



# Select Committee on the Social and Economic Impact of the Gambling Industry

## Corrected oral evidence: Social and Economic Impact of the Gambling Industry

Tuesday 25 February 2020

4.35 pm

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Members present: Lord Grade of Yarmouth (The Chair); Baroness Armstrong of Hill Top; Lord Layard; Lord Mancroft; The Lord Bishop of St Albans; Baroness Thornhill; Lord Trevethin and Oaksey; Lord Watts.

Evidence Session No. 16

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Questions 171 - 182

### Witnesses

[I:](#) Charles Ritchie, Co-founder, Gambling with Lives; Liz Ritchie, Co-founder, Gambling with Lives; Josephine Holloway, Gambling with Lives.

### USE OF THE TRANSCRIPT

1. This is a corrected transcript of evidence taken in public and webcast on [www.parliamentlive.tv](http://www.parliamentlive.tv).

## Examination of witnesses

Charles Ritchie, Liz Ritchie and Josephine Holloway.

Q171 **The Chair:** Thank you very much and welcome. I am going to put a clock on this, because we need to be finished by 5.20 pm, if that is okay with you. We have had a very good session this morning. This is a chance to go on the public record with things you want to say.

I will ask the first question. You have seen the format from the previous session; I noticed you were in the public seats. From your bitter and tragic experiences, what is your opinion of the help that is available, if you can find it? How hard has it been for people who are struggling with the addiction to find it?

**Liz Ritchie:** I am sure you have all gathered that we have a poor opinion of the help that is available. Before we start, I would like to say how very difficult this is for us, and explain why. It is not just about the tragedy; it is about how, when we started this process, we met with the kind of complacency that we have seen in many sessions from the organisations that are tasked with protecting the public.

**The Chair:** Do you have an example, or was it all of them?

**Liz Ritchie:** It was all of them. We have had hundreds of meetings and have met that kind of complacency. It seems a pattern that bereaved families, struggling with grief, are those who burst the bubble of complacency. Thinking about the Grenfell and Hillsborough families, we are a comparable group. The difference is that we are growing. There is somebody here today who is going to his brother's funeral tomorrow. That is important. The difficulty is that we are saying something different from everybody else, which is a very hard burden to bear.

**The Chair:** Who do you expect to respond? Prior to a tragedy happening, let us say you have somebody in the family or close to you who, you have discovered, has severe difficulties with a gambling addiction, which are clearly very negative. Where do you first look? What is your first port of call?

**Liz Ritchie:** There is no health warning. A six year-old knows that smoking kills. Who knows that gambling kills? There is no proper prevention strategy. All of us—every single family—feel that, if they had had the proper information about the dangers of the products and the risk of suicide, we could have saved our children. To speak from that perspective is particularly difficult.

**The Chair:** Apart from in some of the written evidence, that is the first time I have heard the idea of a prevention campaign.

**Liz Ritchie:** To relate it to the organisations, the Gambling Commission does not think it is its job. It is on record as saying that it is not its job to warn the public. Indeed, the Commission is critical of GambleAware when

it speaks out. The Commission thinks warning the public is the job of the charities.

**The Chair:** There is no ownership.

**Liz Ritchie:** The charities say, "It's not our job, because we're not campaigning charities". I am asking you what you think.

**The Chair:** If you look at the two great prevention campaigns of my lifetime—smoking and AIDS/HIV, the safe-sex campaign and so on—

**Baroness Thornhill:** And seatbelts.

**The Chair:** Yes and seatbelts. That is a good reminder. These have been very effective.

**Charles Ritchie:** It is right from the very heart of legislation on gambling. DCMS, at our son's pre-inquest review, said that gambling was not dangerous. It did not even accept that premise.

**The Chair:** You say that DCMS said that.

**Charles Ritchie:** Its counsel did. We now have an Article 2 hearing for our son's inquest, but DCMS or its counsel did not accept that gambling is dangerous. The Gambling Commission did, but it did not see it as part of its job to warn people; they said that was the job of "the charities"<sup>1</sup>. What is needed right from that top level is an appreciation and understanding of just what a dangerous activity is involved here.

