

Gambling Control Bill – Detailed Joint Submission

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Executive Summary

In 2010, the Irish Institute for Public Health (IPH) estimated that there were between 28,000 and 40,000 problem gamblers in Ireland (based on data from Northern Ireland). The UK's NHS estimates that for every problem gambler, 8 to 10 additional people are negatively affected. This would mean that there could be up to 440,000 people in Ireland who are suffering, either directly or indirectly, from gambling-related harm.

Problem Gambling can be defined as: "difficulties in limiting money or time spent on gambling which leads to adverse consequences for the gambler, others, and for the community".

The IPH found that adolescent gambling in Ireland is 2-3 times greater than that of adults. The European School Survey Project on Alcohol and other Drugs Report 2015 found that 13% of Irish males, aged 15-16 had gambled online in the previous 7 days.

Studies have found that 1 in 5 problem gamblers attempt suicide, while 4 in 5 experience suicidal thoughts. The suicide rate among problem gamblers is 3-4 times that of the general population.

Research by the UK's NHS has found that only 5 percent of problem gamblers seek help, with only 1 percent getting treatment for their gambling problem.

The UK Gambling Commission's prevalence survey for June 2015 – June 2016 showed a 75% in problem gambling rates.

Ireland has never had a national gambling prevalence study. Without robust research, effective interventions cannot be developed.

Ireland has never developed a national strategy for gambling addiction and one is urgently needed.

Ireland's current gambling legislation is antiquated and not fit-for-purpose in the current environment of mobile (online) gambling.

A cost-neutral funding model, such as the proposed Social Fund, would be hugely beneficial to the thousands of people whose lives are being destroyed by gambling-harm and those at risk of becoming addicted to gambling.

A mandatory levy on the earnings of gambling licence-holders has been shown to be the most effective approach in other jurisdictions. The New Zealand model (a problem gambling levy) is our recommendation in this matter.

The voluntary contribution model, preferred by the gambling industry, for obvious reasons, has been shown to be a complete failure in the UK. Earlier this year, the CEO of the UK Gambling Commission complained about the level of compliance (63%) and the small amount of funding raised. This model also leaves the Gambling Commission/Regulator beholden to the industry which they are mandated to regulate - which is a clear conflict of interest.

We urge the Committee to consider enacting the Gambling Control Bill in order to bring some regulation to gambling in Ireland, while also providing funding for prevention, education, research and treatment in the rapidly escalating field of gambling addiction.

Introduction

Ireland has been cited as having the highest gross gambling revenue by capita in Europe (Griffiths, 2009 in Fulton, 2015). While there has never been a prevalence study performed in the Republic of Ireland, in Northern Ireland, “2.2% of their adult population can be classified as problem gamblers, with an additional 5.3% classified as “at risk” (Analytical Services Unit DSD, 2010 in Fulton, 2015).” In 2010, the Irish Institute for Public Health (IPH) estimated that there were between 28,000 and 40,000 problem gamblers in the Republic. The UK Royal College of Psychiatrists Faculty Report found that: “an estimated 8 to 10 other people in the gambler’s social network will be seriously affected, while there will also be wider societal costs” (George & Bowden-Jones). This would mean that there were somewhere between 252,000 and 440,000 people affected by gambling addiction in Ireland, in 2010. Another study (Politzer, et al) found that between 10-17 additional people are adversely affected. It is worth noting that, between June 2015 and June 2016, the UK Gambling Commission prevalence study recorded a 75% increase in problem gambling figures.

In the UK, 4.2% of the population were categorised as at risk of becoming problem gamblers, based on a 2012 health survey (Wardle et al., 2014 in Fulton, 2015). Among different age groups, younger people, including adolescents and college students, have been identified as a particularly high at risk group for problems with gambling (e.g., Moore et al., 2013; Huang and Boyer, 2007; O’Mahony and Ohtsuka, 2015; Wardle et al., 2014 in Fulton, 2015). One of the biggest issues with current approaches to problem gambling is that, according to the UK’s National Health Service: “only around 5 percent of people seek help and only 1 percent get treatment for their gambling problem” (<http://gamblingaddiction.org.uk/>).

