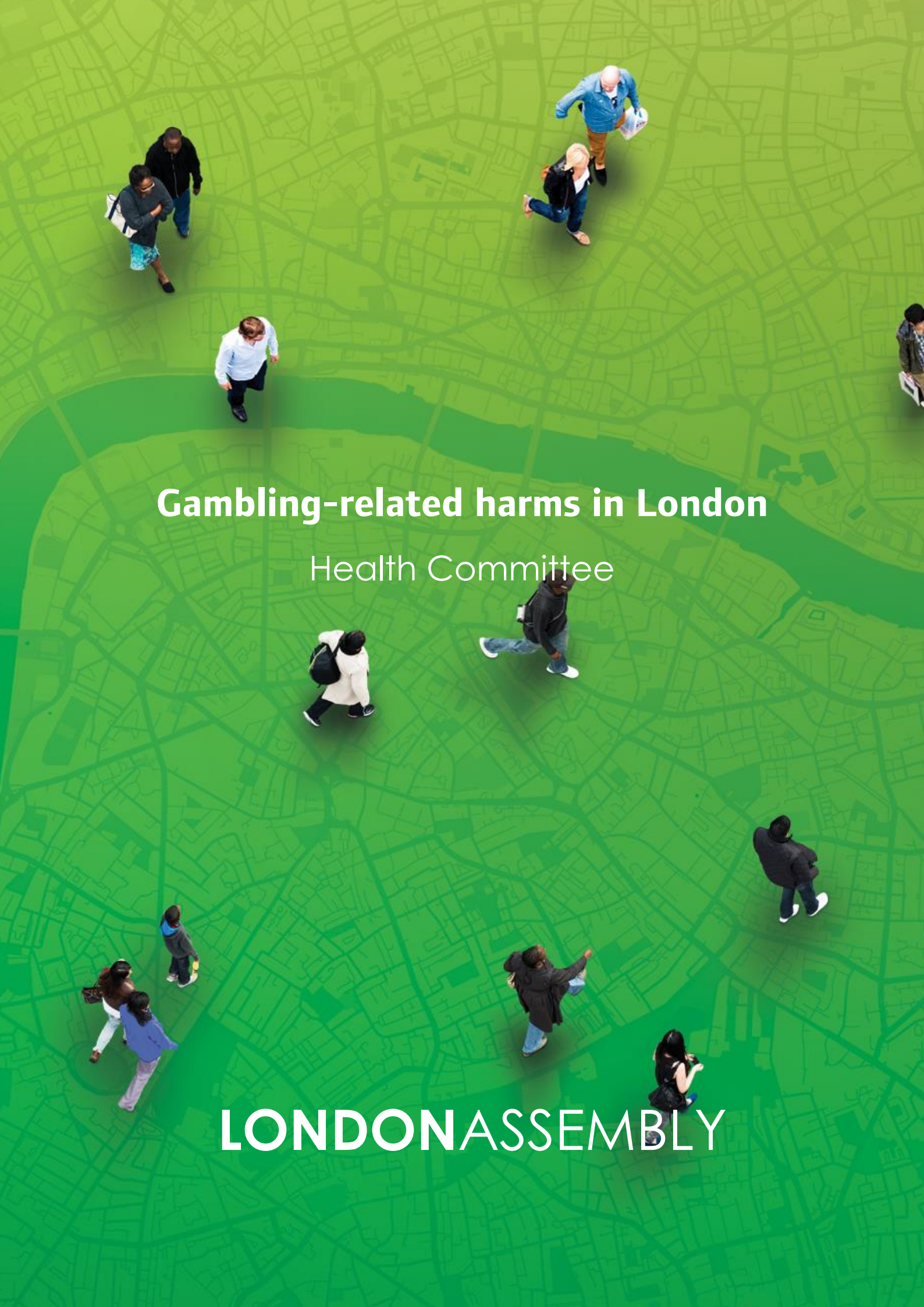


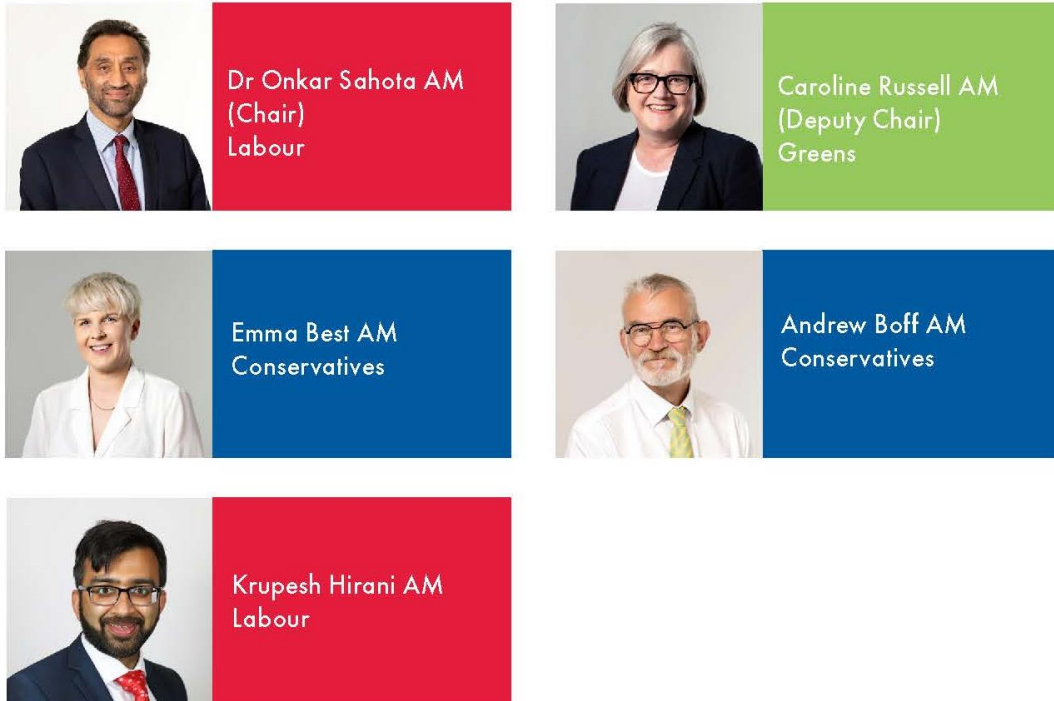
An aerial photograph of several people walking on a large, green-tinted map of London. The map shows the city's street grid and the River Thames. The people are scattered across the map, some walking alone and others in small groups. The overall tone is green, and the image is used as a background for a report cover.

Gambling-related harms in London

Health Committee

LONDONASSEMBLY

Health Committee



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Foreword



Dr Onkar Sahota AM
Chair of the Health Committee

It is hard to escape the presence of gambling in London. From the betting shops which spread along the capital's high streets to the volume of advertising on billboards, TV and online, there are invitations to gamble everywhere you look. These opportunities have increased dramatically due to the growth of online gambling, making it easier for people to gamble at all hours of the day, and often out of sight. It is in this context that the Health Committee decided to investigate the issue of gambling-related harms in London.

It is important to stress that gambling can be enjoyed safely, and the Committee does not wish to imply that all gambling is harmful. However, we also heard a wide range of evidence about the harmful impact that gambling addiction can have on people's finances, mental health and relationships. These impacts can be felt by both the person participating in gambling, and their 'affected others'. It is therefore vital that there is a coordinated public health approach to addressing gambling-related harms in London.

The majority of actions required to regulate the gambling industry and alleviate gambling harms rest at national level. However, the Mayor of London has some relevant powers to address the issue, as well as having an influential leadership and convening role in relation to health services in London. One crucial area where the Mayor can make a difference relates to advertising on the TfL estate, following on from the Mayor's 2021 manifesto commitment to ban 'harmful gambling advertisements' across the TfL network. Such a ban has not yet been implemented, and the Committee believes the Mayor should now bring forward proposals to introduce a ban.

The Committee heard strong calls for replacing gambling adverts with public health messaging on gambling harms on the TfL estate, which is the focus of another of our recommendations. The Mayor can also make a difference by working with health partners to ensure that GPs are adequately trained about gambling harms, and to ensure that gambling treatment and support services are delivering for Londoners.

The Committee would like to thank all the people and organisations who took part in this investigation and shared such insightful evidence. In particular, we would like to thank those who spoke bravely to the Committee about their own experience of gambling-related harms, and the impact this has had on them and their loved ones.

Executive summary

The London Assembly Health Committee took the decision to carry out an investigation into the health impacts of gambling in London in 2023–24. The Committee explored the prevalence and impact of gambling-related harms in London, which groups are impacted by gambling-related harms, and the availability of support and treatment. It also asked what action the Mayor can take to address gambling-related harms in London.

As part of its investigation, the Committee held two public meetings in City Hall. The first was held on 29 November 2023, at which the Committee heard from two panels of experts in the field, and the second was held on 1 February 2024, at which the Committee heard from people with lived experience of gambling-related harms. The Committee also published a call for evidence to collect further evidence from key stakeholders, and received 14 submissions in total.

