

# Understanding Young People's Responses to Commercial Determinants-Framed Gambling Harms Education: Towards a Youth Positionality Framework

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## Introduction

Gambling harm is increasingly recognised as a public health issue, driven by technological advances, 24/7 accessibility and highly sophisticated marketing strategies. Momentum is building in favour of a public health approach to gambling harms, yet the role and contents of young people's education within such an approach is debated. This briefing shares findings from a qualitative evaluation of *Chapter One's* educational programme – one of the UK's first to foreground the commercial determinants of gambling harms centred on lived experience. Drawing on interviews with 30 young people and 7 facilitators, it explores the programme's core mechanisms and short-term outcomes. The aim is to inform ongoing dialogue — and future research — on how we meaningfully educate young people about gambling harm.

The report is aimed at:

- Educational practitioners and researchers, to inform content development and identify short-term outcomes.
- Policymakers and commissioners, as they consider the role of independent education within a broader public health approach to gambling harms.

## Key messages

- Young people engage deeply with gambling harms education that goes beyond so-called “responsible gambling” and exposes the commercial influences and tactics that shape gambling products and environments.
- *Chapter One* education promotes critical thinking and emotional reflection, with potential to prevent or delay gambling experimentation and reduce stigma.
- This aligns with evidence from other sectors — such as tobacco, alcohol and unhealthy food — where educational approaches that expose industry tactics have high acceptability among young people and have been shown to shift young people's attitudes and norms, build media literacy and, in some cases, positively influence health behaviours.
- Young people respond in different ways to *Chapter One* education:
  - We developed a *Youth Positionality Framework* that identifies three distinct responses: *Consumer*, *Carer* and *Citizen*.
  - Each positionality is theorised to link to specific outcomes: e.g., media literacy, empathy and policy awareness.
  - The *Youth Positionality Framework* can guide the future development, evaluation and delivery of gambling harms education.

## Background

### *Gambling as a public health issue*

Gambling harm is now widely considered as a public health issue. Its rise has been fuelled by technological advances, 24/7 accessibility and increasingly sophisticated marketing strategies. The 2024 Lancet Public Health Commission called for stronger regulatory controls on the gambling industry, citing growing evidence that gambling harms are greater than previously understood — affecting not only those who gamble, but also families, communities and society at large (Wardle et al., 2024).

While adult harm is better documented, young people are particularly vulnerable. They are more susceptible to risk-taking (Blakemore & Choudhury, 2006), more impressionable in the face of gambling marketing (Derevensky et al., 2010) and exposed to both gambling and “gambling adjacent” activities, such as loot boxes and skins<sup>1</sup> (Zendle et al., 2019). These early exposures are linked to gambling harms later in life (Rahman et al., 2012; Forrest & McHale, 2018).

Recent trends suggest increasing exposure and participation among young people, with a significant minority encountering gambling harms globally (Calado et al., 2017). In the UK:

- 27% of youth reported gambling in the past year
- 62% had encountered gambling advertising online
- 3.4% were identified as experiencing “at-risk” or “problem gambling” (Gambling Commission, 2024).

### *Where Does Education Fit?*

There is broad agreement among researchers, campaigners and increasingly policymakers that gambling harms require a public health response — one that combines regulation, restrictions on accessibility, environmental change and support for those affected (Wardle et al., 2024). But the role of education within that framework remains contested.

Some argue that young people need protection from predatory commercial products and practices, not education (Hanson, n.d.). Others point out that education can complement a public health approach but must break with “responsible gambling” frameworks, which locate harm in individual failure rather than harmful products or environments. These frameworks are often advanced by commercial interests to delay and deflect the need for meaningful policy and regulatory reform (Maani et al., 2023). “Responsible gambling” approaches tend to:

- Downplay the risks of gambling itself
- Frame harm as the product of an atypical minority
- Emphasise individual awareness without challenging the social environment

The evidence is now conclusive: these approaches, like “responsible drinking” in the alcohol field, not only fail to prevent harm but may in fact worsen it by increasing the consumption of harmful products, generating stigma and normalising risky environments (Miller & Thomas, 2018; Mills et al., 2023; Moss & Albery, 2018; Newall et al., 2023; van Schalkwyk et al., 2022).

