Progress Report on the National Strategy to Reduce Gambling Harms – Year 2

Executive Summary

- Two years have passed since the Gambling Commission launched its ambitious strategy for reducing gambling harms across Great Britain. The Strategy called for a **change in mindset about the risks associated with gambling** and a **collective effort from a wide range of stakeholders to address harms**. Despite the on-going impact of the Covid-19 pandemic there has been some progress in both of these goals. National strategic co-ordination has begun in Scotland and Wales, but partners in England have been slow to achieve the same engagement.
- **Involvement of people with lived experience** of gambling harms in the delivery of the Strategy has increased and this needs to continue.
- The Gambling Commission has **strengthened its regulatory interventions** on game design and age limits. We look forward to progress on the priority areas of **affordability**, **customer interaction** and the **single customer view.**
- The number of financial institutions offering blocking tools and support when requested by customers has increased. There is scope for such help to be more widely available and we would like to see **financial institutions become more proactive in preventing harms.**
- There has been very little progress on addressing **gambling related suicide**. Failure to make progress must be urgently addressed.
- We have seen limited gains on **agreeing metrics** for measuring progress and impact of the National Strategy. Stakeholders must avoid allowing the complexity of establishing causality in gambling harms to get in the way of work to gather data.
- There continues to be a pressing need for **improved pathways to treatment** and a stronger model of partnership work between the NHS and third sector providers.
- Progress on **independent funding for research** has been slow. Engagement with research councils to agree a way forward is essential.
- ABSG continue to urge progress on a **statutory levy**. The voluntary system is not delivering the volume, predictability or independence of funding required to make essential improvements in research, education and treatment.
- Within the context of Covid-19 recovery and reform of system-wide approaches, the Gambling Act Review provides a critical opportunity to ensure adequate resourcing, mandate greater **emphasis on prevention** and significantly reduce gambling harms.

Recommendations

1. The Advisory Board for Safer Gambling (ABSG) reviews and reports on the progress of the National Strategy to Reduce Gambling Harms. The purpose of this Report is to identify strengths and weaknesses, and to make recommendations to support the future delivery of the National Strategy.

2. The table below summarises ABSG's main recommendations – these are grouped into recommendations relevant to delivery arrangements, prevention and treatment.

3. Key partners in the National Strategy are identified for each recommendation. As an Advisory Board to the Gambling Commission. ABSG's role is to provide an independent assessment of where activity should be focused if the National Strategy is to make effective progress in reducing gambling harms, rather than to task external organisations with actions.

Key Recommendations – Delivery	**Key Partner in the National Strategy**
1) Begin work now on the design of the next phase of the National Strategy for Reducing Harms, with agreed measures of success, clearer accountability and defined deliverables.	Gambling Commission, Strategic Implementation Groups in England, Scotland and Wales.
2) Continue to promote co-production with people with lived experience, within the Commission and across prevention, treatment and research initiatives, and embed evaluation in all of these.	All partners in the National Strategy – particularly the Gambling Commission and bodies involved in strategic leadership of the Strategy.
3) Make faster progress on establishing structures and responsibilities for implementation in England through regional as well as national forums, learning from the progress made in Scotland and Wales and using local public health post-pandemic recovery strategies. An Addictions Strategy for England has been proposed but has not been forthcoming and is urgently needed.	UK Government – led by DCMS and DHSC, local authorities, third sector organisations.
4) Following the publication of the PHE Evidence Review, the Commission could co-host a roundtable for stakeholders in Scotland, England and Wales to share learning on 'policy into action'. Government leads in each nation could create task and finish groups to agree metrics, working collaboratively to achieve comparable outcomes.	Gambling Commission, Government departments in England, Wales and Scotland.

5)	As ABSG recommended last year, there is a need to accelerate progress to establish independent funding for research, led by the Research Councils, but with access to funds for smaller scale rapid response projects. This programme should include a new prevalence survey and longitudinal study.	Research Councils UK and other health and public health research funders. Gambling Commission.
6)	Accelerate progress on a statutory levy for research, education and treatment in order to create independence, enhance accountability, and ensure transparency.	UK Government – led by DCMS.
Key Recommendations - Prevention and Education		**Key Partner in the National Strategy**
7)	Embed the risk of suicide associated with gambling in national suicide prevention strategies and national reporting systems in England, Scotland and Wales alongside investment in continued efforts to raise awareness of the issue.	UK Government – led by DHSC, Scottish Government and Welsh Government.
8)	Build on progress by advancing the preventive regulatory work on affordability, improving customer interaction and achieving the single customer view. There needs to be greater data sharing and collaboration between the financial sector, the Commission and operators to identify and take action when customers are at risk.	Gambling Commission, Gambling Industry, FCA, Financial sector.
9)	Include gambling metrics in national and local public health measurement such as the Public Health Outcomes Framework (PHOF). We encourage the Commission to use its influence with other government agencies to address this as a priority.	DHSC, local authorities – supported by Gambling Commission.
10)	Agree metrics for understanding what works and why for both universal and targeted interventions and drive better coordination across projects in the same area. The gambling industry should be more transparent about how it measures the effectiveness of its safer gambling messaging and other activity to protect its customers.	Gambling Commission, third sector organisations, gambling industry.

Key Recommendations – Treatment and Support	Key Partner in the National Strategy
11) A well-functioning, fully integrated treatment system is essential for the effective delivery of the Gambling Commission's licensing objectives. The Commission should continue to use its influence to highlight gaps in the treatment system and bring about further progress in this area of the National Strategy.	Gambling Commission, DHSC and NHS in England, Scotland and Wales and third sector organisations.
12) Continue to prioritise the development of a whole-systems approach, building on existing pilots in Greater Manchester, Leeds, Glasgow and London.	DHSC and NHS England, Scotland and Wales and local authorities.
13) Complete the work to achieve clearly defined and agreed care and treatment pathways. Agreement between all stakeholders of referral pathways and thresholds for each point along the treatment/referral pathway, based on standardised assessments measures and triage procedures.	NHS in England, Scotland and Wales, local authorities and third sector organisations.
14) Accelerate progress on mandating independent quality assurance in England, Scotland and Wales for all treatment providers, alongside agreed metrics for measuring outcomes.	DHSC and NHS England, Scotland and Wales – with support from CQC and Healthcare Improvement Scotland and Healthcare Inspectorate Wales.
15) Although the Gambling Act Review does not specifically cover prevention or treatment within its scope, wider consideration must be given to the cross-government approach needed to reduce gambling harms – particularly where links between NHS, local authority and third sector organisations can be strengthened.	DHSC and Scottish and Welsh Government.
16) Prioritise research on the reasons behind recurrence and the provision of follow-up support, and the use of big data from operators and the financial sector to improve understanding of products, play, spend and associated risk factors.	DHSC and Research Councils UK and other health and public health research funders.

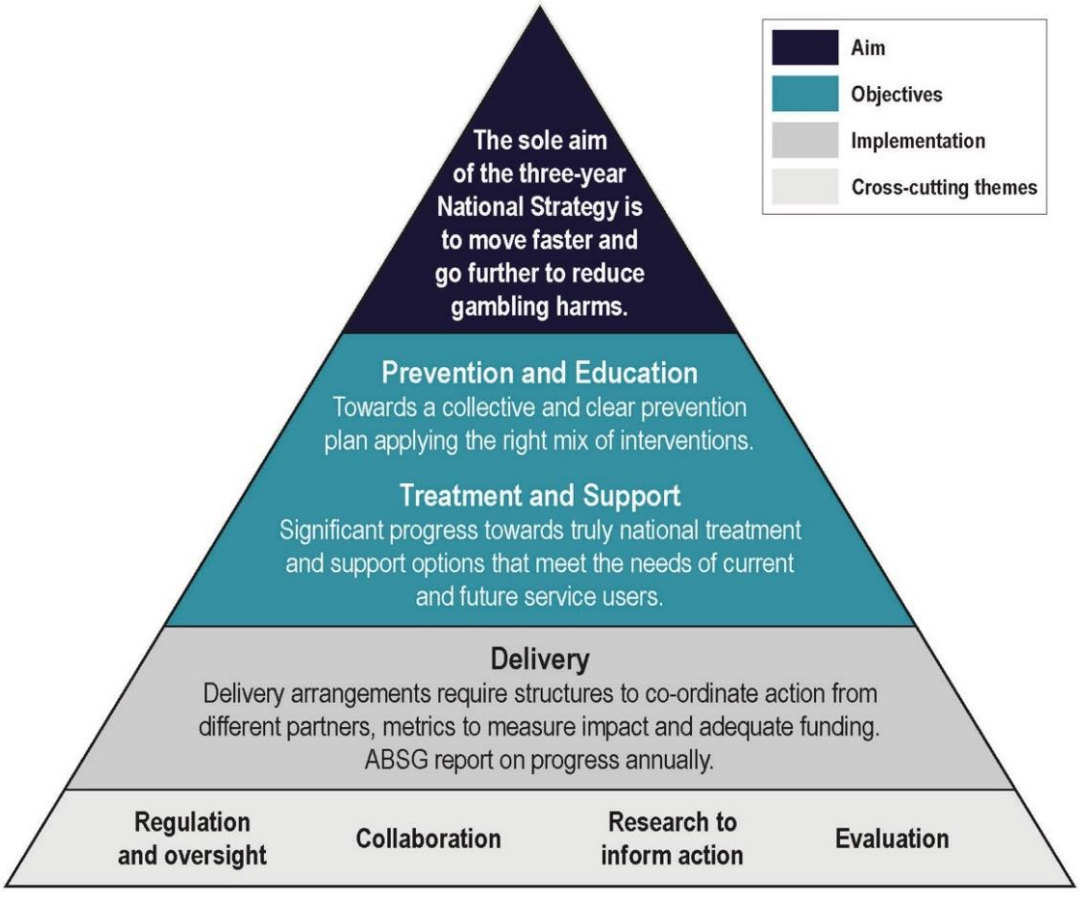
Section 1: Introduction

4. The National Strategy called for a 'whole system' public health approach to reducing gambling harms through its two strategic priorities of prevention and education, treatment and support (see Figure 1). ABSG is responsible for reporting annually on the progress of the National Strategy to Reduce Gambling Harms. This is the Board's Report on the second year of the Strategy. It provides an important opportunity to:

   - Recognise successes and build on strengths,
   - Identify weaknesses and areas where progress has been slow, and consider ways to improve progress,
   - Make recommendations to maximise the impact of the Strategy over the next year.

