



## Response to the UK Government's Call for Evidence on the Review of the 2005 Gambling Act

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### Introduction

We are gambling researchers based at the newly reformed Gambling Research Group at the University of Glasgow. Between us, we have over 40 years experience of researching gambling behaviour, policy and practice. In this response to the Government's Call for Evidence to inform the Review of the 2005 Gambling Act, we focus on structural issues which need to be addressed to better protect the public from gambling harms. Where possible, we signpost our responses to the specific questions asked. In the Appendix we present further evidence relating to specific questions. However, we believe the Terms of Reference for the evidence review have been narrowly defined and require revisiting. We suggest the following three areas need critical consideration:

### 1) Critical review of the economic model underpinning gambling provision for gambling in Britain

First, the Terms of References specifically states that the ambition is to develop an industry which contributes to the economy. However, there is no detail on **how** this aim should be achieved. Furthermore, the Call for Evidence does not appear to question how the current economic model for gambling may affect harms, nor whether other economic models may be more effective in delivering the stated aims and objectives. This omission is notable and we outline below why this consideration is important.

There is growing evidence that the gambling industries in Britain, as elsewhere<sup>1</sup>, have an unhealthy reliance on those harmed for substantial portions of their profits (**Q6**). Recent research by Wardle et al showed that 40% of spend on online sports betting within a three month period was generated by the 15% of those classified as moderate risk or problem gamblers.<sup>2</sup> Recent analysis by the University of Liverpool and NatCen Social Research of online gambling accounts showed that 70% of Gross

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<sup>1</sup> Harrison, G.W., Lau, M.I. & Ross, D. The Risk of Gambling Problems in the General Population: A Reconsideration. *J Gambler Stud* **36**, 1133–1159 (2020).

<sup>2</sup> Wardle H, Critchlow N, Donnachie C, Brown A, Hunt K (2021) Betting and gambling Covid-19 Impact study. Briefing paper 2: Key insights to inform the UK government's review of the Gambling Act 2005. Available at: <https://www.stir.ac.uk/media/stirling/services/research/documents/policy-briefings/Betting-and-Gambling-Covid-19-Impact-study-Briefing-paper-2-v12.pdf>.

Gaming Yield (GGY) was generated by just 5% of players, with a disproportionate amount of spend being generated from those living in the most deprived areas. These figures were even more marked for certain sectors, for example 5% of the highest staking accounts contributed 83% of GGY for online casino products.<sup>3</sup> The next step in this research programme will further examine the profile of these high-spenders. Research conducted in 2014 found similar patterns, with unequal distribution of losses. Looking at Fixed Odd Betting Terminals, this study found that 20% of people accounted for 65% of losses. It also found that those who lost the most money on Fixed Odd Betting Terminals had similar income levels to those who lost the least and that those experiencing gambling problems lost more money, on average, than those with no problems.<sup>4</sup> Furthermore, a large scale study of bank transactions found that 1% of gamblers spend 58% of their income on betting and suffer a range of financial, health and personal harms<sup>5</sup>. These more recent studies replicate findings from Orford et al in 2011 who showed that a greater proportion of spend was generated from moderate risk or problem gamblers.<sup>6</sup> Ethical issues aside, an industry which derives substantial profits from those harmed does not embody the values of longevity and sustainability that a healthy economic model is based on, and which the Terms of Reference of this review clearly value. Furthermore, it can be regarded as resting on a degree of exploitation of those consumers who governments and regulators should be seeking to protect. Resolving this tension can only be addressed by the Gambling Act Review seeking to critically examine what alternative actions, legislation, practices and economic models offer the potential to better protect their populations from harm, whilst contributing sustainably to the economy.

