Dame Caroline Dinenage
Chair, DCMS Select Committee

15th August 2023

Dear Dame Caroline

We would like to thank you and your Committee for hearing evidence on gambling from us on 18 July. As you kindly invited, we are writing to amplify our evidence. We also write to offer a response to issues raised after our evidence in a letter to you from GambleAware, dated 20 July. We also attach a brief annex addressing issues raised by an organisation reportedly co-owned by a consultant to the gambling industry called Gamblers Consumer Forum which was sent to the Gambling Commission and copied to you.

We are aware that consideration of concerns about health treatment commissioning and provision are most appropriately considered by the Health Select Committee, and we understand they will be including gambling in their current investigations. However, it seems that GambleAware is questioning the principle of raising concerns about treatment and as an organisational governance issue we feel that we need to respond on this to you.

Raising concerns about treatment

GambleAware adopt the common criticism of people raising concerns about health commissioning and provision: that to do so risks discouraging people from accessing those services. This is to render the principle of raising concerns illegitimate. However, as has been learned from serious NHS investigations in the recent past, health improvement can be dependent on concerns raised by people with lived experience and their families particularly following deaths.

Unfortunately our attempts to raise concerns about the current third sector system and services have been met with a lack of constructive engagement that enables safe reporting. Families are currently pursuing concerns about commissioning and quality of treatment in inquest processes which will come to fruition in due course. It is the view of the Gambling with Lives bereaved families that the response of GambleAware to their difficulties is evidence that the culture of the organisation renders it unfit to act as a commissioner.

GambleAware's Independence

There is a substantial literature from the Public Health academic community on the Conflict of Interest (CoI) caused by financial dependency on commercial health harming industries. Almost all of GambleAware's funding comes direct from voluntary contributions made by the gambling industry. There have been recent examples of the industry substantially shifting its promises of funding: in June 2020 from Action Against Gambling Harms to GambleAware and in February this year 25% was withheld from GambleAware to donate directly to other charities known to be allied to an industry position. At the least, perception of a CoI caused by total reliance on industry funding is inevitable, and the National Audit Office states that the 'perception' of a CoI can itself be a CoI.

This is the conclusion reached by many others working across the gambling landscape. In particular the NHS has publicly refused to take money from GambleAware to fund its specialist gambling clinics, as expanded on by Dr Matt Gaskell in his evidence. Professor Heather Wardle provided the committee with evidence that many academics refuse to take money from GambleAware for their work. Many charities

working in the sector, including Gambling with Lives, also refuse to take money that the industry has a say in distributing, either directly through the Research, Education and Treatment voluntary system or indirectly through GambleAware.

Countering concerns by simply stating 'independence' or 'lack of influence' and rejecting challenge on their activities does not engender trust that the CoI at the heart of the current commissioning model can be overcome, however well-intentioned the efforts to improve independence from the gambling industry. The pressing issue is how the economic CoI demonstrably affects transparency, accountability and quality of provision.

Of particular concern is the effect of dependency on industry funding on the promotion of an individualised narrative that ignores the health harm of products and predatory marketing thereby removing responsibility for reducing harm from industry and government locating it totally with the individual. This increases shame and stigma which also increases the suicide risk. We watched with concern a recent rerun of the GambleAware "Bet Regret" campaign which seemed to humiliate the individual and increase stigma. Although in our verbal evidence we noted that there has very recently been some shift in the most recent advertising by GambleAware encouraging help seeking, the sole emphasis on individual action continues to conflict with the considerable evidence on effective public health messaging.

Until GambleAware adopts a comprehensive Public Health approach to tackling gambling harm, which addresses the role of products and industry practices, and calls for preventative changes and measures, it will be impossible for them to demonstrate that there is not a real CoI.

