

# ABSG's Progress Report on the National Strategy to Reduce Gambling Harms: Year 3



## Executive Summary:

1. In April 2019, the Commission-led three-year National Strategy to Reduce Gambling Harms was widely welcomed for strengthening its focus on population health, collaboration and placing the voice of consumers at its centre. Efforts towards better coordination and collaboration have brought benefits, including greater awareness of the need to diversify activities and approaches to prevention, treatment and research.
2. The National Strategy created a call to action that gave rise to [over 400 actions by more than 40 stakeholder projects](#) on gambling related harms. This progress report provides an opportunity to consider the National Strategy's overall achievements and remaining challenges. Going further depends upon resolving barriers of funding, quality assurance and evaluation.

**Table 1: Key findings on progress over the lifetime of the National Strategy**

Key achievements	Remaining gaps
<ul style="list-style-type: none"> <li>• Increased involvement of people with lived experience in research, education and treatment to reduce gambling related harms</li> <li>• Expansion in number and diversity of organisations now actively contributing to research, prevention and treatment</li> <li>• The start of efforts towards embedding a multi-agency population health approach to addressing and preventing harms, moving from predominantly individual towards population level interventions</li> <li>• New evidence from big data studies providing objective measures and confirming harms are more widespread than earlier self-report prevalence studies suggested</li> <li>• Growing momentum towards data transparency</li> <li>• Strengthening of regulatory requirements, for example on game design and marketing and advertising</li> <li>• Wider consensus that funding should not be based on voluntary contributions.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinated national plans for zero tolerance of gambling-related suicide</li> <li>• Government leadership on the next phase of the National Strategy - underpinned by a move away from voluntary contributions to provide an increased volume of independent, sustained funding for all activities</li> <li>• Local government led data collection to build understanding of gambling harms at a local level.</li> <li>• Further progress on implementing independent quality assurance processes for treatment services and independent research commissioning</li> <li>• Achieving agreement on outcome metrics, clear measures of success and independent, robust evaluation of interventions</li> <li>• Establishment of more stringent rules for operators on customer interaction and affordability checks</li> <li>• The creation of an independent single customer view and data repository and details of how this would function in practice</li> <li>• Learning from other sectors and being informed by a wider range of evidence and acknowledgement of the influence of conflicts of interest.</li> </ul>

### Year 3: Headline achievements

3. Since our last progress report, the third year of the National Strategy has seen:
  - Strengthening of regulatory requirements and interventions to address harms
  - Publication of a comprehensive government commissioned evidence review by PHE and start of NICE guidelines essential for treatment
  - Increased involvement of financial institutions in research and earlier support for those at risk
  - Expansion of education and support work with women, ethnic minority groups, young people and family and friends of those who are harmed
  - Growth of whole systems population health approaches in Scotland, Wales and some regions in England
  - Expansion of specialist NHS clinics, and treatment and support offered in NHS primary care and a wider range of community settings
  - More diverse academic disciplines engaged in gambling research, using innovative technologies and big data, generating objective indicators of harm
  - Growing evidence of the differential impact of gambling products and greater recognition of the influence of product and environment on harms as well as individual behaviour.

### ABSG Recommendations

4. [In August 2021, the Commission noted its continuing support for the priorities set out in the National Strategy beyond 2022](#), Strong coordination and collaboration will be required to carry this work forward to ensure the momentum created by the National Strategy is not lost. This must include decisions about future funding models and use of regulatory settlements. Recommendations are set out for regulatory actions and actions by other agencies and organisations, including increased resources for enforcement action and greater transparency and data sharing, population level actions and earlier interventions to reduce harms and improve access to treatment and support.
5. All recommendations are underpinned by the need for government leadership towards an integrated prevention and treatment system involving those with lived experience alongside healthcare, local authorities and third sector, independent research and evaluation, and an end to funding from voluntary contributions.

## Part 1: Introduction

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### National Strategy to Reduce Gambling Harms - Overview

The [National Strategy](#) was published in April 2019 as a vehicle for collaboration to reduce gambling harms. The Strategy had two strategic priorities:

- **Prevention and education**
- **Treatment and support**

The National Strategy set out four enabling themes that were required to make progress on these priorities.

- **Regulation and oversight**
- **Collaboration**
- **Evaluation**
- **Research to inform action**

7. The Gambling Commission asked ABSG to take responsibility to provide the Commission with an annual independent report on its progress. The purpose of the ABSG progress report is to:
  - Draw out highlights – recognising the key achievements to date.
  - Identify gaps – identifying where action should be prioritised in future.
  - Help catalyse further action and progress by celebrating what has been achieved and drawing attention to what needs to be done next.
8. This report provides an opportunity to review the last year of the National Strategy, as well as the overall achievements since its launch in 2019. Looking at the overall impact provides the best opportunity to consider how its legacy can be sustained and built upon.
9. ABSG's previous progress reports can be accessed below:
  - [Year One](#)
  - [Year Two](#)
10. The Gambling Commission collected and published progress updates from the partners involved in delivery of the National Strategy. These updates were published in an [Action Map](#).

