



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

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

Tuesday 29 October 2019

3.30 pm

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Members present: Lord Grade of Yarmouth (The Chair); Lord Butler of Brockwell; Lord Foster of Bath; The Lord Bishop of St Albans; Lord Filkin; Lord Lipsey; Lord Mancroft; Lord Parkinson of Whitley Bay; Lord Smith of Hindhead; Baroness Thornhill; Lord Trevethin and Oaksey; Lord Watts.

Evidence Session No. 7

Heard in Public

Questions 71 - 79

Witnesses

I: Marc Etches, Chief Executive, GambleAware; Kate Lampard CBE, Chair, Board of Trustees, GambleAware.

USE OF THE TRANSCRIPT

1. This is a corrected transcript of evidence taken in public and webcast on www.parliamentlive.tv.

Examination of witnesses

Marc Etches and Kate Lampard CBE.

Q71 **The Chair:** May I extend a warm welcome to our witnesses today and thank you for taking the time to submit evidence and to attend in person today? A list of the interests of Members relevant to the inquiry has been sent to you and is available. This session is open to the public, is broadcast live and is subsequently accessible via the parliamentary website. A verbatim transcript will be taken of the evidence and will be put on the parliamentary website. A few days after this session you will be sent a copy of the transcript to check it for accuracy. It would be helpful if you could advise us of any corrections as quickly as possible. If, after this evidence session, you wish to clarify or amplify any points made during your evidence, or have any additional points to make, you are very welcome to submit supplementary evidence to us afterwards. Would you be kind enough to introduce yourselves in turn for the record?

Kate Lampard: I am the chair of trustees of GambleAware.

Marc Etches: I am the chief executive of GambleAware. Good afternoon.

Q72 **The Chair:** I must advise you, as I am sure you know, that the acoustics are not great in this wonderful room, but if you would be kind enough to keep the level up, it will help the clarity of your evidence.

As has the Gambling Commission, your organisation has made it clear that it regards gambling as a public health issue and that reducing and preventing gambling harm requires a public health approach. Would you explain how your activities have changed since adopting a public health approach to gambling, and what changes, if any, you anticipate making in future in response to that? How big a change of tack is that?

Marc Etches: I think we have changed quite significantly. It was particularly important, if I may say so, when Kate joined our board three and a half years ago and from that moment very purposefully recruited a board of trustees who would bring expertise not just on health matters but very specifically on public health matters.

We believe that gambling harms are best understood as matters of health and well-being and that keeping people safe from gambling harms requires the application of a public health model. That model needs to take account of three aspects of prevention: at the universal level, the promotion of a safer environment, which is as much about regulation and policy-making as it is about anything else; at the secondary level, selective intervention for those who may be at risk of suffering harms through gambling; and, more directly, support for those suffering gambling disorder or for those who may be more directly affected.

Over the last three years, guided by that public health model, GambleAware has developed its plan strategically into three areas of activity, one very much focused on preventing gambling harms, and, again, looking at a universal public health model for that. Bet Regret. as

a national campaign, would be at the secondary level, on the basis that it is focused on a group of people who may be seen to be at risk. Certainly, in some of the relationships that we have built with organisations like Citizens Advice and in some of the work we have done on education, it is about trying to broaden the understanding of gambling, the nature of gambling and the risks associated with it.

Very importantly, and at the heart of what we do, is commissioning what we refer to these days as the National Gambling Treatment Service. That is triaged by the National Gambling Helpline and a network of providers, including the NHS. We recently launched a second NHS-based clinic and, very importantly, community work is wrapped around that clinic, which you may wish to ask me further about later. That is very much at the heart of our spending. At this moment, we have £44 million under active management, of which £26 million is for that treatment service.

We are also spending about £5 million on research and evaluation. Although research and evaluation will often take the headlines, they are in a sense a junior partner. Our focus on that has also changed somewhat, and I think you may have some further questions on our thoughts about research going forward.

