



**Response to the Review of the  
Gambling Act 2005 Call for Evidence**

**(March 2021)**

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## Introduction

Gambling with Lives (GwL) is a charity set up by the bereaved families and friends of people who took their lives as a direct result of their gambling addiction.

Those who were lost were all bright, popular and happy young people who had great futures ahead of them. Their deaths were sudden – following very soon after significant gambling sessions. They were not the result of massive gambling debts: rather what gambling had done to their hearts and minds.

Most of the young people lost to Gambling with Lives families had their first engagement with gambling at a young age, some as young as 11 or 12. They all struggled with their gambling addiction for years, often going for many months without gambling. However, they were dragged back in by offers of free bets and promotional giveaways. They felt that they would never be free of gambling.

The families that GwL supports are just some of the many families and friends who have lost loved ones due to gambling related suicide. There is no state mechanism for recording or quantifying gambling deaths, but international research studies indicate that there are between 250 and 650 gambling related suicides every year in the UK (Gambling with Lives, 2020a). Our extensive engagement with gamblers in recovery confirms the prevalence of suicidal thinking and attempts are amongst people with gambling disorder. It is rare to find someone in recovery who hasn’t had serious thoughts about taking their lives.

We welcome the opportunity to present evidence to inform the Review of the 2005 Gambling Act. As noted by many others, this is a once in a generation opportunity to create legislation and regulation which is appropriate for the modern gambling industry. It is possible to reduce the appalling and widespread harms which gambling companies cause.

We believe that strong and rigorously enforced regulation is necessary. The industry has demonstrated that it is not capable of self-regulation and there is compelling evidence that gambling companies continue to put profit before protection of customers and the wider community. It is important that the UK government learn the lessons from the decades long process to regulate tobacco products in the face of industry resistance. If the gambling industry is provided a seat at the table whilst reforms are developed it will frustrate and delay the move to proper regulation to reduce harm, and many more people will die.

It is essential that the UK government acknowledges the depth of evidence that shows the scale, severity and source of the harms that gambling causes, and that it takes a preventative approach to minimising harm across the whole population. Whilst further independent research and evidence would be valuable in the gambling harm arena, the need for more research mustn’t be allowed to undermine or obscure what is already clear.

## Gambling in the UK – the need for reform

### The scale of gambling related harm

Gambling poses well recognised, widespread and severe risks to individuals, families and communities in the UK:

- All gambling is associated with a risk of harm and anyone can be harmed
- 1 in 4 people who gamble suffer, or are starting to suffer, significant harm
- Over 20% of the UK population is affected by gambling harms
- Heavy gambling is associated with over 35% increased mortality
- There are between 250 and 650 gambling related suicides every year in the UK
- Between 340,000 and 1.4 million adults in the UK are classified as ‘problem gamblers’
- Over 55,000 11 – 16 year olds are classified as ‘problem gamblers’
- Some forms of gambling have 50% addiction/at risk rates in contrast to heroin (20/30% addiction rate) and tobacco (30% addiction rate)
- 50% of all gambling addiction in 2016 in the UK was associated with online casino gambling / slots

(Full references are given in Gambling with Lives, ‘A Public Health Approach and “Responsible/Safer” Gambling’, 2021a).

Lobbyists for the gambling sector refer to surveys that illustrate “low” and “stable” levels of “problem gambling”. However, there is increasing evidence and recognition that “problem gambling” rates derived from whole population measurement are both inadequate and misleading (Gambling with Lives, 2020a). Whole population rates do not measure the scale and extent of gambling harm and misleadingly represent harm as limited to a small group of “problem” individuals who can be identified and targeted with appropriate interventions.

Recent ground breaking research by Oxford University (N.Muggleton, et al., 2021) using a large dataset of banking transactions confirmed 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

Understanding the scale and severity of harm to individuals, families and communities requires recognition from government that gambling is not a “normal” leisure activity that generates business and tax income without consequences. Some gambling products reduce cognitive capacity, increase impulsivity and risk taking, and have addiction capability comparable to illegal drugs and tobacco. Gambling disorder is a diagnosable psychiatric illness, classified since 2013 in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2020) and requires specialist clinical assessment and treatment. It must be recognised that the disorder robs the individual of their cognitive capacity and capacity for rational thought when engaged in their gambling.

The lived experience of GwL families, gamblers in recovery and academic research supports the position that anyone can be harmed; that the onset of gambling disorder and other harms can be rapid – weeks not months or years; and even short episodes of gambling can be catastrophic. Therefore, solutions which are targeted at identifying and intervening with a small group of individuals before the harm they are experiencing reaches crisis levels are inadequate and unlikely to prevent harm. Acting late and indecisively results in significant, and potentially irreversible, harm to the individual and those close to them.

## **The impact of gambling on the public purse**

There have been a number of independent reports in recent years which have challenged the pro-gambling lobby narrative of the threat to the UK economy from the impact of gambling regulation on jobs and tax. These reports note the tax avoided, scale and location of employment, and the cost of the harms to the public purse.

The most recent of these reports by the Social Market Foundation (S.Corfe, A.Bhattacharya and J.Shepherd, 2021) concluded that:

*“If net gambling spend declined by 10% (about £1bn) and individuals spent money on retail instead - for example, as a result of regulatory reforms which curb problem gambling - we estimate that:*

- *GVA would be £311m higher.*
- *The number of jobs in the economy would increase by 24,000.*
- *The Exchequer would receive an additional £171m in tax revenues.*
- *This economic dividend arises from the fact that retail has higher economic multipliers.*

*As such GVA, tax revenues and jobs lost in gambling would be offset by employment gains elsewhere.”*

This echoes Australian research which identified that spend on gambling produces far fewer jobs than the equivalent spend in other sectors such as leisure and hospitality (SACES, 2006). Furthermore, spend in those sectors has the added benefit that it does not produce the massive and catastrophic harms that result from gambling losses.

There have also been a number of studies which have attempted to quantify the cost of gambling to the public purse. A 2016 IPPR report (C.Thorley, et al., 2016) attempted to cost the increased spending on housing, health, welfare and employment, and criminal justice. The report estimated that the cost could be in excess of £1.1bn per year. It notes that this amount should be taken as the first step along the journey to understanding the total cost to government of problem gambling in Great Britain, and the starting point for future estimates as more data is collected. It represents a minimum estimate of the cost.

More recent research from Sweden (T.Hofmarcher, et a., 2020) found that in 2018 the societal cost of gambling amounted to some 0.3% of GDP. This is twice as high as the tax revenue from gambling. It noted that the direct and indirect costs of gambling amounted to one third of the equivalent costs of smoking and one sixth of the cost of alcohol consumption in Sweden.

However, GwL families, perhaps more than any other group, are acutely aware that these reports and calculations fail to capture anything like the real costs of gambling harms. Gambling related suicides remain unquantified and as bereaved families have told the government the harms currently identified do not include the deaths of their loved ones.

## **Failures of responsibility and self-regulation**

There is compelling evidence that the gambling sector’s current business model relies on profit generated through addiction. Reviewing this evidence, it is difficult to see how the

current structure incentivises or motivates gambling companies to address the harms caused by gambling products.

The House of Lords Select Committee (House of Lords, 2020b) identified that 60% of profits came from just 5% of customers. More recent Patterns of Play research (NatGen, 2021) has identified that for online betting 5% of accounts generated 86% of profits; and for online casinos 5% of accounts generated 82% of profits. Other studies have shown that for some individual companies just 2% of accounts generated 83% of profits (Guardian, 2020).

This imbalance of losses provides evidence that the profitability of the current gambling sector rests on addictive products and practices that develop and maintain addiction. It is difficult to avoid the conclusion that the business model rests on creating and prolonging a serious mental health condition. In this context it is not credible to expect the industry to self-regulate itself to reduce harms as its own conflict of interest is too great.

It is important also to recognise that gambling addiction and harms are not just reflected in the amount of money lost. Recent research from Oxford University (N.Muggleton, et al., 2021) was very clear that serious gambling harms can be suffered at relatively low levels of spend. The research shows that 1 in 4 gamblers suffer or are starting to suffer significant harms and that the risk is related to the proportion of income spent on gambling rather than just the absolute level of spend.

There is little evidence of diligent identification and action on gambling harm from the industry at any level. The Patterns of Play research identified that only 0.13% of online customers had had a telephone contact with the operator in the year, despite ‘problem gambling’ rates of up to 9.2% for online slots and casino products (NatGen, 2018). Further, only 0.84% of customers losing more than £2,000 during the year had received a call.

The industry has resisted and opposed change for many years, and yet claimed credit for any tougher regulation or conditions which are imposed on them. For example, the ban on gambling on credit cards which was imposed by the Gambling Commission in 2020 was opposed by all the operators who replied to the original consultation, but is now quoted by the industry as one of the improvements that they have made. Similarly, many in the industry used to claim that ‘affordability’ was the key to safer gambling, but now as legislators and regulators move towards real consideration of the measure, the industry trade body suggests that affordability checks would be too intrusive and push gamblers to the black market.

It is also clear that harms are current and that abusive practices continue today, despite the industry admitting that they were ‘not best in class’ and claiming that all of their failures were in the past. This is clearly evidenced by the continuing number of substantial fines that the Gambling Commission levy against operators but also through the direct experience of GwL and many other individuals and organisations which support victims of the industry.

In this context it is unsurprising that there is strong public support across all sectors of society for tougher regulation of gambling. The regular polls conducted by Survation (Survation, 2020a) find overwhelming support for the many measures recommended throughout this submission. YouGov polling finds that less than 6% of the population have even a low level of favourable opinion of the industry (YouGov, 2021). Longer term research finds that only 29% of people think that gambling is ‘fair and can be trusted’ and that 71% think that it is ‘dangerous to family life’ (Gambling Commission, 2020c).

Finally, there is evidence that when an effective intervention is found, the gambling industry is slow to implement it. This was illustrated by the example of GAMSTOP. In 2013 the development and implementation of GAMSTOP was handed over to “the industry” by DCMS and the Gambling Commission with the expectation that it would be implemented across operators quickly.

By a terrible coincidence, on the 23rd November 2017, the day after Jack Ritchie had taken his own life because of his gambling addiction, Lord Browne had secured a debate in the House of Lords on online gambling (Hansard, 2017). During the debate he referred to the fact that in 2014 he had been persuaded to withdraw an amendment to require a ‘multi operator self-exclusion scheme’ for online gamblers with the guarantee that this was in hand and that substantial progress would be made in 6 months. In fact, development took a further 5½ years with the Gambling Commission only introducing the requirement that online operators sign up to GAMSTOP in 2020. If the industry, the Gambling Commission, and DCMS had developed GAMSTOP in anything approaching the promised timescale, many lives could have been saved, including probably Jack Ritchie’s life.

As Tom Watson said in his review of Jim Orford’s book ‘The Gambling Establishment’ (J.Orford, 2020), the gambling industry has developed a sophisticated set of ‘techniques of deception and marketing that have served the industry’s quest for limitless profit’. The same tactics have been used by the tobacco industry for many years to oppose and frustrate reform (E.Savell, et al., 2014; S.Ulucanlar, et al., 2016). The scale of harms from gambling are such that we cannot allow the same to happen for gambling.

The lack of incentive for the industry to effectively self-regulate, combined with the evidence that operators have failed to do so, means that strong regulation, rigorously enforced, is required.