## Part 2: Key Achievements and areas for further progress

11. This section looks at key achievements in Year 3, and over the lifetime of the National Strategy.

### Year 3 Key Event Timeline 2021/22

12. Notable developments in the delivery of the National Strategy are outlined below:

Table 2: Key milestones – 2021/22		
Month	Action	Enabling action
April	Fast Forward <a href="#">expands education programme</a> to England and Wales	Collaboration
	<a href="#">Affordability and customer interaction information</a> published as guidance for local authorities	Regulation
	User consultation on <a href="#">National Survey of Health and Wellbeing</a>	Research
May	Evaluation published of the <a href="#">Gambling Support Service</a>	Evaluation
July	Research published by <a href="#">Behavioural Insights Team on design of safer gambling management tools</a>	Research
August	GambleAware publishes its strategy for 2021-26 – <a href="#">recognising the need for a levy and greater NHS leadership on treatment</a>	Collaboration
September	<a href="#">Glasgow Summit</a> brings together people with lived experience, government, local councils and other agencies to share learning on how to reduce harm	Collaboration
	Gambling with Lives <a href="#">launches education programme in schools</a>	Collaboration
October	Howard League publishes ‘State of Play’ report on <a href="#">links between problem gambling and crime</a>	Research
	Natcen and University of Glasgow appointed by the Gambling Commission to <a href="#">develop new methodology for collection of participation and prevalence data</a>	Research
	Update from the Information Commissioners Office ‘Sandbox’ establishes the legal basis for testing a Single Customer View	Regulation
November	<a href="#">New guidance on gambling marketing and advertising</a> came into effect from the Advertising Standards Authority	Regulation
	IFF, GamCare and University of Bristol receive grant <a href="#">to improve understanding of women’s lived experience of gambling harms</a>	Research
	Publication of evaluation of credit card ban	Evaluation
December	Gambling Commission <a href="#">publishes annual enforcement report</a> setting out lessons learnt and case studies	Regulation
January	Research on harms experienced by women and <a href="#">launch of awareness campaign aiming to reduce stigma</a>	Research
	Gambling Commission consultation covering <a href="#">dual regulation</a>	Regulation
February	Enforcement action taken by Gambling Commission and law enforcement partners against <a href="#">illegal online lotteries</a>	Regulation
	<a href="#">NHS announces it will open gambling treatment clinics</a> in Southampton and Stoke-on Trent	Collaboration

### Key achievements over lifetime of the National Strategy

13. This section looks back at the key achievements of the National Strategy since its publication in April 2019. Progress on the National Strategy’s prevention and treatment objectives are reviewed through the lens of the National Strategy’s [‘Enabling Themes’](#). In this section, we also highlight where further progress is required.

**Strategic Objective: Prevention and Education – 2019/2022**

**Enabling Action – Regulation and Oversight**

**Summary: There are stronger regulations to address risk of harms, but repeated failures of industry compliance with current regulations continue.**

Strengths	Areas for further progress
<p>Progress has been made in relation to <a href="#">affordability, vulnerability and consumer interaction</a>. The Gambling Commission’s proposals for more specific requirements on operators reflect <a href="#">repeated failures by the industry to conduct adequate Know Your Customer (KYC) and affordability checks</a>, even when very large amounts of money were being spent.</p> <p>The Commission has continued to increase its focus on compliance and enforcement. Its annual <a href="#">Compliance and Enforcement Report</a> showed a record total of £32million in financial penalties had been paid by operators, and increased action had been taken on personal licence holders. The report shares lessons learnt through case studies. The system of <a href="#">regulatory settlements has directed resources towards activity to reduce gambling harms</a> – further accelerating progress and collaboration between partners.</p> <p>The Commission <a href="#">banned the use of credit cards</a> from April 2020, designed to reduce risks to consumers of spending unaffordable amounts of money.</p> <p>Regulatory controls have also been strengthened in relation to schemes for <a href="#">high value customers</a> (i.e. those that lose the most money) and online <a href="#">game design</a>.</p> <p>The legal basis for <a href="#">progressing work on a Single Customer View (SCV)</a> was set out in a report from the Information Commissioners Office (ICO) which confirmed customer data could be lawfully used in such a scheme. The Advertising Standards Agency (ASA) has introduced <a href="#">additional restrictions on gambling marketing and advertising</a> – most recently introducing guidance covering how skill, community and risk is presented to consumers.</p>	<p>The Commission has made limited progress identifying metrics to measure the impact and effectiveness of its regulation. There continues to be a <a href="#">lack of data and metrics to measure the overall impact of the National Strategy</a> towards reducing gambling harms.<sup>1</sup></p> <p>The Commission’s 2021 <a href="#">Compliance and Enforcement Report</a> demonstrates the same failures repeated by the industry. These often related to not carrying out appropriate affordability checks. Re-occurring patterns of non-compliance show the industry is slow to learn lessons and put protecting customers before commercial incentives. It is critical that new initiatives such as affordability checks and the development of a ‘Single Customer View’ (SCV) provide meaningful protections for consumers and data is not mis-used for commercial benefit.</p> <p>There is a gap in <a href="#">suicide prevention activity</a> in regulation and access to data from the gambling industry.</p> <p>There have been positive examples of regulatory collaboration from the Gambling Commission with other bodies, such as the <a href="#">ICO</a>. The recent Bet Index case and independent review, however, <a href="#">highlighted the need for continued improvement in regulatory partnership working</a>. The Commission’s consultation on <a href="#">dual regulation</a> addresses some of the outstanding issues but further collaborative work is needed to improve consumer safety. This includes Government action on strengthening consumer protection on sports based products which share some characteristics of gambling such as synthetic shares and non-fungible tokens and use of cryptocurrency which fall outside of the Commission’s remit.</p> <p>There has been limited progress by the Commission on the use of data to encourage improved compliance by operators. We welcome</p>

