



FACULTY OF
PUBLIC HEALTH



ADPH, RSPH and FPH Consultation Response

Gambling regulation inquiry

Dear committee,

Thank you for making this [call for evidence](#) submissions available. We would like to take this opportunity to submit a statement. We have deliberately kept this a short statement and focused on high level points. We would be glad to cover these and the evidence that underpins them in more detail should you wish.

The [Faculty of Public Health](#), the Association of Directors of Public Health and the [Royal Society for Public Health](#) have already published a joint [statement](#) on protecting the public from gambling harm and the points we made in this remain current. Our statement sets out very clearly the view that the current narrative and thinking behind gambling policy is harmful. We need to shift away from blaming people to focusing on harmful products, a socially irresponsible industry, and significant conflicts of interest throughout the gambling policy system. We see this as a broken system that does not prioritise the safety and well-being of the public and disproportionately places the costs on the government and taxpayers.

We are also aware of the coming publication of the review of the 2005 Act in a White Paper and we would like to draw the committees attention to a number of points. We have framed these around the questions asked in the call. There are three broad asks we would make.

Firstly a significant increase in the regulation of the exposure of the public to Gambling advertising, marketing and sponsorship. It is incredulous that industry makes a case there is no link between exposure, consumption and eventual harm. This contradicts substantial bodies of evidence in relation to other harmful products, and the emerging evidence in the gambling research field.

Secondly we would seek a significant strengthening of the roles and responsibility of the industry regulator. We would seek a significant increase to the public health expertise within the regulatory body and joint accountability to DCMS and DHSC. The regulator's *primary* aim should be to keep the public safe from gambling harm. Industry involvement in policymaking needs to be limited, transparent, and handled exceptionally carefully. The industry does not hold competence in public safety or public health. It is easy to make a case that the regulatory system as it currently is set up is a critical part of a broken system and is not protecting the public from any form of harm. It is clear the government is happy to be strong on exercising regulation on the public sector. This is appropriate. We would ask that a level playing field also be applied to industries that create harm and contribute to widening of inequities.

Thirdly we would seek much stronger powers and responsibilities, with resourcing to execute those, for local government. This may include incorporation into local planning system (linked to the consultation on the NPPF) and increase of powers to Licencing Authorities for example the incorporation of health as one of the objectives of the licencing system. Currently local authorities do not have sufficiently strong powers to protect the public from gambling harm and the harmful practices of the gambling industry.

In the following we will address the specific questions set out in the call for evidence.

What is the scale of gambling-related harm in the UK?

The PHE (now OHID) [evidence review](#) provided arguably the most comprehensive overview of the impact of gambling harms in England. The most recent publication focused on the health harm with a health economic lens. It is arguably a significant under estimate as it will not have captured many different individual, family, community level harms across multiple areas that are not directly “health” but may be framed as the determinants of health. Financial loss and the impact on income and thus living standards at individual level and community level run into many billions. We know though that other data income and living standards are fundamentally important in health, but not captured in the OHID report. This is particularly important to emphasise during the current cost of living crisis with so many people struggling with food, fuel and other debt. The impact of this on health is not captured well. It is there nonetheless.

Ultimately the current system might be framed as harm in exchange for profit where there is a deeply established mechanism where the industry targets the poor (in many cases with marketing of addictive products), the state, families and communities pick up the bill, and industry takes the profit. All this harm is spread inequitably and much of it cannot be quantified or monetised. Tackling gambling consumption and harm at source will put more money into pockets with positive health and local economic multiplier effects.

What should the key priorities be in the gambling White Paper?

1. The current gambling system is the problem and needs to change

We believe that there is a need to fundamentally shift the narrative. We need a new system for regulating the gambling industry. An alternative framing of this is that the system is designed perfectly to produce the level of gambling harm we currently see, this it is not broken, but designed to achieve the results it gets.

Gambling harm, like tobacco, is a public health issue. Gambling is dangerous especially when commercialised and driven by a profit motive. Government has a duty of care and should not fund society through misery, exploitation and addiction. Government should fundamentally review the harm from one of the most liberalised gambling industries in the world and it should seek to fundamentally review many of the liberalisations in the 2005 Act. We recommend:

- The Government goes back to the 2005 act and explores the consequences of that deregulation
- The Government regulates the industry with consideration of who is being harmed and who is benefiting, particularly with a focus on prevention, equity, social justice and ensuring that policymaking and research processes are free from conflicts of interest and industry funding

The Government needs to choose to either implement a few visible but largely ineffective policies, or it can undertake a more fundamental rethink of the policies enacted, the role of the regulator, the system of treatment, education, research, and the framework in which gambling fits. The former is the path we took with tobacco over a decade or two in the 60s and 70s and was unsuccessful in reducing harm. We recommend:

- That the promotion of the public’s health as the primary focus of gambling policy, including the protection of children and young people and their rights to live and grow in safe and healthy environments
- The adoption of clear principles for engagement with industry actors informed by established guidelines, and many years of learning from evidence of research on harmful commodity industries
- A complete prohibition of gifts, hospitality and other inducements to MPs. There is a need to

effectively protect gambling policies from influence from the gambling industry and others with conflicts of interest, and limit industry input to its areas of competence and when required to implement previously established public health policies

- Significantly strengthening policy governance including addressing untransparent lobbying, conflicts of interest, political donations and hospitality from the industry

2. A fundamental rethink of the narrative of the balance of harm versus economic benefit

The narrative of balancing economic growth from gambling, with the harm it creates, and responsible self regulation should be challenged. There is a body of research evidence from a range of harmful product industries (including Gambling) demonstrating this is ineffective and a focus on self-regulation delays government regulation, costing health, livelihoods and lives.

The contribution of gambling to local economies is also questionable. Beyond relatively few jobs (some of which are unsafe) most of the wealth is not kept in local economies, it is transferred to multinationals or to overseas tax havens. As with tobacco, asbestos, lead etc we need to move away from the industry being a contributor to the economy: the industry does not *create* wealth, but extracts it from communities, often the most deprived. It is well established that the health of our communities is in no small part determined by the economic interests of multinational corporations that have a duty to their shareholders to maximise profit from sales.

3. Shifting the framing towards a responsibility of industry to minimise the harm it creates

The gambling industry minimises the issue of harms and seeks to maintain a focus on the small percentage of “problem gamblers”, not those experiencing low and moderate levels of harm or risk.

There are many industry stakeholders who forcefully argue why the best way to protect those who are being harmed (the 0.3% often referenced as experiencing harm) is to target interventions on this group of people. There should be a policy focus on the vulnerable, the Gambling Commission state that 47% of the adult population might be classed as vulnerable at any one time suggesting we need to go far wider than the 0.3%. It is also recognised that the industry often creates or exacerbates vulnerability through its conduct and product design. The best way to protect a population from harm is to reduce population exposure to harmful products and targeted marketing and to stop the vulnerable from becoming harmed.

The whole narrative of "gamble responsibly" and "safer gambling" is flawed. It locates the narrative in individual behaviour not industry products and methods. This needs to be addressed urgently.

The problem is the product, the context and the nature and tactics of industry. The industry frames the issue in “faulty” individuals not a highly addictive product and a predatory industry. A responsible industry dedicated to providing fun and leisure in a safe way has nothing to fear from regulation.

There are decades of careful research, across multiple industries, documenting how they skilfully craft and promote a narrative of personal responsibility, focusing attention on a tiny minority of the overall problem. By perpetuating the narrative that the answer lies in finding and helping that tiny minority we keep the focus on treating and not preventing harm, we stigmatise those who are harmed as somehow inherently ‘faulty’, and we ignore a large majority people who are experiencing harm (from their own or another’s gambling) that falls below detection.

- As a very minimum we would recommend that a narrative on personal responsibility should be framed with equal emphasis on business and government responsibility. People should have (and exercise) freedom of choice to gamble, they should equally be free of exposure to predatory tactics and highly addictive products

4. A Public Health approach to reducing harm from gambling

Mechanisms should be developed to protect industry involvement in gambling research, policy and practice from being influenced by the gambling industry, those funded by the gambling industry, or those profiting from the gambling industry. The ADPH/FPH position set out the views of PH professionals on what a PH approach looks like Protecting the public from being harmed or exploited by gambling and the gambling industry | ADPH.

We would seek:

- A clear public health framework to preventing gambling harm should be developed by the Government, in consultation with leading independent public health experts, which should outline the key pillars of a comprehensive public health approach
 - Articulation of a PH approach to gambling enshrined by law with specific local community involvement in defining what protections they would seek
- #### 5. Sustainable funding for harm reduction, and the prevention of harm

Currently the debate about a statutory levy is focused almost entirely on raising funding, the narrative is dominated by how to acquire funding rather than reducing harm. Any model of sustainable funding needs to pass a number of criteria as set out in the statement we published.

We agree that there is a need to establish stable and independent funding streams to prevent and reduce gambling harms which are free of industry influence and do not create dependencies on industry earnings. We would encourage a very careful discussion on the impacts of any funding mechanism and what interventions that funding is used for on overall harm, with a reference to equity. Gambling harm should be seen as like any other health issue and funded accordingly. The gambling exceptionalism that has been established by the current policy system has arguably benefited the industry and those dependent on its funding while failing to protect the public. We would be happy to explore this in more detail.