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<sup>1</sup> Loot boxes are virtual items in video games that contain randomised rewards, making them similar to gambling; skins are cosmetic items in video games that change the appearances of objects or characters – some can be traded or sold.

### *A Shift Toward Commercial Determinants*

Other sectors have evidence-based examples that challenge this paradigm. Foregrounding the commercial determinants of harm, these examples go beyond personal risk messaging to equip young people with the understanding, skills and motivation to challenge the structural forces that generate harm:

- **Tobacco:** The *Truth*® Campaign reduced youth smoking by exposing the deceptive practices of the tobacco industry, shifting focus from personal risk to industry accountability (Farrelly et al., 2005; Niederdeppe et al., 2004).
- **Alcohol:** Media literacy-based alcohol interventions have demonstrated positive impacts on young people's attitudes and critical thinking, supporting the value of industry-focused education as an alternative to traditional individual-risk approaches (Gordon et al., 2016; 2017).
- **Ultra-processed foods:** Christopher Bryan's values-aligned approach reframes food marketing as manipulative, empowering adolescents to resist it as a threat to autonomy and social justice — leading to healthier food choices (Bryan et al., 2016; 2019).

The recently developed *PRoGRAM-A* (Dobbie et al., 2024), funded by NIHR, similarly has contents on gambling marketing. A peer education, social networked intervention, *PRoGRAM-A* trains nominated students (aged 13/14) over two days and then supports them in sharing messages within their network over ten weeks. Now progressing toward a full randomised trial, *PRoGRAM-A* findings – when available – will likely enrich discussions about the role and contribution of young people's education within a public health approach to gambling.

*Chapter One* education differs in key respects: it targets older youth (16–24), delivers shorter facilitator-led modules and is grounded more centrally in commercial determinants and media literacy constructs. Lived experience is also integral when it is only peripheral to *PRoGRAM-A*, though this may change in future iterations (Miller et al., 2025).

## The Intervention

*Chapter One*'s educational programme is one of the UK's first that focuses centrally on the commercial determinants of gambling harms drawing on lived experience narratives. Developed by the charity *Gambling with Lives*<sup>2</sup> (GWL) using regulatory settlement funds<sup>3</sup>, it aims to move beyond “responsible gambling” by focusing on the commercial determinants of harm while providing a fuller account of the harms themselves. Public health specialists were consulted during intervention development and an initial pilot was evaluated by the external consultancy

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<sup>2</sup> GWL is a charity set up in 2018 by families bereaved by gambling-related suicides. The charity's primary aims are to support families bereaved by gambling-related suicide and advocate for policy change. It also commissions independent gambling harms research and administers the *Chapter One* website, which disseminates public information and features guidance both for people affected and those in support roles. See: [www.chapter-one-org](http://www.chapter-one-org)

<sup>3</sup> Regulatory settlement payments have been suspended with the establishment of a statutory levy. Prior to this, when the Gambling Commission took regulatory action against a gambling operator, an outcome of that action could include a payment in lieu of the financial penalty the Commission might otherwise impose. A regulatory settlement could include payment to an organisation for socially responsible purposes. Industry operators do not have any influence over the use of the proceeds and are not allowed to make any public claim of corporate social responsibility. See: [www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)

organisation *Resources 4 Change*. To date, over 10,000 young people have received the intervention directly in educational settings, training organisations and community settings; others have received it externally via *Chapter One*'s train-the-trainer programme.

*Chapter One* education consists of four modules of around 2 hours each. It features a video lasting 26 minutes which portrays the lived experience of a young man struggling to resist gambling amid constant marketing and addictive product design. The video also features commentary from a clinical psychologist, explaining how commercial influences undermine cognitive processes to establish repetitive gambling behaviours. Key activities include:

- Reflection on commercial influences
- Deconstruction of a gambling product
- Media literacy exercises
- Policy deliberation activities
- Guidance on how to support someone experiencing gambling harm

Importantly, the education is implemented alongside *Chapter One*'s informational website – where young people may go for more information and resources – and the training of teaching staff, community intermediaries and health professionals in signposting, support and brief interventions.

