

APG on Reducing Harm Related to Gambling - Inquiry Terms of Reference

Public health approaches to gambling-related harms in NI

About the APG

The NI Assembly All-Party Group (APG) on Reducing Harm Related to Gambling was established in March 2020 to address issues associated with gambling harm in our community. Secretariat support is provided by [Chambré](#) and is funded by Derek Webb.

Background

There are increasing calls for gambling-related harms to be considered a public health issue across the UK, in the Republic of Ireland and internationally.¹ Problem gambling has been traditionally viewed with a focus on the attitudes and behaviours of the individual, though research suggests that this fails to recognise the wider impact on public health.² Indeed, it has been estimated that a typical problem gambler can affect around six other people.³

A public health approach to gambling can be described as one that is:

“based on collective action to advance the public good by promoting health, equity, and social justice, and by adopting a broad and population-level perspective to gambling harms.”⁴

Such an approach moves the focus from the individual problem gambler, to a much broader consideration of the causes of gambling-related harm that can then be located within a wider framework of public health policies.⁵ This is now a well-recognised and understood approach for obesity, smoking, and alcohol consumption, but is lacking in regards to gambling, which is no less addictive or harmful. International studies suggest that the suicide rate among people with a gambling disorder is 15 times that of the general population.⁶ According to the Royal College of Psychiatrists, problem gamblers are more likely than others to suffer from low self-esteem, develop stress-related disorders, to become anxious, have poor sleep and appetite, to develop a substance misuse problem and to suffer from depression.⁷

¹ Public Health England: [Gambling-related harms evidence review](#) (2021).

² Rogers, R., Wardle, H., Sharp, C., Dymond, S., Davies, T., Hughes, K. and Astbury, G., 2019. [Framing a public health approach to gambling harms in Wales: Challenges and opportunities](#). Bangor University.

³ Goodwin, B.C., Browne, M., Rockloff, M. and Rose, J., 2017. [A typical problem gambler affects six others](#). *International Gambling Studies*, 17(2), pp.276-289.

⁴ Goyder, E., Blank, L., Baxter, S. and van Schalkwyk, M.C., 2020. [Tackling gambling related harms as a public health issue](#). *The Lancet Public Health*, 5(1), pp.e14-e15.

⁵ Scottish Public Health Network: [Gambling Update](#) (2018).

⁶ Gambling with Lives: [The Number of Gambling Related Suicides Each Year in the UK](#) (2020).

⁷ Royal College of Psychiatrists: [Gambling disorder](#) (2021).

In a recent review, Public Health England estimated that the annual economic burden of harmful gambling in Britain is approximately £1.27 billion.⁸ In the analysis, the overall estimated excess cost of gambling-related health harms (e.g. suicide, depression and related addictions) was £961 million. A further £162 million was the result of gambling-related criminal activity (i.e. offenses committed which were associated with problem gambling). Moreover, a recent study⁹ from the Social Market Foundation concluded that “it seems very unlikely that [gambling’s] economic contribution is truly additional to what would have taken place if gambling did not exist.” The authors cite the industry’s relatively short supply chains and the impact of problem gambling on the economy. They add that reduced rates of problem gambling would “almost certainly be a net economic benefit” as households instead spend money elsewhere.

NI has the highest incidence of problem gambling on these islands. In 2016, a Department for Communities survey identified 2.3% of the population as having a gambling problem.¹⁰ This is more than four times higher than that recorded in Britain¹¹ and almost three times higher than in the Republic of Ireland.¹²

Children and young people are increasingly exposed to gambling-related harm. A recent survey¹³ from the GB Gambling Commission suggested that at least 30,000 children as young as 11 are classed as problem gamblers in Britain, with another 75,000 categorised as “at risk”.

Gambling regulation is a devolved matter in Northern Ireland (NI), where it falls under the Betting, Gaming, Lotteries and Amusements (NI) Order 1985 (henceforth the 1985 Order). Unlike Great Britain, NI does not have an independent gambling regulator. The Department for Communities (DfC) is responsible for gambling policy in NI.

In April 2022, the first phase of a two-phase approach to reforming NI’s gambling laws was completed with the [Betting, Gaming, Lotteries and Amusements \(Amendment\) Act 2022](#) becoming law. This includes a number of provisions, including an industry levy to provide assistance for projects “related to addiction to gambling, or other forms of harm or exploitation associated with gambling”.¹⁴

⁸ See 1.

⁹ Social Market Foundation: [Double or nothing? Assessing the economic impact of gambling](#) (2021).

¹⁰ Department for Communities: [Northern Ireland Gambling Prevalence Survey](#), 2016.

¹¹ [Gambling Behaviour in Great Britain in 2016](#), a report prepared for the Gambling Commission by NatCen Social Research.

¹² Department of Health: [Ministers publish first set of data on gambling in Ireland](#) (2019).

¹³ Gambling Commission: [2022 Young People and Gambling Report](#) (2022).

¹⁴ Betting, Gaming, Lotteries and Amusements (Amendment) Act (Northern Ireland) 2022, Art. 172A4. At the time of writing, the Department has not yet commenced the levy.

