

# Culture, Media and Sport Committee

## Oral evidence: Gambling regulation, HC 1010

Tuesday 18 July 2023

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Members present: Dame Caroline Dinenage (Chair); Kevin Brennan; Clive Efford; Damian Green; Dr Rupa Huq; Simon Jupp; John Nicolson; Jane Stevenson; Giles Watling.

Questions 168 – 268

### Witnesses

**I:** Dr Matthew Gaskell, Clinical Lead, NHS Northern Gambling Service; Dr James Noyes, Senior Fellow, Social Market Foundation; and Professor Heather Wardle, Professor of Gambling Research and Policy, University of Glasgow.

**II:** Will Prochaska, Strategy Director, Gambling with Lives; and Charles Ritchie MBE, Co-Founder and Co-Chair, Gambling with Lives.



## Examination of witnesses

Witnesses: Dr Matthew Gaskell, Dr James Noyes and Professor Heather Wardle.

Q168 **Chair:** Welcome to this morning's meeting of the Culture, Media and Sport Committee as we continue our inquiry into gambling regulation. We will be continuing our scrutiny of the Government's White Paper and whether this goes far enough to address gambling-related harms.

On our first panel we are joined by Professor Heather Wardle, Professor of Gambling Research and Policy at the University of Glasgow, Dr Matthew Gaskell, the Consultant Psychologist and Clinical Lead at the NHS Northern Gambling Service, and Dr James Noyes, Senior Fellow at the Social Market Foundation. You are all very welcome.

Before any questions I would invite members to declare any interests that they think are appropriate, but I will start with the first question. As ever with these things, if you agree wholeheartedly with something that has been said before, you do not have to repeat it. You can just say that, in the interests of time. What is your overall assessment of the gambling White Paper, Heather?

**Professor Wardle:** I think that the White Paper has some positive elements and some positive principles: serious consideration of some affordability checks; increased and independent funding for research and prevention, which is critical; examination of products, particularly online products, and stakes and prizes is the first element in that; and cumulative impact assessment for local authorities. I think it is very important that we do not lose sight of land-based provision and how important that is in our gambling environment.

However, the devil in this is in the detail of how these will be administered, how the policies are made, and how we have trust in that process and make sure that the policy decisions that need to be made are insulated from industry influence.

I also think that there are some serious missed opportunities. The advertising and marketing proposals do not go far enough. I do not believe that they are based on the evidence, where we do have strong evidence for action on advertising and marketing. I can talk more later about the nature of causality that the White Paper takes when it comes to advertising and marketing.

Fundamentally, one of the critical issues with the White Paper and everything that then flows from that is that it does not tackle the fundamental tension between its aims and its framing, which is: can you continue to grow the industry and allow it to innovate and simultaneously protect people from harms? Are those two things possible to achieve together? By not addressing that question, you then see some fundamental tensions that flow through what they are trying to achieve with the White Paper.



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**Dr Noyes:** We see the White Paper as an important step, a symbolic step to achieving reform, but we believe that there are some fundamental questions that remain to be answered. We are pleased that the Select Committee is going to be looking at those questions in this inquiry.

The White Paper has proposed a whole series of consultations on a range of different topics that will take place over the coming months. One of the main messages I want to convey today is how vital it is that there is a coherent and joined-up approach throughout this process and that the various consultations and topics do not break off from each other in siloes. There has to be a joined-up approach between regulators and Government Departments, in the plural.

We are concerned by the number of proposed changes being put out to consultation, although, of course, we recognise the legal reasons for that. We are concerned that so many of these consultations are being left to the Gambling Commission when it is not clear that the Commission has the bandwidth or the resources to carry them out as well as fulfil its ongoing duties of licensing and compliance. We are concerned that this will risk further delay and piecemeal regulation.

The reason I say this is because of what has happened in recent years. As you will know, the White Paper is the culmination of a long and delayed review, and that review was the culmination of a long debate over gambling reform that goes back 10 years. Your predecessors at this Committee were discussing reform of online gambling back in 2013 as part of prelegislative scrutiny.

Heather was actually giving evidence at that Committee session. That Committee expressed wider concerns about consumer protection in relation to online gambling having certain characteristics that may be associated with problem gambling, including high speed of play and ease of availability, and concluded that a vital aspect of gambling regulation is controlling the significant and growing online sector with its unlimited stakes and prizes and its potential to cause problem gambling.

That means that this discussion is on the back of a process that has lasted for 10 years about the same issues, repeating almost word for word the same language. During those 10 years we have all seen the stories in the newspapers about people's lives being ruined or even lost. I know you are going to speak after this session with the father of a son who took his own life.

We have seen some controversies about pretty ruthless practices on the part of the industry, examples of regulatory shortcomings and delay, gambling consumers' rights not being protected by either the regulator or the big, data-driven, offshore-based operators, many of which are members of the BGC, some highly critical reports from the National Audit Office and the Public Accounts Committee, pledges that were never fulfilled, like the HMRC pledge in 2014 to review remote gambling duty within a five-year timeframe, a huge amount of political churn, several



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different gambling Ministers, different Secretaries of State, different Prime Ministers.

We even have examples of the influence that the industry seems to have on this whole debate over reform, including, incredibly, hospitality gifts being given to MPs during what is meant to be an independent legislative review. I would say it could be argued that the last 10 years have been an example of how not to regulate an industry that pretty much everyone agrees needs some serious reform.

The Committee will understand why some of us approach this process with a degree of wariness. The White Paper goes some way to addressing some of these issues in specific areas. It shows that the Government recognise the need to bring the rules on remote gaming up to date and have set some signposts to make that happen. Most importantly, they have acknowledged that gambling disorder is a public health issue.

DCMS really now has to demonstrate that it has the drive and the ambition to put words into practice and make sure that in 10 years' time a future CMS Committee is not having the same conversation as your predecessors did a whole decade ago.

Q169 **Chair:** Thank you very much. Matthew, the same question to you, but more broadly do you expect referrals to your clinic to change or fall as a result of the White Paper's announcements?

**Dr Gaskell:** No, I expect them to increase. In part, that is due to the NHS expansion and obviously getting the NHS clinics better known across the country. That is not necessarily a reflection of the White Paper. I do not see a change as a result of the White Paper.

When I reflect on what we see across the NHS clinics, we expect to see a continuation of the culture of high-frequency, continuous gambling. Unaffordable losses look set to continue. As my colleagues have expressed, a huge miss on advertising, very weak on marketing and sponsorship of our national sports. The current voluntary arrangement for the front of football shirts is a case in point, with recent research showing that only 5% of gambling logos would be addressed during a live Premier League football match by that measure.

There seems to be set to be a continuation of the business model of the industry, which relies on disproportionate profits coming from those harmed by and addicted to gambling. There seems to be little incentive for operators to comply. We could draw upon the Gambling Commission record fines as well as examples in our clinic of systemic and continuing failures. The ease of access to addictive content looks set to continue online and land based.

Overall, this is not a prevention of harm White Paper. The priority has to be to safeguard our citizens, to have a zero tolerance to gambling-related suicides, to create an industry where people can enjoy a night at the



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bingo, a day at the races, a fiver on the football accumulator at the weekend, but to stop this culture of intensive consumption that is leading to harm that we see in the clinics. We need to insulate policymaking from the influence of the gambling industry, and that is a major concern for us all.

Q170 **John Nicolson:** Thank you very much for coming in. To pick up on your point, Dr Noyes, for the avoidance of doubt I have never accepted any hospitality from any firm associated with gambling, but I am an alumnus of the University of Glasgow.

I congratulate you all on your opening statements. I thought they were all incredibly clear and asked some of the most pertinent questions. I would quite like you to answer your own questions. Professor Wardle, I wrote down what you said. You asked whether you can grow the industry and protect people from harm simultaneously. What is the answer to your own question?

**Professor Wardle:** To answer that question, you need to understand what the relationship is between supply, consumption and the experience of harms. We have not had the evidence base in the UK to be able to examine that question, but we do see from an emerging evidence base elsewhere that there is that relationship. The more that people consume, the more harms you experience as a population. It is something that is called the total consumption model. It is very well established in alcohol. We have started to look at whether this applies over to gambling.

Q171 **John Nicolson:** Why can't you be a moderate gambler, to pick up on Dr Gaskell's point? That is what the people who push gambling tell us, that you can simply decide you are going to spend a fiver a week. It gives you pleasure. You do not have to increase it to £10 or £20 a week. You can control it.

**Professor Wardle:** That is right at an individual level, but what we are talking about is population-level patterns. What happens to population-level harms in relation to population-level consumption? Is there a relationship between those two, which is fundamentally how much supply of gambling do you have and is that related to how much harm you have?

What we do see from the Covid pandemic is potentially some emerging evidence of the converse relationship. When supply of gambling was constrained because land based was closed for the best part of five months, we then saw what appears to be an accompanying fall in the levels of population harms, based on the Gambling Commission's data. That is the question that we need to understand.

We also need to understand what we call the shape of the risk curves. Basically, if at every level of consumption your level of risk of harm increases in a linear fashion, that has implications for how you think about prevention. It means that your prevention needs to be applied



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more to the whole population because every increment of consumption has an increment in associated risk.

Q172 **John Nicolson:** That takes us on to the question of advertising increasing across the population in general. Dr Noyes, you mentioned a joined-up approach. It is my understanding that in Scotland—well, it is not my understanding; I know it is the case—the Government have chosen to treat drug addiction especially and alcoholism not as criminal problems but as health problems to be addressed on the basis of health.

Would you argue that the same approach perhaps should be taken for gambling addiction? In other words, should we treat people who are suffering from these addictions as suffering from a health problem? Should we treat the people who are pushing gambling as pushers and not treat them delicately in the way that we sometimes do? Should the Department of Health and Social Care be involved if it is a health crisis and you want a joined-up approach?

**Dr Noyes:** I am not going to use the language of “pushers”, but on the question of governmental and departmental alignment and legislative coherence, I don’t think I am alone in saying that it is certainly unusual to have a Department of Culture, Media and Sport make decisions about the funding and commissioning of healthcare provision and treatment. I am sure we will talk about this when it comes to the statutory levy.

The DCMS officials are very talented. They understand the need to speak with their counterparts at DHSC, the Treasury and the Department for Education, but I would argue very strongly, and in my reports I have argued in the past, that they should not be the sponsoring Department in charge of these questions.

**John Nicolson:** Because it implies pleasure?

**Dr Noyes:** Yes. In terms of how the NHS works and how the NHS is going to move forward, it just seems unusual that the wrong sponsoring Department is in charge of those commissioning of funding decisions.

We argued a few years ago for a new gambling Act and for a wholesale recalibration of the governmental structures when it comes to gambling legislation. That was an argument that we made in vain. However, I do think that when it comes to the introduction of a statutory levy that is a perfect opportunity to bring DHSC more meaningfully and formally into the picture. The way they can do that is to have a proper leadership role with the levy board. I don’t know how familiar you are with the way that the levy will be structured—

**John Nicolson:** I have become more familiar recently.

**Dr Noyes:** The funds have to run through the Gambling Commission. Obviously, the Gambling Commission is not going to be the commissioning body, so some expert organisation, a coming together of experts, has to make the decisions about the allocation of those funds.



We would argue that DHSC should have a leading role when it comes to that, alongside DCMS and the Treasury.

Q173 **John Nicolson:** The House of Lords has, I understand, suggested a smart levy, which would increase for more dangerous products. Does that work, do you think?

**Dr Noyes:** The White Paper makes mention of the need to reflect sectoral burdens when it comes to the application of the levy. There is a recognition that a blanket 1% levy across all sectors within the industry would be detrimental to the interests particularly of more traditional land-based sectors, so bingo and casinos. There is also a need to recognise the fact that certain products that are associated with certain sectors within the industry harm more than others. This is the well-known “polluter pays” principle. Having established—

Q174 **John Nicolson:** Can you give us an example? What is more harmful?

**Dr Noyes:** Online slots would be an example of that.

**John Nicolson:** That is why we have seen this huge increase in income from gambling. It is because you do not have to schlep down to the local bookies and put on a bet. You can lose vast amounts of money incredibly quickly on your iPhone.

**Dr Noyes:** Yes. The “polluter pays” principle is established. I think that it has been acknowledged in the White Paper. The question then is how you turn it into reality. That would require a proper assessment of the metrics of harm, an assessment of the costs and the fiscal costs of that harm, and then an assessment of how those costs are allocated and apportioned across different elements of the industry.

It is going to be a very complex exercise and I think that Government have to take it very seriously. In order for that to be successful as an exercise, it makes sense to have DHSC and other Departments work with DCMS and support DCMS in making that happen.

Q175 **John Nicolson:** Okay. We know from medical witnesses that the NHS and addiction sufferers feel uncomfortable with money coming from a statutory levy. I will use the language of “pushers”. If you are the victim of pushers, you may feel very unhappy about the idea that the pushers who have put you into this terrible position are the ones who are then, with crocodile tears, offering to help you recover. That is why the NHS has decided that it does not want to accept money under the current circumstances. Was it right to say no?

**Dr Noyes:** Matt Gaskell will be able to speak more about that than me from the inside. The NHS was not comfortable with accepting money from the industry later on under the current voluntary arrangement but it would be comfortable when it comes to a proper formal statutory levy that runs these things through in a more consistent, transparent and independent way.



Q176 **John Nicolson:** Let me ask Dr Gaskell about that, then. Is the NHS right to take money under those circumstances? It does not want to take money under the current voluntary scheme, but if the scheme was formalised would you not still have the same problem? If you are a gambling addict, your family life has fallen apart, you are deeply in debt, are you really going to be happy that aspects of your treatment might be paid for by the very people who put you in this position?

**Dr Gaskell:** There are some dangers with a statutory levy. The ideal model for us would be just like other health disorders where it is under general taxation. Clearly, that was not on the table during this process. We were in a situation where there was a voluntary arrangement. We knew there was provision in the current legislation to apply a statutory levy. Our analysis of the situation was that this would be a significant improvement.

The ideal scenario for us in the future would be that this comes under general taxation. It could be possible that the industry could use the statutory levy and that funding model to deflect attention from the meaningful prevention reform that is needed because it could say, "Look at what we are doing over here, we are giving even more money to try to mop up the harm".

There are some limitations and some difficulties, but it is a significant improvement from the voluntary arrangements. My understanding is that the NHS has taken a position to accept the statutory levy funding.

