



HOUSE OF COMMONS

Culture, Media and Sport Committee

Oral evidence: Gambling regulation, HC 1010

Tuesday 16 May 2023

Ordered by the House of Commons to be published on 16 May 2023.

[Watch the meeting](#)

Members present: Damian Green (Chair); Kevin Brennan; Clive Efford; Julie Elliott; Simon Jupp; John Nicolson; Jane Stevenson.

Questions 1 - 67

Witnesses

I: Anna Hargrave, Chief Commissioning Officer, GambleAware; Anna Hemmings, Chief Executive, GamCare; and Matthew Hickey, Chief Executive, Gordon Moody.



Examination of witnesses

Witnesses: Anna Hargrave, Anna Hemmings and Matthew Hickey.

Q1 **Chair:** This is the Culture, Media and Sport Committee and we are starting our investigation into gambling regulation. The Government White Paper has been published now, so this is going to be a hot and important topic for the next few months. With that in mind, welcome to our witnesses this morning: Matthew Hickey, chief executive of the Gordon Moody association; Anna Hargrave, the chief commissioning officer at GambleAware; and Anna Hemmings, the chief executive officer of GamCare. You are all very welcome, to set us off on this inquiry.

Let us start with very general questions about the scale of problem gambling and gambling harms. Could each of you address that and also give us a couple of lines about your organisation and what you do?

Matthew Hickey: First, thank you very much for the invitation to come in to give evidence. We at Gordon Moody really take the opportunity to provide you with as much evidence as we possibly can.

I will start by giving you an overview of who we are as an organisation. Gordon Moody has been delivering treatment in the gambling space for some 51 and a half years. We were born in south London, where Rev. Gordon Moody set up the organisation to treat street homeless men who were affected by gambling addiction. Since then, we have ebbed and flowed to the position we are in today, treating men, women and those from the LGBTQ community across the UK.

Over the last couple of years, applications to our organisation have increased. There are a number of reasons behind that, but the volume of applications has increased from some 500 per year before covid hit and some 250 a year during the covid period to nearly 1,000 in the last financial year. Why is that? First, we have raised our awareness, and we think that the public in general are more aware that there is treatment available. Secondly, during the covid period, more people reached out to organisations like ours, GambleAware, GamCare and the whole fraternity of treatment providers to find out that there is treatment available. Also, from a societal point of view, we believe that more people are aware that gambling harms and gambling treatment exist.

It is very difficult to put a number on the size of the market. Various organisations have done pieces of research, but in our opinion they only really scratch the surface, because gambling addiction is the hidden addiction. It is only when people are in crisis that you find out that they are in crisis. That sounds really weird, but if you compared gambling addiction with alcohol addiction, for example, you would notice that somebody is an alcohol addict a lot earlier than they would notice themselves, whereas with gambling addiction it is only when somebody pops up and says, "I have a real problem here," that the real number comes to fruition.



Q2 **Chair:** So the actual awareness of the fact that it is a problem and that there is a solution increases the potential market of people who need help.

Matthew Hickey: Yes. So if 400,000 people are saying they are problem gamblers, or 1.4 million are saying they are problem gamblers, we would guess—I emphasise the word “guess”—that there are substantially more out there who need help and who either have not realised they need help or are hiding their addiction and will only come forward when it is at a real crisis point.

Q3 **Chair:** Thank you. Anna?

Anna Hargrave: Thank you again for the opportunity to offer an early view on the White Paper today. GambleAware is a leading independent charity. We work strategically across the system, commissioning research, but also prevention, support and treatment, across Great Britain.

In terms of our perspective on the scale of the challenge, it is a huge challenge, and it is really a public health issue. I absolutely agree with Matthew that the estimates we have of people experiencing harm vary greatly, and that is something we would want to see addressed through enhanced research as a consequence of the White Paper.

We do know from the services that we commission that we have 41,000 calls to the helpline each year. The National Gambling Support Network, which we commissioned, supports around 7,000 to 10,000 people each year, but we know that we are only scratching the surface. We know that particular groups are not coming forward to access support. In particular, although minority communities are less likely to gamble, the harm they experience is greater. Whereas in the white British population gambling harm is around 20%, it increases to over 40% in those minority communities.

So we know we are not reaching everybody we need to, which is why our stigma campaign has been so critical in raising the issue and encouraging people to come forward to talk about gambling. Only then will we be able to really understand the depth of the issue.

Q4 **Chair:** Okay. Anna?

Anna Hemmings: Again, thank you very much for inviting us here today. GamCare has been operating for around 25 years to provide prevention, support and treatment to people harmed by gambling. Our work falls into a number of different categories. We do prevention work, reaching out to young people, for example, to deliver education. We reach nearly 50,000 young people and youth-facing professionals every year doing that.

We operate in the prevention space. We offer support via the national gambling helpline, which Anna has just mentioned, which is commissioned by GambleAware. The number of people calling the helpline goes up every year. Last year, there were about 44,000 callers to the helpline.



HOUSE OF COMMONS

On the treatment side, we see around 10,000 people each year across our services and those of the network. That gives you a bit of an idea of scale.

In terms of the impacts that people's gambling has, there are three main areas that we tend to see with callers to the helpline. One is the impacts on mental health. The majority—around 80%—will experience stress and anxiety, and some will experience depression. Going through a gambling problem is extremely difficult, because you are often isolated, dealing with it on your own and separate from your family.

Another significant difficulty is financial, as you would imagine. Around three quarters of callers have debt or financial concerns. Then there are the impacts on family and relationships. People become isolated and separate from their loved ones, and that has detrimental impacts.

As the others have said, prevalence estimates vary widely and we need significantly more research to understand first what population-level prevalence is and, in addition, the impacts on particular groups. That might be different demographic groups; geographically, the prevalence rate varies around the country. What we notice from callers to the helpline is that they are relatively young—around 60% are under 35—so age is a factor as well. We need much more research, really, to get underneath what those needs are.

The other thing that I do not think has been touched on is the impact of gambling on family and community. The gamblers themselves need support, and obviously we need to prevent gambling problems from happening, but the impact on wider families is significant as well. It is not just gamblers; it is those affected by someone's gambling, too.

Q5 **Chair:** On Matthew's figures, broadly speaking you are dealing with twice as many people as you were pre covid.

Matthew Hickey: Yes.

Q6 **Chair:** Which suggests, in crude terms, that for whatever reason the problem has doubled—although I get the point that it might just be greater awareness, as well. Does it feel like it is on a steeply rising curve, Anna and Anna? Is that what we should be worried about?

Anna Hargrave: I think with the increase in online gambling through covid, we know that people have perhaps been gambling more than they had prior to covid. I do not think we understand the implications of that yet, but I would probably say that it is more to do with greater awareness. There is much more knowledge within local communities and other statutory services such as prisons, the police and so on are starting to screen individuals and direct people towards treatment. I am not sure that we are at the stage of saying there is any cause and effect yet, but general increased awareness, which is a positive thing, is contributing to it.

Q7 **Chair:** Just generally, it feels to someone coming to this fresh that the advent of online gambling and the combination of that with universal



HOUSE OF COMMONS

availability of smartphones has meant that the ease of gambling has massively increased, and that is why more people are doing it and why a subset of them are getting into problems. Is that heroic generalisation broadly speaking true?