5. The Report should be read alongside the Gambling Commission's Implementation Update and Action Map on the National Strategy micro-site.[1] The purpose of this Report is to provide a high-level narrative of strengths, weaknesses and opportunities in the National Strategy, rather than to comment on 200 projects on the micro-site.

Figure 1 Overview of the National Strategy to Reduce Gambling Harms – aims, objectives and cross-cutting themes.



[1] National Strategy to Reduce Gambling Harms – Micro-site, Implementation update and Action Map

6. When it was launched two years ago, the National Strategy created an opportunity to bring together expertise from a wide range of organisations across Great Britain with a role to play in reducing gambling harms. This report, therefore, is relevant to an equally wide audience, including the Gambling Commission, other regulators, local and national Government, the gambling industry, other related industries – such as financial services, as well as the NHS, local authorities, police and community justice bodies, treatment providers and third sector organisations with a focus on addressing gambling harms. All of these have responsibility for addressing gambling harms.

7. To develop the Report, evidence has been gathered from partners in the National Strategy. The Gambling Commission's Implementation Update and Action Map was also used as a source of information on activities delivered as part of the National Strategy. We welcome the improvements the Commission has made this year to the usability of this resource. It provides a more accessible register of the wide range of activity in support of the National Strategy.

Background

8. Two parliamentary reports on gambling harm were published in 2020.[2] These reports called for action to protect consumers from harm, strengthen enforcement, improve use of data and address funding for research education and training. As highlighted in this report, the Commission has been working alongside other partners to address the recommendations in these reports.

9. The first ABSG Progress Report was published in June 2020 – when the impact of Covid-19 was at an early stage. At the time of writing, lockdown measures are in the process of easing, and the impact of Covid-19 is still emerging. In addition to the huge loss of life, damage to economies and pressure on health and care services,[3] the pandemic has highlighted and exacerbated existing health, socio-economic, gender and race inequalities[4]. Disproportionate infection and death rates amongst Black, Asian and other minority ethnic groups[5], a rise in domestic violence[6] diminished mental health and wellbeing across the population[7], and rising household debt[8,9] have all been negative consequences.[10] Now more than ever there are tangible signs of the 'fraying of the social safety net'[11] which allows communities to support those most in need - unemployment, social isolation, stress amongst them.[12] These could all feature on the gambling harm pathway, either as triggers or as impacts.[13]

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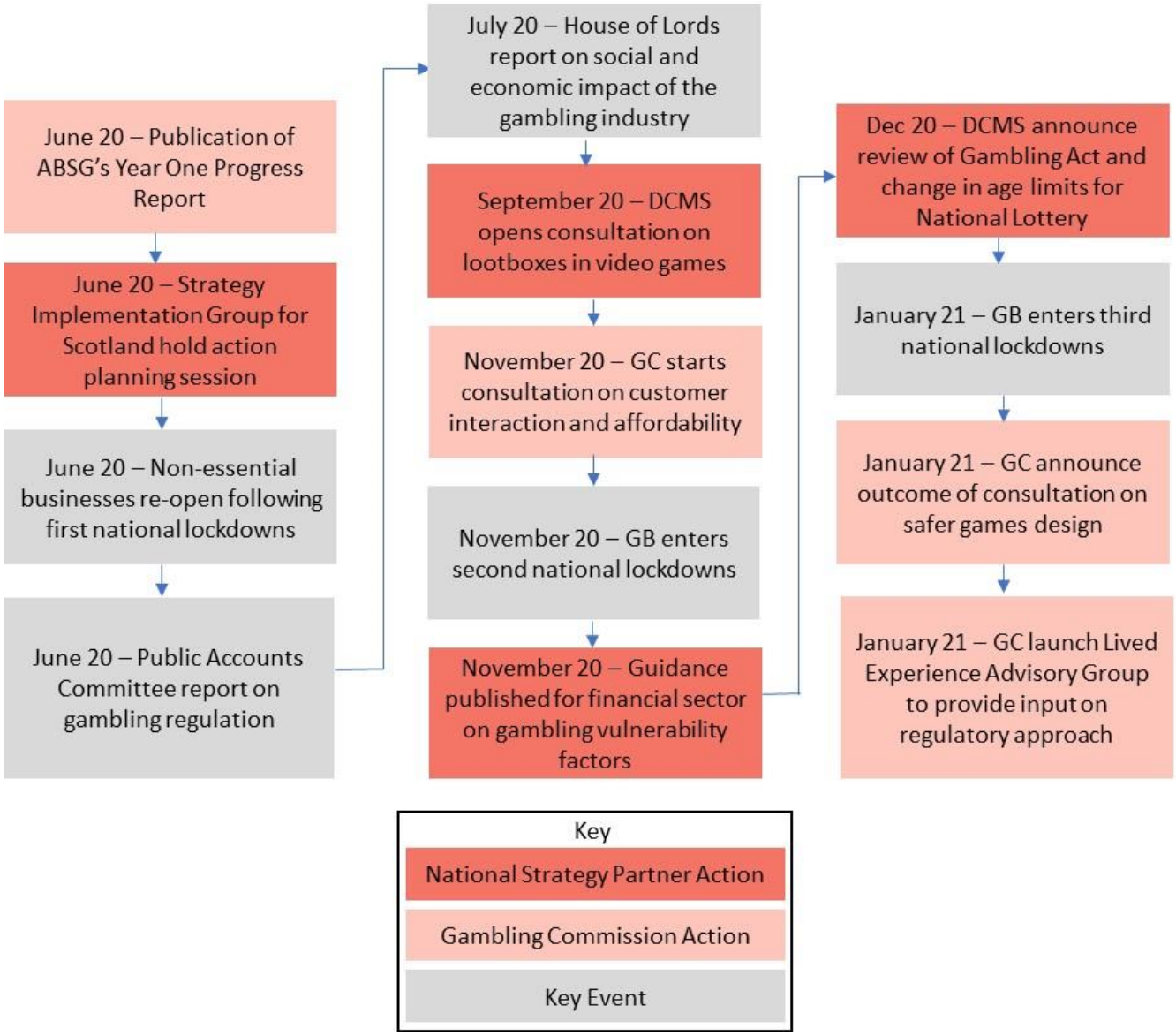
[2] These were: Report from the Public Accounts Committee (June 2020), House of Lords (July 2020)
[3] Covid-19 one year on: how can the health and care system recover? Kings Fund, March 2021
[4] Build Back Fairer: The Covid-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England , Marmot et al, Institute of Health Equity, 2020
[5] COVID-19: review of disparities in risks and outcomes, Public Health England, 2 June 2020
[6] Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020, Office of National Statistics, 25 November 2020
[7] COVID-19: mental health and wellbeing surveillance report, Public Health England, September 2020
[8] Near the cliff-edge: how to protect households facing debt during COVID-19, Citizens Advice, May 2020
[9] Client Report 2021, Christians Against Poverty, April 2021
[10] Covid-19 Client data report, Step Change, December 2020
[11] Covid-19 shows fraying U.S. safety net, Berkeley scholars say, Berkley News, July 2020
[12] Redefining vulnerability in the era of Covid-19, The Lancet, April 2020
[13] Mitigating the wider health effects of covid-19 pandemic response, Douglas et al, BMJ, April 2020

Figure 2 – Year 2 Key Event Timeline



Impact of Covid-19 on partnership working.

10. ABSG recognises the strain placed on organisations involved in delivering the National Strategy – particularly those responsible for healthcare and social care, and public health where resources have been re-directed to fighting the effects of the pandemic.

11. Covid-19 has made organisations more aware of the possibilities to deliver services remotely. In some circumstances, services have been expanded using online delivery, and local expertise has been accessible nationally.

12. It is important to ensure that actions to prevent gambling harms are included in the recovery strategies now being put in place as we move out of the third national lockdown. Covid-19 has increased national awareness of health

inequalities and the need for a public health response; therefore, it is essential that the role of gambling harms is considered in plans to address these.[14]

Trends in gambling

13. The Gambling Commission's monitoring of trends in gambling behaviour over the past year has revealed:[15]

- The closure of land-based premises during the pandemic, resulting in a reduction in overall participation rates across the gambling industry, from 47% to 40%.[16]

- The growth of online gambling activity – particularly online betting - with significant spikes coinciding with the return of top-flight football in June 2020 and the traditionally busy month of December.[17]

- Evidence of trends associated with a greater risk of harm for some consumers. There has been a significant increase in sessions lasting over one hour for online slots,[18] and overall increases in gambling amongst those who were already most engaged (i.e., those who take part in three or more forms of gambling).[19] Just under a third of active male and female gamblers increased their frequency of gambling on at least one form of gambling activity, and women shielding for health reasons were more likely to experience gambling harms.[20]

- A drop in the prevalence of moderate risk gamblers from 1.5% in March 2020 to 0.6% in 2021.[21] Low risk gamblers also reduced from 2.7% to 1.9% over the same period. Although any reduction in these figures is to be welcomed, ABSG urges a high level of caution in how these figures are interpreted. It is widely recognised that problem gambling rates are not the same as measuring gambling harms – they do not reflect others affected by an individual's gambling nor do they capture the societal cost of harms. Problem gambling rates also fail to inform us about the nature of harms experienced.[22] This is an area where further research and data collection is required[23] – as referenced later in this report.

