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W: reguluspartners.com

E: info@reguluspartners.com

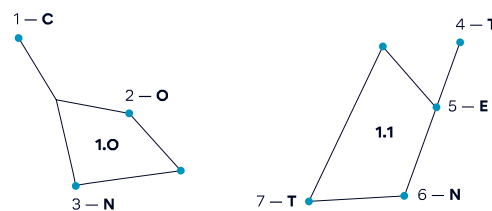
Beyond the Jackpot: analysing the safety of charity lotteries

Second edition

September 2026



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Foreword

Charity lotteries raise a huge amount of funds for good causes in countries across Europe, currently totalling around €2 billion each year. These funds are helping civil society to thrive and serve the people and communities of Europe.

The member organisations of the Association of Charity Lotteries in Europe (ACLEU) fund charities which tackle poverty, support our elderly, protect the natural environment, help those with health conditions, preserve our culture and heritage, and promote grassroots sports – plus many other good causes.

The charities supported range from very small community organisations to national and even international charities – all doing their bit to help people and the planet.

Whilst charity lotteries clearly do a lot of good, they constitute a form of commercial gambling and are regulated as such. However, there are important differences between charity lotteries and other types of gambling, such as betting and casinos.

In recent years, partly as a result of increases in online betting in many countries, there has been greater political focus on problem gambling. As befits organisations set up to benefit society, charity lottery operators take this issue very seriously, and have many safeguards in place to protect consumers.

Yet the debate on problem gambling can often treat the gambling sector as if every product is the same, with the same potential risks, where that is clearly not the case.

Charity lotteries already face considerable operating regulations in the countries we fundraise in. However, there is a danger that a “one size fits all” approach to gambling regulations could harm charity lottery fundraising, despite the widespread understanding from previous research that charity lotteries are a low risk product.

ACLEU wanted to verify if this low-risk description was backed up by the statistical evidence and we commissioned Regulus Partners to research the issue. Looking at the statistical evidence, and drawing from publications from across Europe, their analysis confirms once again the low risk nature of the product. Indeed one of their key findings is that ~”*Official statistics consistently show that charity lotteries exhibit very clear signs of being safe products.*”

Therefore, our message to law-makers and regulators across Europe is to ensure that charity lotteries can continue to raise funds for good causes and should not be subject to regulations and restrictions which are not relevant to the charity lottery sector.

Our record as a sector is that we are both a highly successful form of charity fundraising and we take our social responsibility duties seriously. We hope that this report illustrates the strong case that charity lottery fundraising is low risk and should be regulated appropriately on that basis.

Malcolm Fleming

President

Association of Charity Lotteries in Europe

September 2026.

Beyond the Jackpot: assessing the safety of charity lotteries

Executive Summary

Regulus Partners was commissioned by the Association of Charity Lotteries in Europe (ACLEU) to analyse what prevalence survey data can tell us about charity lotteries – in terms of who plays them and the extent to which participation may be associated with positive or negative outcomes. This is a European-wide study with European-wide application, but which uses a large dataset from Great Britain to provide a detailed case study using previously unpublished official data from the UK Data Service Archive. The structural characteristics of charity lotteries compared with many other commercial gambling activities make these findings internationally relevant. This is demonstrated by wider findings from a range of other jurisdictions, within Europe and elsewhere which we refer to in this report. Our detailed case study shows that charity lotteries are consistently associated with very low rates of problem gambling, reflecting similar findings elsewhere in Europe and internationally.

In this second edition, we have updated our analysis using new data released within the last two years and drawing on wider research from across Europe.

Official statistics have consistently shown that playing a charity lottery is a low risk activity that involves benefits to both consumers and society more broadly:

- **rates of ‘problem gambling’¹ have been consistently low among players of charity lotteries - similar to rates for players of draw-based state lottery games;**
- **rates of chronic financial and health harms have been extremely low for participants in charity lotteries - similar to state lottery products**
- **the limited prevalence of ‘problem gambling’ among charity lottery players is almost certainly caused by multi-product usage, with no solus charity lottery players (in the datasets analysed) classified as ‘problem gamblers’.**

Britain’s gambling surveys show that Charity Lottery products are among the safest for customers to play and are linked to improved wellbeing rather than causing gambling harm; comparable data from other European jurisdictions demonstrates that these findings are broadly applicable across markets.

¹ We recognise that there is some dispute about the use of the term ‘problem gambling’ and that some stakeholders consider it to be stigmatising. We use it in this report in its technical sense (ie, as a recognised classification within screening instruments) and in the interests of coherence and simplicity.

Section I: Understanding participation in charity lotteries and the prevalence of problem gambling

Regulus Partners was commissioned by the Association of Charity Lotteries in Europe (ACLEU) to analyse prevalence survey data in order to divine insights into who plays charity lotteries and the extent to which participation is associated with beneficial or harmful outcomes. Between 1999 and 2024, nine different sets of official prevalence surveys were conducted in Great Britain; and these provide a rich source of data. While some of the survey results have been published by the Gambling Commission and the National Health Service, these large datasets offer a very wide range of opportunities for further secondary research. This has allowed us to reveal within this report, a number of previously unpublished findings about participation in charity lotteries. While our analysis is focussed on British data, the structural characteristics of charity lottery compared with other gambling products make the findings international in scope.

The nature of participation in gambling in Great Britain has been examined through the use of large-scale in-person household prevalence surveys since 1999, providing a multi-generational database. These surveys have been carried out in nine years between 1999 and 2024. The British Gambling Prevalence Survey ('BGPS') was conducted in 1999, 2007 and 2010 and was a bespoke study of gambling behaviours, commissioned initially by GamCare and subsequently by the Gambling Commission (using Government funding). From 2012 onwards, data collection was conducted as part of the NHS Health Survey for England ('HSE'), the Scottish Health Survey ('SHeS') and the Wales Omnibus Survey^{2 3}. While the core gambling questions are very similar between the BGPS and the Health Surveys, there are some differences of survey description (ie, 'gambling' vs 'health') and data collection. For this reason, caution should be exercised when comparing results from the BGPS with the Health Surveys. In the first edition of this report, we considered findings from both the BGPS and the Health Surveys. In this edition we focus on the Health Surveys for reasons of recency and comparability. We have also included data from the 2021 and 2024 editions of the HSE, which was not available to us at the time of our first report. Please see Appendix I for information relating to the Gambling Commission's recent change in approach to these surveys.

