

Minutes of Meeting

The third inquiry session of the Gambling Related Harm All Party Parliamentary Group's Inquiry into: Online Gambling - Assessing the Current Harm Prevention Provision

Date: Wednesday 8th May

Time: 14.00pm – 16.00pm

Location: Room M, Portcullis House

Chair: Carolyn Harris MP

Minutes taken by: Tosin Adedayo, Interel UK

Evidence Heard From:

First Session

- Lee Willows, Founder and Chief Executive, Young Gamers and Gamblers Education Trust
- Anne and Keith Evans, Founding Patrons, Young Gamers and Gamblers Education Trust
- Anna Hemmings, Chief Executive, GamCare

Second Session

- Dr Stephen Sharman, University of East London
- Helen Undy , Chief Executive, Money and Mental Health
- Duncan Stephenson, Director of Marketing and External Affairs, Royal Society for Public Health

Members Present

Carolyn Harris MP

Iain Duncan Smith MP

Ronnie Cowan MP

Sammy Wilson MP

Lord Foster of Bath

Stuart McDonald MP

First Session 14.10 – 15.00

- **Carolyn Harris MP (Chair)** began the first part of the evidence session by welcoming **Lee Willows** and **Anna Hemmings**, and asked them to introduce themselves.
- **Lee Willows** introduced himself as the Founder and Chief Executive of YGAM, a UK registered charity whose purpose is to inform, educate and safeguard young people against problematic gambling & social gaming. He shared his own experience with problem gambling which almost took his life eight years ago. This experience propelled him to take a positive action in this space, which resulted in the creation of YGAM.
- YGAM began with a clear focus on education and not treatment which GamCare already provided. There is a focus in the education system on sexual health and alcohol education but gambling is often neglected. As a result of the growth in technology, there is growing similarity between gambling and gaming. Gambling is a regulated activity where an individual wagers money to potentially win money, while gaming is unregulated and these are activities such as loot boxes, skin betting etc.
- As a UK registered charity, YGAM offers three products:
 - Practitioner workshops – this brings teachers, youth and social workers together to go through YGAM's education programme and provide them with the tools to imbed a programme on safer gambling into their PSHE curriculum. Last year, YGAM worked with almost a 1,000 schools delivering this product – with a reach of a 122,000 young people
 - Peer education – This was borne out of a Gambling Commission report published 2 ½ years ago on a small percentage of students who were racking up debt as they saw gambling as a way to make money. YGAM employs college students and pairs them with a university, train and certify them. These students then take the YGAM programme and deliver them to the student population within their partner universities. Last year YGAM worked with 5 universities – with a reach of 72,000 students.
 - Parents – This stream of work is developed for parents to educate them about the issues related to gambling, showing them how to put controls on their mobile phones and other devices to monitor and restrict access to gambling content.

- To develop these products, YGAM worked with the PSHE Association, Pearson, ASDAN and City and Guilds, Two academic studies have since been undertaken on YGAM, by the University of East London and City University. They look particularly at the practitioners workshops and the impact the programme has had. YGAM has spent a considerable amount of time to ensure that the product is appropriate for its audience and to meets a high standard.
- **Carolyn Harris MP** asked **Lee Willows** how the programmes are delivered.
- In response, **Mr Willows** said that the programmes are advertised on their website as an open course and delegates can apply to the course without charge. YGAM's curriculum is broken down into 6 key areas: 'why people gamble', 'probability and luck', 'the gambling industry', 'money and debt', 'digital and mental health', and 'social gaming'. Each area can delivered in a 2 hour lesson, or in any way that is convenient to the teacher. The YGAM programme has also been linked to key skills as part of PSHE education
- **Lord Foster of Bath** asked how many hours contact time with students would teachers need to deliver the programme in their entirety.
- **Mr Willows** replied that it is left to the discretion of the schools. There are options to deliver the programme in a 2 hour lesson or a 10 hour lesson.
- **Lord Foster** asked how long would that take to deliver all the content practitioners are trained to deliver.
- **Mr Willows** replied that that scenario had never happened and if it were to happen it would take 60 hours. What teachers tend to do is for example, a maths teach will teach a lesson on probability and luck, and choose a challenge from the YGAM programme that relates to that.
- **Carolyn Harris MP** asked If the schools were not taking up the programme to identify gambling problems but are using it as a tool to develop other subjects.
- **Mr Willows** said that was not the case and every teacher who has taken part in the workshop has either had a personal experience of gambling harm within their family or in the school, where young people are spending too much time gaming or gambling. The YGAM programme is oversubscribed with teachers wanting to take up the workshop.
- **Iain Duncan Smith MP** asked how many schools YGAM is currently working with.

