

Written evidence submitted by Gambling with Lives

Introduction

Gambling with Lives (GwL) is a charity that was founded in 2018 by Liz and Charles Ritchie MBEs following the gambling-related suicide of their son Jack in 2017, which led them to find and meet other families that had also lost loved ones to gambling suicide.

We support families bereaved by gambling-related suicide, campaign for legislative change, and raise awareness of the devastating effects of gambling disorder.

We are grateful for the opportunity to submit a response to the DCMS Committee and would welcome the chance to provide evidence in person.

We are one of the few charities in the UK that scrutinizes the link between gambling products and health harms. We are deeply concerned by gambling-related suicide and mental health harms suffered as a result of gambling. With this in mind, we have answered questions 1, 2, and 3. Our position is led by the lived experience of the GwL families and informed by independent academic research.

As noted by many others, the review of the 2005 Gambling Act is a once-in-a-generation opportunity to create regulation that will save lives.

1. What is the scale of gambling-related harm in the UK?

Academic evidence and the experience of GwL families clearly demonstrate that everyone is at risk of suffering gambling-related harms, not just a “small number” of “vulnerable” individuals. Many of the loved ones lost by GwL families simply had a random encounter with an addictive gambling product as a child or young person. For every person harmed directly by gambling, many others, such as family and friends, are harmed indirectly.

Therefore, it is essential that the recognition that we are dealing with a highly addictive and dangerous set of products (some with addiction/at-risk rates of 45% – higher than heroin¹) that anyone can get addicted to, must underpin all legislation and regulation.

Gambling poses numerous widespread and severe risks to individuals, families, and communities in Great Britain:

- 20% of the population (one in five) is currently being harmed – either directly or indirectly – by gambling²
- Up to 496 suicides are linked to gambling every year in England alone³
- Up to 1.44 million adults are addicted to gambling in the UK⁴
- Heavy gambling is associated with a 37% increased mortality rate⁵
- 46% of the population is deemed “vulnerable to gambling harm”⁶

Gambling addiction is highly correlated with suicide and the risk of suicide disproportionately affects those under 30, particularly men. GwL reviewed international evidence and estimated that there were between 250 and 650 gambling related suicides each year in the UK ⁷. These findings were corroborated by a landmark Public Health England report in 2021, which estimated there are 409 gambling-related suicides each year in England alone and cited GwL’s work. In January 2023, the Office for Health Improvement and Disparities estimated up to 496 gambling-related suicides a year⁸.

For a long time, the primary focus on gambling harms was on the financial harms. Whilst the bereaved families of GwL state that financial issues do feature in gambling-related suicides, their experiences also demonstrate that the harm gambling disorder causes goes much deeper, leading to feelings of despair, low self-esteem, and self-loathing ^{9 10 11}. The bereaved families identify gambling as both the root and trigger of the suicides of their loved one.

Gambling can have a catastrophic effect on mental health. Research tells us that people suffering with gambling disorder are two to three times more likely to attempt to kill themselves or have major depressive episodes than other types of addicts, with 12–18% of those seeking treatment having already attempted suicide^{12 13 14 15}. One study found that people suffering with gambling disorder are 15 times more likely to take their own lives than members of the general population¹⁶.

The “excitement” of a gambling session is caused by the release of massive amounts of dopamine into the brain¹⁷, with a corresponding crash in mood when this is removed^{18 19}. During a gambling session, decision-making is affected so that decisions are not based on rational thinking and experience but on magical thinking and a genuine belief in luck²⁰, leading to increased impulsivity^{21 22} and loss-chasing^{23 24}.

It is therefore catastrophic when an individual crashes out of a gambling session to a reality of despair, low self-esteem and self-loathing, and financial problems – but retaining the faulty decision-making pathways in the brain, high arousal, and impulsivity. Therefore, unlike with people suffering alcohol or drug addictions, they remain highly capable of executing a suicide plan.

Gambling can also tear apart families, destroy friendships, harm child development, cause bankruptcy, and lead to homelessness – all at huge social and economic cost. A recent report estimated the economic costs associated with gambling harm as up to £1.77 billion each year²⁵, although this estimate doesn't even attempt to cost the majority of identified harms, meaning the actual cost and scale of harms is likely to be several times higher.

The White Paper is a once-in-a-generation opportunity to save many lives. It is essential that the government acknowledges the depth of evidence that shows the scale, severity and source of the harms that gambling causes, and takes a preventative public health approach to minimising harm across the whole population.

2. What should the key priorities be in the gambling White Paper?

It has long been recognised that gambling is not a single or “normal” product, and the industry should not be treated as simply another legitimate leisure industry^{26 27}. This is clearly demonstrated by the right given to customers to protect themselves from harm through voluntarily blocking access to gambling products, as enforced through gambling operator license conditions.

The recognition that we are dealing with a highly addictive and dangerous set of products that anyone can get addicted to must underpin all legislation and regulation, with the following areas prioritised in the White Paper:

Statutory levy

We firmly support the need for a smart statutory levy to be applied on the industry's profits, 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, multiple prominent NHS clinicians, many campaigners, and people harmed by gambling.

A levy of just 1% on the industry's gross profits 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 and sufficient money is available to pay for the hundreds of thousands of people who should be receiving treatment and support.

