Northern Ireland Assembly

Research and Information Service Briefing Paper

13 January 2022 NIAR 212-21

Eleanor Murphy

UK Public Health Network and Institute of Public Health 5 nation roundtable event: Gambling and public health – is regulation a sure bet? Perspectives from New Zealand, the UK and Ireland

1 Introduction

The Committee requested that I attend the UK Public Health Network and Institute of Public Health round table event on gambling which took place virtually on **7 October 2021**. This briefing paper provides an overview of the roundtable presentations which were as follows:

- **Update from Wales** – Stephanie Barnhouse, Health Risk Behaviours Branch, Welsh Government
- **Update from England** – Susan Duckworth, Principal Licensing Officer, Leeds City Council
- **Reducing and Preventing Gambling Harms in Scotland** – Phil Mackie, Scottish Public Health Network
- **Update from Republic of Ireland** – Dr Helen McAvoy, Institute of Public Health
- **Gambling prevalence, policy and legislation in Northern Ireland -** Dr Joanna Purdy – Institute of Public Health

- **Minimising gambling harms: the New Zealand public health approach –** Assoc. Prof. Maria Bellringer, Director, Public Health and Mental Health Research Institute.

2 Update from Wales

This presentation was provided by **Stephanie Barnhurst, Health Risk Behaviours Branch, Welsh Government.**

The focus of the presentation was the question – **is gambling a public health issue?** A public health issue is identified by four tests, i.e.:

- exacerbates inequalities;
- is preventable;
- requires population level interventions; and
- has a significant scale and cost to society.

Gambling meets all four of these tests.

Exacerbates inequalities

The presenter noted that the **harm from gambling is not spread equitably across society** and that young people and disadvantaged groups tend to experience more gambling related harm. They identified the name to **reframe the conversation about gambling** away from it being a problem or responsibility just for the individual. There is a need to look at **how environmental factors impact on gambling behaviour** e.g. the clustering of gambling venues in areas of deprivation.

A preventable harm

The presenter stated that it is important to be aware of the 'ripple event' of gambling related harm. Whilst gambling harm statistically looks like it affects a relatively smaller number of people it has a 'rippling' effect in that it impacts not only on the individual but also their families, friends, work colleagues, employers etc.

Population level intervention

The presenter highlighted that **international best practice indicates that a population level intervention to gambling related harm is necessary**. Countries such as Canada, New Zealand and Australia have implemented **multi-component public health strategies** to reduce the harm from gambling.

Gambling is now recognised as a public health issue in Wales:

- The **Chief Medical Officer (for Wales) Annual Report** in 2016/17 'Gambling with our Health' recognised gambling as an emerging public health issue. The report

made a number of important recommendations around treatment services and the need for further research on gambling/gambling related harm. See also CMO article on 'Gambling-related harm and the public health approach: addressing the challenges in Wales' published in Public Health journal (July, 2020).

- In December 2020, the Welsh Minister for Health and Wellbeing established a **Task and Finish Group on gambling related harm**.
- There is a recognition that gambling-related harm in Wales requires a public health approach with multiple strands, i.e. a harm reduction focus; a shift in thinking from the individual to a population level approach; an acknowledgement of the impact of the pandemic on gambling-related harm; and working on multiple fronts simultaneously to achieve results.

Scale and cost to society

The presenter provided an **overview of the prevalence of gambling in Wales** – 1.1% of the adult population identified as problem gamblers (2016 figures). The highest reported demand and usage for gambling treatment services is found in cities in north and south Wales. The social impact of harmful gambling is estimated to range from between £40m to £70m per year. However, there is a role for further research to identify the true scale and cost of the problem in Wales.

An overview was provided of **cross-Government collaboration in Wales** e.g. making gambling-related harm part of the new school curriculum in Wales and ensuring it is suitably integrated with other services such as primary care and mental health.

The Welsh Government supported the **UK Government's commitment to review the Gambling Act 2005** but advocated for a **public health approach** to addressing issues around gambling. The Welsh Government are awaiting the outcome of the review especially in relation to issues such as **industry regulation, advertising and minimising gambling related harm for children, young people and other vulnerable groups**.

3 England

The presentation was provided by **Susan Duckworth**, Principal Licensing Officer with Leeds City Council.

Gambling prevalence and data collection

The presentation began by looking at the **prevalence of gambling and gambling addiction in England**. It looked at some of the **methodological problems in data collection** on problem gambling e.g. gambling rates fluctuate, national figures relating to problem gambling differ from local level data (e.g. local data for Leeds found that

gambling addiction/problem gambling was higher than GB-wide population survey data).

