

## **Open letter to Ministers re Gambling Act Review**

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To:

Nadine Dorries, Secretary of State, Department for Digital, Culture, Media and Sport

Sajid Javid, Secretary of State, Department for Health and Social Care

Chris Philp, Parliamentary Under-Secretary of State at the Department for Digital, Culture, Media and Sport with responsibility for Gambling

Maggie Throup, Parliamentary Under-Secretary of State for Vaccines and Public Health at the Department for Health and Social Care

Dear Secretary of State/Minister,

### **Gambling Regulation**

We are aware that Government is considering the evidence received in response to its Consultation on the 2005 Gambling Act Review and will be publishing a White Paper on the subject in the near future. We are 50 academics from over 20 British universities, service providers and experts by experience, who believe that this represents an opportunity for significant reform of the way commercially provided gambling is regulated in Britain. In our opinion it has become quite clear that the gambling products being offered and the ways in which they are promoted are harmful to individual and family health and damaging to national life. We therefore urge you to make proposals to reform the gambling sector and its regulation in a robust way which will significantly impact individual, family and national life for the good and restore public confidence in this area of regulation.

The following lists seven things which we are earnestly requesting of Government. These are the things we believe you will do if you are serious about acting in this matter in the interests of public health and public confidence.

#### **1) Return to previous rules on gambling advertising and sponsorship**

Prior to the implementation of the Gambling Act 2005, there were much tighter restrictions on how and when gambling products could be advertised. The 2005 Act allowed gambling advertising across a range of media, and gambling companies were allowed to sponsor sports teams, television programmes and other events. Research evidence, including new survey data from 11- to 24-year-olds, shows that advertising is particularly successful in prompting people, including children, to gamble. This is especially evident among those who experience

gambling harms, the very group that the 2005 Act states should be protected from harms. We believe a return to the previous regime is badly needed.

## 2) Prevent gambling companies and their affiliates from exploiting customer data to encourage players to increase their gambling

Operators collect substantial personal and therefore sensitive data on consumers for commercial purposes. This includes profiling to maximise engagement and profit, “winning back” lost customers based on future earning value, and use of targeted marketing strategies, including offering incentives, promotion and cross-selling of products. These sophisticated strategies do not discriminate between consumers who can or cannot afford to use these products or their vulnerability to longer-term harms; it is motivated by and focused upon profit. Further, these practices are not transparent, and it is almost impossible for any consumer to understand what data is being processed, by whom, and how it will be used.

Behavioural tracking should be used for the purposes of customer protection only. Data should be collected and then shared with an independent third party to undertake profiling activities capable of identifying gamblers at risk of harms or engaging in harmful patterns of play. This information should be shared back with the operators who should then be placed under a further duty to protect these customers by limiting stakes, spend, and losses. Ideally, this insight would be shared across operators to prevent gamblers moving to new platforms. In addition, consumers should not be sent direct marketing for different products to those which they currently use.

We believe that marketing should be strictly controlled by individual companies and subject to tight regulation which is scrutinised by the regulator instead of the current system of largely self-regulated codes of conduct. Affiliate marketing falls under the promotion of gambling, and so would come under the recommendations outlined above i.e. all gambling promotion would return to the pre-2005 level and should cease.

## 3) Reduce risk of harm by making mandatory independent safety/social impact checks on all existing and new gambling products, their structural characteristics and promotion methods

There is overwhelming evidence that gambling products contain a range of design features which encourage faulty cognitions and/or increase game intensity, and act as inducements to

engage in gambling and to prolong gambling sessions and expenditure. Such features include: increased sizes of stakes and jackpots, and speed of play, auto-play, near misses, LDWs (losses disguised as wins), use of arousing visual and auditory stimulation, supposedly 'free bets', bonuses which match customer deposit amounts, loyalty points exchangeable for prizes, 'free plays' giving the opportunity to practice for free or with very small stakes, and various other bonuses such as deposit, welcome, VIP, loyalty, and reward bonuses. These are all characteristics which facilitate the development of habitual play and increase the risks of longer-term harms.

Beyond the games themselves, online and offline services offering rapid switching between different forms of gambling, and the practice of cross-selling between forms of gambling, e.g. from 'softer' to 'harder' forms, facilitate continuous, high frequency gambling. Their use should be prohibited where possible and otherwise drastically reduced. At the same time all existing, and any proposed new form of gambling, mode or type of venue, payment method, or alterations to any of these, should be subject to a full health and social harms risk assessment. This might be done: by amending the Act to give Ministers power to only approve any activity which has the characteristics of gambling if it falls below a certain harm indicators threshold; *or* by having an immediate independent review of how products are regulated and tested for safety, with all products having to be proven as safe before they can be marketed; *or* by establishing a category system to cover a full range of existing and new gambling, both remote and land-based, subject to regular review (as the Lords Select Committee, the APPG and the Social Market Foundation reports, respectively, recommended). The recommendations from such safety testing or reviews would be subject to enforcement by the regulator.