The Committee reached several key findings as part of our investigation, which are summarised below:

- The majority of people who gamble do not experience gambling-related harms. However, a substantial number of people in London do experience harm as a result of their participation in gambling activity. Gambling-related harms impact people differently, but they can include having a detrimental impact on someone's finances, mental health and relationships. These harms can impact both the person involved in gambling and 'affected others'.
- Gambling harm is a health inequalities issue. People from lower socio-economic groups and minority ethnic groups are less likely to gamble, but more likely to experience gambling-related harms.
- The way in which people gamble has changed significantly in recent years, with a large increase in the number of people gambling online, and a reduction in the number of people gambling in 'land-based' premises. Despite this, slightly more people still gamble in land-based premises than online, and betting shops in London are more likely to be found in areas of higher deprivation.
- The Mayor's 2021 manifesto committed to "instruct TfL to bring forward plans to extend the ban to harmful gambling advertisements on the network". Such a ban has not yet been introduced. The Mayor's representatives highlighted the limitations in the evidence base linking gambling advertising with gambling harm, as well as the lack of a definition of 'harmful gambling' advertisements.
- The Committee acknowledges limitations in the evidence base linking gambling advertising with gambling harm. However, the absence of evidence of harm does not equate to evidence of an absence of harm. Furthermore, it seems unrealistic to expect definitive evidence to emerge on this topic in the near future, and therefore the Committee does not believe that the current evidence base should be seen as a prohibiting factor in introducing advertising restrictions. A range of evidence does exist demonstrating an association between exposure to gambling advertising and gambling

participation, particularly for young people and people who have already experienced problems with gambling.

- The evidence received by the Committee suggests that it is not possible to distinguish between ‘harmful’ gambling advertisements and ‘non-harmful’ gambling advertisements. The Committee therefore believes that the Mayor should bring forward proposals to ban gambling advertisements on the TfL network. He should consult with key stakeholders, including charity and health partners and the gambling industry, before such a ban is implemented.
- A public health approach which prioritises prevention and early intervention is needed in London to address gambling harms, so that people do not need to access complex treatment. However, the reality is that some people experiencing gambling harms do require specialist support and treatment, and therefore the growth in the provision of these services from both the third sector and the NHS is welcome.
- A public health approach to addressing gambling harms requires partnership working across various services, and it is therefore important that an understanding of gambling harms exists amongst a range of service providers. In particular, it is vital that GPs have an understanding of gambling harms, but the Committee heard that this is not always the case.
- The introduction of a statutory levy on the industry will result in a major change to the way funding is collected and distributed among organisations seeking to address gambling-related harms. The Committee welcomes the introduction of the new statutory levy to fund research, prevention and treatment for gambling-related harms. It is important that the new commissioning model for treatment addresses the fragmentation of current service provision, but also builds on the strengths of existing services delivered by both the NHS and the third sector.
- There remains a lack of awareness and understanding of gambling harms and the availability of support. Stigma can also play an important role in preventing people from coming forward for support. The Mayor can help to address this in London by funding and supporting public health awareness campaigns relating to gambling harms.

Recommendations

Recommendation 1

The next iteration of the Mayor's Health Inequalities Strategy Implementation Plan should give greater prominence to the issue of gambling harm, given the disproportionate impact that gambling harms have on certain demographic groups.

Recommendation 2

The Government should reconsider the 'aim to permit' duty, which would give councils greater powers to refuse applications for new betting shops, where there are already high numbers in a particular area.

Recommendation 3

The Mayor should work with local authorities to share best practice and information about how they can prevent the proliferation of betting shops in London, including by implementing guidance set out in the London Plan. This work should also explore how councils can utilise the anticipated cumulative impact assessments (CIAs) for gambling premises applications, which the Government has committed to introducing.

Recommendation 4

London should seek to learn from Bristol City Council's policy of banning gambling advertisements. The Mayor's Health Adviser and the GLA Group Director of Public Health should meet with senior councillors and officers at Bristol City Council in order to gain a greater understanding of the rationale and evidence base that was used to implement restrictions on gambling advertising in Bristol. The GLA should also analyse the evaluations that are taking place on the impact of Bristol's advertising restrictions, in order to inform its own approach in this area.

Recommendation 5

The Mayor should bring forward proposals in 2024-25 to ban gambling advertisements on the TfL network. He should consult with key stakeholders, including charity and health partners and representatives of the gambling industry, before implementing such a ban.

Recommendation 6

The Mayor should work with NHS England (London) to advocate for training on gambling harms to be adopted across all GP practices in London.

Recommendation 7

The Mayor should use his convening role to help ensure that, while the new commissioning arrangements under the statutory levy are being rolled out, there is effective collaboration and integration between NHS services and the third sector in London in delivering support and treatment for gambling harms, and there is no disruption to existing service provision.

Recommendation 8

The Mayor should work with the NHS in London to pilot public health awareness messaging relating to gambling harms. This should include providing advertising space on the TfL network.

Chapter one: Gambling-related harms in London

The majority of people who gamble do not experience gambling-related harms. However, a substantial number of people in London do experience harm as a result of their participation in gambling activity. Gambling-related harms impact people differently, but they can include having a detrimental impact on someone's finances, mental health and relationships. These harms can impact both the person involved in gambling and 'affected others'.

Gambling harm is a health inequalities issue. People from lower socio-economic groups and minority ethnic groups are less likely to gamble, but more likely to experience gambling-related harms.

The way in which people gamble has changed significantly in recent years, with a large increase in the number of people gambling online, and a reduction in the number of people gambling in 'land-based' premises. Despite this, slightly more people still gamble in land-based premises than online, and betting shops in London are more likely to be found in areas of higher deprivation.

Background

Gambling includes a broad range of activities such as purchasing National Lottery tickets, playing online casino games, or placing bets at a bookmakers.

According to statistics published by the Gambling Commission in August 2023, 44 per cent of people in Great Britain (GB) reported having gambled within the previous four weeks, or 29 per cent excluding the National Lottery. These figures have remained stable in recent years.¹ The Annual GB Treatment and Support Survey 2022, carried out by YouGov on behalf of GambleAware, found that London had a lower rate of gambling participation than the GB average in the previous 12 months (55.6 per cent compared to 60.3 per cent).²

The way in which people gamble has changed significantly in recent years, with a large increase in the number of people gambling online, and a reduction in the number of people gambling in 'land-based premises' (such as betting shops).³ Online gambling is now the most lucrative source of income for the gambling industry in Britain. Gambling Commission figures for 2022-23 show that the total gross gambling yield for Remote Casino, Betting and Bingo (RCBB) was £6.5 billion, a 2.8 per cent increase on the previous year, and a 13.3 per cent increase on the year immediately before the pandemic.⁴ The total gross gambling yield for Land-based Sectors

¹ Gambling Commission, [Gambling Behaviour 2015 to 2023: Quarterly telephone survey trends](#), 10 August 2023

² Written evidence submitted to the Health Committee by GambleAware. Published alongside report.

³ Gambling Commission, [Gambling Behaviour 2015 to 2023: Quarterly telephone survey trends](#), 10 August 2023

⁴ Gambling Commission, [Gambling Behaviour 2015 to 2023: Quarterly telephone survey trends](#), 10 August 2023

(Arcades, Betting, Bingo and Casino) in 2022–23 was £4.5 billion, a 20.6 per cent increase on the previous year and a 0.2 per cent increase on the year immediately before the pandemic.⁵

In April 2023, the Government published a White Paper, ‘High Stakes: Gambling Reform for the Digital Age’.⁶ This followed an in-depth review of the gambling landscape in Great Britain, which has changed immensely since the last major piece of legislation was passed in the form of the Gambling Act 2005. The White Paper contains proposals to update the regulation of the gambling industry, for example in relation to online protections, advertising, protecting children and young adults and the land-based sector.⁷ Specific reforms include:

- A statutory levy on the industry to combat and treat gambling harm and addiction.
- Working with the industry and stakeholders to create an independent gambling ombudsman, which must be credible with consumers and will adjudicate on complaints relating to social responsibility and gambling harm.
- Aiming to have the ombudsman established and operational within 12 months.
- Maximum stakes of £15.00 per online slot spin and £2.00 or £4.00 for those aged 18–24.
- “Unintrusive checks” (e.g. bankruptcy/CCJ search) on gamblers who lose more than £125 in 24 hours or £500 within a year.
- “Frictionless” affordability checks for those losing £1,000 in 24 hours or £2,000 over a period of 3 months – with lower triggers for those aged 18–24.
- Mandatory data sharing by operators for high-risk online customers.
- A review of the use of free bets, bonuses and wagering requirements, to ensure they are used in a socially responsible manner and do not encourage harmful or excessive gambling.⁸

Some proposals contained within the White Paper are due to be implemented imminently, while others will require further legislation. As the Government looks to legislate on these reforms, it should continue to work with groups that offer gambling support services.

This report will discuss some measures contained within the White Paper. However, the principal focus of the Committee’s investigation was how gambling-related harms can be addressed at local level in London, rather than through regulation and legislation at national level.

The scale of gambling-related harms and ‘problem gambling’ in London

The Gambling Commission notes that “the vast majority [of people who gamble] do not experience gambling-related harms”.⁹ However, it also states that “there are still significant numbers of people who do encounter issues with their gambling”.¹⁰

⁵ Gambling Commission, [Industry Statistics – February 2024 – Correction](#), 30 November 2023

⁶ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023

⁷ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023

⁸ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023

⁹ Gambling Commission, [Annual Report and Accounts 2022 to 2023](#), 18 October 2023

¹⁰ Gambling Commission, [Annual Report and Accounts 2022 to 2023](#), 18 October 2023

Definitions and language

There is no single, agreed definition of ‘gambling harms’ or ‘gambling-related harms’. Two definitions that have been proposed by researchers are:

“any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population.”¹¹

“the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.”¹²

It is very difficult to quantify the prevalence of gambling-related harms. The main tool used to determine if someone is experiencing problems with their gambling is the Problem Gambling Severity Index (PGSI). The PGSI consists of nine questions related to gambling activity, with a score of zero to three given for each question, and a total score of 27 across all questions. A PGSI score of eight or more represents a ‘problem gambler’.¹³

This report will utilise PGSI data due to the lack of alternatives. However, the Committee received evidence from several stakeholders highlighting the limitations of this measurement. GambleAware noted that PGSI is “not a complete measure of gambling harms”, while Gambling with Lives called it “a crude measure of the level of severity of an individual’s gambling disorder”.¹⁴ A particular limitation of the PGSI is that it does not capture the impact of gambling harms on ‘affected others’ (including close friends and family members).