Anna Hargrave: I think that would probably be a fair generalisation. Everybody has their smartphone—you can be on it at all times, can't you?—whereas historically you did not have the availability of gambling in that way. Yes, it certainly feels that gambling has become easier to undertake because, basically, everybody has smartphones.

Q8 Chair: Colleagues will have detailed questions on various aspects of the White Paper, but quickly, to start, does it look as though it has got to grips with the scale of the problem?

Anna Hemmings: The interesting thing about the White Paper—well, there are a couple of observations. Obviously, we waited some time for it and are very pleased to see it published. It is certainly a step forward. Numerous measures proposed in the White Paper are subject to further consultation, so what is critical now is that the consultation moves at pace so that we can see the proposed changes delivered. It proposes measures over a wide range of areas and I think that is really important, because with gambling it is not just about one particular thing, like affordability checks, for example. It is going to be about the blend of protections we use. Money is one thing with gambling, but so is time spent and preoccupation. So, things like spin speed and a whole range of measures are what will best keep people safe. We were pleased to see the range of things in there, but we have some concerns that any delays to the consultations or to progress could create some problems in the short term.

Anna Hargrave: We are extremely pleased that it has been published. It has obviously been a long time coming and now there is absolute urgency to get on with these consultations to start implementing the measures set out in the paper. We are really looking forward to contributing to those consultations and sharing our expertise from a commissioning and campaigns perspective.

We are still considering our response to many of the proposals ahead of those consultations, but there are two key areas. We are very pleased that the statutory levy is being proposed. We have been calling for that for some time, and we think it is really important in order to give stability and certainty to the provider market so that we can invest in those services. It will give confidence, drive up demand and ensure there are services to meet the needs of those individuals.

Secondly, although we are pleased that there has been a recognition that safer gambling messaging needs to be independent of the industry, we feel that there have been some missed opportunities when it comes to marketing and advertising, especially in relation to children. We will obviously respond to those issues in the consultation; we have a great deal of expertise on them as an organisation.

Chair: We will come on to those specifics in a minute.



Matthew Hickey: I won't reiterate what my colleagues have already said. Last year—while the White Paper was going through its various iterations—was a very difficult year for us and other organisations in this sphere to deliver services. The whole treading water period that we were in while we were waiting for it to be produced made it a very difficult year. That said, now that it is out, we are able to draw a line under that and move forward. It will provide clarity for us and the rest of the treatment sector as we move forward. We welcome the opportunity to be part of the consultation period.

That said, we still have business as usual going on on a daily basis. We still have an increase in people coming forward and reaching out for more and more treatment. Although it is brilliant that the White Paper is out and that we can move forward, we cannot lose sight of the people who need treatment today.

Q9 **Clive Efford:** Thank you for coming to give evidence this morning. Following up on the issue of prevention of harms, do you think the White Paper's proposals regarding gambling, marketing and advertising go far enough?

Anna Hemmings: I think it is quite widely seen as an area that could have been stronger in the White Paper. People who use our services tell us it is an area that they feel very strongly about. If you have had a gambling problem and are in recovery, it is quite difficult to constantly see advertising, sponsorship and so on.

It is important to look at this in the round. We sometimes focus on TV advertising, but direct marketing, social media and channels like YouTube are all places where young people, in particular, are potentially exposed to advertising and marketing. The issue with young people is normalisation: there is a risk that seeing repeated adverts or images relating to gambling normalises that behaviour.

There are opportunities to go further and strengthen the proposals. In particular, they need to focus on visibility to young people and on preventing harms from escalating in the future.

Anna Hargrave: As I have already said, we feel that there are some missed opportunities. First, in relation to children, we know that 96% of 11 to 24-year-olds are exposed to gambling marketing activities regularly, and over half see them on social media weekly, so we feel that there needs to be more regulation of advertising. The industry spends a phenomenal amount—£1.5 billion. Therefore, greater regulation of that is imperative.

We have been concerned for a long time about the lack of public health oversight, particularly in relation to the safer gambling messaging. Although we are really pleased to see that is the responsibility of an independent body, we are keen for those campaigns to be evidence-based and robustly evaluated so that we start to learn what works and what doesn't work. The industry is required to spend 20% of its marketing



budget on safer gambling messaging, and we would have liked to see greater accountability built in to ensure that that is indeed being adhered to.

Matthew Hickey: Advertising and marketing is a very difficult one for us as an organisation to answer, because we treat those who are right at the tip of the iceberg. When they come to us, it is the last chance saloon. We are treating those who are about to commit suicide—or come to Gordon Moody. They have tried everything else, and we are the last chance saloon for them. That is what they say.

If you were to ask our service users what they think about advertising, they would all say, “Ban it.” That said, if you then asked them, “If it was banned, would you still gamble and would you have still gambled?” they would all say yes. It is a real Catch-22. Yes, you can see the correlation, particularly with young people—we do not have evidence in that area because we do not work with young people—but our clients would say it would not make that much difference to them, particularly in the latter stages of their gambling addiction. I separate problem gambling from gambling addiction but, because of the depth that their addiction has taken them to, it would not have made any difference to them. Would it have made a difference to them in the beginning? They are that far down the road that it is really hard to answer that question.

Q10 **Clive Efford:** There has been a massive explosion, particularly of online gambling. In 2011, I think it was £1.2 billion. By 2016, that had gone to £6.6 billion. Those are the figures that I can recall. But now, excluding lotteries, it is at £9.9 billion a year. That is a massive increase in gross gambling yield, which is the money they take after they have paid out all the prizes and everything, so it is a huge sum of money. Yet we don't seem to have seen a similar rise detected in gambling harms. What would you put that down to, Anna?

Anna Hargrave: We have run a number of campaigns: the “Bet Regret” campaign, our women's campaign and, most recently, our stigma campaign. We have to recognise that the money we can spend on those campaigns to raise awareness is absolutely tiny compared to the money being spent on advertising by the industry. In addition to increased awareness across the population, I think more needs to be done across a number of sectors—healthcare training and other professions such as police, and so on—to be able to identify the issues of gambling. In essence, we need to do more work to identify people earlier and understand those who are at risk, so that we can put appropriate prevention and early intervention activities in for those most likely to be at risk.

Q11 **Clive Efford:** Is it a data issue? Matthew, you spoke earlier about the comparison between a gambler and an alcoholic, and you said that gambling is hidden. But, in a sense, it is not, because gambling can be detected from online activity. We can put programmes into machines to detect whether someone spent too long on them. Is the gambling industry just good at hiding the data? Is that why we are not getting the



HOUSE OF COMMONS

comparative increase in the number of people suffering harms as a result of the growth in gambling? It is logical that we would expect to see that, isn't it?

Matthew Hickey: Yes is the simple answer, but the people we see are the most manipulative individuals you will ever meet. They are adept at finding ways to hide their activity, so they will have multiple accounts across multiple operators, and multiple profiles with multiple names, email addresses, bank accounts and so on, so they spread their activity across everything. Yes, you could see that Matthew Hickey has gambled for 20 hours today and then he might never gamble again, but Matthew Hickey as a person could then be moving on from place to place to place and gambling in various different forms, activities and ways. That is what we are dealing with here: the most manipulative people who know they will get caught if they use the same name constantly, that they will be identified and that people will see it. They will find ways to circumnavigate it. For example, if you can go into the local bookies and place your bets and then jump in your car and drive three miles down the road in any direction to another bookies, that is what they will do. They spread their bets around so that they are not identified as a problem gambler in one place all the time.