## Methods

GwL commissioned a public health research team at London South Bank University (LSBU) to evaluate the *Chapter One* educational programme. The research team has no financial links to the gambling industry (see Author Funding Statement & Declarations, below). The following data were collected and analysed:

- 30 young people (aged 16–24) who received the education took part in semi-structured interviews. Participants came from educational settings, training organisations and community settings, and were recruited by the research team.
- 7 adult facilitators, external to *Chapter One*, were also interviewed. These were professionals who either supported *Chapter One* staff to deliver the education or received training to deliver it themselves.

The findings summarised here will be explored further in a forthcoming academic publication.

## Summary of findings

Our interviews revealed high levels of engagement with the education's themes, even though most young people received only a single one-hour session that included the video and facilitated reflection. Young people consistently described the session as relevant and impactful.

*Chapter One* staff emphasised that their message was not “Don’t gamble”, but rather an invitation to consider a suppressed truth about gambling. This resonated strongly with young people, who did not find the education to be prescriptive. Many young people recognised gambling promotions as intrusive and manipulative, reporting that they were exposed to them before turning 18. Some young people were gambling but had limited knowledge of the harms that gambling can cause. The education was thus welcomed for providing an opportunity to reflect more accurately on gambling as a risky, health-harming activity, and to consider both its role in society and how young people might choose to relate to it.

The combination of lived experience and scientific explanation in the video appeared to drive both cognitive and affective learning. Young people empathised deeply with the young man’s story, often linking it to their own experiences of manipulative marketing in gambling or other domains, such as vapes or beauty products. Some participants reported that the education had changed how they thought about people encountering gambling harm, displacing common stereotypes of gambling addiction, such as it being due to a lack of personal responsibility. Several young people now felt equipped to talk to peers about gambling harm and how to support someone at risk.

Most participants reported an intention to avoid or reduce gambling following the session. Several who said the session would not change their gambling behaviours, as they considered these to be ‘moderate’, nevertheless reported increased self-awareness and caution. Notably, none of the participants felt the session might unintentionally promote gambling or increase its social appeal; indeed, gambling harms education with a commercial determinants focus appears to *decrease* gambling’s social appeal, in part by aligning with young people’s desire for autonomy and social justice.

A concluding reflection session, after the video, gave young people the opportunity to propose, debate and defend policy positions in a balanced way. Additional time here might more fully support the development of citizenship skills. In the interviews, young people expressed frustration at the lack of safeguards and protections for themselves and the wider public. Asked how they would better protect young people from harm, some proposed bold policies, such as making the industry more accountable via a duty of care, restrictions on accessibility and commercial advertisements, and reforms of the harmful features of gambling marketing, products and environments (e.g., changing the layout of casinos).

All participants believed that education should complement national policy and regulatory measures in efforts to address gambling harm. They believed that education about gambling harms could contribute to gambling harms prevention.

## Towards a Youth Positionality Framework

Young people's responses to the education were not uniform but shaped by their values, experiences, and how they made sense of the programme. Drawing on positioning theory (Davies & Harré, 1990), we developed a framework to understand this, identifying three positionalities, each linked to distinct short-term outcomes. Importantly, the positionalities were not rigid as young people moved between them or inhabited more than one, while positionalities could also be held weakly or strongly.

### **The Citizen Positionality**

Young people in this stance experienced a kind of moral awakening, recognising gambling harm as a systemic issue rather than a matter of individual failure. They expressed frustration at inadequate regulation, questioned why more wasn't being done, and proposed bold policy solutions. This positionality was triggered by the video's demonstration of the lived experience of harmful products and environments, as well as by policy deliberation exercises.