6. Regulation

Regulation simply isn't strong enough, and it seems clear that the approach to industry regulation isn't in the interests of protecting public health. We would:

- Encourage a fundamental rethink of the irreconcilability of the ask of the regulator on balance (promote industry vs protect the public)
- Recommend that the industry regulator is a fully independent body, is not fully dependent on industry funding, and is accountable to DCMS **and** DHSC
- Recommend the regulator needs to be tasked with protecting the public from gambling harm and not tasked with permitting the industry (it is current mandated to navigate these two which is an almost impossible task. Fines need to change the industry behaviour and not been seen as a funding source)
- Recommend that the government takes a level playing field approach to the approach taken to regulation in the public sector versus private industry activity, particularly given the quantum of harm from the activities of public sector bodies versus the gambling industry
- Recommend urgent review of white label licensing system
- Support The Gambling Commission to have a much stronger statutory duty of care and the requirement to set out how it is reducing population level harm. It should not employ or use consultants or researchers who have been employed by industry in the last 5 years. It should have the power to implement more rigorous enforcement of breaches of laws and prosecutions; and the

ability to take greater action taken against illegal operators and influencers

- Ask for stronger regulatory powers for local govt, with resource to execute health as an objective in licencing act and reversal of the aim to permit in the licensing system, as recommended in the Lords report
- Adopt the Lord’s report recommendation that products be tested for safety (not only fairness) and high-addictive products banned from the market

7. Advertising

It simply isn’t credible to make a case that there is no relationship between the type, nature and intensity of advertising and sponsorship and the eventual harm. There is both direct and a very wide body of indirect evidence to refute this key industry claim. There is also a significant body of research taken from other harmful product industries.

Taking into account the impact of the broad range of contemporary marketing tactics used by the gambling industry, we would seek that the government sets out how it will phase out all forms of marketing and apply a comprehensive ban (with significant penalties for breaches) on all forms of marketing across multiple media and community channels. Mechanisms should be established to map and monitor gambling marketing, and how strategies may change over time. This should also include robust independent research aimed at understanding how to most effectively counter-frame the promotional strategies used by the gambling industry to normalise their products. The industry has shown time and again that it cannot advertise in a socially responsible way and it should therefore lose its social licence to advertise.

Specifically we would ask for:

- A rapid phase out of sport sponsorship
- A far stronger health warning on adverts
- Much tighter regulation of advertising and sponsorship of gambling in the interest of public health (this might include placing the burden of proof on industry to establish that its products and the way in which it wishes to market them are safe, prior to formal approval by the reformed regulator whose primary mandate is to protect the public)

8. Industry independent research and evaluation

We need far more industry independent and robust evaluation of gambling policies. A huge amount of the research is industry funded. This can influence research agendas, shape research questions, bias study results and impact on the way research is reported, an issue that has been demonstrated in industry after industry. Independent evaluations have consistently demonstrated that there is no evidence for a protective effect of the most common UK safer gambling message (for example “when the fun stops”) and that the industry-funded body overseeing the campaign adopted industry-favourable framings and made unsubstantiated claims about its effectiveness. In short, slogans don’t prevent harm. The need for independent and robust evaluation cannot be over-emphasised. Since the 2005 Act there has not been one, robust, independent policy evaluation. Yet these policies are often presented by the regulator and successive governments as evidence that action is being taken to protect the public. We have very little understanding of the impacts of all the policies that have been implemented to date and the distribution of these impacts. The procurement of the evaluations to date is opaque and generally awarded to those outside of UK academic institutions (unlike the evaluation of the MUP and sugar tax for example).

9. Education should be completely independent of industry

Education is no substitute for legislation – it informs but cannot protect. Education alone will not be enough

to prevent the normalisation of gambling for young people. Education programs are important. Where education (in any setting) is undertaken it must be based on rigorous independent evidence, and should be part of a broader comprehensive public health approach including legislation, strong public health campaigns, and policies which restrict the accessibility and availability of gambling. The main education programme provided to date have been industry funded which creates considerable conflicts of interest and [independent research](#) documents how the content and delivery of such programmes aligns with the interests of the industry instead of children and young people.

Education should be sustained and adequately funded research-based public education programs that are run independently of the gambling industry. These must stay up-to-date with evolving forms of gambling marketing, and protect young people from all forms of marketing.

Commercial actors do not have a role in providing public health advice and youth education. OHID should take a lead role in providing public health advice, warnings and education in relation to gambling, supported by relevant clinical and academic organisations who are free of conflicts of interest.

How broadly should the term, ‘gambling’, be drawn?

The Gambling Act 2005 and the National Lottery Act etc. Act 1993 have clear definitions, as part of this process, new products such as gaming and crypto should be reviewed.

Is it possible for a regulator to stay abreast of innovation in the online sphere?

Yes we believe it is possible. However we recommend the committee discuss this matter with those with the right expertise. There are many gambling harm academics who are increasingly researching the blurring between gaming and gambling and the introduction of cryptocurrency as a means of enabling gambling. In order to really get under the skin of this it is necessary to talk to cryptocurrency and tech experts not necessarily (only) gambling experts.

What additional problems arise when online gambling companies are based outside of UK jurisdiction?

Similarly to above. It is well established that large portions of the industry are located overseas. It is necessary thus to talk to tax experts not gambling or public health experts.