



Industry interests in gambling research: Lessons learned from other forms of hazardous consumption



Cowlishaw S.^{a,*}, Thomas S.L.^b

^a Centre for Academic Primary Care, Bristol Medical School, University of Bristol, UK

^b Centre for Population Health Research, School of Health and Social Development, Faculty of Health, Deakin University, Australia

HIGHLIGHTS

- There is growing concern about industry influences on gambling research, as well as proponents who downplay the risks and negative consequences.
- Literature on tobacco and alcohol shows how industries used research to create doubt and divert attention from the role of products in causing harm.
- This literature also highlights ways in which industry can exert control over research and mask involvement through third-party organisations.
- There is preliminary evidence of analogous influences of industry on the agenda for gambling research and use of third-party techniques.
- Indications of parallel practices across industries support precautionary approaches to vested interests in gambling research.

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ABSTRACT

Research indicates that the evidential bases for many harm reduction policies targeting hazardous consumptions (including tobacco, alcohol and gambling) have been distorted by commercial industries that derive revenue from such commodities. These distortions are best illustrated by research on tobacco and alcohol, which indicates similar tactics used by industries to determine favourable policy environments through engineering of evidence, among other approaches. Although there is concern that gambling research is similarly vulnerable to commercial interests, the relevant literature lags far behind other fields and the aim of this paper is to increase familiarity with tactics used by industries for influencing research. It summarises the conceptual and empirical bases for expecting conflicts between goals of public health and companies that profit from hazardous consumptions. It also summarises evidence describing practices deployed by tobacco corporations, which include third-party techniques and the selective funding of research to manufacture doubt and deflect attention away from the consequences of smoking. It then reviews both early and emerging evidence indicating similar strategies used by alcohol industry, and uses this literature to view practices of the gambling industry. It argues that parallels regarding selective funding of research and third-party techniques provide grounds for strong concern about commercial influences on gambling research, and implementation of precautionary approaches to management of vested interests.

1. Background

Recent decades have been characterised by expansions in the availability of gambling products and services (Delfabbro & King, 2012; Orford, 2012; Petry & Blanco, 2013; Smith, 2014), which have provided for growth in participation and behaviours that precede gambling-related harms (Wardle, Griffiths, Orford, Moody, & Volberg, 2012). These contribute towards substantial burdens on public health, which are comparable in some regards to other hazardous or addictive behaviours (e.g., alcohol use) (Browne, Greer, Rawat, & Rockloff, 2017) that are indicated targets for harm reduction policies (Anderson, Chisholm, &

Fuhr, 2009). However, research indicates that the evidence underlying many such policies has been distorted by commercial industries that derive revenue from these commodities (Moodie et al., 2013). Although literature on gambling lags far behind other hazardous consumptions, there is concern that relevant research is similarly vulnerable to commercial interests (Adams, 2011; Livingstone & Adams, 2016; Young, 2013a, 2013b). Nonetheless, there are proponents of industry involvement who dismiss the broader literature (Delfabbro & King, 2017) and argue that gambling is distinguished by industry control over venues and data, which necessitates partnership with corporations (Blaszczynski, 2015; Griffiths & Auer, 2015). However, such arguments

* Corresponding author at: Bristol Medical School, University of Bristol, Bristol BS8 2PS, UK.
E-mail address: sean.cowlishaw@bristol.ac.uk (S. Cowlishaw).

downplay and sometimes ignore the risks and negative consequences of industry influences. These include threats to the integrity of research and to researchers who are vulnerable to reputational damage, as well as indirect public health risks from studies that may (unintentionally or not) help subvert policies that would reduce gambling harms (Adams, 2016).

It is important that researchers and policy makers make informed decisions about engagement with the gambling industry, and the purpose of this paper is to outline literature on tactics used by hazardous consumption industries for influencing research. It will focus mainly on practices employed by tobacco corporations, and will also describe evidence about strategies adopted by other (e.g., alcohol) industries. This literature will be used to frame concerns about the gambling industry.

2. Hazardous consumptions and conflicts of interest

There are long-standing public health concerns about practices of industries of hazardous consumption (Adams, 2016; Moodie et al., 2013), which include tobacco, alcohol, ultra-processed foods and gambling. Underlying these concerns are conflicts between goals of public health and the economic objectives of companies that profit from consumption. These conflicts are arguably greatest when commodities possess addictive potential, given that individuals experiencing harm or addiction will typically engage in greatest levels of consumption and expenditure. For example, US studies suggest around 10% of adult drinkers (> 21 years) and 26% of youth (aged 12–20) that exhibit abusive and dependent drinking, but still account for 38% of expenditure on alcohol (due to consumption in greater quantities than drinkers who are not abusive or dependent) (Foster, Vaughan, Foster, & Califano, 2006). UK data suggests smaller numbers of people exhibiting moderate to severe problems with gambling (around 1–3%), but who account for up to 60% of gambling revenue, depending on type of activity (Orford, Wardle, & Griffiths, 2013). Accordingly, it seems that while most consumers would not be classified as exhibiting severe problems or dependence,¹ those who do contribute disproportionate amounts towards industry revenue. This financial ‘surplus’ from people exhibiting problems (Adams & Livingstone, 2015) sets gambling, alcohol and tobacco apart from ordinary commodities, and provides incentives for industries to protect revenue by avoiding initiatives that reduce numbers consuming at high levels.

