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**Director: Alison Mather**

**PO Box 3344**

**Bristol BS6 9NT**

**0117 924 6981**

**E- mail:** [**alison@qaad.org**](mailto:alison@qaad.org)

**Website:** [**www.qaad.org**](http://www.qaad.org)

**QAAD RESPONSE TO THE REVIEW OF THE GAMBLING ACT 2005 TERMS OF REFERENCE AND CALL FOR EVIDENCE**

Quaker Action on Alcohol and Drugs (QAAD) is a Recognised Body of the Religious Society of Friends (Quakers) and an independent, national charity that has a concern with gambling-related harm and the use and misuse of alcohol and other drugs.  QAAD does not represent Quakers as a whole, but our views are rooted in our Quaker principles.  We are advised against gambling and speculation on the grounds that it involves gain at the expense of another’s loss, works against equality and our spiritual connectedness to others, and encourages a focus on material wealth.

QAAD was one of the interfaith groups that gave oral evidence to the Joint Parliamentary Select Committee that considered the Gambling Act of 2005. We continue to be actively involved as a stakeholder, as members of the Gambling Health Alliance. We have responded to multiple Gambling Commission and DCMS consultations; and work closely with our partners in the Church of England, the Methodist Church, the Evangelical Alliance, and CARE.

**WHY WE ARE RESPONDING TO THIS REVIEW**

We welcome the government’s intention to review the 2005 Gambling Act in the light of substantial evidence of the exponential growth in gambling per se and its resultant harm to individuals, families, communities and society as a whole. We have been encouraged by many of the new restrictions introduced by the Gambling Commission over recent years. However, we believe that these can only hope to go some way to ameliorate harms that have accumulated since the liberalisation of gambling in 2005. This review is a once in a generation opportunity to place peoples’ safety, health and wellbeing at the heart of a public health response to this endemic problem. We urge the government to act courageously, without further delay.

The two important and extensive reports published in 2020, ‘Gambling Harm – Time for Action’[[1]](#footnote-2) and ‘Online Gambling Harm Inquiry, Final Report’[[2]](#footnote-3), each collated substantial evidence from experts in a wide range of disciplines and perspectives, including those with lived experience of gambling-related harm. The Gambling Harm Alliance has submitted its own response to this consultation and we fully support its recommendations. In the interest of brevity, and to avoid duplication, we have limited our submission to a focus on what we regard as key principles for consideration.

1. **A NEW GAMBLING ACT IS NEEDED AS A MATTER OF URGENCY**

In his Ministerial Forward for this consultation, Nigel Huddleston highlights the review’s objective to make sure the 2005 Act is ‘*fit for the digital age’*. It is our belief that a new Act is needed, rather than continuing to build on an Act which has failed in its objectives to protect young and other vulnerable customers from being harmed and exploited, and to ensure that gambling is conducted in a fair and open way. We believe that the 2005 Act, and the Budd Report which informed it, were based on a fundamentally flawed premise, namely that gambling is essentially a form of harmless entertainment. We support Professor Jim Orford’s view that *‘...gambling is not simply an ordinary entertainment product. Gambling, by its very nature, has always had the potential to be dangerously addictive and, due to modern technological changes, has recently become more so.’[[3]](#footnote-4)*

Through the industry’s influence on, and funding of, gambling research, the public discourse has been shaped by its commercial interests, promoting the view that only a very small minority of individuals experience harm, thereby placing responsibility for harms they experience on their choices, behaviour or personal pathology. In the light of accumulating evidence of the extensive and enduring harms experienced at a population level by individuals, families, and communities, we would suggest that a rebalancing of priorities and adjustments to current regulations would only serve to perpetuate the problems that this approach has created.

