Intro

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

GwL now supports many families bereaved by gambling-related suicide from all over the UK, campaigns for legislative change, and raises awareness of the devastating effects of gambling disorder.

We welcome the opportunity to provide a written submission to the NI Assembly's inquiry into in public health approaches to gambling-related harms in Northern Ireland. Our position is led by the lived experience of the GwL families and informed by academic research.

We would be pleased to provide evidence in person to the inquiry at any time.

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1. **What public health policies and interventions have the most potential to effectively prevent and reduce gambling-related harms?**

It is vital that the Northern Ireland (NI) 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.

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, which is the gambling industry's preferred narrative.

Research tells us that one in five (20%) of the population of Great Britain (GB) is currently being harmed by gambling, either directly or indirectly[1], with hundreds of

suicides a year caused by gambling[2]. There are 1.44 million adults addicted to gambling in GB[3] and NI has a higher "problem gambler" rate than any other UK region[4], with 2.3% of the adult population addicted to gambling.

Therefore, it is essential that the recognition that we are dealing with a highly addictive and dangerous set of products that anyone can get addicted to (some with addiction/at-risk rates of 45% – higher than heroin[5]) underpins all legislation and regulation. Effective, preventative public health measures to reduce gambling-related harms must include:

An end to all gambling advertising, marketing, and sponsorship

The 2005 Gambling Act loosened restrictions on gambling advertising in the UK, resulting in a dramatic increase of gambling adverts, with the industry spending around £1.5 billion on advertising and marketing each year[6]. Recent research clearly links gambling advertising with gambling harm [7].

Nowhere is the gambling industry's pernicious influence felt more than in football, with up to 700 gambling logos visible during a single televised Premier League game[8].

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.

GwL families argue that the only way to fix this is to introduce public health prevention measures in parity with tobacco and put an end to all gambling advertising, marketing, and sponsorship.

A statutory levy on the gambling industry's profits

We firmly support the need for a statutory levy to fund independent research, education, and treatment. Gambling harm is clearly a public health issue, and research, education and treatment should be funded by the industry, via a statutory – and not voluntary – levy.

In the ongoing review of the GB Gambling Act, we are calling for a smart statutory levy on the industry's GGY (gross gambling yield). In GB, the call for a statutory levy is 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 in GB would produce around £140 million per year and we recommend a levy of at least 1% in NI. This level of contribution needs to be protected to ensure that the harms that have already been created by the industry can be addressed. We must ensure that sufficient money is available to pay for the people who should be receiving treatment and support.

We note that the current voluntary levy in GB is totally inadequate. In 2018/19, the industry made over £14 billion in profit and voluntarily donated just £10m (less than 0.1% of GGY) toward the cost of treatment, education, and research[9]. Undoubtedly, this lack of funding contributes to the current situation regarding treatment, with between 0.5% and 2% of people who need treatment for gambling disorder receiving any [10].

The current voluntary levy in GB gives no security or certainty about the level of funding or how long it might last, which 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, which helps perpetuate stigma and worsen gambling harms. The industry has regularly exercised their current right to cancel or redirect funding to organisations which they believe will not challenge or question their activities[11].

Affordability checks

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”.

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.

The 2020 report by the Social Market Foundation[12] 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.”

There are a variety of other reports, including from the Gambling Commission[13] (the body responsible for regulating gambling in GB only) and by Oxford University[14], 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.

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 – especially those with gambling disorder – may well visit multiple land-based venues. Therefore, a priority action must also be to develop a “single customer view” (SCV) to allow decisions to be based on a gambler’s whole gambling experience.

At present, the Gambling Commission has handed the development of a SCV to the industry. Experience of the slow speed of development of this, and of previous safeguarding tools such as GamStop (which took seven years to implement as opposed to the promised one year) mean that we believe that this must be done independently of the industry, overseen by the regulatory body.

Dangerous products made safer

We firmly support the need for dangerous products – some of which have addiction/at-risk rates of 45% – to be made safer. This should include slowing down the spin speed for online casino-style games and applying maximum stake limits. 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 paper[15] concluded “Why are we devising regulations that enable consumers to use dangerous products, rather than preventing their release onto the market?”.

