

Intro

Gambling with Lives (GwL) is a charity that was founded in 2018 by Liz and Charles Ritchie MBEs following the gambling-related suicide of their son Jack in 2017.

We are pleased to submit a response to the DHSC Committee. Our position is led by the lived experience of the GwL families and informed by independent academic research.

Why does the Government need to act in this area?

The Government must act now to address the widespread and severe gambling harms suffered by the public:

- Up to 500 suicides linked to gambling every year in England alone¹
- Up to 1.44 million adults are addicted to gambling in the UK²
- 20% of the population (one in five) are currently being harmed either directly or indirectly by gambling ³
- 46% of population deemed "vulnerable to gambling harm" ⁴
- Heavy gambling is associated with 37% increased mortality rate⁵
- 45% addiction/ at-risk rates for the most dangerous products higher than heroin⁶

The Government must take a preventative public health approach to gambling harms, which should be led by the Department of Health and Social Care (DHSC).

Why should the Health and Social Care Committee consider this issue as part of its Prevention inquiry?

It has long been recognised that gambling is not a single or "normal" product, and the industry should not be treated as simply another legitimate leisure industry⁷. This is clearly demonstrated by the right given to customers to protect themselves from harm through voluntarily blocking access to gambling products, as enforced through gambling operator license conditions.

Academic evidence and the experience of GwL families clearly demonstrate that everyone is at risk of suffering gambling harms, not just a small number of vulnerable individuals, which is the gambling industry's preferred narrative.



Therefore, it is essential that the recognition that we are dealing with a highly addictive and dangerous set of products and malignant industry practices underpin a preventative public health approach.

Gambling disorder can be difficult to treat successfully. Therefore, prevention must be the priority, both in terms of health outcomes and cost to the economy. A recent report estimated the economic costs associated with gambling harm as up to £1.77 billion each year⁹, although this estimate doesn't even attempt to cost the majority of identified harms, meaning the actual cost and scale of harms is likely to be several times higher.

Why should the Committee look at it now: in particular, whether there is an opportunity for it to add value to existing research and evidence?

Many organisations (including DCMS) advocate a public health approach to gambling harms.

While the DCMS Gambling White Paper is likely to implement some useful regulatory changes, given that gambling harms are a health issue, the Government needs a new preventative public health approach, which must be overseen by DHSC, as recommended by the Gambling Commission's own Advisory Board on Safer Gambling ¹⁰ ¹¹. There is an opportunity for DHSC to make significant public health improvements and add tremendous value both before and after the review is published.

Why would this area benefit from scrutiny?

Gambling disorder is a diagnosable psychiatric illness, classified since 2013 in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)¹², and requires specialist clinical assessment and treatment. There is abundant evidence, both in the form of lived experience and academic research, that gambling disorder is highly correlated with suicidal ideation, suicide attempts, and completed suicides.

Although Governmental understanding of gambling harms has developed recently, gambling is still framed as a normal leisure pursuit, despite widespread international understanding that gambling poses a risk to mental health and requires scrutiny of health professionals.

The gambling harm prevention sector has for years been commissioned by the gambling industry through a voluntary levy on their profits. This has led to poor quality interventions that support the industry's financial interests, and a lack of



scrutiny of the effectiveness of the interventions because they sit outside of democratic accountability¹³.

Through the Gambling Act Review, the Government is imminently going to announce a new system of commissioning prevention activity. That system must be scrutinised by DHSC if it is to be effective, accountable, and free from industry influence, and not follow the model of the tobacco and alcohol industries in stalling or preventing reform.

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