

Greater Manchester's Response to the Review of the Gambling Act

March 2021

Opening Statement from Andy Burnham, Mayor of Greater Manchester:

"In Greater Manchester we are thinking differently about gambling related harms, working to prevent and reduce the impact on individuals, families and communities, however this work operates within the context of national regulation. We want gambling to be a safe and enjoyable activity, particularly recognising that children and young people are more vulnerable to harm, either directly or as a result of someone else's gambling.

Our response outlines practical changes that can be taken to support this ambition, for example, restricting how gambling products are promoted and advertised, introducing stake and deposit limits on harmful online products and giving communities a greater say over the premises that are licensed in their neighbourhoods.

We look forward to working with Ministers from across Government to design and implement changes which will improve the lives of people living in Greater Manchester."

Executive Summary

In Greater Manchester we are taking a population health approach to gambling harm reduction at a city-region level as part of our innovative public service reform and health agenda. While gambling is viewed by some as an opportunity to gain financial reward and a source of entertainment, gambling can be a health-harming activity, particularly with the increase in online products which facilitate remote and repetitive betting in socially disconnected environments. Our approach focuses on preventing gambling harms from occurring, as well as improving how we support our residents who are already experiencing harms, either directly or as a result of someone else's gambling.

The growth of online and remote gambling highlights the importance of a strong national regulatory framework which protects consumers from harm. In the UK we have taken important steps, such as introducing £2 stake limits on fixed-odds betting

"Gambling took so much more from me than money. It took my happiness, my motivation, my self-worth, my decency, my self-respect and it took my freedom." – Expert by lived experience

terminals (FOBTs) and banning the use of credit cards for online gambling, however more needs to be done. We support the Government's ambition to bring forward a review of the Gambling Act 2005, but encourage stronger cross-departmental engagement to reflect the complexity of gambling related harms. Given what we know about the extent and impact of gambling related harms on individuals, families, communities and society, we must seize the opportunity for change.

Our response to the Government's Call for Evidence is informed by accounts from professionals working in criminal justice, mental health provision, licensing, planning, public health and public and voluntary services, as well as the experiences of members of the Greater Manchester Youth Combined Authority. These accounts have been collated alongside the available research evidence, and this response been written with input from experts by lived experience of gambling harms living in GM. Together we outline five practical changes that need to be taken to ensure gambling is a safe and enjoyable activity for all who choose to participate, and support implementation of effective interventions at local and city-region level:

1. Adopt a public health approach to the regulation of gambling to include measures and restrictions on products to prevent harm
2. Establish a mandatory levy to fund research, prevention and treatment of gambling related harms, free from influence of commercial operators
3. Ban advertising and promotion of gambling products including restrictions on sport and sponsorship
4. Redress licensing powers to empower local residents and stakeholders to have greater input into licensing decisions made in their neighbourhoods
5. Create a gambling data hub where information – including industry data – on consumer behaviour and gambling harms are collected and readily available to support targeted action to prevent and reduce harm at a local, regional and national level

Better regulation is not incompatible with economic benefit; the steps outlined in this response establish a secure and sustainable foundation for gambling operators, without the associated costs to society of gambling related harms.

Reducing gambling related harms in Greater Manchester

The Greater Manchester Combined Authority (GMCA) covers the Greater Manchester city-region, an area with a population of over 2.8m and economy larger than Wales. GMCA is made up of the Mayor of Greater Manchester and the ten Greater Manchester councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Trafford, Tameside and Wigan), who work with other local public services, businesses, communities and a range of other partners to improve the city-region. GMCA has its own budget and employs staff to run the organisation. The ten councils of Greater Manchester (GM) have worked together voluntarily for many years on issues that affect everyone in the city-region, like transport, regeneration, and attracting investment. Greater Manchester has some of (if not the) most advanced set of devolution arrangements in England, with powers for example over our health and

care budget, aspects of the justice system, and some control over post-16 skills and employment support. Our vision is to make Greater Manchester one of the best places in the world to grow up, get on and grow old. We're getting there through a combination of economic growth, and the reform of our public services.

In GM we are taking a population health approach to gambling harm reduction at a city-region level as part of our innovative public service reform and population health agenda. This approach focuses on preventing gambling harms from occurring, as well as improving how we support our residents who are already experiencing harms. GM is one of a few areas in the country to take forward a whole system approach to gambling harm at this scale and we are working with partners to develop a blueprint for how local authorities and public services can prevent and reduce harms associated with gambling. Our programme is supported by funding from a regulatory settlement with industry administered via the Gambling Commission's National Strategy to Reduce Gambling Harms (Gambling Commission, 2019a, 2020a) and is delivered through the GMCA.

While gambling is viewed by some as an opportunity to gain financial reward and a source of entertainment, gambling can be a health-harming activity (Wardle, Degenhardt, *et al.*, 2021), particularly with the increase in online products which facilitate remote and repetitive betting in socially disconnected environments (Adams, Raeburn and Silva, 2009). Gambling is often described as a hidden harm, however data (based on survey data collected before 2010) suggests that there are approximately 39,000 problem, and 118,000 at risk, gamblers living in GM (Kenyon, 2017). These assessments of the prevalence of problem and at risk gambling are self-reported and therefore underestimate true prevalence; it is accepted within the research community that current measures are poorly equipped to describe the extent of harm within our communities (Doughney, 2009). We argue that gambling is not a hidden harm, but an overlooked harm. In developing the GM programme we have been shocked by the stories that have come to light about the negative impact of gambling on people's lives.

The gambling industry makes a contribution to our city-region by providing local jobs in licensed premises and bringing an offer of entertainment as part of our night-time economy. Stronger industry regulation is not incompatible with economic benefit; the steps outlined in this response establish a secure and sustainable foundation for gambling operators, without the associated costs to society of gambling related harms. We are suggesting a measured approach which protects the millions of UK residents who are vulnerable to gambling harms, but for the most part, will not impact on individuals who gamble safely.

Our shared aim is to prevent harm from arising, and to reduce the impact on individuals, families and communities of gambling related harm across the 10 localities in GM. Our gambling harm reduction programme has four priorities:

- Understand the prevalence and impact of gambling and use the best available evidence to inform decision making
- Provide equitable access to high quality local treatment and support services

- Targeted interventions to prevent and build resilience to gambling harms
- Engaging with communities and individuals to co-design local, regional and national action

The devolution of powers in GM provides a unique opportunity to bring together our public services to address these challenges collaboratively, enabling us to develop solutions that meet the needs of people and place. However, the growth of online gambling has served to highlight that the regulatory environment within which the gambling industry operates in is governed at a national level. Therefore, it is at national level that action must also be taken to prevent and reduce harm locally. Gambling harms are not equally distributed in society; people who experience social, economic and cultural disadvantage are more vulnerable to gambling related harms (Wardle *et al.*, 2016), contributing to health inequalities. We believe that taking national action to prevent and reduce gambling harm will contribute to the Government's agenda to 'level-up' our society. We support the Government's ambition to bring forward this review of the Gambling Act and commitments to increase funding and support for gambling services as described in the NHS Long Term Plan and forthcoming Addictions Strategy. Business as usual is no longer acceptable and we must seize this opportunity for change.

Evidence used to inform our response

In compiling this response we have focused on areas where our knowledge and experience can add value to this debate and have utilised accounts from professionals working in criminal justice, mental health provision, licensing, public health and public and voluntary services to inform our understanding of the causes and impacts of gambling related harms.

This response has been written with input from people with lived experience of gambling harms who reside or access services in GM. We have included their stories throughout our response and we thank contributors for their time and bravery in sharing their experiences. Where this evidence is included it is referenced as "expert by lived experience" to protect the anonymity of individuals coming forward. On occasion where an individual has expressed a view but did not identify as an expert by lived experience we have referenced this as "GM resident".

In addition, we held a session on 11 March 2021 with the GM Youth Combined Authority to capture the views of 30+ young people aged between 14-18yrs. Where this evidence is included it is referenced as "GM Youth Combined Authority".

Whilst this response is informed by available research evidence, we do not seek to provide a comprehensive overview of all evidence available and defer to others with greater subject matter expertise in these areas. We have noted throughout our response that a lack of evidence of success should not be treated as evidence of failure, and similarly a lack of evidence of gambling harms occurring doesn't mean they don't exist. Gambling harms are complex and can be experienced for a number of years after the event, as well as by friends and family, and as such are not simple to quantify.