Every gambling-related suicide must be learned from

Every gambling-related suicide must also be investigated and learned from. The coronial system is part of the public health system, and these findings should inform and guide government 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 treatment[16]. 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.

2. **What types of harms are associated with gambling, and how do these impact individuals, families, and communities?**

Gambling causes well recognised and often severe harms, with ramifications that often stretch far beyond the frequently catastrophic consequences for the individuals themselves. For every person directly harmed by gambling, many others are harmed indirectly, including friends, family, employers and the wider community. Heavy gambling is associated with a 37% increased mortality rate[17]. For more on the health and social harms associated with gambling, please see our answer to question 9.

There are up to 1.44 million adults addicted to gambling in GB[18], with 20% of the population harmed directly or indirectly. Addiction doesn’t happen by accident – the gambling industry makes 86% of its online profits from just 5% of gamblers[19], those already suffering harm, or at serious risk of suffering harm.

Gambling harm can tear apart families, destroy friendships, harm child development, cause bankruptcy, and lead to homelessness and suicide – 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 year[20], 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.

As with any addiction, gambling disorder changes the brain and rewires synaptic pathways to modify pleasure-seeking behaviour. The onset of gambling disorder can be rapid [21] – weeks/months, not years – meaning that people can become addicted before anyone (including the gambler themselves) are even aware of it.

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 [22]. 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 to up to 496 gambling-related suicides a year[23].

The "excitement" of a gambling session is caused by the release of massive amounts of dopamine into the brain [24], with the corresponding crash in mood when this is removed [25] [26]. 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 luck [27], leading to increased impulsivity [28] [29] and loss-chasing [30] [31].

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.

3. **How do the characteristics, availability and accessibility of gambling products affect public health, and what can be done to mitigate the associated risks?**

In the last 20 years, huge advancements in mobile and digital technology have provided around-the-clock access to industrialised toxic forms of gambling, such as online casino-style games and slots, which are mainly accessed by the young.

It is these high-speed electronic games that are the most harmful – they are fast, purely chance-based, do not rely on an event taking place in the physical world and are available to pay 24 hours a day, 365 days a year. Some of these products have addiction/at-risk rates of 45% – higher than heroin[32]. Analysis clearly shows that products and not people is the factor that drives harm[33][34].

Technology means that even betting on sport has changed, with the advent of "micro betting" – also known as "in-play betting" – whereby one can place multiple bets on

the same event that are often settled very quickly, increasing gambling activity. So that the relatively benign act of placing a bet on the outcome of a football match, say, has been turned into a 90-minute continuous high speed betting experience. Research found that 78% of people engaging with “micro” sports betting are addicted[35].

Technology has also turned gambling into a very lonely and isolating activity. Where once, the only place to gamble was in a high-street bookmaker, 61% of gambling in GB now takes place online[36]: providing you have a smartphone or computer and internet connection, you can gamble from anywhere at any time. This new, online gambling environment has very few safeguards in place. Those that are in place rely heavily on the individual and completely miss the point of addiction, such as “time out” functions and user-defined spending limits, which can be easily overturned and rely on the gambler.

Algorithms should be able to be used identify people being harmed and intervene before the damage becomes too serious. However, the Patterns of Play report[37] indicates that for online customers just 0.13% of accounts received a telephone call despite “problem gambling” rates of 9.2% for online casino and slots: this means that just one in a hundred people who were experiencing serious harms were identified and contacted in any meaningful way. A recent British Medical Journal article[38] remarked on this situation:

> “From a practical and public health perspective, the guidance is illogical. Designed to prevent harm, it involves retrospective interventions triggered when certain “indicators of harm” are identified.”

The above factors all create very clear and pronounced mental health and suicide risks – and a huge threat to public health. It is therefore unsurprising that the only population segment with rising completed suicides is the young [39].

