Tackling Gambling Stigma

Response to the Consultation on the structure, distribution and governance of the statutory levy on gambling operators

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About

Vita

Vita is a social research agency that specialise in untangling intricate issues with solutions designed to fit the contours of human experience. Our core purpose is to assist organisations in comprehending and resolving complex challenges, thereby making a tangible difference in the lives of the people they serve.

Our approach revolves around collaboration, where we bring together those seeking insights and those directly affected by the issue. However, we don't simply stop at analysis. Our ultimate goal is to translate these insights into actionable steps that drive meaningful and lasting change.

At Vita, we don't just offer advice – we're your dedicated partners in navigating challenges, communicating complex issues, and guiding you every step of the way. Our commitment extends beyond data; it's about enabling genuine, human-focused transformation. We produced human-shaped solutions to human problems.

Tackling Gambling Stigma

Tackling Gambling Stigma is a not-for-profit organisation set up by the people at Vita, to focus specifically on the issues of tackling the stigma and discrimination around gambling harm. We do this by sharing the real-life stories of those affected – because evidence shows that social contact is core to tackling any stigma or discrimination. We use best practices in research to gather and analyse lived experiences. This material is used to create a multi-media website where those affected, the public and professionals can learn about gambling harm by reading, listening, or watching people share their experiences. Our team has lived experience of addictions and being affected by the addictions of others.

Author profiles

Clare Wyllie

Clare is the director of research at TGS and Vita. She specialises in ethnographic and participatory action research. She has also worked in strategy and policy, intervention design and evaluation and communications. She uses this experience to make sure research is useful for action and to help an organisation develop solutions. She has worked in the public and charity sector in South Africa and the UK. This includes Agenda for Gender Equality, Institute for Democracy in South Africa, the Commission on Gender Equality, Human Rights Commission and

Government Communication and Information System, within the South African Presidency. In the UK she was Head of Policy and Research at Samaritans, before moving to strategy development for the Care Quality Commission, the regulator for health and social care. She was Director of Research and Evaluation at GambleAware. Since then, she has worked alongside people harmed by gambling to develop evidence and policy for regulatory reform. She is undertaking research on the global digital gambling ecosystem. Clare has a BA in Psychology, MA in Genders Studies and an MRes, from the LSE.

Alexander Kallman

Alexander is the Managing Director at TGS and Vita. With over a decade of experience in policy and strategy and leading complex research projects he uses his experience to answer the "so what" questions and creating mutually beneficial partnerships with key stakeholders. He takes pride in enabling the team and organisations to create the change it wants to see. He has an MA from King's College London focusing on the intersection of politics and law.

Elizabeth Killick

Elizabeth Killick is a qualitative researcher at TGS. She holds a PhD in Psychology from Nottingham Trent University and an MSc in Health Psychology from the University of Leeds. Her quantitative and qualitative PhD research focused on the impact of in-play betting and sports betting advertising. Since graduating she has worked actively with those who has lived experience of gambling harm and working actively to ensure their accurate representation in healthcare, policy and for the general public.

Declaration of interests

Tackling Gambling stigma has received core grant funding from the philanthropist Derek Webb, who funded the Campaign for Fairer Gambling (which achieved the reduction in states for Fixed Odds Betting Terminals) Clean Up Gambling.

Clare Wyllie and Alexander Kallman have previously worked for GambleAware. They have also provided evidence and expertise for the Clean Up Gambling Campaign for regulatory reform and the Coalition Against Gambling Advertising.

Section 1: Structure of the statutory levy

1a. Do you agree with the proposal for how the levy should be charged? (Yes/No/I don't know)

No.

1b. Please explain your answer. (Free text box)

Based on the consultation, the Department of Culture, Media and Sport (DCMS) conceives of the levy primarily as a means to provide funding certainty and independence from industry to expand and improve research, prevention and treatment. However, the government should also use the levy as a lever to shift gambling companies' behaviour and the commercial dynamics of the market.

Changing the built-in dynamic towards more harm

DCMS acknowledges that market intervention is justified because gambling is a demerit good, meaning people consume more of it than is of benefit to them or society, that there is a relationship between gambling company profit and harm, as profit equals loss from consumers, and that gambling is price inelastic (stakes consultation).

This means that there are no 'built-in' levers towards safer gambling or consumer protection, but rather, the market dynamics very strongly drive in the other direction, towards increased harm or risk to consumers. Because profit is generated from consumer losses, the fundamental dynamic of the gambling market is towards products and practices that are more harmful or risky to consumers as these make more money. When one company develops more harmful/profitable products, it will rapidly be taken up across the market. To be competitive for shareholders, each gambling company must adopt more profitable/harmful products and practices, even if they prefer not to, driving up the danger to consumers across the market. Companies do not compete based on price or products but on promotions and advertising. Consumers struggle to understand the 'cost' or 'risks' of different kinds of gambling and do not choose between companies based on the price or safety of products.

Consequently, gambling requires strong regulation as the primary lever to drive a well-functioning. A socially responsible market means regulation. The full suite of regulatory tools needs to be deployed, including incentives and disincentives that change the underlying commercial dynamics of the market.

The White Paper adds a range of additional rules gambling companies are required to follow but does not intervene in the fundamental dynamics of the gambling market.

