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SPICe Briefing

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A public health approach to gambling harms

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This briefing outlines a public health approach to gambling harms. It presents evidence on gambling harms and who they affect. It contains information on UK and Scottish policy and legislation relating to gambling. It also describes some measures that could be used to address gambling harms as well as emerging issues relating to gambling.



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Executive summary

1. A public health approach to gambling harms recognises that gambling harms go beyond individuals who gamble and can affect their families, communities and society as a whole.
2. Six percent of adults in Scotland are at low or moderate risk of gambling problems. 0.4% are people with a gambling problem.
3. Seven percent of the British population are estimated to be directly affected by the gambling of another person.
4. Gambling harms affect wider society. A 2016 report estimated that the costs to Britain were between £260 million and £1.16 billion per year and £20 to £60 million for Scotland. This is likely a significant underestimate.
5. Gambling harms are unevenly distributed across society. For example, women are more likely to be affected by the gambling of others. Gambling harms also co-occur with deprivation and other health inequalities such as lower mental health and unhealthy alcohol consumption.
6. The Gambling Act 2005 regulates gambling in Britain. It is currently under review. Future reform may bring about greater protection for people who gamble. The Gambling Commission enforces the Act. Most gambling legislation and regulation is reserved to the UK Parliament.
7. Local authorities are responsible for regulating gambling at a local level. However, wording of the Gambling Act 2005 means that few compliance checks take place in Scotland.
8. Gambling harms are referenced in Scotland's Suicide Prevention Action Plan 2022-2025, published in September 2022. Otherwise there are no Scottish Government policies, strategies or plans that directly address gambling harms. Conversations with a number of stakeholders highlighted this as a barrier to organisations such as local authorities allocating funding to work to reduce gambling harms. However, it is important to note that the capacity for Scottish Government to act in many important areas, such as industry regulation, is limited as these powers are reserved to UK Government.
9. There are a range of potential approaches to reduce gambling harms. These can target the whole population or people at risk of or experiencing gambling problems. Many of these approaches could be taken in Scotland, within healthcare, education or by local authorities.
10. There are no specialist NHS clinics for people with a gambling problem in Scotland. There are several in England.
11. Lessons may be learned from the approach taken to other public health issues such as alcohol or from other countries including other UK nations. The Scottish Public Health Network has led a project to tackle gambling harms in Glasgow. This could inform a national approach in Scotland.

12. There are concerns that increases in the [cost of living](#) will increase gambling harms.
13. [NHS Inform Scotland](#) provides directions to support for people experiencing gambling harms, including people harmed by the gambling of another person. People can phone the National Gambling Helpline 24 hours a day, 7 days a week, on 0808 8020 133.

Definitions

- **Gambling harms** - 'The adverse impacts from gambling on the health and well-being of individuals, families, communities and society' ¹ .
- **Gambling** - According to the [Gambling Act 2005](#) ² , 'Gambling is gaming, betting and participating in a lottery'.
- **Person with a gambling problem** - this term is used rather than 'problem gambler' 'to emphasise that the person has a problem, rather than is the problem'.
- **Affected other** - someone directly affected by someone with a gambling problem, for example a partner, family member or colleague.

Framing gambling as a public health issue

Many academics³, health professionals⁴, regulatory bodies⁵, charities⁶ and politicians⁷ advocate a **public health approach** to reduce the harms caused by gambling to individuals, their close contacts and society.

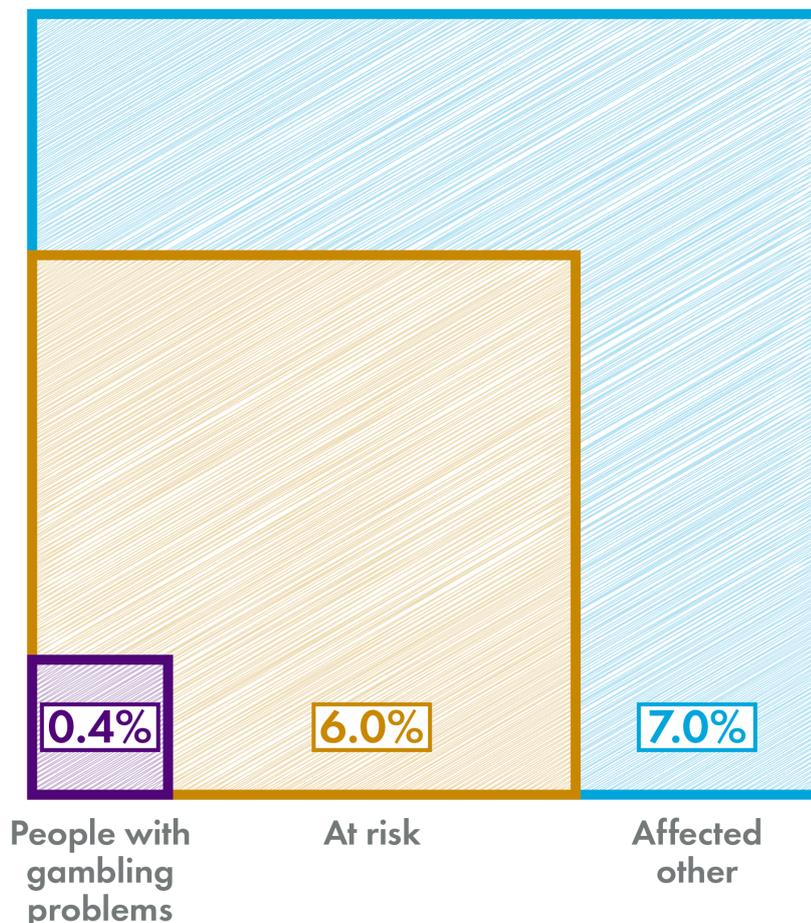
On 3 February 2022 the Minister for Public Health, Women's Health and Sport, Maree Todd MSP, stated:

“ We share the concerns that many have expressed around the impact of gambling-related harms in Scotland, and we recognise that gambling can have disastrous consequences. We agree with the view of our stakeholders that **a public health approach is needed** to tackle those harms and improve treatment services.”

Scottish Parliament, 2022⁸

Framing gambling harms as a public health issue moves the focus away from using screening tools to count the number of individuals who are defined as having a gambling problem. Instead, it recognises that gambling has wider individual and societal costs. Harms do not only affect [those defined as having or at risk of having a gambling problem](#). Gambling harms also affect their [families, colleagues, communities and society](#) as a whole⁹. People may move in and out of gambling harms over their lifetime. Therefore the harms of gambling extend well beyond the 0.4% of people in Scotland estimated to have a gambling problem.

Figure 1: Estimated proportion of people in Scotland experiencing harms from their own or another persons gambling



Scottish Government, 2022¹⁰ and Gunstone, 2020¹¹

Gambling harms are also not evenly distributed across society. **Some individuals and communities are at greater risk of direct or indirect gambling related harms**¹². A public health perspective can be used to understand the wider social, environmental, commercial and political structures that lead to gambling harm.

In Scotland, a public health approach is already taken to reduce harms from **alcohol, tobacco and drug misuse**¹³. This involves a wide range of organisations including the NHS and charities, working on **education, prevention and early intervention**, as well as **support and treatment** for those experiencing harms. A similar approach could be taken to reduce gambling harms to individuals, families, communities and society⁵, using evidence to inform policy and health measures.

The **National Strategy to Reduce Gambling Harms (2019-22)**, published by the **Gambling Commission**, gives the following definition:

“ A public health approach to reducing gambling harms... is not solely – or even primarily – about health care provision. It is about adopting practices that bring benefit at the population level, as well as at the individual, in order to prevent gambling harms from occurring. It means recognising that a broad range of measures must usually be taken by different people and organisations to address what can often be a complex mix of harmful consequences.”

Gambling Commission, 2019⁵

Measuring individual gambling risk

Surveys are conducted by organisations such as the [Gambling Commission](#) or by the [Scottish Health Survey](#)¹⁰ to understand the proportion of the population with or at risk of having a gambling problem. They measure the risk of harm from a person's own gambling using one or a combination of two screening tools:

- **Problem Gambling Severity Index (PGSI)** - This index is designed for use with the general population. People answer questions like: 'Have you bet more than you could really afford to lose?' For each question, they score between zero and three depending on if they never to almost always do. People with the highest scores (over eight out of 27) are classed as having a gambling problem. Lower scores above zero (one to seven) indicate low or moderate risk of having a gambling problem.
- **Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)** - This diagnostic tool is designed for a clinical diagnosis for someone with a gambling problem. People score from zero to four depending on if they never to very often do for questions like: 'Need to gamble with increasing amounts of money in order to achieve the desired excitement'. Highest scores are classed as a person with a gambling problem. This survey does not identify people at low or moderate risk of having a gambling problem¹⁴.

The Gambling Commission give the following definitions:

“

- Problem gamblers are defined as ‘gamblers who gamble with negative consequences and a possible loss of control’.”
- Moderate risk gamblers are defined as ‘gamblers who experience a moderate level of problems leading to some negative consequences’”
- Low risk gamblers are defined as ‘gamblers who experience a low level of problems with few or no identified negative consequences’.”

Gambling Commission, 2020¹⁵

However, [it has been pointed out that the term 'problem gambler' can contribute to stigma](#). Therefore, the term 'person with a gambling problem' will be used in this briefing as it indicates that a person **has a problem rather than is the problem**.

Furthermore, these measures do little to give a picture of the **extent and nature of the wider harms** of gambling in Scotland. The Gambling Commission is working on a [new survey](#):

“ designed to understand the incidence, nature and severity of harm experienced as a result of someone's own gambling ('harms to self'), or someone else's gambling ('harms from others').”

Gambling Commission, 2022¹⁶

Gambling in Scotland

The [Scottish Health Survey 2021](#) provides the most up to date picture of gambling behaviour in Scotland. Data for this survey was collected between April 2021 and March 2022 on the gambling behaviour of people over 16 in Scotland in the past year. Data on gambling was also collected as part of the [Scottish Health Survey in 2017](#) and 2012.

- In 2021, 58% of respondents to the survey had spent money on at least one gambling activity in the past 12 months. This was down from 63% in 2017 and 70% in 2012. However, when playing the National Lottery is removed, this change is much less apparent.

