

Review of Gaming Machines and Social Responsibility Measures
Submission from the Money and Mental Health Policy Institute, reg'd charity 1166493

About Us

The Money and Mental Health Policy Institute is a new think tank, set up by Martin Lewis of Money Saving Expert, and devoted to finding new ways to help those with mental health and financial problems, many of whom struggle with compulsive or problem gambling. The Institute works to develop policy solutions to end the cyclical relationship between financial difficulties and mental health conditions, where each can cause or worsen the other. All verbatim quotations below are sourced from our research with consumers with mental health problems.

Summary

This paper sets out a series of proposed measures to improve the self-exclusion regime required of gambling operators under social responsibility requirements placed on the industry. It is a response to Q6 and Q7 in the Call for Evidence, focusing on the needs of one vulnerable group of consumers: the 1 in 4 adults with a mental health problem.¹

We argue that even once the final multi-operator scheme, covering online gambling operators, is scheduled available to consumers at the end of 2017, there will still be insufficient protection for those with a gambling problem, or at risk of developing one. This paper sets out proposals for strengthening vulnerable consumers' rights to protect themselves from the impulse to gamble by widening and deepening the self-exclusion regime.

In particular, we propose:

1. Develop a single point of entry for self-exclusion, where consumers can register for multiple schemes at once
2. Entitle consumers to self-exclude from gambling with their payment and internet/mobile providers
3. Empower consumers to restrict gambling adverts, tv channels and gaming content
4. Active promotion of self-exclusion to those at risk, in financial difficulty, or prescribed medication known to increase the risk of problem gambling

Background: links between gambling and mental health conditions

Pathological gamblers frequently have coexisting substance dependency and mood disorders². Those with mental health problems have a higher than average risk of engaging in problem gambling while unwell.³ Research by Money and Mental Health has shown that up to 93% of

¹ McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (eds.) Adult Psychiatric Morbidity in England, 2007, The Information Centre for Health and Social Care, 2009.

² Crockford DN and el-Guebaly N) Psychiatric comorbidity in pathological gambling: a critical review. Canadian Journal of Psychiatry 1998 43(1):43-50.

consumers with mental health problems find themselves spending more while unwell⁴, and spending on gambling is frequently cited by consumers as a problem during episodes of poor mental health. Around a quarter of problem gamblers are receiving medication, counselling or therapy for a mental health or emotional problem - compared to 7% of those with no indicators of problem gambling.⁵ In designing policy protections, it is vital to consider the needs of problem gamblers in the context of their mental health. The quotes below are from compulsive gamblers who have contributed to Money and Mental Health's Research Panel.

"PTSD flashbacks keep me up and angry at night. Then I go for a kick and the best place is [high street bookmaker] to get that feeling of being on the edge and gamble."

"Mental health issues increase my risk seeking and influenced investment in inappropriately volatile assets and also gambling."

"My mental health condition means I gamble online when depressed. This makes me overdrawn on bank account and/or credit cards."

"I still gamble ... I hope to solve my current debt issues with one big win."

"Payday lending or gambling or other means of "making" money seems like a good idea because the mind can't tell you otherwise."

Self-exclusion

Enabling gamblers to remove themselves from the gambling situation (operationally referred to as 'voluntary self-exclusion') is the most restrictive of harm minimisation measures. Research suggests it is an important component of a public health response to minimising gambling related-harm.⁶

However, a literature review by the Responsible Gambling Trust⁷ demonstrated that, for self-exclusion regimes to be successful they must be:

- actively yet strategically promoted;
- quick and simple to implement;

³ Compton W, Thomas Y, Stinson F, Grant B. Prevalence, correlates, disability, and comorbidity of DSM-IV drug abuse and dependence in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Archives of general psychiatry* 2007; 64; 566-576.

⁴ Holkar M, Mackenzie P, *Money on Your Mind*, Money and Mental Health Policy Institute. 2016

⁵ McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (eds.) *Adult Psychiatric Morbidity in England, 2007*, The Information Centre for Health and Social Care, 2009.

⁶ Gainsbury, S. M. Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, 2013 1-23.

⁷ <http://about.gambleaware.org/media/1176/rgt-self-exclusion-report-parke-rigbye-july-2014-final-edition.pdf>

- administered by attentive, well-trained staff;
- attracting sufficient investment in resources and technology to improve enforcement;
- comprehensive rather than isolated in coverage (where feasible).

The current framework - even when it is supplemented by an online multi-operator regime at the end of next year - does not meet these tests.

