



# **LABOUR PARTY REVIEW OF PROBLEM GAMBLING AND ITS TREATMENT**





## EXECUTIVE SUMMARY

Problem gambling and gambling disorder is Britain's 'hidden epidemic', with 430,000 problem gamblers and a further 2 million at risk of developing a gambling problem. However despite this, the treatment available to those suffering from problem gambling is fragmented, limited and often provided by charities and voluntary organisations. NHS services such as IAPT, or local addiction services are often not equipped to fully identify and treat gambling disorder and specialist NHS treatment of gambling addiction, through the National Problem Gambling Clinic in West London is massively oversubscribed and subject to severe waiting lists.

An immediate priority for the better understanding and treatment of gambling disorder on the NHS is through the development of NICE guidelines for gambling disorder, and training for practitioners in IAPT services and other local addiction services, as well as GPs and other health professionals.

We also wish to see local authorities and clinical commissioning groups to take on additional responsibilities for Research, Education and Treatment (RET) of gambling disorder. This will allow for resources to be better allocated on the basis of local need and will allow for services for the treatment of gambling addiction to benefit from the expertise of local authorities, clinical commissioning groups and the expertise of existing addiction treatment services.

We realise that this does not come without a cost and additional demands on overstretched public health budgets would not be welcomed without additional resources. These additional resources would be raised by a mandatory levy on gambling companies to allow

for greater training, capacity and expertise in these services. This would also allow for the establishment of additional specialised regional gambling treatment centres to further increase treatment capacity.

*"The relationship between gambling and sport has become increasingly normalised in recent years and even gambling operators agree that saturation of advertising has reached a tipping point."*

This mandatory levy would replace the existing voluntary arrangements whereby gambling companies are encouraged to donate 0.1% of their Gross Gambling Yield (GGY) for RET of gambling disorder. These arrangements are now unsustainable given the amount of companies that either 'free-ride' or who donate only token amounts. Furthermore the objectives of the National Problem Gambling Strategy are unlikely to be met under the current recommended funding level. We therefore believe the mandatory levy should be set at 1% of GGY to ensure a truly world class RET framework.

We recognise that gambling policy and the treatment of gambling disorder will require greater co-ordination of policy between Government departments. Therefore we recommend the formation of a working group between DCMS and DHSC to co-ordinate gambling policy, the treatment of problem gambling and its wider effects on public health.



We must take additional preventative measures to ensure that vulnerable adults and young people and children are not ever exposed to gambling. The relationship between gambling and sport has become increasingly normalised in recent years and even gambling operators agree that saturation of advertising has reached a tipping point. We therefore propose an adoption of a 'whistle to whistle' ban for gambling adverts in live football and other sports, whereby gambling adverts are restricted from a defined period before and after a match, as well as during the entirety of the fixture.

We will consult with sports governing bodies and professional leagues widely before implementing this and will consider limited exemptions for sports intrinsically linked to gambling such as horse racing.

We also propose that regulators, clubs and national sports associations should commit to restricting gambling advertising on pitch side advertising.

Labour has previously called for a ban on shirt sponsorship by gambling companies in the Premier League, which we hope clubs will adhere to on a voluntary basis. However we are ready to enforce this by other means, including legislation, if clubs fail to agree.

Children have also become increasingly exposed to gambling style games online. We believe that loopholes that permit online gambling style games to be targeted at children should be closed. The responsibility to 'not deliberately provide facilities for gambling in such a way as to appeal particularly to children or young people' is already part of the licensing conditions for non-remote operators. This should be extended to the remote sector.

Furthermore free to play online gambling style games, should be limited to over 18s only to prevent the normalisation of gambling behaviour in young people. In cases where gambling style apps are offered to children or adolescents through social media, regulators should have additional powers to have these apps removed, and apply appropriate other sanctions if social media platforms do not provide adequate additional age verification.

Labour believes that people should not have access to easy credit and debt to finance problem gambling behaviour. Using credit cards heightens the risk that you will bet more than you can afford and therefore we believe that credit card betting should be banned.

We also want to see collaboration with major banks and financial firms to allow gamblers to strengthen self-exclusion by stopping gambling transactions using the merchant category codes on debit cards, should they choose to do so.

For years there has been a proliferation of bookmakers on our high streets and councils have struggled to counter their rise through existing regulation. We agree that councils should be given extra powers to prevent clustering of betting shops on high streets and that new proposed premises should be subject to a series of impact assessments. In addition to this, it should be a condition for the licensing of betting shops that they are staffed by at least two staff at any point to ensure player and staff safety.

**"Labour believes that people should not have access to easy credit and debt to finance problem gambling behaviour."**

With the explosion of online gambling, unforeseen by the 2005 gambling act, and the increase in problem gambling, the next Labour Government will re-assess our gambling laws and introduce a new Gambling Act, fit for the digital age with an increased emphasis on public health and harm prevention.

As part of the examination of our gambling laws, it is also appropriate to conduct a thorough review of the tripartite system that has evolved since 2005 in order to ensure it is truly independent of industry and fit for purpose to be able to deliver a world class RET framework for gambling disorder. Key to this review will be to ensure the system of regulation can cope with the additional resources available to it under a Labour Government, as well as the expectations of a new ambitious national strategy to tackle problem gambling and help those affected by it.





## INTRODUCTION

Over the last year we have often referred to problem gambling as Britain's hidden epidemic. The enormous growth of the industry in recent years has led to an explosion in online gambling and an overall industry yield of £13.8 billion a year. However with the increase in product variety, in-play sports betting and casino style roulette games has come increased scrutiny of the potential harms created by them.

The Gambling Commission estimate that 0.9% of over 16s or roughly 430,000 adults are classified as problem gamblers, with a further 2.3 million at risk of developing a serious problem. What is also worrying are the statistics that show that 25,000 11-16 years olds are classified as problem gamblers with a further 36,000 at risk of developing a serious issue. 360,000 children gamble each week in the UK.

Problem gambling doesn't just affect the individual experiencing harm, but those around them – their families and their communities. What is often depicted as a fun, recreational pleasure has become real issue for hundreds of thousands of people across the country and is increasingly recognised as a public health issue. It is estimated that for every problem gambler there are 8-10 people around them are directly affected, including spouses who may experience domestic violence and children with higher rates of behavioural, emotional and substance use problems.<sup>1</sup>

The head of NHS England recently stated that problem gambling represents a 'new threat' to the NHS, stating that "there is an increasing link between problem

"We asked a series of questions in order to ascertain people's opinions and experiences of the treatment and identification of gambling disorder on the NHS in order to assess the gaps in treatment of this 'hidden addiction'."

gambling and stress, depression and other mental health problems".<sup>2</sup>

However despite numbers of problem gamblers being above the number of dependant opiate or crack cocaine users in England, treatment in the UK for problem gamblers is patchy and funded largely from voluntary contributions from the gambling industry.<sup>3</sup> There is only one specialised NHS clinic treating gambling disorder, part of the Central and North West London NHS trust who receive around 900 referrals per year.

The National Gambling helpline treatment service currently delivered by GamCare offers support via the telephone or online including 'brief interventions' by trained specialists.

There is also a small dedicated residential treatment centre which helps people with severe gambling problems, sometimes with up to 12 weeks of

<sup>1</sup> Sanju George and Henrietta Bowden Jones, 'Gambling: The Hidden Addiction', p6

<sup>2</sup> <https://www.bbc.co.uk/news/health-45421443>

<sup>3</sup> Opiate and crack cocaine use, <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

psychological interventions. This currently run by the Gordon Moody Association.

The majority of these specialist treatment pathways are funded by GambleAware, formerly The Responsible Gambling Trust, who raise money through voluntary contributions from the gambling industry in order to carry out the National Problem Gambling Strategy (NPGS.) These voluntary contributions, which currently stand at £9.4 million for Research, Education and Treatment – are short of the £10 million pound target set by the Responsible Gambling Strategy Board (RGSB).

Owing to the lack of readily available specialised treatment, individuals suffering with gambling disorder often seek help through their GP, who may not be sufficiently trained to treat or spot the signs of gambling disorder. In addition to this, other healthcare professionals or addiction services may be insufficiently trained to deal with these issues. Others may be referred to other general mental health services on the NHS, namely Improving Access to Physiological Therapies or (IAPT).

GambleAware estimates that around 8,800 people were referred to their services in 2017/2018. This represents just 2% of the estimate number of problem gamblers in Great Britain – and GambleAware believes that at least 10% of problem gamblers would seek treatment if they knew it was available to them.

As a point of comparison, it is estimate that 80,454 of 610,000 estimated alcohol dependent people presented for treatment last year – or 13.1%, whereas 48% or 146,536 out of 305,000 opiate or crack cocaine users presented for treatment last year. Public Health expenditure on drug misuse and alcohol misuse was £489.9 million and £229.5 million respectively. This shows that not only is there a huge funding gap between drug and alcohol treatment services and gambling services – but there is, what some describe as a ‘treatment gap.’

We asked a series of questions in order to ascertain people’s opinions and experiences of the treatment and identification of gambling disorder on the NHS in order to assess the gaps in treatment of this ‘hidden addiction’, what steps might be taken to improve access and provision of treatment and what level of funding is necessary to fulfil an increased level of treatment.

We also sought evidence about the impact of advertising and sponsorship on gambling behaviour, the effectiveness of so called ‘responsible gambling messages’ and what further measures could be introduced to provide greater protections to players, particularly young people.

The next Labour Government is committed to tackling this too often hidden epidemic. We will introduce a new gambling act in order to better regulate new gambling products that simply did not exist in 2005, as well as provide greater protections for players.

We are very grateful to all those who have submitted evidence to this review. We hope the policies that arise from it will offer better protection to those suffering from and at risk of gambling addiction, and their families and communities who suffer alongside them.



PHOTO: Tom Oxley

**Tom Watson MP,  
Deputy Leader of the  
Labour Party, Shadow  
Secretary of State for  
Digital, Culture, Media  
and Sport**



**Jonathan Ashworth MP,  
Shadow Secretary of State  
for Health and Social Care**





### Is the current level of provision of mental health and other health services for those experiencing gambling addiction adequate?

The resounding answer to this question was no. As we briefly set out in the introduction, there is no specialist treatment on the NHS, except for the National Problem Gambling Clinic which is funded by Gamble Aware.

There are plans to establish a second clinic in the North of England partly funded by Gamble Aware and a contribution from Sky Betting and Gaming – however beyond this and current existing services provided by Gamble Aware and other third sector organisations, provision is poor with significant regional inequalities.

Professor Jim Orford, a clinical psychologist and Emeritus Professor of Clinical and Community Psychology at the University of Birmingham said in his submission that:

*“The absence of any significant NHS treatment is striking”*  
*Professor Jim Orford, University of Birmingham*

He believes one of the key reasons for this is that whilst gambling disorder is recognised as an ill-health condition by the WHO and other international bodies, it is not recognised by the NHS or Public Health England as a major public health problem like alcohol or drug dependence.

He believes that the Government had been very complacent on this – highlighted in the most recent DCMS consultation where the Government believes that ‘local authority commissioned specialist drug and alcohol services may also be able to offer treatment where a service for broader addictions has been specified.’

In recent written parliamentary questions to the Department of Health and the Department for Digital, Culture, Media and Sport – the Government continues to display a complacent attitude to the issue of gambling disorder, stating that it is only likely to recognise gambling disorder and therefore collect and report data on this as a condition from 2022:

*“The Government will adopt this updated classification standard for collecting and reporting information related to health conditions by 2022.”*

*Steve Brine MP, Answer to Written Question 164308*

In order to treat this increasing problem, it is incumbent on Government to be able to recognise the scale of the problem. However the Government has no estimate as to how many people are receiving treatment or counselling on the NHS for gambling disorder, continually saying that it ‘does not hold the information.’

Therefore it is almost impossible to assess the effectiveness of current mental health provision for those with a problem gambling issue.

Furthermore we received submissions from families of gambling addicts who had experienced the ultimate personal loss, where a family member had taken their life due to gambling addiction, who stated that coroners, debt counsellors or agencies, student authorities and government departments do not collect information, or are required to collect information about whether problem gambling has been a significant factor or cause of death, suicide, financial hardship, homelessness, relationship breakdown or crime. If we are ever to understand the true scale of problem gambling in this country, this has to change.

As mentioned in the introduction, the best estimate for those accessing treatment services for problem

gambling is currently 8,800 out of 430,000 or 2%. This is significantly lower than the rates for people presenting for treatment for drug and alcohol dependence.