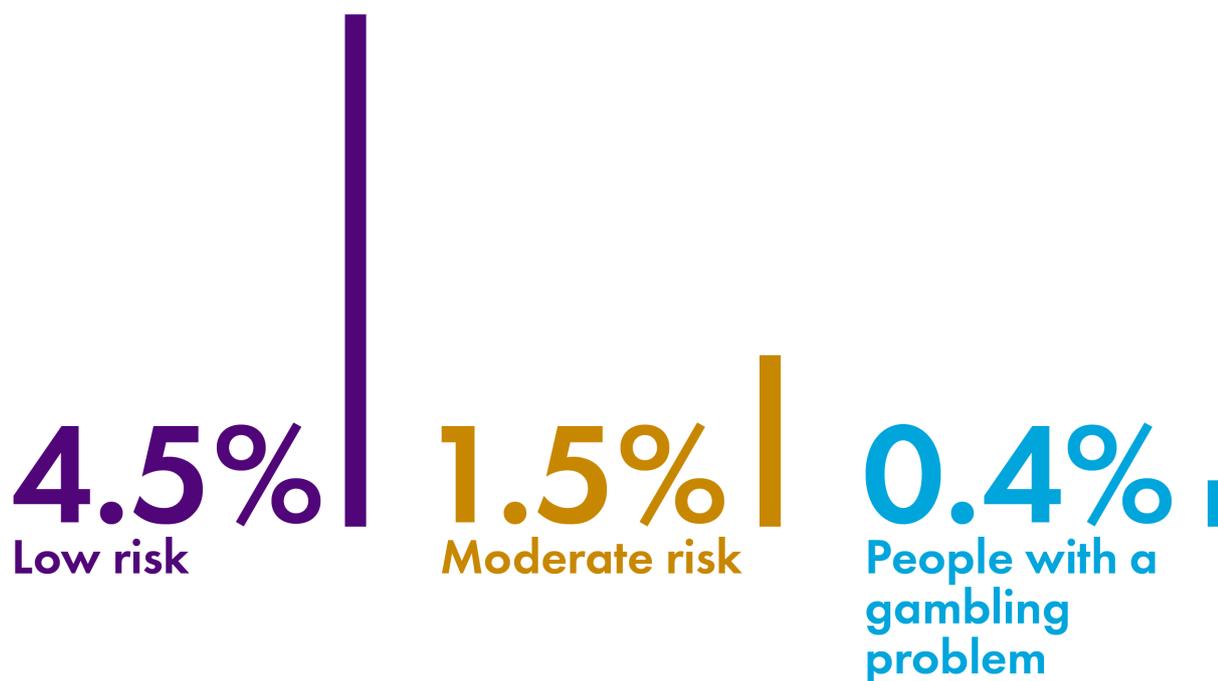
Figure 2: Gambling participation in the last year



Scottish Government, 2022¹⁰

- In 2021, 0.4% of respondents were classed as experiencing gambling problems and six percent were at risk of experiencing gambling problems.

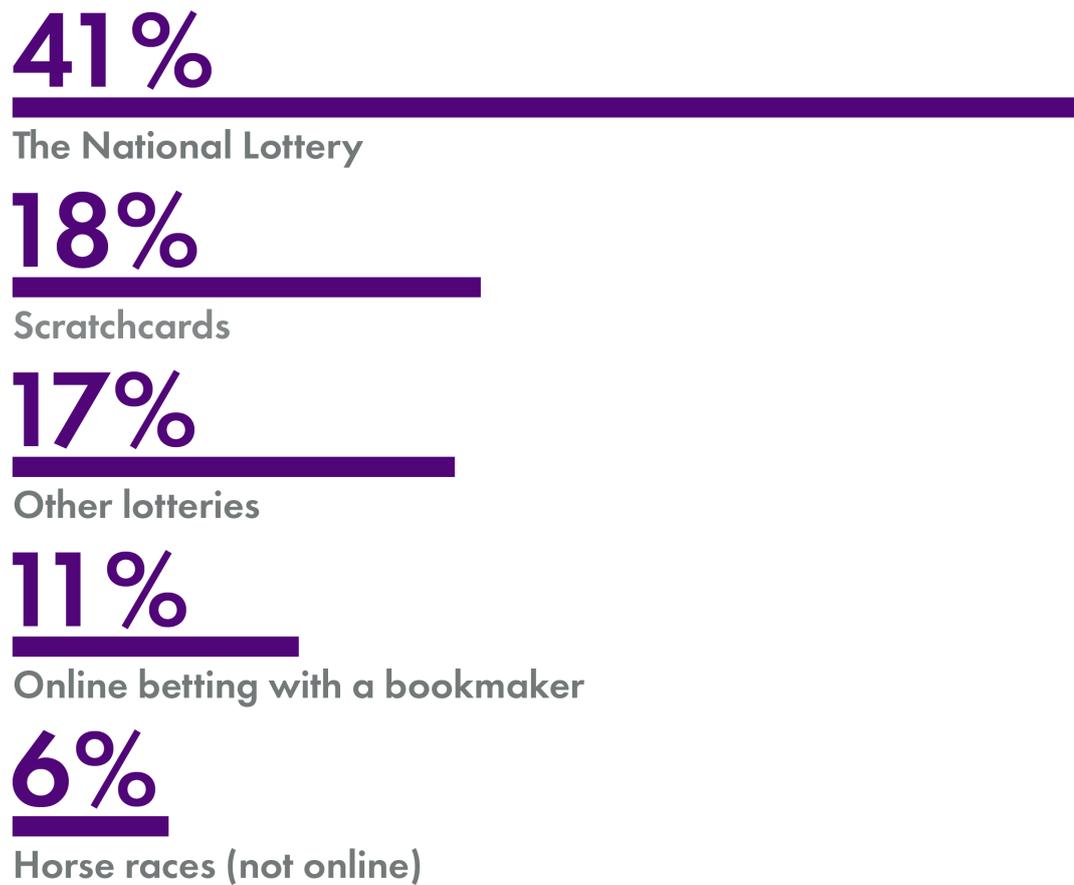
Figure 3: Estimated proportion of people who have or are at risk of having a gambling problem



Scottish Government, 2022¹⁰

- The most popular gambling activities were the National Lottery, followed by scratch cards, other lotteries, online bookmakers and horse racing. Gambling with online bookmakers has gone from the fifth to the fourth most common activity since 2017.

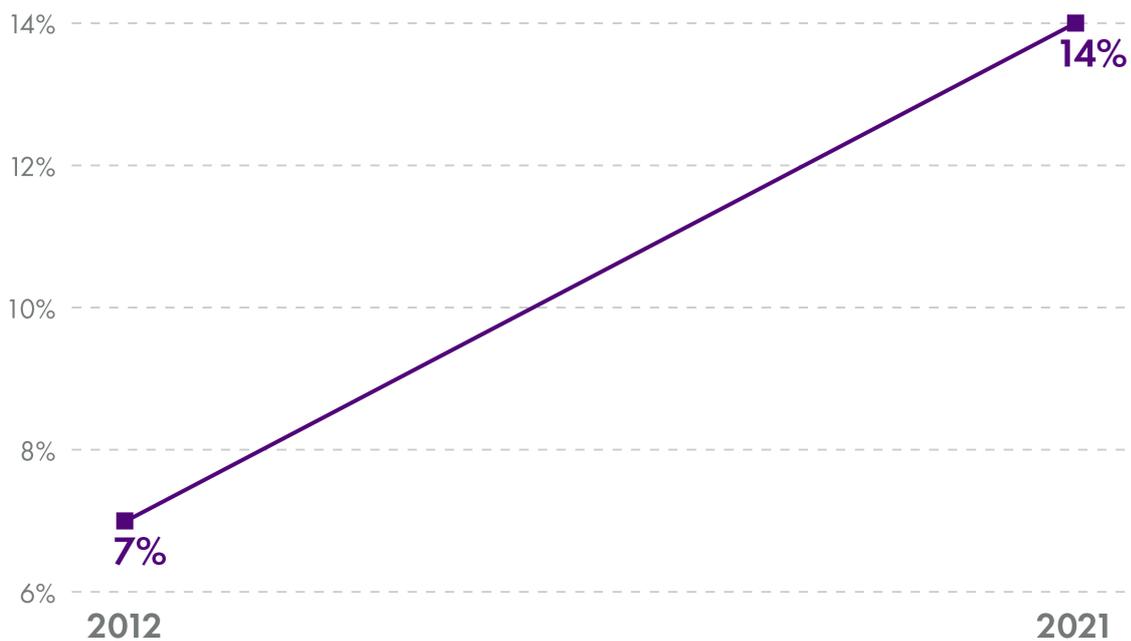
Figure 4: Top five most popular gambling activities



Scottish Government, 2022¹⁰

- Excluding the National Lottery, in 2021, 14% of adults gambled online, up from seven percent in 2012.

Figure 5: Online gambling participation in 2012 and 2021



Scottish Government, 2022¹⁰

- For all forms of gambling including the National Lottery, men were more likely than women to have gambled, though the difference was small (61% versus 56%). Without the National Lottery, men were still more likely to gamble and again the difference was small (45% versus 42%). This difference was also reported in 2012 and 2017.

Figure 6: Gambling participation by sex



Scottish Government, 2022¹⁰

- Men were more likely to gamble online (excluding National Lottery, 20% of men compared to 9% of women) and took part in a wider range of gambling activities.

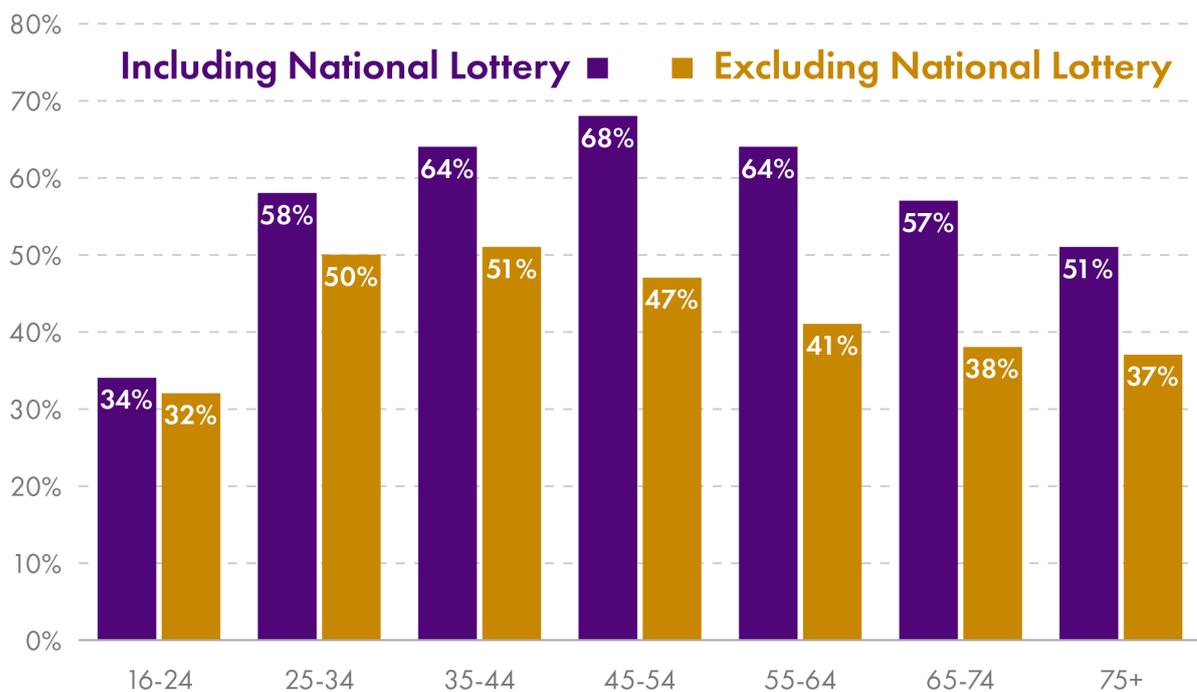
Figure 7: Proportion of men and women taking part in four or more gambling activities in the past year



Scottish Government, 2022¹⁰

- Gambling participation was highest in those aged 45-54 and lowest in those aged 16-24. When the national lottery is excluded, participation is highest in those aged 35-44 and lowest in those aged 16-24

Figure 8: Gambling participation by age



Scottish Government, 2022¹⁰

Harms of gambling

Most people who gamble do not experience significant harm from gambling. Gambling can have a significant negative impact on the lives of some people. People with a gambling problem can be defined as people who gamble **'to a degree which compromises, disrupts or damages family, personal or recreational pursuits'** ¹⁷.

