**Gambling Health Alliance response to the Review of the Gambling Act 2005 Call for Evidence**

*The* [*Gambling Health Alliance*](https://www.rsph.org.uk/our-work/alliances/the-gambling-health-alliance.html) *(GHA) is a coalition of 50 organisations and individuals with a shared interest in reducing the damage caused to health and wellbeing from gambling. The secretariat is provided by the* [*Royal Society for Public Health*](https://www.rsph.org.uk/) *(RSPH). The objective of the Alliance is to support policy-making to address the social, economic and cultural factors that contribute to gambling harm and the inequalities in health caused by it. We do this by highlighting gambling-related harm, engaging with policy makers, and promoting evidence that can be translated into reducing gambling harms.*

*We welcome the opportunity to respond to this call for evidence as part of the 2005 Gambling Act Review. We have responded to questions where we have relevant and available evidence. The Gambling Act 2005 is now 16 years old, but despite minor amendments it is no longer fit for purpose in our view, given the huge growth in online and mobile gambling. According to the National Audit Office, from 2008/9 to 2018/19 the number of licensed online gambling operators more than quadrupled, going from 1,002 to 5,321.[[1]](#footnote-1) The majority of us have instant access to potentially harmful gambling products through our smartphones, yet consumer protections and harm-reduction and harm-prevention measures are seriously lacking in the remote gambling sector, with non-remote gambling not doing much better.*

*In our response we emphasise the need to protect consumers from harmful product characteristics and industry practices, by taking a public health approach that does not place the onus on individual responsibility, but instead recognises that gambling can be a health harming activity to anyone because of the addictive nature of products, their ease of access, and the way they are promoted. The UK has already taken steps towards adopting a public health approach, for example by reducing Fixed Odds Betting Terminal stakes and banning gambling online using credit cards. We should build on this, reflecting public opinion that is in favour of taking action to make gambling in the UK safe.[[2]](#footnote-2)*

*The public health approach should include protecting the whole population and those at risk of and currently experiencing harms, including young people; taking a precautionary and preventative perspective; de-normalising gambling by reducing exposure to it; having equivalent measures in place between the online and offline worlds; investing in research, education and treatment to build the evidence base for effective policy making; and collaboration between key stakeholders, including the Department for Digital Culture Media and Sport (DCMS), the Department of Health and Social Care (DHSC), the Department for Education (DfE), the Treasury, the Home Office, and the Ministry of Justice (MoJ).*

*Our response is primarily based on research conducted by RSPH[[3]](#footnote-3) and the GHA[[4]](#footnote-4) on young people’s views on gambling, and the findings of a recent survey; polling was conducted by Yonder from 26th to 28th February 2021, and included a representative sample of 2,094 UK adults (18+). In the population sampled, 1,442 reported that they had ‘ever gambled’, (examples of gambling provided to respondents were the lottery, sports betting, bingo, casinos, slots, online gambling or scratch cards), while 652 had ‘never gambled’. Where relevant, data is attributed to gamblers and non-gamblers. While our evidence primarily comes from a cross-section of society, we note the importance of including people with lived experience of gambling harms in the policy making process that will follow this consultation period.*

*Recommendations*

*Make products safer:*

* *£2 limit to online slots*
* *Stake limits to online non-slot gambling content determined according to the speed of play*
* *Limits to online casino content*
* *Soft cap of £100 per month on net deposits reviewed frequently to account for inflation*
* *All new gambling products classified and licensed according to a series of harm indicators*
* *Reduce reliance on the ‘responsible gambling’ narrative and provide messaging about the risk of products*
* *Loot boxes in video games classed as a form of gambling*

*Limit widespread access:*

* *Affordability checks for all gamblers, standardised across operators, with data shared between providers*
* *End promotional offers, including VIP schemes*
* *Operators to strictly adhere to self-exclusion schemes*
* *Enforcement of age verification checks*
* *No gambling for under 18s*
* *Duty of care for operators to protect consumers from harm*
* *Public health embedded in licensing objectives*

*Restrict promotions and advertising:*

* *Ban gambling advertising and sponsorship in sport, including sports venues and eSports*
* *Tighter rules around advertising in-game purchases*
* *Prohibit advertising and marketing which persuades people to start gambling, to gamble more, or to gamble with additional operators*
* *Limit children’s exposure to gambling advertising by determining where children are exposed, then introducing restrictions, which may include limits to broadcast, online, streaming and social media advertising*
* *Ultimately, an end to all gambling advertising, sponsorship and promotion*

*Adopt other public health principles:*

* *Education and awareness raising, including through the new Relationships Education, Relationships and Sex Education (RSE) and Health Education curriculum*
* *Longitudinal data collection through the reinstatement of triennial reviews*
* *Protection at the population level with a definition of those who are at risk or ‘vulnerable’ in order to aid fulfilment of the third licensing objective of the 2005 Gambling Act*
* *Integrated and comprehensive treatment provision*
* *Health commissioning to include gambling harms*
* *Smart industry levy to fund research, education and treatment*
* *Cross departmental collaboration between DCMS, DHSC, DfE, the Treasury, the Home Office and the MoJ*
* *Implement these recommendations as part of a gambling harm prevention strategy that protects the public, those at risk, those experiencing harm, and affected others*

**Online protections - players and products**

**Q1: What evidence is there on the effectiveness of the existing online protections in preventing gambling harm?**

A public health approach to gambling involves taking measures to protect the population from the causes of harm; the harms experienced from gambling are largely driven by the design of gambling products which makes them addictive.[[5]](#footnote-5) As many as one in four gamblers are harmed,[[6]](#footnote-6) and up to 20% of the population experience harm directly or as an affected other.[[7]](#footnote-7) Gambling can negatively impact mental health, physical health, relationships, finances, employment and education, and can lead to suicide and premature mortality.[[8]](#footnote-8)

Online gambling was the largest sector in the period April 2019 to March 2020, accounting for 39.9% of the overall market.[[9]](#footnote-9) With research finding that high levels of gambling are associated with a 37% increase in mortality,[[10]](#footnote-10) more needs to be done to protect the population from gambling harm in the situations where gambling activity happens the most – online. Protective measures should target the whole population, but they should be especially tailored to protect those most likely to experience gambling harms.

