Dame Caroline Dinenage
Chair, DCMS Select Committee
(by email)

30th September 2023

Dear Dame Caroline

I wrote to you on 15th August to amplify our evidence which Will Prochaska and I gave to your Committee on 18th July. I am writing again to address some items raised in the letter to you from Andrew Rhodes, dated 29th August. I apologise for the delay but the content of that letter has only just been drawn to my attention.

I am copying Mr Rhodes since I addressed some of the issues that he now raises, in the annex attached to my original letter: re-attached for ease as Annex 1. This was also sent to him, but I have not received a reply.

Gambling Related Suicide Figures

In the body of his letter he refers to the use of the estimate of 117 to 496 gambling related suicides a year in England "associated with problem gambling or gambling disorder" which was produced by OHID and published in January 2023. This estimate was produced following a major review of the original estimate of 409 which was produced by Public Health England and published in September 2021. The review was advised by a panel of external experts and remains the only estimate by a public body of the scale of suicides related to gambling.

First, I note that Mr Rhodes failed to state either the time period or geographical coverage of the statistic: an important oversight given the focus and coverage of his letter. I would like to note that the first estimate of the number of gambling related suicides a year in the UK was derived by Gambling with Lives in 2018: we estimated 250 to 650 deaths a year in the UK. We published the referenced report on our website in 2020. Our work was referenced and commended by PHE in its original report.

We have never been contacted to discuss or challenged by UKGC on that report or our use of the figures over the past 5 years. This is despite the fact that at our very first meetings with the Commission in 2018 we raised the Commission's apparent lack of awareness of the suicide risk associated with gambling and also asked them to establish the actual number of gambling related suicides every year. Since that time numerous academic studies have confirmed the strong link between gambling and suicide. The Gambling Commission's progress towards developing either robust estimates of the scale of gambling related suicides or strategies to reduce them has been lamentable.

The Commission's own Advisory Board on Safer Gambling highlighted the Commission's woeful lack of progress on gambling related suicide in each of its 3 annual progress reports. The first 2 reports noted "failure to make progress [on gambling related suicide] must be urgently addressed". Sadly the final report had to note the continuing gap.

We believe that our own analyses have many strengths in relation to the PHE and OHID reports. In particular we accessed over 30 peer reviewed reports covering suicidal ideation and attempts as well as completed suicides. All of the studies confirmed the range that we eventually presented. We are in no doubt that there are "hundreds of gambling related suicides in the UK every year". However, after the PHE

and OHID publications we decided to change our messaging to reflect the PHE/OHID report estimates: reporting them as:

- 117 to 496 gambling related suicides a year in England,
- Up to 496 gambling related suicides a year in England,
- Up to 10% of suicides are gambling related – we acknowledge that the figure of 496 is in fact just 9.4% of the 5,275 suicides recorded in 2022 in England
- One gambling related suicide every day in the UK – which is the approximate figure taking the mid-point figure for England extrapolated for the UK

We believe that all of these presentations are entirely defensible and valid. Particularly in a landscape where many organisations will (rightly) say that "one problem gambler (sic) is one too many", let alone one gambling related suicide.

I also note that Mr Rhodes refers to his belief that it is an "extremely difficult area to develop an accurate picture of, as the reasons people take their own lives can be exceptionally complicated, with multiple factors being potentially important". I would like to draw attention to more recent thinking in this area which confirms that the Committee should be considering gambling as a core factor in suicides which must be addressed, despite the Gambling Commission's failure to make any significant progress on the topic.

It was disappointing to hear the CEO of the Gambling Commission repeating the 'complexity' argument which, when stated by the BGC's CEO Michael Dugher at an earlier evidence session, caused the Samaritans to accuse him of "twisting" its guidance on suicide to "deliberately evade recognition of the established link between gambling and suicide".

He should be aware of the new National Suicide Prevention Strategy, published on 11th September, which highlighted gambling as one of just 6 "common risk factors linked to suicide at a population level". Furthermore, it challenged the simple characterisation of complexity by stating that "gambling can be a dominant factor without which the death may not have occurred."

We know that he is aware of the recent inquest of Luke Ashton where the coroner registered "gambling disorder" as the medical cause of Luke's death. The coroner made this judgement despite his conviction at the outset of the inquest that "there MUST have been some other" reason or factor involved, but in the end concluded that there was a "sole significant contributory factor". This reinforced the judgement made by the coroner at the inquest of my son, Jack Ritchie, where the coroner concluded that gambling led to Jack's death and recorded no other reasons or factors.

Gambling being the "root and trigger" of their loved ones' deaths is the overwhelming experience of Gambling with Lives families. Mr Rhodes should acknowledge this when challenging the statistics around gambling related suicides, the inadequacy of which lies partly at the door of his own organisation.

I will now address the specific issues that Mr Rhodes raises in respect of the evidence that we gave your Committee on 18th July. We have already responded (to you and Mr Rhodes) to a number of these issues in relation to a letter dated 1st August from the 'Gambling Consumers Forum (GCF)' sent to Mr Rhodes and copied to you.

I attach our original response to the GCF (annex 1) and add the following points to address Mr Rhodes specific comments – attached as Annex 2.

Ref 18th July transcript Q234.
We covered the issues of definition and terminology used around "problem gambling and gambling disorder" at pt 2 of the annex. We could have added "gambling addiction" as an interchangeable term for "gambling disorder".