## **Limitations of the Review**

As discussed in the section below, GwL’s position is that a preventative public health approach to tackling gambling harms is required. It is disappointing therefore that the terms of the review have been drawn narrowly around gambling regulation and risks a fundamental flaw of failing to link regulation with harm to health from the products and practices to be regulated. The review should include consideration of prevention of harm to health, the provision, commissioning and funding of treatment, education and research, and links to crime.

To properly consider these areas the review should have been a cross-Departmental exercise involving the Department for Health and Social Care, the Department for Education, the Ministry of Justice and the Treasury, together with DCMS.

The irony is not lost on GwL families that the 2 key areas of treatment and education which are not covered in this review are precisely the issues on which Article 2 status was granted for the Inquest of Jack Ritchie, which will take place during the course of the review:

- The availability of reasonable medical treatment
- The apparent lack of information that might assist families or others to save their loved ones



It is also disappointing that the review does not involve independent external experts to provide advice and guidance on the many technical issues that the review needs to consider as well as providing independence from the government department that is responsible for enforcing the regulations. Our understanding is that most reviews of key policy areas have been led by, or had senior and substantial input from external experts, including the Budd report which informed the development of the 2005 Gambling Act.

Founded by Experts by Experience (EbEs) of gambling harms, GwL’s position is that EbEs should have a permanent and high profile role in the overall review process. EbEs bring a knowledge and understanding of gambling and the harms that it causes which cannot be found anywhere else. They would be an invaluable resource not only for providing and understanding evidence but also for proposing and developing appropriate workable solutions. GwL would be pleased to support any initiatives to ensure that the voices of EbEs are heard throughout the review.

GwL requests that the Department, even at this advanced stage, take actions to address these serious shortcomings in the design and conduct of the review.

## **A preventative public health approach**

It has long been recognised that gambling is not a ‘normal’ product and the industry should not be treated as simply another legitimate leisure industry (Orford, 2011; Cassidy, 2020). This is clearly demonstrated by the license condition that operators are compelled to offer the opportunity for consumers to ban themselves from buying their products and are obliged enforce this ban.

The recognition that we are dealing with a highly addictive and dangerous set of products must underpin all legislation and regulation in respect of the industry. Considering the widespread and devastating harm that gambling can cause to the public, it is imperative that a preventative public health approach to tackling gambling harms is taken.

Many organisations (including DCMS) advocate a public health approach to gambling harm. However, there is evidence that organisations continue to have difficulty avoiding the dominance of the recently prevailing Reno model narrative of “responsible/safer” gambling. Responsibility for curbing harm continues to be located in:

- the individual who gambles ‘responsibly’
- ‘responsible’ operators who offer ‘safer’ gambling interventions to enable individuals to gamble ‘responsibly’

Independent academic researchers and lived experience campaigners argue that the ‘safer/responsible gambling model’ (Gambling with Lives, 2021a):

- undermines the international public health approach to the risks of gambling
- is ineffective in reducing harm
- creates stigma and discrimination which reduces help seeking
- deflects away from the role of the industry and the influence and impact of highly sophisticated marketing practices and product design

GwL families know that the ‘responsible/safer gambling’ narrative and its associated practices played a significant role in the deaths of their loved ones, both in perpetuating addiction and also creating stigma around it.

It is essential that an academically rigorous public health approach which focuses on prevention of harms across the whole population is defined and adopted. This acknowledges the scale of risk and of harm and includes but is not limited to:

- *Recognising that gambling harms and gambling disorder do not arise 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*
- *Sharing responsibility for action between legislators, regulators, operators, commissioners, providers of treatment and education, and individuals*

We must also recognise that regulators need to take a precautionary approach both in terms of interpreting evidence and developing appropriate solutions. We must recognise that it is not possible to achieve an evidence base of laboratory standard evidence, as operating randomised control trials on gamblers would be infeasible and unethical. However, there is compelling evidence that harms are severe and widespread and of the source and causes of the damage. We must act now and then monitor and evaluate. The priority must be to minimise harm across the population.

## **Dealing with addiction**

Before moving on to our recommendations and evidence, it is essential to link regulation to an adequate understanding of the psychiatric classification of gambling disorder under DSM V. Lived experience reports a chronic condition, highly correlated with suicidal ideation, in which abstinence is maintained with great difficulty. Acute episodes of even short recurrence are highly correlated with suicide attempts and completion. Therefore, we require solutions which acknowledge the speed of onset, the complexity of the condition and the catastrophic consequences that can result from even a short engagement. In summary:

- The onset of gambling addiction can be rapid (R.Breen and M.Zimmerman, 2002) – weeks/months not years – which means that people are addicted before anyone (including themselves) is aware of it. This indicates that the principle of early identification of “problem gambling” is flawed and will be too late for many;
- The consequences of a single short gambling session can be catastrophic both financially and to health and life. This indicates that interventions need to be instantaneous and involve hard stops;
- Addiction robs the individual of their cognitive capacity, increases risk taking and impulsivity so that capacity for rational decision making while engaged in gambling is severely reduced (M.Zack, et al., 2020). This indicates that messages, voluntary controls or limits cannot be effective;
- Addiction drives behaviours which can be entirely at odds with the character and morality of the individual gambler. This requires recognition in the criminal justice system.

## Our recommendations

To ensure gambling-related harms throughout the entire population are minimised as much as possible, we are calling for:

- *All products assessed and classified according to ‘risk of harm’, with further licensing conditions for gambling products based on addictiveness and potential for harm.*
- *Requirements for dangerous products to be made safer, including through slowing down speeds of play and the application of stake limits.*
- *Stringent affordability limits and source of wealth checks that are enforced across gambling operators.*
- *An end to all VIP schemes and other inducements to gamble that are deployed by gambling operators to persuade customers to gamble beyond their means and wishes.*
- *The rigorous enforcement of gambling age restrictions, with all gambling being age 18+.*
- *An end to all gambling advertising, including sponsorship of sports.*
- *A duty of care on the part of gambling operators to protect gamblers from harm.*
- *The creation of an independent ombudsman to enforce gambling operators’ duty of care.*
- *An independently administered statutory levy on gambling operators to pay for independent research, education and treatment that increases substantially the number of resources available for these areas and ensures independence from the gambling industry.*
- *The creation of an independent data repository holding anonymised versions of gambling records with contributions to the repository a condition of an operator holding a licence. This data should then be made available to registered, independent researchers and also used by the Gambling Commission to assess the treatment of customers by gambling companies.*
- *Implementation of a comprehensive, integrated NHS prevention and treatment programme.*
- *Training for front line health and support workers as well as the broader public health workforce to recognise, diagnose, prevent and treat gambling disorder.*
- *Independent evidence-based public health messaging about the risks associated with gambling, the specific risks associated with individual gambling products, the addictive nature of products, the risk to mental health and the high suicide risks*
- *A duty on the part of the state to record the number of gambling-related suicides.*

## **Structure of our evidence**

The remainder of this report presents further evidence structured under each of the main headings in the Call for Evidence. We have not attempted to address each of the 45 individual questions, rather we have drawn out the key issues in each area and presented evidence under those headings.

We have included a number of vignettes of the gambling experience of some of the young people who were lost by GwL families through suicides which were the direct result of gambling. Most of these are presented anonymously, other than the stories of Chris Bruney and Jack Ritchie, since they are relevant to a wider issue in the public domain. We are grateful to all the families who have given permission for some of their stories to be told.

We would be happy to provide further explanation of any of the evidence that is presented and we would welcome the opportunity for GwL families to be able to meet with Ministers and the team who are responsible for the consultation and subsequent phases of the review.

## Section 1: Online protections – players and products

### David

Looking back on when this all started, we need to go back to when he was only 16 years old and still living at home. He started playing online poker but not for real money. We only found out that he had started playing for real when his bank balance dwindled from £4000 at that age from his apprenticeship to nothing. He went from having savings and a car to no money and debt. We all tried to tell him that he was crazy and the bookie would only ever win but as a young man he always knew best.

He went on to move out and we had no idea that he was still doing this but since found out that this was where the cycle of gambling and payday loans all started, the interest rates on these loans were so high there was no escaping it.

He had a great job with a good salary and there was no need for this at all. He was also highly addicted to the Roulette machines before the new rules came in and had regularly blown his full month’s pay in minutes. He talked about his wins but we didn’t know what he was spending to get that win ... “when the fun stops, stop”, it’s too late by then.

He changed in a way, he became deceptive, manipulative and told lies about what he needed money for. He was desperate but underneath that he was still our loved one and was never nasty with it. We would’ve done anything for him and would again. He was anxious and was always on his phone and biting his nails.

In September 2018 there was a first suicide attempt, but he reached out. At the time we all just believed it was debt related; guilt related for how he had borrowed money off family; and for in his eyes not giving his fiancé and daughter the life he believed they deserved. I asked him if he was still gambling and he said he was but he had limits. But those so called limits were £50 a day ... so £1400 a month. We spoke of him changing his lifestyle and he excluded himself from the sites.

But the easy access to online gambling is so clear on his bank statements. I can even see where he really tried to stop from September 2018 until January 2019 but it wasn’t enough and from then the spike was horrendous and he was out of control.

The Government need to open their eyes to the risks of online gambling, the generation of having to go to the bookies and the stigma of that has long gone. People are betting in the bath, on the bus, walking back from college, in bed. Social media and so-called celebrities are selling gambling as a second income and the youth of today who buy into these reality TV stars are so influenced by these people that it is dangerous to think what the next generation of gambling looks like. And what the gambling related suicide statistics will be as a result ... when Instagram meets gambling that is a scary thing.

### Existing online protections are inadequate

Currently online protections are limited to the application of algorithms which are claimed to be able to identify ‘problem gambling’ based on a range of ‘markers of harm’ and a range of voluntary gambling tools, which allow gamblers to set limits on their spend and time or even

self-exclude for a period of time. Neither of these are adequate for protecting people from the harms inherent in using products which are designed to be addictive.

### **Identifying harm and acting**

While algorithms should have a role to play in identifying ‘play’ which may be becoming harmful, there is no public scrutiny of the algorithms or markers of harm used. Each company has developed their own algorithms and there is no real oversight of how they are applied or what actions are taken. There is no independent evidence to prove how good these algorithms are at identifying people with gambling disorder. It is clear from the stories of virtually all of the GwL families that their children were not identified, or at least that no actions were taken by operators to intervene and protect them. We are unable to answer the question of whether the algorithms don’t work or that companies just don’t act on them.

However, testimony from the many people recovering from gambling disorder that we work with indicates that far from trying to protect players online, gambling operators actively try to funnel players to their most addictive products. The operators’ success in achieving this with a small proportion of gamblers has led to a situation where 5% of gamblers deliver 86% of profits (NatGen, 2021). In this context it is evident that more action is urgently required to stop higher numbers of gamblers being transitioned to the most harmful, and most profitable, products.

Further, the large number of substantial fines and the recent Gambling Commission (GC) consultation on ‘Customer Interaction’ make it clear that there have been widespread and significant failures in compliance with social responsibility conditions of licensing. Current guidance on the interventions required are both too lax and are not prescriptive in what actions should be undertaken for different levels of harm identified. The GC must toughen its guidance and be far more vigilant and proactive in enforcing LCCP requirements.