The National Health Service, the National Centre for Social Research (NatCen) and the Gambling Commission have variously published findings from each of the Health Surveys. These public reports provide 'snapshots' of the state of gambling participation in Britain at irregular intervals since 2012. However, until now there has been no systematic review of the datasets from the seven survey datasets. Our analysis includes previously unpublished data, obtained from the UK Data Service archive.

Table 1: Major household gambling prevalence surveys in Great Britain (1999-2021)			
Survey	Coverage	Sample size	Published
HSE 2012; SHeS 2012	England and Scotland	13,106	2014
HSE 2015; SHeS 2015	England and Scotland	20,166	2017
HSE 2016; SHeS 2016	England and Scotland	12,334	2018
HSE 2018	England	7,104	2019
HSE 2021	England	3,773	2023
HSE 2024	England	6,883	2026

The Health Surveys have collected data in relation to 'other lotteries'. This was defined within the survey questionnaire as "tickets for any lother lottery, including charity lotteries" and was clearly distinguished from National Lottery draws. In the interests of simplicity, we use the term 'charity lottery' where the Health Surveys used the term 'other lottery'.

² Where we refer to these surveys collectively, we do so as the 'Health Surveys'

³ The inclusion of gambling questions in these surveys has been funded by the Gambling Commission

Problem and at risk gambling

Problem gambling is defined as “*gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits*”⁴. Since 2007⁵, official prevalence surveys in Great Britain have made estimates the population prevalence of ‘problem gambling’ using the Problem Gambling Severity Index (‘PGSI’)⁶. Criteria from the American Psychiatric Association’s Diagnostic and Statistical Manual Fourth Edition (‘DSM-IV’) have been used alongside the PGSI. For the sake of simplicity, our analysis focuses on results obtained from the PGSI.

The PGSI consists of nine questions about gambling behaviours and is used internationally:

Thinking about the last 12 months...

1. *Have you bet more than you could really afford to lose?*
2. *Have you needed to gamble with larger amounts of money to get the same feeling of excitement?*
3. *When you gambled, did you go back another day to try to win back the money you lost?*
4. *Have you borrowed money or sold anything to get money to gamble?*
5. *Have you felt that you might have a problem with gambling?*
6. *Has gambling caused you any health problems, including stress or anxiety?*
7. *Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?*
8. *Has your gambling caused any financial problems for you or your household?*
9. *Have you felt guilty about the way you gamble or what happens when you gamble?*

Each item is assessed on a four-point scale:

- Never = 0
- Some of the time = 1
- Most of the time = 2
- Almost always = 3

This results in a scoring scale of 0 to 27, with respondents given the following classifications based on their score:

Table 2: PGSI classifications and cut-offs		
Score	Classification	Summary description
0	Non-gambler	Respondents in this group have not gambled at all in the past 12 months
0	Non-problem gambler	This group probably will not have experienced any adverse consequences of gambling
1-2	Low risk gambler	This group likely will not have experienced any adverse consequences from gambling.
3-7	Moderate risk gambler	This group may or may not have experienced adverse consequences from gambling.
8+	Problem gambler	Respondents in this group are those who have experienced adverse consequences from their gambling, and may have lost control of their behaviour.

There has been some discussion about the most appropriate cut-off points for the ‘at risk’ classifications. In 2013, Currie et al. proposed a slightly altered scoring system for ‘low risk gambling’ (1 to 4) and ‘moderate risk gambling’ (5 to 7)⁷. In our analysis we adhere to the original cut-offs prescribed by Ferris & Wynne. While our report focuses on detailed findings from the administration of the PGSI in Health Surveys, we also refer to estimated rates of prevalence in a number of other jurisdictions to demonstrate the comparability and relevance of the findings (please see following sections).

⁴ Gambling Commission, 2021

⁵ The BGPS 1999 used the South Oaks Gambling Screen and the DSM-IV instruments

⁶ The PGSI was developed by Ferris & Wynne (2001) specifically for use in population surveys

⁷ Currie et al., 2013

The Gambling Survey for Great Britain

Since 2024, the Gambling Commission has published results from a different survey – the Gambling Survey for Great Britain ('GSGB'). The GSGB is a 'push-to-web' survey, which means that respondents are encouraged to provide data online (with a postal completion option) rather than via 'gold standard' in-person interviews. Its results are not comparable to those obtained from the NHS Health Surveys due to differences in data collection (online or postal vs in-person), framing ('gambling' vs 'health') and response rates (the GSGB has a very low response rate, which impacts confidence in sample representativeness).

Results from the GSGB are inconsistent with other sources of official statistics on gambling (principally the Health Surveys) as well as wider health statistics⁸ and hard data on actual gambling participation⁹. The Gambling Commission and researchers from the London School of Economics have observed that the chief value of the GSGB may be the provision of data for relative analysis rather than as a reliable measure of actual prevalence. For these reasons, we have continued to focus on data from Health Surveys for analysis of absolute prevalence; but where appropriate, we refer to GSGB data for relative analysis.

⁸ For example, the GSGB reports substantially higher rates of suicidal thoughts and behaviours compared with 'gold standard' NHS statistics.