Second, the Terms of Reference clearly point to “consumer” choice being an important component in considerations. Yet, the way consumer choice is manifest in current gambling industry practice, especially online practice, results in fierce competition for customers. Not everyone gambles. In fact, gambling on products other than the National Lottery is a minority pursuit (in 2016, 42% of British adults gambled on things other than the lottery, with just 9% gambling online).<sup>7</sup> This means gambling companies compete with each other for a relatively small number of potential customers. The economic sustainability of companies thus relies on them maintaining and supplementing their customer base, and extracting as much profit as possible from these players. Competition for market share becomes especially fierce when their ‘market’ (or at least, the most profitable sector of their market) is the relatively small proportion of heavy players. This results in exceptional amounts being spent by gambling industries on advertising, marketing, sponsorships and promotions – as companies compete to recruit and retain their player base. In 2018, gambling companies spent over £328 million per year on paid for advertising, an increase of 24% since 2015. In 2019, estimated spend on TV, radio, cinema, internet and print press advertising was on average £6.7 million per week (over £348 million in 2019).<sup>8</sup> The “consumer choice” model generates an industry whereby

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<sup>3</sup> See [https://www.begambleaware.org/sites/default/files/2021-03/PoP\\_Interim%20Report\\_Short\\_Final.pdf](https://www.begambleaware.org/sites/default/files/2021-03/PoP_Interim%20Report_Short_Final.pdf). This report states that

<sup>4</sup> <https://www.begambleaware.org/media/1262/one-page-summary-secondary-analysis-natcen-geofutures-v11.pdf>

<sup>5</sup> Muggleton, N; Parpart, P; Newall, P; Leake, J; Gatherwood, H; Steward, P (2021) *The association between gambling and financial, social and health outcomes in big financial data*, *Nature Human Behaviour* 5, pages319–326(2021)

<sup>6</sup> Jim Orford, Heather Wardle & Mark Griffiths (2013) What proportion of gambling is problem gambling? Estimates from the 2010 British Gambling Prevalence Survey, *International Gambling Studies*, 13:1, 4-18, DOI: [10.1080/14459795.2012.689001](https://doi.org/10.1080/14459795.2012.689001)

<sup>7</sup> See <https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>, p13

<sup>8</sup> See <https://www.ipsos.com/ipsos-mori/en-uk/effect-gambling-advertising-children-young-people-and-vulnerable-adults>, P 26. 2019 data are taken from data collected by the Betting and Gambling Covid-19 Impact study. Publication of this data is pending.

companies have to aggressively promote themselves in order to compete. Widespread disquiet about the quantity and nature of commercial gambling advertisements and marketing that currently saturate society is a direct result of the current economic model of the industry (Qs 11-15).

In addition, the model of 'choice' that is used in these Terms of Reference is problematic. It rests on the assumption, widely used across other industries, of an informed consumer who has full access to and understanding of, relevant product information. However, when information is lacking, overly complex or incomplete, consumers cannot be said to be truly exercising free or 'informed' choice. This caveat applies to gambling. Research from behavioural science has found that many types of bets, particularly new types of complicated bets and in-game forms of wagering, which have high profit margins, are based on highly complex odds and price returns that many players do not understand.<sup>9</sup> The result is that the kind of informed choice over basic actions -such as, for example, how much and when to bet, and what the likely return might be – is simply not possible in many situations. This highlights, again, the fact that gambling is not an ordinary commodity. Rather, it is one that possesses risks of harm to health and wellbeing among its consumers. As such, the unintended consequences of applying economic assumptions, such as consumer choice, directly from other leisure activities, should be reviewed.

Finally, many of the questions posed relate to the risk of regulatory action generating a "significant" black market for gambling (Qs 16-18). Content analysis of industry responses to the House of Lord's Select Committee on the Social and Economic Impact of the Gambling Industry shows that the industry itself has confidence that there is *not* currently a significant black market for gambling in Britain and that the current regulator is effective at suppressing this when it arises. The Betting and Gaming Council stated this: "*Great Britain has been highly effective in suppressing the development of a Black Market in Britain*" citing effective enforcement action by the Gambling Commission and other authorities as one reason for this. Other submissions echo this statement (c.f. submissions from Rank Group and Hippodrome Casino). William Hill's submission suggests that greater regulation may have the unintended consequence of encouraging some to gamble on unregulated websites. Yet it is unclear why regulatory enforcement action which the industry itself has stated has been effective to date would be inadequate should this occur.<sup>10</sup> Furthermore, quasi-experimental data from the Betting and Covid-19 Impact study (Funded by UKRI Ref ES/V004549/1) suggests that people's responses when opportunities to gamble are curtailed are more diverse than William Hill's predictions would suggest. This study showed that in the absence of live sports during the initial Covid-19 lockdown, around a third of regular sports bettors simply stopped gambling altogether, on any form of gambling, and two thirds either maintained their existing frequency of gambling on other products or decreased how often they gambled. There was evidence of some people starting new forms of gambling and of these people being at higher risk of harms but the pattern of behaviour change was more varied than anticipated.<sup>11</sup> It is not certain, from this evidence, that significant changes in behaviour would occur. Combined with effective regulatory action, which the industry themselves acknowledge, this suggests the risk of a significant black market emerging is likely to be low.

