

London Assembly Health Committee - 1 February 2024

Transcript of Agenda Item 6 - Health Impacts of Gambling in London

[During the course of the meeting, the Chair, Dr Onkar Sahota AM noted that some of the content may be triggering for listeners and urged anyone who may be affected to seek help, for instance through the Samaritans.]

Dr Onkar Sahota AM (Chair): That brings us to today's main item. I would like to extend a warm welcome to our panel of guests joining us to discuss the health impacts of gambling in London. Now I am going to ask the guests to introduce themselves and I will start with you, Colin.

Colin Walsh (Lived Experience Manager, GamCare): Thank you. Hi, everybody. I am Colin Walsh I have my own experience of gambling harm and recovery, and I am also Lived Experience Manager at GamCare who delivers support and treatment across greater London area and operate the National Gambling Helpline.

Dr Onkar Sahota AM (Chair): Thank you. Tracy.

Tracy O'Shaughnessy: Hi, my name is Tracy, and I am an 'affected other'. I support other women like myself through peer support with GamFam, as well as 'affected others' that have been impacted by crime through GamLEARN and I also work with women with thrivin' together, which is a space for women run by women impacted by gambling harm.

Dr Onkar Sahota AM (Chair): Thank you. Dean.

Dean Frost: My name is Dean Frost, a London cab driver by trade, and a recovering compulsive gambler. I have not had a bet for seven and a half years. I am a regular attendee of Gamblers Anonymous (GA), and I also work for a charity called GamFam. We provide support and help for people that are struggling with gambling. That includes the gambler, and it includes the 'affected others', i.e. mums, dads, husbands, and wives. Currently, we run about 18 meetings a week and hopefully growing. We provide support and hopefully help people overcome their addiction.

Dr Onkar Sahota AM (Chair): Thank you. Tom.

Tom Fleming (Communications Manager, Gambling with Lives): Hi, my name is Tom. I have my own lived experience of gambling harm and I am also the communications manager for a charity called Gambling with Lives that was set up by families bereaved by gambling-related suicide. We now support families bereaved by gambling-related suicide. Thank you.

Dr Onkar Sahota AM (Chair): Thank you to all of you for coming along and contributing to our investigation. Each Assembly Member will have a lead off question and other Assembly Members will come in if something comes to their mind or they want some clarification. This is more like a conversation; we want to get knowledge from you and learn from your experiences and your experiences of the people you are helping to overcome the gambling addiction. Can I start off, can you please tell us about your own experiences of gambling harms and how this impacted on you and those close to you? Any one of you can start.

Tom Fleming (Communications Manager, Gambling with Lives): I am happy to go first.

Dr Onkar Sahota AM (Chair): OK, Tom, thank you.

Tom Fleming (Communications Manager, Gambling with Lives): My experience of gambling harm was direct, it was from my own experiences of gambling. It was always through football. I was probably 17 when I placed my first bet, but it was not a case for me of instant addiction and I did not really see it as a problem then. The problem really probably started in my mid to early 20s I would say. I had recently moved to London, and I was in quite a low-paying job, therefore I was spending a lot of time at home, and I was thinking about ways that I could potentially make money. I was watching a lot of football, always been a really avid football fan, still am, and there is obviously a lot of gambling advertising and football sponsorship on the shirts, around the stadiums, adverts at half time and things like that.

I started to think that it would be a reasonable way to supplement my income because I did not have a great deal of money to go out therefore friends were going out on weekends, and I was probably spending a lot of time at home. There is probably five to six televised games of football on at the weekend, money was the motivation for starting, but it ended up taking so much more from me. Over a period of about two, two and a half years it just intensified. Things started to fall apart in other areas of my life, work, friendships, relationships, and it took me to a really, really bad place, to the point where I just could not stop. I am quite a well-rounded, sensible individual. I am not vulnerable in any sense of the word I would say. I have not had addiction issues in the past, but I just could not stop this. I remember feeling terrible because of all the messages and things that you see out there on the adverts about, "When the fun stops, stop" or "Take time to think".

Therefore, I thought, "Why me? Why am I the only person that cannot stop? Everybody else is having a great time and they can control it, but I cannot." Therefore, it took me to a really bad place mentally. I did not lose a huge amount of money. I do not know but it was definitely not life-changing, it was probably under £10,000, therefore, enough to be able to pay off and it was on credit cards at the time. But the damage it did to me was really to my mental health, as I said, it just took me to a really dark and miserable place, to be honest, because I blamed myself because I could not stop, and I did not realise that the gambling is a really addictive thing and there is a lot of things that the gambling industry do that get you addicted and keep you addicted. I did not realise all that at the time. I do now.

I just could not stop. I tried. I went to see a doctor, they diagnosed me with depression, which I now think definitely came about as a result of the gambling, but they saw it the other way around. They saw it as I was anxious and depressed, so I took to gambling as a means to escape that, however I have never been anxious or depressed before that or since that. It took me to a really bad place. Fortunately, my rock bottom was that I would say it was bad and it was bad, but there is up to 496 gambling-related suicides a year, thankfully it did not take me there, but it did take me to a really bad place.

Thankfully, I was able to stop in the end. I used a tool called GAMSTOP, which is an overarching self-exclusion tool. You can self-exclude with individual operators, but, because there are so many of them, I would go through a process of, after a weekend of gambling, basically feeling awful on a Sunday night and thinking I am never going to do this again, I am going to block myself with one, and then Tuesday, Wednesday comes about and it is like, OK, I am going to open an account with this other one and I am not blocked with that. But then I found GAMSTOP, which is a tool that just applies to all licenced gambling operators in the UK and I had a bit of therapy at the time that was not gambling related, but that was a good place to discuss it. As I said, the general practitioner (GP) was not much help, but I was able to stop and sustain my recovery since then and here I am today.

Dr Onkar Sahota AM (Chair): First of all, Tom, thank you very much for that very powerful personal testimony. I just want to say to any listeners who are who are listening that we may be discussing topics of suicide, and if anyone finds any topics triggering then help is available 24 hours through agencies like the Samaritans. I just want to highlight this to any listeners who are listening.

Tom, I just want to know, what made you go to a GP, was it yourself taking yourself to a GP, or was it members of your family intervening and encouraging you to do so? What was the trigger for you to go to a GP?

Tom Fleming (Communications Manager, Gambling with Lives): It was myself. Members of my family and friends, and my partner at the time, did not know that I was gambling to the extent that I was. People knew that I would like a bet, a bit of a cliched phrase, but they did not know the extent. You see, just going back to the advertising, it is always like a fun social activity, but for me it was sitting in the toilet at work and doing it or it was not nice, it was not fun. Therefore, I went to the doctor essentially because I was not sleeping, and I felt really depressed. I did have fleeting thoughts about suicide and things like that, therefore I thought it was the best course of action to go and see a doctor and see if there was anything they could do for me.

Dr Onkar Sahota AM (Chair): That is very useful is that you had insight into something was wrong in your own self that you needed to get help and you sought the help, so that was an important thing that you had the insight into your own issues. Thank you. It is good opportunity to bring in other guests. Dean.

Dean Frost: Please pause me because I can talk about gambling and recovery and addiction for ages. It is the only thing I know. If someone asked me to come and talk for three or four hours about addiction, gambling addiction, the power of addiction, and recovery, I could talk about it for hours, therefore please pause me and stop me if I go on for too long.

I started gambling when I was a kid, not compulsively, but I was more attracted to the fruit machines as a young boy. Brought up in caravan sites and holiday homes at the weekend. Other kids would go off to play computer games, I would be attracted to fruit machines. It probably should have been a warning then, but my gambling really took off about a year before I became a London cab driver. I had a big win, I had a win on a horse called the Touch of Frost, it won at 33 to one for a fiver and I am thinking, "When I become a cab driver, I am going to take these betting shops to the cleaners, and I can make this a career". How wrong did I get that. Two years into being a cab driver, I was in and out of betting shops all day long, every day. I was robbing Peter to pay Paul, taking loans out, lying to my partner, lying to my mum and dad, lying to friends. If friends were asking me to come out at the weekend, especially when I was in my 20s, when I was full of life, "Do you want to come out?" I would say, "I will be out" and come Saturday I would not be out, I would have no money, I would be in the cab working to try to fund and finance my gambling.

My gambling was all done in betting shops, horses and dogs, maybe occasionally football. I did not really enjoy football betting because it took too long for me to get the result. I wanted the result within five minutes or two or three minutes. However, I do understand, I can see now the power of football betting today because it is 'in play', the way that they have designed it to suck people in, to be involved in the game in that very moment. Rather than back in 20 years ago you would have a bet on a football game, you could only find out whether you had won or lost at the very end. Today, the gambling companies through the phone are pulling people in to play 'in play'. Thankfully I stopped seven years ago, I did not get involved in downloading anything on my phone, I have never done really any online gambling. Mine was done in betting shops, but the space I work in today is for a charity GamFam. I did a poll last night and 14 out of 15 it was all online betting; therefore, we are seeing the change.

As a London cab driver, I drive around London, I am seeing betting shops close, but that does not mean it is a good thing, it just means that everything has gone online. The only thing I have seen an increase in is the slot machine arcades that are open 24/7. They have started to increase in London, but betting shops not. As I say, and I will finish on this, I can talk forever. I have just sat on the Docklands Light Railway (DLR), I have just sat on the Elizabeth line from where I live. I have sat in a compartment, eight out of 10 people in my compartment were on their phone. The next I got on DLR, and I looked at the next eight people, six out of eight were on their phone. I am not saying everyone is gambling, but obviously there is a problem with the enticement of commercialism, advertising, gambling, shopping, no one is putting cash over the counter anymore and that is what we are seeing is an increase in gambling because of the phone. They do not have to go to a casino, do not have to go to a betting shop. I am meeting people along the way that are laying under their covers and gambling, do not even get out of the house, they do not even have to walk down the street to place a bet, but I am talking about others now.

I have stopped for seven years. I lied to my wife. When I used to walk indoors, my wife would go to me, "How has your day been?" I used to think, "If only you knew." I had been at a betting shop for eight hours, 10 hours. "How has your day been?" The devastation, I probably still feel it now, there is still a disconnect from me and my partner, or she would occasionally remind me. We are on a better path now and we have a good relationship, we have a bit of banter and a bit of a laugh about it, but every day I gambled was a millimetre away from my wife. If I gambled for 10 days, 20 days, that gap between me and my wife got greater. Recovery hopefully brings us back. The devastation is relationships, finances, numb, do not even feel. A big part of it, I was talking on a meeting last night, a big reason that people struggle in recovery is dealing with feelings and emotions. The gambling maybe takes us away.

I will finish on this, many people want attachment, I wanted attachment to gambling, it probably took me away from everyday life, living life on life terms. I have learned to live with life-on-life terms and face what comes along, but there is no doubt that the advertising and the power of the industry is probably luring a lot of people back in when they want to remove themselves. It is too powerful. It is devastating and I enjoy working in the space I work in. I work with people at their wits end, but there clearly obviously needs to be more awareness, more education. But I do enjoy what I do working with people, but it is devastating because last night people losing their jobs, in trouble with the law. I took a meeting last night, I see the devastation, the result of where gambling can take people, and the very end is suicide. With that, I have rambled on too long. I call it rammers anonymous, that is what we call it, Gamblers Anonymous (GA), rammers anonymous.

Dr Onkar Sahota AM (Chair): Thank you very much for sharing your story. You said, if I got it correct, that it was about seven years ago that you addressed your problems. Was it you going to seek help yourself or was it some member of the family who prompted you?

Dean Frost: Just to let you know, from 2000 to 2017 I struggled on and off. I went to lots of meetings and when I went to meetings, I stopped gambling, when I stopped going to my GA meetings, I went back gambling. It shows that I need to maintain my recovery. This time around my wife, I went indoors after being out of work in the cab for two hours, I walked back indoors, and she said, "What are you doing back already, you only left for work two hours ago?" She saw it in my face, and she said, "You have been gambling again". I went back on my own accord, but really my wife pushed me and said, "If you do not go back to meetings or go and get some support or help, counselling, therapy, this relationship is finished". Therefore, a combination of I did want to stop, but a prompt of, "This relationship is over if you do not take action". Therefore, a bit of both.

Dr Onkar Sahota AM (Chair): Some of the themes you raise, we will explore them in a bit more detail. Some of them we have dropped, but we will pick them up later on. Tracy.

