



# The Association of Directors of Public Health

## Response to consultation on proposals for changes to Gaming Machines and Social Responsibility Measures

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

### Introduction

We are very pleased that this consultation has been introduced by the government. Problem gambling is an issue in the UK and we are particularly concerned that fixed-odds betting terminals (FOBTs) are exacerbating this problem.

The number of problem gamblers has increased in recent years, from 280,000 in 2012 to 430,000 in 2015, representing an increase of 50%. The Gambling Behaviour in Great Britain in 2015 report put the prevalence figure for problem gambling at 0.8% and 3.9% of adults were categorised as at-risk gamblers.

Problem gambling is a health inequalities and social justice issue that needs to be addressed through partnership between public health and licensing teams and effective national rules and regulations. Part of this approach should include lowering the maximum stake permitted on B2 (FOBT) machines.

### **1. Do you agree that the maximum stake of £100 on B2 machines (FOBTs) should be reduced? If yes, what alternative maximum for B2 machines (FOBTs) do you support?**

1.1 We believe that Option 4 (reduce the maximum stake to £2 on all B2 content) would be most effective for reducing the harm associated with problem gambling. We note (as is quoted in the consultation document) that there is widespread support for this measure across the political spectrum in local authorities.

1.2 We believe there is substantial evidence to suggest a link between the use of FOBTs and problem gambling and it is because of this that we feel reducing the stake to £2 would have a positive impact on both public health and health inequality.

1.3 The argument has been made recently and comprehensively in the Respublica report 'Wheel of misfortune: the case for lowering the stakes on FOBTs'. The report makes a very strong case for reducing the stake to £2 for FOBTs due to the negative impact on people (particularly those living



in poverty), prosperity, and place. It argues that FOBTs have contributed to recent increases in problem gambling, FOBTs divert expenditure from more productive parts of the economy, and that the clustering of betting shops is contributing to the decline of the high street.<sup>1</sup>

- 1.4 FOBTs allow bets of up to £100 every 20 seconds and 70-80% of those who use them will be net losers. In the past year £1000 or more was lost on 233,071 occasions.<sup>2</sup> These high stakes may be more likely to be associated with problem gambling. A recent study of gambling machines found that those who bet £13.40 or more could be categorised as ‘problem’ gamblers whereas only 19% of those staking 53p or lower per spin were problem or at-risk gamblers.<sup>3</sup>
- 1.5 Estimates of the proportion of gambling attributable to problem gamblers vary from a low of 1-2% for the National Lottery to 20-30% for FOBTs and dog races.<sup>4</sup> FOBTs are associated with a relatively high problem gambling prevalence and a reported average monthly spend more than twice as great as that reported for other forms of machine gambling.<sup>5</sup>
- 1.6 Problem gambling worsens health inequalities and may have a disproportionately negative impact on those with lower socio-economic status. A study looking at risk and protective factors for problem gambling indicated that the one of the strongest risk factors for problem gambling was poor school performance, with a protective factor being high socio-economic status.<sup>6</sup> Studies in Canada have indicated that the poorer the neighbourhood, the higher the risk for problem gambling.<sup>7</sup> It has been shown that betting machine density correlates with areas with more socio-economic deprivation, more economically inactive people, and a younger age profile.<sup>8</sup>
- 1.7 Problem gambling can compound other vulnerabilities in deprived communities and may worsen health inequalities. Studies in Canada have found that the relationship between problem gambling and poverty can be complicated by experiences of homelessness, trauma, violence, mental illness and substance use.<sup>9</sup>
- 1.8 Problem gambling is not just destructive to gamblers and the people around them but has a negative economic impact overall. An illustrative estimate for the excess fiscal costs incurred by individuals who are problem gamblers is between £260 million to £1.16 billion.<sup>10</sup> The Landman Economics report drafted in 2013 states that “other things being equal, an increase of £1bn in consumer spending of FOBTs destroys over 16,000 jobs in the UK”.<sup>11</sup>
- 1.9 Furthermore, the clustering of betting shops on the high street due to FOBTs has a negative impact on the health of our high streets. The ‘Health on the High Street’ report by the Royal Society of Public Health found bookmakers to be one of the least health promoting categories of businesses. Over half (54%) believe they discourage healthy choices and over half (52%) believe they have a negative impact on mental wellbeing.<sup>12</sup> Problem gambling and moderate risk prevalence rates are higher among those who live in areas where licensed betting offices are concentrated.<sup>13</sup>
- 1.10 It is important to note that reducing the stakes on FOBTs will not solve the issue of problem gambling on its own. Other mechanisms such as time limits on machines are important for reducing debt and addiction. With electronic machines it should be possible to incorporate



prompts and alerts. We will discuss the need for local authorities to have greater power to stop the 'clustering' of FOBTs later in this submission.

**2. Do you agree with the government's proposals to maintain the status quo on category B1?**

No comment.

**3. Do you agree with the government's proposals to maintain the status quo on category B3?**

No comment.

**4. Do you agree with the government's proposals to maintain the status quo on category B3A?**

No comment.

**5. Do you agree with the government's proposals to maintain the status quo on category B4?**

No comment.

**6. Do you agree with the government's proposals to maintain the status quo on category C?**

No comment.

**7. Do you agree with the government's proposals to maintain the status quo on category D?**

No comment.

**8. Do you agree with the government's proposals to increase the stake and prize for prize gaming, in line with industry proposals?**

We are pleased that the government has decided not to take industry proposals around other categories forward and to retain the existing system of regulation. We cannot comment on the proposals to increase the stake on prize gaming from £1 to £2 but would be keen that the impact of this is closely monitored to ensure it is not having a negative impact.

