

**APG**

ON **REDUCING HARM**  
RELATED TO **GAMBLING**



The NI Assembly All Party Group on  
Reducing Harm Related to Gambling

**Public Health Approaches  
to Tackling Gambling  
Related Harms**

**INQUIRY REPORT** JUNE 2024

**The All Party Group (APG) on Reducing Harm Related to Gambling was established to address issues associated with gambling harm in our communities.**

All Party Groups provide a forum in which MLAs and outside organisations and individuals can meet to discuss shared interests in a particular cause or subject. This report is based on written and oral evidence received by the APG over a period of thirteen months from December 2022 to January 2024.

The report was drafted by Connor Hogan and Rohan Boyle on behalf of Chambré, the Group Secretariat. Secretariat support is funded by Derek Webb.





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## Executive Summary

**This report is the result of an inquiry which the Northern Ireland (NI) All Party Group (APG) on Reducing Harm Related to Gambling undertook between December 2022 and January 2024, on public health approaches to tackling gambling-related harms in NI.**

**Over 30 witnesses gave oral evidence across 13 sessions; 45 individuals and organisations submitted written evidence (see Appendices 2-4). Written evidence included personal accounts of gambling-related harm, syntheses of available research, and references to relevant peer-reviewed studies in the fields of gambling, psychology, public policy and health.**

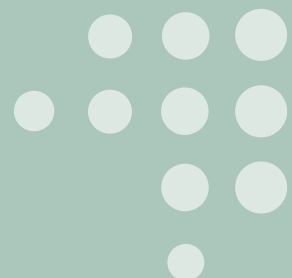
The following report summarises the APG’s findings and makes a series of recommendations to the NI Executive, Departments, and the UK Government. It covers a wide range of issues, including the impact of gambling on individual and public health in NI, the impact on children and young people, as well as effective approaches to regulation from a public health perspective.

The overwhelming weight of evidence received by the APG shows that gambling is a significant public health issue in NI, and calls for a public health approach similar to that used for alcohol and tobacco. This is because, as with these other legal addictive products, the whole population is vulnerable to gambling addiction and harm.

Clinical experts, health professionals, policymakers, researchers and those with lived experience highlighted wide-ranging harms, including physical and mental health issues (such as a much-increased risk of suicidality), financial distress, relationship breakdowns, unemployment, and criminal activity. Crucially, these harms affect not only individuals but also families and entire communities.

As NI proceeds towards the next stage of gambling reform, a process which is likely to entail one of the largest - if not the largest - bills ever to pass through Stormont, several important policy considerations are offered. Chief among these is a “prevention-first” approach which prioritises tackling the root causes of gambling harm.

An additional, important note concerns gambling products themselves. As the APG has previously argued, regulation should be proportionate to risk: highly addictive products, such as electronic gaming machines (EGMs) and online gambling (the latter of which is currently unregulated in NI) should be subject to comparatively more stringent rules. This is all the more urgent when one considers that children and young people in NI who engage in gambling are more likely to do so with these much riskier forms.





**In total, 57 recommendations emerged from this inquiry. These are listed in full at the end of this report. Key recommendations include:**

- Gambling should be officially recognised as a public health issue in Northern Ireland. Policies should not just focus on individual-level gambling harms but should include population-based approaches that prioritises harm prevention, in line with the public health approach adopted for alcohol and tobacco
- An integrated regional public health focused strategy to prevent and reduce gambling harms should be developed and implemented by the Department of Health in collaboration with other relevant Departments (Communities, Education and Justice). In addition, gambling addiction should be fully integrated into all relevant regional strategies including mental health and suicide prevention
- Regulation should be proportionate to risk: more harmful and addictive gambling activities should be subject to tighter rules.
- A financial levy on gambling operators in Northern Ireland to fund research, prevention and treatment, which is provided for in the Betting, Gaming, Lotteries and Amusements (Amendment) Act (Northern Ireland) 2022, should be implemented without delay
- An independent regulator for gambling should be established in Northern Ireland, tasked with enforcing gambling laws, licensing, and dispensing fines, in collaboration with all relevant bodies. In addition, the current mechanisms to protect and seek redress for gambling consumers are ineffective and should be replaced by

a dedicated and independent gambling ombudsman to bring gambling in line with the protections granted in relation to other consumer goods.

Additional recommendations include the establishment of a dedicated gambling treatment service in NI modelled on the Problem Gambling Clinics in England (of which there are now 15), that the Department for Communities should be mandated to consult the Department of Health when developing gambling-related policies and regulations, and that a Health Impact Assessment should be undertaken for the next phase of gambling reform.

The findings of this inquiry come at a critical juncture for NI and gambling reform. As noted in the report, NI is falling behind neighbouring jurisdictions in this regard – we remain a “Wild West,” as Great Britain and the Republic of Ireland proceed with wide-ranging updates to their gambling laws.

By recognising gambling as a public health issue and implementing the recommendations of this report, NI can set a precedent for effectively ensuring that the long-term well-being of individuals and communities – and children and young people especially – is safeguarded. The APG calls on the NI Executive, Departments, and the UK Government to take decisive action in adopting these measures.



# Introduction





## Introduction

### STATUS OF GAMBLING IN NORTHERN IRELAND

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).<sup>1</sup> Unlike Great Britain (GB), NI does not have an independent gambling regulator.

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<sup>2</sup> becoming law. This includes a new offence of inviting, causing, or permitting a person under 18 years of age to play a high-stake gaming machine, and includes enabling powers to introduce Codes of Practice for land-based gambling operators. At the time of writing, some of the Act's provisions (including the Codes of Practice and a levy on gambling operators in NI) are yet to be enacted via secondary legislation.

The next phase of gambling reform involves a more comprehensive overhaul of NI's gambling laws, including a complete new regulatory framework that will, for the first time, encompass online gambling. It is anticipated that it will take until the next Assembly mandate (2027-2032) to bring forward and enact the necessary legislation.

### BACKGROUND TO THE ALL-PARTY GROUP AND PUBLIC HEALTH INQUIRY

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.

In November 2021, the APG published its report on the future regulation of gambling in NI.<sup>3</sup> Various witnesses in the inquiry, including health practitioners, researchers, and NGOs, consistently called for a regulatory framework focused on harm prevention, similar to the public health approach used for alcohol and tobacco. This is because, similar to these legal addictive products, the whole population is

vulnerable to gambling addiction and harm.

Key among the APG's recommendations was that gambling should be officially recognised as a public health issue in NI, and that this should be reflected in regulation that prioritises the prevention of harm at a population level.

The first APG report also recommended:

- That gambling addiction should be fully integrated into all relevant strategies including mental health and suicide prevention
- 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
- That the Department of Health 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
- That the relevant Executive Departments (Communities, Health, Education and Justice) work closely to both prevent and treat gambling related harm and end a disjointed Executive approach.

Likewise, in the APG's recent inquiry on gaming machines in NI,<sup>4</sup> several witnesses highlighted the public health implications of harm stemming from gaming machines specifically, and urged for a regulatory response that directly addresses these concerns in a holistic manner.





In response to the Department for Communities' consultation on regulation of gambling in NI in 2020,<sup>5</sup> 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.*

In light of these appeals and the evidence from the previous APG inquiries, and amidst mounting calls for gambling-related harms to be considered a public health issue both in the UK and Ireland and internationally, it was decided that the APG would undertake an inquiry into the issue. The inquiry would build on previous findings and make further recommendations for the second phase of gambling reform in NI.<sup>i</sup>

This inquiry sought to examine the need, prospects for and implications of public health approaches to gambling-related harms in NI, and associated issues. It considered:

- 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.

The evidence presented shows that gambling is a significant health and social harm in NI, and that a public health approach is necessary to address its impacts. The report thus advocates for recognising gambling as a public health issue in NI and calls for the implementation of comprehensive, population-level measures, guided by this understanding.

The APG has stressed many times that it in no way seeks to prohibit gambling. Rather it recognises that serious gambling-related harms can and do occur in our communities and that a better, coordinated system of regulation, education, treatment and prevention is required to address this reality. The inquiry aimed to gather a solid evidence base on the relationship between gambling and public health in order to inform the next phase of gambling reform.

It should be noted that due to the absence of significant NI-specific research on gambling, some of the evidence submitted to the inquiry draws on research from Great Britain (GB), the Republic of Ireland (ROI) or other jurisdictions, from which proportionate estimations for NI can be drawn.

### WHAT IS A PUBLIC HEALTH APPROACH TO GAMBLING?

Problem gambling has traditionally been seen as an issue rooted in individual attitudes and behaviours. However, research indicates that this fails to recognise the broader impact of gambling on public health (i.e. the health and well-being of the entire community or population).<sup>6</sup> Indeed, an oft-cited 2017 study suggests that a typical 'problem gambler' can negatively affect around six other people - including family, friends, wider social networks and local communities.<sup>7</sup>

<sup>i</sup> The full Terms of Reference for the inquiry can be accessed via the APG's website ([www.gamharmapg.org](http://www.gamharmapg.org)). The schedule of oral evidence sessions is also available on the APG website.



In a sentence, 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.<sup>8</sup>*

As one witness told this inquiry, gambling harm is one of the “largest modifiable risk factors to health,” and in their view a public health approach would consist of “wide scale policies and interventions that affect the whole population.” Such an approach would have the greatest potential to effectively prevent and reduce gambling harm.

A comprehensive definition was offered to the APG by the Institute of Public Health (IPH), in their written submission to the inquiry, which broadly reflects the range of perspectives from witnesses regarding a public health approach. To summarise,<sup>9</sup> a public health approach to gambling-related harm can be described as one that:

Prioritises the health and well-being of the entire population, including children (it operates on the level of the entire population, as opposed to focusing on individual harms on a case-by-case basis)

- Adopts a ‘life course’ approach to gambling harms, examining how exposure to gambling in youth can affect individuals over time
- Deploys the best available data and evidence to understand gambling and related harms, and to ensure independent and robust evaluation of the impact of interventions to address harms
- Seeks to destigmatise the issue and empower those affected
- Prioritises prevention of harm through ‘upstream’ actions, like legislation and policy, rather than having the sole focus on providing services to those already experiencing harm
- Seeks to mobilise actions across government departments and agencies and ensure policy coherence within the health sector and across other sectors
- Focuses on reducing inequalities and

protecting vulnerable groups including children, people with mental ill-health and those with substance misuse issues

- Integrates a gendered approach and seeks to deploy best practice in gender and culture appropriate design of policies, programmes and services
- Incorporates a commercial determinants of health framework to minimise industry interference in decision making.

Thus, a public health approach in the context of this report is one that considers the collective impact of gambling, prioritises prevention, coordinates multi-sectoral efforts, and seeks to reduce social and health inequalities of harm. 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. This is now a well-recognised and understood approach for obesity, smoking, and alcohol consumption, but this is not necessarily the case with regards to gambling, which is no less addictive or harmful.

## PUBLIC HEALTH APPROACHES IN BRITAIN AND IRELAND

### Great Britain

Following the implementation of the 2005 Gambling Act,<sup>10</sup> which generally liberalised gambling operations, accessibility and promotion, there has been increased attention to the harms arising from gambling in the UK. In recent years, there has been mounting advocacy for a comprehensive, public health-oriented strategy aimed at mitigating these harms, with well-grounded, enforceable legislation forming a central tenet of such an approach.<sup>11</sup>

In 2017 the gambling regulator for GB, the Gambling Commission, described problem gambling as a public health concern.<sup>12</sup> In response to a written question in September 2021, John Whittingdale, the then Minister of State for the Department for Digital, Culture, Media and Sport (DCMS), said that the UK Government views gambling-related harm as a public health issue.<sup>13</sup>



In September 2021, Public Health England (PHE) published a comprehensive review into gambling-related harms.<sup>14</sup> The review found that harmful gambling has significant individual, familial, and societal harms, including substantial economic costs. It highlighted the disproportionate impact on socio-economically deprived groups and the need for interventions to address existing health inequalities. Additionally, the review emphasised various risk factors for harmful gambling, such as impulsivity, substance use, and poor mental health, alongside a range of associated harms including financial difficulties, relationship strains, mental health issues, and negative impacts on education and employment. The review also raised emerging concerns regarding gambling within gaming activities among young people.

In a follow-up study, researchers explored which policies and interventions could be adapted from public health to address gambling harms.<sup>15</sup> 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 (e.g. limiting which gambling websites can operate; ban all gambling in venues where young or vulnerable people are present) 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 the case for alcohol and tobacco.<sup>16</sup>

Though public health is now the “dominant lens for national debate” on gambling reform in the UK,<sup>17</sup> many researchers, NGOs and those with lived experience have argued that the Government’s recently published White Paper, *High stakes: gambling reform for the digital age*, does not go far enough in addressing gambling harm from the perspective of public health.<sup>18/19/20/21</sup> While praise is deserved for certain measures, some have noted that the Review fell short in key areas, such as regulation on loot boxes, and proposals to liberalise rules around the number of gaming machines in casinos and bingo halls, thus prolonging or even exacerbating harm.<sup>22</sup> Moreover, there were

no proposals announced around gambling advertising and sponsorship.<sup>23</sup> Others have argued that some of the proposals are vague, and in any case subject to further consultation. At the time of writing, the Government has run three consultations on White Paper proposals: on online slots stake limits; land-based measures; and the proposal for a statutory levy.<sup>24</sup> In tandem with these, the Gambling Commission has published two sets of consultations.<sup>25</sup> The first included financial vulnerability checks and risk assessments, consumer choice on direct marketing, age verification in gambling premises and online game design. The second set of consultations included socially responsible incentives, customer-led tools and transparency of customer fund protection. The Government and Commission have subsequently announced measures to limit online slots and affordability checks.<sup>26</sup>

There are currently fifteen specialised gambling addiction clinics in England, including one that was opened in March of this year in Sheffield.<sup>27</sup> This fulfilled the pledge made as part of the NHS Long Term Plan to open fifteen gambling clinics by 2023/24.<sup>28</sup> A further national addiction clinic, which treats both gambling and gaming addiction for children and young people, is also open in London. There are currently no such clinics in Scotland, Wales or NI.

### Scotland and Wales

Most gambling legislation and regulation is reserved to the UK Parliament. Nevertheless, in 2022, the Scottish Parliament published a paper on treating gambling as a public health issue.<sup>29</sup> It recommended, among other things, that Scottish authorities within healthcare, education or local authorities, adopt a population level approach to gambling harms. It also noted the lack of a specialist clinic for those affected by problem gambling in Scotland.

Wales’ Chief Medical Officer (CMO), Dr Sir Frank Atherton has said the impact of gambling related harm is varied and wide-reaching.<sup>30</sup> In 2019, Public Health Wales commissioned an initial examination of gambling as a public health issue.<sup>31</sup> The research 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.”<sup>33</sup> The recent Gambling Health Needs Assessment for Wales provided an even more comprehensive review of gambling harms and interventions to inform a public health approach. Key recommendations included tighter regulation of gambling industry advertising and practices, and an “integrated, collaborative approach” to treatment and prevention, which is capable of addressing multiple comorbidities.<sup>34</sup>

### Republic of Ireland

In November 2022, the Irish Government approved the publication of the Gambling Regulation Bill.<sup>35</sup> This Bill follows from the Government’s 2020 commitment to establish a gambling regulator “focused on public safety and wellbeing.”<sup>36</sup> The Government had referred to the legislation as a “national public health initiative.”<sup>37</sup> One of the key provisions of the Act is the creation of the Gambling Regulatory Authority of Ireland (GRAI), which will play a central role in regulating gambling activities. The GRAI is currently being established, with civil servant Anne Marie Caulfield appointed as CEO designate at the end of 2022.

The Bill provides for a watershed prohibiting the broadcast of gambling advertising on television and radio between the hours of 5:30am and 9:00pm. It also proposes a Social Impact Fund be established, to be managed by the GRAI, for the purposes of financing research and supporting treatment of gambling problems by relevant health professionals. The Fund will be financed by a yet-to-be-determined mandatory contribution provided by licensed operators.

At the time of writing, the Bill has concluded its passage through Dáil Éireann, and is proceeding through the Seanad. It is due to be enacted before the end of this year.