Over the last few years we have developed our thinking on the basis that our research programme ought to focus on underpinning our work on prevention and treatment—in other words, evaluating what we do and understanding what we must do better—but there are other aspects of the wider research programme which we think would sit better elsewhere.

The Chair: There seems to be a consensus—this is an obvious statement, but bear with me—that there is perhaps a quantifiable number of people at risk of suffering and causing great harm in the process. I would be very interested in your observations on what could be done to identify people who are potentially at risk and to take earlier steps so that they do not fall into harmful behaviour. You talk a lot about people at risk, but that is after the fact, is it not, and you are picking up the pieces a bit after the accident has happened.

Marc Etches: To an extent, yes, if the focus is too narrowly on a gambling disorder, although I do not set that lightly to one side; clearly it is vital that there are services that support those who are suffering with gambling disorder, and indeed family members and friends who are affected. I agree that prevention is better than cure and is far more cost-effective.

The Chair: Forgive me for interrupting, but how do you identify people at risk other than the fact that they are gambling way beyond their means?

Marc Etches: If we take what is understood by most people to be the benchmark for how many people are at risk—this is the combined health study that NatCen analysed in 2018—I think it is right to think in terms of 2 million at risk. That report refers to 340,000 problem gamblers. I

dislike that label, frankly, because I think it suggests that the problem lies with the individual, whereas “gambling disorder” is how it is recognised by the World Health Organization.

There is a slight misunderstanding about the use of screens to identify people at moderate or low risk. My understanding of the nature of those screens is that they reveal that all the people who fall into low and moderate risk, by virtue of answering a certain number of questions in those screens, are revealing themselves potentially as experiencing some level of harm. To the extent that we rely on that report, there may be as many as 2 million adults who are experiencing some level of harm in this country at the moment.

The Chair: With your experience of the front line, as it were—I appreciate that these are more personal opinions from both of you rather than necessarily the views of your organisation—given the prevalence, do you think more could be done by the operators or by regulation to prevent people getting into problems in the first place or getting in too deep?

Marc Etches: I think that more could be done.

The Chair: Such as? Give us a for instance.

Marc Etches: What has been achieved and what we need to see more of is a recognition—we come back to the original question—that gambling is a public health issue. Understanding better the social and economic costs to society will allow a wider debate, because what is really important for those who get into trouble, or indeed for preventing people getting into trouble, is to have a much more open dialogue and conversation about gambling, its place in society, the risks associated with it, and indeed, if you need it, the help that may be available. That has to start at a younger age.

When alcohol started to become much more discussed as a public health issue, it was on the back of trying to nail down the economic and social costs. We attempted to start that process in 2016 when we commissioned the IPPR. Some of you may be familiar with the figures that came out. There was a very wide band. It was selective, so it is limited. Nevertheless, the intention was to try to raise the profile.

I think that profile has been raised. There are indications of that, and the very fact that gambling disorder has been recognised in the NHS long-term plan is progress, but we need to make much more progress. That is as much about policymakers and public discourse as it is about the industry.

The Chair: We are in the business of searching for practical suggestions for public policy, regulatory powers, the operators’ codes of conduct, whatever the levers available to alleviate the problem. I am interested in whether you have any practical thoughts about what we should be doing.

Marc Etches: My thought lies outside the industry. I reflect on where public policy on the harms that arise from gambling might better sit. I reflect on the fact that over the last six months there has been good joint working between the Department for Digital, Culture, Media and Sport and the Department of Health and Social Care. We have been part of that joint working together, as the regulator has. I think that is a step in the right direction, but in practical terms what would really be a game-changer is the Government of the day recognising that the harms that arise from gambling are a health issue.

Lord Watts: I understand why you would want to do that, but addiction is an individual problem. Some individuals seem to be prone to it, while other people can manage their gambling in an enjoyable way. I think the Chair was trying to understand whether you have identified who is at risk, why they are at risk and what can be done. I understand why you do not want to make it individual, but it is an individual thing because you have to deal with the problems of addiction individually.

