

Professor Jim Orford – Written evidence (GAM0019)

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Summary

Q1 The aim that gambling should be conducted in a fair and open way is not being met at present. Nor is the aim that children be protected from harm being met.

Q2 The 2005 Gambling Act is turning out to be sufficiently flawed that a completely new Act, based on a dangerous consumption/public health perspective, is now needed.

Q5 Some of the greatest costs are 'harms to others', especially harms to the family and, at the societal level, the contribution to social and health inequalities.

Q7 The voluntary levy does not command respect and should be reformed. Funding should come from general taxation and be allocated by a fully independent body.

Q8 A proper gambling research structure would involve at least a fully independent commissioning system, a small number of National Gambling Research Centres, and funded PhDs.

Q10 Education is one of the weakest forms of prevention. It needs to be planned with care and should not dominate discussion about prevention to the exclusion of more effective methods.

Q11 A proper NHS system is needed, including a range of services from specialist regional centres to brief, early interventions, telephone helplines and online support, involving families, and raising consciousness about gambling problems among health and other non-specialist service staff.

Q13 The protection of children and young people should be the first consideration. A ban on any gambling promotion which is especially likely to be seen or heard by under-18s should be considered.

Q14 A proper pre-watershed ban on television advertising, removal of all gambling advertising visible during sporting fixtures popular with children and young people, and outlawing gambling company sponsorship of sporting teams and competitions should be considered.

Q15 The now large 'grey area' between gambling and social media is putting children at increased risk. It includes 'loot boxes', non-monetary forms of gambling embedded in games, and downloadable casino games to play in 'practice' modes. Advertising gambling via social media is also of concern.

Qs16&17 Consideration should be given to having a minimum age of 18 years for all gambling, consistent with the general message that gambling is dangerous for children and young people.

1. **Question 1 Are the aims of the 2005 Gambling Act being met?** No, the aim that gambling should be conducted in a fair and open way is not being met at present. Data collected by the Gambling Commission has shown that the proportion of people who think that 'in this country gambling is conducted fairly and can be trusted' declined steadily each year between 2012 and 2018 from just under 50% to only 30% (Gambling Commission, 2019).
2. Nor is the principle that children be protected from harm being met (see paragraphs 20 to 28 below).
3. **Question 2 What changes are required to the 2005 Gambling Act?** The Act is turning out to be sufficiently flawed that a completely new Act is now needed. A new Act will need to go back to basics and rethink the assumptions about gambling regulation. The central assumption underlying the 2005 Act was that the business of providing gambling is an ordinary one, just like any other entertainment business. Another was that gambling is inherently safe and that any problems that do arise are confined to a very small minority who are not using the product responsibly. It is slowly becoming realised that this powerful 'responsible gambling' philosophy puts far too great an onus of responsibility onto consumers and far too little on those who benefit financially from providing gambling and those responsible for allowing it.
4. The alternative, which should form the basis for a new Act, is the dangerous consumption/public health perspective. The starting point would be a recognition that gambling is not simply an ordinary entertainment product. Gambling, by its very nature, has always had the potential to be dangerously addictive and, due to modern technological changes, has recently become more so. Modern forms of gambling are so dangerous, that it is now judged to be irresponsible to provide them without at the same time having in place surveillance systems to detect harmful or unaffordable patterns of gambling and procedures such as self-exclusion and pre-commitment to spend or time limits that help customers control their consumption. That is at least tacit acknowledgement of modern gambling's dangerousness.
5. The adoption of a public health perspective on gambling regulation would be new for Britain although the idea has been around for some time, particularly in countries such as Canada and New Zealand (e.g. Messerlian *et al.*, 2004). It should be adopted in the UK and be the basis for an international agreement such as those proposed by experts in Finland (Marionneau *et al.*, 2018) and in New Zealand (Adams, 2016). The UK, instead of being a world leader in providing gambling, could become a world leader in terms of responsible Government policy.
6. **Question 5 What are the social and economic costs of gambling?** Many of the most obvious costs are those that impact most acutely on those who are gambling excessively. However, some of the greatest costs are what the World Health Organisation, in the context of alcohol's harms, has called 'harms to others' (Caswell *et al.*, 2011).