In developing our response, we have paid particular attention to the following:

- Prevalence of problem and at risk gambling, noting that this does not adequately describe the full extent of the distribution and impact of gambling related harm on individuals, communities and society
- Impact of Covid19 on gambling behaviour, and implications for our economic, social and cultural recovery from the pandemic
- Testimony and accounts of experts by lived experience of gambling related harm, either through direct experience, as an affected other or from people providing support to those experiencing gambling related harm
- Implications of the national regulatory framework on the ability to deliver effective interventions to prevent and reduce harm at a local and regional level
- Changing public perceptions of the regulatory mechanisms available to prevent and reduce gambling related harms
- Contribution that successful gambling harm reduction initiatives can make to delivery of policy priorities, such as levelling up, reducing health inequalities, delivering on the NHS long term plan, reducing reoffending and the forthcoming national addictions strategy
- Learning from delivery of comparable public and population health initiatives which are supported by high quality evidence, such as tobacco control and alcohol harm reduction programmes, where evidence of gambling-specific interventions is poor.

We note that the Government is seeking evidence to support the fact not only that harms exist but that there is a causal link between regulation of gambling and these harms. We support a proactive, risk-averse approach to regulation of the gambling sector which seeks to avoid the harms that are felt, and does not wait for unequivocal evidence (a near impossible goal) before acting. In this regard we can learn from our response to other potentially harmful addictions, such as tobacco and alcohol, where delays in strengthening regulation directly contributed to increased harm and reduced life expectancy.

Government action to reduce gambling related harm

The Government has a responsibility to act to protect the public's health where individuals are at risk of harm or ill-health as a result of industries based on addiction (Department of Health and Social Care, 2021). Based on the evidence collected to inform this response, we outline five practical changes that need to be taken to ensure gambling is a safe and enjoyable activity for all who choose to participate:

1. Adopt a public health approach to the regulation of gambling to include measures and restrictions on products to prevent harm
2. Establish a mandatory levy to fund research, prevention and treatment of gambling related harms, free from influence of commercial operators
3. Ban advertising and promotion of gambling products including restrictions on sport and sponsorship
4. Redress licensing powers to empower local residents and stakeholders to have greater input into licensing decisions made in their neighbourhoods

5. Create a gambling data hub where information – including industry data – on consumer behaviour and gambling harms are collected and readily available to support targeted action to prevent and reduce harm at a local, regional and national level

These steps are described in more detail below.

Adopt a public health approach to the regulation of gambling to include measures and restrictions on products to prevent harm

The Government should heed calls from regulators, clinicians, experts by lived experience and academics (Barrett, 2018; Wardle *et al.*, 2019; Gambling Related Harm All Party Parliamentary Group, 2020; Select Committee on the Social and Economic Impact of the Gambling Industry, 2020) take a public health approach to gambling, reflecting the strong body of evidence demonstrating that gambling is a health harming activity for a significant proportion of the population (Wardle, Degenhardt, *et al.*, 2021). A public health approach has preventing harms to the population at its core; offering treatment to those most severely impacted is just one facet.

We are concerned by the Government's focus on a narrow definition of 'vulnerable groups' who are at greater risk of experiencing gambling disorder. Evidence does show that some groups of the population may be more vulnerable to the harms caused by gambling, further exacerbating inequalities. Anyone who gambles is at risk of gambling related harm, as is demonstrated in testimony from experts by lived experience.

"I was released from my sixth prison sentence early last year. All criminal offences committed to fund my gambling addiction.

I was born the youngest of three brothers, had two hard-working and honest parents and I was offered advantages of a good education and family love. But I loved gambling from a very young age. The age of seven. I have married three times, have two children, many friends and family who have supported me. So this addiction does not just affect the vulnerable, the poor or the disadvantaged. It can strike at any time, to anybody.

We can discuss the reasons why, but this addiction affected all aspects of my life and my development as a human being. Job after job, offence after offence, and relationship after relationship. That was my life." – Expert by lived experience

In an environment where there are no limits on the amount of money that can be gambled in a single session, gambling harms can accrue very quickly, however the legacy of recovering from these harms can last for a very long time. It is important to note that gambling related harms are not just financial, as demonstrated by testimony provided by experts by lived experience. This is supported by research showing that gambling disorder is associated with a wide range of harms, from mental ill health, suicide, domestic abuse, relationship breakdown, asset loss, bankruptcy, poor performance at work or school, theft and criminal behaviour (Langham *et al.*, 2016; Wardle and McManus, 2021).

“The most simplistic way I can describe what happened to me is that I did not find gambling, gambling found me. Through the love of my favourite sport, I was softly nudged towards taking part in this seemingly normal and innocent activity promoted everywhere I looked.

...In my case, there is no glamour story of a ‘big first win’ that paved the way for an incessant need to replicate that ‘hit’. Instead there was a quick, miserable spiral into addiction that consumed all walks of my young life.

...Gambling completely devastated my life. I was deeply addicted to the whole product of online gambling...I stopped gambling in 2018 after an excessive and destructive episode that took me to the brink of suicide

...I take full responsibility for my recovery, which has given me a second chance at life. However, I was completely and utterly failed by many gambling companies, who showed no responsibility in protecting me from gambling exposure as a child and for twelve years furthered their profits at the expense of my harm.” – Expert by lived experience

The primary aim of a revised regulatory framework should be to reduce and prevent harms as a result of gambling. This does not amount to prohibition of gambling, but advocates a risk-based approach to regulation which takes into account the differential risks associated with different forms of gambling, placing emphasis on the characteristics of product design and the environment they are consumed in. As currently presented, the Government’s Call for Evidence places the burden of proof onto individuals, organisations and regulators to provide evidence that harm is a result of participating in gambling or that the individual experiencing harm possesses a particular vulnerability to that harm. Under a precautionary principle the burden is shifted onto operators to provide evidence that their products are designed to prevent harm from occurring, using mechanisms such as: stake limits, monthly deposit limits, affordability checks, speed of play restrictions, displaying tracking of amount staked, won and lost, time-outs and mandatory safer gambling interventions. This is not a new idea, for example the regulation of medicines and pharmaceutical products is predicated on the pharmaceutical industry providing gold standard research evidence to demonstrate that their products do not lead to unacceptable harm to the population prior to their approval to being made available for use in the UK.

There is a growing body of evidence to support an economic and social case for a preventative approach to gambling related harms. Not only do gambling related harms have a significant personal impact on the lives of individuals and affected others, but they have a wider-reaching implication on society as harms may result in recourse to public funds through unemployment support, housing and homelessness, policing and

utilisation of health services. Although limited evidence has made calculations difficult, it has been estimated that the costs of gambling related harm range between £260million and £1.16billion per year (IPPR, 2016). Research from Sweden suggests that the public costs of better regulation of the gambling ecosystem are far outweighed by the costs to society of gambling related harms (Hofmarcher *et al.*, 2020). Even where the public costs of gambling related harms are not taken into account, analysis conducted by the Social Market Foundation estimates that a decrease in net gambling spend of 10% could actually *contribute* £311million GVA, 24,000 more jobs and an additional £171million in tax revenues to the UK economy (Corfe, Bhattacharya and Shepherd, 2021).

There is strong public support for preventative measures to reduce the risk of gambling related harms, this is shown in both quantitative and anecdotal evidence. For example 71% agree that there should be affordability checks for those who want to bet more than £100 a month, 73% agree there should be limits on how much money can be staked on any single bet online, whereas only 27% agree that young and vulnerable people are adequately protected from gambling related harms (Survation, 2021). The impact of many safer gambling interventions will not affect the vast majority of people who gamble, for example, analysis suggests 84.5% of accounts spent less than £200 over a whole year (Forrest and McHale, 2021). There is limited support for ongoing voluntary arrangements with operators to regulate gambling, with over two thirds of the public disagreeing with the statement that 'gambling in this country is conducted fairly and can be trusted', with a consistent trend in public perceptions towards tighter regulation of gambling (Gambling Commission, 2021a).

We are encouraged by measures taken in countries such as Spain, New Zealand, Australia, Germany and Austria to implement monthly deposit limits, mandatory stake limits and place restrictions on advertising of gambling products to protect their populations from gambling harm. In the UK we have taken important steps on this journey, for example introducing £2 stake limits on FOBTs and banning the use of credit cards for online gambling. We need to continue to follow this direction of travel, reflecting public perceptions and taking the opportunity to make gambling in the UK a safe and enjoyable activity.