[14] (Pages 5-14) Recover, restore, renew – Chief Medical Officer for Scotland, Annual Report 2020-21. NHS Scotland, March 2021
[15] Covid-19 research, Gambling Commission – resource providing full online library of Gambling Commission monitoring and trends data over full period of the pandemic.
[16] Gambling behaviour in 2021: Findings from the quarterly telephone survey - Gambling Commission, March 2021
[17] (Table 4) Gambling business data on gambling activity during Covid-19, Gambling Commission, March 2021
[18] (Table 3) Gambling business data on gambling activity during Covid-19, Gambling Commission, March 2021
[19] Market overview for November 2020 - consumer research, Gambling Commission (accessed April 2021)
[20] The impact of the initial Covid-19 lockdown upon regular sports bettor in Britain: findings from a cross-sectional online study, Wardle et al, Science Direct, July 2021
[21] Gambling behaviour in 2021: Findings from the quarterly telephone survey, Gambling Commission, March 2021. NB – This survey also found a non-statistically significant change in the problem gambling rate from 0.6% to 0.4%
[22] The Responsible Gambling Strategy Board's advice on the National Strategy to Reduce Gambling Harms 2019-2022, RGSB, February 2019
[23] Defining, measuring and monitoring gambling-related harms, National Strategy to Reduce Gambling Harms, Gambling Commission, April 2019

Gambling Act Review

14. Another key milestone during the year has been the launch of the Gambling Act Review in December 2020.[24] This is a key opportunity to consider how changes to legislation and regulatory powers and resources can help in reducing gambling harms. The scope of the review is wide, meaning this is a significant opportunity to make changes which place greater emphasis on prevention and significantly reduce gambling harms. Addressing the gaps in prevention, education and treatment provision should not be overlooked. We also note that the process of updating legislation is lengthy, and so the momentum to strengthen regulatory protections in parallel with the review must continue.

Online harms

15. The Online Harms Bill designed to strengthen protection is currently under Parliamentary scrutiny. ABSG's advice called for the inclusion of gambling harms in this work.[25] The Government has also held a call for evidence in relation to lootboxes, generating an unprecedented response rate. ABSG provided its advice to the Commission on this topic in February 2021. We note that whilst not captured as a gambling product, consumers – including children – nonetheless experience these as gambling.[26]

16. The call for evidence creates an opportunity for the Government to consider how best to address the risks associated with these products within the wider debate about reducing harms from online activity.

[24] Review of the Gambling Act 2005 Terms of Reference and Call for Evidence, DCMS, December 2020
[25] Reducing online harms, ABSG, July 2019
[26] Skins in the game, Royal Society for Public Health, December 2019

Section 2: Delivery and Governance

17. This section focuses on the progress made to establish strong delivery mechanisms, including governance, leadership, evidence and funding. These aspects are essential to making effective progress and creating sustainable changes.

Summary of findings – Delivery	
Strengths	**Weaknesses**
• Increased involvement and co-production with people with lived experience of gambling harms • Gambling Commission re-design of statistical outputs • Greater focus on evaluation – both of the impact of new regulatory policy and of pilot projects funded to support delivery of the National Strategy. • Strategy Implementation Groups for Scotland and Wales established • Increased activity at place-based level in England • Gambling Commission commitment to identify metrics to measure its own performance and impact.	• Limited progress on national co-ordination in England • Limited progress on agreed metrics on the Strategy • No progress on data repository • Delayed publication of PHE Evidence Review • Slow progress on timetable for NICE guideline development • The roadmap for research funding remains unclear • No progress on aligning with established research funders to improve transparency and robustness.

Progress involving people with lived experience of gambling harms.

18. Organisations led by people with lived experience have continued to gain profile and to influence public opinion about gambling harms[27] [28] [29]. A collective submission by people with lived experience to the call for evidence Gambling Act Review (#WeAreTheEvidenceToo)[30] provides an example of the depth and breadth of expertise within the community, and its positive impact on progress to

[27] Gambling with Lives aims to support families who have been bereaved by gambling related suicides (accessed 13 April 2021)
[28] GamLEARN supports those who have experienced gambling-related harm and provides opportunities for them to build a better future (accessed 13 April 2021)
[29] GamFam offers support for families of disordered gamblers (accessed 13 April 2021)
[30] We Are the Evidence Too: The views and experience of people with lived experience of gambling harms – a response to the DCMS Gambling Act review, GamFam and GamLEARN, accessed 13 April 2021.

reduce gambling harms. The growing number of initiatives led by people with lived experience is a welcome and long overdue addition to the field.[31]

19. The Gambling Commission moved quickly on ABSG's recommendation to involve people with lived experience in the delivery of the National Strategy. It appointed a Lived Experience Advisory Panel, which is made up of twelve individuals with personal experience of gambling harms – either resulting from their own gambling or someone close to them (See Case Study 1).[32]

Case study 1: Lived Experience Advisory Panel

The Lived Experience Advisory Panel (LEAP) was launched by the Gambling Commission in January 2021. The terms of reference for this group were co-designed with an Interim Experts by Experience Group, who worked with the Gambling Commission from May to December 2020. The creation of this group represents a strong commitment to partnership work with people with lived experience and has led to sustainable arrangements to inform the Gambling Commission's work.

LEAP will provide input to a range of policy and organisation development projects – giving those with lived experience a new voice within the work of the regulator. The group is providing input to the Gambling Commission's work on the Gambling Act Review.

This initiative recognises that working with people with lived experience should not just be about listening to their stories but working together on addressing harms informed by their unique insights. This is an important addition to the evidence base for policy development, which is informed by a wide range of consumer experiences. Further inputs from consumers are obtained via surveys and other research, as well as outreach to key communities of interest in partnership with other organisations involved in the delivery of the National Strategy.

20. Partners in the National Strategy have been taking steps to include the voice of lived experience in their work. For example, the Health and Social Care Alliance Scotland was the first to recruit a group which is informing the work of the Strategy Implementation Group for Scotland. The Alliance has also created a PhD studentship with the University of Glasgow to explore the role of individuals with lived experience of gambling harms in the development of policy and research.[33]

21. GambleAware have also increased their investment in working with people with lived experience. They have established a panel of people of have completed their treatment programme through GambleAware-funded services called ALERTS.[34] In addition, they have awarded a contract to Expert Link to develop

[31] Business Plan 2020-21, Gambling Commission
[32] Gambling Commission appoints Lived Experience Advisory Panel to advance work in player safety, Gambling Commission, February 2021
[33] Alliance Scotland PhD Scholarship - Exploring the role of individuals with lived experience of gambling harms in policy and research, University of Glasgow (accessed 14 April 2021)
[34] GambleAware promotes the voice of people who have lived experience of gambling harms, GambleAware, February 2021

and support the creation of a network of people with experience of gambling harm.

Mixed picture of national strategic co-ordination of implementation

22. ABSG's first Progress Report proposed that efforts to establish structures and responsibilities for implementation of the National Strategy in the three nations would be critical to its success. Case Study 2 gives an outline of the work in Scotland, which is becoming increasingly integrated into the wider whole systems response to the Covid pandemic.[35] A similar picture is emerging in Wales, where the Welsh Government Group on gambling related harms has taken a place-based approach, taking into account the different needs of urban and rural communities in its work on raising awareness and providing treatment and support, using Welsh language materials and bringing together key partners at a symposium. Incorporating gambling harms into the Adverse Childhood Experience (ACE) model[36] in Wales provides a framework for a coherent response and progress has been made through inter-agency work.

Case study 2: Strategic Implementation Group for Scotland

The Strategic Implementation Group for Scotland (SIGS) brings together the Scottish Government, Public Health Scotland (PHS), COSLA (local authorities in Scotland), the Police, the third sector and people with lived experience. Four meetings of the group have been held to date.

The SIGS's aim is to adopt a whole system approach to take forward implementation of the National Strategy. The group is also building relationships and connections across policy, practice and people in sparking commitment for change movements around common goals.

One of the SIGS's first actions was to hold a 'Three Horizons' session to develop an Action Map. The workshop approach helped add another layer of evidence to inform priority actions to reduce gambling harms over the short, medium and longer term.

The SIGS also held a Roundtable Discussion, organised by Scottish Public Health Network, (ScotPHN) to look at measurement and metrics. This brought together practitioners and academics in the field of gambling harms in the UK. The roundtable explored the potential for national and local metrics to inform whole system surveillance of gambling harms and to inform future interventions. Specific development areas around new measurement approaches and the development of public health surveillance for Scotland were proposed for SIGS action. These were accepted by the SIGS in January 2021. The Groups also agreed that a virtual feasibility exercise be undertaken, led by ScotPHN with Public Health Scotland and Glasgow Centre for Public Health participation, to explore what was possible now.

23. In England, progress has been slower. There is no equivalent Strategy Implementation Group. DHSC convened a meeting of some key stakeholders in

[35] Recover, Restore, Renew: Chief Medical Officer for Scotland Annual Report 2020-21, NHS Scotland (accessed 14 April 2021)
[36] Responding to Adverse Childhood Experiences, Public Health Wales, Bangor University, 2019

January 2021. These stakeholders are proposing to use this as a forum to increase momentum for wider engagement by public sector bodies and to improve co-ordination across services. Whilst leadership by DHSC is welcome, local authorities in England are addressing the gap too, for example, by learning from the public health approaches developed in Greater Manchester,[37] the West Midlands,[38] and the Yorkshire and Humber Region.[39] These routes could lead to large-scale coverage in England, which would mean other regions in England could then follow. The Royal Society for Public Heath is also playing a convening role through its Gambling Heath Alliance.[40]

24. There are examples of new approaches to building the required infrastructure in England. The Primary Care Gambling Service[41] shows promise in creating intermediate care services, raising awareness amongst NHS health practitioners and embedding gambling into the NHS systems for signposting and onward referral via primary care networks.

Metrics for measuring harm

25. One of the key recommendations in ABSG's first Progress Report was that the Commission should consider establishing a safer gambling league table and key baseline metrics from which to set targets and measure progress. During 2020, the Commission held a series of workshops to develop proposals on metrics. Three strands of work on data and metrics have emerged. Figure 3 outlines these strands of work:

Figure 3: Three strands of work on data and metrics

26. The outcome of this work is yet to be determined, but metrics to measure the performance of the Commission are due over the coming months as a response to the review of gambling regulation from the Public Accounts Committee. The Commission is also working on creating greater transparency about the actions being taken by the operators to make gambling safe for consumers and to prevent harm. Some of this work has influenced the emergence of new consultations, for example on customer interaction and affordability checks.[42] ABSG look forward to reporting on outcomes in its third Report in 2022.