Tracy O'Shaughnessy: Hi, everyone. My journey is slightly different because I am an 'affected other'. I have been an 'affected other' all my life from substance misuse, I lost my sister to heroin addiction six years ago, and my partner has been a gambling addict for 36 years. He has only been in recovery for two and a half I believe. As an 'affected other', life is very isolating. There is a lot of stigma and shame attached to being with an addict, living with an addict, and you are judged by everyone around you, even the people that love you, your friends, your family. You begin to feel quite ostracised, and as a woman particularly - and I support just women; I am not hating on men, I just literally can only go from my own experience - I hear the same stories over and over of women suffering in silence for years. I was that person.

Often women do not reach out for help until they reach a crisis point. My own journey has been one of mental health issues. My mental health suffered massively. I isolated myself. I stopped talking to friends about what was going on in my life because it was just, they cared but there was very much, "Why do you not just leave?" Where am I going, with what money? Because, as you are probably aware, gambling addiction is a money-orientated addiction. You could give a gambler £50,000 and they could do that in a day. If you gave a heroin addict £50,000 and said, "You need to take £50,000 worth of heroin today", that person is going to die. There is the difference. Where am I going? There was nowhere to go.

I found myself very isolated and alone. I could not reach out to anyone. I was afraid I would lose my children. It affected my job. I eventually went to my GP, and I left with antidepressants, which were not particularly helpful. Six months later, I went back, and I was given antipsychotics for post-traumatic stress disorder (PTSD) and was told, "I do not know anything about gambling addiction. If it was a substance misuse, I would probably be able to help you." I support lots of women and I hear these stories every single day. I supported a lady just a couple of weeks ago who, after 18 months of coming to groups and understanding gambling harm and wanting to help her marriage and support her husband moving forward, finally went to the GP for some help and came away with contraceptive pills. She was told, "Now is probably not a good time to have a baby when you live with an addict". That is what us women are up against.

Women in this space are stigmatised. There is that "Why are you with an addict? Think about your children." I talk a lot about domestic abuse and people are quite shocked about that, but domestic abuse and violence is growing among 'affected others' and gambling harm. I would say probably a third of the women that I support are experiencing some form of domestic abuse, coercive abuse, emotional, psychological abuse, and of course financial abuse, and in a lot of cases neglect, because there is no money, there is no food, they are experiencing food poverty, fuel poverty, the list goes on. As I said before, I generally find that - and myself included - I did not reach out until I had a crisis, and that crisis was that my partner committed a crime due to his gambling. There I was again on my own, one wage coming in, trying to juggle everything, the pressures of that are huge.

As an 'affected other' we become everything, we become a housekeeper, we become the earner, we become an accountant, because, as many on the panel will tell you, one of the first things is take control of the finances, reduce the chances of them gambling and relapsing. You are holding that space constantly. This is all on women's shoulders. There needs to be more understanding and support for women affected by gambling harm. My partner is 14 months bet-free, the longest period of his life, and I do not take anything for granted. Each day as it comes. There are strategies in place that we work through together and I hope that, through supporting some women and my journey is their journey, I am no different just because I am in a position of offering that support.

I am also working alongside GamLEARN, who offer support for those who have committed a crime due to their gambling, and I support 'affected others' in that journey. It is isolating and people need to wake up because

mental health crisis, women, literally, I am speaking to people that have had no heating for a week or cannot afford to feed their children, and I am trying to get in contact with food banks and things. Again, social housing, currently social housing does not see gambling harm as a domestic abuse issue. It is not prioritised. I have been told myself, "If it was a substance misuse, we could help you. Gambling, sorry, do not know."

That is just the beginning of the journey, but I really hope that people in this space, because once again I am the only woman here in quite a male-dominated space, and, from my own experience, 'affected others' are very much an afterthought. I understand that the gambler is important, that they need treatment and recovery, but without us often that does not happen because we are the ones holding it together. There needs to be more focus on us and our journeys and the part that we play and there needs to be more help out there for women by women and that that is received properly and supported properly. Ask us what that looks like. Do not just create a space and go, "There you go". As my very learned friend Faye once said, women are not just 'small men'. Thank you.

Dr Onkar Sahota AM (Chair): Thank you, Tracy, for again sharing that very powerful personal experience and how it has impacted upon you. In my other life, I am a GP and therefore I identify with some of the issues from them. Were you able to get help for your partner through your GP? Were you able to get them engaged with that or was that a difficult task?

Tracy O'Shaughnessy: That is not my responsibility; it is his responsibility to want to get well, and for me I had to focus on myself and what I call my own recovery, because I feel I am in recovery. I have been harmed; I have been affected, and therefore my recovery started prior to his. I reached out for help for myself, despite whether he was engaging in recovery or not. I am powerless over his addiction. That is his journey and not mine. If we can be on it together then that is great, and we can support each other through that. It does not always happen. Most of the women that I am supporting currently, their partners are still actively gambling, therefore that is a whole different ball game. But in regards of going to the GP, no, he did not. Not that I am aware of anyway.

Dr Onkar Sahota AM (Chair): OK, thank you. We will pick up some of the issues that you raised in later discussions.

Tracy O'Shaughnessy: Thank you.

Dr Onkar Sahota AM (Chair): Colin?

Colin Walsh (Lived Experience Manager, GamCare): Thank you. Hi, everybody. A bit like Dean mentioned, I will try to keep this a relatively condensed version of my experience of gambling harm, because all of us can probably talk for the full session if we were given the space to. Feel free to ask any questions or if you want me to go into any detail on any more parts of this.

I started gambling in my late teens as I was growing up. I had a fairly normal childhood, if that makes sense, it was normal to me anyway, some exposure to gambling, a bit like Dean, in the arcade at the seaside I was probably a bit more fixated on the opportunities to win money than probably was normal at that age, but I did not feel like I grew up surrounded by gambling harm, but gambling was certainly normalised, as it is in wider society. I was always intrigued by it. As I got a little bit older, went to university, started working, the time I had, the freedom, the opportunity to gamble increased, access to money increased, and I started to gamble problematically. Looking back now, I did not see it that way at the time, looking back now I had an issue with gambling from a pretty young age, probably late teens, early 20s, but did not do anything about it for quite a long time.

It continued to escalate through early work and early career and my gambling was in-person initially on sports, but then transitioned to online and beyond just sports gambling. It would be initially a bit like Tom mentioned, it might be sports I knew something about, I thought I knew a lot about football or different sports, but then it would go to horses or dogs or anything, sports I did not know anything about. Then online it would go to online casino, online slots. We see how big that is as a market these days. That has grown hugely over recent years and it is a real rabbit hole. I used to spend hours and hours gambling, but I did not realise. I do not know if you have ever been on your phone, looking on social media for 10 minutes and it turns into an hour. Imagine you are spinning wheels or spinning a wheel every 10 seconds, 20 seconds, 30 seconds, that adds up very quickly and the harm really can escalate. It did for me.

My gambling was always hidden, therefore at the time I never saw it as a problem, I did not think I had an issue with gambling, but I never told anybody about it. I never showed it. People knew that I liked to bet a little bit, but I always hid the scale of it, which shows that deep down I clearly knew that it was not right. That is the guilt and the shame and the stigma. I could not see it at the time, it is only now I look back and think that is why I hid it, because it is not right, it is not normal. I talk to my kids now and encourage them to be completely open and tell me what is going on because I know where it can take you.

In my mid to late 20s I had my own business, I did a management buyout, had a business with two other people, 20 staff working for us, pretty successful to the outside world. That gave me more time, more freedom and opportunity, I did not have a boss, more money. To the outside world, I was really successful. I was married, started a family, had a nice house, nice cars, nice holidays, and I guess, like a peacock in some ways, wanted the world to see how successful I was. However, the reality, I was a really different person. A lot of that lifestyle was built on debts, on loans, on credit cards, on overdrafts, and I know that the world has changed, you can no longer gamble on credit cards, but very much you can still live on credit cards. I do not think that stops the issue.

I started to take money from the business to fund my gambling because I was getting more and more desperate to continue, and in the belief, I guess, that a big win would come and sort it all out. There is never a win big enough. My mental health was suffering even though I did not see it at the time. My self-care was not great. I was not really sleeping. It is hard to see it when you are in the midst of the addiction of experiencing gambling harm. It is really when I stopped and looked back with even only a little bit of hindsight, I could see that for a long period of time I do not know how I survived if I am really honest.

I missed years of my kids growing up when they were younger. That is the bit I really regret because the money side of things was significant, but I cannot get the time back, and that is the bit that still stays with me now. Money-wise, we do not always talk about numbers when we talk about gambling harm because there is not a threshold, it is always relative to somebody's circumstances. I would never want there to be like you have to experience this much debt before you have an issue with gambling, that is not true. But we have to talk about our own experiences. For me, on one of my online accounts, I had maybe 10 - 15 online accounts, I staked over £900,000 in one month, in the last month of my gambling. I had multiple accounts and gambled in person every day, but I did not think I had a problem. I thought I had a money problem that I kept running out of it before I got that big win. That is a lot of money, nobody can afford to gamble that amount and that is not normal behaviour.

I was getting more and more desperate to keep those plates spinning I suppose and, like I said, there were moments of clarity - I will come on to that perhaps later in the session - but I did not see it, I thought I could not live a different way, I had gambled for 15 years, 20 years, I did not see that I could. To me it was just my life, I did not see there was a different way of living. I could not see a life without gambling being part of it. I

did not know anybody else, I thought I was the only person in the world that was living like that, going through that. I did not know there were other people who had walked similar paths and now lived a different way and were in a better place. Yet it was still hidden. My wife, we had been married at the time for seven years, eight years, been together for like 15 years, she knew there was something, but did not know what it was. Tracy, I do not know how common you find it, but she thought I might have been having an affair or something like that because I was distracted, I was not there, I was not present.

Tracy O'Shaughnessy: Yes.

Colin Walsh (Lived Experience Manager, GamCare): In some ways I was, but not with a person, with gambling. Everybody is different, but there is real commonality in a lot of stories. It got to the point where it was just not sustainable anymore and that the lies were getting more and more extreme to try to cover up the gambling. Eventually, those plates that had been spinning started to fall and I got to the point where I had a few choices I suppose, it is either to reach out and seek support, keep lying and make up some other ridiculous claims to try to continue to gamble, or to take myself out of the equation. Tom spoke earlier about gambling-related suicide and how common that is. I think it is underreported if I am honest. There are more than that, just from people I know and how much of it we have seen. I am still here, and I am in a good place, therefore I am grateful that I chose the option I did.

Dr Onkar Sahota AM (Chair): Colin, thank you very much for sharing your very powerful story and also you talked about this internal conflict that you knew that you knew something wrong, or something was uncomfortable, and you had an external life. What triggered you to get help? What was that that said, "I now need help; I really have a problem"? This had been going for many years since, you said, your late teens, but you tolerated it for some time but then something shifted in your thinking. I wonder what that was and what was that?

Colin Walsh (Lived Experience Manager, GamCare): At times in my journey, I look at it a bit like a roller coaster if you if you want to imagine it that way, there were some moments of clarity where there is a bit of calm on the roller coaster and you think I cannot do that anymore, that is not healthy. I tried to stop by myself. I tried to reduce gambling by myself or tried to cut it down at times, maybe exclude or put limits on one of those online accounts like we talked about earlier and think I cannot do that. But then I would convince myself a few days later that it was not as bad as it was. I had a lot of online accounts, I used to get a lot of the emails and promotions and things from different operators. There were moments of clarity along that journey, but it never got bad enough that I thought I now have to tell my wife the truth otherwise she just would not believe any more lies.

I had not told anybody. The first person I told was my son, who was one at the time, on a beach in Wales, and I found it easier to talk to him because he was one and he did not understand what I was saying, but that was like the first time the words had ever come out of my mouth that I had an issue with gambling and talking to him around not knowing what would happen next. I did not know where I would be a week later, whether I would still be in the family, whether I would still be in his life, whether I would still be here, but starting to talk about it made it easier.

After I spoke to him, I only told him that recently, he was quite proud that he was the first person I told. He is 13 now. After I told Charlie, I really took that window of opportunity and thought I need to commit to something. I reached out for support and talking therapy and group support worked for me. Through that, through talking about it, I could unpick some of the things that were going on in my head. In some ways gambling was not the problem. Gambling was how the problem manifested in me. In a different life it could have been different. I could unpick some of that and work on my own mental health through peer support and

groups. I met other people who had walked similar paths and their stories were different to mine, but a lot of similarity. I started to see that there is a different way and put some abstention in my life and quite quickly realised that my life is better without gambling being part of it.