Q177 **John Nicolson:** Finally, are we wrapping very different types of gambling together in a way that we should not? Take bingo, for example. I have recently been trying to help constituents in Alloa who have been having huge problems with their electricity bills, which are enormous. They are not making a lot of money. The electricity company has gone away, after I have put some pressure on it, to see whether it can try to manage the debt to get the bingo hall open again.

It is a very important social hub. It brings pleasure to people. I was a bit surprised the other week when I saw a bingo representative along with very different types of gambling pushers in the same hearing. I asked him afterwards whether he was uncomfortable about that. Am I right? Is bingo a less harmful product?

**Dr Gaskell:** You are right to say that not all gambling activities are the same. However, our clear experience is that the gateway into gambling tends to be through lower-risk forms of gambling. There is a very clear strategy from the gambling industry to convert those recreational players over to more frequent players over to more intensive players and to cross-market them over to the most addictive products, the online slots by way of example.

Q178 **John Nicolson:** Not everybody is doing that, though. If you are running a bingo hall in a wee town, you are not going to try to push people on to





online gambling because it is a competitor apart from anything else.

**Dr Gaskell:** In our experience, the modern bingo hall is not just the bingo that we might think it to be. You have to walk through a sea of slot machines to get there. There are inbuilt marketing strategies to move those bingo players over to the slot machines. We have countless examples of people using land-based machines getting into serious trouble. They are regarded internationally as one of the most harmful products, online slots, because the ease of access, the lack of supervision, the lack of stake limits and prize limits and so on mean that they are even more dangerous.

Q179 **John Nicolson:** In conclusion, what is the answer as far as bingo halls are concerned? Keep going, you provide a social purpose, but do not have slot machines in your entrance?

**Dr Gaskell:** There certainly needs to be a much closer focus on gambling machines, whether they are online or land based. We perhaps will come to that with the White Paper. Yes, there is nothing wrong with going to the bingo, as I said in my opening remarks, on a weekend with family or friends, but there is a model of the industry, wherever you come into this, to market aggressively and move you over to the most addictive products and accelerate those losses through targeted marketing.

Q180 **Chair:** Dr Gaskell, if you accept, as in most sectors, that there should be a philosophy of "polluter pays" for damage that is done, do you not feel that there is a sense of arrogance from the NHS that it should turn down this money that was being given voluntarily that could have helped those suffering from a gambling addiction to turn their lives around and recover from their addiction?

**Dr Gaskell:** The funding amounts did not change. We had a combination of NHS funding and GambleAware funding. When that was changed, we got exactly the same funding. There was no change in provision. There was no reduction in what we could offer.

It was right that we took that course of action. We had serious concerns about the voluntary system. You have the cause of the harm, the gambling industry, in effect in control of how much money to fund for support purposes, to decide how much to fund, who to fund, when to fund and, importantly, you could withdraw that funding if you were not happy with what was being delivered.

That to me is control. That is industry control over areas where there is no clear reason why it should operate in those areas. It has a right as a business to operate and to make a profit, but these are not areas in which it should be having influence. Clearly, that relationship is a relationship of influence.

Q181 **Chair:** In the absence of a statutory arrangement, which is now going to be put into place, is it appropriate that effectively the taxpayer should be picking up the bill for this rather than the industry?



**Dr Gaskell:** That is not a matter for me. That is a matter for political choice and for parliamentarians and for the Treasury and so on. There are clear arguments that if you are causing the harm you should pay to clear it up. However, the difficulty if we focus on that model is that you are only going to have partial success if you are focusing on treatment or school education as being what is going to shift the overall population harm levels.

There is only a fraction of people who come forward for treatment. Internationally, evidence for in school education is that it is one of the weakest forms of prevention. There are concerns about the industry funding of education in schools that has been independently researched.

We need to look at the opportunity of the levy to see what we can do to shift these overall population harm levels, to provide some incentives into the system for the industry to want to change, and the “polluter pays” principle may afford that to a degree, but we also need to make sure that research is clearly linked to policy, relevant research that is linked to further regulation and legislative change in the future.

We need not to focus on the cliff edge and on treatment as being the answer, and this is coming from a treatment person. Clearly, people are suffering and we need to be there for them, but we have to see what opportunities are there in the levy to focus on overall population harm levels and set reduction targets. Why don’t we have a clear baseline of harm and set ambitious harm reduction targets that people are accountable for? That would be a good start.

Q182 **Simon Jupp:** Dr Gaskell, thank you so much for your evidence so far this morning. It is very interesting to hear from you.

Moving away from the idea of the funding that has been discussed already, I want to talk about the integration of NHS gambling clinics alongside treatment services commissioned by GambleAware. How integrated are they, in your view? Could more be done to integrate them further or does that traipse into the previously discussed issues?

**Dr Gaskell:** Is your question about recent history in terms of the voluntary arrangements or how I would foresee the statutory levy?

**Simon Jupp:** Recent history to start with, then perhaps how you would see it moving forward.

**Dr Gaskell:** It is clear that there is tension because of the arrangements in funding. When we opened our clinics in the north, we were given clear messages that the national helpline would send referrals to us from there. That was our understanding at the time, and that there would be a clear referral system from the voluntary sector into the NHS. That has been a bit of a mixed experience overall. In the first year I think we had four referrals from the national helpline; that is out of about 9,000 treatment starters. If we take the last two months by way of example, from say the beginning of May, across the north of England—there are



four voluntary sector partners that work on our northern NHS clinics—for those four providers we have had 13 referrals from one of the providers, one from another, zero from another, and zero from the other. That is two and a half months. That is data on how much traffic is coming.

Q183 **Simon Jupp:** How much of a concern is that?

**Dr Gaskell:** There are serious structural concerns, but the hope is that the statutory levy is going to address these. To be much more optimistic rather than go back over old ground, there are clear signs here that we can do things substantially better, improve quality, improve access to evidence-based treatment, and properly integrate the voluntary sector with the NHS provision.

Q184 **Simon Jupp:** To put people in the picture, the Northern Gambling Service, how big is that region? We know how big the north is, but how big is the NHS region that has been created here?

**Dr Gaskell:** For the NHS long-term plan funding, we are about to complete the opening of the 15 promised clinics. We have six of them in the north. We work from South Yorkshire—we have a clinic opening in Sheffield—up to Newcastle, and over the west side we have Liverpool, Manchester, Blackpool and so on. We go all the way up to the Scottish border from South Yorkshire and Cheshire.

Q185 **Simon Jupp:** It is good to clarify it because I am a south-west MP and people have different ideas of what the south-west looks like.

Can I ask you about gambling disorders more generally? How well do you think patients are served across the NHS? If we look, for example, at GP provision, GPs are meant to know about everything but they cannot. How good do you think the GP training or awareness is, in your region at least, for people who do go to a GP and say, “I have a problem here”?

**Dr Gaskell:** I think there are issues across the health sector in terms of gambling awareness and signposting and knowledge. There has been some piecemeal awareness raising with GPs but nothing very nationally embedded. There are some moves to embed it into GP training, into their original training, but we need to do a much better job across the board in having discussions about gambling, giving it parity of esteem with drugs, alcohol, smoking and so on. That does not just mean the primary care networks and GPs and the other practitioners there. It means secondary NHS care. It means accident and emergency. It means the criminal justice system. It cuts across everywhere.

Yes, in health we need to do a much bigger and better job. That lends a little bit more support to what we were referring to earlier, having a much more meaningful role for DHSC.

Q186 **Simon Jupp:** Briefly, before we move on to the other people on the panel, I want to ask you about what you think the impact of the continued lockdowns was on gambling and people’s addiction to it.



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Clearly, there is a problem here and spending an awful lot of time at home, working from home or being furloughed, for example, will lead people to explore things they perhaps have not or scratch an itch they have not had for a while. How much do you think lockdowns have contributed to the issues you are about to see more of as a result of the plans you have?

**Dr Gaskell:** It is a bit of a mixed picture. If people's gambling habits were more land based, then obviously a lot of those activities were shut down. There was an increase in online gambling. There was an increase in online slot play, which clearly is an area of concern for us and for the Government. There are also some contextual factors that lend themselves to increased risk, people having a lot of time on their hands, boredom, stress, financial concerns, employment concerns, and so on. There was a bit of a mix of factors there that lent itself to an increased risk. It was a mixed picture because there were a range of activities that were not running at the time.

Q187 **Giles Watling:** Before I go on to research, which I want to talk about, there is something that has come up that interests me. We are going to be talking later about advertising, particularly aggressive advertising. Before the 2005 Gambling Act advertising on gambling was restricted but it was not on things like the lottery, sport and so on. It interests me and I think this goes to Dr Gaskell primarily.

For instance, in 2017 the gambling industry spent £1.5 billion on advertising and the lottery is, in many people's minds, not really regarded as gambling. I want to ask you whether it is. Do you treat people who have an addiction in that way? There is this thing about having a set of numbers and if you do not keep playing that set of numbers they will come up and you will lose, so there is a form of addiction there. Do you have to deal with that at all?

**Dr Gaskell:** This again is a mixed and more nuanced answer. If we think about gambling products, what we know is that if you provide a format of gambling where you have a continuous product, where you are gambling continuously, potentially at a high frequency, the risk rises exponentially. This is why we are very concerned about online slots or land-based machines because they are fast, they are rapid, they are continuous, usually played in a solitary fashion. In-play football betting would be another one.

With the lottery, of course, the main draw would be something for which you would perhaps wait quite some time to get your outcome on a Wednesday or a Saturday evening, so it is generally considered a low-risk activity. However, you have other activities under the umbrella of the national lottery provision such as instant win games online and scratch cards; 33% of our patients outline that scratch cards are an issue for them.

**Giles Watling:** That is because you can instantly get the gratification.



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**Dr Gaskell:** Yes, and it has structural characteristics such as what is called a near miss effect, a loss disguised as a win. If you win, you win a small amount. You are likely to go back with that small amount of money to buy more scratch cards. You can buy a number of them at once and scratch them off quickly, or with your very modest winnings, because you are unlikely to do well on scratch cards, the tendency is for people to go back for more.

Q188 **Giles Watling:** Specifically on the point of advertising, would you like to see it more restricted, as we had before the Gambling Act 2005?

**Dr Gaskell:** We are way behind the international curve on advertising. Our European partners are way ahead of us in terms of significant advertising curbs with gambling. The evidence is clear on the links to increased consumption and increased harm. You have exposure to children, which should be a significant concern for the Government.

We were expecting significant curbs on advertising as a way that sends a clear message that the Government are taking this seriously, and it was a very surprising omission that we did not, for example, even go as far as a watershed ban. That would have been a start, or to allow gambling advertising during the early hours as happens in other parts of Europe. It was a big miss.

Advertising and the exposure of gambling cues and adverts are the No. 1 issue for all our patients, "How do I deal with all this? I am in your clinic. I want to stop. I want to deal with this, but I am surrounded by gambling cues that give me this automatic strong craving and response to pursue the behaviour and lock your attention on it". It is serious. It is dangerous for that community.

**Giles Watling:** We have hit upon a very important subject here and I can see Dr Noyes and Professor Wardle nodding like fury.

**Dr Noyes:** When it comes to the lottery, as you will know it is going to be under new leadership going forward, Allwyn. I have spoken with Allwyn in the past and it has made it very clear that there is going to be a new culture of social responsibility at the centre of the lottery going forward. It is very aware of these instant win games and the scratch cards, and I imagine that it would examine ways of reforming those products going forward. Certainly, part of its winning bid was based around the work it is going to do on returning money to good causes.

**Giles Watling:** Do you welcome that?

**Dr Noyes:** The proof is in the pudding but certainly that was at the centre of the offer that it made for the new national lottery.

**Professor Wardle:** To come in on the marketing and advertising point, what was particularly interesting is that the White Paper says, "The limited high-quality evidence we received shows a link between exposure to advertising and gambling participation". What it does not accept is that



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there is a relationship between gambling participation and gambling harms. In fact, it goes on to say that there is no causal evidence. You cannot divorce these two things. To experience harms, you have to participate. We know that there is a risk continuum. The more you do of something, the greater your risk of harm.

In fact, the gambling industry itself acknowledged that. If you ask them what a key component of their markers of harms is, it is increased consumption. That might be frequency. That might be spend. If advertising leads to increased consumption, then ergo there is a relationship that then stems on from that through that mechanism into the relationship with harms.

To clarify what Matt has said, what we also know is that advertising and marketing influences the most vulnerable in our society. Two separate independent studies have shown that 87% of people who experience problem gambling said that advertising and marketing prompted them to gamble when they were not otherwise going to do so. That direct relationship between advertising and marketing prompting a vulnerable group to engage in a behaviour that will be problematic to them should be evidence alone of that relationship.

There is a very odd disconnect, I think, in the White Paper in the way that it has approached the evidence and the way that it is connecting some of these relationships. It is also insisting on a standard of causal evidence that outside of biomedical sciences nobody else believes you should have. We all know when there are environmental exposures it is very difficult to demonstrate causality and you think about things on a risk continuum instead. That should be the standard that is being applied to this body of evidence in the White Paper.

**Giles Watling:** That is very interesting.

**Dr Noyes:** To add to that, it always surprises me when they question the causal link between advertising and behaviour. If there is no causal link, one has to ask the question why they spend so much money on advertising in the first place. It just does not make sense.

You have raised this question about pre-2005 rules and Dr Huq mentioned the same at last week's session. In response to you, I thought that Michael Dugher made a very interesting point when he talked about this philosophically different approach to advertising: is it more like tobacco or is it more like alcohol, this binary approach. If it is more like tobacco, you ban advertising. If it is more like alcohol, you permit it and you regulate it.

I thought hard about what Michael said last week, following that session, and I think I disagree with him that it is a binary position. I think there is a third option, which speaks to what you were both saying last week. It is possible to permit something within a market without inducing it, so permission without inducements.



**Giles Watling:** Or encouragement.

**Dr Noyes:** Yes, the difference, I guess, between an active and a passive approach to the market. Put simply, it is okay to have an individual go to the product but there are concerns that can be raised about the product going to the individual. I think that is at the heart, essentially, of what you are both suggesting. There is that third approach to advertising as opposed to what Michael Dugher said last week between alcohol and tobacco.