#### **Linked outcomes:**

- Shift in perception of gambling from entertainment to social harm
- Increased scepticism of commercial actors and their motives
- Desire for regulatory and policy action

#### **Illustrative quote:**

- *I felt more upset at the fact that no one was doing anything about it, and the fact that it's been legal, that it is still legal, and that governments aren't really doing much to actually prevent it. It just opened my eyes up to the issue of gambling, but also the problems of the lack of, I don't know a better word, but butting in that governments [can] have to social problems like that ... I felt what the person was going through, and how it wasn't just a one-person problem. It was a whole nations, a whole worldwide problem, and that something should be done.*

### **The Consumer Positionality**

This group processed the education through an individual-consumer lens, focusing on how gambling products and promotions targeted them directly, and the implications for their consumption patterns. Young people here valued the media literacy content and came away with stronger confidence in their autonomy and decision-making. Several said the programme would help them resist manipulative marketing. Young people reported either reduced gambling intentions or increased caution.

#### **Linked outcomes:**

- Reduced or more cautious gambling intentions
- Increased confidence in decision-making
- Heightened media literacy

#### **Illustrative quote:**

- *It can happen to anyone because it's been so normalised. It's like the amount that's widespread, where, like, you can go anywhere, and it will just, there'll be adverts and everything, like, I can go on my phone, and it will just show up. Even if I'm playing, like, a*

*children's game, there'll be ads where it just says, like, 'Eight casinos', things like that. So, it's like, you can't really escape it. So, you need that perspective in order to be able to be like, 'Okay, I don't want this, and I know that I don't want this, so I'm not going to do it'.*

### ■ The Carer Positionality

Young people in this role connected emotionally and empathetically with the lived experience story, often imagining themselves in the young man's position. They came to see gambling harm as relatable and human, rather than distant or abstract. This group expressed a strong motivation to support others — including friends, family members or future peers — and felt better equipped to do so.

#### Linked outcomes:

- Increased empathy for those affected by gambling harm
- Reduced stigma toward people with gambling addiction
- Greater willingness and confidence to support peers

