

Written evidence submitted by the British Medical Association

Digital, Culture, Media, and Sport Committee inquiry on Gambling Regulation

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

1. Executive Summary

- 1.1 The BMA welcomes the opportunity to respond to the Digital, Culture, Media and Sport Committee's inquiry into Gambling Regulation.
- 1.2 Gambling is a growing public health issue, with the large burden of morbidity and mortality caused by harmful gambling causing increasing alarm in the medical profession.
- 1.3 Doctors are concerned that the regulation of gambling is inadequate and does not prevent people becoming gamblers or effectively manage those who have developed problems.
- 1.4 Gambling disorder must be recognised as being as serious and complex a medical problem as other addictions and be able to be treated on the NHS.
- 1.5 Reports show that 59% of adults in Great Britain had participated in gambling between 2020-2021. Some population groups experience a higher prevalence of gambling: men, young people, black and minority ethnic (BAME) communities, and socially deprived groups.
- 1.6 There is a known link between gambling and behaviours associated with harm, such as drinking alcohol and smoking tobacco.
- 1.7 The BMA suggests four main approaches to better regulate gambling:
 - **Restricted advertising** - to help control exposure, the Department for Culture Media and Sport (DCMS) should look further into a range of options ranging from restrictions on gambling advertising through to an advertising ban.
 - **Independent funding of research and prevention** - the current system of voluntary contributions by the gambling industry to a central charity that funds research is not appropriate - instead, there must be a long-term focus on generating independent funding of research and prevention work.
 - **Focus on prevention** - there should be a focus on public health approaches to tackle gambling harms through a combination of prevention methods, including restricted advertising and marketing, restricting licenses and availability, and strengthening regulatory frameworks.
 - **Cross government approach** - the decision making regarding the regulation of gambling should be made jointly by DCMS and the Department of Health and Social Care (DHSC).

2. Introduction

2.1 Gambling is a growing public health issue, with the large burden of morbidity and mortality caused by harmful gambling causing increasing alarm in the medical profession. Doctors are concerned that the regulation of gambling is inadequate and does not prevent people becoming gamblers or effectively manage those who have developed problems.^a

2.2 Gambling disorder must be recognised as being as serious and complex a medical problem as other addictions and be able to be treated on the NHS.¹ It is also crucial that Government improves its approach to the regulation of gambling. Introducing a statutory levy could offer an interim solution to boosting research and prevention funding and increase research independence from industry. However, it is crucial that Government takes a long-term approach to prevent gambling disorders and protect people from gambling related harm through activities such as stringent restrictions on advertising.

3. Gambling activities are high among adults and young people

3.1 It has been reported that 59% of adults in Great Britain (approximately 30.5 million adults) had participated in gambling between 2020 and 2021.² The national lottery remains the most popular activity. There is also fast-growing use of online slot machines and casino games, which carry significantly high rates of addiction.³ For example, a YouGov survey of approximately 18,000 adults in Great Britain reported a continued increase in participation of online casino games, from 3.0% in 2019 to 3.6% in 2020 and 4.1% in 2021.⁴

3.2 Gambling is also a growing activity amongst young people. It has been reported that 31% of British 11 to 16 year olds spent their own money on gambling between 2021 and 2022.⁵ The most common types of gambling activity that young people spent their own money on include playing arcade gaming machines such as penny pusher or claw grab machines (22%); placing a bet for money between friends or family (15%); and playing cards with friends or family for money (5%).⁶

4. Many people are suffering from gambling disorders

4.1 Survey data suggests that gambling disorders are far more prevalent than official data. The Gambling Commission has reported that 0.3% of adults in Great Britain are at risk of gambling harm, such as negative impacts on peoples' resources, relationships and health.⁷ However, this figure may be considerably higher with a YouGov survey (with approximately 18,000 adult respondents) conducted in 2021 finding that up to 2.8% of the adult respondents were identified as gamblers at high risk from harm - scoring eight or higher on the problem gambling severity index (PGSI).^b Additionally, 2.9% were classified as moderate gamblers and 7% were classified as low-risk gamblers.⁸

^a ARM (2022) That this meeting recognises the large burden of morbidity and possibly mortality caused by harmful gambling. The regulation of gambling is inadequate, neither preventing people especially young persons becoming gamblers nor effectively managing people who have developed problems. The meeting calls for the following action: -

i) coroners should be allowed to cite gambling as a factor in suicides;

ii) clinicians, including medical students, should receive more training on the identification and management of gambling as a health risk;

iii) the capacity of the fifteen NHS clinics should be expanded significantly and must include a specific pathway for doctors with gambling disorder.