**Professor Wardle:** May I just add something very quickly there? The choice of analogy is very interesting. As Michael Dugher said, he was looking to alcohol for the choice of analogy. I think it is important to then look at what has happened in global policy for alcohol if you are going to go down that path. The WHO global action plan on alcohol says that policy should be formulated in the public health interest with clear public health goals and should be insulated from industry influence. It is not just a question of whether this is like alcohol and all the ramifications that flow from that. We really need to be looking at what the best practice for global health policy is suggesting if we are going to take the alcohol analogy further.

**Giles Watling:** But without the influence of the industry.

**Professor Wardle:** Yes, absolutely.

Q189 **Giles Watling:** Okay. I get that. Thank you very much. I would like to move on very quickly to why there is a lack of research into gambling comparative to alcohol and drug use. The UKRI has a £6 billion budget. We know that there were 112 studies between 2005 and 2021 that had a focus on gambling. At the same time, there were 691 for alcohol alone. What do you think the Government should do to stimulate more academic interest?

**Professor Wardle:** Leadership. We absolutely need leadership from central Government to say that gambling is a priority action area, that we are invested in this, that the work that researchers will do will have resonance and will have impact, and that we will have a leadership strategy that co-ordinates with UKRI to level gambling up in its esteem, its infrastructure and in the level of funding that is awarded to it.

To give you a brief example, the excellent people at the Department of Culture, Media and Sport know how to do this. They have been doing this on the recent video games research framework. They have spent nine months working with leading academics developing what those research priorities ought to be, thinking about conflicts of interest, publishing that framework in a very high-profile manner, and then taking that framework and having concurrent conversations with UKRI about how to develop that into this competitive research environment.



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We have not had any of that for gambling. Instead what we have had is a reliance on organisations like GambleAware or the Gambling Commission to fill the gap. The Gambling Commission in particular has the ideas; it does not have the funding. GambleAware has in the past been potentially criticised for its position within the voluntary arrangements. That is not the leadership that organisations like UKRI need in order to have this acceleration of the gambling research environment.

**Q190 Giles Watling:** Thank you. That is a point well made. Dr Noyes, you said there was a long-delayed review into gambling. Do you think that is related to the lack of research investment?

**Dr Noyes:** I think that the lack of quality and credible research is a real problem. I have often not had confidence in my own work drawing on some of the data that I have read. I think it is a real challenge for Government going forward, and that is one of the main reasons that we advocated the introduction of a statutory levy that would fund research as well as education and treatment.

The research and data that I am interested in is when you have access to real-time account data from operators with large numbers of people, so customers of those operators who are able to have the activity that they are engaged in assessed in the appropriate way by researchers.

Two examples of that would be the Patterns of Play study by David Forrest and Ian McHale, two University of Liverpool academics. I think it was 140,000 individuals across seven different operators. They had access to that real-time data, that customer account data, which yielded some very interesting findings as to how certain products like online slot machines are linked to certain harms.

More recently, Kindred made available data from Unibet and I think 100,000 of its customers to academics, including Paul Delfabbro, who was able to go through that data and establish some patterns of markers of harm and how they overlap with different products. When you have access to those large datasets from customer accounts, that raw primary data, it is worth its weight in gold.

To finish that point, it is encouraging that the Gambling Commission is going to put the use of and the access to such data at the heart of its own research strategy going forward.

**Giles Watling:** Anonymised I take it?

**Dr Noyes:** Yes, of course. That is what I meant when I said the appropriate use of by researchers.

**Q191 Dr Rupa Huq:** As the academic on the Committee, I want to follow up with some more academic type questions. Is this the kind of thing that the ESRC would fork out for?





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**Professor Wardle:** In the past it has been quite difficult to get money out of the ESRC. It has changed, and this is part of an ongoing cycle, to be honest. When I first started working in this field back in 2006, nobody was interested in gambling. In fact, I had conversations with leading officials at the Department of Health at the time who said, "We would slightly have laughed you out of the building if you tried to describe gambling as a health issue".

**Dr Rupa Huq:** This is what I thought. The day after mickey mouse degrees and low-value universities have just been decried, that is my feeling.

**Professor Wardle:** Absolutely. When you do not have central Government saying, "This is a priority and look at how much we value this work and how much we need it and how much it is going to go into our policy", it makes it difficult then for those such as the ESRC to be able to say, "Look, there is a clear pathway to impact here". The ESRC is looking for value for money. It is looking for things that will make a difference. That is why I said leadership. If you do not have that top-level leadership and strategy to be able to demonstrate how you are going to effect that change, when you are then competing against every other social and economic issue it puts you at a disadvantage.

It is starting to change. The ESRC is starting to fund and NIHR is starting to fund, but it takes a long time to develop that quality and capacity and for that infrastructure to flow through. Therefore, that leaves us in a situation where we do not have the quality of evidence base or the capacity or the early career researchers coming through that we would like.

Q192 **Dr Rupa Huq:** You are a sociologist; you are a psychologist. What is your PhD in?

**Dr Noyes:** In my previous life as an academic I worked in political history and political theory.

**Dr Rupa Huq:** Okay, different, yes.

**Dr Gaskell:** There is one thing that bothers me about the conversation about research. Clearly, there are things that we do not know. Clearly, the proposals in the White Paper look like a significant advance on what we have had and that is important for future policymaking. However, we have enough evidence to act now. One of the tactics of these global industries is to delay, so we do not want to get to a position where we need several more years of research before we act.

We know enough about advertising. We have just had a good conversation about that. We know about marketing and what this aggressive marketing is doing, that they are targeting the most vulnerable people. Those people who have the most problems are by far getting the most marketing. We know where the risk areas are online.



We know the products that are higher risk. It is great to see all these proposals and I warmly welcome them, but we have enough to act and we should be doing more with what we already have.

**Q193 Dr Rupa Huq:** My previous office mate, Emma Casey at your university—who says hi—stopped doing gambling research because there was no money in it. She said that the problem is that it is funded by GambleAware, which takes voluntary donations from the industry. She argues that there should be compulsory levies. Would you agree that the industry should have to fork out and then it would get done properly?

**Professor Wardle:** We need independent funding free from that voluntary system. It is one of the critical things that stymies the development of researchers and research careers. In the past—full disclosure—I have taken money from GambleAware. I have not done so since 2018-19 and I am not going to do so going forward.

It creates a massive barrier because there are other researchers who will not then work with you, for example. People do not trust the results that you then produce. There is a perception that the industry can influence the results. During that experience I did have a couple of instances where there was an overstepping of the mark and it was not comfortable. I do not want to be in that situation going forward.

**Q194 Dr Rupa Huq:** Is it like tobacco research in the 1960s like you see on “Mad Men”? Is it like that at the moment with this voluntary system?

**Dr Gaskell:** We talked before about the nature of the relationship between the industry and GambleAware, by way of example, being a dependent relationship rather than an independent relationship. Its very existence is dependent on that industry funding. Industry having the ability to withdraw that funding clearly could influence behaviour.

When you look at the outputs from GambleAware, public health specialists in that field, for example, raise serious concerns about the framing of schools education and the narrow repertoire of research that is commissioned. The messaging and the campaigns are usually framed at the individual level rather than at the population level and the public health level. There have been serious concerns and that is why we welcome this significant step forward away from the voluntary arrangements.

**Professor Wardle:** With the GambleAware situation, it is not just about the source of funding, it is also about the quantum of funding. At the time when I was working with GambleAware, it got about £10 million a year. Most of that went to treatment. About £1 million went to research. There just was not that throughput. Even if you were going to accept money from GambleAware, there was not that throughput of funding to do very much research at all.

We just heard that on average there are about 38 alcohol studies funded by UKRI. If you say that they are about half a million each, which is



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probably an underestimate, you are talking about £20 million a year on alcohol compared to the less than £1 million that was coming through up until a few years ago for GambleAware. It made it very hard to sustain a career in gambling research.

Q195 **Dr Rupa Huq:** Presumably, as a sociologist, no one is doing stuff on intersectionality and feminist gambling. All that stuff has gone out the window because it is so—

**Professor Wardle:** There are huge gaps and there are huge areas where there is no critical questioning of gambling research. There are particular areas where it is directed towards but having that freedom to have that critical and important thought and academic inquiry is missing.

Q196 **Dr Rupa Huq:** Would you agree with the conclusions of the Goldsmiths “Fair Game” report, which is now getting quite old, 2014—Emma referred me to it—that the industry has the most accurate figures but they just will not share them?

**Professor Wardle:** It depends. Accurate figures on what? Obviously, they have the best data on online.

**Dr Rupa Huq:** Qualitative as well. We need to interview actual gamblers. People have said on social media that this is a very moralistic inquiry with people all condemning. It would be good to hear the voice of the gambler.

**Professor Wardle:** Yes. The online industry has the best data on what its consumers are actually doing, but it is quite narrow. What you see is essentially all their patterns of engagement with the products. What you do not see is any of that contextualisation as to who these people are, what their circumstances are, what else is driving them, what their influences are, and what the actual outcomes are of the things that they are experiencing. You need a mixed economy of research methods and data to get the best insight and information.

Q197 **Dr Rupa Huq:** Does the think-tank world cover this or are you unusual?

**Dr Noyes:** I do not want to blow the trumpet of the Social Market Foundation, but we have established, I guess, the strongest track record in the world of think-tanks when it comes to the question of gambling. From the other side, the more libertarian perspective, the Institute of Economic Affairs has worked on gambling with Chris Snowdon. Iain Duncan Smith’s think-tank, the Centre for Social Justice, did something on affordability checks a couple of years ago.

Q198 **Dr Rupa Huq:** Are those externally funded? Quite often think-tanks have to sing for their supper, so would that be the same relationship?

**Dr Noyes:** Yes, they will all be funded by someone or something.

**Dr Rupa Huq:** By the gambling industry?



**Dr Noyes:** I would not want to speculate on other think-tanks. The Institute of Economic Affairs is not transparent about its funding, so I do not know who funds its pro-industry work but one could potentially draw the dots.

Q199 **Dr Rupa Huq:** When it is not a White Paper, should there be a concrete code of conduct for how research is conducted, with agreed rules of who it is and Government funding as well, ESRC or whoever?

**Professor Wardle:** That would be a huge step forward. In fact, that is the sort of thing that the WHO has developed for alcohol and tobacco. Taking those principles and applying them to gambling would be a great step forward, but again we need that infrastructure to support the researchers. I do not judge any researcher, myself included from having gone down the GambleAware route, because that is what I needed to do at the time to sustain my career, to be honest. I would not be sat here had I not taken that funding seven or eight years ago.

There are early career researchers who are facing that same dilemma now and it does have an impact on where your career goes next, on who will work with you and how people perceive you and how trustworthy they believe you to be. We should not underestimate that and that is an awful position to be putting early career researchers in. I do think that if we could have a systematic set of rules of engagement around this it would be super helpful.

Q200 **Dr Rupa Huq:** I will hand over to Damian Green who has deeper questions on this, but a study from Chester University was in *The Guardian* yesterday. I do not know if you saw that. The average person watching a Premier League match will see gambling logos flash up 3,500 times, especially kids. This is a problem, isn't it? The front of shirt advertising is going from 2026. We have all lauded that. It was a voluntary thing. However, if you can still get it on sleeves, if it is still there on the hoardings around the pitch—

**Professor Wardle:** Voluntary measures do not work. We know this from alcohol advertising. We know this from tobacco advertising previously. Industry will find ways to circumnavigate those voluntary measures. Plus there aren't then any powers to follow up when those voluntary measures are breached. That study is a good example of why simply just focusing on the front of shirt is nowhere near sufficient and enough to address this issue. In my own experience, I have written to the ASA when I have seen breaches of the industry's voluntary code on advertising and the response comes back, "It is a voluntary code. There is not a lot we can do about it".

Q201 **Dr Rupa Huq:** Two thirds of adults and half of all kids can name a gambling company from the logos they have seen. Do you think that sport, especially premiership football, has become enmeshed in this gambling logo vortex? It is not like when my father did the pools in the 1970s and he claimed that was a thing of great skill and not gambling at



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all. It was to do with statistics and prediction. Now at every second of the game there is something to bet on. Do you think that the whole thing has become swirled together too much?

**Dr Gaskell:** Absolutely. My father played the pools as well back in the day and I remember that being a rather benign activity, making selections midweek for the Saturday afternoon games.

You have this synergy of different problems and factors. Our clinics have a large number of young male football fans and that is no accident. You have a culture of embedding it into a trustworthy brand, our national sport, football. People believe in those brands as a consequence. The advertising clearly shows how gambling is delivered to the public as something where it is an easy way to win, it is sociable, it is fun.

You also have the issue of in-play football betting being an increased risk on those old discontinuous forms of football betting and the culture of cross-selling and marketing those. Once you have opened an account as perhaps a football fan, you are likely again to be cross-sold on to online casino gambling. There is a synergy of issues that all coalesce around this relationship between football and gambling. Again, it is just another surprise that that has not been addressed.

The example that you referred to of the Chester research is just another example where it could appear to the public like we are doing something but when you drill into it, it is rather meaningless. During Premier League football matches, of course, if you see the advertising hoardings they are much bigger and brighter than they used to be. You have the stadium advertising. You have behind the football managers. You have sleeves potentially and shorts having gambling logos. It goes on and on. You have the advertising online as well as on the television around football, and it is clearly, in our experience in the clinics, leading to a significant number of primarily young men experiencing gambling harm.

**Dr Noyes:** I will just quickly say that I am not convinced that fans want to see that level of gambling advertising associated with their clubs. I am thinking about my club, Norwich City. A couple of years ago an Asian white label was proposed as the shirt sponsor and it was found out that it had YouTube videos of girls with guns. There was a huge backlash from the female fans and the club pulled the deal. We saw it more recently with Chelsea and Stake, where there was a fan-led pushback to the idea of having such a sponsor on the front of the shirt. The club eventually yielded to the wishes of the fans.

**Professor Wardle:** This is not just football. We see this across a range of other sports and e-sports, which for young people is something that we need to be attuned to. We have recently done some research and we see that 50% of major e-sports teams and, in particular, leagues are now sponsored by gambling companies. They are using their team members as influencers. There is the whole ecosystem of how that is then promoting this particular product. It is not just sports; it is the media and



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the rest of the partnerships that then build this ecosystem in which they are all partners on promoting this product. Each member of that ecosystem needs to take their responsibilities to their fans very seriously indeed.

**Dr Rupa Huq:** I think that there is a whole “gambification”. Michael Dugher last week was saying that it is only after 9 o’clock. That just misses the point entirely.