**Liz Ritchie:** There are dangerous products. That is the point. We feel that we have brought that to the agenda. Apart from the suicide risk, which we have brought as well, it is about differentiating the obfuscation around the different products. We have levels of danger comparable to absinthe or heroin, and levels comparable to cannabis or lager, and nobody is properly differentiating them.

The Gambling Commission said that its job is to identify a particular risk from a particular product or a particular level or style of gambling, but then it thinks that all it needs to do is talk to the operators. Nobody says this to our children, who have drugs education at school, for example; we warn them about that. How many parents have I spoken to on the phone, crying to me, who said, "I warned him about road safety, drugs and sexual predators"? Nobody is warning about the other predator out there.

**The Chair:** That is a very big point. Would Ms Holloway like to add anything? Do not feel you have to.

**Josephine Holloway:** There is a big story here around hidden gambling. There is a whole group of people. You asked what help is out there; you need to encourage people to come forward, so you need something relevant that resonates with them, which they can connect with, to bring

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<sup>1</sup> The Gambling Commission's counsel did not define which "charities" it meant: he continually referred to "the gambling charities".

them forward so that we can get better help for them. I do not know the exact figure, but around 98% of people that have this problem have not been seen by anyone<sup>2</sup>. Learning these lessons is difficult. Learning the right thing for people to do to find the right thing to guide their children to is complex, because of the fact that so few people are coming forward with the problem.

Yes, treatments need to be improved—everything needs to be improved—but, first, we have to encourage people through dialogue and conversation, raising the issue of gambling and talking about it in a grown-up sense. We have been talking about the normalisation of it. We need to have a grown-up conversation around gambling, then we can start warning our children. We have to start looking for people with these problems, rather than expecting them just to come out of the woodwork. I know treatment services that trawl hospitals looking for people with alcohol problems. You would not find the same for gambling problems, so these people are left isolated, hence you have higher suicide rates.

**Liz Ritchie:** I want to pick up on the treatment issue more, but I will wait for a bit.

Q172 **Lord Watts:** Are there any particular toxic products that, in your view, should be removed or better regulated? I am thinking about advertising free bets and betting in-play? Does the group have a view about how it could make an impact on this?

**Josephine Holloway:** It is all toxic. You just do not know whether it is toxic for you. It is all toxic. For some people it will be bingo, for some it will be in-play sports betting, for some it will be casino roulette. It is all toxic for some people.

Q173 **Lord Watts:** I do not think anyone so far has suggested that all gambling should be banned. We have high-stakes machines in betting shops, et cetera. Is there anything that sticks out which you think is a particularly bad product in comparison to others, and which you would like to put on record?

**Charles Ritchie:** It is important to say that we are not anti-gambling or anti-betting. We do not view gambling as a single homogenous product. It is absolutely right that there are particular products which are toxic. Gambling is no longer a bet on the horses, doing the football pools or buying a lottery ticket. We now have industrialised electronic gambling. The £2 ruling on fixed-odds betting terminals was really important, because it was the first admission by the Government that a gambling product was too dangerous to have on the market in its current form.

We now have exactly the same products available online, with no stake limit, and a whole range of other products coming up. I am incredibly worried about in-game sports betting. There is research out there that shows what makes a particular product addictive. The keys are usually

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<sup>2</sup> GamCare figures show that only 2-3% of the estimated number of “problem gamblers” receive any treatment.

speed and frequency of play, and there are things such as stake and prize sizes and losses disguised as wins. These products are deliberately designed to be addictive.

We do not know everything. We do not know the relative strength of each of those, but we know that some products are just too addictive. They are basically around electronic games and now sports advertising. We find it terribly frustrating when people talk about fewer than 1% of people being affected. Look at FOBTs; the addiction and at-risk rates for those are over 50%. It is only because only 3% of people play on FOBTs that there is a relatively low gambling addiction epidemic. FOBTs on their own are associated with over half of all problem gambling. We discussed this this morning. We do not have perfect evidence and we need more research, but there are some products that we now know are too addictive, and they need action on them now.