Legislation and regulation overview

Gambling is regulated by the Gambling Act 2005 and associated regulations. Gambling legislation is overseen by the Department for Digital, Culture, Media and Sport (DCMS). The presenter highlighted that the 2005 Act "aim to permit" element reduces the ability for local authorities to control premises. The legislation is very complex – it regulates both land-based and remote gambling.

The Gambling Act 2005 places a duty on the Gambling Commission and licensing authorities to permit gambling "in so far as the Commission think it reasonably consistent with pursuit of the licensing objectives".

The presenter provided an overview of who is responsible for monitoring and implementing the legislation i.e. the UK Government undertakes periodic review of the legislation (including the current review of the 2005 Act). DCMS is the government department responsible for the legislation, the Gambling Commission and Local Authorities are responsible for implementing the legislation. A recent House of Lords Select Committee has scrutinised gambling law and regulation but its recommendations are advisory and not mandatory – the report is available here.

Overview of policy documents with a gambling-related harm focus

The presenter provided examples of two policy documents that focused on gambling-related harm:

- NHS Long Term Plan – includes a commitment to invest in expanding NHS clinics to help people with serious gambling problems. There is one national clinic which reaches just a small proportion of problem gamblers but there are plans to expand the geographical coverage of NHS services for gambling addiction.
- Gambling Commission's 'National Strategy to Reduce Gambling Harms'- recognises that gambling related harm is a public health issues that requires a co-ordinated approach. It recognises that gambling harm not only impacts on the individual but also their family life, access to public services, and has cost implications for communities and for the economy.

Treatment and Advice Services

An overview of treatment and advice services was touched upon:

- GambleAware allocates voluntary donations made by the gambling industry in England, Wales and Scotland.

- Gambling industry direct funds some support and education programmes. NHS England contributes to NHS treatment services.
- Gambling Commission funds some support projects through regulatory settlement schemes.
- There is a National Gambling Treatment Service which is a network of organisations working together to provide confidential treatment and support. The Network includes:

  - the National Gambling Helpline;

  - GamCare provides brief interventions and counselling;

  - the NHS London Problem Gambling Clinic and the NHS Northern Gambling Service – which offer specialist addiction therapy; and

  - the Gordon Moody Association which offers residential and online treatment.
- Gamblers Anonymous which is run by volunteers with experience of gambling addiction.
- For children and young people – GamCare provide a National Gambling helpline, a Young Persons Support Service and a Big Deal website for 'self help'. There is also an NHS Youth Clinic as part of the London Problem Gambling Clinic.

Recommendations

The presentation concluded with four recommendations:

- **Remove the "aim to permit"** provision in gambling legislation in GB to let the Gambling Commission and local authorities to have more control.
- A **mandatory levy** to fund consistent and independent treatment services and research.
- **Introduce gambling advertising restrictions**, especially within sports and TV.
- **Partnership working is vital**, across sectors such as licensing, public health, treatment and financial inclusion.

4 Reducing and Preventing Gambling Harms in Scotland

The presentation was provided by Phil Mackie, Scottish Public Health Network

The presentation began by providing some headline figures in relation to gambling in Scotland e.g. gambling related harm estimated to cost Scottish public services between £20-60m. The National Lottery, other lotteries and scratchcards are the most popular gambling activities. The Scottish Health Survey 2017 estimates that 0.6% of the adult population in Scotland are problem gamblers and 0.9% are moderate risk gamblers.

Mr Mackie also noted some caution when considering figures in relation to problem and 'at risk' gambling e.g. people move in and out of being at risk or experiencing gambling-related harm and up to half of all problem gamblers in surveys will be "new" problem

gamblers. He also highlighted that help, support and treatment services are needed for those experiencing problems. However, he also noted that it was important that action is taken, and services are provided to prevent those at risk and non-problem gamblers from developing problems.

Similar to other presenters he noted that gambling related harms have an adverse impact on the individual but also on families, communities and society – the "rippling effect" of gambling-related harm.

Mr Mackie provided some very detailed maps on how tackling gambling related harm requires a "whole systems" approach given that gambling interacts with a wide range of other issues. Should the Committee wish to see those maps I can enquire as to whether those can be made available to the Committee.

5 Republic of Ireland

This presentation was provided by **Dr Helen McAvoy**, Institute of Public Health.

Gambling prevalence in the Republic of Ireland

The presentation began with an overview of population surveys on gambling in the Republic of Ireland (most recent data is from 2014/15) – 64% participated in gambling in the last 12 months; 41.4% gambled on a monthly basis or more often; **0.8% of the population were problem gamblers – although for male 25-34 year olds the figure was higher at 2.9%**. Lottery tickets and scratchcards, gambling in a bookmaker's shop, and placing a bet on a horse or dog race were the most popular forms of gambling. But note that the data is not recent and may not take account of the rise in popularity of online gambling. Dr McAvoy noted that more recent data is due for publication.