Current framework:

Gambling websites must offer users the facility to self-exclude, freezing their account for a minimum of 6 months. Self-exclusion can be indiscriminate, or can relate to a specific subset such as casino games or sports betting. After the period of exclusion has passed, self-exclusion remains in place for seven years unless the user actively asks to gamble again. During this seven year period, requests to end this continued exclusion must be made in person or by phone; re-registering online is not sufficient. If users decide to end this self-exclusion, there is a further cooling off period of 24 hours before the exclusion is lifted.⁸

The strictness of these rules for single operators is not matched by the multi-operator schemes, most of which require active, and repeated, renewal of exclusion after a year. Money and Mental Health scrutinised the detailed terms and conditions of each scheme, and corresponded with the relevant authority where they were unclear. There are four self-exclusion schemes, for arcades, betting, bingo and casinos respectively. All apply for a minimum of six months, and self-removal comes with a 24-hour cooling off period. However, a variety of different application processes and terms and conditions apply:

Scheme	Application	Expiration
Arcades (BACTA)	In person at a local operator.	Expires six months after expiration of original term (eg 12 months' exclusion expires after 18 months) unless actively renewed.
Betting (Moses)	In person at a local operator.	Expires six months after expiration of original term (eg 12 months' exclusion expires after 18 months) unless actively renewed.
Bingo (Bingo Association)	In person or by phone and post. Application form can be downloaded online.	Maximum self-exclusion is 12 months. Must reapply to extend.

⁸ Gambling Commission, Licence conditions and codes of practice, 2015. Section 3.5.

Casinos (National Casino Forum)	In person or by email, phone and post. Application form can be downloaded online.	Permanent until self-removal
Online (scheduled to launch end 2017)	To be determined, but presumably online.	To be determined.

The Gambling Commission has said it “may need to explore the desirability, practicality and cost-effectiveness of linking schemes across different parts of the industry.” Money and Mental Health believe this is essential.

Policy proposals

1. Developing a single point of entry for self-exclusion, where consumers can register for multiple schemes at once

It is essential to make the process for self-exclusion as quick and simple as possible. A large number of those seeking to self-exclude will have co-existing mental health problems, which can make it harder for consumers to concentrate, fill in forms, interact with others, make phone calls, leave the house or deal with confrontation.⁹ Navigating five separate self-exclusion processes is simply not feasible for vulnerable consumers. In particular, those struggling to stop gambling must not be required to attend premises - or websites - where they could gamble in order to self-exclude.

A consumer-friendly system of self-exclusion would have the following characteristics:

- Multi-channel access, with registration possible by phone, email, web-chat or post and other accessible channels where needed.
- Those registering should be able to self-exclude from all operator schemes with a single application; or choose which schemes they want to register with from a list

A single set of rules about the expiration and renewal of self-exclusion periods needs to be agreed across industries. Our preference would be for self-exclusion to be **permanent by default**, so that consumers have to actively opt back into gambling. Permanent self-exclusion should, at a minimum, be available in all schemes, so that consumers are **not required to renew**.

The self-exclusion registration process should ensure consumers do not receive any marketing messages from gambling providers, including by phone or email.

⁹ Money and Mental Health will publish a literature review on these behavioural impacts of mental health problems in January 2017, which we will share with the Department.

2. Entitle consumers to self-exclude from gambling with their payment and internet/mobile providers

Under the current regime, all the responsibility for self-exclusion lies with the gambling operators. However, there are other channels where the principle of self-exclusion could be used to help restrict people's access to gambling and protect them. Consumers at risk may be more comfortable restricting their access through these channels, which should be made available. In particular:

- a) **Payments.** Transactions with gambling operators by card are tracked by a Merchant Category Code (MCC). This enables card providers to block transactions with gambling operators; this facility is available on a variety of pre-pay cards, in particular those like Osper or GoHenry targeted at children. It is also widely available on corporate cards provided by companies for employees' use. In the US, PayPal is restricted from making payments to gambling operators.
 - **Card providers should be required to offer all customers the facility to block gambling transactions on their credit and debit cards. New customers should be actively offered this facility at point of application for the card or payment account.**
 - **Other payment providers (such as PayPal, and Skrill) should enable gambling transactions to be blocked; the payments industry should explore the feasibility of such restrictions for payments providers who use the Direct Debit infrastructure such as GoCardless.**
 - **All such restrictions should be available on a "sticky" basis, where consumers cannot remove them without a pre-agreed time delay, and remain in place for a minimum of six months like other forms of self-exclusion.**
- b) **Internet access.** A variety of free and paid-for software products exist to block access to gambling sites on a computer or Android phone. The three largest Internet Service Providers (ISPs) and many others enable consumers to block gambling sites via their parental controls. Most mobile phone providers enable you to block content only suitable for over-18s, but we have not been able to find any providers who allow you to block only gambling. These tools leave serious gaps for anyone seeking to restrict their access to online gambling, and all are instantly reversible, breaking with the principle that self-exclusion restrictions should be hard to remove, and remain in place for a minimum of six months.
 - **ISPs should all offer the option of gambling restrictions that are not branded as parental controls.**

- **Mobile phone networks should offer the option of gambling-only restrictions.**
- **App platform providers should enable consumers to prevent themselves from purchasing gambling apps.**
- **All such restrictions should be available on a “sticky” basis, where consumers cannot remove them without a pre-agreed time delay, and they remain in place for a minimum of six months.**

Allowing consumers to self-exclude through their payments and internet service infrastructure may be more effective than exclusion at the operator level, as it avoids the need for people to come into contact with the services they find problematic. It also offers a simple way to provide complete self-exclusion from all forms of gambling, avoiding the complexity of the current fragmented self-exclusion regimes. This may be particularly effective if progress to simplify self-exclusion is not forthcoming from the gambling industry.