Q12 **Clive Efford:** But it cannot be that we are not seeing the comparative increase in identified numbers of people suffering from harm as a result of the growth in the gambling industry just because it is masked by people being clever at covering their tracks. What is going on in the gambling industry is that we are not seeing a corresponding increase in the numbers of people suffering harm as we have seen in the increase in the gambling yield.

Anna Hemmings: You are asking a very direct question—as gambling yield or gambling participation goes up, problem gambling does not appear to have gone up. We should be able to give you a straight answer to that, and in an ideal world we would. The reality is that the investment in research, education and treatment around gambling harms is significantly less than it would be in other sectors because all those activities sit outside the statutory sector. We do not have enough research to be sure of what the prevalence levels are. We also do not have enough research to understand who is at risk and why they are at risk. And we do not understand enough about how gambling-like behaviours for young people such as loot boxes, e-sports and so on will impact their future gambling behaviour. From our perspective as providers in this space, we really do need investment to get underneath the problem and understand it much better.

Q13 **Clive Efford:** Is it independent research that can get access to the data that the big gambling companies hold?

Anna Hargrave: Yes, and it is also about having the shared data across the operators and having a single source. At the moment, everybody's data is separate. The work of the Gambling Commission to join that data up will be a massive step forward in moving our understanding forward.



HOUSE OF COMMONS

That, in itself, and that data will enable us to get a better understanding of prevalence, risk and behaviour in terms of gambling.

Anna Hemmings: The other issue, to pick up on something Matthew said, was that many people will gamble across numerous accounts, so financial services also have a role to play because they have a different type of visibility of somebody's transactions. There is something called single customer view, which is in a pilot phase at the moment, in which gambling operators share data for higher risk customers so they can see across numerous accounts. Those sorts of steps forward are at an early stage at the moment. However, as time goes on, they will give us a much better understanding.

Q14 **Clive Efford:** One last question: are children more susceptible to being influenced by gambling advertising than adults?

Anna Hargrave: In terms of the impact, I think it makes it a more normal activity for them. The evidence suggests that it makes it more likely to have an influence on their gambling behaviour in the future. Through sports sponsorship in stadium promotion, we know that children are exposed to a high level of exposure, so we do need to take a preventive approach when it comes to advertising and children.

Q15 **Jane Stevenson:** Good morning. I would like to turn to the financial risk checks that are proposed in the White Paper. There are two types: a light-touch check after a limited amount of losses, and then more thorough checks if someone loses a significant amount of money in a short period of time or during a year. Do you have any comment about the levels that those checks have been set at? For young people, that does halve, so young people are slightly enhanced, but do you think that goes far enough or are those limits too far down the line?

Anna Hemmings: The first thing to emphasise is how important finances are in this picture. As I said earlier, we get around 44,000 calls a year to the helpline, and 75% of those people will cite debt or money issues as a problem for them. That is particularly true in the current time with the cost of living crisis. We have done some research that suggests that a significant proportion of people are gambling to try and resolve financial issues, which, obviously, is unlikely to be successful. So I think affordability checks are very important, but they are complex because each individual's incomings and outgoings are unique to them, and affordability will vary from person to person.

I mentioned single customer view, in which data is shared for higher-risk players who have numerous accounts across numerous operators. I mentioned the importance of banks and financial institutions in being able to identify gambling transactions. All of those things are really important, because affordability is not just about one account; it is about the totality of your gambling. That might be one, five, 10 or 50 accounts, which could be in different names and using different bank accounts. There is a huge amount of complexity in the affordability debate. Alongside that, we also



HOUSE OF COMMONS

need to think about time spent, spin speed, preoccupation and the other issues that are characteristic of gambling problems.

Anna Hargrave: We absolutely welcome the proposal to put financial checks in, but we have some concerns that the standard amount would potentially miss some people who are at risk. That is for the reasons that Anna outlined: everybody's income is different, and £1,000 for somebody who is receiving benefits is different to somebody who is earning £80,000 a year. That is particularly important because we know that people in the most deprived areas are three times more likely to experience harm from gambling than those in the least deprived areas. Therefore, it is critical that we get the complexity relating to this right, so that we don't expose more people to a high level of risk.

Q16 **Jane Stevenson:** The light-touch checks look at the average affluence within that postcode, and at county court judgments. Do you have any other things that they should encompass at that level?

Anna Hargrave: That is something that we are looking at ahead of the consultation. We have not fully formed our view on it yet.

Matthew Hickey: Again, it is a really difficult one for us to answer because we are dealing with those individuals who are most complex. What we have got to be very careful of is that we don't put so many measures in place that we push people into the black market. The individuals that we treat will find a way to place their bets, wherever it is. It is not about winning or losing for them; it is about the thrill of placing the bet. If that means it is in a regulated market, that is better, but if it is unregulated, they don't mind. What they really mind is that they have the opportunity to place their bet as an addict.

Putting in place the affordability checks as an early education and prevention piece is really great, but there will always be those people who slip through and find a way to avoid providing the right information. We have to link the data from the gambling companies with the data coming through from the financial establishments, as well as cross-checking multiple accounts, so that we get a better view on all of this. The only way to do that is for the treatment providers and the operators to work more closely on how we share and shape all that data.

Q17 **Jane Stevenson:** Do you think the White Paper says enough about what should happen when customers are flagged, and, at that point, what responsibilities the gambling companies have towards them when they are identified? To the two Annas, do you have concerns that people will be pushed into the black market if they are hyper-regulated? I will start with Matthew. Do you think there is enough said about the duty of care at the point customers are identified?

Matthew Hickey: I have been involved at Gordon Moody for just over three years, and I have seen a marked step-difference in the safer gambling teams across the gambling companies. They have improved dramatically. Are they doing enough? They are improving—that is what I would say. They are definitely moving in the right direction. They work



closely with us and with others on improving their knowledge of identifying safer gambling.

That said, what we need to be doing from a treatment point of view—rather than early education and prevention—is developing the right referral pathways so that people can access the treatment they need, direct from an operator into a treatment provider, whoever that may be. One of the opportunities that we have off the back of the White Paper is to put in place the right referral processes for organisations such as ours to be in receipt of those who need the treatment. That is the real opportunity here. Let's not operate in silos; let's work collectively and collaboratively to provide the right treatment for the right people at the right time.

Anna Hargrave: In terms of the risks relating to the black market, our view is that anybody can experience gambling harm. It is important that we take these protective measures, and we believe that the benefits outweigh the risks.

Anna Hemmings: On the black market, one thing to note is how difficult it is to know when you are on a black-market site. The sites are presented in a way that may appear very similar to a regulated gambling site, so it is quite difficult to know how many people are gambling on the black market. Yes, it is a risk, but I do not think that it should prevent us from taking action in a number of areas mentioned in the White Paper.

To pick up on Matthew's point and give you an example of something that the industry does but could do more consistently, some gambling operators and banks have a warm transfer arrangement into the national gambling helpline. They can transfer customers who need our help directly across to us. That is very successful, because it acts on that moment when somebody is motivated to make a change, and it means that they do not have to put the phone down and dial another number. Some operators do that currently, and it would be good to see things like that applied more consistently and perhaps as part of the regulations.

Q18 **Jane Stevenson:** Thank you. We know that a lot of referrals coming to your organisations are through online slots rather than other products. The White Paper proposes but does not set stake limits; the suggestion is between £2 and £15. What difference would a £2 limit versus a £15 limit make to those online slots? Do you have any opinion about where to set the limit?