**Chair:** Before we move on to Damian, although this is all very fascinating and interesting evidence, we are using up quite a lot of time, so can I encourage our panellists to be as concise, albeit thorough, in their answers as possible?

Q202 **Damian Green:** Like John, I would also like to emphasise that I have never taken any hospitality from the gambling industry and indeed do not and have never gambled. It is not something that attracts me. I think it is important to say that, given the insinuation at the end of Dr Noyes’s opening statement about MPs taking hospitality and that this might contribute to the delay, which I think is unfair to the vast majority if not all MPs.

**Dr Noyes:** May I briefly say something about that? I did add the caveat “during what is meant to be an independent legislative review”. I thought that was why it is inappropriate for MPs to be taking hospitality during a review of the 2005 Gambling Act. Hospitality gifts are one thing. I myself have been to the Hippodrome Casino and had dinner there. It is just part of political life. However, there are MPs who are on payroll as well. There are MPs who have a far deeper relationship with the gambling industry. We even saw a scandal broken by *The Times* newspaper a few months ago that exploded in quite a dramatic fashion. It is not so much about hospitality gifts; it is about the independence of the review of the 2005 Gambling Act and the relationship—

**Damian Green:** What I resent is that you said MPs. You were criticising all MPs, including all members of this Committee, some of whom will have taken hospitality, some of whom, like me, will not. That is a classic example of where basically—

**Dr Noyes:** I did not mention the Committee, though.

**Damian Green:** —it is a smear.

**Dr Noyes:** I did not mention the Committee.

Q203 **Damian Green:** No, you mentioned MPs in general and, as I say, I resent that because it is the sort of thing that happens. If one MP does something, then MPs are doing it, and it is not true. Particularly in the context of an important investigation into a very important White Paper, where indeed it has been long delayed, to ascribe that to MPs generally taking hospitality as you did is just unfair. However, let us move on from that.



I agree with you that the Michael Dugher distinction between tobacco and alcohol and how we approach both of them as legal vices, if you like, was interesting and stimulating to the debate. I get the impression from all three of you that you are, as it were, at the tobacco end of the debate, that you would prefer people not to do this at all because of the risks attached to some of the people. Professor Wardle, you are shaking your head. You do not think that?

**Professor Wardle:** No, I would disagree. I am certainly not at the tobacco end of the spectrum. Tobacco is very clear. There is no level of consumption at which it is regarded to be safe to health. Gambling is not as clearcut as that, but what we do know is that there is a relationship between increasing consumption and the risk of harms. Where I fall is very much on that spectrum about how much we think it is okay to permit and grow that increased consumption while still then effectively managing the resulting harms. It is a slightly more nuanced perspective on this.

Q204 **Damian Green:** Dr Noyes, you made the point that there is a third way, a different type of advertising. I genuinely did not quite understand what you said. What advertising—because I think that you said it in the context of advertising—would you permit then?

**Dr Noyes:** It is a fair question, and I also saw Kevin Brennan raise his eyebrows when I mentioned that. Why is it not like tobacco? I understand why you would think that we are drifting towards the tobacco side of things when we are talking about reducing inducements. We all want to see an end to tobacco consumption in this country because tobacco is carcinogenic and it is a huge problem for the health of the population and for individuals. We want to see this carcinogenic product phased out. One of the ways of enabling that to happen is extremely tight restrictions, not just on the advertising but on the very branding of that product. Plain packaging would be a good example of that.

I am not advocating plain packaging when it comes to gambling products. I am sure that there are opportunities and appropriate circumstances when there can be certain types of gambling advertising. Where consenting adults are able to look at a comparison of odds, for example, or in a trade magazine or on the inside pages of a newspaper, I do not see any problem with there being gambling advertising. The idea that a 14-year-old boy is going to go to page 14 of the *Daily Mirror* and suddenly start gambling on online slots because he has seen an advert for William Hill obviously is not credible.

The point I was trying to make was about these more aggressive inducements and trying to limit those. It is obvious when it comes to the need to make sure that children are not exposed to advertising, but even among the adult population something that we have not talked about this morning is the phenomenon of cross-selling. I don't know how familiar you are with it, but it is when someone will be placing a bet on a sports event in a fairly "controlled" environment with, according to the data, less



potential for harm and there will be more aggressive inducements to migrate that activity to online casino gaming, particularly online slots, which have higher rates of harm associated with the product.

That would be an example of the more aggressive inducements that I think the three of us would like to see limited. However, absolutely not, we do not want to see plain packaging when it comes to all gambling products. That is why it is different from tobacco.

**Q205 Damian Green:** Would you abolish all TV advertising for gambling?

**Dr Noyes:** I can only speak personally and this is where you might start to pick up differences between the three of us. I personally would not. I do not see a problem with some types of gambling advertising on television late at night when the vast majority of people who are going to watch those adverts are adults.

**Damian Green:** You would want a watershed-type approach?

**Dr Noyes:** Yes, but, as Dr Huq pointed out, in the digital age old-fashioned watersheds are increasingly not fit for purpose.

**Q206 Damian Green:** Particularly if what we are worried about is online gambling, which appears to be the most dangerous, then that would suggest that online advertising of the type you say is the most dangerous. You make a good point there. Do the two of you think that TV advertising is permissible?

**Professor Wardle:** In the past both Matt and I—and I do not want to put words into Matt's mouth—have both said that we would like to see a return to the principles that were pre the 2005 Gambling Act with respect to advertising and marketing. There was some limited TV advertising for particular products, generally lotteries.

The focus really has to be on the marketing practices that are being employed. We focus on the sponsorship and we focus on the TV advertising because they are the things that are most visible, but it is the actual marketing practices that gambling companies employ in terms of the direct relationship they have with you and the online profiling that they can do.

We have seen evidence from other research companies where there was 187 different metrics that a gambling company can hold on you and they use that for their marketing power to be able to pull you in and sell you more products. I think that there has to be a lot of attention on those practices and clamping down on where they are aggressive.

**Damian Green:** It is marketing rather than advertising. Do you agree with that?

**Dr Gaskell:** I think that there should be significant curbs on advertising, but what we also have to address, and we have all spoken quite a bit





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about it this morning, is this culture of moving people to higher-risk forms of gambling. It is a slight stereotype, but females might come in through bingo, males might come in through football, but the culture of marketing people over to the more addictive product is a serious problem.

Profiling individuals, the culture of personal account managers who may be incentivised to accelerate customers' losses, we have seen that culture. We have seen the culture of when people want to reduce or quit or move away from an operator that they will be aggressively marketed to, to lure them back in. There are all kinds of different ways.

That culture of accelerating losses, moving people to more addictive forms of gambling but also targeted marketing to then accelerate those unaffordable losses, is a serious concern. That links to what we have seen with the lack of affordability checks or what is called a precommitment that we might come on to talk about. There is just this whole culture of harm and those central issues are not addressed by the White Paper.

**Q207 Damian Green:** I have one last point about the World Health Organisation that Professor Wardle brought up. Sorry, I may have missed the point you were making. What is it saying the industry should not be allowed in, the research or the advertising or what?

**Professor Wardle:** Policy or research. Those decisions, those processes, should be insulated entirely from industry influence.

**Q208 Damian Green:** The WHO is not an uncontroversial organisation. Frankly, it seems to me to be an absurd proposition to say for any industry, "You must have no influence on policy". It is for policymakers and for Governments to accept they are being lobbied. Every industry in the world universally is very good at lobbying Governments; sometimes they get their way and sometimes they do not. To have some attempted prohibition, saying you are an industry that, as Michael Dugher was telling us, employs hundreds of thousands of people but you must have no influence on policy at all, that is nonsense, surely.

**Professor Wardle:** I don't believe so. I believe that when you are talking about regulating and creating policy to act in the public health interest, then, as it said, the policy should be formulated in the public health interest with clear public health goals.

**Damian Green:** That is different. I get that, but that is for policymakers.

**Professor Wardle:** The processes should be insulated from influence by the industry. There are recommendations for industry to desist in lobbying on issues of policy related to public health, not necessarily about policies that are related to the fuller spectrum but where it is about protecting public health and minimising harms and preventing harms, to reduce that.



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It would be very interesting for you to talk to some alcohol experts on this. The WHO does have a system of engagement still with the alcohol industry but it is trying to implement that protection of policy formulation from industry influence. It is a difficult process but these recommendations in their draft form have just been accepted by, I think, about 150 nations at the World Health Assembly. It would be interesting for you to follow up perhaps with some alcohol academics—Jim McCambridge would be an obvious example—on how these processes are being developed.

**Damian Green:** Yes, and whether they are desirable or not. Anyway, I think that we are in danger of going off track and I am conscious of time.

Q209 **Jane Stevenson:** I will also say that I have not accepted hospitality from gambling companies.

I would like to turn to financial risk checks that are proposed in the White Paper. There are different categories. The proposed thresholds: £125 net loss within a month or £500 within a year will trigger light checks and then more enhanced checks for losing over £1,000 in a 24-hour period or £2,000 within a 90-day period. Do you think that hits a reasonable balance?

**Professor Wardle:** I am going to defer to James on this one, because I know that he has given this matter a lot more attention and has more to say about it. I hope that is okay with you.

**Jane Stevenson:** Absolutely.

**Dr Noyes:** Of the three categories of checks, the first one you mention is to do with financial vulnerability. The other two are to do with financial risk—long-term and short-term—with increasing degrees of intrusion the further into that journey you go. The Social Market Foundation's 2020 report advocated the first of those three types of checks.

We wrote about the need for some kind of standardised, universal threshold that would be frictionless—so would not unnecessarily impact the consumer's engagement—at a fairly low threshold that could pick up the potential for financial harm. We proposed £100 per month. The Gaming Commission determined that £125 per month was more appropriate. We made it very clear that this should be frictionless.

A year later, I wrote a second report because there was a backlash to the 2020 report. I think it was a misreading of it, seeing it as nanny statism wanting to control the spending of individuals and curbs on civil liberties. In the second report I reiterated the case for financial-harm checks and made it clear that they should be frictionless, using the data that is already available to the industry, credit-reference agencies and through negative indicators, for example, CCJs and insolvency, and that is exactly what the Gambling Commission has proposed. That is what I wrote.



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As for the other checks, I think it is important to point out for the record that certainly we as an organisation did not propose them. I cannot think of many reformers who did. That is very much—

**Q210 Jane Stevenson:** Do you mean involving credit reference agencies?

**Dr Noyes:** No, they were the non-intrusive, frictionless checks for financial harm. The other two categories of check—for financial risk—which would require other types of assessment involving open banking, certain questions that would require consent on the part of the individual—have become a quagmire, and it is important that we make this clear that it is a creature of the industry's own making.

I don't want to make this about the BGC versus reformers but at the 2020 Lords Committee's oral session, the chief executives of the main operators spoke enthusiastically about the need for affordability checks—their language; not mine—as a key mechanism to reduce harm. That was followed by Brigid Simmonds writing about the need for affordability checks. This was something that the industry proposed because, the industry said, it had the technical ability to assess its own customers using its own markers of harm. We must get that right. This is something that the industry proposed in the beginning, not reformers and certainly not the Social Market Foundation.

I am conscious of the time, Dame Caroline, so I very quickly say this: I don't like the way that this, and the framing of the debate, has become so politicised. People are interpreting financial risk and affordability assessments as an onus on individuals to prove that they can spend something. However, the onus should not be on individuals to prove that they can or cannot spend something on gambling activity. The onus is on operators to prove that they can act responsibly.

Let's not forget that we would not be talking about affordability checks if it were not for some of the unfortunate situations of operators that we have seen in the past. This is about industry responsibility, not individual responsibility.

**Q211 Jane Stevenson:** Would you be against involving credit reference agencies? Would it potentially affect someone's credit score if these sorts of heightened—

**Dr Noyes:** Forgive me. Checks through credit reference agencies are genuinely non-intrusive checks, the first threshold to assess financial harm. I think that the controversy and the complications are not about credit checks but more about debit checks, the debitworthiness, the spendworthiness, of an individual to spend more in both the long and the short term, so the consent needed for certain open banking and other mechanisms.

The BGC is in charge of this single-customer view, which is not just about questions of affordability, although, when it published its Sandbox exit report, the ICO made it clear that the purpose of the SCV was that people



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would be protected from unaffordable losses. The BGC is in charge of the process now. The ICO has stepped out of the way. It has published its exit report. Whether this affordability story proves to be a success or not depends very much on the leadership of the BGC and the BGC members. It is down to them now.

**Q212 Jane Stevenson:** The BGC is still consulting about 18 to 24 year-olds; limits would be halved. Do you think £60 or £70 a month, or whatever, is slightly over the top?

**Dr Noyes:** I would not want to speculate about that. It is for the Gambling Commission, the BGC and its members to put into place the data that is needed to make that assessment. Forgive me but I would not want to pluck out numbers.

**Jane Stevenson:** I am surprised that you do not have a yes or no view of it.

**Dr Noyes:** Yes, children and young people should always be protected when it comes to exposure to activities and products that, legally speaking, they should not be exposed to or engage in. In principle, yes, children should have an extra layer of protection but I would not want to put a figure on what that would look like.

**Q213 Jane Stevenson:** Thank you. Dr Gaskell, do you have anything to add?

**Dr Gaskell:** We could add something around the second and third-level checks. I understand that they would come in at £1,000 of losses in 24 hours and £2,000 over 90 days. From a health perspective, the concern is that that does not sound like a prevention measure. It sounds like a lot of money for the majority of the population who are gambling. We know that the gambling population is skewed towards the more deprived communities.

An analysis of our clinic data shows that £2,000 over 90 days could catch 58% of our service users but not the remaining 42%, who would not be caught, and that only 11% would lose £1,000 in 24 hours. Of course, there are caveats and that analysis does not necessarily generalise. However, there is an issue here about the extent to which these checks would prevent harm. Also, if people are spending at that level they are perhaps more likely to be engaging in continuous and frequent forms of gambling so perhaps the potential intervention is coming too late.

At that point, what would the intervention be? What would it look like? If a habit is already ingrained at that point—and that, from my clinical experience, seems more than likely, will the intervention prevent harm? What do those interventions look like? The culture of current interventions is overwhelmingly to send automated emails to customers, which has little impact on our patient base. That is for sure. I think it is a difficult area.



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The White Paper mentioned something that is known as the “pre-commitment” where people must open an account and it is mandated upon them to set a loss limit as they open it. That could be across operators and could be another way to come at. It is a process that some other jurisdictions follow and there is some evidence that it significantly reduces harm.