Dr McAvoy noted that **data gathering in relation to gambling is missing from some key population surveys**, it is captured in the Household Budget Survey 2015-16 but is not included in e.g. the Irish Longitudinal Study on Ageing or the National Longitudinal Survey on Children. Therefore, more focus on gambling related data gathering in surveys is required. There is some data on estimates for when gambling is reported as the main reason for seeking treatment, but the data is not complete or representative of treatment for gambling in a national context.

Additionally, in terms of policy framing, **gambling/gambling-related harm is not a focus of key strategies/legislation** in the Republic of Ireland e.g. the National Sports Policy, National Youth Strategy, the Online Safety and Media Regulation Bill.

Overview of current legislation regulating gambling in ROI

Some gambling Acts going back to the 1930s and 50s are still in operation. However, there have been some recent updates to legislation e.g. Betting (Amendment) Act 2015 and Gaming and Lotteries (Amendment) Act 2019. Gambling legislation is the responsibility of three different government departments.

The most recent legislation introduced was the **Gaming and Lotteries (Amendment) Act 2019**. It aimed to streamline and modernise the application process for gaming permits and lottery permits; protect underage people by standardising the minimum age for all licensed gambling at 18 years old; ensure more proceeds from lotteries go to charitable causes; and update stakes and prize limits for gaming machines. It **did not**, however, include the **regulation of online gambling**, the **introduction of a gambling levy** or the **introduction of a gambling regulator**.

The future regulation of gambling in RoI

The presentation provided an overview of the future of gambling regulation in RoI – the DoJ Statement of Strategy 2021-2023 committed to **establishing a gambling regulator** focused on public safety and wellbeing. The **regulator would regulate gambling online and in person, and would have the powers to regulate advertising, gambling websites and apps**.

Note that since the roundtable event the Minister of State for Law Reform, Youth Justice and Immigration, James Browne TD, published the General Scheme of the Gambling Regulation Bill on 21 October 2021. The Bill contains provisions to establish a gambling regulator. Further information on the General Scheme is available at http://ilas.justice.ie/en/JELR/Pages/PR21000265

Recommendations

The presentation concluded with a number of recommendations:

- a public health approach to gambling harms
- legislative reform
- a strategic direction and policy coherence; and
- an integrated research strategy

6 Gambling prevalence, policy and legislation in Northern Ireland

The presentation was provided by **Dr Joanna Purdy**, Institute of Public Health.

The presentation began with some background/ contextual information – NI is one of the most economically disadvantaged regions in the UK; it suffers an excess of mental ill-health and higher suicide rates; and it was stated that the current gambling legislation falls far behind developments in the gambling industry.

Gambling prevalence in Northern Ireland

The presentation moved on to look at gambling prevalence and problem gambling in Northern Ireland. Three most common forms of gambling advertising seen by respondents to the survey were TB, online advertisements and sponsorship. **It highlighted that 2.3% of the NI population experience problem gambling with a further 4.9% experiencing moderate risk gambling**. Data is from the 2016 NI Gambling Prevalence Survey.

Overview of gambling legislation in NI and current legislative developments

The presentation noted that the Betting, Gaming, Lotteries and Amusements (NI) Order 1985 currently regulates gambling in NI but there is **no provision in the legislation in respect of remote gambling, a gambling regulator or a statutory gambling levy**.

It also provided an overview of recent developments including:

- the DfC consultation on the regulation of gambling in NI (December 2019);
- the All Party Group on Reducing Harm Related to Gambling inquiry into the Regulation of Gambling in Northern Ireland; and
- the introduction of the Betting, Gaming, Lotteries and Amusements (Amendment) Bill (currently at Committee Stage). The Bill is part of a two phased approach to gambling reform in Northern Ireland. An overview of the provisions of the Bill was also provided in the presentation.

Treatment Services in Northern Ireland

To the best of the Institute's knowledge there are no bespoke statutory services for gambling addiction in NI. Treatment and support services primarily provided by community and voluntary sector organisations. Gambling addiction is often treated alongside mental health problems or other substance use issues. Dr Purdy stated that is a need for investment in statutory services, specifically designed for individuals and families living with gambling addiction.

Some final observations and recommendations

Dr Purdy provided a list of some final observations, i.e.

- currently there is no formal monitoring mechanism for gambling such as a **Commission or Commissioner in NI;**
- there is no **strategy for gambling related harm in NI nor does it feature in many strategies** i.e. public health, mental health, spot and physical activity or online safety.
- it is **important to monitor gambling activity in NI** in the context of other lifestyle behaviours that positively and negatively impact on health,
- IPH has commissioned the University of Stirling to **undertake research into public awareness of gambling advertising in NI.**

Dr Purdy also provided some key recommendations:

- a **public health, population approach is necessary** – that prioritises health and harm prevention, focuses on reducing inequalities and is based on best available evidence.
- **gambling behaviours and harms amongst children and young people should be monitored** through government surveys and criminal justice data systems.
- a **Health Impact Assessment** should be conducted on any new gambling legislation.
- **prevention and treatment strategies should be integral to any regulation framework/legislation** with a public health response to gambling embedded from the outset.