The levy is a tool to add cost and hence reduce the profitability of more harmful products and practices, enabling gambling operators to be competitive with less risky products.

Basis for calculating a levy that incentivises safer commercial practices

In general, we agree that Gross Gambling Yield (GGY) is a sufficient starting point as the direct measure of consumer losses and, hence a crude measure of harm. Given the considerable commercial advantages and greater risks to consumers, we agree that a greater percentage should come from online GGY (stakes submission).[1] However, there should also be a scale of GGY percentages against the degree of risk/harm from product categories (e.g., slots, casino games, electronic gaming machines by stake and prize, instant wins, in-play betting). This means the levy adds cost to more harmful products and enables companies to provide more lower-risk products while remaining competitive.

These broad categories of products exist in gambling industry data. The level of risk/harm of each category could be calculated using factors already used by the government and industry to identify greater risk/harm by type of product:

- proportion of those seeking treatment harmed by the product (treatment data)
- levels of 'problem gambling'/gambling harm (as measured in gambling survey data)
- contribution to GGY relative to other products, as losses equate to harm, and more profitable products generate more harm
- concentration of losses/profit from a small proportion of players (industry data)
- concentration of losses/profit from those in deprived areas (industry data)

In addition, the levy should recover the full cost of gambling harm research, prevention and treatment and socio-economic costs to the state and society based on a granular and comprehensive, evidence-based assessment so that the gambling industry pays in full for harm. This harm would not exist in the absence of the commercial gambling industry, and the costs are currently borne by the state, individuals and wider society, and disproportionately by more deprived communities. A levy that increases or decreases along with harm would also incentivise safer business practices.

1c. Do you agree with the proposed total that the government estimates the levy needs to raise? (Yes/No/ I don't know)

No.

1d. Please explain your answer (Free text box)

We appreciate the need to start somewhere, but the levy for gambling harm should not be based on what the industry is willing to give and what GambleAware has been able to do in the past. In its current form, this is not evidence-based policymaking, but policymaking for the convenience of industry. The statutory instrument should include the requirement for the Department of Health and Social Care in equivalents in the devolved administrations to

[1] Wyllie, C., Kallman, A., & Killick. E. A. (2023, September 20). *Response to the consultation on proposals for a maximum stake limit for online slot games*. Tackling Gambling Stigma. https://tacklinggamblingstigma.com/wp-content/uploads/2023/11/Slot-stake-submission-Tackling-Gambling-Stigma-200923.pdf

undertake a comprehensive socio-economic cost and needs assessment for gambling harm and, based on this, strategy and plans and the amount the levy needs to raise, to coincide with each levy review period.

The separation of the responsibility for costing harms and needs and developing strategies and plans from the department responsible for regulation adds an important check and balance. It is the remit and competency of the health departments to protect public health, promote health and well-being and reduce disparities. The government has acknowledged that gambling harm is a public health issue. The health departments are thus the most appropriate entities to lead the costing, strategy and plans for gambling harm. Gambling regulation remains within the department responsible for culture, media leisure, sport and creative industries. Having the responsibility for costing and strategy as a separate department creates an important separation and accountability to ensure this is done fully and to highlight where additional regulation for prevention and public health is required. Currently, regulatory shortcomings displace socio-economic costs to other parts of the state. This division would have the benefit of enabling devolved action on gambling harm based on need, as health is devolved, while gambling regulation continues to cover Great Britain for coherence across nations.

The first period will need to include investment in developing the infrastructure, accountability, data and reporting frameworks and systems adequate for what is needed to address gambling harm, rather than curtailing against the historically limited capability of GambleAware.

Consultation proposals based on what industry is willing to give

The consultation includes no detail or evidence on how the government has determined the amount to be raised by the levy. The extent of evidence seems to be roughly based on how much GambleAware has received (through a mixture of voluntary contributions by gambling companies at £50 million and regulatory settlements at £32 million), and how much the industry is prepared to give.

The consultation states:

During the course of the Review, the Betting and Gaming Council also offered to further increase voluntary contributions across its wider membership representing 90% of the industry. Online members of BGC offered to pay 1% of GGY, matching the commitment of the four biggest operators in 2019, and land-based casinos to pay 0.4%' – exactly the amounts set for the levy.

It continues:

Based on our assessment of current funding levels and distribution in the system, we estimate that the levy needs to be structured so as to raise around £90 million to £100 million each year to deliver these improvements and an expansion of projects and services across all three aspects of RPT, while ensuring financial impacts on licensees are proportionate.

The section concludes:

Our forecasts based on industry provided data indicate that a levy charged at these rates would raise the target amount of around £90 million to £100 million per year when fully in force. These proposed rates are also broadly in line with the proposal put forward by the Betting and Gaming Council over the course of their engagement with the Gambling Act Review. We are therefore confident that levy payments at these rates should not be a disproportionate burden on businesses while facilitating the expansion of our RPT system and putting the independence of funding beyond doubt.

'Disproportionate burden' on business is entirely an inappropriate consideration as this is harm that the business causes. Because these are costs entirely produced through the existence of commercial gambling, they should be paid for by these businesses, as opposed to, as currently, by the state, individuals, communities and society, and disproportionately by more deprived communities. The fact that these costs are not included in the operations of gambling companies increases their profitability to shareholders to the detriment of socially responsible economic growth.

