

The Rt Hon Oliver Dowden CBE MP
Secretary of State for Digital, Culture, Media, and Sport
Department for Digital, Culture, Media, and Sport
100 Parliament Street
London SW1A 2BQ

30 March 2021

Sent via: gamblingactreview@dcms.gov.uk

Dear Secretary of State,

Re: The Review of the Gambling Act 2005 - Call for Evidence

This submission is made on behalf of the trustees of GambleAware, who are content for it to be published.

Introduction

GambleAware is an independent charity registered with the Charity Commission for England and Wales and the Scottish Charity Regulator (OSCR).

Guided by an independent and expert Board of trustees, the majority of whom work in the health sector, GambleAware commissions evidence-informed prevention and treatment services to help keep people safe from gambling harms throughout Great Britain.

Gambling harms

Gambling harms exist in the context of often complex lives and will inevitably reflect social and health inequalities. The negative impacts of gambling are commonly associated with comorbidities of both mental and physical health conditions, and disproportionately impact those who are disadvantaged socially and economically. There are inequalities both in relation to the propensity to experience harms, and in the accessibility of support and treatment.

Gambling harms experienced by individuals draw upon the resources of a range of health and social infrastructures including health care, criminal justice, housing, welfare, and employment. Whilst estimating the cost in economic terms is difficult, it has been suggested to be between £260 million and £1.16 billion annually.¹

Gambling disorder is classified by the World Health Organization (WHO) as an addictive behaviour whereby the pattern of gambling behaviour results in significant distress or in significant impairment in personal, family,

¹ Thorley C, Stirling A, Huynh E. Cards on the table: the cost to government associated with people who are problem gamblers in Britain. Institute for Public Policy Research: London; 2016.

social, educational, occupational, or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent.²

WHO separately classifies 'hazardous gambling' as a pattern of gambling that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around this individual.³ The increased risk may be from the frequency of gambling, from the amount of time spent gambling, from the neglect of other activities and priorities, from risky behaviours associated with gambling, from the adverse consequences of gambling, or from the combination of these. The pattern of gambling often persists despite awareness of increased risk of harm to the individual or to others.

Referred to as the 'hidden addiction', the outward signs of gambling disorder often go unnoticed by family and friends until they have reached a crisis point. They are also largely 'hidden' from health and advice professionals. This is usually because neither gambling disorder nor the wider harms arising from gambling are well understood or regularly screened for.

The proportion of people with a gambling disorder accessing treatment and support is growing (from 54% of people who scored 8+ on the PGSI in October 2019⁴, to 64% in October 2020⁵), although this drops to less than 20% for those at moderate or high risk of gambling harms (PGSI 3-7).⁶ Usage of treatment, advice and support was initially highlighted in the first ever GB Treatment Needs and Gap Analysis (TNGA), commissioned by GambleAware, which also identified the barriers to accessing treatment and support, including a lack of awareness of available services, social stigma, and a reluctance to admit gambling problems to one's community and service and healthcare providers.⁷

Published in May 2020, the TNGA report highlighted a clear need to strengthen and improve the existing treatment and support on offer, to develop routes into treatment and to reduce barriers to accessing help. How this is best achieved may vary according to gender and demographic factors such as ethnic group, location or whether a person has additional health needs.

Meeting the range of needs highlighted in the TNGA report will require partnerships between the statutory and voluntary sectors, both those services specific to gambling treatment and other health and support provisions.

Working with those with lived experience is essential in designing and promoting access to services, as well as helping to prevent relapse. And the TNGA report makes clear how important it is to engage community institutions including faith groups, to help make more people aware of the options available to them and ensure no one feels excluded from services.

² [ICD-11 - Mortality and Morbidity Statistics \(who.int\)](#)

³ [ICD-11 - Mortality and Morbidity Statistics \(who.int\)](#)

⁴ <https://www.begambleaware.org/sites/default/files/2020-12/treatment-needs-and-gap-analysis-in-great-britain-a-synthesis-of-findings1.pdf>

⁵ http://www.begambleaware.org/sites/default/files/2021-03/Annual_GB_Treatment_and_Support_Survey_2020_report_%28FINAL%29_26.03.21.pdf

⁶ [ibid](#)

⁷ [ibid](#)

As with many potentially addictive behaviours, there is a spectrum of engagement which ranges from recreational gambling to gambling which causes significant problems and distress. There is a growing body of evidence that many people may be experiencing gambling harms without meeting the criteria for gambling disorder'.⁸

Prevention of gambling harms

Gambling is, by its very nature, a risky behaviour for all consumers, indisputably causes harm and the harms go beyond 'problem gambling' and the gamblers themselves. The harms might relate to money, time, or various opportunity costs. These are some of the reasons why gambling is usually subjected to legislation and regulation restricting its access and availability to consumers or potential consumers, including young people and children. Unsurprisingly, advocates for the gambling industry seek to question the population health framework by pointing out, not inaccurately, that rates or numbers of 'problem gamblers' are relatively small and inherent in the population, and that interventions at scale have little or no value.