Q174 **Lord Mancroft:** You touched on education and prevention earlier, but could you say more about what you think we should be doing or what should be done to reduce harm? Should more information be provided to children and young people? You have answered that. Do you think the shift from a responsible gambling to a harms approach has gone far enough? Is it meaningful, or does it need to go further?

**Liz Ritchie:** I do not see much evidence of a shift, to be honest. We still have DCMS, for example, arguing at our son's pre-inquest review that it is comparable to driving and in effect is dangerous only when done irresponsibly. However, we are saying that the irresponsibility lies with the production of the products and putting them on the market.

We think that government and the operators need to step up to their responsibility. The responsabilisation agenda is responsible for a lot of the suicidal ideation and moves towards suicide. We have the suicide notes for example —our son's suicide note—which takes all the responsibility. He took all the responsibility, because he was told that he was responsible for everything, for all of it [not by us but by the individual responsibility culture created by the industry, government and charities].<sup>3</sup> To make the victims of this—they are addicted as children, so they are victims—responsible for their own abuse is abusive.

**Lord Mancroft:** You said they are addicted as children. Does that mean that all of them started as children?

**Liz Ritchie:** Yes, they were young adolescents or underage, so it was illegal.

**Charles Ritchie:** That is pretty much the case for all the Gambling with Lives families. Most people we have come across who have developed a gambling disorder generally started very young, certainly under 18.

**Lord Mancroft:** This may be an unfair question, but I will ask it anyway. Do you think that if we could magically ensure that nobody under the age

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<sup>3</sup> Clarification subsequently made by the witness.

of 18 or 19—whatever number you want to choose—could gamble, see gambling adverts or anything like that, which I know is not possible, it would reduce the problem significantly?

**Charles Ritchie:** It would reduce the problem, but I am sure it would not solve it entirely. We need to learn from things like tobacco what sort of education works. We know that proper, serious, well-funded, hard-hitting public education campaigns work. The evidence is that soft or occasional sessions warning of the dangers of gambling do not have a great impact. Education needs to be a proper public health campaign. Yes, reinforce it in schools, but it needs to be a message. As Liz said earlier, a six year-old knows that smoking kills. Who knows that gambling kills?

**The Chair:** You cannot have a big prevention campaign if the next thing that then pops up is an ad for gambling.

**Liz Ritchie:** Part of prevention is stopping advertising. You have to stop growing or stimulating the market. What we have here is comparable to the US opioid addiction scandal. I know you are wincing, but we have a legal product that is being sold as safe and that you can stop when it stops being fun. In other words, the addiction and addictive capacity are not taken seriously. You have a whole trawl or pull-in to addiction legally, which then creates a pool of addicts, who you then have to work out how to treat people who have been given a lifelong, life-threatening illness.

Q175 **The Lord Bishop of St Albans:** Where are the gaps in the research that we need to fill? Is the current system of research through GambleAware effective and sufficient? Should researchers accept funding from businesses directly or indirectly through the voluntary levy, or not at all?

**Charles Ritchie:** My own background is in research. I was head of higher education research in the Department for Business, Innovation and Skills. When we were introduced to this world, I was truly shocked by the paucity of the research evidence. All the families were basically asking how many people die because of gambling. How many suicides are there? I have since discovered research literature going back decades linking suicide and gambling. Is anybody aware of it? Was anybody aware of it? I think not.

One of our key questions still is about how many people are dying. Our own analysis of the international research shows that it is between 250 and 650. That is on a limited set of studies, but we have trawled all the evidence on attempted suicides and suicidal thoughts, and it is very difficult to do some basic sums and not come up with hundreds of suicides. That is a key research gap: we need to know just how many people are dying.

We touched before on how we need research on products and practices. We already feel there is enough evidence to say that some products are too dangerous, but we fully accept that we need to know more about them.