Dr Onkar Sahota AM (Chair): Thank you for that. Obviously, you had a point of insight at some point that, “What I am doing is not right for me at least and I am going to get some help”, therefore there was some element of insight in yourself. Thank you for that. I am going to ask my colleagues now to come in and first is Assembly Member Andrew Boff.

Andrew Boff AM: Thank you. When you first tried to access treatment, I wonder if you could tell us about that and how you get to that, perhaps an epiphany, perhaps a point of decision where you realise there is an issue, was it easy to access services? Did you know how to? Did you know where to go? What was your experience? Perhaps Mr Fleming.

Tom Fleming (Communications Manager, Gambling with Lives): This would have been going back to 2017, I googled “help gambling addiction” and, although I cannot remember it specifically, I remember not coming out of that feeling particularly enlightened or empowered to get any help. Then I made an appointment with my GP and went to the GP and explained everything that was happening, explained about the gambling, they did not ask, I had to bring that up, and I listed all the symptoms that I was --

Andrew Boff AM: Sorry, who is this to?

Tom Fleming (Communications Manager, Gambling with Lives): To my GP. As a result, they put me on antidepressants. I do understand the focus on treatment here, but I do not think treatment is necessarily the answer to this, although it is clearly very important, I am not saying otherwise. I do not think treatment is the answer to the crisis that is caused by gambling at the minute. I do understand the realms of this session, but the point that I would make is that we need to look at why do so many people need treatment. There was a study out last year that found up to 1.44 million adults harmed by gambling in the UK. That is directly harmed. As Tracy’s testament too, for those people who are harmed, there will be other people harmed.

I quoted earlier the Public Health England (PHE) study from 2021 that was updated last year that estimated up to 496 gambling suicides a year. Just recently, in the last few days, there has been some more stats that have come out that have shown the gambling profits, particularly online, are continuing to grow. We know that 86 per cent of online gambling profits come from 5 per cent of customers, those who are suffering harm, therefore those profits that are growing means more harm. I am not sure if you saw the taxpayer list was published other day, the highest taxpayers, in the top four highest taxpayers in the UK were Peter and Denise Coates of Bet365 and Fred and Peter Done of Betfred. They make up two of the top four highest taxpayers.

GAMSTOP, the tool that I mentioned earlier that I used to stop, their sign-ups increased last year, therefore everything is going up. Although treatment is clearly needed and there are a lot of people out there in need of treatment, we need to look more at wider regulation and at the industry itself essentially.

Andrew Boff AM: Can I just to ask on that point, when you went to your GP, he prescribed antidepressants. Did he prescribe any other therapies or assistance? Was there anything or that was the only thing in the toolbox as far as he was concerned?

Tom Fleming (Communications Manager, Gambling with Lives): Correct, yes. I was seeing a therapist at the time for something unrelated. He recommended that I use that as an avenue to explore things.

Andrew Boff AM: Without revealing anything confidential at the time, you did say to that GP, was it that you were depressed or was it that you had a gambling issue? If you do not want to answer that is fine.

Tom Fleming (Communications Manager, Gambling with Lives): No, no, of course. I went and I outlined the problems that I was experiencing and how I was feeling and the insomnia and anxiety and depression, etc, and then I did not necessarily go and say, "I have a gambling problem", but I mentioned it and the dots seemed clear as day there in hindsight to connect, but they certainly did not at the time.

Andrew Boff AM: Mr Frost.

Dean Frost: I am not a man with data; I just have lived experience. Therefore, 20 years ago it was just a straightforward phone call to GA, to a helpline, and someone directed me to the closest meeting to where I lived or where I was working. Very fortunately in London there is a meeting every night of the week, but there are parts of the UK where there are no or very few GA meetings.

Andrew Boff AM: How did you find them?

Dean Frost: I cannot remember.

Andrew Boff AM: Can you remember, did you know they existed?

Dean Frost: It was probably just off the website. That was my source of recovering and the support I just got straight on the phone. However, I do understand that there is the shame and embarrassment and the blockage. There is a lot of blockage to people that are making that first effort to ring someone up or go on the internet or get into contact. There is plenty of charities out there providing support today, but what I would say is I noticed on the London Underground that Alcoholics Anonymous (AA) is advertised and I know it is down to AA maybe to approach London Underground to advertise, but there is not much in the way of posters or support for gambling charities. It is something that I have recognised in the last few months on the Underground. There is a blockage for some people whether they want to get support, but I was comfortable ringing up. That was my first port of call.

Andrew Boff AM: If you do not mind, I am going to skip, and I will come back to you. Your experience is quite different. Mr Walsh, how did you know what services, and what was your experiences with those services? Mr Frost's sounds like it was a very positive one, straight away as soon as he made that contact.

Colin Walsh (Lived Experience Manager, GamCare): I was going to touch on this earlier. I did my own research to find it myself. I do not think education around gambling harm, certainly, when I was at school, it was a different world to the one we live in today. I went to a good school. I was given a good academic education, but a very poor life education, if that makes sense. I was not particularly financially literate. Mental health was not a thing that was discussed. It is a good thing the world has changed and evolved since then, but when I needed support, I went online, and I found the helpline that was available.

I also went to GA alongside talking therapy because, like I said, that was the peer support option that was available to me. There are others available today that are funded, and it is a good thing that they are because having both that professional support to be able to unpack the things that were going on in my life as well as support from other people that were outside of my family and gave me that safe space, was a good thing. I needed it quickly as well. I think that is the thing. I talked earlier about those moments of clarity; I needed that support then. Had I had to wait for it, it would have been a very different outcome. It is something that I did want to talk about if given the opportunity and my microphone is on, so I have that opportunity really.

Going to the GP is interesting because not a lot of people do it. Certainly, if you look at the data, not a lot a people go to their GP currently to talk about gambling and if people do go to their GP - I wonder if the Chair might be able to answer my question? If I was to come to Dr Sahota and say that I present with some of the issues that we have talked about already, I would likely get prescribed with anti-depressants. If I started to talk about suicidal ideation, I might get signposted to talking therapy. How long would that take currently? Ballpark.

Dr Onkar Sahota AM (Chair): Access varies throughout London. I think we could get access within a couple of weeks to you for talking therapies.

Colin Walsh (Lived Experience Manager, GamCare): Yes. It is interesting. Certainly, I know other people who have waited months and had I had to wait that long, I would not be here.

Andrew Boff AM: What was the first agency that you went to, if you do not mind?

Colin Walsh (Lived Experience Manager, GamCare): It was through the GamCare Support Network. That was the first agency, but it is the time to access that I think is amazing. It is not really talked about, and it is where the third sector works brilliantly with the National Health Service (NHS). We talk about a "no wrong door" approach. I think part of the issue is people do not even know what those doors are. We all gamble in slightly different ways. We all recover in slightly different ways. Therefore, having multiple options to find what is right for me is really important. Through the third sector now, if I was to call the helpline today, I would be speaking to somebody in two days and would be waiting less than a week for my first appointment. That is amazing and that is why it is important to tie all of this together, so the GPs know where to signpost to or the organisations know where to signpost to. We do not have the conversation about gambling because people do not know what to do.

There is support out there and yes, it needs more funding, and it needs sustainable funding, but also, we need to raise awareness. That is the bit Tom [Fleming] was talking about. There are two things to this: a societal change is needed in how we look at gambling and how we talk about gambling, but we also need to support the people who are impacted and ensure their treatment is not forgotten. I think the societal piece is the longer term, but people are calling the helpline today and people are reaching out today. I am a bit of a data geek as well, Dean [Frost], sorry, but I did a data request before coming here. In quarter three of this financial year - October to December [2023] - there was an increase of 20 per cent in people accessing support in Greater London year-on-year. It has increased 20 per cent from last year to this year. That is a significant change. There was a press release out yesterday; people calling the helpline has increased 39 per cent - I think that was in December [2023]. The awareness we are raising is seeing people start to reach out for support.

Andrew Boff AM: It is always difficult at times like this when the services become more apparent to know whether or not there is an increase or whether the people already there suddenly have that service available and therefore you get the increase. Time will tell. Ms O'Shaughnessy, your experience is slightly different. How did you know where to go? What was your first experience of the support?

Tracy O'Shaughnessy: Again, there was nothing for me. Today still I hear stories of women - or 'affected others' - who feel that, as I said earlier, they hit some form of crisis point, and that can be suicidal thoughts. I have been that person where I did not see any way out for myself. For me, I came into it from a substance misuse pathway, to be fair, because that is what I knew. I thought I would reach out and see if somebody could help me through that pathway because I was so isolated. I did not know anybody else like me. There was no one to talk to. There was nothing. I could not find anything. Going through Narcotics Anonymous (NA) I

then obviously found GA, but the thought of going to a Families Anonymous group and walking into a room full of people,

it was very challenging for me. Also, obviously, childcare is an issue. I still have that now with women who struggle to come to groups and get support because of childcare. Again, there can often be domestic abuse issues. I have had women attend meetings sitting in their car for fear of their partner finding out that they are reaching out for help. For me, it took a long time. I tried a GP, as I said earlier, obviously Google. Eventually I found someone on social media who had an Instagram account and I messaged him and said, "I need help because I'm in a really bad way". He was actually a gambler, not an 'affected other', and he pointed me in the direction of GamFam.

Andrew Boff AM: Sorry. Just to be clear in my mind, through NA that dealt with some of the symptoms of substance abuse --

Tracy O'Shaughnessy: Yes, but not with gambling.

Andrew Boff AM: Not with gambling.

Tracy O'Shaughnessy: There was no support there for me.

Andrew Boff AM: Right.

Tracy O'Shaughnessy: Nothing. They put me in touch with GA and again, I got a leaflet because there was not a meeting in my area.

Andrew Boff AM: What was your experience with the GP?

Tracy O'Shaughnessy: With my GP or with GA?

Andrew Boff AM: Actually, I think you alluded to it earlier; it was just anti-depressants.

Tracy O'Shaughnessy: GP, basically, anti-depressants, followed by anti-psychotics for PTSD, followed by, "I don't have any gambling harm training, so I can't help you".

Andrew Boff AM: It was the story of somebody else on Instagram that alerted you --

Tracy O'Shaughnessy: Yes, who was actually a gambler. I reached out to him, and he put me in touch with the charity GamFam that support groups for 'affected others' and that was like - I cannot even begin to tell you - it completely changed my life.

Andrew Boff AM: I have a feeling how you are all going to answer this: do you think the current provision of support and treatment services for people suffering gambling harm in London is sufficient? Bearing in mind you are probably going to say, "No", how can they be improved? Mr Frost, yours was the most positive - as far as I could see - experience of seeking assistance and getting it fairly straight away.

Dean Frost: Yes, for London. Obviously, there are more meetings in London than any other part of the country. For Londoners, it is just probably breaking down the stigma or the shame of just making that phone call for many people. For GA there is support. I think there are 14 charities in this space right now that are mostly funded by the industry. There is support, but I do not really see many adverts. You just have to go on

Google and find the charity or support network and it is then down to that person to reach out. I have no experience of doctors because I never went to the doctor. All I can say right now is there are 15 NHS Gambling Clinics and the feedback we are getting is that maybe the length of time that people are waiting to get support is too long.

With the likes of GA or GamFam, we run three meetings a week. Therefore, the most someone will have to wait is 48 hours to get to a meeting. Most of the people get a phone call with me straightaway if they ring me and I can answer there and then. With GamFam they can get support straightaway. The problem with the NHS - and it is not a criticism, but just a fact - is that it is two, three or four weeks before a doctor or consultant can see someone to put them in the right direction. In that space of time, someone could have lost £50,000 or £100,000, maybe a relationship, maybe a job, or maybe committed a crime.

There is support out there, but it is a big barrier for the individual with the shame. In London, there is support but it is just that people have to do their research. The last bit I would say is the common thing with GamFam - I work for GamFam and Tracy works for GamFam - it tends to be the partners or the loved ones reaching out and not the gambler. That is really common. I do not know the statistic on that, but it would be far more than the gambler. It is the family members that are the ones that really want the support and the gamblers maybe lagging behind a little bit before they are ready to hold their hands up and admit defeat. The last bit I would say is that it is down to the pain of the individual. I have to be in enough pain or have had enough emotional damage, physical damage or financial damage. I have to say, "I've had enough". That is all I am going to say.