3. Tobacco research and recognition of an industrial epidemic

The consequences of conflicts between economic and public health agendas have been illustrated by internal documents from the tobacco industry, which were released following litigation against companies in the 1990s (Bero, 2003). These documents provided data for emerging research on effects of corporate behaviours on health, which have been described in terms of ‘industrial epidemics’ (encompassing a view of some corporations as disease vectors that account for the spread of health-related conditions) (Moodie et al., 2013). Analyses of these documents indicated prevailing views within industry of threats to revenue from public health reforms, and concerted attempts to avoid actions that threatened financial interests (e.g., through legislative interventions) (Brandt, 2012). Many tactics had a public relations focus, and were intended to present smoking as a matter of individual choice and responsibility, while framing external regulation in terms of erosions of freedoms by the state. This is notwithstanding direct and indirect harms from smoking, ranging from mortality and morbidity to impacts on others from environmental smoke, and legitimate responsibilities of governments for protecting citizens from hazardous

environments (Saloojee & Dagli, 2000).

Industry tactics included third-party techniques which involved commissioning of individuals or organisations to act on behalf of industry, while claiming independence and masking corporate involvement. For example, there was heavy investment in networks of paid scientific consultants (Muggli, Hurt, & Blanke, 2003), as well as contract research organisations and ‘think tanks’ that were commissioned to support industry positions (Smith et al., 2010). These were additional to third-party front organisations (Bero, 2003), such as the Council for Tobacco Research and Center for Indoor Air Research, which were formed to promote messaging that hazards of smoking and environmental smoke, respectively, had not yet been proven (Bero, 2005). A function of many such organisations was to fund research that seemed independent, but allowed industry to maintain control over evidence production. Industry representatives were involved in setting agendas and prioritised topics that served public relations objectives (Bero, 2005), and also influenced projects that received funding. For example, scientific advisory boards were established to support claims of independence, but were selected due to scepticism about tobacco science and economic or personal relationships with industry (Brandt, 2012). Approval processes were subject to manipulation (e.g., through pre-screening of funding applications, whereby some projects were excluded at early stages) (Bero, Barnes, Hanauer, Slade, & Glantz, 1995), while there were requirements for industry representatives to edit publications and suppress or delay findings that were unfavourable (Bero, 2005).

Industry documents indicate that funding research was a public relations strategy that supported claims of corporate responsibility and commitment to public health (Bero, 2005). However, in the context of mounting evidence of health risks from smoking, the main goal was to manufacture a sense of controversy and doubt about independent evidence. This was through the generation of studies designed to yield results conflicting with evidence accepted by governments and health authorities, which were used to dispute evidence that smoking was harmful (for example, evidence reviews linked to industry were around 90 times less likely to conclude that passive smoking was harmful, when compared to independent evaluations) (Barnes & Bero, 1998). It was also through the selective commissioning of research on alternative causes of disease, including genetic factors, stress, and diet (Bero, 2003). The latter were used to highlight factors that could confound associations with health. They also informed strategies for deflecting attention away from roles of smoking in cancer aetiology, and emphasising targets for intervention that would impact less on smoking and industry revenue (Muggli, Forster, & Repace, 2001).

A major component of industry tactics involved campaigns to influence policy debates through widespread dissemination of selective evidence (Brandt, 2012). For example, results from industry research were published across sponsored symposia proceedings and reports, and letters to the editor in academic journals (Bero, 2005). Reports were rarely subject to traditional peer review, and were associated with lower quality when compared to independent literature (Bero, 2005). Nonetheless, such publications were cited heavily in media campaigns and submissions to government (Bryan-Jones & Bero, 2003). During consultations in 2011–12 about standardised packaging of tobacco products, for example, the UK government received many submissions linked to industry which involved heavy citation of sponsored reports (Hatchard, Fooks, Evans-Reeves, Ulucanlar, & Gilmore, 2014). Analyses indicate that these were not subject to traditional peer review in most instances, and supported assertions that standardised packaging would have no health benefits (which contrasts with independent evidence) (Moodie, Stead, Bauld, et al., 2012). Where peer reviewed articles were cited, these did not address the role of packaging in smoking, and rather, emphasised alternative drivers of behaviour and targets for intervention (Hatchard et al., 2014).

As a result of analyses of tobacco industry documents, these subversive practices are recognised and there is consensus that the goals of

¹ This does not apply to smoking, where up to two thirds of smokers are expected to die because of their smoking behaviour (Banks et al., 2015).

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