Treatment scale, quality and referral pathway

At the heart of our concerns about GambleAware's commissioning of treatment is the impact that it has had on the scale and quality of treatment. We recall that, at a LGA Conference in 2018, GambleAware and GamCare announced that they aimed to treble the numbers being treated for gambling harms, in recognition that less than 2% of people affected were receiving any treatment. So we were surprised to see GambleAware now apparently celebrating that the numbers being treated at 'Tiers 3 and 4' were in fact decreasing, apparently based upon increases at lower levels – which have never been reported.

It is a source of great distress to bereaved families that they see their family member as having received inadequate treatment from under qualified staff who deliver short interventions unsupported by the evidence base, and without complete information about the health harm caused by gambling products and predatory marketing. Currently, it seems to the GwL beneficiaries that severity of gambling disorder is not being matched in the pathway with appropriate treatment.

The fact stated in GambleAware's letter that "most users [of GambleAware commissioned treatment] begin treatment with very severe gambling problems, often with a PGSI score of 27 – the highest possible severity of gambling problems" seems to indicate that the third sector is being commissioned and attempting to provide treatment for this life threatening condition at a level of severity more appropriate to the highly qualified staff of the NHS.

Dr Gaskell provided evidence of the lack of referrals from the GambleAware commissioned providers to the NHS clinics, which seems directly to contradict the statement on referrals in the GambleAware letter. We have seen other evidence of a reluctance to refer to the NHS clinics. It will be helpful to all of us when feedback from families can be formally investigated. Unfortunately in current circumstances we may have to wait for coronial processes to do this.

As well as taking testimony from the bereaved we do analyse the publicly available National Gambling Treatment Service data. In contrast to GambleAware's positive spin on the data, we believe that the

headline figures actually indicate significant failings in the current system, which may indicate a mis-match of treatment and need to be investigated:

- Severity at referral is high - 90% present with PGSI scores of 8+ (mean average 19)
- Severity at discharge is still high - 28% leave treatment scoring 8+ (mean average 16)
- Percentage with no improvement or worsening is high - 20%
- There is no follow up 3/6/12 months later
- Modality of treatment provision is unclear, similarly the qualifications of staff to be able to deliver particular interventions - only 20% receive what is claimed to be CBT (up from just 2% in a year); in the previous year the named modality provided to the vast majority of clients has been changed from "counselling" to "structured psycho-social" without explanation

GambleAware funded research
We note that Prof Wardle provided evidence around the issues of GambleAware funded research. It is clear that many of the leading gambling researchers in the UK are not prepared to engage with GambleAware. Instead many have had to pursue funding through the research councils, which is clearly the appropriate route to guarantee independence.

GambleAware cite the 'Patterns of Play' research as an example of industry independent research. We agree that the research was valuable. However, the original intention in the research tender was that the analysis would cover a wider set of gambling products and that data would be archived for future use, as is normal practice. We understand that the industry withdrew their permissions for the further stages of research and data archiving: actions which GambleAware appeared to be unable to challenge or rectify.

Education Provision
We note GambleAware's comments on delivery of education. We repeat the evidence which we gave to your Committee based on research which was undertaken by independent Public Health academics and published in a peer-reviewed journal which found *"the gambling education discourse aligns with wider industry interests, serving to deflect from the harmful nature of the products and services they market while shifting responsibility for harm onto children, youth and their families."* We are not aware that GambleAware's role in the commissioning of education has been formally tested with the Charity Commission, or that it would fulfil expectations of charitable education delivery if it were to be.

As stated, you may feel that some of the issues addressed above are more appropriately considered by the DHSC Select Committee. We now turn to the evidence which we presented.

Addictive Products
We noted that there was a recurring theme of questioning on advertising and that a couple of members of the Committee seemed keen to draw a simple binary comparison to try to classify gambling as "tobacco" or "alcohol". It is right that the Committee should focus on advertising since it was one of the key areas where the White Paper lacked any proposals for significant action, but we do not believe that argumentation which appeared to be based simply on rates of harm is productive or helpful.