Andrew Boff AM: Yes. Mr Fleming, what is your view of the current level of support?

Tom Fleming (Communications Manager, Gambling with Lives): On a simple level, no, there is not enough treatment and support available. If we are talking about clinical support, as Dean mentioned, I believe there are now 15 NHS Gambling Clinics in the UK and obviously London was home to the first, but - and a small caveat here that obviously, as we covered in our written submissions to the consultation, data can be difficult, hard to extrapolate and potentially unreliable - if you look at the potential treatment pool of London, which could be around 200,000 people experiencing gambling harm, then clearly there is not enough support. Not everybody within that 200,000 would need treatment because there are varying levels within that, but one clinic is simply not enough to treat all those people. Therefore, no, there is not enough.

Andrew Boff AM: The Government has proposed a statutory levy --

Tom Fleming (Communications Manager, Gambling with Lives): Correct.

Andrew Boff AM: -- that will increase the level of funding available. Do you think that will have a substantial effect?

Tom Fleming (Communications Manager, Gambling with Lives): Yes, we hope it will. I think that will bring in funding of around £100 million a year, which is clearly a welcome step, but if you think about what you are up against in the gambling industry and the potential treatment pool, it could do with improving, certainly. It is a lot of money, but it is not a huge, huge, huge amount of money when you are talking about a national rollout of clinics, treatment, and research. Education also falls under that I believe.

Andrew Boff AM: Mr Walsh, this extra amount of money that may be available, how do you think that should be spent?

Colin Walsh (Lived Experience Manager, GamCare): That is a big question. Can I go back to the last one in London, first?

Andrew Boff AM: Yes, please.

Colin Walsh (Lived Experience Manager, GamCare): Thank you. I work at GamCare which is part of the National Gambling Support Network (NGSN). If you split Great Britain (GB) up into 10 regions, the NGSN provides support across GB. Part of my remit is to advocate for anybody with lived experience. We have heard four different stories today from four different people. I am not there to talk about just my experience. It would be wrong to do that, but it is to give a platform to the people who access support and ensure that our services across GB, and specifically in London, are developed based on people's real experiences and are accessible. I work alongside the team that deliver support across Greater London and make sure that that is on the helpline that is 24/7 and people who deliver support everyday by video calls, by phone calls or in person in our office in Farringdon or in the community, like at Haringey. I think in the first of these sessions there was some discussion around the great work that has been done in Haringey. I know there is a new project in Westminster and in Wandsworth.

We have a partnership with NatWest. One of the issues across Greater London is just the cost of having the space. If we wanted to deliver support in person anywhere, that costs a lot of money to do that. Therefore, we have a partnership with NatWest that I do not think is talked about a lot, but it is a thing. NatWest let us use their spaces. If that could be done on a broader scale, that would make services a lot more accessible. There is also then the education and awareness that these services are there and are available. They are free and available to anybody. They are not just for people who gamble. They are for people impacted by other people's gambling. They are for family and friends, and we also link up to - you talked about - GAMSTOP and GamFam. We can get those tools to give people that lifejacket when they are drowning. A lot of that is financial; that is how the gambling comes out. We cannot wave a magic wand and make it go away but we can link in with StepChange or PayPlan. It is the right thing to do to get people as much support as is available.

We need to keep working on that collaboration as a sector. Dean, you talked about the number of organisations in this space. Ultimately, all of those organisations want the same thing, which is support for people impacted by gambling harm. We go about it in different ways. That is normal and again, that "no wrong door" approach means that people need different things. Some people need to talk to somebody to work it out one-to-one. Some people need to go to a meeting and talk it through in a group space. Some people do not want to talk to anybody, they want to block gambling on their phone and block access to accounts. That is perfectly normal, but just awareness of what these things are does not exist. We all probably live in a little bubble where we think everybody knows about these things. When I talked to somebody on a train yesterday, or on a tube or in a cab, it is amazing how many people know somebody who is impacted by gambling, but they do not know what is out there for support.

Andrew Boff AM: Mr Frost alluded to earlier about advertising. I am not aware of any. Is that something you feel could help? I apologise. I saw this question and I thought, "I am in danger of treading onto the next one". I apologise for that. Awareness moves into the next question. Tracey, you almost answered this, so it is almost a redundant question; do you think GPs are trained enough to deal with this? I am guessing you are going to say, "No" because of your experiences.

Tracy O'Shaughnessy: No. Absolutely not. It is a bit like with the NHS in that it is a bit of post code lottery and I think what needs to happen - not just with GPs, but with other organisations across London, and the police especially - is it needs to be looked at. Blanket training and awareness need to be given right across the board - right across - because to a degree it is endangering people's lives not having this knowledge. When a

woman goes to a GP and is unwell mentally, emotionally, physically, and there is fear and violence at home on occasions, to be told, "I don't really know. I've got nothing really to offer you" you come away thinking, "I'm really on my own here. I'm really on my own".

Again, with police I had an occasion, unfortunately, 12 months ago where my partner had a little lapse in his recovery and decided that he was going to take his own life. I had no choice but to phone the police. The police arrived - three lovely female officers - at 5am. Two of them were straight out of training and not one of them had gambling-harm trained experience. Not one of them. I had to explain what had happened, that he was in recovery for gambling. He had emailed somebody in his support group that he had made a plan to end his life that day and they had no idea. Therefore, the answer is yes, there needs to be lots of awareness around it. There needs to be referrals. GPs need to know where to pinpoint 'affected others'. They need to be able to say, "There is this. Try this". Until I met and spoke to people like myself, I was in a bad place and I deal with women all day every day that are in that space. It is really harmful. Women are fearful of losing their children and their homes. They are stigmatised by their own families. They are judged, "Why are you still there? Why have you not left? Why are you doing this?"

Actually, no, is the answer. There needs to be a lot more training and awareness with all sectors. Even within social housing and social services, I have come across that recently. I spoke to a social worker on behalf of somebody that I am supporting. She had no idea around gambling harm. I will not even start about probation and prison because we will be here until next week. We would have to do another whole meeting. Seriously, it is beyond ridiculous. I will just touch on this; I was supporting somebody recently whose partner had committed a crime, and the judge asked a question regarding gambling harm and the probation officer had no idea. The judge looked eyes with me. I nodded to say, "Yes" and so the judge actually asked the probation officer to come over and ask me the question. If I was not there -- this really has to be looked at right across the board.

Andrew Boff AM: Thank you very much. I will hand back because, Caroline [Russell AM], is continuing on the questioning.

Dr Onkar Sahota AM (Chair): I am seeing three themes here. Of course, they are related to each other, but there are people who have gambling problems who have the insight, and they can go and seek help themselves. There is another group that have a gambling problem, but they do not have an insight into that and then there are the affected ones: their partners and their families. Therefore, there are three separate populations that are existing there. The ones that say, "I have a problem and I need help" are on a much easier pathway because if you realise you have a problem you will take some action to do something about it. The challenge for the NHS and certainly for me sitting here as a doctor is that the people who are affected when they come and see me, how do I help them when the person who may be a cause of their problem are not in the room and are not prepared to come to terms with that realisation? That is the real challenge for me and for the services. I just put that out as an observation. Over to you, Assembly Member Russell.

Caroline Russell AM (Deputy Chair): Thank you and thank you all of you for your testimony. It has been incredibly powerful, and I feel like I am learning a lot - I think we are all learning a lot - from what you are sharing with us. We are hugely grateful. Yes, thinking about the advertising of gambling products and public health information, Dean [Frost], you talked about how AA are advertised on the underground, but there does not seem to be any gambling support. Tracy [O'Shaughnessy], you have just described the absolute lack of information amongst so many different agencies particularly around the harm for 'affected others' and the need for more information from the police, probation officers, housing support and all those different areas. Colin [Walsh], you talked about the normalisation of gambling in childhood and the seaside arcades. That is a tiny little thing that seems quite harmless - a bit of seaside fun - but that is like the tail end of something that

is much bigger and very much more addictive and harmful. Tom [Fleming], you talked about football. Football: a healthy thing, watch a football match, support a team and yet there is this gambling that is absolutely integral to the whole culture around football, like stuff on the shirts. It is this very harmful thing that is wrapped up in something that could just be about supporting your local team. You have all given really clear evidence about how gambling can be so present in people's lives and the lack of information. My first and opening question is: what role do you think that the advertising of gambling products has in encouraging people to gamble and potentially experience gambling-related harms? I am going to start with you, Tracy.

Tracy O'Shaughnessy: I think advertising is very impactful. From a mother's point of view, I know that I have had many women who have been impacted by gambling harm; a mother has come up against the issue of wanting to buy their child football kit. Why would you want to buy your child a football kit that has gambling advertising on it when their parent is a gambler, and they cannot afford to put food on the table? I was sharing with my colleagues previously that I have a five-year-old granddaughter who came to me the other day because she wanted to play a game that she had seen and she described it as being, "Pink and bubbly, nanna. You know the one". I did not know and then I realised it was a Bingo advert that she had seen on the television (TV) and my heart sank. I am aware of how much advertising there is on trains and buses. As you know, many children are encouraged to get themselves to school on London transport and I just feel personally that it starts at a young age.

We have heard these amazing people here talking about arcades and seaside trips with parents and it just becomes normalised. It becomes part of childhood and that is dangerous because there are games and children have access to things 24/7. They are playing games on their phone and low and behold suddenly an advert comes up; you can buy coins, or you can buy something, and it is that gateway in. It is very impactful. From an 'affected other', it is really triggering. I find it really triggering if I am watching sport with my partner or whatever, and if an advert comes on, I automatically think, "Oh God, is he feeling like [gambling]?" It is that anxiety constantly that we cannot just sit down and enjoy something as a family.

I do not know about you, but if I see an advert for a nice skin cream, I am going to want it. Advertising is there because it is enticing us to buy something. That is what it is there for. They know what they are doing, and it does impact 'affected others' massively. It is very triggering. It is very traumatising and with children, if you are impacted yourself by gambling harm through your partner, your brother, your father or whatever, it is really difficult. I think that is something that really does need to be addressed, massively.

Caroline Russell AM (Deputy Chair): Can I just say something? You just mentioned if you are impacted by the gambling of your father, your brother, or your partner. Do many women gamble? What are the statistics?

Tracy O'Shaughnessy: Yes. These guys are better with the statistics, but recently I was invited up to Scotland as the only 'affected other' that was invited to talk about the impacts of gambling harm and there is not a lot of difference. Tom will probably know, but the statistics are not that different in regard to gamblers, but I believe that the statistics are much lower for women gamblers reaching out for help because again, there is that stigma as a mother or as a grandmother. It is a very different journey for a woman. It is a very different journey because we are expected to be maternal and holding it all together and being the housewife and having a career and all of those things and low and behold, this is going on as well. I know that for some of the women that I spoke to there and women that I spoke to in this space, menopause is another big impact and that needs to be looked into. I have spoken to lots of women that turned to gambling during their menopause. Also, during COVID-19, a lot of first-time mums were isolated, and services were closed down, like mum and baby groups. You could not go and sit around other mums and hand the baby over. There are these adverts, "We are the community. Join the community." That was a big outreach and a big thing for a lot of women. I have spoken to a lot of women. That is when their journey started. It is huge.

Caroline Russell AM (Deputy Chair): Thank you.

Tracy O'Shaughnessy: Thank you for asking that question, actually. Thank you.

Caroline Russell AM (Deputy Chair): That is really helpful. Just going back to the initial question, Tom, do you want to add anything? Also, do you have any actual stats on the women and men? That would also be useful.

Tom Fleming (Communications Manager, Gambling with Lives): Sure. I do not actually have any of that data to hand, but I can supply it afterwards.

To Tracy's point, I am sure you will have all noticed the recent uptick in gambling products that are specifically marketed at women. Tracy referenced the game that was pink and bubbly.

Tracy O'Shaughnessy: Yes, it was bingo, yes.

Tom Fleming (Communications Manager, Gambling with Lives): Yes, like Foxy Bingo, these kinds of things. Gambling products are increasingly marketed at women. I mentioned earlier that the charity I work for supports families that have lost loved ones to gambling-related suicide. We do support a mum who lost her daughter to gambling-related suicide, so this is not a male-related problem. There is a split, although I cannot provide any specifics off the top of my head.