Of the gamblers we surveyed, more do the online equivalent of each form of gambling; slots, bingo, betting, and casinos. Our results make the case for needing **greater online protections**, given that online play is the most common method of accessing gambling. The gamblers who responded to our poll told us the products they mostly spend their money gambling on were:

* National Lottery (online and real world) - 66%
* Online betting, in relation to real and virtual events such as sport or pool - 15%
* Online slots - 9%
* Other - 9%
* Online bingo - 8%
* Real world betting, in relation to real and virtual events such as sport or pool - 8%
* Online casinos - 6%
* Arcade games such as penny pushers, crane grabbers - 4%
* Real world slot machines - 3%
* Real world bingo - 3%
* Real world casinos - 2%

Our polling found evidence of varying levels of awareness of protective measures among gamblers, which was even smaller among low income respondents. We asked all gamblers if they are aware of any protective measures when gambling online. The results were:

* Almost half (48%) were aware of stake limits;
* A similar number (47%) were aware of limits on how much can be spent per session of play;
* One in five (22%) were aware of prize limits;
* Less than one fifth (17%) were aware of limits on speed of play;
* Only 5% were aware of pre-release game testing.

Awareness of online protections was lowest among the DE socioeconomic group, who most need these protections, given they can least afford losses, and evidence showing health inequalities exist in the risk of, and experience of gambling harms.[[11]](#footnote-11) Research indicates that participation in online gambling is higher the more deprived an area, and additionally just 5% of gambling accounts generate 70% of Gross Gambling Yield, suggesting that some gamblers, who may well be poorer, experience large losses.[[12]](#footnote-12)

Most notable was the one in five (23%) respondents who were not aware of any protective measures when gambling online.

The high levels of gambling harm outlined above, coupled with the variable awareness amongst gamblers of online protections suggests that current safeguards are not having the necessary impact to protect those who gamble online.

Our survey asked about views on a number of proposals to make gambling products safer. This support for more online gambling protections demonstrates that the current protections are not effective enough.

* A £2 limit to online slots was supported by 58% of gamblers and 61% of non-gamblers (opposed by 8% of gamblers and 5% of non-gamblers);
* Stake limits to online non-slot gambling content determined according to the speed of play was supported by 56% of gamblers and 60% of non-gamblers (opposed by 4% of gamblers and 2% of non-gamblers).

**Q2: What evidence is there for or against the imposition of greater controls on online product design? This includes (but is not limited to) stake, speed, and prize limits or pre-release testing.**

Taking a public health approach to reducing gambling harm means preventing harm by making products safer. Greater controls on online product design should be viewed as a necessary function of protection, not prohibition. Under the current legislation, content is available online which is prohibited in land-based venues. This is an unacceptable anomaly. The rules and regulation of content design should be consistent across all gambling sectors, and should build on the success of changes to Fixed Odds Betting Terminals (FOBTs).

FOBTs have shown that harm can be mitigated by reducing limits to the staking levels. The maximum stake on FOBTs was cut from £100 to £2 in April 2019, and as a result the money lost on FOBTs fell 99% to £12.1 million between April 2019 and March 2020.[[13]](#footnote-13) However, this did not affect the industry’s total profits, which only marginally decreased by 0.6% compared to the previous year.

We need to adopt similar **limits for online gambling**: limits to online casino content should be introduced, and limits to online slot content should be considered at a modal figure of £2 per spin. Limits to online non-slot content should be considered according to the speed and frequency of play, and determined by an independent body such as a gambling ombudsman.

As well as there being a need for greater protection as evidenced by the harms which online gambling can cause, our polling indicates there is public appetite for greater online protections amongst gamblers and non-gamblers. One respondent told us: *“Too easy to get hooked, way too easy to get into debt - online gambling should be banned”.* We do not support this prohibitionist stance, but this comment does testify to the degree of support amongst the public for online gambling to be more strongly regulated. Our survey asked about views on a number of proposals to make gambling products safer:

* A £2 limit to online slots was supported by 58% of gamblers and 61% of non-gamblers (opposed by 8% of gamblers and 5% of non-gamblers);
* Stake limits to online non-slot gambling content determined according to the speed of play was supported by 56% of gamblers and 60% of non-gamblers (opposed by 4% of gamblers and 2% of non-gamblers).

This support for more online gambling protections demonstrates that the current protections are not effective enough. Broadly, support was fairly evenly spread across social grades; this is notable because it shows protections wouldn't be seen as punitive by the AB socioeconomic group who can afford to spend more.

**Q3: What evidence is there for or against the imposition of greater controls on online gambling accounts, including but not limited to deposit, loss, and spend limits?**

Gambling is only affordable when it does not impact on the financial commitments that a household must fulfil to ensure an acceptable standard of living. Unaffordable play is harmful play, with evidence that credit use as a means of financial coping impacts mental and physical health.[[14]](#footnote-14) **Checks should be introduced** which protect customerswherever they are gambling, whether they are a frequent gambler or an occasional gambler.