We stated that the types, scale, speed and severity of harm caused by gambling, tobacco and alcohol are different. Decisions about regulation must be made based on a more nuanced understanding of harm. As we said that:

- the onset of gambling addiction can be rapid – weeks/months not years;
- the consequences of a single short gambling session can be catastrophic – financially or even worse;

- gambling addiction robs the individual of their cognitive capacity, increases risk taking and impulsivity so that their capacity for rational decision making while engaged in gambling is severely reduced;
- gambling addiction drives behaviours which can be entirely at odds with the character and morality of the individual gambler, driving otherwise law abiding citizens to crime.

So that the gambling industry argument that "every cigarette is harmful" distinguishes tobacco from gambling seems irrelevant because of the very different nature of harms caused by gambling. This is particularly so when we know that some gambling products have addiction/harm rates of 20% and more.

That is why a recurring theme throughout our evidence, and wider awareness raising work, is that there must be a much greater focus on different gambling products with different 'solutions' for each. It is correct that the White Paper has put action of products at the core of its proposals. The industry likes to portray gambling as a homogenous activity, in order to 'hide' the most addictive and profitable products (online casino/slots and in-game betting) behind the apparently more benign forms of gambling (lotteries, community bingo and 'traditional' sports betting). The type of engagement, speed of play and other characteristics are entirely different. Recommendations which do not acknowledge the difference between products will be naïve and ineffective. We welcome the Gambling Commission's decision to identify work on products as one of their research priorities.

We noted that, in their evidence in the previous week, the Betting and Gaming Council (BGC) did not answer Paul Blomfield's question whether they felt that products (he referenced Betting Exchange) with 18% addiction/harm rates should be available. Instead they pointed out that there were in fact even more dangerous products. They are correct in that assessment with products such as Online Casino/Slots having addiction/harm rates of 23.5%. The Committee will recall that government acted to make Fixed Odds Betting Terminals (FOBT), which had addiction/harm rates of over 27%, safer by introducing maximum stake limits. That action massively reduced the harm caused by those products as evidenced by massively reduced revenue, reporting of harmful/trigger products by the National Gambling Treatment Service, and reports to police about incidents related to FOBTs.

We were disappointed not to be able to comment on product availability. We feel that it is incumbent on the Committee to state their own conclusions about the availability of highly addictive and dangerous products.

Furthermore, Paul Blomfield suggested 'safety testing' of products before they are released onto the market. The BGC did not demur from that suggestion. Again, we feel that the Committee could state their own view on 'safety testing' of products.

Advertising

We confirm that we believe that the failure to do anything significant on gambling advertising is the greatest omission in the White Paper. Our position is that there should be a complete ban on gambling advertising, though a return to pre-2005 regulation would be acceptable.

We believe that the White Paper's position that there is no evidence ofa causal link between gambling advertising and gambling harm is untenable. Prof. Wardle addressed the issue of the impossibility of ever constructing trials which could prove a 'causal' link and that this is not an expectation of evidence for making social policy, and indeed is not feasible outside of the laboratory. She and others have shown that gambling advertising does increase gambling, particularly amongst those with the greatest exposure to gambling.

Work on the 'Total Consumption Model' for other harmful products shows that as activity increases harm increases. This would seem the logical conclusion unless it was possible to prove that the increased

consumption due to advertising is somehow different from all other gambling activity. We are working with a number of academics who believe that the White Paper's conclusion is wrong and based on a false logic. They will be presenting a letter signed by multiple academics in due course.

We feel that there are further arguments which support a ban on gambling advertising, in particular relating to exposure to children and the impact on those in recovery and their families. The White Paper acknowledges these impacts but does not propose any realistic actions which can prevent them. The vast majority of the public (74% vs 7%) agree that no one under the age of 18 should be exposed to gambling advertising. It is clear that it is not possible to isolate children from seeing adverts on television, social media or billboards.

It is clear that gambling advertising is enormously unpopular with the public. Most people do not gamble (excluding the National Lottery) and less than 8% gamble more than once a week. However, we are all subject to highly intrusive advertising on TV. Polls consistently show substantial majorities of people who would like all gambling advertising, promotion and sponsorship banned (52% vs 20%).