The Gordon Moody Association in their submission to the review states that there needs to be 'raised awareness across the NHS':

*"There needs to be raised awareness across the NHS of the impact that problem gambling has on people's mental health as well as the impact on their families and local communities. Time and time again we are told by those who come into our residential treatment that, on visiting their GP and mentioning that they have a problem with gambling, the GP does not know where to send them or what the implications of the addiction may be...they are aware of addiction issues with drugs and alcohol, so they should be more aware of gambling addiction too"*

*The Gordon Moody Association*

Sanju George and Henrietta Bowden-Jones state in their report 'Gambling: the hidden addiction' that the recognition of gambling disorder as a public health responsibility would be an 'important first step' which would allow treatment to be potentially delivered through the existing network of community based services which already help treat those with drug and alcohol misuse<sup>4</sup>.

However introducing gambling disorder into this existing structure 'would not be entirely cost neutral' – with additional resources needed, particularly in training of staff to deliver appropriate interventions.

The Gordon Moody Association added however that specialist treatment for gambling addiction, in a residential context, was likely to be far more effective than residential treatment with mixed cohorts and those suffering from other addictions:

*"We believe that there is an increasing need for residential treatment programmes such as ours that specifically and solely deal with pathological gambling addiction. We do not believe that those treating other addictions, as mixed cohorts in residential services, can as successfully address gambling addiction as we can within our centres."*

*Gordon Moody Association*

They go on to add that mental health services 'are not generally aware' of gambling as an addiction:

*"Nor are they aware of where to seek treatment if they have people presenting who tell that that gambling is the primary issues. Gambling addiction is not generally something that people are asked about if they attend mental health services, however drugs and alcohol are standard. This needs to change. Gambling should be part of any assessment of need in all services and this should also extend to prison assessment processes."*

*Gordon Moody Association*

This was echoed by the Social Care Workforce Research

<sup>4</sup> Sanju George and Henrietta Bowden Jones, 'Gambling: The Hidden Addiction', p8

Unit at Kings College London, who conducted a series of interviews with social workers responsible for 'at risk' adults who believed that current NHS provision was unlikely to work for particular people and there was a lack of information about what was available:

*"A lot of people with deep psychological problems, they find taking in groups so difficult. So groups didn't work"*

*Another remarked that one of the main sources of interventions currently available, the national gambling helpline, has some limitations:*

*"I know that there's sort of self-help groups and telephone help-lines he could call but he doesn't have access to a phone and he doesn't like taking to people using my phone either"*

*Others believed that gambling support services should be linked with drug and alcohol treatments:*

*"I suppose what really you'd like to see that maybe there is some sort of support in relation to the gambling in a similar par to drugs and alcohol, because obviously the effect of the gambling has as much effect...as that."*

*"I think they should be called Addiction Teams...I don't think anyone is equipped to deal with this until we all get on the same page and say, right, whatever the addiction it operates in exactly the same way psychology and physiologically"*

*Social Care Workforce Research Unit, Kings College London*

The lack of a fully resourced service can have a very high cost, which at the most extreme end can result in the loss of life. The campaign group Gambling with Lives believes that the inadequacy of current provision in quantity, quality and evidence directly resulted in the deaths of family members:

*"There appears to be no evidence basis for treatments other than that it appears to work for other problems...Our families were not referred for tier 4 therapy under the existing system and we believe that they would still be alive if this had been provided early"*

*Gambling with Lives*

They go on to argue that greater co-ordination and knowledge sharing with the NHS is required:

*"There is minimal co-ordination or knowledge sharing with the NHS. The direct experience of family members is of confusion, lack of provision and a lack of evidence based therapy. There has been no provision of follow-up or suicide prevention crisis management"*

*Gambling with Lives*

The issue of co-ordination and greater integration with NHS services was raised by ResPublica and the Campaign for Fairer Gambling, who argue that the only way that the 'treatment gap' can be bridged is by positioning problem gambling 'at the heart' of thinking



and integrated into public health. Other RET services for drug and alcohol use are resourced from the Public Health Grant and administered by local authorities:

*“This means services are directed according to local need and are guided by the strategic leadership of clinical commissioning groups. By contrast the treatment of problem gambling depends on an unpredictable process of commissioning from an insufficient industry contribution or is subsumed within wider IAPT services”*

*ResPublica*

In addition to this, there are currently no NICE guidelines for the treatment of gambling – although it is believed that NICE are currently considering their introduction. The introduction of clinical guidelines, according to the Royal College of Psychiatrists would be ‘beneficial for patients across the UK. It would also help clarify the responsibility of the NHS for treatment provision.’<sup>5</sup>

From the submissions we have received a picture emerges of an under resourced, fractured system of support which is geographically imbalanced. Whilst there is an increasing recognition of gambling disorder, it is incomplete and has yet to be fully integrated or recognised as a public health issue. There is clearly a lack of knowledge from GPs and other health professionals about how to diagnose gambling disorder, or how to direct people to appropriate, but limited services.

Generally those being treated for mental health issues on the NHS are treated through IAPT, although these do not specifically focus on gambling. Therefore we were keen to ascertain whether people believed IAPT was appropriate for those with problem gambling issues. We will lay out the responses received to the following questions together - as they all relate to current service provision and possible solutions to identified issues and the provision of additional services.

**How far are existing mental health services, including Improving Access to Psychological Therapies (IAPT) programme and addiction services which do not specifically focus on gambling, capable of supporting people with gambling problems?**

**Would treatment for those experiencing gambling addiction be best provided through specialist gambling addiction services or through more general mental health provision?**

The submissions we received paint a mixed picture with regards to the appropriateness of treatment through IAPT for gambling disorder.

Although the Government have lauded IAPT as a flagship mental health programme and have pointed to the increasing numbers of people using its services, there are a large number of issues with IAPT services across the country.

Research by the House of Commons Library estimated that in areas of high socio-economic deprivation you are less likely to successfully recover through IAPT treatment if you lived in a less socially deprived area – whilst waiting lists for access to treatment vary wildly ranging from 16 days to 167 days.<sup>6</sup>

In addition to this some areas saw waiting lists of up to 4 months – which is almost equal to waiting times at the National Problem Gambling Clinic.

This is a particularly worrying statistic when you consider that some areas of high social deprivation contain the highest density of betting shops – with bookmaker turnover sometimes four times higher in unemployment blackspots than in wealthier areas.<sup>7</sup>

Professor Jim Orford believed that general mental health services, including IAPT are not capable at present:

*“As well as being under resourced as is well known, knowledge of gambling disorder and confidence in dealing with it amongst mental health staff is almost completely lacking. This is an area that badly needs attention since mental health diagnoses other than gambling disorder are common amongst those with gambling problems and the latter will quite often present in the context of mental health services”*

*Professor Jim Orford*

<sup>5</sup> Henrietta Bowden Jones, Colin Drummond, Shane Thomas, ‘Rapid evidence review of evidence-based treatment for gambling disorder in Britain’, p3  
<sup>6</sup> House of Commons Library, ‘Mental health statistics for England: prevalence, services and funding’, <https://researchbriefings.parliament.uk/Research-Briefing/Summary/SN06988>

<sup>7</sup> <https://www.theguardian.com/news/datablog/2013/jan/04/5bn-gamblers-britain-poorest-high-street>

He goes on to add that general mental health services are not the ideal place for the main focus of treatment for gambling problems – and he shares the opinion put forward by ResPublica and the Campaign for fairer gambling, that local authorities should be included in RET provision:

*“A national programme of specialist treatment for gambling disorder should be put in place, with ring-fenced grants to local authorities ensuring that health services in all areas include facilities for the treatment of those with gambling problems and help for their families. Such services would most suitably be situated in addiction/ substance misuse services where there is already a high awareness of and confidence in treating addictive disorders...There remains a lot of work to do here as well”*

*Professor Jim Orford*

Gambling with Lives share the belief that IAPT services have failed to provide adequate services for people suffering from addiction, some of whom eventually took their own life:

*“We argue that provision of inappropriate non-specialist treatment can add to the progression of the illness towards despair and increased suicidal ideation...we believe that specialist services for treatment is necessary”*

*Gambling with Lives*

The submission by GambleAware defended the current range of treatments available saying that they were ‘effective.’ It notes that this is pre-dominantly cognitive-based therapy, ‘but other talking therapies are used effectively.’ It states that:

*“With minimal specialist training, counsellors can address gambling disorders, so both IAPT and addiction services would be in a position to support people with gambling problems”*

*GambleAware*

However they admit that there is a capacity issue giving significant waiting times for mental health services across Great Britain. Interestingly whilst they maintain that IAPT is an appropriate vehicle for treatment of gambling disorder, they recognise and share the view that statutory services are unfamiliar with detecting and treating problem gambling due to the lack of NICE guidance and formal training.

In addition to this, GambleAware disagree with Orford on the issue of ‘co-location’ of addiction services i.e. placing all local addiction services together, saying that it may ‘put off some clients.’ They add that providing that counselling is good:

*“There is no evidence that specialist services are better or worse than general mental health services for clients presenting primarily with a gambling problem”*

*GambleAware*

However the view that problem gamblers often present with a co-morbidity (additional symptoms or disorders) is shared by Dr Joanne Lloyd from the University of Wolverhampton, who in a study of 4,000 people found that:

*“Gambling to escape and/or try to modulate a negative mood was associated with particular risk of gambling problems, and was more common in amongst people who have co-occurring additional mental health symptoms (e.g. low mood, hypomania, anxiety), and/or substance-use related difficulties”*

*Dr Joanne Lloyd, University of Wolverhampton*

She believes that for some people who feel deprived but without access to other means of social mobility, gambling may be perceived as one of the only ways through which they can change their circumstances for the better.

This suggests that as problem gamblers present with a co-morbidity, general mental health treatment may provide the most appropriate treatment. Whilst this would seem to contradict the view of Orford the two apparently opposing views may not be mutually exclusive.

Considering the lack of specific training and guidelines, it seems that IAPT is not always the most appropriate way to treat those with gambling issues. Whilst the treatment may address some of the issues that are presented, arguably a ‘one size fits all’ approach may not tackle the underlying cause or may misdiagnose. However the development of NICE guidelines, as well as the suggestion of a national training programme for clinicians, and grants from RET funding in order to build those services may be an appropriate route forward.

GambleAware seem to present a middle option, whereby there is a combination of specialist treatment and non-specialist general treatment:

*“We would favour specialist gambling treatment services for non-complex cases and referral to general and specialist NHS mental health treatment for complex cases. This could serve to reduce overall demand on IAPT and other NHS services by diverting some cases to specialist gambling services”*

*GambleAware*

However this is likely only to work if adequate resource, training and screening is given to GPs, social care and other service providers to ensure there is appropriate knowledge and awareness of the available routes for treatment.

Whilst there are clearly shortcomings in IAPT treatment, as well as regional disparities -what is abundantly clear is that specialist treatment is wholly lacking in capacity – only treating 2% of problem gamblers.

As IAPT does not collect data on those presenting for treatment with gambling disorder we are unable to ascertain how many people may have been treated through IAPT or whether that treatment was ultimately successful. However with the adoption of NICE guidelines and a clear emphasis on training gambling disorder as a distinct condition, we may be able to assess this in the future and further tailor treatment to those who need it.

**An immediate priority is the development of NICE guidelines for gambling disorder, and a 'national training programme' for practitioners in IAPT services and other local addiction services.**

However specialist treatment is often still needed, and will need to be increased as part of a more fundamental rethink about how gambling disorder is treated.

### **Would the establishment of more specialist NHS clinics for problem gamblers be useful and cost-effective?**

The question about whether to establish a larger network of specialist NHS clinics did not receive as many responses as the other questions.

Those who did respond however, were wholly in favour.

The Association of British Bookmakers, although unable to properly comment on the cost-effectiveness of the proposals, saw merit in increasing service provision 'outside of London' (Association of British Bookmakers.)

Gambling with Lives, who have criticised non specialist mental health care provision in treating gambling disorder also support this proposal:

*"GWL unequivocally supports the establishment of more specialist NHS clinics. We believe that our family members would be alive today if these had been in existence and if universal screening and referral mechanisms had been functioning. We are not convinced that current network of separate and disparate services is providing real learning and development of more effective treatments."*

*Gambling with Lives*

GambleAware also believe that there needs to be an increase in specialist capacity –stating that the current National Problem Gambling Clinic has an average waiting time of 188 days – compared to an average referral to a local counselling service of 9 days, and treatment beginning on average within 12 days.