### **Voluntary controls and measures**

Despite the PR from the gambling industry, there is little independent evidence or research to suggest that voluntary controls and protections have any useful impact, especially with regards to people with gambling disorder – those most at risk of suffering serious gambling-related harms. There are no mandatory requirements to set spending limits at the start of play and no mandatory agreed methods of monitoring play with a view to intervening once problematic gambling sessions are identified.

The overwhelming consensus among people recovering from gambling disorder and affected others is that these ‘tools’ are ineffective: by placing emphasis on individual behaviours, such as ‘taking breaks’, ‘tapping out’, setting time or monetary limits and self-excluding, these ‘tools’ fail to recognise that addictive behaviours are based on artificially induced behavioural ‘need’ rather than a rational or willing ‘choice’.

Research by Frontiers in Psychology supports this point:

*“The prompt to set a voluntary, removable deposit limit of optional size did not appear to be effective in reducing gambling intensity in users of an online gambling platform with online slot-machines as the preferred gambling category.” (E.Ivanova, K.Magnusson and P.Carlbring, 2019)*

Their findings are further supported by a report from the APPG’s Online Harm Enquiry, which concluded:

*“Yet despite the existence of these tools, there is little evidence to establish the effectiveness of setting deposit or loss limits on online gamblers. Indeed, there is research which raises questions about the use of responsible gambling tools by gamblers. The Behavioural Insights Team has said “setting limits [by gamblers themselves] were generally perceived as ineffective as they could easily be reset within a relatively short time period”.* (APPG, 2019)

By failing to reduce gambling activity and intensity, such ‘tools’ are therefore wholly ineffective at reducing gambling harm, which must be the primary focus of a public health-led approach. When dealing with addiction, it is fundamental to remember that affected individuals’ engagement with highly addictive products rob them of their cognitive capacity and capacity for rational thought when engaged in their gambling.

Therefore, we believe that any controls of this type should be mandatory and they must include ‘hard stop’ measures which prevent someone from continuing their gambling for a substantial period of time or until there has been a specified real interaction. Therefore, they are better achieved by population wide restrictions on stake sizes, spend, time or affordability measures, discussed below.

We note that it is a requirement that gambling operators to allow customers to self-exclude: as far as we are aware this is a unique condition for any legal product and a clear indication that gambling is not an ordinary product, and should not be treated as such. Self-exclusion is clearly a powerful and necessary tool. It is clear that the process of self-exclusion must be quick and simple; the integrity of the exclusion must be 100% robust; it should be possible to specify lifetime exclusion; the cancellation of exclusion require a ‘cooling off’ period; consideration should be given to cancellation requiring third party approval.

Any changes to the conditions and controls placed on an individual should only be made after active engagement with the gambler and a detailed assessment of their affordability threshold. Any operator who amends a gambler’s ‘settings’ or ‘status’ must be subject to severe punishment if the gambler then goes on to develop any sort of problem or harm as a result of increased levels of gambling.

### **Game Design – assessment of risk of harm**

While the industry uses words like ‘compelling’, ‘absorbing’ or ‘engaging’, electronic gambling products are designed to be addictive. There is overwhelming evidence which identifies several key features which significantly contribute to addiction, including: stake size, speed of play, loss limits, and game design features such as ‘free spins’, disguising losses as wins, and light and sound patterns (Gambling with Lives, 2020c).

These features combine to make high-speed electronic slots, in-play sports betting and casino games extremely dangerous – nearly half of people playing casino games are addicted/at risk and 27.9% of people gambling online are addicted/at risk (NatCen, 2018). We know that the majority of those in treatment for gambling disorder are more likely to have played on high-speed gambling products, despite making up a small percentage of overall gamblers (NatCen, 2020). Despite being played by just 3% of the population, online casino and slots products are associated with over half of all ‘problem gambling’ in the UK (Gambling with Lives, 2020c).

We know that action on product design can have a substantial impact. In 2019, after a widely publicised campaign, the maximum stake for land-based fixed-odds betting terminals (FOBTs) was reduced from £100 to £2. FOBTs had devastating addiction rates, enabling gamblers to suffer catastrophic losses in a short space of time, leading to harmful loss-chasing. Reducing the maximum stake by 98% has led to a significant reduction in losses and the harm associated with this form of gambling: the Gross Gambling Yield (GGY) for FOBTs fell by 99% (Gambling Commission, 2020d) when the max stake was changed in the 12 months after April 2019.

We know that addiction rates for FOBTs are only slightly higher (13.7%) than online gambling on slots, casino or bingo (9.2%) (NatCen, 2018). Essentially, the current rules allow the most dangerous products to operate in the least protective environment.

Given that the ‘games’ on FOBTs are available online 24 hours a day, seven days a week, we see no justification to have no stake size or loss limit on these online games – how can a limit be set for land-based gambling operators, but not for online? We know that 63% of people receiving treatment for gambling disorder experienced a ‘big early win’ (NatCen, 2020) and having no stake limits is a massive contributing factor in this pattern.

Aside from loss limits and stake limits, there is strong evidence that indicates that other key product features contribute significantly to addiction, including speed of play (the time between placing a bet and getting the result) and the design features of the game.

We are aware that the Gambling Commission has made limited changes to the design features of certain online games, such as a minimum spin speed of 2.5 seconds. However, there is no evidence to suggest that 2.5 second spins are safe, emphasising the need for independent research into such products.

The 2.5 second spin speed is also much faster than many other countries allow. For example, Germany has a minimum spin speed of 5 seconds on such games. According to the German Center for Addiction, there are estimated 325,000 ‘problem gamblers’ in Germany (Business Matters, 2019), out of a population of more than 80 million, compared to between 340,000 to 1.4 million (NatCe., 2018 and 2020) in the UK, which has a significantly smaller population.

At present, ‘new’ products, such as new in-game betting markets, are released to the market with no legal obligation to show that they are safe. Evidence from Australian research found 78% of gamblers engaging with micro-betting met the criteria for ‘problem gamblers’ (A.Russell et al., 2018). New and more addictive products are being developed all the time.

Furthermore, features of many online games have been left unchanged or equalised to corresponding land-based machines. These decisions are not based on independent research which shows that a product is ‘safe’. We know that existing gambling products cause considerable harms, therefore action on game design is required. We acknowledge that there are gaps in research in this area, but equally ‘we don’t know nothing’. The UK must move to a precautionary position where all gambling products must be proved to be low risk before they are allowed to be marketed.

Therefore, GwL fully supports the principle of risk of harm assessment regarding new and existing products. This should be part of a systematic process for introducing new products onto the market and monitoring those which are already available. It could operate similarly to the current product testing centres which check that products are ‘fair and random’. With



proper pre-release harms assessment FOBTs, for example, would never have been allowed onto the market in the format they were – i.e., with £100 stake limits. FOBTs were the gateway into gambling disorder for several of the young people who were lost by GwL families and it is clear that they played a critical role in their deaths, along with many others.

Action on product design is urgent. We know that high speed electronic forms of gambling reduce cognitive capacity, increase risk taking and impulsivity. (Gambling with Lives, 2020a). We also know that the move from suicidal ideation is highly correlated with increased impulsivity and a reduced sense of vulnerability (K.Wetherall, et al., 2018). This may explain why high speed electronic games are so closely linked with suicide (A.Bischof, et al., 2016) and confirm the need for rapid and decisive action.

### **Affordability and other limits**

The deaths of the loved ones of GwL families are a clear demonstration of the failures of gambling operators to identify and intervene when people are suffering major harms from their gambling. In many cases the amounts of money which people had lost were substantial and in the vast majority of cases, even if the amounts lost were not excessive, they were ‘unaffordable’. It is clear in many cases that, rather than trigger an intervention, depositing large amounts of money informed the operators’ algorithms that they were ‘high stakes players’, which then encouraged more ‘play’ through the provision of bonuses and free bets.

With effective controls in place, we have no doubt the young people lost would have been identified as spending ‘more than they could afford’ and subject to a ‘hard stop’ intervention. In conjunction with an appropriate, health-focused intervention, they would likely be alive today. Therefore, we fully support the introduction of greater mandatory spending controls applied to online gambling accounts.

The recent ‘Gambling Review and Reform’ report (Social Market Foundation, 2020) examined the relationship between gambling spend and harm. The report includes in-depth consideration of a variety sources of information on income and spending and concluded: “a ‘soft cap’ threshold of £100 per month, based on net deposits, should be applied across operators on all remote gambling activity, after which enhanced customer due diligence checks should be made.”

GwL families note that virtually all their loved ones who were lost to gambling suicides began gambling as young people – at school, college, university, first job – where £100 is a substantially large amount of money to devote to gambling every month. It is evident that if a proper affordability check had been triggered at £100 per month or below, all of the young people lost to suicide would have ‘failed’ the affordability test.

There are a variety of other reports (NatCen, 2020; N.Muggleton, et al, 2021), including the Gambling Commission’s own analysis (Gambling Commission, 2020b) which support the position that gambling harms can start at a relatively low level of spend and that the vast majority of gamblers would not trigger an affordability check at a level of spend of £100. The Oxford University report (N. Muggleton et al., 2021) identified that significant financial and other harms begin to occur when monthly deposits to gambling sites total 2–4% of monthly expenditure. Using the ONS figure of £585.60 average weekly expenditure per household, this 2–4% would equate to a ‘trigger’ limit of around £45–90 online deposits per household per month, suggesting a £100 per month individual limit may actually be too high. Even a

recent Betting and Gaming Council report in classified ‘high spend’ customers as those spending over £75 a month (PwC, 2021).

Despite assertions by the industry, an affordability assessment needn’t be any more intrusive than applying for a bank loan or insurance. Indeed, much of the required data is available on open banking platforms and is already used by the gambling industry: not always for the best motives as explored in a recent New York Times article (New York Times, 2021).

We acknowledge that further work needs to be done to establish the detailed process and mechanisms for undertaking affordability checks, but we believe that the principle is core to providing a population-wide measure which would prevent many young people from ever embarking on a catastrophic engagement with gambling. It would also provide protection to prevent individuals from losing extraordinary amounts of money. We know that the industry makes 86% of its profits from just 5% of customers in online betting (NatCen, 2021): that situation must stop.

We strongly recommend affordability checks are overseen by an independent body (such as a Gambling Ombudsman, see later) and might best be actioned through third parties. We believe that a substantial part of people’s concerns about affordability checks is their reluctance to provide detailed financial information to the gambling industry, who they believe are more likely to exploit that information than use it to protect. Only 29% of people think that gambling is ‘fair and can be trusted’ (Gambling Commission, 2019) and only 6% of people view it at all favourably (YouGov, 2021).

As noted above, beyond affordability checks, we need a range of other mandatory measures such as spend and time limits, and including ‘hard stops’ where necessary.

### **Single Customer View**

For affordability checks to be effective it is imperative that they and other measures and interventions be applied across a gambler’s entire experience. Most gamblers – in particular those with gambling disorder – have multiple accounts. Therefore, a priority action should be to develop a ‘single customer view’. We are aware that the industry has been ordered to undertake this work by the Gambling Commission. We are concerned that the speed of development is considerably faster than other initiatives, such as GAMSTOP, noted earlier. The industry should be given no more than one year to develop a robust workable mechanism, with very tough limits imposed on spend with an individual operator if there is further delay.

