Health and Social Care
Committee

Ashley Dalton MP
Parliamentary Under-Secretary of State for Public Health and Prevention
39 Victoria Street
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Wednesday, 7 May 2025

Subject: Gambling-related harms

Dear Ashley

I'm writing to you following the evidence session that the Committee held on gambling-related harms on Wednesday 2 April, and a meeting between some Committee Members and the charity Gambling with Lives on 22 April.

Gambling can cause serious harm: financially, physically, mentally, and in some cases as a cause of suicide, with 117 to 496 gambling-related suicides every year in England.[1] The Committee welcomes it that the Government's new approach acknowledges this by clearly reframing gambling as a public health issue, and urges the Government to make the most of the opportunities offered by the introduction of the statutory gambling levy.

Prevention, regulation and advertising

The evidence we heard emphasised how prevalent and normalised gambling has become in society, with 80% of the population being exposed to some form of gambling advertising on a weekly basis.[2] It is clear to us that advertising works in encouraging people to gamble. All our expert academic witnesses emphasised the potential impact of the prevalence of gambling advertising on young people and other vulnerable groups[3], and called for a different approach to be taken towards gambling advertising and sponsorship[4].

We were particularly concerned to hear how intrusive and targeted some gambling promotion has become, including accounts of people receiving offers of free bets in the middle of the night.[5] Given this, it was unsurprising to hear that some individuals

[1] OHID, The economic and social cost of harms associated with gambling in England, 11 January 2023
[2] Oral evidence taken on 2 April - Gambling-related harms, Q3
[3] Oral evidence taken on 2 April - Gambling-related harms, Q51
[4] Oral evidence taken on 2 April - Gambling-related harms, Q31
[5] Oral evidence taken on 2 April - Gambling-related harms, Q1 - 2

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experiencing gambling-related harms say that it feels like "there is no escape" from gambling.[6]

Against this background it was disappointing to hear from OHID that advertising is "slightly out of the scope of the levy"[7] and that the current approach to prevention is "through the levy and not through regulation."[8]

Gambling with Lives drew our attention to the NICE guidelines on gambling-related harms, which state that "the addictive characteristics and harm of different gambling products and environments may vary".[9]

Given the strong evidence we heard about the impact of advertising, we do not see how OHID can effectively develop a strategy to prevent gambling-related harms without considering the regulation of advertising and broader commercial practices of the sector.

Regulation should reflect the fact that some forms of gambling are more harmful than others, taking a risk-based approach that subjects the most addictive and dangerous products to tighter control. This should happen alongside regulation that focuses on protecting vulnerable people.

We recommend that OHID work with the Department of Culture, Media and Sport and the Advertising Standards Agency to review the current regulation of gambling advertising, promotion and sponsorship.

This should focus on identifying interventions to reduce the visibility and accessibility of (a) adverts for more dangerous products, and (b) adverts aimed at children and other vulnerable people. As part of this review, we believe consideration should be given to:

- **Limiting gambling advertising before the watershed**
- **Strengthening the rules on the content of adverts to ensure they do not contain elements designed to appeal to children and young people**
- **Strengthening the rules on gambling sponsorship of sports teams and sporting events**
- **Limiting the frequency and kinds of promotions and incentives that can be sent to encourage individuals to gamble**
- **Aligning the approach to the regulation of social media advertising with the broader approach to other forms of advertising.**

[6] Oral evidence taken on 2 April - Gambling-related harms, Q10
[7] Oral evidence taken on 2 April - Gambling-related harms, Q 51
[8] Oral evidence taken on 2 April - Gambling-related harms,Q83
[9] NICE, Gambling-related harms: identification, assessment and management, 28 January 2025

We also heard that there is not enough awareness amongst the general population of potential harms that gambling can cause. Liz and Charles Ritchie from Gambling with Lives, who lost their son to gambling-related suicide in 2017, quoted the barrister at their son's inquest, who said, "A six-year-old knows that smoking kills, but who knows that gambling kills?"

Witnesses at our evidence session also raised concerns about the presence of gambling and gambling-related features in online spaces such as gaming and esports, and the impact they can have particularly on younger people. As Professor Wardle pointed out, it is difficult to address the challenges that gambling can pose if we have "underestimated the risk and scale of harms".

We therefore recommend that OHID develop and launch a public information campaign to inform the public better about the risks involved in gambling. This should cover all the possible harms associated with gambling, include gambling-related suicides. We also recommend that this campaign have dedicated communications targeted at those who participate in gaming, given the risk of gambling-related content in this medium.

Land-based gambling

While much of the evidence we heard focused on advertising and online gambling, we also heard evidence about the challenges posed by some forms of land-based gambling. We welcome the Government's decision to pause changes to the regulation of the proportion of different types of machines that can be hosted in adult gaming centres.[10] However, we are concerned by the concentration of land-based gambling establishments in areas of high deprivation and the challenge that some local authorities have had challenging planning applications due to unequal resources.