^b PGSI (problem gambling severity index) - a measure used by experts to gauge harm suffered by individual gamblers.

5. Some population groups display a higher prevalence of gambling

Men

5.1 The proportion of gamblers experiencing any risk of harm has been found to be higher among men and younger adults, and slightly higher among those employed in 'manual' occupations. A survey of adults in Great Britain indicated that more than a 10th of men responding are either struggling with gambling or are in danger of doing so. Among women, in contrast overall addiction rates were 2%, with 4% in the at-risk category.⁹

Young people

5.2 The extent of gambling among children and young people (aged 11 to 16) is higher than using e-cigarettes, smoking tobacco cigarettes, or taking illegal drugs, albeit it is lower than drinking alcohol.¹⁰ The rate of gambling disorders among 11–16 year old children is twice as high as for adults.¹¹

Black and minority ethnic (BAME) communities

5.3 Adults from Black and minority ethnic (BAME) communities recorded higher PGSI scores on average than white adults, which may reflect differing preferences for gambling activities.¹²

Socio-economically deprived groups

5.4 The most socio-economically deprived and disadvantaged groups in England have the lowest gambling participation rates, but the highest levels of harmful gambling and they are also the most susceptible to harm.

5.5 If there are no interventions to improve the situation in these groups, harmful gambling is likely to make existing health inequalities worse.

6. Gambling disorder is associated with harmful behaviours

6.1 There is a known link between gambling and other behaviours associated with harm, such as drinking alcohol and smoking tobacco.¹³ Gambling has also been cited as a 'major cause of morbidity' and implicated as being involved in 15% of suicides in the UK.¹⁴

6.2 Gambling disorder is often co-morbid with other behavioural and psychological disorders, which can exacerbate, or be exacerbated by, problem gambling. Some of the psychological difficulties someone with a gambling disorder may experience include anxiety, depression, guilt, suicidal ideation and actual suicide attempts. Those with a gambling disorder may also suffer irrational distortions in their thinking (e.g. denial, superstitions, overconfidence, or a sense of power or control). Increased rates of substance abuse or dependence, and antisocial personality disorders have also been reported in pathological gamblers.¹⁵

6.3 Health-related problems due to gambling disorder can also result from withdrawal effects. It has been found that those suffering from gambling harm have reported at least one physical side-effect during withdrawal including insomnia, headaches, upset stomach, loss of appetite, physical weakness, heart racing, muscle aches, breathing difficulty and/or chills.¹⁶

6.4 There may also be a relationship between gambling and other harmful activities to health. Compared with children who have not gambled, those who have spent their own money on gambling are more likely to have consumed alcohol, taken drugs, or smoked either a tobacco cigarette or an e-cigarette.¹⁷

7. Gambling can have a profound impact on the day-to-day lives of not only gamblers, but those close to them

7.1 For every one person with a gambling disorder, an estimated five to 10 people are adversely affected.¹⁸ Impacts are often on resources (e.g. money and debt), health (e.g. mental distress), relationships, abuse or neglect of partners and children, and adverse childhood experiences that disrupt relationships and education during periods of cognitive and social development.¹⁹

7.2 Those affected by a spouse or partner are more likely to report a severe negative impact, likely due to the close nature of this relationship (e.g. shared finances, living together, children). It has been found that women were more likely to be among the 6% of the population, or 3.3 million people, classed as “affected others”.²⁰

7.3 The major burden of harms that gambling places on communities and society also needs to be recognised. In Great Britain, conservative estimates of social costs range between £200 million and £1.2 billion a year.²¹ More recent economic analysis estimated that the annual excess direct financial cost to government associated with harmful gambling is equivalent to £412.9 million.²²

8. Gambling disorder is often diagnosed too late and there are barriers to people seeking treatment

8.1 Those with a gambling disorder tend to present for services because they are having a crisis and their problem suddenly becomes apparent. Many try and manage it using methods such as credit cards or loans and only seek treatment when all other management options have been exhausted.²³