<sup>1</sup> Discussed in paragraphs 25 – 28, page 13, [Year Two Progress Report](#), ABSG, June 2021

<p>Research using banking data has demonstrated that <a href="#">harm can be experienced by a wider range of consumers than just those spending the highest amounts or gambling most frequently</a>. This points to the importance of implementing a SCV to protect all of these customers as well as those at the extreme end of expenditure.</p>	<p>the new work exploring how <a href="#">data driven approaches can be used to drive up standards and achieve better rates of compliance</a>.</p>
<p><b>Enabling Action: Collaboration</b></p>	
<p><b>Summary: There has been a cultural shift towards wider collaboration enabled by funds from regulatory settlements and the start of efforts in embedding multi-agency population health approaches to preventing harms. However, national-level co-ordination requires Government-level leadership in the three GB nations.</b></p>	
<p><b>Strengths</b></p>	<p><b>Areas for further progress</b></p>
<p>Public Health England’s <a href="#">Gambling Harms Review</a> in 2021 has created an opportunity for greater involvement from government agencies and third sector. This is a significant indicator of the progress made towards establishing gambling harms as a population health issue. The <a href="#">Office for Health Improvement and Disparities</a> (OHID) will be a key partner in activity to reduce gambling harms.</p> <p>Delivery groups have been established to co-ordinate activity in Scotland and Wales. <a href="#">Strategy Implementation Group for Scotland</a> and the <a href="#">Strategy Implementation Group for Wales</a> bring together local and national government, public health, health and social care oversight and service commissioners.</p> <p>The number of financial institutions offering blocking tools and support has increased. The <a href="#">Money and Mental Health Policy Institute</a> has helped promote best practice – if adopted, this should improve consistency of activity across this sector. There has been significant new investment in <a href="#">Citizen’s Advice</a> who are providing debt advisors with training to help identify and support those experiencing harms from their gambling.</p> <p>Whole systems approaches to gambling harms prevention have been launched in <a href="#">Greater Manchester</a>, <a href="#">Glasgow</a> and <a href="#">Yorkshire and Humber</a>. This has created an opportunity to build on the critical role played by local agencies in local communities through prevention activities. For example, in Manchester this has encompassed initiatives with football clubs, social clubs, embedding gambling within the Greater Manchester Suicide Alliance and</p>	<p>There is still no strategic co-ordination group for activity in England. As gambling harms are increasingly accepted as a public health issue by all stakeholders, this should create the impetus for more government-level leadership with relevant government departments.</p> <p>Suicide prevention requires a joined-up approach between agencies. At present, gambling is not recognised as a risk factor in national suicide prevention strategies. In Scotland, a new <a href="#">National Suicide Prevention Strategy</a> is being developed which creates an opportunity to address this. Similar action is needed in England and Wales. There are opportunities to make significant progress, for example by ensuring improved awareness and integration with NHS mental health services and other third sector organisations focused on suicide prevention.</p> <p>There has been a significant increase in collaboration led by people with lived experience – this creates strong foundations to build on – including:</p> <ul style="list-style-type: none"> <li>• The Gambling Commission’s <a href="#">Lived Experience Advisory Panel</a></li> <li>• GambleAware research project <a href="#">to improve knowledge about experience of harms in minority communities</a>.</li> <li>• Gambling with Lives <a href="#">education programme</a> for schools on the risks of gambling</li> <li>• <a href="#">Fast Forward</a> education work expanded into England and Wales</li> <li>• <a href="#">‘Don’t Bet Your Life On It’</a> player led safer gambling tool now available online and as part of a range of education and awareness programmes.</li> </ul>