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<sup>9</sup> Newall, P. W. S., Moodie, C., Reith, G., Stead, M., Critchlow, N., Morgan, A., & Dobbie, F. (2019). Gambling Marketing from 2014 to 2018: a Literature Review. *Current Addiction Reports*. <https://doi.org/10.1007/s40429-019-00239-1>; Newall, ; Thobhani, , , Lukasz Walasek, Caroline Meyer (2019) Live odds gambling advertising and consumer protection. *PLoS One* 14 (6)

<sup>10</sup> We are currently preparing results from this content analysis for publication and will be happy to share fuller findings in due course.

<sup>11</sup> Wardle H et al, 2021 The impact of the initial Covid-19 lockdown upon regular sports bettors in Britain: findings from a cross-sectional online study. *Addictive Behaviours*. 118.

## 2) Recognition that the extent of gambling harms is under-estimated (Q24)

Gambling harms are broader and effect more people than previously acknowledged. Recent evidence from Muggleton et al, suggests that up to one quarter of gamblers experience harm from their gambling.<sup>12</sup> Likewise, evidence from the Health Survey series suggests that between one in 10 to one in 4 people taking part in activities ranging from slot machines, betting in bookmakers to online betting and online gambling experience moderate risk or problem gambling.<sup>13</sup> This provides a very different assessment of the harms associated with gambling, an assessment in which a significant minority of people who take part in these activities experience negative consequences from their gambling. Evidence and policy action needs to be taken on this basis, looking both at the specific products as well as the scale and nature of harms experienced by those who engage in each. From this basis appropriate regulations must be designed that will protect people from harm. We do not believe that statements like the “*vast majority of gamblers do not experience even very low level harms*” can be justified. Evidence has repeatedly shown that online gambling on online casino and slots has a player base who experience some of the highest levels of harms (over 20 percent experiencing gambling problems or moderate risk gambling); levels commensurate with Fixed Odd Betting Terminals prior to the change in stake sizes.

Where gambling harms have been more comprehensively measured (Australia, New Zealand) evidence shows that the burden of harms that gambling places on health and wellbeing is estimated to be of similar magnitude to major depressive disorder or alcohol misuse and dependence.<sup>14</sup> However, despite this being a key policy priority set out by the Gambling Commission, we have no comparable estimates for Britain. Instead we continue to rely on estimates generated from instruments like the Problem Gambling Severity Index. This index does not capture the full range of harmful consequences associated with gambling. Comparing its metrics to the Measurement Framework for Gambling Harms in Great Britain<sup>15</sup> clearly shows where it is lacking in range and depth for measuring harms. For example, it does not capture the full scale of health harms or financial harms experienced and it does not consider any harms relating to relationships. As a result, all estimates of “harms” generated in Britain using the PGSI instrument will underestimate the true extent of gambling harms experienced by the British population.

This has significant implications for policy. The type of regulatory and legislative approach applied to an issue should be proportionate to the scale of the harms associated with it. Underestimating the scale of harms in Great Britain risks implementing policy responses that are inadequate to the scale of need.

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<sup>12</sup> Muggleton, N; Parpart, P; Newall, P; Leake, J; Gatherwood, H; Steward, P (2021) *The association between gambling and financial, social and health outcomes in big financial data*, Nature Human Behaviour **5**, pages319–326(2021)

<sup>13</sup> See <https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>, pps 61, 79

<sup>14</sup> Browne M, Langham E, Rawat V, et al. *Assessing gambling-related harm in Victoria: a public health perspective*. Victorian Responsible Gambling Foundation, 2016

<sup>15</sup> Wardle et al (2018) *Measuring gambling related harms: A framework for Action*. Birmingham: Gambling Commission.