8.2 Many people suffering gambling related harm have expressed the desire to seek treatment. However, stigma (e.g. feeling embarrassed, not wanting people to find out) is often cited as a common barrier for not seeking support. Denial also plays a key role in preventing gamblers from accessing support.²⁴

8.3 As a result, despite the high prevalence of gambling disorders, very few people seek treatment. For example, just 8,490 people in England, Scotland and Wales received treatment from the National Gambling Treatment Service (a charity-based service)^c in 2021, suggesting that for every one person receiving help, there were 160 who could benefit from it that did not.²⁵

9. Treatment for gambling is improving but needs appropriate funding and monitoring

9.1 Historically, gambling treatment providers lacked a clearly defined model of care and integration with other services such as primary care or specialist mental health care. However, as part of the NHS Long Term Plan, seven NHS gambling clinics have been opened in England²⁶. We welcome that the ability to seek treatment is being made easier by the aim to expand the clinics, with 15 clinics to be operating across England by 2024.²⁷ It is crucial that these clinics are monitored, capacity is expanded if needed and appropriate funding is provided to ensure high levels of treatment are provided.

9.2 Due to the co-morbid nature of gambling disorders, there is a need for a holistic approach to support for gambling and links to existing drug or alcohol treatment services. In addition, due to the perceived stigma attached to gambling disorders, there is potential value in producing communications that inform people about gambling-related harms and how treatment could be

^c The National Gambling Treatment Service is a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling-related harms in England, Scotland and Wales.

relevant to them, as well as increasing awareness of treatment services and their suitability for different types of people.

10. Better regulation of gambling is essential

Current regulation of gambling is inadequate, neither preventing people, especially young people, becoming gamblers nor effectively managing people who have developed problems.

Restricted advertising

10.1 Since the Gambling Act 2005 was implemented in 2007 there has been liberalisation of gambling, which has led to the population being exposed to a higher degree of advertising through channels such as sports, television and social media. Many of these advertising platforms such as the internet and social media were not as prominent when the act was developed, yet they have grown (and continue to grow) since its implementation.

10.2 The gambling industry spends £1.5 billion a year on advertising, and 60% of its profits come from the 5% who are already problem gamblers or are at risk of becoming so.²⁸ Prevention will not be effective when there are inadequate controls on advertising and sponsorship in place.²⁹ Current advertising and sponsorship laws are allowing young people to be exposed to gambling cues even when attending 'family friendly' events such as sports events.

10.3 To help control this exposure, stronger advertising restrictions on broadcast, online streaming and social media should be brought in to limit the exposure of gambling, particularly to children.³⁰ The Department of Culture Media and Sport Committee should look further into a range of options to control this exposure, ranging from restrictions on gambling advertising through to an advertising ban.

Independent funding of research and prevention

10.4 The current system of voluntary contributions by the gambling industry to a central charity that funds research is not appropriate. It lacks transparency and independence from the gambling industry. The voluntary nature leads to industry having a level of control over the funding (and whether the funding is maintained), which has implications for which projects are funded and arguably what research may say. It can also skew the distribution of funds.³¹ Therefore, a long-term focus on generating independent funding of research and prevention work is crucial.

10.5 Introducing a statutory levy on industry in the interim is one method of boosting funding for research and prevention and giving industry less control over where and how the funding is spent. It could result in more funding going to large public studies such as those conducted by the NHS or National Institute for Health and Care Research etc, where strict governance and ethical frameworks ensure quality assurance of research.³²

Focus on prevention

10.6 However, a statutory levy is not a long-term solution to reducing or preventing gambling harms and it should not replace or reduce the focus on preventing gambling harms in the first place. Therefore, it is crucial that Government should not be distracted from the absolute need of a public health approach to tackling gambling harms through a combination of prevention methods such as restricted advertising and marketing, restricting licences and availability, and strengthening regulatory frameworks.

Cross government approach

10.7 A whole-system approach is likely to be most effective as part of a coordinated overarching national strategy. This would give importance to both prevention policies and treatment

interventions. As has been seen for alcohol and tobacco, a cross-government and inter-agency approach is required at the national and regional scale to facilitate the implementation of a number of prevention measures for gambling disorder.

10.8 The DCMS currently hold the decision-making power for gambling policy, however, health services often have the responsibility of dealing with the impact and outcomes of gambling disorder.³³ Therefore, decision making regarding the regulation of gambling should be made jointly by DCMS and DHSC.