Operators should have a clear understanding of what is affordable to online users based on the proportion of a gambler’s income. This figure should be higher than the amount the majority of gamblers spend, while low enough to ensure that gambling activities do not amount to serious financial harm. According to analysis by the Social Market Foundation,[[15]](#footnote-15),[[16]](#footnote-16) a soft cap of **£100 per month on net deposits** would ensure that the majority of customers are protected from harm, while not impacting on the majority of gambling activities. We agree with this proposal, however with inflation forecast to increase in 2021,[[17]](#footnote-17) this cap should be reviewed frequently to be in line with current inflation rates. Crucially, **data on customer affordability should be shared between licensed gambling operators** and monitored by a third party.

A public health approach to gambling should involve **cross-departmental collaboration** so that the broader determinants of gambling harms are considered as part of a gambling harm prevention and reduction strategy. DCMS, DHSC, DfE, the Treasury, the Home Office and the MoJ should all be involved with legislation, regulation and enforcement. Regarding controls around affordability, the Treasury should work with DCMS to determine what constitutes an affordable cap in line with inflation.

Our polling shows there is support amongst gamblers and non-gamblers for greater controls on online gambling accounts in relation to affordability and deposit limits:

* Affordability checks for anyone who gambles was supported by 60% of gamblers and 68% of non-gamblers (opposed by 12% of gamblers and 5% of non-gamblers);
* Affordability checks for frequent gamblers was supported by 67% of gamblers and 69% of non-gamblers (opposed by 7% of gamblers and 4% of non-gamblers);
* £100 per month limit on net gambling deposits was supported by 55% of gamblers and 60% of non-gamblers (opposed by 12% of gamblers and 7% of non-gamblers).

This support for greater controls on online gambling accounts demonstrates that there is not currently sufficient protection for consumers. Support for more controls was fairly evenly spread across social grades - this is notable because it shows tighter measures for online gambling accounts wouldn't be seen as punitive by the AB socioeconomic group who can afford to spend more.

As one survey respondent told us: *“The one thing I have found as an online gambler that you can achieve a nice win at the start of your membership but that this tails off considerably once you become a frequent player.”* Those with online gambling accounts are aware that industry profit is driven by their losses; more controls such as affordability checks and net deposit limits are needed to prevent consumers losing harmful sums of money.

**Q4: What is the evidence on whether any such limits should be on a universal basis or targeted at individuals based on affordability or other considerations?**

Prevention is a key principle of public health, and can be stratified into primary, secondary and tertiary levels. Primary prevention is preventing the problem occurring in the first place; secondary prevention is intervening early when the problem starts to emerge to resolve it; and tertiary prevention is making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences. We need interventions, such as affordability checks, for the whole population, and at risk groups.

We agree with the Social Market Foundation that **affordability checks should be standardised across remote gambling operators and should apply to all consumers**.[[18]](#footnote-18) The 2018 Health Survey for England found that one fifth (21%) of those who had gambled online in the past year had bet more than they can afford to ‘at least sometimes’.[[19]](#footnote-19) According to these figures a significant proportion of gamblers bet more than they can afford, therefore we recommend affordability checks apply to all gamblers.

Our survey respondents were supportive of affordability checks on a universal basis, with a slight preference for checks for frequent gamblers:

* Affordability checks for anyone who gambles was supported by 60% of gamblers and 68% of non-gamblers, and opposed by 12% of gamblers and 5% of non-gamblers;
* Affordability checks for frequent gamblers was supported by 67% of gamblers and 69% of non-gamblers, and opposed by 7% of gamblers and 4% of non-gamblers.

Q5: Is there evidence on how the consumer data collected by operators could be better deployed and used to support the government’s objectives?

**Q6: How are online gambling losses split across the player cohort? For instance what percentage of GGY do the top and bottom 10% of spenders account for, and how does this vary by product?**

We know that just 5% of gambling accounts generate 70% of Gross Gambling Yield.[[20]](#footnote-20) Academics at the University of Oxford tracked the links between gambling spend and problems experienced by 6.5 million Lloyds Banking Group customers over seven years (not exclusive to remote gambling).[[21]](#footnote-21) The top 1% of gamblers spent 58% of their income and one in ten spent 8% on gambling. People who bet even relatively small sums were more likely to suffer financial hardship and unemployment, while heavier gamblers died earlier. Once someone spent 3.6% of monthly outgoings on gambling, they were one third more likely to miss a mortgage payment, 22% more likely to use an unplanned overdraft, and 19% more likely to take a payday loan. The researchers also traced gambling spend over a seven-year period, identifying increased rates of unemployment, disability and “substantially increased mortality” at the highest levels of gambling.

This research shows how wide ranging gambling harms are, even amongst those who spend less and may be considered less at risk. A public health approach to gambling would prioritise prevention of harm for the whole population, including those who spend less, and incorporate interventions targeted towards sub-groups of the population: those at risk of harm, those experiencing harm, and those affected by others’ harm. A **preventative strategy based on the public health approach** aims to reduce harms across the player cohort.

Q7: What evidence is there from behavioural science or other fields that the protections which operators must already offer, such as player-set spend limits, could be made more effective in preventing harm?

Q8: Is there evidence that so called ‘white label’ arrangements pose a particular risk to consumers in Great Britain?

Q9: What evidence, if any, is there to suggest that new and emerging technologies, delivery and payment methods such as blockchain and crypto currencies could pose a particular risk to gambling consumers?

**Q10: Is there any additional evidence in this area the government should consider?**

Any public health approach to gambling must attend to the ways in which the design of products reduces or increases harm to individuals and wider society. Such an approach would also aim to increase awareness amongst consumers, the general public and policymakers about the specific harms caused by each product or activity within the gambling landscape. This could help Government target their interventions at the most harmful gambling products, and would enable the general public to hold industry to account.