In its stated objectives for this review, the government suggests that there needs to be *‘an appropriate balance between consumer freedoms and choice… and prevention of harm to vulnerable groups and wider communities…’[[4]](#footnote-5)* By way of response, we would like to reiterate our position, provided in written evidence to the Culture, Media and Sport Committee in 2011:

*‘The moral and practical question for legislators – which was not squarely faced when the Gambling Act was passed - is whether profit for the industry, and an increase in gambling opportunities for the consumer are worth [these] human costs.’[[5]](#footnote-6)*

1. **New legislation should be based on a public health approach, with prevention as its keystone**

We support calls by the APPG, the House of Lords Select Committee, and the Gambling Harm Alliance, amongst others, that future policy and regulation must be founded on a robust public health approach with a primary focus on prevention. This would build on the progress made with the introduction of recent measures e.g. the reduction of terrestrial FOBT maximum stakes and the ban on gambling with credit cards. It would place a clear priority on the identification and support of those harmed by gambling across the whole population at the earliest opportunity, not just reducing the development and prevalence of more serious harm but, potentially, also helping to break the cycle of parental gambling problems impacting on future generations’ lives and wellbeing.

**Independent research**: The current lack of UK longitudinal research into the susceptibility of risk amongst different sub-groups within the whole population needs to be addressed as a matter of priority. Sustainably funded, entirely independent research would inform future policy and regulatory decisions within a public health framework. In addition, we suggest that the National Gambling Prevalence survey should be reinstated as soon as possible to ensure that up to date, consistent data are available for this purpose. In addition, it is crucial that any new measures to address harms are subject to piloting and independent evaluation, to build a body of evidence about what works for future planning and development.

**Product characteristics:** For too long, the focus on individual ‘problem gamblers’ has diverted attention away from the dangers associated with sophisticated product characteristics and the impact of blanket advertising, promotions and accessibility which have grown exponentially as gambling has shifted online. This has served the commercial interests of the industry, linked as it is to its influence on research priorities, whilst ensuring that the development of effective preventative measures has been, at best, marginalised. The classification of gamblers as ‘problem’ or ‘at risk’ implies a static condition and a degree of inherent personal pathology. Data refer only to those who have been screened (using the PGSI or DSM-IV), and at a single point in time. In addition, many of those with high levels of problem gambling are not included in the data, such as people living in institutional settings such as prisons and student halls of residence, and the homeless. This has enabled the industry to claim that only a very small minority of gamblers are seriously affected, and that this proportion has remained largely stable over several years.

*‘The number of problem gamblers in Britain should not be considered a robust measure of the total number of people harmed by gambling and could conceivably be viewed as only representing the minimum number of people affected.’* [[6]](#footnote-7)

**‘Churn’:** Dependence on these data also masks the high level of ‘churn’ amongst the gambling population i.e. the movement in and out of problematic gambling. Longitudinal, international research found that less than half of problem gamblers remained so in the next reporting period, and that between 50% and 75% of problem gamblers were new cases[[7]](#footnote-8). Wardle et al have suggested that those moving ‘out’ will include people who have been incarcerated and those who have died as a result of their addiction, including by suicide[[8]](#footnote-9).

**Screening:** Currently, neither the PGSI nor the DSM-IV asks questions about emotional or financial harm or about the impact on close others, nor are these data collected at a population level. Such harms typically endure well beyond periods of active gambling, exacerbating (and being exacerbated by) pre-existing factors such as poverty, substance misuse, and mental ill-health. For some families, the permanent scars of bankruptcy, incarceration, and suicide have profound, long-term consequences for their health, wellbeing and financial security. It is essential that longitudinal research is undertaken to establish the full extent, duration and impact of such experiences so that support can be targeted most effectively and appropriately.

**‘Vulnerability’**: A public health approach could also be used to revise some of the language in this context which may have reinforced perceptions and assumptions, shaping the discourse regarding potential solutions and regulation. For example, in written evidence to the House of Lords inquiry[[9]](#footnote-10), Dr Carolyn Downs (Senior Lecturer, Lancaster University) stated that *‘there is no definition of who might be considered a vulnerable person.’* Clearly, risk factors such as youth, poverty and mental ill-health already inform harm reduction and treatment measures. However, describing individuals or groups as ‘vulnerable’, without a clear definition of the term, may offer the public false reassurance that it is only ‘those people’ who are at risk. Having listened to the testimonies of people with lived experience, including close others, and to experts in neuroscience and technology, we cannot help but conclude that the majority of people who gamble are at some level of risk and, without early intervention and public education, this may further escalate over time.

