



# Gambling Related Harm APPG

## Gambling Related Harm APPG Minutes

**Date:** Thursday 4<sup>th</sup> March 2021

**Time:** 2:00pm

**Location:** Virtual

**Chair:** Carolyn Harris MP

**Minutes taken by:** Chloe Sercombe, Interel UK

### Members Present

- Carolyn Harris MP
- Ronnie Cowan MP
- The Rt Hon. the Lord Foster of Bath

### External Speakers

- Louisa Mason – RSPH
- Hazel Cheeseman – Action on Smoking and Health
- Heather Wardle – London School of Hygiene & Tropical Medicine
- Matt Gaskell – Leeds & York Partnership NHS Foundation Trust
- Will Prochaska – Gambling with Lives

### External Guests

- Katherine Morgan – Interel Consulting UK
- Holly Ramsey – Interel Consulting UK
- Chloe Sercombe – Interel Consulting UK

### Minutes of the Meeting – 2:00pm – 3:30pm

**CAROLYN HARRIS MP** welcomed everyone to the meeting and introduced the guest speakers.

**LOUISA MASON** shared her screen and talked through several slides on a public health approach. She said that gambling should be treated on an equal footing as other public health issues. She said that public health is about helping people stay healthy and protect them from threats to their health and we know that gambling harm has widespread negative effects on health and wellbeing.

**LOUISA MASON** said that harm is caused by the addictiveness of gambling products and that we have to target different groups with different interventions – policies across the whole population and policies for those experiencing gambling related harm.

**LOUISA MASON** said that we also need to shift the narrative from individual responsibility to making the environmental changes to make gambling safer. She said that a lot of these key changes were already happening but that they need to be accelerated. In addition, she spoke about the different levels of intervention, such as primary, secondary and tertiary which focus on different groups of the population.

**HAZEL CHEESEMAN** shared some slides on tobacco control from Action on Smoking and Health. She said that they were interested in the intersection between smoking and gambling.

**HAZEL CHEESEMAN** spoke about the decline in smoking rates among 11-15 year olds and the policy interventions that were introduced over the last 10 years. She said that all jurisdictions that have had comprehensive tobacco policies and legislation introduced have had a decline in smoking prevalence.

**HAZEL CHEESEMAN** said that tobacco control has had several comprehensive national strategy papers, includes all Government departments. She said that battleground issues have framed the public debate – for example the



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smokefree campaign. These changed the conversations that were being had. She said that the shift in behaviour has come from smokers rather than non-smokers. In addition, she said a lot of the legislative change has come from parliament rather than government. Lastly, she said that one of the things that makes tobacco distinct is that the industry have no seat at the table – policies are protected from the commercial and other vested interests of the tobacco industry.

**HEATHER WARDLE** shared some slides on a public health approach. She said that the important thing is putting prevention first – protecting people from being harmed in the first place. She said there is too much of a focus on the '1% fallacy' – that only a small amount of people are affected by gambling and that this is incorrect.

**HEATHER WARDLE** said we need to look at those who participate in certain products and how many people are harmed from participating in that product. She said if we look at the health survey from England data on a range of online products, up to 1 in 5 people who take part in these products are experiencing difficulty with their gambling behaviour. She said that there is strong evidence to suggest that young adults are more at risk from gambling harms. She said that the government has already taken actions such as stakes lowered on FOBTs and credit cards banned, but that they need to accelerate and enhance these universal measures to protect people.

**HEATHER WARDLE** said we need a government led, joined up prevention plan and that this is not just for DCMS, as they should be supported by other departments. This should be delivered independently from industry, which needs sustainable funding going forward.

**MATT GASKELL** shared some slides on gambling products and harm. He said that there is a problem with the research product on gambling products – the UK has very little research on this. This is because the industry is involved in setting the agenda on research. A public health approach also needs curbs to advertising and marketing, a stricter affordability model, and a reduction in the accessibility and availability of gambling products.

**MATT GASKELL** said when looking at gambling products, the most important factor is structural characteristics (psychological ingredients) of gambling forms and their ability to disturb the moment-to-moment balance between two different systems for information processing (conscious control and non-conscious control) and how this escalates dopamine activation. Some products and features can weaken the conscious control elements – these become harmful. Within a single product, there is a number of different ingredients that appeal to different motivations.

**MATT GASKELL** said that slot machines are recognised as the most harmful form of gambling as they satisfy many of the features thought to contribute to risk. They are associated with higher rates of moderate risk and problem gambling and are also highly accessible.

**MATT GASKELL** concluded by saying high risk products are immersive, keep gamblers in continual play betting frequently, provide frequent anticipation and reinforcement, lead to excessive play without the time to reflect, cloud their judgement and decision making and confuse them about the probability of winning and their ability to influence this. They undermine the concept of 'responsible gambling'.

**WILL PROCHASKA** shared several slides. He said that the UK is experiencing a public health crisis caused by unsafe gambling products – almost 20% of the UK population experiences gambling harm either directly or through the addiction of another. He said that over 55,000 young people aged 11-16 are addicted to gambling.