Matthew Hickey: I was hoping that you would start at the other end of the table—*[Laughter.]* Again, it is a difficult one for us to answer, because of the complexity of the individuals; it would be better answered by an organisation that understands more about early prevention rather than about those with the most complex needs.

That said, the people who come to us for treatment have been most affected by fixed odds betting terminals rather than the online stuff. That said, we will start seeing an impact from that in the next two, three or four years. What we see in treatment is usually between five and seven years



HOUSE OF COMMONS

behind where the sector is. People who have come to us, and still come to us, will have gambled as an addict for somewhere between 15 and 20 years before they come to us, so what we see today is probably five years behind where the industry is at.

- Q19 **Jane Stevenson:** Specifically in relation to the people you see, do you have any data on what causes people to relapse? Do they go back to a previous gambling habit, or is the availability of something like online slots where people have issues?

Matthew Hickey: Again, it is a difficult one, because there is no funding to retain the engagement post treatment. We provide treatment for 14 weeks for men or six weeks for women, which is well funded by our commissioner, GambleAware. We have all identified that the post-treatment side of things needs more money invested in it.

People fall into three camps. Some disappear and are fine; they never relapse, and we never hear from them again. It is difficult for us to say whether they have relapsed, because we do not have a centralised database to track whether person A has relapsed 10 years after they dealt with their addiction. There are those who stay in contact, become an advocate and a positive person, and never relapse. They are small number, comparatively.

Then there are those who will stay in contact for a period of time and come back to us for a bit of support during the first couple of years—mainly to help with a crisis point in their life. For example, they may well have lost their job, there may be a divorce or they may have lost a loved one—whatever it may be—and they are uncertain how to deal with that situation. They would ordinarily turn to their addiction to cope with it, but they will come to us, or to one of the other treatment providers, to receive that support during that difficult time to prevent them from relapsing. I suppose what we really need is the right level of funding to continue the contact while somebody is in recovery—you are in recovery for the rest of your life.

- Q20 **Jane Stevenson:** Interesting. Will you comment on the limits for online slots?

Anna Hargrave: We are very supportive of the limits. In terms of the specific numbers, that's not something that we have a view on yet, but obviously, understanding how these limits play into the different needs—deprivation, age and so on—is something that we need to work through and needs to be taken account of as we move through the consultation.

Anna Hemmings: Similarly to Anna, I think it's very difficult to comment on stakes alone. There are a few things to consider. Yes, online slots are problematic, but online casinos are also quite commonly cited by callers to the helpline. This is going to be about the blend of stake limits but also affordability checks, deposit limits and spin speed—if you can play very quickly, you can still, even on a £2 stake, lose a lot of money very quickly.



HOUSE OF COMMONS

Matthew was talking about treatment and treatment effectiveness. Certainly for the cohorts that we see via the helpline and via the community-based treatment services, which are less intensive than Gordon Moody's, we have had lots of external research done that suggests that those services are very effective. People complete very well; they reduce their gambling and improve their quality of life. Relapse is an issue across all addictions, but what we know is that the treatment that we deliver is as effective as it can be and certainly compares very favourably with other areas, such as other addictions and mental health.

Matthew Hickey: I will add to that, if I may, with some numbers. Some 80%-plus of people that come to us complete treatment. If you compare that with drug and alcohol, it would be down at the 20th-odd percentile. For those people that come to us—it's not just us; it's across the piece—the treatment that they receive is very effective and provides them with the right tools to deal with what they're dealing with at that moment in time. They are then in a stronger position to go back into what their normal life will be.

Q21 **Jane Stevenson:** Finally and very briefly, should the Government have considered applying stake limits to all online casino games rather than just the slots?

Anna Hemmings: It is definitely a consideration and something that our users cite quite regularly as problematic.

Anna Hargrave: We need to do absolutely everything that can be done to protect people. All products have an element of risk, and anybody can be susceptible to gambling harm, so it's important that all measures are taken.

Matthew Hickey: I concur with both Annas.

Jane Stevenson: Thank you. And thank you, Chair.

Q22 **Chair:** I am fascinated that the success of the treatment or the completion of the treatment is that much higher. Is it because gambling is a different type of addiction? For most other addictions, you can analyse the sort of chemicals that make you addicted to the things that people get addicted to. Is this a different type of addiction?

Matthew Hickey: Put simply, yes. I am sure my colleagues can provide more on this, but drug and alcohol addiction is a physical addiction. You can deal with that physical addiction through chemical treatments, through abstinence, through cold turkey, and so on. There's a lot more to it from a medical point of view, which isn't my area of expertise—if you had the NHS here, they would be able to provide you with that level of detail. With gambling addiction, what you are dealing with is a psychological addiction, so you're having to break the psychological fact of why somebody has become a gambling addict in the first place. It very much leans over into the mental health side of things, rather than just being a physical addiction.



HOUSE OF COMMONS

The complexity of the people that we see at Gordon Moody is very high. They come with multiple addictions. Dealing with the drug and alcohol side of things is pretty simple compared with the psychological addiction that we are dealing with from a gambling point of view. The rationale, the reasons why they have chosen gambling as opposed to something else—it's down to a lot of different factors.

However, they could well have chosen to become an alcoholic or a drug addict, or a sex addict, or a fitness addict, or a shopping addict or any of those kinds of things to deal with what they are dealing with. That is what we are trying to unpick in our treatment services. What is the root cause of why you have become an addict, and how do we provide you with the tools, so that when something happens in your life further down the line, you don't have to revert back to gambling as your way of dealing with that?

Chair: Thank you. Simon Jupp.

Q23 **Simon Jupp:** Thank you, Chair. And I thank the witnesses for their evidence so far this morning; it's really interesting.

I want to focus on children, if I may. Anna, earlier on, you talked about the need for more regulation, particularly around advertising. What do you see that looking like and how could it actually work for the industry?

Anna Hargrave: In terms of how greater regulation regarding children would look like, that's something that we are still working through, but we would have liked to have seen the ban on advertising on shirt sleeves in football and on in-stadium advertising, and obviously greater protections around social media as well and the role that those operators have in—

Q24 **Simon Jupp:** What could those protections look like?

Anna Hargrave: I think it's about limiting exposure, but where there is advertising, it's about being clear about what the risks of gambling are and where support can be sought.

I think that's something that we are still working through. We're undertaking a lot of research in the area of children at the moment and it's something that we want to build a greater evidence base on, so that it would inform more concrete actions in the future, particularly around sport sponsorship. That is our initial response to that question.

Q25 **Simon Jupp:** Before I move on to the rest of the panel, is there anything else you would want to see in the White Paper apart from more regulation?

Anna Hargrave: Specifically for children?

Simon Jupp: Yes.

Anna Hargrave: No, not at this stage. That is something that we're still working through.

Q26 **Simon Jupp:** Matthew, same question to you, really. First, do you agree



with Anna's view? Secondly, what else would you have liked to have seen in the White Paper in relation to children?

Matthew Hickey: I totally agree with Anna's view. In terms of how Gordon Moody responds to this, we don't treat children. That said, we will start to need to be able to treat children. That will never be a residential treatment pathway. It will be something during holidays and weekends.