- **Mr Willows** said in 2018 they worked in almost a 1,000 different schools, predominately in England, as GambleAware carries out its own programme in Scotland.
- **Carolyn Harris MP** asked what work had been undertaken in Wales.
- **Mr Willows** said YGAM had not done a lot of work in Wales and would welcome the opportunity to have a further discussion about it with **Ms Harris**. YGAM recently visited Northern Ireland, where 190 teachers attended the workshop.
- **Carolyn Harris MP** asked about YGAM's funding.
- **Lee Willows** said YGAM made a decision at the inception of the charity to employ teachers and approved practitioners, so they approached the gambling industry for that funding. Operators are recommended to donate 0.1% of their GGY, a considerable amount of that money goes directly to GambleAware. YGAM wanted to work closely with the industry to deliver these programmes in a way of Corporate Social Responsibility. A CSR approach was taken to the industry for direct donations to YGAM.
- **Carolyn Harris MP** asked if the industry had been forthcoming.
- **Mr Willows** responded that they are but GambleAware might argue that there needs to be more money donated by the industry. On education, YGAM hopes to work with operators this year, to scale up their work in order for them to reach out to millions of young people.
- **Carolyn Harris MP** asked if **Mr Willows** would like to see a mandatory gambling levy.
- **Lee Willows** said if the gambling industry is unable to meet its commitments, then he would. A majority of the industry have accepted that a levy would be useful.
- **Carolyn Harris MP** said that does not excuse the fact that some operators have only given a token.
- **Mr Willows** said he was not aware of this. YGAM tend not to involve itself in campaigning and is solely focused on education.
- **Carolyn Harris MP** asked **Mr Willows** if he thought the industry could do more to help YGAM.
- He said the industry could do more to help organisations like YGAM and GamCare but equally he sees the industry stepping up.

- **Sammy Wilson MP** asked about the statistics on their website that 'more than half of 9-16 years olds go online', is that online for gaming?
- **Mr Willows** said it is online for gaming and gambling. It is interesting as when the charity was created, it focused its programme on gambling but having listened to the teachers and practitioners, their input made it more cross-curricular to make it more appealing across departments within schools and colleges.
- **Sammy Wilson MP** asked if that statistic was derived from the information fed back from schools.
- **Mr Willows** said he was unsure about the origin of the information.
- **Sammy Wilson MP** asked **Mr Willows** to explain the overlap of gambling and gaming and does gaming lead to young people going into more direct and hardline gambling?
- He replied that YGAM noticed a shift in the 18 – 24 months, as more teachers were attending the workshop because of gaming. Gaming is unregulated and vast majority of teachers, social, youth workers do not understand the difference between gambling and gaming. They don't see the difference between buying a 'skin' in a game or purchasing a loot box being different to putting money on an online gambling website. The gaming industry needs to consider a form of regulation. The notion of playing a slot machine, the anticipation, the hook that drives gamblers in, is probably no different, physiologically from the anticipation of purchasing a loot box or a skin.
- **Sammy Wilson MP** said there are similarities but is there any evidence of young gamers going into gambling?
- **Lee Willows** said he was not aware if that was happening however, YGAM is working with Redbrick Research and are sampling 4,000 students, to be reported on in the summer. At the moment he is unsure if that research exists but he is not an academic but would be pleased to present the findings of the research, once it has been published, to the committee.
- **Sammy Wilson MP** asked what YGAM's collaboration with the gambling industry currently involve.
- **Lee Willows** said it was in 3 ways. The first is donations for research, education and training, these funders are published on their website. The second is support with a host venue for the charity to run its workshops and training. The third is sponsoring the publication of the charity's printed materials.