*"There is a clear need for additional complex care of this nature"*

*GambleAware*

A number of people who suffered from Gambling disorder contacted with their experiences as part of the review. A number highlighted the need for and benefit of specialist treatment – not only for them, but also their families. We have respected their privacy by providing their quotes anonymously:

*"I started gambling (successfully) on golf and football when I was 17 proudly turning away drugs and cigarettes by claiming I had my vice and I made money out of mine. However, without realising it, I ended up suffering from gambling disorder for a number of years after the successful start. I suffered from gambling disorder for a number of years. I hit rock bottom in June 2014 when I was as close to contemplating suicide as I would ever care to get. I had one session with Dr Henrietta Bowden-Jones straight away and did ten weeks of group CBT therapy at her NHS clinic in early 2015 (note: I was fast tracked on to the waiting list but still waited eight months - gives an idea of the length of the list).*

*My wife and I were also lucky enough to have three sessions of couples therapy at the same clinic - this was immensely important to my recovery as it helped communicate how the therapy worked to my wife...Our relationship is stronger, my career is back on track and it won't be long before the balance sheet turns black again. Best of all, my brain accepts that no matter what betting opportunities I might be missing out on, it's all irrelevant as I would always end up losing any winnings - I accept that I can't make money out of gambling."*

*Anonymous problem gambler*

Professor Jim Orford also supported the establishment of more specialist NHS clinics, but stated that they should not detract from other services:

*"A Northern England specialist NHS clinic has been proposed and at least another two or three around England and Wales would be useful. They should not, however detract from the main service, focussed in local addiction/substance misuse services with good working relationships with local mental health, debt, crime and child and young people's services. The specialist regional clinics should be centres for research and evaluation and training as much for the routine provision of treatment. They would plan an important role in raising awareness of gambling disorder and the profile of problem gambling treatment nationwide"*

*Professor Jim Orford*

What is undeniably clear is that not only is there a need and desire to increasing capacity and capability in existing services, there is also a desire to more closely integrate addiction treatment and mental health services provided through the NHS and local authorities.



This proposed model would appear to be in line with the 'hub and spoke' model advocated by the Royal College of Psychiatrists whereby community-based drug and alcohol services (spokes) would integrate 'screening, assessment and evidence-based treatment for gambling disorder into their provision framework. This treatment would potentially include CBT for gambling disorder, family therapy and money management...these services would then be able to seek, where required, clinical advice, staff training, supervision, treatment protocols, and research expertise from a series of central or regional 'hubs'.<sup>8</sup>

ResPublica and the Campaign for Fairer gambling believe that for this model to truly succeed, and for gambling to be treated as public health issue, would necessitate

*"Integrating problem gambling RET (Research, Education and Treatment) within the wider structures of public health spending on addiction RET, while maintaining the treatment of problem gambling as a distinct addiction and service in itself."*

ResPublica

They argue that this would enable:

- ➊ RET to benefit from clinical expertise and strategy of Clinical Commissioning Groups
- ➋ Enable RET of problem gambling to benefit from the expertise and strategies of local authorities, linking the question of gambling to other services affecting socio-economic deprivation, and ensuring that funding is allocated to local need
- ➌ It would provide the industry with a degree of transparency it seeks as part of a mandatory levy

While it is unclear how the existing tripartite system<sup>9</sup> of commissioning and research would exist alongside this integration with existing public health, greater integration and co-ordination of services is an attractive option. This would move towards giving parity of esteem to what has been described as 'hidden addiction' and would potentially allow for more targeted allocation of resources in areas of acute need.

However given the meagre funding already allocated for RET of problem gambling, as well as declining public health budgets – simply shifting the responsibility for increased and untargeted provision to existing services, without access to additional resources, would not be right.

However an increased level of funding for problem gambling RET through a mandatory levy, used to build RET capacity within wider public and mental health services for the treatment of gambling disorder would potentially have a transformative affect.

**We therefore wish to see local authorities and clinical commissioning groups to take on additional responsibilities for RET for gambling disorder.**

**Additional resources, raised by a mandatory levy on gambling companies would allow for greater training, capacity and expertise in these services and would also allow for the establishment of additional specialised regional gambling treatment centres to further increase treatment capacity.**

It would also be appropriate to re-examine whether there should be a greater degree of co-ordination at Government level.

This review has been conducted jointly by the Labour Shadow Health and DCMS teams as we have recognised that whilst gambling policy and regulation falls under DCMS's remit, the negative effects of these products are impacting on the nation's health and wellbeing.

The Department of Health and Social Care has taken the lead in treating other addictive substances such as alcohol, tobacco, drugs but also junk food and sugar. It makes sense that given the wider societal harm and public health impact that gambling disorder can bring, the co-ordination of the response to it should come jointly from DCMS and DHSC. In other countries, such as New Zealand, the funding of gambling treatment services is done entirely by the department of health.

Therefore in order to properly treat gambling disorder as a public health issue, there needs to be greater integration and co-ordination of RET and gambling policy from central government, all the way down to local delivery of services.

**We recommend the formation of a working group between DCMS and DHSC to co-ordinate gambling policy, the treatment of problem gambling and its wider effects on public health.**

<sup>8</sup> Sanju George and Henrietta Bowden Jones, 'Gambling: The Hidden Addiction', p8

<sup>9</sup> The tripartite system of gambling regulation and RET is currently comprised of the Gambling Commission as regulator, the Responsible Gambling Strategy Board who set the National Problem Gambling Strategy and GambleAware, who raise funds and oversee the implementation of the RET framework for gambling disorder



## PREVENTION

**What evidence is there on the impact of gambling advertising and sponsorship on problem gambling behaviour?**

**What evidence is there on the effectiveness of “responsible gambling” messages in encouraging people to gamble more responsibly?**

Intrinsic to any review or future proposals aimed at reducing harms associated with problem gambling should look at the availability and prevalence of gambling products in everyday life and what measures should be taken to reduce the harmful effects of those products.

Gambling advertising, either on TV around sporting events or online appears to have exploded in the past few years. There is unlikely to be an interval, a half time or pre-match build up on a live sporting event where you will not see at least one betting advert. From Ray Winstone demanding individuals ‘bet in play now’ or the vaguely threatening ‘we see everything’ message on Bet 365 to Coral using the American actor Danny McBride to convince us to ‘bet savvy’ – the seeming alignment of sports and gambling, particularly with the advent of quick online apps and in-play betting is a cultural shift that was never envisaged when the 2005 gambling act came into force.

Anecdotally people complain of being bombarded with adverts and highlight that the use of celebrities or prominent people combined with humorous and light-hearted tones and scripts is now common.

Analysis by the Guardian of adverts during the World Cup saw that gambling advertising was by far in a way the most prominent type of advert during the broadcast of matches. It found that during the entirety of the world cup, ITV showed nearly 90 minutes of gambling adverts. This was 17% of total adverts and equated to 172 individual betting spots stretching to the length of nearly an entire match of football.<sup>10</sup>

This was one and a half times the amount of alcohol advertising, which came in at just under 40 minutes and four times the amount of junk food advertising, which showed for just under 20 minutes.

Research conducted by Professor Rebecca Cassidy has also highlighted the ‘normalisation’ of gambling particularly amongst young people and this view was reflected by parents who contributed to her research:

“Children see those adverts during a game. They see the logos on the shirts and they think that gambling and sport go together because that’s what they see every weekend”<sup>11</sup>

She points out that it was the Gambling Act 2005 which liberalised the advertising regime which came into effect in 2007. Between 2007 and 2013, spending on gambling advertising increased by 600%.

In addition to this, it is not only commercial television which has high instances of saturation of gambling advertising. For example, Match of the Day, shown on BBC 1 after the 9pm watershed (but repeated on Saturday Morning at 7.30am) was shown to have a higher rate of gambling advertising – through shirt sponsorship, and billboard advertising, than commercial broadcasts on Sky – despite it being ‘free from adverts’.

<sup>10</sup> <https://www.theguardian.com/media/2018/jul/15/children-bombarded-with-betting-adverts-during-world-cup>

<sup>11</sup> Rebecca Cassidy and Niko Ovenden, “Frequency, duration and medium of advertisements for gambling and other risky products in commercial and public service broadcasts of English Premier League Football”, Goldsmiths University of London

“Given the general perception of BBC television as free from advertising, the inclusion of 123.45 minutes of adverts during a broadcast of 270 minutes was unexpectedly high. On a pro-rate basis there was 67.76% more advertising on BBC1 than on Sky, which logged 132.40 minutes of advertising over a 480 minute broadcast. These results indicate that the exclusion of produced commercials from public service broadcasts does not prevent audiences being exposed to large volumes of advertising”

Research conducted by Populus for Lord Chadlington, submitted to this review, surveyed 14-18 year olds and their experiences with gambling advertising in sport. In general there was a clear feeling that there was too much gambling advertising on TV, particularly with regards to football, and not enough warnings about the dangers of gambling. Those surveyed said they saw 3.8 adverts per game – with only 8% saying they saw no adverts. Two thirds of those surveyed believed there was too much of this type of advertising – with only 25% believing the responsible gambling messages that are required to be on these adverts were clear enough, or that gambling companies advertised in a ‘socially responsible way’.

This issue has come under a great deal of scrutiny, particularly during the Triennial Review of stakes and prizes which was conducted by the Government over the past year. The former Secretary of State for Digital, Culture, Media and Sport, Rt Hon Karen Bradley expressed concern to the House of Commons when the review was announced, over the exposure of children to gambling advertising:

*“My children can recite just about every gambling advert there is because they sit and watch Sky – I won’t say the name, a news channel that is 24-hour sports. They hear those adverts. I am interested as a parent but I am also interested as Secretary of State in understanding what the impact is on young people of that advertising”<sup>12</sup>*

Given the early concern over the frequency and style of gambling advertising by the Government, it was surprising to many that when they finally published the Triennial review, they did not suggest any further controls or limits on advertising. Instead they chose to allocate funding for a large ‘responsible gambling campaign’ to be run for two years and administered by GambleAware.

Key to the Government’s thinking is a reliance on a 2014 research paper by Per Binde, for the Responsible Gambling Trust – now GambleAware. In a written answer to a Parliamentary Question, Tracey Crouch MP cited the study as proof that the impact of gambling advertising on gambling prevalence was ‘likely to be rather small’<sup>13</sup> and that further research was due to

be completed by GambleAware in the coming months. She also cited Gambling Commission survey evidence that only 1% of 11-16 years olds stated that gambling advertising was likely to increase the frequency of gambling for that age group.

PaddyPower/Betfair in their submission to our review stated that they did not believe the available evidence showed a link between advertising and an increase in problem gambling:

*“We are unaware of any evidence which proves that gambling advertising and sponsorship has led to a noticeable increase in problem gambling. PPB actively ensures that its advertising and marketing does not target or appeal to children under the age of 18 or to vulnerable persons, as required by the ASA’s BCAP code.”*

*PaddyPower/Betfair*

This was a view shared by Sky Betting and Gaming:

*“It is worth highlighting that there is little evidence that gambling advertising or sponsorship has an effect on problem gambling levels generally or amongst children in particular...a Gambling Commission survey found there was ‘little evidence of a direct influence on gambling activity of those children who had seen gambling adverts... and GambleAware research by Per Binde concluded that advertising’s impact on problem gambling prevalence is ‘likely to be neither negligible nor considerable, but rather relatively small’”*

*Sky Betting and Gaming*

They go on to state that international evidence ‘suggests there is little correlation between whether advertising is allowed or not, and levels of problem gambling’, adding:

*‘Gambling advertising is not a major contributing factor to levels of problem gambling’*

*Sky Betting and Gaming*

However despite broadly sharing the same viewpoint, PPB in their submission say that they are in favour of a reduction in pre-watershed advertising:

*“We are mindful that young children may be exposed to TV gambling advertising pre-watershed during live sport and increasingly aware of the growing social, media and political concern about this unintended exposure. For these reasons and to preserve the long-term value of our brands we are supportive of a reduction in the amount of pre-watershed advertising. Due to the fragmented and competitive nature of our sector, we believe any reduction must be policy led as individual operators cannot act unilaterally”*

*PaddyPower/Betfair*

<sup>12</sup> <https://www.telegraph.co.uk/news/2016/10/24/gambling-adverts-could-be-banned-as-culture-secretary-reveals-my/>

<sup>13</sup> Tracey Crouch MP, Answer to Written Question 164909



Professor Rebecca Cassidy, Dr Francis Markham, and Dr Angela Rintoul in their submission to the review state that the lack of 'direct evidence of a causal relationship' should not be used as an argument to support inaction:

*"The lack of evidence is indicative of a lack of research, not a lack of a relationship...The search for perfect evidence is an expensive and calculated distraction. Instead we should devise sensible policies based on the weight of existing evidence and evaluating those interventions"*

*Professor Rebecca Cassidy, Dr Francis Markham,  
Dr Angela Rintoul Submission to Labour Review of  
Gambling Policy 2018*

A recent news story in the Guardian conveyed a general ill at ease feeling from some operators in the industry over advertising, with some now openly admitting that adverts had gone 'too far' and industry was in a sense locked in an arms race with no single operator unwilling to blink first in the fear that a more 'unscrupulous' competitor would fill the space that one may voluntarily vacate.