Marc Etches: Addiction is certainly a very important part of this, but there is a spectrum, which is why I would rather focus on the fact that harms arise. You can be harmed by gambling without necessarily being addicted to it, so we must be careful not to focus too narrowly simply on those who are addicted, as important as that is, and I would argue that we need to have a better relationship with gambling across society as a whole. That means starting with young people and a better understanding of the nature of gambling and the potential for harm to arise, including addiction.

Lord Watts: So you are looking to pre-educate people on gambling. Is that the main thrust of your suggestion?

Marc Etches: As a charity, one of our key charitable objectives is to focus on young people—young people are growing up in a very different world from the one I grew up in, with the accessibility of gambling and the nature of technology—and certainly focusing on young people to better understand the nature of gambling and the risks associated would be a very good step.

Lord Watts: The problem that we have as a Committee is trying to find evidence of what creates the problem. A general campaign educating people about drink or sex or whatever is fine, but we know that some people are more prone to having a problem than others. We are trying to find out your experience of and where you are with identifying those individual problems.

Marc Etches: There is a lot of controversy about the screens that are used to identify what historically have been referred to as problem gamblers. It is important to focus on the World Health Organization's definition of gambling disorder and recognise that this is a behavioural addiction with implications for mental health. Often it will be comorbid with a whole range of other behaviours. I have a close family member

who has had a lifetime of depression and has used gambling to alleviate that depression.

On the other hand, there are those who find that gambling itself can draw them into addiction. We know that, very often, those who have had a lifetime of problems controlling their behaviour with gambling, or who have gambling disorder, will have started when they were young, when they were a child. They may have been introduced quite innocently by a family member; indeed, they are more likely to have a family member who enjoys gambling quite a bit, whether they have gambling disorder or not. We know that for those who have long-term addiction the influence started when they were young, which is why it is important to focus on young people.

Kate Lampard: I do not think we are in position to say definitively, if that is what you are looking for, what the trigger is for somebody to become addicted to gambling. There is a lot of research still being done. Public Health England is currently doing research into the prevalence and determinants of disordered gambling, and there are further studies that are going on.

In due course, the National Institute for Health and Care Excellence will produce some recommendations and guidance about the effectiveness of treatments, having seen what is causing particular behaviours. In the absence of any very firm view on that—and, as Marc says, to ensure that we create an environment that is safe for everybody, not just those who might subsequently develop addiction—we have to take a much wider approach. It will not be a case of simply determining that one particular activity by gambling operators will solve the whole problem.

Q73 Lord Trevethin and Oaksey: I ought to mention first that Kate Lampard and I have been very good friends since we met at Bar school a few years ago, so I make that declaration.

May I get your views on the topic of a mandatory levy? I think I am right—tell me if I am wrong—that your organisation supports a mandatory levy on gambling operators. It seems that is right, and we would be very much helped to know why you support it and what impact a mandatory levy might have on your work.

Kate Lampard: We support a mandatory levy. You are right that at the moment we are funded under a voluntary arrangement whereby, under their licence terms, gambling operators are required to make a contribution to research, education and treatment, but it is not stipulated how much that contribution should be, and some of them choose not to make a contribution of any significance, although some make quite considerable contributions.

As you can see, the effect of that is that we have an uncertain cash flow. We do not know from year to year what we are going to be receiving for our work. We are engaged in commissioning long-term treatment and prevention services that are extremely expensive and that have to be commissioned on a long-term basis to provide any sort of certainty. A

mandatory levy would allow us to have a consistent and predictable funding flow.

I think it would improve transparency and confidence in us if everybody knew exactly where our money was coming from on a mandated basis. At the moment, there are always assumptions about where our money comes from and the effect that that may have on our decision-making. A mandatory system would also be fairer as between companies that make a contribution and those that do not.

Finally, we have a concern that the industry, left to its own devices, will choose to contribute to pet projects, things that it chooses to contribute to, rather than the work that we do which is about developing a national gambling treatment service that is equitable, robust and possibly not as eye-catching as some of the things that those in the industry might choose to do themselves.