Consider the size of the gambling market and its socio-economic costs

The amount of £90 -£100 million should be considered in the context of the size of the gambling market and the socio-economic costs of gambling harm. British consumers lose £15.1 billion a year to gambling companies. The gambling industry spends in excess of £1.5billion a year on promoting and incentivising gambling.[2] The amount currently allocated in the levy consultation to influence behaviour in the opposite direction for prevention overall is £15 to £30 million a year. The Office for Health Improvement and Disparities (OHID) estimated that the annual excess direct financial cost to the government in England only associated with gambling harm is equivalent to £412.9 million (excluding the direct cost of gambling treatment). The annual societal value of health impacts is equivalent to between £635 and £1,355.5 million (in 2021 to 2022 prices), which includes only some estimated costs of suicides associated with harmful gambling. This provides a combined estimate of approximately £1.05 to £1.77 billion. The estimates did not cover the range of harms across 'problem gambling' severity due to data limitations. Further, OHID states that:

Looking from a wider societal perspective, there are a range of costs that have not, or have only been partially quantified here (such as crime, education, cultural harms, impacts on relationships and wider impacts on the families of gamblers). For these reasons, we believe the figures of £412.9 million and £635 to £1,355.5 million to be an underestimate of the true scale of the total economic burden associated with harmful gambling.

[2] GambleAware (2018). *Gambling companies spend £1.2 billon marketing online, five times more than television ads*. https://www.begambleaware.org/sites/default/files/2020-12/2018-11-24-gambling-marketing-online-five-times-tv-ad-spend.pdf

The proposed levy amount is a quarter of the (underestimated) direct financial cost of the gambling industry to the government in England only.[3] (see submission for why the gambling industry's contribution to the economy or tax revenue is socially responsible socio-economic growth).

DCMS has not undertaken a cost-benefit analysis of investment towards prevention and reduction of harm in relation to the socio-economic cost of gambling harm. A point of investment in research and prevention, and in treatment, is to prevent and reduce suffering, socio-economic costs and health disparities from gambling harm. Without full socio-economic costing of harms from gambling, DCMS is unable to provide a proper cost-benefit analysis of regulation, including the savings to state and society as opposed to only the cost to the gambling business. In addition, the government cannot adequately consider an appropriate level of investment in other prevention, research, and treatment activities concerning the socio-economic cost savings that would accrue in the short and long term. For example, the £20 billion annual societal costs of drug misuse in England have justified a £3 billion investment over three years.

Assess need

DCMS has not provided even the most basic assessment of need in relation to gambling harm. There is evidence of need in the following areas, at least, and these are well-established approaches for other social and public health challenges. The government should have the capability to establish costs for the below interventions but has chosen not to do so:

- Building the capability of frontline workers across settings and outside of specialist gambling services to identify and respond to gambling harm (e.g., primary care, mental health services, social care, housing, welfare and benefits, financial services and debt advice, domestic abuse, etc.).[4,5]
- Inclusion of gambling harm in education and addressing gambling harm in educational settings and youth work (schools and further education).[6,7]
- State-driven, comprehensive, systematic and targeted public awareness and information campaigns.
- Multi-agency, cross-sector, long-term and systematic programmes to tackle internalised, public and structural stigma, which causes harm in and of itself and exacerbates other gambling harms.

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[3] Office for Health Improvement and Disparities. (2023, January 11). *The economic and social cost of harms associated with gambling in England. Evidence update 2023*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1128002/The-economic-cost-of-gambling-related-harm-in-England_evidence-update-2023.pdf

[4] Local Government Association (2023, October 19). *Tackling gambling related harm: A whole council approach.* https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach

[5] Wyllie, C., Kallman, A., & Killick. E. A. (2023, February 22). *A review of gambling harm training materials for healthcare professionals*. Tackling Gambling Stigma. https://tacklinggamblingstigma.com/wp-content/uploads/2023/04/A-Review-of-Gambling-Healthcare-Training-Tackling-Gambling-Stigma.pdf

[6] Quigley, L. (2022). Gambling disorder and stigma: opportunities for treatment and prevention. *Current Addiction Reports*, *9*(4), 410-419. https://doi.org/10.1007/s40429-022-00437-4

[7] Ashman, A., & Beynon, C. (2022, November). *Gambling Health Needs Assessment for Wales*. https://phw.nhs.wales/news/harmful-gambling-early-education-key-to-addressing-urgent-public-health-issue/gambling-health-needs-assessment-for-wales/