### PUBLIC HEALTH APPROACHES IN OTHER JURISDICTIONS

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 set at least every three years, following recommendations from the Ministry of Health, and is paid according to a pre-agreed formula, set within law, which considers:

- The amount of money lost by gamblers to each of the gambling sectors (player expenditure data)
- A proxy for the harm caused by each of the gambling sectors (i.e., the number of people who seek treatment and cite that particular sector or type of gambling as their primary mode of gambling)
- Forecast player expenditure over the next three years.
- Numerous witnesses to this inquiry referenced New Zealand’s approach as exemplary for NI in tackling gambling harms through a public health lens.<sup>38</sup>

A recent parliamentary inquiry in Australia which focused on issues pertaining to online gambling specifically recommended that a comprehensive national strategy based on public health principles should be developed, focusing on prevention, early intervention, and treatment for those experiencing harm.<sup>39</sup> This strategy would include measures that “prevent gambling harm from occurring, intervene early when there is risk of harm, and provide appropriate treatment and support for those experiencing harm.”<sup>40</sup> The report also recommended that a national regulator should be established, funded by an industry levy. 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.<sup>41</sup>

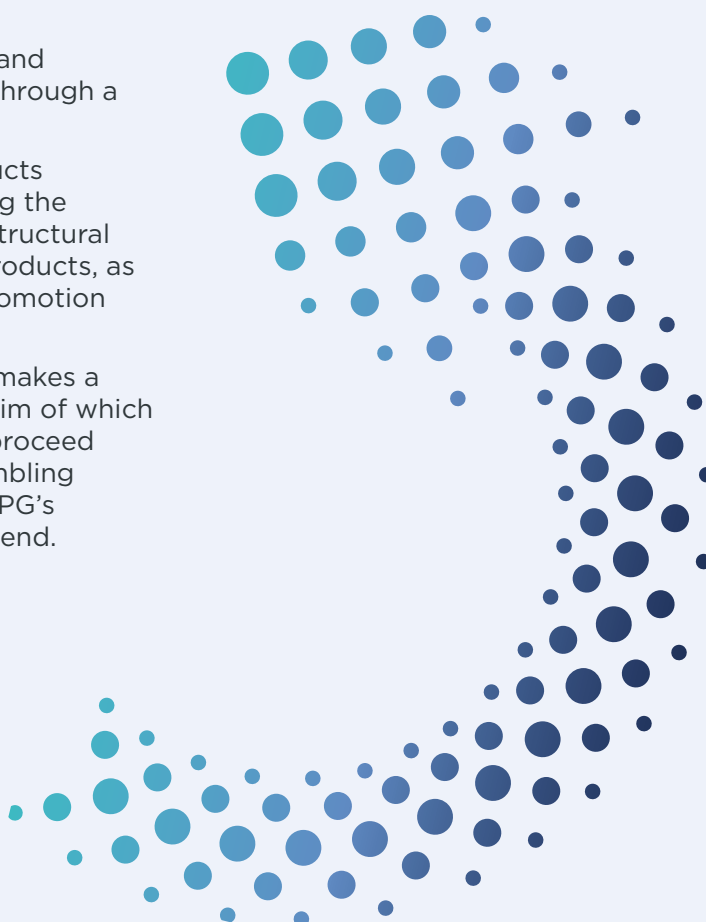


## STRUCTURE OF THE REPORT

This report has been divided into seven sections, covering the following themes:

1. What we know about the prevalence of gambling and gambling harms in NI, where and why there are gaps in our knowledge, and recommendations on how to improve our evidence base
2. The evidence received over the course of the inquiry for gambling-related harms, including impacts of physical and mental health, financial impacts and effects on children and young people
3. The relationship between gambling harms and social and health inequalities
4. The provision of treatment services for gambling in NI
5. Proposed policy approaches for NI, guided by an understanding of gambling as a public health issue, including taking a 'prevention first' approach
6. The regulation of advertising and promotion of gambling in NI through a public health lens
7. Regulation of gambling products themselves within NI, including the accessibility, availability and structural characteristics of gambling products, as well as the advertising and promotion of gambling.

Throughout the report, the APG makes a series of recommendations, the aim of which is to inform policymakers as we proceed through the second phase of gambling reform here. A summary of the APG's recommendations is listed at the end.





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# Overview of Findings





## Overview of Findings

### THE PREVALENCE OF GAMBLING AND RELATED HARMS IN NORTHERN IRELAND

The last Gambling Prevalence Survey for NI was published in 2016,<sup>42</sup> and there is limited data available on the extent and nature of gambling activity in NI over the ensuing eight years. Issues surrounding the collection and analysis of NI-specific gambling data have been raised consistently with the APG by numerous inquiry witnesses and other stakeholders.

In a recent meeting with the APG, the Minister for Communities Gordon Lyons stated that his Department is currently in the process of commissioning an updated gambling prevalence survey.<sup>43</sup> Members urged the Minister to ensure that the updated survey adequately covers new online forms of gambling, as it is likely that the proliferation of online gambling has further increased risks.

Some witnesses to this inquiry highlighted that gambling-specific data is collected on a significantly more regular basis in other jurisdictions. For example, the Gambling Commission publishes the annual Gambling Survey for Great Britain – the largest survey of its kind in the world, collecting data from over 20,000 participants on their gambling behaviours.<sup>44</sup> Gambling-related data is also captured regularly by health authorities: the NHS’ annual Health Survey for England contains questions describing gambling participation and the prevalence of at-risk and problem gambling.<sup>45</sup> Public Health Scotland also collects data pertaining to gambling and problem gambling as part of its annual Scottish Health Survey.<sup>46</sup> In Wales, questions on gambling are included in the Welsh Government’s annual National Survey for Wales.<sup>47</sup>

Additionally, some witnesses suggested including questions about gambling behaviour and gambling-related harm in other already existing health and wellbeing surveys, particularly those focusing on mental health, household budgeting, and financial wellbeing. A representative from the Department for Communities confirmed to the APG that they are working to include such questions in “as many surveys as [they]

can,” in order to capture the prevalence of gambling and related harms to the fullest extent. Questions pertaining to gambling were recently included for the first time in the Young Persons Behaviour and Attitudes Survey, which is the periodic survey of 11 to 17 year olds in NI. The results of which were published by the Department for Communities and Department of Health in December 2023.<sup>48/49</sup> The Department for Communities included questions on participation in gambling, experience of different types of gambling, use of in-game currency or items and relationship with advertising.

Findings included:



**Three in ten** young people **(30%)** had gambled in some form within the last **12 months**, with **17%** having gambled online



The most common type of gambling reported was playing a **fruit or slot machine** **(13%)**



**15%** of those who had gambled in the last 12 months said they had been encouraged to spend money by gambling advertising



The proportion who had gambled was higher for those young people living in the **most deprived areas (37%)** compared with all other areas

Questions from the Department of Health focused on the health perspective. Findings included:

- Boys were more likely to indicate they had gambled to help escape from problems or when feeling bad, though the majority of **boys (84%)** and **girls (92%)** indicated they never did so
- Young people who had not gambled in the last 12 months were more likely to report that their parents never spend money on gambling
- Young people thought their parent or guardian would find it acceptable if they spent money on gambling (**14%**).

Data such as this is crucial for understanding not only the prevalence but also the nature of gambling-harm in NI. The APG recommends that gambling-related questions be included in all relevant government surveys, in order to monitor trends, measure prevalence and assess the effectiveness of interventions aimed at reducing and preventing harm. Such data would also enable a more productive assessment of the relationship between gambling and other forms of addiction, criminal activity and debt, as well as revealing other important causal relationships. Other forms of data collection

which were suggested to the APG include the annual reporting of hospital admissions that are related to gambling (e.g. psychiatric episodes, self-harm, and attempted suicide).

The Gambling Commission provides detailed data on gross gambling yield (GGY) for GB, but it does not do so for NI. Instead, it provides combined figures for GB and other 'non-GB' jurisdictions. The presentation of the data in this format dilutes its utility to NI policymakers when regulating for gambling related matters. Lack of clear data between jurisdictions (both within and without the UK) means that policymakers lack the proper evidence base to understand the scale of gambling-related harm and to consider options for the future regulation of gambling.

As the APG recommended in a recent consultation response to the DCMS,<sup>50</sup> remote gambling operators advertising in NI, who must be licensed with the Gambling Commission, should be required to submit GGY data in their regulatory returns for their operations in both GB and NI. This data would be valuable in understanding the prevalence of gambling here. The APG has also urged the UK Government to require the Gambling Commission to disaggregate and publish NI-specific data provided by licenced gambling operators as part of their regulatory returns. This data would be hugely valuable in understanding the prevalence of online gambling here and informing policy and legislation.

In the case of land-based operators in NI, they could be required to share data as part of their licensing conditions to a future regulator. In lieu of an NI gambling regulator, this data could be shared with the courts or local authorities, in order to help inform the Government on gambling returns and overall activity in NI.

It should be noted that the rate of problem gambling in NI, when assessed, has consistently been shown as higher than neighbouring jurisdictions.





The aforementioned 2016 survey found **(2.3%)** of the population as having a gambling problem.<sup>51</sup>

Though this likely underestimates the number of problem gamblers here,<sup>ii</sup> it is still more than four times higher than that recorded in GB and almost three times higher than in RoI. As the charity Christian Action, Research and Education (CARE) noted in their written submission to this inquiry:

*To put the data in context, there are the same total number of people who find themselves in gambling-related harm in the six counties that make up Northern Ireland (40,000 people) as there are problem gamblers in the rest of the 26 counties of Ireland combined.*

On top of this, 4.9% of those in the 2016 survey were found to experience moderate risk gambling, meaning they are likely to be experiencing some adverse consequences from their gambling.<sup>52</sup> Moreover, around a third of people in NI do not gamble, and many gamble only on the National Lottery, suggesting that problem and moderate-risk gambling rates are likely much higher among those who engage in other types of gambling. And as a number of witnesses to the inquiry noted, NI has relatively higher rates of poverty, mental ill-health and suicide compared to neighbouring jurisdictions, which contributes to a heightened vulnerability to the negative impacts of gambling.



The 2016 survey found that **15.8%** of those in NI that gambled in the last year did so online, compared with **6.7%** in 2010 – an increase of more than double.<sup>53</sup>

Moreover, as numerous submissions to the inquiry pointed out, the COVID-19 pandemic and resultant lockdowns likely increased the prevalence of online gambling further still, as people sought alternatives to in-person entertainment and social activities, leading to more time spent at home with increased access to digital devices. This, combined with heightened stress and uncertainty during the pandemic, created an environment conducive to increased online gambling activity, which carries additional risks compared to land-based activity (discussed below). As one witness pointed out, while overall gambling participation in GB has remained relatively constant in recent years, the profits of the gambling industry have grown, as access to online gambling has expanded:

*Another way to put this is the public's gambling losses have steadily increased over recent years, largely due to the growth in higher-risk online gambling.*

An important note regarding the prevalence of gambling and gambling harms is that they are likely to vary between demographics and communities, with some more likely to experience a greater level of gambling-related harm than others. For example, some witnesses to the inquiry cited the much higher prevalence of gambling among men and boys, while others noted that women face very specific pressures and challenges when it comes to problem gambling and recovery. As mentioned, higher rates of gambling prevalence and risk among populations living in poverty and with poor mental health was also noted by witnesses, and research presented to the APG strongly supports this. Another example of demographic differences which the APG received suggests that professional athletes are at a higher risk of gambling and gambling harms.

Moreover, the prevalence of gambling harm varies according to the level of access and type of gambling available. Clinical experts told the inquiry that gambling

<sup>ii</sup> This 2.3% refers only to those classified as problem gamblers within a single year and ignores the reality that gamblers move in and out of gambling harm, meaning the longitudinal incidence of gambling harm is of course higher. A more accurate model would count the number of people who experience gambling harm at some time in their lifetime.



products which offer continuous play carry a much higher risk of addiction and related harms (discussed further below). Thus, the prevalence of gambling harm in NI is likely to be much higher with certain forms of gambling, including electronic gaming machines (also known as fixed-odds betting terminals or FOBTs) and online gambling, than with relatively lower risk forms, such as the National Lottery.

Numerous witnesses to the inquiry suggested that data sharing agreements be agreed with the gambling industry, with most adding that it should be a licensing requirement to operate here. Indeed, one gambling reform campaigner told the inquiry that without data sharing being written into licensing, “you end up with a situation where the industry can decide to withhold data - delaying research.” He cited the example of the *Patterns of Play* study commissioned by Gamble Aware,<sup>54</sup> which used data voluntarily provided by seven gambling operators. According to the witness, after the interim findings were published, operators attempted to stall the full report’s release, and legal measures were taken to prevent other researchers from accessing the dataset. In another oral session, an academic reported similar issues when trying to obtain industry data for research purposes:

*The reasons that companies tend to say [no] would be, firstly, the commercial reasons. They feel like if this was data they shared, their competitors would know. But I think that’s not really a legitimate issue because you can just share some of those data and that would still be helpful for us. [...] Then, the second reason they cite would be the GDPR, which is also not a good reason because I would imagine they actually obtain quite blanket consent for their data to be shared. But even if not, they can now go and ask for it. I would imagine a lot of players would be willing to share their data...*

Examples such as these underscore the need for regulators to have real-time data

access which is not dependent on the whim of industry, and to ensure anonymised data is shared with researchers while complying with data protection laws. Anonymised industry data could be shared with an independent body and used for audits, research, and to detect those at risk of gambling addiction and gambling-related harms. Headway, a UK-wide charity working to improve life after acquired brain injury, pointed out that operators have the means to monitor gambling in real time and can therefore potentially identify behaviours that indicate harm and addiction. “The use of warning signs, making spending more transparent, opt-out mechanisms and so on is still underexploited,” the charity added. Any future regulator could be entitled to make such data available to specified third parties. To this end, the APG recommends that a gambling data strategy be implemented for NI, part of which will involve the establishment of an independent body responsible for the collection, safe and legal storage, and distribution of industry data for research purposes. Furthermore, we recommend that agreeing to data sharing with this independent body be included as a part of the licensing requirements for gambling bodies wishing to operate in NI.

Several researchers highlighted the lack of funding for gambling-specific research in NI. One academic from Ulster University added that for a public health approach to work:

*... there is such an importance in giving funding for this research area, to ensure that researchers like me are able to go in and conduct good quality research [...], and be able to feed that back to you [the MLAs]*

In its submission to a recent UK Government consultation on the matter<sup>55</sup>, the APG recommended that a portion of the proposed statutory levy on GB gambling operators be allocated to research, prevention, and treatment in NI (pending the implementation of a levy here). This could be done through the proposed Gambling Research Programme



led by UK Research & Innovation (UKRI). This is discussed in more detail in a further section (see: “Levy on gambling operators”).

A final caveat regarding prevalence concerns the need itself for a comprehensive evidence base to inform policy responses to gambling. Although the evidence base for gambling harms is in its “infancy”, a researcher behind one of the largest reviews on gambling-related harms in the UK<sup>56</sup> told the inquiry that there is a frustration within the field that “more research is needed” is often cited erroneously. This phrase is utilised to delay action or policy interventions, when key aspects of gambling-related harm are already relatively well understood:

*... from my perspective, having undertaken an evidence review, there is a very solid evidence base to show that gambling can lead to a wide range of harms, both for those who gamble and those around them. We know those harms are long lasting. We know they can continue far beyond when the gambling has ceased. We know enough; one of the conclusions of [our] evidence review was to say that gambling is a legitimate public health issue and that work to prevent the harms associated with gambling should be taking place alongside building the evidence base. We do not need to be waiting to know everything before we act.*

Another expert witness added that in their view:

*We have enough data to know that the harm is completely unacceptable and much more widespread than the industry PR machine is telling you and the prevalence surveys are telling you. So, yeah, we shouldn't be afraid to take significant, transformational policy change now.*

The APG would urge an emphasis on this perspective going forward. When considering the next round of gambling legislation for NI, it is imperative to acknowledge that while further research is undoubtedly valuable and needed, there already exists a substantial body of evidence demonstrating the wide-

ranging harms associated with gambling. This evidence underscores the urgent need for proactive measures to address these harms, rather than using the absence of exhaustive research as a pretext for delaying much-needed action or policy interventions.

#### RECOMMENDATIONS:

- Gambling-related questions should be included in all relevant surveys across all departments and statutory agencies (such as HSC Trusts) in Northern Ireland, in order to monitor trends, measure prevalence and assess the effectiveness of interventions aimed at preventing and reducing gambling harm
- The APG would urge the UK Government (DCMS) to require the Gambling Commission to disaggregate and publish NI-specific data from the regulatory returns of remote gambling operators advertising in Northern Ireland. This data would be hugely valuable in understanding the prevalence of online gambling here and informing policy and legislation
- Land-based operators in Northern Ireland should be required to share data as part of their licensing conditions to a future regulator. In lieu of a gambling regulator, these could be shared with the courts or district councils
- The collection of gambling-specific data for Northern Ireland should be brought in line with Great Britain
- A gambling data strategy should be implemented for Northern Ireland, part of which will involve the establishment of an independent body responsible for the collection, safe and legal storage, and distribution of industry data for research purposes. Agreeing to data sharing with this independent body should be included as part of the licensing requirements for gambling operators wishing to operate in Northern Ireland.



## EVIDENCE OF GAMBLING-RELATED HARM

The overwhelming weight of evidence which the APG received shows that gambling presents significant health and social harms for individuals and communities in NI. These risks are wide-ranging, and include financial problems, relationship breakdowns, mental and physical health issues, loss of employment, educational setbacks, criminal activity, antisocial behaviour, and cultural disruptions.<sup>57</sup> Crucially, from a public health standpoint, the impact of these harms extend far beyond the individual, affecting families and entire communities - as mentioned, findings from a 2017 study suggest that for every so-called “problem gambler,” six other people are adversely affected.<sup>58</sup>



According to 2020 YouGov data, around **7%** of the population of GB (including both adults and children) are **negatively affected by someone else’s gambling**.<sup>59</sup>



International research has suggested that for **every person** with a **gambling problem**, between **five** and **ten people** are **indirectly harmed**.<sup>60</sup>

Extrapolating the above results suggests that between 130,000 and 200,000 people are indirectly affected each year by gambling harm in NI. This includes not only immediate family members and friends, but also broader familial, social, and community networks, all of whom can suffer profound challenges and distress due to gambling-related harm. As many of the submissions to the inquiry argued, it is in large part because of this “ripple effect” nature of gambling-related harms that a de-individualised, population level approach (in other words, a public health response) is needed.