### **3) Adoption of a public health approach to prevent harms from gambling (Q24) and independent funding to support its implementation (Q22, Q23)**

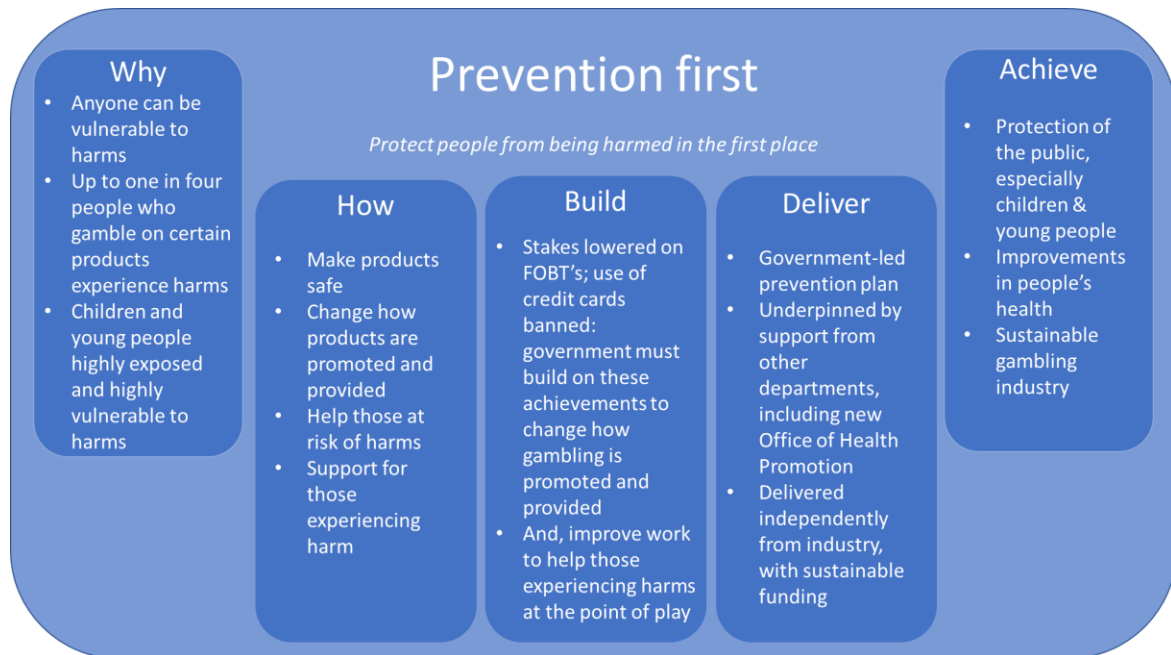
Addressing gambling harms in Britain requires a joined-up, strategic effort to protect public health. Adopting a public health approach to gambling policy and regulation delivers this by putting “prevention first”. This simply means that the most effective way to deliver a public benefit is by stopping people from experiencing harms in the first place (see Figure 1). There is also an economic impetus, with evidence from Australia suggesting that the costs of dealing with gambling harms outweigh the contribution it makes to the economy.<sup>16</sup> Prevention is necessary to address the broader range of harms already discussed, but also to protect future generations and cohorts from harms. Evidence has shown that children and young people are particularly at risk from gambling harms – with two longitudinal studies (ALSPAC and the Emerging Adult Gambling Study, see appendix) showing very high rates of moderate and problem gambling onset. They estimate that up to 1 in 20 young people (broadly aged between 16-24) become problem gamblers over a 3 year period. Additional measures should be taken to prevent the onset of these harms.

To achieve this, a joined-up prevention strategy is needed. Effective prevention measures need to include actions which apply to the whole population. This should include restructuring the position of the gambling industry in the social environment to block known pathways to gambling harm. Building on the work DCMS has already started such as reduced stake sizes on FOBTs and banning credit cards, additional prevention strategies should seek to substantially improve targeted intervention measures which use real-time information from industry data. In order to have a coherent prevention strategy, both elements are needed – targeted approaches alone will be insufficient to prevent harms as they typically require people to display symptoms of harm before intervention occurs. An effective prevention strategy should aim to protect people before they get to this point; a critical part of this is changing the environment in which gambling is provided and promoted.