27. Progress on the metrics to measure the impact of the strategy itself has been slow and is unlikely to be finalised for the third year of the Strategy. Collecting

[37] Gambling Commission welcomes new local public health approach to reduce gambling harm in North West, Gambling Commission, January 2021
[38] Destinations of regulatory settlements, Gambling Commission – Birmingham City Council/Aston University project
[39] Feature Article – Yorkshire and Humber's Public Health Framework for gambling related harm reduction, Gambling Commission, 2019
[40] Gambling Heath Alliance – Royal Society for Public Health - website
[41] Primary Care Gambling Service
[42] Have your say on tougher rules for identifying and tackling gambling harm – including customer affordability, Gambling Commission, November 2020

data on gambling harms is challenging. Recent years have seen the publication of two scoping reports that have illustrated the type of data required[43] and how it could be obtained.[44] Action and resources are now required to put the recommendations of these reports into action. The first ABSG Progress Report identified key areas where collection of data should be prioritised (See Annex 1).[45] A summary of these is set out in Table 1 below. As baselines are established, it will be important for this to be done in a way that allows identification of differences by age, ethnicity, geography and other social-economic factors.

Table 1: Recommended priority gambling harms
Gambling related suicides
Gambling-related debt
Gambling-related homelessness
Gambling-related loss of employment
Gambling-related domestic violence
Gambling-related crimes
Gambling-related impact on mental health

28. One promising area of development in relation to metrics to measure the impact of the National Strategy, has taken place in Scotland. The Scottish Public Health Network convened a round table for members of the Strategic Implementation Group and its wider partners (see Case Study 2 above). They looked at measurement and metrics with input from experts in the field of gambling harms in the UK. GambleAware is in the process of establishing a data sharing agreement with Public Health Scotland to facilitate transfer of Data Reporting Framework data to support on this work.

Evaluation of policy.

29. The need to evaluate in order to understand what works is a long-standing priority. Whilst there has been ad hoc activity previously, a more systematic approach is starting to emerge.

30. The Commission is embedding evaluation into its implementation plans for policy changes. At the time of writing, a procurement process is being carried out to appoint an independent evaluator for the new LCCP requirement on use of credit cards.[46] The evaluation should tell us more than just how people's behaviour has changed in response to this measure – but also explore the impact on reducing

[43] Measuring gambling-related harms – a framework for action, Wardle et al, Gambling Commission, RGSB, GambleAware, July 2017
[44] Measuring gambling-related harms – methodologies and data scoping report, McDaid et al, London School of Economics, October 2019
[45] Annex 1 provides a summary of the ways that data could be collected and key partners who could support this work.
[46] Evaluation of the Credit Card Ban for Gambling in Great Britain, GREO (accessed 13 April 2021)

harms. This is a positive step, but, ideally, an evaluation would have been established from the start of the new requirement in April 2020.

31. There are other encouraging signs of progress. Plans to evaluate the changes to safer game design are being developed before this LCCP change is implemented in October 2021. The case study below provides more detail. A specific team within the Gambling Commission now has responsibility for establishing evaluation plans accompanying new policies. This means that all new policies will have a clearly expressed understanding of the intended changes, and a plan in place to collect the relevant data to measure this. Understanding what works is critical to longer-term success in reducing harms, and we remain concerned about the Commission's capacity and resources to regulate a large and fast changing industry. The Gambling Act Review is an important opportunity for the Government to ensure the regulator is sufficiently resourced to expand the quantity and quality of this work.

Case study 3: Evaluation of Safer Games Design

The Gambling Commission developed a 'theory of change' model for this policy change – so it was clear what impact it was trying to achieve and how this would be measured.[47] The changes come into place in October 2021. Data is being gathered to monitor its impact. This will draw on consumer research, operational data, and compliance assessments.

In the short term, the following metrics will be used to understand impact:

- The number and proportion of sessions which last more than 60 minutes,
- The number and proportion of sessions which result in a sizeable loss to the player,
- Changes in staking patterns.

In the longer term the Gambling Commission will assess changes to the proportion of online slots players considered as problem gamblers or in the moderate-risk category on the PGSI scale.

32. As shown in Case Study 4, it is also encouraging that evaluation plans are being embedded into Regulatory Settlement projects from their outset.[48] GREO are also assisting many aspects of this through the creation of an Evaluation Hub to build the infrastructure needed to support evaluation activity in relation to the National Strategy. This is helping smaller projects deliver their evaluations and report on impact.

[47] Online games design and reverse withdrawals, evaluation of changes to slots games, Gambling Commission, February 2021
[48] Destinations of regulatory settlements to be applied for socially responsible purposes, Gambling Commission (accessed 13 April 2021)

Case study 4: Evaluations of Regulatory Settlement projects

An increasing number of regulatory settlement projects[49] are having evaluations built in from their initiation. This means that applicants for these funds are being asked to explain how their impact will be evaluated. Plans to collect this data and report on outcomes achieved become an integral part of delivery.

An example of this is TalkBanStop - a partnership between GamCare, GamBan and GamStop.[50] It provides a service that combines support and advice with practical tools to help people stop their gambling – extending access to blocking software free of charge and helping self-excluders obtain the wider support they require. An evaluation plan, including a statement of intended outcomes, was built into the funding bid, and quotes from potential evaluation partners were obtained before the bid was submitted.

Beacon Counselling and ARA are delivering a regulatory settlement project in Preston and Bristol. This is targeting the South East Asian Muslim community to improve awareness of gambling harms and referral pathways available to this community. The project is running for two years and an evaluation partner was incorporated into its bid for funding. The project is working with GREO to evaluate its impact. The project intends to measure changes in awareness of gambling harms in the communities being targeted, as well as behaviour change, in terms of the impact on referrals and numbers seeking support.

Funding

33. This year has seen continuing uncertainty over the distribution of voluntary contributions. In June 2020, the BGC announced that £100 million of industry funding would be invested in GambleAware over the coming four years.[51] GambleAware's latest accounts shows that funding for 2020/21 was £19 million.[52] Although this is an increase of £9 million on previous years, the timing and volume of future donations remains uncertain, creating limitations for those dependent upon voluntary contributions to deliver prevention and treatment services.

34. These funds were originally pledged to Lord Chadlington's charity in June 2019.[53] There was no public rationale for this change, but it did prompt a response from many British-based academics who drew further attention to the weakness of a system funded by voluntary contributions.[54]

35. The uncertainty arising from such changes make long-term planning difficult and impedes involvement of well-established research funding and quality assurance infrastructure to improve our understanding of gambling harms. Early

[49] Destinations of regulatory settlements, Gambling Commission
[50] TalkBanStop - GamCare
[51] Largest BGC members pledge £100million for treatment services, Betting and Gaming Council, June 2020
[52] GambleAware publishes donations for 2020-21, GambleAware, April 2021. £15.4 million of this comes from the largest four donors – Entain, William Hill, Flutter and Bet365. This suggests a high reliance on a small number of organisations and that voluntary donations from the remainder of the industry significantly lag behind these larger donors.
[53] UK gambling firms offer to boost levy branded a bribe, The Guardian, June 2019
[54] 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, Wardle et al, British Medical Journal 2020:370, July 2020

engagement with RCUK and NIHR funders was positive but seems to have not progressed beyond initial exploratory conversations.

36. In July 2020 the House of Lords Committee published its report, advocating an immediate change to funding arrangements.[55] Section 123 of the Gambling Act 2005 allows the Secretary of State to make these changes which are permitted but have never been enacted.

37. In December 2020, ABSG published its advice to the Commission summarising the evidence and outlining the reasons for supporting a statutory system of funding for treatment, education and research.[56] We continue to have concerns that the Strategy will not achieve its aims without sustained, independent funding for all these.

Research

38. ABSG's advice on the statutory levy recommended that research into gambling should be funded independently of industry. In October 2019, GambleAware gave evidence to the Lords Committee, signalling their intention to withdraw from commissioning research which lay beyond independent evaluations of its work in the delivery of education treatment services. GambleAware's Strategy for 2021-26 clarifies this, and signals the intentions to move away from directly collecting and managing datasets, including the Annual Treatment Statistics and the Annual Treatment and Support Survey.[57] In the absence of specific recommendations from PHE and NICE, this has left a vacuum, as yet unfilled by the Research Councils. The Gambling Act Review may well create an opportunity to ensure that there are also funds available to assist with regulatory changes.

39. Proposals for a data repository have not progressed. This is a missed opportunity, particularly with the rise in online gambling activity which lends itself to greater scrutiny using predictive analytics where access to large anonymised datasets is possible. Recent research using big data from banking as well as large data sets from operators[58] has provided a window into research that could be generated from an anonymised data repository.

40. ABSG welcomes the Commission's recent work to re-design its statistical outputs and industry data for maximum effect. There is some way to progress before data warehousing for research purposes becomes viable, but there is a broad consensus that such a repository is essential to progress in identifying interventions to address harm. Agreeing specific areas of responsibility, timelines and outcomes is essential to achieving the results that are needed.

[55] Social and economic impact of the gambling industry, House of Lords, July 2020
[56] Advice to the Gambling Commission on a statutory levy, ABSG, December 2020
[57] GambleAware Organisational Strategy, 2021-26
[58] Exploring online patterns of play: Interim Report, D.Forrest and I.McHale, NatCen/University of Liverpool/GambleAware, March 2021

Section 3 - Prevention and Education

41. This section reviews progress in relation to the strategic objective of Prevention and Education.

Summary of findings – Prevention and Education	
Strengths	**Weaknesses**
• Regulatory changes on safer game design and testing more stringent monitoring of 'high value customers' • New age restrictions for under-18s on scratchcards and other National Lottery products • Improved use of ad-tech to control marketing online • Customer interaction and affordability consultation • Increased focus and activity on this issue by the financial sector • New targeted education campaigns and digital innovations • Multi-agency city-wide collaborations • Increased number of support services delivered by and with involvement of people with lived experience of gambling harms.	• Very little progress on addressing gambling related suicide • Limited progress on establishing a single customer view • Slow progress on integration of gambling harm prevention work into existing public health activities and infrastructure • Limited progress on establishing local area data collection to inform prevention and identify harms • Limited evaluation of impact of education campaigns • Limited information to assess the effectiveness of player messaging and other actions taken by industry to reduce harm in its customers.

<u>Improved regulatory protections.</u>

Industry challenges

42. The 'industry challenges' announced last year have progressed and led to tangible changes which may improve consumer protection. These changes are welcome but need to be monitored for impact and followed up with more emphasis and action to deliver safe products and better support for customers.