## IMPACT ON HEALTH

Evidence from the Royal College of Psychiatrists, the British Psychology Society, numerous charities, those with lived experience and many more over the course of the inquiry indicate a strong connection between gambling and a host of mental and physical health issues. These include low self-esteem, stress-related disorders, anxiety, depression, poor or irregular sleep and appetite, substance misuse, self-harm and suicidality (risk of suicide).

The Public Health Agency (PHA), in their written submission to the inquiry, noted that problem gambling is more common among those with mental ill-health, across a broad set of disorders including “anxiety and depressive disorders, obsessive compulsive disorder, phobias, panic disorder, eating disorder, psychosis, attention deficit hyperactivity disorder and substance dependency”. They also noted that poor mental health is a “stronger predictor of at-risk gambling than both poor physical health and negative health behaviours” with the notable exception of alcohol. One researcher from the Department of Health and Social Care in England told the inquiry that they had found that those with mental health issues are twice as likely to be participating in harmful gambling, compared to those with no mental health issues.

In terms of causality, it was suggested that problem gambling can both contribute to the development of mental ill-health and exacerbate existing mental health issues. As a representative from the British Psychology Society told the inquiry, problem gambling:

*...is associated with substance use disorders (so alcohol and drugs) and mental health conditions, such as depression, anxiety, bipolar [...] that can work both ways. People with mental health difficulties may be more likely to use gambling as a coping strategy as well.*

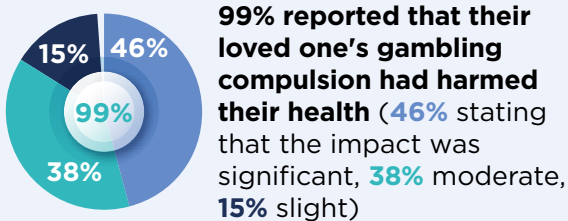
Clinical Lead and Consultant Psychologist for The NHS Northern Gambling Service, Dr Matt Gaskell told the inquiry that in his experience



with patients, gambling was more often a root cause of mental health issues, and precipitated a vicious cycle:

*... in my experience, it causes a lot of distress. It causes depression. It causes a lot of anxiety, guilt, worry, shame, helplessness. Then people can get into that cycle eventually of gambling to alleviate all of that distress and they get into a perpetual cycle of distress and temporary alleviation. So, gambling becomes the thing that they're trying to use to alleviate the distress that gambling's caused in the first place.*

Several studies and reviews sent to the APG as written evidence further confirm the impact of harm on others. One particularly striking study was conducted in 2018, at Sheffield Hallam University.<sup>61</sup> Researchers surveyed over 200 family members of gambling addicts, among whom:



**99% reported that their loved one's gambling compulsion had harmed their health** (46% stating that the impact was significant, 38% moderate, 15% slight)

- **95%** reported loss of sleep due to stress or worry
- **64%** reported reduced physical activity, **30%** increased alcohol use, **33%** increased tobacco consumption, **56%** eating too much, and **44%** eating too little
- **29%** reported neglecting their medical needs, **36%** reported increased use of health services, and **21%** reported requiring emergency treatment for health issues caused or exacerbated by their loved one's gambling
- **16%** reported committing acts of self-harm, and **8%** had attempted suicide.

Furthermore, **96%** reported experiencing relationship harms (**67%** stating that the impact was significant):

- **89%** and **82%** reported greater tension and conflict, respectively
- **71%** reported feeling excluded from others
- **68%** reported threatening separation or ending the relationship
- **33%** reported separating or ending the relationship with the family member who gambles and potentially related others.

It is important to note that individuals facing gambling harms are more likely to also experience other comorbidities affecting their physical and mental well-being. A recent study suggested that nearly six out of ten people experiencing gambling harm have a substance misuse disorder.<sup>62</sup> One researcher told the inquiry that in one of their studies<sup>63</sup>:

*We found a really strong association between gambling at all levels of harm and alcohol consumption. So about 30% of non-drinkers participate in gambling, but 75% of those who consume over 50 units of alcohol were gambling.*

Similar research presented to the APG suggests that over a third of people experiencing gambling harm will have a mental health disorder, and about a third will encounter domestic violence.<sup>64</sup> One expert witness to the inquiry cited further research which revealed the potential link between gambling and domestic violence, particularly in situations where spouses were responsible for controlling family finances.<sup>65</sup> The advent of technology-based financial controls, like bank card restrictions, has reduced the burden on family members, potentially leading to fewer instances of violence due to gambling-related financial strain. However, it is still a significant concern that must be addressed within a comprehensive public health strategy for gambling, as well as through relevant strategies pertaining to substance abuse and domestic violence, such as the Domestic and Sexual Abuse Strategy 2023-2030, on which the Department of Justice recently consulted.<sup>66</sup>



Many respondents, including Samaritans NI and representatives from Gambling with Lives, cited the strong evidence linking gambling harms and suicidality, particularly among young people. International research suggests that individuals with gambling disorders have a suicide rate 15 times higher than the general population.<sup>67/68</sup> A 2021 cross-sectional online survey in the UK revealed a significant correlation between suicide attempts and problem gambling among 16-24 year olds, even when controlling for other factors such as poor wellbeing, substance misuse, and impulsivity.<sup>69</sup>

Two researchers from the independent not-for-profit initiative Tackling Gambling Stigma, who have conducted over 50 interviews with people experiencing gambling harm, said that despite not asking their participants directly about suicidality, nearly all participants brought it up, suggesting a very strong prevalence:

*... we don't actually ask them about suicidality. But I think, unequivocally, every single person we have spoken to has mentioned suicidality in some way - whether that be that they thought about it themselves, whether that be that they tried to or attempted but failed, every single person has raised suicide.*

Similarly, an Ulster University researcher who interviewed women recovering from gambling addiction across the island of Ireland told the inquiry that most, if not all of them had experienced suicidal thoughts.

Despite the undoubtedly high incidence of gambling-related suicides in NI, unfortunately, there is currently a lack of data collected on it here. As one witness noted:

*Perhaps the most severe form of harm is suicide and that currently isn't measured at all. There are, from memory, somewhere between 5,500 and 6,000 suicides per year, of which, depending on whose analysis you believe, somewhere between 4% and 11% are likely to be gambling related. We don't measure those in any way, shape or form.*

Several witnesses to the inquiry suggested that the coroner in NI should be able to record gambling as a contribution factor in suicide. One campaigner said:

*If coroners ask some basic questions, like, "Was there a suicide note? What is the evidence of family and friends? How much of income was spent on gambling merchant codes? What was the intervention experience with treatment for gambling and anything else? What do the operators' DSAR records show?" The coroner's standard of proof is a balance of probabilities. In my mind, if those questions were asked and thoroughly answered, a coroner could, in 99% of cases, come to a fair conclusion that this was a suicide for which gambling contributed.*

In November 2021, the Coroners (Determination of Suicide) Bill was introduced to the House of Lords, by the Bishop of St Albans, Dr Alan Smith.<sup>70</sup> This Bill would require that following an inquest, coroners in GB record an opinion on the relevant factors in a case of death by suicide.

The APG recommends that the NI Coroner's Service explore the extent to which gambling may or may not be a contributing factor in deaths by suicide.

In their evidence to the inquiry, Tackling Gambling Stigma also emphasised the impact of stigma and shame on those suffering from gambling-related harm and addiction:

*People got the message that they were solely to blame for the harm they and those around them experienced - that people who had difficulties with gambling were greedy, lazy, weak, untrustworthy, and dangerous to others [...] This stigma kills. It does so not only because it stops people from speaking up or seeking health or reaching out before it's too late - although it absolutely does that - but stigma causes immeasurable levels of harm because it leads to discrimination.*



A 2022 review of studies found that the **primary factors connecting gambling to suicidal behaviour are indebtedness and shame.**<sup>71</sup>

As such, a future public health response to gambling-related harms in NI must include robust measures to tackle stigma and shame surrounding gambling addiction, fostering an environment of empathy and support for those affected, thus enabling early intervention and preventing further harm.

**RECOMMENDATIONS:**

- Gambling should be officially recognised as a public health issue in Northern Ireland. Policies should not just focus on individual-level gambling harms but should include population-based approaches that prioritise harm prevention, in line with the public health approach adopted for alcohol and tobacco
- Gambling addiction should be fully integrated into all relevant strategies including mental health and suicide prevention
- The Northern Ireland Coroner’s Service should be asked by the NI Executive to explore the extent to which gambling may or may not be a contributing factor in deaths by suicide.

**FINANCIAL IMPACT**

Many witnesses highlighted the financial harm incurred through gambling. This is a crucial aspect in the context of public health, as a growing body of evidence shows a close correlation between financial strain as a result of gambling on the one hand, and mental ill-health on the other. As one campaigner put it to the inquiry: “We know that harm extends beyond financial loss, but it is core. Harm comes from financial loss and harm increases, the more money a person loses.” Moreover, the issue of financial strain is tightly bound with the regulatory environment in which gambling operators and consumers are embedded, as increasing evidence suggests that the profitability of gambling companies depends heavily on people experiencing problem gambling. A number of studies which witnesses cited evidence this connection, including:

- A 2018 study of Irish online gamblers revealed that 75% resorted to borrowing money or selling items to fund their online gambling, while 74.5% experienced household financial problems due to their gambling activities.<sup>72</sup>



A 2021 UK study which found that **40%** of spending on online sports betting originated from moderate risk or problem gamblers.<sup>73</sup>



A recent analysis showing that **70%** of Gross Gaming Yield (GGY) in the UK came from just **5%** of players

with a significant portion stemming from individuals in deprived areas.<sup>74</sup> 5% of the highest staking accounts accounted for 83% of GGY generated from online casino products.



Multiple witnesses cited the findings of a groundbreaking 2021 study — which used anonymous data provided by the UK’s largest retail bank Lloyds Banking Group — found that 1% of gamblers spend 58% of their income on betting and suffer a range of financial, health and personal problems.<sup>75</sup> The researchers also found an association between higher rates of gambling and the use of an unplanned bank overdraft, missing a credit card, loan, or mortgage payment, and taking a payday loan. They also found correlations with high levels of future unemployment and disability, and increased mortality - about one third higher for both men and women, independent of age.

A representative of the all-island charity Extern told the inquiry that the most common form of harm experienced by the people who access their specialist problem gambling helpline and counselling service is financial:

*This can range from an individual losing an entire social welfare payment on the day of payment, up to people on large salaries losing their entire wage on the day of payment and racking up debts ranging from the tens of thousands - to hundreds of thousands, in some cases. Where important bills go unpaid, this may lead to eviction from rented accommodation or repossession of a mortgaged property by a lender. It may lead to fundamental needs of children or dependent adults being neglected (food, medical, light/heat, clothing, etc.) - as well as the fundamental need of the person with the gambling problem. Debt may be so substantial as to leave the individual and their dependents with a lifetime of repayments. It may also negatively impact their ability to access credit, for a lengthy duration - or indefinitely.*

As one clinical psychologist noted:

*[Financial losses from gambling] can lead to criminal behaviour, such as theft, or getting money from people that can cause difficulty or ask you to do things in*

*return, like selling drugs. I have met young girls going into prostitution, pornography, different things like that to gather the money. It can lead to homelessness.*

Professor Henrietta Bowden-Jones of the Royal College of Psychiatrists similarly noted that debt is often a significant factor in gambling disorders, and many people fear that revealing their problem could lead to negative consequences, such as strained relationships or legal troubles.

Furthermore, financial problems emerging from gambling go far beyond the individual. In the aforementioned 2018 study from Sheffield Hallam University, which interviewed family members of gambling addicts:



**93%** reported that their **loved one’s disordered gambling impacted their financial security (64%** stating that the impact was significant)

- **89%** reported a reduction in available spending money and an **88%** reduction in savings
- **23%** reported losing a major asset such as a car, home, or business, and **12%** had become bankrupt.

An academic from the Personal Finance Research Centre at the University of Bristol spoke to the inquiry about recent research she had undertaken with her colleagues on the link between problem gambling and debt.<sup>76</sup> She told the inquiry that with many of the people she had interviewed, their gambling addiction had been fuelled by consumer credit debt:

*... a very common pattern that we saw, or heard from the people that we interviewed, was that they were able to keep gambling, because basically, they were taking out things like payday loans, other types of loans and using that to fuel their gambling.*





She added that it was clear from the research that if people aren't able to address the harmful gambling that is happening, then any debt resolution is likely to be temporary because one of the things that's been driving the debt problem hasn't been addressed:

*... one of the things I think that's really important is that both debt advisors and creditors, so banks and lenders, should be routinely signposting people who they can see are at risk of gambling harm to a range of different sources of help. That might include things that they can activate themselves, like gambling blocks.*

**RECOMMENDATIONS:**

- There should be strong cross-sector partnerships between debt advice organisations, healthcare, and mental health support services, to ensure those suffering from financial strain as a result of gambling are signposted to the appropriate resources
- The Department for Communities should integrate considerations of gambling harm into existing policy initiatives, such as the recent debt respite policies, to provide comprehensive support for individuals grappling with severe debt as a result of gambling.

**CHILDREN AND YOUNG PEOPLE**

**Evidence presented to the APG suggests that gambling harm among children and young people in NI is a significant concern.**

As noted, the recently published Young Persons Behaviour and Attitudes Survey revealed that 30% of those 11-17 year-olds surveyed had gambled in the last 12 months. Notably, the most common forms of gambling among young people in NI are the continuous-play types which carry heightened risk of addiction and other harms. 17% of those young people in NI who were surveyed said they gambled online, while the most common type of gambling reported was playing fruit or slot machines.

As one campaigner told the inquiry:

*... younger groups tend to participate in the higher-risk gambling and that has grown with liberalisation. So, continuous gambling, riskier bets in the higher-risk gambling situation, online and using mobile devices.*

Thus, while young people may be gambling at comparable levels, the kinds of gambling with which they are engaging are generally more risky. This, combined with the present lack of regulations in NI, has led to what one witness called “a real epidemic amongst young people across the UK and particularly here in NI” regarding gambling harm.

In September 2023, the APG heard evidence from Dr Helen McAvoy and Dr Ciara Reynolds of the IPH on a report, recently published jointly with the Institute and Tobacco Free Research Institute Ireland (TFRI), in which 16-year-olds in RoI were asked about their gambling activities in 2019.<sup>77</sup> The report found that 22.9% of 16-year-olds in Ireland reported gambling for money in the previous year, of which 10.3% experienced excessive gambling, while 5.6% met the criteria for problem gambling. Notably, this is similar to the figures reported in the 2022 Young Persons Behaviour and Attitudes Survey in NI, though slightly lower.<sup>78</sup>





In their comprehensive 2021 review of gambling harms,<sup>79</sup> researchers from Public Health England had a “high degree of confidence” that risk factors for harmful gambling among children and young people include impulsivity, substance use, being male and exhibiting depression. Other risk factors noted included the number of gambling activities young people participate in, the prevalence of anti-social behaviour and violence, poor academic performance and peer pressure. In the recent survey of young people in NI, boys were more likely to indicate they had gambled to help escape from problems or when feeling bad though the majority of boys and girls indicated they never did so.<sup>80</sup> The majority (35%) said they did so “to try and win money”, with another 18% as “it gives me something to do.”

In an oral evidence session, an addiction psychologist noted that gambling within the family can also have an adverse effect on a child’s upbringing:

*We know that having someone in the family that gambles is an adverse childhood experience, and that can increase risk then within their children of adverse physical and mental health outcomes.*

In a written submission to the inquiry, Youth@CLC, the youth advisory panel to the Children’s Law Centre, reported on a special meeting they conducted among their members to collect their perspectives on gambling harm. The responses highlighted the range of not only mental health issues, but also the social consequences and stigma attached to gambling harms. As one respondent put it:

*Anxiety and depression come into it with your friends, if you are low on money and you are gambling and you’re like, oh can I borrow such-and-such amount of money, and then you don’t pay them back, and they start to realise that and sort of drift away from you because they don’t want to get involved in any of that. That can be lonely and isolating.*

## Education on gambling in schools

Ygam, an education charity working throughout the UK to safeguard children and young people from gambling harms, told the inquiry that in their view, schools-based education on the risks related to gambling is essential. Effective education programmes should be “age-appropriate and evidence-based” and cover concepts such as “faulty cognitions, randomness and probability, and aim to decrease positive attitudes towards gambling, challenge subjective and societal norms and reduce intention to engage.”

Currently, education on gambling and related harms falls under financial capability aspects of Personal Development and Mutual Understanding (PDMU) and Learning for Life and Work (LLW), which are taught at Key Stage Three and Four. The Council for the Curriculum Examinations and Assessment (CCEA) has recently developed a suite of useful resources designed to support teachers in the development of both PDMU and LLW that specifically reference issues pertaining to gambling and gaming. However, at present, while there are a number of informative, gambling-related resources to which teachers and students can refer, there is no statutory requirement for schools to educate pupils on the dangers of gambling in the core curriculum. As such, while some pupils may receive the necessary information to develop an informed opinion on gambling and therefore reduce their risk of being subject to gambling related harm, others might not.<sup>iii</sup>

Representatives from Youth@CLC suggested that more should be done to promote awareness of gambling harm in schools, with one adding:

*We don’t get any education about the dangers of gambling at the minute in school. I think it was in 2nd year or 3rd - just briefly in careers. They covered the negatives of gambling, but nothing really in depth.*

<sup>iii</sup> A representative from the Department of Education told the inquiry that, in their view, it is unlikely that a child in NI would receive no education on gambling-related harm, though they concurred that it is technically possible.