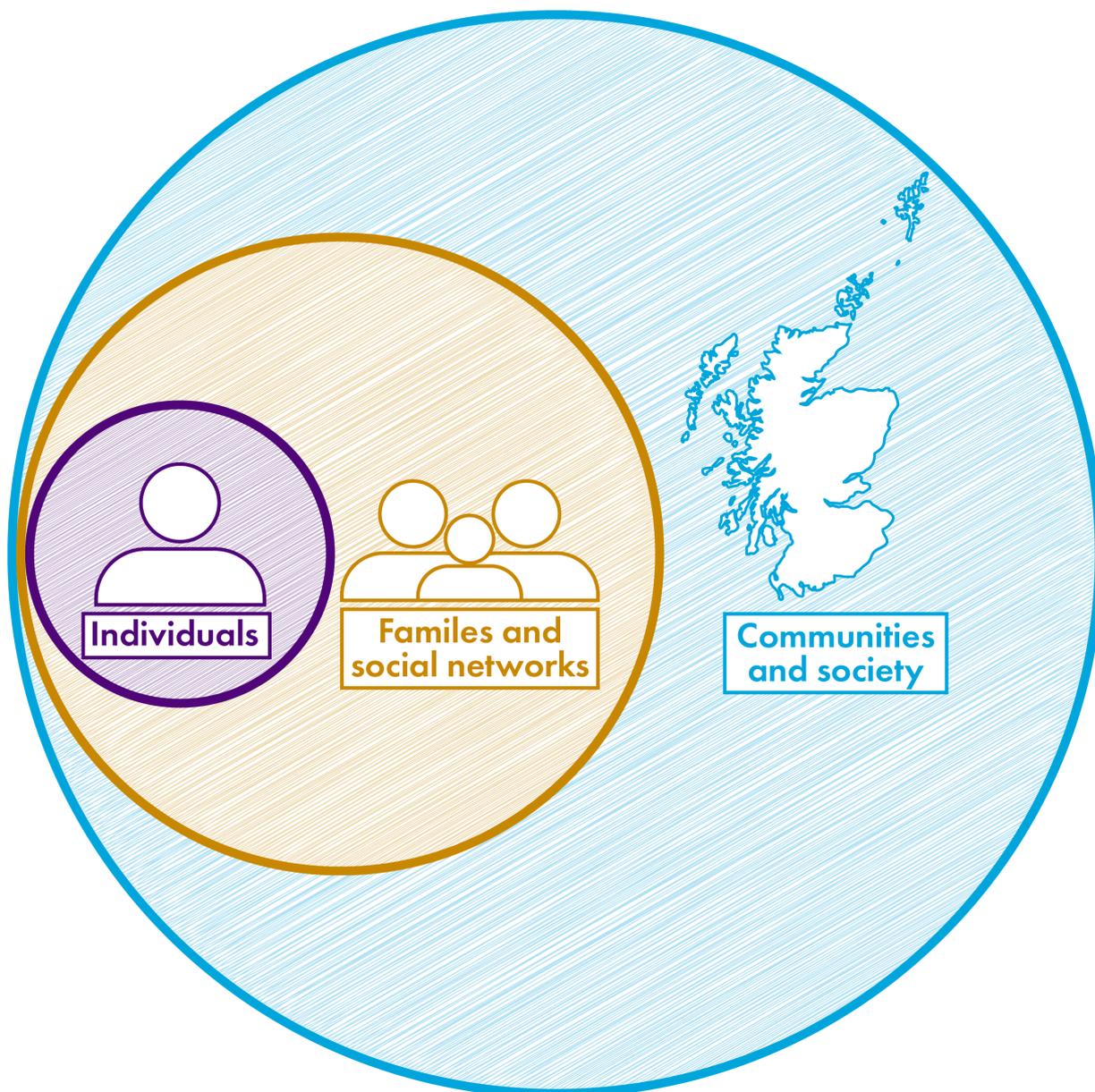
However, a focus solely on the individuals harmed by their own gambling fails to acknowledge the wider harms that gambling can have on the **families** and **communities** of people with a gambling problem, as well as **society** as a whole ⁹. **Harms are also not evenly distributed across society** ¹². Those defined as 'at risk' may also experience harms.

There are clear links between experiencing harms from gambling and a range of negative outcomes. However, it is challenging show that gambling directly causes these harms. For example, reduced mental health may be both a cause and consequence of gambling harm. Furthermore, problems with gambling are often highly correlated with other issues, such as **deprivation and health inequalities**.

This section discusses some of the potential harms of gambling to:

- **individuals**
- **their close contacts**
- **society**
- **individuals and communities that face an increased risk of gambling harms.**

Figure 9: Gambling harms affect individuals who gamble, their families, communities and also impact wider society



Individual

Gambling can cause harms to people who gamble in several ways, including to those not defined as having a 'gambling problem' by survey classification tools. While there are clear links between gambling and negative outcomes, it is not always clear that gambling causes these issues. For example, mental health issues are likely to be a consequence of gambling harm, but those with mental health issues may also be at greater risk of gambling harms.

Many of the potential harms to people who gamble are also reasons **why** people gamble. Amongst those who called the charity [GamCare](#) in 2020-21, **financial difficulties, relationship issues and mental health** were all reasons why people gambled as well as consequences of their gambling. This highlights the circular nature of many gambling harms.

Figure 10: Gambling harms to individuals



Mental health

- Gambling has been linked to increased risk of mental health issues, including stress, anxiety and depression ¹ .
- The estimated annual number of deaths by suicide attributable to gambling in England is around 400. However, this is an estimate with a large degree of uncertainty, as this data is not collected explicitly. Therefore, the number could be much higher or lower, probably between 240 and 700 ¹⁸ . **There are no estimates for Scotland.**
- A UK study found that one in four people who had a gambling problem reported having attempted suicide in their lifetime ¹⁹ .
- Gambling is mentioned in [Scotland's Suicide Prevention Action Plan 2022-2025](#).
- In the [Scottish Health Survey 2021](#) those who took part in gambling in the past year reported lower mental wellbeing than people that had not.

Physical health

- Gambling is associated with unhealthy behaviour such as smoking, high-risk alcohol drinking, drug use, poor diet and obesity ²⁰ .
- Studies have found that people with a gambling problem in the UK had more hospital stays and people at risk of having a gambling problem reported more medical conditions ¹⁹ .

Finances

- People with gambling problems are more likely to experience financial difficulties ¹⁹ .
- Problems include money loss, debt and bankruptcy ¹ .
- Finances may also be affected indirectly through job loss ¹ and reduced educational attainment ¹ .
- Among adults with a gambling problem in England in 2007, 38% had experienced debt, compared to eight percent of the general population. Those classed as experiencing gambling problems were more than twice as likely to use short-term and payday loans ²¹ .

Living standards and homelessness

- Gambling problems can reduce living standards. At its most extreme, gambling can contribute to someone becoming homeless ^{22 23} .
- Housing issues were mentioned by six percent of people calling the [GamCare](#) helpline in 2020-21 about their own gambling ²⁴ .

Job opportunities and educational attainment

- Gambling may lead to job loss or contribute to people leaving education ⁹ with subsequent financial loss or loss of future opportunity.

Relationship and family breakdown

- Those with gambling problems have been found to have smaller networks of social support ²⁵ .
- Forty nine percent of callers to the charity [GamCare](#) in 2020-21 said that family and relationship difficulties were a significant impact of their own gambling ²⁴ .
- One US study found that divorce rates for people defined as experiencing a 'pathological gambling' problem was over 53%. The divorce rate was 18% for those who did not gamble ²⁶ .

Involvement with the criminal justice system

- Two percent of callers to the charity [GamCare](#) in 2020-21 said that criminal activity was an impact of their gambling ²⁴ .

- A study of English prisons found that '5.4% of men and 3% of all women considered that their current offence was linked to gambling' ¹⁸ .

Families and social networks - 'affected others'

People with a gambling problem can impact their close contacts. This can include family, partners, friends and colleagues. These people are often referred to as '**affected others**'. Seven percent of the British population are estimated to be directly affected by the gambling of another person ¹¹ . A person with a gambling problem is estimated to effect around six other people ²⁷ .

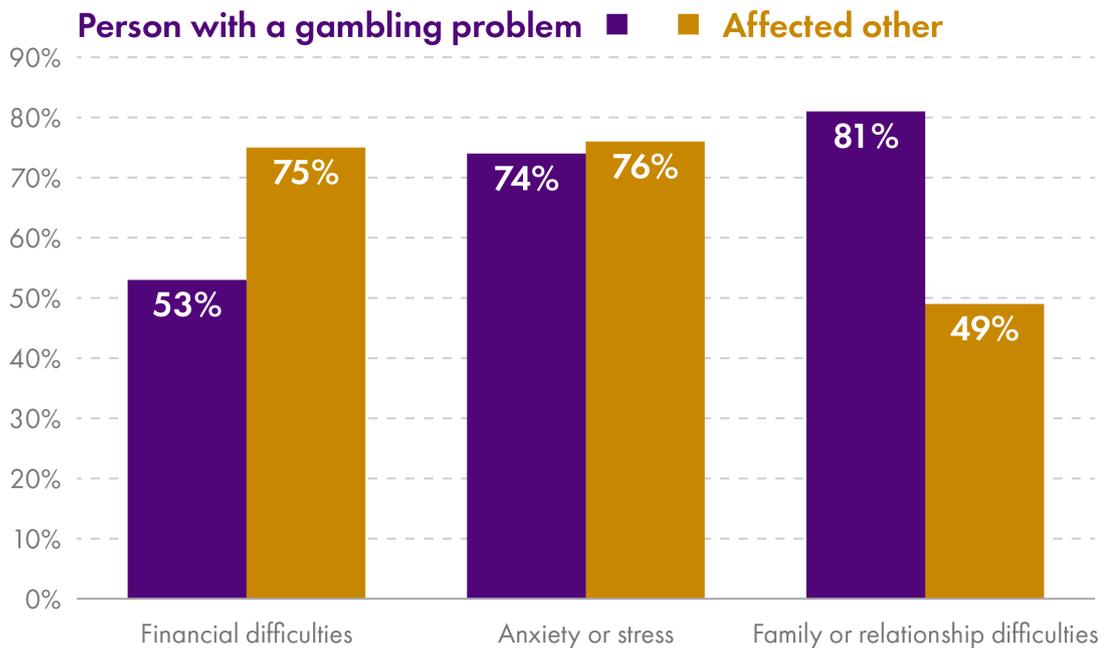
Figure 11: A person with a gambling problem affects around six other people



Goodwin, 2016²⁷

Many of the issues that affect people experiencing gambling problems also impact '**affected others**' ²⁸ . These include relationship difficulties, financial concerns and reduced mental health ²⁴ . A large proportion of callers to the charity [Gamcare](#) in 2020-21 raised concerns about financial difficulties, anxiety or stress or family and relationship difficulties, regardless of whether they were calling about their own or someone else's gambling.