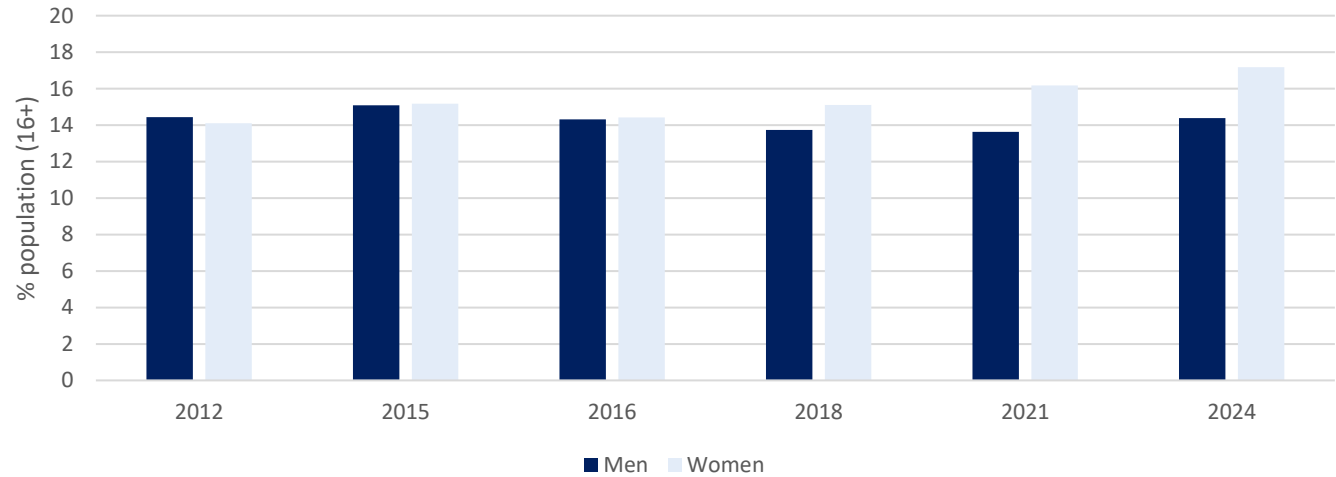
⁹ The GSGB over-reports casino gaming and the football pools by around 700% and exchange betting by more than 300%.

Section II: Who plays charity lotteries?

Charity lotteries have a broad appeal across gender, age, and socio-economic groups. Data from Britain’s Health Surveys (which is broadly supported by international comparisons) indicate however that women are more likely to take part than men and that participation is higher among adults aged 35 years and older than in younger age cohorts; and also among adults in higher income groups. These data also reveal that charity lottery players have, on average, better self-reported mental health and wellbeing than both gamblers in general and the population at large; and are generally happier, with four-in-five players reporting ‘high’ or ‘very high’ life satisfaction.

Gender - Women are slightly more likely than men to play charity lotteries. The effect is far less pronounced than in other parts of the licensed gambling market but there is evidence of a widening of this gap in recent years. Results from the HSE 2024 indicate that women may now constitute around 59% of charity lottery players¹⁰. The GSGB (2023-2024) provides similar results with women making up 56% of charity lottery players.

Chart 1: participation in charity lotteries by gender



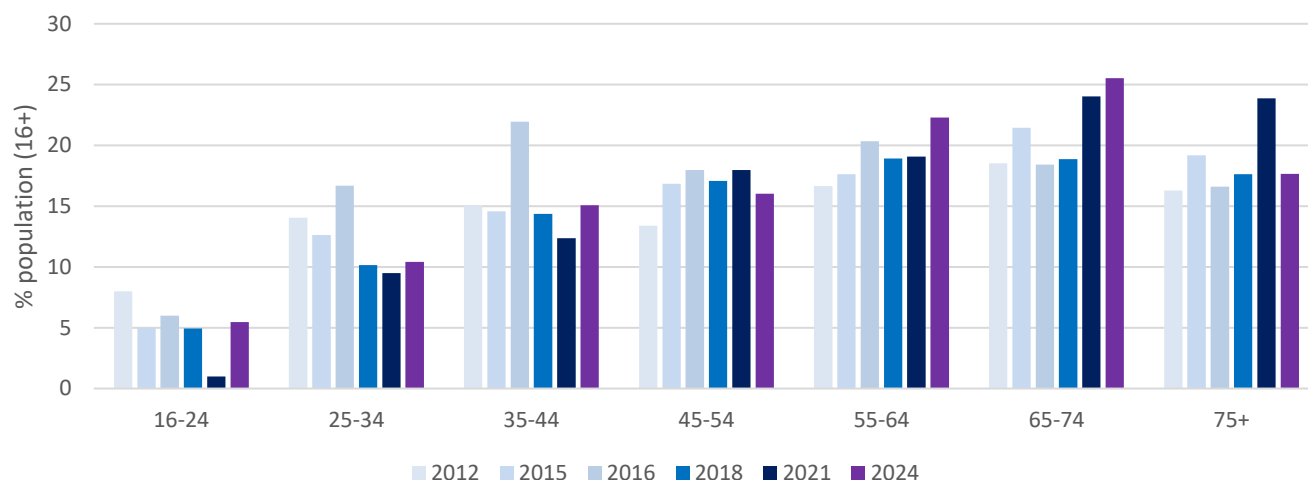
Source: Regulus Partners analysis of Health Surveys (2012-2024)

Age – Participation in charity lotteries has been skewed towards older age cohorts. Participation rates for people aged 55 years or older have been around three times as high as for people in the 16-24 years cohort.¹¹ The GSGB (2023-2024) produces similar findings with participation highest (around one-in-five) for those aged 45 to 74 years.

¹⁰ Results from the Gambling Survey for Great Britain 2023 indicate a fairly even split in participation between women and men. As we observe on page [..], concerns have been expressed about this survey’s reliability, which is why we have not included its results.

¹¹ A similar pattern is observed in the GSGB, with if anything an even greater skew away from young adults.

