

The crisis in gambling policy in the UK, and how we can solve it.

UK gambling policy needs transformational change that the recent consultations will not deliver, write
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We are at a perilous moment in the regulation of gambling in the UK. We must choose between continuing with the current laws, designed to protect and expand the gambling industry, or changing our approach to focus on preventing gambling harm. The incremental changes to gambling regulation proffered by the government's White Paper¹ are superficially appealing but limited reforms will ultimately help to conserve flawed legislation. A new Gambling Act, founded on public health principles, is needed urgently.^{2,3}

Implementing a statutory levy on gambling operators will not be sufficient to reduce the harms. On the contrary, taking money from the gambling industry entrenches the dangerous idea that the industry can grow without limits, as long as it pays for the harm it causes.⁴ Given what we know about gambling harms, ranging from family breakdowns and job losses to homelessness and suicide,⁵ we should be asking questions that are not covered by the consultations on gambling regulation, including what kind of gambling industry we want to have in the UK.

The Gambling Act 2005 was harmful from its inception.⁶ Designed to make the UK the centre of the online gambling industry, it defined people, not products, as the problem, and required the regulator and local authorities to "aim to permit" gambling.⁶ A public health approach cannot be "bolted on" to legislation that is based on completely opposing logics. A public health approach requires a transformational shift in approach.^{7,8}

Despite the risks it poses to public health, gambling is overseen by a single government department—the Department for Culture, Media and Sport (DCMS).⁹ In 2020, the independent House of Commons Public Accounts Committee found that the department and the regulator have an "unacceptably weak understanding of the impact gambling harms has on people" and "lack of either detailed measurable targets for reducing levels of harm or an understanding of the impact of any regulatory action".¹⁰ Despite these serious failings, until or unless we get a new Gambling Act, DCMS will continue to oversee gambling in the UK.

There are also concerning gaps in the evidence base around gambling, including a lack of research focusing on characterising the true nature, scale, and cost of harms to affected others and society.^{5,11} These industry-favourable lacunae are products of a system where, for decades, the industry has been the dominant funder.¹² Research programmes are fragmented and much of the output continues to focus on individuals and not the industry. Until the silo of gambling research is breached, and academics are required to compete alongside other areas of public health for funding, it is likely that the same conditions will endure.

The same lack of independence has affected public education. The gambling industry and industry-funded organisations are the main providers of awareness campaigns and so-called “warnings”. This approach helps to perpetuate framings of gambling that are favourable to industry, which are also disseminated through gambling industry-funded youth education programmes.^{13,14}

In all of these crucial areas, the gambling industry is seen as a legitimate policy actor, and the regulator states that they are “legally obliged” to consult the industry when writing the “rule book” that governs their practices and products.¹⁵ The industry is tasked by the regulator with monitoring its customers’ play using industry-designed algorithms and, paradoxically, intervening when they detect markers that characterise their most profitable customers.⁸

As the consultations on the proposals in the White Paper draw to a close we need to reflect on our role in this process and four critical areas which undermine meaningful change.

First, we need to recognise that conflicts of interest are baked into our gambling policy system.^{6,7,12,16} We need to challenge who is involved in gambling policymaking, research, education, and the governance of these processes. It is our duty as health professionals and policymakers to engage with the evidence on the commercial determinants of health including how industry-funding and other forms of influence shape research and policymaking¹⁷ to understand the drivers of gambling harms and the types of policies required to prevent harm.

Second, we must question whose interests are served by framing gambling as an issue of personal responsibility, and conflating gambling harm with problem gambling, and collectively challenge these narratives. Given their significant flaws and misuse,¹⁸ we also need to question the ongoing production of problem gambling prevalence surveys and other metrics which serve the interests of the gambling industry and do not capture the full breadth of gambling harms or their drivers.¹⁸

Third, in contrast to other fields, the gambling industry is the main funder of research, education, and treatment. This system preserves the status quo, leads to a tolerance of harm, and presents the industry as part of the solution. The levy will preserve and deepen the dependency between researchers, treatment and educational services and industry profits, and disguise the fact that the public picks up the costs of gambling harms, which are difficult to quantify and extend well beyond the realm of the NHS.⁴

Which brings us to our fourth and most important point. If, in the absence of industry-derived funds, the NHS cannot afford to meet the burden of harm caused by the way we regulate gambling then the solution is not more funding, but a change to the regulations. It is extraordinary that we welcome industry funding for so-called “problem gambling” clinics. Imagine if instead of adopting effective tobacco control policy, including measures to protect policymaking from industry influence, we had praised tobacco companies for funding cancer treatment services.¹⁹

If we, as health professionals and policymakers, fail to call for a new Act, and allow the current approach to gambling regulation to be preserved under the guise of “public health”, we are part of the problem, not the solution.

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Declarations:

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