**Messaging:** The ‘responsible gambling’ narrative and commercial messaging such as ‘When the Fun Stops...’ have been overshadowed by the industry’s annual £1.5bn spend on advertising. A public health approach would help people to make more informed decisions, featuring clear, unequivocal public information such as the messages now used on UK cigarette packaging, and this example from Australia:

‘*Poker machines are programmed to pay out less than you put into them, so the odds are you will lose…The longer you play a poker machine, the more likely you are to lose all the money you have put in the machine.’[[10]](#footnote-11)*

**Cross-departmental collaboration:** Finally, we support the view that the development and successful implementation of a public health prevention strategy will require cross-departmental collaboration between DCMS, DHSC, the Department for Education, the Treasury, the Home Office and the Ministry of Justice.

1. **A MANDATORY LEVY IS LONG OVERDUE AND SHOULD BE IMPLEMENTED WITHOUT DELAY.**

We support the widespread, longstanding calls to introduce a mandatory ‘smart’ levy based on the ‘polluter pays’ principle which, we hope, will be refined by future in-depth research into product characteristics.

In its 2018-2021 Strategy, the Gambling Commission referred to the ‘*slow and insufficient’* response of the industry regarding its voluntary contributions and that ‘*continued failure in this would be unsustainable and unacceptable for the future.*’[[11]](#footnote-12) It recommended that a mandatory levy would be a ‘*fair* *and credible way of addressing some of these* weaknesses’, even suggesting that this view had support amongst larger operators.

To date, there have been no attempts to quantify the costs of gambling-related harms to society in Britain, largely because such harms have yet to be fully defined. One attempt to quantify some of the costs associated with problem gambling estimated costs of between £260m and £1.6bn[[12]](#footnote-13). More recently, Dr Carolyn Downs estimated that an annual NHS gambling treatment budget of £2.6m is needed (based on comparisons with NHS alcohol treatment costs of around £5,900 per year per person), adding that this does not include non-NHS services, research or education/public health campaigning.[[13]](#footnote-14)

The industry has promised to increase its voluntary contributions to a cumulative total of around £100m by 2023 and an annual £60m following this (representing just 1% of current Gross Gambling Yield).

Although welcome, it is patently clear that such increases will prove insufficient in meeting future costs of health-based research, treatment and education/public awareness. Furthermore, the voluntary status of these funds, which may be subject to subsequent variation, makes it very difficult for researchers and support services to plan essential long-term, sustainable work.

The industry continues to exert influence over how its voluntary contributions are distributed. Through the Chadlington Committee, the UK’s five largest operators confirmed their objective to identify and recommend how best to deploy these increased contributions. Treatment, advertising, transparency, and data sharing were identified. It is notable that neither prevention nor research were included.

Reservations about the credibility of industry-funded research has led to enduring difficulties in attracting many high-quality, independent researchers into this field. With cumulative evidence of the extent of harms across the whole population, action is needed to establish an entirely independent gambling research body, able to commission research based on public health principles. Only in this way can stakeholders and the public be reassured that future findings are not unduly influenced by any commercial conflicts of interest.

We believe that the government is sincere in its objectives to significantly reduce gambling-related harm. In the light of the Commission’s recommendation, and those within reports by the APPG and the House of Lords, amongst others, we find it difficult to understand its continued prevarication in introducing a mandatory levy. Only by securing substantial, sustainable funding can the extensive and fundamental changes that are so desperately needed be achieved.

1. **STRENGTHENING PROTECTION, PARTICULARLY FOR CHILDREN AND YOUNG PEOPLE**

As members of the Gambling Harm Alliance, we fully support its detailed and referenced submission and have chosen not to replicate its findings and recommendations here. We would, however, like to highlight some key elements which we feel are particularly important if the risks of experiencing gambling-related harm are to be significantly reduced.