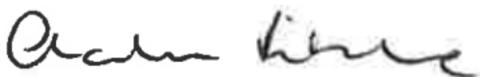
In future we might not oppose advertising of less harmful products. However, at present the industry cannot be trusted not to draw people in through these less dangerous products and then immediately cross sell them to online casino and slot products offering hundreds of 'free spins'. UKGC has included action on marketing and cross selling as part of its first wave of consultations: we await to see the impact of any changes

We believe that the Committee should challenge the White Paper's reasoning and conclusion on advertising and gambling harm. Reconsideration of this issue could be one of the most important impacts that the Committee could have: one that will save lives.

Finally we wanted to clarify a statement which Will made during evidence. He stated (along the lines that) "a quarter of gamblers are significantly harmed". This was based on the interpretation that the authors of *The association between gambling and financial, social and health outcomes in big financial data (Nature Human Behaviour, Feb 2021)* presented at the Gambling Related Harms APPG in March 2021. We acknowledge that in subsequent meetings with the Gambling Commission, the authors agreed an interpretation that "1 in 4 gamblers have a substantially higher risk of suffering significant harm". We apologise for any confusion that this may have caused.

Thank you again for listening to our evidence. We would be happy to provide further detail in person or in writing.

Yours sincerely



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cc. Andrew Rhodes, Gambling Commission

GAMBLING WITH LIVES

Annex – In response to the letter from the 'Gamblers Consumer Forum' to UKGC, dated 1st August.

This note briefly addresses issues raised by the 'Gamblers Consumer Forum' following evidence given to the DCMS Select Committee on 18th July. We note that the Gamblers Consumer Forum appears to be an organisation which is co-owned by a gambling industry consultant.

1. The letter states that "99.6% of British adults gamble without an issue". This is incorrect. In fact only half of adults gamble at all; 44% excluding the National Lottery. The harm rates reported in the most recent report for the GB (2016) showed 1.1% and 0.7% of the population classified as 'moderate risk' or 'problem gambling'. For people who actually gamble the figures are 2.0% and 1.2%, respectively. These categories are defined as people suffering harms as measured by the Problem Gambling Severity Index (PGSI). More recent research has identified a wider range of harms which are not recorded through the PGSI. Andrew Rhodes recent open letter on the misuse of gambling statistics explicitly addressed the misuse of the "99.6%" type figure, along with other important examples.

2. A great deal of the letter focuses on definitions of "problem gambling" vs "gambling disorder" in relation to an individual's Problem Gambling Severity Index (PGSI) score. Generally there is a lack of substantial rigorous research evidence on this health condition and the GwL statements are in line with the common understanding of the various definitions, so that their challenge to the use of terms is based on their assertion rather than solid research evidence. PGSI is a simple score based on answers to a series of questions, leading to classifications of "problem gambler", "moderate risk", "low risk" or "non-problem gambler". A PGSI score of 8+ is a strong indicator of "gambling disorder". However, those with a score less than 8 might still be diagnosed as having "gambling disorder". Similarly research shows that there is considerable churn between PGSI categories. Currently very few people have a diagnosis of "gambling disorder" … not least because fewer than 2% of people who need it receive any treatment.

   We also note that the value of all the "PG/GD/addiction/at risk" classifications are put into perspective by Luke Ashton's death, which has been widely reported. Luke was never flagged as anything above "low risk" by Betfair and yet he took his life with "gambling disorder" recorded as the "medical cause of death".

3. Response to points at 0.234:
   a. The Gambling White Paper Executive Summary itself quotes "300,000 people in GB … experiencing problem gambling";
   b. OHID use Health Survey 2018 data – as do most reputable/serious researchers;
   c. The higher end of the range (1.4m) was from the YouGov survey for GambleAware in 2021 … it was not "discredited by the GC". GambleAware commissioned a report from Prof Sturgis (LSE) which included the conclusion that *"it seems credible that the true level of gambling harm prevalence lies somewhere in between their two bounds*". GambleAware now use the 1.4m figure themselves. The Gambling Commission is taking forward work to develop a 'gold standard' survey of gambling. We note that the pilot version found a population PG rate of 1.4%, though this should not be regarded as a new national estimate.
   d. A number of research projects indicate the range 6-10. It tends to mean either the number who are financially affected themselves or where the state incurs a cost in relation to them. GwL experience is that a much larger number of people are affected.