#### Illustrative quote:

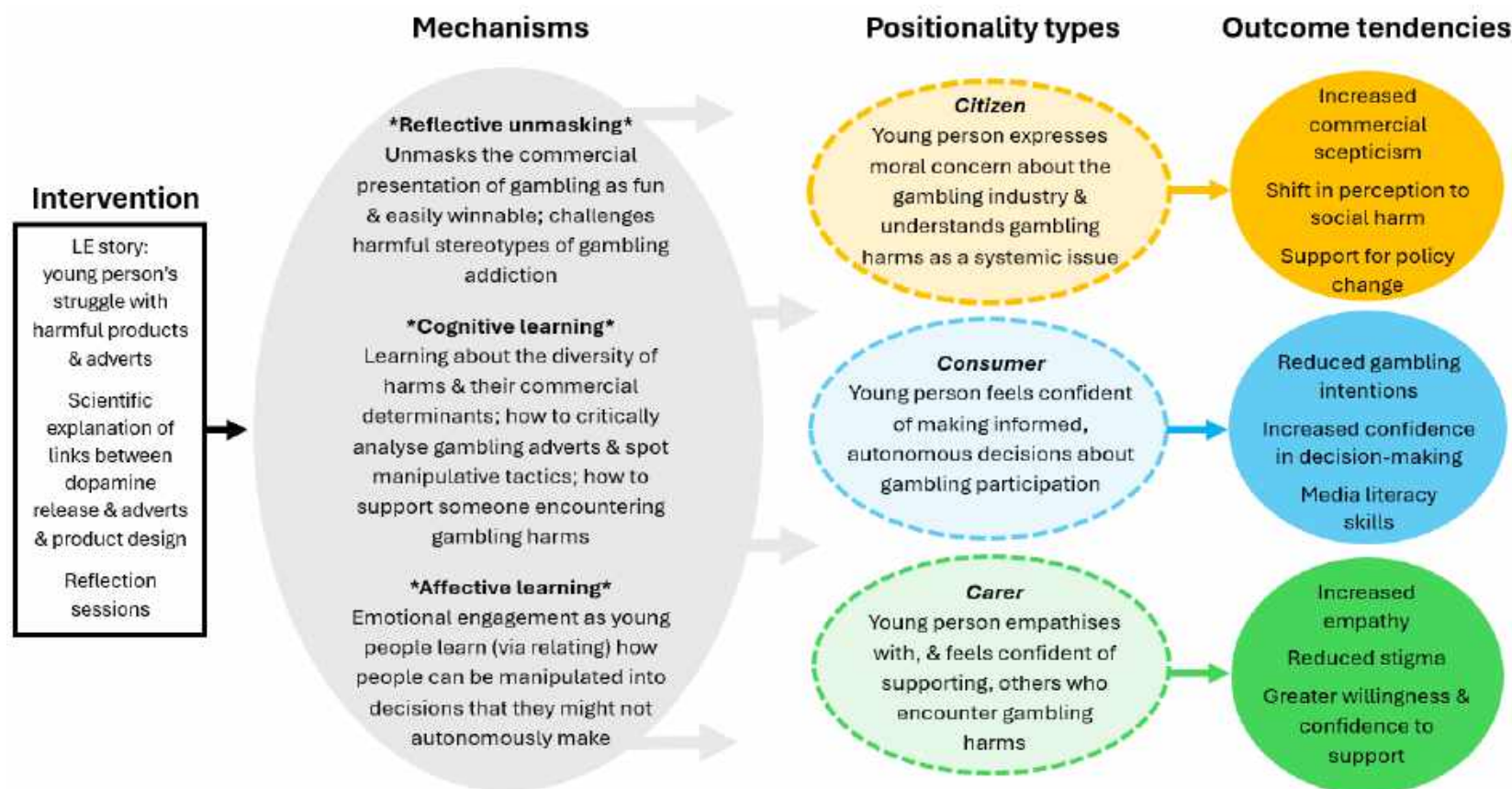
- *Now that we're made aware of these things, we are able to do something about it. ... That promotion [by the gambling industry], the way that they've decided to promote these things and make them look enticing for a particular demographic, it all ties into how this is going to affect everybody in the long term. So, for me, I think the knowledge that I gained from watching that video ... it has put me in a position where I definitely feel more equipped to be able to talk to somebody about this if I feel like it's an issue they're facing*

## The Youth Positionality Framework: A Model

Figure 1 presents the positionalities as mediating between the linked outcomes and different learning mechanisms. We have identified three mechanisms that were not activated in isolation but interacted dynamically to drive the short-term outcomes listed in the model:

- **Reflective unmasking** – Through guided reflection and critical discussion, the commercial presentation of gambling – as something that is fun and easily winnable – as well as societal heuristics and stereotypes about gambling addiction, were increasingly challenged. Young people began to see gambling harm as structurally embedded and social.
- **Cognitive learning** – Young people gained new knowledge about gambling harms, including different forms of harm (e.g., many young people did not know that gambling can adversely affect mental health and relationships) and the ways in which gambling products are engineered to establish repetitive gambling behaviours. This included learning about reward systems, design features (e.g. near-misses) and targeted advertising.
- **Affective learning** – The emotional impact of the lived experience video played a central role in learning. Young people empathised with the storyteller and related his experience to their own or peers' vulnerabilities in the face of manipulative marketing. This affective connection was especially important for the *carer positionality*.

Figure 1: Youth Positionality Framework for Gambling Harms Education



## Discussion

This evaluation suggests that gambling harms education with a commercial determinants focus can resonate deeply with young people, promoting critical thinking, empathy and a desire for structural change. The findings, based on in-depth qualitative interviews, offer insight into the mechanisms and short-term outcomes of such education. Limitations include a reliance on self-reported data and the absence of effectiveness measures and long-term follow-up. The evaluation invites reflection on the design, delivery and limitations of educational interventions within a broader public health response to gambling harms.

