

Organisation: Knowsley Borough Council

Q1. What, if any, changes in maximum stakes and/or prizes across the different categories of gaming machines support the Government's objective set out in this document? Please provide evidence to support this position.

According to estimates based on the 2012 Health Survey for England, there are a total of 5857 problem gamblers across the Liverpool City Region, 423 males and 122 females in Knowsley. The Budd report highlights people who are considered vulnerable to harm from gambling (DCMS 2001), including those with mental health issues, poor economic status, substance misuse and young people. There is a duty upon policy makers to protect such people from harm, however, studies show that those classed in vulnerable groups are more likely to be exposed to the risks of problem gambling and from FOBTs. National research and our local study (attached and referenced in subsequent answers) shows higher densities of LBOs in areas of high deprivation.

It is apparent in our attached research that there is a risk with the use of FOBTs for rapid loss of substantial amounts of money, given previous stakes and the research cited in this consultation suggest that a lowering of the stake to £50 has done little to have an impact on the money being put into machines. In our qualitative interviews with those with gambling problems, many respondents clearly saw FOBTs as harmful, as people can spend large amounts of money very quickly on them. Someone reported seeing friends getting their benefit payments out of the cash machine at 12 midnight, when they were paid in, and having spent them by 12.30 a.m. Interview respondents mentioned being unwilling to leave FOBTs that they had put significant amounts of money in, even to attend to basic needs such as eating, or going to the toilet.

Our research showed that there is some appetite, amongst those affected by problem gambling to lowered stakes, to as little as £2(section 5.5.5).

Q2. To what extent have industry measures on gaming machines mitigated harm or improved player protections and mitigated harm to consumers and communities? Please provide evidence to support this position.

We have no evidence of harm mitigation with current industry measures.

Our local research on Local Authority staff in 2014 was used as a sample of the local population in Merseyside. This showed that 26% of people who had used FOBTs actually wanted to cut down their use (section 5.4). Furthermore, 6% had used overdrafts, 2% used payday loan, 4% other loans and 2% pawnbrokers. This shows that there are individuals who are using borrowed money on the machines, recognised to be a risk of harm.

Q3. What other factors should Government be considering to ensure the

correct balance in gaming machine regulation? Please provide evidence to support this position.

We consider that regulation in this area is restrictive and consideration should be given to adopting a gambling objective relating to the risk of harm as a result of gambling. The work carried out in Manchester and Westminster in partnership with Geofutures looked at identifying who is at greater risk of being vulnerable to gambling related harm, and where they are located should be considered to strengthen the analysis of harm with applications.

The application of the gambling act can be nuanced and local areas may find it difficult to make the direct links to applications and harm to health due to the lack of data on who uses FOBTs from the industry and the difficulties in identifying individual harms. Whilst the act aims to protect children and the vulnerable, these may be difficult to identify, especially with regards to poverty, mental health issues and other problems. Vulnerable people will be widely spread within our communities and it is difficult currently to use deprivation in an area as a challenge to the license application. More legislative power to utilise this type of indicator would be of value.

Consideration should also be given to providing local authorities with the powers to control gambling on their high streets. At present local authorities cannot stop clusters of betting shops opening on the high street which in turn vastly increases the number of FOBT available to customers some of which may be at risk of addiction or other gambling harm. Consideration should therefore be given to allowing local authorities to refuse an application on the grounds of saturation.

Mandatory consideration should also be examined which provides a restriction on gaming machine expenditure to prevent players spending more money than they originally intended. This is achieved by fixing a maximum limit on losses before the commencement of play.

Finally protective interventions should be considered whereby player cards are set to maximum daily and monthly spending limits. This would enable gamblers to set personal limits of time and/or money which would facilitate players taking breaks from betting and also encourage self exclusion.

Q4. What, if any, changes in the number and location of current gaming machine allocations support the Government's objective set out in this document? Please provide evidence to support this position.