Effective prevention of gambling harms requires action at a coordinated series of levels, including through national legislation as well as in promoting healthy behaviours. Whilst legislation for regulating gambling is principally a matter for government, politicians, and regulatory bodies in liaison with industry, there is a broader need to empower individuals with appropriate support from national and local agencies: specifically, a coherent and coordinated 'whole-system approach' involving partnership with the NHS, public health agencies, local authorities, and voluntary sector organisations.

This will help to ensure appropriate prevention messages, referral routes and care pathways are in place for individuals in need of support, including treatment, and enable individuals to receive the right intervention at the right time. For example, that children and young people grow up to better understand the nature of gambling and the harms that can arise, or that parents, teachers, and GPs are better equipped to respond to such harms.

Improving population health in relation to gambling requires a harm prevention approach, considered through a population health lens.⁹ The phrase 'population health' is used to describe a way of thinking about health that includes the whole range of determinants of health and wellbeing – many of which, such as civic planning or education, are quite separate from health services.¹⁰ It is about creating a collective sense of responsibility across many organisations and individuals, in addition to public health specialists.¹¹

The more traditional phrase 'public health' may incorrectly convey that this work is only the responsibility of public health professionals. Nonetheless, 'public health' has become a recognised part of the terminology around gambling harms. Academics have supported the adoption of it for more than two decades.¹²

⁸Reith, G., Wardle, H., & Gilmore, I. (2019). Gambling harm: a global problem requiring global solutions. *The Lancet*, 394(10205), 1212-1214

⁹ <https://www.kingsfund.org.uk/publications/what-does-improving-population-health-mean>

¹⁰ <https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf>

¹¹ [What does improving population health really mean? | The King's Fund](#)

¹² Korn, D.A., and Shaffer, H.J., 1999. Gambling and the Health of the Public: Adopting a Public Health Perspective. *Journal of Gambling Studies*; 15, 4, pp 289 – 365, Winter

While there appears to be a consensus on the need to work together to reduce gambling harms, the need for a population health approach to preventing harm has not yet been widely or effectively translated into action in Great Britain.^{13 14} This is something GambleAware has been working with the Department of Health and Social Care, the NHS, public health agencies and others to address.

For this reason, GambleAware welcomes the Government's commitment to put population health at the heart of its forthcoming Health and Care Bill *"using the collective resources and strengths of the local system, the NHS, local authorities, the voluntary sector and others to improve the health of their area"*.¹⁵ Trustees look forward to engaging with the new Office for Health Promotion in its role to drive the prevention agenda across Government and the NHS, under the leadership of the Chief Medical Officer.

However, it is concerning that the Government's recognition *"that problem gambling can have a major impact on health"* as set out in its Green Paper on prevention in the 2020s,¹⁶ does not seem to have been brought forward in the White Paper informing future legislation.

Advocating for a mandatory levy

Under the current arrangements in place for the regulation of the gambling industry, GambleAware is funded exclusively by the gambling industry via a voluntary donation system.

The system requires operators licensed in Britain to donate funds to support research, prevention, and treatment of gambling harms. However, there is no stipulation as to how much ought to be donated and on 1 January 2020 the Gambling Commission published a list of several organisations to which operators may direct their annual financial contributions.¹⁷

In the twelve months to 31 March 2020, GambleAware received £15.6 million in voluntary donations as compared to £11 million in the previous year. In June 2020, the Betting and Gaming Council, on behalf of the four largest gambling operators in Great Britain, pledged £100 million to GambleAware over the four years to 2024.¹⁸

The voluntary nature of the current arrangements results inevitably in uncertainty of funding year to year and to significant variations in cash flow within the year. This unpredictable funding model represents a significant challenge given that a key function of GambleAware as a commissioning body is to provide assurance to funded services about recurrent income streams so that expert clinical teams can be established and sustained to provide treatment and support for those who need help.