The APG recommends that there is a statutory requirement for schools to have in place a gambling education policy in line with drugs education in primary and post primary schools in NI. Crucially, any educational programmes must be independent of industry influence to ensure unbiased and effective delivery.

In an oral evidence session with the APG, representatives from CCEA and the Department of Education posited that the current structure allows schools to have more flexibility and adaptability in what they teach and when. The Director of Curriculum, Assessment, Teacher Education and Professional Learning at Department of Education, Raymond Caldwell, said that a change to the statutory curriculum to include gambling:

*... requires a change to the minimum content order and would require a change to legislation and, obviously, a minister to take that forward. [...] Currently, to my knowledge, there's no plans to make a legislative change to include this specifically. But if there were to be, then clearly there would be a requirement on schools and boards of governors to ensure that this was delivered explicitly.*

#### RECOMMENDATIONS:

- There should be a statutory requirement for schools to have in place a gambling education policy in line with drugs education. Crucially, any educational programmes must be independent of industry influence to ensure unbiased and effective delivery.

#### Beyond education in schools

Representatives from the Royal College of Psychiatrists, the IPH, and others highlighted to the APG that the approach taken to reduce gambling-related harms - particularly among children and young people - should not focus solely on education. Though educational programmes are an important aspect of any response, they will have limited success without tackling the ultimate sources of gambling harm, as has been shown with smoking and tobacco. Thus, an effective approach to protecting children and young people should also include other protective measures fit for the digital age. Such upstream, prevention-oriented measures are integral to a public health approach, as they aim to address the root causes and systemic factors contributing to gambling-related harms among children and young people.

In terms of making sure that forthcoming legislation is fit for the challenges now facing children and young people in NI, witnesses from the IPH suggested setting up an advisory committee, which would be consulted when new legislation or policies are developed. The committee could include representation of bodies involved with children's rights and services, for example, the Commissioner for Children and Young People, the Children and Young People's Strategic Partnership and Children's Law Centre. The scope of the committee could include GDPR, proof of age, online safety, test purchasing and other measures to protect children and young people. The APG strongly supports this suggestion.

Several organisations recommended that online gambling sites should introduce robust age verification checks to protect children from gambling harm, and that when breaches of the law are identified, proportionate punitive measures should be imposed to emphasise the seriousness of exposing and allowing children to engage in gambling.

The GB Gambling Commission has developed a 'test purchasing and age verification toolkit' for use in England and Wales that allows the Commission and local authorities to



measure compliance by gambling operators. It also enables operators to demonstrate the effectiveness of their policies and procedures. Such a test purchasing scheme was suggested over the course of the inquiry, as it could help protect children and young people in NI, by identifying instances of non-compliance with age verification measures. The APG strongly supports this suggestion and recommends that test purchasing be considered as part of the next phase of gambling reform in NI.

Dr Gaskell suggested introducing a gambling ID card to prevent under-age gambling and to assist in monitoring affordability across different gambling locations. The APG has previously recommended an “affordability card” along these lines, and recommends that the Department for Communities investigate the implementation of such a scheme as part of the next round of reform. As was recommended in the APG’s first inquiry, a card like this could also facilitate affordability checks for NI consumers engaging in land-based gambling, such as on electronic gaming machines (EGMs). There is precedent for such a scheme: since 2009, gamblers in Norway are required to use a player card to use EGMs.<sup>81</sup> In NI, such a card could check the affordability of a user’s gambling, taking into account all premises visited. Regulation would be required to allow data sharing between bookmakers with data to potentially be held centrally by an independent body, such as an ombudsman (discussed in more detail below).

Tackling Gambling Stigma proposed bringing all accessibility tools together in one independent consumer portal run by an ombudsman where consumers would be required to sign up before gambling on any online gambling site in NI. They described how a unique gambling identification number would be quoted when creating gambling accounts for all licensed operators and would tie the individual to their “safer gambling” profile. Such a scheme would ensure that safety tools, affordability and safeguards are always in place for all online gamblers, they

said. This proposal is discussed in more detail in a further section, relating to a “single sign-on mechanism” for online gambling.

#### RECOMMENDATIONS:

- An advisory committee specifically relating to protecting children’s rights and wellbeing should be established and consulted before any new legislation or policies are developed that could expose children to gambling related harms
- Online gambling sites wishing to operate in Northern Ireland should be required to have robust age verification checks to protect children. Where breaches of the law are identified, proportionate punitive measures should be imposed
- A test purchasing scheme should be considered as part of the next phase of gambling reform in Northern Ireland, which tests the industry compliance with any new measures, particularly age verification measures
- The Department for Communities should investigate the implementation of a gambling ID card for land-based gambling in Northern Ireland, to prevent underage gambling and ensure comprehensive safety, affordability, and safeguards for all gamblers here. Such a card could also help facilitate affordability checks.



## Gambling and video games

The risks for children and young people associated with online gambling and within video games in particular were raised by a number of witnesses.

In the Youth@CLC special meeting, one young person said that in addition to a proliferation of gambling online, access is comparably easier for young people:

*It has become a lot harder for someone under 18 to walk into an area where gambling takes place, whether it's the gambling games in pubs or if it's a bookmakers. They will ask for ID. Since it's moved online though, it's a whole different ball game, it's a lot easier to access, and a lot easier to 'fluke' in a way because you are online and no one can see you, no one knows what you are doing.*

Multiple respondents spoke of the proliferation of online gambling and easily-accessed 'social casino games':

*The use of the seemingly 'fun' games and apps entice people, and allows a cycle of addiction to occur [...] People seem to have an image in their mind that people with gambling addictions are constantly in and out of bookmakers, however it could be as simple as playing online casino games on your phone.*

Indeed, as Tim Cairns of CARE highlighted to the inquiry, in addition to gambling through gaming features such as loot boxes (discussed below), free to play unregulated social casino games - which are widely available on app stores - are also of concern:

*Research has shown that the number one way for children to enter into paid-for gambling is through having free, online gambling games on their phones and their tablets and on their computers.*

The APG supports restricting any free to play gambling games which are easily accessed by children and young people.

## Loot boxes

An important facet of in the discussion of gambling harm among children and young people is gaming, and the emergence of gambling or quasi-gambling mechanics within video games. A significant discussion in recent years concerns the nature and regulation of so-called 'loot boxes' or 'gacha mechanics'.<sup>iv</sup>

Loot boxes are virtual items within video games that contain randomised rewards. Players can obtain these rewards through gameplay, though some boxes can be purchased with real world money. A young person playing a video game may spend money to buy a loot box, in the hope that they receive a rare or valuable in-game item (say, a virtual outfit or weapon). Loot boxes can also come in other forms, such as 'gacha mechanics' with simply a button that says 'summon' or 'wish', or as something that resembles traditional gambling, such as a prize wheel. Similar to loot boxes, gacha games entice players to spend in-game currency to receive a random in-game item. Some in-game currency generally can be gained through game play, and some by purchasing it from the game publisher using real-world funds.

Thus, conceptually, loot boxes and gacha mechanics are similar to gambling. However at present, these and similar forms of crypto- or quasi-gambling are not defined as gambling by GB legislation and are therefore popular and accessible amongst children and young people. In April 2023, the inquiry held a special evidence session with Leon Xiao, an expert in the regulation of video games and particularly that of loot boxes and other gambling-like mechanics. Xiao, alongside his colleague Laura Henderson, highlighted that an increasing body of research has found has found a positive correlation between loot boxes and problem gambling.<sup>82</sup>

For this reason, and because they are commonly interacted with by children and young people, they have been subject to

<sup>iv</sup> The term "gacha" originates from the Japanese word "gachapon" (ガチャポン), which combines the sounds "gacha" for the hand-crank of a toy-vending machine and "pon" for the toy capsule landing in the tray.



public controversy and scrutiny. In 2021, a study commissioned by GambleAware found “robust evidence” that loot boxes are “structurally and psychologically akin to gambling,” with associations strongest amongst younger players.<sup>83</sup> The authors interviewed young people from across the UK, including NI. Other findings included:



Of the **93%** of children who play video games, up to **40%** have opened loot boxes

- About **5%** of gamers account for half of the total revenue generated from loot boxes
- Twelve out of thirteen studies reviewed as part of the study found “unambiguous” connections between loot box usage and problem gambling behaviour
- Young men are the most likely to use loot boxes, with younger age and lower educational levels correlating with increased usage.

The report also highlighted that many games employ “psychological nudges” to encourage the purchase of loot boxes, such as the fear of missing out on limited-time items or special deals. As Xiao, Henderson and a number of other witnesses noted, these “nudges” are similar to those present in other high-risk forms of gambling (such as slot machines), which a strong body of evidence has correlated with increased risk of gambling harm.<sup>84</sup>

An expert witness from Loughborough University told the inquiry that in their research:

*We found that loot boxes and wider paid reward systems cause financial and emotional harm to children and young people, that they primarily expose and normalise children and young people to gambling style systems.*

In the 2022 Young Persons Behaviour and Attitudes Survey,<sup>85</sup> over two-thirds (69%) of NI young people surveyed said they had used in-game currency or items (e.g. virtual skins, clothes, weapons, accessories) with boys (85%) more likely to have used such items than girls (53%). Of those who had used in-game currency or items, almost a third (31%) had paid money to open loot boxes. Boys (39%) were more than twice as likely as girls (18%) to have paid money to open loot boxes, packs or chests. This, combined with the evidence received from those with lived experience over the course of inquiry, shows that loot boxes and related in-game gambling mechanics are an enormous issue facing young people in NI.

In terms of the regulation of loot boxes, Xiao offered a comparison between loot box regulation in Belgium, China and the UK. He emphasised that self-regulation, which until very recently had been the dominant response to the controversy surrounding loot boxes, “does not have the same teeth as the law” and should be treated with “some scepticism,” as it lacks both enforceability and accountability. Indeed, research<sup>86</sup> from Xiao, Henderson and Dr Philip Newall revealed low levels of industry compliance among the largely self-regulated sphere in the West, compared to much higher levels of compliance in China, where it is legally regulated. Such findings strongly suggest that, in considering the next round of gambling legislation in NI, policymakers should ensure that regulations around loot boxes and other gaming mechanics are legally mandated. They should not subject to industry self-regulation, which “conflicts with commercial interests and might not maximally promote public welfare.”<sup>87</sup>

In July 2022, the UK Government published a response to the call for evidence on loot boxes in video games.<sup>88</sup> This was undertaken separately from the review of the Gambling Act 2005, as the Government argued that most loot boxes were not considered as falling under the definition of gambling, as the prizes are in-game, and cannot be converted into real-world money.



Nevertheless, despite calls from charities, academics and those with lived experience for more stringent protections or even an outright ban on loot boxes, the DCMS' response was largely that of self-regulation: it convened a Technical Working Group of games industry representatives, tasked with improving protections.<sup>89</sup>

As gambling is a devolved matter, NI is in an advantageous position to lead the way on the regulation of loot boxes. In his written submission, Xiao writes:

*... players in Northern Ireland would benefit from the industry self-regulation coming into force in the UK regardless of Stormont's approach, but Stormont can seek to provide a higher degree of consumer protection (than that which will be enjoyed by other UK players), if it deems doing so to be necessary and appropriate.*

He pointed out that widespread enforcement of a ban on loot boxes would be very difficult, as there are more than 1,000,000 games on the iPhone platform alone, not to mention regular updates to those games.

Alternatively, he suggests:

*... taking a more nuanced, less restrictive regulatory approach: for example, encouraging or even requiring companies to (i) provide players with the alternative option of directly purchasing (at a reasonable price) any and all loot box content or (ii) providing all loot box content after a certain reasonable and predetermined amount of money has been spent by a player.*

Furthermore, Xiao recommends that NI places "the burden (including legal liability and costs) on relevant software and hardware platforms to regulate."

In lieu of an outright ban, the APG recommends that gambling within video games be severely limited to the greatest possible extent in the second phase of gambling legislation in NI. Legislation should seek to regulate the structural characteristics,

availability and accessibility of gambling mechanics within video games, including loot boxes, in order to protect children and young people from gambling-related harm. The APG furthermore recommends that any regulatory response should not rely on industry self-regulation but be based on stringent, legally mandated regulations, with attention paid to the structural characteristics and overall availability of loot boxes.

#### RECOMMENDATIONS:

- Gambling within video games, as well as via easily accessed free to play 'social casino games' should be restricted in the second phase of gambling legislation in Northern Ireland
- Legislation should seek to regulate the structural characteristics, availability and accessibility of gambling mechanics within video games, including loot boxes, in order to protect children and young people from gambling-related harm
- A nuanced approach should be considered, where companies are required to offer direct purchase options for loot box content at reasonable prices or provide all loot box content after a set expenditure, while placing the regulatory burden and legal liability on relevant software and hardware platforms
- Any regulatory response should not rely on industry self-regulation but be based on stringent, legally mandated regulations, with attention paid to the structural characteristics and overall availability of loot boxes.



## INEQUALITY OF GAMBLING-RELATED HARMS

As many noted in their submissions to the inquiry, the distribution of gambling-related harms mirror social and health inequalities, disproportionately affecting economically and socially disadvantaged groups. A number of witnesses cited research showing that people at the greatest risk of harm are “more likely to be unemployed and living in more deprived areas, have poorer health, lower life satisfaction and wellbeing, and have an indication of probable psychological health problems.”<sup>90</sup> In a systematic 2021 review of studies on gambling-related harm and inequality, it was found that harms “appear to be dependent on specific social, demographic and environmental conditions” suggesting that there is a health inequality in gambling related harms.<sup>91</sup> Importantly, the research suggested that certain vulnerable groups may experience elevated harms even when gambling less. One reason for this is the disproportionate impact of financial losses on economically disadvantaged individuals:

*... financial hardships can be traced back to losses while gambling excessively, however where an affluent individual may be able to lose 50% of their monthly wage and still survive, a less affluent person might no longer be able to pay their bills, or purchase necessary items such as food.*<sup>92</sup>

Furthermore, as many witnesses noted, NI is the least economically advantaged area in the UK, and the NI public is therefore disproportionately exposed to risk of gambling harm - especially in light of the relatively underdeveloped regulatory framework here. According to the 2016 NI Gambling Prevalence Survey, there were no statistically significant differences between socio-economic groups regarding overall gambling participation, however, there was a statistically significant difference between socio-economic groups in terms of “moderate risk/problem gambling.”<sup>93</sup> The highest level of “moderate risk/problem gamblers” was found among “semi-skilled workers/state pensioners” (11.3%), while the

lowest levels were in the “lower middle class” group (2.8%). Research from ROI indicates that individuals in the most deprived quintile were more likely to gamble in a bookmaker’s shop, with 14% of those in the most deprived quintile reporting such gambling, compared to 7.3-8.7% in less deprived quintiles.<sup>94</sup>

This issue is exacerbated by the fact that land-based gambling premises are often clustered in areas of high deprivation. A 2021 University of Bristol study found that 21% of gambling premises were located in the most deprived decile of the UK, compared with 2% in the least deprived decile.<sup>95</sup>

In 2014, the charity CARE mapped betting shop licences in NI.<sup>96</sup> As they noted in their written submission:

*At that time, there were just over 300 betting shops on the high street in Northern Ireland. Almost 37% of those shops were located in the bottom 10% of areas of social deprivation. Over 80% of betting shops were located in the bottom 50% of the most deprived areas of NI. Not one betting shop was found to be located in any of the top 10% most affluent areas of NI.*

Though there has been no updated mapping NI-wide exercise, it is reasonable to assume that the maldistribution of land-based gambling products remains, though more research is required to confirm this.

### RECOMMENDATIONS:

- The next phase of gambling regulation in Northern Ireland should aim to reduce, not replicate, wider social and health inequalities. The APG recommends that any future gambling legislation be assessed for its potential impact on social and health inequalities. This could be done as part of a wider assessment on the impact of any new legislation.





## Gendered aspects of gambling-related harms

The prevalence of gambling and gambling harm among men and boys was highlighted by a number of witnesses. In their written submission, the PHA noted that recent research has identified that people who are at-risk and involved in harmful problem gambling are more typically male and in younger age groups:

*Demographic factors, particularly being male, appear more significant in predicting at-risk gambling behaviour than economic factors such as income, employment, and relative deprivation.*

Similarly, the IPH, in calling for a gender appropriate design of policies, called for a particular focus on boys and men's health.