**4.1 Advertising and promotions**

The exponential increase in the level of gambling advertising, promotions and marketing over recent years has succeeded in normalising gambling, and gamblifying sport. Actions such as personalised incentives, promotions and VIP accounts, with the increasing use of sophisticated algorithms, have seriously undermined the stated intentions of the industry to help improve customer protection.

It is our strong view that ubiquitous gambling advertising must now be brought to an end, with a complete ban on advertising, promotions, VIP schemes, and sports sponsorship. Until this can be achieved, we recommend:

* A ban on gambling advertising and sponsorship in sport, including sports venues and eSports.
* A ban on advertising and marketing which persuades people to start gambling, to gamble more, or to gamble with additional operators.
* The introduction of tighter regulation around advertising in-game purchases.

**4.2 Children and Young People**

The particular susceptibility of children and young people to the inherent risks of gambling should be a priority for new legislation and regulation. We support the call for a ban on all gambling for young people aged under-18, including Category D machines, and the classification of loot boxes and in-game purchases as gambling.

In 2018, the Lord Bishop of St Albans described the Gambling Commission’s findings that 55,000 children had been diagnosed as problem gamblers as a ‘*generational scandal’*. Wardle et al’s written evidence[[14]](#footnote-15) commented that gambling amongst 11-16 year olds is now *‘more prevalent ...than smoking cigarettes, drinking alcohol or using drugs.*’ More recently, the Commission confirmed that 58% of 11-16 year olds have seen or heard gambling adverts or sponsorship; 7% of these (approximately 970,000)said that this had prompted them to gamble when they had not intended to.[[15]](#footnote-16) It may be helpful to reflect that today’s 15 year old problem gambler may soon be a parent themselves: breaking the cycle of addiction is a matter of urgency. Further research is needed to analyse the ways in which children are exposed to gambling advertising to inform the development of more effective restrictions.

Further protection is also needed for young adults (18-24 years) who are known to experience some of the highest rates of problem gambling. Access to large sums of money from employment or student loans, and living independently for the first time, coincides with being able to gamble legally. The Avon Longitudinal Study of Parents and Children’s study of gambling amongst 17-24 year olds concludes that *‘patterns of problem/moderate risk gambling were set by the age of 20 years.’[[16]](#footnote-17)*

**4.3 Making products safer**

The Gambling Commission’s recent announcement regarding tighter restrictions on online spin speeds, autoplay, and losses disguised as wins, and a ban on reverse withdrawals were very welcome and we hope that they will prove effective in reducing harms at point of consumption. However, they are long overdue, and we regret that implementation may be delayed until later this year.

We believe that there is a strong case for classifying both existing and new products according to their assessment against harm indicators. We note, with concern, recent evidence given by Dr Luke Clark (Professor of Psychology, University of British Columbia) regarding the complexity of research into product design characteristics[[17]](#footnote-18). Dr Clark highlighted the industry’s reluctance to share their design codes, making it extremely difficult for researchers to reverse engineer products to analyse their relative levels of risk. He suggested that the industry could be mandated to share this information - *‘It is not clear to me why this hasn’t been forthcoming.’* Such research will be critical in preventing future harm and we strongly support this suggestion.

We believe that there is no longer any rationale for differentiating regulation of land-based and online products, and therefore call for parity for stakes and limits in all formats.

1. **CONCLUDING COMMENTS**

It is clear that public opinion has started to change. Less than 10% of people questioned in a recent Royal Society for Public Health poll[[18]](#footnote-19) said that they would oppose a £2 limit to online slots; a ban on VIP schemes; a mandatory levy; and risk assessments for new products. The majority supported a ban on all gambling advertising in or around sports venues; affordability checks; and a ban on gambling under-18. Meanwhile, public trust in gambling continues to fall and there is growing concern about its harms: 29% agree that *‘gambling is conducted fairly and can be trusted (down from* 34% in 2016); 74% agree that *‘gambling is dangerous for family life’* (up from 69% in 2016).[[19]](#footnote-20)

At a recent RSPH webinar[[20]](#footnote-21), Hazel Cheeseman (Director of Policy, Action on Smoking and Health) reflected that it had taken 20 years to reduce tobacco consumption, despite the 1998 White Paper ‘Smoking Kills’ outlining clear evidence of the dangers to health – ‘*evidence is necessary but it’s not sufficient.’*  She added that ‘*big tobacco* *was not at the table’,* therebyreducing the influence of commercial interests on decision-making. It is shocking now to recall the prevalence of tobacco consumption, advertising and sponsorship within living memory. It is to be hoped that future generations do not look back at the pace of gambling reform with similar dismay.

