for some other measures identified in the National Strategy (e.g., customer interaction). Ideally, enough evidence would be available to conduct a meta-analysis for each measure, where the results of several studies are combined, and further analysis is conducted to determine overall trends and consistencies in intervention outcomes.

For each measure reviewed, authors identified knowledge gaps and suggested future research directions to address them. These recommendations merit careful consideration so that the evidence base upon which policy and programming decisions are made is extended. Ideally, more research could be conducted in Great Britain to inform British prevention and education policies and initiatives. An awareness of new developments internationally is valuable and can inform directions for harm reduction. Still, it is important to understand whether and how programmes first implemented elsewhere might work in British cultural and jurisdictional contexts.

EVIDENCE QUALITY

The quality of the evidence reviewed for this report is a concern. Depending on the review type, quality assessments were either formal (e.g., for systematic reviews) or informal (e.g., scoping and narrative reviews), as guided by Grant and Booth's typology of reviews and associated methodologies. Authors were provided with quality assessment tools for quantitative and qualitative studies, systematic reviews, and grey literature to support their assessment of the evidence. Methodological shortcomings were often noted, with much of the literature rated as either of low or moderate quality. Research in gambling harm prevention and education would benefit from:

- → **Including appropriate control groups (with random assignment to control and intervention groups)**
- → **Having larger sample sizes for quantitative studies to increase statistical power**
- → **Implementing a longitudinal design so that baseline, short-term, and long-term follow up assessments are possible**
- → **Using measures designed specifically to assess harm from gambling in addition to measures of problem gambling prevalence**
- → **Conducting experimental research to test messaging and other interventions, where appropriate, before implementing them**
- → **Having access to player data so that patterns of behaviour can be objectively monitored without the potential for recall or social desirability biases**

Shortcomings of the evidence base can limit the ability to effectively plan and implement a comprehensive prevention and education plan. However, it does not mean that the prevention and education strategy development cannot advance. There are some measures for which the evidence is well established with consistent outcomes. For those measures that are less well supported, part of the plan initially could be to gather more evidence by supporting high-quality research initiatives to address the knowledge gaps.

Advancing the Prevention and Education Objective

The measures examined give some indication of the broad scope of programmes and activities to be included in a comprehensive prevention and education strategy. Some common themes that arose throughout the report are outlined below.

Moving from prevalence to harm	Historically, the gambling studies literature has aligned primarily with the medical model of gambling policy. This model focuses on problem gambling, its causes, and treatment. As such, much of the research reviewed was designed to address at-risk and problem gambling behaviours and attitudes, with less emphasis on reducing gambling harm more widely. Moving to the public health gambling policy model will include people at all risk levels, employ new ways to measure harm rather than prevalence only, and allow more accurate assessments of the effectiveness of harm prevention and education activities.
Consistencies across measure levels for effective harm prevention and education	What is effective for people with gambling problems often differs from those who gamble recreationally or not at all.
	A 'one-size-fits-all' approach to harm prevention and education will decrease its value. Tailored approaches are often more helpful. Interventions that allow more flexibility are desired by participants and would likely improve uptake.
	The form and content of communications have an impact. Digital media strategies can enhance prevention and education initiatives, especially among younger age groups. Positive messages that focus on safer gambling are more persuasive than negative messages detailing harmful outcomes. Content needs to be clearly communicated in simple language, and intentions should be specific rather than vague. Better promotion of interventions, safer gambling tools, and financial blocks is needed.
	Some interventions (e.g., Personalised Normative Feedback, PNF) are endorsed across multiple levels of measures, which suggests that they could be more widely promoted and implemented in a comprehensive prevention and education plan.

Research identifying unintended consequences is limited	Unintended consequences that may have resulted from gambling harm prevention and education initiatives were rarely reported in the academic literature.
	On the other hand, stakeholders recognised the possibility of unanticipated consequences, and took steps to prepare for and mitigate against them. Many commented that risk management and evaluation are important for reducing the potential for unintended consequences. They also signposted to other stakeholders' resources.
Jurisdictional context is important	Much of the evidence was derived from research conducted in other high-income nations. Further, each jurisdiction has a unique policy structure and set of gambling regulations.
	Attitudes, traditions, and belief systems associated with gambling, treatment seeking behaviour, and experiences of stigma need to be considered in the British context when planning harm prevention and education activities and programmes. There is considerable potential to implement initiatives found to be successful elsewhere in combination with locally contextualised knowledge.
The gambling landscape is constantly changing	Gambling harm prevention and education is most effective when stakeholders are aware of advancements in gambling forms, their delivery format, and who may be at greater risk.
	Online gambling and new technologies have transformed the gambling ecosystem. There is currently an overfocus of research attention on land-based gambling. The evidence base for harm prevention for online gambling will need to expand, particularly in the wake of the COVID-19 pandemic.

F O L L O W T H E E V I D E N C E

SUGGESTED REPORT CITATION

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