What is more important, though, is children as affected others. A number of our clients will say that they have become an addict because they saw their parent as an addict—as a gambling addict. It was learned behaviour, because dad did it: "Dad went into the bookies," or, "We went into the pub and from the age of seven I was allowed to go on the fruit machines in the pub." That's what we see. And they have learnt that behaviour from their parents.

The other cycle of that is when their parent does pop up and say, "I am an addict," and as a 12-year-old boy you may well turn around and say, "Well, that's all right. My dad was an addict. He was gambling and he seemed to do all right. How do I deal with that?" And I think we've got a lot of work to do with children as affected others, because that's where the bigger numbers are. Yes, we will see a lot of children affected by gaming and younger people gambling, but we'll see even more as affected others because of the effects their parents have had on them.

I think that's where we should see a lot more research and a lot more treatment and prevention, in particular on the educational side and on the prevention side, where children are supported to deal with how their parent has been affected and how that has affected them. The stigma that comes from dad coming out as a gambling addict and losing everything, and what pressure that puts on them in society, what pressure that puts on them with their peers and what other pressure that puts on them. How a 10-year-old or a 14-year-old, when you are going through the psychological changes that you are at that stage, is going to deal with those issues is something that we really have to put an emphasis on. That is where the bigger side of this is.

Q27 **Simon Jupp:** Ultimately, it will make your life a heck of a lot easier if we nip this in the bud at a younger age, so that the behavioural cycle is not continuing, I am guessing.

I think you said earlier—forgive me if I'm misquoting you—that you are expecting this to become more of a problem, essentially, among younger children. Do you think there will be a need very soon for more care, such as you provide for adults, for children?

Matthew Hickey: Yes, and it is something that we are looking at strategically and looking to develop. Again, how do we fund that, because it has to be evidence-based? Sometimes you need to just jump in with two feet and provide this and see what happens. Sometimes you have to do that with an evidence base, but because the evidence base doesn't exist, how do you generate that?



Off the back of the White Paper and with the measures that we develop over the next couple of years, the demands will increase, but there will come a point where education and prevention start having a major impact and we see the impact on Gordon Moody, for example, with the numbers starting to fall away. I do think that there will come a point where Gordon Moody doubles in size, but then we will start shrinking because we have put in place the right things at the right levels.

Q28 Simon Jupp: Anna, any further views on what you would like to see in the White Paper?

Anna Hemmings: At GamCare we deliver a youth education programme and a youth support service, so we talk to tens of thousands of young people each year in the classroom. To pick up on the education point, education around the risks of gambling has not traditionally had parity with other risky behaviours. Education is a really core form of prevention that we must do more of and evaluate to ensure that it is effective. That is quite tricky with education, because proving causation with those sorts of interventions is challenging. None the less, we should continue to reach children and young people in schools.

Q29 Simon Jupp: How does it slide into the education system? How do you make sure that teams can go into schools and explain the context of how gambling works, and what it can do, in a school environment? What sort of lesson does that connect to?

Anna Hemmings: Gambling is now part of the PSHE curriculum. It tends to be that we are invited into schools in PSHE sessions, and lots of schools want specialists or experts to come in and deliver that. We also deliver in out-of-school settings: youth clubs, summer schemes and so on. If young people are there, we are happy to be there too, but most commonly it is in those sessions in schools.

Young people talk a lot about issues that are not technically defined as gambling but may influence subsequent behaviours, so e-sports, loot boxes, skins betting and gambling-like behaviours or social casinos within the games that they play. Those are not currently defined as gambling, and they are not specifically covered in the online harms Bill. There are some grey areas that warrant more conversation, particularly in terms of how they impact young people.

One further thing that I would like to mention is that of course under the age of 18, gambling is illegal, and we need to absolutely protect children of that age range. But in 18 to 25-year-olds, the brain is still developing and there is an element of neuroplasticity there. We do hear a lot on the helpline from students, for example, who have had a large injection of cash with a student loan and have spent that gambling. So there are the under-18s, but additional protections are needed for 18 to 25-year-olds for that reason.

Q30 Simon Jupp: You mentioned some phrases and types of gambling that I have never heard of, and I am 37, so I would have liked to think I would still understand a bit of this. Do you think there is also a bit of education



HOUSE OF COMMONS

required among the adult population, particularly parents, about gambling? Although they may not be involved or interested, or they may not care—or, in my case, understand it at all—they might not be able to spot the signs that a child who is interested in this stuff is getting involved and being sucked into this world.

Anna Hemmings: Absolutely. Reaching parents is critical. Parents' own gambling, as Matthew said, can be normalising for children and young people. Equally, parents understanding what young people are participating in and involved with is crucial, so reaching parents with that sort of information is key.

Q31 **Simon Jupp:** I feel gloriously out of touch. Do you support proposals for affordability checks and stake limits—that was discussed at one point—to be set at lower levels for young adults aged 18 to 24, compared to older adults? Do you think that is something that should be progressed?

Anna Hemmings: I think some additional protections would be a good thing, and that needs to be across the board. It could be around the types of gambling that they are allowed to participate in, or it could be about additional protections in terms of spend and deposit limits, loss limits and affordability checks. There are a number of measures that could be considered.

Anna Hargrave: We know that the 18 to 24-year-old population are twice as likely to experience gambling harm as the rest of the adult population, and therefore it is imperative that further measures are brought in. There are some already set out in the White Paper, but as Anna said, there is an opportunity to look at other areas as well.

Q32 **Simon Jupp:** Do you think this could be seen as patronising to young adults, though? I have every sympathy with the idea, by the way, but we do not want to patronise young people and make them think the state is going to intervene in this way because they cannot think for themselves.

Anna Hargrave: I think we have to look at the balance of risk and understand the benefits. From our perspective, the benefits would outweigh the risks. We know that young people are more likely to experience harm, so I think it is appropriate that those measures are put in.

Matthew Hickey: I have to support everything that has been said. Five per cent of the people we treat come from the 18-to-25 market. It usually takes 10 to 15 years for someone to become a full-blown gambling addict who pops their head above the parapet, so to speak. Whether they should have popped their head up five years earlier is another question—they probably should have done.

I think we have to provide the information, the education and the conduit—particularly working with universities and further education—so that young people in that 18-to-25 bracket have more independence. There are going to be things that test you, and that is part of going to university, isn't it? Going to university and having a drink, without any



controls around you from your parents, is what life development is all about. But we have to identify those people who have more addictive personalities.

We all have an addictive personality within us, but most of us are able to control that—most of us are able to say, “Enough’s enough.” Most of us know we have spent too much at the weekend on two pairs of shoes or whatever it is, and we know not to buy any more. Some other people will go, “Well, I’ve had a thrill from that and I’m going to go out and do more of it.” It is those people we have to identify and profile, and we have to develop the right ways of interacting with them. It is those people who will become addicts, in a gambling sense, further down the line.

The more we can do around the education piece and the prevention piece, the better. We want to prevent people from needing to come to Gordon Moody. Ultimately, we don’t want to exist, but unfortunately we will always exist. What size we are will depend on how effective and efficient we are on the educational side of things.

Q33 Simon Jupp: Listening to you all this morning, it seems that the research is evolving and we are understanding these things, but is either the industry or the state failing to keep up with the level of challenge? It just seems like we are looking into this and doing what we can, and that is all appreciated, but have we missed the boat for some young people?