We therefore propose that **all new gambling content be assessed against a series of harm indicators** (such as measuring how addictive the product is) and that products which score too highly against those indicators be prevented from being brought to market. When we presented this proposal in our survey, nearly seven out of ten gamblers (69%) and non-gamblers (69%) supported it.

Recognising gambling as a public health issue inevitably means that healthcare services in the UK should be involved in both the response to, and the prevention of, its harms. We propose, therefore that **health commissioning includes gambling harms**. The treatment of gambling addiction should be part of the NHS’s remit and managed by experts in the commission­ing and assessment of treatment services, with a proper commissioning framework established. Local Authority public health teams should be funded to also provide treatment services which should be integrated with third sector services.

**Advertising, sponsorship and branding**

**Q11: What are the benefits or harms caused by allowing licensed gambling operators to advertise?**

Central to a public health approach to gambling is an emphasis on prevention of harms and as with policies aimed at dealing with other public health issues like obesity and smoking, restricting and regulating advertising is a central pillar to that preventative strategy. Advertising is a powerful tool used by operators to promote gambling to the population, thereby normalising it as an activity, particularly amongst younger people and men through the association with sport, especially football. An analysis of the advertising shown on UK television during the 2018 Football World Cup found that viewers in the UK saw nearly 90 minutes of gambling advertising over the course of the tournament.[[22]](#footnote-22) When the Premier League restarted in June 2020 after the Covid-induced break, 24 gambling adverts were shown over the course of two matches, 14 of which appeared before 9pm.[[23]](#footnote-23)

It is not just traditional broadcast media where the impact of gambling advertising should be considered; the majority of children access media content online, through social media and streaming platforms.[[24]](#footnote-24) In RSPH’s focus group sessions with young people aged 11 to 24 across England, Scotland and Wales, the vast majority of participants said that they had seen advertising and promotional offers for gambling on sports events, on social media, or on the TV.[[25]](#footnote-25)

We want to see much stricter rules around gambling advertising, and ultimately an **end to all gambling advertising, sponsorship and promotion**. The public is also in support of our recommendations for much tighter restrictions on gambling advertisements. Numerous respondents told us: *“Gambling seems so prevalent in advertising, it seems so odd to have something so detrimental so heavily encouraged and normalised.”* Many respondents echoed this and expressed their annoyance and dislike for the deluge of gambling advertising. A common suggestion was: *“Ban all advertising on gambling.”*

**Q12: What, if any, is the evidence on the effectiveness of mandatory safer gambling messages in adverts in preventing harm?**

The ‘Responsible Gambling’ narrative circumvents the public health approach by placing the onus on individuals to participate in gambling safely. This takes the focus away from the addictive nature of products, ease of access and saturation of advertising.[[26]](#footnote-26) In other fields of public health there has been a shift from focusing on individual responsibility to acknowledging the role factors beyond an individual’s control play in determining health outcomes – more must be done on this with respect to gambling. A respondent to our survey epitomised this perspective in their comment *“Using 'When the fun stops, stop' is just another way to pass the responsibility from the company to the individuals.”* Australia[[27]](#footnote-27) and New Zealand[[28]](#footnote-28) have moved away from focusing on ‘problem gamblers’ to take consideration of the wider drivers of gambling harm – we should follow their lead.

As well as being misdirected to the true cause of gambling harms, our research also showed that these safer gambling messages are highly ineffective at preventing them. We asked survey respondents if safer gambling messages, such as ‘When the fun stops stop’ or ‘You’ll bet regret it’ have affected their gambling habits:

* Four in five (80%) gamblers said safer and responsible gambling messages had made no difference to their gambling;
* Only one in ten said these messages had decreased their gambling;
* A similar proportion (7%) were not even aware of these campaigns.

Given the apparent ineffectiveness of safer gambling messages on the majority of gamblers, we recommend the **Government ceases to rely on these consumer awareness campaigns** in order to limit gambling-related harms and instead **focuses its resources on the wider determinants of gambling harms**, as it would for other public health issues. This includes the design of products, their accessibility, and the methods of promotion, which should include **public health messaging about the** **risk of products**. Our response makes recommendations for how we can introduce tighter controls in these areas that would make gambling safer.

**Q13: What evidence is there on the harms or benefits of licensed operators being able to make promotional offers, such as free spins, bonuses and hospitality, either within or separately to VIP schemes?**

A public health approach should prevent harm from occurring; as gambling has the potential to be a harmful activity, any means which promote its uptake and encourage further participation should not be allowed. **Promotion offers, including VIP schemes should be banned.**

In our polling we asked whether any special offers had prompted gamblers to gamble beyond their means at any time. We found that:

* 15% said promotions encouraged them to gamble more than they usually would;
* The same amount (15%) said free spins encouraged them to gamble more than usual;
* A similar number (13%) said bonuses encouraged them to gamble more than they usually would.

The rates of those reporting that special offers had encouraged them to gamble more than they usually would were higher among younger age groups (the under 44s), and for men. There were similar rates of effectiveness of these three tactics across socioeconomic groups, which suggests their influence operates independently of someone’s capacity to spend more. This is highly concerning as it means that they will have a disproportionate effect on gamblers from lower-income households. Furthermore, there is anecdotal evidence that operators are specifically targeting high risk gamblers with promotions and incentives.[[29]](#footnote-29) Any **player targeting strategies should be banned.**

Just as the Government has recently recognised the need to ban volume price promotions on foods that are high in fat, sugar and salt, similar promotional offers should be removed from gambling products. This would be supported by the majority of gamblers and non-gamblers. Over half (53%) of gamblers and 64% of non-gamblers said they would support a ban on VIP schemes, and only 7% of gamblers and 2% of non-gamblers opposed this proposal. VIP schemes, and any other schemes employing similar features under different names, should be phased out.