7. Amongst the people who know most about the harm gambling can cause are close family members – the parents, partners, children, siblings and other relatives of those who are personally experiencing problem gambling. In discussion about gambling there has been an unfortunate tendency to neglect this group of 'affected others'. In the 2010 British Gambling Prevalence Survey 3.8% said Yes to the question: *In the last 12 months, has any close relative of yours (including partner) had a gambling problem?* That gives an estimate of over one and a half million people in the country as a whole, and it excludes children under 16 with parents with gambling problems (Wardle *et al.*, 2011). Three main areas of family harm are: financial (including family debt and financial insecurity, loss of family savings, and consequent coping and lifestyle changes), relationship harm (including reduced trust, conflict and domestic abuse, separation and divorce, and children affected and sometimes taking on caring responsibilities) and harm to family members' health and well-being (including heightened risk for anxiety, depression and other stress symptoms, children at risk of effects on education and health) (Velleman *et al.*, 2015).
8. At the community level, there are important costs including reduced control for local authorities over the nature and amenities of their communities and the health of their town centres.
9. At the societal level, one general cost which is easily overlooked and which has until recently attracted little attention is the contribution gambling is making to social and health inequalities. It is often found that higher-income individuals and households on average spend more on gambling in absolute terms than poorer individuals and households, but as a proportion of their income the poorer spend more on gambling (e.g. Grun & McKeigue, 2000). Analysis of British Gambling Prevalence Survey data (Orford *et al.*, 2010) found that those in the lowest income quintile were spending an average of 12-14% of their net income on gambling, compared to only 2% or less in the highest quintile. Analysis of the adult psychiatric morbidity survey also found an association between area deprivation and gambling problems (Carrà *et al.*, 2017). The Institute for Public Policy Research (2016) report highlighted the findings that problem gambling is more common in those on lower incomes and amongst black and ethnic minority groups in Britain. Similar findings have been reported from other countries (see the recent international review by Sulkunen *et al.*, 2019).
10. **Question 7 The voluntary levy.** The current arrangement for funding gambling treatment, prevention and research through an annual voluntary levy administered by a body, *GambleAware*, close to the gambling industry and with industry origins, does not command respect and should be reformed. Informed opinions about the best method differ. Some see no reason why funding should not come from the proceeds of gambling so long as there is no industry participation in how those proceeds are used (Daube & Stoneham, 2016). Others take the view that any reliance on an industry levy, even a mandatory one, builds in a conflict of interest (Adams, 2016).

11. My own conclusion is that Government should face up to its responsibility to adequately fund gambling treatment, prevention and research out of general taxation: that would clearly establish the field as an essential one, equivalent to others of public health importance, independent of the industry. Sulkunen *et al.* (2019) calculated that gambling in the UK contributes a relatively small amount to the Government treasury compared to other countries. Generally, as would be expected, countries such as the USA and Australia, with the higher per capita spend on gambling, are those where it contributes more to the public purse. The UK, where recent Governments have sought to create a regime that is attractive to gambling companies, is a notable exception. Sulkunen *et al.* calculated an estimated contribution of gambling to UK state funds equivalent to 0.5% of the annual national state budget, significantly lower than many other EU countries where public revenue from gambling they estimated to average 1.3% of state budgets. That is despite annual per capita gambling losses being similar to Britain's (as in Italy) or substantially less than Britain's (as in France and Germany). It would be therefore be reasonable to consider raising gambling taxes.
12. By whatever means the funds are raised, the most important thing is that decisions about allocating resources should be made by an independent body set up for the purpose: possibly a National Institute or a Gambling Council, to which organisations would be able to bid openly for funding. It would be similar in some way to the Research Councils. Currently the gambling field lags far behind other similar fields in its consciousness about conflicts of interest (Cassidy *et al.*, 2013). There is far greater recognition in relation to alcohol, for example, that funding should be independent of the industry.
13. **Question 8 How might we improve research?** The present situation regarding the funding of research is particularly unsatisfactory and must be changed if the field is to gain credibility, if sound research is to be carried out and young talent is to be attracted to the area. The lack of proper independence from vested interests is particularly serious when it comes to research. Because of the way in which gambling research is controlled by the industry in Britain, we are now losing out to other countries, for example through the discontinuance of the British Gambling Prevalence Surveys, loss of some of our best gambling research talent to other countries, lack of research access to gambling venues and products and internal industry working documents (Hancock, 2016), and, most crucially, the absence of a proper gambling research structure. The latter should include at least: a fully independent system for commissioning research which would give Universities and others confidence in the field which is currently lacking, the setting up of a small number of National Gambling Research Centres, and the creation of funded PhD places for nurturing a new generation of UK gambling researchers.
14. **Question 10 Public education about gambling.** When considering 'education' about gambling, it will be necessary to think very carefully about its purpose, its methods and its evaluation. Some educational approaches are school-based and others aimed at the population in