I will just mention another couple of things. We need a longitudinal study. We need to understand better how people become addicted and how that illness progresses. How does treatment work? Does it work? We need a new gambling prevalence survey; the last one was in 2010. We are reaching that far back to know what is happening in 2020. The health surveys give you a headline figure—I question how accurate it is—but they do not allow you to question how gambling operates, how people gamble, what they are spending, et cetera.

There are so many gaps in the research. This comes to the second part of your question about why there are these gaps. We contend that part of it is the way that research has been funded. It is not necessarily that a project, once started, is then subverted by the industry in some way; it is just what questions are asked in the first place. Why is there a plethora of research about individuals and their characteristics, and what makes them more at risk, when there is virtually nothing on products, practices and the impact of them? In the earlier session there was discussion about the impact of advertising, on which there is nothing.

**The Lord Bishop of St Albans:** That is very helpful. I note that, and we will follow it up. We are quite tight for time. Through the families you are working with—and I thank you for what you are doing, because it is remarkable, fantastic work—if you hear of products that people say are the addictive ones, it would help if you could write to us.

**Liz Ritchie:** We know what they are already.

**The Lord Bishop of St Albans:** I am an innocent on this. It would be fascinating to know. We do not need to spend time on it now, but we would like to have that evidence.

Q176 **Lord Layard:** Could I go on to the organisation of research, because the committee chaired by Lord Chadlington recommended an independent body to spend what funds are available, but the industry would still be involved in appointing trustees, management and advisory boards. Why should the money not be given to the ESRC for it to organise a programme, in just the same way as they do any other research programme?

**Liz Ritchie:** As you probably know, I have been on that committee and have heard its evidence. Lord Chadlington has been clear that there will be no industry input into the board or any of the advisory committees at any point. On the other side, experts by experience, like us, will be ingrained into the whole organisation and part of it. I would not be working with him if he was not assuring us about that level of independence.

There are a couple of points. Gambling with Lives continues to campaign for a mandatory levy. We agree that should be the case. This is a step in the right direction to get some money now and to set it up independently. There is also a place for a proper campaigning charity, and we have a good tradition of proper, big charities in this country. We know that the

current charities do not campaign, because they say they do not. They do not even tell us about the reality of the situation, and they have industry people on their boards; GamCare has industry people on its board. I agree with you. I am one voice on this committee, but I will be pushing strongly for research to be related to the current research boards.

**Lord Layard:** I am sorry, do you mean administered by them?

**Liz Ritchie:** To be honest, it is at too early a stage for me to comment. We need almost the equivalent of a levy, where the structure that is organising the money relates to the organs of the state. It enables the regulator to stick to regulation instead of stepping into other areas, such as commissioning and research. I am sorry; I am being a bit incoherent about this.

Q177 **The Chair:** You are not at all. Would you agree with the statement that, if you had a statutory levy on the operators, it would remove the risk of leverage they have? While it is voluntary, the organisation in receipt of it always has, at the back of its mind, that it could withdraw the money. If it is statutory, that would go quite some way, I would have thought, but feel free to disagree.

**Liz Ritchie:** Yes, I agree. It is the discretionary nature of the funding.

**The Chair:** It always raises a question about independence.

**Liz Ritchie:** Therefore, we need to ensure that Lord Chadlington's charity is not discretionary as it has been before. GambleAware, for all its faults, has had to go on its knees for funding at every point. Now it is even being criticised by the regulator.

**The Chair:** That is very clear. Thank you.

**Lord Mancroft:** May I just ask for clarification? I may not have been paying attention. Do you have any idea of the number of people committing suicide in the UK?

**Charles Ritchie:** Our estimates are between 250 and 650<sup>4</sup>.

**Lord Mancroft:** Is that people per year?

**Charles Ritchie:** That is gambling-related suicides per year. I would be the first to admit that that figure is based on a small number of studies of completed suicides, but there is even bigger literature on attempted suicides and suicidal thoughts. If you do some basic arithmetic on that, you still end up with hundreds, so I would be very surprised if the number is outside that range.