**The Chief executive of William Hill, Phillip Bowcock stated,** "Some sort of change is needed, but that has to be led by government. It's incumbent on them to step up to the plate and have a serious discussion about it."<sup>14</sup>

**This was echoed by Peter Jackson, the Chair of PaddyPower who pushed the need for state intervention** "difficult for the industry to do this on its own...Even if progressive operators agree to restrict ads, unless there's legislation passed, less responsible operators step in and continue advertising."

**The chief executive of the Hippodrome Casino, Simon Thomas, shared this view:**

There are valid concerns with regard to the exposure of children to a high number of gambling adverts, particularly where they are linked to glamorous activities or high-profile role models such as Premiership footballers or professional cricketers," he said.

"Where children are concerned, we need to set a lower threshold of risk and be more prepared to employ the precautionary principle."

**Dr Heather Wardle, from the London School of Hygiene and Tropical Medicine, said that studies had shown there was an increase in gambling behaviour from 11-16 year olds when exposed to gambling advertising:**

"We know from studies of 11- to 15-year-olds that 2% of children said they started to gamble or increased gambling due to advertising. That doesn't sound like a lot but it equates to 60,000 children."

They felt that it was now time for Government to act in an area where operators felt they could no longer self-regulate what many consider an increasingly controversial product.

Their fears over advertising were subsequently and flippantly dismissed by the Government Minister Tracey Crouch who stated that it was not Government's job to regulate this area, stating that 'nobody asks these companies to advertise' and William Hill or other could simply choose to stop advertising:

*"Surely if William Hill CEO and others think there are too many ads they just stop advertising. Why does Gov need to do something. We don't force them to advertise..."*

*Tracey Crouch, Twitter, 9 August 2018,  
[twitter.com/tracey\\_crouch/status/1028015063381233664](https://twitter.com/tracey_crouch/status/1028015063381233664)*

A number of submissions to our review have criticised the reliance on Per Binde's work, and a narrow interpretation of his conclusions. Professor Jim Orford states that Binde's conclusions were 'controversial' and 'several years old'.

However other submissions, from the Campaign for Fairer Gambling and Money and Mental Health have cited other findings by Binde that demonstrates that advertising can have an impact on problem gambling in certain instances.

*"First, when advertising stimulates an individual to participate in gambling to such a degree that non-problem gambling becomes problematic; and second, when advertising maintains or exacerbates already existing gambling problems. In these cases, Binde writes, 'impulses to gamble become more frequent; efforts to cut down on gambling are hampered. Advertising may trigger a relapse or former problem gamblers who have decided to quit gambling, which is a manifestation of impaired control'"*

*Campaign for Fairer Gambling*

Money and Mental Health believe that people with mental health problems are particularly vulnerable:

*"Evidence suggests that people who are vulnerable to problem gambling, including people with mental health problems, are more likely to be influenced by its advertisement. Adverts with specific offers, like free bets when registering for an online account, can lead consumers to gamble more than they intend to...Their frequency and timing, such as late at night when people with mental health problems are vulnerable and more likely to respond, can create challenges to gambling responsibly"*

*Money and Mental Health*

<sup>14</sup> <https://www.theguardian.com/society/2018/aug/10/uk-government-should-restrict-gambling-ads-seen-by-children-industry-says>

Money and Metal Health have specifically suggested banning adverts between 12am and 6am.

Dr Henrietta Bowden Jones in her submission to the review said that there was ‘no benefit that these adverts might contribute to the population’s wellbeing’:

*“At the National Problem Gambling Clinic many of our patients report that their relapse into harmful gambling was attributable to gambling adverts on TV or social media. Children are at risk. It is our opinion that without gambling adverts there would be a lot less risk of initiating the young and the vulnerable to gambling activities by normalising a potentially harmful behaviour”*

*Dr Henrietta Bowden-Jones,  
National Problem Gambling Clinic*

The Advertising Standards Agency in their submission to our review noted the number of evidential gaps following the study by Per Binde and stated that a number of studies since that have pointed to ‘some level of impact on particular groups’:

*“The emerging body of dedicated research explored the impact of advertising on behaviour. In general, it suggests some level of impact on particular groups. Several studies found associations between advertising exposure and the behaviour of problem and at-risk gamblers. Other studies looking at risk factors for different gambling activities identified particular at-risk groups or characteristics such as young men”*

*Advertising Standards Agency*

They said that studies carried out in Norway and Australia – although they have distinct regulatory regimes and differing cultural attitudes to gambling produced evidence that was “robust enough to support the existence of an association between exposure and gambling behaviour and to provide insights on likely risk factors.”

Cassidy, Markham and Rintoul point to the growing availability of International research particularly in Australia which showed a clear influence of marketed gambling products from ‘culturally valued activities’ which may be ‘positively shaping children’s attitudes towards gambling products’:

“children’s perceptions of the popularity of different products were shaped by what they had seen or heard about these products, whether through family activities, the media (and in particular marketing) of gambling products, and/or the alignment of gambling products with sport. Second, children’s gambling behaviours were influenced by family members and culturally valued events. Third, many children

indicated consumption intentions towards sports betting. This was due to four key factors: (1) the alignment of gambling with culturally valued activities; (2) their perceived knowledge about sports; (3) the marketing and advertising of gambling products (and in particular sports betting); and (4) the influence of friends and family”<sup>15</sup>

A further paper by the same researchers at Deakin University in Australia noted that children had observed and learned a number of strategies from gambling advertising including humour, celebrity and distinctive voiceovers. They also noted that advertising made sports gambling seem ‘normal’, ‘easy’ and that, perhaps more worryingly gave an impression that you ‘could never lose your money’. The paper concluded that the ‘strategies utilised nevertheless had a strong impact on attracting children’s attention and recall of specific brands’ and that these strategies had ‘reduced children’s perceptions of the risks associated with betting’<sup>16</sup>.

A 2014 paper by Hing, Cherney, Blaszczynski, Gainsbury and Lubman found that there was evidence that advertising and promotions increased internet or online gambling amongst current gamblers, as well as problem gamblers who were attempting to curtail their habits:

“The interview findings provided stronger evidence that advertising and promotion of Internet gambling increases gambling amongst existing gamblers. Several respondents in the general population sample recounted occasions when this marketing had prompted them to gamble more than originally intended. Stronger evidence was provided by the treatment sample, where Internet gambling promotions provided inducements that contributed to increased gambling over time...In the current study, promotions appeared to trigger gambling sessions amongst some problem gamblers, despite their earlier decision to curtail their gambling”<sup>17</sup>

The study also highlighted that advertising and promotions could cause those who had suspended their gambling habit to relapse:

15 H Pitt, S Thomas, A Bestman, M Daube, J Derevensky, 2017 “Factors that influence children’s gambling attitudes and consumption intentions: lessons for gambling harm prevention, research, policies and advocacy strategies” Harm Reduction Journal, London

16 Pitt, Hannah, Thomas, Samantha L, Bestman, Amy, Daube, Mike and Derevensky, Jeffrey, 2017, “What do children observe and learn from televised sports betting advertisements? A qualitative study amongst Australian children, Australian and New Zealand journal of public health, vol 41, no 6

17 Nerilee Hing, Lorraine Cherney, Alex Blaszczynski, Sally M. Gainsbury & Dan I. Lubman, 2014 ‘Do advertising and promotions for online gambling increase gambling consumption? An exploratory study’, International Gambling Studies

“A small minority of the treatment sample who had previously suspended their gambling relapses in response to these advertisements. They provided examples of receiving promotional offers from gambling operators after barring themselves from their sites...These marketing activities weakened some of the group’s resolve to stop gambling”<sup>18</sup>.

Whilst this was an Australian study, we have seen examples of UK operators being fined significant amounts for continuing to advertise and push promotions in a similar way to those with gambling problems and who have attempted to exclude themselves from specific operators. 888.com, William Hill and 32 Red have all been fined by the UK Gambling Commission for failing to protect vulnerable customers and received fines of £7.8 million, £6.2 million and £2 million respectively.

Gambling advertising has become an increasingly controversial subject. As health professionals and campaigners have sought to raise the issue of gambling addiction as a public health issue and highlight the issues with problem gambling and addiction to users and their families, advertising and the promoting of that behaviour and the availability of products have come under scrutiny.

This pressure is most apparent with the issue of the presence of gambling advertising with sports such as football – where the current watershed exemptions of a 9pm limit on gambling adverts does not apply. This is of course the same with other sports such as Rugby or Cricket, as well as traditional pastimes most closely associated with gambling such as Horseracing. However the normalisation of gambling and gambling behaviour with football in particular was highlighted by most of the submissions to this review. Generally there is a feeling that the relationship with sports betting and live sport has gone too far – a view now seemingly shared by large parts of the industry.

There is a particular worry that young people, particular those under the age of 16 have been entirely over exposed to gambling through in play betting, sports sponsorship and humorous celebrity endorsements, that this relationship may continue to affect generations to come unless something is done about it.

Industry, or parts of it, have now admitted they feel unable to act on this, as there is no consensus about how to tackle this issue, largely as they believe a moral or ethical stance by one or a few operators will be taken advantage of by less scrupulous competitors who are seeking to grow their business and take a greater market share at their expense. This is a clear example

of market failure, with a potential public health impact that requires some form of Government intervention.

There has been a lot made of the lack of high quality UK evidence of a causal link between advertising and problem gambling rates – however the growing body of international evidence, plus the actions of other foreign Governments, such as Australia and Belgium’s moves to remove gambling adverts from sporting events entirely suggest a developing evidential link.

Therefore considering the potential harm for young people, young men and vulnerable adults from advertising we should seek to apply the precautionary principle in this area.

Whilst there is a compulsion for a blanket ban of all gambling adverts or the removal of the watershed exemption, as has been recently announced in Italy, we would prefer to try a series of interventions around live sport which can be evaluated, before deciding on whether further, more comprehensive action is needed.

**We therefore propose an adoption of a ‘whistle to whistle’ ban for gambling adverts in live football and other sports whereby gambling adverts are restricted from a defined period before and after a match, as well as during the entirety of the fixture. The effectiveness of these measures should be evaluated before deciding on whether further restrictions are needed.**

**We will consult with Sports governing bodies and professional leagues widely before implementing this and will consider limited exemptions for sports intrinsically linked to gambling such as horse racing.**

We also note the evidence submitted by Cassidy et al, that a large proportion of gambling sponsorship in stadiums is through dynamic billboards and or other gambling sponsorship at stadia – and in these instances there are few or no countering ‘responsible gambling’ messages.

**Given the proliferation of gambling messages and the display of odds through both TV adverts and pitch side advertising, these should be required to have a corresponding amount of responsible gambling messages. Therefore regulators, clubs and national sports associations should commit to ensuring a significant amount of clear, responsible gambling messages on pitch side advertising.**

Labour has also previously called for a ban on shirt sponsorship by gambling companies in the Premier League, which we hope clubs will adhere to on a voluntary basis. **However we are ready to enforce**

<sup>18</sup> Hing et al, ‘Do advertising and promotions for online gambling increase gambling consumption? An exploratory study’, International Gambling Studies 2014



**this by other means, including legislation, if clubs fail to agree.** This would apply to main shirt sponsorship, sleeve and back of shirt sponsorship. We will consider extending this to other leagues and sports if necessary.

There is also a debate as to whether 'Responsible Gambling' messages have been or are effective, given that a National Responsible Gambling message is now the Government's preferred course of action.

