



‘Consultation on proposals for changes to Gaming Machines and Social Responsibility Measures – 12-week phase’

‘Justice for Punters’ (J4P) appreciates this opportunity to submit evidence based observations on this 12-week phase. This submission is primarily about electronic gaming machines (EGMs).

After reading a number of the plethora of submissions during the earlier phase it is probably fair to say that this submission will be quite different, but evidence based?

The questions set in the original phase were quite specific and for this final stage very specific, which J4P feels is unhelpful, because it ignores two crucial aspects of what is needed to guide the ‘bigger picture’ of the Consultation, namely:

1. Gambling related harm is a public health matter (Korn 2003, Gillies 2016, RGSB 2016)
2. For the Consultation to be evidenced based it should pay little attention to submissions from any organisation/company with a financial conflict of interest (Bero 2003, Lundh 2013, Cassidy 2014, Kim 2015)

Q16. Are there any other relevant issues, supported by evidence, that you would like to raise as part of this consultation but that has not been covered by questions 1-15?

1. Gambling related harm is a public health matter

By definition this means the Consultation should not have been led by the Department for Culture, Media and Sport (DCMS), it should have been jointly led by the DCMS and the Department of Health (DoH). This is not a criticism of how the Consultation has been handled; it is purely recognition that the Consultation is about a recreational activity, but a recreational activity where 5-12% of the UK population are at risk or are problem gamblers dependent on sex and age (Seabury 2014, Gambling Commission 2017). All these gambling consumers are at risk of health and social problems (Cruickshank, 2013).

It can be argued that this decision on who should lead the Consultation has fuelled out-dated attitudes to gambling, e.g. it is not a health problem, because those who lose large amounts of money gambling are just ‘fools’? It is imperative that governments and societies understand and reflect that gambling related harm is complex, including addictive behaviours and altered psychological states (WHO 1992, American Psychiatric Association 2013, Delfabbro 2013). Except for a few academic researchers around the world, the gambling industry understands this better than anyone and there is no question that the industry has exploited this knowledge for financial gain, especially in the design of EGMs (Australian Institute of Family Studies 2017).

At this late stage in the Consultation; why is this important? This is quite simple; a ban or strict restrictions as to who can provide EGMs and of what type is not being considered. This is contrary to good public health and general health policy. In the case of the newer fixed odds betting terminals (FOBTs) people have open access to products where evidence strongly hints at significant harm to individuals, families and society (Chóliz 2010, LaPlante et al. 2011, Ronzitti et al 2016).

If a widely used health intervention (treatment) had the same sort of worries as EGMs, it would either be withdrawn from use or put on a list of products that could only be provided by specific, experienced professionals until further research suggested that these restrictions were not needed (Derbyshire Joint Area Prescribing Committee, 2017). As these options appear not to be part of this final 12-weeks of the Consultation it should be clear that a maximum stake of £2 for all B2 EGMs is the option that should be chosen if government is to adhere to best public and general health policy, i.e. it is the nearest stake size on offer for potentially 'first do no harm' (Sokol 2013).

2. For the Consultation to be evidenced based it should pay little attention to submissions from any organisation/company with a financial conflict of interest

It is impossible to assess at this point how much attention is being paid by the DCMS to submissions from any person, organisation/company with a financial conflict of interest. All we do know is that those with a conflict of interest on both sides of the argument have been high profile contributors to the Consultation.

Of course it is correct to allow Ladbrokes, the Association of British Bookmakers, BACTA and others to make submissions, but it is surely sensible to regard some, if not all of the 'evidence' presented by those with a conflict of interest as being tainted, certainly in its interpretation (Bero 2003, Lundh 2013, Cassidy 2014, Kim 2015). It is also worth noting the evidence that these organisation leave out of their submissions may be extremely important.

Where does this leave the DCMS? They have a high number of submissions to read through and analyse, but which ones are from individuals or organisations who have genuinely tried to provide the limited evidence available in a balanced way?

Examples of this challenge are the obsession with stake size and 'responsible gambling' measures by those from differing sides of the argument. Both these issues lack credible evidence (Parke 2013, Leino et al 2015, Harris 2017), but the Consultation discussion seems to be concentrating on both. The aforementioned academic work highlights many weaknesses in methodology, which is a widespread problem in gambling research. A further systematic review by Tanner et al (2017) supports this dearth of quality evidence.

It has to be asked, why is the greatest focus not on the structural characteristics of EGMs (Livingstone 2008, Australian Institute of Family Studies 2017) and existing technology that could enable tracked individual game play? The former has far better evidence than just stake size and the latter is phenomenally successful online for enabling intervention when people win or show signs of winning. The answer to this question is easy; none of the high profile campaigners want the Consultation to consider these factors.

Existing technology used to identify people who give companies' gambling problems, i.e. those who are a danger to profits, is extremely well developed. It is not unknown for new customers to be excluded from gambling before placing one bet. Similar technology could certainly be used for helping to identify those with gambling problems and be used to facilitate multi self exclusion, but the same enthusiasm for its use in this group of customers is not apparent.

Interestingly, land based casinos already use a technology that would be of great benefit for fixed odds betting terminals in betting shops, e.g. membership reward cards (Grosvenor Casinos, 2017a). These cards are put in EGMs and other games in casinos before a member plays. Members gain rewards for certain types of play. It would, therefore appear to be possible to enable card based play on EGMs to profile customers for commercial gain, whereas it is claimed to be too expensive for profiling problem play. It is also possible using the card to gain rewards based on a combination of land based and online play (Grosvenor Casinos, 2017b). The more high profile campaigners on both sides of the argument are unlikely to promote this type of intervention, because it would certainly be financially detrimental for most of them.

It also must not be forgotten that government has a financial conflict of interest, which was beautifully highlighted by the last Consultation (review) where taxation was increased on FOBT profits. This is economically naïve, because it takes no account of the cost of FOBTs to individuals, society and governmental spend on health, social and judicial care (Institute for Public Policy Research 2016).

Conclusions

This is a different approach to the Consultation, but it is evidence based.

The most important conclusion and the one that must over-ride everything else in any government consultation is 'first do no harm'. The first priority of any government is the safety and security of its citizens. Of course this Consultation has to balance potential harm from gambling against potential economic harm, which is not easy, especially when presented with a plethora of poor quality research and biased opinion.

Any future consultations on gambling related harm should be led by the DCMS and DoH jointly.

This Consultation right from the outset has been influenced far too heavily by those with financial conflicts of interest. In Justice for Punters' opinion this has led to a focus on a limited set of factors, which are unlikely to drive the changes that are needed. However, all is not lost and the time spent will have been a good investment if the following recommendations are implemented.

Recommendations

Fixed odds betting terminal stakes are reduced to £2 per spin whilst further research evidence is collected.

A membership (identity) card must be used to play on fixed odds betting terminals whilst further research evidence is collected. Preferably this would be a membership card that could be linked to all 34,000 fixed odds betting terminals.

The structural characteristics and therefore design of all fixed odds betting terminals should be altered where published, peer reviewed research has highlighted certain characteristics that are more likely to cause problem gambling.

The technology used to prevent winning gambling customers or those deemed to be possible winners online and in-shop should be investigated as to its application in identifying those with gambling problems.

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