3. Reduce vulnerable consumers’ exposure to gambling adverts and tv channels

Self-exclusion supports the willpower of the consumer trying to stop gambling, but it does not replace it altogether. There will always be ways to circumvent the restrictions imposed; using alternative devices to access the internet, setting up new accounts, or going out of area to an alternative provider. Consumers trying to stop gambling need further support, therefore, and new tools to limit their exposure to marketing and promotional material by gambling operators would be valuable.

a) Behavioural advertising

A large proportion of the advertising we now see in online environments is personalised and targeted at us. This can be a helpful way to match products and willing consumers. But advertising based on past behaviour can be problematic when a consumer is trying to change their behaviour. Someone who has visited gambling sites in the past is likely to be exposed to more gambling adverts than the average consumer. It is possible to turn off personalised advertising and only see the “average” gambling adverts, but this is too little protection. Technological tools need to be developed to enable consumers’ devices to notify the systems serving adverts to them that they are excluded or want to be protected from these adverts, and ensure they do not see this risky advertisements. This tool should also be available within parental control settings to protect children.

- **The gambling industry and those providing advertising ‘real estate’ on the internet should collaborate to develop a browser, device or network-level tool that will block the display of gambling-related advertisements.**

b) TV advertising

The Gambling Industry Code for Socially Responsible Advertising restricts certain kinds of gambling advertising before a 9pm watershed. However, our research suggests that vulnerable consumers may need more protection at night than during the day. While some of those awake between midnight and 6am are shift workers, many others are suffering from the insomnia characteristic of many mental and physical health problems. They may be drunk or intoxicated with drugs.

Everyone is more impulsive when sleep deprived.¹⁰ Lack of sleep changes our ability to process emotional cues:¹¹ when we're very tired, the bits of our brain that needed to make complex judgements and decisions become blunted, and more primal brain structures which control motivation play a bigger role, meaning when you want something, you're more likely to just go for it.¹² All of these factors make us more vulnerable to advertising in the middle of the night. Common mental health problems like depression and anxiety are associated with a significantly higher incidence of insomnia,¹³ meaning for some people with mental health problems, night time spending is a real issue.

- **Government should consider a ban on gambling advertisements between midnight and 6am.**

c) TV gambling

Many channels available on Freeview broadcast live gaming, in particular at night, despite - as noted above - the strong chance that those watching are vulnerable. This gaming is regulated as teleshopping despite its distinct nature and the risks associated with it. Some of this gaming requires consumers to participate through premium rate phone lines.

There is no way for consumers to restrict this content via the set top box or parental controls, and no guarantee that a phone provider will permit a consumer to restrict premium rate phone calls: some phone providers charge to set up this restriction, while others do not have the functionality at all. Consumers struggling to stop gambling need to be able to protect themselves from having gambling broadcast into their home - especially given that it is broadcast at times when they may be particularly vulnerable.

¹⁰ Drummond S, Paulus M, Tapert S. Effects of two nights sleep deprivation and two nights recovery sleep on response inhibition, *Journal of Sleep Research* 2006; 15:3, 261-265.

¹¹ Killgore W. Effects of sleep deprivation on cognition, in Kerkhof, G and Van Dongen, H (eds.) *Progress in Brain Research* 2010; 185, 105- 129.

¹² Greer S, Goldstein A, Walker, M. The impact of sleep deprivation on food desire in the human brain. *Nature Communications* 2013; 4, 2259.

¹³ Morphy H, Dunn K, Lewis M, Boardman H, Croft P. Epidemiology of Insomnia: a Longitudinal Study in a UK Population. *Sleep* 2007; 30:3, 274-280.

- Ofcom should require the manufacturers of receiving equipment to include settings that permit gambling content and channels to be blocked by the consumer.
- Ofcom should require landline and mobile phone operators to permit consumers - free of charge - to block themselves from making premium rate phone calls.
- All these restrictions should be available on a “sticky” basis, as above.

4. Active promotion of self-exclusion to those at risk, in financial difficulty, or prescribed medication known to increase the risk of problem gambling

A simpler, more comprehensive system of self-exclusion will only be effective in reducing gambling-related harm if more consumers are supported to enrol themselves. **Simple screening of those in financial difficulty (by debt advice providers) or with mental health problems (by mental health service providers) to identify those experiencing, or at risk of, problem gambling should be introduced.** Consumers should be referred to the self-exclusion regime and supported where appropriate to register themselves.

A particular at-risk group includes those prescribed medication known to trigger problematic gambling behaviour. These include dopamine agonists, used to treat Parkinsons, and Aripiprazole, an anti-psychotic. **Patients prescribed these drugs should be proactively warned of the risks and referred to self-exclusion as an option before problems emerge.**