Matthew Hickey: Probably, yes. That said, this sector is still relatively juvenile, and I think we have a real, golden opportunity to be the leaders across the globe on providing the right levels of prevention, education and treatment, with the research to support all of that. That would create a network that—I am not going to use the word “revolutionises”—puts in place the right mechanisms to support people. We have a real opportunity to collaborate across the public sector, the third sector and the private sector—the operators, the NHS and organisations like ours—to really make a big difference. Rather than copy something that has happened before, we have a real opportunity now, with the consultations off the back of the White Paper, to transform things and create something that can really make the big difference. I think that is the real opportunity.

Simon Jupp: Thank you.

Q34 Julie Elliott: I want to move on to land-based gambling reforms. Do you have any concerns about the proposals to allow casinos and other land-based venues to have more gaming machines and to process cashless payments?

Anna Hemmings: There are various challenges with the land-based sector. It does seem anomalous compared with some of the measures that are being taken online to have this increase.

One of the things about the land-based sector is that you can go into a betting shop, and you do not have to be known to the people working in there, so it is very difficult to have proper visibility of how much people are gambling in those settings.



HOUSE OF COMMONS

In the online sector, we have single customer view evolving, where you can see across numerous accounts how much people are gambling and what is going on with that activity. It is very difficult to pull the land-based sector into anything similar, and the people who gamble the most gamble across online and land-based settings quite frequently. There are some challenges that we really need to get underneath with the land-based sector, so yes, we would have some concerns.

Anna Hargrave: Absolutely, we share those concerns. We feel that there could be unintended consequences and more people at risk and that the proposals need to be carefully considered in order to prevent more people being exposed to harm. We do have some concerns about the proposals.

Matthew Hickey: What this really comes back to is data and how we manage the data that is coming out from how people gamble both online and offline. This should really be about not the volume and the cashless payments, but how we gather the data so that we can provide the support for those people who are gambling too much and are becoming problem gamblers.

Yes, if you walk into a casino, they do have the safer gambling teams walking the floor to make sure that people are taking breaks, walking away and not betting too much. But ultimately, you could walk into casino A and then walk around the corner to casino B in Mayfair or wherever it may be. What we have to do is share the data across the sector and across the providers, so that we can help those who identify earlier.

Q35 **Julie Elliott:** Is there any likelihood of that happening?

Matthew Hickey: If the industry and the operators come together and share that data, I think we could do, yes.

Q36 **Julie Elliott:** But they have not done until this point.

Matthew Hickey: That is where we have this opportunity off the back of the White Paper.

Q37 **Julie Elliott:** Do you think something needs to be put into it to make that happen?

Matthew Hickey: I would welcome something around how we share data on profiling problem gamblers.

Q38 **Julie Elliott:** What do the other two witnesses think about that idea?

Anna Hargrave: More needs to be done from the data to understand the at-risk individuals, but really critical is getting support into those communities where we know that gambling harm is more likely to be experienced. That requires investment in services at a local level in order to work with local communities so that the risk of gambling is understood, and that means going into schools and working with faith leaders.

We need to increase the knowledge among those communities and be able to target our activities to those communities that we know are most likely to experience risk. That can only be done if we have a really good sense of



HOUSE OF COMMONS

data and where those people are, because we have limited resource, and we need to be able to target it to the people who will benefit the most from it.

Anna Hemmings: One of the areas you asked about was cashless operations, which is probably a wider debate for society as a whole post covid, but one of the things it gives us is improved visibility of the transactions that are happening. Obviously, those transactions are visible to the bank or financial services only. On the other hand, the process of withdrawing money can sometimes create a break in play that is a useful breather for people who are gambling.

There was a previous question about technology and how swiftly it has advanced. That is probably most notable in online gambling. While we are probably playing catch-up to a degree, it is worth pointing out that technology is also useful in the kind of work that we do.

For example, GAMSTOP uses technology to block online gambling, and there are similar self-exclusion schemes in the land-based sector. You can use software blocking as well. Lots of the work that we do is now online. The National Gambling Helpline operates via WhatsApp, Facebook and direct messaging, as well as on a phone call. Similarly, we have lots of online interactive resources that people can use. It is a question of how we harness technology to prevent and support people who need it, as well as it being used by the operators in a different way.

Chair: Kevin Brennan, I know you have a declaration to make.

Q39 **Kevin Brennan:** Thank you, Chair, and good morning, everybody. I have received hospitality in the past from the Betting and Gaming Council. As you are a witness this morning, Anna, I should also say that I recently attended a lobbying event by GambleAware at the House of Commons.

What discussions have you had with DCMS about how the proposed statutory levy in the White Paper will be distributed?

Anna Hargrave: We have been calling for a levy for some time. Our discussions, and in essence all of our communication, have been around the benefits that we would want to see from that, part of which is how it might be distributed in the future. It is really important that the levy brings stability to providers. Matthew has already outlined some of the challenges in terms of being able to develop services in the long term.

As we move through this transition, having certainty over funding is really important. It is really important that we have that sustainability of funding because, at the moment, our voluntary system means that we cannot really plan anything for more than three years, which is a really difficult position as a commissioner. As we move more into prevention and education, it takes a much longer time to realise the benefits from that.

Q40 **Kevin Brennan:** What has DCMS said to you about how the distribution is likely to work of the new statutory levy?



HOUSE OF COMMONS

Anna Hargrave: The distribution needs to be able to give those organisations in receipt of it a long-term view of the money that they are getting. They need to have that planning horizon of more than three years.

Q41 **Kevin Brennan:** Has the Department said anything to you about whether or not GambleAware will remain the main commissioning body post the implementation of the statutory levy?

Anna Hargrave: We would absolutely have expressed our desire that we would play a key role in that. We are the commissioner in the system.

Q42 **Kevin Brennan:** I appreciate that, but have Ministers given you any assurances in that regard?

Anna Hargrave: I am not aware that they have. I have not been party to those discussions.

Q43 **Kevin Brennan:** Do you think it is important that you are at the heart of it?

Anna Hargrave: Absolutely, it is important that we are part of that. We are the main commissioner of services. We have over £30 million-worth of services being commissioned at the moment. Through our research and evaluation, we really understand the needs of that population, and we now have a robust commissioning structure in place that gives a regional approach that allows us to target our investment to meet the needs of local populations.

Historically, when we have had the voluntary system, while we have been receiving some money and undertaking a commissioning process, it has been going directly to other providers. We have a dual system, which means it is not co-ordinated. There is a lack of accountability in some parts of the system. What we bring is the oversight of quality, performance, investment and value for money that will ensure the money is distributed to the people most in need of that resource.

Q44 **Kevin Brennan:** I used to be, in the deep and distant past, the Minister for the Third Sector in the last Labour Government. I have heard concerns expressed that the statutory levy might affect the amount of funding going to third sector organisations, like those we are hearing from this morning who have very direct experience of dealing with problem gambling. Have you ever heard any concerns of that kind about a statutory levy, and if so, how do we avoid that happening?

Anna Hargrave: From our perspective, the levy gives us an opportunity to look at funding across the piece. It comes back to determining what the priorities and needs are and where that money should be distributed.

There is absolutely a key role for the statutory sector within this. The NHS has already made some investment, and we know that other areas are undertaking work, such as the police, prisons and so on. We need to look at the whole system in the round and ensure that the levy supports the full public health system. The third sector is absolutely critical in that. At



HOUSE OF COMMONS

the moment we deliver 90% of the treatment in this area. In other areas of health and social care, the NHS relies heavily on the voluntary sector because we deliver services that are more accessible to communities and deliver greater value for money.