Just to a wider point about advertising in football, personally for me, football was huge. Gambling is embedded in football, is it not? There was a study out that found, if you watch a televised game of Premier League football, you can see gambling logos 3,500 times, which is insanity, really. It is hard to get your head around. It is on the shirt fronts. It is on the sleeves. It is on the advertising boards around the perimeter of the pitch. If you are watching a championship game, you are watching a Sky Bet Championship game. If you are watching Stoke City, you are watching them play at the Bet365 Stadium. I know last year the Premier League did agree a voluntary front-of-shirt ban on gambling sponsors, but that actually is not going to make a great deal of difference because most of the logos are not on the front of the shirts. They are already beginning to shift to the sleeves and the pitch-side advertising. That is huge.

Also, in my own experience, it perhaps was not a case of seeing an advert and rushing out and putting a bet on because you have seen that advert, although perhaps when I was gambling and self-excluding with some operators, maybe I would see a new operator and think, "I have not got an account with them yet. I am going to sign up." But the two problems with me with advertising are the framing of gambling and the problems that come from it as an individual responsibility issue and the health messaging - the so-called health messaging, should I say - that appears at the end of the adverts, things like, "Take time to think", and "When the fun stops, stop". They frame it as something that you should be in control of, but these are addictive products. Can you imagine somebody saying that to someone who was in recovery or addicted to drugs or alcohol, "Just stop. Just don't have another drink. Just don't take any more drugs"? I had not thought of that! That is a huge problem. All the adverts frame gambling as an individual responsibility problem. To really understand that gambling harm comes from gambling products, not people, is huge. That realisation would be really useful for people before they sort of got to the point where they needed treatment, to my earlier point.

Also, it just creates a sense of normalisation, just the fact that it is constantly there. Just to draw on my own experience, having grown up around football and then after 2005 when the Gambling Act opened the floodgates for advertising, with that surrounding me at that point in my life, I thought, "This cannot be

something that can harm me because it is on TV all the time.” That really added to me blaming myself, essentially.

Caroline Russell AM (Deputy Chair): Yes, the responsibility for the harm should sit with the gambling providers.

Tom Fleming (Communications Manager, Gambling with Lives): Exactly, the people who design these products and push them and give you offers. Exactly, the source of gambling harm is gambling products and not people.

Caroline Russell AM (Deputy Chair): Yes. Dean?

Dean Frost: I have got some stats, but I made the stats up last night. No, I did not make them up, but we had a meeting last night. We had 15 people in our group, which is a self-help peer support group. We have been going for three years and for the first meeting we had one lady on it and then she dropped away, and it was just purely men for the next two and a half years. Last night we had five women in the group and 10 men. I asked them the question what their prominent gambling was. For the men it was generally sports betting. A couple did say they did online roulette and slots. For all five women, it was online bingo, online casino and online slots, most probably referencing what Tracy and Tom spoke about how the products are marketed to certain groups.

I have never thought about the advertising for me because I was lured in by the win. As a cab driver, I always remember seeing adverts going, “If you have a first goal scorer and Arsenal to win 3-nil, if you put £10 on, you will win £200 back.” I probably did fall for some of that or get lured in by some of that in the windows.

I just want to bring up this. It is nothing to do with gambling, but it is related. There is a greater issue as well looking at designers and the technology industry. Forget the gambling. We have got Facebook, Google and YouTube. If you mention the word ‘gambling’ and you are watching a YouTube video, the likelihood is you are going to get a gambling advert thrown up in between.

I remember watching Panorama in 2018. It was about whistleblowers in Silicon Valley and talking about the dopamine hit that people get when they get likes, retweets or some sort of response online. Facebook, it is said [on the programme], was built to be addictive to children. Whistleblowers confess Facebook is like a slot machine. Who knows? They may be partnered up with gambling. But just using Facebook alone, they want people to stay on their site, and that is clearly what the gambling companies want.

In some of my experiences, I want to talk about my daughter. It is quite common. Young girls play a game called Roblox where you walk around your own house, and you create a living room. My daughter will go, “Can I have a fiver, Dad? Can I put some new clothes on a character?” Over a period of a year, they will build up their own house. What we find is that a lot of young boys will play a game called Fortnite. Within those two games, Fortnite has a loot box that creates a dopamine hit when someone wins maybe a new gun, a prize or a number of points on their virtual score. That taps into the dopamine hit. They get that rush that they like. With the girls, I noticed a number of years ago my daughter was playing Roblox very innocently. She shows me it has the wheel of fortune. I remember the TV show, Wheel of Fortune. You turn the wheel around and you get 400 points, 500 points, a new dress or a new crown for your character.

A greater area to look at is the technology companies. I am a cab driver. I know Shoreditch and Hoxton and Dalston, the creative part of London. What are they doing inside these buildings?

Caroline Russell AM (Deputy Chair): That is like an evolution of those seaside slot machines, which were a normal part of a childhood trip to the seaside. I remember paying those shove penny games and whatever at the seaside. It was a once-a-year thing. You might have 10p or whatever in 2p bits to use. But, yes, because it is on all our phones, it is becoming --

Dean Frost: Prepping the future consumers, the future --

Caroline Russell AM (Deputy Chair): Yes.

Dean Frost: I know a bit. I have friends who work in the gambling industry, and they are profiling people. The phones are profiling youngsters, working out what their likes are, what their interests are. Are they going to be addictive? Can we lure this one in in later life?

The final thing I want to share is, as a cab driver, last week I picked someone up from a company called King, which is in Wardour Street. It has been bought out by Microsoft. It is the designer of Candy Crush. He was telling me he is involved in the French and German markets, where they still sell the computer games in the box. The UK market does not sell them anymore. The UK market is not interested in that. In France and Germany, they still sell a game in a box. He said the main driver for many of these organisations is to get people in a game on their phone and continuously buy in the game, you know, whether you buy some more credit for more games or, as I say, going back to Roblox, put £5 into my daughter's account so she can buy a dress for her character. The interest is keeping people in it. He said, "We actually do not want to build these games in boxes. It is not very valuable for us. It is not cost-effective. We want people to be buying in the app." What does that tap into? Anyway.

Caroline Russell AM (Deputy Chair): Thank you. That gives a good sense of what is coming down the tracks as well. Colin, do you have anything extra to add just on that overall problem of, yes, the advertising and how harmful you think that is?

Colin Walsh (Lived Experience Manager, GamCare): Thanks, Caroline. Yes, a few things. The gaming link is an interesting one. The bulk of the profits these days for gambling operators comes from online slots. There is a clear link from game mechanics to online slots to harm.

I do have some of the data, actually. Last year, there were 52,000 calls to our helpline in 2023. Around 30 per cent of those were from women. When I say 'calls', that is calls and chats as well. I do not have the breakdown of whether they were women who were seeking support for their own gambling or for other people. That [people seeking support] sounds great.

But at the same time, there are probably some not-so-great stats behind it as well. Around 13 per cent of people who have alcohol or substance misuse issues are seeking support. For gambling, that is below five per cent. For women who are gambling, we think it is around one per cent.

Also, we talked about support groups and peer support groups. Talking from personal experience, women are less likely to walk into a mixed GA meeting - you would probably find that, Tracy, from what you have seen - just because it is generally a male-dominated space, and it is a difficult thing to do. I do not know the numbers, but more women are likely to go to their GP, for example, than men and more women are likely to call the helpline because it is individual, and it can be a gender-considered approach.

On sports, I agree with everything that has been said and so I do not need to say it again. All I would say on top of it is that sportspeople who have been impacted by gambling harm - and there has been a high-profile

case in London very recently - should not be forced to endorse a gambling organisation in their work. That happened yesterday in a match, for example. Also, there should be probably an immediate ban on non-UK-regulated gambling operators advertising. If you watch a football match, you see some very strange companies that you have probably never heard of or ever seen. Usually, they are international gambling or crypto-type organisations. They advertise in the UK because gambling is illegal in their home countries, but the Premier League is streamed all around the world. That should not be allowed. We do not need that.

I also wanted to talk about Transport for London (TfL).

Caroline Russell AM (Deputy Chair): That was going to be my next question. Let me frame this up because, in our last meeting, we discussed one of the levers that the Mayor has, which is adverts on the TfL network. We talked to [Dr] Tom Coffey [OBE], who is the Mayor's Health Advisor. He said that there was a bit of a problem. How do we define harmful gambling? He said the GLA has asked the Government and public health partners to develop a definition of harmful gambling. He emphasised, "We are keen not to ban the advertising of all gambling, only harmful gambling."

From what we are hearing today, it sounds like the idea of non-harmful gambling is probably a bit of an oxymoron. Do you think it is possible to distinguish between harmful gambling advertising and non-harmful gambling advertising?

Colin Walsh (Lived Experience Manager, GamCare): Do you want me to start on that?

Caroline Russell AM (Deputy Chair): Yes. Why do you not start, Colin, since you raised TfL?

Colin Walsh (Lived Experience Manager, GamCare): Yes. It is fair to say that some gambling products are more harmful than others. We talked about a lot of profits coming from slots. People still experience harm from the lottery, which might be at the other end of the continuum, if you like. However, it is not the products they advertise; it is the organisations and so it is impossible to make a distinction there.

I know there has been some research commissioned that was inconclusive, but we all see the harm that gambling can cause. That is why it was researched. That is why it was a manifesto pledge. I think I am fairly rounded these days. I did not used to be, but I have changed. People get frustrated when politicians make promises or officials make promises that are just not delivered on. I understand that sometimes you might not be able to deliver exactly what was promised on, but explain why and then say, "We cannot do all of this, but we are going to do something rather than nothing."

This is my personal opinion rather than that of my employer. I do not even know if I have said it out loud before and so here we go. For me, on TfL, if you cannot ban the advertising, charge a premium for it. Charge gambling operators or other organisations that are in industries that cause harm a premium and, with that premium, give space to other organisations like AA, like GA, other organisations that are represented here today or that represent awareness campaigns or harm reduction. It is expensive to advertise. We all work for charities that are funded on pretty small budgets, certainly compared to the £14.2 billion gross gambling yield that the gambling industry makes every year.

Caroline Russell AM (Deputy Chair): You mean TfL could charge double and give that equivalent advertising space to the --

Colin Walsh (Lived Experience Manager, GamCare): To awareness campaigns and support organisations in Greater London. I was on the Elizabeth line yesterday and all the way down the escalator was a brand-new

gambling campaign that was the full length of that escalator. It is not right. Everybody is seeing that. That is a way of really saying, "We think you are doing harm." I am sure gambling operators will still pay it because they make a lot of money, and they want customers.

Caroline Russell AM (Deputy Chair): It would have to be that the advertising given to the awareness and support networks would need to be of equivalent status and prominence.

Colin Walsh (Lived Experience Manager, GamCare): For me, yes. We also have started to see some of the operators - there are always some responsible - have safer gambling messaging at the bottom of an advert, but that is still a gambling advert. It is not just gambling. You see it with alcohol, for example, where alcohol brands are advertising alcohol-free or zero per cent. That is still the alcohol brand advertising. Whether it would work I do not know, but it is a way that organisations like ours can really raise that awareness because it is a big part of the issue.

Caroline Russell AM (Deputy Chair): Yes. Actually, they need to pay even more than they pay for the advertising that they are buying because they have to pay for the development of the adverts for the products to provide to support to people that are as grabby as the bubbly pink and green adverts that catch people's eye. There needs to be the same prominence of promotion to the support networks if we are going to say, "We are going to ignore the harm, but you have to pay all this extra."

Colin Walsh (Lived Experience Manager, GamCare): As an idea, that sounds amazing to me. It would work.

Caroline Russell AM (Deputy Chair): In an ideal world, would you prefer to see the adverts just gone?

Colin Walsh (Lived Experience Manager, GamCare): Yes, if they can deliver on that pledge, then great. If not, then take steps towards it and say, "Here is an alternative."

Caroline Russell AM (Deputy Chair): OK. Let me hear from everyone else, just briefly. Would you prefer to see adverts for gambling completely gone on TfL and do you have views on this other halfway house option?

Dean Frost: Yes, it would be a good idea to remove all advertising. There is enough advertising in this world. You only have to turn the TV on, scroll through your social media, turn on the radio if you listen to Talksport. Even other radio stations are advertising gambling. For me, just an appetite for change, an appetite for raising awareness about gambling addiction rather than promoting gambling. It is straightforward for me: no advertising and more raising awareness of the potential harms of gambling and raising awareness.

Caroline Russell AM (Deputy Chair): Yes. Tracy?