Along with ending VIP schemes **operators must adhere strictly to self-exclusion schemes**. Some survey respondents reported that despite self-exclusion schemes they were still targeted by operators; this is inexcusable and must be prohibited.

**Q14: What is the positive or negative impact of gambling sponsorship arrangements across sports, eSports and other areas?**

Central to a public health approach to gambling is an emphasis on prevention of harms and as with policies aimed at dealing with other public health issues like obesity and smoking, restricting and regulating marketing is a central pillar to that preventative strategy. The current levels of gambling sponsorship in UK football provides gambling brands with global visibility.[[30]](#footnote-30) Changes to gambling advertising and sports sponsorship are vital in order to de-normalise gambling and protect young people and sports fans from exposure to gambling products. De­spite the introduction of rules by the Committee of Adver­tising Practice to protect minors from exposure to gam­bling advertising, and a self-regulated ‘whistle-to-whistle ban’ implemented by operators, children and adults continue to be bombarded with gambling adverts during mainstream sports events. Following the so-called ‘whistle-to-whistle’ blackout, the next year saw the largest ever number of top-flight clubs sponsored by gambling companies, suggesting that self-regulation does not work.

Over half of football clubs in the top two leagues of Eng­lish football now feature a gambling brand on their kit,[[31]](#footnote-31) with much of this branding linked to offshore operators targeting customers in under-regulated markets. Major sports stars are also being recruited as brand ambas­sadors by gambling companies and these companies are finding ways of bypassing advertising restrictions on youth kit – notably in the case of Wayne Rooney and 32Red – Rooney wears a shirt with the number 32 and many young fans will choose to have a replica shirt, ef­fectively advertising the gambling operator on their own kit.[[32]](#footnote-32)

A public health approach to gambling applies particular emphasis on the protection of young people from harms to their health and wellbeing. As one respondent to our survey put it, *“I think that football should cease having gambling companies as sponsors. Lots of young people are attracted to football so it follows they then associate it with gambling.”* Research by RSPH shows why this requires the close relationship between gambling and sport to be disrupted by policymakers.[[33]](#footnote-33) In a 2019 survey of 1,025 young people, aged 11 to 24, one in ten said they had attended a sporting event where either a stadium or a team has been sponsored by a gambling operator; 5% had bought a replica sports shirt for a team sponsored by a gambling operator; and 4% had placed a bet on the outcome of a sporting event either online or through an app. Over one third (37%) of young people said they supported a ban on gambling operators sponsoring sports teams or sporting events.

In order to limit exposure to gambling advertising, we suggest a **ban on gambling advertising in or near sports grounds or sports venues, including sports programmes, on the kit of sports teams, or on the digital advertising around a pitch**. In addition, we rec­ommend a **similar ban in eSports**, and in particular that Electronic Arts remove the shirt sponsors from players on its video game FIFA given that this game is played largely by young people. These proposals are supported by the majority of gamblers and non-gamblers:

* Nearly three in five (56%) gamblers and 66% of non-gamblers supported the suggestion to ban all gambling advertising in or near sports grounds or sports venues, including sports programmes, on the kit of sports teams, or on the digital advertising around a pitch;
* The same amount (56%) of gamblers and 65% of non-gamblers backed a ban on gambling advertising in eSports.

**Q15: Is there any additional evidence in this area the government should consider, including in relation to particularly vulnerable groups?**

In a separate consultation response the GHA called for **adverts for random in-game purchasing to be banned**, and for **adverts to not encourage under-18s to make in-game purchases**, and therefore these types of adverts should only be permitted in games with a PEGI rating of 18. We made a series of additional recommendations around advertising loot boxes and in-game purchases which can be found [here](https://www.rsph.org.uk/static/a1de6ee4-105b-412d-87ade0cc08709d72/CAP-and-BCAP-consultation-on-guidance-on-advertising-in-game-purchases.docx).

Tighter rules on gambling advertising should not just be limited to the sponsorship of football shirts. Operators should also be **prohibited from providing communications, both direct and indirect, which offer inducements to bet on other platforms**, whether by text message, email, on websites or on social media. Three quarters of gamblers (74%) and non-gamblers (75%) supported restricting advertisements which induce people to start or to continue gambling.

Targeting individuals who have self-excluded by using services such as GamStop still occurs, possibly as a result of HTTP cookies that collect personal data online. One survey respondent told us: *“I am a member of Bet365, and have not had a bet with them or logged in since last year’s virtual Grand National. They still send me free bet offers, regularly. This practice should be stopped, they are just trying to pull you in again.”* Engagement with website providers and social media platforms should be a first step to stopping this. We agree with the House of Lords Select Committee Inquiry on the Social and Economic Impact of the Gambling Industry that advertisements which are seen as offering **inducements to people to start or to continue gambling, or which create a sense of urgency about placing bets, should be banned.**

Children and young people should be better protected from exposure to gambling adverts to avoid normalising gambling activity, and as a member of the Coalition Against Gambling Ads[[34]](#footnote-34) we support an **end to all gambling advertising, sponsorship and promotion**. As a first step towards achieving this we should **determine where children are exposed**, then introduce restrictions, which may include **limits to broadcast, online, streaming and social media advertising**. For instance, we could follow the restrictions proposed to limit junk food marketing to under 18s, and consider introducing a total ban on gambling advertising on TV, online and on social media before the 9pm watershed. Three quarters (73%) of gamblers and non-gamblers (77%) supported a ban on gambling advertising on TV before 9pm. Online restrictions should include gambling products associated with prominent figures such as social media influencers. A survey respondent remarked: *“Celebrities should not endorse gambling.”*