Figure 12: Proportion of callers to the GamCare helpline raising specific issues (2020-21)



GamCare, 2021²⁴

Other issues that may affect the families of people with a gambling problem include:

1. Domestic abuse

- In a 2016 analysis of the global literature, more than one third of people with a gambling problem said they had been victims or perpetrators of physical intimate partner violence ²⁹ .
- This violence can also extend to children, who are at greater risk of physical abuse from parents who have a gambling problem ³⁰ .
- Physical abuse as a child and other adverse childhood experiences can in turn increase risk of developing gambling problems as an adult ^{30 31} .

2. Effects on children

- The long term effects on children of having a person with a gambling problem in the family can be significant. Impacts can include anxiety, neglect and reduced mental health ³¹ .
- Children of people with a gambling problem have been reported to be four times more likely to gamble themselves ³¹ .
- In a British study, children of 11-15 years were found to be more likely to have problems with gambling if their parents gambled ³² .

Communities and society

It is challenging to fully and accurately estimate the economic costs of gambling harm to society. [A 2016 report estimated](#) that the costs to Britain were between **£260 million and £1.16 billion per year and between £20 and £60 million for Scotland**. This is likely to be a significant underestimate, as many costs of gambling harms were not accounted for or were only partly accounted for. Gambling harms also affect individual communities. Harms at the community and societal level can be wide ranging, but include:

1. Crime

- A study of English prisons found that '5.4% of men and 3% of all women considered that their current offence was linked to gambling' ¹⁸ .
- Crime associated with people with a gambling problem was a significant cost to society accounted for in the 2016 assessment of the costs of gambling harms to Scotland, up to £10 million. However, this only accounted for the costs of imprisonment ³³ . It did not account for other costs of crime.

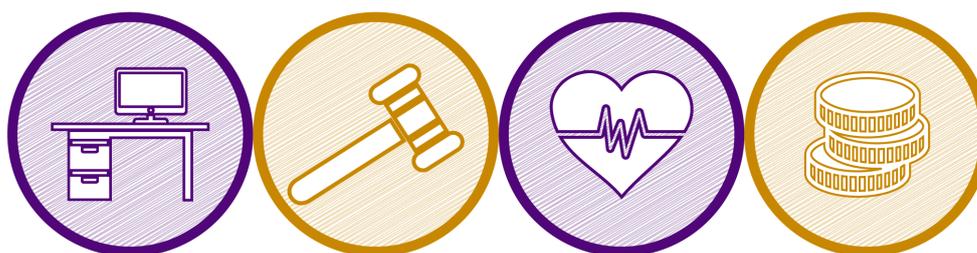
2. Lost economic productivity

- Gambling harms can reduce workplace productivity and economic output through absenteeism, crime against employers or job loss ⁹ .

3. Healthcare

- [Links between gambling, mental health, physical health, smoking, illicit drug use and harmful drinking](#) mean that gambling can increase the burden on the NHS.

Figure 13: Gambling harms to society



Many of these harms at societal level, such as the costs of reduced mental and physical health and crime, are also harms experienced by individuals and families. Many potential harms are difficult to quantify, such as a loss of community trust and social cohesion ⁹ .

Gambling also generates **financial benefits** to society, through employment and tax revenue. The gambling industry in the UK employs nearly 100,000 people and pays approximately £3 billion per year in taxes ³⁴ . Based on the latest available data, gambling accounts for 0.56% of Scotland's Gross Value Added (a measure of the value of goods and services produced in the economy) ³⁵ .

However, it has been estimated that the money spent on gambling generates less employment, less Gross Value Added and less taxes than if the same money was spent in other industries such as retail. This is because gambling creates less activity elsewhere in the economy³⁶. Furthermore, a [House of Lords report](#) estimated that 60% of the gambling industry's profits came from people with or at risk of having a gambling problem.

Unequal risk of gambling harm

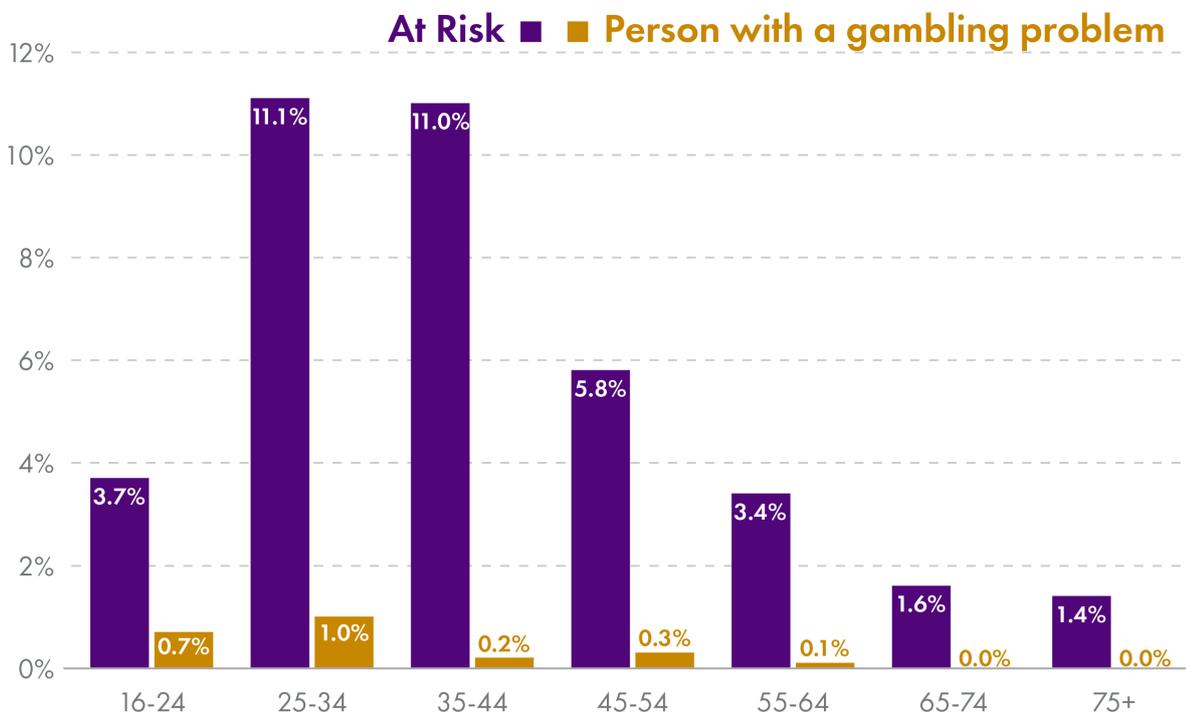
Some individuals and communities are more likely to experience gambling harms. Understanding this can inform approaches that focus on people and communities at greater risk. Factors can also act together to increase risk as people may fall into more than one of these groups. Therefore, the extent of gambling harm for certain individuals or communities can be much higher than the average.

However, it is important to note that although some groups may be at greater risk of gambling harm, it is difficult to establish that a factor is a cause of gambling harms. For example, those with mental health issues may be more likely to experience gambling harms¹⁷. However, reduced mental health can also be a consequence of gambling harm³⁷. Nonetheless, understanding which groups are more likely to experience gambling harms is useful for effectively targeting public health measures.

Age

In the [Scottish Health Survey 2021](#) the proportion of people with a gambling problem varied with age, though this difference was not significant.

Figure 14: Gambling risk by age



Scottish Government, 2022¹⁰

Children

Children are the only group explicitly identified as vulnerable in the [Gambling Act 2005](#). Children can be harmed by their own gambling or by indirect harms experienced because of a family member or carer gambling. Factors in childhood can also increase risk of having a gambling problem later in life, such as abuse, depression or drug use³⁸.

- Children in Britain with parents who gamble were more likely to be harmed by their own gambling, showing the intergenerational effects of gambling³².
- In the [Scottish Health Survey 2021](#), 0.7% of children and young adults aged 16 to 24 surveyed were found to have a gambling problem, compared to 0.4% overall, despite being the age group with the lowest gambling participation.

The harms experienced by children may also differ from those experienced by adults, particularly because of effects on education and future prospects³⁹.

Students

A [2017 UK wide survey by the Gambling Commission](#) found that:

- One in eight students had missed lectures due to gambling
- One in four students who gambled had spent more than they could afford.

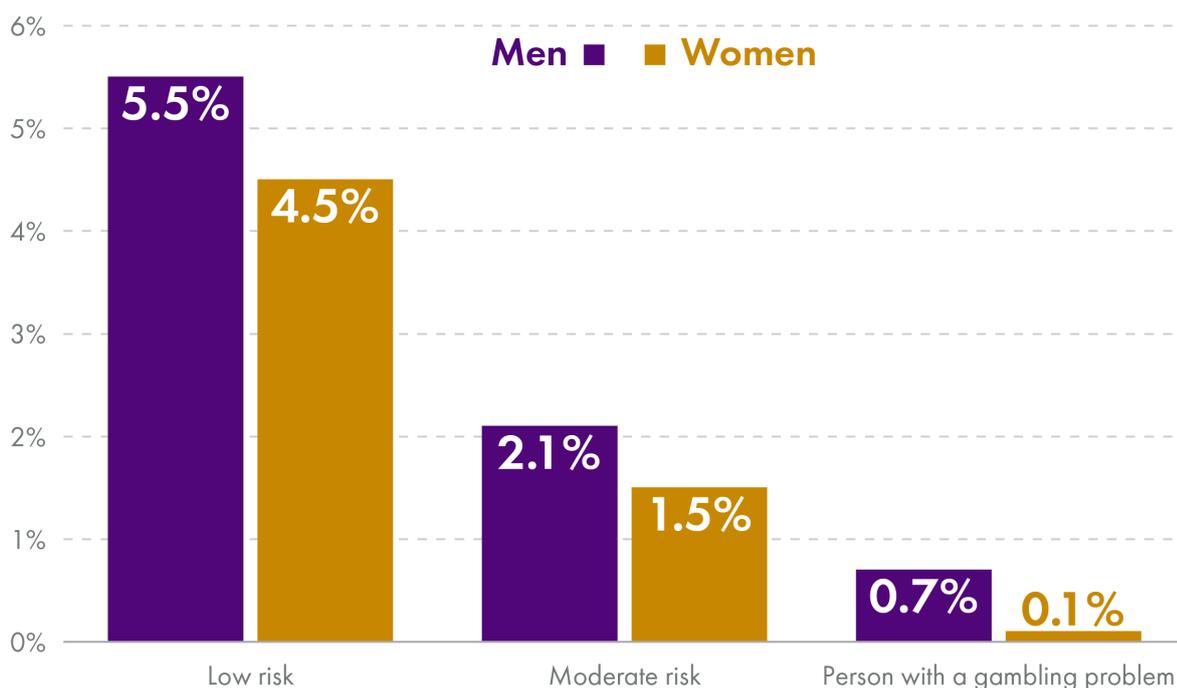
Another study by the Gambling Commission found that 'young people were most vulnerable to experiencing gambling harm after achieving independence from their parents'⁴⁰.