Tracy O'Shaughnessy: Yes, the same for me, to be fair. This might sound a bit extreme, but it is like you would not advertise your local heroin dealer, would you? For me as a person, it has impacted me the same.

Also, there could be some issues around not everybody taking money from the industry in this space. If it is going to be the case, then there are going to be organisations within this space that are not going to benefit from that because they do not benefit from industry-funded organisations. It should just be a straight ban. We have evidence here and we could have 1,000 people outside here telling you their stories of how they have been harmed. What more evidence do you need?

Caroline Russell AM (Deputy Chair): That is very powerful, Tracy. That is very powerful. Tom, did you want to add anything on this?

Tom Fleming (Communications Manager, Gambling with Lives): Yes. Just to build on Tracy's point about not advertising heroin, some online slot and casino-style games have been found to have addiction and at-risk rates of 45 per cent, which is higher than heroin. That is fully referenced in our submission. That builds on the point I was going to make and sort of made earlier about gambling harm coming from gambling products. There is no such thing as a safe or harmless gambling operator because they are all selling products like these and they are all trying to, essentially, get people onto these. If you sign up for a football bet that you see an advert for on the Tube, within a week you have free slots and free spins. They want you to use these because they are available 24/7 and they are the most profitable and the most addictive. I say get rid of them all.

Caroline Russell AM (Deputy Chair): Thank you. The other piece is going back to what Dr Tom Coffey [OBE, Mayoral Health Advisor] told us, which is that it is not clear what is harmful and what is not harmful and surely, we have to allow the non-harmful adverts.

Tom, you just mentioned some research that you have submitted in your submission into the harm of advertising gambling, which I look forward to seeing when that comes around to the Committee Members. Do you think it would be good for the Mayor to commission research into the impact of gambling advertising on the transport network, specifically in London?

Tom Fleming (Communications Manager, Gambling with Lives): It certainly could not hurt to have the data, but we are at a point where we do not really need any data and research. We know that advertising increases consumption. The gambling industry spends £1.5 billion a year on advertising - obviously, that is not on TfL but in the country as a whole - to increase consumption and they are increasing consumption of a harmful product. It is harmful. Yes, to answer your question, sort of, but also there is more than enough to act on. We do not need to commission more.

Caroline Russell AM (Deputy Chair): Thank you. That is very clear. There is more than enough evidence for the Mayor to be able to take action. Chair, back to you.

Dr Onkar Sahota AM (Chair): Thank you. Emma, did you want to come in?

Emma Best AM: Yes, please. Thank you. I just wanted to build on that point quickly that Caroline was making around the harmful and unharmed. I suppose what Tom Coffey was meaning by unharmed was maybe things like the People's Postcode Lottery and the National Lottery, I would presume.

Is it worthwhile to protect those adverts in order to continue having the conversation about harmful or unharmed or do you think just trying to answer that question is not necessary, really? Perhaps if you want to answer it quickly but just to get your thoughts. Tom, you look ready, or Colin?

Tom Fleming (Communications Manager, Gambling with Lives): Yes. Just briefly, I mentioned that continuum earlier but, even if you look at the [National] Lottery, for example, the Lottery is changing to a new provider, if that is the right word for it. There is a scale within the Lottery. There is the main draw and there are also scratch cards. We have seen real issues. People struggle. If people have issues with scratch cards, it is difficult to ban yourself from the corner shop or Tesco or Sainsbury's or any other scratch card retailer. They are there at counters at petrol stations, etc. There are online instant wins that are closer to online gambling than they are to the Lottery. That is one organisation, but it offers a range of products.

I heard Lord Foster [of Bath, Chair, Peers for Gambling Reform] speaking about this really recently at the GambleAware conference around how there is scope to still levy the Lottery, even though it has not really been considered. He speaks really well on it.

Emma Best AM: Is there any point in trying to define harmful and unharmed?

Tom Fleming (Communications Manager, Gambling with Lives): We have quite a skewed perspective, I suppose, have we not? For me, it is difficult because the companies rarely advertise the product.

Emma Best AM: Dean?

Dean Frost: On Tuesday, I put it out to a WhatsApp group with 120 gamblers, people in recovery or people who are still struggling. I just did some control questions, what you gambled on, what was harmful and what was not. I will be honest. It came back quite inconclusive because it was all over the place: in-play football, bingo, slots, casinos. For me, I would gamble on anything. Once I am in addiction, I will gamble anything.

The final thing I would say is that the common thing I am getting back from people - and it is scientific or with research - is that certain products are more enticing and more addictive than others and are designed to be addictive. Rather than maybe asking us, find out what they are designing to be addictive. It was my point in what I said about Facebook. Let us go back to the designers. What are you designing? How are you designing it? Who are you targeting? Are you trying to entrap people? Does that make sense?

Emma Best AM: To be clear, the Mayor is not pursuing the ban at the moment because there is not a clear definition on what is harmful and what is not harmful. That is the reason for doing it because then how do you judge what is harmful or not harmful? My question really is: the thing that is holding back a TfL advert ban on gambling is that there is not a definition of harmful and so is it worthwhile to just not have a definition and pursue a gambling ad ban in toto?

Dean Frost: Yes.

Emma Best AM: That is my question. Just to be clear, that is where I am coming from. Do you see any merit in trying to explain what is harmful and what is unharmed? Tracy?

Tracy O'Shaughnessy: No. It should be a total ban. You do not need to spend more money and waste time on research. We are the research. It is as simple as that, really. To me, it is just constantly moving the goalposts.

Emma Best AM: Thank you. That is what I wanted to see your views on. Colin, you brought in an interesting point around the premium for space but, to be clear, the Mayor has massive powers over the TfL estate and does give out free advertising each year. We have asked this in a previous question, and I do not want to ask the basic question, "Do you think the Mayor should give free advertising to charities", because the answer would be yes, but you can surprise me by saying no if you would like.

However, what I am more interested in on that question is, having confirmed that you think that is a good idea, if there was that free advertising - and, Tom, you raised this point earlier that there is no point in just saying, "Stop" - what content would actually be helpful in that free advertising, not just something that says, "Please stop"?

Tom Fleming (Communications Manager, Gambling with Lives): Yes. You need independent public health messaging about the risks of gambling, which would be about things like products and the mental health risks. There are actually other local authorities that have already done campaigns similar to this. The Greater Manchester Combined Authority (GMCA) and Yorkshire and the Humber have run really effective city-wide campaigns with public health messaging that actually address the source of the problem and do not continue that individual responsibility narrative, which is quite harmful, as I have covered.

Emma Best AM: Do you think it is worth focusing more on the personal harms and the public health safety message or the outreach and where people should go or does there need to be a moderate balance of both?

Tom Fleming (Communications Manager, Gambling with Lives): In an ideal world, it would be early intervention and prevention, but we do not live in an ideal world and so there does need to be a balance because there are clearly a lot of people out there who need signposting to help.

One of the projects that my charity has worked on and just completed is a resource hub called Chapter One, which is live at chapter-one.org, which is a hub, essentially, for independent information. It has training on there for GPs and for other professionals and intermediaries, like you mentioned, so that they can spot the signs of gambling harm. Yes, definitely something like Chapter One should be advertised.

Emma Best AM: Would free advertising be helpful, just to be clear?

Tom Fleming (Communications Manager, Gambling with Lives): Yes, absolutely.

Emma Best AM: Thank you. That was all my questions, Chair, unless anyone wanted to add anything.

Colin Walsh (Lived Experience Manager, GamCare): Yes, can I jump in briefly? I assume the free advertising is something like what Dean mentioned, the old AA poster. I doubt we would get the full banner all the way down the Elizabeth line on rotation. If that is given away for free, yes, please, can we have that tomorrow?

Emma Best AM: This Committee could always try to argue for it. Whether the Mayor would be up for doing that is perhaps another question.

Colin Walsh (Lived Experience Manager, GamCare): It is that awareness. Push for the ban but, I reckon if that cannot happen, do something. Do not do nothing. Have harm reduction campaigns, awareness campaigns and signposting as well, like the 'No Wrong Door' programme. People do not know where to go. There are four or five organisations we have talked about today. There are many others out there.

My last point is you have the opportunity to regionalise it across Greater London as well and signpost it. We have talked about the national or fairly national organisations. There are some really good pockets of local work out there, like in Haringey. Signpost to that because, while we live in a world where everything is connected, a lot of things are online. We also live in the world that we see every day. Make it local. Make it real.

I do not want to take this on too weird a tangent from a licensing perspective, but I was talking to someone last week who lives in Romford. I do not know if any of you know South Street in Romford, but he was saying that he stood on one spot the day before and he could see six places he could gamble from standing in one spot. Four of them were bookmakers. Two of them were adult gaming centres and so arcades, essentially.

Are they the kind of high streets that we want people to live in and that we want the next generation to grow up in? No. That despite all of the harm that we have talked about being online. It is all around us.

Emma Best AM: Thanks. Yes, I used to work at The Moon and Stars in Romford and so I know it very well.

Dr Onkar Sahota AM (Chair): Assembly Member Hirani, did you want to come in?

Krupesh Hirani AM: Thank you. It is just on the theme of advertising and probably more pertinent to Tom because it is in relation to football directly. One of the growing practices that we have seen is on podcasts or YouTube podcasts - there is one I watch quite regularly, Stick To Football, and it is sponsored by Sky Bet - in terms of looking at how the industry can combat maybe some of the online advertising on podcasts. This show is also, almost inexplicably, sponsored by a gambling company as well in bits where you cannot even skip the ads in between segments or before or after a show ends on YouTube.

Is there more than the industry can be doing with social media providers as well to look at advertising where it is inescapable?

Tom Fleming (Communications Manager, Gambling with Lives): I am sure there is, yes. One of the things that we as a charity have been calling for is a complete ban on all gambling advertising and, definitely, football is a really common route in. Yes, there is certainly more, but I do not have the specifics to my mind other than a complete blanket ban.

Krupesh Hirani AM: Just on that, celebrities and ex-football players have a huge influence and a huge reach as well. Is there anymore that individuals can be doing to limit what they are doing, which is effectively promoting advertising?

Tom Fleming (Communications Manager, Gambling with Lives): Yes, there should be a ban on celebrity endorsements for gambling. There were some guidelines brought in by the Advertising Standards Authority the year before last [2022], I believe, but they turned out to be quite murky and they were quite easy to get around because they were mainly focused on young people and celebrities or stars who might appeal to young people. That vagueness in the rules created a bit of leeway and we ended up with people like Harry Redknapp [former football manager and player] still advertising gambling because he does not appeal to young people and perhaps even Peter Crouch [former football player] because their careers ended some time ago.

Yes, there needs to be much more stringent rules in place that cannot be got around so easily because celebrity endorsement is huge, especially in football. I know José Mourinho [Portuguese football manager] was doing it while he was still a manager. It is huge. If you are growing up and you see one of the most respected managers of all time, probably, endorsing a product, you are going to think that is fine. It really needs to be addressed.

Colin Walsh (Lived Experience Manager, GamCare): Tom, I know the stuff you did with Clive Tyldesley [television sports broadcaster] at Gambling with Lives was really interesting. I heard him speak a few times before on that story. He was somebody who chose to step away from what he did as a presenter not because he had been impacted by gambling harm himself but because he saw it was wrong. He just felt it was not the right thing to do. I do not know if you want to talk on that, but I thought it was really interesting.

Tom Fleming (Communications Manager, Gambling with Lives): Yes, he approached one of our campaigns. We have a campaign called The Big Step, which is a campaign to kick all gambling adverts out of football. Clive Tyldesley got in touch because, as you said, Colin, he was working for Talksport at the time and

part of the commentator's duty there was to read out odds before the game. He felt uncomfortable with it and so he got in touch with a colleague of mine and has since met with the charity. He hosted an event for us at the Labour Party conference this year and you can tell that he has had a journey and so it is possible for people to - an expression I often use - have the curtains pulled open and see the full picture. Yes, that was a good example. Thanks for that.

Andrew Boff AM: Just a small detail. Did you say chapterone.com was the website?

Tom Fleming (Communications Manager, Gambling with Lives): Chapter-one.org.

Andrew Boff AM: Org. That is where I went wrong. Thank you.

Tom Fleming (Communications Manager, Gambling with Lives): No problem.

Dr Onkar Sahota AM (Chair): Emma?