GambleAware, who have been chosen by the Government to run this campaign, and who are currently advertised on all responsible gambling messages themselves raised concerns about the effectiveness of these messages, and the industry's commitment to the message as a whole:

*"We were concerned that the current requirement for reference to BeGambleAware.org on all broadcast advertising is not sufficiently prominent to be noticed. It is often shown amongst other compliance related text, or briefly and inconspicuously during advertisements. It needs to be shown clearly on the screen for as long as possible to give it every chance of achieving the desired impact...We also recommend a requirement for broadcasters to make reference to BeGambleAware.org in future editorial content based on substantively around sports' odds or other forms of gambling."*

*GambleAware*

However a number of submissions to the review criticised the specific content of the responsible gambling messages, namely the allusion to 'fun' and the impression of gambling as an entirely normalised activity. The most prominent responsible gambling messages on TV and other mediums says 'when the fun stops, stop.'

The Campaign for Fairer Gambling shared the view that this was often not clear or 'obscured or absorbed within the wider colour schemes and designs.' It also criticised specifically the use of the word 'Fun' saying it was problematic in terms of a public health warning – likening gambling to a 'leisure pursuit rather than an addiction'. They further state that this would not be acceptable for other harmful products:

*"This is not consistent with other types of addictive or harmful products, such as tobacco, and as such represents a loophole that needs to be closed...Lessons from tobacco and alcohol warnings show that information alone does not affect decision making: the font, size and images used all interact to determine the effectiveness of the message"*

*Campaign for Fairer Gambling*

However they believe that responsible gambling messages can be effective if they are 'consistent with other types of harmful product' and featuring 'clearly identifiable health warnings that cannot be absorbed into an advert's overall design...In other words, we argue that the warnings placed on gambling advertising should be the same as those for tobacco and other harmful products: stark, unattractive, neutral, large and bold. In no circumstances should those warnings contain words like 'Win' or 'Fun'"

Cassidy, Markham and Rintoul believe that the international evidence suggests that responsible gambling messages are an "ineffective way of reducing problem gambling" and that 'structural interventions' such as reducing the supply of products or reducing maximum stakes are "more effective at reducing harm than downstream interventions such as responsible gambling messages." They believe that this type of messaging is simply "industry PR aimed at prolonging self-regulation."

Professor Jim Orford shares the view that responsible gambling messages "probably have little effect on behaviour and might even encourage a positive image of gambling" whereas the Remote Gambling Association believes that despite "practical difficulties" in measuring the effectiveness of messages "we continue to believe that as part of a wider package of measures they must be beneficial."

Conversely Sky Betting and Gaming submitted a thorough defence of responsible gambling messages adding that "we would like to see more obligations on operators to promote responsible gambling through both their advertising and sponsorship."

They point to research by the Senet Group which demonstrated that the key 'When the fun stops, stop' message has had a positive impact on existing gamblers and their families - with some 80% recognition by regular gamblers and 75% recognition of the three key tips – only gamble what you can afford, set limits and do not chase losses. They also state that 11% of adults had warned others of gambling habits since seeing the campaign, whilst 23% of gamblers said it had led them to gamble more responsibly.

They also point to research by Hing et al. which concluded that "Responsible consumption of gambling needs to be promoted in a more meaningful way beyond 'gamble responsibly' slogan to better assist customers to maintain safe levels of gambling" and therefore the best way to warn gamblers of their behaviour is to use a "tone and style that is engaging and relevant to enhance the chance of its effectiveness."

Whilst there appears to be a divide between researchers, academics, industry and campaign groups over whether there is continued value in 'responsible gambling' messages there does seem to be a consensus that the tone of the messaging needs to change.

Also whilst some in the industry have been advocates for perhaps a more subtle approach to how these messages are portrayed, there are clear health risks to problem gambling and those around them who experience it, and those warnings should be given greater prominence in responsible gambling messaging.

We agree with GambleAware that responsible gambling messages should not be casually thrown in at the end of an advert, and should be displayed prominently throughout – as they would be with any other potentially harmful product.

However, as the Government has already committed to a national, two year campaign around responsible gambling, it would be appropriate to assess its effectiveness before suggesting further changes.



## **FURTHER PREVENTION MEASURES/LEGISLATIVE CHANGES**

### **What additional measures are needed to prevent gambling by children?**

### **Are there any changes to gambling legislation and regulation which would make an impact on the levels of problem gambling and gambling addiction?**

In the previous section we discussed the growing international evidence which suggests children are exposed to gambling advertising more than ever, be it on TV or on social media. There is growing concern too about the normalisation of gambling for children through computer games but also traditionally accepted avenues such as National Lottery scratch-cards which are available to under 18s.

Almost half of all gambling is now done online or through apps, which was not envisaged at the time of the 2005 gambling act. It was disappointing that gambling was not even mentioned as part of the Government's recent Internet Safety Strategy consultation given the rise in availability of products to adolescents – and an increasing recognition that in some cases the boundaries between gambling and gaming are blurring.

There are far more outlets to gamble than ever before, but there is potentially also the technology to provide greater protections to individuals and young people from under age or excessive gambling, if the industry is willing to develop it correctly and regulators are able to enforce it. Therefore we also asked if legislative changes are needed in order to keep up with the development of new products – or is better regulation more appropriate.

A number of submissions emphasised the need for stronger age verification – both offline and online. In theory it should be very difficult for an individual under the age of 18 to gamble, however Gambling with Lives highlighted anecdotal evidence of under 18s being able to set up multiple accounts with several online providers. Professor Jim Orford also argued that age verification was too weak and should be strengthened. As a very minimum stronger checks on age verification must be carried out by operators with a commitment to ensure those that are not legally allowed to gamble for money online are not able to do so.

Statistics from the Gambling Commission show that 6% of 11-16 year olds who gamble, do so on licensed premises. Whilst this includes venues like arcades, bingo halls, as well as bookmakers – the overall amount of underage 'challenges' has decreased from 607,479 challenges on entry to the premises in 2012/2013, to 468,775 in 2015/2016. Whilst the ABB were keen to point out that the majority of challenges come in the non-remote sector, the sector should consider moves to strengthen these processes by perhaps moving to a 'challenge 25', which is the standard in Scotland for purchasing of alcohol.

A number of submissions were also concerned about the rise in gambling style games – which allowed children to play for free, without staking money or receiving cash prizes, gambling style games online or through phone apps. This, combined with new in-game mechanisms such as loot boxes, skins gambling, or other 'non-monetary forms of gambling' within games i.e. where a player may play a casino game or encounter gambling situations during another game, have given rise to a general unease at the normalisation of gambling for young people online and through gaming. Professor Jim Orford believes this 'grey area' is 'problematic for adolescents':



*“these forms of gambling may be problematic for adolescents because they promote positive attitudes towards gambling, portray gambling in a glamorised and/or misrepresentative ways, and that these activities are freely available and playable by adolescents and children. Playing money-free games may act as an important pathway into ‘real’ gambling for young people”*

*Professor Jim Orford*

Statistics from the Gambling Commission show that 11% of 11-16 year olds had played online ‘gambling style’ games – with 73% playing on apps or mobile devices, and 11% had participated in ‘skins’ gambling, or betting with an in game item. It is clear that new technology is allowing greater access than ever before to these sorts of games. However as they do not offer money necessarily and are essentially unregulated – they do not offer player protections or any responsible gambling messages.

The Gambling Commission is consulting on these free to play games – however there is potentially a regulatory grey area where the commission is unable to take action against ‘non-gambling operators’. CARE, in their submission to our review pointed to a number of media reports where Gambling Operators had used cartoon or nostalgic characters to potentially lure children to betting on online games which had fewer restrictions<sup>19</sup> and where children had been able to access gambling apps through social media without appropriate age verification checks<sup>20</sup>.

In the case involving apps downloaded through social media, once registering, users were sent a number of push notifications inviting them to buy coins and offering bonuses and perks. Although this game was ‘intended’ to be played by people over 21, there are no age verification checks. The minimum age to be able to get a Facebook account is 13.

We received a number of examples to the review where players who were playing non gambling games online, such as ‘boggle’ were receiving gambling adverts in between plays. These apps were not covered by any age verification, and could easily be seen by children.

Free to play gambling style games normalise gambling behaviour like with advertising, and give the impression of ‘no lose’ situations, as you are not betting with real money. Professor Mark Griffiths of Nottingham Trent University stated:

“The thing about social networking games is that in the end you never lose. They set up unrealistic expectations of what gambling involves. If you win all that virtual money, you might think that if you’d been playing with real money you would have won too.”

Professor Griffiths also stated that the number 1 risk factor for children who are problem gamblers is ‘playing games online for free’.<sup>21</sup>

**We believe the loophole, that permits online games to be targeted at children should be closed. The responsibility to ‘not deliberately provide facilities for gambling in such a way as to appeal particularly to children or young people’ is already part of the licensing conditions for non-remote operators. It is unquestionable that this should be extended to the remote sector.**

**Furthermore online gambling style games, should be limited to over 18s only. In cases where gambling style apps are offered to children or adolescents through social media, regulators should have additional powers to have these apps removed and impose penalties if social media platforms do not provide adequate additional age verification.**

Skins Gambling, where players can trade items for virtual currency that in some cases can be converted to cash offline was highlighted by a number of submissions as part of the new ‘grey area’ of gambling. The Gambling Commission has stated that where items which have been traded or won through lootboxes can be exchanged for cash – this constitutes gambling and any website offering this service must be licensed. However many remain unregulated.

Where these sites continue to operate in an unregulated manner and offer cash for skins won in-game, there must be appropriate enforcement powers to ensure that they cannot continue to offer an unregulated gambling service to adolescents, such as take down notices or financial transaction blocking in conjunction with other financial regulators. This may require additional powers given to the Gambling Commission, or perhaps through a new digital or technology regulator.

We welcome the development of PEGI warnings about in-app purchases on games, many of which may have a ‘lootbox’ system – **however we believe manufacturers need to provide further information and should display clearly the odds or probabilities of winning rare items to ensure players are better informed.**

One of the gambling industry’s key messages as part of its ‘when the fun stops, stop’ campaign has been ‘only bet what you can afford.’ However a number of operators still allow betting to be done on a credit card. We believe that this practice not only increases the risk of you betting more than you can afford, but promotes the practice of debt fuelled betting.

<sup>19</sup> <https://www.thetimes.co.uk/article/cartoons-lure-kids-to-online-gambling-vr6c83np6>

<sup>20</sup> <https://www.theguardian.com/society/2017/dec/27/gambling-style-apps-offered-on-facebook-without-age-checks>

<sup>21</sup> <http://www.dailymail.co.uk/news/article-4961078/Online-bookies-use-cartoons-target-children.html>

**We therefore share GambleAware's view that credit card betting should be banned.**

We also believe that, whilst there have been moves to have a single self-exclusion website in GAMSTOP, we must also allow individuals more opportunities to take control of their finances and stop gambling transactions at their source. **Therefore we want to see collaboration with major banks and financial firms to allow gamblers to stop transactions using the Merchant Category Codes on their debit cards, should they choose to do so.** This suggestion, provided by Money and Mental Health, will provide a 'simple way to rigorously self-exclude in the short term using existing technology while we await the development of more robust self-exclusion schemes'.

Given that the most recent self-exclusion schemes such as GAMSTOP relate only to online gambling, there remains an issue with regards to the ability for people to exclude from multiple gambling shops in a local area, particularly where there is a 'clustering' or proliferation of gambling shops on local high streets. Furthermore we are concerned by the lack of real powers by authorities to combat the proliferation of gambling shops in areas of deprivation.

GambleAware highlighted concerns from local councils and councillors and officers who 'doubt the effectiveness of Section 349 planning policy statements in the face of legal challenges.' A report in the Guardian in December 2017, stated that in the five appeals by bookmakers where planning departments had refused planning permission for a new betting shop on the high street, all had been overturned on appeal.<sup>22</sup>

The Local Government Association, in its submission to the Government review of gaming machines and social responsibility measures, state that councils have a statutory 'aim to permit' which hampers council's abilities to prevent 'clustering' in areas of high deprivation.<sup>23</sup> They call for additional powers for councils to give councils greater powers over what shops open on their high streets:

*The LGA supports stronger powers for councils to limit betting shop clustering, and believes government should therefore introduce powers for councils to introduce local cumulative impact policies for gambling premises, equivalent to the power it is currently introducing in alcohol licensing.*

*Local Government Association*

This was a view shared by a number of submissions to the review. GambleAware 'supports calls for cumulative impact assessments and additional licensing objectives in terms of prevention of public nuisance and improved public safety.' The LGA and GambleAware believe also

that it should be possible to require that 'a venue has at least two staff on shift at any point in time – preventing single staffing.' The LGA stated in their submission to Government that single staffing not only can put staff at risk, but hinders the ability to carry out socially responsible measures and interventions on players when necessary:

*"As well as sometimes putting members of staff at risk of crime, the issue of single manning also begs the question of how staff can adequately fulfil the social responsibility obligations binding on betting shops if they are solely responsible for managing a premises (with all the other responsibilities that entails) and / or faced with an aggressive customer. However, councils that have tried to challenge this model have faced difficulties in doing so. Councils report that, when considering premises applications, betting shops may concede or accept conditions on a number of issues, but are extremely reluctant to make concessions on the issue of single manning of premises."*

*Local Government Association*

The ABB in their submission to this review stated that coupled with measures such as voluntary limit setting on spend and time, staff are able to 'interact with such customers and provides further opportunity to mitigate harm for customers who may be at risk.' Therefore if a shop has only one staff member it may be unable to intervene when necessary on 'player tracking' measures – potentially putting customers at risk of greater gambling related harm.