The next phase of gambling regulation involves a more comprehensive overhaul of NI's gambling laws. It is anticipated that it will take the duration of an Assembly mandate to bring forward and enact the necessary legislation.

In response to the DfC's [consultation on regulation of gambling in NI](#), many raised the lack of a public health strategy for gambling-related harms in NI. Comments included:

"Gambling disorder is not routinely diagnosed by GPs due to lack of training and there are no NHS treatment pathways or public health strategy."

"It is widely acknowledged that despite having the highest prevalence of problem gambling in the UK, measures to prevent and treat gambling addiction are almost non-existent."¹⁵

There is a disconnect between gambling regulation in NI and public health. There are currently no gambling-specific services commissioned by the Department of Health.. Patients who need care are directed towards generic addiction and mental health services, or to community services, such as Gamblers Anonymous and Addiction NI.

The Department of Health's (DoH) [Mental Health Strategy 2021-31](#) makes one reference to gambling.¹⁶ The strategy recommends that community-based services be organised on a Stepped Care Model, the core principle of which is that people are matched to interventions that are appropriate to their level of need and preference, including in relation to social factors "including gaming and gambling".

In November 2021, the APG published its [report on the future of gambling regulation in NI](#). Several recommendations pertaining to public health emerged from this inquiry. Key among them these was that gambling should be officially recognised as a public health issue. This should be reflected in regulation that prioritises health, prevention of harm, and treatment. Gambling addiction should be fully integrated into all relevant strategies including mental health and suicide prevention.

The report also recommends:

- The appointment of a clinical psychologist or psychiatrist who is specialised in gambling addiction, to oversee the development and day-to-day running of treatment services, along the lines of the NHS Northern Gambling Service
- The Department of Health should be legally mandated to take on responsibility for gambling-related harms and should have a say in the level of levy required, based on demand for treatment services, as is the case in New Zealand. It should also advise the responsible department/regulator on regulating to prevent harm

¹⁵ Department for Communities: [Consultation on Regulation of Gambling in Northern Ireland](#) (2020), p. 33.

¹⁶ Department of Health: [Mental Health Strategy 2021-31](#) (2021, p. 53).

- The relevant Executive Departments (Communities, Health, Education and Justice) must work closely to both prevent and treat gambling related harm and end a disjointed Executive approach.

Witnesses to the inquiry repeatedly advocated for a regulatory framework that prioritises harm prevention, in line with the public health approach adopted for alcohol and tobacco. This is because, similar to these legal addictive products, the whole population is vulnerable to gambling addiction and harm.

The government and health bodies in NI currently do not collect or publish any regular data on the prevalence of gambling and gambling-related harm. In GB, the NHS collects information on the number of gambling-related admissions.¹⁷ In 2023/24, NHS England plans to report data from all NHS gambling services through the Mental Health Services Dataset.¹⁸

Though an overarching public health approach is currently absent in the GB,¹⁹ there is a window of opportunity to change this, in the form of the much-anticipated review of the 2005 Gambling Act. However, at the time of writing this has yet to be published, and has been delayed four times. Indeed, “the adoption of a comprehensive and meaningful public health approach is not guaranteed”,²⁰ and there are concerns that final reforms will be watered down.²¹

There are currently seven specialised gambling addiction clinics in England, including two opened this year. The [NHS Long Term Plan](#) pledged to open fifteen gambling clinics by 2023/24.²² A further national addiction clinic, which treats both gambling and gaming addiction for children and young people, is also open in London.

In September 2021, Public Health England (PHE) published its review into gambling-related harms, in which it called for a public health approach.²³ In a follow-up study, researchers explored which policies and interventions could be adapted from public health to address gambling harms.²⁴ Proposals that were considered “likely to be successful” included changes to taxation (e.g. increasing operator duties with inflation); bans and restrictions on the availability and accessibility of gambling products and their marketing; changes to the operation of specific products; and new information and resources for public health. The study concluded that for these policies to be successful, a “cross-government and inter-agency” approach is required, “as has been seen for alcohol and tobacco”.

In Wales and Scotland, gambling is a reserved matter which falls under the 2005 Gambling

¹⁷ NHS Digital: [Gambling-related admissions](#) (2019).

¹⁸ Parliamentary Written Question [UIN HL3670](#)

¹⁹ See 4.

²⁰ van Schalkwyk, M.C., et al., 2021. [A public health approach to gambling regulation: countering powerful influences](#). *The Lancet Public Health*, 6(8), pp.e614-e619.

²¹ Withrow, T., 2022. [Ministers warned over gambling reforms amid fears the much-trumpeted overhaul of laws will be 'watered down'](#). Daily Mail.

²² National Health Service: [The NHS Long Term Plan](#) (2019).

²³ See 1.

²⁴ Regan, M., et al., 2022. [Policies and interventions to reduce harmful gambling: an international Delphi consensus and implementation rating study](#). *The Lancet Public Health*, 7(8), pp.e705-e717.