Establish a mandatory levy to fund research, prevention and treatment of gambling related harms, free from influence of commercial operators

Efforts to deliver a public health approach to gambling harm reduction should be grounded in good quality evidence, be driven by an understanding of wider societal costs and benefits, and be delivered in the public interest. The existing voluntary levy scheme which funds research, prevention and treatment is not fit for purpose for two key reasons: operators are free to determine how much they contribute, and the administration and allocation of monies collected through the levy is not fully independent of operator influence. The weaknesses in some aspects of the currently available evidence are a product of this flawed industry-led approach. This adds even more weight to the argument that we shouldn't use a lack of evidence of harms (from largely industry-led evidence) as a reason not to regulate to prevent harms occurring. A voluntary levy enables the gambling industry to dictate who receives funding, for

what purposes and how much they receive, fundamentally undermining the integrity and independence of research, prevention and treatment of gambling harms.

A mandatory levy should be calculated based on the footprint of operators determined by the classification of products and the scale of the operation within the UK, building on a preventative, risk-based approach to regulation. As an example of how the current system fails this principle, an international aid charity which runs a weekly lottery for fundraising purposes contributed £2,500 to GambleAware in Apr 2020 to Jan 2021, whereas there are plenty of examples of national industry operators with multiple premises and online gambling products contributing circa £5,000 (*GambleAware 2020/21 supporters*, 2021). Whilst these figures may not be reflective of the full value donated to fund research, prevention or treatment as contributions may be made under the levy to organisations other than GambleAware, this is reflective of a lack of transparency as levy contributions cannot be readily discerned from company financial accounts. Structuring a mandatory levy on a “polluter-pays” principle places a market-based incentive on operators to improve the safety of products for consumers and will provide sustained funding to address the harms caused, which can then be distributed on a needs basis.

The idea of establishing distance between commercial operators seeking to profit from their product and the provision of services to better understand, regulate and address the harms caused by the product is not new. The World Health Organisation Framework Convention on Tobacco Control, adopted in 2003, provides a blueprint for protecting public health policies and actions from “commercial, or other vested interests, of the tobacco industry” (WHO, 2005). In relation to a government partnership with Drinkaware the Parliamentary Health Select Committee recommending in 2012 that “*if Drinkaware is to make a significant contribution to education and awareness over the coming years its perceived lack of independence needs to be tackled... the Committee recommends that further steps are taken to entrench that independence*” (McCambridge *et al.*, 2014), emphasising the importance of separating commercial interests and funding from the development of public health interventions, communications campaigns and research. Further evidence is provided in response to Q22.

There is strong research evidence to suggest the importance of decoupling industry influence from public campaigns designed to prevent gambling related harm. In the UK these campaigns have perpetuated a responsible gambling narrative which places the onus on the individual to gamble ‘responsibly’, which “*entrench harmful products and systems and assist in the miscategorisation, pathologising and stigmatisation of those harmed by dangerous gambling products*” (Livingstone and Rintoul, 2020). This stigmatisation is particularly important when considered alongside the Treatment Needs and Gap Analysis research commissioned by GambleAware which identified that 1 in 10 gamblers cite stigma and shame as a reason for not seeking treatment and support, a proportion increasing to 27% among respondents identified as ‘problem gamblers’ (Dinos *et al.*, 2020) From a regulatory point of view, the focus on the individual shifts attention from more effective population policies which would address the myriad of behavioural influences which are dictated by gambling operators, such as the excessive sponsorship of sports or the use of direct marketing to encourage

gamblers to gamble more. A systematic review of effective strategies to prevent non-communicable disease reported that counter-marketing strategies which seek to “*reduce demand for unhealthy products by exposing motives and undermining marketing practices of producers*” have been demonstrated to be an effective component of effective tobacco control, emphasising the potential to use similar strategies to reduce consumption of other commercially promoted, health harming products (Palmedo *et al.*, 2017).

Whilst the NHS Long Term Plan confirmed a welcome commitment to establish a national network of specialist NHS services to support people with gambling disorder alongside the National Gambling Treatment Service, this provision will only support a fraction of the population identified as experiencing harm and does not signify a strategic join-up of wider primary care, mental health and community services with gambling treatment and care provision. The forthcoming national Addictions Strategy provides an opportunity to address this strategic misalignment and give gambling harm parity with other substance abuse services. A robust levy on industry can provide a mechanism to secure the necessary funding for public investment in reducing gambling related harm. Decoupling provision from voluntary donations from the gambling industry signifies an important step to ensure equitable access to high quality treatment which is designed to meet the needs of people experiencing gambling related harm, and not licensed operators.

It is essential that the development of comprehensive treatment and care is complemented by legislation that prevents harm and reduces demand for these services in the long-term. For this reason we advocate for cross-departmental oversight of the review of the Gambling Act 2005 led by Cabinet Office, with representation from DCMS, DHSC (including Public Health England / Office for Health Promotion), DHCLG, MoJ and HM Treasury.

Ban advertising and promotion of gambling products including restrictions on sport and sponsorship

At present the emphasis on gambling related harm has focused on developing treatment responses to problem or disordered gambling, but these are not balanced with equal efforts to develop public health responses which will prevent harm from occurring in the first place (Adams, Raeburn and Silva, 2009). Central to a public health approach to prevent gambling related harm are restrictions on harmful products, and the ways in which these can be promoted, advertised and marketed, particularly where this contributes to the normalisation of gamblo-genic environments.

Targeted social media and direct email marketing can be extremely pervasive, particularly where the recipient is gambling too much, or in recovery from their addiction.

“I received a marketing email promoting ‘free bets’ on the very same day that my self-exclusion period from gambling ended. This placed me at clear and immediate risk” – Expert by lived experience

“Targeted media and advertising of gambling, particularly linked to football, made me vulnerable to gambling harm and addiction” – Expert by lived experience

The onus should not be on the individual to avoid harmful advertising (for example, the Gambling Commission has recently released advice for how to limit exposure to marketing when using social media platforms such as Twitter and Facebook) but on regulators to reduce and prevent exposure to adverts which promote participation in harmful products. The examples included in Figure 1 illustrate how free spins and free bets are promoted to entice people to participate in gambling, with no commensurate information about the odds and chances of winning.

Figure 1. Examples of online promotions for gambling products taken from Twitter during March 2021 (to note, the account holder who shared these images has never registered for a gambling site or followed accounts held by gambling operators)



More worryingly, we have seen an increase in the way that major brands, such as Premier League football clubs, use social media to promote partner gambling operators on their primary social feeds while gambling operators become content producers, for example with Marathonbet’s YouTube channel contains a series of videos of Manchester City women’s players discussing topics aimed at a young audience (*Marathonbet - YouTube, 2021*). During the first Covid19 lockdown period, gambling operators agreed to voluntary restrictions on advertising products (by contrast other countries such as Spain and Lithuania secured a mandatory ban). This agreement has lapsed, for example Jackpot Joy’s sponsorship of ITV’s flagship daytime TV programme ‘Loose Women’ has resumed during the 2021 Covid19 lockdown. This kind of affiliate marketing is of particular concern as it contributes to the proliferation of gambling advertising in arenas which are populated by children and young people, and is not confined within gambling environments. This needs to be stopped.

In addition to sponsorship of traditional sports, there has been a significant growth in marketing of betting in eSports, with a commensurate increase in gross gambling yield (GGY) in eSports from £50,223 in March 2019 to £1,326,568 in December 2020 (Gambling Commission, 2021b). All measures taken in relation to limitations on advertising and marketing of gambling products in sport should be replicated across all emerging and growth markets, including eSports and gaming.

Thinking back over the past month, have you seen any materials that have promoted gambling products?

Yes – 69%

No – 14%

Not sure – 17%

GM Youth Combined Authority (age 14-18yrs)

The marketing of gambling products can be viewed through the same lens as marketing of tobacco products in the 1980's and 90's, where film stars routinely smoked on screen and advertising was prevalent across all sports, for example, Wayne Rooney taking shirt number 32 as part of a tie-in with Derby County Football Club sponsor 32Red in 2019. Taking learning from the impact of restrictions on tobacco advertising and promotion on decreasing uptake of smoking, particularly among young people, marketing restrictions on gambling should be comprehensive and include limits on all promotion in all forms, especially where children and young people are possible targets.

Further evidence is presented in our response to Q11-15 below.