¹³ Goyder, E., Blank, L., Baxter, S. and van Schalkwyk, M.C., 2020. Tackling gambling related harms as a public health issue. *The Lancet Public Health*, 5(1), pp. e14-e15

¹⁴ Wardle H, Reith G, Langham E, Rogers RD. Gambling and public health: we need policy action to prevent harm. *BMJ* 2019; 365: 1807

¹⁵ <https://www.gov.uk/government/publications/transforming-the-public-health-system/transforming-the-public-health-system-reforming-the-public-health-system-for-the-challenges-of-our-times>

¹⁶ [Advancing our health: prevention in the 2020s – consultation document - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/advancing-our-health-prevention-in-the-2020s-consultation-document)

¹⁷ <https://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/General-compliance/Social-responsibility/Research-education-and-treatment-contributions.aspx>

¹⁸ <https://prod.begambleaware.mirumagency.hu/sites/default/files/2020-12/2020-06-15-bgc-funding.pdf>

Trustees have established a robust, independent, and accountable system of governance processes and procedures to ensure the gambling industry has no influence over the charity's commissioning decisions. However, the voluntary nature of the current funding arrangements permits the industry to make deliberate choices about where its funding is directed, which may not always be in the best interests of pursuing a coherent and coordinated whole systems approach to preventing gambling harms. It is for these reasons that GambleAware continues to advocate for a mandatory levy to fund research, prevention, and treatment services.

Trustees note that under the current legislation the Secretary of State “*may make regulations requiring holders of operating licences to pay an annual levy to the (Gambling) Commission*” and that the Gambling Commission “*shall, with the consent of the Treasury and of the Secretary of State, expend money received by way of levy for purposes related to, or by providing financial assistance for projects related to (a)addiction to gambling, (b)other forms of harm or exploitation associated with gambling, or (c)any of the licensing objectives*”.¹⁹

The question this raises is whether the Gambling Commission, as a business regulator, is best placed to commission the range of prevention and treatment services that are necessary to keep people safe from gambling harms.

Other potential sources of funding

Historically, the public health grant payable to local authorities in England by Public Health England has been ring-fenced for use on public health functions including having regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services. Notably it has not specified gambling treatment services.²⁰ The public health grant allocation to local authorities in England for 2020/21 totalled £3.3bn.²¹

Trustees welcome the proposals set out in the Government's recent White Paper on Health and Care: “*The NHS and local authorities will be given a duty to collaborate with each other. We will also bring forward measures for statutory integrated care systems (ICSs). These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body... A key responsibility for these systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector.*”²²

Improving the uptake and outcomes from gambling treatment services could be specifically identified alongside improving drug and alcohol misuse treatment services in the work of future ICSs.

¹⁹ <https://www.legislation.gov.uk/ukpga/2005/19/section/123>

²⁰

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872798/DHSC_allocations_circular_2020_to_2021.pdf see page 7

²¹ <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2020-to-2021>

²² <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

In distributing monies raised for 'good causes' via the National Lottery, decisions on how and where funding is invested are made by 12 specialist organisations. These are chosen by Parliament for their knowledge and expertise to help ensure the money goes exactly where it is needed.

In the year ending 31 March 2020, £1,853.1 million was raised for National Lottery projects and £740 million (40%) was distributed to health, education, environment, and charitable causes via the National Lottery Community Fund including supporting 7,547 health and wellbeing projects. A search for 'gambling' projects funded identified four awards to three organisations with a total value of £32,088.²³

This suggests that more could be done to make better use of money raised from the National Lottery to fund advice, support, and treatment services.

Research

Since 2020, the original tri-partite arrangement between the Gambling Commission, its research advisory group, and GambleAware in relation to research commissioning, has been superseded by arrangements with a broader range of research commissioners and providers; and GambleAware welcomes this diversity and growth in the sector.

At the same time, trustees have sought a closer alignment between the charity's research and evaluation commissioning activity and investment, and the delivery of its charitable objectives.

This has resulted in GambleAware moving away from new research and evaluation commissioning that informs industry regulation and policy, and towards knowledge creation to inform policy which supports awareness raising, education and treatment services and activity that prevents gambling harms, particularly for communities who are disproportionately affected by gambling harms.

One reason for moving away from research that informs regulation and policy is that it usually requires the direct involvement of the industry and therefore provokes third parties to claim that GambleAware is being directed by the industry by influencing the research questions or by sharing only data that suits their interests.

It is certainly true that in the context of the current voluntary funding arrangements for research, industry participants could withdraw their cooperation (including too their financial support to Gamble Aware) if they do not like how a research project is proceeding.

High quality research to inform industry regulation and policy is of course important but will not form a part of GambleAware's new five strategy for 2021-2026 when it is published in April 2021.