- In response to a comment from **Ronnie Cowan MP**, **Lee Willows** said that YGAM is not an anti-gambling charity, neither is it pro-gambling. 7 years ago, he was at the point of taking his own life as a result of his gambling problem. Gambling has a potential to cause harm.
- **Ronnie Cowan MP** asked how YGAM intends to grow without extra funding?
- **Lee Willows** said that is why YGAM is seeking extra funding from the industry this year. The charity has never had a 3 -4 year funding contract from any organisation and are thus seeking long-term contracts from gambling operators.
- **Ronnie Cowan MP** then asked if their ability to grow is dependent on funding from the industry.
- **Lee Willows** replied that is correct.
- **Iain Duncan Smith MP** asked what YGAM's peer group reviewed success ratio in the 1,000 schools they have been working with?
- **Lee Willows** responded that YGAM's success to date, has been around the content and the practitioners - is the content appropriate, does it fit the national curriculum etc. 95% of their feedback has been positive.
- **Iain Duncan Smith MP** asked if YGAM or an external organisation had conducted a review of YGAM programmes so that there is a concept of the impact the programmes are having in schools.
- **Lee Willows** responded that Leeds Beckett University are carrying out this piece of work on their behalf. He also added that YGAM were working on a short time piece of impact evaluation of young people's attitudes to gambling and also a longer piece of work with a control group comparing the digital resilience of young people who go through the YGAM gambling education workshops and those who do not - are they more aware of risks, or more informed on where to receive help should they need it?
- **Iain Duncan Smith MP** said GamCare claims a 70% success rate which was reviewed by an independent body.
- In response **Anna Hemmings** said the claim hasn't been reviewed by an independent body and it is an internal statistic. However, GambleAware are currently commissioning an evaluation into this.
- **Carolyn Harris MP** thanked **Lee Willows** for his contribution.

- **Carolyn Harris MP** welcomed **Anna Hemmings** and invited her to make an introductory statement.
- **Ms Hemmings** said GamCare provides information, advice and support for anyone affected by problem gambling, in England, Scotland and Wales. They operate the national gambling helpline, funded by GambleAware and that is operated via phone and live chat, open from 8am to midnight all year. GamCare runs an online forum in the form of peer support where people can speak to each other about their experiences. They also provide a range of face to face treatment services online and over the phone. GamCare has about 120 locations nationally where that takes place and they work with about 13 partner agencies to deliver those and their treatment services are also funded by GambleAware. In 2018 GamCare saw nearly 10,000 people in those services.
- **Ms Hemmings** added that alongside their treatment offer, GamCare also does some targeted group work. They have a youth education programme, working closely with YGAM. The programmes are complimentary as GamCare works directly with young people, whilst YGAM works with professionals. They have recently received funding to do targeted work with vulnerable women. GamCare also provides training and accreditation to the gambling industry to promote social responsibility and player protection.
- In terms of trends, **Ms Hemmings** said GamCare tends to see people using their services who are in crisis, with a high level of need. A big area of their work is about trying to get people to contact them sooner as early intervention will help minimise gambling related harm. Over the last 5 years their contact have grown year on year, for both on the helpline and in treatments and the profile of those callers in terms of age is fairly young. About 60% are under the age of 35 and they generally don't have a particularly long history with gambling – 40% of them have been gambling less than 5 years. They see quite a rapid escalation of problem gambling for some people.
- **Ms Hemmings** explained that 55% of people who contact GamCare play online and that's grown over the years. The main powerful impact are around financial difficulties, relationship breakdown and mental health and wellbeing. 43% of helpline contacts in 2017/18 mentioned mental health impact. Treatments are monitored using two measures – Problem Gambling Severity Index (PGSI) and Core-10, a validated quality of life measure. These measures are taken at every session, so they have reasonable information against those gathered for everyone who comes through their services. 70% of its clients successfully complete their treatment plan and feedback about their services is positive. GamCare follows up with its clients at 3, 6 and 12 months.