Emma Best AM: Thanks. The next section of questioning is around the actions that we want taken that we have not really covered already. We will go through a couple of the different responsible authorities, but perhaps we will start with the Government. I know Andrew mentioned earlier one of the bits of the white paper. I do not know if anybody has any further comments on the actions taken, especially in relation to more of these checks that are going to start happening and being triggered, whether these are good steps, whether the limits are in the right place and what anybody on the panel thought about that. Colin?

Colin Walsh (Lived Experience Manager, GamCare): I do not mind starting. Certainly, GamCare workers have submitted a response on this already, but, for me personally, the checks are meaningless until there is a single customer view. If there is a limit from me on one account, there are no limits to how many accounts I can have. The daily limits or weekly limits or monthly limits that are talked about are per account, not per person. Until there is a stage when that is possible, I do not see how they are going to have significant impact. They will stop perhaps the occasional person.

It is one of my frustrations, really. We hear of the super extremes. I talked earlier about the kinds of numbers that I gambled when I was gambling. That is the kind of thing we hear about, but that is not the bulk of the people who are experiencing harm. It is at lower levels; people are just leading rubbish lives because they are gambling all their wages. That is one of them.

Emma Best AM: Just to say - and you can correct me - my understanding was that this was going to bring together the online gambling stakeholders so that it would be more cross-platform sharing of that.

Colin Walsh (Lived Experience Manager, GamCare): There is an ambition to move towards a single customer view. The technology does not exist for that to happen currently.

Emma Best AM: OK, but it is an ambition, though, of the paper. Where do we need to move to make that happen, then?

Colin Walsh (Lived Experience Manager, GamCare): As I understand it, that is still four or five years away from being a thing. It is not possible currently. There is a pilot that sits with GAMSTOP, if I am right, but it is not within the white paper to say that this has to happen.

Emma Best AM: Is there anything that brings that four- to-five-year wait closer? Is there anything that you are suggesting in terms of that single customer view?

Colin Walsh (Lived Experience Manager, GamCare): Yes. It is not my field of expertise, but I guess a desire to do it from the operators and collaboration across that sector. Generally, I would hope they would want to be better. We want harm to be reduced.

Yes, until that exists from a technical perspective, any limit is only operator specific. Even within an operator - name one - an operator might have five or six different brands. You can gamble up to that limit with each of those brands, as I understand it, and that does not account for in-person gambling on South Street in Romford.

Emma Best AM: Thanks. Maybe we have the wrong panel, but I am interested because this mandatory data sharing is a big part of the new Bill and I have questions about you not thinking that that is implementable, but I do not want to question you too much. That would not be fair. Does anyone else want to say anything about the Bill?

Dean Frost: It is not really my expertise. I am generally someone who works with people who are right at the bottom. A friend of mine works as an analysis guy on data. He sits at home, keeping an eye on betting. This is with horses and dogs and sports betting, not online betting. He was telling me on Sunday that he can stop someone in time very quickly if he knows they are going to be a winner and they are going to be in profit, but if they are a potential loser and he has the data and past experiences of others, he will recognise that that person will be a winner. It will cancel them out straight away. If they were £10,000 down today but he knew that in time he was going to win, he would still block him, even though that person has given £10,000. It is through certain ante-post betting, which is a bit deeper. That is the power that one person can have. They can ban a potential future winner. If you are going to give money away, they will allow you to carry on.

Emma Best AM: All right. What do you think was missing from the Bill or could be improved in the Bill? Tom?

Tom Fleming (Communications Manager, Gambling with Lives): Advertising was conspicuous by its absence. It was barely even touched upon. The Premier League's decision to have a voluntary ban - which is not really a ban if it is voluntary - from two years from now was lip service and possibly jumping before they were pushed. Advertising was the biggest thing left out of the white paper.

Emma Best AM: Thanks. Yes, a voluntary ban sounds as much of an oxymoron as you can get, really. Tracy, did you want to add anything to that?

Tracy O'Shaughnessy: There is not really anything for me to add to that, to be fair.

Emma Best AM: OK. In terms of the Mayor of London and the ways in which he might be able to do more to help, we have covered the TfL estate and advertising there. Is there anything else that you think we can think about? Dean?

Dean Frost: Does he have the power to have a strong partnership with football clubs? If football clubs are happy to advertise gambling, is there a partnership so that the same football clubs can raise awareness about the dangers and a very powerful message from football clubs? Is there any possibility of that, specifically with the London clubs?

Emma Best AM: Yes. There is a really obvious partnership between the Olympic Stadium and West Ham and the convening powers the Mayor has along with the London Legacy Development Corporation (LLDC). Those convening powers probably stretch to all London Premier League and Championship clubs as well and so that is not a direct power but certainly a convening power, if that is what you are suggesting, and is something that would make a good recommendation.

Dean Frost: As a London cab driver, I know a little bit about Tufton Street and Old Queen Street where the lobby groups are. Who funds a lot of it? Looking at all those vested interests, whether it be politicians or policymakers, there are people driving the industry to be more accessible to more people. Look at who funds and who drives the lobby groups and who is behind the lobby groups. I drive around in my cab. I am aware of a lot of stuff.

Dr Onkar Sahota AM (Chair): You heard it first on the Health Committee.

Emma Best AM: Yes.

Dean Frost: The last bit I would like to say as well is a different subject, but you just spoke about COVID. So many people during COVID took up lots of addictions. According to The Cable News Network (CNN), 52 per cent of addicts returned to their addictions during lockdown. Moving forward, if there was ever another lockdown, God forbid, would there be something put in place for people to give them support? That is a report from CNN. That is another subject.

Emma Best AM: Yes, perfect. Thanks. Anyone else on the panel, looking specifically at the Mayor of London and his remit? Tom?

Tom Fleming (Communications Manager, Gambling with Lives): Yes, just to stress that there should be city-wide public health messaging campaigns and signposting healthcare professionals and intermediaries towards Chapter One, where they can train themselves on how to spot the signs of gambling disorder and refer to the appropriate place.

Emma Best AM: Thanks. Colin?

Colin Walsh (Lived Experience Manager, GamCare): Thank you. For me, really, look at some of the best practice that is out there. In my notes, I have some headlines of the work done in Haringey. They train and educate professionals from local public health services to identify and respond and support people who are impacted by gambling harm; clarifying and strengthen referral pathways to GamCare adult support services or other support services, not just GamCare. People might want residential support. People might want peer support. Other services are out there. They raise visibility of support available, increase accessibility of face-to-face support by having those safe spaces that are in local communities, increase collaboration between those local services and gather the data to evidence the impact of it. It is really good, and it should be done across London.

The other one for me is signposting and recognition of gambling harm alongside alcohol and substance misuse. Generally, people talk about gambling harm being 20 or 30 years behind drug and alcohol services. That is not OK. Let us shorten that gap. A lot of organisations have alcohol policies and substance misuse policies. Very few have safer gambling policies. People do not know what to do. They do not know.

When I came in this building - which is really impressive, by the way - I did not know where the toilets were. I was a bit nervous and so I wanted to find a toilet. I had to look for those signposts. Without that, I would

have just been wandering around aimlessly. Have that signposting to show people what that path can look like.

Emma Best AM: Tracy, would you like to come in as well?

Tracy O'Shaughnessy: For me, just reiterating everything that everyone has said, really. I would like to see blanket training included with the Metropolitan Police [Service] (MPS). There is a lot of work that needs to be done around that, to be fair. That is really important because not just from the gambler's perspective but for an 'affected other'. If you are in any sort of situation, whether it is - as I have touched on before - domestic abuse or mental health or whether it is the gambler themselves, to then be confronted by an organisation that you are reaching out for help from, and they have nothing to give is quite challenging. Again, just going back to what Tom said, healthcare referrals, making sure that those support networks are there for 'affected others' and focusing more on us.

We are important. We are here. We are not an afterthought. We are here. It affects us. They say on average for every gambler there are six 'affected others'. I would double that. It is a lot more. It is wider. It affects everybody. It affects in-laws. It affects siblings. It affects children. The list goes on. That support is just not there.

Women particularly want women-only spaces. Women find it incredibly difficult to reach out for help when they are possibly expected to go into a group meeting or whatever with men. They may be coming from a domestic violence situation. We want that support. We want spaces for women by women.

Colin rightly said the difference between substance misuse support and signposting. I am somebody who has come from both paths, unfortunately. It is huge. I cannot even begin to tell you the difference. I was really shocked when I reached out for help because I did not have those issues when I reached out for help as somebody affected by somebody's drug misuse. Especially with training across the board, the Mayor really needs to get up to speed with that.

Emma Best AM: It is a really important point you raise about the MPS and the training and to emphasise that at the end, not least because of the situation that you explained earlier, but there are a number of violent incidents in betting shops and things like that. Just to think that if the police officers do not understand the addictions that might be fuelling those is quite remarkable, really. It is a really important point you raise.

Tracy O'Shaughnessy: I know this from my experience. I am using my own experience. I was actually cautioned and questioned when the police came and when they arrested my partner. I was treated like I was complicit to his crime, "Well, you must know. You must know." This is something that really impacted me because they then left because they did not find whatever it was, they were looking for. As they left me at half past six in the morning, they said, "Well, you do know he's got a gambling addiction." What if I did not? What if that was the first time that I was finding out that my life was about to be turned upside down? There was no duty of care. They just left me with that.

That is my own story and I hear that repeated constantly from women whom I support. They ring up for help. There has been some violence, or something has happened. That support is just not there because they go, "I do not know. What is it about? He took the money?" It is bigger than that. Do not minimise this. Do not do that. It is really harmful.

Particularly for me, it is the training within the MPS and services outside of that as well, as I have said, social services, domestic violence organisations that I speak to on a daily basis. Still a lot of them do not have that gambling harm training. That really seriously needs to be looked at. Yes, that is my bit. Thank you.

Emma Best AM: Thank you, Tracy.

Dean Frost: Could I just finish off, sorry? No one has mentioned this. I am sure it is on all of our minds. Also, go into schools, colleges and universities. Over the last few years, I have met many people who have gone to university and within the first few weeks their grant has gone, and they do not even finish their degree. Look at education at an early age. It could be junior football clubs and talking to parents. A lot of the parents probably do not know what is going on with the phones. While their child is playing Roblox or Fortnite, they do not realise what is actually on that device and what may be potentially luring them a bit later down the line. Maybe there could be a big education campaign in London or around the country raising awareness about the dangers of gambling and the harms it can cause.

Emma Best AM: Yes. You are doing online safety now in schools from reception, basically, and gambling is part of that online safety, right?

Dean Frost: I am old enough to remember when we got taught to cross the road, but now it is stuff that I never had in 1989. I am giving my age away now.

Emma Best AM: Yes, of course. Colin, did you want to say something?

Colin Walsh (Lived Experience Manager, GamCare): Yes, just one more from me and it builds on Tracy's point as well. Really engage with people with lived experience of harm. Hear those stories. That is what makes it real. We talk a lot about data and stats, and I have had a few numbers written down, but each one of those numbers is somebody's life. It is their family's life and their partner's and their kids' and their parents'. Hear some of those stories from people across London who have been impacted. That is what makes it real. They are the things people remember.

Emma Best AM: In terms of putting that into a recommendation, would that be for the Mayor of London to have some sort of forum or a summit event? Is that what you mean?

Colin Walsh (Lived Experience Manager, GamCare): Yes, just hearing those stories from people and not hearing the organisations in this space that all do different things. Hear from the people who have had support from these organisations. Hear just how valuable is the work that all of us do. It saves lives. It changes lives. It sometimes has to pick up the pieces for those people left behind, which is really sad, and so let us not let it get that far or let us do our best to not let it get that far.

Emma Best AM: One final question I had is the one where we as a Committee clearly have the most limited powers, but we could still make recommendations. It is in terms of the gambling industry. "Stop existing" might be your recommendation, but is there anything that you could specifically think that we could be asking or lobbying for from the Assembly through this work?

Tom Fleming (Communications Manager, Gambling with Lives): Yes. It definitely should not stop existing, in my opinion, anyway. They just need to, essentially, clean up their acts, to use a better phrase. They make the majority of their profits from harm. That needs to change. This harm does not happen by accident. It happens because of their products, because of their practice, things like marketing misleading offers, things like cross-selling. They need to stop that. Unfortunately, for them, that would mean essentially

a hit to their bottom line because they make most of their profit from harm. That needs to stop. However, that would get a lot of kickback because they are private businesses whose aim is to make money.

Emma Best AM: Can you briefly describe cross-selling for me?

