

Gambling Inquiry Day – PM session, 8th March 2022

Present:

Councillors - **Cllr Khaled Moyeed** (Chair), **Cllr Pippa Connor** (Vice-Chair), **Cllr Dana Carlin**, **Cllr Makbule Gunes**, **Cllr Matt White**, **Cllr Viv Ross**.

Witnesses – **Dr Heather Wardle** (University of Glasgow), **Sylvia Dobie** (Haringey resident), **Tony Kelly** (CEO – Red Card), **Harry O’Riordan** (Red Card) **Sandra Mtandabari** (Red Card).

Dr Heather Wardle (University of Glasgow)

Cllr Moyeed introduced Dr Heather Wardle to the Committee, noting that she was a social scientist with nearly 20 years’ experience based at the School of Social Political Sciences at the University of Glasgow. She specialises in gambling research, policy and practice and leads the Lancet Public Health Commission on Gambling. She was the author of a 2015 report that explored area-based vulnerability to gambling-related harms working with Westminster and Manchester City Councils.

Dr Wardle explained that she had led various studies since 2006 which estimate gambling harms and the profile of people who experience gambling harms. She had worked on projects with local authorities, including Westminster and Manchester in 2015 and then others including Newham, Lambeth and Public Health Wales. This involved looking at local area risk profiles for gambling harms and local authority policies, working around the tricky legislative framework and the powers that local authorities have. For five years she had been deputy chair of the Advisory Board for Safer Gambling, providing independent advice to the Gambling Commission on gambling policy.

On gambling harms, Dr Wardle said that the evidence was very clear that this was not evenly distributed. Young men, people in more deprived areas, people with low educational attainment and people from BAME backgrounds were all typically more vulnerable.

On the Westminster and Manchester research, Dr Wardle explained that it aimed to use as much local area insight as possible on the kinds of people who lived in particular places and the services located in certain areas that could draw vulnerable people into certain locations. For example, there was elevated gambling risk among homeless people, so locations near to homelessness shelters would bring those people into those places. The gambling harm risk profiles that were developed could then be used to see the areas where, through a combination of factors, there was more likely to be vulnerable people in those areas. Westminster then used this to support their licensing decisions with the aim of mitigating those people from harm. It was difficult, though not impossible, to refuse licensing applications outright in this way but it required a local authority to be quite brave in its decision making.

Dr Wardle provided a recent example from Lambeth, where the Council had refused an application for an amusement arcade on the grounds that it couldn’t be demonstrated that the local population could be protected from harm. The case was due to go to the magistrates court and was finely balanced, but the Council conceded the case due to concerns about legal costs. There were however, a number of conditions attached to the licence, including restrictions on the opening

hours. She was disappointed by this outcome and felt that the Council could have proceeded and that the costs of the social harms from the gambling establishment could end up costing the Council more than the potential legal costs.

Dr Wardle then responded to questions from the Committee:

- Asked about the impact of the Westminster/Manchester research, she said that this was variable and had been more effective in Westminster than in Manchester. There had been stronger buy-in from the Licensing team in Westminster, they were more coordinated and braver in the legal cases. There was one instance of Westminster being able to refuse a licence on a number of grounds but partly based on the Local Area Profile. In Manchester it wasn't used in the same way and there wasn't the willingness to be quite as bold. However, the Greater Manchester Combined Authority were now leading a harm reduction pilot focusing on education, support and treatment instead of dealing with the supply side. She recommended that the Committee speak to Jo Evans who was leading that pilot project.
- Asked by Cllr Carlin about the split between building-based and online gambling, Dr Wardle said that there was a strong evidence base for 'continuous' forms of gambling being more associated with harms. These included FOBTs and slot machines with traditional bookies becoming more like amusement arcades. She had recently been involved in research on gambling harms in the 18-24 age bracket and there were issues with both online casino/slots plus land-based slot machines. There was a strong focus on online gambling but around a third of gambling industry revenue was still generated through land based venues. Certain demographic groups included gamblers who were exclusively land-based, some exclusively online-based and some who did both. Land-based gambling was hit hard by the pandemic and so there had been a greater push towards online gambling. There had also been greater integration between the two, for example by bookmakers providing access to their website in betting shops.
- Asked by Cllr Ross about the possibility of local authorities jointly lobbying the government, Dr Wardle said that there was currently a review of the Gambling Act with a call for evidence from the DCMS. There had been thousands of responses and a draft White Paper was being awaited which would give an indication on policy direction from the government. A coordinated local authority response might be worthwhile at this stage, depending on what the consultation process looks like.
- Cllr Ross referred to the additional social responsibility levy from the Gambling Commission but said that he had also read in the press recently that the industry should not be funding gambling treatment and support. Dr Wardle explained that currently the gambling industry voluntarily provided funding for research, education and treatment, including to GamCare and to NHS clinics. There had been some criticism of this process as the funding levels were not reliable year on year and the industry could always decide to put the money elsewhere. There was also a trust and perception issue around potential conflicts of interest in the projects that they selected. The NHS had therefore said that it no longer wanted to receive money directly from the gambling industry. However, these problems could potentially be reduced by introducing a statutory levy collected and dispersed by the Government.
- Asked by Cllr Ross whether the Council might obtain funding from the Gambling Commission, Dr Wardle said that fines imposed by the Gambling Commission are distributed