Lord Trevethin and Oaksey: Can either of you shed any light on why it appears that the DCMS is not presently supportive of a mandatory levy?

Kate Lampard: I cannot answer that. You might have to ask that of them.

Lord Trevethin and Oaksey: I thought you would say that. I have one further quick supplementary. We have heard from various witnesses about the £100 million that has been promised over a period by some of the main gambling operators. Can you give us any assistance as to how you as a body think that money might be best spent?

Kate Lampard: The first thing to say is that if the industry is prepared to produce that amount of money, we would welcome that. It has not consulted us about how the money might be spent. I have slightly trailed already what I would wish to see. I do not for one minute suggest that it should all be given to us.

We quite understand that there will be a range of options as to how it is spent, but from our point of view it is extremely important that we continue to develop the National Gambling Treatment Service. Anything that can be done to expand that to meet the need is, in our view, the top priority, and, to the extent that there is greater discretion in their spending, we would wish it at least to be consistent with and supportive of, and not undermine, a coherent strategically planned system for dealing with problem gambling.

The Chair: Thank you. We have quite an agenda to get through. I am hoping that without diluting the content we can pick up the pace.

Q74 **Lord Filkin:** You make two points that sound absolutely right: that a mandatory levy is the obvious answer, and that a much better prevention or treatment service is required. Given your embedded position both within government and in the industry and regulation, what are you doing to argue that case? It is one thing to have a position, but you ought to be very well placed to persuade Ministers why this is essential.

Secondly, what level of international experience should we be talking about? If we think about the polluter pays principle, which is clearly what this is about, and the scale of need—I think I have seen figures of £300 million being required for a proper, decent service—where should the levy be set, and are you lobbying for that?

Kate Lampard: I will deal with the first bit of the question. We are not wasting any opportunity that we have to make our point about the mandatory levy. We have regular conversations with the Gambling Commission and DCMS. We have opportunities like this and we have made that position perfectly clear.

Lord Filkin: Do you speak out in public about that?

Kate Lampard: Yes.

Lord Filkin: You do?

Kate Lampard: Yes.

Lord Filkin: Good.

Marc Etches: And we will continue to do so. On the question of how much, it is very important, as Kate indicated earlier, that there is a body of research that is taken forward, not just by us but by other bodies, including Public Health England and the National Institute for Health Research. It is important for that research to come forward before we dive too quickly into, frankly, guessing how much money is required.

It is enormously helpful that the NHS set out its ambition to have 15 new clinics across England—the first opened in Leeds—and it is our intention to continue to work with the NHS as they move forward with those 15 new clinics and, as I say, build the community aspect and the prevention aspect to try to develop the care pathways and referral routes. That in itself will start to indicate the sort of cost that would be necessary. At the moment, we are spending £1.2 million, which is a tiny amount, just in Leeds. It will clearly be enormously more than that, but it would pure guesswork at this stage.

Q75 **Lord Foster of Bath:** You have argued for a mandatory levy, but have you given any thought to the shape of that levy? Some organisations—BACTA, for example, will give evidence to us shortly—have argued that it should be a smart levy, so that organisations and operations that perhaps cause less harm pay less than those that do more. They give an example of why society lotteries should pay as much as an online sports betting company. I would be interested in your thoughts on the shape of that levy.

Kate, you mentioned what you called pet projects. Do not you find it slightly odd that companies that give money have to report it to the Gambling Commission, but the Gambling Commission does not publish details of the money that they give and for what reasons?

Marc Etches: I will start with the second part of the question. Of course, the Committee ought to be aware that we publish our donations every quarter and have done so for the last year and a half. That was quite a step. Clearly, the Gambling Commission will need to respond to your question about its own publication and particularly perhaps about regulatory settlements. Forgive me, but I have forgotten the first part of your question.

Lord Foster of Bath: The shape of the mandatory levy.