Chief Executive of the charity GamFam, Steve Watts, who delivers tailored programmes in schools to educate on the dangers of online gaming and online gambling, said that:

*... in our experience, the majority of people that we see in our groups are young men. Their parents and their partners are concerned about how they start gambling. It's generally with a product they know, which is gambling on football, and they're very, very quickly cross-sold and moved onto the casino and slots.*

The 2016 NI Prevalence Survey showed that men were significantly more likely to experience problem and harmful gambling (4.6% of men, compared to 0.2% of women), while women who gambled were more likely than men to be "non-problem gamblers" (92.4% compared to 79.5%).<sup>97</sup> In the 2022 Young Persons Behaviour and Attitudes Survey, boys (33%) were more likely than girls (27%) to report having gambled in the last 12 months.<sup>98</sup> Similarly, in 2023 the IPH found that among the 22.9% of 16-year-olds in RoI who reported gambling for money in the previous year, the rate was higher among boys (28.2%) compared to girls (17.9%).<sup>99</sup>

However, recent research, both internationally and on the island of Ireland, has called attention to the male-bias present in gambling research and policy.<sup>100</sup> In October 2023, the APG heard evidence from Erin McEvoy, an academic at Ulster University researching women, gambling addictions and gambling marketing, interviewing women in an all-island context. She drew the APG's attention to the different ways in which women experience gambling and gambling harm:

*When we look back historically, there is this stigma that you imagine Dad in a smoky bookies, and you imagine granny at the bingo. This is not the case anymore.*

She cited a growing body of research suggesting a diversification in the products that women now use, which correlates with the results of her own research<sup>101</sup>:

*The women that have participated in my research have roulette, they have played in poker tournaments, horse racing... any sort of gambling you can think of [...] I think that that can be attributed to the broad spectrum of marketing that these women are exposed to on a daily basis.*

Ongoing research from Erin McEvoy and Dr Paul Kitchin (Ulster University) further underscores the significant impact of gambling marketing on women with gambling addictions, highlighting its role in their transition from social to addictive gambling and identifying it as a source of distress and relapse.<sup>102</sup>

Numerous witnesses, including McEvoy, Dr Kitchin, and the IPH, highlighted the need for a gendered approach as part of a public health response to gambling. Such an approach recognises that gambling behaviours and the resulting harms can differ significantly based on gender, and aims to develop targeted interventions, policies, and research that address these differences.<sup>103</sup> By focusing on factors specific to gender, such as social contexts and different industry tactics, a gendered approach seeks to create



more effective and inclusive strategies for preventing and reducing gambling-related harm. Such an approach could be modelled after successful public health strategies like those in tobacco control.<sup>104</sup>

#### RECOMMENDATIONS:

- The next phase of gambling reform should integrate a gendered approach to gambling policy, which seeks to recognise and address the varying impacts and behaviours associated with gambling among different genders.

#### PROVISION OF TREATMENT IN NORTHERN IRELAND

There are presently no statutory services for people with gambling disorders in NI, nor are there any for those close to them. As representatives from the Royal College of Nurses (RCN) noted in their written submission:

*... addressing gambling addiction is often currently regarded as an added extra for addiction services rather than as a mainstream priority, despite the fact that the impact of gambling can manifest itself in a similar way to substance misuse, via depression, suicide, family breakdown, unemployment, poor mental and physical health, and a range of forensic issues.*

Representatives from the Royal College of Psychiatrists and the British Psychology Society told the inquiry that gambling is an “unmet need” within the current healthcare ecosystem in NI, and that service should be expanded:

*Currently, myself and the other addiction psychiatrists that are employed within the region, we are not employed to assess and treat people with a gambling disorder, if they have a primary gambling disorder. We are specifically employed and our services are commissioned for people with*

*alcohol or substance misuse. Sometimes, we do see people coming through who have a gambling disorder, but we are not resourced to see them and to treat them, which is very unfortunate.*

However, they emphasised that in their view there would need to be a specifically commissioned service for gambling to effectively tackle harms, due to the current lack of resources for addiction psychology across NI:

*The difficulty we have is whenever a gambling referral comes in, it means then people that we're commissioned to see would have to wait longer. There's also a high risk there. So clinicians don't want to turn people away, but all the services are currently under significant pressure as it is. So that's why it's been forwarded to the Department of Health and MLAs to see if the service can be commissioned, to see if these people that have a need can have that need met.*

In contrast to the situation in NI, Professor Henrietta Bowden-Jones – founder and director of the National Problem Gambling Clinic and the National Centre for Gaming Disorders, and the UK's first national clinical advisor on gambling harms – spoke of how England was nearing 15 specialist gambling clinics (since completed). This is a stark reminder of the lack of NHS provision for gambling addiction in NI.<sup>v</sup> She also emphasised that early identification of gambling disorders is crucial, especially because those affected often hide their condition. This is partly due to the stigma and fear of disclosure to family members, employers, or health professionals.

Charles Ritchie of Gambling with Lives (GwL) said the inquest into his son Jack's death highlighted the lack of training about gambling for GPs:

*Several of the loved ones lost by the GwL families went to see their GP, presenting with symptoms like insomnia and anxiety;*

<sup>v</sup> In correspondence with the APG, Dr Matt Gaskell explained the cost of running such a clinic: 'The commissioning works on the basis of a £2,000 cost per referral/patient episode in the service. So if we were, for example, asked to see 500 patients per year by a commissioner, the cost of running the service would be £1 million per year. This is the cost of a specialist NHS clinic.'



*but they were not correctly diagnosed and did not receive the help that could have saved them.*

The Greater Manchester Combined Authority is working with GwL on a pathway referral project, which aims to equip healthcare professionals and intermediaries with the knowledge and skills needed to correctly spot the signs of gambling disorder and refer to the appropriate service.

Constant updates and continuous education is required, said Professor Bowden Jones:

*Constant checks using e-consult, or a similar type of platform, is going to be very helpful. Of course, you need to train not just the doctors but all mental health professionals and more, at different levels of their careers.*

Professor Bowden Jones emphasised the importance of screening individuals for gambling problems, noting that without proactive screening, people may not disclose their issues, especially if they are severe, due to concerns about debt, hiding their illness from family, or worries about privacy with their family GP. Gambling Harm UK, a charity formed by people with lived experience of gambling related harms, also recommended screening across all health services.

As regards the funding of treatment, evidence was wholly in favour of a statutory levy on the industry to resource both prevention and gambling-specific support services for the treatment of gambling related harms in Northern Ireland. The issue of a statutory levy is discussed in a subsequent section.

#### RECOMMENDATIONS:

- The Department of Health should commission statutory services specifically for gambling disorders in Northern Ireland, addressing the current unmet need within the healthcare system
- Consideration should be given to establishing a dedicated gambling treatment service in Northern Ireland modelled on the Problem Gambling Clinics in England. It would be delivered within a comprehensive HSC prevention and treatment programme and could also provide related training, education and professional development for health care professionals
- Training should be available for GPs, emergency services, social care services and other health and social care professionals on issues pertaining to gambling, allowing them to more effectively diagnose, signpost and treat patients presenting with a gambling disorder
- Screening programmes should be introduced across all health and social care services in Northern Ireland, to help identify and assist problem gamblers reluctant to seek support.





## REGULATING FOR GAMBLING AS A PUBLIC HEALTH ISSUE

### Prevention first legislation

Numerous witnesses, including clinical and policy experts, as well as charities and those with lived experience, emphasised that a central tenet of a public health approach to gambling-related harm is “prevention first.” Such an approach prioritises measures to prevent gambling harm before it occurs, through robust regulatory frameworks aimed at reducing exposure to and the appeal of gambling, particularly among vulnerable populations and with high risk products.

Charles Ritchie, who co-founded the charity Gambling with Lives alongside his wife Liz after losing their son Jack to gambling-related suicide in 2017, told the inquiry: “To mitigate the risks, we strongly recommend taking a preventative, public health approach to gambling harms.”

Many witnesses stressed that any measures should be enshrined in legislation, and not reliant on self-regulation through voluntary codes of practice or standards. Both the charity Extern and the IPH have called for aspects of the Gambling Codes of Practice (as brought forward by under the 2022 Amendment Act) to be enshrined in legislation, including self-exclusion measures and those addressing advertising and marketing, product design and verification including affordability. The Codes were the subject of a consultation in 2022,<sup>105</sup> and will require secondary legislation before being enacted. Witnesses also called for a regulator to have the power to review, revoke and amend the Codes of Practice and put forward recommendations for measures to be included as part of criminal law. Breaches of Codes of Practice should be clearly defined alongside any punitive measures such as fines, penalties or revocation of licence, they said.

Several individuals and organisations suggested that there should be a statutory duty of care to prevent harm. “This is my number one priority,” said Martin Jones, who has been campaigning to prevent gambling harm since his 23-year-old son Joshua took his own life in 2015 after struggling with gambling addiction. “It would replace the inadequate case law and put it on a par with health and safety, consumer protection and trading standards. It would unleash the full capacity and potential of the operator’s resources into preventing harm.”

One expert witness added that a statutory duty of care would ensure gambling companies do not take money willingly from those harmed or addicted, by raising the costs of doing so: “Licences must be revoked for breaches. Fines tend to be a cost of doing business, so there needs to be meaningful incentives for operators to comply with laws and regulations.”

The Betting, Gaming, Lotteries and Amusements (Amendment) Act (Northern Ireland) 2022 requires that Codes of Practice describe arrangements that should be made by a person providing facilities for gambling to meet an expected duty of care to those using the facilities. The APG welcomes this provision, but, as mentioned previously, would recommend that such a duty is enshrined in legislation.

The IPH also suggested that gambling legislation, codes or standards should be subject to a Health Impact Assessment as well as an assessment of the impact on health and social care services and the criminal justice system.<sup>106</sup> Such assessments would provide a comprehensive understanding of the broader implications of gambling policies, ensuring that they promote public health, reduce health and social inequalities, and address any potential increase in criminal activities related to gambling.



## RECOMMENDATIONS:

- The APG recommends that phase two of gambling law reform in Northern Ireland emphasises the prevention of gambling harm first and foremost, as opposed to focusing solely on the treatment of gambling harm once it has already occurred
- The APG recommends that future gambling-related policy measures designed to promote public health be enshrined in law, and not reliant on voluntary measures or industry self-regulation
- Gambling companies wishing to operate in Northern Ireland should be subject to a statutory duty of care to ensure their consumers are not harmed. This should be backed up by meaningful incentives (including, for example, licence revocation for non-compliance) to ensure compliance
- Phase two of gambling law reform in NI should be subject to a Health Impact Assessment. The APG would also support additional assessments on the impact of future legislation on health and social services, on the criminal justice system and on health and social inequality.

## A commercial determinants of health framework

As noted in the Introduction, a public health approach is one that incorporates a commercial determinants of health framework<sup>107</sup> to minimise industry interference in decision making. The commercial determinants of health (CDoHs) refer to “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” - this includes marketing, lobbying and corporate social responsibility (CSR) frameworks.<sup>108</sup>

By adopting a CDoH framework for gambling, policymakers would acknowledge that the aims of the gambling industry - its business models being predicated on the promotion of products that are detrimental to health - are at odds with the aim of public health. This is a widely accepted understanding in the case of alcohol and tobacco: while representatives of those industries have a role to play at the stakeholder level, it is now commonly understood that they should have minimal influence in policy pertaining to public health, when regulations and policies designed to protect public health run exactly counter to their ability to generate profit.

The necessity for a CDoH framework becomes pressing when one considers the substantial funding and lobbying influence wielded by the gambling industry. In April 2023, The Guardian reported that gambling companies and lobbyists had increased their spending on MPs tenfold over five years, offering examples of corporate hospitality such as tickets to the Euro 2020 semi-final, Brit awards, and Ed Sheeran concerts.<sup>109</sup> The industry spent over £180,000 on corporate hospitality for MPs since 2021: MPs from both Labour and the Conservatives had received considerable earnings and gifts, amounting to almost £15,000 in some cases.<sup>110</sup> A similar controversy emerged in RoI in May 2022, when the Gambling Regulation Bill was still being drafted, as eight Government TDs and Senators were invited to the corporate hospitality area at Punchestown racecourse, and were treated to a meal, complimentary drinks, and free entry to the races.<sup>111</sup>



As Will Prochaska, an independent advisor on reform of harmful commodity industries and leader of the Coalition Against Gambling Ads (and former Strategy Director for Gambling with Lives), put it to the inquiry:

*The industry has a commercial conflict of interest. The balance that's needed is on the balance of evidence, but it's got to be peer reviewed, independent evidence. So that would be my urge to people in Northern Ireland: use this opportunity. Keep the industry at bay. You've got to engage them, obviously. I'm not saying they don't have a valid voice in this, but don't let them into the process.*

It is noteworthy that there is likely public support for adopting something akin to a CDoH framework for gambling:



A 2021 YouGov poll found that **76%** of the UK public opposed influence over politicians by the gambling industry.<sup>112</sup>

Responding to the question of what should be prioritised when formulating a public health response, Liz Ritchie, who co-founded the charity Gambling with Lives with her husband Charles, underlined the need to keep research and education free from industry influence:

*Make sure that your information and education is independent and not affected by industry funding. I know that's really hard, because the industry groups will come to you and say, "We can do this for free," but the reality is for free causes harm. I would say if you want to learn one lesson, that would be one lesson.*

In oral evidence to the inquiry, Dr Paul Kitchin highlighted the need for more independent funding for research, pointing out that some so-called independent charities are funded by voluntary contributions or regulatory settlements, which may obscure their links to the industry:

*... what's important [...] is the idea that both large scale, population wide and also small scale research studies are supported. The greater the support, the greater the funding and hopefully the higher rigour that researchers can contribute to.*

In work from Erin McEvoy and Dr Kitchin on the impacts of gambling marketing on women on the island of Ireland: "frequent references and comparisons were made to other commercial determinants of health (CDoH) such as alcohol and tobacco by the women."

#### RECOMMENDATIONS:

- A commercial determinants of health (CDoH) framework should be adopted for gambling in Northern Ireland, to minimise industry interference in decision making. By adopting a CDoH framework for gambling, policymakers should acknowledge that the aims of the gambling industry are at odds with public health - as is now widely accepted in the case of the alcohol and tobacco industries.



## Independent regulator and ombudsman

One of the key recommendations to emerge from the APG's first inquiry was the establishment of an independent regulator for gambling in NI. Such a regulator would ideally be tasked with enforcement of gambling law and licensing, and have the ability to dispense fines and other measures. There was widespread consensus among respondents of this inquiry of the need for an independent regulatory authority to administer and enforce any new gambling legislation in NI.

As Tim Cairns of CARE noted, establishing a regulator is crucial for effectively enforcing gambling laws:

*To effectively address gambling issues in Northern Ireland, establishing a regulator is essential, as current enforcement relies on the police who lack the necessary capability, unlike the flawed but functional Gambling Commission in the rest of the UK.*

In their written submission, academics from the YouGaMSI Project said that such a body should work with health and social care services in NI, and added that in their view, "it should remain independent of state control in a similar approach to international locations such as New Zealand."

As the APG and others have acknowledged, the creation of an independent regulator, covering land-based and remote gambling, would require a major overhaul of current primary legislation. As such it would be prudent to adopt a step-by-step approach. This approach, as outlined in the APG's first report, is as follows:

1. Step one would be to legislate to establish a gambling regulator. When setting up the regulator, targeted input should be required from a range of areas – health, justice, education, legal and finance. The composition of people employed at and contributing to the regulator will be important in determining what the

regulations will be. Once a regulator such as this is in operation, the people best-placed to advise on how to tackle land-based gambling regulation will be in situ.

2. Step two would be to legislate to regulate land-based gambling.
3. Once this issue is given adequate consideration, with the assistance of the regulator, there will be a better understanding of the interplay between the non-remote and remote sectors and how to regulate online gambling. Step three would be to legislate to regulate remote gambling.

However, considering the urgency and widespread harm associated with online gambling, as evidenced throughout the present inquiry, it is conceivable that the regulator could implement steps two and three concurrently, provided it is adequately resourced to do so.

Several organisations also highlighted the need for any regulatory framework to have an ombudsman. As the APG has previously recommended, a gambling ombudsman should be established in NI, which would take cases on behalf of the consumer. As Steve Watts, founder of independent gambling charity GamFam, said in relation to the lack of an ombudsman in GB:

*There needs to be an independent ombudsman. I go back to our experience. When I complained to the Gambling Commission because of the failings of an operator, I was told, "I'm sorry, we can't deal with individual complaints." For me, that's just not good enough.*

Such a body would remove barriers to a consumer seeking compensation or trying to highlight unethical practices within the industry. This ombudsman would complement a regulator which by virtue of its licensing role is often more focused on industry issues than consumer protection and dispute resolution.



Other witnesses added that the office should be transparent, independent and able to provide individual consumers with redress when gambling companies break the rules and cause them harm. Tackling Gambling Stigma also drew attention to the fast-changing nature of the online industry and said that the new regulator and ombudsman should be prepared to keep pace with technological developments and have the capacity to continuously identify risk and harm and intervene quickly if necessary.

#### RECOMMENDATIONS:

- An independent regulator for gambling should be established in Northern Ireland, tasked with enforcing gambling laws, licensing, and dispensing fines, in collaboration with all relevant bodies, regulating both land-based and remote gambling sectors
- The current mechanisms to protect and seek redress for gambling consumers are ineffective and should be replaced by a dedicated and independent gambling ombudsman to bring gambling in line with the protections granted in relation to other consumer goods.

#### Levy on gambling operators

There was unanimous support among witnesses for a statutory levy on gambling operators in NI, with many noting that the current industry contribution is negligible, and well below what would be required to effectively tackle problem gambling. As Tim Cairns of CARE noted:

*It costs about £600 a year to help someone who's in gambling harm. Now, in Northern Ireland we know that about £24,000 was given in the last year by the industry here to help alleviate gambling harm. That would help 40 people. What we know from the figures in 2016, as flawed as they are, there's about 40,000 people who need help.*

As the APG has recommended previously, the current ad hoc system of voluntary industry contributions for research, education and treatment should be replaced with a statutory levy on non-remote (land based) and remote gambling (online) gambling operators, the level of which should be decided with input from the Department of Health and HSC, based on healthcare expenditure related to gambling harm. The 2022 Act makes provisions for such levy on non-remote operators,<sup>113</sup> though this will require further consultation and secondary legislation to be enacted. It is vital, given that it will be several years before a new Gambling Act for NI is enacted, that this levy is introduced without delay.