Redress licensing powers to empower local residents and stakeholders to have greater input into licensing decisions made in their neighbourhoods

Current licensing arrangements strongly favour applicants to the extent that it is very difficult for local communities or professionals, such as experts in public health and safeguarding, to amend the type and location of premises approved in their neighbourhoods. Experiences from Licensing Committees show that resident feedback and concerns about new licensing applications have carried little weight as there is limited legal basis for challenging gambling licensing applications.

The presumption in favour of granting an application has contributed to a proliferation of gambling venues in some of our most deprived areas in GM, contributing to significant outlet density in locations where people are more vulnerable to harm. There is very strong evidence available to demonstrate that restricting the availability of health harming products is associated with reductions in harm. For example, reducing the density of alcohol outlets has consistently been shown to reduce consumption, alcohol-related admissions to hospital and harmful behaviours (Popova *et al.*, 2009; Martineau *et al.*, 2013; Vocht *et al.*, 2016). Although guidance from the Gambling Commission suggests that in developing licensing policies in relation to gambling, local authorities should proactively engage with organisations such as “public health, mental

health, housing, education and community welfare groups and safety partnerships”, there is no obligation for these bodies to be consulted as a Responsible Authority in the process of assessing licensing applications (*Part 6: Licensing authority policy statement*, 2007), making it incredibly difficult to engage in the application process. This is viewed alongside proposals in the Planning White Paper which significantly compromise the ability of local authorities to exercise their core functions (properly planning for places, including the provision of infrastructure that communities need); raise serious concerns for the health and vitality of city, town and local centres, and further limit the participation of communities in the decision-making process for development which directly impacts them. We call on Government to redress the imbalance in the Gambling Act and Planning White Paper to enable local authorities to have a greater say in how and where gambling premises operate, allowing local insight to inform actions to prevent and reduce harm.

Evidence captured in Greater Manchester to support this position is included in our response to Q39-45 below.

To facilitate constructive engagement with the licensing process, local authorities within GM are seeking to develop local area profiles to support a revised Statement of Principles, however developing a robust evidence base at local level is inhibited by a lack of available data.

Create a gambling data hub where information – including industry data – on consumer behaviour and gambling harms are collected and readily available to support targeted action to prevent and reduce harm at a local, regional and national level

National data suggests that approximately half the adult population has participated in gambling in the past year, with between 4-13% of people who gamble experiencing or at risk of problem gambling (Dinos *et al.*, 2020). Little data is available at a local, regional or national level to determine the extent of *gambling related harms*. This would help identify people most likely to be experiencing harm and support a robust evaluation of the social costs of this harm for communities and public services (IPPR, 2016). National surveys of gambling prevalence are conducted within the Health Survey for England and by the Gambling Commission, however there is no obligation for this data to be made available at a local or regional level with access likely to come with a data processing cost. Modelled data demonstrates that there is regional variation in prevalence of at risk and problem gambling, however this data is not sufficiently granular to provide a clear picture of where resources should be targeted (GambleAware, 2020b). Surveys are heavily reliant upon self-reported data and it is widely acknowledged that people most likely to be experiencing gambling related harm are the least likely to participate in voluntary surveys. For this reason, surveys are likely to underestimate true prevalence of problematic gambling and gambling related harm (Doughney, 2009).

A recently published study by the University of Oxford provided unique insight into the financial impacts of different levels of participation in gambling (Muggleton *et al.*, 2021), however many gaps exist within this data source. There is not one place that

holds data on consumer behaviour, including records of play and spend across all forms of gambling and demographic data. These data are held by industry operators. Within these data, sophisticated algorithms exist to identify problematic behaviour where a 'safe gambling' intervention may be required. An interim report of a study of online patterns of play which had access to operator data has already demonstrated how useful this information is in informing our understanding of consumer behaviour (Forrest and McHale, 2021). Beyond reporting numbers of interventions made, there is little transparency as to how problematic gambling is identified, thresholds for interventions, nor the spread of online gambling across the population. With the continued growth of online gambling, gambling is increasingly considered a hidden harm. Placing a requirement upon industry to make available anonymised data on consumer behaviour would mean harmful gambling can be better understood and would be valuable data source to inform both research and practical action to prevent and reduce harm, for example identifying harmful products or designing interventions. For example, although 21% of accounts studied made use of the facility to set deposit limits, in more than one-third of these cases the limit was set at £50,000 per month, far beyond what could be considered affordable for the vast majority of the population (Forrest and McHale, 2021). We have included specific details of where consumer data held by operators could be effectively deployed to support the objective of preventing and reducing gambling related harm in our response to Q5. Operators have data available to identify who is gambling problematically, for example by combining average spend with the average income for that area, or by monitoring average amount of time engaged with their gambling products. These data could not only help target interventions to help reduce harm for those already gambling problematically, but also help understand more about patterns and demographics to inform prevention going forward.

Finally, little administrative data is collected routinely by public services on the extent of gambling related harm, for example, the OASIS assessment used within the criminal justice system does not have a specific section to record results of gambling screening. In GM we are working with public sector providers, such as Greater Manchester Police, GPs, Citizens Advice Bureau and frontline support services to collect these data. This local effort could be usefully supported with stronger co-ordination from national government with a requirement for relevant public services to regularly collect and provide data on prevalence of gambling harm among service users, giving gambling harm parity with other substance misuse disorders.

Direct response to the Call for Evidence

Online Protections – players and products

Q.1 What evidence is there on the effectiveness of existing online protections in preventing gambling harm

There is limited evidence of the effectiveness of existing online protections in preventing gambling related harm. The best available survey data, adjusted to population demographics, suggests that there are 147,000 people classified as at risk or experiencing gambling disorder in Greater Manchester (Kenyon, 2017). GM data collected from the National Gambling Treatment Service over a 3 year period from January 2016 to December 2019 reports that 37.67% of people accessing treatment

for their gambling use online products, such as sports betting, slots or casino games. Preliminary analysis of this data suggests that the proportion of individuals accessing treatment for disordered gambling who use online products is increasing, this may be reflective of the increasing use of online gambling products, but also a reduction in the number of people accessing treatment as a result of using FOBTs following introduction of maximum stake limits. This data shows that existing protections for consumers of online gambling products are not sufficient in preventing gambling related harm, with nearly 1 in 10 people accessing treatment services being in debt in excess of £20,000 as a result of their gambling (GambleAware, 2020a).

With no limits on the amount that can be gambled in a single session, gambling harms can escalate very quickly, but recovery can take a long time. Existing protections, such as voluntary deposit limits are not adequately protecting consumers from serious harm as a result of their gambling. Far too frequently have GM resident stories about their gambling included examples of losing tens of thousands of pounds in one sitting, with no intervention to stop this from the operator. One GM resident recently shared their story and concluded that they had spent on average 14 hours per day online gambling. This amount of time is indicative of someone who is consumed by gambling, yet there was no intervention made to prevent it.

A review of the research showed that the effectiveness of current harm reduction interventions are limited by the extent to which users adhere to voluntary systems (McMahon *et al.*, 2019), with the evidence base dominated by individual level harm reduction interventions (see response to Q12 also). Unfortunately people consumed by gambling addiction may not be able to make themselves stop using existing voluntary interventions. Progress that was made with the introduction of maximum stake limits on FOBTs has been undermined by a lack of stake limits on similar products which are available to consumers via the online market. The only way to limit harmful gambling on fixed odds betting machines is to bring consistency to regulation of all products, whether online or in licensed premises. This would follow a precedent set in Australia to include restrictions on high stakes slots where the outcome is instant, products are highly addictive, and losses can accumulate quickly.

Q.5 Is there evidence on how the consumer data collected by operators could be better deployed and used to support the government's objectives?

Currently there is very limited reporting and transparency of operator data available to support gambling harm reduction and prevention activity, for example the number of account holders using safer gambling tools such as deposit limits, time outs and product blocks, or the number of operator-led safer gambling interventions. At national level, this data would be instrumental in enabling regulators to evaluate the effectiveness of industry-led interventions to reduce harm and ensure safety of gambling products. At a city-region and local level, using postcodes, anonymised data from online accounts could help us better understand on gambling behaviour to help target and direct interventions to prevent and reduce harm.