On the term ‘vulnerable groups’, we question how one of the licensing objectives of the Gambling Act, to protect ‘vulnerable persons’, can be enacted without a proper definition of ‘vulnerable’. Gambling can harm anyone, but we recognise that some groups may be at greater risk of experiencing harm, including people with poor mental health, people experiencing homelessness, children and young people, people living in deprived areas, and people in the criminal justice system.[[35]](#footnote-35) We suggest introducing a clear **definition of vulnerability**, a move away from using this term in consideration of population level harm prevention, and targeted secondary and tertiary preventative measures for groups at risk in order to fulfil the third licensing objective of the Act.

**Gambling Commission’s powers and resources**

Q16: What, if any, evidence is there to suggest that there is currently a significant black market for gambling in Great Britain, or that there is a risk of one emerging?

Q17: What evidence, if any, is there on the ease with which consumers can access black market gambling websites in Great Britain?

Q18: How easy is it for consumers to tell that they are using an unlicensed illegal operator?

**Q19: Is there evidence on whether the Gambling Commission has sufficient investigation, enforcement and sanctioning powers to effect change in operator behaviour and raise standards?**

A significant area which currently falls outside of the remit of the Gambling Commission concerns loot boxes, which the GHA has identified as akin to gambling and therefore in need of being **legally treated as such and, accordingly, banned from video games played by under 18s.**[[36]](#footnote-36) We suggest that the **Gambling Commission has oversight of gambling within video games**, including loot boxes and in-game casinos. We agree with the APPG for Gambling-Related Harm that the classification of gambling should be changed from “money’s worth” to “wagering for an item of value”,[[37]](#footnote-37) so that loot boxes in video games and similar mechanics can be recognised and regulated as gambling, despite the fact it is not always possible to ‘cash out’ one’s winnings, on the grounds that items within a game still have substantial value to players, even if it is not directly translated into cash value.

Q20: If existing powers are considered to be sufficient, is there scope for them to be used differently or more effectively?

Q21: What evidence is there on the potential benefits of changing the fee system to give the Gambling Commission more flexibility to adjust its fees, or potentially create financial incentives to compliance for operators?

**Q22: What are the barriers to high quality research to inform regulation or policy making, and how can these be overcome? What evidence is there that a different model to the current system might improve outcomes?**

Comprehensive longitudinal research on gambling prevalence and associated harms is necessary to fully understand the rate and extent of gambling harms. One of the key principles of public health is to use data and evidence to inform policy making. For example, in the case of obesity, the National Childhood Measurement Programme is a nationally mandated public health programme providing data for the Public Health Outcomes Framework as part of the Government’s obesity strategy.[[38]](#footnote-38) The Public Health England evidence review of gambling is a step in the right direction, but if gambling is to achieve parity with other public health issues, evidence is required to inform a prevention strategy and to measure its impact.

The Government should **reinstate triennial reviews** in order to ensure the continual assessment of content and evidenced based policymaking. This review should test all new content against a series of harm indicators, including its addictiveness and their appeal to young people, and games which score too highly on those indicators must not be approved. This is necessary to limit the health harms of gambling products and the exposure of young people to gambling products and harms. This proposal is supported by 69% of gamblers and non-gamblers, and opposed by just 3% of gamblers and non-gamblers. The data from these reviews should be made publically available.

One survey respondent echoed this: *“There should be a record kept for frequent gamblers. Keep history record of their gambling habits.”*

**Q23: Is there evidence from other jurisdictions or regulators on the most effective system for recouping the regulatory and societal costs of gambling from operators, for instance through taxes, licence fees or statutory levies?**

The ‘polluter pays’ principle is part of the public health approach. By introducing taxes or levies for industry, this encourages product reformulation, thereby making harmful products safer. The World Health Organisation Framework Convention on Tobacco Control[[39]](#footnote-39) stipulated that price and tax measures should be utilised to reduce the demand for tobacco, which has been part of a host of measures that put together have successfully driven down tobacco consumption. In the food industry the Soft Drinks Industry Levy encouraged manufacturers to reformulate drinks; recent analysis showed that the volume of sales did not change, but sugar consumption was lower.[[40]](#footnote-40) This ‘polluter pays’ principle should be applied to gambling operators to encourage them to make their products safer to avoid paying additional costs.

Revenue raise by a **statutory industry levy should be used to fund research, education and the treatment of gambling harms free from industry influence**. This levy should be applied in a ‘smart’ way, whereby those operators which cause the most harm contribute the most to the mitigation of that harm. From April 2019 to March 2020 the gambling industry in Great Britain generated £14.2 billion,[[41]](#footnote-41) suggesting a 1% levy could produce around £142 million of funding in one year.

Our survey indicated public support for this policy: a majorityof gamblers (69%) and non-gamblers (68%) would support the gambling industry paying a levy to fund independent research, education and treatment of gambling harms – only 4% and 3% respectively would oppose this.

The introduction of a smart levy will require an assessment of harm. We echo the call from the House of Lords Select Committee Inquiry on the Social and Economic Impact of the Gambling Industry, the APPG for Gambling-Related Harm and the Social Market Foundation that a large-scale gambling prevalence study should be reinstated in order to provide a foundation for an assessment of the appropriate legislation, regulation and treatment of harm caused by the gambling industry. This assessment should be conducted by an independent agency.

