

Department for Culture, Media and Sport consultation on the structure, distribution and governance of the statutory levy on gambling operators

Response from the British Medical Association

14 December 2023

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Overall

The BMA welcomes the White Paper's recognition of the need for independent funding of research into the treatment and prevention of gambling harms. The proposed statutory levy paid by operators and collected and distributed by the Gambling Commission is a better approach than the current voluntary arrangements, which lack transparency and independence from the gambling industry.¹ However, the statutory levy is not a long-term solution to reducing or preventing gambling harms and it should not replace or reduce the focus on preventing gambling harms in the first place. Therefore, it is crucial that Government should not be distracted from the absolute need for a public health approach to tackling gambling harms through a combination of prevention methods such as restricted advertising and marketing, restricting licences and availability, and strengthening regulatory frameworks.

Gambling disorder is a health issue. It is linked to other harmful behaviours such as smoking and has been cited as a 'major cause of morbidity' and implicated as being involved in 15% of suicides in the UK.² Gambling disorder is also often co-morbid with other behavioural and psychological disorders. Therefore, it is crucial that the NHS is central to the governance of the levy and therefore, DHSC (Department of Health and Social Care) should be key partner on the levy board. An independent public health body such as OHID (Officer for Health Improvement and Disparities) should lead the commissioning of prevention funding.

In England, there are almost 1.6 million adults who participate in harmful gambling who may benefit from some type of treatment or support for harmful gambling.³ Therefore, as with other proposals to improve gambling regulation set out in the White Paper, action must be taken urgently to ensure much needed intervention is not delayed.

Research, Prevention and Treatment are the key areas that should receive funding

The BMA agrees that funding from the statutory levy should be allocated across prevention, treatment and research. All three areas are key to understanding gambling behaviours and reducing gambling harms. However, additional funding to the statutory levy will be needed to address key issues in these areas and historical funding cuts.

Prevention

Prevention should be a key priority

Gambling is a growing public health issue and therefore requires a public health approach to prevent and reduce the harms it causes. There needs to be a focus on the role that society and the gambling

industry are playing in causing gambling harm and steps taken to limit it⁴, with a particular focus on protecting children and young people from gambling harms.

It would be beneficial for the statutory levy to fund evidence based public health campaigns that provide clear warnings about the risks of gambling harms, and counter-marketing campaigns that highlight the marketing techniques employed by industry.⁵

Prevention of gambling harms is an area that has suffered at a local level due to historical funding cuts. Local Authorities' ability to address gambling harms as a public health matter through prevention and education has been hindered due to repeated cuts to the public health grant. This has been cut by 26% on a real terms per person basis between 2015/16 and 2023/24. To restore the Local Authority Public Health grant in England to 2015 levels on a real terms per person basis, £1.2 billion is needed. Whilst the levy income will bring in some additional funding for prevention methods, it should not distract from the wider need to restore public health funding which has been cut repeatedly.

Treatment

Funding for treatment needs to fill historical cuts

Additional funding for treatment of gambling disorders from the levy is welcome. However, it is unclear if it will provide the amount of funding needed for these essential services in the long term in order to meet population need. For example, the BMA very much welcomes the setting up of 15 specialist clinics across England by 2024⁶ and recognise them as a vital step in improving and increasing gambling addiction services. However, it is crucial that these clinics are funded on a long-term basis and their capacity expanded if required.

In addition, consideration needs to be given to funding the workforce to provide treatment services. For example, the Royal College of Psychiatrists published a warning that addictions psychiatry could be wiped out in the next 10 years, due to funding cuts. It found that the number of higher training posts across England had fallen by 58%, from 64 in 2011 to just 27 in 2019, leaving some regions without a single trainee.⁷ Therefore, long term funding is needed to support training of the NHS workforce in the treatment of gambling disorders.

Funding for treatment of gambling disorder should not be siloed

Due to the co-morbid nature of gambling disorders, there is a need for gambling treatment services to be joined up with other treatment services. For example, there is a known link between gambling and other behaviours associated with harm, such as drinking alcohol and smoking tobacco.⁸

Gambling disorder is also often co-morbid with other behavioural and psychological disorders, which can exacerbate, or be exacerbated by, problem gambling. Some of the psychological difficulties someone with a gambling disorder may experience include anxiety, depression, guilt, suicidal ideation and actual suicide attempts.⁹

Therefore, it is essential that funding raised by the levy for treatment services, helps to fund a holistic approach to treating gambling disorders.

Research

Large scale prevalence studies are a key area for research into gambling harms

There are many areas of research into gambling harms that would benefit from funding from the levy. These include genetics and neurology of those with gambling disorder, as well as ensuring the outcomes of research in areas such as this are considered and taken into account in relation to treatment delivery.

However, greater understanding of prevalence is key for research into gambling harms and should be an area of focus. Demographic information, including geographical information, of those with gambling disorders is needed to identify where treatment and prevention should focus. These should be conducted on a regular basis, such as every two years, to identify any changes in prevalence and ensure treatment services and prevention methods continue to be directed towards areas of need.