**WILL PROCHASKA** spoke about the Responsible Gambling Framework, which is sometimes referred to as the Reno model. He said that the term responsible gambling is used interchangeably with the term safer gambling. He said that the framework is based on the principle of individual freedom and choice, and that gamblers choose to gamble. He said that this framework sights the cause of gambling harm in the gambler not in the products, which is flawed. He said that this obscures the role of products and industry behaviour in causing harm and is used to resist calls for strong preventative public health interventions.

**WILL PROCHASKA** said that the language of responsible gambling is a powerful tool in distorting the debate, such as 'all of us like a flutter'. He said that this is trying to normalise gambling behaviour and is at times outdated. He said that the term problem gambler sites the problem in the gambler rather than in the product.

**LORD FOSTER** gave an introduction on Peers for Gambling Reform and referenced the proposals that the House of Lords Select Committee recommended.



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**TONY FRANKLIN** said that the difference between gambling and tobacco is the pace of harm – gambling is quicker and more devastating. He said that we need to also address the harm that is occurring at the point of consumption, which is related to affordability. He said that vulnerability can be looked at through 3 lens – financial vulnerability, age, and mental health and wellbeing and these need to be screened for at the beginning of the customer journey.

**CHARLES RITCHIE** spoke about the measurement of harm and problem gambling – we need to move away from PGSI. He said that this was not helpful in looking at the harms of problem gambling. He said that he never heard ‘tobacco addiction’ with regards to tobacco policy but instead we spoke about the breadth of harm – we need to move towards this sort of policy with gambling.

**HENRIETTA BOWDEN JONES** said that a lot of policies could be introduced without waiting. She said that she was keen to make sure that the gambling review was about health as much as policy regulation.

**HAZEL CHEESEMAN** said that some of the questions asked around gambling identification as a problem seemed very narrow so a broader picture and understanding is crucial.

**HEATHER WARDLE** said that she agreed with **CHARLES RITCHIE** on poor measurements of harm and that she has been trying to get the Gambling Commission to listen to this. She said that this means the evidence is based on inaccurate measures where you end in a catch 22 situation – without evidence there is no policy change. She said that the PGSI only includes 3 items that could be considered to be measuring harms – this shows how conservative a measure of broader harms is.

**TONY KELLY** introduced himself as the founder of Red Card. He said that we need to be looking at the next generation and the long term implications, especially with regards to young people. He asked **WILL PROCHASKA** a question on gambling as a social activity – people go to the races or nightclubs and gamble – is this not a social activity?

**LORD FOSTER** said that many people had asked about a levy in the Zoom chat. He said that a levy would help fund research. He asked **JAMES NOYES** to contribute on this.

**JAMES NOYES** said that there are public health policies and also policies that lend themselves to a public health manner. He said that it will be quite hard to sell a public health narrative to certain factions of the government. However, there are policies that lend themselves to achieving a public health end such as product design, affordability, messaging, and the issue of a levy. These policies lend themselves to a public health end without the politics. He said that these policies need to be led by those at the Department of Health and Social Care and experts in the area.

**LORD FOSTER** invited representatives from the Department of Health and Social Care to make a comment on the department’s involvement in the review.

**TABITHA BRUFAL** from the Department of Health and Social Care said that she had previously worked on tobacco control. She said that gambling is going up the agenda in the department.

**LORD FOSTER** asked **TABITHA BRUFAL** what the degree of involvement of the Department of Health in the review.

**TABITHA BRUFAL** said that she was newly involved in the policy area but that they have already had several meetings with DCMS. She said that the Department of Health wanted to learn more about people’s contributions to the debate and welcomed people sending them to her.

**LIZ RITCHIE** said that there was a lack of health messaging around gambling – parents and families are prevented from helping their children. She said that the wider population is the population that is harmed which then becomes the person that is going to be seriously harmed. She said that the health harms have to be linked to products.

**LOUISA MASON** concluded by saying that she was pleased everyone was in agreement that the approach needed to be cross-departmental and wondered if further departments could be included such as education.

**HAZEL CHEESEMAN** concluded that she was struck by the influence of the industry in the debate and how language can affect this.



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**HEATHER WARDLE** concluded by echoing **JAMES NOYES's** points about the politics of decision making and that we need to get across to DCMS that a public health approach is not a 'scary' approach – they are already taking steps to achieve this and there is a massive amount of expertise that they can work with to achieve prevention.

**MATT GASKELL** concluded by saying that it is essential to get this approach right and that it was a once in a generation chance to review legislation.

**WILL PROCHASKA** concluded by saying that this was a matter of urgency. He said that the industry will try to change the narrative around public health as something unachievable and he urged colleagues to prevent this from happening.

**LORD FOSTER** thanked everyone for their attendance and contributions.

**CAROLYN HARRIS MP** also thanked everyone for their participation.