We believe that it may also be necessary to develop a gambling ‘licence’ or ‘identity card’, so that an individual’s gambling, both land-based and online, can be monitored and harms identified. By continually monitoring an individual’s engagement with gambling from the beginning, it would be possible to intervene before they have had the chance to suffer significant harm. We are aware that there are currently calls in Australia for a similar system, which has some of the highest ‘problem gambler’ rates in the world.

## Population wide measures – not a focus on “the vulnerable”

### Daniel

Daniel’s struggle with gambling began two months before his 17th birthday. He became hooked on fruit machines and within 6 short weeks had lost all his savings. From that moment on, despite always having extremely well-paid jobs and working very hard at them, periodically he lost everything. Online was his nemesis and in the last 14 months of his life his gambling spiralled out of control.

As explored earlier, we strongly contest the industry favoured model that gambling affects a small number of ‘vulnerable’ individuals who can be identified and offered appropriate interventions. GwL families are a testament to this: the loved ones that were lost were not ‘vulnerable’ in any conventional sense of the word. Their gambling patterns might have been identified as ‘harmful’ at an early stage or their gambling immediately prior to their deaths should have triggered firm interventions preventing them from continuing gambling.

Therefore, it is vital that controls are applied on a universal basis to everyone who engages with gambling. Anyone who gambles can get addicted and gambling harm can affect anyone, at any point during their lives (K.Sundqvist & I.Rosendahl (2019). Of course, a person can experience traumatic life events, such as bereavement, job loss or relationship breakdown at any point during their life, which can make them more susceptible or vulnerable to gambling disorder. But research and clinical practice indicate that around 50% of people in treatment for gambling disorder had no other ‘comorbid’ mental health condition that preceded the onset of their gambling disorder (Gambling with Lives, 2021b). Rather their gambling disorder began with a random encounter with an addictive product, often at a young age and often involving an early ‘big win’ (GambleAware, 2020).

### Data Repository

We are well aware that gambling operators hold – and regularly access – the most complete set of data and records available about their customers. There is evidence that this data is often used to target and exploit customers (New York Times, 2021). However, this data also contains information about customers’ patterns of play and financial wellbeing and could be used effectively in a developing and implementing a public health-led approach, including invaluable evidence on game design and risk of harms assessment.

We propose that sharing anonymised versions of these records with an independent data repository should be a condition of an operator holding a licence. This data should then be made available to registered, independent researchers and also used by the Gambling Commission to assess the treatment of customers by gambling companies.

## Section 2: Advertising, promotion and sponsorship

### Fred

We think that Fred started gambling visiting bookmakers as a teenager. The first time I realized he was betting and losing large amounts was the week he died after a phone call from his girlfriend. One Friday in 2020, after a night out with friends, Fred managed to get a bank loan online approved at around 7am. In the space of a couple of minutes he had lost the entire loan amount (and more) totalling over £1200 on roulette type games on the Betfair app on his phone: it was 7.14am.

Fred had recently lost his job and been suffering from depression and other issues. His girlfriend and I agreed that he needed help and were encouraging him to go back to his GP, but the difficulties in getting an appointment became a barrier to seizing the moments when he was willing to seek help. He was a vulnerable young person and his behaviour that morning was clearly erratic and irrational. A temporary block on his account might have given him some breathing space to see what he was doing.

We only discovered the chain of events after his death when we went to close his bank account. His email account was still open on my laptop, and I could see that [*Gambling operator*] sent him a message the day after he died commenting on his spending the previous day, but this was too little too late and does not represent serious action to promote responsible gambling.

My advice to other families would be that at the first sign of someone having an issue with gambling: seek help; force the issue with the individual and the GP.

I would like to see restrictions on the amounts that can be gambled online using apps. Increased regulation regarding identifying erratic/irregular online behaviour and temporary blocks on accounts where such behaviour is identified. Better and easier access to frontline GP services for young people in crisis are urgently needed with regard to mental health and addiction issues.

### Harms of gambling advertising

In terms of public health, there are no benefits from allowing gambling operators to advertise in sports and other areas. The only benefit is to the gambling industry’s bottom line, and to any clubs or businesses that they sponsor: a situation that should be addressed by other means, such as a betting levy discussed below.

By way of contrast, allowing gambling operators to advertise has a direct effect on the number of people gambling. Given that as many as one in four gamblers suffer serious harm (N.Muggleton et al. 2021), as the volume of people gambling increases, which is the ‘desired’ effect of advertising, then so does the volume of those being harmed by gambling. A public health-led approach, focused on reducing harm for the whole population, would ban all gambling advertising and sponsorship, as tobacco advertising and sponsorship was in 2005.

We strongly dispute the industry claim that gambling advertising does not affect gambling participation and ‘problem gambler’ rates. In fact, there is overwhelming evidence to the

contrary. Gambling companies have been very successful in targeting young people, with numerous studies attesting to strong brand recall and one even finding that children and young people could identify up to 70% of listed gambling brands (A.MacGregor et al. 2019 and 2020; I.Wybron 2018).

We also know that people who are exposed to gambling advertising are more likely to gamble, with MacGregor et al (2020) finding that the likelihood of a current non-gambler spending their own money on gambling in the near future increases significantly among people that have been exposed to high volume of gambling advertising over the past month.

Advertising also persuades vulnerable people to gamble when they hadn’t intended to. Although advertising has a cumulative effect on most people, it elicits a much more immediate response with those already interested in or experienced with the product – gamblers and those at risk or identifiable as ‘problem gamblers’. An Ipsos MORI (2020) report found that people suffering with gambling disorder found it increasingly difficult to maintain control and abstain when they were surrounded by gambling advertising in public spaces. The findings of the report were echoed internationally by Newall et al (2019).

Advertising also works by portraying gambling as ‘risk free’ and ‘fun’ to children, whilst simultaneously normalising it. There is a wide-reaching consensus that gambling adverts do not portray gambling realistically. The same Ipsos MORI report found that children, young people and vulnerable adults were drawn to a wide range of features of gambling adverts that elicited emotional responses and shaped beliefs about gambling.

The report found that gambling adverts were found to be: “attempting to create a shift in the perceptions of gambling as a pursuit mainly for older men, taking place behind closed doors in a bookmaker’s shop; to an activity with a much broader constituency including women and younger people, taking place in more open and sociable contexts” (Ipsos MORI, 2020).

Normalising gambling, intended to make gambling products acceptable to a wider audience, is harmful in itself. A key impact of normalisation is that addiction is not recognised or understood by either the person gambling or the family or professionals. Since gambling is marketed as safe and there is saturation of advertising, how can the public be expected to understand that gambling is a dangerous activity and not safe? There is a clear public assumption that the state would not allow a product or activity to be advertised so widely if it was not safe.

Furthermore, the normalisation of gambling creates a stigma around addiction, which in turn creates a barrier for people who need to access treatment. As a result, fewer than 3% of gambling addicts seek treatment (GambleAware, 2020), compared to between 15% to 20% for alcohol and drugs (PHE National Statistics, 2018).

Before the 2005 Gambling Act was enacted, the only gambling-related adverts shown on TV in the UK were for the football pools, bingo and the National Lottery. In the five years that followed the 2005 Gambling Act coming into law, the amount of gambling adverts shown on TV alone rose by a massive 600% (Ofcom, 2013).

By 2016, 42% of adults (Gambling Commission, 2016) had gambled in the past year (excluding the National Lottery) and the estimated gross gambling yield (GGY – the total amount retained by the gambling industry after operating costs and winnings paid out) for the entire gambling industry stood at £12.6 billion (Statista, 2021).

Although reliable figures for those classified as ‘problem gamblers’ or any adequate measure of harms caused by gambling are unavailable for this period, based on the volume of people gambling, the increase in GGY and the concentration of profits derived from a small proportion of customers, it is logical to deduce that the increase in advertising that followed the 2005 Gambling Act had the ‘desired’ effect that more people gambled and lost more money, which has resulted in a rise in gambling-related harms.

One of the fundamental issues with advertising and the 2005 Gambling Act is that it does not address online advertising and direct marketing. In 2017, the industry spent £1.5 billion on advertising but just 15% of that was spent on television advertising (GambleAware, 2018). The remaining 85% of spend is not covered by the rules of the Advertising Standards Authority, so that the methods and imagery are much more difficult to control or censure. In 2015, the gambling industry spent £747 million on direct online advertising, almost double the £376 million they spent in 2014 (House of Lords, 2020). This rise in spend correlated with a sharp increase in the GGY for online gambling industry alone, from £2.2 billion in 2014, to £5.35 billion in 2018 – an increase of 143% or £2.15 billion (Statista, 2021).

The process is relatively simple: increased gambling advertising results in an increase in people gambling and, noting that one in four gamblers experience harm (N. Muggleton et al., 2021), an increase in those suffering gambling-related harm. Therefore, mass advertising has created a broad funnel of potential ‘high value’ customers to engage with gambling. Highly addictive products and the relentless marketing practices of the industry, including cross-selling of the most highly profitable casino and slot products, successfully targets and transforms some of this pool of gamblers into customers who suffer high losses and catastrophic harms.

We believe that the evidence on the impact of advertising on people’s likelihood of gambling, particularly young people and children; the normalisation of gambling through advertising; and the false portrayal of gambling as a safe fun activity; mean that all gambling advertising should be banned. The loved ones lost by GwL families began gambling under the impression that gambling was ‘just a bit of fun’ rather than a highly dangerous and addictive activity that would ultimately lead to their deaths: advertising contributed to that view. Gambling should be like tobacco: tolerated but not promoted.

### **Gambling advertising warnings**

It is important to recognise that not only do gambling advertisements drag more people into gambling but they also act as significant triggers for recovering gamblers. We note that most broadcasters now announce a warning when ‘the next item includes flash photography’ in recognition that this might trigger seizures for the 0.03% of the population who suffer photosensitive epilepsy (Epilepsy Society). Given that there is a much higher proportion of the population who are suffering or in recovery from gambling disorder, we believe that the same precautionary approach should be taken in the case of gambling advertisements for as long as they continue to be permitted. Broadcasters should be required to announce at the start of any advertisement break that ‘the next break includes advertisements for gambling products.’

### **‘Safer gambling’ messaging**

In recent years, ‘safer’ and ‘responsible’ gambling messages have become increasingly common in gambling advertising. However, there is no evidence to suggest these are in anyway effective. Indeed, evidence tends to show the opposite.

The commonly used ‘when the fun stops, stop’ message assumes two things: that gambling is fun in the first place, and that those with gambling disorder can simply ‘stop’ gambling when they wish. As with all addictions, this simply isn’t the case. A study by Phillip Newall, which draws on three large-scale experiments (betting on football events, online roulette play and online football betting) found that the ‘when fun stops, stop’ message “had no beneficial effect or a small backfire effect on gamblers’ behaviour” (Newall et al., 2020).

Research suggests these messages are actually harmful in themselves, as they undermine the public health approach and create stigma around addiction. These messages actually obscure the public health responsibilities of government to limit the widespread availability of addictive products, enable aggressive stimulation of the market, fail to provide health information to citizens on the risk of harm, and fail to deliver clinically robust treatment for psychiatric conditions such as gambling disorder.