To mitigate the risks, we strongly recommend taking a preventative, public health approach to gambling harms, which should include:

- A ban on all gambling advertising, including sponsorship of sports teams
- Classification of gambling products based on health risks with clear warnings for the most dangerous products
- Public health messaging and campaigns about the dangers of gambling
- Education to young people about the dangers of gambling that is completely free of gambling industry influence
- Changing game and product designs to make them safer – e.g., slowing down spin speeds

4. **How does the advertising and promotion of gambling products affect public health, and what can be done to improve things?**

In simple terms, it is not possible to become addicted to, or harmed by, something you've never been exposed to. Therefore, the advertisement and promotion of gambling products, some of which have addiction/at-risk rates higher than heroin, has an extremely adverse effect on public health, with recent research clearly linking gambling advertising with gambling harm[40]. Gambling Commission data[41] confirms this, finding that advertising for gambling companies had substantial effects on gamblers with:

- 13% saying it prompted them to start gambling for the first time.
- 16% saying it prompted them to increase the amount they gambled.
- 15% saying it prompted them to start gambling again after they had taken a break.
- 10% saying it prompted them to gamble on new products.

The only benefit to advertising and promoting gambling is to the industry's bottom line, which currently spends around £1.5 billion each year on advertising in the UK.

Gambling advertising is harmful to public health as it creates a dangerous blanket of misinformation, which increases stigma, stops people being seeking treatment, and obscures the government's public health responsibilities. For more on this, see our answer to question 1.

Inducements to gamble, such as VIP schemes, free spins, and free bets, are also highly correlated with addiction as they encourage people to gamble beyond their means. They are also targeted at people being harmed, with 35% of people suffering with gambling disorder receiving daily incentives to gamble, compared to 4% of those not suffering gambling harm[42]. In the experience of the GwL families, suicides are often triggered by acute episodes of recurrence following receipt of marketing.

The Gambling Commission has highlighted that a substantial proportion of their "compliance" work arises from problems associated with VIP schemes. 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[43].

Several of the loved ones lost by the GwL families received further encouragement to gamble in the form of aggressive marketing, free spins, and bonuses, which had a catastrophic effect on their addiction and contributed immeasurably to their deaths. Their suicide notes provide written testimony that they felt they could never break free and escape from their disorder or from the bombardment of marketing.

The only way to prevent future suicides and protect public health is to introduce prevention measures in parity with tobacco, with a complete ban on advertising, marketing, and promotion, and correcting the misinformation and stigma with effective public health information and campaigns.

5. **How does gambling and affect mental health?**

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[44] [45] [46] [47]. One study found that people suffering with gambling disorder are 15 times more likely to take their own lives than members of the general population[48].

The stigma associated with gambling harms also has a catastrophic effect on the gambler's mental health. The idea that individuals can avoid gambling harms by gambling "responsibly" or remaining in control of their gambling avoids the idea of how addiction arises – true addiction is an artificially induced state in which the agency of the individual is compromised.

The stimulus to behave in a way that is contrary to individual interest is enabled through repeated stimulation of primitive areas of the brain. Stigma is then created by putting all the blame on the individual and shifting it away from industry products and practices. This leads the individual to feel that their addiction is somehow their fault, the result of some apparent personality flaw or personal weakness, heaping shame upon them and catastrophically impacting their mental health.

For example, the industry-favoured term for someone suffering with gambling disorder, which is a diagnosable psychiatric disorder, is a "problem gambler". This term implies in no uncertain terms that the problem is with the gambler, not the industry or its toxic products. This deeply damaging narrative is perpetuated by the charity sector dependent on voluntary industry donations, which focus heavily on individual responsibility.

The GwL families know that stigma also forms a barrier that stops people seeking treatment when they need it, as they are relentlessly painted as one of a reckless few who can't "gamble responsibly". As a result, between 0.5% and 2% of people suffering with gambling disorder access treatment, compared with between 15% and 20% for people with drug and alcohol addictions[49].

Academic researchers and people with lived experience of gambling harm agree that the "responsible gambling" narrative contributes to discrimination, stigma, and further harm to mental health. This narrative suggest personal weakness is at the heart of

gambling disorder, when the evidence and the experience of the GwL families clearly demonstrates that anyone can become addicted to addictive products[50].