In response to the areas of interest that the Government has invited evidence upon, trustees are pleased to direct you to the following research:

Online protections - players and products

- Player feedback suggests that, if done well, tools and strategies for helping players to be more self-aware and stay in control could be useful and have highlighted examples of existing tools found to be

²³ [Search all grants | The National Lottery Community Fund \(tnlcommunityfund.org.uk\)](#) search carried out 17/03/21.

helpful (**Rowe et al, Dec 2017**). Others drew attention to practices they felt to be disingenuous and potentially harmful; for example, extremely high default spend limits and difficulty in finding spend limits within their online player information settings.

- GambleAware's 2020 Treatment & Support Survey (**YouGov, March 2021**) shows that of those respondents scoring 1+ on the PGSI who stated they had sought some form of treatment and support, 3% had used a self-exclusion tool, the same proportion as had sought support from a spouse/partner or friends/family.
- Evidence from research led by the **Behavioural Insights Team (January 2021)** shows how behavioural insights can reduce risky play through small changes to the customer experience by making it easier for customers to use safer gambling tools. Specifically, the research found that by removing suggested spending limits (otherwise known as deposit limits and often offered by British online gambling operators) customers reduced the spending limit they set for themselves by up to 46%. Other research has identified a range of options that could be trialled to strengthen safer gambling tools online (for example, **Parke & Parke Nov 2017**).
- Research based on actual player data reveals that, in general, there is low usage of safer gambling tools online, with the most used being deposit limits (**NatCen & University of Liverpool, March 2021**). For example, Reality check was used by 0.9% of accounts over a 12-month period; Self-exclusion 2.3%; Time-out 2.5%; Deposit limits 21.5%.
- Online gambling, unlike other mediums of problematic and addictive behaviours, such as tobacco and alcohol, offers unprecedented opportunities for building information systems that can monitor and understand a user's behaviour in real-time and adapt persuasive messages and interactions that would fit their personal profile and usage context. (**Drosatos et al, April 2018**). Researchers advocate that the Application Programming Interfaces (APIs) used by operators -mainly to enable third-party applications to network with their gambling services and enhance a user's gambling experience - can also be used to retrieve gamblers' online data, such as browsing and betting history, promotions, and available offers, and use it to build more intelligent and proactive responsible gambling information systems. (ibid).
- Existing data sets collected routinely by operators could be used to detect problem gamblers, using demographic, behavioural and predictive markers to create a customer specific risk score and enable operators to investigate and intervene with tailored interventions within short timeframes (**PWC, August 2017**).
- Emerging technologies such as Blockchain would make it significantly easier for regulators and consumers to access important play data for player protection purposes at the industry and individual level. "With blockchain documenting every financial transaction, spin of a roulette wheel and roll of the dice, gamblers can act as their own regulators, with any examples of shady behaviour on full display for all the world to

see and market forces punishing any operator stupid enough to think they can get away with it.” (Calvin Ayre, 2016 quoted in Blaszczyński & Gainsbury, 2017).

- Most gambling accounts show relatively modest financial losses (NatCen & University of Liverpool, March 2021). 2018 research reveals that most stakes online are less than £1 a spin. For slots, the proportion of plays where the stake exceeded £5 (the limit in land-based casinos) was less than 2%. Higher stakes were more commonly placed on online games like those offered at land-based casino tables. The stake exceeded £50 in about 2% of plays, with stakes of £100+ being much rarer. It was not possible from the data set provided for this research to link stake sizes with player losses (Forrest & McHale, March 2018).
- Five percent of gambling accounts generate 70% or more of operator revenues, with the proportion of GGY from that 5% varying across activity: 86% for Betting; 82% for Virtual casino; 74% for Live casino; 70% for Slots; and 61% for Bingo. (NatCen & University of Liverpool, March 2021)
- Gamblers from the poorest areas were more likely to lose money in online casinos, where overall 90% of gamblers won or lost less than £500 across 12 months; but where 164,000 account holders lost more than £500 in a single session of play and 47,000 lost £5,000+ in a year. (ibid).