We absolutely see ourselves as part of the system. The third sector needs to integrate with those statutory organisations, and the levy and the levy board should be a driver to that integration, which should be focused on the needs of service users rather than of individual organisations.

Q45 **Kevin Brennan:** On that point about the levy board, it was suggested in a previous briefing that the Gambling Commission might perform that role of distributor, but I understand that that may not be the case. How would the levy board work and how would you see that working in practice?

Anna Hargrave: That is something that we are working on at the moment ahead of the consultation. We are looking at evidence of different levy boards, both nationally and internationally. We are keen to ensure that the levy board is focused on that whole public-health approach: bringing in expertise from across the whole system, having a shared vision and strategy for what needs to be done to address gambling harm, and then enabling organisations in receipt of the levy to work in a co-ordinated way to achieve a reduction in gambling harm.

Q46 **Kevin Brennan:** As I understand it, the NHS has said it will not take industry money, and that is why a statutory levy is important. Is it likely that the third sector will continue to get the sort of support that it has after the introduction of the statutory levy, given that that will open up opportunities for that money to be invested in NHS services?

Anna Hargrave: We work very closely with the NHS and we would envisage that the levy would continue to support the third sector and the NHS to work in an integrated way. I think we all accept that the NHS has limited capacity—indeed, for some people it may not be the right place for them to access services. So we work very closely with the NHS on referral pathways. In fact, we have moved to a regional model that allows our third sector partners to work in a multidisciplinary way with those NHS specialist clinics. There is much more that needs to be done on primary care, which we would hope that the levy would act as a springboard for as well.

Q47 **Kevin Brennan:** Okay. And is there any risk of funding via the voluntary levy being disrupted in the interim?

Anna Hargrave: We are really concerned about the impact during the transition period. I think it is imperative that operators continue to contribute on a voluntary basis until the levy is in place. We cannot experience a disruption in services until that point, because we need to continue meeting the needs of service users and must have them at the forefront of our minds as we go through this transition period.

Q48 **Kevin Brennan:** Finally, what form do you think that the statutory levy



HOUSE OF COMMONS

should take? If the others have a view on this, feel free, but I wanted to ask Anna from GambleAware specifically. Also, what level of gross gambling yield should it be set at?

In that, could you let us know whether you think that there should be a so-called smart levy—I think that a House of Lords Committee called for this—that would distinguish between different levels of harm in gambling, and possibly between the fixed costs involved in different types of gambling activities? What is your view on that?

Anna Hargrave: We are still working through our views in terms of a smart levy and how it would be constructed. We are mostly focused on how it should be distributed. However, we are really keen on working ahead of the consultation to understand what we think the overall requirement should be.

At the moment, the voluntary system has led to quite an opaque—there is lots of money in the system, and we need to understand, in essence, the quantum that is in there at the moment. Any future levy proposal must be able to not only essentially meet the funding that is going into the system at the moment, but allow us to continue to invest, especially in reducing inequalities in outcomes in particular populations and driving up the overall capacity of the system. As gambling harm becomes more familiar and we drive up demand through our campaigns, we need capacity in all of our services to meet that demand.

Q49 **Kevin Brennan:** Okay. Anna and Matt—Matthew, I should say—do either of you have anything that you would like to add to that?

Anna Hemmings: We share Anna's concerns that although there is an indication of a move towards a levy, that is not in place right now—and there is a real worry about the interim period and people getting access to services. You referenced a levy at a percentage of GGY, and that could be done in different ways for different sectors.

We strongly hope that however a levy is set is matched to need. We do not have a comprehensive understanding of need and we certainly do not have the investment that we need in support and treatment services. Education is sometimes somewhat overlooked in the debate.

We need to understand need and what it would cost to meet a reasonable proportion of that need, rather than set that at an abstract level of GGY. That is absolutely critical to us, as is maintaining continuity in the meantime. As Anna said, 90% of people receive support or treatment in the third sector—education is often delivered by the third sector as well. We have a really strong role to play in protecting NHS resources. We do need the NHS for those with more complex needs, but we also know that the support, treatment and education that we offer is evidenced-based and produces good outcomes.

Kevin Brennan: Thank you. You do not have to answer, Matthew, unless you want to.



HOUSE OF COMMONS

Matthew Hickey: I fully agree with everything that both Annas have just said. I would add that, in this interim period between where we are now and whatever the levy looks like and however it is structured, GambleAware is still underfunded when it comes to being able to fund what is out there and what is needed today.

Over the last three years, we have grown from having a turnover of £1.5 million to having one of £6.5 million. The investment from GambleAware has grown from £1.5 million to what they can afford at £4.5 million. We still have a gap there. GambleAware are giving us as much as they can afford, but we still have to go out and fundraise the difference. I worry—not just for us, but for the entire sector—that even now, today, there is not enough money coming in to substantiate and fund the treatment required.

Q50 **John Nicolson:** Good morning and thank you for joining us. May I start with you, Ms Hemmings? How damaging do you think it has been that those attempting to advise and help addicts have been funded by the industry itself? Ultimately, is it not the drug pushers who are affecting to care about their victims?

Anna Hemmings: I understand the concerns raised about this, but the truth is that every corner of the sector that we work in is funded by contributions from the gambling industry—and a levy will be contributions from the gambling industry too. The issue is really about how those funds are managed. At GamCare—I am sure that all the organisations represented here today will say the same—we have robust mechanisms to ensure that there is not undue influence. We have conflict of interest policies and a clear governance framework to prevent that.

Q51 **John Nicolson:** It is a trust issue, though, isn't it?

Anna Hemmings: Arguably, it could be. Our beneficiaries do believe that the industry should be contributing to this field of work and the levy, hopefully, will put some of those concerns to bed by providing us with a robust system for distributing funds that all sectors can support and buy into.

Q52 **John Nicolson:** I was struck earlier on when you said that the gambling companies were improving their knowledge about addiction—a bit late, surely? They are the ones responsible for this huge increase in gambling, for the disproportionate number of young people who suffer, for the broken families and for the fact that this is an attack on the poorest in society. Those people are the ones disproportionately affected by this.

Matthew Hickey: What I would say to that is that we are in a juvenile sector where everything is growing and developing rapidly.

John Nicolson: Because of them—the constant pushing on TV and through sports.

Matthew Hickey: They are marketing their products.

John Nicolson: Heroin dealers market their products, too.



HOUSE OF COMMONS

Matthew Hickey: Not on television.

John Nicolson: Not on television. I am sure they would if they got the chance—

Matthew Hickey: But they do use social media.

John Nicolson: But they are pushers.

Matthew Hickey: Of course they are. But what you have to remember is that we are dealing with addicts here: people who want to source something. If there was a pusher there or not, they would still go out and source their needs. That is the first thing.

Q53 **John Nicolson:** Well, some might, but the system as it is currently constituted makes it easier for them. There are gateways to addiction all over the place. It is very hard to get hard drugs, for example—to use the example that I gave—but there are gateways into it; the experts have told us. As a society, we allow those gateways to be very visible for people who are potentially gambling addicts.

Matthew Hickey: I would say that it is very easy to source drugs. I would suggest that we could walk out of here and, within ten minutes, have heroin in our pockets. It is very easy to do that if you know where to look and how to look for it. That is what we deal with on a day-to-day basis in society, in the same way that you could walk into any pub on any corner and become an alcohol addict.