general. This is classic primary prevention and it sounds as if it makes good sense. It is often the first thing people think of when asked for their opinions about how something like problem gambling can be prevented. In fact the word 'education' has often been used as a synonym for 'prevention' as if educating young people and adults about responsible gambling was the only sensible way in which harm could be prevented. It has the appearance of being positive and humane. It is favoured by the gambling industry, leaving unaddressed the development and promotion of dangerous gambling products.

15. Unfortunately education is one of the weakest forms of prevention. The results are very much the same as those found in the case of alcohol and drugs – it can have an immediate effect on knowledge and attitudes but its longer-term effects on behaviour are minimal (Orford, 2013). In the case of gambling it can be successful in reducing misconceptions about gambling, increasing knowledge of problem gambling, and changing attitudes towards gambling, but it meets with limited success in reducing subsequent gambling behaviour (Ariyabuddhiphongs, 2013). At best it is naive. Worse, gambling education may well be counterproductive. The encouragement to gamble sensibly or responsibly actually contains two messages: one, the apparent surface message, encouraging behaving sensibly or responsibly; the other, the latent message, that to gamble is acceptable and normal. Educational approaches, particularly in a developing or expanding market, may actually be making matters worse not better, contributing inadvertently to increasing normalisation of gambling. Education has its place but needs to be planned with care and should not dominate discussion about prevention to the exclusion of more effective methods.
16. **Question 11 Treatment services.** Although gambling disorder is recognised as an ill-health condition by the World Health Organisation and other international bodies, currently treatment provision in Britain is sparse and inadequate, despite the figures suggesting that gambling problem prevalence is of the same order as the prevalence of problems related to the misuse of illicit drugs (European Monitoring Centre for Drugs and Drug Addiction, 2018). The 'treatment gap' – the difference between the estimated prevalence of a health problem and the numbers receiving treatment for it – is particularly large in the case of gambling: as high as 95% in Britain according to figures produced by *GambleAware* (2017). Treatment research is largely lacking; for example, there have as yet been few treatment follow-up studies (Cowlshaw *et al.*, 2012). Improving the amount and quality of treatment studies will be important.
17. A proper NHS system of treatment is needed. A central component should be at least a small number of specialist centres dedicated to the treatment of gambling problems such as the London Gambling Clinic and the about to open Northern Gambling Clinic. The specialist regional clinics should be centres for research and evaluation and training as much as for the routine provision of treatment. They would play an important role in raising awareness of gambling disorder and the profile of gambling problem treatment nationwide. But an effective treatment system is likely to embrace a variety of approaches, ranging from residential facilities,

such as the Gordon Moodie houses, at the more intensive end of the spectrum, to brief, early interventions, telephone helplines and online support at the other extreme. Gambling helplines and e-help for gambling have been trialled in a number of countries, including Britain (Goh, 2017). Ideally there should be a variety of ways in which people can obtain appropriate help, advice or an opportunity to discuss their concerns about their own gambling, or about someone else's gambling. Early and preventive interventions targeted at risky gambling will be as important as treatments clearly designated for problem gambling.