Wardle et al. (2012 in Fulton, 2015) also explored socio-economic factors influencing gambling and determined that the distribution of gambling machines in Great Britain was significantly associated with areas of socio-economic deprivation; the authors further observed that this distribution followed a similar pattern to other international regions. Other researchers have found that those in more deprived areas experienced a greater degree of harm from problem gambling (Tu et al., 2014 in Fulton, 2015).

The IPH report also stated that “From an economic perspective, evidence suggests that the health and social costs of problem gambling exceed government revenue gained from gambling taxes and businesses.”

While gambling is a pastime which many people enjoy and engage in at moderate (safe) levels, there is a sizeable, growing cohort of people for whom gambling develops into a seriously harmful addiction. In 2013, after many years of debating the issue, the American Psychological Association (APA) reclassified what was previously known as Pathological Gambling under the new term, Gambling Disorder. Gambling Disorder joined Substance-Related and Addictive Disorders in the latest edition of the APA’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Pathological Gambling had previously come under the heading of Impulse Control Disorders. Dr. Charles O’Brien, chair of the Substance-Related Disorders Work Group for DSM-5, stated that brain imaging studies and neurochemical tests have made a “strong case that [gambling] activates the reward system in much the same way that a drug does”.

According to the Playing Social Roulette study, “problem gambling is “characterised by difficulties in limiting money or time spent on gambling which leads to adverse consequences for the gambler, others, and for the community” (Neal et al, 2005 in Fulton, 2015). The report also points out, in relation to the relatively recent advent of online gambling that “The structural dynamics of online

gambling have been connected with [this] negative behavioural outcome, including increased gambling opportunities, twenty-four hour access, potentially smaller intervals between play, etc. (e.g., Parkes, 2007; Griffiths and Barnes, 2008 in Fulton, 2015). Online gambling is also perceived to be more addictive than offline forms of gambling (McCormack and Griffiths, 2010 in Fulton, 2015). Paddy Power reported that seventy-seven per cent of the company's overall profits were generated online in 2014 (Paddy Power Annual Report, 2014 in Fulton, 2015).

Observations regarding key points of the Gambling Control Bill (General Scheme)

Head 66: Licence holders must undertake regular reviews to ensure that:

a) Children are not able to access the (gambling) service

According to the 2015 UCD/Department of Social Protection report on gambling in Ireland ("Playing Social Roulette"), "Problem gamblers often started gambling as teenagers. Addiction Service Providers reported ages from nine years and up as common starting points for gambling." (Fulton, 2015). The IPH reported in 2010 that adolescent gambling is 2-3 times greater than that of adults. The UK Prevalence Studies (Wardle et al., 2007; Wardle, 2011; Forrest and McHale, 2012 in Fulton, 2015) have reported that adolescent gambling is up to two to four times greater than for adults. A research paper by Irish addiction treatment provider, Aiseri, found that 58% of their problem gambling clients had commenced gambling before the age of 18 (Mullins, 2014). In the UK, a 2014 report from gambling-addiction treatment-provider, Gordon Moody, found that 43% of the problem gamblers who used their service had started gambling before the age of 16. In total, 74% of the participants in their study started gambling before the age of 18, although it must be noted that certain types of gambling machines (Category D) only have an age-limit of 16 in the UK.

The recently released European School Survey Project on Alcohol and other Drugs Report 2015 found that 13% of Irish males, aged 15-16 had gambled online in the previous 7 days.

It is clear that children are currently able to access gambling services without any great degree of difficulty. Our recommendations in relation to proactive approaches to dealing with this issue are listed in the Recommendations section, below.

b) The service is not being used in a way which is likely to be detrimental to the person (or other persons)

The gambling industry's business model has always been heavily dependent on harmful levels of gambling being allowed to continue. Various international studies (no Irish data available) found that:

- 60% of machine revenue and 35% of total gambling revenue was derived from moderate and severe problem gamblers (Williams & Wood, 2004) [Ontario, Canada]
- 48 % of machine revenue and 37% of total gaming revenue was derived from problem gamblers (Tremayne, et al, 2001) [Capital Territory, Australia]
- 75% of machine losses were paid by moderate and high risk problem gamblers (Productivity Commission of Australia, 2010)

There is also other data available (Williams & Woods, 2016) which shows that a large proportion of gambling industry revenue is derived from a very small proportion of their customers:

- Online gambling provider Bwin's figures for 2005-2007 showed that 10.7% of their customers accounted for 80% of their revenue.
- A 2011 Australian study, looking at Player Card (Loyalty Card) data found that 2% of customers (gamblers) accounted for 80% of revenue.
- A study of gambling in Alberta, Canada (2008/2009), found that 5% of gamblers accounted for 73.4% of revenue.

c) Staff awareness and training is provided in order to address potential risks

Online gambling operators currently allow a 72-hour window before customers are required to provide photo-identification. This means that a new customer can gamble for 3 days without proving that they are over 18. There appears to be no limit set by the industry on the amount a customer can lose during this period. However, if an underage customer accrues any winnings during this period, they will be unable to recoup them. The existence of this 72-hour window is contrary to key concepts of responsible gambling. Our society would never allow this situation to exist for other over-18 products and services.

Research into the efficacy of gambling industry staff training initiatives on reducing gambling-related harm is limited. One Canadian study (Ladouceur & Giroux, 2010 in Williams, et al, 2012) found that: "after employees at [gambling] venues were exposed to a training session they showed improved attitudes toward problem gamblers, increased knowledge about how to help, and increased propensity to provide information pamphlets to patrons and to talk to them about helpful resources. However, 8 months later, although the improved attitudes and knowledge were partly maintained, the behavioural changes were not."

In other jurisdictions, automated or mandated interventions are used in an effort to reduce gambling-related harm. For example, in the Netherlands, where there is a requirement to show ID at casinos, the frequency of visits can be tracked by the operator. If the database shows that a customer is visiting the venue more than 20 times a month over 3 consecutive months, they must be approached by a member of staff and asked if they would like to sign a visit-limitation or self-exclusion contract (Bes, 2002 in Williams, et al, 2012).

In Austrian casinos, where ID must also be presented, customers who attend for more than 90 out of 180 days must be approached by staff and informed that their gambling is deemed to be problematic and, also, informed about the risks of continued gambling. The customer is then temporarily banned from entering casinos. The more often a visitor is banned, the longer each ban becomes. After 7 bans the ban becomes permanent (EuroPriSe, 2011 in Williams, et al, 2012).

In 2007 Sweden introduced a system called Playscan. Gambling behaviour on the government-owned online gambling site is monitored and a patron is alerted when he/she engages in behaviour that is statistically associated with the onset of problem gambling (they are told they are displaying either 'at risk' or 'problematic' behaviour) (Svenska Spel, 2007 in Williams, et al, 2012). This automated intervention showed 48% of the 'problematic behaviour' cohort reporting that their gambling habits had been influenced by the feedback and 41% of the 'at risk behaviour' group reporting the same.

It seems clear to us, that an automated or mandated system that addresses potential risks would be the most effective. An automated system would be particularly easy to roll-out within online gambling services, where customer behaviours are already being tracked by the provider.

Head 67: Promoting customer awareness

While the Irish gambling industry encourages their customers to “gamble responsibly” in their marketing campaigns, none of their vast marketing budget is used to show the risks associated with problem gambling. In gambling advertisements, customers are never shown losing a bet – despite that fact that this, logically, must be the majority position (in order for the industry to survive). There are no disclaimers attached to gambling advertising, unlike those required in the financial services sector, which warn potential customers that “investments may fall as well as rise”. While this may be seen as a self-evident, existing public-health interventions in other areas (smoking, for example), show the need for ‘stating the obvious’.

Aside from the obvious financial risks posed to a person who gambles more than they can afford, there are a number of additional serious risks, which are never highlighted in gambling advertising:

- Depression
- Anxiety
- Relationship Breakdown
- Suicide
- Substance Misuse
- Reputational Damage
- Workplace Issues
- Criminal Activity

Some studies have found rates of as high as 75% for depression co-existing with gambling disorder (Hollander, et al, 2000; Crockford & el-Guebaly, 1998 in Fong, 2005). Other research has shown that “close to 80 percent of gamblers calling a gambling helpline reported feeling suicidal at the time of calling (Maccallum & Blaszczynski, 2003 in Fong, 2005) and nearly two-thirds of attendees to Gamblers Anonymous have contemplated suicide” (James, 1999 in Fong, 2005).