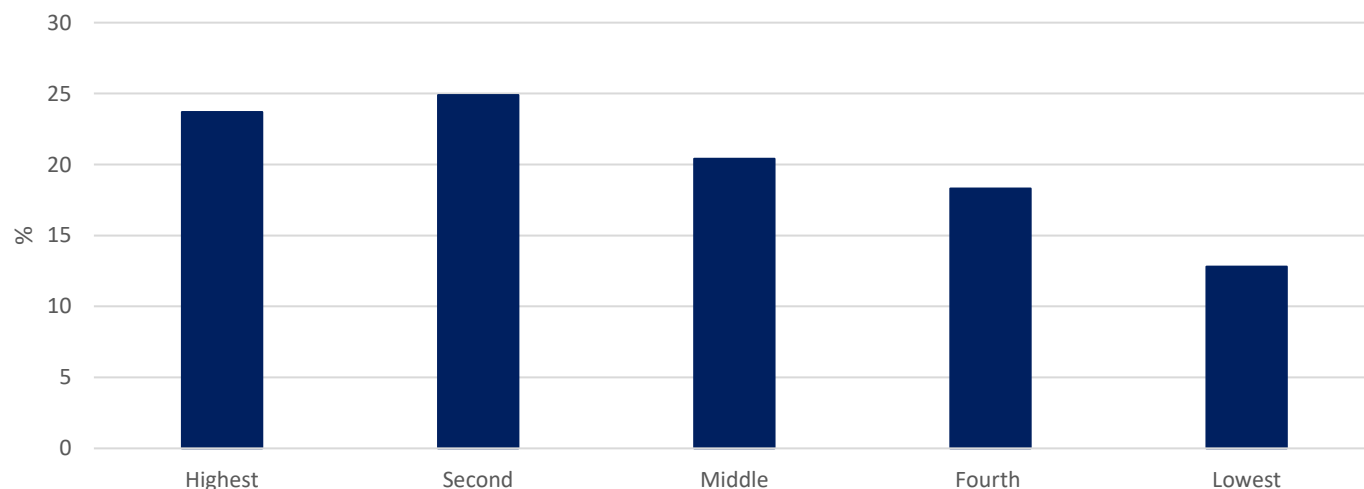
Chart 2: participation in charity lotteries by age cohort



Source: Regulus Partners analysis of Health Surveys (2012-2024)

Income - Charity lottery participation is skewed slightly towards people on higher incomes. Between 2015 and 2021, 12.8% of people in the lowest earnings quintile played a charity lottery compared with 24.9% in the second-highest quintile (and 23.7% in the highest quintile). This pattern has been consistent throughout Health Survey series.

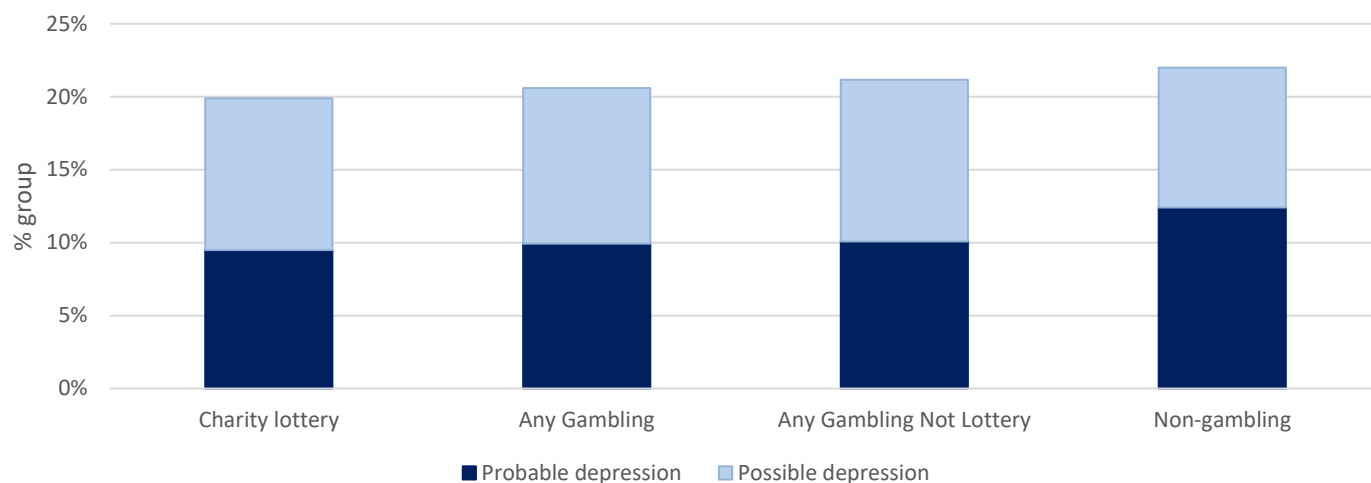
Chart 3: Other lottery participation by equivalised household income (quintiles)



Source: Regulus Partners analysis of Health Survey for England (2015, 2016, 2018 and 2021)

Mental health and well-being - players of charity lotteries enjoy - on average - slightly better mental health and well-being than both gamblers in general and non-gamblers. Analysis of data from Health Surveys finds that 9.5% of players were classified with 'probable depression' (using the Warwick-Edinburgh Mental Wellbeing Screen). This compares with 9.9% of all gamblers and 12.4% of non-gamblers.

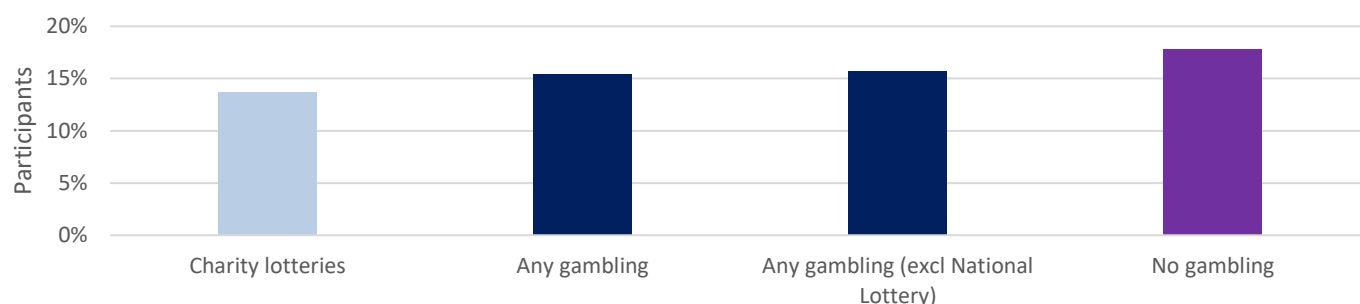
Chart 4: estimated rates of depression (WEMWBS) among gamblers and non-gamblers



Source: Regulus Partners analysis of Health Surveys (2012-2018)¹²

Analysis of results from Health Surveys shows that players of charity lotteries are significantly less likely than both other gamblers and non-gamblers to score four or more on the 12-item General Health Questionnaire ('GHQ-12'). This indicates significantly lower levels of psychological disturbance or mental ill-health compared to gamblers in general and non-gamblers.