4. Oxford Lloyds Bank Research. In our evidence we used this research to note that "a quarter of gamblers are significantly harmed". This was based on the interpretation that the authors presented at the Gambling Related Harms APPG in March 2021. We acknowledge that in subsequent meetings with the Gambling Commission, the authors agreed an interpretation that "1 in 4 gamblers have a substantially higher risk of suffering significant harm". We have addressed this in the main letter to the Select Committee and apologised for any confusion.

5. Addiction/At Risk rate associated with products: these figures are drawn from Health Survey 2016 data and are widely used. Indeed the BGC used the same table of figures the previous week when discussing which products

are most risky. The 45% includes the "low risk" category: removing that category (which would be debatable since risk can be progressive and there is churn between categories) still leaves a figure of 23.5%. We note that the Gambling Commission have highlighted products as one of their research priorities which will hopefully provide a better understanding of the addictiveness and danger of different products.

6. 90% profits from 5% of customers: this is NOT from Forrest & McHale. As stated in our evidence, this is from a speech by UKGC CEO Andrew Rhodes at the GambleAware Conference 2021. They have misquoted us, in that we made clear that Mr Rhodes said: "If we take out the National Lottery, then five per cent of gamblers account for 90 per cent of the gross gambling yield".

7. Response to 0.252: we did in fact use 2022 Young People Survey data, which gives a figure well in excess of 100,000 "addicted or at risk".

In summary we reject all of the criticisms raised by the Gamblers Consumer Forum and rather see this as a deliberate attempt to challenge the integrity of Gambling with Lives and our motivation in seeking reform of gambling regulation, to make gambling safer and stop the number of suicides and wider harms caused by gambling.

August 2023

Tuesday 1st August 2023

Dear Mr Rhodes,

cc. Dame Caroline Dinenage MP, Chair of the Culture, Media, and Sport Committee.

We, the Gamblers Consumer Forum, write in response to evidence taken under oath by campaign organisation Gambling with Lives at the recent Culture, Media, and Sport Select Committee on 18th July 2023. Our analysis of Mr Will Prochaska's contribution to this Committee Hearing, Strategy Director for Gambling with Lives, commits on multiple occasions a misreporting of official statistics and a misinterpretation of data and clinical classifications lifted from various studies. The Code of Practice for Statistics is based on the three pillars on trustworthiness, quality, and value, and Mr Prochaska clearly violates this philosophy when reporting figures throughout his testimony.

The Gamblers Consumer Forum was set up in July 2023 in response to the Government's White Paper. Part of our mission, as well as being the voice of the ordinary gambler and supporting addicts with empirical, cognitive-based science, is to combat misinformation on gambling harm. It has long been the case that the debate on gambling regulation has been hijacked by groups, compiled of individuals without any clinical experience, that base their activities on the false premise that everyone is one bet away from addiction. This unchallenged anti-gambling rhetoric has led to the development of a false and exaggerated analysis of gambling addiction, inflated by statistics that are either fabricated or that are derived from studies whereby poor methodological choices would have clearly compromised the data gathered to privilege a hypothesis that gambling is an indiscriminately harmful activity.

We believe, however, Mr Prochaska extends upon this intellectual dishonesty by participating in something that completely undermines public confidence in this debate: applying his own personal prejudices and beliefs to official data and statistics, through either misreporting or misinterpretation. As an individual who holds both an undergraduate degree and a Masters of Science, it is not unreasonable to expect Mr Prochaska to have the ability to interpret data and account for potential caveats in that data, or possess the aptitude to review literature accurately on a specific subject. Given the Gambling with Lives' Governing Document outlines a commitment to "raising awareness…through public education and disseminating research", it is concerning to us that Mr Prochaska feels it appropriate to, rather than promote transparency in the interpretation of studies and their conclusions, to cast aspersions on the gambling industry without actually classifying key definitions central to the matter in question during his defamation.