**Q214 Jane Stevenson:** I have used an online betting platform where people load into an account. Would limiting the number of times a person could top up their account within a certain timeframe be a better way to reduce harm?

**Dr Gaskell:** It is difficult to comment. I don’t know if we have the relevant evidence and the analysis. However, the idea would be that if a person opens an account in the regulated sector, it would, in essence, be across operators and the person would have to set a deposit limit of losses and stick within it. At the moment, that is one of the voluntary tools that a customer could use but the proposal is that it be mandatory.

**Q215 Jane Stevenson:** Professor Wardle, do you want to come in? Do you have any concerns that people will be pushed towards unlicensed markets? That is my final point to you.

**Professor Wardle:** Undoubtedly, there is a risk. The scale and magnitude of that risk need to be very carefully considered. I do not believe the risk is as large as some previous witnesses have said. My rationale for believing that is that we can see evidence from what happened during Covid with regular sports betters. When sports stopped, 30% of those regular sports betters stopped gambling entirely. They did not look for an alternative. They did not go off to try to find something else. They just said, “You know what? The thing that I like doing is not available; therefore I am not going to do that”.

Now 17% of those sports betters did go and start engaging in other forms of gambling, so there is inevitably some risk. I just do not believe that the scale of the risk is as potentially large as has been made out. Also, there is some quite good evidence about how to mitigate that risk. We can look at places such as Norway, which has very stringent limits on, for example, how much people can lose. Norway reduced those limits during Covid, has kept them and has seen problematic gambling rates reduce to 0.4% from over 1% as a result of that measure. There is still some black market activity in Norway but they are starting to manage it more effectively.

The UK industry has published a PwC report that says that 70% of people said that one of their major concerns about gambling online is the security of the operators. That gives you a window into how you could have a campaign saying, “Don’t gamble with unlicensed operators because you place your personal details at a security risk”. You can see how there are different levers to try to mitigate unlicensed gambling.



Q216 **Jane Stevenson:** Setting limits? I would not dream of gambling anywhere near those limits, but to some people that is not a lot of money. Are we over-controlling if we set limits?

**Professor Wardle:** You have to look at the distribution, at what an average person spends. Take stake sizes, for example. The median stake size in online casinos or slots is about £1. Only a few people are at that very top end of the distribution and would trigger at that level. However, that does have important implications for what Matt said about prevention, because we do know that harm is experienced at all levels of consumption due to people's personal circumstances. Therefore, we also need to think about how we can prevent harm to those people who do not meet these thresholds but who are also experiencing harm.

Q217 **Jane Stevenson:** Would you support enhanced triggers for young people?

**Professor Wardle:** No. A lot of my work has focused on emerging adults, those aged 18 to 24. We see them as a very high-risk group for the onset of gambling problems. From my evidence, we have also seen that any escalation in the severity of problematic gambling—going from having no problems to saying that you occasionally feel guilty about what you are doing—has an associated increase in the risk of subsequent suicide. For those reasons alone, I think we need to be very careful indeed about the kinds of protections we place around this age cohort.

Q218 **Jane Stevenson:** Finally, would anyone support any checks that are not frictionless as have been suggested? Is there any argument for people having to produce evidence?

**Dr Gaskell:** For providing non-frictionless, more intrusive checks?

Q219 **Jane Stevenson:** Yes. Do you think there are any circumstances in which more-intrusive checks are justified?

**Dr Gaskell:** My understanding is that the two higher thresholds would be intrusive.

**Dr Noyes:** The White Paper has stated that those two thresholds should be frictionless. That is the Government's intention. The reality is that to carry out what are essentially enhanced debit checks rather than credit checks would require an element of consent to certain mechanisms, such as open banking. There is a challenge there. I do not have the answer to your question. I have heard a discussion that suggests one way around it that may be when people sign up to an account: at the beginning of their customer journey they would give consent, essentially, to checks being made further down the line if they crossed the thresholds. The checks would be frictionless because people had already given their consent but they would be ticking a box at the beginning.

Q220 **Jane Stevenson:** Tucked away in terms and conditions?



**Dr Noyes:** No, I do not like things being tucked away. That is one of the problems that the CMA identified years ago with the Gambling Commission—unfair practices—so it must not be tucked away. It must be very clear. This is just an idea, but consent would be given at the beginning of the customer’s relationship with the operator and not when the threshold is reached. It is potentially an idea that could work.

Q221 **Clive Efford:** The Gambling Commission is to consult on the design features of online gambling products. What would be your response to that consultation?

**Professor Wardle:** We have had a situation of reliance on the idea that, because the industry has data and can mobilise that data to potentially have algorithms for risk and look at markers for harm, it did not need further restrictive features on some of the online products in the same way as it has for land-based products. I have always been concerned about that idea, because we have no independent evidence about how that data is being mobilised or the efficacy of it.

You can still see that idea threaded through the White Paper as a tool—that industry has data, can do interactions, can look at markers of harm—but we have no confidence about how effective it is. I think it is right to be looking at the characteristics of online products and to be thinking about what level of control we want to place around them.

Depending on which one you want to look at, there is a debate about where you might land on some of these things. However, I think the idea of equity with land-based products, particularly for slots, is a sensible starting point. Anything that slows down the speed of play, for example, would also be a sensible starting point. We also see evidence from places—I have already talked about Norway—where they limit how much money people can lose as an effective prevention measure as well.

Q222 **Clive Efford:** Should there be a cap on maximum stake for online?

**Professor Wardle:** On slots and casinos?

**Clive Efford:** Yes.

**Professor Wardle:** Yes. I think there should be in terms of matching that to the land-based environment.

Q223 **Clive Efford:** Does anybody want to add anything, although for the sake of time, you don’t have to?

**Dr Noyes:** I have already talked about the large data sets using customer data from the industry, the pattern of play research and the recent Kindred research, which links types of products and types of harm. They are very important studies.

On the question of online slot limits, which are proposed in the White Paper, and the question of equity, the range of possibilities from £2 to £15 is what the Government will be consulting on, but if you want to



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achieve equity with land-based equivalence, the range of possibilities is from £1 to £5. We do not have like for like and I don't see how that makes sense. £15 is totally arbitrary. There is no evidence for it. I think if a compromise solution was reached where, let's go somewhere between £2 and £15 to £7.50, £8, that will please both the reformers, the public health academics and also the industry. That would be a political decision and not an evidence-based decision.

If you are going to have equity, it has to be between £1 and £5. £1 is not on the table when it comes to the DCMS consultation so it is between £2 and £5. At the moment, as Heather has said, all the evidence points to £2, considering how much most people spend on online slots and how you can make sure that harm is prevented.

**Q224 Clive Efford:** The rationale for the difference between the online figures—I will give everyone a chance to comment on this—is that because it is online, there is more data so therefore there is more protection behind the product. What do you think of that?

**Dr Noyes:** Do algorithms protect human beings better than other human beings? Call me old fashioned but I do not want to see a world where that is relied on.

**Clive Efford:** I thought I would give you that opportunity to comment.

**Dr Noyes:** Let's not also forget that the online sector has 24/7 access to their products and, in terms of the money that it is making from these products, it far outstrips land-based sectors, which are already struggling because of all sorts of overheads and costs. Michael Dugher mentioned this last week—and he is absolutely right—that, particularly after the pandemic, land-based sectors need to be treated differently from the online sector.

**Q225 Clive Efford:** Heather, I can remember discussions about data and access to data, I think when you were doing research into FOBTs.

**Professor Wardle:** I think we met about 10 years ago.

**Clive Efford:** Yes, we did. The argument then was that the industry has the data but is loth to make it available to independent researchers such as you, so that we can understand exactly what is going on in the industry and how people with gambling addiction or problems are being either exploited, how they can be better protected and so on. Is there anything that the planned legislation should do to ensure that there is access to that data?

**Professor Wardle:** Yes. You could establish the requirements for that data to be shared and housed within an independent repository, so that independent researchers could use that data to help develop what the most effective algorithms would look like and compare them with the industry's developed algorithm. It is all very black-boxy. We do not know





what is going on underneath the hood of what the industry is doing. You have to have confidence and trust in it.

**Q226 Clive Efford:** Is this not key to getting to the bottom of what we are talking about here? The gambling industry says that gambling is a bit of fun, putting a fiver on this, that and the other, so where is the harm? It is a minority of people who are harmed but, none the less, it is an important minority because of the impact it has on them and their lives. It is that sort of minority that we are trying to protect here and isn't having access to this data from the industry the key to that?

**Professor Wardle:** Also, when we talk about a minority, we need to accept that on certain products that minority is substantial. Take online slots, for example, where you are talking about one in 10 users experiencing problem gambling and one in five having moderate or problematic gambling problems. These are not tiny numbers. These are big numbers. However, you are quite right, the key is having access to the data and having trust in that system. If you are going to rely on this principle as your primary prevention approach, as the White Paper repeatedly does, you absolutely need the independence and trust to back it up.

**Q227 Clive Efford:** My last question. We also need to make sure that the levy not only goes to the treatment because that is where the most focus is but also goes to fund independent research—

**Professor Wardle:** And prevention

**Clive Efford:** —and prevention, and for all that to be effective, we need access to that data.

**Dr Noyes:** Yes, 100%, and it should be mandated as a licensing condition. I would have to double check this, but I believe that in two states in the USA—Ohio and New Jersey—the regulators mandate operators to give access to data as a licensing condition. It is a very good idea. It should happen here as well.

**Professor Wardle:** There are also some examples of that happening in Europe. We are starting to lag behind compared with some of our European counterparts.

**Clive Efford:** Thank you.

**Q228 Kevin Brennan:** I have received hospitality from the gambling industry, although, to take James's point, not during the course of this consultation by the Government and the White Paper.

**Clive Efford:** I should say that I have, too.

**Kevin Brennan:** I have been asked to cut my questions short because of time and we had to start late, but it has been a very fascinating session. I was going to ask about land-based gambling and cashless payments. If any of the witnesses want to supply any additional written evidence on



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those subjects, perhaps they could do that after today's session.

I will just briefly also declare that James and I used to work together, when he was seconded to Labour's Shadow DCMS team and advised us on gambling policy a few years back.

I want to go back now to what you said earlier in response to Damian Green, when he asked you about the analogy you were making, James, and what Michael Dugher said last week, about advertising and how we treat gambling, alcohol and tobacco. I will be frank, I did not quite understand the distinction you were making, which is why I raised my eyebrows at the time. Are you putting advertising gambling in a different category from advertising alcohol and tobacco in that continuum? If so, why and what are the policy implications of what you are suggesting?

**Dr Noyes:** I am just suggesting that gambling sits between the two. In my view, for what that is worth, gambling sits between tobacco and alcohol. Of course, alcohol harms—

Q229 **Kevin Brennan:** Do you mean that alcohol is less harmful than gambling? Is that what you are saying?

**Dr Noyes:** There are studies on alcohol-related deaths and harm that show that alcohol is more harmful than gambling. Alcohol—

Q230 **Kevin Brennan:** In that case why, in your thought process, does gambling sit in the continuum between alcohol and tobacco rather than on the other side of it if overall it is less harmful to society?

**Dr Noyes:** We are exploring the idea off the cuff here, which is never a good idea. However, I did talk about cross-selling, which I think is a very important point.

Q231 **Kevin Brennan:** We have been thinking deeply about it since last week, in fairness, earlier on in the session.

**Dr Noyes:** I think it is Ronnie Cowan who has always compared online slots to hard liquor, spirits. If we accept that analogy, are there types of alcohol that are less malign than others, potentially less harmful than others? Is it as harmful to go to a pub and drink two or three pints of beer with your friends as it is to drink half a bottle of vodka or whisky at that pub or back at home? I imagine the science would show us that spirits drunk in that quantity are more harmful than weaker alcohols, such as beer.

If we accept that analogy, and we also understand the problem of cross-selling—which is a very strong feature, as you will know, Kevin, as well as I do—when it comes to the customer experience online, I guess it is the equivalent of a pub landlord encouraging individuals, punters, who are drinking beer to go on to the hard stuff the whole time. I accept that it is not a perfect comparison. I accept that there are complexities. I accept that there are high rates of alcohol-related harm and deaths, but there is



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a difference between types of alcohol just as there is a difference between types of gambling product and their association with harm.

Q232 **Kevin Brennan:** You confirm that the analogy that was made last week is fairly sensible but I see Heather Wardle chomping at the bit to get in on this. Do you want to give me your thoughts, Heather?

**Professor Wardle:** This is just off the cuff. Just as James was talking I was furiously scribbling some notes. I think it is very important to take a step back and say that the difference between gambling and alcohol is that the vast majority of the population consumes alcohol at some point during the year whereas a substantial minority—about 45%—of people in Britain do not gamble. Another 20% of people who gamble only do so very occasionally and it is mainly the lottery.

Therefore, the proportion of regular gamblers from whom the industry makes its money is small. We also see that, within that smaller proportion of people who engage in some products, the harms are very high. I have previously said that about one in 10 of those who play online casinos and slots experience problem gambling. That also relates to how the industry makes its money.

We know that for some products—not all of them—the industry relies for its revenues disproportionately on those who are harmed. This all plays into where gambling sits on the spectrum between alcohol and tobacco. I do think the alcohol analogy is a good one but, for me, it is shaded slightly more because of that function of money being generated from those who are harmed.

**Kevin Brennan:** We could trade it back and forth, but I think we have established that the analogy is reasonable.

**Dr Noyes:** Of the product but not of the advertising.

**Kevin Brennan:** We have to think in public policy terms when we report on the White Paper and whether what the Government propose is reasonable. There are no prohibitionists among you. This is all about that spectrum, and I think we have established that the alcohol/gambling analogy is reasonable, although we could look at the evidence in terms of who is harmed and how much they are harmed and that is absolutely what we should be doing. I will leave it there, Chair, because I know that you are anxious not to detain our second panel.

**Chair:** Thank you very much, Kevin. I thank all of our panel today for their time and their evidence. If you do have any further thoughts on this, please feel free to send them in to our Committee. Thank you very much.

Examination of witnesses



Witnesses: Will Prochaska and Charles Ritchie MBE.

Q233 **Chair:** Welcome and thank you so much for your patience in waiting for this part of the session, our second panel this morning. We are joined by Charles Ritchie MBE, who is the co-founder and co-chair of Gambling with Lives, and Will Prochaska, who is the Strategy Director at Gambling with Lives. You are both welcome. I will start the questions.

