



# Gambling Related Harm APPG

## Gambling Related Harm APPG Minutes

**Date:** Monday 11<sup>th</sup> May 2020

**Time:** 9am

**Location:** Virtual

**Chair:** Carolyn Harris MP

**Minutes taken by:** James Olney, Interel UK

### Members Present

- Carolyn Harris MP
- The Rt Hon. the Lord Foster of Bath
- Ronnie Cowan MP (Joined at 9:02am)
- Owen Thompson MP
- The Rt Hon. Sir Ian Duncan Smith MP (Joined at 9:05am, left at 9:40am)

### External Guests

- Matt Gaskell - NHS Northern Gambling Clinics
- Danny Cheetham – Former Gambling Addict
- Professor Samantha Thomas – Deakin University, Australia
- Katherine Morgan – Interel Consulting UK
- Holly Ramsey – Interel Consulting UK
- James Olney – Interel Consulting UK
- Jo Lloyd – Office of Carolyn Harris MP
- Iain Fraser - Office of Ronnie Cowan MP
- Sophia Worringer – Office of the Rt Hon. Sir Ian Duncan Smith MP

### Minutes of the Open Meeting – 9am – 10am

**CAROLYN HARRIS MP** opened the meeting and welcomed attendees. She invited **MATT GASKELL** to speak first, followed by **DANNY CHEETHAM**.

**MATT GASKELL** thanked **CAROLYN HARRIS MP** for inviting him to speak and introduced himself as a consultant psychologist and the clinical lead for the NHS Northern Gambling Clinics at Manchester, Leeds and Sunderland. He treats adult patients with gambling disorder as well as families and others affected by a loved one's gambling addiction.

**MATT GASKELL** said that the majority of people he sees are suicidal – they have low confidence in their ability to address their addiction and they've had the majority of their life domain severely impacted by gambling. He notes that gambling has become technologised in recent years and as it has it's moved out of the traditional gambling environments and into social environments in an era of deregulation and mass availability.

**MATT GASKELL** outlined the structure of his presentation, which looks at some of the features that research shows are associated with the addictive potential of gambling products and problem gambling. There is a substantial evidence base related to the structural characteristics of gambling products which he can provide further material from and will reference throughout. He said that his perspective is one of a clinician with specific reference to some of the themes that emerged from patients within his clinics.



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**MATT GASKELL** said that according to research these characteristics are responsible for reinforcement, and facilitate excessive and problem gambling. Effectively, the games are designed to maximise losses and time-on-device per user – effectively encouraging continual play for as long as possible.

**MATT GASKELL** noted that gambling used to be a series of largely discontinuous activities where you made one off bets on something in the future - like betting on the outcome of football matches at the weekend. When you're betting in advance and not contemporaneously there's structure around it.

**MATT GASKELL** then explained that the three most prevalent products that the patients are coming to our clinics after using are in play sports betting, slot machines (mostly online but also land based) and roulette (mostly online but also land based).

These products have particularly harmful characteristics and are associated with excessive play and problem gambling. They are immersive so they keep gamblers in continual play, betting frequently. They provide frequent reinforcement, leading to excessive play without the time to reflect. They also cloud players judgement by confusing them about the probability of winning. He explained that is called the "gamblers fallacy." It also leads to the "illusion of control" - when gamblers feel like they have control over the outcome of events. The reality is that they are already pre-determined outcomes and game characteristics just give the impression of control.

**MATT GASKELL** said that his patients tell him that they're often immersed in continual play, usually at high speed, with highly frequent opportunities to bet. When they get a quick result it motivates them to bet again with no time to reflect. For example, he said that many patients tell him that in-play sports betting has turned their love of sports and interactions with their favourite football teams into activity that is more akin to playing a slot machine. Whilst betting on football used to be a discontinuous gambling activity they get hooked into the constant flow of events and now play to "extinction" (when the money runs out).

**MATT GASKELL** said that his patients often called their game experience "getting into the zone" - a kind of intoxication where they're dissociated from their surroundings, from themselves and from rational judgement. His patients can lose a lot of time when in this state - the latest research shows that the prefrontal regions of the brain governing decision-making and judgement effectively go offline during the gambling situation as the reward pathway is flooded by dopamine - which is the motivation and the desire chemical. Effectively, game design features confuse them, distort their judgement and motivate them forward by reinforcing losses via the near-misses or losses-disguised-as-wins features. By near misses he meant as with fruit machines when the third icon is just out of reach, incentivising you to play again, and by losses-disguised-as-wins he used the example of a £1 win on a £5 scratch card..