The Committee also received submissions which criticised the term ‘problem gambling’, as this can be seen as stigmatising and apportioning responsibility to the person affected. This report will therefore refer to ‘gambling harms’ or ‘gambling-related harms’ rather than ‘problem gambling’, other than when referring to PGSI data.

Several surveys have attempted to measure levels of ‘problem gambling’ using the Problem Gambling Severity Index (PGSI) scale (see text box above), including those run by the Gambling Commission, NHS England and GambleAware. As part of the 2021 Health Survey for England, which was published by the NHS in May 2023, 2.8 per cent of adults were identified as engaging in ‘at-risk or problem gambling’ and 0.3 per cent as engaging in ‘problem gambling’.¹⁵ Amongst those who had participated in gambling activity in the previous 12 months, excluding the National Lottery, 7.9 per cent were deemed to be at-risk of or engaged in ‘problem

¹¹ Langham, E., Thorne, H., Browne, M. et al, [Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms](#), BMC Public Health 16:80, 2015

¹² Wardle, H., Reith, G., Best, D., McDaid, D., & Platt, S., [Measuring gambling-related harms: a framework for action](#), July 2018

¹³ Gambling Commission, [Problem gambling screens](#), 12 April 2021

¹⁴ Written evidence submitted to the Health Committee by GambleAware and Gambling with Lives. Published alongside report.

¹⁵ NHS England, [Health Survey for England, 2021 part 2](#), 16 May 2023

gambling'. This increased to 18.2 per cent of those who had gambled online.¹⁶ It is important to emphasise that the PGSI data aims to capture the prevalence of 'problem gambling', which has the potential to cause gambling harm, but should not be conflated with rates of actual harm.

The Annual GB Treatment and Support Survey 2022, carried out by YouGov on behalf of GambleAware, has indicated a higher level of 'problem gambling' in the population than the NHS's survey.¹⁷ GambleAware's regional analysis of these figures, which were submitted to the Committee, suggests that London has the highest rate of 'problem gambling' of all regions in GB, despite having a lower prevalence of gambling overall. London's rate of 'problem gambling' was found to be almost twice the GB average (5.6 per cent compared to 2.9 per cent).¹⁸

Research commissioned by the Office for Health Improvement and Disparities (OHID) in 2022 and first published in December 2023 looked at the number of adults who might benefit from gambling treatment and support.¹⁹ It found that, in London, 3,835 adults per 100,000 might benefit from gambling treatment and support, which was the highest rate in England.²⁰

These findings were reflected in the evidence received by the Committee at its meetings. Marguerite Regan, Head of Gambling at OHID, told the Committee that in London there is a "below national average participation" in gambling, but "a higher average of people who are requiring support and treatment" than in the rest of the country.²¹ She also noted that whilst "the rate of people experiencing problem gambling [...] at the severe end" has remained relatively stable, "if you dig into that a little bit further and look at those who are experiencing elevated risk of harm, that wider group, that is seeing an increase".²²

Guests at the Committee's first meeting also highlighted limitations in the data and advised exercising caution in interpreting it. Marguerite Regan said that "we do not have as good statistics as we would want. There is a need for more data to be gathered".²³ In response to a question about the number of people in London suffering from gambling-related harms in recent years, Professor Henrietta Bowden-Jones, Founder and Director of the National Problem Gambling Clinic and National Clinical Advisor on Gambling Harms, NHS England, noted that "there has been a slight increase", based on the number of referrals to the National Problem Gambling Clinic.²⁴ However, she emphasised that "it is not a scientific process", as the number of referrals for treatment do not necessarily reflect the scale of people experiencing gambling-related health harms.²⁵

Marguerite Regan told the Committee that:

"This is an area that is developing. Gambling has only really been recognised as a public health issue and started being considered in that way and looked at with a public health

¹⁶ NHS England, [Health Survey for England, 2021 part 2](#), 16 May 2023

¹⁷ GambleAware, [Annual GB Treatment and Support Survey 2022](#).

¹⁸ Written evidence submitted to the Health Committee by GambleAware. Published alongside report.

¹⁹ OHID, [Gambling treatment need and support in England: main findings and methodology](#), updated 23 January 2024

²⁰ OHID, [Gambling treatment need and support in England: main findings and methodology](#), updated 23 January 2024

²¹ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 2

²² Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 2

²³ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 4

²⁴ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 1

²⁵ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 1

lens and a health lens in the last decade. Therefore, it is trailing behind what we know in terms of other public health issues.”²⁶

The impacts of gambling-related harms

The health impacts of gambling addiction are widespread. One study from 2015 developed a taxonomy of harms experienced by people who gamble, which identified the following categories as key potential harms:

- Financial harm
- Relationship disruption, conflict or breakdown
- Emotional or psychological distress
- Decrements to health
- Cultural harm
- Reduced performance at work or study
- Criminal activity
- Lifecourse and intergenerational harms²⁷

A Public Health England report from 2021, which reviewed published research studies on gambling harms, identified a similar set of harms.²⁸ Research published by GambleAware in 2022 found that 26 per cent of people accessing treatment for harmful gambling in 2021/22 had experienced relationship loss due to their gambling. 11 per cent had lost a job due to their gambling, and the median spend on gambling reported for the 30 days prior to their assessment was £1,000 – over 40 per cent of the median monthly wage post-tax.²⁹

The Mental Health Foundation highlights the potential impact of gambling on mental health, stating that “gambling can cause low self-esteem, stress, anxiety and depression if gambling becomes a problem”.³⁰ OHID estimates that between 117 and 496 suicides nationally per year can be associated with gambling.³¹ Professor Dame Clare Gerada, GP and Head of Service for the Primary Care Gambling Service, told the Committee that in her experience gambling addiction is “by far the worst, the most hidden and the most destructive of all the addictions”.³² Professor Henrietta Bowden-Jones told the Committee that:

“We know that mood worsens because of the enormous harm caused by gambling in all areas of life, be they relationships, be they financial obviously, professional, academic, you name it. We are now aware of large numbers of suicides that are associated with gambling harms.”³³

²⁶ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 4

²⁷ Langham, E., Thorne, H., Browne, M. et al, [Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms](#), BMC Public Health 16:80, 2015

²⁸ Public Health England, [Harms associated with gambling: an abbreviated systematic review](#), 2021

²⁹ GambleAware, [Annual statistics from the National Gambling Treatment Service 2021/22](#), November 2022

³⁰ Mental Health Foundation, [Gambling and mental health](#)

³¹ OHID, [Gambling-related harms evidence review: summary](#), 11 January 2023

³² Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 3

³³ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 4

Both OHID and the Mental Health Foundation suggest that those with existing poor mental health are more likely than others to experience problems with gambling.³⁴ The Primary Care Gambling Service's submission to the Committee stated that 74 per cent of its patients have co-morbidities, meaning that they have additional health conditions.³⁵ Professor Dame Clare Gerada told the Committee that these can include "physical as well as mental health, an association with drug and alcohol misuse and also with schizophrenia, learning difficulties, homelessness".³⁶

At the Committee's second meeting on 1 February 2024, guests with lived experience of gambling harms spoke powerfully about the impact of their gambling addiction on themselves and those close to them.

*"The damage it did to me was really to my mental health, [...] 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."*³⁷

Tom Fleming

*"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."*³⁸

Colin Walsh

*"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."*³⁹

Dean Frost

³⁴ OHID, [Gambling-related harms evidence review: summary](#), 11 January 2023; Mental Health Foundation, [Gambling and mental health](#)

³⁵ Written evidence submitted to the Health Committee by the Primary Care Gambling Service. Published alongside report.

³⁶ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 3

³⁷ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 2

³⁸ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 7

³⁹ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 3

The Committee also received evidence on the significant impact that gambling harms have on 'affected others', such as close friends and family. One research study estimated that a typical 'problem gambler' affects six others.⁴⁰ Tracy O'Shaughnessy, the partner of someone who has experienced gambling addiction and who gave evidence to the Committee's second meeting, argued that in her experience the actual number is often much greater than this.⁴¹ GambleAware's analysis of the Annual GB Treatment & Support Survey found that London has a higher than average prevalence of affected others compared to the GB average (7.6 per cent compared with 6.9 per cent).⁴²

*"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."*⁴³

Tracy O'Shaughnessy

Dr Tom Coffey, Mayoral Health Adviser, noted that in his work as a GP he is "seeing more problems related to gambling" but that "more often it will be the family affected by the gambling who come to see me".⁴⁴ He told the Committee that "it is often family members who are facing the fallout from the impact of gambling on that person's mental health, on that person's financial situation, on that person's housing situation".⁴⁵

Further evidence is required in this area, with Public Health England's 2021 report noting that "it is clear that harm to affected others and wider society has received much less research attention than harm to the gamblers".⁴⁶

*"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."*⁴⁷

Tracy O'Shaughnessy

⁴⁰ Belinda C. Goodwin, Matthew Browne, Matthew Rockloff & Judy Rose (2017) [A typical problem gambler affects six others](#), International Gambling Studies, 17:2, 276-289

⁴¹ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 29

⁴² Written evidence submitted to the Health Committee by GambleAware. Published alongside report.