- In each local area, multi-agency, whole system, place-based public health strategy, plan and action on gambling harm, considering the national strategy and local needs, and including making use of local licensing powers.[8,9]
- Additional investment and action for areas of deprivation and experiencing greater gambling harm.[10]
- Tailored interventions for high-risk groups and those especially impacted by gambling harms, including affected others and minority groups and taking a gender-based approach to addressing gambling harm.
- Overhaul of gambling harm in the criminal justice system, policing, prosecution, sentencing, prison and probation, including dealing with the endemic culture of gambling in prison, which the prison service tolerates to keep prisoners occupied.[11]
- Overhaul of the treatment system. The National Gambling Treatment Service commissioned and funded by GambleAware, treated a total of 6,645 individuals between April 2022 and March 2023, and 8,765 Extended Brief Interventions (EBIs) were delivered through the Helpline.[12] There were 1389 referrals to the NHS.[13] By contrast, the OHID commissioned recently published assessment of gambling treatment and support needs estimates for England only are that there are almost 1.6 million adults who participate in harmful gambling who may benefit from some treatment or support for harmful gambling. Of these, the majority (970,000) might benefit from a 'level 2 intensity' treatment, which typically involves 2 or 3 sessions of motivational interviewing delivered by gambling specialist practitioners. Around 243,000 adults might benefit from a 'level 4 intensity' treatment, which typically involves 8 to 14 sessions of psychologist-led cognitive behavioural therapy (CBT) for gambling disorder. Almost 40,000 adults might benefit from the most intensive type of treatment, which typically involves a 12-week residential treatment programme, including one-to-one therapy and group sessions. The estimate is that 912,805 children are living in a household with an adult who gambles and might require treatment or support. The assessment is based on expert consensus rather than evidence of outcomes or patient preferences. The DCMS recognises the importance of peer support but declines to include an estimate of the need for this. It is evident from other comparable issues and from people with lived experience that support and recovery involve more than the provision of

[8] Local Government Association (2023, October 19). *Tackling gambling related harm: A whole council approach.* https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach

[9] This has been important for suicide prevention – Public Health England. (2020, September). *Local suicide prevention planning. A practice resource.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939479/PHE_LA_Guidance_25_Nov.pdf

[10] As has been important for suicide prevention - Public Health England. (2018, May 16). *New funding for suicide prevention in England.* https://www.gov.uk/government/news/new-funding-for-suicide-prevention-in-england

[11] Howard League for Penal Reform. *Commission on Crime & Gambling Related Harms.* https://howardleague.org/commission-on-crime-and-problem-gambling/

[12] GambleAware (2023). *Annual Statistics from the National Gambling Treatment Service (Great Britain).* https://www.begambleaware.org/sites/default/files/2023-12/ENGLISH%20GA_Annual%20STATS%202022-23%20Report_FINAL.pdf

[13] NHS England (2023, July 2). *NHS doubles gambling clinics as referrals soar.* https://www.england.nhs.uk/2023/07/nhs-doubles-gambling-clinics-as-referrals-soar/

psychological therapies. For example, the current drug strategy comments to deliver a world-class treatment and recovery system in England with an additional £780 million investment over three years. This involves the development of the workforce and the full range of drug-specific treatment and support, but also taking care of people's social and mental health needs, integrating with wider mental and physical health, housing, employment, and the criminal justice system. [14]

- Including gambling harm within wider government initiatives to address social determinants linked to gambling harm, such as poverty, inequality and social isolation.
- Building a vibrant community and third sector preventing gambling harm within communities, developing insights as to the lived experience of gambling harm in different places and for different groups, enabling recovery and addressing the social determinants of gambling harm.
- Development of accountability, data and reporting frameworks and systems at the national and local level.

Preliminary estimates of 'problem gambling' from the Gambling Commission's redeveloped survey significantly increase the prevalence of problem gambling in Great Britain, which increases all estimates of socio-economic cost and treatment and support needs, as these have been based on health survey prevalence figures. It found 2.5 percent of respondents scored 8 plus on the Problem Gambling Severity Index (PGSI) screen, with a further 3.5 percent scoring between 3 and 7, and 8 percent scoring between 1 and 2. The commission has yet to come up with its own population estimate and will use a larger survey sample; results from its new survey of harms are not yet available.[15] This is compared to the Health Survey for England 2021 [16] which, using PGSI scores, identified 2.8% of adults were identified as engaging in at-risk or 'problem gambling' (score 1+) and 0.3% of adults were identified as engaging in 'problem gambling' (score 8+).

This suggests gambling harm should be regarded with the equivalent level of concern to alcohol or drug use. For context, 2.6% of adults aged 16 to 59 years in England and Wales were frequent drug users (approximately 862,000). A frequent user is defined as having taken any drug more than once a month in the last year.[17] There are an estimated 1.6 million adults in England who may have some level of alcohol dependence.

1e. Do you agree with the proposed de minimis threshold for the levy? (Yes/No/I don't know)

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[14] The Government (2022, April 29). *Policy Paper. From harm to hope: A 10-year drugs plan to cut crime and save lives.* https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

[15] Gambling Commission (2023, November 23). *Gambling participation and the prevalence of problem gambling survey: Final Experimental statistics page.* https://www.gamblingcommission.gov.uk/statistics-and-research/consumer-gambling-behaviour/series/gambling-participation-and-problem-gambling

[16] NHS Digital. (2023, May 16). *Health Survey for England, 2021. Part 2*. https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/gambling

[17] Office for National Statistics. (2022, December 15). *Drug misuse in England and Wales: year ending June 2022*. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingjune2022#drug-misuse-in-england-and-wales-data

No response

1f. Please explain your answer (Free text box)

No response

1g. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

No response

2a. Should the government pursue option 1 or 2 in setting the timing of payment of the levy? (Option 1/Option 2/I Don't know)

No response

2b. Please explain your answer. (Free text box)

No response

2c. Do you agree that the levy with the proposal that licensees should make levy payments in advance (i.e. based on projected GGY)? (Yes/No/I don't Know)

No response

2d. Please explain your answer. (Free text box)

No response

2e. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

No response

Section 2: Distribution and spending

3a. **Do you agree with the proposal that levy funding should be allocated across the categories of research, prevention and treatment?** (Yes/No/I don't know)

Yes.