**MATT GASKELL** said that these products reward you with visual and auditory congratulations even though you're losing money. This means that dopamine, the motivation chemical, is released even when you're losing. Whilst winning will motivate people, the trick deployed here is to ensure that gambling is being reinforced even as you're losing. He said his patients focus on the irregular unpredictable pattern of rewards, which has been repeatedly demonstrated to develop habitual behaviour in animals and humans.

**MATT GASKELL** explained that once you've made your bet the outcome is already known, though not to the gambler. The winnings are then immediately available to put back into the game, which reduces the time to reflect, leading to many of his patients putting their money back into the machine despite these so called winnings being less than what was staked at a certain point.

**MATT GASKELL** said this his patients also tell him that play becomes more frantic when they chase their losses and make the kinds of decisions they would not normally do, and never intended to make, at the start of the session when they were able to think more clearly. Thinking and judgement becomes so clouded but they continue to play under the illusion that they have some control over these preordained events until they've have no money left - a process called extinction.



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**MATT GASKELL** explained that the intermittent nature of wins makes it very hard to stop and walk away, with many believing that the win is going to come at some point soon - there's always that hope that they can dig themselves out of substantial losses, which is an illusion.

**MATT GASKELL** also explained that these characteristics ought to be considered irrespective of the individual's psychological, physiological, and socio-economic status. Indeed, 40% of his patients have no psychopathology or childhood disruption at all. Researchers called this group "behaviourally conditioned" gamblers - in other words their addiction is best understood as a consequence of the transaction with these products and the gambling experience.

**DANNY CHEETHAM** explained that he is a former gambler and can contribute his own experiences with various gambling products. He said that the main one that sticks out is a random number generator game – where the moment you begin the outcome is already decided. He explained how excited he got watching the animations on the machine, and yet how misleading it was because despite all the visual aids, the outcome was already determined despite the design of the game making you feel like you had a chance. However, the result was that the more he played, the more his stake would go up. He'd hit the button faster because he'd be chasing those losses and he'd be trying to keep up with himself right now so you're thinking I need to keep going. At the same time, the machine is constantly giving you "hugs" that create a false hope that the longer you play the higher your chances of winning are. This could be everything from a 20p pay-out on a £1 stake, or a flashing animation on screen.

**DANNY CHEETHAM** explained that this was also his experience with football betting. He wasn't a football fan but got hooked on in-play betting because, with short betting windows, it would give him the same rush to the machines for higher stakes. Betting on predictive events in games made him think he could learn a match – so even though he didn't know who the players were, he'd be putting a bet on their actions to get a buzz from the bet whilst watching a team he had no loyalty to.

**DANNY CHEETHAM** said that that the effect of these structural design elements made him feel like he was in control – like betting was some sort of skill even though it was pure chance. He also pointed out that when he started, he started online and ended up using FOBTs in a bookmakers. However, since the stake limit on FOBTs he worried that more people now start on them as the lower stake in shops and move online for higher stakes. In a way, it's the opposite to how it used to be.

**DANNY CHEETHAM** explained that his mindset has now radically changed, but back when he gambled, he would, for example, look at a bill due when he only had a percentage of the money and would immediately begin to calculate how to bet that money to get the required return. Now he thinks in terms of savings, and has to talk himself out of thinking betting could get him to the goal faster. It's a good example of how the machines speed and feeling of control can influence your thought process and enjoyment of gambling. In hindsight he thinks the entertainment was also redundant – where he is today is the result of watching animations on screen for entertainment that wasn't really entertainment when the outcome was already decided.

**CAROLYN HARRIS MP** thanked both for speaking and told **DANNY CHEETHAM** that his experience was powerful. She asked if these machines and games had a bigger impact on young people children because of the technological element.

**DANNY CHEETHAM** said that he thinks it does. He sees a lot of free slots machines displayed as games – the same format as gambling except you can win a billion chips with no risk. He thinks that this gives young people a false perspective that you can win life altering amounts of money on these machines. He's worried that children are growing up with this technology and with loot boxes in games and the result is that they'll turn 18 and think every bet will make their lives better.

