Further written evidence submitted by Kishan Patel

Adult prevalence studies

1. Past year problem gambling (PG) rates in Europe across 39 studies have ranged from 0.1 – 3.4% with a median of 0.9% and an average of 1.1%. The findings from the most recent gambling prevalence survey in Great Britain, the BGPS 2010 and 2007, are in keeping with the other results in Europe.
2. The BGPS 2010 is the most recent gambling prevalence survey in Great Britain. It showed that 8.5% of the adult population were classified as vulnerable gamblers with 5.5% as low-risk harm, 1.4% as moderate risk harm and 1.2% as a problem gambler. Similar results were also published in other seminal literature such as BGPS 2007, where 7.3% of the adult population were vulnerable gamblers. Similarly, high percentages of overall vulnerable gambling and problem gambling have been reported just outside of Great Britain, for example, 13.9% and 9.3% of the adult population were classified as vulnerable gamblers, in the 2016 Northern Ireland Gambling Survey and Isle of Man Gambling Survey 2017 respectively.
3. The prevalence of lifetime problem gambling has never been measured in the UK. Lifetime problem gambling rates in Europe across 20 independent studies have varies from 0.7% to 6.5% with a median of 2.1% and an average of 2.8%.
4. Following the BGPS 2010 and until 2015/16, funding for prevalence studies in Great Britain was severely cut. As a result of this funding cut, Great Britain's seminal studies on gambling, the BGPS, were stopped. Since 2010, data on problem gambling has been gathered with self-completion forms that have been included in health care surveys. Surveys with a health angle have been previously demonstrated to capture far fewer gamblers than gambling specific studies. Hence, efforts to understand and measure gambling-related harms have been notably limited since 2010.
5. Before 2015/16, research was not separately stratified as a type of operating cost in the Gambling Commission's annual reports. Thus, contrasting with the idea that understanding and measuring gambling-related harms is one of the Gambling Commission's top priorities. For clarity on the subject, a breakdown of costs within prevalence studies should be explained and reported openly.
6. Prevalence studies select only individuals living in only private residences. Consequently, studies in Great Britain exclude many vulnerable groups of people who are more likely to be vulnerable gamblers, such as the homeless, those living in temporary accommodation, or correctional facilities
7. Problem gamblers are expected to spend large amounts of time away from home at the local betting venue
8. According to data from the APMS 2007, the prevalence of psychotic experiences in those with no problem, at-risk, and problem gambling were 5.1%, 11.1%, and 29.7%, respectively. Despite significant associations between mental problems and vulnerable gambling, large-scale efforts to promote safer gambling have been centred around encouraging responsible gambling at the consumer-level.

Adolescent Gambling

9. In 2019, the YPG reported 35.9% of 11-16-year olds to be gamblers. The YPG findings have consistently been below or at the lower end of the range provided by 12 studies in Europe. This difference may be in part because 16-18-year olds have been omitted in Great Britain's YPG studies. On the other hand, the YPG contrasts with a study among 11-16-year olds in Wales, which reported 41.0% of respondents reported gambling in the past year.
10. Amongst 12-15-year olds, 14.8% and 12.2% were identified as gamblers in 2015 and 2016, respectively. These findings contradict other findings from the same studies. Past-week gambling in 11-15-year olds (using their own money) was reported at 17% and 16%, in 2015 & 2016, respectively. Furthermore, amongst 11-15-year olds, past-year gambling using the young person's own money stood at 30% in 2015.

11. In 2019, past week gambling was reported to have declined a trough of 11% from a peak of 23% in 2011. Despite this, the percentage of underage problem gamblers, at risk-gamblers, and social gamblers were reported to peak in 2019 at 1.7%, 2.7% and 31.0% respectively. The gambling yield from underage gambling has yet to be measured. Furthermore, the videogame is the most prevalent gambling activity in under 16s, yet the frequency of videogame gambling has not been measured.

Years of Life Lost (YLL)

12. Gambling mortality studies have not yet been conducted for the Great British population. Amongst 20-49-year olds, 6.8% of deaths (1584 deaths) and 55, 000 YLL are estimated to be owing to harm from gambling on the PG population. An estimate using the mortality ratios from a Swedish study reflected 763 suicides (about 30% of all suicide deaths in 20-50-year olds). The estimate of seven hundred sixty-three suicides corresponds well with what was indicated by the sport's minister's resignation letter in 2018, which stated that two people tragically take their lives due to gambling-related problems every day. In the Swedish study and thus also in E3 and E4, intentional self-harm accounted for 31% of mortality amongst the gambling population. The increased mortality arising from other causes is likely to be due to gambling-related harm that limits the agency of an individual to manage their health. For example, people may struggle to manage their medications in a timely regular fashion or find time to attend health appointments due to their PG. Agency to manage health issues while preoccupied with gambling is likely to be an issue for Diabetic patients. Moreover, vulnerable gamblers are expected to also suffer health consequences due to factors more indirectly related to gambling, such as overworking, smoking, drinking, or drug use.

