Gambling with Lives submission to The London Assembly Health Committee call for evidence into the health impacts of gambling

29th November 2023

Introduction

Gambling with Lives (GwL) is a charity that was founded in 2018 by Liz and Charles Ritchie MBEs following the death of their son, Jack, in 2017 from gambling related suicide.

GwL now supports many families bereaved by gambling-related suicide, campaigns for legislative change, and raises awareness of the devastating effects of gambling disorder, including the high suicide risk.

We are one of the few charities in the UK that scrutinizes the link between gambling products, industry practices and health harms. We are deeply concerned by gambling-related suicide and mental health harms suffered as a result of gambling.

We welcome the opportunity to provide a written submission to the Greater London Authority's inquiry into the health impacts of gambling in London.

Our position is led by the lived experience of the GwL families but always informed by the wider evidence base and academic research.

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

1. How has participation in land-based (in-person) and online gambling in London changed in recent years, and what is the prevalence of people experiencing gambling-related harms in London?

Accurate data on the localised prevalence of gambling-related harms can be difficult to gather and is often extrapolated from national datasets. Despite this, there is already more than enough data and evidence on both prevalence and harm to act on, which should be as much of a priority as addressing the gaps in data.

Prevalence of gambling harm is also problematic to measure. Historically harm has been measured as the "Problem Gambling (PG)" rate, which is a crude measure of the level of severity of an individual's gambling disorder. The Gambling Commission have recognised that there are many and widespread forms of gambling harms to

the individual gambler, their family and friends, their employers and wider society[1]. However, progress in developing robust measures of these harms has been slow, so that harms still tend to be represented by the "PG", even though it is recognised that the majority of harms actually impact people who do not score highly on the PG scale.[2]

Furthermore, gambling harm is not static. Gambling disorder is a chronic condition with acute episodes, which some refer to as 'reoccurence' or relapses. The widespread availability of addictive products accompanied by incessant marketing means there is a lot of 'churn' between categories of people suffering harm and people at risk. Today's "medium risk" gamblers are tomorrow's "problem gamblers" [3].

Haringey Local Authority estimate that 1.8% of Londoners – roughly 165,000 people – are experiencing gambling harm directly and 1 million Londoners in total are negatively affected by gambling [4].

Extrapolating NHS Health Survey data from 2021[5], which found that 2.8% of adults were identified as engaging in at-risk or "problem gambling", and .3% as "problem gamblers", gives a figure of well over 200,000 adults in London who are suffering harm or are at risk of harm.

Nationally, there are up to 1.44 million adults harmed by gambling[6]. For every person directly harmed by gambling, many others are harmed indirectly, including friends, family, employers, and the wider community, meaning around 20% of the UK population is thought to be experiencing gambling harm directly or indirectly.

Considering the difficulties outlined in collecting localised data, there is a unique opportunity for the GLA to become pioneers in this field and undertake detailed work to gain a full understanding of the prevalence of gambling harm in London. This would contribute valuable insights to preventative local policymaking and set a precedent for other cities and regions.

2. How can a problematic relationship to gambling affect someone's health?

Gambling addiction is a mental health disorder and can severely impact mental health, leading to depression and anxiety, as well as tear apart families, harm child development, destroy friendships, cause bankruptcy, and lead to homelessness and suicide – all at huge social and economic cost[7]. The paper "Measuring Gambling Related Harms" identified health impacts relating to physical health, psychological distress and mental health and proposed nearly 20 potentially measurable factors.

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 [8] – 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 [9].

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 year[10]. Heavy gambling is associated with a 37% increased mortality rate[11].

Gambling is also included in the government's National Suicide Prevention Strategy, published in 2023, stating:

> *There is increasing evidence of the relationship between harmful gambling and suicide, including in younger people. Although reasons for suicide can be complex, we do know that gambling can be a dominant factor without which the suicide may not have occurred. Action therefore needs to be taken to address the harms of gambling, including suicide, and reach people at risk.*[12]

The "excitement" of a gambling session is caused by the release of massive amounts of dopamine into the brain [13], with the corresponding crash in mood when this is removed [14] [15]. 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 [16], leading to increased impulsivity [17] [18] and loss-chasing [19] [20].

Therefore, it can be 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. Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

Academic evidence and lived experience testimony clearly demonstrates that a significant proportion of the population is at risk of suffering gambling-related harms,

not just a tiny number of “vulnerable” individuals, which is the gambling industry’s preferred narrative. The Gambling Commission estimate that 46% of the population is deemed “vulnerable to gambling harm” [21].

Some research has indicated that people from poorer communities are more likely to be affected by gambling harms[22]. Other research has indicated that some populations are more likely to suffer from gambling harms, in particular black and ethnic minority communities[23].

However, it is important to recognise that gambling harm doesn’t happen by accident. Gambling harm is caused by a toxic combination of dangerous gambling products (some with addiction/at-risk rates of 45% – higher than heroin[24]) and predatory industry practices, such as incessant marketing and cross-selling to more dangerous products.

Therefore it is clear that anyone can be addicted. The prevalence of addiction in any group is much more about the availability of gambling and the practices of industry than characteristics of the people themselves. We believe that the greatest individual risk factor is an individual’s age. Young people are more vulnerable to harms for a variety of physiological, psychological, societal and environmental factors, ranging from the stage of brain development to lifestyle related factors such as leaving home and use of smartphones and other technology.