<p><a href="#">Greater Manchester Police and crime Plan</a>. These all work towards moving the narrative from an individual to a population level. It reflects the community-based approaches common in addressing issues such as domestic abuse, alcohol addiction and social exclusion.</p> <p>The <a href="#">Glasgow Summit</a> shared learning on how local agencies can tackle gambling harms, aiming to mainstream prevention work at local authority level, address stigma, and improve data coordination.</p> <p>The Gambling Commission has created a <a href="#">forum for local authorities to share best practice</a> – such as activity in Leeds, Sheffield and Birmingham to approach gambling harms in a similar way to that taken for drug and alcohol addiction.</p> <p>The trade union, Unite, signed a <a href="#">Workplace Charter</a> incorporating ‘Bet You Can Help’ to support employers to reduce gambling harms in the workplace.</p> <p>GambleAware launched a high-profile campaign highlighting the risks of gambling harms to women. The campaign uses insights from research which suggested <a href="#">over a million women are at risk of gambling harms</a> and <a href="#">stigma is a major barrier to accessing support</a>.</p>	<ul style="list-style-type: none"> <li>• <a href="#">GamFam and GamLearn</a> expansion of support led by people with lived experience</li> <li>• The <a href="#">Health and Social Care Scotland Alliance</a>’s lived experience panel to provide input to implementation of the national Strategy in Scotland.</li> <li>• ARA and Beacon Counselling have co-produced ‘Breaking the Sharam’ with members of the <a href="#">South Asian community affected by gambling</a> to raise awareness of harms</li> </ul> <p>Progress is still needed to include gambling in the <a href="#">Public Health Outcomes Framework for England</a> and equivalent local data collection systems in Scotland and Wales. This is vital to ensure local authorities can identify and prioritise reducing gambling harms in local action plans as they do for other addictions.</p> <p>Expansion of existing collaboration between financial institutions on sharing best practice on protecting consumers, agreeing minimum standards for early intervention across the sector</p>
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**Enabling Action: Evaluation**

**Summary: There is still an underdeveloped independent evidence base on what works in harm prevention. This applies to activities delivered by the industry, and to other prevention initiatives, such as education programmes and awareness campaigns. The voluntary funding system is a barrier to progress**

<b>Strengths</b>	<b>Areas for further progress</b>
<p>An interim <a href="#">evaluation</a> has been published on the impact of the Commission’s ban on use of credit cards. Results suggest the credit card ban had helped consumers gamble within their means and had not resulted in an increase in borrowing or illegal money lending.</p> <p>An interim <a href="#">evaluation of TalkBanStop</a> suggests positive outcomes arising from the collaboration between GamCare, GamBan and GamStop, to raise awareness and provide clients with multiple tools and support.</p> <p>The Commission published an <a href="#">‘evaluation protocol’</a> and the Gambling Research Exchange Ontario (GREO) developed an <a href="#">‘Evaluation Hub’</a></p>	<p>The National Strategy’s <a href="#">Action Map</a> contains very few complete independent evaluations. Reliance on a voluntary system of funding for research and limited access to data limits opportunities for independent evaluation of harm prevention activity. This means there is still a significant gap in knowledge about what works – particularly in relation to industry-led activity to prevent harm in its customers.</p> <p>Utilising well established UKRC research governance, oversight and management processes to ensure independence and rigour would help to address this</p>

<p>and created <a href="#">other resources to support evaluation activity</a>.</p>	<p>Evaluation of industry activity, such as ‘<i>When the Fun Stops Stop</i>’ has lacked independence and meaningful results on impact.<sup>2</sup></p> <p>The latest wave of the <a href="#">evaluation of GambleAware’s ‘BetRegret’</a> campaign was published. Its results to date were inconclusive on the campaigns impact on people’s behaviour and levels of self-awareness.</p>
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**Enabling Action: Research to inform action**

**Summary: Voluntary funding by industry continues to be the main source of funding for research. We recommend that this situation should not continue. Several independent studies have been delivered to improve collective understanding, but more are needed to create a robust evidence base.**