Several witnesses to the inquiry made the argument, as the APG has also done directly to the DCMS,<sup>114</sup> that NI is entitled to a portion of the proposed GB statutory levy on gambling operators. This is because although gambling is a reserved matter, remote operators wishing to advertise in NI must be licensed by the Gambling Commission.

The 1985 Order does not reference remote or online gambling, and no licences have been issued to remote online gambling operators to permit them to operate in NI.<sup>115</sup> As alluded to above, the Gambling (Licensing and Advertising) Act 2014 partially addressed this





gap by making it an offence to advertise in NI without a GB licence.<sup>116</sup> It is logical to assume that if the Commission is licensing activities in NI, then part of the proposed statutory levy it would collect from those operators should also be directed here. However, under the current UK Government proposals, individuals in NI who gamble remotely would not contribute to the annual levy through the percentages charged on gambling gross yield, and therefore they would not be subject to any of the benefits and protections arising from that levy.

As the APG has reminded the DMCS, the UK Government has a duty of care to individuals and communities not just in GB, but in NI as our communities are affected by the same addictive gambling products. The APG has thus urgently requested that a percentage of the proposed levy on gambling operators be allocated for the provision of research, prevention and treatment in NI, in lieu of an NI-based levy. In the case of research, this could be done through UK Research and Innovation (UKRI), whose remit covers NI, and who would presumably be able to decide where to allocate levy funding they receive. In the case of prevention and treatment, this would likely be administered by the relevant NI Executive Departments.

#### RECOMMENDATIONS:

- A levy on gambling operators in Northern Ireland to fund research, prevention and treatment, as provided for in the Betting, Gaming, Lotteries and Amusements (Amendment) Act (Northern Ireland) 2022, should be implemented without delay
- In lieu of an NI levy, the APG has urgently requested that a percentage of the proposed statutory levy on gambling operators in GB be allocated for the provision for research, prevention and treatment in NI. In the case of research, this would work through UK Research and Innovation (UKRI). In the case of prevention and treatment, this would have to run through the relevant NI Departments.

#### Policy coherence

Most contributors called for a cross-government and cross-departmental approach to gambling regulation, in order to ensure coherence, or consistency, across the various bodies in NI. As the former Director of Mental Health, Learning Disability and Community Wellbeing at the Northern Health and Social Care Trust, Oscar Donnelly, told the inquiry:

*... there needs to be a cross-departmental initiative engaging with other key stakeholders, including people with lived experience. The evidence is that a public health approach is more likely to be effective as part of a coordinated, overarching prevention strategy, as has been seen with alcohol and tobacco. A cross-departmental, cross-government and inter-agency approach.*

A number of witnesses said that there should be a cross-departmental gambling strategy and action plan to help facilitate this coordination, with one respondent calling these the 'Holy Grail' in terms of gambling and public health. Tim Cairns of CARE made the case for an NI gambling strategy:

*If Northern Ireland is to effectively deal with gambling harm in a joined up public health approach, a meaningful strategy needs to be developed that ensures all departments and agencies work together. This must be coordinated by the ombudsman service within any new regulator. [...] Dealing with gambling-related harm will take a multi-agency approach and a strategy provides the best possible way to map what is required and the obligations placed on each sector and department.*

In the call for evidence for the inquiry, respondents were asked if the Department for Communities should be mandated to consult the Department of Health when developing gambling related policies and regulations. In every case among the answers received by the APG, the answer was yes.



As numerous written submissions suggested, such an approach necessitates ensuring that individuals engaging with various stages of public services are seamlessly integrated into a unified system aimed at facilitating access to necessary assistance. This should be the case for all interactions, whether that be healthcare providers such as their GP or hospital, or interactions with government agencies like the Department for Communities, overseeing employment and benefits.

In 2021, the then Minister for Communities established a Cross-Departmental Working Group on Preventing and Treating Gambling Related Harm, which includes representatives of Health and Education. At the time of writing, it is the APG's understanding that the group is still meeting. Such a group could provide the blueprint for a comprehensive and coordinated strategy to address gambling-related harm across departments.

Several witnesses also recommended North-South cooperation between any future regulator in NI and the Gambling Authority of Ireland (GRAI) on new regulations and for information sharing purposes. The APG supports such cooperation. Similarly, the APG continues to work closely with colleagues in Westminster, Holyrood and the Senedd, and recommends that any future regulator work closely with corresponding bodies in GB for the development and enforcement of coherent and consistent gambling regulations across the UK.

An all-island group of academics working for the YouGaMSI Project also suggested that knowledge sharing on best practice with regulators in other European countries would strengthen the approach in NI to the minimisation of gambling harm. As noted, many witnesses lauded the approach of New Zealand. The APG, having heard and received evidence from a wide range of international sources, both during this inquiry and previously, would strongly support this approach.

#### **RECOMMENDATIONS:**

- The Department for Communities should be mandated to consult the Department of Health when developing gambling related policies and regulations
- An integrated regional public health focused strategy to prevent and reduce gambling harms should be developed and implemented by the Department of Health in collaboration with other relevant Departments (Communities, Education and Justice). The aim should be to end a disjointed Executive approach, where one department promotes an activity as a wealth generator, whilst other departments must deal with the attendant health, justice and socio-economic costs
- Relevant departments and cross-departmental groups, as well as any future regulator in Northern Ireland, should cooperate, coordinate and share knowledge with the Gambling Commission, other UK bodies and the Gambling Regulatory Authority of Ireland (GRAI), as well as with relevant European and international organisations, on new regulations and promoting best practices.



## ADVERTISING AND PROMOTION OF GAMBLING

The weight of evidence presented to the APG over the course of the inquiry suggests that the advertising and promotion of gambling in NI is ubiquitous, largely unregulated, and strongly correlated with gambling harms. Almost all witnesses called for a more effective response from Stormont where the competencies exist (detailed below), and action from the UK Government where matters are reserved.

Gambling advertising spend has increased exponentially and is becoming more sophisticated.



The industry spends in excess of **£1.5 billion** a year on advertising in the UK.<sup>117</sup>

A financial analysis by Regulus Partners, published by GambleAware in November 2018, revealed that



**80%** of all gambling marketing activity is now on the internet, with companies spending five times more online than on television.<sup>118</sup>

### Current regulations in Northern Ireland

The regulation of the advertising and promotion of gambling in NI is a grey area. Whereas print advertising of gambling products falls under the 1985 Order,<sup>119</sup> online and broadcast advertising are reserved matters. Nevertheless, as the APG has argued elsewhere,<sup>120</sup> these forms of gambling advertising impact on citizens in NI heavily. In particular, children are vulnerable to the proliferation of gambling advertising through the likes of Premiership football.

The UK Government has a duty of care to young people in NI in this regard, and should specifically address the issue of gambling advertising and promotion to citizens in NI.

It is often proffered that online gambling in NI is regulated by the GB Gambling Commission, given that the UK's Gambling (Licensing and Advertising) Act 2014 states that it is an offence to advertise remote gambling in NI unless the operator holds a remote operating licence from the GB Gambling Commission.<sup>121</sup> However, this does not mean that consumers here fall under the remit or protection of the GB Commission, which does not cover NI as gambling as a whole is a devolved issue.

The Advertising Standards Agency (ASA) is the UK's regulator for gambling advertising across all media and, since the Gambling (Licensing and Advertising) Act 2014, has also regulated remote gambling advertising in NI. In its submission to the inquiry, the ASA said it has approached the regulation of gambling and lotteries advertising in NI "with caution" recognising the "special statutory arrangements that apply". The UK Advertising Codes urge marketers to take specialist legal advice if they are advertising in NI and the ASA commits to cooperating with the relevant authorities in cases involving potentially irresponsible gambling ads, the Agency said.

In the absence of oversight by the Gambling Commission or the ASA and without a gambling regulator for NI, online advertising offences fall under the jurisdiction of the PSNI. As numerous witnesses to this inquiry noted, asking the police to enforce breaches of advertising legislation is clearly unworkable, as they may lack the jurisdiction, expertise and resources to investigate breaches of the law by online operators.

In any case, regulations can be circumvented via a combination of broadcasting, in-stadia advertising and promotions. Research by Goldsmiths University published found gambling logos or branding were visible on screen for between 71% and 89% of the BBC's flagship Match of the Day programmes, despite the fact that the BBC does not carry advertising.<sup>122</sup>



## Evidence of harms associated with gambling advertising

It is often argued by both government and industry officials that there is no significant evidence linking exposure to gambling advertising with the onset of gambling harm. In September 2023, the UK's Minister for Sport, Gambling and Civil Society reiterated this stance to a governmental select committee,<sup>123</sup> and the main UK gambling industry trade body frequently echoes this position in the media.<sup>124</sup>

However, many in the field of gambling research and treatment have argued against this view. In a recent letter,<sup>125</sup> over fifty well-known researchers and other stakeholders in the field, some of whom appeared before this inquiry, argued that in the case of gambling advertising, “no evidence of harm” is a misleading framing, as:

*It would be equally true to say that there is no evidence demonstrating gambling advertising's safety. This supposed lack of causal evidence [...] is simply an absence of evidence due to methodological difficulties inherent to gambling advertising research. Importantly, there is also no evidence of an absence of an effect.*

Indeed, despite methodological constraints, there is a growing body of evidence which shows a strong correlation between advertising and marketing on the one hand, and the gambling behaviour of those most vulnerable to gambling addiction on the other. A study<sup>126</sup> published in December 2022 by Dr Heather Wardle of the University of Glasgow and others found that:

- marketing prompts unplanned spend in around a third of sports bettors and emerging adults,
- most of those with gambling problems say marketing has prompted unplanned spend,
- receiving direct marketing is also associated with reporting unplanned spend, and
- limiting exposure to gambling marketing may be a positive harm-reduction measure.

In 2023, Ellen McGrane of the University of Sheffield and others summarised evidence from eight systematic reviews, including 74 unique studies, and found consistent evidence to support the existence of a causal relationship between exposure to advertising of gambling products/brands and more positive attitudes to gambling, greater intentions to gamble and increased gambling activity at both individual and population level.<sup>127</sup> The review concluded that gambling advertising restrictions could reduce overall harm and mitigate the impact of advertising on gambling-related inequalities.

## Restricting gambling advertising

Several organisations voiced deep concerns to the APG about the level of gambling advertising and sponsorship in broadcasts of sporting events, particularly football (soccer), and called on the government to act. For example, the Christian Institution argued that there is “an urgent need to tackle online advertisements to protect children and problem gamblers from being targeted by specific advertising or marketing” in their written evidence to the inquiry.

Recommendations ranged from YouGaMSI's call for an outright ban such as that on tobacco advertising, through to recognition from the IPH that “it is almost impossible to prevent children from being exposed to advertising and thus we recommend the precautionary principle be applied and advertising and marketing be heavily restricted.”

The IPH also suggested that everyone is automatically ‘opted-out’ of direct marketing and made to opt-in to the ‘product vertical’ (areas such as sports betting and lotteries) to minimise the opportunities for cross-selling. It also suggests a ban on promotions that encourage gambling through offers of free bets, credit and non-monetary incentives.

YouGaMSI said that if gambling advertising is not banned outright then it should be limited to post-watershed times and that each advert must dedicate 60% of its advertising space to present a warning that gambling could lead to negative personal and social consequences.



Others called for a ban on advertising in online games such as FIFA that children are exposed to, often for prolonged periods, and that indirect promotion by influencers on social media and other outlets that children and young people are exposed to should be prohibited or at least regulated.

On the question of restricting gambling advertising, one witness noted that a number of nations have imposed bans. The Netherlands and Switzerland prohibit the advertising of all online games, whilst Iceland prohibits the advertising of poker and table games. In Spain commercials promoting gambling goods and services on TV, radio, and online channels are limited to a four-hour period between 1am and 5am daily. Of course, as noted, the Gambling Regulation Bill currently making its way through the Houses of the Oireachtas provides for a watershed prohibiting the broadcast of gambling advertising on television and radio between the hours of 5:30am and 9:00pm.

In July 2023, Belgium introduced a near total ban on gambling advertising.<sup>128</sup> This was after a consortium of sports teams and gaming operators were defeated in a last-ditch legal bid challenging the royal decree. In response, Belgium-based gambling operator Gaming1 published a report saying that the law would simply channel gamblers towards illegal operators.<sup>129</sup>

Andrew Taylor, gambling policy lead at the Advertising Standards Authority, explained to the inquiry why in his view, banning gambling advertising might appear to be a straightforward proposition but could end up being quite complicated:

*Simply introducing a ban on something which is readily available creates complications for which I don't think there is any precedent (except the ban on advertising of tobacco which was accompanied by a broad range of public health interventions)*

He also highlighted several risks of a complete ban; for instance, marketing spend might be diverted to other areas such as free bets or more inducements. He added

that in his view, it would have a major impact on the industry and effectively create a firewall between businesses and the public so that operators would not even be able to have social media presence. And if there are exceptions to a ban, the irony, he says, is that “you basically end up with the present system, which already restricts gambling advertising to under 18s and has a whole raft of protections around problem gambling.”

Nevertheless, given the strong correlation between gambling advertising and harms, and the increasing number of jurisdictions which are instituting restrictions, the APG would encourage the consideration of restrictions on gambling advertising in some form, based on the best practice and experiences of countries like the Netherlands, Switzerland, Belgium and Iceland.

#### RECOMMENDATIONS:

- Resolve the inconsistency around regulation of online advertising in Northern Ireland, ideally via a new regulatory body for NI working alongside the GB Gambling Commission and the Advertising Standards Agency
- Consideration should be given to restricting gambling advertising in some form, based on the best practice and experiences of countries like the Netherlands, Switzerland, Belgium and Iceland
- The precautionary principle should be applied to advertising and marketing of gambling, and restrictions applied to the greatest possible extent
- A watershed prohibiting the broadcast of gambling advertising on television and radio should be instituted between the hours of 5:30am and 9:00pm, as proposed in the Gambling Regulation Bill in the Republic of Ireland
- An ‘opt-in’ feature should be introduced for social media gambling adverts similar to that proposed in the Gambling Regulation Bill in the Republic of Ireland
- Promotions that encourage gambling through offers of free bets, credit and non-monetary incentives should be banned.



## REGULATING GAMBLING PRODUCTS

### Availability and accessibility of gambling products

Witnesses involved in the treatment of gambling disorder noted that increasing the availability and accessibility of gambling leads to higher consumption and greater harm, and that it is therefore crucial to regulate these factors as part of a public health approach, especially for riskier forms of gambling. Dr Gaskell summarised this point:

*The consumption model shows that the more gambling is available and accessible and the more it is advertised, the more consumption there is and the more it harms. Therefore, restricting availability and accessibility is very important, particularly for electronic and continuous forms of gambling.*

Companies that engage in covert marketing, for instance by embedding these types of games in sports gambling and bingo, or cross-sold from lower risk forms of gambling, should be prevented from doing so, he added.

As such, much of the evidence and discussion throughout this inquiry focused on how and when to restrict the availability and accessibility of gambling products, which products to restrict, and for whom. Some of the recommendations emerging from this discussion, such as through a gambling ID card in relation to land-based gambling (such as with EGMs), have already been discussed in relation to children and young people.

An additional suggestion comes from the Royal Society for Public Health (RSPH). They cited their 2022 suggestion that access to remote gambling sites should be curtailed between 12am and 8am, in line with the land-based sector. The RSPH notes:

*We know that people with online gambling problems are more likely to place bets between the hours of midnight and 4am, and that sleep deprivation makes people pursue bigger risks and give less consideration to negative consequences. This can have a cyclical effect, where people at greatest risk of harm are most likely to stay up late, in turn becoming sleep deprived and therefore likely to gamble even more.<sup>130</sup>*

There is precedent for such a policy from other domains: the 2005 (Scotland) Alcohol Act introduced a 10pm to 10am ban on off-licence alcohol sales, in recognition that greater levels of alcohol harm occur within these hours. This policy should be explored as part of the second phase of gambling regulation reform here.

### RECOMMENDATIONS:

- Future gambling policy here should not focus solely on treating those individuals who have experienced harm, but on regulating the availability and accessibility of the actual products at the root of that harm
- Consideration should be given to restricting access to remote gambling sites between 12am and 8am, in line with the land-based sector.



### Exclusion schemes and blocking software

From the customers' perspective, there are several well-established options available to those who want to regulate their access to gambling. For example, multi-operator self-exclusion schemes allow customers to make a single request to self-exclude from the same type of land-based gambling within their area.

The online equivalent, GAMSTOP, allows people to self-exclude from licensed online operators with one request. Engagement with this service should be part of the licence conditions for any regulated operator in NI, said Stephen Aupy and Matt Zarb-Cousin of Gamban, a developer of software designed to block access to gambling sites.

Blocking software is also playing a vital role. Gamban has the only software capable of restricting access to all gambling content, including unregulated sites and apps. In December 2020, Gamban partnered with GamCare (which runs the national gambling helpline and offers treatment services) and GAMSTOP (who run the UK self-exclusion scheme for licensed operators) in an initiative called TalkBanStop.