- GamCare is extending its provision geographically into new areas and are looking at increasing its digitally based support, such as computerised version of cognitive behavioural therapy which is used in wider mental health services. GamCare recently received additional funding for this expansion from GambleAware. Currently only about 2.5% of problem gamblers come through the treatment system and GamCare would like to see that increased significantly.
- **Carolyn Harris MP** asked about the targeted work GamCare are undertaking with vulnerable women.
- **Anna Hemmings** said it is a new project funded from the 'Tampon Tax' fund and they will be undertaking work nationally, particularly aimed at vulnerable women – who might be experiencing domestic abuse or in social care services or from deprived areas. This work will look at women affected by somebody else's gambling or providing support if they have been gambling themselves. The majority of people who use GamCare services are men and they were therefore concerned that vulnerable women do not present themselves as much as they would want them to.
- **Sammy Wilson MP** asked how people are referred to GamCare.
- In response **Ms Hemmings** said a majority of their clients are self-referred. If somebody calls the helpline and then needs treatment they are then passed onto the GamCare treatment providers. On the treatment side, a lot of the referrals come from the helpline or directly. GamCare operates a 'no wrong door' approach.
- **Iain Duncan Smith MP** asked about GamCare's current capacity on treatment.
- **Anna Hemmings** replied that in 2018 GamCare saw nearly 10,000 people and have had some investment of additional funds to raise that number and are hoping to see a year on year increase of that number. Their capacity is dependent on funding being available.
- **Iain Duncan Smith MP** asked what GamCare's treatment model is based on.
- **Anna Hemmings** said the approach GamCare takes to treatment is rooted in a cognitive behavioural methodology and that has a strong evidence base in other addictions and there is some indication that it is effective in problem gambling – but the evidence base around problem gambling needs to be grown.
- **Iain Duncan Smith MP** asked if there is any evidence that indicates the most effective areas of treatments.

- **Ms Hemmings** explained that her background is in substance abuse and there are lots of transferable information from substance misuse and in problem gambling and GamCare measures indicates that they are having a good level of success with those they work with. There is always more to improve the evidence base and they are committed to this.
- **Sammy Wilson MP** asked if GamCare follows up on its clients who have completed the treatment plan and if there are any figures on the number who relapse.
- **Ms Hemmings** replied that GamCare follows its clients up at 3, 6 and 12 months, by contacting them. However, with this method of follow up there tends to be a skewed response. GamCare have looked at figures from the past year to determine how many of the patients who have passed through its treatment plan, represented within the year. That figure was around 3%. Any addiction is a relapsing condition and it will often take more than one attempt at treatment to be successful but a 3% representation rate is very low.
- **Sammy Wilson MP** asked **Ms Hemmings** how she would define problem gambling.
- **Ms Hemmings** said GamCare does not explicitly define problem gambling on any of its information as it is about offering support to anyone who feels they need it and if that person might be better classified as an 'at-risk' gambler, that is also welcomed. If people are seeking support from GamCare for gambling related issues, they will offer it – to gamblers themselves and others affected.
- **Lord Foster** asked what estimate of problem gamblers would present themselves for support, if the right treatment was available and what that additional cost is likely to be.
- In response, **Ms Hemmings** said there is no research that tell us that and it would be difficult to get that research. That said, penetration levels are much higher in other addictions such as alcohol and drug services. There is very little comparable to draw on and a number of years ago the Department of Health did some work on the number of dependent drinkers who may want treatment and the number they found was 15%. That's the only number she was aware of for any form of addiction.
- **Lord Foster** asked how many people come to GamCare seeking help but are turned away or have join long waiting lists before treatment becomes available.
- In response **Anna Hemmings** said GamCare are not yet at the point of saturation and their services are growing year on year. Work such as the vulnerable women project is likely to increase demand. Problem gamblers