⁴³ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 5

⁴⁴ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 4

⁴⁵ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 4

⁴⁶ Public Health England, [Harms associated with gambling: an abbreviated systematic review](#), 2021

⁴⁷ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 5

Demographics and health inequalities

It is clear from the evidence received by the Committee that gambling harms disproportionately impact certain demographic groups. Gambling harm should therefore be seen as a significant health inequalities issue.

GambleAware's submission to the Committee provided a regional breakdown of the Annual GB Treatment & Support Survey. This found that within London, those experiencing 'problem gambling' (PGSI 8+), compared to the London average, are more likely to:

- Belong to specific demographics
 - Be aged 18-24 or 25-34
 - Identify as male
 - Have an annual income of less than £20,000
 - Have a household size of more than three people
 - Have dependent children
- Belong to specific minority communities
 - Ethnic minority communities such as Black African, Pakistani or White and Black African
 - First language not English
 - Dual citizenship or be a citizen of another country
 - Gay, lesbian, bisexual or other sexuality
- Be affected by related or compounding health issues (see table below).⁴⁸

	Those experiencing 'problem gambling' in London	The London population as a whole
Feel, or have previously felt, suicidal	39%	19%
Any long-term health condition	58%	43%
Have received a mental health diagnosis	17%	6%
Have a developmental disability	7%	1%
Have a learning difficulty	12%	2%
Have low mental wellbeing	63%	40%
Have high level of psychological distress	93%	43%
Drinking at higher levels of risk	57%	33%
Currently smoking	32%	15%

Younger men appear to be more likely to suffer from gambling-related harms than other groups. Marguerite Regan told the Committee that, in London, "we know that young males, for instance, are a group that are more likely to experience participating in harmful gambling".⁴⁹ According to OHID, being male is a more significant predictor of at-risk gambling behaviour

⁴⁸ Written evidence submitted to the Health Committee by GambleAware. Published alongside report.

⁴⁹ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 4

than economic factors.⁵⁰ The NHS Health Survey for England states that men are more likely to be identified as engaging in at-risk or harmful gambling than women (4.4 per cent of men and 1.1 per cent of women).⁵¹

However, it is essential to recognise that women are substantially impacted by gambling harms, both directly and as ‘affected others’. GambleAware data suggests that women make up a growing proportion of those accessing treatment, from 13 per cent in 2015-16 to 21 per cent in 2021-22.⁵² The Committee also heard anecdotal evidence that an increasing amount of gambling advertising is being targeted towards women.⁵³ Tracy O’Shaughnessy told the Committee that:

“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.”⁵⁴

The Committee also heard that there is a disparity between those groups who are most likely to gamble and those who are most likely to experience harm. For example, people from lower socioeconomic backgrounds are less likely to gamble, but are more likely to experience gambling-related harms. According to a 2021 study published in the European Journal of Public Health, gambling expenditure tends to increase with income, but people with lower incomes spend a relatively larger proportion of their total budget on gambling.⁵⁵

“Those from lower socioeconomic groups are less likely to be gambling but are more likely to be experiencing gambling-related harms”.⁵⁶

Marguerite Regan
Head of Gambling, OHID

There is limited evidence showing the prevalence of gambling harms amongst different ethnic groups. However, research by the Gambling Commission indicates that people from Black, Asian and Minority Ethnic groups are less likely to gamble than White people, but those that do gamble are more likely to be at risk of harm.⁵⁷

⁵⁰ OHID, [Gambling-related harms evidence review: summary](#), 11 January 2023

⁵¹ NHS England, [Health Survey for England, 2021 part 2](#), 16 May 2023

⁵² GambleAware, [Annual statistics from the National Gambling Treatment Service 2021/22](#), November 2022

⁵³ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 17

⁵⁴ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 16

⁵⁵ Latvala, T.A., et.al., (2021) [Social disadvantage and gambling severity: a population-based study with register-linkage](#), European Journal of Public Health, 31:6.

⁵⁶ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 2

⁵⁷ Gambling Commission, [A look at gambling behaviours among Black and Minority Ethnic Communities](#), 18 October 2021

Gambling harm should therefore be seen as a significant health inequalities issue, which requires a coordinated public health approach. Vicky Hobart, GLA Group Director of Public Health, argued that policy interventions relating to gambling harms should take account of health inequalities, as “the harm is falling disproportionately on people with mental health problems, people in unemployment, people living in deprived areas”.⁵⁸

The Mayor and the GLA have a role to play in developing and influencing this approach across London, including through the Mayor’s Health Inequalities Strategy. The Mayor’s Health Inequalities Strategy includes an objective “to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling”. The strategy states that “problem gambling can lead to physical and mental illness, debt problems, relationship breakdown and, in some cases, crime”.⁵⁹

Vicky Hobart alluded to this objective at the Committee’s first meeting, and stated that the GLA is “keen to draw out lessons and learning from approaches to other harmful products, particularly around the role of industry within that and some of the levers that we have to take that primary prevention approach”.⁶⁰ She also highlighted the role of the GLA in working with London’s boroughs on this issue.

The current Mayor’s Health Inequalities Strategy Implementation Plan runs until 2024. There is therefore an opportunity for the Mayor to place greater emphasis on gambling-related harms in the next iteration of the Implementation Plan.⁶¹

Whilst gambling harms can impact some demographic groups more than others, it is important to recognise that anyone can be impacted. The charity Gambling with Lives’ submission to the Committee argued that “it is clear that anyone can be addicted. The prevalence of addiction in any group is much more about the availability of gambling and the practices of industry than characteristics of the people themselves”.⁶² Betknowmore UK, a provider of gambling support services, noted in its submission to the Committee that “our data supports the wider evidence that while some groups of people are more susceptible to gambling harms, anyone can be impacted”.⁶³ Tom Fleming, Communications Manager at Gambling with Lives, told the Committee that “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”.⁶⁴

Recommendation 1

The next iteration of the Mayor’s Health Inequalities Strategy Implementation Plan should give greater prominence to the issue of gambling harm, given the disproportionate impact that gambling harms have on certain demographic groups.

⁵⁸ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 11

⁵⁹ Mayor of London, [London Health Inequalities Strategy](#), September 2018

⁶⁰ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 7

⁶¹ Mayor of London, [Health Inequalities Strategy Implementation Plan 2021-24](#), 9 December 2021

⁶² Written evidence submitted to the Health Committee by Gambling with Lives. Published alongside report.

⁶³ Written evidence submitted to the Health Committee by Betknowmore UK. Published alongside report.

⁶⁴ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 2

‘Land-based gambling’ in London

Although there has been a significant rise in online gambling in recent years, Gambling Commission statistics suggest that, in 2022 in Great Britain, slightly more people gambled in-person at ‘land-based gambling premises’ such as betting shops (14.6 million adults) than via online gambling platforms (14.3 million adults).⁶⁵

Physical gambling premises are still widespread. As of October 2023, there were 1,336 gambling premises in London.⁶⁶ The vast majority of these are betting shops (1,185). Researchers from the University of Bristol published a report in 2021 which found that four of the ten local authorities in GB with the highest concentration of betting shops per capita are in London.⁶⁷

Several of our guests raised concerns about the prevalence of betting shops in London, and the fact that they are more likely to be found in areas of higher deprivation. Dr Tom Coffey noted that “there are ten times more betting shops in poorer areas than there are in wealthier areas”.⁶⁸ The research quoted above from the University of Bristol found that, as of November 2020, 21 per cent of gambling premises were based within the most deprived decile of areas in the country, compared to just 2 per cent in the least deprived decile.⁶⁹ Will Maimaris, Director of Public Health at Haringey Council, drawing on focus groups carried out with residents in Haringey, told the Committee that betting shops “were sometimes seen as a warm space to go for people who are unemployed”.⁷⁰

Local authorities are required to act as the licensing authority for gambling premises in England and Wales. They are bound by the statutory “aim to permit” duty, which means they must accept applications for gambling premises as long as they meet the licensing objectives of keeping gambling fair, free of crime, and to protect children and other vulnerable people from harm and exploitation.⁷¹

Guests at the Committee’s first meeting highlighted the limits of local authority powers to reject applications for new betting shops. Will Maimaris told the Committee that “we would welcome the ability... to say no more betting shops”, but stressed that councils are “really limited” in what actions they can take.⁷² He also noted frustration from residents at the inability of councils and communities to prevent new betting shops from opening in local areas.⁷³

The Government’s White Paper, ‘High Stakes: Gambling Reform for the Digital Age’, reaffirms the ‘aim to permit’ duty, but proposes introducing cumulative impact assessments (CIAs, which are currently used to regulate alcohol premises) as part of gambling licensing applications, which will require applicants to prove that they will not add to the risk of gambling harms in an area.⁷⁴ The Local Government Association has welcomed this proposal as a “step in the right

⁶⁵ Gambling Commission, [Annual Report and Accounts 2022 to 2023](#), 18 October 2023

⁶⁶ Gambling Commission, [Register of gambling premises](#), 31 October 2023

⁶⁷ University of Bristol, [The geography of gambling premises in Britain](#), July 2021

⁶⁸ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 4

⁶⁹ University of Bristol, [The geography of gambling premises in Britain](#), July 2021

⁷⁰ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 18

⁷¹ Gambling Commission, [Guidance to licensing authorities](#), 1 April 2021

⁷² Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 18

⁷³ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 18

⁷⁴ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023

direction”, whilst also acknowledging its limitations and the fact that it requires legislation which has not yet been introduced.⁷⁵

Despite the limitations of existing local authority powers, the University of Bristol research highlights some examples of London boroughs acting to reduce the proliferation of gambling premises, including:

- Westminster City Council was able to refuse a premises licence by demonstrating a new betting shop would be a high risk to those living in hostels for homeless people nearby
- Tower Hamlets Council has adopted a gambling policy which restricts the opening of new gambling premises near schools, hospitals, resident homes for older people and near any venue where a Gamblers Anonymous meeting is held
- Newham Council received planning inspectorate approval in its local plan to restrict the clustering of betting shops and fast-food outlets by requiring minimum distances between each unit.⁷⁶

At the Committee’s first meeting, Dr Tom Coffey told the Committee that several boroughs had done “great work in this field” and had drawn on guidance set out in the GLA’s London Plan.⁷⁷ He highlighted Policy SD6 in the London Plan, which states that:

“Over-concentrations of some uses however, such as betting shops, pawnbrokers, pay-day loan stores, amusement centres and hot food takeaways, can give rise to particular concerns regarding the impact on mental and physical health and wellbeing, amenity, vitality, viability and diversity. The proliferation and concentration of these uses should be carefully managed through Development Plans and planning decisions...”⁷⁸

Dr Coffey noted that the GLA health team is “working to try and give as much information as possible to the local authority so they can implement what is in their gift”.⁷⁹ The Committee acknowledges that the Mayor’s powers in this area are limited, but would like to see the Mayor take further action to promote the guidance contained within the London Plan related to betting shops. The Mayor can also take steps to share best practice on how some local authorities have used this guidance or taken action of their own accord to prevent the proliferation of betting shops in London.

