



The UK Gambling White Paper: comments on implementation and timing

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The aim of this rapid response article is to give a concise consideration of key issues arising from the UK Government's recently released white paper on gambling regulation and related issues, such as gambling disorder: "High stakes: gambling reform for the digital age" [1]. Case reports of people addicted to gambling exist dating back to ancient times, but medical recognition is relatively recent. Gambling Disorder – or 'Pathological Gambling' as it was formerly known – was first recognised as a mental health condition by psychiatric classification systems in the 1980s, with its inclusion in the Diagnostic and Statistical Manual Version 3 (DSM-III) [2]. In DSM-5, the entity was renamed 'Gambling Disorder' and listed alongside alcohol and substance use disorders in the same category ["Disorders due to substance use or addictive behaviours"] [3], recognising that they share clinical parallels including constituting types of addiction [4,5]. The identification and treatment of gambling disorder has been recognised as a national priority in the NHS Long-Term plan [6]. Based on meta-analyses, it has been estimated that gambling disorder affects 0.6–2% of the population globally [7]. An even greater proportion of people experience gambling related harms and negative consequences without meeting the current diagnostic threshold for the full disorder [8]. Gambling-related harms can include, for example: debt, homelessness, unemployment, relationship break-ups, criminality, consequent other mental health disorders (e.g. anxiety, depression, alcohol use), physical health disorders (e.g. cardiovascular disease, obesity), and suicidality. These harms extend well beyond the person with gambling disorder (or at-risk gambling), impacting also family and friendship networks, and wider society [4,5]. These harms also result in massive economic costs, further impacting wider society.

As clinician-academics working in the field of gambling disorder in NHS settings, we welcome the publication of the white paper and efforts by government to reduce gambling-related harms in the UK. We seek to address policy issues raised by the white paper, including (but not limited to) those relevant to clinical care and clinically-applied research. We furthermore focus on areas where urgent governmental attention is now needed to avoid any future legislation change being postponed further, watered down, or not being implemented at all.

The white paper proposes to consult on two types of financial risk

checks for people who gamble. The first level of check is at moderate amounts of spending (e.g. £125 net loss per month, or £500 per annum) and would involve relatively basic financial checks; but a second more detailed level of affordability checks is suggested for larger amounts of loss (e.g. £1000 loss within 24 h; or £2000 within 90 days). These proposals are strongly welcomed as a starting point, because financial affordability checks would, in our view, be likely to identify gambling-related risk for at least some individuals to some degree. However, those affordability checks will need to be coupled with robust processes that also focus on reducing gambling related harms, for those identified as being at risk, otherwise they can be rendered tokenistic. The other aspect that needs to be taken into consideration is the dynamic nature of affordability; repeated losses and other changes in personal circumstances can quickly change the customer's financial position. The journey from "affordable" betting, to "less affordable", to "unaffordable" and seriously harmful betting is a tragic one, and affordability needs to be understood dynamically, otherwise measures will be very ineffective. Trigger conditions that are 'rechecked' over time at a reasonably high frequency would seem sensible – such as monthly. In terms of additional protections, in Germany, there is a cross-supplier deposit limit for gambling i.e. a limit per player not per operator (maximum 1000 Euros per month per player across all operators). We would advocate for a similar approach in the UK, and this was not in the white paper.

Another area of focus in the white paper concerns seeking to increase (to some degree) the nature and number of safeguards for gambling in younger people. The government intends to legislate to increase the minimum age for all types of gambling to 18y – bringing this in line with the current legal position for the National Lottery – and encourages operators to enforce more rigorous age checks in future. Protecting young people from developing addiction is crucial because adolescence and young adulthood constitute neuro-developmentally vulnerable times during which individuals often have greater levels propensity towards developing addictions [9]. The government proposes trigger thresholds for enhanced financial affordability checks that will be lower for younger adults (people aged 18-24y) than older adults, and will undertake other consultations designed to strengthen other safeguards

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in younger adults – such as potential limits on slot gambling stakes. Collectively much more significant changes than these are needed to protect young people, given the very high levels of at-risk gambling in this group. Steps needed to protect younger people include: much more stringent regulation of advertisements (to avoid young people being exposed, as they clearly extensively are at present), public and school/college/university education programmes about the harms that can arise from gambling, and regulatory enforcement of modification of gambling products so that there are additional safeguards for young adults aged 18–30 years (e.g. automatically lower limits on spend, default opt-out on marketing materials). We suggest the upper definition is 30y not 24y to reflect findings from the neurosciences relating to brain development and vulnerability.