Tom Fleming (Communications Manager, Gambling with Lives): Sure. Cross-selling would be where, say, I am on the train on the way back today and I see an advert that says, "Sign up with X and X and get a £5 free bet when you put £10 on." I am in there because I am football better and I am with that gambling operator. Then they will start to cross-sell me towards different products. They might be sending you offers to get you in, for example, for things like online casinos and online slot games. They have essentially converted a sports better to an online casino better, which is the most dangerous and addictive product. It is a very common route in that I talk to people about. They come in through football because it is the hook that gets people in. Once they are in and they have the data and they are profiling you and are profiling your age and your characteristics and things, they will push you across to the more addictive and dangerous products.

Emma Best AM: Thanks. Does anyone have any other specific recommendations or things we should take on board about the gambling industry and the things it could do to, as Tom said, clean up its act?

Colin Walsh (Lived Experience Manager, GamCare): For me, I guess less industry-specific but more awareness. Do not stop learning about what else is out there and what support is out there from the organisations. I know GAMSTOP was mentioned earlier. At GamCare, we run a partnership called TalkBanStop, which is with GamCare, GAMSTOP and Gamban. We are hosting an event at the House of Lords on 28 February [2024], where Lord Foster [of Bath, Chair, Peers for Gambling Reform] is speaking. I am sure I can get any of you on the invite list if you want to come along. It is great to liaise with the organisations and find out why they exist and how they have come together to support people.

I agree with Tom that campaigning against the gambling industry does not have an end goal that we can achieve, but what we need to do is just make it be better and ensure that fewer people are harmed and that those who are get the best support.

Emma Best AM: Is there perhaps one thing that one online provider or betting shop has done that is best in field and everybody else should do?

Colin Walsh (Lived Experience Manager, GamCare): The seatbelt has never been invented for gambling, unfortunately. If it was, would they share it? They probably should. That does not exist. Practices are very slowly changing but technology is also quite quickly changing. Yes, that seatbelt that saves millions of lives a year does not exist in gambling.

Dr Onkar Sahota AM (Chair): Assembly Member Hirani?

Krupesh Hirani AM: Thank you. It might have been Tom in one of the earlier exchanges who mentioned the Gambling Act and Colin mentioned licensing laws as well. Do you feel that it is time that legislation was reviewed?

Tom Fleming (Communications Manager, Gambling with Lives): It just has been reviewed, the Gambling Act. It was reviewed and the white paper was published in April of last year [2023]. There was the reform side and the industry side and so a lot of the things that were included ended up being a little bit watered down. A lot of the nuts and bolts and the details went out to consultations, which are undergoing and are yet to be announced. Although no actual reforms have been enacted yet, the Gambling Act itself has been reviewed.

Krupesh Hirani AM: Last week, a couple of cabinet members from Brent Council in my area wrote to the Government explaining about the harms of operators on high streets in the [London] Borough of Brent and calling for more powers for local councils to make decisions that are right for local communities. Is that something that you would like to see? Dean, you alluded to some of the newer types of betting shops, the slot machine shops and the gaming shops that are popping up on high streets.

Dean Frost: Centrally in London, certain streets that I used to go and gamble on, those betting shops have disappeared, but they have been replaced or there are more slot machines and casinos and 24/7 arcade types of premises. I have forgotten the question now.

Krupesh Hirani AM: Do you feel that councils should have more powers in controlling what goes into high streets?

Dean Frost: Yes, without a doubt because I am sure, once again, the people who own the betting shops and these organisations are targeting certain high streets, maybe knowing that people have less money and are more needy. Yes, without a doubt, councils, governments, whoever is making policies, yes.

Krupesh Hirani AM: Just because it is not an area that we have discussed much in terms of the slot machine and arcade types of shops, do any other panellists want to come in with any thoughts on those?

Colin Walsh (Lived Experience Manager, GamCare): I know there was a YouGov survey last year that talked about people using betting offices, arcades and slot centres as warm banks. Off the top of my head and so do not quote me - but I am conscious this is recorded and minuted - one in six who gamble harmfully use those kinds of establishments as warm banks. That is horrific. Also, you see on any high street in any part of London the concentration of gambling establishments in the more deprived areas. That tells you something in itself. You do not need the research to tell you why that happens. It just does not feel right.

I would also just add the protections that we have talked about today are getting better. Things like GAMSTOP and Gamban are great for online gambling. In-person needs to go some way to catch up the same technology. Whilst there are national schemes, they are not quite as effective as the feedback that I get from other people. It is hard to stop yourself. If you think about that broader question of what gambling is, we are not just talking about betting on the horses or in a casino or in an arcade. Add the Lottery. Add scratch cards and those slot machines that might be in pubs. It is all around.

Dean Frost: Just regarding the protection, not on the street but online, this is another one that I have. I have little polls from people in the recovery community. Where is it? Did betting companies, online or onsite, ever do affordability checks on you or question your gambling? Nine said yes and 15 said no, which means 15 had been allowed to continue to gamble irresponsibly without control.

Colin Walsh (Lived Experience Manager, GamCare): Sorry, just to come back in with one more that I meant to mention from me, on the licensing side, it is not a world I fully understand but I know the basics of the aim to permit scheme. Is that the right approach when it comes to high risk? We talk about high-risk areas on the TfL estate in advertising. The same principles can apply when it comes to bricks and mortar buildings that cause harm.

Dr Onkar Sahota AM (Chair): Assembly Member Russell?

Caroline Russell AM (Deputy Chair): Thank you. Yes, I have just a few things I want to pick up on that go back a little bit though. We have talked quite a lot about gender and the different experience of men and women. I am just wondering. London is a very diverse city. We have huge numbers of different communities. I just wondered. Are there differences amongst different communities within London? Tracy?

Tracy O'Shaughnessy: Yes, from an 'affected other's' perspective, definitely. What I have seen is a rise in women coming forward from the Muslim faith. Particularly within Islam, gambling is classed as haram. It is a very closed community. It is a huge cultural issue rather than a religious issue if that makes sense. Particularly, we are trying to reach out to that community specifically, but it is very difficult for most of those women that I speak to.

I spoke to one just yesterday at length. I can touch on this because my daughter actually converted to Islam and so I understand her journey. She just cried for about 10 minutes and said, "You are the first person who has actually heard me", because she went to her local mosque, and she was told that she was bringing shame against her husband and that she must never speak about it again. There is a huge issue here. There is a huge community of women that we are not reaching particularly. That is just one area that I would like to focus on moving forward.

Caroline Russell AM (Deputy Chair): That also points to having information about gambling on buses, the Tube, places where people travel?

Tracy O'Shaughnessy: Absolutely. I support another lady whose husband is, again, from the Muslim community. He will not go for any help at all because of the shame and stigma attached to that. He is worried his family will find out. That is just a couple of examples from both sides there.

Yes, it is something particularly within the organisations that I work with. We are looking at ways to reach those women particularly because it is something that I am really aware of. How do we approach that safely and delicately?

Caroline Russell AM (Deputy Chair): We have heard about the barriers to seeking help anyway because of the shame and the stigma, which we heard about at the very beginning of this session, but then if you have another overlay on top of that, then that makes it --

Tracy O'Shaughnessy: Absolutely. I do find that women from those particular communities struggle even more. For example, a lady just recently could not reach out for help. She really struggled with her mental health and just cannot talk about it to anyone else. As you say, positive advertising and signposting is a way for these particular women to be able to go, "That could be me", using advertising that looks like them - do you know what I mean - because it is relatable.

Caroline Russell AM (Deputy Chair): Culturally competent advertising?

Tracy O'Shaughnessy: Absolutely. It has to be relatable.

Caroline Russell AM (Deputy Chair): Yes. Thank you. OK. I have got a couple of other things I wanted to pick up on. Sorry, I am just scribbling things down here.

We have talked a lot about the development of online gambling. There is another online product, which is cryptocurrency. I just wonder if you are aware of evidence or experience of products and services that have

financial risks that are similar to gambling like cryptocurrency and whether that is also influencing gambling behaviour. Is there anything that anyone wants to throw in on that? Tom, you look like you might have.

Tom Fleming (Communications Manager, Gambling with Lives): Yes. I recall there was some news in the last year or so about a rise in people seeking help for crypto-related issues, but in itself cryptocurrency is just an asset, no matter how volatile or speculative. It in itself is just there. It is the way it is marketed. Again, there are clear parallels with gambling with the gambification of the apps and the checking all the time. There is a crossover, but that is probably more in the marketing of the product as opposed to in the product itself, if that makes sense.

Caroline Russell AM (Deputy Chair): Yes. I suppose I am just thinking, if we are talking about controls on marketing gambling, whether there should be additional controls that relate to products like cryptocurrency and whether there is crossover into the gambling harm space.

Dean Frost: I have actually experienced a few more people in the last year joining our recovery community and being involved in crypto. I worked during lockdown. There was no cab work and so I went and worked on a building site over in Slough with a lot of young builders. A lot of them spent a lot of their time on their phones. They were looking at their phones definitely after one o'clock and so they were involved in the forex trading in the American markets. They were also heavily involved in crypto, and they could not stop looking at their phones and their trades going up and down. As far as I am concerned, if there is an unhealthy relationship that they are consumed by and cannot concentrate on their day, then crypto is a problem.

Again, I use the example of people in the back of the cab. I asked a banker last week what he thought of crypto. He said, "I do not even get involved." He had a nice big house. He worked in the City of London. I assume he was doing well for himself. He said, "If I do not understand the product, I do not get involved." Probably the likelihood is we have lots of young people thinking that they can get rich quickly and, likely, it is not going to happen. As far as I am concerned, crypto needs to be put in with other forms of gambling.

Caroline Russell AM (Deputy Chair): Yes. Colin, you looked like you were going to say something.

Colin Walsh (Lived Experience Manager, GamCare): Yes, I agree with that. I know people we have supported at GamCare who have suffered harms through crypto trading because no specialist support exists and so they see the parallels and come to gambling support services. Crypto companies advertise those short 24-hour high returns, which are essentially parallels to gambling. It is also not regulated as gambling. We are not strictly funded to do all of this. Whether we should be is an entirely different question, but anybody who has probably walked the paths that we have can really see those parallels. It is certainly not something I would ever consider doing because I see it very much as gambling myself.

Caroline Russell AM (Deputy Chair): Yes. Thank you. My final question. We heard just earlier - and I cannot remember who it was who talked about it now - that there was some good practice in Haringey in terms of training people well and making sure that all the different agencies that might encounter someone experiencing gambling harm might come into contact with, all the people that Tracy has been mentioning, contact with police or with social workers or with housing support.

Are there any good examples of places where gambling advertising has already been removed or banned that has not been mentioned so far today? Is there anything that you are aware of that is tip-top good practice that London should be having a look at?

Tom Fleming (Communications Manager, Gambling with Lives): When you say “place”, how loosely are we drawing that term?

Caroline Russell AM (Deputy Chair): City, country, town, village.

Tom Fleming (Communications Manager, Gambling with Lives): I know there are countries that have banned gambling advertising in Europe or certainly put severe restrictions on it. Belgium, Spain, Italy and Norway have some form of restriction. I do recall seeing, although I cannot quote, the Norway example. After X amount of time either banning or restricting, they saw harm levels go down. I can try to dig that out and forward that over to someone because I appreciate that that is quite vague.

Caroline Russell AM (Deputy Chair): That would be really helpful.

Tom Fleming (Communications Manager, Gambling with Lives): I will make a note of that.

Caroline Russell AM (Deputy Chair): It is always good to tell the Mayor to look to a particular place for examples of other practice.

Tom Fleming (Communications Manager, Gambling with Lives): Yes, I agree. We need to look outside of the UK for this. There is a researcher in Bristol, [Dr] Raffaello Rossi [Lecturer in Marketing, University of Bristol], who is great on social media and advertising. I have seen his presentations a few times. We have some of the most lax gambling advertising legislation in Europe. Yes, there is precedent for bans in sport. We would not be the first to do this. There is some practice elsewhere.

Caroline Russell AM (Deputy Chair): Thank you very much indeed. Back to you, Chair.

Dr Onkar Sahota AM (Chair): Thank you. Thank you to all members of the panel. If you think of something, particularly on the issues raised by my colleagues, if you can send the information to the secretariat, it would be very helpful, and we will of course pick it up. Thank you very much for sharing your very personal experiences and thank you to all the Committee Members for dealing with this matter so sensitively. I just have to finish on a few bits of formal business and then you will be free to go.