**9. Do you agree with the government's proposals to maintain the status quo on allocations for casinos, arcades and pubs?**

No comment.

**10. Do you agree with the government's proposals to bar contactless payments as a direct form of payment to gaming machines?**

Yes. As stated in the consultation document, it is important to give players control over their play. The introduction of contactless payments would enable quicker play with less time to make considered decisions and is likely to have a negative impact on problem gamblers.

**11. Do you support this package of measures to improve player protection measures on gaming machines?**

No comment.



**12. Do you support this package of measures to improve player protection measures for the online sector?**

No comment.

**13. Do you support this package of measures to address concerns about gambling advertising?**

No comment.

**14. Do you agree the Government should consider alternative options including a mandatory levy if industry does not provide adequate funding for RET (research education and treatment)?**

Yes. There have been recent rises in problem gambling and therefore likely rising levels of gambling related harm. To match this there needs to be a rising level of funding from the industry for research, evaluation and treatment. The investment by industry in treating problem gamblers is currently dwarfed by the social cost of problem gambling. A mandatory levy to fund problem gambling treatment should be introduced. The Association of British Bookmakers has said it would not oppose this.

GambleAware's strategy 2016 – 2021 sets out a tiered model for service provision. The government should be looking to the gambling industry to fund the services, interventions, training, and workforce development that run across these tiers. There is currently a lack of clarity over where funding for treating gambling problems should come from and where commissioning responsibility lies.

The consultation states that NICE, Department of Health and NHS England are considering the production of treatment guidance on gambling. We would welcome this and this guidance should provide clarity on commissioning and funding responsibilities.

**15. Do you agree with our assessment of the current powers available to local authorities?**

No. In the view of ADPH, the Gambling Act does not currently strike the right balance between freedom for businesses and the needs of local people and areas.

Local authorities need more power to tackle the 'clustering' of betting shops in deprived areas. The current 'aim to permit' is preventing local authorities from doing this. The LGA submission to the review in 2016 contained some interesting statistics regarding recent clustering, for example Newham Council has experienced a 47% increase in betting shops since 2007 and there are now 84 betting shops across the borough.<sup>14</sup>

Local authorities do not currently have the power to prevent clustering as rejections for planning permission can be appealed and go to the Secretary of State. The Guardian has recently reported that since the beginning of 2017, the Planning Inspectorate in England has considered five appeals by bookmakers against planning decisions by Rotherham, Lancaster, Lewisham, Greenwich and Doncaster Councils and on each occasion the local authority's decision to refuse planning permission has been overturned.<sup>15</sup>

Licensing laws should be amended to allow health considerations to be considered. The LGA has also called for the reintroduction of the demand test or an equivalent cumulative impact test to allow councils to reject applications where betting shops are clustering. We support this call.



**16. Are there any other relevant issues, supported by evidence, that you would like to raise as part of this consultation but that has not been covered by questions 1-15?**

No.

**Association of Directors of Public Health**

**January 2018**

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<sup>1</sup> Respublica, *Wheel of misfortune: the case for lowering the stakes on fixed-odds betting terminals* (2017)

<sup>2</sup> The Lancet, *Problem gambling is a public health concern*, Volume 390, Issue 10098, 913

<sup>3</sup> NatCen, *Gambling machines research programme report 1: identifying problem gambling – findings from a survey of loyalty card customers* (2014)

<sup>4</sup> Jim Orford, Heather Wardle & Mark Griffiths, 'What proportion of gambling is problem gambling? Estimates from the 2010 British Gambling Prevalence Survey', *International Gambling Studies*, 13:1, 4-18

<sup>5</sup> Culture, Media and Sport Committee, Written Evidence Submitted by Professor J Orford

[<https://publications.parliament.uk/pa/cm201213/cmselect/cmcomeds/421/421we18.htm>] accessed 30<sup>th</sup> November 2017

<sup>6</sup> N. A. Dowling, S. S. Merkouris, C. J. Greenwood, E. Oldenhof, W. Toumbourou, G. J. Youssef, 'Early risk and protective factors for problem gambling: A systematic review and meta-analysis of longitudinal studies', *Clinical Psychology Review*, Vol. 51, February 2017, pp. 109-124

<sup>7</sup> Barnes, Grace M. et al. "Effects of Neighbourhood Disadvantage on Problem Gambling and Alcohol Abuse." *Journal of Behavioural Addictions* 2.2 (2013): 82–89

<sup>8</sup> Wardle, H., Keily, R., Astbury, G. et al. *J Gambl Stud* (2014) 30: 201. <https://doi.org/10.1007/s10899-012-9349-2>

<sup>9</sup> Wardle, H., Keily, R., Astbury, G. et al. *J Gambl Stud* (2014) 30: 201. <https://doi.org/10.1007/s10899-012-9349-2>

<sup>10</sup> IPPR, *Cards on the table: The cost to government associated with people who are problem gamblers in Britain* (2016)

<sup>11</sup> Landman Economics, *The economic impact of fixed-odds betting terminals: 2015 update* (2015)

<sup>12</sup> Royal Society of Public Health, *Health on the High Street* (2015)

<sup>13</sup> Geofutures, *Secondary Analysis of Machines Data: Examining the effect of proximity and concentration of B2 machines to gambling play* (March 2016)

<sup>14</sup> LGA, *Review of gaming machines and social responsibility measures: LGA response*, December 2016 (2016)

<sup>15</sup> The Guardian, 'Can councils stop bookmakers' push into poor areas? Don't bet on it', published 21 November 2017, accessed 12 December 2017