A PUBLIC HEALTH APPROACH AND "RESPONSIBLE / SAFER" GAMBLING

- **All gambling is associated with a risk of harm[1,2] and anyone can be harmed[3,4]**
- **1 in 4 people who gamble suffer, or are starting to suffer, significant harm[1]**
- **Over 20% of the UK population is affected by gambling harms[5]**
- **Heavy gambling is associated with over 35% increased mortality[1]**
- **There are between 250 - 650 gambling related suicides each year in the UK[6]**
- **Between 340,000 and 1.4 million adults in the UK are classified as 'problem gamblers'[7,8]**
- **Over 55,000 11 – 16 year olds in the UK are classified as 'problem gamblers'[9]**
- **Some forms of gambling have 50% addiction/at risk rates[7] in contrast to heroin (20/30% addiction rate)[10] and tobacco (30% addiction rate)[11]**
- **50% of all gambling addiction in the UK is associated with online casino gambling / slots[12]**

Summary

A public health harm reduction approach focuses on risks to health across the whole population. However, the current approach to curbing gambling harms is dominated by focus on "problem gamblers" and risks to 'vulnerable' individuals and is labelled "responsible" or "safer" gambling. This approach is enshrined in the 2005 Gambling Act with the requirement to protect the "vulnerable" with no definition of who is "vulnerable".

This note provides a brief overview of:

- a public health approach to tackling gambling harms
- the weakness of the current harm reduction model that locates responsibility with:
  - the individual who gambles "responsibly"
  - "responsible" operators who offer "safer" gambling interventions to enable individuals to gamble "responsibly"

This note argues that far from reducing harm, evidence indicates that the "responsible" or "safer" gambling model is incompatible with a public health approach, is favoured and promoted by the industry, is ineffective and actually increases harm.

What is a Public Health Approach?

An evidence based Public Health Approach focuses on prevention of a range of harms across the whole population and comprises:

- recognition that the public health problem arises not from 'faulty' individuals but a complex interplay between products, industry practices, policy, lived environments, and individual life circumstances and exposure.
- identifying risks and taking action on all factors that increase and decrease risk
- shared responsibility for action between legislators, regulators, operators, commissioners, providers of treatment and education, and individuals

The Need for a Public Health Approach

Gambling poses well recognised widespread and severe risks to individuals, families and communities in the UK. Approximately 20% of the UK population experiences gambling harm either directly or through the addiction of another[5]. Gambling disorder is highly correlated with suicide[3] and disproportionately affects those under 30[7].

Current approaches to tackling gambling harm refer to surveys that show "low" and "stable" levels of "problem gambling". Solutions are targeted at identifying and intervening with a small group of individuals before the

harm they are experiencing reaches crisis levels. Acting late means significant, and potentially irreversible, harm to the individual and those close to them.

However, recent ground breaking research by Oxford University[1] using a large dataset of banking transactions shows that the measure of "problem gambling" used in surveys is an inadequate indicator of the scale and severity of harms. It concluded that:

- Any level of gambling is associated with risk of harms, including increased mortality
- 1 in 4 gamblers are suffering or starting to suffer significant harms

This adds to an already substantial research evidence base which indicates that the concept of being able to identify and intervene with a small group of vulnerable individuals in order to tackle gambling harms is fundamentally flawed. A public health approach must be population wide and identify and address the sources of risk.

Some gambling products carry risk of addiction as high as 50%[7], aggressive marketing is likely to seriously increase risk, and smart phones make a casino available in everyone's pocket. Lived experience and academic research supports the position that anyone can be harmed; that the onset of gambling disorder and other harms can be rapid; and even short episodes of gambling can be catastrophic.

Action is needed in the following areas:

- The gambling environment (product location, availability and accessibility)
- Commercial (levels of market stimulation and competition, product design and marketing, commercial power)
- Political (how regulatory and policy decisions are influenced and made, including availability of an evidence base that is independent of commercial interests)
- Treatment (evidence-based, publicly accountable treatment for gambling disorder is an essential part of harm limitation and suicide prevention).

Some examples of risks and Public Health responses

The risk to health and wellbeing varies between forms of gambling, different gambling products, and the promotion and normalisation of these products can exacerbate harms in different communities[13]. Some examples of the sources of risk and appropriate public health responses are:

- Some products are far more dangerous than others – products can be classified according to their addictiveness and danger, with availability and warnings determined by their 'ranking'; some products may be deemed 'too dangerous' and subject to redesign to make them less harmful (through game design, stake and prize limits, etc.)
- Some gambling environments are more dangerous than others – protections need to be put in place that regulate the availability and accessibility of products, particularly in relation to the 24/7 online environments, including mandatory deposit and time limits and other automated interventions.
- Risk is affected by the level of awareness in a population – comprehensive evidence-based public health messaging, similar to tobacco or drink driving campaigns, is needed as part of a multi-facet public health approach supported by effective policy.
- Advertising and sports sponsorship has 'normalised' gambling for young people – severe restrictions (including bans) on gambling advertising and sponsorship of popular sports are required and drawing from the substantial evidence based that advertising promotes consumption of tobacco and alcohol.
- Research evidence and education must be independent of any commercial influence – a statutory levy administered entirely independently from the industry to pay for prevention, research, education and treatment is needed. It is well established that industry funding can bias research agendas and findings.
- Gambling premises are often clustered and located in less affluent areas – licensing authorities should have powers to restrict new operating licences in areas with existing premises in order to reduce densities and help tackling inequities.
- People with gambling disorder are not recognised/diagnosed by health professionals or other key intermediaries – appropriate training and awareness raising about gambling amongst GPs, front line

health workers, teachers, social workers, debt advisers, etc; automatic gambling disorder screening by GPs for people presenting with sleeplessness, anxiety or depression.
- Gambling disorder can develop rapidly in an individual – strict affordability checks should therefore be mandatory at a sufficiently low level before significant harms can take place.
- Gambling disorder reduces or removes an individual's capacity for rational thought or decision making – 'blocking' software or other methods must be available to allow an individual who is concerned about their gambling to prevent themselves from engaging with gambling products; automatic 'hard stops' should be engaged if signs of disordered gambling are identified.

A Critique of "Safer" or "Responsible" Gambling

"Responsible" gambling frameworks emphasise responsibility of the individual to limit gambling harm by taking informed choices. The sister model "safer" gambling gives gambling operators responsibility for enabling individuals to make these rational informed choices. However, this operator responsibility is self-regulated and counter to the commercial incentive to promote a business model based on maximising consumption and addiction. The regulator could be given responsibility for limiting competition within the market and for licensing based on public safety criteria. The "Safer" and "Responsible" gambling framework masks the public health responsibility of the state to safeguard the public.

Independent academic researchers and lived experience campaigners argue that the Safer/Responsible Gambling model:

1. undermines the international public health approach to the risks of gambling
2. is ineffective in reducing harm
3. creates stigma and discrimination
4. Deflects away from the role of the industry and the influence and impact of highly sophisticated marketing practices and product design

1. Safer/Responsible Gambling undermines a public health approach

- 'Safer' and 'Responsible' gambling fails to account for the risks posed by:
    - gambling products and market driven promotion: some gambling products carry risk of addiction as high as 50%[7]
    - availability (particularly 24/7 online access)
    - levels of awareness of risk and normalisation
    - correlation with socio-economic inequity

  Failing to account for these risk factors is incompatible with a public approach. It is akin to trying to tackle the harm caused by tobacco without any mention that nicotine is an addictive drug or that tobacco advertising to children is inappropriate and effective.
- Information and education provided by Safer/Responsible Gambling programmes is focused on promoting rational individual behaviours (taking breaks, 'tapping out', setting time or monetary limits, self-excluding). These fail to recognise that addictive behaviours are based on artificially induced behavioural 'need' rather than a rational or willing 'choice'. They are therefore wholly inadequate in trying to reduce harmful gambling activities.
- The focus on individual responsibility obscures the central public health responsibilities of government to limit the widespread availability of addictive products, inhibit aggressive stimulation of the market, provide health information to citizens on the risk of harm, and deliver clinically robust treatment for psychiatric conditions such as gambling disorder.

2. Safer/Responsible Gambling frameworks are ineffective in reducing harm

Research indicates that approaches focussed on individual responsibility and the provision of advice on how to self-regulate behaviour are largely ineffective in changing behaviour or reducing harm:

- The much derided “When the FUN stops, stop” slogan has been shown to have no impact on reducing people’s betting.[14]
- There is limited evidence to support that ‘informed choice education’ has a significant impact on behaviour change.[15]
- There is limited evidence to support that voluntary pre-setting of time or spend limits significantly impact on gambling behaviour.[16]
- Evidence of the effect of industry advice to self-regulate product consumption in other industries shows similarly poor results in leading to harm reduction, notably from alcohol[17].

3. Safer/Responsible gambling frameworks lead to stigma, blame and suicide

People with lived experience of gambling harm and academic researchers suggest that the Safer/Responsible Gambling narratives contribute to discrimination, stigma and further harm to mental health:

- Safer/Responsible Gambling narratives suggest personal weakness is at the heart of gambling disorder, when the evidence shows that anyone can become addicted to addictive products[18]
- People recovering from gambling disorder report that stigma caused by a focus on individual responsibility increases lack of self- esteem, self-blame and suicidal thoughts. This view is supported by the evidence of suicide notes left to families.
- Academic researchers who investigated Responsible Gambling from the perspectives of those with a lived experience of gambling harm, found that participants perceived that Responsible Gambling discourses:
    - Contributed to both felt and enacted stigma.
    - Created norms related to personal control, which led to personal blame and shame.
    - Contributed to broader negative stereotypes that people who had developed problems with gambling were irresponsible and lacked self-control.
    - Had limited or no impact on their own gambling behaviours[19]

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