In one Australian study of people seeking help for gambling problems, 43 per cent reported having at some stage been diagnosed with an anxiety disorder, 55 per cent with depression, 29 per cent with alcohol problems and 19 per cent reported problems with other drugs (Productivity Commission, 2010 in Haw, et al, 2013)

Also in Australia, (Battersby,et al, 2006 in Haw, et al, 2013: 2) conducted a study aimed at describing the 12-month period prevalence and risk factors for suicide ideation and behaviour in 43 problem gamblers attending treatment clinics. The study found that 81.4 per cent of participants showed some suicide ideation and 30.2 per cent reported one or more suicide attempts in the previous 12-month period.

In the UK, a recent report by employment services provider, Reed in Partnership, found that “one in ten adults have direct experience of the problems gambling can cause in the workplace, as they know someone for whom gambling has negatively affected their work”. Other findings in the report included 72% of adults thinking that “business should be concerned about gambling, with the biggest concern expressed by those who work in financial services” and 82% of adults thinking that “gambling and debt can be a distraction for people in work”.

Regarding the potential negative impacts of gambling addiction on relationships: “The impact of a problem with gambling may damage social ties, including family and extended social relationships, and lead to financial and legal problems (e.g., Kalischuk et al., 2006; Kourgiantakis et al., 2013;

Mathews and Volberg, 2013 in Fulton, 2015). For some families, the financial problems are so severe that they lead to bankruptcy” (e.g., Grant et al., 2010 in Fulton 2015).

Gambling was also mentioned as a reason for divorce in 20% of petitions received by UK service Divorce Online, in the first half of 2016.

In relation to problem gamblers resorting to criminal activity in order to fund their gambling habit: “A gambling researcher for 17 years and a problem gambling counsellor for 12 years, Dr Dowling said an analysis of more than 4000 records of clients attending Gambler's Help services in Victoria revealed 21 per cent had committed illegal acts such as forgery, fraud, theft or embezzlement to finance gambling” (Williams, 2016).

We feel that a more effective approach to raising customer awareness would be for funding from the Social Fund to be allocated towards awareness-raising of the risks associated with harmful levels of gambling. This responsibility should not be left up to the gambling industry, as it is a clear conflict of interest.

Head 69: When only “player cards” permitted

As per paragraphs 3 & 4 of our notes in relation to **Head 66, (c)**, we believe that mandated intervention measures for gambling operators who use player card systems (or track customer activity in other formats) are urgently needed. Many gambling operators already have the facility to track customer activity and identify it as un-safe or problematic.

Head 70: No “young persons” as employees or players

As previously mentioned, young persons have been illegally accessing gambling services in Ireland for generations. A ‘secret shopper’ approach to gambling (already used to check compliance regarding alcohol and tobacco sales) may be useful when endeavouring to increase compliance from the gambling industry.

Head 71: Self-exclusion register

While voluntary self-exclusion is a widely used harm-reduction measure, there is little evidence to support its efficacy in helping persons with gambling concerns. Also, due to the globalised nature of online gambling and the fact that even Irish licence holders may have their online operations registered in other jurisdictions (for example, Boyle Sports, who are registered in Gibraltar), the reality is that a person who has self-excluded from one provider can very easily access gambling services through another.

The thought-process behind expecting a person who is addicted to gambling to voluntarily choose exclusion from a gambling service over chasing their losses, is inherently flawed. It would be more realistic to place the burden of making responsible/ethical choices on gambling industry staff in this type of scenario.

Head 72: Advertising and gambling

Gambling products and services (including the National Lottery) are currently advertised on an incessant basis on Irish radio and television (as well as print media and online) at all times of the day. No regard is given for the fact that all gambling products are only available to people who are over the age of 18. It would appear to be contradictory to basic public health concepts to permit potentially addictive, over-18 products and services to be advertised pre-watershed, when children of all ages can be exposed to them.

In the UK, the media regulator, Ofcom, found that adults saw an average of 630 gambling adverts per annum on TV (2012 figures), while children under 16 saw an average of 211 (Sweeney, 2013).

The importance of advertising to the gambling industry can be seen in Paddy Power PLC's submission to government (paragraphs 3.4 & 3.5) in response to the publication of the General Scheme of the Gambling Control Bill (2013). In their submission, Paddy Power request ongoing government consultation with the industry and the implementation of Codes of Conduct in relation to advertising, rather than the proposed legislative measures and associated penalties.

It is our opinion, that voluntary Codes of Conduct for gambling industry advertising would reduce the ability of the Office of the Gambling Commission to effectively implement public health measures and protect children and vulnerable adults from gambling-related harm.