<b>Strengths</b>	<b>Areas for further progress</b>
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<p><a href="#">Public Health England published its Gambling Harms Review</a>, bringing together a comprehensive review of current evidence. The Review estimated there are around 400 suicides related to gambling each year in Great Britain. Acknowledging the potential scale of this problem should act as a significant catalyst towards action.</p> <p>The Commission is a member of NHS England’s Digital’s steering group overseeing the development of the <a href="#">National Study of Health and Wellbeing</a> (Formerly the Adult Psychiatric Morbidity Survey (APMS)). Inclusion of questions on gambling will provide new insights into links between gambling and suicide ideation and suicide, data that has not been collected since 2014.</p> <p>The Commission appointed Natcen and the University of Glasgow to develop a new methodology for collecting data on <a href="#">participation in gambling and prevalence of problem gambling</a> and incidence of gambling harms. This aims to achieve a more robust national dataset for official statistics.</p> <p>The <a href="#">Howard League published their ‘State of Play’</a> report, emphasising the need for greater investment in awareness raising of gambling harms and diversion away from the criminal justice system where-ever possible through early identification and intervention.</p>	<p>There is little evidence that operators are applying findings from key independent research. For example, the Behavioural Insights Team (BIT) published research on ‘anchoring prompts’ which found that <a href="#">removing very high values in ‘drop boxes’ avoided consumers being nudged to deposit more money</a>. Despite this finding from a randomised control trial, this practice is still widely used by operators. Regulatory controls appear necessary for this good practice to be adopted across the industry.</p> <p>The system of <a href="#">voluntary funding still limits progress with independent research</a> on gambling harms and solutions.<sup>3</sup> This includes a lack of longitudinal research on the development of gambling harms in Great Britain and the characteristics of gambling products which can lead to harms.</p> <p>GambleAware commence a commissioning process to award a £4million grant to establish a specialist <a href="#">Academic Research Hub</a> in gambling harms. GambleAware are also making further funds available to progress <a href="#">research on gambling harms experienced in different ethnic and cultural communities</a>. These are initiatives which boost the research funding available, whilst leaving <a href="#">research funding dependent on voluntary funding from the gambling industry</a>. This funding approach is out of step with protocols for other population health harms prevention and should not be sustained in gambling harms prevention.</p>
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<sup>2</sup> Forthcoming – Impact of the ‘when the fun stops, stop’ safer gambling message on online gambling behaviour: a randomised online experimental study, Newall et al, 2022

<sup>3</sup> Discussed in paragraphs 33 – 37, page 16, [Year Two Progress Report](#), ABSG, June 2021



<p>A research collaboration between <a href="#">LAB Group and City, University of London</a> is developing ways to identify consumers before their gambling becomes harmful. This highlights the <a href="#">potential of new technology</a> such as kinetic analysis and comparative linguistic analysis to use a range of gambling play data and other behavioural data to reduce harms.</p> <p>GREO has provided a range of support to the National Strategy including a <a href="#">knowledge exchange hub</a> to synthesis research findings around policy themes such as patterns of play, measuring harms and industry-based interventions and the impact of advertising.</p> <p>Research has been piloted to <a href="#">collect data on gambling harms</a>. This builds upon earlier publication of a <a href="#">framework to measure gambling harms</a>. Other <a href="#">collaborative research is helping collect data on gambling harms</a> and support early identification in the community.</p>	<p>The growth of online products like <a href="#">lootboxes</a> and cryptocurrency trading has become a cause for concern. These products legally fall outside the Commission’s remit. Research and monitoring are needed to ensure the risks associated with these products are understood. Responsibility for this area of consumer protection needs to be allocated by Government to a body with appropriate funding and powers to address risks.</p>
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Strategic Objective: Treatment and Support (2019 – 2022)	
Enabling Action: Regulation and oversight	
<p><b>Summary: The voluntary system of funding is a significant barrier to progress, limiting delivery, collaboration and appropriate quality assurance of treatment and support services. The treatment system requires a government-led strategy for a collaborative infrastructure in common with other addictions services</b></p>	
Strengths	Areas for further progress
<p>Development of <a href="#">National Institute of Clinical Excellence (NICE) guidelines</a> are in progress – albeit with publication of outputs not expected until 2024. This should provide a new framework for the identification, diagnosis and treatment of gambling harms across NHS bodies and third sector providers.</p> <p>Transparency of funding arrangements is improving – for example through the <a href="#">published list of providers eligible to receive RET funding</a> and <a href="#">GambleAware’s annual account of financial contributions</a>.</p> <p>There are a growing number of partners offering treatment and support in healthcare and community settings. Since 2019, <a href="#">NHS treatment clinics have grown from one to seven in England</a>, including one dedicated to children and</p>	<p>The reach of treatment and support services, whether healthcare or community-based, remains limited by inadequate resources and is patchy across Great Britain. There is a need to establish leadership by NHS bodies for governance and oversight of treatment services in collaboration with third sector organisations – and for accountability to rest with statutory bodies in the three nations. The <a href="#">Gambling Act Review</a> does not specifically cover treatment in its scope, but the review creates an opportunity for this gap to be addressed. The voluntary system of funding for treatment remains a significant barrier.</p> <p>The timeframe for completion of NICE guidelines means that a lack of evidence-based treatment protocols will persist for several years. In the short-term, there is a lack of consensus between treatment providers on the most suitable referral</p>