One witness to the inquiry cited the example of Norwegian state monopoly Norsk Tipping, which offers Gamban free to those who self-exclude. Part of the reason for this is to ensure that those who have experienced gambling harm are not exposed to the black market as a result of self-exclusion. Ipsos Mori found that a layered approach — self-exclusion plus blocking software — has a tangible and significant impact on reducing gambling harms in the UK.

The financial sector can also help to reduce harm. Gambling transaction blocks give the user the option to block their card from gambling transactions by blacklisting the relevant merchant code, which applies in both online and in physical venues. They have been adopted by most of the larger banks in the UK, and some of the newer 'challenger' digital banks such as Monzo and Starling Bank are also using systems to prevent harm.

Collectively, these components — multi-operator self-exclusion schemes, blocking software, and gambling transaction blocks — can create a comprehensive safety net that significantly reduces gambling harms by limiting access and exposure to gambling opportunities, thus providing robust support for individuals seeking to control their gambling behaviour.

### RECOMMENDATIONS:

- Engagement with an effective, multi-operator self-exclusion scheme such as GAMSTOP should be part of the licence conditions for any regulated operator in NI. It is recommended that one single self-exclusion scheme be used to avoid gaps or barriers caused by replicant schemes
- Blocking software such as Gamban should be provided free at the point of use
- All financial institutions operating here should introduce 'transaction blocks' to give the user the option to block their card from gambling transactions in both online and in physical venues.



## Affordability

The inquiry heard how gambling companies operating in NI could do more to verify that their customers can afford to play.

“With effective controls in place, we have no doubt the young people losses would have been identified as spending more than they could afford and subject to a “hard stop” intervention. In conjunction with an appropriate, health-focused intervention they would likely be alive today,” said Charles Ritchie of Gambling with Lives. For affordability checks to be effective they should be applied across a gambler’s entire experience, a so-called “single customer view” (SCV), as most gamblers – especially those with a gambling disorder – may well visit multiple land-based venues, he said. He added that:

*The Gambling Commission has handed development of SCV technology to the industry. However, previous experience of the slow speed of development (GamStop took seven years to implement as opposed to the promised one year) means that we believe this must be done independently of the industry and overseen by the regulatory body.*

As mentioned, consumers gambling in land-based NI venues could use a membership card to check the affordability of their gambling across all premises, with data shared between bookmakers and potentially managed by an independent body.

As the APG has previously recommended, and as was noted by witnesses to this inquiry, to ensure that affordability measures follow the gambler online, regardless of gambling across multiple sites, it should be a licensing condition that online operators operate a single sign-on mechanism (SSO), i.e., a third party software platform on which gambling customers could create a user profile, their identity could be verified, and affordability checks could be performed.



In May this year, the UK Government announced that online gamblers who lose **£500** or more monthly will undergo additional checks starting in August.<sup>131</sup>

The Gambling Commission confirmed that these checks will commence on 30 August 2024, with the threshold for qualifying falling to £150 of online betting losses per month from 28 February next year (2025).<sup>132</sup> The APG supports these developments, and as recommended in its first inquiry report, would recommend a cap of at least £150 for both land-based and online gambling, though ideally £100 given the comparably lower standard of living (and thus higher impact of gambling losses) in NI. The original cap as proposed in the White Paper was £125. Moreover, and as noted previously,<sup>133</sup> the majority of gamblers spend less than £100 per month and would be unaffected.

### RECOMMENDATIONS:

- A single sign-on mechanism (SSO) should be a licensing condition for online operators wishing to provide their services in Northern Ireland, on which gambling customers could create a user profile, their identity could be verified, and affordability checks could be performed
- An affordability cap on gambling spending should be introduced, set at £150 losses per month, as is the case of online betting in GB, if not £100. Affordability checks could be administered, adjusted and enforced by a future regulator.





## Licensing of gambling operators

Licensing of remote gambling operators is another area that many contributors feel needs reform. As one witness to the inquiry noted, the Gambling Commission does not investigate the non-GB activity of its licensees. The operation of illegal electronic gaming machines (FOBTs) in NI<sup>134</sup> and harmful online practices by GB licensees in NI is therefore ignored:

*The offshore sector relies on the legal opinion that ‘the location of internet remote gambling is the location of the server’. A gambling company can make profits in a jurisdiction where that activity is illegal, an extreme example of which is China where citizens can be jailed for breaching gambling law, whilst a British licensee profits from the activity.*

If gambling companies were required to have a full GB presence of server and legal ownership status they could relocate their operations. This could also be a requirement for companies wishing to operate in NI, allowing a regulator here to place some controls on remote operators.

Tackling Gambling Stigma suggested changing licensing so that specific licences are granted for different product types. At present, a single generic licence covers product types, which has resulted in online gambling provision becoming essentially the same — companies offer everything and compete based on pushing consumers to higher-risk, more profitable products. “Disaggregating licences would enable prohibition of the promotion of higher-risk products to consumers and focus on other attributes such as social interaction and leisure experience,” the body said.

The IPH called for land-based gambling licensing to be tightened to include consideration of proximity of betting shops and adult gaming centres to schools, clubs or organisations where children are present, and recommended creation of a register of all licences issued for all gambling services and activities. This would contain location information to aid monitoring of the density of land-based betting venues particularly in areas of high deprivation.

### RECOMMENDATIONS:

- Remote gambling operators wishing to operate in Northern Ireland should be required to have a full UK presence, including server and legal ownership status, to ensure proper regulation and control
- Specific licences should be granted for different types of gambling products to prevent the promotion of higher-risk products and to focus on safer gambling attributes like social interaction and leisure experience
- A comprehensive register of all gambling licences should be created that captures the density of betting venues, particularly in deprived areas, as well as their proximity to schools, clubs or organisations where children are present
- Consideration should be given to the proximity of betting shops and adult gaming centres to schools and other places where children are present when issuing licences.



### Characteristics of gambling products

Evidence from this and previous APG inquiries strongly suggests that the risk level of gambling harm is significantly influenced by the characteristics of gambling products themselves. This is significant in the context of public health, as it underscores the need for a comprehensive, ‘supply side’ response to gambling harms, one not focused solely on treating those individuals who have experienced harm, but regulating the characteristics (as well as the availability and accessibility) of the actual products at the root of that harm.

Many witnesses cited a strong and growing body of evidence that electronic gaming machines (EGMs), otherwise known as FOBTs, and online casino products have been repeatedly associated with high gambling addiction levels among players; around one in five people who engage with these products are experiencing moderate risk or problem gambling.<sup>135</sup> As the APG has previously argued, it is logical to assume that the regulation of riskier products (e.g. EGMs and online gambling) should differ from that of relatively less risky gambling products. As Tackling Gambling Stigma noted when discussing online gambling, the level of safety for online products “should not be based solely on parity with offline gambling but commensurate with the added risks”.

As many witnesses and the APG in its previous inquiry<sup>136</sup> have noted, much of the risk that these products present are rooted in their structural characteristics, such as:

- high event frequencies
- high stakes and prizes
- random ratio reinforcement schedules
- near misses
- losses appearing as wins
- multiline betting, and
- exaggerated audible and visual reinforcements.

As Peers for Gambling Reform noted in their written submission

*The characteristics of some [gambling] products, like continuous, fast-paced play are well known to be highly associated with harms because their addictive nature removes the possibility of rational choice and decision-making [...] Indeed, games with faster speeds of play have been shown to encourage more wagers, longer game play, and cause players – particularly problem gamblers – to experience difficulty in ceasing gambling.*

Dr Matt Gaskell told the inquiry that continuous forms of gambling (characterised by high rate speed of play and short time between wagering and the outcome), notably EGMs and online gambling, have the highest levels of association with gambling disorders. This connection was raised by a number of other witnesses, and in a number of written submissions and analyses which the APG received.<sup>137</sup> For example, in its written submission to the inquiry, the charity Gambling Harm UK noted that online gambling products are subject to “increased accessibility, improved advertisement effectiveness, increased vulnerability to cognitive biases, and increased potential for neurostimulation.”

In its written submission, the Northern Ireland Amusement Caterers Trade Association (NIACTA) stated that there is “no evidence demonstrating that FOBTs encourage excessive gaming or cause problem gambling, crime or money laundering in Northern Ireland.” While it is true that there is a lack of NI-specific research on the connection between FOBTs and gambling harms, the weight of evidence from other jurisdictions demonstrates a strong correlation. It is logical to assume that EGMs with the same characteristics will be similarly harmful to consumers in NI as in GB or elsewhere.



For this reason, a critical consideration of any future Gambling Act in NI must be the recognition and specific regulation of the structural characteristics of these high-risk types of gambling, with the central aim of reducing harm.

A key recommendation to emerge from the APG’s previous inquiry into gaming machines in NI was that future gambling legislation should take account of the structural characteristics of gaming machines with the aim of reducing gambling-related harm. Serious consideration should be given to banning ‘near misses’ and losses disguised as wins and slowing spin speeds. Moreover, the APG recommended that these characteristics should form part of the consideration as to which machines are permitted in NI venues and how many. The APG would reiterate these recommendations and add that such measures should also be considered for online gambling, which exhibits the same structural characteristics, and carries similar levels of risk, if not much more.

There is precedent for reform in this regard.



In 2021, the Gambling Commission introduced a ban on slot spin speeds faster than **2.5** seconds for online games, and on losses disguised as wins for online games.<sup>138</sup>

Specifically, the Commission banned:

- features that speed up play or give the illusion of control over the outcome
- slot spin speeds faster than 2.5 seconds, and
- sounds or imagery which give the illusion of a win when the return is in fact equal to, or below, a stake.

From September 2024, GB will introduce the first stake limits for online slot games.



These will include a maximum **£2** stake per spin for **18 to 24-year-olds** for online slot games, and a **£5** per spin limit for **adults aged 25**, in-line with casinos.<sup>139</sup>

The APG received suggestions from various experts and activists on how to reduce the risky characteristics of certain gambling products, including: lower stakes and prizes for online and land-based games, mandatory ‘time-out’ breaks, messaging to alert users to losses incurred during the current session, a reduction in spin speeds, plus removal of credit lines, free bets and tricks such as ‘near misses’ and losses disguised as wins.

As part of these changes, it was suggested that the Department for Communities or a future regulator should codify a basic set of characteristics and parameters for each category of product: slots, table games and fixed-odds betting. This would place hard limits on products being developed and thereby ensure a base level of safety. In addition, if a gambling company wishes to add a new feature or adopt a new feature from another game or setting, or invent a new game, which goes beyond the defined essential characteristics of that product category, permission from the regulator should be sought. Furthermore, new products must be rigorously tested before they are released.

Riskier products should be clearly labelled as such, said several organisations in their written submissions. Gambling with Lives called for classification of gambling products based on health risks, with clear warnings for the most dangerous products. Scoring scales have been developed based on theoretical and empirical evidence to evaluate the risk of available and planned gambling types.



### **RECOMMENDATIONS:**

- Regulation should be proportionate to risk: more harmful and addictive gambling activities should be subject to tighter rules
- Implement a range of changes to the structural characteristics of online slots, casinos and games and land-based offerings to make them safer. These should include maximum stakes and prizes, mandatory 'time-out' breaks, messaging to alert users to losses incurred during the current session, a reduction in spin speeds, plus removal of credit lines, free bets and tricks such as 'near misses' and losses disguised as wins
- Provision of product information must be made mandatory by the regulator and communicated as official government health information. Operators should be required to meet standards around content, placement and implementation.



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# List of Recommendations





## List of Recommendations

### THE PREVALENCE OF GAMBLING AND RELATED HARMS IN NORTHERN IRELAND

1. Gambling-related questions should be included in all relevant surveys across all departments and statutory agencies (such as HSC Trusts) in Northern Ireland, in order to monitor trends, measure prevalence and assess the effectiveness of interventions aimed at preventing and reducing gambling harm.
2. The APG would urge the UK Government (DCMS) to require the Gambling Commission to disaggregate and publish NI-specific data from the regulatory returns of remote gambling operators advertising in Northern Ireland. This data would be hugely valuable in understanding the prevalence of online gambling here and informing policy and legislation.
3. Land-based operators in Northern Ireland should be required to share data as part of their licensing conditions to a future regulator. In lieu of a gambling regulator, these could be shared with the courts or district councils.
4. The collection of gambling-specific data for Northern Ireland should be brought in line with Great Britain.
5. A gambling data strategy should be implemented for Northern Ireland, part of which will involve the establishment of an independent body responsible for the collection, safe and legal storage, and distribution of industry data for research purposes. Agreeing to data sharing with this independent body should be included as part of the licensing requirements for gambling operators wishing to operate in Northern Ireland.

### EVIDENCE OF GAMBLING-RELATED HARM

#### Impact on health

6. Gambling should be officially recognised as a public health issue in Northern Ireland. Policies should not just focus on individual-level gambling harms but should include population-based approaches that prioritise harm prevention, in line with the public health approach adopted for alcohol and tobacco.
7. Gambling addiction should be fully integrated into all relevant strategies including mental health and suicide prevention.
8. The Northern Ireland Coroner's Service should be asked by the NI Executive to explore the extent to which gambling may or may not be a contributing factor in deaths by suicide.

#### Financial impact

9. There should be strong cross-sector partnerships between debt advice organisations, healthcare, and mental health support services, to ensure those suffering from financial strain as a result of gambling are signposted to the appropriate resources.
10. The Department for Communities should integrate considerations of gambling harm into existing policy initiatives, such as the recent debt respite policies, to provide comprehensive support for individuals grappling with severe debt as a result of gambling.



## Children and young people

### Education on gambling in schools

11. There should be a statutory requirement for schools to have in place a gambling education policy in line with drugs education. Crucially, any educational programmes must be independent of industry influence to ensure unbiased and effective delivery.

### Beyond education in schools

12. An advisory committee specifically relating to protecting children's rights and wellbeing should be established and consulted before any new legislation or policies are developed that could expose children to gambling related harms.
13. Online gambling sites wishing to operate in Northern Ireland should be required to have robust age verification checks to protect children. Where breaches of the law are identified, proportionate punitive measures should be imposed.
14. A test purchasing scheme should be considered as part of the next phase of gambling reform in Northern Ireland, which tests the industry compliance with any new measures, particularly age verification measures.
15. The Department for Communities should investigate the implementation of a gambling ID card for land-based gambling in Northern Ireland, to prevent underage gambling and ensure comprehensive safety, affordability, and safeguards for all gamblers here. Such a card could also help facilitate affordability checks.

## Gambling and video games

16. Gambling within video games, as well as via easily accessed free to play 'social casino games' should be restricted in the second phase of gambling legislation in Northern Ireland.
17. Legislation should seek to regulate the structural characteristics, availability and accessibility of gambling mechanics within video games, including loot boxes, in order to protect children and young people from gambling-related harm.
18. A nuanced approach should be considered, where companies are required to offer direct purchase options for loot box content at reasonable prices or provide all loot box content after a set expenditure, while placing the regulatory burden and legal liability on relevant software and hardware platforms.
19. Any regulatory response should not rely on industry self-regulation but be based on stringent, legally mandated regulations, with attention paid to the structural characteristics and overall availability of loot boxes.

## Inequality of gambling-related harms

20. The next phase of gambling regulation in Northern Ireland should aim to reduce, not replicate, wider social and health inequalities. The APG recommends that any future gambling legislation be assessed for its potential impact on social and health inequalities. This could be done as part of a wider assessment on the impact of any new legislation.

## Gendered aspects of gambling-related harms

21. The next phase of gambling reform should integrate a gendered approach to gambling policy, which seeks to recognise and address the varying impacts and behaviours associated with gambling among different genders.



## PROVISION OF TREATMENT IN NORTHERN IRELAND

22. The Department of Health should commission statutory services specifically for gambling disorders in Northern Ireland, addressing the current unmet need within the healthcare system.
23. Consideration should be given to establishing a dedicated gambling treatment service in Northern Ireland modelled on the Problem Gambling Clinics in England. It would be delivered within a comprehensive HSC prevention and treatment programme and could also provide related training, education and professional development for health care professionals.
24. Training should be available for GPs, emergency services, social care services and other health and social care professionals on issues pertaining to gambling, allowing them to more effectively diagnose, signpost and treat patients presenting with a gambling disorder.
25. Screening programmes should be introduced across all health and social care services in Northern Ireland, to help identify and assist problem gamblers reluctant to seek support.

## REGULATING FOR GAMBLING AS A PUBLIC HEALTH ISSUE

26. The APG recommends that phase two of gambling law reform in Northern Ireland emphasises the prevention of gambling harm first and foremost, as opposed to focusing solely on the treatment of gambling harm once it has already occurred.
27. The APG recommends that future gambling-related policy measures designed to promote public health be enshrined in law, and not reliant on voluntary measures or industry self-regulation.
28. Gambling companies wishing to operate in Northern Ireland should be subject to a statutory duty of care to ensure their consumers are not harmed. This should be backed up by meaningful incentives (including, for example, licence revocation for non-compliance) to ensure compliance.
29. Phase two of gambling law reform in Northern Ireland should be subject to a Health Impact Assessment. The APG would also support additional assessments on the impact of future legislation on health and social services, on the criminal justice system and on health and social inequality.

## A commercial determinants of health framework

30. A commercial determinants of health (CDoH) framework should be adopted for gambling in Northern Ireland, to minimise industry interference in decision making. By adopting a CDoH framework for gambling, policymakers should acknowledge that the aims of the gambling industry are at odds with public health - as is now widely accepted in the case of the alcohol and tobacco industries.