Chart 5: Probable psychological disturbance or mental ill-health (GHQ-12)



Source: Regulus Partners analysis of Health Surveys (2012-2018)¹³/ Public Health England

Life satisfaction – around four-in-five charity lottery players report either 'high' or 'very high' life satisfaction. This is similar to ratings for the National Lottery and gambling in general.

¹² Data not available from more recent Health Surveys

¹³ Data not available from more recent Health Surveys

Demographic factors - findings in a broader European context

In order to understand the extent to which findings from Great Britain are likely to be representative of other European jurisdictions, we reviewed a number of prevalence surveys and market reports from wider jurisdictions.

Gender

Men are more likely than women to participate in most licensed gambling activities. Lotteries tend to be a rare exception to that rule with very similar rates of participation between men and women – including higher rates for women in certain jurisdictions (such as Great Britain).

- **France**
Data source: Costes et al. (2020) for Public Health France
Findings: participation in draw-based lottery games was somewhat higher among men (33.7%) than women (27.9%); but women (27.6%) were more likely than men (26.1%) to play scratchcards.
- **Ireland**
Data source: Mongan et al. (2022) for the Health Research Board
Findings: participation rates for lottery games (including scratchcards) were slightly higher among women than among men.
- **Germany**
Data source: Buth et al. (2025) for Institute for Interdisciplinary Addiction and Drug Research (ISD)
Findings: Men (36.4%) were more likely than women (31.2%) to take part in lottery games – both online and in-person.
- **Netherlands**
Data source: Ipsos I&O (2025)
Findings: very similar rates of participation in lottery games between men and women (although marginally higher among men).
- **Sweden**
Data source: Swedish Gambling Authority (2025)
Findings: Women were slightly more likely than men to have played lottery games in the year.

Age

Our analysis of Health Survey data from Great Britain showed that participation in charity lotteries tended to be highest for people in middle age and retirement age compared with young adults. We observed a similar pattern across other European jurisdictions that we reviewed.

- **France**
Data source: Costes et al. (2020) for Public Health France
Findings: participation in draw-based lottery games was higher between the ages of 35 years and 64 years (and highest within the 45-54 year age cohort).
- **Ireland**
Data source: Mongan et al. (2022) for the Health Research Board
Findings: participation rates for lottery games (including scratchcards) were higher between the ages of 35 years and 64 years (with around half of the population in these cohorts participating).

- **Germany**
Data source: Buth et al. (2025) for the ISD
Findings: although there were some variations by lottery type, rates of participation were highest for adults aged 46 and older.
- **Netherlands**
Data source: KSA (2018) Netherlands Gaming Authority
Findings: Participation rate in lottery games was highest in the 40 to 54 year age cohort. Other age cohorts had relatively similar levels of participation with the exception of those aged 24-years or younger who were much less likely to play lottery games.

Income

Our analysis of Health Survey data from Great Britain showed that participation in charity lotteries tended to be more prevalent among people in higher income brackets (peaking at the fourth income quintile). We were able to locate only limited information from other jurisdictions on the association between income and lottery play; and this appeared inconclusive.

- **Netherlands**
Data source: KSA (2018) Netherlands Gaming Authority
Findings: Participation rate in lottery games was materially higher within the top 40% highest earners compared with the rest of the population.

Happiness

- **Netherlands**
Data source: Burger et al. (2020)
Findings: a study of lottery players in the Netherlands found that players reported increased happiness in the period leading up to the draw. The authors observed that 'lottery participation has a utility value in itself and part of the utility of a lottery ticket is consumed before the draw'.

Long-term prevalence data shows that charity lotteries have broad appeal, which explains the sustained popularity of the product:

- while many gambling products are aimed at men (eg, sports betting) or women (eg, bingo), charity lottery is popular with both men and women
- charity lotteries appeal to an older demographic but this demographic has consistently engaged with the product over time: an older demographic is not the same as an aging demographic
- charity lottery participation is well distributed across income groups rather than being skewed to certain socio-economic segments of the population

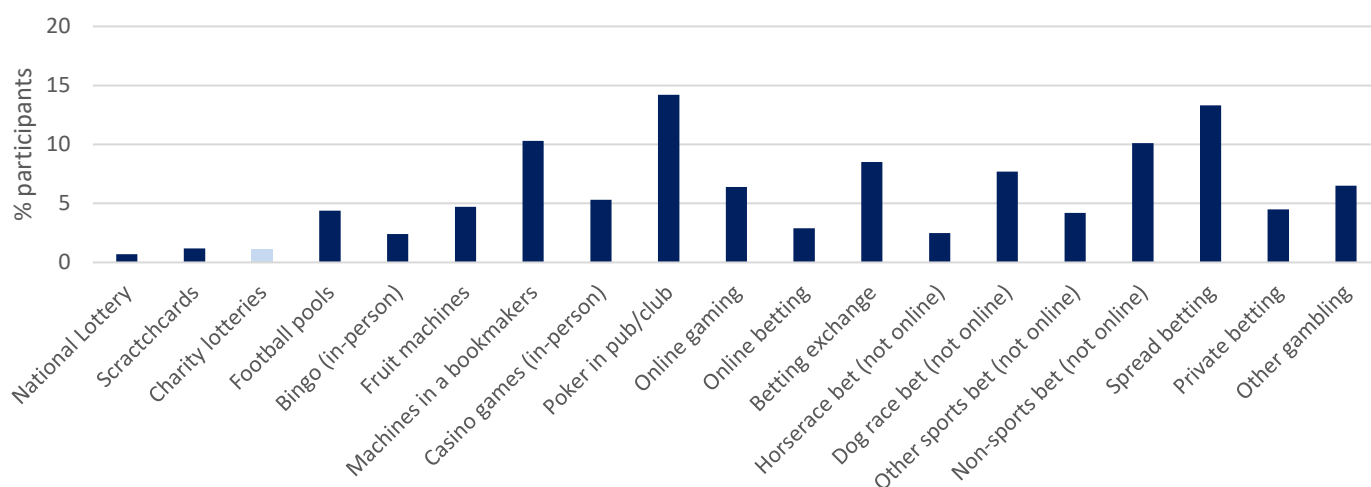
Section III: Problem gambling and charity lotteries

Charity lotteries consistently have some of the lowest rates of problem gambling for all products and sectors. To analyse and contextualise the reported rate of problem gambling within a gambling product or industry segment, it is important to understand that a classification of ‘problem gambling’ is typically made in relation to the entirety of an individual’s gambling and not to specific activities within that repertoire. Because charity lotteries enjoy relatively high levels of participation, it is inevitable that some people with gambling problems take part, even if those problems are not strongly associated with lottery play. None of the ‘problem gamblers’ in the datasets we examined restricted their gambling to charity lotteries alone but typically took part in a very large number of activities.