3b. Please explain your answer. (Free text box)

Research, prevention and treatment are broad categories of activity that would go into addressing any health or social issue. However, effective, systematic and coordinated action by multiple departments and sectors requires an overarching strategy. The statutory instrument should require that the DHSC lead the development and implementation of a cross-departmental strategy on gambling harm from England, with equivalents in devolved administrations doing the same for these nations **(see 1d).**

The strategy should be based on evidence and data and a theory of change, with high-level outcomes (reduction in 'problem gambling' and harm), an action plan with concrete activities to achieve this, and evaluation built in. This is also important to enable all stakeholders to see where they fit and contribute to the strategy. This is standard Government practice for a range of cross-cutting health and social issues, such as alcohol, substance use or suicide prevention.

3c. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

No response

3d. Is there any evidence the government should consider as to how a fair allocation of levy funding might be implemented across all three nations of Great Britain, whether by reference to the Barnett formula or some other mechanism? (Free text box)

See 1d.

4a. Do you agree with the proposed objectives? (Yes/No/I don't know)

No.

4b. Please explain your answer. (Free text box)

The consultation proposes five strategic objectives: trusted long-term certainty, increasing access and integration, expanding support and prevention activity across Great Britain, filling key gaps in the evidence base, and supporting the Gambling Commission's capacity. This neglects fundamental strategic concerns. There should be two additional objectives: driving a socially responsible market and developing infrastructure to address gambling harm.

- The levy should be used to incentivise/disincentivise gambling company behaviour to safer gambling/reduction in gambling harm, and the cross-government strategy on gambling harm should be cost-neutral to the state, and the socio-economic costs of harm carried by gambling companies (see 1b and 1d).
- Given the profound underdevelopment of infrastructure to address gambling within the state and third sector, especially the first decade of the levy, should include building this as an essential priority. This includes workforce development, routine data collection through areas of the government, locally and nationally, feedback loops between evidence, evaluation, strategy and action, accountability frameworks and mechanisms nationally, regionally and locally, commissioning and especially community and third sector development **(see 5d and 6c).**

4c. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

No response

5a. Do you agree with the proposal that 10-20% of funding raised by the levy should be allocated for sustained, high-quality, independent research? (Yes/No/I don't know)

Yes.

5b. Please explain your answer. (Free text box)

The consultation states 'we also propose a proportion of this funding is used by the Gambling Commission for the purposes of regulatory research.' The allocation of funding to research must be fair and balanced. TGS argue that it is important to not divert a significant proportion of the funds to the Gambling Commission. There are other organisations that can conduct high-quality regulatory research that should not be excluded. It essential that evidence related to regulation is also provided entirely independently of the Gambling Commission as the regulator is not a neutral producer or user of evidence but is in a conflicted position. It would be a concern if an overly large proportion of research funding were diverted to the regulator.

5c. Do you agree with the proposal for levy funding to establish a bespoke Research Programme on Gambling led by UKRI? (Yes/No/I don't know)

Yes.

5d. Please explain your answer. (Free text box)

Tackling Gambling Stigma welcomes the proposed Gambling Research Programme (GRP) led by the UKRI. The UKRI have the existing capacity and infrastructure to distribute funding for research, and their funding decisions are made independently from the government, as per the Haldane Principle. This should remove industry influence over funding decisions and research agendas. In addition, research needs to retain a critical distance from the government and be able to pursue research agendas beyond those determined by the government.

However, we argue that the implementation of the GRP must ensure it meets the outlined proposal to 'build excellence, **diversity** and capacity in the research field'[18] and that this should apply also in prevention commissioning (and indeed the commissioning of third sector organisations from the NHS for treatment and support). Overall, the levy system needs to consider the existing state of the gambling harm 'sector' because of the way it has been organised and funded historically. It needs to include building excellence, diversity, and capacity as strategic objectives, including a diverse and thriving community and third sector.

A vibrant community and third sector are vital in championing people with lived experience, being close to and serving the needs of communities, building community resilience, bringing alternate evidence and views to light and enabling the state to address significant social issues more effectively. It is indisputable that it is the efforts of people with lived experience speaking up about gambling harm and challenging the status quo that have resulted in the

[18] Department for Culture, Media & Sport (2023, October 17). *Consultation on the structure, distribution and governance of the statutory levy on gambling operators.* https://www.gov.uk/government/consultations/consultation-on-the-statutory-levy-on-gambling-operators/consultation-on-the-structure-distribution-and-governance-of-the-statutory-levy-on-gambling-operators

important gambling reforms we see in the White Paper, which benefit consumers, the state and society. While this challenge may be uncomfortable to the government and the regulator, it is nonetheless vital for democracy and progress.