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<sup>16</sup> Browne M, Greer N, Armstrong T, et al. The social cost of gambling to Victoria. Victorian Responsible Gambling Foundation, 2017

**Figure 1: Overview of why a public health approach to gambling is needed and what it can achieve**



Delivery of this will require the co-ordination and ownership of a systematic prevention strategy, which is co-owned and has input from all relevant government departments (including but not limited to DCMS, DHSC, DFE, DWP and the newly formed Office for Health Promotion). To achieve this will require sustainable and independent investment in prevention strategies – to pilot and test different policies and approaches, for implementation and for evaluation.

Such a funding environment is not currently available in Britain and requires a greater quantum of funding than currently available (**Q22, 23**). Notably, additional funding made available by voluntary donations from industry has been broadly ring-fenced for treatment, with GambleAware re-focusing their research commissioning priorities on support services, treatment and evaluation<sup>17</sup>. Over 50 independent academics, including 17 who have previously been recipients of GambleAware funding, have written to the Secretaries of State for Culture and for Health and Social Care, to oppose maintaining the current system of obtaining funding for prevention and treatment from a voluntary system of donations.<sup>18</sup> Primary concerns are:

- 1) **Lack of trust and industry influence over the policy and research agenda.** This is exemplified by the way industry unilaterally withdrew support from one organisation to another and set the agenda that additional monies be dedicated to treatment. This demonstration of power and influence of the industry over the policy and research agenda cannot and should not be allowed to continue.

<sup>17</sup> GambleAware's website set out their areas of interest stating this: GambleAware is a grant-making body, using **best-practice aspects of commissioning**, such as needs assessment, service planning and outcome reporting to support effective, evidence-informed, high-quality gambling harms support services.

<sup>18</sup> Wardle et al. (2020) *Open letter from UK based academic scientists to the secretaries of state for digital, culture, media and sport and for health and social care regarding the need for independent funding for the prevention and treatment of gambling harms*. BMJ. Available at: <https://www.bmj.com/content/bmj/370/bmj.m2613.full.pdf>

- 2) **Quantum of funding for prevention and research.** To date, very little has been invested in generating a high-quality research environment capable of generating first rate insight that can guide policy in the prevention of harms. Great Britain falls behind other jurisdictions in respect to the scale, depth and vitality of its gambling research community. Of academic papers published containing empirical research on gambling behaviours and policies between 2019 and March 2021 only 6.6% were from British-based researchers.<sup>19</sup> This stands in contrast to jurisdictions like Canada, Australia and the United States of America, who each accounted for between 13-15% of the studies published. Between them, these three jurisdictions accounted for 40% of the studies published. Reliance on North America and Australia for evidence generation significantly skews knowledge. The gambling landscapes in North America and Australia are very different to Great Britain, with different sets of regulatory provisions and gambling products available. For example, in Australia online casino and in-play sports betting are illegal, unlike the UK where both are allowed and increasingly popular. The reliance on other jurisdictions for evidence generation skews what topics we have evidence on – with both online casino gambling and in-play betting being notable gaps. In addition, there is a much narrower range of researchers currently active in gambling studies in Britain. Just three researchers account for nearly 40% of all British studies published in academic journals between 2019 and 2021. This is not a healthy research environment, with research activity concentrated in the hands of the few. Finally, the Advisory Board for Safer Gambling noted how few studies for gambling were funded by UK Research Councils or the National Institute for Health Research: between 2005 and 2019 just 23 studies with a primary focus that included gambling were funded compared with 692 for alcohol.<sup>20</sup> This demonstrates how the funding environment for gambling has not kept pace with increased political, public and media scrutiny of gambling policy.
- 3) **Lack of diversity of research environment:** Related to the quantum and investment in research infrastructure, comparisons with other jurisdictions shows a lack of diversity in terms of what types of research is conducted in Britain. In Canada, for example, nearly 100 academic articles reporting empirical research were published by Canadian academic teams between 2019 and March 2021. The range of studies reported were wide ranging and diverse - including Randomised Control Trials of interventions, evaluations of prevention schemes, epidemiological data drawing on both high-quality random probability cross-sectional surveys and multiple longitudinal studies, experimental studies focusing on the characteristics of certain products, evaluation of treatment approaches and efficacy, and evidence reviews and systematic reviews. In Britain over the same period, empirical research tended to focus on lower quality cross-sectional survey, largely from non-probability samples, research on treatment samples, some review of advertising and marketing techniques, some limited evidence reviews and just one study with longitudinal methods. In short, the British gambling research landscape lacks the diversity of other jurisdictions, especially around prevention. Independent investment is needed to scale-up evidence based research on prevention.