**Lord Mancroft:** That is very helpful. All the families we have met today talk about their sons. Is this very male-related?

**Liz Ritchie:** It is at the moment.

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<sup>4</sup> The 250 to 650 estimate applies to the UK – between 4 and 11% of all suicides.

**Charles Ritchie:** All the numbers indicate that it is. Why is another question.

**Lord Mancroft:** It is not 50:50. It is significantly male.

**Charles Ritchie:** One girl has been lost to a family, but that is not necessarily fixed, because women are being targeted more by new gambling products. I would be very surprised if, in five years, we do not have a much higher proportion of young women.

Q178 **Baroness Armstrong of Hill Top:** First, what access to treatment have the families found if they or their sons have sought it? Secondly, what do you think is the most effective form of treatment?

**Liz Ritchie:** Perhaps I ought to say what my background is. I was a consultant psychotherapist in the NHS for many years before I retired, so this is my area, but maybe Jo should talk about what treatment she sought for Daniel and the difficulties Daniel had.

**Josephine Holloway:** Unfortunately, mine is going to be historic, but it informs the debate. Daniel was 16, going on 17, when he got into trouble with gambling very quickly over a short period. The only place I knew to go to was GA. GA was running then. I phoned and was helped on the telephone, and I got him to a meeting. Being 16 and in a room with guys perhaps in their 40s who had had very long gambling history and were saying, "I have not gambled for 15 years, but I am a compulsive gambler", did not resonate with him. They used really negative words on the phone with me, like "liar", "cheat" and "thief", and they convinced him that he was the problem and that he had messed up. I would say that Daniel carried that with him for the rest of his life: that it was him messing up, he was flawed and there was something wrong with him. I think that prevented him seeking treatment earlier.

**The Chair:** There was a sense of being judged, rather than helped.

**Liz Ritchie:** It was more than that.

**Josephine Holloway:** In his 16 or 17 year-old mind, it was probably a little different, but he bought into the message that the individual was messing up. Many years later, he went to Gamblers Anonymous again, but once only before he relapsed and decided to end it all. GA is my only experience, really, but I have to say—this is important, because we are talking about suicides and people not knowing about suicide—that I did know, because GA told me that if Daniel did not control his gambling there were only three ways that it would end: he would end up on the street, in prison or dead. That was 19 years ago, so people knew about suicide, but they were not sharing that information.

Two days after he died, I went in search of anything I could find. I did not know that Liz or anybody existed. I just went out there trying to find out, find out, find out. I found a professor up in Scotland who runs a rehab clinic there. This was the first time I thought, "My goodness, somebody really gets this". He said that he had been to a GA conference a year

before, which was 2016, and he was astonished by the number of people—regular, ordinary, bright, interesting, clever people—who had attempted suicide. We talk about successful or completed suicides—however you want to put it—but there is another group of people; I have yet to meet one recovering gambler who has not experienced suicidal ideation, thoughts or feelings.

In terms of my experience of treatments, I am probably too polite to say, but, yes, there are not enough out there. We need many more and different things. We may need to throw a lot out there before we find something that will be effective for a range of people.

Q179 **The Chair:** Where you have come across counselling, how well-trained or specialist are they? Are they generalists?

**Liz Ritchie:** We have been pretty shocked. We have heard a lot of concerns about GamCare counselling, and we have raised them over the years. To be specific about your question, I was shocked to come across job advertisements that said that counsellors were given two days' training. They have a generic person-centred training, then two days' training. Recently, I came across a job ad that did not require any clinical qualification at all. I can tell you what our concerns are. I note that Simon Thompson has raised some of them in the *Sunday Times* in the past few weeks.

Before I do that, I would like to point you to a report from 2007. It was a terrible shock to come across this. It is from January 2007 and is the scientific committee of the British Medical Association. It says that training in gambling addiction should be rolled out to all GPs and that the NHS needs a proper system of treatment for gambling addiction, because the consequence of the Gambling Act would be a dramatic increase in gambling addicts.