However, it is a stark reality that in the 'gambling sector', the dominant 'charities' and 'third-sector' organisations continue to be linked with the gambling industry and are unduly subject to vested interest within the government and regulation. Much attention has focused on the ways the gambling industry has been able to overtly and covertly influence research, prevention and treatment through funding arrangements. But equally, within the current arrangements, research and activity have been overly influenced by the government and the regulator. Organisations such as GambleAware depend on the goodwill of DCMS and the regulator as these direct where industry voluntary contributions and regulatory settlements are given. The government and the regulator are not neutral parties. They see gambling in a particular way and hence also need to be challenged in their perspective by entirely independent research and third-sector organisations to fully and effectively address gambling harm.[19]

The most striking instance of this is GambleAware, which managed to justify silence on gambling company practices and regulation by adopting the 'correct' language on prevention, treatment, inequalities, collaboration and system-based approaches, stigma and lived experience. It maintains that this strategy has the support of the regulator and the government. Indeed, this reorientation has meant it retained its position as the primary recipient of voluntary industry donations after the industry redirected its funding elsewhere and of regulatory settlement funds.[20]

In its organisational strategy 2021-26, GambleAware explains they have refocused all activities on treatment and what they term 'prevention'. The aims are to: 'increase awareness and understanding of gambling harms,' 'increase access to services and reduce gambling harm inequalities,' 'build capacity amongst healthcare professionals…so they are better equipped to respond to gambling harms' and 'deliver effective leadership of the commissioning landscape to improve the coherence, accessibility, diversity, and effectiveness of the National Gambling Treatment Service'.[21] Consequently, they have refocused their research commissioning: "trustees have sought a closer alignment between the charity's research and evaluation commissioning activity and investment, and the delivery of the organisation's charitable objectives. This has resulted in GambleAware moving away from new research, data and evaluation commissioning that informs industry regulation and policy and towards the creation of data, knowledge and learning to understand the diversity and current inequalities in the experience of gambling harms; and to inform policy which increases equity and supports improved information, advice, support and treatment services to prevent and reduce gambling harms across the whole

[19] Cassidy, R., Loussouarn, C., & Pisac, A. (2013). *Fair Game: Producing gambling research.* https://www.gold.ac.uk/gamblingineurope/report/

[20] Davies, R. (2020, June 24). *UK betting firms' move to redirect problem gambling funds raises concerns.* The Guardian. https://www.theguardian.com/society/2020/jun/24/uk-betting-firms-move-to-redirect-problem-gambling-funds-raises-concerns

[21] GambleAware (2021, April). *GambleAware Organisational Strategy 2021-26.* https://www.begambleaware.org/sites/default/files/2021-04/GambleAware_Organisational_Strategy_2021-26.pdf

population."[22] Likewise, the definition of prevention excludes addressing the source of harm – the gambling industry. Prevention is defined as: 'The primary prevention of gambling harms – for example, evidence around what works in educational approaches and public awareness campaigns,' The secondary prevention of gambling harms – for example, evidence of what works in developing workforces to engage and advise people 'at risk' and/or experiencing comorbidities associated with gambling harms,' 'Tertiary prevention of gambling harms – for example, what works for whom in treatment interventions and services, including types of treatment and service design and delivery'.[23]

As remarked by commentary in the BMJ, this 'passes responsibility for reducing gambling harms to individuals and healthcare professionals and removes attention from the fundamental issue 'the way in which gambling is allowed to exist'.[24] But even more than this, it allows GambleAware to position itself as progressive, concerned with 'structural factors', 'systems' and inequalities and stigma, while saying nothing about the gambling industry that funds it or the regulator whose goodwill their position in the system relies on. So now, GambleAware blames 'society' and its 'structural inequalities', comorbidities and other sources of stigma and discrimination (like being a minority group), and the prejudice of services and charities. Here we have a new progressive-sounding narrative to replace 'responsible' and 'problem' gambling, which blames 'society', but serves precisely the same function—namely, hiding the primary role of gambling companies and regulation in harm.

Currently, we do not have the same well-developed, diverse and independent community and third sector that exists in areas such as mental health or suicide prevention, and this holds back the development of new insight and action on gambling harm. This is a consequence of the nature of funding arrangements. Gambling Commission regulatory settlements are awarded via a process without any clear criteria, strategy or evaluation of efficacy. A common reason to decline funding is simply with one line – "other organisations, specifically GambleAware and the National Gambling Treatment Service, are doing this already". There is no feedback on the proposals themselves against any criteria. Now, the regulator has provided the bulk of regulatory settlement money to GambleAware to 'stabilise the system' ahead of the statutory levy. GambleAware received 33.5M RET funding between January 2022 to March 2023 (91.6% of the total funding awarded during this period).[25] This means that, in effect, we are back to the situation where GambleAware is yet again the main controller of funding to the sector and able to direct funding away from organisations and initiatives that would challenge its position or that offer genuinely alternate views to the government and the regulator. Further, for organisations like ours, to take money from GambleAware would damage our reputation and remove our ability to work with important academic and community stakeholders.

The GRP must ensure that it incorporates a more inclusive system where funding does not go to the usual suspects. It must diversify who receives grant funding including for new independent third sector organisations, not on the RET list,

[22] Ibid. P44

[23] Ibid. P43

[24] McCartney, M. (2023). Gambleaware: what does "independence" from industry really mean? *BMJ, 381:* p1265. https://doi.org/10.1136/bmj.p1265

[25] Gambling Commission. (2023, September 20). *List of organisations for operator contributions.* https://www.gamblingcommission.gov.uk/licensees-and-businesses/guide/list-of-organisations-for-operator-contributions

who have examined and address harm from a fresh perspective. As it stands, third sector organisations, such as us, have relied on charitable donations and philanthropist funding. At the same time, this can be hard to obtain because of the appearance of significant amounts of funding available specifically for gambling harm, but historically these have been awarded to the same small number of organisations.