¹ BMJ (2007) Compulsive gamblers must get free NHS treatment, BMA says.

<https://www.bmj.com/content/334/7585/113.1>

² YouGov - Annual GB Treatment and Support Survey 2021, On behalf of GambleAware -

<https://www.begambleaware.org/sites/default/files/2022-03/Annual%20GB%20Treatment%20and%20Support%20Survey%20Report%202021%20%28FINAL%29.pdf>

³ Article: The Guardian (2022) Gambling addiction could be nine times higher than industry claims

<https://www.theguardian.com/society/2022/mar/23/gambling-addiction-could-be-nine-times-higher-than-industry-claims>

⁴ YouGov - Annual GB Treatment and Support Survey 2021, On behalf of GambleAware

⁵ Gambling Commission (2022) Young People and Gambling 2022

<https://www.gamblingcommission.gov.uk/report/young-people-and-gambling-2022/ypg-2022-involvement-in-gambling-prevalence-of-non-problem-at-risk-or>

⁶ Gambling Commission (2022) Young People and Gambling 2022

⁷ Gambling Commission (2022) Statistics on participation and problem gambling for the year to Sept 2022

⁸ YouGov - Annual GB Treatment and Support Survey 2021, On behalf of GambleAware

⁹ YouGov - Annual GB Treatment and Support Survey 2021 On behalf of GambleAware

¹⁰ Gambling addiction and its treatment within the NHS: A guide for healthcare professionals (2007)

¹¹ House of Lords (2020) Select Committee on the Social and Economic Impact of the Gambling Industry.

¹² [Ibid](#)

¹³ [Ibid](#)

¹⁴ BMA (2022) Regulation of gambling industry 'inadequate', say doctors <https://www.bma.org.uk/news-and-opinion/regulation-of-gambling-industry-inadequate-say-doctors>

¹⁵ Gambling addiction and its treatment within the NHS: A guide for healthcare professionals (2007)

¹⁶ [Ibid](#)

¹⁷ [Ibid](#)

¹⁸ Wardle H, Reith G, Best D, McDaid D, Platt S. Measuring gambling-related harms: a framework for action. Gambling Commission, 2018

¹⁹ Annual GB Treatment and Support Survey 2021 On behalf of GambleAware

²⁰ Article: The Guardian (2022) Gambling addiction could be nine times higher than industry claims

<https://www.theguardian.com/society/2022/mar/23/gambling-addiction-could-be-nine-times-higher-than-industry-claims>

²¹ Thorley C, Stirling A, Huynh E. Cards on the table—the cost to government associated with people who are problem gamblers in Britain. 2016. <https://www.ippr.org/publications/cards-on-the-table>

²² Office for Health Improvement & Disparities/ Public Health England (2023) Gambling-related harms evidence review: summary <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

<https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

²³ BMA (2022) Getting a grip on gambling <https://www.bma.org.uk/news-and-opinion/getting-a-grip-on-gambling>

²⁴ YouGov - Annual GB Treatment and Support Survey 2021, On behalf of GambleAware

²⁵ Office for Health Improvement & Disparities/ Public Health England (2023) Gambling-related harms evidence review: summary <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

<https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>
²⁶ <https://www.england.nhs.uk/2022/02/nhs-launches-new-gambling-addiction-clinics-to-meet-record-demand/>

²⁷ <https://addictionsuk.com/blogs/the-gambling-problem-in-the-uk/>

²⁸ House of Lords (2020) Select Committee on the Social and Economic Impact of the Gambling Industry.

²⁹ BMA (2022) Regulation of gambling industry 'inadequate', say doctors <https://www.bma.org.uk/news-and-opinion/regulation-of-gambling-industry-inadequate-say-doctors>

³⁰ All Party Parliamentary Group for Gambling Related Harm www.grh-appg.com

³¹ Advisory Board for Safer Gambling (2021) Advice to the Gambling Commission on a statutory levy. <https://www.gamblingcommission.gov.uk/print/advice-to-the-gambling-commission-on-a-statutory-levy>

³² Advisory Board for Safer Gambling (2021) Advice to the Gambling Commission on a statutory levy.

³³ Regan et al (2022) Policies and interventions to reduce harmful gambling: an international Delphi consensus and implementation rating study. **The Lancet Public Health**, 7 (8), e705-e717
[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00137-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00137-2/fulltext)