**Q24: Is there any additional evidence in this area the government should consider?**

The Gambling Commission should be aware of the effect the Covid-19 lockdown and the temporary pause on live sport had on gambling habits. While many regular sports bettors stopped gambling when live sport stopped, 17.3% of men and 16.5% of women started a new form of gambling during lockdown.[[42]](#footnote-42) The men who started a new form of gambling were more likely to have a higher odds ratio of problem gambling, and this was also higher in women with an increased frequency of gambling on any activity during lockdown. The impact of the Covid-19 lockdown may have lasting effects on gamblers and the harms experienced – safeguards should be put in place in the event of future lockdowns or pauses in live sport, and data collection should monitor impacts.

**Consumer Redress**

Q25: Is there evidence of a need to change redress arrangements in the gambling sector?

Q26: If so, are there redress arrangements in other sectors or internationally which could provide a suitable model for the gambling sector?

Q27: Individual redress is often equated with financial compensation for gambling losses. However, there may be risks associated with providing financial lump sums to problem and recovering gamblers, or risks of creating a sense that gambling can be ‘risk free’. Are there other such considerations the government should weigh in considering possible changes to redress arrangements?

Q28: Is there any additional evidence in this area the government should consider?

**Age limits and verification**

**Q29: What evidence is there on the effectiveness of current measures to prevent illegal underage gambling in land based venues and online?**

A public health approach to gambling applies particular emphasis on the protection of young people from harms to their health and wellbeing. Our research suggests that current efforts to protect young people from gambling harms are insufficient. Only 13% of gamblers and 10% of non-gamblers think current age verification checks are effective or very effective to prevent under-18s from gambling. Our research also shows that age verification checks are inconsistently applied across platforms, demonstrating a need for more robust enforcement on how these are implemented. As one gambler told us: *“There are very little gambling apps that actually require proof of being 18 e.g. Paddy Power, Coral etc”.*

The Leeds My Health, My School 2019 survey, answered by 6,940 secondary school pupils across Leeds, in years 7, 9 & 11 (aged 11 to 15) and by 632 post-16 students in years 12 and 13, found that children are engaged in the following gambling activities:

* The use or sales of scratch cards (12%) and Lotto tickets (7%) with some children (2%) accessing scratch cards daily;
* Bingo (19.6%);
* Fruit or slot machines (15%) with 1.7% using one every day (11-16), rising by age group to 2.3% (Year 9) and 3.3% (Year 11).

Likewise, the Gambling Commission Young People and Gambling 2020 survey[[43]](#footnote-43) found that children have access to gambling activities, again proving that current measures to prevent underage illegal gambling are not sufficient. Almost one in ten (9%) 11-16 year olds in England and Scotland spent their own money on gambling activities in the seven days prior to taking part in the survey. We recommend that **age verification checks are enforced online and in non-remote settings**.

**Q30: Is there evidence of best practice, for instance from other jurisdictions, in how to prevent illegal underage gambling?**

Tighter regulation and enforcement is needed to prevent underage gambling. We believe that paying for loot boxes constitutes a form of gambling, and our research shows that a majority of young gamers agree. Therefore, we recommend that the UK follows the example of the Netherlands Gambling Authority by ruling that **paid-for loot boxes constitutes gambling, thereby rendering them illegal for under-18s to engage with**. This should go hand-in-hand with more robust enforcement of video game age-rating systems, as our research has also showed that the vast majority of children are able to play games with PEGI ratings above their actual age.[[44]](#footnote-44) Furthermore, in the rapidly evolving world of video gaming, any legislation will need to pay close attention to loot box definitions and developer obligations, or else the policy may be inconsistently applied (as observed in other jurisdictions), or be susceptible to ongoing industry manoeuvring.

**Q31: What, if any, evidence is there on the number of 16 and 17 year olds participating in society lotteries?**

In the Leeds My Health, My School 2019 survey, answered by 6,940 secondary school pupils across Leeds, in years 7, 9 & 11 (aged 11 to 15) and by 632 post-16 students in years 12 and 13, 7% of respondents said they had bought Lotto tickets.

Q32: What, if any, evidence is there to show an association between legal youth engagement in society lotteries and problem gambling (as children or adults)?

Q33: Is there comparative evidence to support society lotteries and the National Lottery having different minimum ages to play?

**Q34: What are the advantages and disadvantages of category D slot machine style gaming machines being legally accessible to children?**

A public health approach to gambling applies particular emphasis on the protection of young people from harms to their health and wellbeing. Therefore, we believe that **under-18s should not be allowed to access any Category D gaming machines**, as they may have a normalising effect on children. As one survey respondent stated: *“Gambling is addictive. Kids shouldn’t be allowed to start.”*

Our research found widespread support for preventing children’s access to gambling activities*.* Almost three in five (57%) gamblers and 63% of non-gamblers said they would support no gambling for under-18s, including penny pushers and crane grabbers – only 19% of gamblers and 10% of non-gamblers would oppose this.

Also intrinsic to a public health approach to gambling is increasing awareness of the harms caused by gambling, on the widest possible scale. Our research identified a lack of appreciation of Category D machines as gambling. As one respondent noted: *“I didn't realise that penny falls and grabbers were forms of gambling.”* Therefore, to keep children safe from gambling harms, we believe it is important to mention Category D slot machines in teaching on gambling within the compulsory Relationships Education, Relationships and Sex Education (RSE) and Health Education curriculum, and to increase awareness amongst parents and care-givers.

Q35: Is there evidence on how the characteristics of category D slot machine style gaming machines (for instance whether they pay out in cash or tickets) factor into their association with harm in childhood or later life?