- Safer game design – The consultation has led to new rules for safer game design, including the removal of 'auto-play', increased prominence of players'

balances and prevention of reverse withdrawals.[59] These changes were supported by available evidence, but also represent precautionary action on game design features which are likely to be associated with the risk of harm. ABSG welcome the move to make these requirements mandatory through the LCCP, rather than relying on a voluntary industry code.

- Requirements for how operators interact with customers who lose the most money – Schemes for so-called 'high-value customers' have been recognised as a key area of risk in enforcement action for some time.[60] ABSG are pleased to see new requirements emerging and welcome the Gambling Commission's commitment to becoming more proactive in monitoring the impact of these new requirements and to take further action if continued failings are observed.

- Ad-tech – An industry code has been implemented to ensure better use of 'ad-tech' to avoid young or vulnerable people being targeted by marketing for gambling.[61] We note this is a voluntary code and look forward to seeing the evidence of effectiveness which will be carried out by the BGC.

43. ABSG commends the Commission for promoting a more a rigorous approach, consulting quickly on key issues and mandating requirements where evidence has identified a need to take further precautionary action. However, as with all projects, this needs careful evaluation and greater levels of transparency. ABSG look forward to reporting on evidence of effectiveness in 2022.

National Lottery Age Limits

44. The Government announced in December 2020 that the minimum age for purchasing National Lottery products would increase from 16 to 18. This change has been made with the aim of protecting young people from gambling-related harm – particularly given the evolution of National Lottery products from weekly draw-based games to a growing trend towards scratchcards and online instant wins. The change will be fully implemented in October 2021.[62]

Single customer view

45. Progress on developing a single customer view has been less tangible. Highly engaged gamblers have multiple accounts.[63] There is a clear rationale for taking a holistic approach to a consumers' data to allow better detection of harmful gambling and more targeted interventions. We are pleased that co-operation will continue between the Commission, the Office of the Information Commissioner (ICO) and the Betting and Gaming Council (BGC) to achieve an effective solution.[64] Input from the financial sector, which also holds data relevant to building a single view of a consumer's risk of experiencing gambling harms, is also needed. We welcome steps being taken by the Commission to explore the

[59] Gambling Commission announces package of changes which make online games safer by design, Gambling Commission, February 2021
[60] Changes to the licence conditions and codes of practice on High Value Customers: Consultation Response, Gambling Commission, September 2020
[61] Gambling Industry Code for Socially Responsible Advertising, Industry Group for Responsible Gambling, January 2021
[62] https://www.gov.uk/government/news/government-launches-review-to-ensure-gambling-laws-are-fit-for-digital-age, DCMS, December 2020
[63] (Page 18) Gambling participation in 2019: behaviour, awareness and attitudes, Gambling Commission, February 2020
[64] ICO supports innovative data sharing projects to protect vulnerable people, Information Commissioner's Office, January 2021

feasibility of access to this data. Key reports published this year concur with ABSG's position. Data from operators, the financial sector and the Commission, if combined, could form a powerful tool to reduce harms.[65] The creation of a single customer view is essential to progress.

Customer interaction and affordability

46. In last year's progress Report, ABSG discussed four categories of metrics which required further regulatory action.[66] Affordability was one of these. Since then, the Commission has consulted on bold plans to enhance and strengthen the requirements on operators to interact with their customers and check their levels of gambling are affordable. Focus on this issue is welcome as published enforcement cases shows failings by operators in this area have been responsible for harm over many years.[67] A review of the Commission's most recent compliance work shows there is no sign of improvement on the part of the industry.[68]The Commission is currently considering its response to the consultation. It received a large number of responses expressing concerns about proportionality, but equally strong views making the case that regulatory action on affordability would be effective at protecting those at risk of harm.

47. As with the proposals for a single customer view, we welcome ongoing work between the Commission, UK Finance and the ICO, to explore how operators can have access to information that could inform their customer interactions, whilst acknowledging that operators do have sufficient information on their own customers to be more proactive than they currently appear to be. Recent analysis of 140,000 active accounts across seven operators found that that, during a one-year period, 0.13% of customers are contacted by phone and 3.9% by email.[69]

48. The Commission will publish its proposals on this in the coming months. ABSG's position is that there is sufficient evidence to take action now and to introduce mandatory action in this area.[70,71] Voluntary compliance has not been effective. The evidence of high harms associated with high spend is strong,[72] together with factors such as length of gambling sessions, number and type of gambling activities undertaken.[73] Recent research using machine learning has shown that a combination of variables are better predictors than single variables to identify those at risk.[74] Further, the evidence of links between harm, spend and deprivation indices supports immediate action to protect those with the least resources.[75,76]

[65] Gambling regulation: problem gambling and protection of vulnerable people, Public Accounts Committee, June 2020
[66] Progress report on the National Strategy to reduce Gambling Harms (pages 28-34), ABSG, June 2021
[67] National Strategic Assessment 2020, Gambling Commission, November 2020
[68] Raising Standards for consumers - Compliance and Enforcement report 2019 to 2020, Gambling Commission, December 2020
[69] Exploring online patterns of play: Interim Report, D.Forrest and I.McHale, NatCen/University of Liverpool/GambleAware, March 2021
[70] Deriving low-risk gambling limits from longitudinal data collected in two independent Canadian studies, Currie et al, Addiction, November 2017
[71] Similar results found in: The development of empirically derived Australian low-risk gambling limits, Downing et al, 2021.
[72] The association between gambling and financial, social and health outcomes in big financial data, Muggleton et al, Nature Human Behaviour 5, February 2021
[73] The conceptual framework of harmful gambling: a revised framework for understanding gambling harm, Hibrecht et al, June 2020
[74] Gambling spending and its concentration on problem gamblers, Fiedler et al Journal of Business Research, 2019
[75] Using machine learning to predict self-exclusion status in online gamblers on PlayNow.com platform in British Columbia, Finkenworth et al, Sept 2020.
[76] Our Year One Progress Report recommended operators should be required to publish figures on the number of customers losing more than £500 per month as part of a drive to increase transparency. In the Nordic countries, operators are required to submit losses for the highest 5% of spenders.

This needs to take account of research which suggests a rise in use of payday loans and PayPal accounts to fund gambling.[77]

Suicide and gambling

49. Progress by government agencies on prioritising data collection and actions to address gambling-related suicide has been disappointing. There has been no progress on commissioning the psychological autopsy study, and no steps to include gambling disorder in the coronial codes or to mandate training on gambling-related suicides amongst coroners.[78] It has become clear that some of these will only be realised through changes in legislation and concerted action by health professionals and coroners.[79] However, the forthcoming PHE Evidence review (expected in the summer of 2021) will provide new evidence[80], drawing on a wider range of data sources. We hope that this will provide the impetus for further action by government agencies and third sector organisations. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCIH) is an established centre for the collection of information on all suicides in the UK. [81] Although the NCIH has reduced suicide rates, there is currently no link between the NCISH and organisations involved in delivering services to those harmed by gambling and their families.

50. NHS Digital have begun work on the Adult Psychiatric Morbidity Survey (APMS) for 2022 and there are indications that gambling might be re-introduced into the survey.[82] The House of Lords Committee Report highlighted the importance of action on this issue and its notable absence from the 2014 APMI survey.[83] The APMS 2022 is an important opportunity to understand this issue in more detail and to look at the impact of online gambling since 2007. We note however, sufficient evidence already exists to demonstrate the need for action on this specific area of gambling harms as an urgent priority.

51. Despite the lack of progress on new data collection and awareness raising with coroners, the critical importance of the work required to address gambling-related suicide and suicide ideation remains.

- Recently published analysis of the existing APMS 2007 dataset provided new insights into the links between gambling and suicide, highlighting high levels of suicide ideation among problem gamblers.[84]

- In Scotland, the Strategy Implementation Group is working with Scottish Government, local authorities and health boards to raise awareness and ensure that gambling is recognised in the Scotland-wide Suicide Prevention Strategy, putting people at the centre, and looking to reduce stigma and develop metrics.[85]

[77] Six-month progress report, LAB Group and City, University of London, February 2021 (forthcoming)
[78] Report 3, Scoping current evidence and evidence gaps in research on gambling-related suicide, John et al, July 2019
[79] To place a requirement on coroners to record gambling disorder.
[80] Gambling-related harms evidence review: scope , Public Health England, April 2020
[81] National Confidential Inquiry into Suicide and Safety in Mental Health, University of Manchester
[82] Problem gambling and suicidal thoughts, suicide attempts and non-suicidal self-harm in England: evidence from the Adult Psychiatric Morbidity Survey 2007, Wardle et al, GambleAware, May 2019
[83] Government response to the House of Lords Gambling Industry Committee Report: Social and Economic Impact of the gambling Industry (page 11), December 2020
[84] Problem gambling and suicidality in England: secondary analysis of a representative cross-sectional survey, Wardle et al, Public health 184, July 2020
[85] Mental health, Suicide, Scottish Government

- A programme of work to learn from Gambling with Lives to utilise lived experience of gambling related suicide to raise public and professional awareness and inform the development of gambling and suicide prevention work across Great Britain.[86]

52. These initiatives are welcome, but insufficient to achieve the priority focus that this issue requires. Campaigns to reduce gambling-related suicides led by those with lived experience in collaboration with others have emphasised the need for: clear resourcing for population level awareness raising; clear messages about gambling harms; more research on specific gambling products and their association with harm, strategies to address the stigma associated with gambling and adequate resources for peer support networks; and adequate access to help for individuals and their families. We continue to recommend the inclusion of gambling harms in the National Suicide Prevention Strategies for England[87] and Wales.[88]

Improved profile of gambling harms as a public health issue

53. There has been progress on improving the profile of gambling harms as a public health issue. Notable milestones this year include the announcement of the Lancet Public Health Commission on Gambling[89] and a Public Health Special Issue on Gambling.[90] The Lancet Commission has an ambitious agenda to guide action to reduce population level gambling harms, to protect people from harms and to provide evidence-based care where needed.[91]The need for population level interventions and integrated services is well documented for other forms of addiction and is no less relevant in this context.[92] To have any prospect of preventing harm, particularly in children and other vulnerable groups, it is essential to take a population-wide, public health approach.