In 2019 a local authority in GM requested anonymised data on the number of accounts held by postcode from a single operator. The operator agreed in principle to share some high level data on online gambling, requiring a Non-Disclosure Agreement (NDA) between the operator and local authority, although did not fully respond to the request. Building on this initial data output, we approached the Gambling Commission in December 2020 to facilitate access to operator data for the GM population, with the understanding that this would be under a NDA, to provide:

- Number of accounts held with operator by postcode, age and gender
- Number of self-exclusions by postcode, age and gender
- Average monthly amount (£) deposited per account, by postcode, age and gender (including range)
- Average time spent using gambling products by postcode, age and gender (including range)
- Number of affordability checks run by postcode, age and gender
- Use of operators safer gambling tools by postcode, age and gender

This request will allow better understanding of how data held by operators could support local action and to develop a relationship with industry operators. It will be anonymised and under an NDA, so wouldn't be commercially sensitive. No further response has been received in relation to this request, suggesting that the regulator does not have sufficient power or resource to request data from operators, nor are there obligations on operators in relation to monitoring and reporting of safe gambling interventions.

Population level data from online operators would be of significant value for gambling harm reduction activity, such as in GM, to inform the development of public health interventions, such as developing geographically targeted communication campaigns, community engagement activity and informing the provision of treatment and support at a neighbourhood level. At present we are over-reliant upon survey data to provide an indication of prevalence of disordered gambling, however sample sizes are insufficient to provide accurate data to fully inform targeted action where it can be most effectively delivered by public health teams and grassroots organisations: at community and neighbourhood level.

At a national level, regular reporting of this data would be invaluable in informing better regulation of gambling products by providing robust evidence of the effectiveness of operator-led interventions to ensure safer gambling. Without this data, it is not possible

to verify the extent to which industry self-regulation is providing a safe platform for people to participate in gambling. Following a public health approach to gambling harm, it is in the interests of industry to demonstrate that they are responsible operators through making this information transparent. It is recognised that certain data may be commercially sensitive, where this is the case we suggest that operators be compelled to agree data sharing arrangements with the regulator, which include a framework for the findings from analysis of data (but not the data itself) to be made publicly available for scrutiny and to inform policy.

Q.6 How are online gambling losses split across player cohort?

Data published from anonymised analysis of gambling deposits by Lloyds Banking customers identified that spending on gambling is highly skewed, both in absolute terms and as a proportion of a person's income. The mean average total deposit of all gamblers is £1,345 per year, but 75% of gamblers deposit less than £483 per year, with just 10% depositing more than £1,831 and 1% depositing more than £22,060. On average gamblers devote 3.7% of their spending to gambling deposits, but 75% deposit less than 1.7%, with 10% depositing more than 7.9% and 1% depositing more than 58% of their income. It has not been possible to determine the value of monies withdrawn from gambling operators, however this data provides a strong indication that gambling expenditure is not standardised. This study also identified that an increase in proportion of monthly income of just 10% was associated with a 52% increase in payday loan take up, an 81% increase in missing a loan repayment and a 98% increase in missing a mortgage repayment (Muggleton *et al.*, 2021). These findings have been replicated in a new study using sampled data from seven major online gambling operators which found that 5% of accounts were responsible for generating 86% of GGY from betting and 82% GGY from virtual casinos, account holders with the largest spending losses were predominantly male. More starkly, 21% of bettors and 20% of gamers losing between £5-10,000, and 15% of bettors and 20% of gamers losing £10-20,000 lived in the most deprived areas of the country, (Forrest and McHale, 2021).

Not all harms from gambling are financial, but this data provides strong evidence in favour of affordability checks based on proportion of income spent on gambling as a protective mechanism against severe harm among the most intensive gamblers. Such affordability checks could be incorporated into the account opening process and could be carried out periodically, with near-zero disruption to the gambler.

Q.10 Is there any additional evidence in this area government should consider?

Following the introduction of stake limits on FOBTs, in GM we have seen a reduction in the number of people accessing specialist treatment for gambling related harms who cite land-based machine gambling (FOBTs) as their primary gambling activity (from 18% in 2016-17 to 14% in 2019-20). Conversely we have seen an increase in the number of people accessing treatment services who cite online sports betting or gaming as their primary gambling activity (GambleAware, 2020a). Although not causal, this is suggestive that FOBT stake limits are effective at reducing gambling related harms. As maximum stake limits are not extended to remote and online gaming

it is possible that consumption has shifted online, suggesting that this is an area which would benefit from a consistent approach to regulation.

Advertising, sponsorship and branding

Q.11 What are the benefits or harms caused by allowed licensed gambling operators to advertise?

Promotion of gambling provides an unbalanced view of the gambling experience which over-emphasises individual skill and presentation of gambling as a glamorous activity, for example through the use of VIP schemes, free tickets and focus on 'high-rollers'. This is in direct contrast to the stories of people who have experienced gambling related harm.

What do gambling adverts make you think about gambling?

"it made gambling look very friendly and risk free"

"they always have things like £10 free so it's really easy for people to get pulled into it not realising the risk"

"reinforces that it's part of everyday life and social"

"it looks magical and other-worldly"

"when I watch TV with my parents we always notice that practically every other advert is gambling"

GM Youth Combined Authority (age 14-18yrs)

Targeted social media and direct email marketing can be extremely pervasive, particularly where the recipient is gambling too much, or in recovery from their addiction.

"I received a marketing email promoting 'free bets' on the very same day that my self-exclusion period from gambling ended. This placed me at clear and immediate risk" – Expert by lived experience

"Targeted media and advertising of gambling, particularly linked to football, made me vulnerable to gambling harm and addiction" – Expert by lived experience

The onus should not be on the individual to avoid harmful advertising (for example, the Gambling Commission has recently released advice for how to limit exposure to marketing when using social media platforms such as Twitter and Facebook) but on legislators to reduce and prevent exposure to adverts which promote participation in harmful products. This is particularly the case where children and young people are being exposed to gambling content and advertising.

Thinking back over the past month, have you seen any materials that have promoted gambling products?

Yes – 69%

No – 14%

Not sure – 17%

GM Youth Combined Authority (age 14-18yrs)

We have seen a worrying increase in the way that major brands, such as Premier League football clubs, use social media to promote partner gambling operators on their primary social feeds while gambling operators become content producers, for example with Marathonbet's YouTube channel contains a series of videos of Manchester City women's players discussing topics aimed at a young audience (*Marathonbet - YouTube, 2021*). In itself, this content is not considered 'harmful', however it contributes to the normalisation and blurring of boundaries between gambling and supporting or participating in sport. During the first Covid19 lockdown period, gambling operators agreed to voluntary restrictions on advertising products (by contrast other countries such as Spain and Lithuania secured a mandatory ban). This agreement has lapsed, for example Jackpot Joy's sponsorship of ITV's flagship daytime TV programme 'Loose Women' has resumed during the 2021 Covid19 lockdown. This kind of affiliate marketing is of particular concern as it contributes to the proliferation of gambling advertising in arenas which are populated by children and young people, and is not confined within gambling environments. This should be banned.

"I remember when the Rainbow Laces (really brilliant initiative) were released, they were linked to Paddy Power and that made me feel a bit conflicted" – GM Youth Combined Authority

Q.12 What, if any, is the evidence on the effectiveness of mandatory safer gambling messages in adverts in preventing harm?

There is limited evidence available to demonstrate the effectiveness of mandatory safer gambling messages in preventing harm. The current offer of safer gambling campaigns serve to reinforce the individualistic nature of gambling, encouraging individuals to take responsibility, when population level policies regulating the sector would be more effective and would help narrow gambling health inequalities. Evidence suggests that campaigns such as "when the fun stops, stop" and "bet regret" reinforce a narrative which focuses on individual responsibility of the gambler rather than addressing the issue of repetitive and addictively designed gambling products (Livingstone and Rintoul, 2020).

"I have never heard of a more ridiculous slogan than 'when the fun stops, stop'. It felt a lot more like 'it's not fun, and I can't stop'" – Expert by lived experience

This is a very powerful narrative which contributes to the stigmatisation of people experiencing gambling disorder, which is described by 1 in 10 people as a reason for not seeking treatment or support to help change negative gambling behaviour (Dinos *et al.*, 2020). This view, supported by gambling operators, maintains that it is gamblers, not unsafe products that are the problem, whereas an effective public health approach focuses on the causes of incidence rather than on individual cases (Delfabbro and King, 2020; Livingstone and Rintoul, 2020). Residents from GM have told us that when they have gambled too much or relapsed, there is an increased level of self-blame as a result of the individualistic narrative associated with gambling as a result of this advertising; this could be contributing to the damaging mental health impacts associated with gambling addiction.

Does the way gambling is promoted need to change? How?