**CAROLYN HARRIS MP** asked both what controls would make gambling safer online.



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**DANNY CHEETHAM** said that the main thing would be some kind of fixed stake as with FOBTs so that everything is on the same rules, but also stopping the way in which machines can incentivise you to play on by giving you wins that are less than the stake, allowing you to alter the speed of play – allowing you to feel in control whilst your addiction grows.

**MATT GASKELL** said that there's a number of things he would suggest. He used an analogy that explained the way in which Methadone is used to wean an addict off of Heroin – by reducing the intensity and frequency of the reinforcement effect. In essence, the key is to slow games down to reduce the power of their effect.

**MATT GASKELL** said that he thinks the industry has gotten ahead in terms of products and so an independent review is required into regulation, testing and classification – current regulation seems to be skewed in favour of industry, and products that are considered too dangerous in other places have been allowed to enter the market. This should feed into the forthcoming review of the Gambling Act, setting out a series of regulatory measures for current products to make them safe, as well as setting out a new regulatory framework for the future – considering the availability and accessibility of harmful games. He believes that we need a comprehensive public health approach and a resetting of opinions in which a precautionary principle is the default – so a review should examine whether any products are appealing to children and assess the potential gateway for high risk products such as social games and Category D arcade slot machines. There should also be a review of lottery products - some of which in their current form contain harmful structural characteristics such as instant win games and scratch cards. A review must be evidence based and must be completed independent of any industry influence.

**MATT GASKELL** would also suggest that steps are taken to tackle in-play sports betting. He suggests it should be restricted to venues or via telephone to bring it in line with regulation in Australia. The main issue with in-play betting is that usually done on a mobile device with all the lack of supervision that entails. If it was done in a venue there are more controls in place. It's the continual flow, combined with ease of access that keeps the person constantly in-play and causes problems.

**MATT GASKELL** also suggested significantly slowing down the speed of random number digital slot machines and roulette machines. He also noted that the roulette played on a digital game is faster than that in a casino that's run at a table that is supervised. He would also suggest stopping turbo-spins and stop-reels (which speed up play even more), as well as inducements for free spins. Finally, customers should also be provided with far clearer information on the chances of winning and if a game is based on skill or chance.

**MATT GASKELL** said that the bigger picture would be having gambling built on some kind of affordability model. The one thing that his patients have got in common is they've all been allowed to spend and continue to spend way beyond their means – such a model would be from a single-customer viewpoint that operates cross-operator and links with the banking sector as well.

**RONNIE COWAN** asked if there was any way to tell from simply sitting down with a fifteen or sixteen year old if they were likely to become a gambler or addicted to gambling in later life.

**MATT GASKELL** said that not all gamblers have the same background and that there's been various different pieces of research that have done to look at these subtypes of gamblers – all of which are seen in our clinics. He reiterated that the first thing for people to understand is that you can't necessarily predict gambling addiction – undermining the narrative it's just a few "faulty" people that you can predict will become addicts. It's a larger problem.

**MATT GASKELL** said that the bigger picture is that there are millions of millions of people every-day who are betting more than they can afford to do, so they can't put food on the table or pay their rent. It's a bit of a distraction to just focus on addiction because there's a group well underneath of hundreds of thousands betting more than they thought they were going to do on things that they don't want to really be betting on.



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**MATT GASKELL** said that there are a proportion of patients who do have substantial childhood disruption and emotional difficulties. In short - we could think about two types of gambler - the action gambler, attracted by the excitement of the gambling experience, and those looking for an escape. He said that about 40% would not be classed in a mentally ill group, but a significant number do fall into a group that is self-medicating for underlying problems. In terms of teenage risk, he would look at the environment - whether their family or peers are gambling or are interested in gambling. The earlier the exposure the more susceptible they are – which is why he believes that gambling should be kept completely away from those under 18.

**LORD FOSTER** asked for further details on the design features in games in the UK that were banned in other countries, and if they had any thoughts on the appropriate constraints to be put on gambling advertising.