NHS Health Surveys have consistently reported very low rates of ‘problem gambling’ for players of charity lotteries. Between 2015 and 2024, an average of 1.1% of people who had participated in charity lottery games were estimated to meet the criteria for PGSI ‘problem gambling’. As Chart 6 below illustrates, this was lower than for any other betting or gaming activity with the exception of National Lottery draws.

A study by Wardle & Tipping (2026) examined odds ratios for PGSI ‘problem gambling’ in both the HSE (2015-2018) and the GSGB (2023-2024), controlling for socio-demographic characteristics and wider gambling involvement. On an adjusted basis, the authors found no statistically significant association between participation in a charity lottery and problem gambling.

Chart 6: Rates of PGSI problem gambling by participation (2015-2021)



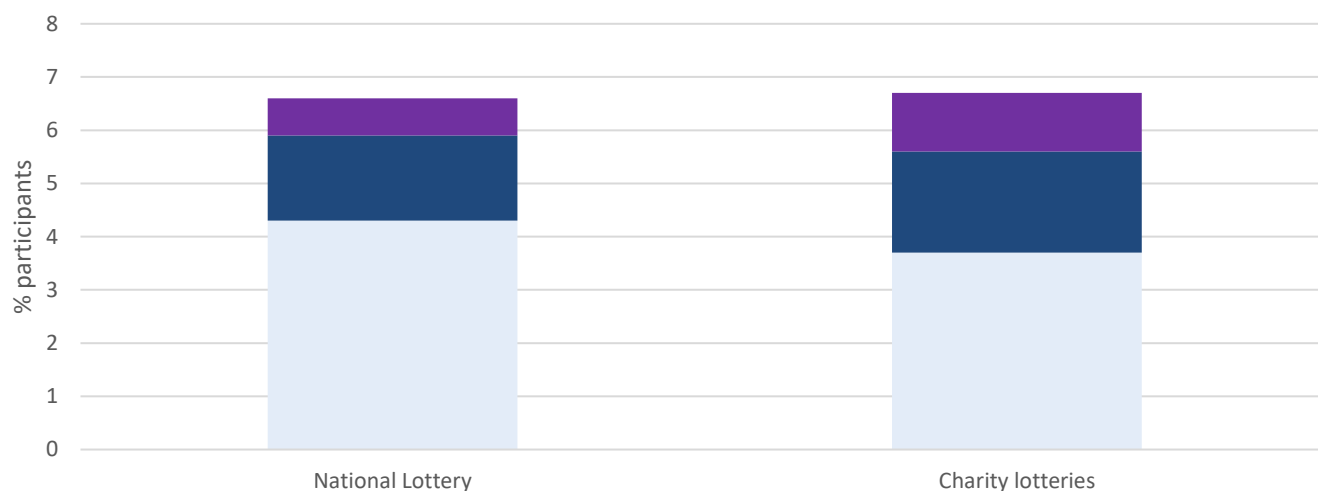
Source: Regulus Partners analysis of NHS Health Survey data (2015-2021)

Despite women being more likely than men to play charity lotteries, none were classified as PGSI ‘problem gamblers’ in NHS Health Surveys between 2015 and 2021¹⁴.

The rate of ‘at risk gambling’ among lottery players has also been very low – 5.9% of National Lottery players and 5.6% of other lottery players were classified as ‘low risk’ or ‘moderate risk’ gamblers between 2015 and 2021.

¹⁴ Data not yet available for the HSE 2024

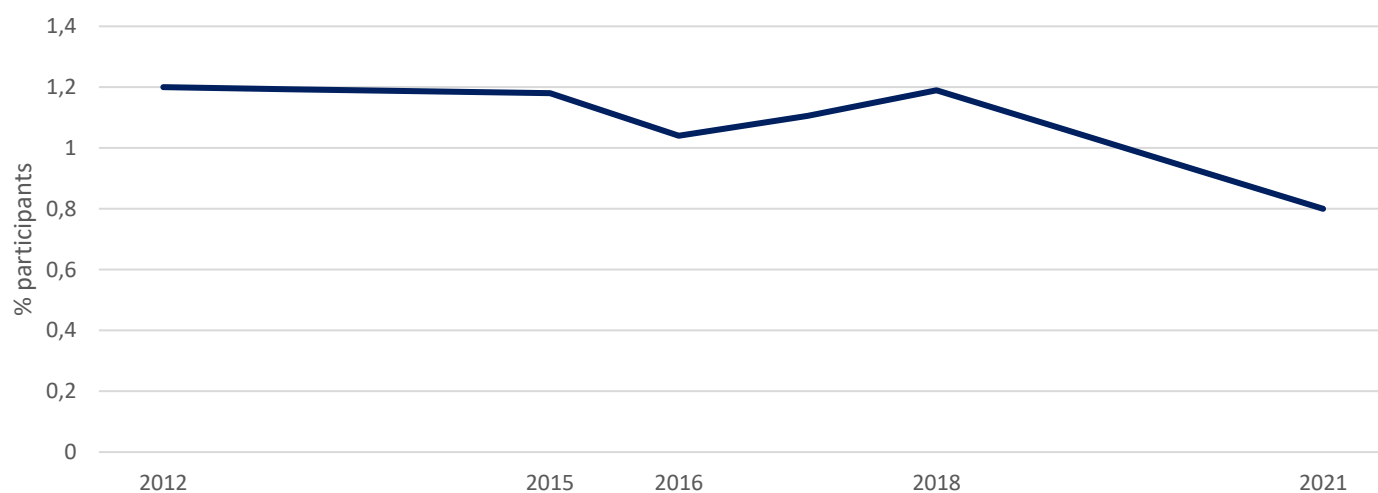
Chart 7: Rates of PGSI at risk and problem gambling among lottery players (2015-2021)



Source: Regulus Partners analysis of Health Survey for England (2015, 2016, 2018 & 2021)

As chart twelve shows, the rate of PGSI 'problem gambling' among charity lottery players has been consistently low throughout the data series – between 0.8% (HSE 2021) and 1.2% (HSE 2012).