Academic researchers who have studied the ‘safer/responsible’ narrative from the perspective of those with lived experience of gambling harm found that participants felt these messages:

- 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 behaviour

(H. Miller and S. Thomas, 2017)

Furthermore, these messages completely fail to account for the risks posed by:

- Gambling products with high risks of addiction and market-driven promotion to push these products: some gambling products carry risk of addiction as high as 50%
- Availability – some of the most harmful and addictive products are available 24/7
- Levels of awareness of risk and normalisation
- Correlation of gambling harms with socio-economic inequity

We firmly believe that failing to account for these risk factors is completely incompatible with a public health approach. The ‘safer/responsible’ gambling messages create a narrative discourse not dissimilar to trying to tackle the harm caused by smoking, without acknowledging that nicotine is an addictive drug or acknowledging that advertising tobacco to children and young people is both inappropriate and dangerous.

We believe that there should be strong independent evidence-based public health messaging about the risks associated with gambling, the specific risks associated with individual gambling products, the addictive nature of products, the risk to mental health and the high suicide risks. We do not believe that the current industry branded advertisements of messaging have any place in such a campaign.

### **‘Free’ spins, bonus offers and VIP schemes**

Free spins, bonuses and VIP schemes encourage gamblers to gamble beyond their means. The Gambling Commission have highlighted that problems associated with VIP schemes make up a substantial proportion of their ‘compliance’ work. The industry even acknowledged how dangerous VIP schemes were by restricting their use to those aged over 25: bizarrely

implying that such schemes were safe for a 25 year old but not for a 24 year old, despite the ‘problem gambling’ rate being highest for the 25-34 year old group (NatCen, 2018).

We believe that the Commission’s limited moves to provide greater managerial oversight and monitoring of such schemes lacked a basis in evidence and will result in further major harms to many people. The Commission’s own Experts by Experience Interim Group made it clear that they believed that VIP schemes should be completely banned, which is the dominant view amongst experts by experience of gambling related harms.

We believe that ‘free bets’ and similar promotional offers are highly misleading and often disguise how much of their own money a customer has to bet before they are able to withdraw any winnings from their ‘free bet’. It is also significant that sports bettors are offered ‘free spins’ to draw them into the more profitable and addictive casino games on operator websites.

Several of the loved ones lost by the Gambling with Lives families received further encouragement to gamble in the form of ‘free’ spins and bonuses, which had a catastrophic effect on their addiction and contributed immeasurably to their deaths. In the weeks and months before his death, Chris Bruney was given ‘VIP status’ by a gambling firm, which encouraged him to gamble well beyond his means and ultimately was a major contributing factor in his suicide.

Other GwL families whose loved ones were made VIPs continued to receive promotional offers and rewards several months after the death of their loved one: one family receiving bottles of champagne 2 months after the death.

These sorts of products and inducements have no place in gambling and should be banned immediately.

### **Sports sponsorship and advertising**

We believe there are no societal or public health benefits to allowing gambling sponsorship arrangements in sport. They serve to normalise gambling across society and have a particularly strong impact on children who see their heroes or home clubs associated with gambling brands.

Nowhere else is gambling’s harmful presence felt more than in football, often through shirt and club sponsorship. As the UK’s most popular sport, football provides gambling companies with a unique opportunity to advertise their products to a huge audience: the Premier League is the most-watched sports league in the world and is broadcast in 212 territories to a potential annual audience of 4.7 billion people, nearly 25% of whom are young people.

Major sporting events such as the Football World Cup are massively profitable events for the industry with an intensity of advertising and betting opportunities unrivalled at any other time. FIFA estimated that the industry took \$155 billion in bets during the tournament, including more than \$3.2 billion in the UK – more than twice as much as in the 2014 World Cup (Statista, 2018). The scale of advertising, including that seen by children was enormous: ITV ran 90 minutes of gambling adverts, which is 172 ads or 17% of all World Cup ads (Guardian, 2018).

This level of activity can only be changed by government action (BBC, 2018):



*Gillian Wilmot, chairman of the Senet Group said: "There is widespread unease in the gambling industry at the volume and density of gambling adverts around live sport, but it is difficult to reduce this in a competitive market unless government decides to act."*

While very profitable for the industry, such events can be catastrophic for gamblers: those already suffering but also for those who become seriously engaged for the first time (see Chris Bruney case study).

Shirt sponsorship is an incredibly effective tool. Alcohol and electronics companies were the big winners in the Premier League during the nineties. Millions of football fans can easily recall the iconic MacEwan’s Lager and Sharp kits, without being told the name of the teams that played in them. At the time of writing, 85% of Premier League and 75% of Championship clubs list a gambling sponsor or partner. It is also important to recognise that gambling logos are displayed on the electronic pitch side hoardings so that a football match is now a 90 minute non-stop gambling advertisement. Consequently, a gambling logo or brand is now visible up to 89% of the time on *Match of the Day* (N.Djohari et al., 2020), which is watched by millions each week.

As with advertising, the result of this constant exposure to betting logos and brands through sponsorship is very powerful. A study found that 46% of young people surveyed (predominately aged between 8 and 11) could name at least one gambling brand, unprompted, compared to 71% of adults (N.Djohari et al., 2019). Another study found that a group of 15-year-old children could collectively name as many as 13 gambling brands (APPG call, 21<sup>st</sup> February 2021).

But the buck doesn’t stop at brand recall: research shows that advertising affects the likelihood that children will gamble. In 2019, research found that 11% of young people aged 11 to 16 had gambled within the previous 7 days, which equates to roughly 350,000 children, with at least 55,000 children already addicted to gambling in the UK (Gambling Commission, 2019).

Shirt sponsorship also conveys a sense of probity and stability. In March 2021, betting company Football Index, who were the shirt sponsors of Championship clubs QPR and Nottingham Forest, entered administration. Football Index had marketed itself as a stock market for football players, where customers could buy and sell ‘shares’ in players, which rose and fell in price depending on the players’ performance and media exposure.

Football Index’s presence in the game through shirt sponsorship led to enhanced customer trust and credibility, as many believed it was a safer and more stable platform than ‘regular’ betting companies and ‘invested’ large sums of money.

When Football Index collapsed, its customers lost a collective £58 million, which led to serious questions over how the firm was regulated by the Betting and Gaming Council and Gambling Commission, together with accusations that customers were misled about the associated risk. Campaign groups warned that customers who had lost large sums of money in the collapse were at high risk of committing suicide as a result.

Gambling sponsorship in sport, particularly football, is unpopular with fans. Recently, Survation polling indicated that:

- A third of football fans are put off buying their team’s shirt if it has a gambling sponsor

- Two-thirds say there is too much gambling advertising.
- Nearly half back a ban on gambling-based shirt sponsors. (Survation, 2020)

At the end of the 2019–20 season, Premier League clubs Everton and Aston Villa ditched their gambling shirt sponsors (SportPesa and W88). Both clubs signed deals with Cazoo, a digital car sales platform, to become their main shirt sponsor, which led to a 60% rise in shirt sales for Everton and a 50% rise for Aston Villa.

It is important to note that gambling industry lobbyists claim that football clubs would collapse without the money generated through gambling sponsorship. This is patently untrue, as demonstrated by the fact that all sports ‘survived’ following the banning of tobacco advertising and sponsorship in 2005. Tournaments known by the brand names of their cigarette sponsors continue to this day.

Many football clubs have explicitly rejected gambling money because of the harms that they recognise that gambling does to their own fans and communities: Swansea City, Luton Town and Tranmere Rovers have been very public about their decisions and reasons behind them. GwL has strong and supportive relationships with several football clubs at all levels. Headingley AFC continue to wear the GwL logo on their shirts in recognition of the suicide caused by gambling of one of their most respected and popular members, and the wish to do as much as they can to publicise the dangers of gambling.

Finally, a recent session of the Gambling Related Harms APPG (25<sup>th</sup> Feb 2021) heard from a range of football finance and marketing professionals and academics. They were very clear that football would survive gambling. However, they also stressed that gambling should contribute to football (and other sports) through a betting levy. Rather than ‘freeloading’ on sport, gambling companies should pay a levy to the sport to be allowed to offer odds on any event. That would provide a route to gambling paying for the opportunity to gain massive profits – some 50% of online sports betting comes from football (NatGen, 2021) gambling – which would not have the harmful effects of the current wall to wall advertising that football has become.

## Section 3: The Gambling Commission

### Chris

As parents and family members we were not aware of the risks of gambling and gambling addiction. Chris started gambling when he was doing his Apprenticeship. We found out that on the days he attended college at lunch times he would go across to the ‘bookies’ which was across the road from the college.

During the 2014 World Cup is when we started to notice his gambling habits. He went to the pub to watch football with his friends and to my knowledge they all put bets on, A few weeks after the World Cup had ended, he admitted that he had lost some money gambling. I thought he would get through it, and he did pull through.

His second big loss was in the summer of 2015. He broke down and told us the truth. His mum rang [*Gambling Company*] to see if they would give him his money back as he was so upset. Of course, they wouldn’t. I had never seen him cry before about anything because he was always so strong. He seemed to pick himself up after a few months and carried on with life normally.

It was mid 2016 that his gambling got more noticeable again. In family meals he would be on his phone but would be a different person if you interrupted him, like you had taken him out of his game. He had another lost summer that year.

Chris was desperate to stop gambling. He went to see his GP in the October 2016 and also went for counselling through ‘Gamcare’ in 2016/17. Chris announced in January 2017 that he had stopped gambling and he said that “he had got his money back”. He took everyone out for a meal to celebrate his decision: he was over the moon.

After three months of not gambling he went to the races for a friend’s birthday and a colleague’s leaving do and following that he spiralled out of control and lost nearly all of his money. He died on Thursday 6<sup>th</sup> April 2017, he was just 25. His letters and texts said he “couldn’t put us through any more misery or burden us with his gambling and that he just wanted us to be proud of him and that he loved us all”.

### Black Market

First, we want to note our concern that the threat of the black market seems to have been successfully over-inflated to DCMS by the industry and the Betting and Gaming Council (BGC) to the point that it forms the basis of questions 16, 17 and 18: the first three questions concerning the Gambling Commission. Consequently, this aspect of the consultation fails to focus on the following shortcomings of the Gambling Commission:

- failure to construct legislation that contains prescriptive measures.
- failure to enforce current legislation adequately.
- failure to be proactive in identifying gambling harms and breaches of LCCPs.

- failure to impose penalties on a sufficient scale to change the behaviours of the industry – a multi-billion-pound industry will not be deterred by fines of a few million pounds.

We acknowledge that people could potentially find their way to the black market. However, it is vital that the debate is framed in terms of what is actually known and that scaremongering is not indulged in. In this regard, the tactics of the industry are very similar to those of the payday loan industry when they were aware that they were facing sweeping reform. It is widely recognised that the loans industry is now a much safer and respectable area with lower interest rates and more acceptable practices, without the greater regulation resulting in a growth in illegal ‘loan sharks’.

The Gambling Commission has confirmed that they see no evidence for significant black-market activity in the UK and have warned the BGC about overstating the risk (Guardian, 2021). We are actively in touch with hundreds of people recovering from gambling disorder, and virtually none of them have ever had any significant contact with black market sites. Furthermore, none of the young people lost by the GwL families were playing on black-market sites at the time of their deaths. Instead, legal UK regulated companies failed to protect the families’ loved ones.

