

Institute of Alcohol Studies response to DCMS Review of the Gambling Act 2005

About the Institute of Alcohol Studies

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol. For more information, please visit www.ias.org.uk.

The evidence we submit to this call for evidence is concerned with the relationship between gambling and alcohol from an individual, commercial and social perspective.

Observations on the Review of the Gambling Act

We acknowledge that the Review requests information relating to specific aspects of gambling harm, policy interventions and regulatory responses. Whilst we are not experts in gambling research, we wish to make the following general observations about the relationship between alcohol consumption and gambling harm and the need for a public health approach to prevent and treat gambling problems:

1. Gambling harm rarely occurs in isolation and the interaction between gambling, use of alcohol and other drugs and mental health disorders is complex. For example, evidence shows that young people who gamble are more likely to drink alcohol, use illicit drugs and smoke tobaccoⁱ. More recent research using data from the Health Surveys for England and Scotland finds that **high risk drinking and problem gambling among males are very highly correlated**, with the odds of being a problem gambler more than 5 times higher among male high risk drinkers (that is drinking more than 50 units of alcohol per week) than male non-drinkersⁱⁱ. **Tackling the issue of gambling harm needs to acknowledge co-morbidities exist and that action is required to address the broader social and commercial determinants of health.** Furthermore, interactions between modifiable risk factors for poor health, such as gambling, alcohol use, obesity and tobacco use, should be closely monitored to inform future policy responses and ensure a holistic, joined-up approach is applied to the prevention and management of physical and mental health problems that addresses structural and environmental drivers of harm.
2. Evidence suggests it is often the most vulnerable groups in society that experience co-morbidities linked to alcohol useⁱⁱⁱ and more research is needed to understand the socio-demographic breakdown of people who gamble and drink in ways that may harm themselves and others. In particular, **more research is needed on the impact on children and families, those with mental health conditions, people in recovery and survivors of domestic abuse.** A key challenge is that alcohol and gambling harms often occur away from the public gaze, behind closed doors, and are subject to social stigma which can act as a barrier to help seeking and effective treatment and support. IAS has joined the Alcohol and Families Alliance in calling for government to provide funding for a national campaign to challenge the stigma associated with alcohol problems^{iv}, and we suggest that a **wider campaign that addresses stigma associated with addiction more generally, including gambling**, would be a useful component of the forthcoming cross-government Addiction Strategy. This should be delivered alongside a **workforce**

development programme to ensure professionals coming into contact with individuals with alcohol, gambling and other mental health conditions, are equipped to provide support for individuals and families affected by co-occurring problems.

3. **Given the detrimental impact of alcohol and gambling harm on public health, we recommend that the required research, monitoring, workforce development and public information activities are led by the Department of Health and Social Care, drawing on the expertise and support currently within the health improvement directorate at Public Health England (soon to be transferred to the Office of Health Promotion).**
4. The consultation document calls for additional evidence that may inform decisions on how to address gambling harm, especially with regard to marketing and sports sponsorship regulations. **A plethora of robust evidence exists to demonstrate effective policy responses to alcohol and tobacco harm, which can inform gambling regulation** following the precautionary principle. This is especially relevant for **marketing restrictions, sports sponsorship and ‘responsibility’ messages**. For example, the World Health Organisation lists the enactment and enforcement of comprehensive bans and restrictions on alcohol and tobacco advertisement, promotion and sponsorship as “best buy policies” (interventions which are highly cost-effective and effective) for preventing non-communicable diseases^v. Furthermore, **Public Health England’s 2016 evidence review of effective and cost-effective policies to reduce alcohol harm listed advertising bans as cost-effective and cost-saving interventions**, yet stated the current self-regulatory systems that govern marketing are not meeting their intended purpose of restricting children from exposure to alcohol marketing in the UK^{vi}. The same review presented evidence to demonstrate that **commercially sponsored media campaigns which aim to change alcohol consumption** (such as ‘drink responsibly’ campaigns) **have no health benefits**, and that **independent health promotion campaigns can be undermined by industry pro-drinking marketing**^{vii}.
5. As stated above, alcohol and gambling harm is disproportionately experienced by the most vulnerable groups in society. Given the adverse impacts of the COVID-19 pandemic in accelerating existing health and social inequalities in the UK, we recommend that **action on gambling and alcohol harm should be included in a meaningful prevention plan for the UK in the wake of the COVID-19 pandemic** to improve health outcomes, reduce the burden on the NHS and social care systems and tackle inequalities. To address these issues effectively, further **research is needed on how alcohol and gambling harms interact** at the individual, community and commercial level **and how policy learnings from alcohol and other risk factors can inform gambling regulation**. Such **research should be co-produced with and informed by experts with lived experience of gambling and alcohol harm**.

**Institute of Alcohol Studies
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ⁱ Leyshon, Mark & Dr Raman Sakhuja (2013) *A losing bet? Alcohol and gambling: investigating parallels and shared solutions*. Alcohol Concern Cymru and the Royal College of Psychiatrists in Wales: Cardiff

ⁱⁱ NatCen (2021) Health, wellbeing and gambling (publication pending)

ⁱⁱⁱ Institute of Alcohol Studies (2020) Alcohol and Health inequalities. Available at:

<https://www.ias.org.uk/wp-content/uploads/2020/12/Alcohol-and-health-inequalities.pdf>

^{iv} Alcohol and Families Alliance (2018) Families First: An evidence-based approach to protecting UK families from alcohol-related harm. Available at

https://www.alcoholandfamiliesalliance.org/uploads/2/6/4/5/26455483/families_first.pdf

^v World Health Organisation (2017) 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases updated (2017) appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013-2020. Available at:

https://www.who.int/ncds/management/WHO_Appendix_BestBuys_LS.pdf

^{vi} Public Health England (2016) The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review. Available at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf

^{vii} Ibid.