Marc Etches: If I may say so, we are much more interested in what is required to support those who need to avoid becoming addicted or those who are addicted. It is about how it is spent. How it is raised is, frankly, a matter for the industry regulators and policymakers. Harm can arise from all gambling, which includes the National Lottery. Of course, the National Lottery raises significant amounts of money for good causes, and I do not mean the company Camelot. There are other quite broad ways of looking at this, but that is more for the policymaker than it is for us as a charity.

Lord Smith of Hindhead: I do not know whether you can help me. I am trying to understand what GambleAware does to help people with gambling problems or addiction, because my understanding is that you are not involved with treatment on the front line, but you give money to GamCare and other organisations that do. You collect money and then give it out to the people on the front line helping people with gambling addiction. What do you do?

Kate Lampard: We receive the money. We raise it through the voluntary system, and we have to spend quite a lot of our time raising those funds, writing to people and getting them to contribute. We then commission a range of services aimed at preventive work. We engage with organisations like Citizens Advice and GPs' surgeries to educate those who might encounter people who are at risk of problem gambling.

Lord Smith of Hindhead: How much does that cost? How much are you spending on that?

Marc Etches: It has always historically been less than 10%, so for every pound that we raise—

Kate Lampard: No, the question is what proportion of our spending is on preventive work.

Lord Smith of Hindhead: What proportion are you spending?

Marc Etches: I beg your pardon. I thought you meant how much it costs us to do what we do as a commissioner. Out of the £44 million we currently have under management, I would say that £13 million is broadly prevention, but of course that tends to overlap with the £26 million spent on treatment.

Lord Smith of Hindhead: Why can the organisations that want to make these donations not give their money straight to GamCare? Why does it

have to come through you?

Marc Etches: It is important to understand that there is a distinction, particularly in relation to health, between the commissioning and the provision of the service.

To answer the question specifically, undoubtedly GamCare came about because the industry gave directly to it, but over the last few years we have endeavoured, and at times it can be quite painful, to ensure that not just GamCare but whoever we commission is accountable for the services that are delivered. We are quite independent from those who provide the money. As a commissioner, you are constantly ensuring that they, the service providers, are accountable. You want to improve the quality of the services, you want to add to those services, and you want to commission in a systematic way other services that provide a broader service across the UK.

Lord Smith of Hindhead: I would like to look at the accounts and to drill down on the monies. I looked at your accounts, and I do not know whether I am being a bit slow but I could not quite get it. You got a lot more money in 2018 than the year before, and I think your income is about £15 million. You spent about £8 million or £9 million and then have about £5 million in the bank.

Marc Etches: The nature of commissioning is that it is conducted over a period of years. GamCare, and the National Gambling Helpline, is a three-year funding agreement, so right at this moment we have £13 million of cash available to us. We have raised £6 million in donations so far this year, which includes about £1 million of regulated settlement.

Lord Smith of Hindhead: You could give more money to GamCare.

Marc Etches: In cash terms, we have £13 million, but we have commitments of £25 million in grants that we have commissioned that roll through to March 2022. That £13 million in a sense is already earmarked.

That reveals that we still need to raise more money. The industry undoubtedly has made claims that we are sitting on money and do not quite know what to do with it. That is untrue. It is planned and we are committed, but we are short of sufficient funds to finish those grants through to March 2022. That is the nature of commissioning as a charity.

Lord Smith of Hindhead: I did not know that the industry had made that claim. I had rather worked that out for myself. I have one last question. How many staff do you employ?

Marc Etches: Twenty-two.

Lord Smith of Hindhead: Your accounts last year said that you employed nine.

Marc Etches: Yes, we have grown rapidly in the last 12 months.

Lord Smith of Hindhead: So you have employed lots more staff who are raising money, because they are not on the front line helping people with gambling addiction, are they?

Marc Etches: They are commissioning the services that are helping people with gambling disorder.

Lord Smith of Hindhead: What does "commissioning services" mean?