What we are dealing with here are people who are addicts. What we have to do is educate them earlier about the pitfalls of gambling as a form of addiction, and we have to prevent people earlier from racking up whatever level of debt there is as the impact of their addiction.

Q54 **John Nicolson:** Okay. You said earlier that if we had the NHS here, they would offer a view. Well, we know, don't we, Ms Hargrave, what the view of the NHS is? We know that Dr Henrietta Bowden-Jones does not think that any money should be taken from the industry. We have heard that as well from Matthew Hickey.

I was interested in the letter from Claire Murdoch, the national mental health director of the NHS, when she said that she was no longer going to work with you. She said—and her letter is quite brutal—that there is a problem with the way that you are funded, because it makes it very difficult for the victims to have any trust for facilities funded by the industry to be used by victims. She points out, of course, that, “gambling treatment services do not prevent people being harmed in the first place,” so she wants to see much firmer action so that people do not need help from the NHS. That was a bit of a slap in the face, wasn't it—for the work that you do?

Anna Hargrave: Obviously, that was, in essence—we have been working very hard with the NHS. We have been funding the NHS clinics. However, in terms of moving forward from that, we have a very collaborative working relationship with NHS England. We work hard on ensuring that,

from an operational perspective, service users, as they move between the third sector and NHS, do so in a seamless way.

Q55 John Nicolson: You say you are working very hard with them, but here is what she says—and she, after all, is the national mental health director for NHS England. She says the following about you: “our clinicians feel there are conflicts of interest in their clinics being part-funded by resources from the gambling industry.” She does not want to work with you.

Anna Hargrave: From a funding perspective, no, but operationally we have.

John Nicolson: In the past.

Anna Hargrave: In the past. We were working together very closely. Now, we as an organisation have been very clear that a statutory levy was critical to this issue. We as a charity are absolutely independent of the industry—

Q56 John Nicolson: So why does she think that you are not?

Anna Hargrave: Because we receive money through the voluntary system. Therefore—

Q57 John Nicolson: But you could both be funded by the industry, in theory, and be completely independent with safeguards, but she does not think that those safeguards work.

Anna Hargrave: We would both agree that actually the statutory levy and the levy board give those greater protections. That is why we have been calling for a levy board.

Q58 John Nicolson: What do you think you have done that makes her so distrustful of your organisation?

Anna Hargrave: In essence, it was the historical arrangement whereby we have been receiving money from the industry. It is therefore felt that, in essence, we have a lack of independence from that.

Q59 John Nicolson: But she worked with you before, and then stopped working with you. Why was she prepared to work with you, with all the problems you identify, but then decided to stop working with you?

Anna Hargrave: I think that would be a question that I cannot answer for her.

Q60 John Nicolson: Presumably you talked to her.

Anna Hargrave: Yes, absolutely we did.

Q61 John Nicolson: You must have been very disappointed and upset by this.



Anna Hargrave: The conversation and the follow-up communication that we had with Claire were very positive in moving forward. We were both very clear—

- Q62 **John Nicolson:** You keep saying that. These are PR terms. “Positive”, “moving forward”—that is PR spin, isn’t it? The brutal fact is that she cut ties with you. Moving forward, that is not positive for you; it is really bad for you. You are really hampered by this link with the industry.

Anna Hargrave: That is why we are very pleased that there has been a levy, because it removes that link, and the voluntary system moves away from that. We are independent of the industry. Our commissioning decisions are based on evidence. We engage with service users to understand what outcomes are important for them. I am absolutely confident that all our commissioning decisions and our organisation have no input from the industry at all. There has been an issue of perception, and we have been working through it and struggling with it over the last period, but that is why a levy is so important. These debates about the funding and the issues between the third sector and the NHS only serve to get in the way of actually working collectively, which is the most important thing.

That is what the levy allows us to do now. When there are any questions about industry funding, it allows us to move on, focus on what is right for service users, and start working together. There are some great examples of that already happening around the country, and we now need to build on that.

Anna Hemmings: Can I add one further point? Historically, there has been no other source of funding available. The only way that we can deliver any of our services is with the way the funding arrangements have been. Obviously, the levy is a step forward, but it was a pragmatic decision on our part and, I’m sure, the part of other organisations to deliver what we do with the source of funds as they are.

Funding through general taxation, like mental health services, drug and alcohol services and all other services, would be very welcome. We would take it with both hands if it was available, but that has not been available to us, so this was a pragmatic decision.

It is also worth mentioning that we work closely with the NHS on the ground in some settings. We refer to the National Problem Gambling Clinic, and we work closely with the Primary Care Gambling Service. So operationally, we don’t let it get in the way of people’s care; that is really critical.

- Q63 **Chair:** I have one practical follow-up. Since the NHS took that decision, have people who would otherwise have got treatment been denied it? Are there fewer people being treated than there ought to be because the NHS has cut its ties?

Anna Hargrave: No. They have obviously now increased the capacity of their clinics, which is great to see. We welcome that, and we absolutely



HOUSE OF COMMONS

see the role of the NHS as part of the treatment pathway. We are not seeing any decline in the number of people accessing the services; we are increasing. Actually, we are going further into that early intervention and prevention space, so we are seeing and supporting more people than ever before.

Q64 **Chair:** Okay. There are two quick things that we have not covered yet. On the Gambling Commission's capacity in the new world that we see coming, do you think it is up to the job?

Anna Hargrave: Yes, we have the confidence to do that. Obviously, getting the consultations done in a timely way is critical. We are pleased to see the additional work relating to getting a more coherent dataset.

Q65 **Chair:** So you are confident that it will cope.

Anna Hargrave: Yes.

Q66 **Chair:** Okay. One last thing: Matthew, you said that this gives us a chance to get ahead of the rest of the world, in the way we treat gambling addiction. Is there another country that has done it well and has got ahead of the game on this that we should be looking at?

Matthew Hickey: There is a lot of research coming from Australia. Canada has done quite a lot of research as well, and some of the Nordics are doing quite a lot in this area. There are areas that we can benchmark, look at and work with to take us to the next level.

Q67 **Chair:** That is specifically on research, but what about actual treatment, the overall structure of regulation and so on? Is there another country that we should be looking at that does it better than us?

Matthew Hickey: From our point of view, there is nobody else in the world that does what we do as an organisation. We are one of the leading lights across the world, and people look to us for that level of insight, particularly around treating women. On top of that, we are very niche in that area.

Anna Hargrave: The NICE guidelines are being developed at the moment, and I think they will set us apart. Obviously, that is drawing on international best practice. However, what we have through the National Gambling Support Network—the network of third-sector providers working with the NHS—is quite unique, and a lot of places look to what we are doing. That is why the levy, the ongoing investment in the area, and support for the work with the NHS and other statutory services could put us in a leading position in the world. Obviously, there are some examples of best practice in Australia, Canada and so on, but in terms of a system approach, we are well placed.

Chair: Do you agree with that, Anna?

Anna Hemmings: Yes, I think the UK is seen as one of the most mature gambling markets internationally. We now need to ensure that, in parallel with that, our research, education and treatment are also world class.



HOUSE OF COMMONS

There is lots of international evidence that we could look to. There are also international markets that are emergent and that we should be quite concerned about.

Chair: Okay. We will leave it there. Thank you very much, Anna, Anna and Matthew. That was a very interesting and thoughtful session.