Head 73: Promotions and gambling

We would welcome warnings on the risks associated with gambling, on all promotional materials, rather than the current "please gamble responsibly". Also, directing customers to the gambling industry-funded 'Gamble Aware' is certainly not ideal as a harm-reduction measure, due to the clear conflict of interest. Directing customers and their loved-ones to a statutory or completely independent information service would be far more ethical.

Head 74: Sponsorship by gambling licence holders

In the aforementioned submission to government by Paddy Power PLC, they state that: "a failure to remove online promotional material within 12 hours could trigger a summary prosecution and sponsorship of an adult sports team which has one 17 year old player would infringe Head 74. We would respectfully query if such granular restrictions would be workable in practice."

We would also query the feasibility of this type of restriction. Many sports teams promote under-18 players to their senior squads. This type of legislation would impede teams from being able to promote under-18 players without running the risk of potentially losing a major sponsor, on whom they may be heavily financially dependent. We feel that a more realistic and public health-oriented approach would be to ban gambling industry sponsorship of sports entirely.

A recent Australian study found that "Three-quarters of children (75.0%) and the majority of adults (90.0%) perceived that sports wagering was becoming a normal part of sport" and concluded that "Regulation should comprehensively address the placement, quantity and content of wagering marketing aligned with sport to prevent current and/or future gambling harm" (Pitt, et al, 2016).

The gambling industry, like the alcohol industry before them, have become heavily embedded in sports sponsorship in Ireland. The idea of associating addictive products with something as positive as engagement in sporting activities is contrary to achieving best public health outcomes.

Head 76: Advisory Committee

We would welcome the establishment of the above-mentioned advisory committee. However, we do have concerns about the proposed two gambling industry representatives (licence holders) having too much influence in the areas of gambling harm-prevention and harm-reduction.

Head 77: Establishment of Fund

We welcome the proposed Social Fund, and ask that this be implemented with some urgency. We would ask that the Minister consider placing contributions to the Fund on a mandatory, rather than voluntary, basis. In their aforementioned submission, Paddy Power PLC stated: “We are concerned however by the proposal to apply the contribution to the Social Fund based on turnover (Head 80) given the intense international competition for online gambling and the narrow margins which generally apply for gambling products. We would encourage the Department to explore models from other jurisdictions that have similar systems in place which are working effectively, for example the UK where operators contribute voluntarily to the Responsible Gambling Trust (RGT) on a flat rate based on scale.” Paddy Power/Betfair’s Group Operating Profits for 2015 were €180.4 million (€20.3 million from the Irish market – up 10% from 2014). Revenues at Paddy Power/Betfair rose by 18% in the first half of 2016. Earnings after day-to-day expenses (EBITDA) between January and June grew by 31% to €211m.

In the UK, where gambling industry contributions to the Responsible Gambling Trust are on a voluntary basis, only 63% of licence-holders contributed in 2014-2015. This equated to roughly €6.5 million in donations from an industry which had a Gross Gambling Yield (the amount retained by operators after the payment of winnings, but before the deduction of operating costs) of £10 billion over the same period (not including the National Lottery).

In her speech at the recent World Regulatory Briefing on Responsible Gambling Innovation (London, September 2016), Sarah Harrison, CEO of the UK Gambling Commission, made the following statement: “in 2015, under the current voluntary arrangements, the industry contributed over £6.5m to RGT for research, education and treatment under the voluntary funding arrangements. By contrast £120m was spend on TV advertising in the same year. That cannot be right. £6.5m is nowhere near enough. If the RGT were able to rely on a minimum of 0.1% of every operator’s GGY, that would provide a ballpark figure of £10-£11m - which is beginning to be a much more credible sum for such an important task. From the Commission’s perspective it doesn’t matter too much how the industry shares this funding responsibility but I would expect the industry itself to care very much about this. How can it be fair that some operators, large and small, contribute year in and year out while others get a free ride?”