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<sup>19</sup> Evidence generated by searching the PubMed databases for studies focusing on gambling or betting (in title or abstract) published between 1<sup>st</sup> Jan 2019 and March 2021. Each study was then classified by region where the evidence was collected, or in the case of reviews, the nation in which the academic team was based.

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[https://assets.ctfassets.net/gmw89wuqdx3b/6kX849yEBTU5HGA5frchKj/b74f1994ffeabd96c4d4043dd4c872/Advice from ABSG on a statutory levy.1.9.20.FINAL\\_1\\_.pdf](https://assets.ctfassets.net/gmw89wuqdx3b/6kX849yEBTU5HGA5frchKj/b74f1994ffeabd96c4d4043dd4c872/Advice_from_ABSG_on_a_statutory_levy.1.9.20.FINAL_1_.pdf), p8.

The current situation is untenable. Alternative options include either a statutory levy of industry, which could incorporate “smart” levy concepts from jurisdictions like New Zealand, where contributions vary for different products with different risk profiles, or a hypothecated tax, where a proportion of general taxation is ring-fenced for expenditure on preventing gambling harms and their treatment. We would caution against imposing additional general taxation without the supporting principles of hypothecation as evidence from other jurisdictions (like Ontario, Canada) has shown that these taxes can be subsumed into generalised health budgets, within which addressing gambling harms is a very low priority.

As stated in our open letter, there are clear benefits to adopting these kinds of approach. They would provide an opportunity to deliver harm reductions by ensuring a fair, independent, and trusted system for developing effective prevention activities. Effective prevention in turn delivers societal benefits through reductions in the social costs associated with gambling harms and a levy creates an equitable system by which all members of the industry contribute to addressing the harms they generate. We also believe that the funding for research raised should be primarily awarded and administered independently through established bodies such as UK Research and Innovation and the National Institute for Health Research. This will ensure that research on gambling harms is sustainable for universities, attractive to the best researchers, and that policy can be based on the most robust evidence possible.

## **Summary**

The appendices attached provide further information relating to some specific questions posed in the review. In summary, we believe the Gambling Act Review should look to the available evidence to recognise that the current extent of harms associated with different gambling products have been under-estimated, that a prevention strategy is needed which takes population-level action to protect people from harms and that independent funding is secured to underpin and support these actions.

We would be very happy to discuss the contents of this submission further.

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## Appendix: responses to specific Call for Evidence questions

### Topic 1: Young people

#### Q36: What, if any, is the evidence that extra protections are needed for the youngest adults (for instance those aged between 18 and 25)?

**Background:** Prevalence studies have typically found that problem gambling rates tend to be higher among those who are younger. However, cross-sectional studies, like the Health Survey for England, only provide a snapshot at one point in time and do not provide insight into movements in and out of problematic behaviours. Stability of prevalence of rates over time can mask a great deal of movement and under-estimate the scale of harms among the general population, as it is unlikely to be the same cohort, year on year, experiencing harms. Longitudinal data is needed to assess this.

**The study:** The Emerging Adults Gambling Survey is a longitudinal study of young people aged 16-24 (n=3549 in wave 1), who were first interviewed in summer 2019 (wave 1), re-interviewed in summer 2020 (wave 2) and will be followed up a final time in summer 2021 (wave 3). The study looks at detailed gambling behaviours across 19 different activities legally available in Britain, gaming behaviours, use of social media, exposure to advertising and its impact, experience of gambling harms and other health and wellbeing outcomes (including suicidality). More details about the study are available in our protocol paper.<sup>21</sup> Along with the Avon Longitudinal Study of Children and Parents (ALSPAC) it is one of only a few longitudinal studies of gambling behaviour of young people.<sup>22</sup> Key findings from wave 1 have been published, analysis of data from wave 2 are ongoing. Early analysis pertinent to specific Gambling Act Review questions are noted below.<sup>23</sup>