through a regulatory settlement fund so there was no harm in having a conversation with them to understand how such funds could potentially be accessed in the future.

- Asked by Cllr Connor about how a local research question for Haringey could be focused, Dr Wardle said that the third licensing objective (Protecting children and vulnerable persons from being harmed or exploited by gambling), provided the greatest scope for addressing potential harms caused by licensing applications. This would mean focusing on where the most vulnerable communities were and whether they were likely to be harmed through gambling establishments. However, in legal battles, the gambling industry relies on saying that this cannot definitively prove that harm will be caused so it was not possible to say that such research would prevent licences from being granted. It was about highlighting risk and probability of harm and then linking in the gambling behaviour of the local population.
- Asked by Tony Kelly from Red Card about the value of education and prevention work, Dr Wardle agreed that this was the most cost-effective approach and where the investment should be. However, there were minimal budgets available for preventative activity. The gambling industry gives money for treatment but not for prevention because prevention means stopping people from gambling which affects their profits. The preventive approach was therefore currently focused on encouraging people to set limits. The pandemic had resulted in land-based gambling being shut for several months and the level of problem gambling had subsequently fallen. This showed that there was a relationship between supply and harms. Dr Wardle had recently co-authored an article in the Lancet Europe on this issue: [https://www.thelancet.com/journals/lanep/article/PIIS2666-7762\(21\)00274-X/fulltext](https://www.thelancet.com/journals/lanep/article/PIIS2666-7762(21)00274-X/fulltext)
- Asked by Sandra Mtandabari about the effect of the pandemic on gambling behaviour, Dr Wardle reported on a study which showed that when live sports were postponed for a long period, about a third of people stopped gambling entirely. 40-50% continued to gamble on other things as before while 17% switched to other types of gambling such as online poker/casinos. This latter category was most likely to experience harms but it was not as extensive as expected. Data was being awaited on what gambling behaviours had reverted back to. However, the key point was that limiting the supply reduced population harms.

Sylvia Dobie – Haringey resident

Sylvia Dobie told the Committee that she had engaged in many conversations in local community with people concerned about gambling. She felt that the Council needed to do more to address the dangers of gambling and the damage done to young people and families. She referred to incidents of suicide in young men elsewhere in the country including one case of a 24-year old teacher who had started gambling at the age of 16 and won £1,000 in 30 seconds before later developing an addiction and taking his own life. Around 600 people per year were believed to die by suicide due to gambling problems. She said that Tottenham High Road was full of bookmakers and 24-hour casinos and that it was depressing to see the proliferation of it. She also said that gambling advertising on TV was a concern. Cllr Ross noted that under the original 1968 Gambling Act, TV advertising was not permitted.

Sylvia Dobie informed the Committee that an organisation called Gambling With Lives had developed an education programme for young people. This had been piloted elsewhere in the

country and they were looking to expand this to London. She would welcome secondary schools in Haringey becoming involved with this project. Sylvia Dobie said that she was due to speak to Jack at Gambling With Lives later in the week about their pilot project and Cllr Connor asked if Sylvia could provide further information to the Committee following this conversation.