**Q36: What, if any, is the evidence that extra protections are needed for the youngest adults (for instance those aged between 18 and 25)?**

A public health approach to gambling applies particular emphasis on the protection of young people from harms to their health and wellbeing – this should not be restricted to under 18s. Between the ages of 18 and 25 most young people have their first experience of access to significant sums of money, either through student loans of entering full-time employment. This is also the age at which most gambling activities become legally accessible. With problem gambling being associated with suicidality in young men and women,[[45]](#footnote-45) we suggest that this group is given **extra protection from experiencing gambling harms.**

Three quarters of gamblers (75%) and non-gamblers (73%) support greater protection for 18-25 year olds when they are legally able to gamble for the first time. Extra protections could include a **Duty of Care for operators** to abide by in order to protect consumers from harm.

Q37: What evidence is there on the type of protections which might be most effective for this age group?

**Q38: Is there any additional evidence in this area the government should consider?**

The public health approach determines that products should be made safer; this should be futureproofed by considering products that are not currently classed as gambling. We echo the calls we have previously made[[46]](#footnote-46) that **loot boxes should be classed as a form of gambling and removed in games played by under-18s.**

Our research showed that young people:[[47]](#footnote-47)

* Think loot boxes constitute gambling (91%);
* Will lead to other forms of gambling later in life (41%);
* Think loot boxes are bad for their health and wellbeing (75%);
* Should be made illegal for under 18s to buy (76%).

Gambling is not an appropriate activity for anyone under the age of 18, and there needs to be consistency within the gambling ecosystem whereby no form of gambling is available to children under the age of 18. Thus the minimum age at which an individual can engage with any gambling product – including the National Lottery, scratch cards, Category D machine gaming in family entertainment centres, sports betting and online casino products – should be raised to 18. There must be digital equivalency so that young people cannot participate in gambling activities online which they would be prohibited from in land-based gambling venues.

We believe that there is a role for local trading standards officers and the Gambling Commission to perform checks into the age verification processes of both online and offline gambling operators, to ensure they are complying with the rules introduced in 2019 by the Commission, requiring operators to ask for and verify ID documents demonstrating a user’s age before they make a deposit or even play a free-to-play game. When these age verification processes do not exist or are not sufficiently robust, the Gambling Commission should use the full range of enforcement actions within its remit, including large fines, licence reviews and revocation.

Along with making any gambling activity illegal for under 18s, we believe the **Relationships Education, Relationships and Sex Education (RSE) and Health Education curriculum should cover gambling harms** beyond the current requirements in the English curriculum. We suggest this is expanded to include emerging forms of gambling in video games, the link between sports and gambling, and Category D style machines, and replicated in Wales and Scotland. Two thirds of gamblers (65%) and non-gamblers (64%) would support mandating the Health Education curriculum to cover gambling – only 5% and 4% respectively would oppose this. One responded demonstrated this point clearly: *“As everyone knows how harmful cigarettes are, so everyone should know the same about gambling.”*

**Land based gambling**

**Q39: What, if any, changes in the rules on land based gambling would support the government’s objectives as set out in the document? Please provide evidence to support this position, for instance how changes have worked in other countries.**

Recent experience from GHA members based in Leeds, Tameside and London suggests that there is an increase in the number of adult gaming centres, countering the downward trend in the number of bookmakers following FOBT legislation changes. There is little specific reference to adult gaming centres in the current Gambling Act, but their associated legislation, regulation and enforcement should be emphasised in a new version.[[48]](#footnote-48)

Q40: What evidence is there on potential benefits or harms of permitting cashless payment for land based gambling?

Q41: Is there evidence that changes to machine allocations and/ or machine to table ratios in casinos to allow them to have more machines would support the government’s objectives?

Q42: What is the evidence that the new types of casino created by the 2005 Act meet (or could meet) their objectives for the sector; supporting economic regeneration, tourism and growth while reducing risks of harm?

**Q43: Is there evidence on whether licensing and local authorities have enough powers to fulfil their responsibilities in respect of premises licenses?**

The Gambling Act should include a **public health principle in licensing objectives**. This would legislate the need to consider evidence relating to gambling harms as part of a Gambling Licencing decision. This could also require that density of venues and proximity to vulnerable groups should be considerations in licencing decisions. Future changes to the Gambling Act should give local authorities more autonomy to protect their communities from further gambling harms relating to new venues opening in their areas.[[49]](#footnote-49) There is a great deal of public support for this approach: seven in ten gamblers (69%) and non-gamblers (69%) would support giving greater powers to local authorities to prevent the clustering of gambling venues. Only 4% and 2% respectively would oppose this.

As one survey respondent remarked: *“I think there should be less [sic] gambling shops on the high street. Why are there like 5 or 6 on every high street? That’s completely unnecessary, we need to make it inaccessible for people.”*

Q44: Is there evidence that we should moderately increase the threshold at which local authorities need to individually authorise the number of category D and C gaming machines in alcohol licensed premises?

**Q45: Is there any additional evidence in this area the government should consider?**

Future legislation around planning and licensing should allow for the concerns of residents about new gambling premises to be more effectively considered, particularly if residents highlight that new establishments may negatively impact their wellbeing or harm their local community.[[50]](#footnote-50)

*For more information on this response please contact Louisa Mason, Alliance Lead:* [*gha@rsph.org.uk*](mailto:gha@rsph.org.uk)*.*

*These recommendations reflect priority areas for action agreed by GHA members. Individual members may submit their own recommendations with their organisational priorities. A full list of GHA members can be found* [*here*](https://www.rsph.org.uk/our-work/alliances/the-gambling-health-alliance/members-of-the-gambling-health-alliance.html)*.*

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