Chart 8: rates of PGSI problem gambling among participants in charity lotteries (2012-2021)



Source: Regulus Partners analysis of NHS Health Surveys (2012-2021)

It should also be noted that if a problem gambler plays several products including charity lotteries, then they will be recorded as a problem gambler under other lottery in the survey statistics (see below for analysis).

Problem gambling - findings in a broader European context

Health Surveys in Great Britain have consistently shown very low rates of ‘problem gambling’ and harm among lottery players (and even where this occurs, associations with lottery play appears weak). This observation is consistent with findings by Tran et al. (2024) in their meta-analysis of prevalence surveys, covering 68 international jurisdictions of 15 years (2010 to 2024). They found that lottery games had “the lowest prevalence of problematic gambling”¹⁵. Saxton and Eberhardt (2021) have published similar findings¹⁶. Griffiths (2021) meanwhile has observed that charity lottery games are characterised by low structural risk (eg, event frequency, speed and repetition of play, stake size) and situational risk (ie, the environment in which it is played) characteristics.

- **France (2019)**

Data source: Costes et al. (2020) for Public Health France

Findings: participation in draw-based lottery games was associated with the lowest rates of PGSI ‘at risk gambling’ and ‘problem gambling’ compared with all other commercial gambling activities (while prevalence rates for scratchcards were only slightly higher).

- **Germany**

Data source: Buth et al. (2025) for the ISD

Findings: Participation in lottery games was associated with the lowest prevalence of gambling disorder (measured using criteria from the American Psychiatric Association’s DSM-5) compared with all other commercial gambling activities included in the survey

Data source: Meyer & Hayer (2026)

Findings: rates of DSM-5 gambling disorder were lowest among players of lottery games – with rates substantially below all other gambling categories.

- **Netherlands**

Data source: Blom et al. (2025) for the WODC (Knowledge Institute for the Rule of Law)

Findings: analysis of structural characteristics of different gambling formats (and how these interact with risky behaviours), positioned lotteries as the lowest risk gambling activity.

- **Netherlands**

Data source: KSA (2018) Netherlands Gaming Authority

Findings: Participation rate in lottery games was associated with the lowest prevalence rates for ‘at risk gambling’ and ‘problem gambling’ (measured using the South Oaks Gambling Screen) compared with all other commercial gambling activities included in the survey.

- **Sweden**

Data Source: Dowling et al. (2025)

Findings: Participation in lotteries was associated with low risk of ‘at-risk gambling’ and ‘problem gambling’

Data source: Public Health Agency of Sweden (2021)

Findings: Lottery games described as ‘low risk’, with rates of problem gambling a (using data from 2018) lower than for all other gambling categories.

¹⁵ Tran et al., 2024, p.603

¹⁶ Saxton and Eberhardt also reviewed results from NHS Health Surveys in Great Britain.

Harms from gambling

Compared with other groups of gamblers, charity lottery players are extremely unlikely to experience chronic harms from gambling. For example, 0.3% report financial problems (most of the time or almost always) in relation to gambling and the rate is the same for self-assessed health problems (most of the time or almost always). As we note in the section below, this does not mean that playing lottery games *causes* financial or health problems – and where these harms do occur it seems highly probable that they are unrelated to lottery play. The incidence of chronic harm is low by comparison with participants in other gambling activities for both financial and health problems.

Chart 9: Chronic harms - gambling caused financial problems (most of the time/almost always)

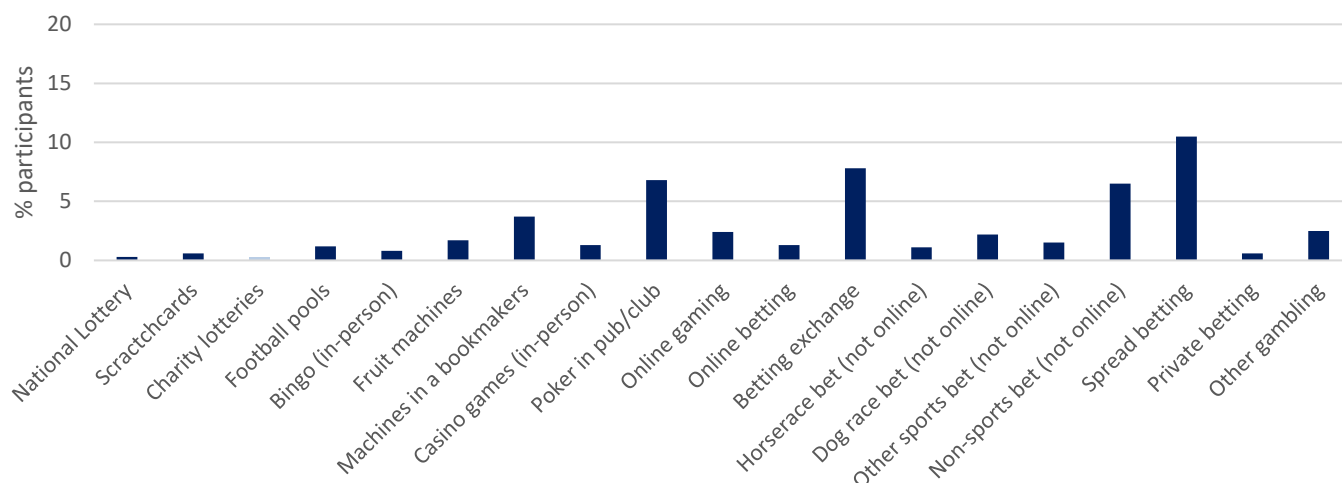
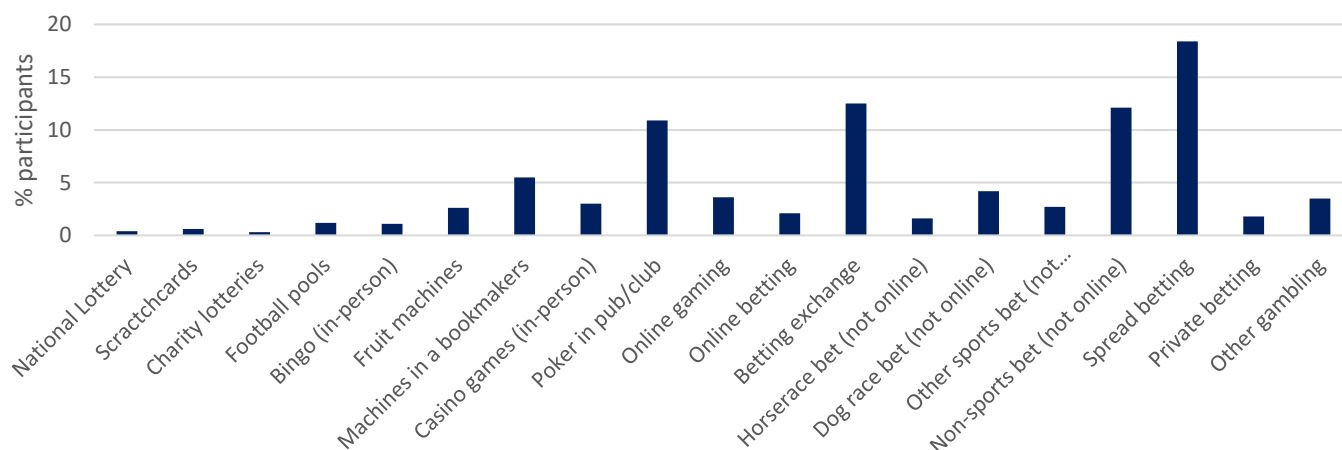