<p>young people. Services offered by people with lived experience, primary care, third sector services and local authority services have also expanded, offering a wider range of community-based services to young people, women, family members, those from diverse ethnic communities, military personnel, those in custody. These are positive foundations to build upon, supported by appropriate oversight and resourced by sustainable and independent funding.</p>	<p>pathways to meet needs. Clear and collaborative plans are required to co-ordinate expanding NHS provision with services provided by the third sector. This framework also needs to recognise the need for support for people affected by someone else's gambling.</p> <p>There is a lack of independent oversight of the quality of treatment services delivered by third sector organisations funded by GambleAware. Although a role for the <a href="#">CQC</a> is being explored, this is yet to come to fruition leaving a significant gap in quality assurance.</p>
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**Enabling Action: Collaboration**

**Summary: The treatment system requires a government-led strategy for a collaborative infrastructure, in common with other addictions services and whole systems, placed based approaches**

Strengths	Areas for further progress
<p><a href="#">Whole systems approach</a> in Glasgow and Manchester create opportunities to further embed collaborative approaches to promoting access to treatment.</p> <p>The need for leadership by NHS bodies in the three nations is now more widely acknowledged – notably in <a href="#">GambleAware's five-year strategy</a>, as well as new initiatives by OHID, DHSC and Public Health Scotland and Public Health Wales. The three nations have different approaches to delivery, reflective of wider differences in their health and care infrastructures.</p> <p>Treatment is becoming better integrated with primary care services. For example, the <a href="#">Primary Care Gambling Service</a> is now offering treatment sessions including Cognitive Behaviour Therapy, family therapy, group therapy and signposting to specialist services and social prescribing opportunities. <a href="#">Royal College of GPs</a> has endorsed a new gambling competency framework for GPs, the first stage in the development of a curriculum and training programme for GPs, and gambling is now included in the <a href="#">NHS electronic records</a> and in one widely used primary care online screening tool.</p> <p>The <a href="#">Glasgow Summit</a> on tackling gambling harms provided an opportunity for collaboration</p>	<p><a href="#">Referral pathways</a> between treatment providers require further clarification to ensure that people can access the right services to meet their needs and that the skills of all partners are fully utilised.<sup>4</sup> This requires agreement between all stakeholders of referral pathways and thresholds for each point along the treatment/referral pathway, based on standardised assessments measures, training, triage procedures as well as secure mechanisms for shared records. Research led by people with <a href="#">lived experience has created new recommendations on key features of care pathways</a>, but further implementation of these is required.</p> <p>There is an over reliance on a single point of entry to accessing treatment – with the majority of referrals still coming from the National Problem Gambling Helpline. <a href="#">There is limited evidence of a significant volume of referrals being generated from other sources</a><sup>5</sup> - as would be expected with comparable addiction treatment and support services.</p> <p>The voluntary system of funding treatment and support continues to create challenges to collaborative efforts and is a significant barrier to progress in raising standards, creating consistency and improving access. The principle of '<a href="#">No Wrong Door</a>', well established across other treatment and support systems, needs to be in</p>

<sup>4</sup> Discussed in paragraphs 74 – 77, page 31, [Year Two Progress Report](#), ABSG, June 2021

<sup>5</sup> Table 2, page 32, [Year Two Progress Report](#), ABSG, June 2021

on the development of treatment networks in Scotland, utilising local authority, community based, and peer led approaches.	fully in place for those experiencing gambling harms.
<b>Enabling Action: Evaluation and Research to inform action*</b> *(Assessed together as closely linked in relation to treatment)	
<b>Summary: There continues to be limited evaluation on what works in treatment and support services and a need for robust independent evaluations of specific interventions. There is limited independent research on treatment and support comparable to research activity in other addictions, suggesting that the voluntary funding arrangement is a major barrier to progress</b>	
<b>Strengths</b>	<b>Areas for further progress</b>
<p>The <a href="#">Public Health England Gambling-related Harms Evidence Review</a> identified new findings to inform the formation of treatment services in the future – these included:</p> <ul style="list-style-type: none"> <li>• Gambling exacerbates existing health inequalities</li> <li>• Treatment and support is also needed for family members affected by gambling and for people who do not meet the threshold of ‘problem gambler’</li> <li>• Stigma is a barrier to treatment – better information is needed to help people access support.</li> </ul>	<p>There is a <a href="#">lack of research on the reasons behind recurrence and the provision of follow-up support</a>, and the accessibility of data from operators and the financial institutions to improve understanding of products, play, spend and associated risk factors.</p> <p>There is a lack of data on access to treatment compared to other addictions services. For example, the <a href="#">Public Health Dashboard</a> for England gives data by local authority on access to treatment for drugs, alcohol, but no equivalent data for gambling services.</p> <p>Significant gaps still exist on the evidence base for treatment. A review of 1080 studies by the <a href="#">National Institute of Health research (NIHR)</a> identified poor quality reporting on treatment studies, high attrition rates, lack of evidence of ongoing support and no studies of interventions to support relapse. Only 30 studies met the criteria for inclusion in the review.</p>