To put the level of the UK gambling industry’s voluntary contribution into perspective, it could be useful to look at the example of New Zealand. New Zealand, at 4.2 million, has a population close in size to that of Ireland’s – and far smaller than the UK’s 64 million. Despite its relatively small size, the New Zealand government raised €35.85 million (\$55.3 million NZD) over the three years up to June 2016 in order to address gambling harm. This was raised in the form of a problem gambling levy. The levy is calculated using rates of player expenditure (losses) on each gambling subsector and rates of client presentations to problem gambling services attributable to each gambling subsector. The New Zealand government anticipate that they will collect a similar amount over the coming three years. The New Zealand Ministry of Health estimate that they have in the region of 24,000 problem gamblers.

We feel that a voluntary donation model would leave the OGCI in a position where it is beholden to the gambling industry for the funding it requires in order to operate. To put a Regulator in a position where they are, in effect, working for the industry which they are mandated to regulate, would appear to be a clear conflict of interest. The current gambling industry voluntary model of contribution to Gamble Aware is unfit for purpose as it has no compellability and is not distributed on an equitable basis among treatment providers.

It is worth noting that, according to the IPH’s 2010 report, “From an economic perspective, evidence suggests that the health and social costs of problem gambling exceed government revenue gained from gambling taxes and businesses”.

Head 78: Purposes of the Fund

State funding for public education and awareness raising programmes in relation to the ill-effects of irresponsible (harmful) gambling does not currently exist. It is essential that funding for these types of programmes be rolled out as soon as possible. The gambling industry in Ireland invest vast amounts of money in portraying gambling as a harmless pastime. It is vitally important that some balance be introduced into public awareness in relation to the potential harms associated with irresponsible levels of gambling.

To date, little research has been done in Ireland into the impact of gambling addiction on our society. Funding dedicated to this area would allow for models of best practice in prevention and treatment to be developed. Also, Ireland is yet to have any gambling prevalence study performed – despite statements from the gambling-industry-funded Gamble Aware that they would do so in 2012.

We believe that the fund must be used to provide access to residential treatment for any individual who needs it. Only a small percentage of those with a gambling addiction come forward for treatment. This may be due stigma and shame, to financial problems that have arisen because of their habit, or because of the lack of awareness that treatment exists and does work in many cases. Without residential treatment, for some, the addiction will never be treated and the cycle perpetuates until the individual or family breaks down – this can mean relationship/marital breakdown, loss of employment, illegal activities such as theft from employers, poly-addiction and in some cases suicide. Access to treatment for gambling addiction needs to be viewed as equally important as access to treatment for drug or alcohol addictions as the costs to wider society are similar. Without treatment, a gambling addiction is progressive and potentially fatal.

Head 81: If a licence holder withholds or withdraws contribution

We would query paragraph (5) (above), as licence holders may see this as an opportunity to directly fund services which are more amenable to the industry’s “bottom-line” objectives than independently or state-funded organisations would be. This has occurred in other jurisdictions. Independent or state-funded gambling addiction services should have a primary objective of reducing gambling-related harm – regardless of the impact on industry profit margins.



Our Recommendations

The collection of funds to treat and prevent problem gambling should be on a mandatory government levy basis.

The New Zealand model – a problem gambling levy – would be the most appropriate for Ireland.

No 72-hour window when registering an online gambling account, without providing photo-identification (proof of age).

A ‘secret shopper’ approach to gambling services in order to test compliance with age restrictions.

We would welcome the establishment of an organisation similar to Alcohol Action Ireland, in the field of gambling harm prevention and reduction.

As already seen in other jurisdictions, an automated or mandated system that addresses potential risks to gamblers would be the most effective. An automated system would be particularly easy to roll-out within online gambling services, where customer behaviours are already being tracked by the provider.

Gambling advertising should contain warnings of the risks associated with gambling-related harm.

Public health advertising should be broadcast on a regular basis, highlighting the risks associated with gambling.

Gambling advertising should be banned on all media platforms during ‘pre-watershed’ hours in order to protect children.

Gambling sponsorship of sporting events, which children are likely to view, should be banned.

Recommendations (from ‘Playing Social Roulette’ – Dr Crystal Fulton, 2015)

The passage and implementation of updated gambling legislation are essential. Legislation and policy development on a range of topics concerning gambling are urgently needed to protect those affected by gambling and to address the perceived growth in problems with gambling in Ireland.

A National Gambling Strategy is urgently needed.

Standardised responsible gambling measures need to be put in place across the gambling industry and all outlets for distribution of gambling information. The nature, extent, and enforcement of these measures should be determined by government.

Problem gambling needs formal recognition in Ireland.