The white paper makes some changes proposing to strengthen informational messaging, but this approach is unfortunate since it uses industry-friendly language rather than recognising gambling addiction and at-risk gambling as being harmful (in a similar way to alcohol or tobacco addiction or at-risk use). ‘Informational messaging’ from industry has and does promote certain narratives, such as that individuals who develop gambling disorder or at-risk gambling are irresponsible (see the extensive ‘gamble responsibly’ messages, which are widespread). Similar examples of these deflective narratives in other related commodity industries have been widely noted, such as for alcohol [10]. Also, instead of the industry-friendly term ‘informational messaging’ it would be more appropriate to use the term ‘warnings’ or ‘health warnings’ as is used in other addictions – i.e. for alcohol and tobacco. Language is important: similarly, the white paper uses the term ‘player’ whereas the more suitable term is ‘person who gambles’ or ‘gambler’ (since the term ‘player’ has positive healthy connotations – e.g. someone who plays a physical sport).

We would have liked to have seen much stronger regulation of gambling advertisements. The main advertising change appears to be preventing prominent sportspeople from putting gambling adverts on the front of their shirts – this is a token gesture unlikely to significantly dent gambling related harms, because of the numerous other locations and avenues for such advertisements to occur. The gambling industry spends 1.5 billion pounds per year on advertising in the UK [11]. Furthermore, we would have liked to see the white paper clearly delineating its support towards more stringent regulations in the domain of self-exclusion. The current system requires individuals to jump through hoops to achieve this and individuals often feel defeated in the process. In our view, there are also insufficient penalties for organisations that fail to meet self-exclusion expectations at any stage of this process. An ideal system would allow for a one-stop, streamlined, simplified process for a universal self-ban across providers. Moreover, we see that the white paper opens conversation towards regulations to minimize harms caused by personalized promotional emails and texts. While the Gambling Commission will consult on proposed new controls for ‘VIP’ schemes and incentives (“free bets” or “bonuses”), any control on such schemes should also be respectful of the decisions of individuals not to receive such promotional incentive-based content, and providers that violate this should have to pay a penalty to the individual.

The white paper refers to voluntary codes and sponsorship deals being ‘socially responsible’ but what is needed is rigorous control over advertisements, including so that they are not viewed by young people – similar to some of the regulations around tobacco, and (to a lesser degree) alcohol. As contrasted to current regulations for tobacco, the white paper presents a relatively permissive approach to gambling advertisements. We also note that several European countries have implemented partial bans on gambling related advertisements – such as banning advertisements for particular forms of gambling, banning advertisements unless presented late in the evening, and/or banning certain types of promotional content within advertisements that do occur. These additional measures would help to reduce gambling-related harms in the UK, but were largely overlooked in the white paper.

Perhaps the most potentially welcome proposal in the white paper,

provided the funding matches the need, is that the government will implement a statutory levy on the gambling industry. This is long overdue. Our concerns are not about the commitment by the Department for Culture, Media and Sport (DCMS) to its implementation but rather about a potential further delay which would slow down the planned work to build a stronger and more independent national network of both clinical and research initiatives which in turn will be supporting the national preventative and treatment work. The amount of 1% on industry profits has been mentioned by Lucy Frazer Member of Parliament (MP) in her launch of the white paper. As noted by others, a 1% levy would provide a relatively small amount relative to the amount spent by the gambling industry on advertisements per year [12]. It is also worth noting that a 1% levy (e.g. approximately £150 million per annum) would not even come close to matching even an extremely conservative estimate of the economic and social cost of gambling related harms just in England alone per annum (e.g. £1.05–1.77 billion per annum) [13]. We need a sizable levy to even start to address UK gambling harms in a meaningful way. We hope that further consultations will not lead to reduction of the minimum initial £150 million per annum suggested (though ideally more is needed), or to such funding being diverted back to organisations that have ties with and/or conflicts of interest with the gambling industry.