### Part 3: Recommendations

14. As the work to reduce harms expands and diversifies, oversight of all the activities to deliver the National Strategy cannot continue to be led by the Commission in the same way. It will have an ongoing role influencing and collaborating with other government agencies, local authorities and the third sector, but will turn towards investing a greater part of its resources in core regulatory activity.
15. We recommend that the Commission should continue to take a lead role in **prevention and education** work focusing on the gambling industry and collaborate with other government departments and regulators such as ASA, Committee of Advertising Practice, Financial Conduct Authority (FCA), Department for Education (DfE) and the OHID, Public Health Scotland and Public Health Wales. The Commission should also continue to collaborate with the third sector and Local Authorities on the wider prevention work that is necessary to keep consumers informed and safe.

16. The Commission’s new focus on enforcement and [data driven regulation](#) will lead to greater demands on operators to comply on safety standards and embed safer gambling practises into on-the-ground business cultures and new technologies. All of these actions will be set within the [UK Government’s move towards more agile regulatory regimes](#) where more power is delegated to regulatory bodies to achieve better outcomes for the public.
17. We recommend that by 2023 **treatment and support** activity should be overseen by other government departments – Department for Health and Social Care (DHSC), Office for Health Improvement and Disparities (OHID), NHS England, Population Health Directorate, Scottish Government, Public Health Scotland, Welsh Government, Public Health Wales, working in partnership with local authority and third sector organisations.
18. Funding for treatment, prevention and research should no longer rely on voluntary donations. ABSG previously recommended a [statutory levy](#) set at 1%. Regulatory Settlements have been a vital source of funding for activity linked to the National Strategy. Clarity on how funds will continue to be made available for innovation and evaluation is essential to sustained progress.

### Recommendations on regulation

19. We make the following recommendations in relation to the Commission’s responsibilities and remit, building on its own statement published in August 2021.
  - i. Increased regulatory action
  - ii. Improved consumer safety
  - iii. Expanded portfolio of regulatory research

Table 3: Recommendations – on regulation	
<b>Regulatory action</b>	<ul style="list-style-type: none"> <li>• Increase resources for enforcement and compliance in land-based and online environments and publish operator data regularly.</li> <li>• Create an independent single customer view as a means of improving risk assessment and customer intervention.</li> <li>• Introduce clear requirements for customer interaction and affordability checks to mandate earlier intervention and better controls. Establish ‘hard stops’ on episodes of binge gambling and other forms of unaffordable gambling activity</li> <li>• Accelerate progress towards greater transparency and set metrics for annual industry performance data on safer gambling practices</li> <li>• Place new licensing requirements on operators to provide <a href="#">clearer product information</a> – such as house edge, warning labels and volatility statements</li> <li>• Establish zero tolerance for gambling related suicide across the industry using industry wide data – similar approaches to <a href="#">‘never events’</a> as established in other regulatory environments such as <a href="#">health and safety</a>.</li> <li>• Explore use of performance based regulatory techniques (e.g. <a href="#">confusion audits</a>).</li> </ul>
<b>Consumer safety</b>	<ul style="list-style-type: none"> <li>• Create better signposting on systems of redress on the Commission website – and work towards establishment of an independent ombudsman Ensure regulatory responsibility is established by Government for novel online products which consumers experience as gambling but do not fall within the Commission’s remit.</li> <li>• Publish an annual report on complaints data <a href="#">showing breakdown by operator – best practice can be observed in the financial service industry.</a></li> </ul>

<b>Regulatory research</b>	<ul style="list-style-type: none"> <li>• A positive step can be seen in the commitment in the 2022/23 Business Plan for further research to inform the actions could be taken through regulation to reduce suicide risks.</li> <li>• Take leadership role in regulatory research by consulting on research priorities with a range of stakeholders and publishing a programme of research priorities</li> <li>• Continue to refine work on prevalence and participation/measurement of harms/risk matrix</li> <li>• Fund independent research on the structural characteristics of games and their relative risks, drawing on a wider range of research methodologies</li> <li>• Create a <a href="#">data repository</a> to improve transparency and facilitate independent research and create greater transparency on operator data to detect potentially harmful play – to establish best practice and thresholds for intervention</li> <li>• Enable more independent research and evaluation to establish what works in harm prevention – particularly operator led intervention and education and awareness campaigns, underpinned by the principles of <a href="#">Responsible Metrics</a></li> </ul>
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### Recommendations for an effective multi-partnership approach to prevention and treatment

20. We make the following recommendations in relation to other UK Government departments’ responsibilities for prevention, treatment and research priorities.