Sex

According to the [latest data available for Scotland](#), men were only slightly more likely to gamble than women (61% of men compared to 56% of women had gambled in the past year). In the same survey:

- 0.7% of men were classed as having a gambling problem
- 0.1% of women were classed as having a gambling problem.

Figure 15: Gambling risk by sex



Scottish Government, 2022¹⁰

Among those surveyed, men aged 25-34 were most likely to be people with a gambling problem (1.9%). This suggests that men are more likely to experience harms from their own gambling. This may be because of the types of gambling products used by men and women. Men are more likely to engage in types of gambling that are perceived to be riskier, for example slot machines or online betting ¹⁰.

Women are more likely to be affected by someone else's gambling. Of those calling the [GamCare](#) charity helpline 2020-21:

- 84% of those calling about another person's gambling were women.
- 77% of those calling about their own gambling were men ²⁴.

However, distributions of harms can be complex ²⁴. For example, one study found that women in Great Britain with online gambling accounts typically played more often and spent more than men ³⁷.

Minority ethnic communities

Gambling is more prevalent among White British populations than other ethnic groups. However, there is evidence that some minority ethnic groups are more likely to have a gambling problem overall.

In an analysis of [a British survey from 2020](#) by the Gambling Commission, 27% of BAME (Black and Minority Ethnic) respondents had gambled in the last four weeks compared to

42% across all surveyed. In contrast, 10.7% of BAME people who gambled reported that they had bet more than they could afford to lose, compared to 3.2% overall of people who gambled.

However, treating minority ethnic communities as a single group can be unhelpful and hide differences between groups. For example, a [2015 study across Great Britain](#) found that the proportion of people who had a gambling problem was:

- 0.7% for White or White British
- 1.0% for Black or Black British
- 1.5% for Asian or Asian British
- 3.3% for Mixed or Other ethnicities.

However, even this study hides differences that may exist between communities within these larger groups. Often small sample sizes for specific minority ethnic communities mean that information on the extent of harms in these communities is lacking.

Mental health

In the [Scottish Health Survey 2021](#):

- Those who took part in gambling in the past year reported lower mental wellbeing than people that had not taken part in gambling.

In the [Scottish Health Survey 2017](#):

- 1.7% of adults in Scotland with signs of a possible psychiatric disorder were also people with a gambling problem.
- Only 0.3% of adults in Scotland who did not show any signs of psychiatric disorder were people with a gambling problem.

Figure 16: Proportion of people with gambling problems among those with signs of possible psychiatric disorder



Scottish Government, 2018¹⁷

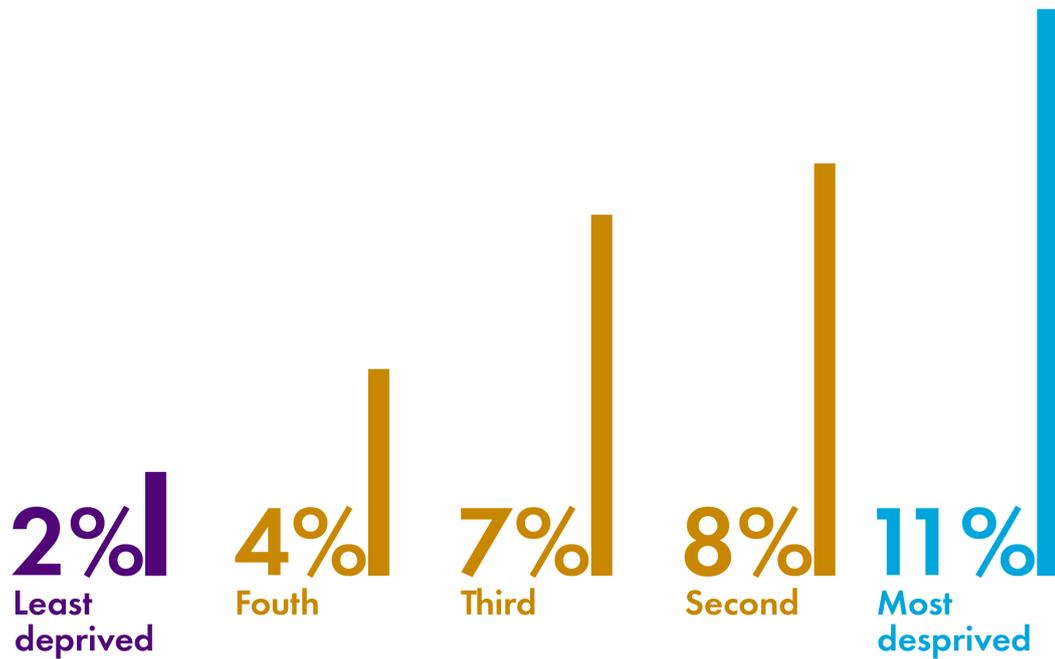
Poor mental health can also be a consequence of gambling. Therefore, it is not always clear whether other mental health issues are a cause or consequence of gambling to a harmful extent, or if the association is caused by a different factor.

Deprived communities

The [Scottish Health Survey 2021](#) found that:

- In the least deprived 20% of Scotland, two percent of people had or were at risk of having gambling problems.
- In the most deprived 20%, 11 percent of people surveyed had or were at risk of having gambling problems.

Figure 17: Proportion of people at risk of or experiencing gambling problems by area deprivation quintile



Scottish Government, 2022¹⁰

Gambling establishments tend to cluster in more deprived areas. A 2014 [SPICe report on gambling in Scotland](#) found that:

- Twenty percent of Scotland's most income deprived communities had gambling businesses.
- Four percent of Scotland's least income deprived communities had gambling businesses.

Most and least deprived communities were defined as the top and bottom ten percent most deprived communities according to the [Scottish Index of Multiple Deprivation](#).

Harms from gambling that extend beyond individuals, such as impacts on families, crime and reduced economic activity, will also have a greater effect on these communities.

Other factors

Other groups have also been identified as being at greater risk from gambling harms, including people:

- who have been in the armed forces
- have other substance use issues including smoking and excessive alcohol consumption
- have other addictions

- are homeless
- are prisoners or on probation
- are on low income
- are unemployed
- have other money issues
- are socially isolated²¹ .

Many people at greater risk of gambling harms are also at greater risk of other [health inequalities](#). People with lived experience of gambling harms have highlighted the need for an approach that recognises that **gambling harms often do not exist in isolation**. A more joined up approach may be needed, for example addressing gambling harms alongside other addiction and mental health services⁴¹ .

Some groups may be **less likely to engage with support services** or be comfortable using support services. For example, community engagement work in Glasgow highlighted that women and deaf people may find existing support less accessible⁴¹ .

Current policy, strategy and legislation

The [Gambling Commission](#) regulates gambling in Britain. These regulations are set out in the [Gambling Act 2005](#). [Local authorities](#) also have a role in regulating gambling alongside the Gambling Commission.

Gambling regulation mostly falls within the remit of the UK Government's Department for [Digital, Culture, Media and Sport](#) which is currently leading a [Review of the Gambling Act 2005](#)³⁴. This differs from the approach taken to problem alcohol, tobacco and substance use, where policy is coordinated and implemented by the Scottish Government's [Population Health Directorate](#).

Gambling harms are briefly mentioned in [Scotland's Suicide Prevention Action Plan 2022-25](#). Otherwise, there are **no Scottish Government policies that reference gambling harms**. Gambling harms work is currently included within the remit of the Alcohol and Tobacco Unit of Scottish Government but work is currently 'constrained due to very limited staff resource' (Scottish Government personal communication).

Gambling Act 2005

The [Gambling Act 2005](#) (as amended)² regulates gambling in Scotland and the rest of Great Britain, but not Northern Ireland. The licensing objectives of the Gambling Act 2005 are:

- preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime
- ensuring that gambling is conducted in a fair and open way
- protecting children and other vulnerable persons from being harmed or exploited by gambling.

It came fully into force in September 2007. It covers arcades, betting, bingo, casinos, gaming machines, society lotteries and remote gambling, including online gambling. The Act does not define gambling harms as a public health issue.

The Act liberalised gambling. For example, most restrictions on advertising were removed (previously only bingo and lottery adverts were permitted)³⁴. The [Gambling Commission](#) was also created at this time to regulate gambling. The Act states that the commission should:

“ permit gambling, in so far as the Commission thinks it reasonably consistent with pursuit of the licensing objectives.”

Uk Government, 2005²

Under the Act, regulations can be made requiring gambling companies to pay a [compulsory levy](#) to the Gambling Commission. However, this section of the Act has never been commenced. Instead the industry pays a voluntary levy for research, education and treatment, though [this funding model has been criticised](#).

Gambling Act Review

[A Review of the Gambling Act 2005](#) is currently underway ³⁴. This is taking place in response to changes in the gambling industry and patterns of gambling since 2005. The Department for Digital, Culture, Media and Sport state that:

“ This Review is about using the evidence to assess whether we have the balance of regulation right. ...to ensure our regulatory framework can protect children and vulnerable people, prevent gambling related crime, and keep gambling fair and open in the digital age.”

Department for Digital, Culture, Media and Sport, UK Government, 2020³⁴

The Review will focus on several key areas:

- rules to minimise the risk posed by online gambling
- technology that can support online harm prevention
- advertising
- effectiveness of regulation and the Gambling Commission
- funding from the industry to the Gambling Commission
- redress arrangements for people treated unfairly by gambling companies
- protection for children, young adults and the vulnerable.

Publication of the Review has been repeatedly postponed. This delay has received criticism from those calling for reform ⁴².

Gambling Commission

The [Gambling Commission](#) enforces the [Gambling Act 2005](#) and regulates most types of gambling in Britain. It issues licences and publishes the [License Conditions and Codes of Practice](#). This sets out the requirements that gambling companies need to meet to hold a Gambling Commission licence. It also provides [guidance for local authorities](#), which work in partnership with the Gambling Commission to regulate gambling at a local level.

According to the Gambling Commission, the main ways in which it acts to regulate the gambling industry are by:

“

- licensing gambling businesses”
- licensing people who work in the gambling industry, in specific roles”
- setting out [Licence Conditions and Codes of Practice](#) ”
- carrying out compliance activities”
- [enforcement action](#) and prosecution work, if a business or individual breaches their licence conditions”
- working closely with the gambling industry to raise standards”
- providing [advice and guidance to players and the public](#) ”
- being the leading authority on gambling related [statistics and research](#) .”