7 Minimising gambling harms: The New Zealand public health approach

The final presentation was provided by **Associate Professor Maria Bellringer**, Director, Public Health and Mental Health Research Institute (NZ).

Dr Bellringer highlighted that the **New Zealand Government has adopted a public health approach to gambling**. It is a preventative approach that aims to prevent and minimise harms from gambling. It recognises that people experience varying levels of harm before reaching the stage of problem gambling and there is a recognition that harm affects not only the individual but also their families and communities.

The presentation provided an **overview of the New Zealand gambling environment**. This comprises of 6 casinos (in five cities); online gambling; National Lottery and scratchcards; pub and clubs electronic gaming machines (similar to UK Fixed Odds Betting Terminals); horse/dog racing and sports betting (including online betting).

The New Zealand Gambling Act 2003

The presentation provided an overview of the New Zealand Gambling Act 2003. The Act includes provisions to e.g.:

- **prevent and minimise the harm** caused by gambling and problem gambling (e.g. age restrictions, advertising standards, pop-up messaging and player information displays);
- ensure **integrity and fairness of games**;
- **limit opportunities for crime and dishonesty** (e.g. money laundering);
- ensure that money from gambling benefits the community and facilitates community involvement in decision making; and
- **includes a definition of harm**, i.e. harm or distress arising from, or caused or exacerbated, by a person's gambling. It also includes personal, social or economic harm suffered by the person, their spouse/partner/family, in the workplace, or by society at large.

Dr Bellringer also provided an **overview of the gambling regulatory structure** in New Zealand. Gambling regulation is overseen by the Department of Internal Affairs (which regulates, investigates, inspects Casinos, audits (for compliance), and carries out 'mystery shopping exercises'). The New Zealand Gambling Commission (an independent statutory body) is responsible for e.g. renewal of casino licensing, advising the Minister on the problem gambling levy.

Strategy to Prevent and Minimise Gambling Harm

New Zealand has a 'Strategy to Prevent and Minimise Gambling Harm'. The Ministry of Health is responsible for developing and implementing the strategy in accordance with the Gambling Act 2003. The strategy is developed and implemented in three-year cycles (informed by independent needs assessments) and is consulted on before implementation. The strategy is required by law to include e.g. measures to promote public health; services to treat and assist problem gamblers and their families; and independent research and evaluation.

How New Zealand monitors gambling activity

The presentation provided an overview of how gambling activity and harm is monitored in New Zealand. For example, there are electronic monitoring systems for FOBTs type machines in pubs and clubs (e.g. records data on money lost, location/number of machines). Data is also gathered on treatment statistics and National Gambling Surveys conducted every two years.

The New Zealand Gambling Levy

Dr Bellringer provided an overview of the gambling levy in New Zealand. The levy recovers the costs of developing, managing and delivering the strategy to reduce gambling harm. It is collected from the profits of New Zealand's four main forms of gambling: gaming machines in pubs and clubs; casinos; the New Zealand Racing Board and the New Zealand Lotteries Commission. The rate of levy is set every three

years and the formula is set out in legislation (Gambling Commission sets the levy following Ministry of Heath recommendation).

The levy is calculated via a formula (information extracted from the Gambling Act 2003)

$$levy\ rate = \frac{(((A \times W1) + (B \times W2)) \times C) \pm R}{D}$$

A	is the estimated current player expenditure in a sector divided by the total estimated current player expenditure in all sectors subject to the levy.
B	is the customer presentations to problem gambling services that can be attributed to gambling in a sector divided by total customer presentations to problem gambling services in which a sector that is subject to the levy can be identified.
C	is the funding requirement for the period for which the levy is payable.
D	is the forecast player expenditure in a sector for the period during which the levy is payable.
R	is the estimated under-recovery or over-recovery of levy from a sector in previous levy periods.
W1 and W2	are weights, the sum of which is 1.

The Ministry of Health administers the funds provided from the levy.

Gambling levy pros and cons

Dr Bellringer provided some pros and cons associated with the levy:

Pros – it ensures a guaranteed level of funding for minimising gambling harm over a three year period; and the gambling industry has no influence over how the money is spent.

Cons – industry has raised issues over the accuracy of the formula, especially the presentation data as a proxy for harm; the levy doesn't include money lost on overseas gambling; and it only considers primary problem gambling activity in the presentation data.