### *The values of autonomy and social justice*

Young people value their independence and often resist education that feels moralistic, prescriptive, or adult-led (Chernick et al., 2019; Henriksen et al., 2006). Gambling harms education that rests on pragmatic appeals to behaviour change may therefore fail to connect or worse, risk unintended consequences. *Chapter One* staff's approach of saying "We are telling you a truth you are denied, not telling you don't gamble" – resonated greatly. Participants responded by engaging deeply with the contents and welcomed newly acquired skills to spot manipulative marketing and support others. This values-based approach echoes findings from other sectors, where reframing health behaviours as acts of independence or social justice has proven effective (Bryan et al., 2016; 2019).

Building on this, future programmes might invite young people to develop peer content or co-design educational materials that explore these themes further.

### *Lived Experience Can Enhance Young People's Understanding of Harmful Commercial Tactics*

Some researchers have raised concerns that lived experience perspectives can be unrepresentative or inadvertently stigmatising in educational interventions (Morris et al., 2023). However, "social contact" interventions involving lived experience are known to reduce stigma in mental health and addiction contexts (Makhmud et al., 2022), aligning with the carer positionality that we have identified. Furthermore, our findings suggest a distinct contribution when lived experience narratives focus on commercially driven harm: in the *Chapter One* video, the young man's story helped render the harms experienced due to product design and harmful tactics tangible and relatable. Several participants linked their own experiences of manipulative marketing in other sectors, as well as compulsive social media use, to the young man's struggle with gambling apps and advertisements.

At the same time, insights from alcohol research caution against relying exclusively on lived experience stories of acute harm. These can backfire when intervention recipients have a distinct experience of, say, gambling or alcohol, which they view as different from the stereotypically extreme lived experience story, such that they contrast and minimise their own use as 'non-problematic' and 'responsible' (Morris et al., 2022). To mitigate this possibility, educators might balance stories of acute harm with examples that locate gambling harm along a continuum. This could include common but meaningful harms, such as disrupted sleep, lost weekends or financial stress, among people who gamble at so-called 'moderate' levels. Framing harm as occurring along a continuum can prompt a more inclusive and reflective discussion, allowing for greater resonance with people who may have some gambling experience but do not see themselves reflected in narratives of extreme harm (Morris et al., 2023).

### *Dose, targeting and adaptations*

While the *Chapter One* programme includes four modules, most participants in this evaluation only experienced a single one-hour session due to constraints on time. The research team was struck by how impactful this short exposure appeared to be. In many ways, this goes against established assumptions in educational literatures, which typically emphasise the value of longer, participatory and practical learning. Conversely, brief intervention literatures suggest that carefully designed and delivered “snapshots” of education can have some benefit, particularly if delivered through a non-judgemental, motivational approach (Saxton et al., 2021; Tanner-Smith & Lipsey, 2015). There may be particular value in targeting this dose just before young people reach the legal gambling age.

Further development of the programme may also benefit from targeted tailoring, guided by the *Youth Positionality Framework*. For instance, learners who express no interest in gambling may benefit most from engaging through a carer positionality. Others may be more responsive to citizen or consumer framings, depending on their values, exposure, and prior experiences. By distinguishing between the *consumer*, *carer* and *citizen* roles in this way, the framework aims to enable educators and researchers to anticipate different kinds of learner engagement and to develop and tailor intervention components accordingly.

We stress, however, that educational providers should work with host organisations to develop health promoting settings – in part through the development of staff skills in signposting and support. It was notable that, during the study, *Chapter One*’s annual visit to deliver education at a training organisation led to three young people being referred to a treatment provider over a 2-year period: the organisation’s safeguarding lead said that an ongoing relationship with *Chapter One* equipped them with the knowledge and skills to organise these referrals.

### *The importance of not overstating education’s potential*

Education cannot and should not be the cornerstone of a public health approach to gambling harms. Without national policy and regulatory change – including controls on marketing, product design and industry lobbying – the structural drivers of harm will remain untouched. Overstating the potential of education risks distracting attention from the urgent need for policy action.