### **Independent regulator and ombudsman**

- 31.** An independent regulator for gambling should be established in Northern Ireland, tasked with enforcing gambling laws, licensing, and dispensing fines, in collaboration with all relevant bodies, regulating both land-based and remote gambling sectors.
- 32.** The current mechanisms to protect and seek redress for gambling consumers are ineffective and should be replaced by a dedicated and independent gambling ombudsman to bring gambling in line with the protections granted in relation to other consumer goods.

### **Levy on gambling operators**

- 33.** A levy on gambling operators in Northern Ireland to fund research, prevention and treatment, as provided for in the Betting, Gaming, Lotteries and Amusements (Amendment) Act (Northern Ireland) 2022, should be implemented without delay.
- 34.** In lieu of an NI levy, the APG has urgently requested that a percentage of the proposed statutory levy on gambling operators in Great Britain be allocated for the provision for research, prevention and treatment in Northern Ireland. In the case of research, this would work through UK Research and Innovation (UKRI). In the case of prevention and treatment, this would have to run through the relevant NI Departments.

### **Policy coherence**

- 35.** The Department for Communities should be mandated to consult the Department of Health when developing gambling related policies and regulations.
- 36.** An integrated regional public health focused strategy to prevent and reduce gambling harms should be developed and implemented by the Department of Health in collaboration with other relevant Departments (Communities, Education and Justice). The aim should be to end a disjointed Executive approach, where one department promotes an activity as a wealth generator, whilst other departments must deal with the attendant health, justice and socio-economic costs.
- 37.** Relevant departments and cross-departmental groups, as well as any future regulator in Northern Ireland, should cooperate, coordinate and share knowledge with the Gambling Commission, other UK bodies and the Gambling Regulatory Authority of Ireland (GRAI), as well as with relevant European and international organisations, on new regulations and promoting best practices.



## ADVERTISING AND PROMOTION OF GAMBLING

38. Resolve the inconsistency around regulation of online advertising in Northern Ireland, ideally via a new regulatory body for Northern Ireland working alongside the GB Gambling Commission and the Advertising Standards Agency.
39. Consideration should be given to a ban of gambling advertising in some form, based on the best practice and experiences of countries like the Netherlands, Switzerland, Belgium and Iceland.
40. The precautionary principle should be applied to advertising and marketing of gambling, and restrictions applied to the greatest possible extent.
41. A watershed prohibiting the broadcast of gambling advertising on television and radio should be instituted between the hours of 5:30am and 9:00pm, as proposed in the Gambling Regulation Bill in the Republic of Ireland.
42. An 'opt-in' feature should be introduced for social media gambling adverts similar to that proposed in the Gambling Regulation Bill in the Republic of Ireland.
43. Promotions that encourage gambling through offers of free bets, credit and non-monetary incentives should be banned.

## REGULATING GAMBLING PRODUCTS

### Availability and accessibility of gambling products

44. Future gambling policy should here not focus solely on treating those individuals who have experienced harm, but on regulating the availability and accessibility of the actual products at the root of that harm.
45. Consideration should be given to restricting access to remote gambling sites between 12am and 8am, in line with the land-based sector.

### Exclusion schemes and blocking software

46. Engagement with an effective, multi-operator self-exclusion scheme such as GAMSTOP should be part of the licence conditions for any regulated operator in Northern Ireland. It is recommended that one single self-exclusion scheme be used to avoid gaps or barriers caused by replicant schemes.
47. Blocking software such as Gamban should be provided free at the point of use.
48. Financial institutions should introduce 'transaction blocks' to give the user the option to block their card from gambling transactions in both online and in physical venues.



### Affordability

49. A single sign-on mechanism (SSO) should be a licensing condition for online operators wishing to provide their services in Northern Ireland, on which gambling customers could create a user profile, their identity could be verified, and affordability checks could be performed.
50. An affordability cap on gambling spending should be introduced, set at £150 losses per month, as is the case of online betting in Great Britain, if not £100. Affordability checks could be administered, adjusted and enforced by a future regulator.

### Licensing of gambling operators

51. Remote gambling operators wishing to operate in Northern Ireland should be required to have a full GB presence, including server and legal ownership status, to ensure proper regulation and control.
52. Specific licences should be granted for different types of gambling products to prevent the promotion of higher-risk products and to focus on safer gambling attributes like social interaction and leisure experience.
53. A comprehensive register of all gambling licences should be created that captures the density of betting venues, particularly in deprived areas, as well as their proximity to schools, clubs or organisations where children are present.
54. Consideration should be given to the proximity of betting shops and adult gaming centres to schools and other places where children are present when issuing licences.

### Characteristics of gambling products

55. Regulation should be proportionate to risk: more harmful and addictive gambling activities should be subject to tighter rules.
56. Implement a range of changes to the structural characteristics of online slots, casinos and games and land-based offerings to make them safer. These should include maximum stakes and prizes, mandatory 'time-out' breaks, messaging to alert users to losses incurred during the current session, a reduction in spin speeds, plus removal of credit lines, free bets and tricks such as 'near misses' and losses disguised as wins.
57. Provision of product information must be made mandatory by the regulator and communicated as official government health information. Operators should be required to meet standards around content, placement and implementation.



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# Appendices





## Appendices

### APPENDIX 1: List of members and declarations of interest

- Philip McGuigan MLA – Chairperson
- Robbie Butler MLA – Vice-Chairperson
- Danny Donnelly MLA – Secretary
- Paul Frew MLA – Treasurer
- Paula Bradshaw MLA
- Joanne Bunting
- Justin McNulty MLA
- Mark H Durkan MLA
- Maolíosa McHugh MLA
- Stephen Dunne MLA
- Diane Forsythe MLA
- Harry Harvey MLA
- David Honeyford MLA
- William Irwin MLA
- Brian Kingston MLA
- Cathy Mason MLA
- Nick Mathison MLA
- Áine Murphy MLA
- John Stewart MLA
- Eóin Tennyson MLA
- Sinéad Ennis MLA

### APPENDIX 2: List of witnesses and oral evidence sessions

#### 13 February 2023

##### Understanding public health approaches to gambling

- Dr Joanna Purdy; Dr Helen McAvoy – The Institute of Public Health
- Matt Zarb-Cousin – Clean Up Gambling

#### 27 February 2023

##### Understanding the need for public health approaches: lived experience

- Martin Jones – Lived experience; former Gambling with Lives trustee
- Clare Wyllie; Alexander Kallman – Tackling Gambling Stigma
- Declan Cregan – Lived experience

#### 13 March 2023

##### The impact of gambling on health and wellbeing

- Dr Matt Gaskell – NHS Northern Gambling Clinic
- Tim Cairns – Christian Action, Research and Education (CARE)

#### 27 March 2023

##### The impact of gambling on health and wellbeing

- Steve Watts – GamFam
- Will Prochaska; Liz Ritchie – Gambling with Lives

#### 3 April 2023

##### Special session: loot boxes

- Leon Y. Xiao – IT University of Copenhagen
- Lauren Henderson – The Honourable Society of Lincoln's Inn; Durham University



## **APPENDIX 2: List of witnesses and oral evidence sessions** *continued*

### **24 April 2023**

#### **The provision and resourcing of treatment**

- Prof Henrietta Bowden-Jones – Royal College of Psychiatrists
- Dr Donna Mullen – Royal College of Psychiatrists
- Dr Sharon McElroy – British Psychology Society

### **23 May 2023**

#### **Examining the wider social impacts of gambling**

- Barry Grant – Extern Problem Gambling
- Prof Sharon Collard – University of Bristol
- Jodie N. Raybould – University of Birmingham

### **19 June 2023**

#### **The provision and resourcing of research**

- Marguerite Regan – Office for Health Improvement and Disparities (Department of Health and Social Care, England)
- Dr Paul Kitchin – Ulster University
- Oscar Donnelly – formerly Director of Mental Health, Learning Disability and Community Well-being at the Northern Health and Social Care Trust (NHSCT); Chair of Towards Zero Suicide

### **18 September 2023**

#### **Impact of gambling on children and young people**

- Dr Helen McAvoy; Dr Ciara Reynolds – The Institute of Public Health.
- Ciarán McGinley – GamCare

### **2 October 2023**

#### **A public health approach to gambling advertising and promotion**

- Erin McEvoy – Ulster Ulster (PhD researcher)

### **14 November 2023**

#### **A public health approach to gambling advertising and promotion**

- Heather Wardle – University of Glasgow
- Dr James Noyes – Social Market Foundation

### **12 December 2023**

#### **Gambling advertising and promotion**

- Guy Parker – Advertising Standards Authority (ASA)

### **22 January 2024**

#### **Education and curricula**

- Ray Caldwell – Department of Education
- Noeleen McGreer – Council for the Curriculum, Examinations and Assessment (CCEA)



### APPENDIX 3: Call for evidence (questions asked)

- 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 work with health and social care services to address gambling-related harms?
- What are your views on public health messaging and education in schools on the risks associated with gambling?



## APPENDIX 4: List of written evidence submissions received

Please note: in addition to the below submissions, there were a number of academic papers forwarded by witnesses, all of which can be found in Appendix 7.

- Advertising Standards Authority (ASA)
- Advice NI
- Belfast Health and Social Care Trust
- Betting & Gaming Council
- British Association for Counselling and Psychotherapy (BACP)
- Children's Law Centre
- Christian Action, Research and Education (CARE)
- Council for the Curriculum, Examinations and Assessment (CCEA)
- Cuan Mhuire
- Department for Communities
- Department of Education (Curriculum Team)
- Derek Webb
- Downpatrick Racecourse
- Down Royal
- Dunlewey Gambling Advice Service
- Extern
- Gaelic Players Association (GPA)
- Gamban
- Gambling Harm UK
- Gambling Related Harm All-Party Parliamentary Group (APPG)
- Gambling with Lives
- GamCare
- Headway
- Institute of Public Health
- Irish Football Association
- Leon Y. Xiao
- Martin Jones
- Matt Gaskell
- Methodist Church
- Northern Ireland Amusement Caterers Trade Association (NIACTA)
- Northern Ireland Catholic Council on Social Affairs (NICCOSA)
- Northern Ireland Turf Guardians' Association (NITGA)
- Peers for Gambling Reform
- Public Health Agency
- Reformed Presbyterian Church of Ireland
- Royal College of Nursing
- Samaritans Northern Ireland
- Sean Graham
- Southern Health and Social Care Trust
- Tackling Gambling Stigma
- The Advertising Association
- The Christian Institute
- Western Health and Social Care Trust
- Ygam
- YouGaMSI (Maynooth University and Ulster University)





## **APPENDIX 5: Access oral evidence sessions recordings**

All oral evidence sessions of the inquiry into the future regulation of gambling are recorded and will be made available to the public on request. To request a copy of any of the sessions email:  
**[secretariat@gamharmapg.org](mailto:secretariat@gamharmapg.org)**



## APPENDIX 6: References

- <sup>1</sup> *The Betting, Gaming, Lotteries and Amusements (Northern Ireland) Order 1985.*
- <sup>2</sup> *Betting, Gaming, Lotteries and Amusements (Amendment) Act (Northern Ireland) 2022.*
- <sup>3</sup> *NI Assembly All-Party Group (APG) on Reducing Harm Related to Gambling (2021), The Future Regulation of Gambling in Northern Ireland.*
- <sup>4</sup> *NI Assembly All-Party Group (APG) on Reducing Harm Related to Gambling (2022), Gaming Machines in Northern Ireland.*
- <sup>5</sup> *Department for Communities (2020), Consultation on Regulation of Gambling in Northern Ireland: Consultation Survey Report.*
- <sup>6</sup> *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.
- <sup>7</sup> *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.*
- <sup>8</sup> *Van Schalkwyk, M.C., Petticrew, M., Cassidy, R., Adams, P., McKee, M., Reynolds, J. and Orford, J., 2021. A public health approach to gambling regulation: countering powerful influences. The Lancet Public Health, 6(8), p.e614.*
- <sup>9</sup> *This is drawn from pages 6-7 of the Institute of Public Health's (IPH) written submission to this inquiry, available here: <https://www.publichealth.ie/parliamentary-engagement/iph-response-apg-inquiry-public-health-approaches-gambling-related-harms>.*
- <sup>10</sup> *UK Government: Gambling Act 2005.*
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- <sup>13</sup> *UK Parliamentary Written Question UIN 44390 (2021).*
- <sup>14</sup> *Office for Health Improvement and Disparities and Public Health England (2021), Gambling-related harms: evidence review.*
- <sup>15</sup> *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.*
- <sup>16</sup> *Ibid., p.e715.*
- <sup>17</sup> *Bedford, K. and Chandan, J., 2023. High stakes: Does the gambling white paper go far enough?. The Lancet, p.1236.*
- <sup>18</sup> *Department for Culture, Media & Sport (2023), High stakes: gambling reform for the digital age.*
- <sup>19</sup> *Bedford and Chandan (2023) [17]*
- <sup>20</sup> *Thomas, S.L., McKee, M. and Daube, M., 2023. Gambling reform in the UK. bmj, 381.*
- <sup>21</sup> *Gambling with Lives (April, 2023), White paper reforms must go further, without more delays.*
- <sup>22</sup> *Bedford and Chandan (2023) [17]; see also the APG's report on gaming machines in Northern Ireland [4] for a detailed discussion on the connection between the number of gaming machines per venue and gambling-related harm.*



- <sup>23</sup> Newall, P., Allami, Y., Andrade, M., Ayton, P., Baker-Frampton, R., Bennett, D., Browne, M., Bunn, C., Bush-Evans, R., Chen, S. and Collard, S., 2024. 'No evidence of harm' implies no evidence of safety: Framing the lack of causal evidence in gambling advertising research. *Addiction*, 119(2), pp.391-396.
- <sup>24</sup> UK Parliament (2024), *Gambling regulation: Government Response to the Committee's Second Report*.
- <sup>25</sup> *Ibid.*
- <sup>26</sup> Sheffield, H. (2024), *Online gamblers who lose £500 or more a month to face extra checks*. *The Guardian*.
- <sup>27</sup> NHS England (2024), *New NHS gambling clinic opens amid growing demand*.
- <sup>28</sup> Department of Health and Social Care (2019), *The NHS Long Term Plan*.
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- <sup>30</sup> Health & Social Care Wales (2017), *Chief Medical Officer: Annual Report 2016 to 2017*.
- <sup>31</sup> Public Health Wales, Bangor University and Swansea University (2019), *Gambling as a public health issue in Wales*.
- <sup>32</sup> *Ibid.*, p.19.
- <sup>33</sup> Public Health Wales and World Health Organization Collaborating Centre On Investment for Health and Well-being (2022), *Gambling Health Needs Assessment for Wales*.
- <sup>34</sup> *Ibid.*, pp.39-40.
- <sup>35</sup> Houses of the Oireachtas: *Gambling Regulation Bill 2022*.
- <sup>36</sup> Department of the Taoiseach (2020), *Programme for Government - Our Shared Future*, p.97.
- <sup>37</sup> A&L Goodbody (2022), *Government approves publication of the Gambling Regulation Bill*.
- <sup>38</sup> See also: Goyder et al (2020) [11].
- <sup>39</sup> Australian Parliamentary Standing Committee on Social Policy and Legal Affairs (2023), *'You win some, you lose more.'*
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- <sup>42</sup> Department for Communities and NI Statistics and Research Agency (NISRA) (2017), *2016 Northern Ireland Gambling Prevalence Survey*.
- <sup>43</sup> NI Assembly All-Party Group (APG) on Reducing Harm Related to Gambling (2023), *APG meets with Minister for Communities*.
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- <sup>45</sup> NHS England (2023), *Health Survey for England, 2021 part 2: Gambling behaviour*. At the time of writing, part 2 of the 2022 survey is yet to be published.
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- <sup>48</sup> Department for Communities (2023), *2022 Young Persons Behaviour and Attitudes Survey*.



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- <sup>50</sup> NI Assembly All-Party Group (APG) on Reducing Harm Related to Gambling (2023), [APG Response to the DCMS Consultation on the statutory levy on gambling operators](#).
- <sup>51</sup> Department for Communities and NISRA (2017), p.23 [42].
- <sup>52</sup> Department for Communities and NISRA(2017), p.23 [42].
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- <sup>54</sup> National Centre for Social Research (NatCen) and University of Liverpool (2022), [‘Patterns of Play: Extended Executive Summary Report](#).
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- <sup>76</sup> Davies, S., Evans, J. and Collard, S., 2022. *Exploring the links between gambling and problem debt*. Personal Finance Research Centre, University of Bristol, Bristol, England.
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- <sup>78</sup> Note that the IPH study was focused on 16-year-olds, while the YBAS surveyed 11-17 year-olds.
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- <sup>80</sup> Department of Health (2023) [49].
- <sup>81</sup> Parliament of Australia, Department of Parliamentary Services (2011), *Electronic gaming machines: what lessons from Norway?*
- <sup>82</sup> See, e.g.: Brooks, G.A. and Clark, L., 2019. *Associations between loot box use, problematic gaming and gambling, and gambling-related cognitions*. *Addictive behaviors*, 96, pp.26-34; Spicer, S.G., Fullwood, C., Close, J., Nicklin, L.L., Lloyd, J. and Lloyd, H., 2022. *Loot boxes and problem gambling: Investigating the “gateway hypothesis”*. *Addictive Behaviors*, 131, p.107327.
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