Recommendation 2

The Government should reconsider the 'aim to permit' duty, which would give councils greater powers to refuse applications for new betting shops, where there are already high numbers in a particular area.

⁷⁵ Local Government Association, [Local Government Association response: Gambling Related Harm APPG White Paper Inquiry Launch](#), 8 August 2023

⁷⁶ University of Bristol, [The geography of gambling premises in Britain](#), July 2021

⁷⁷ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 19

⁷⁸ Mayor of London, [The London Plan 2021](#), March 2021, pp. 270-271

⁷⁹ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 20

Recommendation 3

The Mayor should work with local authorities to share best practice and information about how they can prevent the proliferation of betting shops in London, including by implementing guidance set out in the London Plan. This work should also explore how councils can utilise the anticipated cumulative impact assessments (CIAs) for gambling premises applications, which the Government has committed to introducing.

Chapter two: Advertising gambling products in London

The Mayor's 2021 manifesto committed to "instruct TfL to bring forward plans to extend the ban to harmful gambling advertisements on the network". Such a ban has not yet been introduced. The Mayor's representatives highlighted limitations in the evidence base linking gambling advertising with gambling harm, as well as the lack of a definition of 'harmful gambling' advertisements.

The Committee acknowledges the limitations in the evidence base linking gambling advertising with gambling harm. However, the absence of evidence of harm does not equate to evidence of an absence of harm. Furthermore, it seems unrealistic to expect definitive evidence to emerge on this topic in the near future, and therefore the Committee does not believe that the current evidence base should be seen as a prohibiting factor in introducing advertising restrictions. A range of evidence does exist demonstrating an association between exposure to gambling advertising and gambling participation, particularly for young people and people who have already experienced problems with gambling.

The evidence received by the Committee suggests that it is not possible to distinguish between 'harmful' gambling advertisements and 'non-harmful' gambling advertisements. The Committee therefore believes that the Mayor should bring forward proposals to ban gambling advertisements on the TfL network. He should consult with key stakeholders, including charity and health partners and the gambling industry, before such a ban is implemented.

Background

One area of potential focus for preventing and reducing gambling harms is to restrict the advertising of gambling products. Currently, gambling companies must have a Gambling Commission licence to advertise to British consumers, and must comply with the Advertising Codes, administered by the Advertising Standards Authority.⁸⁰ In 2017, GambleAware estimated that UK gambling companies spent £1.5 billion on advertising and marketing per year, a figure which had increased substantially on previous years.⁸¹

There appears to be strong public support for greater restrictions to be imposed on the advertising of gambling – both within sport, and beyond. A poll conducted by YouGov for the Royal Society for Public Health in 2021 found that:

- 63 per cent of adults are in favour of a total ban on adverts for gambling products
- 76 per cent of adults are in favour of banning adverts being shown on social media and online before 9pm

⁸⁰ House of Commons Library, [Gambling advertising: how is it regulated?](#), 26 October 2023

⁸¹ GambleAware, [Press release](#), November 2018

- 65 per cent of adults are in favour of banning gambling companies from sponsoring sporting events and teams.⁸²

The evidence base for the relationship between marketing and advertising and gambling harms is not conclusive. One research paper, published in 2014, found that “rates of sub-clinical disordered gambling were higher within environments that mandated less strict regulation of advertising for online gambling”.⁸³ However, the Government’s White Paper on gambling regulation stated that its “call for evidence submissions showed a lack of conclusive evidence on the relationship between advertising and harm”.⁸⁴ The House of Commons Culture, Media and Sport Committee, which carried out an inquiry into gambling regulation in 2023, concluded that “the effect of advertising and its role in gambling harm is under-researched and not fully understood... There is an urgent need to better understand the effects of gambling advertising on the risk of harm”.⁸⁵

Despite the limited evidence on the relationship between advertising and gambling harm, evidence exists suggesting an association between exposure to advertising and gambling participation, a point acknowledged in the Government’s White Paper.⁸⁶ A 2020 report by Ipsos MORI suggested that young people who did not currently gamble may be more likely to do so as a result of exposure to advertising.⁸⁷ The Culture, Media and Sport Committee report states that “what research there is indicates a causal relationship between increased exposure to gambling advertising and more positive attitudes to gambling, greater intention to gamble, and increased gambling participation”.⁸⁸

In particular, we heard that gambling advertising can have adverse impacts on those already experiencing, or recovering from, gambling-related harms. Tracy O’Shaughnessy, who gave evidence to the Committee’s second meeting, described advertising for gambling products as “really triggering”.⁸⁹ The Government’s White Paper also states that “there is good evidence that [marketing and advertising] can have a disproportionate impact on those who are already experiencing problems with their gambling.”⁹⁰

Gambling advertisements on the TfL network

In his 2021 manifesto, the Mayor made a commitment to address harms caused by gambling advertising. He said that:

“given the devastating way gambling addiction can destroy lives and families, I’ll instruct TfL to bring forward plans to extend the ban to harmful gambling advertisements on the network”.⁹¹

⁸² RSPH, [Public backs total gambling advertising ban](#), 16 June 2021

⁸³ Planzer, Simon, Gray, Heather and Shaffer, Simon, [Associations between national gambling policies and disordered gambling prevalence rates within Europe](#), March-April 2014

⁸⁴ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023, p. 79

⁸⁵ House of Commons Culture, Media and Sport Committee, [Gambling regulation](#), 13 December 2023, pp. 33, 35

⁸⁶ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023, p. 79

⁸⁷ Ipsos MORI, [The effect of gambling marketing and advertising on children, young people and vulnerable adults](#), March 2020

⁸⁸ House of Commons Culture, Media and Sport Committee, [Gambling regulation](#), 13 December 2023

⁸⁹ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 16

⁹⁰ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023, p. 71

⁹¹ Sadiq Khan, [Sadiq’s manifesto for London](#), 2021

This has so far not been implemented, and Alice Walker, Consultant in Public Health at the GLA, told the Committee that, in 2022/23, TfL received £663,640 in revenue from gambling adverts.⁹²

In 2022, the Mayor commissioned researchers from the University of Sheffield and the University of Glasgow to summarise the evidence base on the health impacts of gambling advertising, as part of his “commitment to bring forward plans to ban harmful gambling advertisements on the TfL network”.⁹³

The review found that there were some limitations to the evidence base, including a lack of longitudinal studies. However, using the available evidence, it concluded that:

“Gambling advertising restrictions could reduce overall harm and mitigate the impact of advertising on gambling-related inequalities. Public health harm prevention strategies should include policies which limit exposure to advertising, particularly among children and vulnerable groups.”⁹⁴

At the Committee’s first meeting, Dr Tom Coffey highlighted the limitations of the evidence base and the absence of a definition of a ‘harmful gambling’ advertisement. He explained that “if we are going to do anything in this field, we need to know how we define [harmful gambling]” as there is not a “national consensus” on a definition.⁹⁵ He argued that the GLA could be subject to legal challenge if it introduced restrictions based on its own definition of ‘harmful gambling’, and told the Committee that the GLA has asked the Government and public health partners to develop a definition.⁹⁶ He emphasised that “we are keen not to ban the advertising of all gambling, only harmful gambling”.⁹⁷

However, the Committee heard that there are challenges in developing a definition of what constitutes a ‘harmful gambling’ product, as opposed to a gambling product that does not generate harm. Marguerite Regan, Head of Gambling at OHID, explained that “harmful gambling is a term that we use for anyone who is gambling at levels that have a negative impact,” and that people experiencing gambling harms are likely to be gambling on two or more activities, rather than engaging in a single form of gambling that could be classed as ‘harmful gambling’.⁹⁸ She told the Committee that it is not as simple as saying “one is bad and one is less bad... because they can be used together, and they can affect each other”.⁹⁹

The Committee also heard that gambling advertisements frequently seek to market the gambling operator rather than a specific product. Tom Fleming highlighted the role of ‘cross-selling’, whereby a customer signs up for one product and is then promoted another (potentially more risky) product by the same gambling operator.¹⁰⁰ Colin Walsh, Lived Experience Manager at GamCare, told the Committee that:

⁹² Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 14

⁹³ London Assembly, [Mayors question – Gambling advertising \(3\)](#), 20 December 2022

⁹⁴ McGrane, E., et al. (2023). [What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature](#). Public Health.