Kate Lampard: Can I go back to the point about what we do? We do not, I accept, go out and counsel people who have a problem with gambling disorder. We provide a commissioning function, which is what happens in all health-provided services in that you have a body that takes responsibility for ensuring that services are provided and evaluated properly, and that there is not simply one provider for any particular service.

We are also responsible for trying to develop the market to ensure that there is a healthy number of providers and that modern practices are at play; otherwise you are just going to be giving money to individual service providers that have no oversight and no compulsion necessarily to improve or diversify their services.

Lord Smith of Hindhead: But lots of them would want to do that. We cannot assume that all service providers that help gamblers have that view.

Kate Lampard: It is the model on which all developed health systems work. The National Health Service is the ultimate commissioner. A commissioning function is built into National Health Service provision, because without it you would not have a very accountable or robust system. The final point is that it is for us, too.

Lord Smith of Hindhead: I suppose some might say that there are more managers in the NHS than doctors and nurses.

Kate Lampard: Some might, but there are very good responses to that, and having spent quite a long time in the health service I feel quite robust about that.

Lord Smith of Hindhead: I have one last point, and it is an important point because it is a question we have asked of others. The alcohol industry does not specifically have to pay for the treatment of people with alcohol addiction. The tobacco industry does not specifically have to pay for people with tobacco addiction and the health problems caused. The motor vehicle industry does not specifically have to pay for people involved in motor accidents. Why does the gambling industry specifically have to pay for people who might have a gambling addiction?

Kate Lampard: It is a matter for public policy. I do not think it is for us.

Lord Smith of Hindhead: You must have a view on that.

Marc Etches: I expressed a view earlier that there is a need for public policymakers to consider that the harms that arise from gambling are a health matter. Alcohol, for example, is a matter for our National Health Service. We are at the beginning of gambling disorder becoming a matter for our National Health Service. That has started, but, historically, you are absolutely right that it has been an anomaly for the gambling industry.

The Chair: I have a quick point of detail for my education. Are you entirely proactive in commissioning, or do you accept unsolicited bids from reputable people who you assess and dish out money to?

Marc Etches: We endeavour to be proactive. One of the real issues for us is knowing not just how much money but when money might arrive in the voluntary arrangements that we have. I will give two very quick examples. We try to establish a pilot and evaluate that pilot.

The Chair: I understand that. I am interested in whether people can bid unsolicited or unprompted by you to offer a service that you might be able to fund. It is a yes or no answer.

Marc Etches: No.¹

Q76 **The Lord Bishop of St Albans:** You have helpfully explored some of the areas that I was going to that focus in particular on levels of treatment.

May I focus a little on the commissioning side? Could you tell us a bit about the independent assessment of the effectiveness of the services that are being offered, who carries that out and where that material is published?

Marc Etches: In the last year, we have commissioned an independent evaluation of all the treatment services that we currently fund. That is in progress and will certainly be published. We publish all our research and evaluation for everyone to see. That is ongoing.

On the question of the active day-to-day management of the grants under our management, this comes back to the management team, which includes individuals who are expert in particular areas, whether research, education or treatment, and who are there to monitor those grant agreements. That includes our director of treatment commissioning, for example—who came to us from the Department of Health and Social Care, having spent some 30 years there, most recently in charge of drug policy—with the support of our trustees, who bring their own commissioning and health expertise.

It is a mixture, as one would expect, of managing the grant agreements that we have in place with service providers, but it is also about having independent evaluation, in this case of the treatment service but also of individual projects.

¹ See supplementary written evidence GAM0101

Kate Lampard: We are currently in discussions with the Care Quality Commission, which currently does not inspect the sorts of services that we commission, about a regime of inspection by them, too.

The Lord Bishop of St Albans: When could we hope to see some of the first findings on the effectiveness, and hopefully increasing effectiveness, of the treatment being provided?

Marc Etches: My understanding is that it will probably be in the third quarter of next year when we will start to see some interim findings.²

Q77 **Baroness Thornhill:** I am struggling a lot with the effectiveness of research in order to make some sane recommendations. I am growing particularly concerned about your independence and the whole chain of government, industry, regulator and you; the relationship between you and where that leaves you with research.