Charles, could you just very briefly explain the work of Gambling with Lives and tell us who you represent through your organisation?

**Charles Ritchie:** Gambling with Lives was set up five years ago by families bereaved by gambling suicides. We now support a wide range of families, through a range of different types of support. Some of that is very practical support for newly bereaved families, helping them through those early phases. Sometimes we help people through inquests, supporting them at whatever scale that inquest would require. We provide a range of personal and therapeutic support. We also campaign for the reform of gambling to make it a safer activity.

Based upon the experiences of families and others with lived experience of gambling harms, we have developed an education programme, which is delivered in schools. We are also working—maybe Will could say a little bit more about this—mainly in Manchester to develop materials, starting with intermediary work, to effectively raise the profile of gambling and gambling harms. As was mentioned this morning, many problems come about because there is such a low level of awareness of gambling and the harms that it can cause.

Q234 **Chair:** Would one of you very briefly give us your thoughts and perspectives on the gambling White Paper as it stands?

**Will Prochaska:** Before I give you a very high-level summary of our reflections on the White Paper, it is important to note the context within which the White Paper was delivered. Between 300,000 and 1.4 million people in the UK experience gambling disorders and each of them will impact six to 10 family members. Regardless of whether you think those estimates are on the high side or the low side, that is a significant number of people.

Oxford University research on 6.9 million Lloyds banking customers' data shows that 25% of all gamblers are significantly harmed. That is very important because a lot of debate focuses the on percentage of individuals who are vulnerable to addiction being tiny. Simply, that is not supported by the evidence. The evidence is that a much larger proportion of people who gamble is significantly harmed and that changes the policy response.

The industry lobby you interviewed last week will tell you that just a small number of people are likely to be addicts and that they will be supported by their industry charity partners. In particular, the evidence of the chief executive of Gordon Moody seemed to suggest that such



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people would be addicts whatever happened, that it had nothing to do with the industry; that we just need to put some protection around them. We take a very different view, that we have a set of very dangerous products in this country, which are marketed as safe.

As Professor Wardle eloquently said a few moments ago, some of these products have very high addiction and risk rates—online slots have a 45% addiction and at-risk rate—yet they are marketed and licensed by the UK Government as safe and with no health warnings. We have an industry that has become dependent upon a set of very addictive products for the majority of its revenue. If you accept the CEO of the Gambling Commission's suggestion, 90% of the industry's revenue comes from 5% of its customers, so you have an industry that is effectively dependent on harm.

To answer a question that I think was put to Professor Wardle, my view is that you cannot responsibly grow that industry and reduce harm at the same time. That is a paradox. It is not possible with the current structure of the industry. The way in which the White Paper was developed and its terms of reference sadly did not review the founding principle of the Gambling Act, which has that contradiction at its heart.

The Gambling Act has at its centre an aim to permit, which is typically interpreted as an ambition to grow the industry, but within the licensing objectives is a responsibility to protect people from harm, which is contradictory to the current shape of the gambling industry. Without reviewing those principles, the White Paper was never going to be all that we would like it to be. However, we engaged with it in good faith and we think that there is some good stuff in it.

I think we need to give a nod to the Ministers, to the Secretary of State, and to Minister Stuart Andrew, for getting it out quickly. They got their feet under their desks and they did not mess around. They grasped the nettle and published the thing so I would like to congratulate them on that. There are some wonderful things in there, particular some of the principles. There seems to be an acknowledgement that the products are the source of harm, and that is so significant because before now the debate has been far too much about vulnerable individuals.

The White Paper references products being the source of harm, which is fantastic, and says that there will be some action taken on the characteristics of products to reduce harm. The White Paper acknowledges the principle that research, education and treatment must be independent of the industry, which they have not been and that has been extremely harmful. Again, we congratulate the Ministers on taking that step. The White Paper suggests that people should not be lured into making unaffordable losses albeit the policy areas around that will be up for consultation.

There is some very strong stuff in the White Paper, which we welcome but there are also some obvious gaps, the most obvious being on



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advertising. In my view, that is incoherent. If you acknowledge that the products are harmful, it is incoherent to allow them to be freely advertised, taking Michael Dugher's analysis of gambling being like alcohol. I don't think that at this point, when we have an industry that bases its profits on such a small percentage of users and such a harmful set of products, it is responsible to allow it to advertise, albeit I would make exceptions for different parts of the industry. I think that is critical. Looking at the current industry, gambling is not one homogenous activity. We cannot say, "Gambling should not be advertised" and I do not take that position but certain parts of gambling should not be freely promoted.

The White Paper has some gaps in it and one of the biggest disappointments is that so much of it has been put out for consultation. I understand that the Ministers have done that because they are afraid of the litigiousness of the industry, which is a great pity, but I understand why they have done it and why we need to go through that consultation process. My fear is that those processes will not be efficiently managed and that, if they are not completed before the general election, it is anyone's guess where we end up because we could be here in another five years talking about another few thousand deaths and a lot more harm.

Those are our rough responses to the White Paper. I will finish by saying that we too have a deep fear about conflicts of interest. It is not just MPs. I agree with Damian Green's response to Dr Noyes. I know that Dr Noyes would not want to tar all MPs. We are big fans of MPs around here but there are some MPs who have taken hospitality from the industry and that was intended, whether it worked or not, to influence the process, to give preferential access, and I think that is inappropriate. It is difficult for us to take, given the people who we support.

There have been other very serious concerns about conflicts of interest in this process. For example, the Gambling Commission has given the keys to the single customer view to gambling industry lobbyists. The idea that the gambling industry lobbyists are the appropriate people to manage what should be a harm-prevention scheme to my mind is completely incoherent and inappropriate.

We have seen gambling industry charities sit here and give you evidence without declaring their interests, look you in the eye and say that they are independent of their funders, when they are entirely dependent and beholden to their funders and their outputs—I am sure we will come onto this later—show that they are taking an industry-friendly view of this issue. Conflicts of interest have pervaded the process of the White Paper being developed and my biggest wish is that we could clean this up. Until we remove those conflicts of interest from the debate, I doubt that we will get the policies that we so desperately need to protect people from harm.



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Q235 **Giles Watling:** Before we go on, I am very interested in what Will just said. If we have an inquiry and we are looking to create legislation of one sort or another, surely you must agree that we must hear from all sides. We should hear from a gambler. We should hear from somebody who has had problems with gambling. We should hear from the industry and we should also hear from organisations such as yours. Would you not agree?

**Will Prochaska:** I do agree. Charles may want to respond.

**Charles Ritchie:** I do agree with that, Giles. Those others have a legitimate voice. The issue is about them declaring their interests. I do not think the charities have done that and declared that they are dependent on the industry. On the contrary, they have suggested that they are independent, which is untrue. Our concern is about the appropriateness of the engagement and ensuring that preferential access is not given to corporate interests over the interests of the public, which to my mind is the intention of the hospitality regime.

Q236 **Giles Watling:** You would not deny the legitimacy of lobbying?

**Will Prochaska:** No, I do not deny the legitimacy of lobbying.

Q237 **Giles Watling:** Okay. I just wanted to get that absolutely straight. Thank you.

I would like to move on to advertising. You have called for a ban on all advertising but you just said that you did not want a total ban. Does that mean that you would like to go back to the way it was before the 2005 Gambling Act?

**Charles Ritchie:** We will handle the questions between us but before I answer that question, if I may, I want to highlight the importance and centrality of suicide in this overall debate. The reason that Gambling with Lives is here is because of the number of deaths associated with gambling. The focus on suicide, on death rather than money, has been one of the main drivers for reform, for bringing that level of urgency to the debate.

I would like to note that the recent coronial finding about the death of Luke Ashton, just two weeks ago, found that a gambling disorder was the medical cause of Luke's death. That is a landmark. It is what Gambling with Lives has been saying for many years. It goes absolutely to the heart of why regulation is needed and it will inform our answers to all your questions today.

Luke Ashton was not a vulnerable individual. The coroner raised no other causes or issues. Luke engaged with gambling as a safe leisure pursuit because that is how it is portrayed in every advert. He gambled on a single product—we will keep on coming back to the importance of individual products—and there were no adequate interventions from the industry. When we look at the various methods that we are going to be



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proposing that the industry implements, we have to see the reality of what the industry does. In short, gambling killed Luke Ashton.

Q238 **Giles Watling:** Thank you very much. I take your point. It is a very good point and made well, but my question was about advertising, the influence of advertising and whether you would like to go back to a pre-2005 Gambling Act scenario on that.

**Charles Ritchie:** In simple terms, yes. Along with many other campaigners, we felt that the lack of action on advertising was the biggest gap in the White Paper. Your previous panellists talked about the range of evidence. I think that the UK is now going to be deeply out of step with the rest of Europe. We also see Australia considering introducing complete bans on gambling advertising.

Certainly, our experience within Gambling with Lives has suggested that gambling advertising has been the initial source of engagement for so many young people, often as children and that the process of getting into gambling started there. We also know that advertising prolongs people's engagement with gambling and that it causes people to relapse into gambling.

Professor Wardle talked about logical inconsistencies. Even as I was reading the White Paper and the evidence that it quoted, I was astonished at the conclusion as to how little should be done. Yes, I would certainly go back to pre-2005.

Q239 **Giles Watling:** Will, do you have anything to add on that?

**Will Prochaska:** I share Charles's position. I think there is a role for advertising for things such as the national lottery. If the industry were to change its ways, started to act responsibly, not make such a large proportion of its profits from such a small set of customers who are harmed and not cross-sell harmful products that they know have extremely high addiction rates, we could start looking at gambling as more like alcohol. To James Noyes's point, the fact that the industry is operating in this way means that it is not responsible for those actors to advertise their wares at the current time.

Q240 **Giles Watling:** You have no objection to advertising for lottery, football pools, or bingo?

**Will Prochaska:** No. If there was a guarantee that people engaging in those products were not immediately, or at all, being cross-sold addictive, dangerous products, I would not have a problem with that.

Q241 **Giles Watling:** Therefore, you would say that there is a safe form of gambling, because those are gambling?

**Will Prochaska:** There is never going to be an entirely safe form of gambling. Gambling has an inherent risk, and that is fine, I am comfortable with that. However, the types of gambling that are inherently unsafe, that have such high addiction rates, should not be cross-sold to





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people who are going to place a bet on the football once a week. That is an irresponsible activity. Therefore, I would not allow advertising of going to place a bet on the football once a week, if they are going to be cross-sold really dangerous stuff.

**Q242 Giles Watling:** Like drinking, the comparison would be that a lot of people lose their lives to drink but for people who drink in moderation it is acceptable?

**Will Prochaska:** I find the reference to alcohol unhelpful. They are completely different product sets. These are not the same things. Alcohol and gambling are not the same things, tobacco and gambling are not the same things. When we reference tobacco we often reference the techniques of the industry that they borrowed from the tobacco lobby to try to stymie regulation. We don't think that gambling and tobacco are the same thing. A parallel between alcohol advertising and gambling advertising is probably unhelpful.

**Charles Ritchie:** Could I pick up on that? I agree that it is a strange debate to be having, the tobacco/alcohol one. There are lessons to be learnt from both, but, in terms of looking at the harms that each cause, they are very different. We talked about certainly every cigarette harms. However, gambling addiction is incredibly rapid. A single session can be catastrophic; you cannot smoke yourself to death in a day. Therefore, while there are lessons to be learnt, we should not think that we should place it like alcohol or we will place it like tobacco. We can learn from it but they are very, very different risk profiles.

**Q243 Giles Watling:** Thank you. That is a good point. As you know, the Gambling Commission is going to undertake a review of gambling incentives such as free bets and bonuses and so on. What changes would you like to see come out for that work?

**Charles Ritchie:** I can understand some of the difficulties of framing law to effectively ban free bets and all inducements to gamble. However, that is what we should be aiming for. There are too many examples among the Gambling with Lives families of people being lured into gambling or continuing their gambling because of the level of inducements that they were offered. Chris Bruney—who died six months before our own son, Jack—received something like £4,500 worth of inducements in the weeks before his death. Plainly that is unacceptable. The level of some of the offers that are now given, of 200 free spins or the £10 bet that then requires to wager multiple times, are too dangerous and they do drive addiction. Therefore, we need to get as close as possible to banning inducements.

**Giles Watling:** An outright ban. Thank you.

**Q244 John Nicolson:** Thank you, gentlemen, for joining us. Mr Ritchie, we all know why you set up the charity and we know about your son and we are all terribly sad about your son. Could you tell us something about him



and what happened to him?

**Charles Ritchie:** Sure. I will keep it short, though. Jack started gambling when he was still at school, with a local bookmaker so all strictly illegal. Maybe things are better now. He had a very big win very early on, on fixed-odds betting terminals. By the time Liz and I found out he was even gambling, we can now see that he was addicted. Gambling addiction is incredibly rapid.

Jack gambled for seven years. For many months he was clean. He did not lose the tens and tens of thousands of pounds in the stories that you hear. Indeed, Jack was completely clear of gambling for the six months before he died. He had a rapid relapse but did not, even in that rapid relapse, lose massive amounts of money. He lost £1,500 or whatever; a lot of money. That is a reality check that we need when we are coming back to look at some of the levels. He took his life within an hour of finishing gambling. We certainly see that for Jack, for his death, gambling was the route, the long-term route from when he was 17, to the final trigger when he died when he was 24.

The thing to say is that Jack is not an unusual story. When Gambling with Lives was set up, we contacted lots of other families. When we all met for the first time—there were 10 families at that stage—and we told the stories of our children's deaths, it was like hearing the same story 10 times over. Bright, happy, young, popular young people. They had the trials and tribulations of any young person but they were absolutely ordinary, normal people. Their one problem in life was their gambling addiction and it killed them all.

Q245 **John Nicolson:** Why do you think he felt so desperate?

**Charles Ritchie:** Because he had struggled with this for seven years. Throughout that time the messaging that he was told was that this was something wrong with him. It is the industry model of the responsible gambling model, that it is something wrong with you as an individual; 99% of the world can gamble with no harm. It is you; you are the problem.

Jack had worked hard to escape his gambling addiction. At that time, as was acknowledged at his inquest, there was inadequate treatment available. The messaging about the harms of gambling was woeful, was the expression used by the coroner. He had gone through seven years of struggling against this highly potent addiction that he had been given by his early engagement with this incredibly addictive gambling product. His suicide note said that he did not think that he would ever be able to be free of this. He said that he had travelled continents to escape it. He died in Hanoi.