#### 4) Restrict all commercial gambling to over 18s

The protection of children and young people from gambling harm should be a top priority. The official estimate of the number of under-18s who are experiencing gambling problems is 55,000. Around half of gambling undertaken by children aged 11-16 is on commercial and age-restricted forms of gambling. This is unacceptable and it makes clear that current measures are ineffective in protecting children. The Avon Longitudinal Study of Parents and Children provides evidence that teenage gambling can, in line with other high-quality evidence, become habitual and resistant to the accumulating costs to individuals' social and educational well-being, persisting into adulthood. Evidence from other public health contexts suggest that age limits are one of the most effective methods of harm reduction. There should be a

minimum age of 18 years for all gambling, including category D machines, about which the 2001 Gambling Review Body was particularly uneasy, and for gambling-like activities within digital games. This would give a clear and consistent message to children and young people, parents and carers, operators and the general public, that commercial gambling is an adult-only activity which carries heightened risks, especially for children and young people. Serious consideration should be given as to whether the age limit for the highest risk products should be increased still further.

## **5) Enact effective ways to ensure that customers do not experience financial harms from gambling**

Financial harm, including debt, is recognised as one of the principal areas of gambling-related harm. Evidence suggests that responsible gambling interventions, to support customers' self-control, have only limited efficacy. We need better ways to deal with the excessive price (as gambling 'losses') which many individuals pay for their engagement with commercial gambling. Two ways have been suggested. One is 'affordability checks', favoured by the All Party Parliamentary Group on Gambling Harms and the House of Lords Select Committee on the social and economic impact of the gambling industry. An alternative, operating in a number of European countries, is the setting of maximum allowable loss limits per hour, day, week or month across operators. The Social Market Foundation has produced a detailed proposal which would combine the two approaches. A method of controlling gambling losses, which does not simply rely on the gambler's self-control, must be found. This will not be easy and will take time to set up, requiring as it does detailed collaboration between operators, financial institutions and individuals. Other policies should not be delayed in the meantime.

## **6) Introduce a statutory levy, to cover prevention, treatment and research administered by an independent statutory body**

There is widespread call for reform of the system for funding gambling prevention, treatment and research (PT&R) in Britain. Concerns have persisted since the enactment of the 2005 legislation and have never been addressed adequately. Now is the time to resolve this long-standing weakness and provide a sustainable basis for research, prevention and treatment. A substantial increase in the availability of funds is required but, equally important, is a radical change to the current system for allocating funds in order to guarantee the independence from industry influence. The current voluntary industry levy does not provide that guarantee

and is therefore not fit for purpose. Furthermore, there is wide suspicion of the role played by an organisation like GambleAware in distributing funding, on account of its industry origins and perceived closeness to the industry. These concerns have not been and are unlikely to be alleviated. Government should face up to its responsibility to adequately fund gambling PT&R. This could be achieved by funding through general taxation, through hypothecated taxation or through the implementation of a mandatory levy on industry. Any of these actions would establish the field as an essential one, equivalent to others of public health importance, independent of the industry. However, with all options, the amount of money raised would need to be substantially higher than currently in order to adequately cover needs and to bring spending on PT&R more in line with other countries. Most importantly, any funding should be administered by a body that is completely independent of the industry or the regulator, such as UK research councils, which regularly issue rapid response calls for pressing issues. This ensures maximum transparency, competition and collaboration and quality within the field.

## 7) Put in place a national system of early identification of and support for those experiencing gambling harms

The NHS and the Department for Health and Social Care must now play the major role in the treatment of gambling disorder. The NHS Long Term Plan for a national network of specialist NHS services for treatment of gambling disorder is very welcome. However, most gambling harm does not present itself to specialist services. For many people, gambling problems are connected to mental health problems, alcohol or drug problems, physical health problems, domestic abuse, family problems, debt, poverty and sometimes crime. Cumulatively, these burdens blight lives. Steps are needed to increase the awareness of, and early identification of, gambling harm by frontline service-providing agencies and staff, particularly in primary healthcare, social care, and specialist mental health care. Help for gambling problems also needs to be incorporated into services, including all-tiers of educational establishments, for children and young people. Attention also needs to be paid to the particular needs of women and of Black and Minority Ethnic groups and other vulnerable groups.

Gambling can incur profound and long-standing harms in people who do not engage with services and only gradually come to acknowledge the resulting damage to their lives. So, early and preventive interventions targeted at risky gambling are as important. An effective national system to combat gambling harm must embrace a variety of approaches, ranging from hospital or community residential facilities at the more intensive end of the spectrum,

to brief, early interventions, telephone helplines and online support at the other extreme. The involvement and support of those, especially close adult and child family members, harmed by another's gambling problems, should always be part of the total service, as well as peer support, lived experience, and mutual aid.

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