References

Rowe, B., De Ionno, D., Holland, J., Flude, C., Brodrick, L., Vinay, A. & Moutos, M. (December 2017)
[*Responsible Gambling: Collaborative Innovation Identifying Good Practice and Inspiring Change*](#)

YouGov (March 2021)
Gambling Treatment and Support across Great Britain

NatCen Social Research & University of Liverpool (March 2021)
[*Exploring online patterns of play – Interim report*](#)

Parke, J. & Parke, A. (November 2017)
[*Getting Grounded in Problematic Play: Using digital grounded theory to understand problem gambling and harm minimization opportunities in remote gambling*](#)

Behavioural Insights Team (January 2021)
[*Applying behavioural insights to design better safer gambling tools, Part 1: Anchoring*](#)

Drosatos, G., Nalbadis, F., Arden-Close, E., Baines, V., Bolat, E., Vuillier, L., Kostoulas, T., Wasowska, S., Bonello, M., Palles, J., McAlaney, J., Phalp, K., & Ali, R. (April 2018)
[*Empowering Responsible Online Gambling by Real-time Persuasive Information Systems*](#)

PWC LLP (August 2017)
[*Remote Gambling Research: Interim Report on Phase 2*](#)

Blaszczynski, A. & Gainsbury, S. (July 2017)
[Skins betting & Blockchains: A brief overview](#)

Forrest, D. & McHale, I. (March 2018)
[Analysis of Play Among British Online Gamblers on Slots and Other Casino-Style Games](#)

Advertising, sponsorship, and branding

- Research shows that exposure to gambling advertising, including on social media, can have an impact on attitudes towards the prevalence and acceptability of gambling, and in turn the likelihood that a child, young person or vulnerable adult will gamble in the future. (**Ipsos MORI, March 2020**).
- Children are regularly exposed to gambling advertising on social media platforms and researchers have found that 41,000 UK followers of gambling related accounts on the social media platform were likely to be under 16 (ibid).
- Work by **Revealing Reality, March 2021** illustrates a need for gambling operators to integrate safer gambling messaging into everything they do, from all communication to design decisions, to ensure safety is incorporated at all levels within gambling businesses. This is in recognition that isolated safer gambling messaging can be 'drowned out' by the wider ecosystem of comms, design, and marketing to promote gambling products.
- Evidence from two evaluations conducted by **Behavioural Insights Team, March 2021** found that an ongoing commitment to delivering safer gambling messages to customers was critical, as was senior advocacy. Direct messaging, such as emails and SMS, were generally ineffective in increasing the proportion of customers making use of tools such as deposit limits or session time reminders. However, alternative interventions such as social media campaigns and a revised sign-up process could be effective in increasing take up of reality checks and deposit limits. It was also found that safer gambling messaging on social media could be a useful marketing tool for awareness of safer gambling tools.
- **'When the Fun Stops Stop'** (WTFSS) is a longstanding 'stand-alone' intended safer gambling message displayed within British gambling advertising. It was established cooperatively by the gambling industry and has achieved high awareness amongst gamblers. However recent academic research presents experimental evidence that WTFSS has "*no beneficial effect or a small backfire effect on gamblers' behaviour*".²⁴ Research from Australia, where the phrase 'gamble responsibly' is frequently placed on marketing materials, similarly suggests little effect on gambling behaviour.²⁵

²⁴ Newall, Weiss-Cohen, Singmann, Walasek, Ludvig; 'No credible evidence that UK safer gambling messages reduce gambling'; pre-print, 2021

²⁵ Lole L, Li E, Russell AM, Greer N, Thorne H, Hing N. Are sports bettors looking at responsible gambling messages? An eye-tracking study on wagering advertisements. Journal of behavioral addictions 2019;8(3):499-507.

- **'Begambleaware.org 18+'** is included in most gambling industry advertising.²⁶ Its purpose is to create awareness of, and signpost to, a broader system of advice, support, and treatment. Awareness of begambleaware.org has grown steadily – 49% amongst all GB adults, higher amongst younger adults (**YouGov, Feb 2021** unpublished).
- **GambleAware's 'Bet Regret'** campaign²⁷ goes beyond simple awareness to help deliver a behavioural response to help prevent harms, focusing on engaging with the behaviours of younger male sports bettors, and importantly providing them with a mental aid – 'Tap Out. Take a Moment. Avoid Bet Regret' – to help cut out impulsive bets. Evidence (**Ipsos MORI, January 2021**) demonstrates the importance of viewing safer gambling messaging within a wider context of help seeking rather than simply through the lens of trying to change attitudes to betting: Findings showed that the campaign resonated most strongly with those currently or intending to take action to reduce their betting, and less strongly with those who were still taking risks but who were not contemplating taking action. After just one burst, 34% of the campaign audience of sports bettors aged 18-34 years old now say that they try to close or 'tap out' of their betting app and pause before deciding whether to place a bet (**Safer Gambling Campaign, Dec 2020**).
- Forthcoming research (**London South Bank University, Spring 2021**) will consider how the respective positive / negative identity constructs of 'bettor' / 'gambler' impact on individual recognition of gambling harms and the framing of safer gambling messages amongst a broad gambling audience. The research sample largely comprises people not experiencing problems with gambling who have bought tickets for the National Lottery Draw.