Even the BGC’s recent report, which we note is not independent and must not be treated as such, makes a less than compelling case about either the scale of the current black market (they estimate less than 2% of gamblers use it) or the likelihood of its growth driven by industry regulation (PwC, 2021).

Indeed, the report suggests that the biggest factors that drove the use of black-market sites are commercial/reputational features of the industry, including:

- Brand and reputation
- Odds/ return to player
- Ease/ speed of withdrawal
- Range of games/bets available (PwC, 2021)

In addition to this, gamblers having their accounts restricted after placing multiple winning bets was also found to be a factor in driving people to unlicensed sites. The reality is that if you lose, you are offered bonuses to keep playing, but if you win, your account can be restricted.

It is also worth noting that research from Norway, which industry lobbyists frequently reference to as an example of the impact of over-regulation, actually points to the impact of advertising, rather than regulation, for the growth of gambling generally in Europe and refers to people being driven to the unsafe black market which, for them, includes all the UK regulated sector.

Furthermore, the Gambling Commission has also said that – with appropriate resources – it can effectively address any threat of the black market through a range of intelligence and technological tools, in addition to collaborating with the financial sector in blocking financial transactions. (University of Bergen, 2020)

It is crucial that we do not lose sight of the fact that the current UK-licensed and regulated gambling industry is responsible for virtually all of the addiction and deaths that have happened so far – it is far from safe and should be the sole focus of this review.

### **Powers of the Gambling Commission**

We note and applaud that the Gambling Commission introduced a ban on the use of credit cards in 2020. Furthermore, we are aware that from October 2021, there will be a ban on reverse withdrawals (where a player can decide to re-gamble money they had decided to withdraw) for all online gambling. The Commission has recently ordered changes to the design of online games and have just finished their consultation on remote customer interaction, including affordability checks. They have also recognised the value of incorporating the voices of those harms by gambling through the establishment of the Lived Experience Advisory Panel to advise them alongside the Advisory Board for Safer Gambling and the Digital Advisory Panel.

Currently, despite its failings and inadequacies, the Gambling Commission is leading DCMS in terms of its understanding of the nature and harms caused by the gambling industry: they have taken some actions within their current powers. It is not clear that DCMS has shown such insight but continues to treat the gambling industry as if it were an industry not trading in highly addictive products with a massive scale of non-compliance to LCCPs.

### **Objective 3 – Protection of the population**

#### **Kimberly**

Her mother has no idea how she got into gambling, it seemed entirely out of character. Her struggle with gambling seemed to become exacerbated after the death of her Dad, which was a devastating blow for Kimberly. On the morning she died, her appointment for therapy came through, by heartbreakingly, she texted her Mum to say ‘it’s too late for me’.

The powers of the Commission are defined as to ensure that gambling should be “Fair”, “Free from Crime”, and to “Protect the Young and Vulnerable”. Perversely, they do not have a public health objective to protect the population from harm and are not responsible for treatment, education or public health issues arising. As previously stated, research clearly tells us that anyone using addictive products can get addicted, not just the ‘vulnerable’.

We believe that objective 3 of the Commission “children and vulnerable people” should be replaced with a wider objective to “protect the population from gambling harms”. This would allow it greater powers to propose and implement population wide public health measures, such as affordability, with no threat of judicial review that it is exceeding its powers.

### **Resources**

At present, the Gambling Commission is an ‘arms-length’ non-governmental body that is responsible for the regulation and oversight of the gambling industry through setting standards and issuing licences to gambling operators. The Gambling Commission is funded by licence fees from operators – amounting to around £19m in 2020. We note the government have recently announced a review of the Gambling Commission’s funding. Our view is that it appears to be woefully underfunded for the scale and nature of the industry that it is attempting to regulate.

GwL firmly believes that funding of the Gambling Commission needs to be more clearly separated from the industry: the current fee model makes it hard for the regulator to make judgements independent of any consequences on their fees. For example, revoking an operator’s licence is not in the financial interests of the Commission, as it would lead to reduced income for them.

## **Proactivity and enforcement**

We believe that the Gambling Commission needs more resource and powers in order to carry out proactive and precautionary investigations of the industry. We understand that compliance investigations by the Commission reveal very high levels of breaches of LCCPs, only some of which result in fines and sanctions which are made public.

As noted in our response to section 1 (online protections), we believe that the Gambling Commission should have access to the most complete set of player data, which would allow them to independently examine how individual companies within the industry treat their customers.

In addition, the Gambling Commission should require all operators to report in detail on gambling harms identified and addressed by each company. This should include regular reporting on the proportion of their income that comes from different ‘classifications’ of customers.

The recent figures showing that more than 80% of profits come from just 5% of accounts (NatCen, 2021) should have triggered an investigation of customer accounts and losses. It is certain that much of those profits come from those who are already addicted and experiencing harm, or those who are at serious risk.

It’s important to note that this an industry-wide statistic: for some companies and operators, this figure has been shown to be as high as 83% of profits coming from just 2% of gamblers (Guardian, 2020). Other research has found as much as 25% of the industry’s profits come from those classified as having gambling disorder: so-called ‘problem gamblers.’ (NatCen, 2010). This suggests the urgent need for detailed compliance reporting.

The Gambling Commission must also issue a comprehensive tariff that specifies the levels of sanction to be applied to different LCCP breaches. First the sanctions must reflect enormity of the damage that they have done: the regulatory settlement of just £650K paid by Aspers Casino after having failed to fulfil its social responsibilities, resulting in the suicide of Huseyin Yaman, just hours after he had lost £25,000 playing highly addictive games in their casino, feels totally inadequate. Secondly, sanctions must be vastly increased to change the behaviour of a multi-billion-pound industry, as demonstrated by the recent case of Casumo being fined £6m just 3 years after receiving a £5.85m fine for breaches of its social responsibility conditions. (Gambling Commission, 2018 and 2021)

We also reference the case of Chris Bruney, where PT Entertainment Serves, found to have breached their licence conditions in the run up to Chris’s death, surrendered its licence during the investigation, thereby avoiding paying a regulatory settlement levied against it by the Commission. Subsequently, under substantial public pressure, PTES’s parent company, Playtech, eventually responded and agreed to make donations to charities equal to the value of the proposed settlement.

## Statutory Levy

We firmly support the need for a statutory levy of at least 1% GGY to be applied to the industry, which would be used to fund independent research, education and treatment. The call for a statutory levy is also supported by the House of Lords, the All-Party Parliamentary Group for Gambling-Related Harms, the Advisory Board for Safer Gambling and many campaigners and people with lived experience.

A 1% levy would produce around £140 million per year. Clearly this level of contribution needs to be protected to ensure that the harms which have already been created by the industry can be addressed. In particular we need to ensure that sufficient money is available to pay for the hundreds of thousands of people who should be receiving treatment and support.

We note that the current voluntary levy is totally inadequate. In 2018/19, the industry made over £14 billion in profit and donated just £10m, less than 0.1% of GGY, toward the cost of treatment, education and research (House of Lords Select Committee, 2020a). Undoubtedly, this lack of funding contributes to the current situation regarding treatment, with less than 3% of people who need treatment for gambling disorder actually receiving anything (GambleAware, 2020).

Last year, with much publicity, the five largest gambling companies in the UK volunteered to contribute an additional £100m over the next four years. However, recent figures indicate that they have paid only £2.2m of the £5m they pledged last year: a pledge which represents no increase this year. There is also still a £25m shortfall in their planned contributions over the next 3 years. Neither DCMS nor the Gambling Commission appear to have taken any action over this, presumably since they have no control or sanction over voluntary arrangements.

It is clear that a voluntary levy gives no security or certainty about the level of funding or how long it might last. This means that organisations cannot plan services or invest for the future. It also gives the industry influence over the delivery and content of research, education and treatment.

This has led to the situation where the industry has inadequately funded treatment for many years but treatment providers have not dared to demand extra resources or call out the harms being done by the industry. This would be inconceivable in any area of publicly funded health treatment.

Further, UK school children now experience the extraordinary situation of receiving education about the dangers and harms of gambling which are delivered by organisations dependent on industry funding. It is now inconceivable that we would allow the tobacco industry to be the main providers of public health education about smoking. This cannot be allowed to continue for gambling.

It is noted that the 2 areas on which Article 2 status was granted for the inquest into the death of GwL founders’ son Jack Ritchie were on the “lack of provision of treatment” and “failure to provide education and information about the dangers of gambling”: the 2 areas that are currently dependent on industry funding.

## **A public health approach – independent of industry funding**

Evidence from other countries suggests that a public-health focused approach to reducing gambling harms can be effective. In New Zealand, a public health programme is part of a national gambling harm reduction and prevention strategy that was mandated by the 2003 Gambling Act. The programme, which is funded by the Ministry of Health, directs workplace and organisational gambling policies and local council policies on electronic gambling machines. (K.Kolandi-Matchett et al, 2018)

An article published in *The Lancet* (2019) outlines the need for a public health approach to be adopted in the UK, free of industry influence and intervention:

*“It is becoming evident that gambling is one among many threats to public health promoted by powerful vested interests. In the case of tobacco, it is accepted that industry should not play any part in designing solutions, whether as a funder of research or through co-creation workshops with its clients. Industry involvement is a recipe for producing interventions that are either ineffective or counterproductive, particularly interventions with a main purpose of undermining public health interventions known to work.*

*Development of an effective public health approach to gambling needs to start by applying the lessons learned from dealing with harms from tobacco, alcohol, and food and beverage industries. An evidence-based, joined-up response is needed to this addictive product for which there is no evidence of a safe level—an approach we might refer to as gambling control”*

(M.van Schalkwyk, R Cassidy, M.McKee and M.Petticrew, 2019)

## **Research**

The lack of independent research on gambling is a point of major concern. It took a group of bereaved families coming together as Gambling with Lives to publicise independent information on the links between gambling and suicide, and to highlight the scale of the problem. Despite the widespread acceptance of the problem, and all our calls for research to provide more robust information and evidence relating to the scale of deaths and investigations of the reasons why they occur, the industry funded charity GambleAware has not yet commissioned any significant new work in this area.

Our experience has been that there is only a small specialist gambling research community in the UK, largely dependent on gambling industry funding. Many researchers also carry out ‘consultancy’ work with gambling operators, which can be seen to compromise their objectivity. On the other hand, many researchers refuse to take industry money either directly or via GambleAware and are calling for an independent levy. This divide in the research community, and the need to increase the size and status of gambling research, can only be addressed through removing the gambling industry’s influence on the amount and use of funding. (M.van Schalkwyck, 2019)

We note that UK research is heavily skewed toward identifying characteristics of individuals who are at risk of harm. Yet there are few studies which have investigated the harms and addiction levels associated with different products; the impact of gambling advertising and sponsorship; or the public health implications of gambling. Clearly, the agenda of this research is to keep the focus of the investigation on individual behaviour and away from industry practice and product scrutiny. Needless to say, this method does not fit a public health-focussed approach to gambling harms.



We also note that there is little current research on the economic costs of the industry, or the lack of wider economic benefits. We noted earlier reports by IPPR and the Social Market Foundation which explored the economic costs and benefits of the gambling industry. It is shocking that there is not an extensive literature of independent research which explores an industry of this scale.