“Should actually say there are risks to gambling and you could get addicted”

“TV ads should be banned just as tobacco and alcohol ads are”

“Show that there are risks in doing gambling”

“it’s risky for little kids coz they don’t know the difference or the harm so they can put the parents into debt”

GM Youth Combined Authority (age 14-18yrs)

Evidence from preventative messaging used in other areas of public health, such as alcohol and tobacco consumption, demonstrates that counter-marketing campaigns are an effective intervention at reducing demand (Palmedo *et al.*, 2017) through:

- Describing adverse health consequences
- Appealing to negative emotions
- Highlighting industry manipulation of consumers
- Engaging users in the design and implementation of campaigns

None of these characteristics feature in current safer gambling messaging.

Q.13. What evidence is there on the harms or benefits of licensed operators being able to make promotional offers, such as free spins, bonuses and hospitality, either within or separately to VIP schemes?

Data released by industry operators highlights the proportion of income derived from so-called “High Value Customers”. GVC holdings receives 38% of its deposits from its VIP customers, which constitute only 1.4% of the firm’s customer base. William Hill receives 20% of its deposits from just 0.6% of its customers. Flutter Entertainment, bet365 and SkyBet revealed that between 1-2% of their deposits are generated from customers under their VIP schemes (Cole, 2020). Whilst subsequent guidance from the Gambling Commission has sought to address this imbalance by requiring that operators conduct affordability and harm risk assessments for customers prior to being allowed to join a VIP scheme, it is unclear how this guidance is being interpreted and without a robust reporting procedure it is not possible to judge performance of operators (see response to Q5).

There has been a growth in online gambling across following the introduction of Covid19 lockdown restrictions, however data suggests that young men (aged under 35) are more likely to have increased their gambling since March 2020 as a result of offers received from gambling companies (mentioned by 22%) (Gambling Commission, 2020b). Analysis of regular sports bettors' behaviour during the first Covid19 lockdown found that while the majority of people reduced or stopped betting as restrictions stopped live sport, among men who experience problem gambling this was associated with starting new gambling activities during lockdown. This suggests that the cross-selling of products to people with existing accounts should not be permitted (Wardle, Donnachie, *et al.*, 2021).

Q.14 What is the positive or negative impact of gambling sponsorship arrangements across sports, e-sports and other areas?

Research suggests that the environments in which people see or hear betting advertisements are not in environments specifically designed for betting. The advertising of gambling products has contributed to a normalisation of gambling as a core component of participating in and watching sport, and this is shown in consumer and operator data where GGY from sports betting been steadily increasing. A qualitative study of young men aged 18-35yrs found that the casual wagering of money was vital to their enjoyment of sport, whilst the perceived 'facelessness' of sports gambling platforms via mobile apps was reported to increase inclination to engage in sports betting (McGee, 2020).

"Half of Premier League football teams have shirt sponsorship that are gambling companies, I see it everywhere" – GM Youth Combined Authority

"The amount of adverts for gambling in-between football / rugby is terrifying" – GM resident

Whilst there is a voluntary whistle-to-whistle ban before the watershed on the advertising of gambling during football matches, this is significantly undermined by the proliferation of sponsorship of sports teams and leagues – marketing of betting products has saturated sports programming and commentary (Deans *et al.*, 2017). It is estimated that gambling products are visible on an average of once every 11 seconds during a single episode of the BBC's Match of the Day (Pisarska and Ostaszewski, 2020). Sports fans are being introduced to gambling products from a young age, with research indicating that children as young as eight years old think betting is a normal part of sport (Deans *et al.*, 2017).

"I know it happened to two of my friends' husbands and fairly significant amounts of debt over football gambling on their phones, then getting into more trouble trying to manage the debt. It's frightening how it snowballs. They knew nothing about it so the impact on the family was huge" – GM resident

Whilst gambling operators may indicate that their sponsorship money is providing funding to support sport, we note that this money is concentrated within top-tier sports clubs. Smaller sports clubs and grassroots organisations where the focus is on building links with the community and encouraging participation in sport receive little or no funding from gambling operators and have successfully sourced income from

other local sponsors and businesses – something that larger clubs are arguably better equipped to achieve from sources other than the gambling industry. If gambling sponsorship money were removed from sports, other industries would sponsor teams instead, so this income would be replaced, in much the same way that it was when tobacco sponsorship was when it was banned in the UK.

Gambling Commission's powers and resources

Q.16. What, if any, evidence is there to suggest that there is currently a significant black market for gambling in Great Britain, or that there is a risk of one emerging?

Testimony from licensing leads across Greater Manchester gives no indication that there is a significant black market of unlicensed gambling in the land-based environment. Licensing leads were unable to produce any examples of unlicensed FOBT or similar machines in premises and stated they would be “*very surprised to hear if this was the case*”. Isolated cases of gaming and gambling dens have occurred which have been tackled using local enforcement and policing action, however these are considered to be very small-scale independent exceptions rather than illustrative of a significant black market.

This call for evidence has focused on the risk of a black market for gambling, however does not pay consideration to the risks of a black market *linked to* gambling. We have heard evidence from colleagues who provided the below case example which not only demonstrates that illegal lending activity is going on in casinos, but highlights that within land-based premises there are not sufficient affordability checks in place to protect gamblers from staking more than they can afford to lose or nor to protect them from black market activity.

“We have had a few jobs relating to gambling prior to Covid19 lockdown restrictions coming into place. A student was offered an illegal loan whilst in attendance at a Manchester casino – he was losing at the time. The loan shark was a young lady who offered to lend him £2,000. The victim believes that the young girl was working for a bigger boss and was being used to offer loans to younger gamblers” – GM Illegal Money Lending Team

Additionally, we refer to evidence produced by accounts of experts by lived experience which highlight that black market gambling was not a significant contributor to their experience of gambling related harm, i.e. that harmful products exist within the regulated market (The Big Step, 2021).

Q.22 What are the barriers to high quality research to inform regulation or policy making, and how can these be overcome? What evidence is there that a different model to the current system might improve outcomes?

The evidence in relation to preventing and reducing gambling related harm is poor, however this should not be used as a reason for not investing in action to address gambling related harm. Lack of data or evidence does not equate to evidence that harm is not occurring.

A significant barrier to the availability of high quality evidence is the over-reliance on industry funding to support research. This can be seen through direct industry funded research, such as the ‘review of unlicensed online gambling in the UK’ commissioned

by the Betting and Gaming Council (PriceWaterhouseCoopers, 2021), which has perpetuated a strong narrative overshadowing the broader purpose of the review of the Gambling Act. Where there is a limited body of evidence to draw on, the findings of individual studies – including those which have not been subject to rigorous academic peer review processes – are easily over-emphasised by industry operators.

A National Institute of Health Research (NIHR) funded review of evidence of interventions to address or prevent gambling related harms found that “*evidence from the primary literature remains sparse and weak, and review authors struggled to make conclusive statements about the evidence they examined, in terms of clear support for any specific types of intervention*” (Blank *et al.*, 2021). Furthermore, this study found that the majority of research literature focuses on ‘problem gamblers’, perpetuating a narrative favoured by gambling operators that interventions to address harm should focus on changing the behaviour of individuals rather than addressing the underlying causes of harmful behaviour related to gambling products themselves. In the UK the primary source of funding of research into gambling harm is distributed via an organisation funded by voluntary contributions from industry, raising significant questions about the independence and bias of published data in favour of furthering commercial interests which are resistant to any regulation which might restrict their activities (Knai *et al.*, 2018).

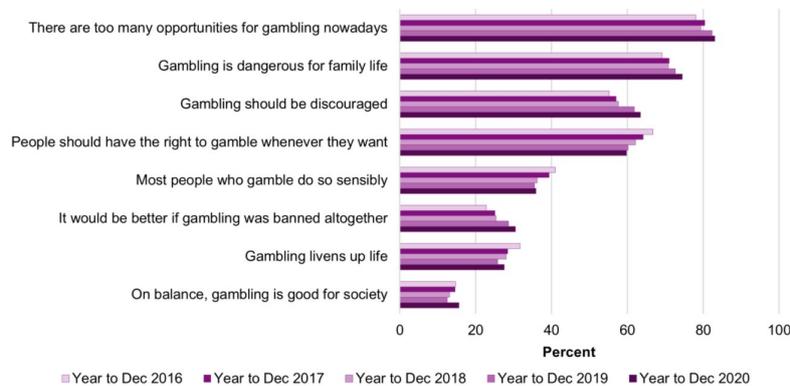
A voluntary levy enables the gambling industry to dictate who receives funding, for what purposes and how much they receive, fundamentally undermining the integrity and independence of research, prevention and treatment of gambling harm. Establishing a mandatory levy on operators, based on the “polluter pays” principle (which has been widely applied elsewhere in the UK regulatory framework, such as the Climate Change Levy and Soft Drinks Industry Levy) would provide a reliable revenue stream to support funding of research. To ensure impartiality of research, this levy would need to be administered and allocated independently from industry, for example, using existing mechanisms such as the NIHR grant process. This proposal is aligned with the UK Government’s research and development strategy, which sets out an ambition to establish an independent funding body which will “*tackle some of our biggest societal challenges, advancing our understanding of the world and translating that [to deliver] benefits to people, communities and places around the UK*” (Department of Business, Energy and Industrial Strategy, 2020). We propose that this levy be administered to address research priorities to reduce gambling related harm identified by the NIHR and Public Health England (PHE) evidence reviews due to feed into the Review separately.