References

Safer Gambling Campaign (December 2020)

[Avoiding BetRegret. An overview of the campaign so far](#)

Ipsos Mori (March 2020)

[The effect of gambling marketing and advertising on children, young people and vulnerable adults. \(Final Synthesis Report\)](#)

Revealing Reality (March 2021)

[An Integrated Approach to Safer Gambling Messaging](#)

Ipsos MORI (January 2021)

[Synthesis Report: The use of research in the BetRegret campaign](#)

London South Bank University (Spring 2021, forthcoming)

²⁶ <https://bettingandgamingcouncil.com/uploads/Downloads/BGC-GAMBLING-INDUSTRY-CODE-FOR-SOCIALLY-RESPONSIBLE-ADVERTISING.pdf>

²⁷ [Safer Gambling Campaign | BeGambleAware](#)

The impact of message framing on problem recognition

Behavioural Insights Team (January 2021)

[Applying behavioural insights to design better safer gambling tools, Part 1: Anchoring](#)

Behavioural Insights Team (March 2021)

[Safer Gambling Messaging Phase 2 Impact Evaluation](#)

[Safer Gambling Messaging Phase 2 Process Evaluation](#)

The Gambling Commission's powers and resources

- 93% of children in the UK play video games and 25-50% having opened loot boxes; those most likely to purchase loot boxes are younger males (**Close & Lloyd, March 2021**).
- Research suggests that loot boxes are structurally and psychologically akin to gambling with associations strongest amongst younger players (ibid).
- Around 5% of loot box purchasers spending \$100 per month generate around half of industry loot box revenue. Of the 7,767 loot box purchases 5% generated half of industry revenue from loot boxes. A third of these fell into the 'problem gambler' category and there is no evidence that higher loot box spend is correlated with higher earnings (ibid).
- Since April 2016, the Gambling Commission has required all non-remote operators in the land-based arcade, betting, bingo and casino sectors to participate in multi-operator self-exclusion schemes (MOSES), in addition to offering their own single-operator schemes. These schemes, which are at different stages of implementation, allow customers to exclude from multiple operators from a whole sector with a single request. (**Ipsos MORI, July 2020**).
- The sign-up process to Multi-Operator Self-Exclusion Schemes is generally considered straight forward and the promotional materials for consumers are clear and easy to understand. There is a need, however, for improved visibility of those materials (ibid).
- Generally, there is low public awareness that these schemes exist and a need for stronger promotion of the schemes, including cross promotion by operators (operators in one sector are not taking opportunities to direct gamblers to schemes in other sectors) (ibid).

References

Close and Lloyd (March 2021)

[Lifting the Lid on Loot-Boxes: chance-based purchase in video games and the convergence of gaming and gambling](#)

Ipsos MORI (July 2020)

[Process and Impact Evaluation of the Multi-Operator Self-Exclusion Schemes - Baseline report \(Evaluation Phase 1\)](#)

Consumer redress

- For some years, the Gambling Commission has been concerned about gambling firms treating customers fairly. Working with the Competitions and Markets Authority (CMA) in 2017, for example, it was found that many online gambling operators could be breaking consumer protection law through terms and conditions of bonus promotions that are not clear, and instances where they have restricted customer rights and ability to access their own money and winnings (**GambleAware, Dec 2017**).
- Research has also indicated that some gambling promotions appear to contravene the existing regulatory framework and codes of practice for marketing, limiting capacity for consumers to make rational informed gambling choices. (**Blaszczynski et al, May 2014**).
- Arguably, it is insufficient to prohibit the use of complex terms and conditions, or misleading offers, or indeed disproportionate targeted marketing to specific populations, for example, without the provision of clear benchmarks and examples of socially responsible practice – clear reference points to which gambling operators should adhere (ibid).
- A lack of definite and categorical guidelines to adhere to, also makes it exceedingly challenging to identify and address violations of the codes of practice and non-socially responsible practices by gambling operators (ibid).
- In sports betting, consumers can verify winnings and losses themselves, given that the results of sports events are available in the public domain and independent of betting shops. (**Park and Rigbye, July 2014**). Gamblers are unlikely to be able to verify that pay-outs on gaming machines or results of lotteries, bingo or casino games, or virtual games online, comply with the prescribed requirements, however. For these activities, gamblers are entirely reliant on the Gambling Commission's pre-approval processes and checks to ensure that operators comply with the relevant standards.
- Research demonstrates that consumer grievances are far wider than complaints about financial losses. In research on the relationship between gambling and social media in the UK, for example, which examined comments made by users on a Facebook community page of a social gaming app, most comments were actually complaints, with 46% being about the perceived unfairness of the game and the quality of the app. (**Miller et al, February 2016**).
- The same research found that a substantial number of complaints and grievances were angry or distressed, and mostly ignored, with moderators occasionally but not uniformly responding to technical complaints (ibid).