tend to be isolated and are unlikely to come forward to receive help – GamCare is working on encouraging more people to come forward and hopefully over time there will be an increased demand for its services.

- **Carolyn Harris MP** asked **Ms Hemmings** had noticed certain peak periods on the GamCare helpline.
- **Ms Hemmings** said the helpline operates 8am- 12am everyday and that is the manner in which it was funded. They are currently considering piloting a 24 hour service. Across the days there are peak times, sometimes the reasons are unknown. Other times it's around particular sporting events such as the Grand National, so they are able to plan ahead for this. On an average day, week or month, calls follow a similar work pattern – quiet in the morning, calls escalate through the day, early evenings are quite busy, later evenings are quieter and so are weekends.
- **Carolyn Harris MP** asked if **Ms Hemmings** had noticed a pattern in terms of gambling advertising and the number of calls.
- **Ms Hemmings** said they had not noticed. The calls are mapped hourly and it tends to be afternoon and early evenings that are the busiest.
- **Stuart McDonald MP** asked what practically can be done to encourage people to seek help as early as possible, before they reach a crisis point.
- **Ms Hemmings** replied that realistically that is a combination of measures – awareness of what problem gambling looks like, education about when and where to seek support. It is important that general professionals such as GPs, teachers, social workers are equipped to ask questions about gambling as they will be exposed to problem gamblers without knowing it. It is also important to ensure that capacity is there to meet the demands that will follow. Specific campaigns such as BetRegret – to raise awareness of GamCare. It is also important to target particular groups as there are some groups who are harder to reach and less likely to come forward, often these groups are the most affected by problem gamblers.
- **Stuart McDonald MP** asked what would be the key asks from Government
- **Ms Hemmings** said ensuring that an upward trend of people seeking treatment is incredibly important and ensuring that there is a robust evidence base.
- **Mr McDonald** asked if there were any preventative measures.
- **Ms Hemmings** said educating young people is important.
- **Carolyn Harris MP** asked if GamCare carried out work in prisons, for people involved in gambling related crimes.

- **Ms Hemmings** said GamCare does work in prisons, which have been relatively successful. They have had presence in civilian and military prisons. There are particular groups where gambling presents in slightly different ways.
- **Iain Duncan Smith MP** asked if it would be fair to say that we are still in the early stages of identifying what treatment works for addicted gamblers.
- **Ms Hemmings** said the maturity of gambling treatment system is in its early days and GamCare is working hard to grow that. The evidence base also needs to be grown. There is a good evidence base from other disciplines which is helpful and there is some direct evidence.
- She added that there were also some good measures to identify problem gambling where it occurs, the issue is that sometimes it can be hidden and people tend not to come forward and that needs to be addressed.
- **Ms Harris** thanked **Ms Hemmings** for her time and for contributing to the group's inquiry.
- **Carolyn Harris MP** asked Anne and Keith Evans, Founder Patrons of YGAM if they would like to share their experience with the group.
- **Mrs Evans** shared that her son had a severe gambling problem at a time when it was deeply hidden and not openly discussed. She spent a lot of money bailing him out. The damage problem gambling has on families has been hidden up until now. Her son eventually moved out her home because his addiction caused his relationship with the rest of his family to breakdown. At the time her then-husband was severely ill and died shortly after his addiction was known to the family. Two years later, he took his own life, as he had lost everything – job, house, cars and died in squalor. His body was found by his landlord who broke into his house.
- **Mrs Evans** said that situations like this does not bring a family together but rather splits them apart. Since 2011, **Mrs Evans** has been working to find help for problem gamblers. Because of her background in education she was determined to find out more about problem gambling.
- In her search she was met with closed doors until she wrote to CEOs of four gambling companies and this lead to an invitation to meet with Carl Leaver, the-then CEO of Coral, with her local MP Rosie Winterton, who served as Shadow Health Secretary at the time.
- This meeting was positive and it led to Coral giving a donation which helped to set up YGAM. She had met **Lee Willows** and others and worked with them to set up the charity.