Gambling Commission, 2021⁴³

Scottish legislation

Most gambling regulation is reserved to the UK Parliament. [Section 52 of the Scotland Act 2016](#) devolved powers relating to gambling machines with a maximum stake greater than £10. This applied to fixed odds betting terminals, otherwise known as B2 machines. This allowed control over the number of these machines when new licenses were applied for. The maximum stake on B2 machines was subsequently reduced to two pounds in 2018 by the UK Government. Therefore, this power cannot currently be used because no gaming machines in betting premises have a stake greater than £10.

There have been [calls for greater devolution of gambling legislation](#) in Scotland. Gambling is already largely devolved in Northern Ireland. The [Local Government and Regeneration Committee Inquiry into fixed odds betting terminals \(2015\)](#) noted:

“ the Scottish Government's position that all gaming and betting powers should be devolved to the Scottish Parliament”

Scottish Parliament, 2015⁴⁴

The Committee agreed that:

“ devolution of this policy area would enable the Scottish Parliament to develop a strategic approach to betting and gambling. A holistic approach is essential; having piecemeal powers will inevitably result in displacement and render any policy incoherent.”

Scottish Parliament, 2015⁴⁴

Scottish Government strategies and policies

The Minister for Public Health, Women's Health and Sport, Maree Todd MSP, stated in February 2022:

“ We share the concerns that many have expressed around the impact of gambling-related harms in Scotland, and we recognise that gambling can have disastrous consequences. We agree with the view of our stakeholders that **a public health approach is needed** to tackle those harms and improve treatment services.”

Scottish Parliament, 2022⁸

[Scotland's Suicide Prevention Action Plan 2022-25](#), published in September 2022, states:

“

- We will work with Public Health Scotland to develop a better understanding of the scale of problem gambling in our communities by reviewing and developing official Scotland-level data.”
- We will work towards ensuring people experiencing gambling-related harms are able to access the right support, and treatment, across health and social care services.”

However, no other policies, strategies or plans in Scotland reference gambling harms. This has been repeatedly highlighted by stakeholders as a barrier to progress. Prior to Scotland's Suicide Prevention Action Plan 2022-25 there was no policy basis for funding work on gambling harms. However, it is important to note that the capacity for Scottish Government to act in many important areas, such as industry regulation, is limited as these powers are reserved to UK Government.

The Scottish Public Health Network has identified a range of [Scottish national action plans, policies and strategies that could link to gambling related harms](#) ⁴⁵ . These included strategies around:

- homelessness
- child services and protection
- economic growth
- health and inequalities.

For example, tackling the drivers of gambling harm would contribute to five out of six of the [Public Health Priorities for Scotland](#). Drugs and alcohol are both explicitly mentioned in the [Programme for Government 2022-23](#), issues that often occur with gambling harms.

It also highlights legislation that could be used to address gambling harms. It notes that [the Fairer Scotland Duty](#) places a legal responsibility on public bodies to consider reducing inequalities in their decision making. This could be used to address the unequal burden of gambling harms across society.

However, none of these policies or strategies explicitly mention gambling harms. The Alcohol and Tobacco Unit of Scottish Government has gambling harms within their remit, but are 'constrained due to very limited staff resource' (Scottish Government, personal communication). Despite widespread acknowledgement that gambling harms are a public health issue, it is felt by many that:

“ Gambling harms...have yet to become visible in Scotland's policy landscape”

The Scottish Public Health Network, 2019⁴⁶

Local authority powers

Licences for premises are granted by local authorities through licensing boards. These boards were established by the Licensing (Scotland) Act 2005 to deal with alcohol licensing. They issue licenses and permits for gambling and gambling premises on the basis of the licensing objectives of the [Gambling Act 2005](#). As of March 2022 there were just under 1000 gambling premises across local authorities in Scotland (Gambling Commission unpublished data).

Licensing boards are required by the Gambling Act 2005 to publish a statement of licensing principles. These set out how they will consider applications for licences in accordance with the Gambling Act 2005. In practice, this might mean:

- approving the location of gambling premises, considering proximity to locations such as schools
- approving the layout of gaming machines to allow staff to monitor premises to protect vulnerable people including children.

For example, the [North Ayrshire Statement of Principles 2019-22](#), states:

“ the Board will give special attention to:

- the location of the proposed Premises in relation to schools;”
- residential areas where there may be a high concentration of families with children;”
- hospitals;”
- centres for people addicted to alcohol, drugs or gambling; and centres for individuals receiving treatment for their mental health and/or support individual with learning disabilities.”

Premises should be configured so that Children and other Vulnerable Persons

- are not invited to participate in,”
 - cannot have accidental access to, or”
 - cannot observe Gambling,”
- where they are prohibited from participating.”

Compliance checks

Local authorities, through licensing boards, should have the power to carry out inspections of premises. However, data collected by the [Gambling Commission](#) has found that few inspections take place in Scotland ⁴⁷.

Some local authorities have highlighted that the wording of the [Gambling Act 2005](#) means that Scottish licensing standards officers lack a legal basis for carrying out inspections and enforcement. This could leave them open to legal challenge. The Gambling Commission has issued an [advice note](#) to clarify this. Despite this, few inspections take place in most local authority areas in Scotland. This is in contrast to much of the rest of Britain ⁴⁷. This

limits local authority power to enforce the Gambling Act 2005.

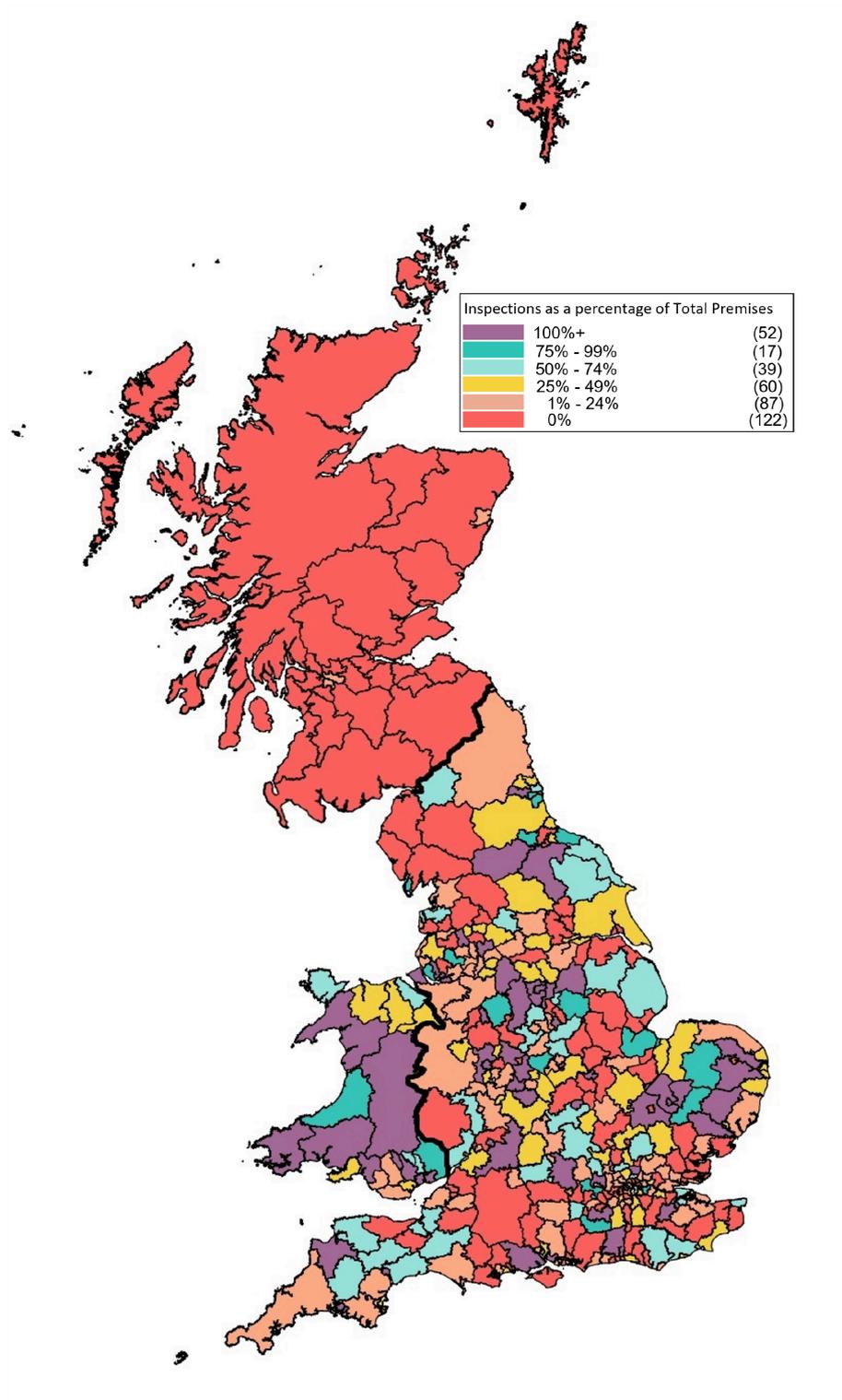
In recent years efforts have been made to address this. For example, in 2021 Glasgow City, South Lanarkshire, East Ayrshire and Dumfries & Galloway Councils were involved in a gambling harm and [compliance pilot](#) supported by the Gambling Commission and [Citizens Advice Scotland](#). This aimed to promote better compliance with the Gambling Act 2005.

The Gambling Act 2005 states that licensing authorities should 'aim to permit' gambling where 'reasonably consistent' with the [licensing objectives](#) . This has been criticised as ambiguous and cited as another barrier to local authorities acting²¹ .

A lack of local enforcement is likely to reduce capacity in Scotland to use existing legislation to prevent gambling harms.

Figure 18: Map showing that few inspections of gambling premises take place in Scotland

Data is from 2018-19 as subsequent data collection and visits have been impacted by the Covid-19 pandemic



Gambling Commission, 2022⁴⁷

Preventing gambling harms

Potential measures to prevent or reduce gambling harms are wide ranging. Public health measures focus on the causes of harms to a population, as well as addressing harms themselves. Measures to prevent harms may include measures to limit accessibility (such as opening hours or age restrictions), restrictions on marketing (including targeted promotions) and regulation of product design (such as the size of stakes or speed of play). These measures are sometimes referred to as 'upstream measures' which target the 'structural or commercial drivers of gambling'. Other measures include the provision of clear information and support to individuals experiencing or at risk of experiencing gambling harms.