References

GambleAware (December 2017)

[Consultation on the Government's Internet Safety Strategy](#)

Blaszczynski et al, (May 2014)

[Operator-Based Approaches to Harm Minimisation in Gambling: Summary, Review and Future Directions](#)

Park, A and Rigbye, J (July 2014)

[Self-Exclusion as a Gambling Harm Minimisation Measure in Great Britain: An Overview of the Academic Evidence and Perspectives from Industry and Treatment Professionals](#)

Miller et al, (February 2016)

[Gambling & Social Media](#)

Age limits and verification

- Research shows that gambling is seen as part of everyday life for children and young people (for example, see **Ipsos Mori, March 2020** and **RSPH, Dec 2019**).
- Young people and young adults are exposed to and aware of gambling marketing and branding across a wide range of media on a regular basis (**ScotCen, March 2020**).
- Whilst advertising and marketing may not be directly targeted at children and young people, that does not prohibit exposure. In **Ipsos MORI, March 2020**, children and young people (and vulnerable adults) reported what they believed to be high levels of exposure, and spoke of the ubiquitous nature of gambling advertising, across multiple formats, and at different times of the day.
- According to a study by **Hollen et al, April 2020**, gambling frequency increased between the ages of 17 and 20 years, but gambling behaviours showed little variance between 20 and 24 years, except for online gambling and betting on horseraces. The commonest forms of gambling were playing scratch cards, playing the lottery, and private betting with friends. Gambling on activities via the internet increased markedly between 17 and 24 years.
- As childhood and adolescence is a key stage of development, research suggests that harms are likely to impact future potential as well as having impacts in childhood and adolescence. Children and young people are also financially and emotionally dependent on others to a greater extent than adults. This means that as well as their own gambling, the gambling of others, especially parents, has the potential to cause harm. (**Ipsos Mori, April 2019**).
- Gambling harms amongst young people are associated with a significantly increased risk of health issues such as depression and anxiety (**RSPH, Dec 2019**).

References

Ipsos Mori (March 2020)

[*The effect of gambling marketing and advertising on children, young people and vulnerable adults.*](#)

RSPH (December 2019)

[*Skins in the Game A high-stakes relationship between gambling and young people's health and wellbeing*](#)

ScotCen (March 2020)

[*The effect of marketing and advertising on children, young people and vulnerable people \(Quantitative research report\)*](#)

Hollen et al, (April 2020)

[*Gambling in Young Adults Aged 17–24 Years: A Population Based Study \(ALSPAC study\)*](#)

Ipsos Mori (April 2019)

[*Measuring gambling-related harms among children and young people: A framework for action*](#)

Land based gambling

- Patterns of gambling behaviour in land-based activities varies across ethnic groups. Amongst service users accessing the National Gambling Treatment Service (NGTS) for example, (**GambleAware, Oct 2020**) those from minority ethnic communities were more likely to have gambled in land-based premises compared with white clients. The split amongst NGTS clients who had used bookmakers vs casinos vs online was:
 - For Black/Black British (53.7% v 21.0% v 51.2%)
 - For Asian/Asian British (49.3% v 25.8% v 57.3%)
 - For White/White British (36.6% v 7.5% v 70.2%)
- Geographical proximity to land based gambling outlets is a factor in frequency of play on slot machines (**NatCen, Oct 2013**). According to this research, the decision to engage in a machine play session is related to a participants' contextual situation which determined play behaviour. Some players described a regular weekly routine which spanned decades of play and participants expressed the value of social aspects of play and tended to come to the venue with a relative. Foremost was the entertainment value of playing and the enjoyment derived from playing; The geographical proximity of the venue to participants' homes or workplace was also a contributory factor to the frequency of play.
- Analysis of transactional data from gambling machines in bookmakers in Great Britain (**NatCen, June 2015**) showed that, between September 2013 and June 2014, more than 6.7 billion bets were placed on gambling machines. Regional analysis revealed that machine use was most prolific in London, and less so

in Wales. The greatest number of bets over this time – 2.5 billion – was placed on sessions which involved B3 category games only (maximum stake of £2).