**The Chair:** That was very prescient.

**Liz Ritchie:** It was very prescient, and I believe that my son would be alive if it had been done.

**The Chair:** And none of those recommendations was done.

**Liz Ritchie:** Nothing has been done. There is still no training for GPs. There will probably be eight GPs at Jack's inquest. He tried to get help on many occasions. He was not diagnosed. There is no diagnosis. This is not to blame the individual clinicians; indeed, I do not blame NHS England, which did not exist at this point, or the NHS. They had not been asked to do it.

**The Chair:** If you go to the doctor with a chest infection, they ask if you are a smoker, do they not?

**Liz Ritchie:** Exactly.

**Charles Ritchie:** If a young man in particular goes to the doctor now and says he has anxiety, depression and sleeplessness, the first or second question should be about gambling.

Q180 **Lord Layard:** Is it right to say that there are well-established treatments? We took evidence before from Henrietta Bowden-Jones that we could perfectly well roll out a set of local services, available nationally, that provided evidence-based treatment, in the same way as we have over the last 10 years for anxiety and depression.

**Liz Ritchie:** Yes, that is certainly true. There is a rapid evidence review from the Royal College of Psychiatrists, for example—I think from 2013. We have indicated treatments. There are no NICE guidelines or big efficacy studies, but it is not like we do not know anything about effectiveness. We know a lot.

Another important point is to look at the severity of the people presenting. The people presenting are double the threshold for psychiatric diagnosis. Technically, they should all be going to the NHS, but they are being offered person-centred counselling, by counsellors with two days' training.

We are not here to attack people; we just ask questions, but we have not had proper answers. As far as we know, there is no proper suicide risk assessment, certainly not at the point of triage and referral, because the people on the phones are not clinically qualified, so they cannot be doing it. Also, GamCare owns the only referral point, effectively, because it runs the helpline. As there is no training for GPs, there is no pathway through to the clinics, so in effect there is a conflict of interest, because, as far as we understand it, they refer to their own partner providers. Again, I am waiting for answers from them, but they do not refer to the clinics.

I stress that we are talking about double the threshold, with a serious suicide risk. We have perfectly good services. They may be strapped for cash, but they are contained in NHS governance procedures that in the end are democratically accountable to the Secretary of State.

**The Chair:** It would be helpful to us, for when we draft this report, if you could put some of that on paper for us so that we have it exactly right. In the time available, I am sure you have not been able to do this topic justice, by any stretch.

**Liz Ritchie:** There is a year's worth of letters, meetings and whatever.

**The Chair:** I can feel that. Before Lord Trevethin and Oaksey asks a question, I should say that the last question will be from me and I will give you notice of it so you have time to think about it. If there is any one recommendation that you would absolutely beg us to include, what is it? I give you notice of that, because you do not always get the best answers from throwing that at people. You have a few minutes to think about it.

Q181 **Lord Trevethin and Oaksey:** While you are thinking about that I will

ask you a different question. Article 2 of the ECHR, as you know, provides that everyone's right to life should be protected by law. I understand that you persuaded the coroner, in relation to the inquest into your son's tragedy, to consider whether the Government or the state have been in breach of that article by reason of a failure to take proper steps to address the risks connected to gambling. Tell us whatever you would like to tell us about that. In particular, could you help us with what you hope to achieve by initiating that investigation?

**Liz Ritchie:** First, I did not personally persuade the coroner, our legal team did; we have a brilliant legal team. We wanted to achieve justice for Jack, because we were appalled by what we found after he died and by our understanding, from reading his suicide note, that gambling had killed him, effectively. I had absolutely no warning of how dangerous the products were and of the suicidal ideation. We were not told of the risks, and he tried on multiple occasions to self-exclude and to seek professional help. He was misdiagnosed by GPs. He was the definition of a responsible gambler, by the industry's standards, and he died.