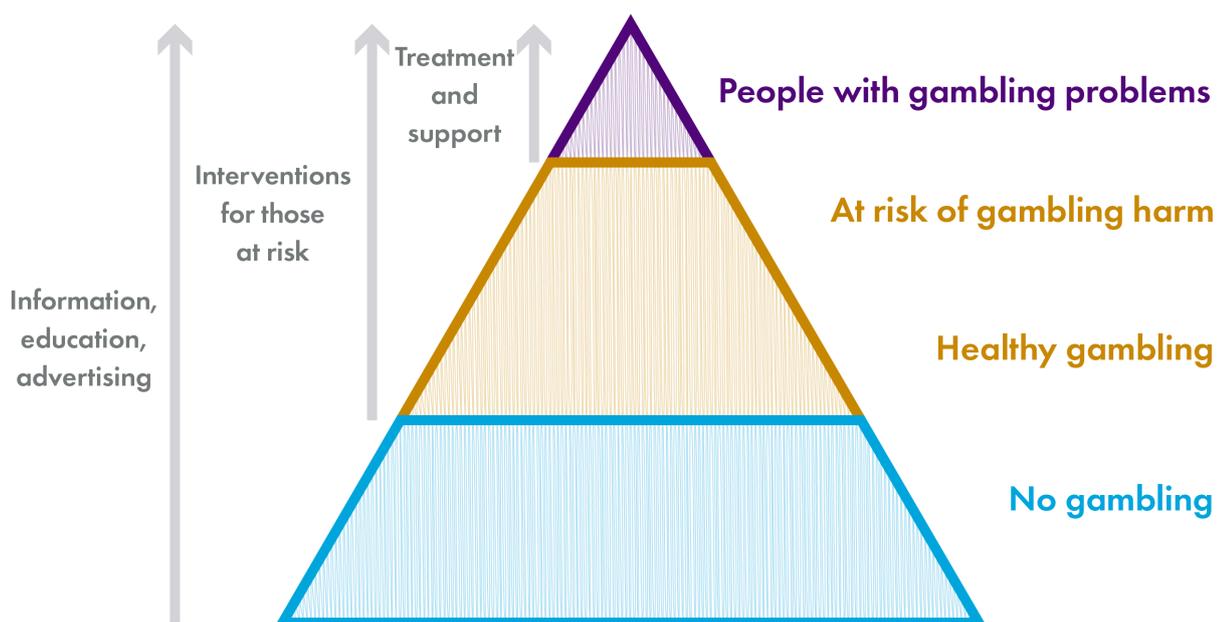
This sections examines public health measures that could prevent or reduce gambling harm at a population level. These include:

- **Information, education and advertising regulation. These target the whole population.**
- **Interventions that can reduce the risk of harms to people who are gambling.**
- **Treatment and support that can help people harmed by gambling.**

Evidence in support of any one approach is limited, largely due to the lack of available research.

Existing powers around education and health service provision could allow Scottish Government to address many of these areas, even though most regulation of gambling is reserved to the UK Government.

Figure 19: Public health interventions to reduce gambling harms



Adapted from Korn, 1999⁴⁸

This section also examines some of the past and current projects in Scotland aimed at reducing gambling harms including:

- [the National Strategy to Reduce Gambling Harms 2019-2022](#)
- [a project in Glasgow funded by the Gambling Commission to create and Action Plan for the city.](#)

It also looks at [lessons that can be learned from other countries](#) and [approaches to other public health issues such as alcohol](#).

Universal measures

1. **Public information campaigns** - Information campaigns can inform the public of the risks of gambling. However, [there is little evidence that this messaging leads to behaviour change](#). Until recently the most visible information campaign in Britain was '**when the fun stops, stop**'. Research has found [little evidence for any protective effect from this messaging](#). **This was an industry led campaign**. People with lived experience have criticised this messaging as harmful ⁴¹. This has since been replaced with messaging such as '**take time to think**' and '**bet regret**', though [evidence that these are any more effective is limited](#) ⁴⁹. However, there is some evidence that wide reaching information campaigns can increase engagement with treatment and support ⁵⁰.
2. **School education** - Children can be educated on the risks of gambling. There are several examples of programmes in Britain, for example, the [Scottish Gambling Education Hub](#). However, there is also [limited evidence that these education campaigns are effective](#).
3. **Restrict advertising, promotions and sponsorship** - There are few mandatory or legal restrictions on gambling advertising in Britain, though there are some voluntary ones undertaken by the gambling industry. Gambling advertising occurs across a wide range of platforms, including in sports venues, online and on television. Advertising and promotions, including through the sponsorship of sports teams, are regularly received by those considered vulnerable by the [Gambling Act 2005](#). This includes children and those with gambling problems ⁵¹. Scottish Women's football have already [chosen not to accept sponsorship from the alcohol or betting industries](#).
4. **Restrict access** - Those considered vulnerable to gambling harm, for example children, are already restricted in their access to gambling by the [Gambling Act 2005](#). Other suggested restrictions include measures such as changes to opening hours ²¹, but with rising 24-hour online gambling the effect of this may be limited. Given the potential harm to young adults, the age at which people can gamble could also be increased, though evidence for the potential effectiveness of this approach is lacking ⁵⁰.

Risk reduction for people who gamble

1. **Self-exclusion** - The [Gambling Commission](#) requires most land-based gambling

operators to allow people to ban themselves from gambling at specific locations ⁵² . There are also [tools that allow people to prevent themselves from gambling online](#). Evidence suggests that self-exclusion can be effective. However, uptake is often low ⁵³ .

2. **Limit setting** - People who gamble can set limits on how much time or money they spend on gambling. Gambling providers must provide this service ⁵⁴ . Limit setting has been shown by some studies to be effective ⁵⁰ .
3. **Warning messages** - Warning messages can provide information to people who gamble on the time or money they have spent gambling. There is some evidence that they can reduce the amount of money people spend gambling. Messages may be more effective if they are presented in the centre of the screen, or if they require the player's active removal ⁵⁰ .
4. **Limit gambling on credit** - Gambling Commission data showed that 22% of people that gambled online using credit cards were people with a gambling problem. As a result, [online and offline gambling on credit cards was banned in Britain in 2020](#) ⁵⁵ .
5. **Credit and affordability checks** - These are being considered in the [Gambling Act Review](#) ³⁴ to prevent people who gamble spending more than they can afford.
6. **Limits on stakes and speed of play** - Fast paced gambling games have been linked to an increased risk of gambling harm ⁵⁶ . The Gambling Commission already regulates some aspects of speed of play ⁵⁷ . In 2018 the maximum stake for [fixed odds betting terminals](#) was reduced from £100 to £2 ⁵⁸ because of links to gambling harm.
7. **Other changes to game design** - Aspects of game design can increase risk to people who gamble. The Gambling Commission have already introduced a [ban on auto-play online](#) (where users do not have to commit to each game cycle individually) as this can lead to players losing track of their spending. It has also introduced an online [ban on 'losses disguised as wins'](#) (where a game will provide a positive visual or sound stimuli, despite money being lost). Both of these have been linked to an increased risk of harm ⁵⁹ .

Treatment and support

Treatment and support can be effective at helping people who experience harms from their own gambling. Approaches can be similar to those that work to address other addictions. For example, therapy (Cognitive Behavioural Therapy) has been shown to be effective, at least in the short term ⁵⁰ .

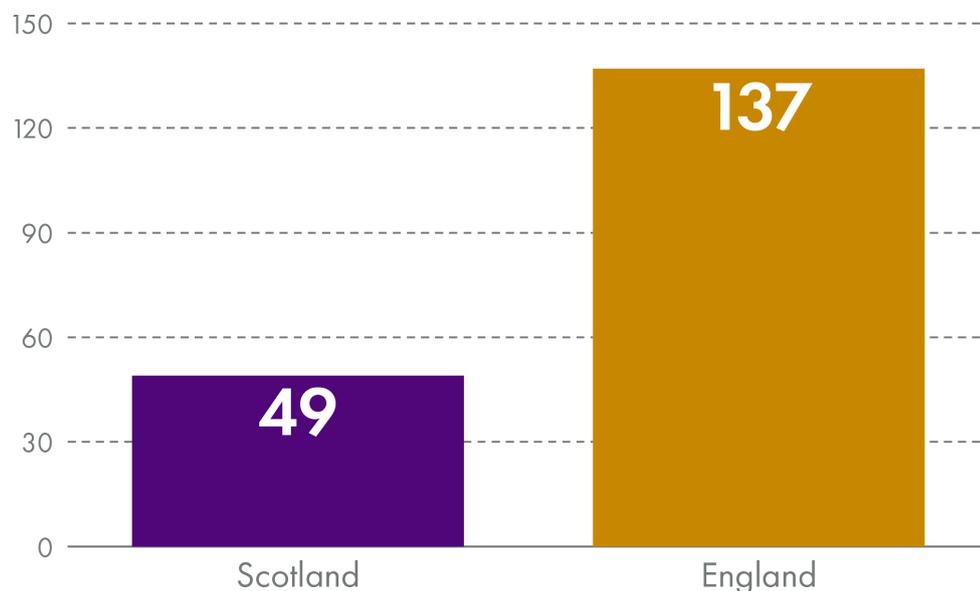
Most treatment within Scotland for people with a gambling problem is delivered remotely through the [National Gambling Treatment Service](#), which works alongside the NHS. It works with private or charity providers, such as the charity [Gordon Moody](#). The [RCA Trust](#) is also part of the National Gambling Treatment Service and provides the only land-based support and counselling service in Scotland, in Paisley. Support is largely funded by the

gambling industry, through [GambleAware](#).

There are **no NHS gambling clinics in Scotland**. A lack of NHS funded treatment and support for those with a gambling problem in Scotland has been highlighted as an issue by stakeholders. This is in contrast with England, where NHS gambling clinics are increasing in number as part of the [NHS England Long Term Plan](#)⁶⁰. People with lived experience have highlighted the need for improvement of the pathways into treatment in Scotland. This includes educating those in key professions such as prison workers and GPs⁴¹.

Data from the National Gambling Treatment Service suggest that people may be less likely to access support in Scotland. The National Gambling Treatment Service treated close to three times more people in England than in Scotland in 2020-21 per head of the population^{61 62}.

Figure 20: Number of people treated by the National Gambling Treatment Service in 2020-21 per million population



Office for National Statistics, 2021⁶¹ and GambleAware, 2021⁶²

There are also other organisations that provide treatment, support services and self-help groups. For example, [Gamblers Anonymous](#) organise meetings and [GamCare](#) provide a helpline.

There are also some **services for those harmed by someone else's gambling**. For example, [GamCare](#) provides a helpline and [Gam-Anon Scotland](#) provides meetings for those affected by someone else's gambling. However, fewer provisions for those affected by another's gambling has been raised as an issue in discussions with stakeholders, as 'affected others' make up a much greater proportion of the population than people with a gambling problem.

National Strategy to Reduce Gambling Harms 2019-22

The National Strategy to Reduce Gambling Harms was a Britain-wide strategy led by the [Gambling Commission](#). The strategy advocated a [public health approach](#) and highlighted the '[need to move away from solely counting problem gamblers](#)'. It worked with other organisations on a [range of research, prevention, education, treatment and support initiatives](#), some of which are still in progress. The Strategy was launched in April 2019 and ran until April 2022.

The [Scottish Strategy Implementation Group](#) was created to coordinate and drive work to reduce gambling harms in Scotland. It brought together a range of stakeholders, including representatives from:

- the [Gambling Commission](#)
- third sector stakeholders ([Health and Social Care Alliance Scotland](#))
- [Advisory Board for Safer Gambling](#)
- local authorities ([COSLA](#))
- the [Scottish Public Health Network](#)
- Scottish Government
- Police
- NHS regional health boards.