Engaging with and providing funding independent from the gambling industry with communities that develop grassroot research agendas will ensure that they continue to improve approaches addressing gambling harm and build capability and expertise in community-led forms of research. Future grant-making activities must support meaningful and effective partnerships between researchers and individuals with lived experience, and not encourage grant opportunities that draw upon lived experience for tokenistic reasons.

Historically, the number of charity/non-profit organisations that have received funding from the UKRI across the research and innovation landscape has been low in comparison with academic institutions, and private and public organisations.[26] TGS has encountered challenges when applying for research funding as a small research and advocacy not-for-profit organisation. Previous funding opportunities have often been inaccessible, inflexible, or with rigid eligibility criteria. For example, to qualify as a UKRI Independent Research Organisation (IRO), you must fit various criteria, including 'a minimum of ten researchers with PHDs' and 'research income averaging at least £0.5M pa over the previous three years.'[27]

This means that despite TGS employees having over 20 years of combined experience in research and policy, we do not meet the criteria to be a UKRI IRO. We have witnessed small third-sector research organisations (such as TGS) become stuck in a cycle where they are excluded from funding opportunities because of their size and structure, which means that those who want to grow and develop are under-resourced to do so.

In addition, we have been faced with an extensive application process that requires a huge number of resources, placing a burden on our already limited capacity. Therefore, it is vital that the GRP increase the simplicity, flexibility and transparency of applications, making funding opportunities more accessible for small third-sector research organisations.

We propose that there is the establishment of a funding entity within the GRP that is designed to distribute community-based grants. This includes making specific research grants accessible for small, third-sector, grassroots community research organisations. This entity must include expertise on how good community organisations operate, meaningful involvement of lived experience experts, and appropriate expert consultation with various stakeholders to design funding portfolios and a grant review process incorporating new perspectives. Specifically, on the funding panel there must be appropriate consultation and

[26] UK Research and Innovation. *UKRI Investment and Outputs Data. 2022-23.* https://www.ukri.org/wp-content/uploads/2023/08/UKRI-070823-InvestmentsOutputsData2022To2023.pdf

[27] UK Research and Innovation. (2021, March 2021). *Eligibility for UKRI Research Council Funding.* https://www.ukri.org/wp-content/uploads/2022/06/UKRI-01062022-ELIGIBILITY-FOR-UKRI-RESEARCH-COUNCIL-FUNDING.pdf

expert advisors with deeper roots in the communities where gambling harms need addressing.

Specific bids for community-based organisations should also include built-in funding for evaluation or evaluation support not to prejudice smaller organisations. Funding should also be set aside for upskilling to enable grassroot community research organisations to grow. The proposed GRP must be mindful of how grant opportunities are positioned so that the process does not restrict or complicate small research organisation's ability to engage lived experience experts in the research meaningfully.

It is important to evaluate how the GRP is funding research. As part of this, independent researchers via the UKRI should be included in the evaluation process. This includes experts from a range of backgrounds, including representatives from third-sector organisations. A transparent process for sharing accountability, learnings, and evidence, must be implemented across the research.

5e. Is there any additional evidence in this area the government should consider? (Free text box)

No response

6a. Do you agree that 15-30% of funding raised by the levy should be allocated for the described prevention activity? (Yes/No/ I don't know)

No

6b. Please explain your answer. (Free text box)

A greater investment is needed in prevention, and this should be based on need assessment and cost-savings from downstream investment (see 1d)

Government also invites views on the following aspects to help design the future prevention system:

6c. How should the commissioning system for prevention be organised under the statutory levy? (Free text box)

It is our view that a specific commissioning body needs to be established for gambling harm prevention. This is for the same reasons as set out in 5d.

The existing primary commissioner, GambleAware, continues to occupy a compromised position in the ecosystem, and for this organisation to take on the role would defeat the purpose of the levy to provide independent and trusted funding. Further, GambleAware not only commissions but also delivers activities. Meaning that they are in competition with the entities they are supposed to be funding. Rather, GambleAware needs to move from being in a protected position to compete on an equal footing with other organisations for levy and regulatory settlement funding based on merit and transparent processes.

In addition, the prevention commissioning body needs to have a specific objective to assess the state of the voluntary and third sector for gambling harm and develop a funding and capacity-building strategy that will enable its

development in a diverse and independent form. This includes considering that a small number of organisations have dominated the sector through their participation in industry-based funding arrangements. Consequently, this strategy needs to include a specific approach to encouraging and building the capability of small and innovative community and third-sector organisations and activities. This includes deploying best practices from other funders to ensure that funding processes are not onerous and exclusionary and weighted towards large organisations and building in support of monitoring, evaluation, and knowledge exchange (as with research funding, see 5d).

6d. What are the priority projects, services and outcomes the government should consider in the prevention of gambling-related harm? (Free text box)

See 1d.

6e. What evidence is there, including from other health areas, that prevention is effective at reducing gambling harms? (Free text box)

No response

6f. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

No response

7a. Do you agree with this proposal that 40-60% of funding raised by the levy should be allocated for treatment? (Yes/No/I don't know)

No.