#### Key findings:

- Data from wave 1 showed that, after engagement in lotteries and scratchcards, online sports betting is the next most prevalent gambling activity among 16-24 year olds (10.8% of participants had bet online on sports in the past year).
- Overall, 10.4% of young men and 7.2% of young women started gambling between 2019 and 2020.
- Among young men, online sports betting along with lotteries and scratchcards had the highest “starting” rates between 2019 and 2020: 6.7% of young men who had not previously bet on online sports started doing when interviewed one year later. Given that live sports events were not available for three months during that period, this is likely to be an underestimate. Starting rates for scratchcards and lotteries were 7.3% and 7.2% respectively.
- Among young women, starting rates were higher for lotteries and scratchcards (7.8% and 5.4% respectively). For all other gambling activities, starting rates between the two survey years were less than 2%.
- Whilst substantial proportions of young people also stopped gambling on activities they had previously undertaken, among men lotteries, scratchcards and online sports betting were

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<sup>21</sup> Wardle H. The Emerging Adults Gambling Survey: study protocol [version 1; peer review: 2 approved]. *Wellcome Open Res* 2020, 5:102 (<https://doi.org/10.12688/wellcomeopenres.15969.1>)

<sup>22</sup> Forrest D & McHale I (2019) *Gambling and problem gambling among young adults: insights from a longitudinal study of parents and children*. London: GambleAware.

<sup>23</sup> Data are currently being prepared for publication, these represent early findings.

some of the more persistent activities undertaken: over half of those who previously gambling on lotteries and online sports continued to do so, with 45% of those who previously played scratchcards continuing with this activity.

- Between 2019 and 2020, 3.4% of young men and 1.1% of young women experienced the onset of problematic gambling (a Problem Gambling Severity Score (PGSI) of 8 or more). Similar proportions stopped experiencing gambling problems: 3.1% of young men and 1.8% of young women no longer had PGSI score indicating problematic gambling.
- There is a significant and substantial association between problem gambling among young men and women and suicide attempts. Taking into account wellbeing, anxiety, impulsivity and other socio-demographic/economic factors, young men who experienced problem gambling were nine times more likely to have attempted suicide in the past year than those who did not gamble or gambled with no problems. Young women experiencing problem gambling were five times more likely to report the same.<sup>24</sup> This replicates findings observed among adults more generally and suggests that young people experiencing gambling harms should be considered vulnerable to suicidality and that it is plausible that the multiplicity of harms generated by gambling contribute to this.

### Implications

- This evidence, along with that from the ALSPAC study shows that the incidence of problem gambling among young people aged 16-24 is high. From this study we would estimate that around 1 in 30 young men aged 16-24 have started to experience problematic gambling within a one year period. For women, it is around 1 in 100. These findings are commensurate with data from the ALSPAC study which found that around 1 in 20 young people experienced the onset of problematic gambling between the ages of 17 and 21, leading authors to conclude “that early adulthood is a very risky period for entering into gambling harm”<sup>25</sup> and that “patterns of problem/moderate risk gambling were set by age 20”.<sup>26</sup>
- The strength of the association between problematic gambling and suicide attempts further demonstrates the need to consider those in this age group vulnerable to the multiplicity of gambling harms and to ensure that effective steps are taken to prevent young people from harm.

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<sup>24</sup> Wardle H, McManus S (2021) Suicidality and gambling among young adults in Great Britain: results from a cross-sectional online survey. *Lancet Public Health*, 6(1) E39-E49.

<sup>25</sup> Forrest D & McHale I (2019) *Gambling and problem gambling among young adults: insights from a longitudinal study of parents and children*. London: GambleAware.

<sup>26</sup> Emond, A., Griffiths M, Hollen, M. (2019) *A longitudinal study of gambling in late adolescence and early adulthood: Follow-up assessment at 24 years*. London: GambleAware.

## Topic 2: Sports betting, advertising and sponsorship (Qs 11, 14-15)

While the Gambling Act Review is focussed on UK legislation, research work conducted by our group identifies consequences of this legislation that extend beyond the borders of the UK to reach vulnerable populations in low- and middle-income countries (LMICs). Responding to questions 11, 14 and 15, and drawing on our research on football and gambling sponsorship in the UK and sub-Saharan Africa (SSA) we note that:

1. Shirt sponsorship deals between high profile football clubs (defined as those who have played in the English Premier League (EPL)) and gambling companies has risen rapidly since the 2005 Act. This rise has a strong statistical association with the 2005 time point.<sup>27</sup> The consequence of these deals is that the EPL's global audience, in excess of 3bn people, is routinely and repeatedly exposed to gambling brands, and indirectly to the possibility of gambling, thus normalising its presence as part of EPL football.
2. Exposure to gambling brands through EPL shirt sponsorship is not the only way in which the global audience of 3bn people are exposed to these brands. Indeed, the dominant form of exposure comes from pitch-side advertising. Estimates suggest that audiences are exposed to a mean of 2.75 references to gambling per broadcast minute<sup>28</sup> or a mean of 184.2 references per broadcast.<sup>29</sup>
3. In SSA, Betway, shirt sponsor of West Ham United and purchaser of pitch-side advertisements, reinforce their presence and increase audience exposure to their brands by sponsoring Super Sports' EPL broadcasts. These sponsorship deals include in-game layered advertising which is imposed over the footage of the game or borders the footage, reducing the space occupied by game footage.<sup>30</sup> While we are still working on the quantifications of these additional exposures, these additional exposures enhance audience exposure to gambling advertisements in a region of the world where gambling-related harms can have more significant consequences and where support services are extremely limited.
4. The normalisation of gambling advertising associated with the EPL and its clubs has also spurred the spread of gambling companies in some of the poorest nations of the world, where regulatory bodies face implementation challenged. For example, in low-income Malawi, Premier Bet rapidly grew a sports betting market between 2015 and 2018 using a range of techniques which included exploiting local passion for EPL football through both its name and logo. Representatives of the company also positioned sports gambling as a skill and a form of income in national newspapers. Off the back of these strategies, in 2017-18 Premier Bet's Malawi revenue (~£2.1m) exceeded Malawi's national mental health budget.<sup>31</sup>

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<sup>27</sup> Bunn, C., Ireland, R., Minton, J., Holman, D., Philpott, M. and Chambers, S., 2019. Shirt sponsorship by gambling companies in the English and Scottish Premier Leagues: global reach and public health concerns. *Soccer & Society*, 20(6), pp.824-835.

<sup>28</sup> Purves, R.I., Critchlow, N., Morgan, A., Stead, M. and Dobbie, F., 2020. Examining the frequency and nature of gambling marketing in televised broadcasts of professional sporting events in the United Kingdom. *Public health*, 184, pp.71-78.

<sup>29</sup> Ireland, R, 2021. Commercial Determinants of Health in Sport. The example of the English Premier League. Unpublished PhD thesis, University of Glasgow.

<sup>30</sup> Adebisi, T. and Bunn, C, 2021. Documenting the layering of unhealthy commodity adverts on broadcasts of the English Premier League in Sub-Saharan Africa. Study in progress

<sup>31</sup> Bunn, C., Mtema, O., Songo, J. and Udedi, M., 2020. The growth of sports betting in Malawi: corporate strategies, public space and public health. *Public health*, 184, pp.95-101.

5. The impact of growth of commercialised forms of betting in LMICs such as Malawi, supported and enhanced by the normalisation of gambling in EPL football, can be extremely damaging. In an interview study with regular sports bettors, we uncovered instances men who self-describe as ‘addicts’, who pursue gambling in attempt to escape extreme poverty and whose household budgets for food and other essential items are compromised by their gambling. We have also identified that Premier Bet use their sports betting facilities to cross-sell other forms of digital gambling products which have commonalities with fixed odds betting terminals.<sup>32</sup>

From this collection of evidence, we suggest that the review consider the ***global implications of UK legislation***, particularly for those living in LMICs (Q14). Permitting advertisement (Q11) and sponsorship deals in the EPL (Q13) enables gambling companies to reach an audience in excess of 3bn with their products, normalising gambling in relation to EPL football. A significant proportion of this audience are in LMICs where regulation of gambling is often weak or under resourced, is positioned as a form of income, and support mechanisms scarce (Q14).

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<sup>32</sup> Bunn, C., Mtema, O., Nkhwazi, L., Reith, G. and Lwanda, J., 2021 (forthcoming). “They say ‘easy money’, telling you to predict the games”: an interview study with sports bettors in Lilongwe, Malawi. In *The global gambling industry: structures, tactics and networks of impact* Edited by Nikkinen, J., Marionneau, V. and Egerer, M. London: Palgrave.