Increased engagement from the financial services sector

54. The increased activity within the financial services sector is a key area of progress. It has the potential to contribute to align with the 'whole systems approach' to reducing gambling harms. This activity is vital given the unique role this sector can play in reducing gambling harms. Over the past twelve months progress has continued to accelerate, with key areas of progress including:

- Major banks, including Lloyds and HSBC, have established specialist support teams to identify and support customers with gambling addictions.[93] In addition, there has been an increase in the number of major banks introducing gambling blocks, as well as improvements to make these tools more effective. It is

[86] Gambling with Lives - website
[87] Suicide prevention strategy for England, Department for Health and Social Care, 2012
[88] Suicide and self-harm prevention strategy 2015 to 2022, Welsh Government
[89] The Lancet Public Health Commission on gambling – this is made up of international academics and is supported by a lived experience advisory group.
[90] Gambling: An emerging public health challenge, Public Health Research Network, July 2020
[91] Interventions to reduce the public health burden of gambling-related harms: a mapping review, Blank et al, The Lancet Public Health, Volume 6:1, January 2021
[92] New dimensions for hospital services and early detection of disease: A Review from the *Lancet* Commission into liver disease in the UK, Williams et al, The Lancet, March 2021
[93] Worth the gamble? HSBC UK increases gambling block feature to 72-hours, HSBC, January 2021

estimated that blocking software is now available to around 60% of personal current accounts and 40% of credit cards.[94]

- The Money and Mental Health Policy Institute, funded by a regulatory settlement, delivered a conference for financial services firms to discuss and identify best practice in terms of protecting customers from gambling harms. Best practice guidance will be published later in 2021.[95] This work helps join up activity from across the sector to help contribute to improved outcomes for consumers.

- One major bank has collaborated in a major research project examining the associations between gambling and social, financial and health outcomes.[96]

- The Financial Conduct Authority have published guidance for financial services on identifying vulnerability and have identified gambling as an additional factor in vulnerability.[97] This puts more responsibility on banks and lenders to be aware of customers spend on gambling.

- GamBan have proposed the introduction of minimum standards for gambling blocking software, designed to ensure that all products are accessible, effective, responsive accountable and safe. The work to develop these standards was co-produced with people with lived experience and reflects best practise in standards development in health and social care.[98]

- GamCare set up an Advisory group on Financial Harm which includes banks and advice and support agencies and launched a Gambling related Financial harm Toolkit in September 2020.[99]

55. This activity across the financial services sector is positive and we look forward to seeing the industry build on this promising start in future years. It provides new opportunities for consumer protection and enhances the reputation of the financial services sector. There are valuable lessons here on the potential benefits of data sharing for the gambling industry.

[94] Bank card blockers: a story of progress, MMHPI, October 2021
[95] 3 takeaways from our conference for financial services firms on tackling gambling harms, MMHPI, October 2020
[96] The association between gambling and financial, social and health outcomes in big financial data, Muggleton et al, Nature Human Behaviour 5, February 2021
[97] Finalised guidance, FG21/1 Guidance for firms on the fair treatment of vulnerable consumers, FCA, February 2021
[98] Fundamental standards for blocking software: ensuring quality support for people impacted by difficulties with gambling, Vita CA, GamBan, March 2021.
[99] Gambling Related Financial Harm, GamCare (accessed 14 April 2021)

Gambling is not yet fully integrated with local public health activity.

56. There have been a number of positive pilots to demonstrate how harm prevention and support for at risk groups can be integrated with wider services and public health activities. Many of these are referred to elsewhere in this Report, and include:

- Primary Care Gambling Service, which provides professional development learning and resources for GPs.
- Citizens Advice work, funded by GambleAware, to develop systems and training on gambling harms for frontline staff in advice settings.
- Surrey Prisons Gambling Service project, funded by GambleAware, to provide screening and support in custodial settings[100]
- Pilot project in Hertfordshire by GamCare to provide specialist support to people in the criminal justice system from arrest through to probation[101] and
- Personal Finance Research Centre's development of resources for the financial services sector.

57. There has also been good progress in the Greater Manchester collaborative[102], Leeds City Council collaborative[103] and the Glasgow whole systems approach pilot[104], reflecting a growing potential for people to come forward for treatment and support from across a wide range of settings. The Greater Manchester collaborative held a Gambling Harms Inquiry day to explore how gambling harms arise and how people can be better supported.

58. Although this represents progress in exploring ways that gambling harm reduction activities can be integrated within existing services, there is still a lot of work to do to achieve national systems wide changes and secure long-term funding which is not dependent upon voluntary contributions.

59. In addition to the constraints associated with the voluntary system of funding, one of the key barriers to progress is a lack of data at local authority level. Without this it is difficult for local authorities, who have responsibility for public health, to identify the communities within their population who are most at risk of harm, develop effective prevention policy and strategies, and make the case for prioritising action.

60. There are some key changes that would help to change this. One is to achieve progress on including a gambling participation and harm questions in the Public Health Outcomes Framework (PHOF) and their equivalents In Scotland and

[100] Foundation Evaluation of Surrey Prisons Gambling Service, GambleAware, January 2021
[101] Hertfordshire pilot on gambling and crime releases final report and recommendations, GamCare, March 2021
[102] Gambling Commission welcomes new local public health approach to reduce gambling harm in North West, Gambling Commission, January 2021
[103] Feature Article – Yorkshire and Humber's Public Health Framework for gambling related harm reduction, Gambling Commission, 2019
[104] A public health approach to reducing gambling harms in Glasgow, The Health and Social care Alliance, May 2020

Wales. The PHOF provides annual outcome data for each local authority in England. The information could be obtained via the ONS Labour Force Survey which is UK-wide and as such would also provide consistent data for the devolved nations. Inclusion in PHOF would trigger incentives for local action by local authorities. Similarly, NHS records do not yet include an option for health practitioners to code gambling harms co-occurring with other harms or mental health conditions. The University College London treatment needs and gap analysis may well contribute to the work that needs be led by statutory bodies and we look forward to reporting next year on how this work has been used.[105] We acknowledge that slow progress may well be because public bodies have had to re-direct resources towards tackling the effects of COVID-19. The long-term impacts of Covid are yet to be fully understood (such as increased household debt, effects on mental health), but the need for robust data especially at local authority level is likely to be important to both national and local public health COVID-19 recovery planning.

Increased education and awareness raising activity.

61. Prevention of harm has become even more of a mainstream narrative this year, as more women and sports celebrities[106,107] have come forward and contributed their stories.[108] There has been a notable increase in the number and range of activities in relation to education and awareness raising. This has included activities targeting particular groups, including people from South Asian communities, women[109], students, family members[110] and children and young people.[111] These initiatives range from face-to-face workshops to an increasing range of remote learning and digital offers. It is also positive that these activities are increasingly combined with evaluations to learn about what works and why.

Case study 5: Don't Bet Your Life on It

A good example of innovation can be seen in Don't Bet Your Life on It (DBYLOI).[112] This is an interactive web-based tool delivered in video, audio and text using avatar technology with a focus on early identification, ongoing education, support, signposting and self-directed behaviour change. It is designed 'by players for players' and has attracted interest from one of the UK's leading banks as well as the Betting and Gaming Council (BCG).

The project has now entered its second phase of development, and will be offered to operators, sports clubs, colleges and universities, armed forces, public health departments, treatment and support services and financial institutions. The ambition is to replace existing messaging such as 'When The Fun Stops, Stop' (WTFSS), which BCG have committed to phasing out in 2021/22. We look forward to the results of the evaluation work that is accompanying this new initiative.

[105] Treatment needs and gap analysis in Great Britain, synthesis of findings from a programme of studies, NatCen, May 2020
[106] Former England goalkeeper Peter Shilton admits gambling addiction ruled his life, Plymouth Herald, July 2020
[107] TalkBanStop – with Michael Chopra, January 2021
[108] Women and gambling - Women's hour, January 2021
[109] Women's programme, GamCare
[110] GamFcam - website
[111] Gambling, Royal Society for Public Health
[112] Don't bet your life on it - website.

62. Other examples of notable activity include:[113]

- GambleAware has delivered the next phase of their BetRegret campaign. This has focused on young men with high engagement in sports betting. Adverts promote 'tapping out' from a betting app as a method of moderating behaviour. The initial independent evaluation results show high levels of awareness of the adverts amongst this target group, and some evidence of behaviour change. It is also noted that this campaign is primarily delivered on TV, whereas operators tend to favour online marketing and advertising when targeting this demographic group. GambleAware will continue to invest in further phases of the campaign roll-out.

- A collaboration between unions, local authorities, local NHS Trusts and Boards and third sector organisations[114] to raise awareness of harmful gambling 'Bet you Can Help' has been offering remote training for employers and a pledge to address gambling-related harms in the workplace.[115]

- YGAM is delivering student awareness raising hubs in universities - particularly targeting freshers' week to increase awareness of gambling harms.

- A number of third sector organisations are involved in work in schools across the three nations. These include:

    - Ofqual Level 2 Population Wide Education course on gambling harms for those aged 16+.

    - The Curriculum for Excellence in Scotland will also include reference to gambling harms.

    - FastForward's educational development programme in Scotland.

    - GambleAware's work with AQA on embedding gambling harms into its A level Psychology syllabus

    - PSHE Association are working with the Department for Education (England) to develop components on gambling for the PHSE curriculum and an evidence review by PSHEA and GambleAware to identify best practice in school-based gambling harm prevention.

    - ARA are leading a Youth Outreach Programme for young people and professionals working with young people in Wales.

63. Although the expansion in educational and awareness raising activity is positive, consistency, co-production, evaluation and strategies for long term funding are vital. Messages must be consistent and clearly targeted, so consumers are not confused by mixed messages and we must understand better what works. The role to be played by the Department for Education (England) in establishing these

[113] Action map, Gambling Commission
[114] Beacon Counselling Trust - website
[115] Harmful gambling workplace charter, interim report, Beacon Counselling Trust, November 2020

principles at a strategic level remains unclear. The gambling industry itself also needs to be more transparent about the data it uses to assess the effectiveness of player messaging about safer gambling and other actions it takes to protect its customers from harm. Without this openness it is not possible to understand what, if any impact, is being achieved through the industry's own actions.