Our industry is under attack by those who have a flagrant disregard for considering the impact of their asserted falsehoods on the 99.8% of gambling consumers who bet without issue, those addicts who require specific clinical treatment from those with a specialisation in addiction recovery, and industries such as the horse racing industry, which relies heavily on funding from betting turnover. The Gambling Commission has a legal duty to stand up for each and every group of consumers, and therefore we hope you will take this letter of complaint against Mr Will Prochaska of Gambling with Lives extremely seriously. A lack of integrity in the data compromises how the industry is perceived and regulated against by lawmakers, and so it is essential that these poor practises are addressed in the strongest terms and their use eliminated from future dialogue.

We outline below where we believe Mr Will Prochaska is guilty of misreporting of official statistics.

Response to Q.234

Will Prochaska: *"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."*

Analysis: To the extent that the number of people with gambling disorder (DSM-IV/ICD-10 'pathological gambling') may be estimated from household prevalence surveys, this is clearly misleading. According to the Health Surveys in 2016 and 2018, the estimated rate of 'pathological gambling' (in respectively, Great Britain and England) was between 0.22% and 0.26%. It seems plausible that the rate was lower in 2021, when rate for DSM-IV 'problem gambling' (indicated by a score of 3 or more) was 30% lower than in 2018. Will Prochaska therefore appears to have:

i) Ignored findings from the Health Survey for England 2021 (current 'official statistics');
ii) Conflated 'gambling disorder', a recognised clinical diagnosis, with the sub-clinical classification 'problem gambling'.
iii) Used the results of the GambleAware (discredited by the Gambling Commission) to imply an upper range (rather than using the confidence intervals in the Health Survey);
iv) The claim about six-to-ten family members impacted appears entirely unsupported[1].

Will Prochaska: *"Oxford University research on 6.9 million Lloyds banking customers' data shows that 25% of all gamblers are significantly harmed."*

[1] Goodwin et al. (2016) suggests that – on average – six others are negatively affected by the actions of each 'problem gambler'. The finding, based on a study in Australia is weak and

Analysis: The study in question (Muggleton et al. 2021) does not show this at all. The study (significantly flawed because it assumed that cash outflows denoted net expenditure and failed to consider winnings or withdrawals back to the bank account) examined correlations between expenditure on gambling and expenditure on other goods, activities and services. Mr Prochaska made no attempt to give a transparent definition of what is defined as "significant harm" in relation to this figure, or how he has calculated the 25% figure cited.

Will Prochaska: *"…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."*

Analysis: The evidence from Health Surveys is that between 0.22% and 0.26% of adults (or between 0.4% and 0.5% of adult gamblers) may be classified as DSM-IV 'pathological gamblers' (DSM-5 'gambling disorder). That is a small percentage. Disorder or addiction is not the same as harm yet throughout his giving of evidence, Mr Prochaska conflates these two very separate definitions. How large the group of those "significantly harmed" can only be estimated once "significant harm" has been defined (which Mr Prochaska fails to do). Certainly, the proportion of adults experiencing financial difficulties is relatively small (c0.5% of adults; c1% of adult gamblers) – according to results from the NHS Health Surveys.

i) Mr Prochaska effectively denies the validity of NHS Health Surveys as providing evidence of the prevalence of DSM-IV 'pathological gambling'

Will Prochaska: *"online slots have a 45% addiction and at-risk rate"*

Analysis: An 'addiction and at-risk rate' is an entirely fabricated term. Health Survey shows rates of 'problem gambling' (not addiction) for customers who participate in different gambling activities *among others*. In other words, it is impossible to isolate rates of 'problem gambling' for specific activities. This is illustrated by the National Lottery draw, where 0.7% of players are classified as PGSI 'problem gamblers' (and 6.1% are classified as PGSI 'at-risk'). Following Mr Prochaska's interpretation would imply that 135,000 people are addicted to the National Lottery draw (with around 1 million people 'at-risk' because of the National Lottery). This is clearly absurd, and unevidenced by any citable literature. Mr Prochaska has therefore:

i) Conflated 'problem gambling' with addiction;
ii) Misinterpreted PGSI results by activity in order to inflate figures.