Professor Jim Orford also believes that 'any new form of gambling, mode or type of venue should be subject to a full social, health and economic impact assessment.'

**We agree that councils should be given extra powers to prevent clustering of betting shops on high streets and that new proposed premises should be subject to a series of impact assessments. In addition to this, it should be a condition for the licensing of betting shops that they are staffed by at least two staff at any point.**

<sup>22</sup> <https://www.theguardian.com/society/2017/nov/21/councils-bookmakers-poor-fixed-odds-betting-terminals-planning-permission>

<sup>23</sup> Local Government Association, 'Review of Gaming Machines and Social Responsibility Measures' <https://www.local.gov.uk/sites/default/files/documents/LGA%20gambling%20review%20submission%20FINAL%20%28Dec%202016%29.pdf>

As with the rise of online gambling – the rise of skins gaming and gambling was something that was not envisaged by authors of the 2005 Gambling Act. Regulation has struggled to keep pace with some of the fast changing games and new products available.

That these processes can fall into a legal grey area is one indication that our current gambling legislation is out of date and is perhaps ready for an overhaul. A number of other betting products such as spread betting and binary options are currently under the remit of the Financial Conduct Authority, but could arguably fall under the gambling commission.

While there are a number of shortfalls with regards to the regulatory 'reach' of the Gambling Commission due to the proliferation of new products and new technology which may need a new Gambling Act, perhaps more importantly is the potential for a re-examination of the core principles underpinned in the 2005 act in an effort to place a greater emphasis on harm prevention.

The 2005 Act's 3 key licensing objectives are:

1. Preventing gambling from being a source of crime and disorder, being associated with crime and disorder or being used to support crime,
2. Ensuring that gambling is conducted in a fair and open way
3. Protecting children and other vulnerable persons from being harmed or exploited by gambling

However, equivalent acts in other countries such as New Zealand, as highlighted by Cassidy et al have more explicit references to harm prevention. New Zealand's 2003 gambling act states it must 'prevent and minimise harm from gambling, including problem gambling' – and it goes on to define harm as 'harm or distress of any kind arising from, or caused or exacerbated by a person's gambling' and 'includes personal, social, or economic harm suffered by the person; or by the person's spouse, civil union partner...or wider community.'

A new Gambling Act could re-prioritise harm prevention as its core value. It is clearly not possible to eliminate all gambling related harm – much like we cannot eliminate all drug and alcohol related harm, or that caused by cigarettes or other harmful products. However we should be aiming to prevent as much as we can, and reduce the overall quantity of harm experienced by gamblers and their families and wider society.

The Local Government Association also believes that additional principles, around preventing public nuisance and anti-social behaviour should be added to the existing gambling acts as an amendment.<sup>24</sup> We believe the development of a new gambling act could take account of these aims.

**The next Labour Government will introduce a new Gambling Act, fit for the digital age with an increased emphasis on public health and harm prevention.**

<sup>24</sup> Local Government Association, <https://www.local.gov.uk/sites/default/files/documents/LGA%20gambling%20review%20submission%20FINAL%20%28Dec%202016%29.pdf>





## **A COMPULSORY LEVY ON GAMBLING COMPANIES**

**What would be the appropriate level at which to set a compulsory levy?**

**How should the levy be distributed? Should gambling companies be allowed to decide where their levy should be spent or should it be paid to the Gambling Commission and allocated centrally? Should organisations conducting research, education and treatment of problem gamblers be able to bid for funding from the levy?**

### **The case for a compulsory levy**

Central to the research, education and treatment (RET) of Gambling addiction has been the system of voluntary contributions from industry towards these measures. Provisions for this system were originally developed in the 2005 Gambling Act, with a further reserved power allowing the Secretary of State to enact a compulsory levy should the system of voluntary contributions be insufficient to meet needs.

Under the voluntary system, Gambling companies are required to donate a portion of their turnover, or Gross Gambling Yield (GGY) towards the funding of RET, however there is no enforceable minimum amount. The well-known figure of 0.1% of GGY is simply a recommendation by GambleAware, the primary recipient of the funds in order to carry out the implementation of the National Problem Gambling Strategy.

In its most recent annual report Gamble Aware stated that it had raised £9.4 million up from £8.62 million in 2017. Whilst any increase is welcome, the fact that Gamble Aware spends around £340,000 on simply raising the money each year is an astonishing waste of money that could provide limited but vital services. This is nearly equivalent to the grant it provides each year to the National Problem Gambling Clinic in West London.

It is also the case, as acknowledged by the Minister responsible for Gambling, Tracey Crouch, that some companies simply do not pay anywhere near the recommended 0.1% amount – sending only token amounts in order to discharge their obligations under the law. This was confirmed by Gamble Aware in their submission to the review who state that an estimated 20% of companies ‘free ride’, with a further 30-40% donating less than the recommended £250 minimum per annum. We welcome GambleAware’s commitment to publish data on which companies pay and how much on a quarterly basis.

While other more responsible companies donate over the recommended 0.1%, often giving to bodies and organisations outside of Gamble Aware such as the Gordon Moody Association – the system remains inefficient and wasteful, with insufficient measures to compel companies who are acting against the spirit of the law.

The idea of a compulsory levy was almost universally supported by the respondents to this review. Whilst some contributors chose to take a neutral view, we did not receive a response which was against a change to a compulsory levy in place of existing voluntary arrangements.

GambleAware in its response stated that:

*"Trustees think that the industry, collectively, has yet to demonstrate that it is sufficiently willing and able to financially support the National Responsible Gambling Strategy as it stands, much less that is minded to voluntarily meet the increased funding that will be necessary to improve research, education and treatment services to the extent that GambleAware and others think is appropriate. On this basis GambleAware supports the introduction of a statutory levy and is working to assess the scale of annual funding that will be necessary to make meaningful process in reducing gambling-related harm in Great Britain"*

*GambleAware, Labour Party Review of NHS treatment of gambling addiction*

The gambling industry also supports moving from voluntary arrangements to a mandatory levy.

*"The ABB supports an appropriate mandatory levy on the gambling industry to fund research, education and treatment of problem gamblers"*

*Association of British Bookmakers (ABB)*

*"We support a compulsory levy to pay for the research, education and treatment of problem gambling"*

*PaddyPower/Betfair*

In their submission to the review, Sky Betting and Gaming supported the introduction of a mandatory levy, saying the current system was neither 'fair nor sustainable':

*"We support the introduction of a compulsory levy on gambling companies and have called on the Government to move quickly to introduce one...The picture that emerges is of a large number of licensees contributing at least 0.1% of revenues to RET while some would appear to contribute comparatively little. This seems neither fair nor sustainable...In addition, public oversight of the funding provided from the industry in this way would ensure that it was spend in a more transparent, efficient and effective manner"*

*Sky Betting and Gaming*

*"Gambling with lives welcomes the decision of the Labour Party to introduce a compulsory levy on gambling companies to replace the current voluntary system. This has proved to be totally inadequate to provide the level of resources for research, education and treatment (RET) needed to address the harm caused by the industry...it is clear that only a mandatory levy will be able to secure the funds required for such a substantial set of work"*

*Gambling with Lives*

The development of a compulsory levy, even if it was maintained at 0.1% of GGY would at the very least free up the money previously spent on fundraising, allowing it to be diverted to more useful ventures. It would also send a signal that these contributions are not simply to be treated as worst an annoyance or at best a favour

from industry. Given the numbers of problem gamblers in the UK, and those at risk of developing an addiction, as well as the wider knock on effects on families and society, the shortcomings of this voluntary system are clear.

In addition to providing a degree of security for funding, the development of a compulsory levy would also provide much needed transparency to what is often an opaque process. Whilst we welcome GambleAware's commitment to publish regular donation reports, up to this point there has been no mechanism, or will to publicly name companies that do not pay the suggested levy amount, nor any way of compelling them to do so. The enactment of a compulsory levy would have made this process unnecessary.

Furthermore there is a degree of criticism, rightly or wrongly, of the perceived closeness of Gamble Aware to the gambling industry itself for whose money it is ultimately dependent on in order to carry out the National Problem Gambling Strategy. Although Gamble Aware is an independent charity, and does not formally allow industry to have a say in the research it commissions or the treatment it funds, a number of submissions believed that the current relationship with regards to funding creates a 'conflict of interest' and that whilst a compulsory levy would be an 'improvement', it may not resolve all of these issues:

*"A compulsory levy would be an improvement on the current voluntary arrangements. However using a levy to support research, treatment and education creates conflicts of interest. In New Zealand the industry still maintain they are entitled to have a say in how the levy is spent, and view it as a gift to Government"*

*Cassidy, Markham and Rintoul*

This position was also shared by Professor Jim Orford of Birmingham University, who stated that the current funding arrangements were 'highly unsatisfactory' and needed to 'gain credibility':

*"The present situation regarding the funding of research, prevention and treatment in Britain is highly unsatisfactory and must be changes if the field is to gain credibility, if sound research is to be carried out and young talent is to be attracted to this area. The allocation of funds must be completely independent of gambling industry influence – a principle which is established without question in other public health fields"*

*Professor Jim Orford*

He added that these funds should ideally come from general taxation:

*"Funding gambling research, prevention and treatment out of general taxation would be ideal: that would clearly establish the field as an essential one, equivalent to others of public health importance, independent of the industry."*

*If there were to continue to be a levy, I agree it should be mandatory and should be set much higher than at present...to bring spending more in line with other countries"*

*Professor Jim Orford*

Other submissions believed that by making the process compulsory, it would potentially improve the image and transparency of the process according to Dr Henrietta Bowden Jones:

*"We know from other countries that a mandatory and set amount removes a lot of the politics and lobbying and provides adequate funding for the people harmed by a product currently providing large amounts of money to the gambling industry"*

*Dr Henrietta Bowden Jones*

Despite there being some disagreement over the exact size or mechanisms around the collection of a levy – or whether it should be some form of taxation – what is not in doubt is the strong desire to remove the voluntary element of the system given its many perceived shortcomings.

The Government in its most recent Triennial review of gambling stakes and social responsibility measures had the opportunity to fundamentally re-examine this system.

Despite the Government itself acknowledging that the proposals to move to a compulsory system of contributions had widespread support from campaign groups, individuals, politicians, trade bodies and the gambling companies (80% agreed with a compulsory system vs 16% disagreement) – many of whom submitted to the Labour Party review also – it has chosen to retain the current arrangements, preferring to make the voluntary system 'stronger':

*"A mandatory levy would be one option, but it is not the only one open to Government. Actions identified by the (Gambling Commission) will help make the voluntary system stronger and more resilient and pave the way to increase funding and make sure it is spent in the most effective way"*

*Government response to the consultation on proposals for changes to Gaming Machines and Social Responsibility Measures*

Whilst it is apparent that GambleAware is collecting more money year on year and therefore it could be reasonably inferred that the system of voluntary contributions is 'improving', it has limited scope for marked improvements to RET as it is unlikely to provide much more money than it currently does without an immediate sizable increase in the sector overall.

**Therefore it is appropriate, as a bare minimum, for a change to the system of voluntary contributions to a system of compulsory contributions.**

A number of submissions sought to highlight the existing 2005 Gambling Act which contains a 'reserve power' which allows the Secretary of State to impose a mandatory levy on gambling operators where they feel that voluntary arrangements have been deemed to be inadequate. However, this amendment is dated. It does not recognise the regulatory system and system for RET of gambling disorder that has evolved over the years and would allocate any compulsory levy direct to the Gambling Commission, which may not be wholly appropriate and will be discussed in a later section of this review. It may be more appropriate to use a new Gambling Act to introduce this measure, as well as refocus priorities towards harm prevention, as previously discussed.