Section 4: Treatment and Support

64. This section reviews progress in relation to the strategic objective of Treatment and Support.

Summary of findings – Treatment and Support	
Strengths	**Weaknesses**
• Increased involvement of people with lived experience • Some limited expansion of treatment and support in new areas • Increased momentum in primary care involvement alongside whole systems approaches.	• The evidence base for treatment is developing but incomplete • Lack of agreed screening interventions to identify those at risk • Limited evidence of interventions to monitor and support ongoing recovery • Services are not well integrated • Clarification of referral pathways still required • Limited data on who needs treatment and support • Lack of progress on independent quality assurance • Evidence of poor follow up support emerging • Low take up of treatment and lack of awareness of support available.

<u>Expansion of treatment and support services in new areas</u>

65. GambleAware oversee a network of gambling treatment services, much of which is provided through GamCare and its provider network and some through the NHS. In recent years, this treatment system has made many welcome developments to the availability of its services, including 24-hour operation of the

National Gambling Helpline,[116] delivery of a programme tailored to the needs of women,[117] expansion of an NHS led specialist treatment service for children[118] and establishing a lived experience network to inform its development. Steps have also been taken to obtain more insights into barriers to access for key groups with specific research carried out into the needs of women[119] and ethnic minorities.[120]

66. There is growing recognition that individuals from ethnic minority groups may experience greater levels of gambling harms but not come forward for existing treatment services. This has led to the development of new support led by individuals with lived experience from those communities. Such initiatives reflect the well-established model of treatment and support in New Zealand, where those from Maori and Pacific Island communities provide support for those harmed by gambling in collaboration with mental health practitioner colleagues.[121]

67. There has been growing activity in the provision of identification, treatment and support from local projects across England, Wales and Scotland. In Cheshire, the police force has expanded their work and are now collaborating with twelve other forces in England to develop screening, signposting and awareness training of gambling harms amongst their staff, offering better support for those in custody suites. Examples of other successful pilots include the work of ARA in Wales on early interventions[122] as well as treatment and the Primary Care Gambling Service in England.

68. Access to the right support at the right time remains patchy and there continues to be a lack of clarity on how successful pilots will be expanded across Great Britain and how they will be funded in the longer term. The voluntary system of funding impedes long term planning and adequate infrastructure to support these critical new treatment and support services.

[116] National Gambling Helpline to operate 24-hours a day, GamCare, September 2019
[117] Women's programme, GamCare
[118] NHS to launch young people's gambling addiction service, NHS, June 2019
[119] Women in focus: a secondary data analysis of the gambling Treatment and Support Study, YouGov, July 2020
[120] Gambling among adults from Black, Asian and Minority Ethnic communities: a secondary analysis of the Gambling Treatment and Support Study, YouGov, December 2020
[121] New Zealand National Gambling Study, AUT Gambling and Addictions Research Centre, September 2020
[122] PCGS Presentation at GA Conference March 2021

Case study 6: Primary Care Gambling Service

The Primary Care Gambling Service (PCGS) is a multi-disciplinary treatment service which aims to provide a GP-led intermediate care, bridging the gap between primary care, specialist and third sector provision.[123]

To date the pilot has co-produced a competency framework for GP training which, pending approval by the Royal College of GPs will become the framework for awareness raising of gambling harms amongst GPs.[124] It has also secured a new screening question on gambling in 'eConsult', a digital triage platform available to 23 million users of primary care services across England. The screening question relates both to individuals' own gambling, and to that of people in the same household.

PCGS is also in discussion with software suppliers to establish a better coding, referral and information system for use in primary care. The system will allow the primary care team to signpost their patients for appropriate help. Between October and January 2021, 13,000 individuals clicked on the new gambling question. To date 90 individuals have consulted with their GP on gambling related concerns.

<u>The evidence base for treatment is developing but incomplete.</u>

69. The much-anticipated NIHR systematic review of the literature on interventions was published in January 2021.[125] It captured over 1,080 records and found only 30 peer reviewed papers that met its criteria for inclusion. Overall, the review found poor quality reporting on gambling treatment studies and high attrition rates in the studies. CBT showed the most evidence of effectiveness as an intervention.[126] Two clear gaps in evidence were identified – lack of screening interventions to identify individuals at risk and lack of evidence of ongoing support after initial treatment. No whole population screening studies were identified. There were no interventions to support on-going recovery and prevent relapse. One review reported over 50% of all incident problem gambling cases were previous problem gamblers who had relapsed.[127]

70. Like many others in the sector, ABSG look forward to PHE's forthcoming evidence review, due to be published in the summer of 2021. This review will provide a comprehensive review of the quantitative and qualitative literature on gambling-related harms, risk factors associated with gambling harms and an analysis of the economic costs associated with gambling harms in the UK. These outputs will provide an important springboard for future work across the system.

[123] Primary Care Gambling Service - website
[124] Pilot embedding questions about gambling harm into online triage platforms, accessed by patients for GP response, Hurley Group/NHSE, Action Map, Gambling Commission, November 2020
[125] Interventions to reduce the public health burden of Gambling Related Harms: A mapping review of the international evidence, Blank et al, NIHR/University of Sheffield (accessed 14 April 2021)
[126] Gambling and substance use, Petry et al, ScienceDirect, 2017
[127] Predictors of relapse in problem gambling: a prospective cohort study, Smith et al, 2015

They will inform policy development, provide further context for measuring the aims of the National Strategy and inform the NICE guidelines work.

Need for more integrated treatment services.

71. ABSG have previously referred to the challenges which GambleAware as a third sector organisation face in creating and sustaining an effective well-functioning treatment and system. Advice in 2019[128] and the first Progress Report in 2020[129] advocated for a central coordinating role for statutory health and care services working alongside the third sector. ABSG welcomes the on-going commitment shown in GambleAware's recently published five-year strategy to collaborate with NHS partners[130]. In particular, the strategy states that in the 'mid-term' NHS/Statutory services will take a greater lead on treatment for gambling harms and in the 'long-term' NHS/Statutory services will lead the market, with on-going support from the third sector. [131]

72. Making these changes would place treatment provision on an equal footing with other more established addictions services, access a wider range of professional expertise, more treatment options and greater opportunities to employ for those with lived experience to work within multi-disciplinary teams.[132,133] It would also ensure that those in need of help could more easily and readily access a clear treatment pathway. Projects are underway which will provide insights into how more joined up provision could be achieved, such as the Primary Care Gambling Service (Case Study 6) and the Gambling with Lives Effective Care Pathways project (Case Study 7), led by people with lived experience. It is disappointing to note that the recent announcement of a grant allocation to local authorities in England did not make reference to improving uptake of treatment services for gambling addiction alongside drug and alcohol misuse services.[134]

[128] The Responsible Gambling Strategy Board's advice on the National Strategy to Reduce Gambling Harms 2019–2022, RGSB, 19 February 2019
[129] ABSG Progress Report 2020, ABSG, 26 June 2020
[130] GambleAware Organisational Strategy, 2021-26
[131] (Page 9) GambleAware Organisational Strategy, 2021-26
[132] IAPT positive practice guide for working with people who use drugs and alcohol, DrugScope, NHS National Treatment Agency for Substance Misuse, January 2012
[133] Alcohol Care Teams, NHS England
[134] Public health grants to local authorities 2020-21, Gov.uk, March 2020

Case study 7: Gambling with Lives – Effective Care Pathways

Gambling with Lives is leading a collaborative project aimed at developing a pilot care and treatment pathway in Manchester that would inform care and treatment provision nationally. The pilot pathway would deliver integration of gambling treatment services with other statutory and third sector services in the city and is designed for long-term integration within the developing Integrated Care Systems. This project places people with lived experience at the centre of the design and delivery of the work.

Care pathways[135] are an established methodology for ensuring that people accessing services do so at the right time and in the right place to meet their needs,[136] and ensuring quality and consistency across services.[137] The project has involved defining what those with gambling disorder and affected others need from services with reference to research evidence and feedback from those lived experience, looking at critical success factors along the pathway, testing individual pathway features with 'early adopters', evaluating and agreeing a final pathway ready for piloting.

73. One area of concern is the continued use of the term 'National Gambling Treatment Service' to describe GambleAware-funded services. This appears to be a misnomer, with no equivalents in other third sector-led addiction services. We are concerned this branding of a 'national service' creates confusion with NHS services and gives the impression that the desired levels of integration have already been achieved. It creates a risk that national statutory organisations do not take the optimal leadership role in providing integrated treatment services.

Clarification of referral pathways required.

74. ABSG has noted weaknesses in the current arrangements. These are driven in part by funding arrangements and geographical coverage, but also lack of full agreement on triage assessments and cut-off thresholds for referrals between the different organisations providing treatment and support services. Whilst there is commitment in principle to joint-working between the NHS and the third sector in some parts of the UK, there is an urgent need for more work to improve the level of integration and mutual trust that is essential to effective referral pathways – both into gambling treatment and support services – and between the providers currently offering these services.

75. GambleAware's Annual Treatment Statistics for 2019/20, shown in Table 2, indicate that over 90% of those accessing treatment and support from the current system self-refer. No other service or source provides a significant number of referrals. This suggests that mainstream providers may not know where to signpost those who need help. This suggests that referral routes need to be strengthened, both between providers in the gambling-specific services provided

[135] The care pathway: concepts and theories: an introduction, Schrivers et al, 2012
[136] Project design phase for Treatment Pathway collaboration project, National Strategy to Reduce Gambling Harms Actions Map, Gambling Commission (accessed 14 April 2021)
[137] Clinical pathways as a quality strategy, Potter et al, 2019

by GambleAware and the NHS, but also with the wider network of organisations who provide supporting services and come into contact with people who may need more specialist treatment or help. The data in Table 2 also supports concerns about the accessibility of treatment, with a relatively small number accessing treatment when compared to numbers estimated to be problem or moderate risk gamblers.

Table 2: Referrals to GambleAware funded treatment services 2019/20[138]		
Referral from	Number	%
Self-referral	6,879	92.2%
Other service or agency	152	2.0%
Prison	109	1.5%
GP	107	1.4%
Mental health NHS Trust	70	0.9%
Other primary health care	65	0.9%
Probation service	23	0.3%
Social services	16	0.2%
Employer	12	0.2%
Police	9	0.2%
Others (including): Drug misuse services, Carer, Independent sector mental health services, Jobcentre Plus, A&E department.	17	0.2%
Total	7,459	100%

76. Data in Table 3 also shows a very low number of onward referrals. In total, fewer than 100 clients (1.6%) were referred on for other forms of treatment over twelve months. Again, this appears to show a treatment system operating largely independently of wider services, rather than in a joined-up manner that would characterise a genuinely national treatment system.