Will Prochaska: *"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."*

Analysis: The statistic used here is from Forrest & McHale (2022) but it is yet another example of Mr Prochaska adopting a personal, cherry-picked interpretation on official data. Forrest & McHale found that the top 5% of online betting accounts generated 86% of GGY (with 23% of accounts net winners over the period of observation) but for online gaming 90% of GGY was generated by the top 20% of customers. Forrest & McHale provide no information with respect to whether the top 5% of online bettors were harmed. Mr Prochaska's statement is therefore misleading for the following reasons:

i) He applies findings from a study of online bettors to all gamblers (including non-remote);
ii) He implies that Forrest & McHale's findings demonstrate 'dependency on harm' when in fact they provide no information on harm.
iii) It seems likely that WP has misrepresented the views of the Gambling Commission.

Response to Q.252

Will Prochaska: *"There are 100,000 children in the UK who are either already addicted to gambling or at risk."*

Analysis: This is a misinterpretation of findings from the Young people and Gambling Survey 2019. The Survey provides an estimate for the number of schoolchildren (aged 11-16 years) likely to be classified as either 'problem gamblers' or 'at risk gamblers' using the adapted screening instrument, the DSM-IV-MR-J. The DSM-IV-MR-J does not provide diagnosis of ' gambling disorder' (or 'addiction'). The DSM-IV-MR-J criteria are modelled on those from the DSM-IV - but use softer definitions and lower thresholds. For example, the use of pocket money or school lunch money for gambling is defined as an "illegal act" – even when the gambling itself is legal (private bets or playing cards with friends and family). It is instructive to note that while the DSM-IV-MR-J 'problem gambling' rate for 16-year-olds in the last three 'Young People and Gambling' surveys has been 4.6%, 2.5% and 3.5%; the DSM-IV 'problem gambling' rate for 16-year-olds in the last three Health Surveys has been 0.0%, 0.0% and 0.0%. While rates of DSM-IV-MR-J 'problem gambling' may be a cause for concern, it is misleading to conflate them with problem gambling amongst adults (and even more misleading – and potentially harmful – to claim widespread 'addiction'). The most recent edition of the Young People and Gambling Survey (2022) report a 'problem gambling' rate of 0.9% and an at risk rate of 2.4% (compared with 1.7% and 2.7% in 2019). Mr Prochaska's statement is misleading for the following reasons:

i) He misrepresents the findings of the Young people and Gambling Survey by conflating the DSM-IV-MR-J 'problem gambling' classification with 'gambling disorder' (or 'addiction').

ii) He elects to choose results from the 2019 survey in preference to the most recent survey (2022).

Mr Prochaska throughout his testimony uses his privileged position as evidence-giver to the Culture, Media, and Sport Select Committee as a self-indulgent opportunity to espouse his personal views on the harm caused by the gambling industry, continuously misinterpreting findings from research and conflating definitions to suit that agenda. The definition of what qualifies as addiction is the bedrock of this entire debate around gambling reform. Mr Prochaska at no time makes reference to what the definition of addiction is, and indeed makes its definition vastly unclear and ambiguous by trying to conflate it with other sub-clinical terms, of which he does not attempt to define either. Clearly it is in the best interests of the consumer to prevent poor quality evidence being given to those within the sphere of influence again, and we look forward to hearing the Gambling Commission's response to this blatant attack against all gambling consumers, and the integrity of evidence-based debate as a whole.

Yours sincerely,
Gamblers Consumer Forum