Q.24. Is there any additional evidence in this area the government should consider?

In line with taking a public health approach to gambling harm reduction, the regulation of gambling products should be undertaken on harm avoidance principles. At present regulation is slow to react and respond to evidence in relation to harmful products, placing significant burden on individuals and organisations to present evidence to the regulator to demonstrate a link between product design and harm. A risk-based approach would shift this burden onto operators to demonstrate that their products do not cause harm.

There is strong public support for preventative measures to reduce the risk of gambling related harms, this is shown in both quantitative and anecdotal evidence. For example 71% agree that there should be affordability checks for those who want to bet more than £100 a month, 73% agree there should be limits on how much money can be staked on any single bet online, whereas only 27% agree that young and vulnerable people are adequately protected from gambling related harms (Survation, 2021). The impact of many safer gambling interventions will not affect the vast majority of people who gamble, for example, analysis suggests 84.5% of accounts spent less than £200 over a whole year (Forrest and McHale, 2021). There is limited support for ongoing voluntary arrangements with operators to regulate gambling, with over two thirds of the public disagreeing with the statement that ‘gambling in this country is conducted fairly and can be trusted’, with a consistent trend in public perceptions towards tighter regulation of gambling (Gambling Commission, 2021a).

Figure 2. Attitudes towards gambling, taken from the ‘Gambling Behaviour in 2020’ quarterly telephone survey (Gambling Commission, 2021a)



The regulator of gambling in the UK needs to be large enough so it can carry out, and commission research to support, its own regulation. While it is important that the industry are able to work with regulations, the approach to date of having industry-led initiatives has placed industry profits above harm reduction, but is partly a product of not having a sufficiently resourced regulator. For example, during the first national Covid-19 lockdown, in the UK operators agreed to a voluntary reduction of TV marketing of gambling products, whereas other countries such as Spain and Lithuania were able to institute a pre-emptive total ban in recognition of the risk of additional harm from gambling whilst lockdown “stay at home” measures were in place.

“Not only did gambling take £100,000 from me, I also lost two jobs and tenancy at two houses. But the practical consequences that I still live with now are the thing that I look back at with the least regret. Gambling took so much more from me than money. It took my happiness, my motivation, my self-worth, my decency, my self-respect and it took my freedom.” – Expert by lived experience

We know that gambling can be addictive, and that that addiction can cause very severe harms as seen in resident’s testimonies. Unfortunately, due to the challenges associated with measuring those harms and issues with research, those harms have

not been well depicted in research. However we know they are there, a more risk averse, precautionary approach is needed to protect the population.

The primary aim of a revised regulatory framework should be to reduce and prevent harms as a result of gambling. This does not amount to prohibition of gambling, but advocates a risk-based approach to regulation which takes into account the differential risks associated with different forms of gambling, placing emphasis on the characteristics of product design and the environment they are consumed in. As currently presented, the Government's Call for Evidence places the burden of proof onto individuals, organisations and regulators to provide evidence that harm is a result of participating in gambling or that the individual experiencing harm possesses a particular vulnerability to that harm. Under a precautionary principle the burden is shifted onto operators to provide evidence that their products are designed to prevent harm from occurring, using mechanisms such as: stake limits, monthly deposit limits, affordability checks, speed of play restrictions, displaying tracking of amount staked, won and lost, time-outs and mandatory safer gambling interventions. This is not a new idea, for example the regulation of medicines and pharmaceutical products is predicated on the pharmaceutical industry providing gold standard research evidence to demonstrate that their products do not lead to unacceptable harm to the population prior to their approval to being made available for use in the UK.

There is a growing body of evidence to support an economic and social case for a preventative approach to gambling related harms. Not only do gambling related harms have a significant personal impact on the lives of individuals and affected others, but they have a wider-reaching implication on society as harms may result in recourse to public funds through unemployment support, housing and homelessness, policing and utilisation of health services. Although limited evidence has made calculations difficult, it has been estimated that the costs of gambling related harm range between £260million and £1.16billion per year (IPPR, 2016). Research from Sweden suggests that the public costs of better regulation of the gambling ecosystem are far outweighed by the costs to society of gambling related harms (Hofmarcher *et al.*, 2020). Even where the public costs of gambling related harms are not taken into account, analysis conducted by the Social Market Foundation estimates that a decrease in net gambling spend of 10% could actually *contribute* £311million GVA, 24,000 more jobs and an additional £171million in tax revenues to the UK economy (Corfe, Bhattacharya and Shepherd, 2021).

In addition to focusing on the structure and format of the regulator, we call on Government to ensure greater collaboration between departments (such as DCMS, DHSC – including Public Health England, DHCLG, MoJ and Treasury) to ensure that long term objectives to prevent and reduce gambling related harm can be achieved. For example, the review of the Gambling Act can directly contribute to reducing demand upon NHS services to treat and support individuals experiencing harmful and disordered gambling. The regulator should be accountable not only to the DCMS, but also to the DHSC in terms of how it is fulfilling objectives of the NHS Long Term Plan to reduce demand on services and meet objectives of the forthcoming national Addictions Strategy, which is expected to include consideration of gambling alongside alcohol and substance misuse.

Consumer redress

We do not have specific evidence to submit to this review from residents in GM.

Age limits and verification

Q.29 What evidence is there on effectiveness of current measures to prevent illegal underage gambling in land based venues and online

Limited resources in Trading Standards have produced a scenario where they require specific evidence of local need to conduct test purchase arrangements for machines, for example, a high volume of complaints regarding underage use. This is not traditionally an area where number of complaints are high (this is comparable with alcohol enforcement). A lack of resources means that we are less able to conduct regular and local test purchase inspections of premises, meaning we do not uncover issues. This creates a vicious circle of inaction. In 2018 the Gambling Commission ran tests on a sample of pubs in England finding that almost 90% failed to prevent children from accessing category C (18+yrs) machines (Gambling Commission, 2018). We consider this to be the strongest possible evidence that current measures are ineffective. Further anecdotal evidence suggests while machine permits are licensed by industry operators who are able to provide a sophisticated response to outline how they are compliant with Codes of Practice, in reality it falls to a lone-worker in a pub to enforce and act on this policy with limited oversight from the licence holder. Innovative work has been done in this area in Sheffield building links between licensing holders and safeguarding requirements, however we consider this to be the exception.

In 2020 the RSPH published a trailblazing report looking at the relationship between gaming and gambling among young people aged between 11 and 24 (Royal Society of Public Health, 2020). We refer the government to review this report as strong evidence to demonstrate that children and young people are being exposed to gambling behaviours, as well as the Gambling Health Alliance submission to the DCMS Online Harms White Paper consultation (Department of Culture, Media and Sport, 2020). Further evidence demonstrating that there are 55,000 problem gamblers aged between 11 and 16yrs (Gambling Commission, 2019b). Whilst proposals to raise the minimum age from 16 to 18yrs to participate in the national lottery are welcome, these scarcely touch the surface of the scale of exposure to gambling that children and young people are experiencing in gaming, online activities and in land-based premises.

“Roblox is huge in my son’s year and that never struck me as gambling, but you pay money for some things so it clearly is. He’s six so that’s frightening” – GM resident

Q.36 What, if any, is the evidence that extra protections are needed for the youngest adults (for instance those aged between 18 and 25)

Research conducted in partnership between the National Union of Students and the Gambling Commission reported that three in five students have participated in gambling over the past 12 months, with approximately half doing so to make money, 1 in 8 will bet more than can afford to lose with almost 1 in 10 owing over £5,000 and have used all or some of their student loan to gamble (National Union of Students,

2019). We have spoken with welfare teams based in local universities who have identified that both gambling harm is likely to be prevalent within their student cohort, but also that they did not yet have effective mechanisms in place to identify and support students at risk of harm until they presented with concerns over their debt or mental health.