- YGAM has worked with Doncaster Council and Leeds Council, who will soon open its first gambling clinic – the first in the North of England. It will serve between Nottingham and Scotland and there will be outreach clinics in Lancashire and Sunderland. This is a step forward as there were no treatment centres available to those who need it. The clinic will be part NHS funded and partly funded by GambleAware.
- **Carolyn Harris MP** thanked Anne and Keith Evans for their time and for sharing their experience with the group.

Second Session 15:05 – 15:50

- **Carolyn Harris MP (Chair)** began the second evidence session of the APPG by welcoming **Dr Steven Sharman, Helen Undy, Duncan Stephenson**, and Caroline Norrie and asked them to introduce themselves.
- **Dr Steven Sharman** began by introducing himself as Research Fellow funded by the Society for the Study of Addiction at the University of East London. His work looks at the different constructs that make up different types of gambling and how they distort cognition and essentially make losing more fun. During his time at the University of Lincoln, working with the Gordon Moody Association, Dr Sharman along with his team, analysed data Gordon Moody had collected from people seeking treatment from the year 2000 – 2015. Using this data, they were able to look at different trends and patterns in social demographic characteristics in people seeking treatment. The major findings were:
 - As time progressed, the people type of gambling people engaged in had not stayed the same. There have been decreases in people seeking treatment for more traditional type of gambling and an increase in people seeking treatment for poker, Fixed Odds Betting Terminals. There was also a major increase in people using the internet to access different forms of gambling. Looking at the data in the year 2000, nobody sought treatment for problems with online gambling, however by 2015 62.5% of people who sought help from Gordon Moody, gambled online. That pattern has consistently been going upwards.
 - There was a statistically significant increase in people with reporting current co-morbid mental health disorders.
 - In addition, there has also been an increase in people disclosing that they had attempted suicide before contacting Gordon Moody. Currently that figure is around 30% for the most recent intake year looked at, 2015.

- **Ronnie Cowan MP** asked what about the research Dr Sharman has conducted on what makes losing fun.
- **Dr Sharman** said different types of gambling has different constructs within them and that effects how individuals process the experience of that particular event. An example of that is a 'near miss' playing on a slot machine. A more powerful phenomenon being looked at presently are 'losses disguised as wins', this is where an individual might stake £20 on a game and win £10. The machines would flash 'win' and the noise would activate the rewards section in the brain and essentially tricks the player into processing the outcome as a win even though it is in fact, a loss. This outcome impacts in what is known as 'persistent gambling behaviour'.
- **Carolyn Harris MP** asked about **Dr Sharman's** work on the link between gambling and homelessness. She asked what form of gambling was more dangerous, online gambling or Fixed Odds Betting Terminals.
- In response, **Dr Sharman** said it varies. The work he undertook on homelessness is not representative of the vast majority of gamblers. Partly because the motivation for most gamblers varies from that of the homeless population. For a majority of the homeless motivation stemmed around the gambling venue itself, which offered a form of comfort and sanctuary from rough sleeping.
- **Carolyn Harris MP** asked what more the Government and the regulator could be doing to help people harmed by gambling.
- In response, **Dr Sharman** said yes. A mandatory levy would go a long way to shaping how the discussion on gambling is framed. There is too much focus on the concept of responsible gambling which places the onus on the individual, instead of adopting the public health model, which is a much wider legislative environment in which the behaviour is performed.
- In response to a question from **Sammy Wilson MP**, **Dr Sharman** said the number of those who had thought about suicide, before seeking help, was closer to 80% whilst the number of those who had attempted it was around 30%.
- **Carolyn Harris MP** asked **Dr Sharman** if he was aware of the links between people with Acquired Brain Injury and compulsive gambling.
- **Dr Sharman** said he had not specifically undertaken any work on this.
- **Ms Harris** asked **Helen Undy** from the Money and Mental Health Institute.
- **Ms Undy** said they had not worked with people with this condition.