Years Lost due to Disability (YLD)

13. Disability Weight studies have not been conducted for the Great British population. Disability Weights, when combined with prevalence data from 2010, indicate that 1 million years of healthy life in Great Britain, are lost due to gambling every year.

Disability Adjusted Life Years (DALYs)

14. Population-level harm studies have demonstrated some evidence that low-risk gambling leads to a greater magnitude of population-level harm than problem-gambling since it affects more individuals. For example, in Victoria, Australia, which considered YLD but not YLL, only 15% of the population-level harm on gamblers is as a result of problem gambling. Contrastingly, this report estimates 30% of the YLD is as a result of the harm experienced by problem gamblers.

15. According to the incomplete evaluation of the gambling-related harm on vulnerable adult gamblers in Great Britain, 1.05 million DALYs or 7.1% of all DALYs are amassed on an annual basis. Treatments for gambling-related harm in adult gamblers should look to be less than £21.0bn – £31.5bn to have a higher chance of being considered cost-effective according to NICE. Moreover, studies are yet to quantify the gambling-related harm afflicted on under 16s who gamble, former gamblers, communities and non-gamblers. Thus, this quantification of gambling-harm is likely to underestimate the overall burden of harm arising from gambling.

Overview of the gambling industry

16. Online gambling has emerged to become the most lucrative gambling segment since 2015, accounting for £5.3bn (37%) of the total annual £10.7bn net losses (excluding lotteries) of gambling players in 2018/19. A rapid increase in the accessibility of gambling products has been supported by an expansive budget for gambling advertising. As of 2018, the UK gambling industry accounts for about 9% (£1.2bn out of £13.4bn) of the total UK online ad expenditure. Social media platforms allow gambling

operators to target ads such that they are more effective. At the time of writing, there are no regulations on how often gambling ads can be shown to an individual. During the authorship of this report, 11 gambling ads were seen on Facebook within 5 minutes. The industry spends a further £0.3bn on offline advertising. In 2017, £60m was budgeted for sponsorships. Betting firms have featured as the shirt sponsor on around 50% of the top 44 English Football clubs for several years now (26 in 2019/20). Moreover, in the 2019/20 season, 17 of the 20 Premier League sides have a partnership with a betting firm (shirt sponsor or other).

17. From 2010 – 2019, the gambling industry, excluding the National Lottery and other Lotteries, has grown by 51% in value from £7.1bn to £10.7bn. The increase in gambling yield per player of 96% is suggestive of a burgeoning industry and a rise in vulnerable gambling. As well as targeted ads and accessibility of gambling products, technology has been increasingly utilised to increase game addictiveness. Changes in the industry are illustrated by a significant decline from 48.4% to 29.0% in the percentage of adults who think that gambling is conducted fairly and can be trusted.
18. There are currently no NICE guidelines on gambling. As of 24th July 2018, gambling has been referred to NICE, but it has not yet been scheduled into the work programme. In the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, 'gambling and betting' is coded for by Z72.6 as a factor that influences health status and contact with health services. Regrettably, gambling is seldom screened for in medical history taking and therefore, it is underreported within health domains. The healthcare system should consider gambling holistically. Healthcare professionals should include gambling, alongside other recreational activities like smoking, drinking, and drug use, in standard medical history-taking. To support doctors in diagnosing and managing gambling-related harm, NICE and the General Medical Council should cover gambling as part of their guidelines for health care professionals. Furthermore, there is an urgent need to promote gambling-harm awareness and access to tools that can help gamblers. Public health and primary care facilities should work together to create low-cost high-penetration prevention and harm-reduction campaigns.
19. From a legislative, regulatory and public health perspective, several significant steps should be taken immediately to prevent vulnerable gambling and limit gambling-related harm. Namely, a comprehensive advertisement ban, as was done for Tobacco products in 2002, and passing legal accountability for ensuring safe gambling on to operators, should be a minimum in any meaningful gambling reform.

April 2020