[Meetings of the Strategy Implementation Group](#) were put on hold until the Gambling Act Review is published.

The Glasgow project

The [Scottish Public Health Network](#), part of Public Health Scotland, has been leading a three year [project funded by the Gambling Commission to create, implement and evaluate an action plan to tackle gambling harms in the City of Glasgow](#) using a 'whole systems approach'. The aim is for this project to inform a national approach.

“ In a whole system population approach individuals, communities, professionals, academics, industry and government work as equal partners with shared responsibilities toward achieving goals.”

Scottish Public Health Network, 2016⁶³

Glasgow is an appropriate location for such a trial. In March 2022 over 20% of licensed gambling premises in Scotland were in Glasgow (Gambling Commission unpublished data).

As part of this project, [the Health and Social Care Alliance Scotland have worked with people who have 'lived experience' of gambling harm](#). This was to understand the support

available for people experiencing gambling harm, to identify what support people would find valuable and identify priorities to reduce gambling harm. This highlighted the need for more joined up treatment and services and the need to improve pathways to support. This included educating and increasing awareness among people working in key areas, such as prison staff and healthcare workers ⁴¹ .

The project is still at an early stage as progress was slowed by the Covid-19 pandemic. The action plan is yet to be created and implemented. Funding for this project after the three years is unknown. However, any successes from the project could provide a model for a future approach to tackle gambling harms in the rest of Scotland.

Approaches by other countries

The approach taken to gambling harms in other countries could also inform any future approach taken in Scotland.

- **New Zealand** - In New Zealand the Ministry of Health is responsible for services for people experiencing gambling harms. The [New Zealand Gambling Act 2003](#) ⁶⁴ makes explicit reference to a public health approach to gambling harms. The New Zealand Government have a 'Strategy to Prevent and Minimise Gambling Harms'. However, the public health approach in New Zealand has been criticised because of perceived competing interests from the gambling industry and government ⁶⁵ .
- **Canada** - Canada does not have a national strategy to address gambling harms. However, many provincial governments have policies and plans to address gambling harms. For example, in 2015 the provincial government of British Columbia released a plan for public health and gambling ⁶⁶ .
- **Sweden** - The Public Health Agency of Sweden works with the Swedish Gambling Authority, funding research into gambling harms and providing support for harm prevention and treatment. Sweden also collects detailed data on the prevalence, patterns, risk factors and consequences of gambling and gambling harms as part of a longitudinal study ⁶⁶ .
- **England** - England has **NHS specialist clinics for people with gambling problems**. There are **none in Scotland**. The [NHS Long Term Plan](#) includes a commitment to increase the number of specialist clinics. In 2021 Public Health England conducted a [review of the evidence on gambling-related harms](#) 'to understand the extent to which gambling was a public health issue'. The review concluded that harmful gambling **should be considered a public health issue** ¹⁸ .
- **Northern Ireland** - Gambling in Northern Ireland is mostly **devolved**. It is not regulated by the [Gambling Commission](#) or by the [Gambling Act 2005](#). Legislation in Northern Ireland dates back to 1985 and was recently amended in 2022. Gambling harms are briefly mentioned in the [Northern Ireland Mental Health Strategy 2021-31](#) ⁶⁷ . There are also no specialist NHS treatment services for gambling harms in Northern Ireland.
- **Wales** - The [Welsh Government Substance Misuse Delivery Plan 2019—22](#) explicitly mentions the link between substance misuse, alcohol consumption and gambling. The

[Chief Medical Officer for Wales Annual Report 2016-17](#)⁴ contained a section on gambling harms as a public health issue. A [Task and Finish Group](#) was also created in 2020 by the Welsh Minister for Mental Health, Well-being and Welsh Language to advise Welsh ministers on actions to address gambling harms in Wales. Like Scotland, there is no specialist NHS gambling treatment service in Wales, though there are plans underway to create one⁶⁸.

Learning from other public health issues

Some parallels can be drawn between gambling and tobacco and alcohol consumption. Alcohol, tobacco and gambling are all legal and accessible to adults. Alcohol, like gambling, is consumed by many without significant problems, though like gambling, there may be a gradient of harms. Like gambling, alcohol and tobacco also have harms that do not affect all individuals and communities equally⁶⁹.

However, there is significantly less evidence available about gambling related harms. With gambling, there is also no threshold for the amount of gambling that could be considered harmful.

Some measures that apply to alcohol and tobacco such as age restrictions and licensing premises already apply to gambling. [Brief healthcare interventions](#) have been successfully applied to reduce alcohol related harms in Scotland. There is evidence they are also effective in helping those experiencing and at risk of gambling harms⁷⁰. However, there is mixed evidence on the potential effectiveness of other measures that are applied to alcohol or tobacco, such as limiting opening hours or increasing prices to the consumer through taxes⁷⁰.

Emerging issues

The gambling industry, gambling behaviour and discourse around gambling have changed significantly since the inception of the [Gambling Act in 2005](#). This change has been recognised in the [Gambling Act Review](#).

One concern is that policymakers are slow to keep up with this rapid pace of change. For example, a feature of video games known as 'lootboxes' was [reviewed in 2020 by UK Government](#) due to concerns about links to gambling. However, this feature had been introduced to the major football video game 'FIFA' over ten years earlier, in 2009⁷¹.

This section describes some emerging issues. Some of these are not new issues per se, but are instead issues that may be on the increase or have received more attention in recent years. These include:

- [online activities that resemble gambling but are not legally defined as gambling](#), including games aimed at children such as 'lootboxes'
- [online gambling not regulated in Britain, often referred to as 'black market' gambling](#)
- [rising online gambling](#)
- [changes to gambling behaviour due to the Covid-19 pandemic](#)
- [changes to gambling behaviour due to rises in the cost-of-living](#)
- [concerns that the current funding model for research, education and treatment is not fit for purpose.](#)

Young people and gambling adjacent activities

Some activities, while not meeting the legal definition of gambling, may resemble gambling and can lead to similar issues. These 'gambling adjacent activities' often take place online. One example that has raised concern over the last few years is 'lootboxes'. The [Gambling Commission](#) describes lootboxes as:

“in-game features that allow consumers to either spend real world money or stake in-game items for a chance of winning something of an unknown value”

Gambling Commission, 2021⁷²

The [Advisory Board for Safer Gambling](#) recommended to the Gambling Commission that lootboxes should not be available to children, highlighting a strong association between spending on lootboxes and experiencing gambling problems⁷².

There were calls for the [Gambling Act 2005](#) to be changed to include loot boxes, from the [House of Lords Committee on Gambling Harm](#) and the [Digital, Culture, Media and Sport Committee](#).

The UK Government launched a [call for evidence in September 2020](#) to understand the use and impact of loot boxes in video games. After the call for evidence, the UK Government **decided not to change the Gambling Act 2005**, but did call for greater

industry led protections, including parental permissions ⁷³ .

Concerns have also been raised about **video games with content that resembles real gambling** such as poker or roulette, in which money cannot be won. In 2019, 12% of 11-16 year olds had ever played online gambling style games ⁷⁴ .

Investments and trading may also have some similar risks to gambling. The charity GamCare has described a rise in the number of people calling about trading. Callers having issues with trading often use similar language to people with gambling problems, such as 'chasing losses' ⁷⁵ . The platform [Gamban](#), originally set up to allow people to exclude themselves from gambling, now also allows people to exclude themselves from some high-risk forms of trading ⁷⁶ .

'Black market' - gambling not licensed in Britain

The term 'black market gambling' is generally used to refer to online gambling sites that operate outside of British regulation, either illegally or in another country. These operators are of concern as they do not have the consumer protections of companies regulated in Britain. They may target vulnerable people, such as children or people who have excluded themselves from other British providers ⁷⁷ .

One argument against greater regulation of the gambling industry has been that this will drive people who gamble away from operators regulated in Britain to 'black market' operators, where they may face a higher risk of harm. However, it has been suggested that the industry has over emphasised this risk to prevent further regulation ⁷⁸ .

Online gambling

Since the [Gambling Act 2005](#) there has been a rise in online gambling. Online gambling participation in Scotland doubled between 2012 and 2021 ¹⁰ . This change has been recognised in the [Gambling Act Review](#) which will have a significant focus on online gambling.

Protections and compliance online may lag behind in person gambling as it is more challenging to regulate ⁷⁹ . There are also fewer available measures to protect people online than in person. The [Gambling Commission](#) was criticised in a [House of Commons report](#) for not proposing harm reductions for online fixed odds betting. In contrast, land based fixed odds betting terminals have received much more attention, first being regulated by [section 52 of the Scotland Act 2016](#) and then by UK Government with [restrictions to maximum stakes](#).

A House of [House of Lords report](#) stated that:

“ Many witnesses told us that they felt online gambling was “relatively free from regulation compared with land-based gambling.””

Covid-19

A review of the global literature published by Public Health England⁸⁰ found that most evidence suggested an overall decrease in gambling due to lockdowns and the pandemic. However, there was some evidence that boredom meant some people increased their gambling.

A British study found a decrease in gambling due to initial lockdowns. However, it also found that those who changed gambling behaviour during the pandemic were at increased risk of harm⁸¹.

Increase in the cost of living

The Consumer Prices Index rose by 9.6% in the 12 months to October 2022.

Research carried out in August 2022 found that amongst women in Britain who gamble at least once a month, 24% expected to increase their gambling due to the increased cost of living. One in ten said they had already used gambling in an attempt to supplement their income. Similarly, the charity GamCare has noted an increase in calls linking gambling harms and the cost of living.

Issues with funding for research, education and treatment

The current funding model for research, education and treatment relies on voluntary donations from the industry to the charity GambleAware, which distributes these funds. GambleAware has generally struggled to reach the target of 0.1% of the gambling industry's Gross Gambling Yield being donated⁸². The Gambling Commission's Advisory Board for Safer Gambling highlighted key issues with this model:

- **Transparency** - funding for research, prevention and treatment of gambling harms are not subject to the same accountability and transparency as other public health research or services.
- **Perceived lack of independence** - the gambling industry can choose to fund particular projects or withdraw funding.
- **Funding is unsustainable** - there is no guaranteed funding, whereas tackling gambling harms requires sustained, predictable investment.
- **Current investment is insufficient** - particularly to meet the needs of treatment services which are currently limited.

UK Government has power within the current legislation to introduce a statutory levy on gambling companies to fund research, education and training, though it has not done so to date. A statutory levy is an option being considered in the [Gambling Act Review](#). The Gambling Commission's Advisory Board for Safer Gambling stated:

“ A statutory levy would be able to address many of the issues surrounding transparency, independence, equity and sustainability and public confidence. It would also have the potential to raise significantly greater levels of funding needed to address gambling harms across Great Britain.”

Gambling Commission, 2020⁸²

Help for anyone experiencing gambling harms

[NHS Inform Scotland](#) provides directions to support for people experiencing gambling harms, including people harmed by the gambling of another person. People can phone the National Gambling Helpline 24 hours a day, 7 days a week, on 0808 8020 133.

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