Local authorities have a key role to play in preventing gambling-related harms and in regulating physical gambling activity through their licensing function. We ask that the department set out what support it is providing to local authorities to discharge this role and recommend that it consider making Directors of Public Health a responsible authority on planning and licensing applications for gambling establishments.

Research and data

It was clear from the evidence we heard that the evidence base on the most effective ways to prevent gambling harms is incomplete. It is therefore welcome that one of the objectives that the Government has set for UKRI, as the research commissioner, is to fill

[10] Government pauses plans to ease slot machine rules across Great Britain | Gambling | The Guardian

gaps in the current evidence base.[11] We similarly welcome the focus on evaluation in the research commissioners' objectives. **We recommend that the Government make improving understanding of inequalities and health disparities in relation to gambling-related harms an objective for UKRI, to ensure that research considers the impact of different types of gambling activity on vulnerable groups and groups known to be at high risk for suffering gambling-related harms.**

We also heard about the wide range of data that gambling companies are able to collect about their users' online gambling activity.[12] We are concerned about the asymmetry in access to this information and the gaps this could create in our understanding of the nature and extent of gambling harms. **We recommend that the department and the Gambling Commission work together to mandate greater transparency in the data the gambling sector holds, including exploring the publication of anonymised or aggregate data, to support future research projects.**

Treatment

Currently the commissioning of specialist gambling treatment is shared between NHS England and GambleAware, with GambleAware commissioning several services from third sector providers. The Government's decision to make NHS England the sole treatment commissioner for England has been broadly welcomed by the sector.[13] However, since the Government announced the abolition of NHS England, it is not clear where these commissioning duties will fall in the future. **We recommend that the Government announce as soon as possible where responsibilities for commissioning treatment will lie following the reorganisation of NHS England, and engage with the voluntary sector about how the new commissioner will work with the third sector.**

Monitoring implementation

We welcome the publication of the first NICE clinical guidance on gambling-related harms,[14] and we believe its recommendation around asking patients/service users about gambling in various appointments will help identify those at risk from gambling-related harms and ensuring they are signposted towards treatment. However, to be successful this guidance needs to be supported by training for clinicians to ensure it is implemented. **We would be grateful if you could set out how you will be**

[11] UK Government, Response to the consultation on the structure, distribution and governance of the statutory lev on gambling operators, 27 November 2024 (accessed 8 April 2025)
[12] Oral evidence taken on 2 April - Gambling-related harms, Q2
[13] UK Government, Response to the consultation on the structure, distribution and governance of the statutory lev on gambling operators, 27 November 2024 (accessed 8 April 2025)
[14] NICE, Clinical guidance on gambling-related harms: identification, assessment and management, January 2025

monitoring the implementation of the NICE guidelines, in particular what training and support will be made available to medical professionals.

More broadly, it will be important to ensure that the activity funded by the gambling levy addresses the full spectrum of gambling-related harms. **We therefore recommended that the Levy Advisory Group publishes an annual report evaluating effectiveness of the activity that the levy has funded and any gaps it identifies in the activity supported by the levy.**

Suicide prevention and gambling-related deaths

When Committee members met with Gambling with Lives, they argued that at present most gambling deaths are not properly investigated in a way that provides justice for families or that learns the vital lessons which could save lives. They said this is partly due to a lack of awareness amongst coroners of the link between gambling and suicide, as well as the fact that problem gambling is rarely recorded in an individual's medical notes, unlike smoking, alcohol or drug use. **We ask that the Government set out what steps it will be taking to raise awareness of gambling suicide amongst coroners and others involved in the investigation of sudden deaths, including what training will be provided.**

We welcome the publication of the 2023 National Suicide Prevention Strategy and the accompanying action plan, which identified gambling as one of six "factors linked to suicide at a population level".[15] **We would be grateful if you could set out how the new public health and preventative approach to gambling-related harms will align with the Suicide Prevention Strategy action plan.**

Review of the Gambling Act

We wish the Government well in its effort to address gambling-related harms and increase the focus on prevention as we move towards a more public health-focused response. Given the ambition to "facilitate a total system response to preventing gambling-related harm at the population level, and at scale, drawing on multiple agencies at the national, regional and local levels,"[16] **we believe that the Government should review the Gambling Act to ensure that the current legislative framework gives all agencies the power and responsibilities needed to deliver a total system response.**

[15] Suicide prevention strategy for England: 2023 to 2028 - GOV.UK

[16] UK Parliament, Statement on statutory gambling levy: update on prevention, February 2025

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We look forward to continuing to work with you on this important subject over the course of this parliament.

Yours

Layla Moran MP
Chair, Health and Social Care Committee

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