- Problem gambling rates among machine players vary according to whether someone lives in proximity to a concentration of Licensed Betting Offices (LBOs). (**Geofutures, March 2016**) However, these patterns and statistics can indicate correlation, but they cannot determine causation.
- Problem gambling and moderate risk prevalence rates were higher among those who lived in Licensed Betting Offices (LBO) concentration areas (ibid). Machine players living in high concentration LBO areas tended to play slightly fewer machine sessions and play machines on a fewer number of days than those who did not live in high concentration areas, although the difference was small.
- Research to explore changing patterns of gambling behaviour over time (between 2014 and 2016) amongst holders of bookmakers' loyalty cards, found that changes in behaviour were the norm for all age groups, although older participants had more stable patterns of gambling participation. (**NatGen, January 2017**). For example, 39% of respondents had increased the number of activities they took part in over the time, and 42% had decreased the number of activities. 28% had increased their frequency of participation and 28% had decreased their frequency. Problem gambling status (measured by the PGSI) also showed variation over the time: nearly half of all participants changed their PGSI status at follow-up.
- Analysis to identify features and aspects of behaviour that are typical of problem gamblers playing gambling machines found that the behaviour of problem gamblers was more "chaotic" than non-problem gamblers (defined as less consistent with choice of stake and amount). Also, that problem gamblers do not tend to play more nor have higher total net losses; that sessions of play tend to be longer and their durations vary more; and that problem gamblers tend to win more often and their average returns on money spent are higher. Problem gamblers also have higher one-off losses; £100 stakes were extremely rare – only 0.26% of all stakes – with 96% of all such stakes were roulette bets. (**FeatureSpace, Dec 2016**)
- Research to identify the nature and extent of 'problem gambling' behaviour in licensed bingo clubs, based on a sample of regular bingo patrons who attend at least once a month, found that the majority (56%) attend weekly. Gambling activities include cash bingo interval games, fruit/slot machines, games using electronic terminals/touchpads. Gambling activities by bingo goers undertaken outside at other land-based premises include National Lottery tickets (70%), scratch cards (49%); lotteries (26%); horse or dog races with a bookmaker (21%). Bingo patrons spent around £33 on average on gambling activities on their most recent visit. Overall, 2.5% of regular bingo club patrons (around one in 40) are 'problem gamblers' (using the PGSI) with a further 9% classified as at 'moderate risk'. (**Ipsos MORI, July 2016**)
- Research based on play data of customers using loyalty cards in a large GB casino operator (offering tables and machines) showed that about 28% of all visits to the casino involved the use of gaming machines and in about 21% of visits the *only* gambling was on machines (**Forrest and McHale, June 2016**). A large majority of users visited only very occasionally, often only once. Nevertheless, significant numbers gambled

at the casino regularly. The median (typical) duration of play on gaming machines was close to or a little below one hour; with significant numbers of players who engage in visits having 'high' expenditures of money and time. More than 7% of visits end up with the player losing more than £200.

- Research with young people from Black, Asian and Minority Ethnic communities (**Clearview Research, Sept 2018**) found that some young people felt that the location of so many betting operators within BAME communities was the reason why the communities feel so differently about gambling: *"All the bookies are in the hood you see a lot of yardies (translation: Jamaicans) in them."* *"There's less restriction for white people, like we can't be seen near or in a gambling shop but that just means we slide our bets to someone else to do it for us... like when you're younger and wanted a cig or we just do it online."*
- Young people tend to participate in different gambling activities to their parents: Offline, this is typically playing fruit machines, buying lottery tickets, scratch cards, sports betting (including horse racing), playing raffles and card games such as poker. (**ECORYS, Sept 2018**). In this research it was common for young people to gamble online exclusively, and rarely did they describe visiting bookmakers or bingo halls. However, it was common for young problem gamblers to have had previous experience of gambling establishments, such as visiting betting shops and casinos.

References

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[Bingo Research: Problem gambling in licensed bingo premises](#)

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[Tracked play on B1 gaming machines in British casinos](#)

Clearview Research (Sept 2018)

[Gambling: the young BAME perspective](#)

ECORYS (Sept 2018)

[Gambling in Families: A study on the role and influence of family and parental attitudes and behaviours on gambling-related harm in young people](#)

Conclusion

We thank you for the opportunity to contribute to this 'call for evidence' and look forward to providing any further support to the Review as may be helpful.

Yours sincerely,



Marc Etches
Chief Executive