Governance of the levy must have strong health and public health involvement

The health service must be a key partner

Gambling disorder must be recognised as being as serious and complex a medical problem as other addictions and be able to be treated on the NHS, without people having to pay for services.¹⁰

Therefore, the BMA welcomes the proposals for the NHS to lead the commissioning of treatment services funded by the levy. It is crucial that these services are provided across the country and informed by prevalence research. However, as gambling disorder is a health issue, it is crucial that the health service plays a key role in the governance of the levy overall, not just limited to the treatment aspects of the levy. Therefore, the DHSC and NHS England should be key members of the levy board, involved in making formal spending approval decisions, alongside DCMS (Department for Culture Media and Sport) and HM Treasury.

Prevention needs complete independence from industry

The proposals are yet to confirm who will lead the commissioning of prevention services unlike treatment services and research where commissioning arrangements are set out in the consultation document. This raises concerns that this critical area has been given less consideration. It is crucial that prevention work has no ties to the gambling industry. Therefore, funding should not be controlled by third sector and charity organisations that rely on funding from industry. To ensure that the process is completely transparent, an independent public health body, such as OHID, should lead the commissioning process for prevention.

Action should take place without delay and impact should be reviewed regularly

Regular review is crucial to identifying the impact of the levy on reducing gambling harms. The behaviour of industry could significantly impact the levy's effectiveness. For example, the £90 million to £100 million a year by 2027 estimated funds raised by the levy are miniscule compared to the £1.5 billion that the gambling industry spends on advertising and marketing each year.¹¹ This could result in any prevention efforts funded by the levy being limited due to the continued large-scale exposure of gambling products to the population, including children and young people. Therefore, the impact of the statutory levy should be reviewed regularly to identify if it has contributed to a significant reduction of gambling harms or whether its level may need to be adjusted, and it should be accompanied by additional prevention measures that target industry behaviour such as tighter advertising restrictions.

The BMA recognises that proposals to review the levy every five years are reasonable to identify the public health impact of the levy on the population. However, it is vital that this period is not exceeded. A shorter review period may be required to review the effectiveness of the process of the statutory levy system, including ensuring it has remained independent of the influence of the gambling industry.

Improvements to gambling regulation need to also be implemented without delay. The BMA believes that the statutory levy only acts as an interim measure to help reduce gambling harms. As the levy may not be fully in place until 2027, it is crucial that the proposed statutory levy does not

divert attention away from or replace or minimise the focus on, more effective methods such as restricting gambling advertising and marketing.

As with all proposals in the White Paper, Government needs to come forward with detailed proposals of how they will be implemented. Any delay risks slowing much-needed urgent intervention, meaning more people will inevitably and sadly come to harm while we wait for definitive action. Not only is gambling disorder linked with other harmful behaviours and can cause or exacerbate psychological difficulties for individuals, it can also negatively impact a wider population. For every one person with a gambling disorder, an estimated five to 10 people are adversely affected through issues such as financial difficulty abuse, and adverse childhood experiences.¹² It is crucial that Governments acts now to implement strong regulation of gambling to prevent these harms.

¹ Dun-Campbell et al (2023). How Do Industry-Funded Alcohol and Gambling Conferences Frame the Issues? An Analysis of Conference Agendas. *J Stud Alcohol Drugs*. 2023 Mar;84(2):309-317.

² BMA (2022) Regulation of gambling industry 'inadequate', say doctors <https://www.bma.org.uk/news-and-opinion/regulation-of-gambling-industry-inadequate-say-doctors>

³ <https://www.gov.uk/government/publications/gambling-treatment-need-and-support-prevalence-estimates/gambling-treatment-need-and-support-in-england-main-findings-and-methodology>

⁴ Lacobucci (2023) Gambling white paper: Doctors and campaigners lament lack of action on advertising. *BMJ*: 381:p971

⁵ Schalkwyk et al. Statutory levy on gambling may do more harm than good. *BMJ* 2023;381:e075035.

⁶ <https://addictionsuk.com/blogs/the-gambling-problem-in-the-uk/>

⁷ <https://www.rcpsych.ac.uk/members/your-faculties/addictions-psychiatry/training-in-addiction-psychiatry-current-status-and-future-prospects>

⁸ House of Lords (2020) Select Committee on the Social and Economic Impact of the Gambling Industry.

⁹ Gambling addiction and its treatment within the NHS: A guide for healthcare professionals (2007)

¹⁰ *BMJ* (2007) Compulsive gamblers must get free NHS treatment, BMA says.

<https://www.bmj.com/content/334/7585/113.1>

¹¹ van Schalkwyk et al (2023) Statutory levy on gambling may do more harm than good. *BMJ*; 381:e075035

¹² Wardle H, Reith G, Best D, McDaid D, Platt S. Measuring gambling-related harms: a framework for action. Gambling Commission, 2018