In the final chapter of *‘The Gambling Establishment – challenging the power of the modern gambling industry and its allies’*, Professor Jim Orford concludes:

*‘We should all accept some share of the blame for the unthinking way in which gambling has been allowed to expand and put us all in the way of danger. But the harm, and the blame and shame which accompany it, are distributed very unequally. We need responsibility to be shared more fairly. We particularly need governments to face up to their responsibility and have a serious rethink about the proper place of gambling in the modern world.’*

1. Select Committee on the Social and Economic Impact of the Gambling Industry, July 2020 [↑](#footnote-ref-2)
2. Gambling Related Harm All Party Parliamentary Group, June 2020 [↑](#footnote-ref-3)
3. <file:///C:/Users/User/Desktop/Evidence%20for%20GA%20Review/Orford%20evidence%20to%20Cttee.html> [↑](#footnote-ref-4)
4. <https://www.gov.uk/government/publications/review-of-the-gambling-act-2005-terms-of-reference-and-call-for-evidence> [↑](#footnote-ref-5)
5. Submission of QAAD to the review of the Gambling Act by the Parliamentary Select Committee on Culture, Media and Sport, 2011 [↑](#footnote-ref-6)
6. <file:///C:/Users/User/Desktop/Evidence%20for%20GA%20Review/Wardle%20et%20al%20evidence%20to%20Cttee.html> [↑](#footnote-ref-7)
7. Williams et al. 2015. Quinte longitudinal study of gambling and problem gambling. Ontario: Ontario Problem Gambling Research Center. [↑](#footnote-ref-8)
8. Wardle et al. 2018. Measuring gambling-related harms: a framework for action. Gambling Commission: Birmingham. [↑](#footnote-ref-9)
9. <file:///C:/Users/User/Desktop/Evidence%20for%20GA%20Review/Downs%20evidence%20to%20Cttee.html> [↑](#footnote-ref-10)
10. <https://www.responsiblegambling.vic.gov.au/getting-help/understanding-gambling/types-of-gambling/the-pokies> [↑](#footnote-ref-11)
11. Gambling Commission, Strategy 2018–2021: Making gambling fairer and safer (November 2017) [↑](#footnote-ref-12)
12. <https://www.ippr.org/publications/cards-on-the-table> [↑](#footnote-ref-13)
13. Ibid [↑](#footnote-ref-14)
14. Ibid [↑](#footnote-ref-15)
15. Gambling Commission Gambling participation among 11-16 year olds in England and Scotland - November 2020 [↑](#footnote-ref-16)
16. <https://www.begambleaware.org/media/2058/alspac-gambling-study_-report-for-gamble-aware_-july-2019.pdf> [↑](#footnote-ref-17)
17. <file:///C:/Users/User/Desktop/Evidence%20for%20GA%20Review/Clark%20evidence%20to%20Cttee.html> [↑](#footnote-ref-18)
18. <https://www.rsph.org.uk/about-us/news/overwhelming-public-support-for-action-to-make-gambling-safer.html?utm_campaign=2902346_Gambling%20Health%20alliance%20%20March%20newsletter&utm_medium=email&utm_source=The%20Royal%20Society%20for%20Public%20Health&dm_i=2LGE,1Q7GQ,9GRWGY,5WS7Y,1> [↑](#footnote-ref-19)
19. <https://beta.gamblingcommission.gov.uk/statistics-and-research/publication/year-to-december-2020#details> [↑](#footnote-ref-20)
20. Webinar: Gambling and Public Health, 4 March 2021, Gambling Related Harm APPG/RSPH/Peers for Gambling Reform [↑](#footnote-ref-21)