- **Ms Undy** explained that Money and Mental Health's primary focus was the link between financial difficulty and mental health problems. They have recently been working with financial service firms on gambling blocks in particular.
- She went on further to say that mental health problems can be both a cause and a consequence of problem gambling. Mental health problems can lead people to become problem gamblers, it make it difficult to stop gambling and can exacerbate the harms caused by problem gambling. The factors that can lead mental health problems to lead people into gambling includes impulse control. An individual's ability to resist impulses is crucial to whether or not will power is sufficient to control our actions and the nature of addictions is such that will power is not sufficient. The evidence is clear that many mental health problems reduce our ability to control or impulses as do sleep deprivation which comes with many mental health problems, as does alcohol and substance misuse.
- There are other motivations include 'risk seeking gambling'. People are in long periods of low moods or apathy, often take part in risky behaviour for the thrill. Also, 'goal based gambling' people with mental health problems are three and a half times likely to be in financial difficulty, so people tend to gamble to reach a financial goal. For some people, mental health problems can actually increase their enjoyment of gambling and sometimes that because of a lack of alternatives. For people who are generally isolated , there is often a social element to gambling. A final motivator is 'loss seeking gambling'. There were a minority of people who were gambling as a form of self-harm.
- On how mental health problems make it more difficult to stop gambling, **Ms Undy** said, it is harder to navigate the existing system of self-exclusion with a mental health problem. They particular struggle with memory and would find it very difficult to navigate the different methods of self-exclusion that exists.
- **Ms Undy** added the financial impact people with mental health problems are able to bear is very reduced, before it starts to cause real and severe harm. Many people with mental health problems find it difficult to sustain relationships, another factor identified with problem gamblers. Being unable to stop gambling or manage the amount spent can cause significant distress, along with the shame and stigma that comes with seeking help can cause psychological difficulties and in extreme cases leads to suicide.
- Due to the focus of money and mental health's research on financial difficulties, **Ms Undy** believes that the gambling blocks implemented by financial services firms and would urge other banks to follow in the steps of Monzo and Starling Bank.

- **Carolyn Harris MP** said the APPG had recently heard from Monzo and Starling and had written to other banks calling for them to implement a gambling block. She added that she would like to see gambling companies carrying out affordability checks on its customers before a gambling account is opened.
- **Ms Undy** said there is a case for affordability checks when people are gambling on credit because there are usually affordability checks when people take out loans.
- **Ms Harris** asked about a credit card ban.
- **Ms Undy** agreed that there is a case for a ban and there is particular challenge when people gamble in overdrafts as it is quite difficult to identify. However, this is not the answer and will only prevent harm for some people. Focusing on credit cards at the expense of other solutions misses a big part of the problem. It's often more expensive to gamble in overdraft than it is using a credit card. It needs to be a multi-layered solution. Such as transaction analysis. Banks routinely analyse transaction data to detect fraudulent activities, this can be done more generally to protect people from themselves. Money and Mental Health are currently working with the Financial Conduct Authority (FCA) and other firms to explore this solution.
- **Carolyn Harris MP** invited **Caroline Norrie** to speak to the group.
- **Ms Norrie** shared that the research her team at King's College London undertook last year was interviewing people with social care and charity backgrounds, asking them about gambling related harm. They found that the professionals were not prompting people they worked with to seek help and support for their gambling problem. The level of knowledge about problem gambling of the practitioners was disappointing.
- **Ms Harris** asked **Duncan Stephenson** to share his thoughts on the issue.
- **Mr Stephenson** explained that gambling came to the attention of the Royal Society for Public Health (RSPH) through their High Streets campaign on the issues around Fixed Odds Betting Terminals. What was clear from their research was that every public health issue had a digital, online or app component and the Society is concerned about Online gambling as being the 'next big thing.'
- The RSPH are advocating for gambling to be seen as a public health issue and imbedded in every policy the Government makes. It should be included in the Public Health Act the government is currently working on.
- The RSPH are currently working on setting up a Gambling Health Alliance, funded by GambleAware, to raise awareness amongst policy makers.