⁹⁵ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 6

⁹⁶ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 9

⁹⁷ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 11

⁹⁸ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 13

⁹⁹ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 14

¹⁰⁰ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 30

“It is fair to say that some gambling products are more harmful than others... However, it is not the products they advertise; it is the organisations and so it is impossible to make a distinction there.”¹⁰¹

The evidence received by the Committee therefore suggests that it is not possible to make a clear distinction between ‘harmful’ gambling advertisements and ‘non-harmful’ gambling advertisements.

Guests at the Committee’s meetings also challenged the argument that the current evidence base is a prohibiting factor in introducing advertising restrictions. Professor Sian Griffiths, Deputy Chair of GambleAware, acknowledged that “we are short of research in this whole field... we do not have the longitudinal studies, we do not have the in-depth studies”.¹⁰² However, she also argued that “it is obvious that, the more you are exposed to messages, the more likely you are to pick them up”.¹⁰³ Marguerite Regan told the Committee:

“In terms of what there is evidence for, what we can say is there is dose-response effect, the more that people see advertising, the more they participate in gambling. We do know that. We also know that for some groups, some vulnerable groups, particularly those who are recovering from having issues with gambling, it does induce them to participate in gambling more.”¹⁰⁴

Whilst the Committee acknowledges the limitations in the current evidence base, it seems unrealistic to expect definitive evidence to emerge on the causative impact of gambling advertising on gambling harm in the near future. Marguerite Regan, with reference to advertising more broadly, noted that “it is incredibly difficult from a research perspective to measure the impact of advertising across the board”. She also highlighted a letter published by a group of researchers in November 2023, which argued that:

“This supposed lack of causal evidence (a point contested by some academics) is simply an absence of evidence due to methodological difficulties inherent to gambling advertising research. Importantly, there is also no evidence of an absence of an effect. People are exposed to gambling advertising in their daily lives, and yet the majority of the research community lacks access to the gambling operator data which could be used to investigate longitudinal relationships.”¹⁰⁵

The letter suggested that it is a “misleading framing of the underlying evidence base” to suggest that there is no evidence to link exposure to advertising with gambling harms. It stated that “it would be equally true to say that there is no evidence demonstrating gambling advertising’s safety”.¹⁰⁶ Marguerite Regan told the Committee that “the argument that we need to know everything before we do anything is a completely flawed one and not one that we would stand by in any other area of public health”.¹⁰⁷

¹⁰¹ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 20

¹⁰² Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 8

¹⁰³ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 7

¹⁰⁴ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 8

¹⁰⁵ Newall at al, [‘No evidence of harm’ implies no evidence of safety: Framing the lack of causal evidence in gambling advertising research](#), 12 November 2023

¹⁰⁶ Newall at al, [‘No evidence of harm’ implies no evidence of safety: Framing the lack of causal evidence in gambling advertising research](#), 12 November 2023

¹⁰⁷ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 8

There was support for implementing advertising restrictions on the TfL network in the evidence received by the Committee. GambleAware's submission stated that "GambleAware would support such a move", while Gambling with Lives argued that a ban on gambling adverts on the TfL network "must be treated as a priority action and also extended to other public spaces".¹⁰⁸

There was also strong support from guests at both of the Committee's meetings for introducing a ban on gambling advertisements on the TfL network. Harj Ghaley, Advisor and Consultant at Red Card said: "My honest answer is, yes, [the Mayor] should ban any adverts that are linked towards gambling".¹⁰⁹ Will Maimaris expressed support for advertising restrictions, highlighting the exposure of advertising in public spaces to children and young people.¹¹⁰ Professor Dame Clare Gerada said that it would be "phenomenal" to "ban all ads on London transport".¹¹¹ Tom Fleming told the Committee that:

"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."¹¹²

However, the Betting and Gaming Council, which represents the UK gambling industry, stated in its submission to the Committee:

"It is not immediately obvious what the GLA might do to reduce gambling-related harms, although we note that attention has been given to the use of its powers to restrict advertising (e.g. on Transport for London). We would urge caution where any use of local government powers are exercised in support of censorship and suggest that the GLA takes the time to engage with operators to discuss a) the rationale for such a move; and b) the likely consequences."¹¹³

Bristol City Council ban

London would not be the first city in the UK to introduce restrictions on gambling advertising. In November 2021, Bristol City Council introduced a ban on the advertising of gambling across council-owned advertising spaces. This was part of a wider ban on other products deemed to carry a public health risk, such as unhealthy food and drink, alcohol and payday loans. Bans were introduced across 861 council-owned advertising spaces at 283 bus stops.¹¹⁴ A team of researchers are running an ongoing project to evaluate the impact of Bristol City Council's policy.¹¹⁵ Marguerite Regan noted that "the Bristol ban, the evaluation of that and how it has an impact, will be incredibly important to [the GLA]".¹¹⁶

¹⁰⁸ Written evidence submitted to the Health Committee by GambleAware and Gambling with Lives. Published alongside report.

¹⁰⁹ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 12

¹¹⁰ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 9

¹¹¹ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 16

¹¹² Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 22

¹¹³ Written evidence submitted to the Committee by the Betting and Gaming Council

¹¹⁴ Scott, L.L., et al. (2023). [Advertisement of unhealthy commodities in Bristol and South Gloucestershire and rationale for a new advertisement policy](#), BMC Public Health

¹¹⁵ NIHR Applied Research Collaboration West, [The Bristol Evaluation of Advertising Restrictions Study \(BEAR study\): Findings from the baseline data](#)

¹¹⁶ Health Committee, [Health Impacts of Gambling in London - Panel 1](#), 29 November 2023, p. 14

Recommendation 4

London should seek to learn from Bristol City Council’s policy of banning gambling advertisements. The Mayor’s Health Adviser and the GLA Group Director of Public Health should meet with senior councillors and officers at Bristol City Council in order to gain a greater understanding of the rationale and evidence base that was used to implement restrictions on gambling advertising in Bristol. The GLA should also analyse the evaluations that are taking place on the impact of Bristol’s advertising restrictions, in order to inform its own approach in this area.

Recommendation 5

The Mayor should bring forward proposals in 2024-25 to ban gambling advertisements on the TfL network. He should consult with key stakeholders, including charity and health partners and representatives of the gambling industry, before implementing such a ban.

Chapter three: Support and treatment for those experiencing gambling-related harms in London

A public health approach which prioritises prevention and early intervention is needed in London to address gambling harms, so that people do not need to access complex treatment. However, the reality is that some people experiencing gambling harms do require specialist support and treatment, and therefore the growth in the provision of these services from both the third sector and the NHS is welcome.

A public health approach to addressing gambling harms requires partnership working across various services, and it is therefore important that an understanding of gambling harms exists amongst a range of service providers. In particular, it is vital that GPs have an understanding of gambling harms, but the Committee heard that this is not always the case.

The introduction of a statutory levy on the industry will result in a major change to the way funding is collected and distributed among organisations seeking to address gambling-related harms. The Committee welcomes the introduction of the new statutory levy to fund research, prevention and treatment for gambling-related harms. It is important that the new commissioning model for treatment addresses the fragmentation of current service provision, but also builds on the strengths of existing services delivered by both the NHS and the third sector.

Specialist gambling support in London

Support and treatment for those experiencing gambling harms in London is provided through both the NHS and third and voluntary sector organisations. There has been an increase in the provision of support and treatment in recent years.

The National Problem Gambling Clinic, based at the Central and North West London NHS Trust, was established by Professor Henrietta Bowden-Jones in 2008 and was the first specialist NHS treatment centre in the UK. In its 2019 Long Term Plan, the NHS committed to an expansion of specialist services to help more people with serious gambling problems.¹¹⁷ Professor Henrietta Bowden-Jones told the Committee that, at the time of its meeting in November 2023, 12 clinics had opened in total nationally and another three would open soon.¹¹⁸ The table below shows the number of referrals to specialist NHS gambling services over the last three years.

¹¹⁷ NHS England, [The NHS Long Term Plan](#), January 2019

¹¹⁸ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 4

Referrals to specialist gambling NHS services in England¹¹⁹

Year	Referrals
2022/23	1,389
2021/22	1,012
2020/21	775

The NHS has said that it plans to treat up to 3,000 patients a year across the 15 clinics.¹²⁰ Henrietta Bowden-Jones told the Committee that “3,000 is nothing compared to where we have to end up. In the next three years, I am hoping we will aim for 30,000 treatment episodes”.¹²¹

The majority of support for people experiencing gambling harms is currently provided by the third sector. Professor Dame Clare Gerada, Head of Service for the Primary Care Gambling Service and General Practitioner, told the Committee that:

“It is important to recognise that 80 per cent of all treatment episodes currently take place in the third and voluntary sector. Whilst the NHS services are really good, by the time you have reached an NHS treatment centre service, you could say that it is too late; you already have an entrenched problem.”¹²²

Third sector organisations and programmes include GamCare, GamLearn, ChapterOne, GamFam and the Gordon Moody Association.¹²³ There are many other third sector organisations working on this issue.¹²⁴ Guests with lived experience of gambling harms also told the Committee that they had attended support groups such as Gamblers Anonymous.¹²⁵

In 2022-23, the National Gambling Helpline, which is run by GamCare, received 44,049 contacts to its helpline and supported 9,009 people through ‘structured treatment sessions’.¹²⁶ GambleAware’s submission to the Committee provided London-specific data on the National Gambling Support Network, which is commissioned by GambleAware. In Q1 of 2023-24, in London, the service had:

- 284 referrals
- 211 clients starting Extended Brief Interventions, a 65 per cent increase compared to Q1 2022/23
- 136 clients starting structured treatment, a 37 per cent increase compared to Q1 2022/23
- 528 clients supported overall¹²⁷

¹¹⁹ NHS England, [NHS doubles gambling clinics as referrals soar](#), 2 July 2023

¹²⁰ NHS England, [NHS doubles gambling clinics as referrals soar](#), 2 July 2023

¹²¹ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 4

¹²² Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 5

¹²³ NHS England, [Help for problems with gambling](#)

¹²⁴ NHS England, [Help for problems with gambling](#)

¹²⁵ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 1

¹²⁶ GamCare, [Annual report 2022/23](#), October 2023

¹²⁷ Written evidence submitted to the Health Committee by the GambleAware. Published alongside report.