It would also signal a culture change to those companies who had previously not donated the appropriate amount, that the next Labour Government will treat RET of gambling disorder with a much higher priority, and expects gambling companies to do more. However, it remains the case that compared to the treatment of other addictions, such as drug and alcohol addiction; gambling addiction remains the poor relation. ResPublica estimates that the treatment of gambling addiction only receives a third of what these other treatments do, and yet the wider societal impact of a gambling addict and the effect on families and society is significant.

A recent report by the IPPR think tank estimated that problem gambling and the harms associated was an increasing cost to society as a whole.

It is estimated by the think tank IPPR that the wider cost to society of gambling addiction could be in the region of £1.2 billion, and yet in recent answers to Parliamentary Questions on this matter, the Government itself does not know, or does not collect data on how many people with gambling disorder are being treated on the NHS.

It is therefore very difficult to know how much NHS resource is spent on treating those with gambling problems through other mental health provision. IPPR estimates that the direct cost to the NHS, through primary or secondary care providers could be in the region of £50 million.

However until the Government recognises Gambling disorder, like the World Health Organisation already has, that full assessment is likely to be a long way off.



## What level should the levy be set at?

Given the wider harm that is done to society and the families of those who suffer from gambling disorder, as well as the general lack of research and assessment as to the cost of this continuing problem, a budget of around £10.6 million to treat a problem that may count into the billions is a pittance.

Given that Gamble Aware could only theoretically hope to raise an additional £3 million based on current GGY (dependant on possible contributions from the National Lottery), maintaining the current levels on funding, albeit in a mandatory fashion will do very little to fund additional research or treat many more people.

Whilst there has been a large degree of consensus from the submissions to this review, and to the Government's own review, to introduce a compulsory levy for the funding of RET, there has been less of a consensus on what is the appropriate level to set it at.

We received a number of submissions on this point, with a wide array of suggested levels for a compulsory levy.

Whilst gambling companies themselves have supported the idea of a compulsory levy, no submission to our review from these companies or their trade bodies suggested a new level at which it should be set. Only Sky Betting and Gaming went so far as to suggest a change, saying that the appropriate rate would be one which 'fully funds the National Responsible Gambling Strategy.'

The strategy, set out by the Responsible Gambling Strategy Board (RGSB) had previously called for £9.5 million per year to be raised by Gamble Aware through the voluntary contributions, and so one could easily assume that this might be sufficient to fulfil its aims. However the RGSB said at the time that the value was 'heavily caveated', adding that:

*"We made clear there was significant potential for funding requirements to increase once more was understood about what works in education and treatment, and as new research needs were identified. We also took account of current levels of capacity to spend the funds raised."*

*RGSB, Progress Report 2017/2018*

In its second year audit of the NPGS, the RGSB has itself highlighted a number of areas where the industry and other bodies have failed to make required progress. Out of its 12 'Priority Actions' on which the strategy is devised – only one area on 'strengthening the research field and improving knowledge exchange' had shown any kind of progress<sup>25</sup>. All others remained static or had regressed.

Whilst the RGSB had previously taken the approach of 'what we are currently able to do' with regards to RET, in its second year evaluation it is now considering the 'levels of funding needed if a real impact is to be made on gambling related harm.' This is partly in response to the Gambling Commission's stated aim to be a 'world leader' in minimising gambling-related harm.

The RGSB states that one of the key reasons for the lack of progress has been because of the failure of 'operators':

*"Despite what we believe to have been genuinely good intentions at the beginning, ownership of the strategy by operators is much less complete than we had hoped. Only a minority seem to really understand what is required of them if the Strategy is to be successful; and genuine culture change is, perhaps inevitably, proving to be difficult"*

*Responsible Gambling Strategy Board*

As part of this 'step change' in ambition for the RET, RGSB sees an increase to £4.5 million for research, including the founding of a 'multi-disciplinary gambling research centre or network' which may cost 'millions' annually. In addition to this, it sees an uptick in 'education' to the tune of £12 million per year, based on the cost of the currently one-off planned responsible gambling advertising campaign due to be delivered by GambleAware being made an annual occurrence, and then an additional £5 million for other targeted programmes.

It stops short of assessing a figure for treatment, however notes that currently on a budget of £6 million per year for treatment via GambleAware, only 2% of problem gamblers access treatment. RGSB state, rightly that "It is difficult to regard this as an adequate response" when around 30%<sup>26</sup> of drug users or those with alcohol dependency can access treatment. It goes on to say that "significantly greater funds will be needed than the £6 million or so currently available for GambleAware funded services."

Whilst the RGSB give no firm target about the numbers who should or could be treated, based on current costs of specialised treatment (i.e. £6 million for 2% problem gamblers) it estimates that treating 10% of gamblers would cost up to £30 million, 20% would cost £60 million – and therefore raising treatment levels to those of alcohol and drug users, 30%, could cost £90 million.

If we were to take the cost of treating 30% of problem gamblers if we for example aim for a parity of treatment for drug and alcohol users, coupled with the additional money allocated to Research and Education – then a new annual figure of around £106.5 million emerges, or roughly 0.8% of GGY.

25 Responsible Gambling Strategy Board, 'Two Years on: progress delivering the National Problem Gambling Strategy', <http://www.rgsb.org.uk/PDF/RGSB-Progress-Report-2017-18.pdf>, p20

26 Responsible Gambling Strategy Board, <http://www.rgsb.org.uk/PDF/RGSB-Progress-Report-2017-18.pdf>, p24

The Gambling Commission also recently audited the progress of the strategy to assess how its objectives had been delivered to date, whether it had been cost effective and what other measures, including increasing funding, would be needed in order to fulfil the strategic objectives and what future arrangements could be made to scale up plans for RET.

It, like the RGSB found that a number of the objectives such from the NPGS had not been, or were unlikely to be met based on current funding projections. It estimated that in order for these objectives to be met, the funding for the strategy would have to be increased, potentially as high as £60 million per year.

However in the scenarios planned out by the Gambling Commission, it sees 'World Class' research costing £20 million – which includes the development of a world class research centre or network. In terms of education and prevention it shares the RGSB estimate of £12 million per year, and it estimates treatment costing £30 million for the treatment of 10% of problem gamblers.

Overall this would equate to roughly £62 million or 0.45% of GGY compared to the current 0.1%.

If, however, we scale this up to 30% treatment (the Gambling Commission assume with no scale economies) we see a figure of £122 million – or roughly 0.9% of GGY.

In addition to looking at possible future RET scenarios, the Commission has drawn on comparative examples of RET spend in other countries which show a huge disparity for RET spend (excluding NHS or equivalent healthcare provider spend) in the UK compared to other countries. In Great Britain for example, they money spent by GambleAware equates to roughly £19 per head.

This is in comparison to New Zealand which spends £413 per head, and Victoria State in Australia which spends £636 per head. Manitoba and Quebec in Canada spend £964 and £420 per head respectively, whilst other states spend anywhere between £70 and £361 per head. Currently the UK only compares favourably to some U.S. States such as Florida and New York, who spend £4 and £12 respectively – however Pennsylvania spends £21 per head.<sup>27</sup>

While the regulator and expert advisors haven't recommended a firm amount that would deliver a new responsible gambling strategy with new, ambitious objectives – it is clear that work has been done around what would be needed to make a real difference in RET for problem gamblers, treating this as a public health issue and giving this a parity of esteem with the treatment of other addictions.

Other submissions to the review have called for different levels to be set – for a variety of reasons.

Basing his estimate on the 'proportion of GGY which is contributed by people with Gambling Problems', Professor Jim Orford suggests a new levy amount of £140 million. He goes on to add:

*"Survey findings suggest the 12 month prevalence of gambling disorder is about 7-8% per 1000 adults, or just under 1% with at least twice that number at significant risk due to the way they are gambling. AN alternative basis for arriving at a target could be an estimate of the proportion of GGY which is contributed by people with gambling disorder. Because they spend more than the average, this percentage is much higher than the previous estimate.... In total that estimate was around 10% of takings on forms of gambling regulate by the Gambling Commission come from people with gambling problems. In the light of these estimates, that nearly 1% of adults have gambling disorder and they contribute 10% of GGY, 0.1% of GGY looks paltry... 1% of GGY or around £140 million might be a more reasonable figure."*

*Professor Jim Orford*

In their submission, Cassidy, Markham and Rintoul also suggest that the Levy should be based on the 'proportion of funds lost by those experiencing harm from their gambling' – however insufficient research has been conducted in the UK for a firm estimate, so "we might consider using the proportion of profits which has been estimating as originating from problem gamblers." They offer a third option for calculating a levy which would be base the levy on an equal amount to the social cost of gambling:

*"Ensuring that a levy recoups the entire social costs of gambling is attractive... First it would provide the Government with funds to remediate gambling-related harms. Second it corrects an inefficient market outcome with sees industry incentivised to over-invest in the gambling industry because it does not have to bear the cost of the social harms it creates."*

*Cassidy, Markham and Rintoul*

Again there is a lack of research in this area, unlike in Victoria, Australia which found that social costs of gambling were greater than total gambling revenue. The only study conducted on this is the recent IPPR study which estimates the social cost in the UK could be up to £1.2 billion.

<sup>27</sup> <http://www.gamblingcommission.gov.uk/PDF/Review-of-RET-arrangements-February-2018.pdf>, p7

The campaign group Gambling with Lives also supports the level of £140 million, possibly phased in over 3 years, saying that “20% of problem gamblers receiving treatment should be a minimum target.” They highlight the lack of substantial support for families, in particular ‘post-vention services following suicide including talking therapies.’ It also echoes concerns raised by RGSB and the Gambling Commission over the lack of world class research being done in the UK – leaving us well behind Canada and Australia:

*“The UK is a long way behind countries such as Canada and Australia in terms of gambling research. The UK needs to develop its own community of top-level gambling researchers, as well as attracting and collaborating with leading researchers around the world. Therefore there is a need for a substantial increase in the availability of research funding which is completely independent of the Gambling Industry”*

*Gambling with Lives*

In its response to the Government’s own review, the think-tank ResPublica has also called for a mandatory levy to be raised to 1% of GGY.

Rather than using the Gambling Commissions’ figure of £19 per head for treatment, it has calculated using an estimate of expenditure via the NHS on the treatment of problem gambling of £50 million<sup>28</sup>. Coupled with the figures spent by GambleAware, this would equate to roughly £133 per head. It recognises, like RGSB that this is far lower, roughly one third of what is spent on problem drug users or alcohol-dependant people, and therefore argues for a target of £135 m – or roughly 1% of GGY

The range of submissions on this particular point varied widely, from bookmakers arguing for a relative status quo, albeit with a compulsory levy, to researchers and campaigners arguing for a significant increase in funding. Whilst bookmakers have used the NPGS as cover for the relatively low funding levels that are currently being contributed, what is clear from the RGSB and the Gambling Commission is that the strategy is failing, and is unlikely to be fulfilled by its third year based on current progress.

There is now a desire from these bodies for an altogether more ambitious strategy and set of targets in order to refocus on treating those that suffer from problem gambling and ensure that it is seen as a public health issue. Those ambitions see the UK developing a truly world class RET framework which has previously lagged behind for a number of years. The RGSB were relatively scathing of large parts of the industry who have not taken their responsibilities in this area seriously enough.

*“A significant increase in its contribution to mitigating the harm associated with its activities does not seem unreasonable, even taking into account the tax and gaming duties it already pays”*

*Responsible Gambling Strategy Board*

What is clear however is that current levels of funding for RET are wholly inadequate. Only 2% of problem gamblers access specialised treatment, and NHS treatment is often inadequate or incorrectly diagnosed. We considered strongly whether the Gambling Commission’s scenario of £62 or million would be sufficient to truly deliver a transformative change and whilst the scenario envisaged to fund world class research and treat 10% of problem gamblers is certainly an improvement – but it does not go far enough.

**Therefore we feel it is appropriate to back calls for mandatory levy that is increased from 0.1% to 1% of GGY in order to deliver a world class RET framework.**

## **How should the levy be distributed?**

The new tripartite structure for RET arrangements came into effect in April 2012. They were rearranged to assure the Gambling Commission and Government that the regulatory framework and the voluntary system to reduce gambling related harm in the UK was working.

In short the Gambling Commission oversees the effectiveness of the arrangements, the RGSB recommends the strategy to minimise gambling related harm, and GambleAware raises the funds and commissions the work in order to meet the requirements of the strategy.