For Jack, like for so many of the other young people, they saw it as their responsibility to solve this. We know that that is ridiculous, of course it is ridiculous, but so many people die coming out of a gambling episode



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when their brain is still all over the place. If you have drunk a bottle of vodka you do not sober up afterwards. He entered the world feeling that he was the worst person in the world, he had to solve this and his gambling brain came up with a solution.

**Q246 John Nicolson:** As a parent, that must have been desperate for you because you must have seen the path to recovery but could not share it, somehow, with your son.

**Charles Ritchie:** I think that back then we did not understand it, is the truth. I suspect that if you talk to people in the street today they would not understand and appreciate the risk—the suicide risk—of gambling. We knew that Jack had been gambling from within about a year from when he started, and we worked with him. We are a close family and we were able to talk about it. Plainly, we did not really understand just how deep it was and what addiction looks like. That is something that we have discovered in the intervening years and have spoken to so many other families about. Indeed, when we were first meeting with regulators, politicians and the industry-funded charities, and we talked about suicide and gambling, in all honesty we were met with blank expressions, “What are you talking about?”

It was shocking. It is shocking when we look back now. One of the things that I did in those early days was look to see what is the research. I found decades’ worth of research stretching back, but all hidden, not voiced by the regulator, not voiced by the gambling charities. That is why the coroner concluded that the information around gambling and the risk associated with it was woeful.

Maybe this is anticipating another question, but part of that reason is—in fact, the coroner asked at Jack’s inquest who was responsible for this gambling messaging to say how dangerous it was. The Gambling Commission held its hands up and said, “It’s not us, it’s the gambling charities”. To which the coroner said, “Who are the gambling charities?” They are essentially the industry-funded charities that had remained silent on this risk and, in particular, on the risk of products, and had effectively continued the responsible gambling model.

**Q247 John Nicolson:** How do you feel about some of the witnesses who have appeared before us trying to defend their industry and trying to discourage the interventions of people like you, who are absolutely vital to save lives in the future? When you look at them, when you listen to them, highly-paid lobbyists, what do you feel about them?

**Charles Ritchie:** It is difficult not to feel angry. All of the families do feel angry that they have been misled. They have been misled and they continue to be misled. I maybe ought not to get into the detail of Luke Ashton’s inquest, but there was a gambling operator who was an interested party there. Their performance to deny their role in harm was astounding.



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I suspect that there will be further action to come out on that in terms of their attempted portrayal of the product that they had sold to Luke as being low-risk, relatively safe—whatever words they were—and what felt like their deliberate manipulation of health-survey data, which sadly is our best view of what addictive products are. Their manipulation of that data, in front of the coroner, to say that this is a safe product was astounding. It is difficult to put into words how it felt for me from our experience in the past. However, for Annie Ashton, Luke’s wife, to hear that same thing.

I don’t know how many times that I have heard the Betting and Gaming Council talk about these being historical harms, and that we were not best in class two years ago. These are harms that are still happening today. Luke died two years ago. We are dealing with families where the death is far more recent than that. The harms have not gone away. To be honest, as a parent, it is difficult to trust anything that somebody from the industry says.

**Q248 John Nicolson:** I can understand exactly what you are saying. My father died of lung cancer when I was 15. It was a traumatic thing for me and for my family. As a journalist I got to interview one of the tobacco pushers, the Forest I think they were called. I just felt such revulsion talking to this man, in his expensive suit with his expensive tan, as he tried to push his awful product and pretend that it was somehow or other a legitimate choice. It infuriated me.

Could I move on relatively quickly and talk about sponsorship? We have discovered in the course of this inquiry that, proportionately, young men are more likely to become addicted than women. A number of witnesses have talked about sport sponsorship and politicians’ failure and football’s failure to engage with this as well. What effect do you think gambling sponsorship in football and other sports has on the preponderance of young men becoming addicted, and gambling as a whole become glamourised?

**Will Prochaska:** It is fundamental to it. What you have to understand is that you have an industry here that is not like other industries. It is not a normal industry, not a normal set of products, which we have described. This industry tends to bankrupt its best customers. Most industries like to build long-term relationships with their customers and think about lifetime value. This industry squeezes its best customers for everything that they have as quickly as possible. Therefore, advertising is fundamental to its business model to replace its lost customer base, and football is a fundamental route to that, particularly for young men who have traditionally provided a disproportionate amount of revenue for the industry, although that is starting to change.

Football is key to the business model at the moment. While the advertising portrays it as safe, fun and a social activity, for most people who are gambling—particularly people who are gambling unhealthily—it is not a social activity. It is solitarily to be done on your mobile phone,



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sometimes in the middle of the night and, as I said, they are cross-sold more addiction products.

We had a case of a boy who was 19 years old who died last year. He gambled with a single operator. The operator gave his family the data of all of his gambling and all of the inducements to gamble. He was a Chelsea fan. He had undoubtedly been brought into the gambling through the advertising. His friends had gambled because it had been sold to them as a social activity. For an 18 year-old boy who gambled for a year before he died, we were able to track his gambling and then the inducements.

He had over 80 inducements over the course of that one year that he gambled. You can track them. He was gambling on the football, single-sports betting. He was then cross-sold in-play sports betting, a far more addictive product. It has been designed to replicate the structural characteristics of online slot machines. It is fast-paced, basically. It has nothing to do with the outcome of the match, it is the next throw-in, the next corner. This stuff does not matter. If you are a real football fan, this is not the stuff that drives you.

However, he was given free bets on in-play sports betting and you can see his gambling go up. Just a few months later he was given free bets on online slots and online casino products and you can see his gambling go up, and he is dead. He was 19 years old. It starts with the sponsorship.

Q249 **John Nicolson:** Finally and quickly, what would you like this Committee to recommend as a result of your experiences and expertise?

**Will Prochaska:** As I said at the start, the framing of the White Paper limited its capacity to reform the industry to really reduce harm. I would like to see a recommendation that the White Paper policies are implemented without delay, so that consultations are absolutely prioritised and given priority through both Houses of Parliament for the secondary legislation that is required for most of them to reach the statute book.

I would then like to see a commitment not just from both of the main parties, but across Parliament, to review this again following the evidence base that will come after those policies have been enacted. Because it will not be enough. We do not anticipate seeing fewer families come to us after losing their loved ones. We desperately need a greater review of the Gambling Act and a much bigger role for the Department of Health.

**Charles Ritchie:** The thing that the White Paper will not be able to deliver is the change of culture that is needed in the industry. When we were first bereaved, Liz and I met with a number of gambling companies. We are not anti-gambling. We are not prohibitionists and all of that. However, when we listened to them and saw how they reacted to us, what we got was a view of what the culture of the industry is. That is



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what needs to change and it still feels as if it is the same today. The White Paper will be hard-pushed to do that but that is with needs to happen: a change of culture rather than individual changes. Those do need to happen, of course.

**Q250 Dr Rupa Huq:** Thank you both for coming. Charles, it was moving to hear behind the lies, damn lies, statistics, deflection, in-denial stuff of last week a human story. Our hearts go out to you. My heart, as a mother—I do not think that we are supposed to say that anymore—thank you for everything that you are doing.

Did you say that in the Luke Ashton case it was recorded on the death certificate for the first time?

**Charles Ritchie:** Yes, for the first time under the medical cause of death the coroner put a gambling disorder. He did that and within his narrative he said—I did write it down, if I can quote him. This shows the lack of understanding of so many people who are not involved in gambling, of the risk. He said, “I was also, at the outset of my case management of Luke’s case, of the view that there must”—his emphasis—“have been some other or further reason for Luke having a mental health disorder”. From the evidence that he heard, both from the medical side of things but also an analysis of Luke’s betting, he was convinced, despite his starting point of thinking that there must be something else.

One of the most difficult things about hearing the Betting and Gaming Council last week, or whenever it was, was hearing its CEO talking about suicide. His statement was something along the lines of when he first took the job he spoke to the Samaritans about suicide. He heard back from them that suicide is complex.

That is such a misrepresentation of the Samaritans and the other mental health charities about suicide. For the best reasons, it uses that portrayal of complexity so that we all take responsibility for suicides, rather than thinking that it is a mental health issue and we can push it over there and those people will deal with that. To see that statement, made for the best of intentions, to say that effectively this is not gambling, it is something else, is just wrong.

If I can quote Professor Sir Lewis Appleby, who is the chair of the National Suicide Prevention Advisory Group. He runs the national inquiry into suicide. He is possibly the leading suicide researcher in the UK. He said, in terms of this use by the industry, “Yes, it is a cynical misrepresentation. Suicide is complex but sometimes—gambling is an example—there is a dominant factor without which a suicide would not have happened”. We are going to be working with the Samaritans to get it to have a more nuanced statement so that it cannot be misrepresented.

The misrepresentation that I heard last week was an insult to every family, everybody who has been harmed by gambling. More importantly,



it is wrong. Until the industry accepts the danger, the addictiveness and the harms done by their products, nothing is going to change. That is what I mean by culture change. They have to look at themselves. They have to look at the harms and accept it rather than obfuscate.

**Q251 Dr Rupa Huq:** Do you think part of the whole, “It’s not me, gov” attitude of the industry means that we have a problem with the words “problem gambling”, with that term itself, because that implies it is the individual whereas it is a whole complex set of things—industry, state, policy, products—all these things? It seems that they are saying that it is a personality flaw of that individual.

**Will Prochaska:** Absolutely the basis of all the industry’s defence is that this is an individual problem. The term “problem gambler” sites the problem within the individual. It detracts from the idea that there is any problem with the products and practices of the industry. The language and the framing of this is fundamental. That is what has polluted the terms of reference of the White Paper. It is this constant push of individual responsibility.

We see it borrowed from tobacco. There used to be a concept of responsible smoking, believe it or not. Individual responsibility is used by the tobacco industry, it is used by the fossil fuel industry to great effect to detract from its practices, and gambling has picked it up and run with it. The danger with gambling is that you take something that already has a very high suicide risk—the neuroscientists will tell you about the synapses in the brain and the danger of the repetitive gambling product that create that suicide risk—you then heap on top of that the stigma that comes from the individual responsibility gambling narrative, the idea that it is your fault, that you must be weak, you are the vulnerable individual, it is your fault not ours, and you increase what was already a high suicide risk to something that now accounts for almost 10% of suicides in the UK.

**Q252 Dr Rupa Huq:** The White Paper proposes the statutory levy that is going to fund—we talked a lot about research in the previous panel but also education and treatment. There does not seem to be a lot said about education. Is this an oversight?

**Will Prochaska:** It is not necessarily an oversight. There are 100,000 children in the UK who are either already addicted to gambling or at risk. That is one child in every secondary school classroom. It is a very serious issue for young people; this is a growing issue and education clearly has a role. However, in the face of £1.5 billion of advertising telling you that it is fun and safe and sexy, it is going to be very difficult in one session a year to combat that onslaught, that bombardment of advertising that young people are facing. There is still a role for it.

The education that is on the market at the moment was analysed by some esteemed public health academics at the London School of Hygiene and Tropical Medicine and at Cambridge University, May van Schalkwyk



and Mark Peticrew. They analysed the education delivered by the three main providers. That is GambleAware, YGAM and GamCare. Two of those organisations you had giving evidence last week. Their analysis found that the education materials on the market problematised children, distracted from the role of industry products and practices and served to normalise gambling. Therefore, the industry-funded education on the market now is in a way promoting gambling and is defending the industry's prospects. It is an awful situation that we are in.

We so welcome the statutory levy. The need for independent funding should clean up the education system and reduce that risk and start to give young people real evidence of the differentiated product risk. What young people need to know is that not all gambling is alike, what are the most dangerous activities and what are the most dangerous practices of the industry so that they can make an informed decision about what to do.

**Q253 Dr Rupa Huq:** Should it be left to charities or should it be a national curriculum thing about financial budgeting and should it be at every stage?

**Will Prochaska:** We would love to see it as a national curriculum thing. I think that that is a stretch and the national curriculum is under pressure. If it is left to charities, there need to be very strict guidelines and to what needs to be included. Charity Commission guidelines are quite strict about the delivery of education and I am not sure that the industry-funded charities are abiding by the Charity Commission expectations. When you are educating about something that is a legitimate charitable activity, if there are differing views as to the source of the problem, you need to make sure that you are representing both those views. The industry-funded education simply gives the individual-responsibility narrative, the industry framing of this issue.

**Charles Ritchie:** It extends to public information in terms of thinking about public health campaigns around gambling. We all remember from years gone by about cigarettes, drink driving—

**Dr Rupa Huq:** Tufty the Squirrel.

**Charles Ritchie:** It is an issue that that side of things needs to be taken out of the hands of industry and industry-funded organisations. The more recent GambleAware campaigns have been improvements on what it has done in the past, the Take Time To Think and Bet Regret campaigns. However, the focus is still very much on the individual, the individual responsibility and the individual talking to somebody.

Of course, absolutely that has to be the case. However, there is nothing about products. There is absolutely nothing that would inform a member of the public that the national lottery is a completely different product, in terms of its risk and so on, to a highspeed online electronic game. There has to be much better public health messaging.





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Q254 **Dr Rupa Huq:** Should there be a more defined role in planning policy to stop the clustering of these physical shops? You said Jack started off in those with fruit machines.

**Charles Ritchie:** Very much so. The cumulative impact assessments are very welcome. We have been involved with people in Sheffield who have opposed the opening of new gambling venues in the city. However, it is difficult. I do think that that is very important. There are lots of statistics about the clustering of betting outlets, particularly in more deprived areas. Local people and local authorities have to have much more control over that.

Q255 **Dr Rupa Huq:** Let's hope there is some progress. Damp and mould and air quality have been on death certificates in the last year and people are saying that it has to be different.

**Charles Ritchie:** Gambling disorder being there as a medical cause of death is massive. It is a first.

Q256 **Clive Efford:** Once the levy is in place, what do you think the role will be of GambleAware, YGAM, GamCare and other third-sector providers in providing research, education and treatment?

**Will Prochaska:** There is clearly a role for the third sector in preventing harm and in responding to the support needs of those who have already been harmed. We are big fans of the third sector. We are a third-sector organisation ourselves. I am well aware from a career in the third sector that the third sector is able to do things and to augment the support that the state is able to deliver.