It is difficult to assess whether demand for gambling services has increased in recent years. As the above table shows, there has been an increase in referrals to specialist NHS gambling clinics across each of the last three years. However, this increase follows the expansion of available services accepting referrals.¹²⁸ As such, an increase in referral numbers does not necessarily indicate an overall increase in prevalence of gambling harms, but it does indicate that there may have been an unmet demand in such services. Professor Henrietta Bowden Jones told the Committee that there had been an increase in referrals to specialist gambling services in London, but stressed that “scientifically speaking, this is not necessarily something that has an evidence base”.¹²⁹

The increase in the availability of specialist gambling support and treatment is welcome, given that there is clearly a demand for these services. However, a recurring theme of the evidence received by the Committee was the need to prioritise prevention and early intervention, so that people do not need to access complex treatment. Gambling with Lives argued that “gambling harm can be difficult – and costly – to treat, so prevention and early intervention must always be the priority”.¹³⁰ GambleAware’s submission to the Committee argued that “specialist clinical treatment works best as part of a coordinated public health approach”, including public awareness campaigns and early identification of harms in wide variety of settings.¹³¹

Given the number of organisations working in this space, several submissions received by the Committee highlighted the importance of integration, partnership working and effective referral pathways. Colin Walsh from GamCare spoke of the importance of a ‘no wrong door’ approach, highlighting the fact that everyone’s recovery journey is different, making it vital that each person can be referred to the most appropriate form of support.¹³² GambleAware’s submission argued that a “public health approach requires partnership working between statutory providers (i.e., NHS clinics), the third sector, community groups, local authorities and other public bodies to ensure there is a focus on prevention, early intervention, support and treatment”.¹³³ Professor Henrietta Bowden-Jones told the Committee that “the NHS network is very much looking towards close collaboration with primary care, with specialist services such as [the Primary Care Gambling Service] and all of the voluntary organisations around the table”.¹³⁴

It is therefore vital that an understanding of gambling harms exists across a range of service providers in London. However, the Committee heard that at present this is often not the case, particularly in comparison to other forms of addiction such as drug and alcohol addiction. At the Committee’s second meeting, Tracy O’Shaughnessy said that she had experienced a lack of understanding of gambling harms in both the Metropolitan Police Service and the social housing sector.¹³⁵ In particular, guests at the Committee’s meetings and written responses to the call for evidence argued that GPs often possess limited knowledge of gambling harms. Betknowmore UK’s submission to the Committee stated that:

“Many of Betknowmore UK’s clients have, at some time, sought support from their GP and they report that they often found GPs had little understanding of gambling harms and the support options available. While levels of GP awareness are improving, currently

¹²⁸ NHS England, [NHS doubles gambling clinics as referrals soar](#), 2 July 2023

¹²⁹ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 2

¹³⁰ Written evidence submitted to the Health Committee by the Gambling with Lives. Published alongside report.

¹³¹ Written evidence submitted to the Health Committee by the GambleAware. Published alongside report.

¹³² Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 11

¹³³ Written evidence submitted to the Health Committee by the GambleAware. Published alongside report.

¹³⁴ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 4

¹³⁵ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 15

GP services still lack the knowledge to identify, assess, treat and refer their patients who disclose gambling harms.”¹³⁶

Gambling with Lives stated that:

“Primary care services have a critical role to play in prevention, referral to treatment, support, and recovery, but most GPs, with the notable exception of the Hurley Clinic in South London that operates a primary care gambling service, and other frontline health staff are currently not adequately trained to identify gambling disorder or people who are at risk.”¹³⁷

The submission to the Committee from the Primary Care Gambling Service emphasised the importance of primary care in addressing gambling-related harms, and of GPs having the necessary support and competencies to take on this role.¹³⁸ The Primary Care Gambling Service told the Committee that it has developed “a Gambling Competency Framework to aid ongoing primary care education in this area” and “the following steps are to develop a curriculum and a training programme for GPs”.¹³⁹

Recommendation 6

The Mayor should work with NHS England (London) to advocate for training on gambling harms to be adopted across all GP practices in London.

Funding of treatment and support services

Much of the funding for services for people experiencing gambling harm currently comes from a voluntary levy paid by the industry. In 2022-23, operators contributed over £53 million in total.¹⁴⁰ Most operators make their voluntary donations to GambleAware, which in turn commissions support for treatment, research and awareness-raising.¹⁴¹

Funding treatment services via voluntary donations from the gambling industry has been the subject of some controversy. In February 2022, Claire Murdoch, National Mental Health Director for NHS England, wrote to GambleAware to inform it that the NHS would no longer accept funding from GambleAware for its specialist gambling clinics from 2022-23. She stated the decision was influenced by concerns raised by both patients and clinicians around conflicts of interests that stem from services being funded by the gambling industry.¹⁴² This argument

¹³⁶ Written evidence submitted to the Health Committee by the BetknowmoreUK. Published alongside report.

¹³⁷ Written evidence submitted to the Health Committee by Gambling with Lives. Published alongside report.

¹³⁸ Written evidence submitted to the Health Committee by the Primary Care Gambling Service. Published alongside report.

¹³⁹ Written evidence submitted to the Health Committee by the Primary Care Gambling Service. Published alongside report.

¹⁴⁰ DCMS, [Consultation on the structure, distribution and governance of the statutory levy on gambling operators](#), 17 October 2023

¹⁴¹ House of Commons Library, [Statutory Gambling Levy – briefing](#), 26 May 2022

¹⁴² NHS England, [Ceasing of the dual commissioning and funding by GambleAware of the NHS elements of the problem gambling treatment pathway](#), 18 February 2022

has been strongly refuted by GambleAware and organisations receiving funding from GambleAware, including at the Committee's first meeting.¹⁴³

The Government's gambling reform White Paper stated that "the mechanism for funding projects and services to tackle gambling harms should no longer be based upon a system of voluntary contributions".¹⁴⁴ Instead, it stated that the Government "will introduce a statutory levy paid by operators and collected and distributed by the Gambling Commission under the direction and approval of HM Treasury and DCMS ministers".¹⁴⁵

DCMS consulted on proposals for a statutory levy at the end of 2023.¹⁴⁶ The consultation document states that it intends to raise up to £100 million per year by 2026-27 through a statutory levy. The levy would be introduced from 2024-25 and increase incrementally each year until its full implementation in 2026-27.¹⁴⁷ The consultation document proposes that funding raised through the levy should be allocated to research, prevention and treatment.¹⁴⁸ The Government has said that the levy will allow for "the development of an integrated and comprehensive treatment system across Great Britain".¹⁴⁹

The evidence received by the Committee suggests that there is broad support for the levy and the additional funding that it will bring. Mark Weiss, Director of Policy and Communications at GamCare, said that the levy "will enable a scaled-up investment into the sector, [and] will enable any capacity issues, should there be any, to be addressed".¹⁵⁰ Professor Dame Clare Girada said: "The levy is really welcomed. The more money is welcomed."¹⁵¹ Matthew Hickey, CEO of the Gordon Moody Association, told the Committee that "the level of funding suggested as part of the statutory levy is more than welcomed because more money is required in the sector, particularly if we look at the penetration in the marketplace of how many people we are treating versus how many people really need treatment".¹⁵² Professor Henrietta Bowden-Jones welcomed the additional funding that the levy is intended to provide for research in particular, given the need for more a robust evidence base in this area.¹⁵³

The introduction of the statutory levy will result in changes to the way that gambling treatment services are commissioned, with NHS England becoming the lead commissioner of services.¹⁵⁴ The House of Commons Culture, Media and Sport Committee observed that the current treatment system for gambling is "fragmented", and argued that "the Government must use the new NHS-led commissioning model to address this".¹⁵⁵ However, at the Committee's first meeting, Clare Girada noted "concerns that actually we may lose inadvertently, as we want to parcel everything up into a neat, tidy framework, that we might lose some of the flexibility and

¹⁴³ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, pp. 13-14

¹⁴⁴ DCMS, [High Stakes: Gambling Reform for the Digital Age](#), April 2023

¹⁴⁵ DCMS, [High Stakes: Gambling Reform for the Digital Age](#), April 2023

¹⁴⁶ DCMS, [Consultation on the statutory levy on gambling operators](#), 17 October 2023

¹⁴⁷ DCMS, [Consultation on the structure, distribution and governance of the statutory levy on gambling operators](#), 17 October 2023

¹⁴⁸ DCMS, [Consultation on the structure, distribution and governance of the statutory levy on gambling operators](#), 17 October 2023

¹⁴⁹ DCMS, [Consultation on the structure, distribution and governance of the statutory levy on gambling operators](#), 17 October 2023

¹⁵⁰ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 9

¹⁵¹ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 10

¹⁵² Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 14

¹⁵³ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 12

¹⁵⁴ House of Commons Culture, Media and Sport Committee, [Gambling regulation](#), 13 December 2023, p. 50

¹⁵⁵ House of Commons Culture, Media and Sport Committee, [Gambling regulation](#), 13 December 2023, p. 51

innovation that has grown from the system to date”.¹⁵⁶ Emma Christie, Head of Mental Health at NHS England (London) stressed: “What is going to be really key ... is working collaboratively across all the relevant sectors. It cannot just be an NHS-led treatment offer.”¹⁵⁷

There was also a recognition that scaling up support services would require an expansion of the workforce. Matthew Hickey said:

“The biggest part that worries me is where the workforce comes from. We have a structure for drug and alcohol workers. We have a structure for social care workers. We have a structure for dealing with adult care and children’s care. We do not have at this moment in time a structure for dealing with gambling and gambling addiction.”¹⁵⁸

Emma Christie told the Committee that the NHS has a “decent track record” of “establishing new workforce roles that can support delivery of certain interventions”.¹⁵⁹ She also noted that the NHS is trying to “establish good transition arrangements to the new model of commissioning that includes all the key people who need to be involved”.¹⁶⁰

It is clear that the introduction of a statutory levy will have a significant impact on how gambling support services are funded and delivered in London and across the country. It is important that the new commissioning model for treatment addresses the fragmentation of current service provision, but also builds on the strengths of existing services delivered by both the NHS and the third sector. Effective collaboration will be vital, and it is important that key providers and stakeholders work together to address any potential workforce issues. The Mayor has a role to play in ensuring that these arrangements work well and improve the overall quality of support and treatment in London.