Furthermore, people in recovery from gambling disorder report that stigma caused by a focus on individual responsibility increases feelings of low self-esteem, self-blaming, and suicidal thoughts[51]. This is confirmed by the content of suicide notes left to the GwL families.

6. How do we prevent children and young people from being exposed to gambling-related harms?

The only way to prevent children and young people from being exposed to gambling-related harms is by taking a preventative, population-wide public health approach to the harms caused by gambling, as outlined in detail in our answer to question 1. Important research from Australia[52] identified gambling advertising, and indeed general exposure to gambling, as particularly pervasive for young people, emphasising the need for a preventative public health approach to protect young people. The research concluded that:

- Gambling is increasingly described as a public health threat for young people.
- Young people in Australia observe gambling products and promotions in everyday spaces.
- Exposure to gambling occurred in social, physical and symbolic environments.
- This exposure contributed to perceptions that gambling is a normal activity.
- Policy levers are needed to restrict the availability and marketing of gambling.

We also strongly recommend the need for robust age verification checks to protect children from gambling harm. Recent Gambling Commission data[53] found that 5% of under-16s have gambled online, which supports this need.

Protecting young people from gambling harm must include education about the risks of gambling, which must be completely free of the gambling industry's influence – see our answer to question 15 for more.

7. What are appropriate treatments for those with a gambling disorder?

Gambling disorder can be difficult to treat successfully. Therefore, prevention must always be the priority.

The strongest evidence base for effective treatment of gambling disorder is cognitive behavioural therapy (CBT)[54], which is offered by the NHS in England. There is also

evidence that certain pharmacological drugs, like those given to people addicted to opiates, can be also effective[55].

8. **Is the current system of support and treatment for those with a gambling disorder in Northern Ireland effective?**

The current system for treatment of gambling disorder in NI is completely inadequate. As far as we are aware, there are no state-run clinics dedicated to treating gambling disorder. In England, there are already four NHS-run clinics that treat gambling disorder, with a total of 15 to be operational by the end of 2024.

Additionally, we firmly support the need for much more training for health professionals about how to effectively diagnose gambling disorder and refer to the correct service. Jack Ritchie's inquest highlighted the complete lack of training about gambling for GPs. Several of the loved ones lost by the GwL families went to see their GP, presenting with symptoms like insomnia and anxiety, but were not correctly diagnosed and did not receive the help that could have saved them.

The Greater Manchester Combined Authority (GMCA) is working with GwL on a pathway referral project, which aims to equip healthcare professionals and intermediaries with the knowledge and skills needed to correctly spot the signs of gambling disorder and refer to the appropriate service. This project is launching locally in 2023, with the potential of scaling up nationally. We strongly recommend that NI looks at something similar or even adopting this project.

9. **What is the relationship between gambling and social and health inequalities?**

As outlined in our answer to question 1, the fact that anyone can get addicted to gambling must underpin all legislation. Everyone is vulnerable to gambling disorder, so a preventative approach must be taken across the whole population.

However, we know that the most socio-economically deprived and disadvantaged groups in England have the lowest gambling participation rates – but the highest levels of harmful gambling, which means they are the most susceptible to harm. This means if no robust public health interventions are put in place, harms caused by gambling are likely to exacerbate health and social inequalities. Considering the multiple similarities between England and Northern Ireland, these findings are certainly relevant to this submission.

A ground-breaking analysis of anonymous banking data from 6.5 million UK customers looked at the relationship between gambling and financial, social, and health outcomes[56], and found that:

- Heavy gambling is associated with an increased mortality rate of 37%.
- Those who spend 10% of their monthly outgoings on gambling are twice as likely to miss a mortgage payment than non-gamblers.
- People who gamble just 3.6% of their monthly outgoings are a third more likely to miss a mortgage payment.
- Higher levels of gambling are associated with a higher risk of future unemployment and future physical disability.
- Even people who gamble small sums are more likely to suffer financial hardships, such as unemployment.

Further research has found that people from Great Britain's most deprived areas were more likely to lose money in online casinos[57], using products with a significantly increased addiction rate.