Chart 10: Chronic harms - felt gambling caused health problems (most of the time/almost always)



Source: Regulus Partners analysis of Health Surveys (2015-2021)

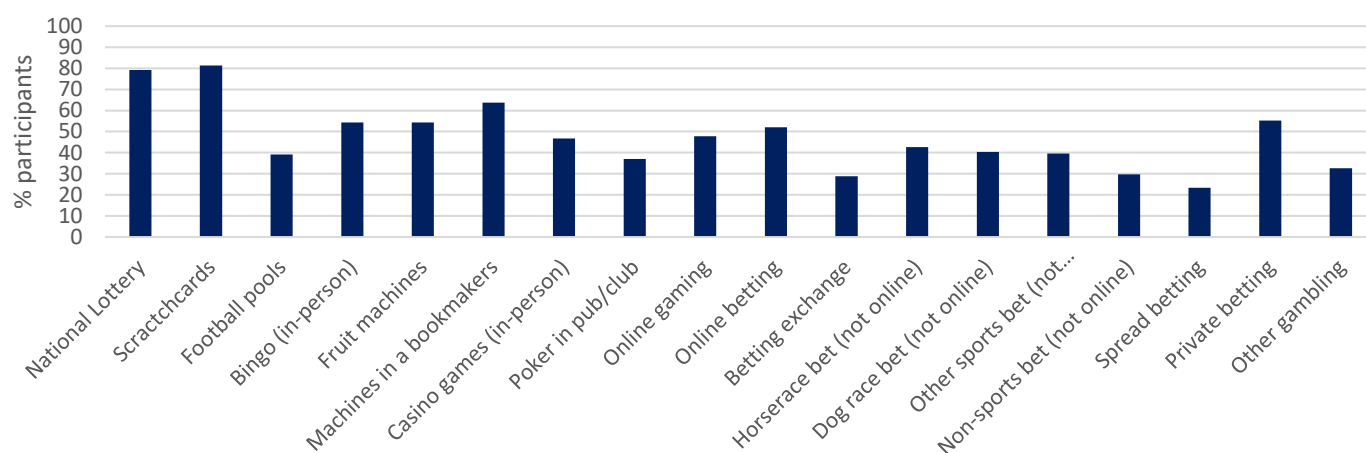
What do these statistics show? Addressing a common misconception

It is a common misconception that prevalence surveys report rates of 'problem gambling' by activity; but this is not the case. Problem gambling screening instruments (such as the PGSI) classify respondents in relation to their gambling in totality rather than specific activities or products. Between 2015 and 2021, the mean rate of PGSI problem gambling among charity lottery players was 1.1%; but this does not mean that lottery play caused, or even contributed to

problematic gambling in these cases. Analysis of the HSE dataset by Regulus Partners reveals that, on average, lottery players classified as problem gamblers participated in many different forms of gambling over the course of a year. As chart fifteen illustrates, 79% of these 'problem gambler' charity lottery players also took part in the National Lottery main draw while 81% had bought scratchcards, and more than half had played bingo (non-remote), fruit or slot machines, machines in a betting shop and placed bets online.

Given the structural characteristics of lottery play, it seems plausible that the risky behaviours and harmful consequences of gambling reported by these 'problem gamblers' may have had little or nothing to do with participation in lottery games excluding scratchcards.

Chart 11: Gambling activities for other lottery players with a PGSI problem gambling classification (2015-2021)



Source: Regulus Partners analysis of Health Survey for England (2015, 2016, 2018 and 2021)

Crucially in demonstrating this point, Regulus Partners analysis of results from the Health Surveys stored in the UK Data Service archive reveal a nil rate of PGSI 'problem gambling' for people whose only form of gambling is lottery draws (charity lotteries and/or National Lottery).

Official statistics consistently show that charity lotteries exhibit very clear signs of being safe products for gamblers:

- **rates of problem gambling are consistently very low compared to other products, similar to draw-based National Lottery products**
- **rates of chronic financial and health harms are very low compared to other products, similar to National Lottery products**
- **the prevalence of problem gambling in charity lottery players is almost certainly caused by multi-product usage, with no solus charity lottery players exhibiting Problem Gambling**

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Registered Office: Suite 1-3 Hop Exchange,
24 Southwark Street, London
SE1 1TY