18. There also remains a lot of work to do in raising consciousness about gambling problems among health and social service staff. Knowledge of gambling disorder and confidence in dealing with it is often surprisingly low within mental health services where gambling problems quite often present themselves, and even in addiction/substance misuse services. Since for many people with gambling disorder their problems are complex, treatment for gambling problems must be well integrated with services that deal with related health and social problems such as mental and physical health difficulties, domestic abuse and other family problems, debt, crime and homelessness. Recognition of harmful gambling should also be incorporated into services for children and young persons.
19. Close family members of people with gambling problems constitute one of the largest groups of people harmed by gambling (see paragraph 7 above). When relatives are receiving treatment, family members have potential as important partners in their relatives' treatment and recovery. There is abundant evidence that substance addiction treatment is enhanced by family involvement, and the same is true for gambling treatment (Jiménez-Murcia *et al.*, 2016). Many affected family members would also benefit from help in their own right. Among methods for engaging and helping affected family members, the most generally applicable is the 5-Step Method, developed in the UK, used at the London Gambling Clinic (Copello *et al.*, 2010; Orford *et al.*, 2017).
20. **Question 13 Advertising.** The RGSB put it very well when they said we were in danger of undertaking an uncontrolled experiment on today's youth. The quantity and content of gambling advertising are particularly contentious issues, especially in a country like Britain that has a regime that is one of the most accommodating of gambling advertising. Advertising is the facet of modern gambling's normalisation which is most apparent to members of the general public. The television advertising of gambling is not the only aspect but it is one that is arousing special concern. The precautionary principle should prevail here. Prevention of harm should take precedence over other considerations. The minimum change that is needed to protect children and young people is a ban on any gambling promotion which is especially likely to be seen or heard by under-18s (see also paragraphs 22, 23 & 27 below). The protection of children and young people should be the first consideration when the issue of advertising is reconsidered in the course of drawing up proposals for a new Gambling Act and formulating a National Gambling Strategy. When that is done, advertising should be dealt with thoroughly in all its forms.

21. **Question 14 Gambling and Sport.** It is the much increased alignment of gambling with sport that has given rise to particular alarm. The rise of 'in-play' or live-action sports betting, which provides multiple betting opportunities which come quick and fast during a sporting event, has increased the intensity of sports betting.
22. Football is the biggest, wealthiest and most followed sport in Britain so its potential role in gambling promotion and normalisation is huge. One of the most important ways gambling operators promote their products is now club sponsorship. As one UK researcher (Jones, 2017; Jones *et al.*, 2019) puts it, gambling adverts appear on 'every shirt logo, pitch side hoarding advert, logo on manager's training kit, logos on press conference and post-match interview 'wall' and the players become 'walking (or running) billboards'. In the 2004-5 English Premier League (EPL) season only one club's shirts were sponsored by a gambling company. By 2018-19 sponsorship had spread to the second tier of English football with over half of England's top 44 clubs now with players carrying prominent advertisements for gambling. The close link with the game extends to sponsorship of the football competitions themselves, such as the English *Sky Bet* Championship and Leagues 1 and 2, the Scottish *Ladbrokes* leagues, and the Welsh *Dafabet* Premier League. Jones and colleagues (2019) analysed TV broadcasts from five matches and four separate broadcasters. Overall they saw 1135 references to gambling covering 176 minutes of the total 1502 minutes (nearly 12%) of broadcast time. In some match broadcasts this 'gambling visibility' figure was as high as 30%. Even on the BBC viewers are constantly exposed to gambling promotions whenever it covers a live match, previews matches or shows match highlights. Views of company logos are replicated in magazines, posters, websites and in social media platforms and TV coverage can be seen live or later via iPlayer or equivalent. There is also a lot of indirect advertising such as the regular references to gambling on popular commercial radio stations such as talkSport and in the Twitter feeds of high profile players turned commentators such as Robbie Savage.
23. The showing on television, prior to the 9.00 p.m. 'watershed', of encouragements to gamble, both on the outcome of the sporting event being shown and on in-play bets, at a time when children and young people are very likely to be excited about watching a sporting event in the company of family members, is arguably putting children and young people at risk. Dealing with this would require, not only a proper pre-watershed ban on television advertising, to include the crucial pre-match period, but also removal of all gambling advertising visible during sporting fixtures popular with children and young people. That would in effect mean outlawing gambling company sponsorship of football and other sporting teams as has happened in a number of other countries such as Germany, Portugal, France and the Netherlands (Banks, 2014). This would be resisted by some. But it would be popular with many, including parents and carers. It would also be consistent with the positive health and well-being enhancing community work which many clubs engage in. Removing gambling advertising and sponsorship which impacts children and young people would also send a strong message to them and those who care for

them, and to everyone else, that gambling is a public health issue and that Government takes seriously its responsibility to protect the young.