However given both the RGSB and the Commission have seen a number of shortfalls in the current NPGS, as well as continuing problems with GambleAware raising the recommended money in order to carry out the strategy then it seems appropriate that we consider whether the tripartite structure would continue to be the most appropriate model going forward if we are to see significant changes to how the levy is collected, and importantly an increase in the amount of money collected coupled with new ambitious strategic goals.

In its own assessment of RET arrangements, the Gambling Commission acknowledges that they have to ensure that “the tripartite system, and the bodies within it, are fit for purpose.”<sup>29</sup> However the RGSB concede that should new funding become available, the tripartite system would have to be looked at again to ensure that it could cope:

<sup>28</sup> IPPR, ‘Cards on the Table’ <http://www.ippr.org/read/cards-on-the-table#>

<sup>29</sup> <http://www.gamblingcommission.gov.uk/PDF/Review-of-RET-arrangements-February-2018.pdf>



*"There is insufficient capacity to make best use of a greatly increased volume for services immediately. A pragmatic approach would need to be taken to how quickly it might be possible to make progress...An increase in funding will also require consideration of the best mechanisms for its distribution. That may require thinking beyond existing RET structures"*

*Responsible Gambling Strategy Board*

A number of submissions to this review were, very critical of the current framework, more specifically GambleAware and its perceived closeness to the gambling industry. It was also acknowledged that they have made improvements and now have a majority of non-industry board members.

The campaign group, Gambling with Lives believes that the methods for collection and disbursement of any levy need a 'major overhaul' going on to say:

*"The industry have no role at all in determining how any proportion of the levy is spent...They have not shown any inclination voluntarily to undertake significant actions which would impact on profits – whether this be by undertaking research to understand the development of addiction and impact of particular products, or by providing treatment which would successfully address the problems of a significant proportion of addicts"*

*Gambling With Lives*

They go on to add that whilst GambleAware has moved away from the industry, they have not gone far enough:

*"We do not believe that GambleAware is sufficiently separate and distant from the industry to be able to act in any way that might impact negatively on the industry. It does appear that over the past 3 years the influence of the industry has been reduced from having complete control over both the amount, type and availability of treatment and in determining overall research strategy and decisions around individual projects. However we believe the existing arrangements still give the gambling industry too much control over how the problems which they have created are addressed"*

They conclude that the Gambling Commission should therefore collect and allocate a new mandatory levy:

*"It appears that the only robust solution is for the Gambling Commission to control the collection and allocation of the mandatory levy. This will require some reorganisation of the Gambling Commission itself, or creation of another body to replace GambleAware. This organisation should have minimal representation from the industry"*

*Gambling with Lives*

There was a degree of frustration expressed by a number of public health professionals and academics over the current arrangements for funding. Certainly as we have seen in this section gambling RET is again compared unfavourably to drug and alcohol addiction RET which are seen more in the light of public health. Professor Jim Orford refers to the current arrangements for RET as 'very unsatisfactory' and 'highly controversial':

*"The situation regarding the funding of research, prevention and treatment in Britain is very unsatisfactory...The arrangement whereby a self-acknowledged industry-led body known as the Responsible Gambling Trust (RGT, rebranded as GambleAware) is given the responsibility for raising funds from the gambling industry...then deciding how to allocate those funds...in a less than properly open way, is at least highly controversial and at worst a cause for ridicule nationally and internationally"*

*Professor Jim Orford*

He goes on to say that in order for the field of research to gain credibility in the UK, it must be totally independent from industry – but also that the money must not be allocated also to the Gambling Commission:

*"The present situation...must be changed if the field is to gain credibility, if sound research is to be carried out and young talent is to be attracted to this area. The allocation of funds must be completely independent of gambling industry influence – a principle which is established without question in other public health fields. Nor should the funds be allocated by the Gambling Commission whose function is regulation and which is not the competent body to oversee the funding of research, prevention and treatment."*

His preferred method of distribution would be for a new independent body to be set up:

*"That should be undertaken by a completely independent body set up for the purpose: possibly a 'gambling council' to which organisations conducting research, prevention and treatment would be able to bid openly for funding. It would be similar in some way to the research councils"*

The idea of a new body was echoed by the Remote Gaming Association who called for a 'levy board or authority' to be established:

*"We would suggest that a Levy board of Authority should be established, perhaps along the lines of a slightly revamped Responsible Gambling Strategy Board, and it would then determine how the levy funds are to be used. An Annual Report to Parliament would be a worthwhile addition to the system. We do not believe that the gambling industry should be able to decide how the funds are used...The model instead should be one where the new Levy Board/ Authority considers bids, much as GambleAware does at the moment, from organisations that are involved in the potential provision of research, education and treatment services and allocates them accordingly"*

*Clive Hawkswood, Remote Gaming Association*

The campaign group CARE also stated that gambling companies should not have a say in the distribution of funds:

*"CARE believes that the sums raised by the levy should not be controlled by the gambling companies. The funds should be independent managed and distributed"*

*CARE*

One gambling company however believed that the Gambling Commission could or should distribute funds according to new NPGS priorities. Sky Betting and Gaming said in their submission:

*"We would support this levy being allocated to the Gambling Commission who, in conjunction with the RGSB would commission research, education and treatment services from a wide variety of providers"*

*Sky Betting and Gaming*

PaddyPower/Betfair seemed to prefer to maintain the status quo, however stated that other organisations could deliver the NPGS:

*"The RGSB should publish the NPGS and GambleAware, or other specified organisations should deliver these actions and raise funds from the industry"*

*Paddypower/Betfair*

Other submissions such as that submitted by Cassidy, Markham and Rintoul have called for the levy to be paid into general taxation, rather than be distributed in the tri-partite system.

*"The levy should be paid into general taxation. A sum calculated by treatment providers and public health experts should then be allocated by the Department of Health to an Independent body within an explicitly public health remit. This body should be in charge of distributing funds to research, education and treatment in accordance with the latest international findings...Gambling companies should not be allowed to decide how the money is spent. There is an obvious conflict of interest."*

*Cassidy, Markham and Rintoul*

They describe the current situation with industry influence as a 'hangover from the current structure' and they state that neither GambleAware nor the Gambling Commission should be involved in the distribution of a new mandatory levy:

*"The Gambling Commission is not an appropriate conduit as it has not a duty to permit gambling and also a duty to consider growth in the exercise of its regulatory duties... the reduction of gambling harm may require measures (such as the restriction of supply of certain products) which are contrary to these duties...GambleAware is also not an appropriate recipient of the levy, as it has industry representation on its board and is neither independent nor perceived to be by the public. In addition, leading scholar will not apply for funding from GambleAware because of the associated reputational damage. This severely narrows the field of gambling studies in the UK and damages the evidence base"*

*Cassidy, Markham and Rintoul*

Ongoing concerns about the perceived lack of independence of GambleAware do not appear to be lost on the Gambling Commission. In its' RET review it says that there must be 'demonstrable independence and rigour of the research process'<sup>30</sup> and states that it will 'encourage GambleAware to consider and manage the implications of moving to a wholly independent board.'

GambleAware is also aware of the shortcomings in existing. In their submission they say that the current legislative framework has been 'stretched' partly due to the continued failings in the voluntary system. They state that:

*"We are concerned that there is need for Government policy and regulations to keep pace with the rapidly changing nature of gambling, especially new technology, which may stretch the boundaries of the current legislative framework to the point it will require a more fundamental overhaul; and for the state to take responsibility for treatment and reducing gambling-related harm as it does for the consequences of alcohol, tobacco, sugar and other risky consumer products"*

*GambleAware*

30 <http://www.gamblingcommission.gov.uk/PDF/Review-of-RET-arrangements-February-2018.pdf>

There appears to be no real consensus about how future funding and distribution arrangements for RET should be constituted. Whilst some groups have advocated the effective end of the tripartite system and move to a more orthodox method of funding treatment through taxation, others have sought to either maintain the status quo, or at least re-calibrate the tripartite relationship, perhaps giving greater commissioning power to the Gambling Commission itself given their concerns over the independence of GambleAware.

There is a valid point that the Gambling Commission would be in conflict with itself if it became the distributor of funds for RET, as it regulates and licenses the product that is causing harm in the first place. Such an arrangement would be unusual and inappropriate – the Gambling Commission is a regulator, not a treatment provider and we believe it should remain that way. However despite its duty to permit gambling, and consider the growth of the industry, the Gambling Commission and its leadership recognise the public health problems associated with the problem.

If we are to move to a new system of funding RET in the UK, this should be seen as an opportunity to first fully evaluate the tripartite structure to ensure it is fit for purpose. This opportunity for a ‘clean slate’ as highlighted by ResPublica and the Campaign for Fairer Gambling could allow for this relationship to be fully evaluated and recalibrated, with independence from industry increased.

The Gambling Commission has started this work already – it should continue to do so in the context of this potential increase in funding to fully evaluate whether the tripartite system would be able to cope effectively with the increase in resources Labour would introduce – but also the increase in pressure that an ambitious new National Problem Gambling Strategy would bring.

**As a first step on this road, it seems that if the tripartite system is to be maintained, a wholly independent board at GambleAware is a priority.**

GambleAware will continue to suffer reputational damage as long as it maintains industry representation on its board. A new mandatory levy system will be a fundamental departure from the current voluntary arrangements – allowing for a clear and transparent process, determined by a public health need. Coupled with an independent board, free of industry influence we hope that this can restore trust that has previously been lost.

A fully transparent RET framework, coupled with greater resources and a recognition of the public health issues that people face from problem gambling, will hopefully realise a potentially world class system which many of the parties who submitted to our review have strived for.



## SUMMARY OF RECOMMENDATIONS

- An immediate priority is the development of NICE guidelines for gambling disorder, and a 'national training programme' for practitioners in IAPT services and other local addiction services.
- We wish to see local authorities and clinical commissioning groups to take on additional responsibilities for RET for gambling disorder.
- Additional resources, raised by a mandatory levy on gambling companies would allow for greater training, capacity and expertise in these services and would also allow for the establishment of additional specialised regional gambling treatment centres to further increase treatment capacity.
- We recommend the formation of a working group between DCMS and DHSC to co-ordinate gambling policy, the treatment of problem gambling and its wider effects on public health.
- We propose an adoption of a 'whistle to whistle' ban for gambling adverts in live football and other sports whereby gambling adverts are restricted from a defined period before and after a match, as well as during the entirety of the fixture. The effectiveness of these measures should be evaluated before deciding on whether further restrictions are needed.
- We will consult with sports governing bodies and professional leagues widely before implementing this and will consider limited exemptions for sports intrinsically linked to gambling such as horse racing.
- We propose that regulators, clubs and national sports associations should commit to limiting gambling advertising on pitch side advertising.
- Labour has also previously called for a ban on shirt sponsorship by gambling companies in the Premier League, which we hope clubs will adhere to on a voluntary basis. However we are ready to enforce this by other means, including legislation, if clubs fail to agree.
- We believe the loophole, that permits online games to be targeted at children should be closed. The responsibility to 'not deliberately provide facilities for gambling in such a way as to appeal particularly to children or young people' is already part of the licensing conditions for non-remote operators. It is unquestionable that this should be extended to the remote sector.
- Furthermore online gambling style games, should be limited to over 18s only. In cases where gambling style apps are offered to children or adolescents through social media, regulators should have additional powers to have these apps removed if social media platforms do not provide adequate additional age verification.
- We propose that credit card betting should be banned.
- We want to see collaboration with major banks and financial firms to allow gamblers to stop transactions using the Merchant Category Codes on their debit cards, should they choose to do so.
- We agree that councils should be given extra powers to prevent clustering of betting shops on high streets and that new proposed premises should be subject to a series of impact assessments. In addition to this, it should be a condition for the licensing of betting shops that they are staffed by at least two staff at any point.
- The next Labour Government will introduce a new Gambling Act, fit for the digital age with an increased emphasis on public health and harm prevention.
- Introduce a mandatory levy to fund RET of problem gambling – potentially through a new act of Parliament
- Increase recommended amount for mandatory levy to 1% of GGY - up from 0.1%, in order to develop truly 'world class' RET framework
- Review the tripartite system to ensure it is fit for purpose and able to delivery on increased capacity/funding and can demonstrate true independence from industry







**LABOUR PARTY REVIEW OF  
PROBLEM GAMBLING  
AND ITS TREATMENT**

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With thanks to everyone who  
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Your contribution has been invaluable.

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