Currently, the Gambling Commission require all licenced operators to make a voluntary contribution of 0.1% of their net profit. This system is totally inadequate, and the lack of proper funding contributes to the current situation regarding

treatment, with less than 2% of people who need treatment for gambling disorder receiving anything²⁸.

The current voluntary levy gives no security or certainty about the level or length of funding, which means that organisations cannot plan services and 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.

Furthermore, school children in Great Britain now experience the extraordinary situation of receiving education about the dangers and harms of gambling which are delivered by organisations dependent on industry funding, the dominant focus of which is to teach about personal responsibility and on the normalisation of gambling and gaming and their industries.²⁹ 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 two 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 two areas that are currently dependent on industry funding.

An end to all gambling advertising

GwL is calling for a public health-led approach, focused on reducing harm for the whole population, which must include a ban all gambling advertising and sponsorship, just as tobacco advertising and sponsorship was banned in 2005.

Recent research has clearly linked gambling advertising with gambling harm³⁰. There are no benefits to public health from allowing gambling operators to advertise – the only benefit is to the gambling industry's bottom line.

Gambling adverts perpetuate misinformation by portraying gambling as safe, fun, and glamorous, whilst failing to inform the public of the high suicide risk for those that become addicted, or the extremely high addiction and at-risk rates of certain products.

Instead, so-called health messaging, currently controlled by the industry, consists of "responsible gambling" slogans like "Time take to think" and "When the fun stops, stop". These messages 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 undermine efforts to deliver clinically robust treatment for gambling disorder.

Proper public health information must focus on prevention of harm across the whole population, including messages about the correlation between gambling disorder and suicide, and the levels of harm associated with certain products. This requires recognition that the public health problem arises not from “faulty” individuals but a complex interplay between products, industry practices, policy, environments, and individual life circumstances and exposure – all of which is completely at odds with the current misinformation.

Affordability checks

We know that the industry makes 86% of its online profits from just 5% of customers³¹ – those who are already suffering harm or at serious risk of harm: this situation must stop.

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 most 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. A 2020 Social Market Foundation report³² 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, their 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 the young people lost to suicide would have failed the affordability test.

There are a variety of other reports, including from the Gambling Commission³³ and by Oxford University³⁴, which support the position that gambling harms can start at a relatively low level of spend and that most gamblers would not trigger an affordability check at a level of spend of £100.

Action on the most dangerous products

We firmly support the need for dangerous products – some of which have addiction/at-risk rates of 45% – to be made safer in the White Paper. This should include stake limits online that are at the same level as land-based venues (£2) and slowing down the spin speed for online slots and casino-style games. There is no evidence to show that the current maximum spin speed of 2.5 seconds is safe: indeed, it is clearly too fast since it underpins the current levels of addiction and harms.

New products should be rigorously tested before they are released to the market, as any new car or pharmaceutical drug would be. A recent British Medical Journal paper³⁵ concluded “Why are we devising regulations that enable consumers to use dangerous products, rather than preventing their release onto the market?”.

Learning from every death

Finally, the gambling element of every gambling-related suicide must be investigated and learned from. Findings should inform and guide government and regulatory policy to reduce gambling harms.

Jack Ritchie’s inquest in 2022 concluded that his death had been caused by failures in regulation, inadequate public information about the risks and dangers of gambling, and severe lack of availability of treatment³⁶. The coroner issued a Prevention of Future Deaths Report to the three government departments covering gambling, health, and education. Several inquests into gambling-related deaths are currently underway.

3. How broadly should the term, ‘gambling’, be drawn?

Several modern products blur the lines between gambling, gaming, and trading, particularly loot boxes and cryptocurrency day trading. Research by David Zendle³⁷ has established a link between the use of loot boxes and the development of gambling disorder.

Research has also established behavioural similarities between cryptocurrency traders and gamblers^{38 39}. Significantly, GamBan – a tool that blocks access to

gambling sites – also blocks access to applications that feature loot boxes and platforms that allow users to trade cryptocurrency, forex, CFDs, and binary options⁴⁰, which recognises the overlap.

In 2021, GwL launched an education pilot programme which has been delivered to over 3,500 young people in 12 months. One of the programme’s focus areas is gambling product design, reinforcing the messages that:

- Gambling is not just one product and all of them carry a different risk of harm
- All gambling products are designed to keep people using them, but some are designed to be more addictive than others
- All gambling products carry a “house edge” and are designed to be profitable in the long run

Throughout the pilot, feedback shows that the use of loot boxes, social casinos and other gaming products with risk-reward characteristics and features are perceived by young people as gambling. The pilot has shown us – anecdotally – that some young people have already experienced harm from such products.

Young people feel strongly about the need for strong regulatory action on gaming products with some saying loot boxes “should be banned”. Their attitude towards these products is that it is not entirely their responsibility to safeguard themselves from addictive products placed in games sometimes age rated three plus.

In the second phase of the GwL education pilot, we will create and evaluate a small module on the similarities between gaming and gambling products, highlighting the link between them and the risk to health.

Further research and evidence are needed in this area, but it is clear loot boxes, social casinos, and high-risk trading share many characteristics with gambling.

However, the White Paper must not lose sight of the fact that the regulated gambling industry is responsible for hundreds of deaths every year, and ruining millions of lives.

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