**MATT GASKELL** said that the best comparative example would be Australia – where there is no in-play sports betting online, no online casino games or online slot machines. He said that it was also his understanding that they didn't programme in "near misses" into machines.

**MATT GASKELL** said that with regards to advertising, for his patients the problem is they can't escape from it. He noted that often they are deliberately targeted with the most harmful products, which can lead to a relapse if the wrong text is received at the wrong time. He gave an example of a patient who was three years abstinent from gambling, received a text and gambled £7000 on credit before making a serious (but unsuccessful) attempt on his life. This happened after the credit card ban was brought into force.

**SIR IAN DUNCAN SMITH MP** asked how can they get hold of reliable data on cases like that since lockdown started, and what he thinks should be the number one single priority action that could be taken to reduce gambling harm.

**MATT GASKELL** said that there are different perspectives – an advertising ban would certainly prove effective. He also thinks that a £2 stake limit online is a good idea but the issue is that the industry is so far ahead it's difficult to easily establish a "sweet spot" swiftly – so he can't give one key action. He also said that a comprehensive review of gambling is essential as a matter of urgency, and if he had to highlight two particular key issues it would be in-play betting on mobiles and the speed on online random number generator games.

**SIR IAN DUNCAN SMITH MP** noted he didn't mention advertising or promotion as part of his final list – does that mean they are less impactful?

**MATT GASKELL** said that he does think they're important but that's why it's so difficult to give you one answer. They should be cleared away and perhaps restricted to certain hours – there are different examples of different approaches across the world. Advertising is an important gateway to enticing people otherwise not interested in gambling.

**DANNY CHEETHAM** added by way of example of the continued power of advertising – his niece and nephew are now able to sing a song used by a gambling advert that they frequently see on TV – to them it's just a fun activity. Secondly, he noted that brand loyalty applies to the bookmakers on the kit of football players, as it did in the old days to the brand of kit itself.

**PROFESSOR THOMAS** provided insight into the nature of gambling advertising during Covid-19 following work that she had carried out, including around the use of responsible gambling messaging, the use of Covid-19 in advertising and practical applicability of the ban. In particular, she noted that self-exclusion was not highlighted in industry messaging despite its proven efficacy. In her opinion, this messaging is gambling advertising, not harm reduction messaging. She agreed to provide further data to the Group.

**RONNIE COWAN** asked about engagement with Public Health Scotland.



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**MATT GASKELL** replied that his clinic covers up to the Scottish border, and noted that he had explored the possibility of operating in Scotland but this hasn't gone any further.

**RONNIE COWAN MP** said that his conversations suggested that Public Health Scotland were keen to roll out new services through existing structures, and he wondered if that was the basis of the difference of opinion.

**MATT GASKELL** said that it was part of it. It's his opinion that this particular population needs specialists who know what they're doing, that know addiction inside out, who've thoroughly studied it and have the right professional qualifications. The network of partners that are funded through the industry don't necessarily have those and the model that they use isn't necessarily the one that works.

**CAROLYN HARRIS MP** asked if this was the same predicament as with the national helpline, which is run by GamCare and refers to GamCare subcontractors – who lack a medical speciality.

**MATT GASKELL** said that part of it is. The national helpline, as part of the national treatment network, does not refer anybody to the NHS. In the last year I've had no referrals from the national helpline.

**CAROLYN HARRIS** said that in Wales the national campaign is subcontracted to a group based in Bristol called Addiction For All - but they couldn't provide her with info about what they offered in Wales and only came to her to ask for advice on how to expand offer in Wales because they're paid on results. She said that they have got 71% of referrals coming from the national help line, totalling at 300 a year, and a venue in Swansea that they won't identify.

**MATT GASKELL** said that this underscores the need to take the industry out of treatment, out of research and out of education. This is why a mandatory levy is needed to fund independent bodies away from industry.

**DANNY CHEETHAM** drew the Group's attention to a number of channels still showing the full gambling advertising that seem to have been missed off the ban.

The Group agreed to write to the networks to raise this, as well as to the ASA.

**LORD FOSTER** noted a number of things can be altered by Secondary Legislation – particularly in relation to games design. It's therefore more the failure of the Gambling Commission given that they already have the powers to direct the companies to do further.

**CAROLYN HARRIS MP** thanked everyone for coming and closed the meeting at 10am.