In conclusion, the only realistic outcome for a public health-focused approach is for research to be funded through a statutory levy, and for the research itself to be entirely independent from the industry: all decisions on the topics, focus and method of research must be made independently, and not influenced by the industry. Gambling operators must be required by legislation to cooperate with all approved research, with licensing conditions requiring that all operators deposit anonymised data on ‘play’ and products to registered research.

## Section 4: Consumer redress

### Phil

We are unsure of the age that Phil began to gamble because he managed to hide it well from his family and fiancé. Our family found out about his gambling addiction because his fiancé told us of the struggles he previously had over the last couple of years of his life and how they had tried to overcome it together.

The main culprit of his gambling was online football gambling, which he would often do at home on his phone. His fiancé noticed letters coming through the post from payday loan companies requesting money. He opened up to her about his gambling addiction and with her support he went to Gamcare to seek help, but we don’t know how many sessions he actually attended. Looking back, there were small signs but it was impossible to link the behaviours to a gambling addiction because we had no idea about the addiction.

### Gambling Ombudsman

The current state of consumer redress within the gambling industry has been well summarised by the House of Lords Select Committee: “Consumers cannot typically seek redress in instances where operators have failed to act in a socially responsible manner, as the relevant codes of practice are not normally reflected in operators’ terms and conditions.” (House of Lords, 2020)

Currently, families bereaved by gambling-related suicide, active gamblers and those in recovery from gambling disorder find themselves with nowhere to turn for help to secure redress following unfair and abusive treatment from operators. Families that have asked the Gambling Commission for help have found them wholly inadequate in providing support and unable to provide financial redress.

This has been most publicly evidenced by the case of the Bruney family who lost their son Chris in 2017 and who continue to fight for justice following his death. Following Chris and his family’s mistreatment by the industry, GwL has supported their campaign for the creation of an ombudsman and a statutory duty of care on gambling operators under the banner ‘Chris’s Law’.

No amount of financial compensation can come close to making up for the loss of a loved one. However, financial redress can be important to some bereaved families who find themselves in financial difficulty following the loss of a loved one, which compounds their suffering. Financial redress is also important to families because the knowledge that an operator has profited from the death of their loved can be unbearable. It is also crucial that operators do not profit actively from death.

The campaign for Chris’s Law calls for the introduction of an independent gambling ombudsman, and a statutory Duty of Care on gambling operators, strengthening the ombudsman’s powers for providing significant redress to those harmed. This will be necessary if such a mechanism is to lead to harm prevention.

The gambling ombudsman should be a public body that is independent of the gambling industry. It should have investigative powers that go beyond the Gambling Commission’s attempt to mediate between competing interests, and given the disparity of resources between operators and individuals, the ombudsman should act in the interests of the consumer during its arbitration process.

As part of its remit to investigate, the ombudsman should be given access to operator data, and acting on behalf of consumers it should set rigorous thresholds and guidelines for determining affordability. The Social Market Foundation (SMF, 2020) goes into detail on how this could function.

GwL firmly believe that an appropriately appointed, independent ombudsman with these powers will be essential in ending the industrial-scale exploitation and abuse that leads to deaths. Other sectors, such as financial services, legal services and communications have proven that an independent ombudsman is an effective way to resolve disputes.

### **Financial redress**

We note that in certain cases there may be risks to individuals if they receive lump sums from redress payments. However, this should not be used as a limit to redress arrangements.

Where money has been taken improperly from an individual, it must be returned. If people receiving financial redress need support to help manage their situation, that should be provided through the involvement of friends, family or an appropriate third party.

Proper treatment and support for gambling disorder should be provided by the state and paid for by the industry, as opposed to the industry using gambling disorder as an excuse to not return improperly taken money, as is often the case.

Gambling companies cannot continue to benefit from their own failures and wrong doing.

## Section 5: Age limits and verification

### Daniel

Daniel’s family and friends knew that he gambled, something quite normal in young men in his circle, but there was little sign that it was getting out of control. He did have to ask his mum to help him out a couple of times when he got into debt, and on one of these occasions, he opened up a little, saying he was upset that he was gambling, he did not understand why he was doing it and he hated himself for it.

But it was only on seeing his bank statements after he died that his mum discovered how he had begun gambling much more heavily, behaving more recklessly and spending any money he received from college in intense activity in just one day.

Two days before he died, he lost everything. The question his mother is left with is how can a young person be allowed to spend so much in one go? Even if there was a temporary block on spending, it might help. Any small steps that help a young gambler feel more in control of their spending would help.

There are over 55,000 children already addicted to gambling in the UK (Gambling Commission, 2019), with the highest ‘problem gambler’ rates found amongst younger males:

- In 2016, 2.1% of all 25–34-year-old men were classified as ‘problem gamblers’, with a further 12.3% ‘at risk’
- In 2016, 0.9% of all 16–24-year-old men were classified as ‘problem gamblers’, with a further 10.5% ‘at risk’ (NatGen, 2018)

There is a substantial research literature that shows that the age at which someone starts to gamble is linked to their likelihood of developing gambling disorder. There is a good understanding of the vulnerability and plasticity of the brain at an early age which explains this. Habits are more easily developed and the ability to sensibly process risk is compromised, leading to more risk-taking behaviour and increased participation in riskier activities. Consequently, young people are especially at risk of being affected by gambling. A high proportion of the loved ones lost by Gambling with Lives began gambling underage and went on to develop gambling disorder as young adults.

There is very little disagreement, even within the industry, that children and young people are much more at risk of developing gambling disorder. Therefore, we believe that it is critical that all access to all gambling products must be restricted to anyone under 18. The debate is how do we enforce such restrictions.

Evidently children must be protected by the law and gambling regulators, but we would like to stress that young adults don’t magically become safe at 18 or 25. VIP schemes, for example, are voluntarily restricted by the industry for under 25-year-olds. This seems to be an admission on the industry’s part that VIP schemes are dangerous. However, given that the highest ‘problem gambler’ rate is found in men aged 25–34, this suggests the need for greater age protections to apply to other age groups too.

## **Health warnings and messaging**

We have already stated that we believe that there should be strong independent evidence based public health messaging about the risks and dangers of gambling: this needs to include a focus on the particular risks for young people. School age children know that ‘smoking kills’: we need the equivalent level of understanding about the dangers of gambling. Everyone, in particular parents, should be more aware of the potential harm caused to young people by introducing them to elements of gambling from an early age. Such activities include helping ‘pick a horse’ and giving children money to play on slot and arcade machines. With a lack of supervision and proper discussion, these activities, innocent as they may seem, lead to the normalisation of gambling and related behaviours.

Further, education about the risks and dangers of gambling needs to be included in the school curriculum, alongside education about drugs and alcohol. We have noted that the scope of the review should have included information, awareness raising and education. However, this education must be developed and delivered entirely independently of the gambling industry: it is inconceivable that we would allow education programmes around smoking to be directly funded or delivered by the tobacco industry.

## **Age controls and access**

Ultimately, however, the responsibility to ensure underage children are not able to access gambling products must lie with gambling operators. Failure to implement and enforce these restrictions must be subject to significant regulatory action, including revocation of licences.

For online gambling, it is imperative that a watertight approach to age verification is established, which includes a 2/3 day delay before new accounts can be used to gamble, whilst ID and source of funds are verified. We note that currently, in most cases, there is no delay, aside from when it comes to withdrawing any winnings.

For land-based gambling venues, we propose that there should be a much more rigorous approach to assessing age, similar to the ‘Challenge 25’ scheme, which is used to assess purchases of alcohol and tobacco in supermarkets. This scheme could be facilitated by the introduction of a gambling identity card, as outlined in detail in the next section.

However, we also note that the placement of fruit machines and other gambling machines in pubs has not been matched by any significant effort on the part of most pubs and clubs to ensure that children are not playing them: the Gambling Commission reported that 84% of pubs failed to stop children playing Category C machines (Gambling Commission, 2019b). A continued lack of compliance should result in these machines not being allowed in venues where children are present. There is a good case for that anyway, since many are deliberately designed to appeal to children and they also serve to normalise gambling for children.

Research from Australia by A. Bestman et al (2017) found that 97% of children surveyed could recall seeing electronic gaming machines (EGMs) in community clubs and other venues. The study found that the children were able to recall where in the venues they had seen the machines, together with details about the machine’s design and auditory stimuli. The children very rarely used gambling terms to describe the machines. Instead, they were more likely to use softer terms like ‘play’ and ‘game’ to describe the process. Many of the children perceived the machines as ‘games’ where adults could win money, highlighting the normalising effect that EGMs have on children and young people.

## National Lottery

We note that the National Lottery age is being changed from 16 to 18 in April this year. We fully support that and call for the minimum age of all forms of gambling in the UK to be raised to 18.

## Category D machines

### Lewis

Who could have known that his apparently innocent enjoyment years ago of spending a little pocket money on machines in an arcade after school, would eventually lead down a tragic path of addiction?

Category D machines – ‘cash fruit machines’ which are often found in seaside arcades and family ‘amusement’ centres and resorts, with a maximum 10p stake and a maximum £5 prize – currently have no age limits. However, these machines can be very dangerous and their classification as ‘Category D’ (the lowest such ranking) is misleading.

Although £5 may not be a significant amount of money to an adult, it certainly is to a child. In relative terms, to a child ‘Category D’ machines are just like fruit machines and other electronic gaming machines are to adults. Playing these machines can lead to habit-forming behaviour and a desire to increase gambling activity. Several of the loved ones lost by GwL families began on these machines and they acted as a pathway to their gambling disorder. We are aware of many other stories from gamblers in recovery that they saw category D machines as the start of their addiction to gambling.

We note and welcome that BACTA has introduced a voluntary 18+ for Category D ‘cash fruit machines’, (BACTA, 2020). We believe that this should be mandated into law and enforced across all venues, nationwide.

## Loot boxes

We also highlight the link between loot boxes within video games and ‘problem gambling’. Many loot boxes are clearly aimed at children and blur the lines between gambling and gaming, resulting in normalising gambling and associated behaviour. The association between loot boxes and the development of problem gambling is clear (D.Zendle et al., 2019), so that we need to take a precautionary approach.

We appreciate that loot boxes is another issue which fall outside of the remit of the review, but ask that full consideration is given to classifying loot boxes as a form of gambling so that they can be regulated as such.

## Section 6: Land-based gambling

### Jack

Jack began gambling at age 17, playing FOBTs in his school dinner break with a group of schoolfriends: “having a bit of fun with his mates”. He was unlucky enough to win £500 twice in near successive spins, which changed his relationship with gambling forever.

His parents discovered his gambling after about a year and, together with them, Jack self-excluded from all the local bookies. However, almost immediately he started gambling online. He managed his losses within his limited access to money at the time, so that his parents were not aware that the problem had continued.

Because of the availability of his student loan, Jack’s first term at university was fairly disastrous in terms of gambling. However, he told his parents at Xmas and together they bought blocking software for his computer which meant that he didn’t gamble for a full 12 months, by which time his parents thought that the problem was over ... as maybe did Jack.

However, once the blocking software expired, gambling crept back into Jack’s life. Once again he managed his losses within the money that he had so that his family were not aware of the problem. This level of gambling, overwhelmingly online, persisted for the next 2½ years.

Jack’s depression was not really about the amount of money that he had lost, but at his belief that he was incapable of escaping what we now know was a deeply serious addiction. From this point on, Jack seemed to turn his life around. He sought treatment though a private therapist and attended GA meetings, but neither of them worked for him – they did not describe the addictive effects of the products and enable Jack to understand his addiction.