A study into the location of land-based gambling venues [58] in GB further highlighted the disproportionate relationship between gambling harm and social equality, and found:

- The most deprived areas have 24 times more casinos than the most affluent.
- The most deprived areas have nine times more betting shops than the most affluent.

In summary, gambling, even at a relatively low level, is strongly linked to health and social inequalities, emphasising the need for a preventative public health approach to reducing gambling harms, underpinned by the understanding that the entire population is at risk of being harmed by gambling.

10. Should the Department of Health be mandated to be responsible for the prevention and treatment of gambling-related harms?

Yes. Gambling harm is a public health issue and responsibility should sit with the Department of Health. It is crucial that responsibility for prevention and treatment of

gambling-related harms falls to a single department. Devolving responsibility to various governmental departments and organisations will not work.

In New Zealand, a public health programme is part of a national gambling harm reduction and prevention strategy that was mandated by their 2003 Gambling Act. The programme is operated by the Ministry of Health and directs workplace and organisational gambling policies and local council policies on electronic gambling machines.

11. Should the Department for Communities be mandated to consult the Department of Health when developing gambling related policies and regulations?

Yes. As noted in our answer to question 10, it is critical that one department is accountable for addressing gambling harm and treatment, and considering that gambling is a public health issue, that department must be the Department of Health.

12. What data should be collected to improve treatment services and harm-prevention measures?

Accurate prevalence studies are essential to paint a true picture of the scale of gambling harm in NI. Current research methods are inadequate in capturing the true scale of harms[59].

Beyond accurate prevalence studies, independent research and evaluation, including qualitative research, are vital to understanding the factors and development of gambling addiction.

Treatment outcomes should be measured by assessing a variety of dimensions (i.e., gambling severity, rates of abstinence, psychological wellbeing, social functioning), using validated tools at pre/post treatment and 12–24 months follow up. An effective aftercare system should also be in place, to protect against relapses.

Patient feedback should also be taken into consideration and used to improve treatment services.

13. What effective policies used or proposed in other areas of public health could be translated to addressing gambling-related harms?

We strongly recommend a public health approach that would put gambling on par with smoking. This should include:

- A ban on all gambling advertising, marketing, and sponsorship.
- Health warnings on the most dangerous gambling products.
- An effective public health campaign about the dangers of gambling.

Gambling advertising, which has been clearly linked to harm and addiction[60], has been banned or severely restricted in several other European countries, including the Republic of Ireland, Spain, Italy, the Netherlands, and Belgium, which demonstrates what a public health approach to gambling advertising should look like.

14. How should a new regulatory authority from work with health and social care services to address gambling-related harms?

Lived experience must be meaningfully involved and consulted when forming and operating a new regulatory authority. The stated objective of the regulatory authority must be "to protect the entire population from gambling harm", enshrining its public health objectives. Any new authority must be adequately – and sustainably – resourced, enabling it to effectively challenge such a powerful industry.

15. What are your views on public health messaging and education in schools on the risks associated with gambling?

School children must be taught about the risks of gambling from an early age, just as they are with drugs, alcohol, and smoking. It is imperative that the education they receive is completely free of gambling industry influence. In 2021, GwL launched an education programme that aims to equip young people with important information about dangerous gambling products, break stigma around addiction, and enable them to respond critically to gambling advertising and marketing. As of the end of 2022, the programme had been taught to 3,479 young people, including over 1,300 in NI.

UK school children are currently in the extraordinary situation of receiving education about the dangers and harms of gambling which are delivered by organisations dependent on gambling industry funding.

Recent research[61] into industry-funded education programmes concluded "gambling education discourse aligns with wider industry interests, serving to deflect from the harmful nature of the products and services they market while shifting responsibility for harm onto children, youth and their families." Therefore, we ask that the Assembly mandate that no industry-influenced or industry-funded education programmes can be taught in NI schools.

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 – a statutory levy is undoubtedly the best way forward.

It is noted that the one of the two areas on which Article 2 status was granted for Jack Ritchie's inquest was "failure to provide education and information about the dangers of gambling", an area currently dependent on industry funding.

The only way to break this deeply damaging situation is with a statutory levy on the gambling industry's profits, as outlined in detail in our response to question 1.

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