Our research clearly shows that FOBT are disproportionately located in areas of high deprivation (section 5), and locations are targeted at those who can least afford to lose money. It is also apparent that the number of machines in LBOs is predominantly the maximum amount, which suggests large profits are being made from these machines. Research quoted in the report suggests that FOBT use in particular is associated with problem gambling, therefore, we would ask for careful consideration of restricting further the availability of the machines.

Q5. What has been the impact of social responsibility measures since 2013, especially on vulnerable consumers and communities with high levels of deprivation?

Our research showed that respondents felt that there were also lots of adverts for money lending and that LBOs seem to be offering extra incentives to get people to spend money, some quotes include e.g. if you go into a casino, you are encouraged to sign-up online. Spend £10 and get a 'free' £10 incentives etc. LBO Incentives also include days out etc, e.g. a day out at the races. People are encouraged to spend money in order to receive 'free' money. Or, they may receive vouchers etc to play, but when they have spent these they end up spending their own money. As in our response to Q4 it is clear that areas of high deprivation are associated with high density of FOBTs. We can find no evidence of the impact of social responsibility measures.

Q6. Is there anything further that should be considered to improve social responsibility measures across the industry? Please provide evidence to support this position.

Report section 5.5.1. Our qualitative work several respondents said that they felt that they did not have enough money, so were trying to win it on FOBTs etc. However, several respondents mentioned that money won on gambling was rarely spent on anything else but more gambling. People may gamble to try and forget about their problems, but gambling makes problems worse.

The removal of the use of incentives and free offers should be implemented and LBOs should share available data on usage and clientele in order to work with public health departments on understanding the harm caused and populations affected.

Q7. Is there any evidence on whether existing rules on gambling advertising are appropriate to protect children and vulnerable people from the possible harmful impact of gambling advertising?

Several respondents mentioned that there were 'constant' adverts on TV.' Every advert is for gambling'. 'You couldn't watch TV if you had gambling problems'. Gambling advertised at every football match. One respondent suggested replacing these with warning/ health information adverts on TV, as has been done with other health issues

Several respondents felt that TV adverts for gambling were on constantly." If you were a gambler, you would not be able to watch TV' (male respondent, in his 50s). Respondents said that they had seen links between gambling and companies who sell food such as Iceland offering a 'free' £10 food voucher for signing up. "Gambling is dangled in people's faces". "Gambling industry are getting richer and everyone else is getting poorer" (male respondent in his 30s). As a related issue,

respondents felt that there were also lots of adverts for money lending. In a recession, several respondents commented that LBOs seem to be offering extra incentives to get people to spend money, e.g. if you go into a casino, you are encouraged to sign-up online. Spend £10 and get a 'free' £10 incentives etc.

Respondents felt that Licensed Betting Offices were now nice

Q8. Any other relevant issues, supported by evidence that you would like to raise as part of this review but that has not been covered by questions 1-7?

The attached research makes a number of recommendations for a variety of partners, these are listed in the report but we would draw attention specifically to the following:

Work should be done to promote awareness of gambling harm in schools and the importance of the opportunities for front line staff in a variety of roles to deliver key messages and brief interventions around gambling harm.

The report seeks to request Government introduces a membership scheme for people who use Licensed Betting Offices, similar to those used in casinos, decrease the maximum stake on FOBTs as discussed and introduce uniform national policies such as policies on vulnerable adults and positioning of responsible gambling materials.

The government should commission an independent review on the impact of advertising gambling and make subsequent changes to guidance around this. A national campaign to raise awareness of the risks of problem gambling which is insight driven should also be funded.

We would also wish to see a focus from the health service on gambling as a risk to health, with adequate training and education of professionals and an exploration of the provision of support services from sectors.

The industry should ensure that literature on Gamcare (including contact numbers) and other support material is in clear view of clients, display the time that someone has been playing for on FOBTs and ensure that all incidents of crime or violence in connection with FOBT use are recorded

Finally, in order to accurately examine the risk of harm, we would suggest that industry to share available data on gambling behaviour, in order for researchers and health professionals to assess the impact of gambling on health