I understand that the National Institute for Health Research does not invite researchers funded by you to advise on these projects and that the research community in general has issues, and in evidence to us actively begged us to consider separating research from the voluntary contributions, et cetera.

Why do you think the National Institute for Health Research feels that way, and what could be done to alleviate those criticisms and concerns? It seems to me that this is not of your making, let us be blunt, and I think it is fair to say that, but clearly it is having an impact in an area that we are weak on, which is our research and all that. Has this anything to do with it? Would you unpick that for me?

Kate Lampard: It is certainly true to say that there are some who mind very much that we are funding research through the voluntary contributions of the industry. We have done everything in our powers to alleviate those concerns and to demonstrate that this is a “clean” relationship with the research community. We are an independent board now. We have a research committee that has nobody on it who has any connection with the industry. We ensure that we conform in our commissioning and in the evaluation with all the research standards and that our research is peer reviewed.

The fact is that because of this voluntary arrangement people are inevitably sometimes reluctant to take our money and to come forward. Although things have improved significantly, and we have seen a wider number of people applying for our research grants and that sort of thing, I do not think we will ever crack that until there is a mandatory levy. We would wish to undertake only research that underpinned and supported our work in treatment and prevention, and we believe that other research is better commissioned through an independent research institution and not ourselves.

Baroness Thornhill: Given that I said this was not of your making, what

² See supplementary written evidence GAM0101

support have you had from the DCMS and the Gambling Commission to alleviate these concerns?

Kate Lampard: I think that the Gambling Commission is sympathetic to the problem that we have, but the answers to this lie in that wider discussion about the way we are funded. The Gambling Commission has certainly engaged in conversations with us about trying to find a means of having funding through an independent research institute, us handing money over to an independent research institute, as well as setting up an independent data repository, and those discussions are still going on.

Marc Etches: It is also be important for the Committee to know that GambleAware is an approved non-commercial partner of the National Institute for Health Research, which means that research studies that we fund are entitled to access the NHS support via the NIHR Clinical Research Network. Our relationship with that institute is good. Nevertheless, you are absolutely right in making the observation that you do.

Q78 **Lord Watts:** I think you have covered most of this question, but I will re-emphasise it so that you can underline your position. Is the current system of commissioning research appropriate for today's gambling industry and, if not, who do you think should be responsible for commissioning gambling research in the UK? You have said that you thought it should be the health service, and you believe that it should be a mandatory levy. May I take it from that that you think that, if those two things happen, GambleAware would not be needed at all because it would be dealt with as a health matter?

Marc Etches: Right at the outset of the session I was asked where we had gone in the last three years, and undoubtedly our focus is on commissioning prevention and treatment services, underpinned by research and evaluation of those services. We think that the broader research programme lies elsewhere, by which I mean things like longitudinal studies and the wider looking at patterns of play and industry data, ie the industry data repository.

We are working with the Gambling Commission and others to try to bring those things about. We are committed to doing that, and if the money that comes through us has to be under the voluntary arrangements, so be it, but we do not regard that as the most appropriate way of dealing with this, no.

Lord Watts: If this becomes a health matter and is transferred to health, and we have a mandatory system for the gambling industry, it could commission any reports or investigations it wanted, so there would be no need for the GambleAware organisation.

Marc Etches: If I may say, and I know I share this view with Kate, for me and the trustees of GambleAware, what is really important about our work is just that: it is the things that we have commissioned, the things that we are commissioning, the things that make a difference wherever

they might sit in the future. Whether it has GambleAware across the front door, whether it involves Kate and me as the leaders of that, frankly that is not what we are interested in. We are interested in ensuring that the right prevention and treatment activity is out there. Indeed, ultimately the charity may well somehow be reborn in another form, and we are prepared to accept that.

Kate Lampard: If you are suggesting that the NHS takes on these responsibilities and we do not exist, we will have achieved what we want to achieve.