We covered the use of “300,000 to 1.4 million” at points 3a and 3c of the annex.

The information on DSM-IV is out of date. Since 2013 clinicians use DSM-V as one element of diagnosing “gambling disorder” with 4/5 criteria met indicating ‘mild’, 6/7 indicating ‘moderate’ and 8/9 indicating ‘severe’. The term “pathological gambling” is no longer used.

Ref Q234 and 268

Again, the point that Mr Rhodes raises is around the terminology “addiction and at risk” rates. Elsewhere we have welcomed the fact that for the first time in 2023 UKGC has identified “products characteristics and risk” as a research priority. For years we, along with many other campaigners and researchers, have called for research to fill this major gap in knowledge about the risks associated with gambling. We find it astonishing that until now the Commission has attempted to regulate the gambling industry without much better knowledge in this area. Instead they have made piecemeal changes to product design without a robust evidence base to be able to justify or evaluate changes.

Although Mr Rhodes may not “recognise the terminology ‘addiction rate’”, we believe that it is abundantly clear that it relates to the “problem gambling and at risk” rates associated with different products, which he himself quotes from the 2018 Health Survey. We note that the Wes Himes (Betting and Gaming Council) referred to the same table of figures when discussing risk associated with different products in response to questions from Paul Blomfield. So we believe that there is some common “recognition” of the terminology.

We hope that the Commission’s much delayed research into “product characteristics and risk” will provide some terminology and figures that can frame future debate.

Ref Q234

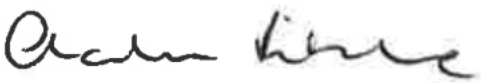
As pointed out at pt 6 in our annex, the “90% of revenue from 5% of accounts, excluding the National Lottery” is not a mischaracterisation of other statistics: it is a direct quote from Mr Rhodes himself at the GambleAware Conference 2021. If this statistic is incorrect then Mr Rhodes should issue a statement to that effect, and withdraw his slight on our use of the figures. We do also use and reference the “86% of profits from 5% of accounts” for online betting.

Ref Q252

We have already discussed the issue of terminology. We note that Mr Rhodes acknowledges that the Commission’s Young People and Gambling Survey records 0.9% and 2.4% of 11-16 year olds being classified as “problem gamblers” or “at risk”: total 3.3%. We understand that the UK population for each year group in the 11 to 16 years band is between 640K and 680K, giving a total 3.2m to 3.4m across the 5 years. Applying the 3.3% gives a number considerably more than 100K.

It is possible that the Commission applies the 3.3% only to 11-16 year olds in state schools, which might lead to a figure just under 100K. However, we do not believe that would be a justifiable assumption.

Yours sincerely



Charles Ritchie, MBE
Co-Chair, Gambling with Lives

Charles@gamblingwithlives.org
cc. Andrew Rhodes, Gambling Commission

Annex 1 – 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

Annex 2 – Extracts from Andrew Rhodes letter dated 29th August

Q234 – 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.

The 2016 Health Survey was the last Health Survey to give an estimate of the number of people experiencing problem gambling in Great Britain, it was estimated to be between 250,000 and 460,000. This is the number of people who experience negative consequences as a result of their gambling and possible loss of control. 2 Covid 19 and its impact on gambling – June 2020 (gamblingcommission.gov.uk) Official statistics use PGSI or DSM-IV to measure the number of people who may be experiencing negative consequences from their gambling, identified by those scoring 8+ on the PGSI or 3+ on the DSM-IV. Clinicians currently use an additional threshold of a DSM-IV score of 5 or more to represent pathological gambling, but the Commission do not. There has been research conducted into the impact of someone's gambling on others undertaken by third parties but we do not have any official statistics on this topic.

Q234 – Will Prochaska: …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.

Q268 – Charles Ritchie: Otherwise we are saying that it is fine to put something on the market that has a 25% addiction rate, and hang the consequences.

We don't recognise the term 'addiction rate'. The 2018 Health Survey for England suggests that the percentage of people aged 16+ who have gambled on online slots, bingo, or casino games (among others) in the past year and are experiencing problem gambling (according to the PGSI or DSM-IV) is 8.5%. The proportion of players who would be classed as 'moderate risk' according to the PGSI is 13.8%, and the proportion of players who would be classed as 'low risk' according to the PGSI is 26.6%. Data at activity level is not currently available from the 2021 Health Survey for England.

For Q268, it is unclear which product the speaker is referencing but again, we do not recognise the terminology 'addiction rate' and do not have any official statistics on 'addiction rates'.

Q234 – 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.

This quote is a mischaracterisation of the following statistic: 5% of online betting accounts with the highest spending losses generated 86% of the money retained by operators. These figures do not come from any official statistics, but from the Patterns of Play research commissioned by GambleAware. This research consisted of a study of online accounts, meaning that its findings cannot be applied to the whole of the gambling industry. The Patterns of Play research does not show any evidence that the industry is 'dependent on harm'.

Q252 – Will Prochaska: 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 …

We do not measure the rate of gambling addiction amongst children in Great Britain. We use the DSM-IV-MR-J (a youth adapted version of the DSM-IV) to measure the proportion of children and young people classified as a 'problem gambler' or 'at risk' according to the screening instrument. The Commission's Young People and Gambling Survey (2022) found that 0.9% of 11-16 year olds in state secondary schools in Great Britain were classified as problem gamblers and 2.4% were classified as being at risk. This does not amount to 100,000 children