- They are also undertaking a research piece on young people's attitudes to online gambling and gaming, looking at awareness of gambling particularly in-game betting.
- **Ms Harris** asked if there is a connection between problem gambling and gambling advertisement.
- **Mr Stephenson** replied that there is and this is also evident in discussions around obesity. There is research that shows that young people who recall advertisement showing junk food are twice as likely to be obese. It is clear that exposition to advertising will have an impact and will normalise gambling. Mr Stephenson added that regulation around alcohol advertising is far more stringent than that of gambling.
- **Ronnie Cowan** MP asked if there is a link between advertising at certain times of the day and problem gambling.
- **Mr Stephenson** said he was not aware of this.
- **Mr Cowan** said gambling helplines should be extended to cover early hours of the morning after midnight, as vulnerable people are often sleep deprived and isolated.
- **Helen Undy** said from their research they found that people were gambling and shopping in the early hours of the morning. This were often people who were lonely, had a mental health condition or were sleep deprived. Money and Mental Health had also looked at the impact of late night advertising, particularly email marketing online. They found people were spending money they regretted because of advertising making it harder to resist in the night.
- She added that people should be given the opportunity to opt out of receiving these messages between certain hours and the same should apply with online gambling. There is a role for internet service providers to take a look at their parental controls, individuals should also be able to limit their own access to gambling sites and contents at particular times of day.
- **Ms Harris** said there are companies who collect data from online activities which is used to create targeted advertising and the effect on those with mental health conditions would be detrimental.
- **Ms Undy** agreed and said individuals can often feel 'pursued' by online advertising and people should have more control to turn off advertising on products or sites they have previously viewed.
- **Carolyn Harris MP** then thanked all the witnesses for attending and giving their evidence and stated that the next APPG meeting would be on the 12th June at 2pm.

Meeting concluded at 15.50pm

External Guests

- Tosin Adedayo, Interel UK (Secretariat)
- Katherine Morgan, Interel UK (Secretariat)
- Stella Dalton, Remote Gaming Association
- Matt-Zarb Cousin, GamBan
- Simon Thomas, Hippodrome Casino
- Alex Reeves, Oakhill Communications
- Adam Bradford
- Jason Frost, PGC Limited
- Harrison Sayers, Gambling Compliance
- Paul Terroni, Novomatic
- Nick Harding, Gauselmann
- Will Durant, RSPH
- Niamh McDade, RSPH
- Dan Waugh, Regulus Partners
- Gabino Stergides, Electrocoin
- Ann Webster, Conservative Christian Fellowship
- Holly Johal, Hanover
- Karis Fiorucci, DCMS
- Eleanor Curry, DCMS
- Iain Corby, GambleAware
- Tiffany Trenner-Lyle, Camelot
- David Altaner, Gambling Compliance
- James Noyes, Tom Watson MP's office
- Adenike Adebiyi, Money and Mental Health
- Sarah Bunn, POST Parliament
- Derek Lloyd, The Football Pools
- Bethan Phillips, Atlas Partners
- Lauren Beadle, Lord Chadlington's office
- Charles White, Bishop of St Alban's office