**Table 4: Recommendations to continue development of an effective multi-agency approach**

<p><b>Primary Prevention:</b> Our recommendations on upstream population level interventions that aim to keep people safe and reduce the risk experiencing harm:</p>
<ul style="list-style-type: none"> <li>• Increase local resources for land-based inspections and licensing regimes to help Local Authorities use the powers available to them. Provide local authority area prevalence data (prevalence of participation and prevalence of harm) aligned to existing local authority health profiles (<a href="#">OHID PHOF</a> and its equivalent in Wales and Scotland) so that Local Authorities understand the impacts among their communities, respond in targeted ways and monitor progress</li> <li>• Public health bodies to provide exemplar case studies to assist local authorities develop local advertising policies that restrict exposure – For example, <a href="#">the effectiveness</a> of <a href="#">Transport for London’s junk food advertising ban</a></li> <li>• At a national level, Government to address risks associated with sport sponsorship and social media promotions (including brand ambassadors, tipsters, role models)</li> <li>• Increase partnership work between Government Education and Justice Departments, National Union of Students, Office for Students, to develop and deliver independently evaluated prevention education at population level</li> <li>• Statutory agencies to commission <a href="#">campaigns to reduce risks from gambling which are clearly independent</a> from industry influence.</li> </ul>
<p><b>Secondary prevention:</b> Our recommendations on early identification of harm and provision of support and treatment to prevent further harm:</p>
<ul style="list-style-type: none"> <li>• Embed prevention of gambling-related suicides into NHS-led National Suicide Prevention Strategies for England, Scotland, Wales</li> <li>• Collaboration between financial institutions, banks and the FCA on work to reduce gambling harms – this should include improving customer support, better early warning metrics, earlier intervention, and establishing data sharing agreements on gambling spend patterns and mortality rates</li> <li>• The financial sector should implement ways to strengthen banking blocking tools - as identified by the <a href="#">Money and mental Health Policy Institute</a> – and set targets to help increase uptake</li> </ul>



- identify joint strategies for addressing harms arising from gambling like products and activities (for example synthetic shares, tokens and use of cryptocurrency, and collaborate on independent evaluations and research of these new products
- Expand and fund lived experience and peer support workers across statutory agencies.

**Treatment:** Our recommendations on effective treatment to reduce the impacts of harms:

- Build on the [PHE evidence review](#) to deliver government-led treatment strategies incorporating evidence-based treatment protocols for addressing gambling harms for individuals and their families, incorporating agreed pathways into treatment and support and integrated IT and case management systems between services - [as established for other addiction services](#).
- Expand points of access to treatment that are multi-disciplinary and have agreed outcome measures. Many of those who experience harms have multiple challenges and their care, and the care for their families, needs to address all of these. [Integrated Care Systems \(ICS\)](#) and [Provider Collaboratives](#) (England), Integrated Health and Care Boards in Scotland and Public Services Boards in Wales provide an opportunity for integrating gambling treatment and support into statutory service provision, [as has been achieved in relation to other conditions such as eating disorders](#).
- Treatment and support should be available at different levels, driven by complexity of need, via NHS treatment services such as [Improving Access to Psychological Therapies \(IAPT\)](#), to specialist gambling services such as the Primary Care Gambling Service, to NHS-led gambling clinics working in collaboration with third sector organisations.
- Increase investment for education and awareness raising of gambling harms amongst health and care professionals
- Establish [CQC](#) (England) and the Healthcare Inspectorates in Scotland and Wales as the lead agencies on quality assurance of all treatment providers - with ratings published annually in the public domain. Quality assurance should include minimum mandatory standards on staff training and accreditation including safeguarding.

**Research:** Our recommendations on wider research priorities:

- UK Research Councils, with support from the Gambling Commission, to progress research on measurement on all aspects of gambling-related harms – with a priority focus on gambling-related suicides. The inclusion of gambling in the [National Study of Health and Wellbeing](#) is a positive first step
- Coroners and Procurator Fiscals to undertake qualitative research on narrative reviews to identify gambling related suicides, and mandate recording of gambling related suicides in coroners' guidance
- [UK Research Councils](#) to commission independent and registered treatment research including randomised controlled trails, longitudinal and other qualitative research with involvement of people with lived experience in the design and delivery of these projects.

**Funding:** Our recommendations on funding arrangements required to increase progress and impact:

- Move to a more appropriate, independent and sustainable approach to funding prevention and treatment, and reach agreement on how regulatory settlement funds will be used to maintain the momentum created by the National Strategy
- End the reliance on voluntary donations as the main form of funding for prevention and treatment activity. The current voluntary funding model means that [funding is ad-hoc, under-resourced and lacks independence](#). The Gambling Commission should recommend that the system of voluntary contributions is brought to an end.