We approached a legal team. We did not know anything about the inquest process and they told us about Article 2. They thought, from what we were describing, that the state might be in breach of Article 2, so they brought that to us. We said, "Great, thank you. Please put that forward in your argument". The argument was that we had no information and that there was no effective treatment, which I have just outlined. We will give you more information about the lack of treatment.

We are democrats. We believe that the coroner has to support parliamentary democracy and not work against it. You ask what we want to achieve. We do not want to impede the operation of Parliament. We are not saying that. It is not up to an individual coroner to say whether gambling is legal or not, or to make the judgments that only Parliament can make, but there is no doubt in my or Charles's mind that my son's right to life was not protected by the state.

Deregulated gambling did not put in safeguards for him and his generation. He is one of a generation. Jack and possibly thousands have died since 2007 because of this failure, and the state has done nothing to find out whether that is the case. DCMS was arguing for the shortest possible kind of inquest—15 minutes—at Jack's pre-inquest review. In other words, it was saying, "We don't want to know why he died. We don't want to know if gambling was implicated".

**Lord Trevethin and Oaksey:** Did DCMS have counsel at the preliminary hearing that made that representation?

**Liz Ritchie:** Yes, as did the Gambling Commission. Actually, it was saying different things, to be honest. DCMS was saying it gambling was not dangerous and the Gambling Commission was saying, "It is dangerous, but it is not our job to warn the public".

**Charles Ritchie:** At one level, we were shocked. It was almost, in Jack's case, "You don't need an inquest to say that he died because of gambling".

**Lord Trevethin and Oaksey:** I might ask for your help, in due course, as to the submissions that were made at that stage of the inquest, but we will move on now.

**Liz Ritchie:** You just asked me what we hope to achieve. We hope that the coroner will conclude what we think, but we know that it is up to her. Other bereaved families—time is too short for Jo to give her experience—have had a terrible experience. Jo was not even allowed to speak about gambling at the inquest.

**Josephine Holloway:** The other families who are part of Gambling with Lives are incredibly grateful that Liz and Charles have done this, because our stories will be played out here as well. We are really grateful. We attended<sup>5</sup> and we listened to what was being said, and we are grateful that they have done this.

**Liz Ritchie:** We hope that it will affect what happens here. It is not like the coroner is going to make a ruling like that, but inevitably it will inform the arguments. You asked for the submissions, and they have already highlighted major gaps.

Q182 **The Chair:** Give us your best single recommendation.

**Josephine Holloway:** As you said, Lord Grade, there are probably too many to mention. If I had to have one, it would be about products and practices being tested, and some kind of safety kitemark given to them so they are proved to be safe. Any of us sat here and the families behind, who have not been able to speak this afternoon, would say the same. We feel that the products and practices are created to be deliberately addictive. Therefore, they need to be properly tested and given a kitemark, exactly as we have health and safety in other aspects of our lives.

**Liz Ritchie:** You have given my number one. That is good, because I get some more.

**The Chair:** You only get one. What is the top of your wish list?

**Liz Ritchie:** We need a prevention strategy like the smoking one.

**Charles Ritchie:** Jo is absolutely right about product safety testing, but my recommendation is that this industry needs to be regulated. It cannot be left to self-regulation. A couple of weeks back, the gambling CEOs talked about VIP schemes, and I think that the chair of the Betting and Gaming Council said that it would look at them and decide whether to have them. Absolutely not. That is not the world we are in now. We are looking at VIP schemes and saying that they should be banned, or

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<sup>5</sup> The Pre-Inquest Review Hearing – held in June 2019 in Sheffield.

whatever the collective decision is. The industry, I am afraid, has demonstrated its inability to implement change without pressure from outside.

**The Chair:** On behalf of the Committee, I thank the three of you profusely for going on the record. As you know, we had that extraordinary session this morning, which will inform all our deliberations going forward. Thank you to the families who stayed on. It is not an easy experience for any of you to relive the tragedies that you have had to endure and continue to endure, but we are enormously grateful to you and we are all very moved by the stories we have heard today. Thank you very much indeed.