Q.38 Is there any additional evidence in this area the government should consider

The UK is one of the only countries that permits children of any age to play on the lowest level of gambling machines (category D). Whilst there is no evidence to suggest that this play in itself is a cause of harm, this does serve to normalise gambling behaviours from an early age.

Please see response to Q11-14 for evidence submitted by the GM Youth Combined Authority (aged 14-18) in relation to advertising and young people.

Land based gambling

Q.39 What, if any, changes in the rules on land based gambling would support the government's objectives as set out in the document? Please provide evidence to support this position, for instance how changes have worked in other countries.

Current licensing arrangements strongly favour applicants to the extent that it is very difficult for local communities or professionals, such as experts in public health and safeguarding, to amend the type and location of premises approved in their neighbourhoods. This undermines the concept of giving power to local authorities to take action in their locality. Experiences from Licensing Committees show that resident feedback and concerns about new licensing applications have carried little weight as there is limited legal basis for challenging gambling licensing applications. This experience has been captured in a blog written by public health and licensing experts from London, Leeds and Greater Manchester (Royal Society of Public Health, 2021).

"My regular commute from the train station to my place of work involved walking past at least 10 licensing gambling premises, as well as newsagents advertising and selling lottery tickets and scratch-cards. I had to do this twice a day, every day, whilst working towards recovery from a gambling addiction. In the end I had to change my route to avoid the temptation – something which added time to my commute and meant I had to explain why to colleagues and friends" – Expert by lived experience

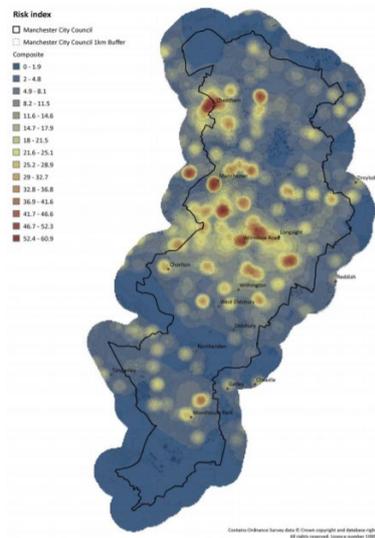
The lived experience account above is included to provide an illustration of the impact of outlet density on people who, for whatever reason, are actively trying not to partake in gambling. The location of premises in densely populated or areas of high pedestrian traffic has a similar impact to targeted marketing messages on social media and email.

"The 'aim to permit' principle in the legislation should be reviewed and licencing authorities given discretion to determine whether a grant of a licence is appropriate in the circumstances. Similarly, the requirement that licensing authorities satisfy themselves granting a licence is 'reasonably consistent' with the licensing objectives does not provide a robust threshold for determining against the grant of an application" – GM licensing lead

The current licensing conditions provide very limited confines within which objections to premises can be raised. With a limited evidence base available to provide a clear

and causal link between individual premises and experiences of harm it is almost impossible to present meaningful challenge to a licensing application. In GM we have developed innovative spatial mapping datasets to theoretically illustrate areas where vulnerability to gambling harm may be greatest to inform a local area assessments.

Figure 3. Map of composite risk indicators for Manchester City Council (Wardle et al., 2016)



Whilst theoretical, this provides valuable insight to inform decisions by Licensing Committees, however with no requirement for public health experts to be engaged in the licensing process as a Responsible Authority, there is no obligation for this evidence to be taken into account. This places the licensing of gambling premises under a different framework to the licensing of other premises, such as alcohol premises, creating inconsistencies. The presumption in favour of granting an application has contributed to a proliferation of gambling venues in some of our most deprived areas in GM, contributing to significant outlet density in location where people are at greatest risk of harm. There is very strong evidence available to demonstrate that restricting the availability of health harming products is associated with reductions in harm. For example, reducing the density of alcohol outlets has consistently been shown to reduce consumption, alcohol-related admissions to hospital and harmful behaviours (Popova et al., 2009; Martineau et al., 2013; Vocht et al., 2016). Were a similar approach to be replicated, in line with taking a public health approach to gambling, it would be possible to see similar reductions in gambling related harm.

Q.41 Is there evidence that changes to machine allocations and / or machine to table ratios in casinos to allow them to have more machines would support the government's objectives?

There is no evidence that supports permitting a higher number or proportion of machine games as part of a harm prevention or reduction strategy. Machine gambling has many similarities with online products which focus on facilitating repetitive betting in socially disconnected environments (Adams, Raeburn and Silva, 2009), therefore we would suggest that this fall under regulation as harmful products. Restricting

machine gambling in licensing premises promotes a focus on gambling which encourages entertainment and social interaction for participants.

Q.43 Is there evidence on whether licensing and local authorities have enough powers to fulfil their responsibilities in respect of premises licenses?

Please see response to Q16 for evidence relating to illegal money lending and land based premises. See our response to Q39 for evidence relating to the current licensing policy and inclusion of public health expertise in the decision making process.

Licensing authorities have developed a Statement of Principles in relation to gambling harm within their broader gambling policy, however this carries limited legal weight to support action and intervention. Additionally, current licensing structures in relation to gambling are very complicated for each individual local authority to interpret and implement, with multiple aspects and complexities over what is and isn't within the power of individual licensing authorities. The law, and thus, the quality of local implementation and enforcement of regulation would significantly benefit from simplification.

“One of the main challenges with gambling has been the evolution of the industry as they have sought to adapt to gaming machine category limitations and that has dominated gambling regulation generally. It is also complex regulation with different tiers of regulation, meaning that it can be difficult to effectively engage. Gambling companies typically have the financial resources to equip themselves with specialist legal support, against whom any opposing party who will not have typically have comparable or sufficient expertise to effectively challenge.” – GM Licensing Manager

“We wrote to licensed operators in our area asking for evidence to demonstrate compliance with licensing conditions, e.g. recording the number of safer gambling interventions made on premises. To date we haven't received any response back from operators” – GM Licensing Manager

This example illustrates that where a licensing authority seeks to take action to enforce policies they do not have sufficient power to compel engagement from licensed operators. This is compounded by an imbalance in resources available to licensing authorities; there is little opportunity to take a localised approach when engaging with large-scale industry operators and the resources available to them. Where objections to applications have been received, we have no evidence in GM of an application being rejected, but it has been possible to attach the following conditions to approved licences:

- Installation of comprehensive CCTV systems
- Security and lone working policies
- Maintenance of an incident log to be made available on request to authorised officers
- Training for premises staff in relation to awareness of local provision for people experiencing gambling related harms and age verification processes, with all training documented and made available on request to authorised officers

In one local authority a Betwatch scheme has been established to include betting shop and adult gaming centre operators, despite good engagement operators raised

concerns about the costs of participating in such schemes to improve the safety of gambling premises.

Q.45 Is there any additional evidence in this area the government should consider?

Proposals relating to the Gambling Act 2005 should be viewed alongside proposals in the Planning White Paper which significantly compromise the ability of local authorities to exercise their core functions (properly planning for places, including the provision of infrastructure that communities need); raise serious concerns for the health and vitality of city, town and local centres, and further limit the participation of communities in the decision-making process for development which directly impacts them. We call on Government to redress the imbalance in the Gambling Act and Planning White Paper to enable local authorities to have a greater say in how and where gambling premises operate, allowing local insight to inform actions to prevent and reduce harm.

It is noted that this is a relatively 'low traffic' area for licensing. Over the past five years, three local authorities in GM have received just 16 applications for new premises, although we have seen a shift in the type of premises, with growth in the number of adult gaming centres and reduction in number of sports betting premises. Feedback from GM licensing leads suggests that low number of complaints are received in relation to licensed premises, for example, one local authority stated that they had received no complaints about gambling premises over the past five years, by comparison they received 62 complaints about pubs under the Licensing Act. This picture is reflected in other local authorities in GM with significantly fewer complaints than for other licenced premises. Evidence presented in this section highlights the effort vs reward ratio for licencing in local authorities is low, with limited scope for altering overall outcomes in relation to location and operation of gambling premises.

Get in touch

To discuss anything in relation to this response or for further information about activities to reduce gambling related harms in Greater Manchester please contact Jo Evans, Programme Manager (Gambling Related Harms) at jo.evans@greatermanchester-ca.gov.uk.

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