Table 3: Reasons for exit from GambleAware funded services 2019/20[139]		
Reason for exit	Number	%
Completed scheduled treatment	3,905	66.3%
Dropped out	1,542	26.2%
Discharged by agreement	330	5.6%
Referred on to other services (assessed and treated)	82	1.4%
Referred on (assessed only)	13	0.2%
Not known	13	0.2%
Deceased	2	0.0%
Total	5,887	100%

77. One of the consequences of the delay to NICE guidelines is that there is still ambiguity on referral protocols. Efforts have been made by the partners but this ambiguity makes it difficult to have confidence that service users are always directed to support that best meets their needs. In the meantime, we recommend that progress is accelerated towards establishing clear referral pathways between

[138] (Page 23) Annual Statistics from the National Gambling Treatment Service (GB), 1st April 2019 to 31st March 2020, GambleAware, October 2020
[139] (Page 25) Annual Statistics from the National Gambling Treatment Service (GB), 1st April 2019 to 31st March 2020, GambleAware, October 2020

all partners responsible for delivering treatment and support services for those experiencing gambling harms. What is required going forward is a clear map of a gambling treatment 'ecosystem' with roles defined and understood.

Triage and completed treatments.

78. Despite best efforts by the partners, these data illustrate the lack of clearly agreed criteria and thresholds for movement through referral pathways that continue to present challenges in the current treatment and support system. Currently, GamCare receive calls to the National Problem Gambling Helpline and, when appropriate, offer an onward referral for assessment by one of the network's treatment providers. At this stage a second assessment is made by the provider. There is also an agreed pathway in place with the Gordon Moody Association with data sharing agreements and software portals to facilitate this.

79. Although the current system may work for some, a two-stage triage process is not consistent with established best practice as it means that an individual can pass through several stages until a clear referral can be made. Individuals can move in and out of harm quickly – so a timely triage system is important. Evidence from other addictions services suggests that access to highly specialist expertise at the triage stage can lead to better outcomes in the longer term.[140] [141]. Adoption of a combination of widely used standardised assessment measures are needed such as the PGSI, Enhanced Core 10, GAD-7, PHQ-9. The CORE-10, GAD-7 and PHQ-9 are routinely used within IAPT and mental health services so will align with referral routes into IAPT/mental health provision. We note that progress is being made towards agreeing use of screening and other clinical tools.

80. The GambleAware National Treatment Statistics for 2019/20 suggest that the number of completed treatments appears to be lower than might be expected. Overall, 26.2% of clients leave the service before the scheduled endpoint of seven sessions. Those who are unemployed have the highest attrition rate at 32% and are the least likely to complete treatment (61%).[142] Affected others who use the service have a lower rate of leaving the servie before completion at 13%

81. Research into the treatment of alcohol and drug use, however, suggests that treatment outcomes generally improve as retention in treatment increases. Treatment completion is also linked to better outcomes.[143] From this research it has been suggested that if clients fail to complete treatment, attrition typically occurs early on in treatment and that retention may be one amongst a number of indicators of a mismatch between the treatment offered and the needs of the client seeking help.

82. An important next step in the process of developing effective treatment responses for gambling is a more joined up and integrated approach that is centrally co-ordinated by statutory services in collaboration with third sector providers, playing

[140] The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review. Burton R, Henn C, Lavoie D, et al, Public Health England, 2016
[141] Alcohol Care teams, Identification and Brief Advice, Moriarty KJ. Frontline Gastroenterology, 2020: "Alcohol assertive outreach teams (AAOTs) and specialist treatment for dependent drinkers were cost-effective; every £1 invested brings an annual return of £3, which rises to £26 over 10 years. Psychosocial interventions for dependent drinkers can save the overall UK economy £5 for every £1 invested".
[142] Annual Statistics from the National Gambling Treatment Service (Great Britain) 1st April 2019 to 31st March 2020, GambleAware, October 2020
[143] Relationship between drugs treatment, retention and outcomes, Hser et al, 2004

to each other's strengths and with investment in a wider range of interventions such as social prescribing, bringing recovery communities together and agreeing education and training standards. Such an approach would provide improved co-ordination of services, triage and treatment retention.

Lack of independent quality assurance

83. In England, Care Quality Commission (CQC) involvement and assessment has not progressed during the year, in part because of the challenges posed by Covid-19. CQC continue to give assurance that they will engage with the treatment sector and are exploring ways of delivering virtual inspections. This is a model that could create opportunities to expand engagement and extend the work with gambling treatment services. ABSG continue to stress the importance of external quality assurance in addition to any investment in internal QA processes by individual providers in England, Scotland, and Wales.[144]

Follow-up support

84. The NIHR review highlighted high levels of recurrence in the treatment literature. Our observations suggest that the protocols for follow up support to prevent recurrence remain unclear, and there is potential for improvement. The current face to face treatment system appears to rely heavily on counselling (98%) compared with only 2% who receive CBT intervention.

85. The evidence reviewed by NIHR suggests that self-guided therapies alone may have limited impact, particularly over the longer term. A key priority for the coming year will be to invest resources in identifying recurrence risk factors, identifying causes of addictive behaviours and co-occurring conditions such as depression, anxiety, and other mental health challenges as well as debt and other financial consequences. One recent study found that young people who experience problem gambling are at heightened risk of suicide ideation regardless of other pre-existing conditions.[145] In parallel with work by Links Workers and financial advice support attached to GP practices in Scotland,[146] the PCGS in England[147] is piloting the value of social prescribing for individuals who use their service.

86. These pilots, along with new developments such as GamLEARN and player led-digital innovations,[148] will inform this under-researched area and offer support at an earlier stage.

[144] Healthcare Improvement Scotland and the Care Inspectorate - website
[145] Suicidality and gambling among young adults in Great Britain: results from a cross sectional survey, Wardle et al, 2021
[146] Welfare and advice partnerships, Scottish Government, March 2021
[147] Primary Care Gambling Service
[148] Don't bet your life on it

Section 5: Conclusions

87. There have been signs of progress towards reducing gambling harms across Scotland, Wales, and England over the past year. The change in mindset about the risks associated with gambling harms as well as the imperative for a multi-agency effort is underway. Key stakeholders from statutory and third sector organisations have been working together to take action on prevention and treatment. Public health approaches to addressing harm are emerging in Scotland, Wales and regions in England. However, issues in treatment provision, outcome measurement, independent quality assurance and sustainable independent funding remain unresolved.

88. The involvement of people with lived experience has increased, both nationally and locally and this needs to continue if the Strategy is to succeed. The Commission has strengthened its regulatory interventions on game design and age limits and there is momentum behind further interventions to improve protection. We look forward to the outcomes of work on industry metrics, affordability, customer interaction and the single customer view.

89. What is also essential to this change in mindset is more research on products and their relationship to risk. Gambling operators have their own insights and we encourage them to share these. Evidence aligns with the views of those with lived experience that type of play, product design, accessibility and marketing are key and have an impact on habits, levels of spend[149] and harm.[150]

90. ABSG has welcomed the Government's review of the Gambling Act 2005 and the interest that this has generated in addressing gambling harms. However, the process of updating legislation is lengthy, and the momentum to further strengthen regulatory protections in parallel with the review should continue at pace.

[149] Exploring online patterns of play, Interim Report, University of Liverpool, NatCen, March 2021
[150] Biddable Youth, University of Bristol, 2019

Annex 1: Priority Metrics for measurement of National Strategy to Reduce Gambling Harms

A table of recommended impact and outcome metrics was provided in the Year One Progress report. The table below provides a summary of those recommendations on impact - focusing on the key areas where data is required, how this could be obtained and the key partners in the strategy who can make this happen. Partnerships, led by government departments in the three nations, are best placed to provide the leadership to make progress.. Once a baseline is established a key performance indicator (KPI) for reduction could be set. It will be important for this to be done in a way that allows identification of differences by age, ethnicity, geography and other social-economic factors. Without action to establish goals, metrics and a baseline position, there will continue to be limited progress on reporting impact.

Topic	**Data sources which could be used to create baseline**	**KPI goal – to be set once baseline is established**	**Key partners**
Gambling-related suicides	Coroner records and Procurator Fiscal – and research working with coroners/PFs. Banks - including data on accounts closed because of mortality. Adult Psychiatric Morbidity Index 2022	It is recommended that challenging targets should be set for: • Zero gambling related suicides • Zero suicide ideation	Coroners and Procurator Fiscals Banks DHSC Research Councils UK and other health and public health research funders.
Gambling-related debt, bankruptcy and other financial harms	Data from the financial services sector Data on people seeking support in relation to debt – where gambling is a contributing factor. Data from other supporting services	Establish goal for % reduction in baseline	Financial sector – including banks and other lenders Citizens Advice and other third sector debt advice and supporting services Trussell Trust (Food banks)

			Research Councils UK and other health and public health research funders.
Gambling related homelessness	Data on homelessness caused by or associated with gambling. Public Health Outcomes Framework	Establish goal for % reduction in baseline	Local authorities Shelter and other third sector organisations Public Health England, Public Health Scotland, Public Health Wales. Research Councils UK and other health and public health research funders.
Gambling related loss of employment	Data on factors leading to unemployment and negative impacts on employment.	Establish goal for % reduction in baseline	JobCentrePlus Department for Work and Pensions Chambers of Commerce Citizens Advice Bureau Research Councils UK and other health and public health research funders.
Gambling-related domestic abuse and partner violence	Data on links between gambling and domestic violence.	Establish goal for % reduction in baseline	Courts Police Third sector e.g., NSPCC, Refuge Police.

			NHS Research Councils UK and other health and public health research funders.
Establish baseline data on gambling related crime	Numbers of convictions and arrests where gambling is an associated factor.	Establish goal for % reduction in baseline	Courts Police Prisons Research Councils UK and other health and public health research funders.
Gambling-related mental health	Numbers seeking support for mental health problems where gambling is an associated factor.	Establish goal for % reduction in baseline	NHS Mental health support services and charities – e.g., MIND Research Councils UK and other health and public health research funders.