Act, however health is devolved.

The latest report on gambling from the Scottish Public Health Network concluded that stakeholders “should recognise gambling-related harm as a public health issue and seek to encourage debate within the public health community on the place of gambling within our society.”²⁵

Wales’ Chief Medical Officer (CMO), [Dr Sir Frank Atherton has said](#) the impact of gambling related harm is varied and wide-reaching.²⁶ In 2019, Public Health Wales commissioned an initial [examination of gambling as a public health issue](#).²⁷ The research, led by Bangor University, concluded that it was possible to adopt a public health approach in Wales, which can be “articulated within and around existing legislation and public health frameworks, including mental health and substance use.”

In November 2022, the Irish Government [approved the publication of the Gambling Regulation Bill](#). This Bill follows from the government’s 2020 commitment to establish a gambling regulator “focused on public safety and wellbeing”.²⁸ The government has asserted that public wellbeing is prioritised in the Bill, alluding to this legislation as a “national public health initiative”.²⁹

Key provisions include the establishment of the Gambling Regulatory Authority of Ireland (the GRA), who will have a significant role in regulating gambling. Additionally, there will be a Social Impact Fund for the purposes of financing research and supporting treatment of gambling problems by relevant health professionals. It will be financed by a yet-to-be-determined mandatory contribution provided by licensed operators. The Minister of State for Law Reform, James Browne TD said he expects the new laws to commence in 2023.

In New Zealand, the Ministry of Health is mandated by law to take responsibility for prevention and treatment of gambling addiction and is responsible for developing and implementing a problem gambling strategy. As such, it has a say in the size of an industry levy necessary to do so. It is also consulted by the Ministry with responsibility for regulation (Department of Internal Affairs) regarding the level of harm caused by various products or industry practices so that public health can be factored into regulation. The New Zealand levy is paid according to a pre-agreed algorithm which considers both the profitability and the risk of gambling harms.

Currently in Australia, there is an on-going federal parliamentary inquiry to evaluate options for gambling reform. Previous research from the Australian government has suggested using successful strategies from other public health initiatives (e.g. smoking, alcohol, obesity) to tackle problem gambling.³⁰

²⁵ See 5.

²⁶ Health & Social Care Wales: [Chief Medical Officer: annual report 2016 to 2017](#) (2017).

²⁷ See 2.

²⁸ Irish Government: [Programme for Government – Our Shared Future](#) (2020, p. 97).

²⁹ A&L Goodbody: [Government approves publication of the Gambling Regulation Bill](#) (2022).

³⁰ Livingstone, C., et al., 2019. [Identifying effective policy interventions to prevent gambling-related harm](#).

Scope of the inquiry

This inquiry will examine public health approaches to gambling-related harms in Northern Ireland. It will consider associated issues, including:

- the impact of gambling on health and wellbeing
- the wider social impacts of gambling (e.g. debt, family breakdown, domestic abuse, crime)
- the relationship between gambling and social and health inequalities
- children and young people
- characteristics, availability and accessibility of gambling products
- advertising and promotion of gambling products
- the provision and resourcing of research, education and treatment
- building an evidence base
- a public health approach to gambling regulation

Structure of the inquiry

Call for written evidence

Organisations and individuals are invited to make written submissions to the APG that include responses to all or some of the following questions:

- What public health policies and interventions have the most potential to effectively prevent and reduce gambling-related harms?
- What types of harms are associated with gambling, and how do these impact individuals, families and communities?
- How do the characteristics, availability and accessibility of gambling products affect public health, and what can be done to mitigate the associated risks?
- How does the advertising and promotion of gambling products affect public health, and what can be done to improve things?
- How does gambling and affect mental health?
- How do we prevent children and young people from being exposed to gambling-related harms?
- What are appropriate treatments for those with a gambling disorder?
- Is the current system of support and treatment for those with a gambling disorder in Northern Ireland effective?
- What is the relationship between gambling and social and health inequalities?
- Should the Department of Health be mandated to be responsible for the prevention and treatment of gambling-related harms?
- Should the Department for Communities be mandated to consult the Department of Health when developing gambling related policies and regulations?

- What data should be collected to improve treatment services and harm-prevention measures?
- What effective policies used or proposed in other areas of public health could be translated to addressing gambling-related harms?
- How should a new regulatory authority from work with health and social care services to address gambling-related harms?
- What are your view on public health messaging and education in schools on the risks associated with gambling?

The call for written evidence will open on Tuesday, 13 December 2022 and close on Friday, 3 February 2023. Submissions should be in Word format, include a contact name, organisation name, contact email address and telephone number and be emailed to secretariat@gamharmapg.org.

Oral evidence

The APG will hold a series of oral evidence sessions commencing in February 2023. A variety of people will be invited to give evidence, including health professionals, advocacy group representatives, academics, departmental officials and those with personal experience.

If you would like to appear before the group, please contact the APG secretariat (secretariat@gamharmapg.org)

Report

A report, based on the written and oral evidence, will be produced which will make policy recommendations.