Recommendation 7

The Mayor should use his convening role to help ensure that, while the new commissioning arrangements under the statutory levy are being rolled out, there is effective collaboration and integration between NHS services and the third sector in London in delivering support and treatment for gambling harms, and there is no disruption to existing service provision.

¹⁵⁶ Health Committee, [Health Impacts of Gambling in London – Panel 2](#), 29 November 2023, p. 11

¹⁵⁷ Health Committee, [Health Impacts of Gambling in London – Panel 2](#), 29 November 2023, p.12

¹⁵⁸ Health Committee, [Health Impacts of Gambling in London – Panel 2](#), 29 November 2023, p. 9

¹⁵⁹ Health Committee, [Health Impacts of Gambling in London – Panel 2](#), 29 November 2023, p. 9

¹⁶⁰ Health Committee, [Health Impacts of Gambling in London – Panel 2](#), 29 November 2023, p. 13

Chapter four: Awareness of gambling-related harms and support in London

There remains a lack of awareness and understanding of gambling harms and the availability of support. Stigma can also play an important role in preventing people from coming forward for support. The Mayor can help to address this in London by funding and supporting public health awareness campaigns relating to gambling harms.

The Committee heard that there remains a lack of understanding and awareness of gambling-related harms and the availability of treatment for these harms, particularly in comparison to other forms of addiction such as drug and alcohol addiction. Matthew Hickey, CEO of the Gordon Moody Association, told the Committee that:

“We know that the awareness of gambling related harms and the fact that there is treatment out there has gone from very, very low level to just very low level. There is still a long way to go to raise the awareness within the public that there is treatment out there for their problem gambling”.¹⁶¹

Another factor which can prevent people coming forward for support and treatment is the stigma that can be attached to gambling addiction. Professor Dame Clare Gerada told the Committee that “the reason why people do not come forward as much as they might with alcohol or drugs is the enormous stigma around gambling”.¹⁶² Betknowmore UK’s submission to the Committee highlighted the low numbers of people who seek support for gambling harms, and argued that “this is in part due to high levels of shame and stigma that mean many people keep their gambling harms secret, rather than seek support.”¹⁶³

Professor Henrietta Bowden-Jones told the Committee that greater awareness of gambling harms could lead to more people coming forward for support. She told the Committee that there could be an increase in referrals for treatment if there was “enough focus on gambling within London with campaigns, etc, to make sure people understood what gambling harms meant and how they were exhibited”.¹⁶⁴

The need for public health awareness campaigns relating to gambling harms was a common theme of the submissions received as part of the Committee’s call for evidence. In particular, submissions argued that the Mayor should take the lead in promoting public health messaging on gambling harms. This messaging should aim to both raise awareness of gambling harms and encourage people experiencing harms to seek help.

¹⁶¹ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 2

¹⁶² Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 3

¹⁶³ Written evidence submitted to the Health Committee by Betknowmore UK. Published alongside report.

¹⁶⁴ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 1

“The Mayor should run citywide independent public health messaging campaigns to educate the public about the dangers of gambling. There is likely to be funding available for this type of activity once the gambling operator statutory levy is implemented by central Government.”¹⁶⁵

Submission to the Committee from Gambling with Lives

“We also recommend that the Mayor invests in improving awareness of and in destigmatising uptake of support and treatment services.”¹⁶⁶

Submission to the Committee from the Behavioural Insights Team

“The stigma around gambling is a major barrier to addressing this public health issue and concerted action is required to address it. The Mayor could assist by giving this his personal focus.”¹⁶⁷

Submission to the Committee from Gambling Harm UK

Guests at the Committee’s meetings also argued that the Mayor should do more to promote public health messaging relating to gambling harms in London. Tom Fleming told the Committee that there is a need for “independent public health messaging about the risks of gambling, which would be about things like products and the mental health risks”.¹⁶⁸ He gave the examples of Greater Manchester Combined Authority (GMCA) and Yorkshire and the Humber, who 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”.¹⁶⁹ Colin Walsh called for “harm reduction campaigns, awareness campaigns and signposting”.¹⁷⁰

Several guests argued that, should the Mayor ban gambling advertisements on the TfL network, he should replace them with public health messaging. Clare Gerada argued that “it is not enough to ban [gambling advertisements on the TfL network]. Replace them with how to seek help”.¹⁷¹ Dean Frost said: “It is straightforward for me: no advertising and more raising awareness of the potential harms of gambling and raising awareness.”¹⁷² In a letter sent to the Committee, Vicky Hobart, GLA Group Director of Public Health, confirmed that “there have been no bookings from the GLA Group on the Transport for London (TfL) estate for public health messages regarding gambling, and as such no spend.”¹⁷³

¹⁶⁵ Written evidence submitted to the Health Committee by Gambling with Lives. Published alongside report.

¹⁶⁶ Written evidence submitted to the Health Committee by Behavioural Insights Team. Published alongside report.

¹⁶⁷ Written evidence submitted to the Health Committee by Gambling Harm UK. Published alongside report.

¹⁶⁸ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 24

¹⁶⁹ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 24

¹⁷⁰ Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 24

¹⁷¹ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 16

¹⁷² Health Committee, [Health Impacts of Gambling in London](#), 1 February 2024, p. 21

¹⁷³ Letter sent to the Committee by the GLA Group Director of Public Health

There may be an opportunity for the Mayor to work with the Government and the NHS on public health messaging relating to gambling harm. The Government's White Paper committed to developing "independent messaging that raises awareness of the risks of gambling harm while helping to remove the fear of stigma that stops people coming forward for help".¹⁷⁴ Henrietta Bowden-Jones told the Committee that "we are going to pilot some potential blocking of exposure to gambling harms such as adverts on the Tube and adverts on buses, things that are clearly going to be causing harm to people who may start gambling and may experience issues".¹⁷⁵

Recommendation 8

The Mayor should work with the NHS in London to pilot public health awareness messaging relating to gambling harms. This should include providing advertising space on the TfL network.

¹⁷⁴ Department for Culture, Media & Sport, [High Stakes: Gambling Reform for the Digital Age](#), April 2023

¹⁷⁵ Health Committee, [Health Impacts of Gambling in London - Panel 2](#), 29 November 2023, p. 4

Committee activity

Committee meetings

The Committee held its first meeting on 29 November 2023 with the following invited guests:

Panel 1

- **Dr Tom Coffey**, Mayoral Health Advisor
- **Harj Gahley**, Consultant, Red Card
- **Vicky Hobart**, GLA Group Director of Public Health
- **Professor Sian Griffiths**, Deputy Chair, GambleAware
- **Will Maimaris**, Director of Public Health, Haringey Council
- **Marguerite Regan**, Head of Gambling, Office for Health Improvement and Disparities (OHID)
- **Alice Walker**, Consultant in Public Health, GLA

Panel 2

- **Professor Henrietta Bowden-Jones**, Founder and Director, National Problem Gambling Clinic and National Clinical Advisor on Gambling Harms, NHS England
- **Emma Christie**, Head of Mental Health, NHS London
- **Professor Dame Clare Gerada**, GP and Head of Service, Primary Care Gambling Service
- **Matthew Hickey**, CEO, Gordon Moody Association
- **Mark Weiss**, Director of Police and Communications, GamCare

The Committee held its second meeting on 1 February 2024 with the following invited guests:

- **Tom Fleming**, Communications Manager, Gambling with Lives and guest with lived experience
- **Dean Frost**, guest with lived experience
- **Tracy O'Shaughnessy**, guest with lived experience
- **Colin Walsh**, Lived Experience Manager, GamCare and guest with lived experience

Call for evidence

The Committee published a call for evidence in October 2023, and received 14 responses from the following organisations and individuals:

- Behavioural Insights Team
- BetknowmoreUK
- Betting and Gaming Council
- Clean Up Gambling
- GambleAware
- Gambling Federation CIC

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- Gambling Harm UK
 - Gambling with Lives
 - Howard League for Penal Reform
 - Martin Johnstone
 - The Policy Institute, King's College London
 - Primary Care Gambling Service
 - Red Card
 - Tackling Gambling Stigma

Other formats and languages

If you, or someone you know needs this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email assembly.translations@london.gov.uk

Chinese

如您需要这份文件的简介的翻译本，
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Email 与我们联系。

Hindi

यदि आपको इस दस्तावेज़ का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Greek

Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا منکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

Arabic

الحصول على ملخص لهذا المستند بلغتك،
فارجاء الاتصال برقم الهاتف أو الاتصال على
العنوان البريدي العادي أو عنوان البريدي
الإلكتروني أعلاه.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઇ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.

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