The gambling industry’s business model is built on addiction with 86% of its online betting profits from just 5% of gamblers[25], with those already suffering harm at greatest risk. To continue this the industry must target people to maximise the amount of money that they can make.

To this end, it is clear that people who are already suffering gambling harms are targeted by the industry by offers of free bets and other inducements: Gambling Commission research found that 35% of those already suffering gambling harms received daily offers of free bets, compared to just 4% of all gamblers[26].

Furthermore, it is clear that poorer communities are targeted by the gambling industry with betting shops being far more concentrated in poorer areas than more affluent areas[27].

However, we come back to the fact that anyone can be addicted. This vital recognition must underpin robust preventative public health policy in London, so that while there may need to be some targeted activities for some communities, action needs to be taken on a population wide basis.

4. **Does the NHS offer sufficient support for people in London experiencing gambling related health harms?**

Gambling harm can be difficult – and costly – to treat, so prevention and early intervention must always be the priority.

Primary care services have a critical role to play in prevention, referral to treatment, support, and recovery, but most GPs, with the notable exception of the Hurley Clinic in South London that operates a primary care gambling service, and other frontline health staff are currently not adequately trained to identify gambling disorder or people who are at risk.

London is home to the UK's first specialist NHS gambling clinic. However, considering the potential treatment population in London of over 200,000 people, one clinic cannot possibly have enough capacity to treat everyone who needs it.

At the national level, only around 2% of people who need treatment for gambling disorder access treatment. This is partially due to a lack of understanding about gambling disorder and a lack of integrated treatment pathways within the healthcare system – often healthcare professionals don't know how to spot the signs of gambling disorder, or where to refer if they can.

In 2023, in partnership with the Greater Manchester Combined Authority, and with input from clinicians, academics and people with lived experience of gambling harm, we launched Chapter One – a digital hub for everyone affected by gambling to provide complete and independent live-saving information about the causes and effects of gambling harm.

Chapter One also provides in-person and online training to healthcare professionals, including those in primary care settings, and intermediaries to empower them to identify if someone has been harmed by gambling, to have a stigma-free conversation and refer to evidence-based treatment and support.

We recommend that more NHS clinics are considered for London and that Chapter One training is funded and offered to intermediaries and healthcare professionals across London alongside local targeted information campaigns.

We also recommend that there is a role for third sector provision of support and treatment where it is commissioned by and integrated with the NHS. It is important that support and treatment offers are not commissioned by the gambling industry or organisations with a conflict of interest – a position which has been adopted by the Government through the implementation of a statutory levy on the gambling industry to fund research, prevention, and treatment, which will become active in 2025.

5. **What other support services in London are available to people experiencing gambling related health harms and is this sufficient?**

GamFam is a charity that empowers individuals and families to reduce the impact of gambling harms and move towards a more positive future that operates all across the UK. GamFam offers free online peer support, including structured peer support groups for affected others and separate groups for those directly in recovery.

6. **What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?**

The Mayor pledged to ban gambling adverts on the London Underground in 2021 but this policy is yet to be implemented. This must be treated as a priority action and also extended to other public spaces.

As mentioned above, the Mayor should run citywide independent public health messaging campaigns to educate the public about the dangers of gambling. There is likely to be funding available for this type of activity once the gambling operator statutory levy is implemented by central Government.

Other local authorities, such as the Greater Manchester Combined Authority (GMCA) and Yorkshire and Humber, have put together robust public health messaging campaigns and training programmes to reduce gambling harms and we recommend that the GLA do the same. The Local Government Association has said it "fully supports[28]" public health approaches to gambling harms.

The GLA should signpost healthcare professionals and intermediaries towards evidence based training that includes information on commercial determinants of health, such as that of Chapter One's training offer, which will encourage brief interventions and how/ where to refer.

Harm prevention must also include education for children and young people on the risks of gambling, focused on harmful products, industry practices and gambling environments. It is crucial that all education and training programmes are both designed and delivered completely free of the gambling industry's influence.

Research[29] into gambling industry-funded education programmes found that "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."

Key messages in the curriculum should be supported by schools working with independent expert providers to deliver train-the-trainer programmes for teachers and staff.

The Mayor should explore how to empower and support local authorities to restrict the opening of new land-based gambling venues, including “adult leisure centres”.

Finally, the GLA should become an active participant in the ongoing consultations on how to implement the Government’s policies on gambling, and should advocate for stricter public health measures wherever appropriate.

7. Is there anything else you wish to share with the Committee that can help inform our investigation?

We are concerned that the language used in question 3 is stigmatising. The term “problematic gambling” locates responsibility for harm in the individual rather than harmful gambling products and prolonged use encouraged by predatory marketing. This also applies to “harmful gambling”, which is mentioned in the call for evidence document.

Using stigmatising language like this reinforces an industry favourable narrative that the individual is responsible for the harm they are suffering. GwL families provide testimony that the stigmatisation of people experiencing gambling harms was a significant factor in the completed suicides of their family members.

Suicide notes left to the GwL families also provide evidence that suicidal ideation is partly a result of lack of understanding that harm from gambling is primarily caused by wide availability and marketing of dangerous products that harm mental health.

We recommend using positive, people-centred language like “a person harmed by gambling”.

This is part of a broader, fundamental point, and one we’ve stressed throughout our answers, about the need for a new approach to tackling gambling harms that recognises the source of harm as an industry that has built its business model on addiction, with increasingly harmful products and marketing techniques, rather than the individual.

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