Red Card – Tony Kelly (CEO)

Cllr Moyeed introduced Red Card, a non-profit gambling support project that works with schools, colleges, sports clubs, prison/probation services to provide education and awareness about the dangers of gambling addiction. They also work with MIND in Haringey on mental health issues relating to gambling addiction. Tony Kelly was introduced as the CEO and founder of Red Card. He is a former professional footballer and author of a book about his experience of gambling addiction.

Tony Kelly explained that Red Card was formed in 2015 following his own lived experience of gambling addiction for 25 years. Gambling harms did not just include financial loss but also others such as homelessness, crime, mental health and debt and this required a public health approach.

Red Card delivers educational workshops, which had involved over 6,000 young people aged 11-18 in locations including Enfield, Wokingham and Liverpool. They also delivered to adults, for example through MIND but most of the focus was on young people. The lived experience model developed by Red Card worked because it was authentic and powerful. He said that it was important to educate from a young age and that he was tired of hearing about research and treatment as it was better to reach people before problems developed. He had worked with the Gambling Commission as part of their Lived Experience Advisory Group but he felt that there was a resistance against education and awareness in favour of research and treatment. The majority of funding seemed to go to big players such as Gamble Aware. As it had been difficult to get funding from the Gambling Commission, Red Card had obtained much of its funding from the National Lottery.

Tony Kelly referred to the recent Gambling Act Review which he had been a part of through an advisory group. However, he didn't envisage any robust changes taking place through the White Paper that would follow. He felt that the sort of changes that should happen included restrictions on advertising, the banning of loot boxes, proper affordability checks and customer intervention from operators.

Cllr Ross commented that gambling addiction was treated differently by the NHS compared to drug or alcohol addiction. Tony Kelly said that he was aware of ex-gamblers who had gone to their GP with anxiety/depression but had been incorrectly diagnosed. He felt that GPs needed better education/training on gambling harms. Sandra Mtandabari added that there was also a need for greater awareness of gambling harms for those delivering NHS talking therapies.

Red Card – Harry O'Riordan (Lived Experience)

Harry O'Riordan spoke to the Committee about his lived experience of gambling harms. He was 26 years old and ran a number of different companies working in youth sport. He had first started gambling at the age of 18 and it was initially just a bit of fun. He later placed a £100 bet on a football match and won £3,000. This was the worst thing that could have happened as it seemed easy and had enabled him to pay off his overdraft. He ended up gambling away all his winnings, then spent his overdraft and then started taking out loans, credit cards and payday loans to fund his gambling.

After a few years he told his family that he had financial issues and they paid his debts which totalled around £40,000. He was serious about stopping gambling and did stop for 3-4 months but then relapsed and spent another 18-24 months gambling. Eventually he did manage to stop and got involved with Red Card and the education programmes. He realised that he was gambling because he was trying to live a lifestyle that he couldn't afford but didn't have the mindset that he could become addicted to gambling. He now contributed to the Red Card workshops which he felt was informative and engaging for young people. A particularly concerning issue for children was loot boxes in games as this got them accustomed to paying money for something that had an element of chance, similar to the opportunities to gamble that they would encounter when they became older. By becoming involved with Red Card he aimed to turn his negative experience into a positive and help to rebuild trust with his family. Members of the Committee thanked Harry for his powerful testimony and for explained his story in an honest and engaging way.

Cllr Connor asked whether Red Card had considered working with Year 6 pupils in primary schools as they may already be encountering loot boxes. Tony Kelly said that they hadn't done this as yet but acknowledged that Year 6 pupils were at an age where they were getting more pocket money and playing online games. He noted that gambling awareness was now part of the secondary school curriculum.

Asked by Cllr Connor, whether Red Card delivered their workshops in Haringey, Tony Kelly said that they hadn't yet had the opportunity and that this meeting was the first invitation they'd received from Haringey Council. He was based in Edmonton and Red Card had worked with schools in Enfield Borough but would welcome the opportunity to work in Haringey Borough as well.

Tony Kelly said that Red Card had recently completed a one-year project on preventing gambling harms in diverse communities and that gambling could be a hidden problem within certain communities, particularly where gambling is taboo or forbidden due to religious or cultural reasons. Cllr Gunes commented that this was a significant issue in the Turkish/Kurdish community and would welcome broader research about gambling in diverse communities.