Education of the public is needed to mitigate negative effects of gambling. All stakeholders, including educators, families, and addiction experts need to be included in development and implementation of strategy and programmes.

The Social Fund included in the General Scheme of the Gambling Control Bill 2013 should provide significantly for public education about gambling.

An appropriate national strategy for service provision, encompassing the various government and private bodies which address cause and outcomes of problem gambling, is required.

The strategic development of services focused on problem gambling is required. These services should consider particular groups of people affected by gambling and their specific needs.

The Government could take the lead in the collection and distribution of funds to treat and prevent problem gambling. The collection and distribution of funds in support of treating and preventing problem gambling could be governed by a neutral body.

Cross organisation coordination and collaboration among volunteer organisations and service providers is critically needed, including those who deal directly with addiction, as well as organisations that provide additional supports.

Addiction services for gamblers and their social connections should be located in multiple locations in the Republic of Ireland to facilitate those seeking help.

An equitable, transparent, and consistent funding model for services is needed.

Funding of service provision, including Addiction Service Providers as well as secondary services, is needed to support individual service providers, as well as a coordinated framework of supports. Funding to support prevention and treatment of problem gambling should come through channels, such as gambling licensing fees and gambling taxation.

Families and friends affected by gambling require services focused on their needs.

Services for friends and families need to be provided across the country to enable wider participation geographically.

Services for individuals affected by gambling should be made accessible to everyone.

Although a service focused on helping families and friends affected by addiction exists, additional services which are directed at the needs of the families and friends of gamblers are urgently needed across Ireland.

Although services which support gamblers do exist, further investment in focused services is needed.

Although limited services to help young people with gambling disorders exist, further services to assist younger gamblers are needed throughout the country.

Research is urgently needed to understand gambling fully in the Irish context.

Gambling involves a variety of issues, from health to regulation. Research should cover the full range of issues surrounding gambling.

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Appendix

Heads of the Gambling Control Bill (2013), referenced in this submission.

Head 66: Licence holders must undertake regular reviews to ensure that:

- a) Children are not able to access the (gambling) service
- b) The service is not being used in a way which is likely to be detrimental to the person (or other persons)
- c) Staff awareness and training is provided in order to address potential risks

The review shall address, in particular:

- i. the systems required to minimise the risks of persons who are under-age partaking in gambling
- ii. arrangements to monitor patterns of gambling by individual players where there are grounds to believe that the pattern may indicate a level of participation that is detrimental to the person's wellbeing or that of his or her family
- iii. the arrangements to confirm the identity, including age, of persons who engage either personally or by any remote means with the service
- iv. the arrangements for verifying player identification, as well as due diligence procedures

Head 67: Promoting customer awareness

(1) The licence holder shall take steps to increase awareness amongst users of the service of how to gamble responsibly and of possible risks from the misuse of gambling.

(2) The steps shall apply at all points of access to the service, whether in a premises or by remote means.

(3) The measures shall include prominently displayed posters and easily available information leaflets or links on the "home page" of an on-line service.

Head 69: When only "player cards" permitted

The onus is on the licence holder

- (i) to ensure the security and safe custody of player cards,
- (ii) to observe the pattern of use by individual customers,
- (iii) to take steps to prevent and address over-use.

Head 71: Self-exclusion register

For the purposes of this Head, "self-exclusion" means a voluntary process, as set out at paragraph 2, whereby a person with a gambling concern can have themselves excluded from specific gambling venues, or from accessing gambling products provided by particular providers.

Head 72: Advertising and gambling

The Minister may request the OGCI to develop rules governing the advertising of gambling.

The rules shall have regard to, but not be limited to, the following principles:

- (i) Advertisements for gambling must never feature children or young persons;
- (ii) Advertisements must not exploit the susceptibilities, aspirations, credulity, inexperience or lack of knowledge of children, young persons or other vulnerable persons;

- (iii) Advertisements must not be likely to be of particular appeal to children or young persons, especially by reflecting or being associated with youth culture;
- (iv) Advertisements must not contain endorsements by recognisable figures who would be regarded as idols by young persons;
- (v) Advertisements must not suggest that gambling is a rite of passage;
- (vi) Advertisements must not portray, condone or encourage gambling behaviour that is socially irresponsible or could lead to financial, social or emotional harm;
- (vii) Advertisements must not suggest that gambling can be a solution to financial concerns;
- (viii) Advertisements must not suggest that gambling can enhance personal qualities, for example that it can improve self-image or self-esteem, or is a way to gain control, superiority, recognition or admiration;
- (ix) All advertisements for gambling services or products shall contain a message to encourage responsible gambling and shall direct people to a source of information about gambling and gambling responsibly.