24. **Question 15 How are technologies, including social media affecting children's experience of gambling?** The convergence of gambling with digital media and the rapid pace of development of new technologies, often quickly superseded by new ones, has led to the point where there is now confusion about what is gambling and what is not. Already in 2009, a prescient paper was describing in some detail a number of forms of internet activity that fall into this grey area, warning that they 'may be problematic for adolescents because they promote positive attitudes towards gambling, portray gambling in glamorised and/or misrepresentative ways, and... are freely available and playable by adolescents and children' (King *et al.*, 2009).
25. The first such category was online games in which a player can win or lose points that can be transferred into real money. Whilst such games might largely be skill-based, subscriptions enabled the player to win jackpots, prizes and awards at random intervals, and furthermore some online games featured advertisements and direct links to online gambling sites. The expression 'loot boxes' refers to awarding game players random digital items in purchasable 'loot crates'. *Star Wars: Battlefront II* and sports type games such as *FIFA Ultimate Team* and *Forza Motorsport 7* were examples. An editorial in the academic journal *Addiction* warned of the dangers of loot boxes and other similar 'predatory monetisation schemes' (King & Delfabbro, 2018). A second grey area was non-monetary forms of gambling designed to 'entice the player to earn rewards quickly and further accelerate their progress in the game'. For example, in *Fable 2* the player was able to participate in a number of activities modelled on blackjack and roulette slot machines.
26. An even more starkly obvious variety of non-monetary gambling was when traditional casino games like poker, blackjack and roulette are made available as stand-alone games which can be downloaded and played on a personal computer, mobile phone or dedicated game console using online services such as Microsoft's *Xbox Live* or by playing gambling apps on social networking sites such as *Facebook*. One of the most common non-monetary forms of gambling is when players can try out gambling games in the 'demo', 'practice' or 'free play' modes with opportunities to do this on social networking sites four to five times more popular than those presented on real gambling sites (Ipsos Mori, 2009).
27. But it is also the use of social media to *advertise* gambling which is of concern since it is young people who are the most likely to be active social media users. *Paddy Power*, for example, claimed in 2013 that they had over 1.7 million Facebook fans and Twitter followers. An Australian group (Gainsbury *et al.*, 2015) studied 101 social media sites by gambling providers, including 70 EGM venues, 13 casinos, 12 betting agencies and six lottery providers. Nearly 90% of the operators were using Facebook with an average of 20,000 followers each. Half were using Twitter with an

average of 4,500 followers. The betting agencies which used Facebook had an average of just over 100,000 followers each. They found that operators were using social media to provide information about their products but were also promoting features to make betting easier, including easy payment options e.g. *Ladbrokes' 'Your Cash in a Flash'*. Only a small minority had any responsible gambling information or messages on their social media profiles and when they did, it was not at all prominently displayed.

28. **Questions 16 & 17 Under-18s.** One of the clearest conclusions of one international review of harm prevention was that legal age limits were generally effective (Gainsbury *et al.*, 2014). It is unlikely there would be public support in the UK for an increase in the age limit to age 21, suggested by some, but there would probably be more support for implementing 18 as the legal age for gambling more consistently. There are at least two anomalies presently. The Gambling Review Body of 2001 thought that allowing British children to play category D gambling machines was inconsistent with the principles that should govern modern gambling regulation, but that anomaly remains. Also under discussion has been the current exception of the National Lottery for which 16 year-olds can purchase tickets. Consideration should be given to having a minimum age of 18 years for all gambling, consistent with the general message that gambling is dangerous for children and young people. At the same time age verification should be strengthened.

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