

Flaws in the Health Survey on Gambling

Nat Cen Social Research compiles the Gambling Behaviour in Great Britain which was released in 2017 in respect of the latest data from 2015. The Gambling Commission publishes the report and makes comments on it. The most widely quoted statistic is the headline percentage of problem gamblers and the most widely quoted comment relates to this headline percentage being static.

However, the RGSB advice to government of January 2017 at paragraph 65 discloses NatCen research which showed that 46% of loyalty card gamblers on FOBTs had changed problem gambling status during a two-year period from 2014 to 2016.

This confirms that gambling behaviour is not static and that far more people in total are being harmed than is suggested by the headline prevalence percentage. It rises to wilful deception to not be more forthcoming about this dynamic on the part of NatCen, the RGT (now GambleAware) which commissioned the B2 research, the RGSB and the Gambling Commission.

Flaws in the Health Survey on Gambling are as follows:

- All questions should be asked for the period since the last survey in addition to last year only
- Prevalence is not as informative as incidence. If the objective is to determine the efficacy of measures designed to prevent harm, then surveys should include measuring how many people have *become* problem gamblers or at risk
- Statistics on problem gamblers and at-risk gamblers should additionally be collated under a heading such as “proportion experiencing harm”
- Participation percentages should be to a decimal point rather than rounded
- Each remote gambling activity should be separated out from remote gaming and remote betting as it is completely irrational to separate out bricks-and-mortar activities but not do so when those same activities are done remotely
- The Gambling Commission should provide an addendum explaining the gross revenues per activity to give better context of the impact and highlighting which activities it does not regulate

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