Notwithstanding other provisions of this Head, the Minister may, in respect of broadcast events, make Orders:

- (i) providing that advertisements on radio or television featuring or identifying specific categories of gambling service providers shall not be permitted before the commonly accepted watershed time, or, where permitted, that such terms and conditions as the Minister deems appropriate shall be observed.
- (ii) Where a sporting event is being broadcast before the watershed time, advertisements relating to holders of a category 1 licence may be permitted during the intervals of said broadcast provided that they relate specifically to that event.

Advertising of gambling services and products is not to be permitted in or adjacent to children's programmes or programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18 years.

Head 73: Promotions and gambling

Each promotion shall contain, in a form agreed with OGCI, warnings on the risks associated with gambling as well as information on services assisting persons in difficulty as a result of gambling.

Head 74: Sponsorship by gambling licence holders

Licence holders shall not sponsor any individual below the age of 18 years or any team at least some of whose members are below the age of 18 years.

Head 76: Advisory Committee

The OGCI shall establish an advisory committee on responsible gambling. It shall consist of a nominee of the Minister for Social Protection, the voluntary / community sector, a representative from the HSE and two representatives from licence holders. Its function is to review policies and practices in place under this Part, to prepare commentary on those policies and practices, to monitor developments in this area and to highlight and bring to bear those elements likely to assist licence holders discharge their obligations.

Head 77: Establishment of Fund

(1) Subject to Head 80(2), a fund, to be known as the Social Fund, shall be established by Order of the Minister.

- (2) It shall be funded from contributions paid by service licence holders.
- (3) The level of contribution shall be fixed by the Minister as a percentage of the turn-over generated by the licensed service.
- (4) The Minister shall, when determining the level of contribution, have regard to a report to be prepared by the chief officer, OGCI, following such consultations as are appropriate with service licence holders or their representatives.
- (5) The chief officer, OGCI shall consult the Advisory Committee on Socially Responsible Gambling (Head 76), and the Advisory Committee's views shall be recorded in the report to the Minister.
- (6) Any Order made under this section and the level of contribution fixed therein may be revoked and replaced by a new Order and a new level of contribution.

Head 78: Purposes of the Fund

- (1) The joint purposes of the Fund shall be: (i) to promote socially responsible gambling and (ii) to assist in counter-acting the ill-effects for society, as well as for persons and their families, of irresponsible gambling
- (2) The purposes at paragraph 1 may include: (i) public education and awareness raising programmes (including programmes targeted at specific groups or sectors in society), (ii) commissioning or undertaking of research, including fact-finding and attitudinal surveys, (iii) assistance in establishing and operating and evaluating treatment programmes, (iv) the production of materials for use by or in connection with any of the above.
- (3) The Fund may participate with other persons (i) in programmes that are consistent with its purposes and that promote its objectives, (ii) in multi-state programmes, where the programme is beneficial to persons in the State who are subject to the ill-effects of gambling.

Head 81: If a licence holder withholds or withdraws contribution

- (1) The supervisory board shall, without delay, notify the OGCI where a service licence holder withholds or withdraws from funding a Fund established under this Part, whether it was established in accordance with Head 77 or 80.
- (2) The OGCI shall enter discussions with a view to ascertaining the licence holder's position and may suspend the licence granted to the licence holder in question for the duration of the discussions.
- (3) The suspension shall be lifted when agreement has been reached on resolving the matter, including the payment of arrears (and, assuming no other interruptions, the licence shall continue until the expiry date fixed at the time of award). Terms may be agreed on the timing and frequency of payments but there may be no variation on the basis upon which the contribution is calculated.
- (4) The suspension shall be lifted when agreement has been arrived at but may be re-imposed if the agreed terms are not complied with or where funding is withdrawn or withheld for new / separate/ different reasons.
- (5) OGCI may agree, for the remainder of a licence period to an 'opt out' by a licence holder but only if the licence holder adopts / supports measure of equal importance to those required of participate in the fund