However, the current system needs to be entirely replaced. The current system is effectively a shadow system. You have treatment services, for example, commissioned by GambleAware. This is the only mental health disorder in the country where the commissioning for the treatment of that mental health disorder sits outside of the state. It is a prime example of gambling exceptionalism. That system came out of a gentlemen's agreement, so-called, between the Government and the industry. It was supposed to thrive off a voluntary system of contributions from the industry to help people get better.

The results of that treatment system, just as an example, are very poor. Over the past two years, year on year GambleAware's treatment system has been seeing 10% fewer clients each year. The outcomes for those clients are very poor. Almost half the clients leave GambleAware's treatment system still experiencing harm at a degree that would see them at the front door of that treatment system, and there is no follow-up three, six, 12 months afterwards.

Therefore, the system at the moment is broken and it is not servicing the people as it should. It is only treating 2% of people who are experiencing a gambling disorder, at the lower estimate of the estimates of people out



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there who need treatment. It is not integrated, as we heard from Dr Matt Gaskell. The interaction with the NHS has been weak.

I was at the West Midlands Gambling Harm Clinic last week, a fantastic clinic serving its clients. It has had zero referrals in its first nine months from their local GamCare provider, zero. The NHS clinics are the only clinics that are offering proper psychologist-led CBT, which is the evidence-based treatment for people experiencing this gambling disorder.

That needs to be completely changed. Statutory commissioning will serve that purpose so I am heartened at the statutory levy, which will be collected by the Gambling Commission. As soon as it touches the Gambling Commission's bank account it becomes state money. Commissioning services off the back of that will have to follow state rules. I think that the state will find it very difficult to commission GambleAware because it will need to commission on evidence base, quality outcomes and clinical skill, sadly none of which GambleAware has shown itself to be proficient at. Therefore, I am heartened that the system will change but there is still a very significant role for the third sector in that system, albeit commissioned by the local NHS clinics and working in partnership with local NHS clinics.

Similar for research and education. We need to see the research budget pushed to UKRI. There is a real role for DSIT as a Department here to oversee the use of that money to ensure that we are starting to get the research. Certainly, for the Department for Education I would quote Kate Lampard, the chair of GambleAware, who in 2019 sat in front of a Lords Select Committee and said that she would welcome the day when GambleAware did not need to exist, that that was its purpose. Marc Etches, who was the CEO, seconded that. He said that he would be happy with that coming to the fore.

I support Kate Lampard. There should not be a need for GambleAware to exist. It should not exist in a future system because the new system should be a fresh start. We need trust and we need faith that this is something new and is not going to replicate the mistakes of the past. Therefore, I see no role for GambleAware in a new system.

**Q257 Clive Efford:** You mentioned the NHS services. What is your assessment of that and how do you think that that may change once the levy is in place?

**Will Prochaska:** My understanding is that the NHS clinics at the moment get about £6 million a year. Their outcomes—from the outcomes data that I have seen—are very strong and they follow up with the people who they have treated, three, six, nine and 12 months after their treatment. Certainly the West Midlands clinic that I visited last week is putting in an amazing package of recovery support that will be supported by local third-sector organisations.



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The gold standard of treatment is being delivered by the NHS. We think that anybody scoring over 8 on the problem gambling severity index should be receiving that psychologist-led CBT level of treatment. NHS clinics are also able to offer medication, which the third sector is not. That is the place that anybody request treatment for a gambling disorder should be going. We are big fans of the outcomes and of their governance processes.

We also have, to use some experience from the families of Gambling with Lives, people who have been through the third-sector treatment system. We saw the case of Chris Bruney, who went through treatment with Chrysalis, a provider in Sheffield. He was scoring very highly on the problem-gambling severity index when he went into treatment. After six sessions of counselling, Chrysalis scored him as a zero, which is impossible if you understand how to use the PGSI properly, and the PGSI probably should not be used as a metric to measure harm across a series of sessions. He was effectively told he was cured and ended up taking his own life.

The family struggled to get the medical records out of the operator, because they were not statutory. There was no accountability in the system. When you challenge GambleAware and where the accountability lies, it says, "We're regulated by the Charity Commission". The Charity Commission is not a clinical regulator and should never be suggested as such. Therefore, the system at the moment is broken. If you go the NHS and you request your patient records, you will get them and the family will get them. It is fundamentally important and the basics of clinical ethics.

**Charles Ritchie:** Adding on to that, there are issues about integration of the system. GambleAware, or the National Gambling Treatment Service, the vast, vast majority of people attending that are self-referrals. The proportion coming through GPs is absolutely minuscule. There has to be training of the NHS primary workforce. You have to have the integration there of primary care understanding about gambling disorders and having proper referral routes and then the integration of where people go after that, with very clear guidelines as to what is the appropriate treatment for people scoring at different levels.

Q258 **Clive Efford:** You heard my questions earlier on about data and access to data. I will not repeat the questions, but what is your view on whether there should be something in the legislation that gives a mandated access to that data?

**Charles Ritchie:** Totally. That should be part of a company's licensing conditions, suitably anonymised, obviously. The Patterns of Play work, which was talked a bit about earlier, and also seeing the subject access requests on individuals in terms of their gambling before their death. It is working at that sort of level that you start to understand the differences between products, what actual play looks like and how companies do or



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do not intervene. Being able to have that available to independent researchers is absolutely essential.

Professor Wardle referred to the algorithms that companies use, which are completely invisible. It would seem that each company uses different algorithms. Nobody knows what the actual markers are or how they are applied or what will come as a trigger. That again was a huge issue in the Luke Ashton inquest, which was that Betfair did have an algorithm but it just did not spot or trigger any meaningful interactions with Luke.

There has to be access to registered researchers to be able to undertake research, which is desperately needed. This morning Dr Noyes referred to the work by Delfabbro, which was on products. There is such a massive amount of data held by operators, which would allow analysis to identify not just product-level harms—that is online slots—but to be able to look at individual games and see what risk they have. I personally think that the Gambling Commission should be safety-testing products and games before they come on to the market. In these days of big data there is no reason why that could not happen.

**Q259 Chair:** When we spoke to the gambling industry last week, it warned us that if the financial checks on gamblers were too punitive it would encourage people into the black market, or the unlicensed gambling market. What is your view on that?

**Will Prochaska:** There was a very powerful piece released last week. Lord Foster wrote a letter based on the back of some Yield Sec data that had come from the industry. Yield Sec had analysed the scale of the black market in the UK and found that it was less than 1% of the gambling market. That supports assertions by the CEO of the Gambling Commission that the threat of the black market has been overplayed. We would say that that has been overplayed for lobbying reasons to try to resist change.

You saw this with tobacco control. When greater control was put on tobacco and greater levies were put on tobacco, the tobacco industry said that all the cigarettes are going to come across the Channel and you are going to push people into the black market. That did not happen. Again, it is a classic technique used by harmful industries.

This is a technique that we are familiar with and it needs to be treated with caution. However, that is not to suggest that there is not a black market and that there are not dangers from it. We have had people die who gambled on the black market, and I don't want to diminish that as an area of risk. We need some quality proposals. The Gambling Commission simply needs more power. It needs to be able to close down black-market operator websites to ensure that this does not become a larger problem than it is, but it is not a very large problem. The harm that is happening in Britain is being driven by the regulated market.



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**Charles Ritchie:** The issue of illegal sites as well. Last week that was posed as being something of an untackable problem, that if something is closed down it opens up as something else the next day. There are products on the market now—like Gamban—and part of its job is monitoring new sites and adding to its own blocking software. None of this, given the will, is insurmountable. As Will says, plainly there is the potential for a black market but there are plenty of solutions to minimise that risk.

Q260 **Kevin Brennan:** What is your view about the gambling ombudsman proposals in the White Paper?

**Will Prochaska:** We are very pleased to see an ombudsman. We would prefer for it to be put on a statutory footing.

Q261 **Kevin Brennan:** Will that delay things a lot? You say you want things to be implemented quickly.

**Will Prochaska:** I would like it to be on a statutory footing quickly. It is not planned to be on a statutory footing. We have not seen lots of things that we have said will show you that we do not see the industry currently is a good-faith actor. It has slowed down proposals for reform, it has hindered proposals that would have saved people's lives.

The implementation of an ombudsman is likely not to be in its commercial interests because there are lots of cases at the moment where people are out of pocket and they do not have anywhere to go and the industry is able to maintain its profit. Therefore, I fear that industry influence over an ombudsman will not be helpful and I suspect that we will be back here in a number of years saying that it needs to be put on a statutory footing.

There are also some concerns about an ombudsman for us specifically. I doubt it will give any recourse for bereaved families. At the moment there is no justice for a bereaved family. If somebody has died at the hands of, at best, negligence on the part of a corporate actor, it is very difficult to bring cases through the civil courts, although I am confident that cases will be brought soon. Inquests do not apportion blame; they find out what happened. While there is some justice from an inquest acknowledging like it did in the Jack Ritchie inquest or the Luke Ashton, acknowledging that it was not the fault of—

Q262 **Kevin Brennan:** What do you think the ombudsman will do if it does not assist in deciding whether or not a complaint is justified and recommend action?

**Will Prochaska:** I suspect that it will assist in deciding whether a complaint is justified. Whether or not the gamblers who bring those complaints are satisfied with the adjudication will be the question.

Q263 **Kevin Brennan:** We are used to dealing with ombudsmen all the time in our capacity as MPs and we help our constituents a great deal to do that, for obvious reasons, but in many cases they will never be satisfied



because they have a burning sense of injustice inside them. That is an inevitable part of any ombudsman service or anyone who makes a complaint about something.

**Will Prochaska:** That is probably right but I think that your constituents or any MP's constituents would have greater faith in the adjudication if it was put on a statutory footing than if it was supposedly independent but with industry endorsement, so I have reservations.

**Charles Ritchie:** To add to it in relation to an ombudsman, another gap in the White Paper was no statutory duty of care. We can understand why because of the delays in making it statutory, but that does leave a major hole in the opportunities for redress by individuals. We suspect that a duty of care will ultimately come through a civil case or through an inquest, and that does need to happen.

Q264 **Kevin Brennan:** Understood. In relation to the implementation of the White Paper, there are further consultations and you referred to them earlier on. Do you have any sense in your own mind—you did refer to this earlier—about whether or not this can be landed by next summer? For obvious reasons that is a time period that I pick.

**Will Prochaska:** I have been assured by DCMS officials that, for example, the levy consultation and process of affirmative secondary legislation that will be required to enact the levy can be achieved by the end of next summer, albeit I have spoken to other parliamentarians who think that that can be done a lot quicker.

On the levy, in particular, there is a level of pragmatism needed. We are not going to get to a smart levy tomorrow. We do not have the research base and the evidence base, so we are going to need a level of pragmatism and then build as the research base strengthens.

On the other consultations, I would be lying if I did not say that I was concerned with the Gambling Commission's capacity to deliver the number of workstreams that it is responsible for, without an increase in its resources. I noted with interest that the consultation on increasing the Gambling Commission's resources is only scheduled for 2024 and not 2023. I probably would have done it the other way around. I would have given them the resources as part of the White Paper, or as an early consultation, to enable them to scale up and then deliver the other workstreams as quickly as possible. However, it is confident that it can do it and we have to act in good faith and support it.

**Charles Ritchie:** The other worry that I have is the availability of the information that it will need to make some of the changes. We welcome hugely making products safer. My worry at the moment is that the Gambling Commission has inadequate information on exactly what makes a product dangerous. That research could be done and should be done. It is not going to be done in time for this consultation. I hope that it takes a precautionary approach rather than saying that it does not know what it



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should be—spin speeds of 2.5 seconds. That needs to be substantially increased, so it needs to make some decisions even if it does not have perfect information.

**Q265 Kevin Brennan:** We have spent a long time this morning, so apologies for having to be brief in the end. Unfortunately I drew that in the batting order today so I don't have much time.

Can I go back to what we did discuss earlier on? You called it a strange debate, Charles, when we were talking about the analogy with alcohol and with smoking. I do understand the point that you are making about particular products, about the particular potential for harm and so on, and the number of people within the cohort of people who gamble who might be affected by those products.

However, from our point of view in trying to frame this, what we are trying to do—all of us, even coming from very different perspectives, sometimes—is to try to work out what is the right level of regulation of something that we are not and you are not promoting should be prohibited. It is finding the right level of regulation that would constitute good regulation of this industry. Is that not a reasonable way to approach it?

**Charles Ritchie:** It is, but it is also taking a more sophisticated approach to what the regulation focuses on and how it is framed. For instance, on products there would be very different actions that you would need on different products to make them safer. We would say on advertising that the negative consequences and potential of that, of trying to believe that we can keep advertising away from children or whatever, there are some areas where you do make a decision to say that that is not allowed. I would take a harder line than our three previous witnesses.

**Q266 Kevin Brennan:** Would you take a harder line than with alcohol in terms of advertising, for example?

**Charles Ritchie:** In terms of advertising? Yes. I do think that there are some products that should not be advertised. I am sorry to go back to the BGC again, but the characterisation of us as a nation that loves our gambling, with 22 million people enjoying a regular bet, when you look at the numbers it is something like 8% of people who bet more than once a week. We do know from the other stats that they suffer higher levels of harm.

**Q267 Kevin Brennan:** There is another case to be put, though, isn't there, in fairness? My own father would bet once a week and my mother—

**Charles Ritchie:** He is not going to be stopped. He is not going to be stopped.

**Kevin Brennan:** My mother went out to bingo and so on. Isn't it reasonable to say that many people do get some enjoyment out of gambling?



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**Charles Ritchie:** Absolutely, but your father managed to do that without gambling advertising, I presume.

Q268 **Kevin Brennan:** The horse racing was on the television, which served as very good advertising for it.

**Charles Ritchie:** Yes, but it is going back to thinking about products and what are appropriate. I know that it feels messy that you might allow advertising as it was back in 2005, but it is not a clean world. The issues are around some products being so dangerous that they should not be advertised, absolutely. Otherwise we are saying that it is fine to put something on the market that has a 25% addiction rate, and hang the consequences.

**Kevin Brennan:** We have probably given it a pretty good airing.

**Charles Ritchie:** We have indeed.

**Kevin Brennan:** If you agree with that, I will stop at that point.

**Chair:** Thank you very much. Thank you, both of you, for your patience today and all your time. If you do have any further bits of evidence that you think we should take into consideration, please feel free to share them with the Committee. Other than that, we are grateful for everything that you have contributed today.