Lord Watts: So there is no misunderstanding, you are doing what you do because the health department does not do it.

Kate Lampard: I think that is quite right.

Lord Watts: If it starts to do it, that will be a game-changer.

Marc Etches: May I add that it is also important to recognise that when you look around the world of health there is always a role for the third sector? I am not making a claim for ourselves, but I think one has to recognise that the public sector works well with the third sector, particularly in health, and one should not lose sight of that.

The Lord Bishop of St Albans: Could I pick up on a small point where you might be able to help me? There has been reference to a smart levy. Could you say a little more about that, because, as I understand it, gambling-related harms can occur across all forms of gambling. We do not distinguish between them particularly, although some seem to be more addictive than others. Obviously, in the last couple of years we have had a huge debate on fixed-odds betting terminals. Could you say a bit more about the levy and how that fits with where we are trying to address gambling-related harms across the board?

Marc Etches: I was not advocating for a smart levy in that sense. I think that came from elsewhere. I would observe that gambling disorder is very complex for those who have it. There are complex reasons for how it has arisen. The harms themselves are across a wide spectrum, but often it is the characteristics of particular gambling products that matter, such as speed of play or accessibility, not necessarily a particular game or type of gambling over another. I would be very careful about that and recognising that harm can arise from all forms of gambling, including the National Lottery.

Lord Filkin: I have a very brief question. You have been very clear about why you think a mandatory levy is necessary because a voluntary one is wrong both in principle and in practice. That has had a number of mentions. We have spoken about how this is a flawed model of funding research and therefore a mandatory levy would be better. Is the same argument in practice that if we really want to have an expansion of treatment, given the pressures on the NHS, a mandatory levy is probably essential?

Kate Lampard: If we are going to raise the sums of money we are talking about—we have not yet identified exactly what they should be, but they are significant—and knowing the NHS pretty well, as I do, I think that, for the short term at least, this is the best solution.

Q79 **Lord Butler of Brockwell:** Are you satisfied with the data that comes from the gambling industry, and is it reliable? Is there data the industry should be obliged to provide under rules made by, I suppose, the Gambling Commission?

Marc Etches: In large part, it is for the Gambling Commission to answer the question about the data which the industry provides. I certainly support, as we are doing, the concept of having an independent data repository. I think it is for the Gambling Commission, the industry and the research community to determine what the data ought to look like and the best data that ought to be provided. There are clearly matters for regulation, and there are matters for genuine academic inquiry. That is as far as my thoughts would go about what the nature of the data ought to be.

Lord Butler of Brockwell: Are you satisfied with the Gambling Commission's approach and the way in which it is trying to set up the repository, and having the University of Leeds involved in ensuring the purity of that data?

Marc Etches: If I may correct that slightly, asking the University of Leeds to provide a scoping study for what a data repository might look like is our initiative. Why Leeds? Because it is an ESRC-funded consumer data centre. It is there for that very purpose, not least for commercial markets, such as supermarkets, to provide data into that centre, and that data can be analysed not only by those who are interested in regulating the food industry but by independent researchers. That was the principle. We thought that was the right place to ask in order to understand better how we might bring this forward.

We are working with the Gambling Commission now to try to do so. Why particularly with the Gambling Commission? Because it knows best what sort of data the industry currently provides and what it might reasonably be asked for. The research community also needs to be involved if we want to get to a stage where there is independent research into that industry data, because undoubtedly it can inform and potentially answer a number of questions about behaviour that may well lead to some of the solutions that we seek to preventing harm in the future.

Lord Butler of Brockwell: Do you think there should be a compulsion for the industry to provide the necessary data?

Marc Etches: As a personal response to that, yes, because I think it is in everybody's interests that data is available.

The Chair: A last small point from me. Ms Lampard, as the chair of trustees of this organisation, to whom do you feel accountable?

Kate Lampard: That is a very good question. I think I feel accountable to those we are trying to help, actually.

The Chair: Thank you both very much indeed for your time and for your evidence.