7b. Please explain your answer. (Free text box)

Allocation of funding should be based on needs assessment and on the well-established principle in health care that prevention is more effective and cost-effective than treatment. It is a concern that so much of the budget is already being consumed by treatment, because this is more established and defined and easier to evidence and measure than prevention. There needs to be investment in the evidence and infrastructure for prevention (see 6c).

7c. Do you agree that the NHS should have a major role in commissioning the treatment pathway to improve and expand treatment provision? (Yes/No/I don't know)

Yes.

7d. Please explain your answer. (Free text box)

It has been discriminatory treatment of people suffering due to gambling harm that the state has for so long abdicated responsibility to third-sector organisations that emerged from and are funded by the gambling industry. It is hard to conceive how this could have been allowed for any other health and social issue.

7e. Is there any additional evidence on the provision of treatment for gambling-related harm in England, Scotland and Wales the government should consider? (Free text box)

No response

7f. Is there any additional evidence to support the establishment of an integrated system of treatment for gambling-related harm across Great Britain, particularly from other areas of health, the government should consider? (Free text box)

See 1d. Treatment and support need to extend beyond psychological therapies to enable meaningful and long-lasting recovery.

Section 3: Governance and accountability

8a. Do you agree with the proposed role and remit of the Levy Board? (Yes/No/I don't know)

No.

8b. Please explain your answer. (Free text box)

In the current arrangements, overall leadership and accountability rest with DCMS and HMT, with the Gambling Commission having a core role in the distribution of funds. We do not believe these are the appropriate bodies to have the central role in cross-national efforts to prevent and reduce gambling harm, as leadership for a public health issue should be with health departments. Further, the Levy Board should include other departments where action on harm is needed.

DHSC should lead the Levy Board, with the equivalent from the devolved nations, with responsibility for leading socio-economic costing, needs assessment, strategy and plans and evaluation (see 1d).

For the cross-departmental action that is required across areas impacted by and implicated in gambling harm, the Levy Board should also include the Department for Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities (with Scottish and Welsh government representatives).

The Gambling Commission is well-placed to gather funds from gambling companies. However, it is in a conflicted position and outsides its remit and capabilities when it is involved in administering funds to address harm, especially where such harm is a consequence of its regulation and because it will also receive levy funding. The Levy Board should determine the distribution of funding entirely, with the Gambling Commission playing a dispensing role only. The Gambling Commission should also be accountable to the Levy board led by DHSC any commissioning using levy funds.

8c. Do you agree with the proposed role and remit of the Advisory Group? (Yes/No/I don't know)

No.

8d. Please explain your answer. (Free text box)

The Advisory Board should be led by DHSC, with the commissioning leads UKRI, NHS, prevention and the gambling commission as one of the commissioners. The Gambling Commission and DCMS are not appropriate leads for research, prevention and treatment of gambling harm. The appointment of advisory board members should be via a transparent process with clear criteria, and its deliberations and advice made public to be credible. Further, an advisory board is necessarily limited in membership, and the means to engage the full range of stakeholders should also be implemented.

A mechanism allowing wider engagement, coordination, communication, consultation and sharing across any organisation committed to reducing gambling harm should be considered, such as an equivalent to the National Suicide Prevention Alliance.[28] This would also provide an additional check through a wider range of stakeholders and views than could be included in an advisory group, including a cross-section of people with lived experience.

8e. Please provide any additional views or evidence in this area the government should consider here. (Free text box)

No response

9a. Do you agree with our proposal for DCMS and HMT approval of levy spending to be supported by a Levy Board to provide broader government oversight of the allocation of levy funds? (Yes/No/I don't know)

No.

9b. Please explain your answer. (Free text box)

See 8b.

9c. Is anything further the government needs to consider in putting in place robust accountability mechanisms into the levy system? (Free text box)

Health-led strategies need to be accompanied by outcomes frameworks, including national and local levels, as is the case for cross-government strategies on comparable issues.

This should include targets for reductions in self-reported 'problem gambling' at all levels and gambling harm. It should also include outcomes in areas of specific harm based on administrative and other data from government departments and

[28] National Suicide Prevention Alliance. https://nspa.org.uk/about-us/

services and financial institutions. For example, in areas of welfare, employment, housing, health inequalities, debt and poverty, crime, mental and physical health, gambling treatment, public awareness and stigma, etc. Putting in place such data and reporting systems would also assist in the measure of the socio-economic costs of gambling harm. Such outcome measures should be supported by measures of activities and outputs in the plan.

10a. Do you agree with the proposal for a review of the levy every five years? (Yes/No/I don't know)

Yes.

10b. Please explain your answer. (Free text box)

The strategies and plans for each nation may have a longer timeframe but a review every five years enables adjustment of course and funding as necessary.

11a. Please indicate if you believe any of the proposals in this consultation are likely to have a negative impact on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the impact on any such group might be and if you have any views. [Free text box]

No response

11b. Please indicate if you believe any of the proposals in this consultation are likely to have positive effects on persons who share such protected characteristics and, if so, please explain which group(s) of persons, what the effect(s) on any such group might be and if you have any views. [Free text box]

No response

12. Are there any other factors or points you wish to highlight that have not been considered above? [Free text box]

No response

13. Please upload any further supporting evidence that you wish to share. [Upload attachments]

No response