Instead, he decided to make major changes in his life—deciding to quit his job; raising funds to do volunteering work in Kenya; taking an English language teaching course in Spain; finding a job in Hanoi teaching English. He was on a roll. He left the UK in August 2017 having gambled on only 15 days in the previous 15 months and being completely free for the last 3.

He immediately settled into life in Hanoi – as ever with Jack making friends with a lovely group of young people. He was very happy in his work and was plainly having a wonderful time. And he remained free of gambling for a further 3 months.

In November he was making plans for a Xmas trip to the Philippines with some of his housemates. We don’t know why he was gripped by gambling again – an email or pop-up offering a “free bet”? We will never know, but the impact was catastrophic. Not in terms of the financial loss but because Jack once again felt that, despite his hard work and abstinence, he could never be free from the addiction and that it could drag him back in at any time.

Jack took his own life in Hanoi at the age of 24. He died after a single day of intense gambling with a loss of ‘only’ £1500, leaving no significant debt. Gambling was his only problem and it was the root and trigger of his death.

## **Land based gambling – a gateway to addiction**

Most of the people lost by GwL families had their first encounter with gambling in a land based venue – whether a bookies, arcade or machine in a pub. They received no adequate age checks or interventions. We believe that land based venues remain a highly accessible gateway to gambling.

Whilst we fully support the Review’s focus on online gambling, which has been allowed to substantially develop in an unregulated and uncontrolled environment, we are keen to highlight that land-based gambling remains highly dangerous. Furthermore, high-street bookmakers are an intrusive presence in many local communities that serve to normalise gambling.

We note that recently land-based gambling appears to have been largely ignored by both the regulator and the industry itself. The recent shift away from land-based gambling, which has been exacerbated by COVID restrictions over the past year, means that land-based gambling venues have not received the investment they need to make them safe and respectable. If this situation is not addressed, there is a very serious danger that such venues will become even more dangerous than they are now and will be used only by people with serious gambling disorder.

This lack of investment also means that land-based gambling has fallen even further behind in terms of using technology to make gambling safer. For example, land-based self-exclusion schemes still rely heavily on paperwork and the vigilance of the hard-pressed and often poorly paid staff to spot customers that have self-excluded.

As we move toward a time when there will be robust affordability and safety checks, we recognise and are concerned that land-based gambling remains a largely unmonitored area of activity. This could potentially mean that land-based gambling will become a magnet for people with gambling disorder who fail online affordability checks, highlighting the need to make them safer.

We believe that a shift to a safer gambling environment in land-based venues will only happen if venues are given a duty of care to ensure the welfare of their customers. The industry has shown that it will only make the investment in adequate protection measures if they are faced with the threat of major sanctions for failure to do so.

## **Cashless gambling**

Measures to improve safety could involve reducing or restricting cash gambling, which would help with anti-money laundering measures. Clearly there are concerns that the movement away from cash could encourage people to spend more than they can afford, so that it is important that any move must be accompanied by increased use of technology to monitor spending and engagement.

This is another area that would benefit from the development of ‘single customer’ approach, which could include the introduction of a gambling ‘licence’ or ‘identity card’, as mentioned in section one, so that an individual’s gambling can be monitored, and harms reduced.

Australia has one of the highest ‘problem gambler’ rates of any country in the world, with high-speed electronic gaming machines, or ‘pokies’ a major cause of gambling harm. Campaign groups in New South Wales are currently calling for the introduction of a ‘universal cashless



gambling system’, including the use of ID cards, to help prevent gambling harm and stop money laundering.

In 2020, during the lockdown, ‘pokies’ were turned off around the country for the first time in nearly three decades. The state of Victoria was locked down for a total of 231 days and 29,000 ‘pokies’ were turned off, saving an estimated \$1.8bn AUD (Alliance for Gambling Reform, 2020), indicating a massive reduction in gambling harm.

Furthermore, at the time of writing, in New South Wales the Gambling Harm Minimisation Bill 2020 amendment to the Gaming Machines Act 2001 has been released for public consultation. This would require gambling venues to:

- Have a person on duty that has completed advanced Responsible Conduct of Gambling training whenever gaming machines are being used.
- Actively identify and assist gamblers who display problematic gambling behaviours (similar to Responsible Service of Alcohol requirements).
- Offer support tools including counselling and advisory services as well as self-exclusion.
- Exclude a person from gambling (through an involuntary exclusion order) for at least six months, if there are reasonable grounds to believe that their gambling is harming them or others.
- Record gambling incidents and steps to address them on a gambling incident register (similar to the existing liquor incident register). (NSW Government, 2020)

The bill also proposes an overhaul of the self-exclusion scheme, giving power to family members of gamblers to:

- Apply to venues asking to ban a person from the venue.
- Ask a gambling counsellor to apply on their behalf. (NSW Government, 2020)

Venues would be required to:

- Refer a family member to gambling counselling services to discuss their concerns before they apply for self-exclusion
- Assist a family member who wishes to apply
- Offer the gambler support including counselling and self-exclusion
- If a gambler isn’t self-excluding, issue a venue exclusion order for at least six months if there are reasonable grounds to believe that their gambling is harming them or others (NSW Government, 2020)

We support all of those measures.

### **Gambling ID Card**

Expanding on the above proposal, GwL would fully support the introduction of a ‘gambling licence/ID card’. We believe it would demonstrate a considerable commitment on behalf of the gambling industry to look after the safety and wellbeing of their customers. We propose a system whereby each customer must be registered to gamble in land-based venues. Registered customers would then receive a ‘gambling licence card’, which they would be

required to produce by law in order to place a bet, either in person or on an electronic gaming machine. The card could then be used to monitor gambling activity and intervene if certain criteria are met, therefore reducing gambling harm.

We note that this system also represents a significant opportunity to upgrade the existing cumbersome land-based self-exclusion scheme. Under this proposal, if a customer chooses to self-exclude from their account, they could automatically not be able to place a bet. Furthermore, entry to land-based venues could be controlled by an automated entry system, meaning customers who have chosen to self-exclude would not even be allowed onto the premises.

Clearly, this system would have to be operated by an independent, third party and should be applied across all operators to be effective. We believe that a system of this kind would not only significantly reduce land-based gambling harm, but also make land-based venues safer. Using a ‘universal cashless gambling system’, similar to that proposed in Australia, could also stop money laundering in land-based gambling venues.

We note that, along with several other countries proposing similar models, other countries, such as Austria, Sweden and Norway have already introduced similar systems.

### **Improved technology – age verification and self-exclusion**

We are highly concerned that land-based gambling remains an easy entry point for young people to start gambling. Research shows that young people’s brains are more ‘plastic’ and more susceptible to permanent change and cognitive damage until they reach maturity, at around 25 years old. There are already at least 55,000 children addicted to gambling in the UK (Gambling Commission, 2019). Most of the loved ones lost by the Gambling with Lives families began gambling at land-based venues at a young age. Therefore, much stricter ID checks in land-based venues are critical.

We also note concerns around age verification that stems from a lack of investment in land-based gambling. Presently, age verification is very lax and often relies on the diligence of hard-pressed poorly paid staff to take the issue seriously. We propose a much more rigorous approach to assessing age, similar to the ‘Challenge 25’ scheme, which is used to assess purchases of alcohol and tobacco in supermarkets.

We are aware of the desperate need for a more effective self-exclusion scheme which is fundamental in reducing gambling harm. When someone takes the decision to exclude themselves from gambling activity, it must be an absolute duty of the operator to ensure this wish is both respected and implemented. If operators are unable to carry out such a basic duty, we believe they should face severe penalties, including having licences revoked.

As noted earlier, we recognise that the current land-based self-exclusion scheme is cumbersome and relies on paperwork and being implemented by members of staff. In the absence or anticipation of a new ID system, the current land base self-exclusion system desperately needs modernising, and appropriate technologies such as face recognition systems invested in and implemented to reinforce it.

## **Staff training**

There is serious doubt over the genuine commitment of land-based venues to really look after their customers. Frequently they are seen simply as sources of profit, and this approach often prevents any interventions, as the primary focus is prolonging and increasing betting activity.

There remains a strong conflict in terms of the role of staff in both land based and online gambling which cannot be addressed by training alone. Young and poorly paid staff are required to hold a dual role of maximising revenue from customers while also looking out for signs of ‘problem gambling’ and even the risk of suicide. It is unreasonable to expect staff to be able to balance these roles when their reward structure is based entirely on profit with no reward for harm minimisation. Operators should be required to remove any link between staff rewards and revenue maximisation.

## **Land based products**

We fully support tougher regulation around gambling products in land-based sites. While the FOBT reduction in maximum stake size to £2 has hugely reduced the amount of money lost through those machines, nothing has been done to tackle the speed of play on such terminals, leaving these highly addictive, dangerous products readily available to young people, with no in-house welfare or wellbeing services available.

Therefore, we are calling for a major reassessment of the wider group of products that are available in land-based venues with further reductions in play speed and other features, similar to those that we have covered in the ‘Online Protections’ section. A precautionary approach to these changes is required. We know that current products are dangerous and harmful, therefore changes are required to make them safer, and the impact of the changes needs to be monitored.

Greater consideration should be given to where land-based gambling can take place and the controls which need to be in place. Unless much greater age compliance can be achieved in pubs, then gambling machines should be removed. Not only are they played illegally by minors but they also serve to normalise gambling in venues where alcohol is served. High-speed electronic gaming machines (EGMs) should no longer be available in motorway service stations. They are known to impair decision making, therefore making drivers much less safe. The UK doesn’t permit alcohol to be served in service stations for this reason, and EGMs should be similarly treated.

There also needs to be greater control of the overall gambling experience in land-based premises. Clinicians report that their clients report simultaneous gambling on multiple products in bookies. This can transform the less addictive act of gambling on an individual horse race to a personalised high-speed gambling experience. Staff in shops should be responsible for overseeing the gambling experience of their customers. Though this could eventually be improved by the existence on account based play to allow overall play to be monitored.

## **Local authority powers**

We believe that local authorities should be given far greater powers to refuse gambling premises licensing applications. Currently high-street betting shops are an unwelcome presence in communities all over the country and tend to be clustered on high streets in deprived areas. A survey found that bookmakers were the facility that people least wanted to

see on their high streets, with just 15% wanting to see them on the high street. The next least-popular facility were petrol stations, with 45% of respondents wanting to see them. By way of contrast, 73% of people did not want to see a betting shop on their high street (YouGov, 2018).

In 2013 Newham Council, which at the time had over 80 betting shops lost a court case against Paddy Power (Guardian, 2013). The judge ruled against the council, who had opposed the opening of another betting shop, in what was widely regarded as a huge regulatory failing. At the time, Newham, one of the country’s most deprived areas, was home to a single street with 18 betting shops, thought to be the highest amount on any single UK street.

Local authorities should be able to take into account a much wider range of factors when deciding on licence applications. These should include proximity to premises and facilities regularly used by young people: virtually all the young people lost by the Gambling with Lives families started gambling in venues close to their schools and colleges. However, it is imperative the list of ‘forbidden’ venues should be expanded to include leisure facilities, transport interchanges and high streets. Other factors should include demand, existing availability and clustering.

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