A further issue of concern is the white paper’s proposal to assign the administration of these levy funds to the Gambling Commission, albeit the process is going to be further consulted upon. In some other countries, such as in New Zealand, gambling levies are administered via Ministries of Health, which would be much more appropriate. It is our view that the Gambling Commission should not itself make any funding decisions about how the levy is spent – because its statute includes promotion of gambling and particular forms of gambling i.e. the national lottery, which constitute direct conflicts of interest in relation to such funding decisions. Furthermore, a regulator should not be placed in a position of being a distributor of funds. For example, the Gambling Commission’s role of liaising closely with industry would preclude it from claiming true independence from the gambling industry and therefore would make it impossible for the real independence so campaigned for by all who wish to see a change in the current system. Instead, levy funds should be managed by an independent Board assigned the sole task of adjudicating funds to independent NHS treatment providers and independent research bodies of national UK standing. In this sense we welcome the white paper’s intention for government to consult with such charities and co-host workshops, but proof will be in the pudding.

More broadly, the white paper itself is not sufficiently cognisant of, or cautious about, potential conflicts of interest. The gambling industry, which is a 15 billion pound per year industry in the UK, is capable of and indeed does seek to influence research, policy, and practice agendas. We have seen countless examples of this over the past decades. This influence is abundantly evident throughout the white paper, which actively encourages and thanks industry for its work on policy, research and practice. Gambleaware was described in the white paper as an ‘independent organisation’, yet received £34.7 million in voluntary donations from the gambling industry for the 12-month period ending 31st March 2022. Based on what happened when the tobacco industry played a large role in influencing policy, research, and practice [15], including through voluntary donations, we would urge for a much more cautious approach in consultation processes and implementing the white paper positions; and suggest that industry opinion is not the same thing as scientific evidence. Equally, industry generated evidence is not the same thing as evidence generated via independent, conflict-free, experts, whose work has also been subjected to rigorous peer-review [16,17]. Policy, research, and practice work should be led by independent experts, who are free to conduct work without influence by the very organisations that profit from gambling. We believe this is what our patients and the public deserve and what they would expect. Research should seek to follow the principles of open science and reproducibility

[18]. Data collected by gambling operators should be made fully available to an independent governmental organisation, which then provides data to independent researchers who should be free to explore those data with complete freedom from industry influence in the process. In other areas of addiction, regulations are in place to help protect against conflicts of interest. One example of this is the World Health Organisation's Article 5.3 of the Framework Convention on Tobacco Control [19]. This sought to protect public health policies from commercial and other vested industry linked to said industry. Many of these principles could be readily applied to gambling.

In the post-white paper world of gambling, the most important aspect of independence in policy, research, and practice relates to the unacceptability in this new era of using voluntary industry donations to fund such work, as noted recently by the NHS and UK gambling research communities [16,17]. Unacceptable funding now includes voluntary funding from industry, whether directly (i.e. industry → recipient) or indirectly (industry → one or more industry-related organisations e.g. a charity linked to industry → ultimate recipient). For example, it is not possible to now envisage any research centre being run with funds from voluntary industry donations in the UK – similar to how it would not be acceptable for tobacco industry to fund a research centre into reducing smoking harms through voluntary donations, even if it does this through a related third party.

Overall, we welcome the governmental white paper on gambling reform as a long overdue first step forward, but suggest that urgent governmental action is now needed to specifically address the issues highlighted above including conflicts of interest, and relatedly, the need to ensure a sizable levy and funding decisions arising from any levy occur promptly, through an independent process and involves giving funds to organisations safeguarded from industry conflicts of interest. Greater attention is also needed to high-quality unbiased educational activities around the mental and physical health consequences of gambling: education is only mentioned a few times in the white paper. Otherwise we risk exacerbating harms due to gambling, not alleviating them. Research in other countries has shown that governments have set out with good intentions when seeking to regulate to reduce gambling harms, but in the end implemented the least effective interventions due largely to industry influence (e.g. [20]). We truly hope this will not happen in the aftermath of the white paper – we need firm urgent action by government to curb industry activities contributing to gambling-related harms, not further delay and consultation: we have already had extensive consultation.

In conclusion, the white paper represents a major opportunity to start to reduce gambling-related harms in the UK – especially the prospect of funding, fully shielded from industry conflicts of interest, to support high quality independent work on policy, research, and practice (plus education). We hope that Government will rely on independent experts to ensure the structure of delivery and levels of funding will do justice to what has been a white paper filled with promise, and will rapidly move to implementing major changes.

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