That said, we find that education with a commercial determinants focus does not distract from structural change but helps people recognise gambling harm as a systemic issue. Importantly, it may also support the development of young people’s citizen skills by enabling them to engage with policy debates in a balanced and informed way.

A valuable next step would be for education practitioners and researchers to actively foster civic agency – for example, by supporting young people to design peer campaigns or engage with gambling reform movements. While this is resource-intensive, it aligns with the principles of critical health literacy, which aims to move beyond the limits of ‘functional’ health education by promoting political awareness, participatory skills and action for health (Sykes et al., 2024).

## Summary of recommendations

### For education practitioners

- **Embed a commercial determinants focus**  
Frame gambling harm not as a matter of personal failure, but as the outcome of commercial systems, manipulative product design and ineffective regulation.
- **Appeal to autonomy and social justice**  
Use values-aligned messaging that respects independence, challenges manipulation, and encourages critical decision-making.
- **Use lived experience thoughtfully**  
Integrate diverse lived experience stories that are emotionally resonant and convey the experience of commercially driven harm.
- **Tailor delivery using the positionality framework**  
Use the *Youth Positionality Framework* to adapt content to different learner orientations — supporting empathy and support or personal media literacy as appropriate.
- **Support civic agency**  
Extend learning opportunities that allow young people to develop peer campaigns or engage in reform movements, thus aligning with the principles of critical health literacy.
- **Balance depth with realistic dose**  
While extended programmes are ideal, a well-designed 1-hour session may be impactful if delivered in a health promoting setting; a full trial of this is needed.

### For policymakers & funders

- **Position education as complementary, not substitutive**  
Do not overstate the power of education in the absence of regulatory change. Use it to build public engagement and support for structural reform.
- **Invest in independent, evidence-informed education**  
Support programmes free from industry influence, grounded in public health principles and subject to rigorous, independent evaluation.
- **Fund co-design and trial research**  
Support the co-design of gambling harms education with young people and fund robust quantitative assessment to assess long-term behavioural impacts.
- **Align education with wider reform strategy**  
Ensure educational interventions are paired with visible national policy measures, including advertising restrictions, safer product standards and access to support.

## Concluding remarks

This evaluation shows that gambling harms education with a commercial determinants focus can meaningfully engage young people, both emotionally and cognitively. The *Chapter One* programme prompted students to reflect critically on gambling's social role, empathise with those affected, and consider their own position in relation to harm. These outcomes were shaped by the interaction of cognitive, affective and reflective learning mechanisms, and expressed through the three positionalities described in our *Youth Positionality Framework*: i.e., *Consumer*, *Carer* and *Citizen*.

While education must not be seen as a substitute for regulation, *Chapter One* education demonstrates how it can complement a public health approach by reducing stigma and building support for policy change. Future work should test the long-term effects of this approach through trial research, support co-designed development with young people and integrate these insights into a wider reform strategy.

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## Ethical considerations

The study was carried out in accordance with the Declaration of Helsinki and was approved by the Institute for Health and Social Care Ethics Committee at LSBU [ID: ETH2324-0201]. All participants provided formal written informed consent to participate.

## Author funding statement & declarations

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TM is a Senior Public Health Research Fellow at LSBU and co-app of PHIRST South Bank, a public health evaluation centre funded by the National Institute for Health and Care Research (NIHR); PHIRST stands for Public Health Intervention Responsive Studies Teams. TM has worked at PHIRST South Bank for 4 years, before which he worked as a researcher on various NIHR-funded health service and public health projects. JM was a funded research fellow within the School of Applied Sciences at LSBU from 2020-2024, after completing an Alcohol Change UK funded PhD in 2020. CJ is an Early Career Researcher attached to PHIRST South Bank: their PhD, completed in 2023, was funded by a LSBU scholarship. SS is the Centre Director at PHIRST South Bank and has received funding for diverse research, commissioned and educational projects from Public Health England, Health Education England, National Health Service England, European Regional Development Fund and Burdett Trust for Nursing.

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