

Supplementary evidence: Consultation on proposals for changes to Gaming Machines and Social Responsibility Measures

The Money and Mental Health Policy Institute is a research charity, established by Martin Lewis to break the link between financial difficulty and mental health problems. This document provides additional evidence to support our positions on some consultation questions, with footnotes signposting evidence published elsewhere.

Background:

- One in four adults are experiencing mental health problems at any time
- Problem gambling can be both a cause and consequence of mental health problems
- Problem gambling is associated with a wide range of psychological symptoms of mental health conditions, such as increased anxiety, low mood and poor coping skills
- Mental health problems can lead people to become problem gamblers, increase the harm caused by gambling, and make it harder to stop gambling
- A number of different mental health conditions and their treatments are associated with reduced impulse control, making it more difficult to limit gambling behaviour

Q10: Do you agree with the government's proposals to bar contactless payments as a direct form of payment to gaming machines?

Money and Mental Health strongly supports the Government's view that contactless payments should not be introduced on gaming machines. Existing legislation which means that payments cannot be made to a gaming machine directly by credit or debit card is an important point of friction which can help players control their gambling. There is compelling evidence from our own trial of voluntary controls in a retail environment that relatively small amounts of added friction can play a significant role in reducing harm¹, particularly for people experiencing mental health problems who are more likely to struggle with impulse control.²

We believe that the dramatic growth in online gambling, and the prevalence of gambling problems on this platform³, justify the exploration of similar opportunities for introducing friction online. These could include:

- Preventing gambling sites from remembering payment details, so that players have to re-enter card details at the start of a session or when uploading more money
- Requiring financial services providers to allow all customers to block gambling transactions at a card level.

Most gambling transactions (with the exception of lottery tickets) are identifiable by banks using Merchant Category Codes. It is possible for financial services firms to allow customers to block these transactions, providing a self-exclusion option that applies to both online and land-based gambling without the need to navigate the current maze of self-exclusion regimes. Our

¹ Murray N. Shopper Stopper: An Evaluation. Money and Mental Health Policy Institute. 2017.

² Holkar M. Seeing through the fog: How mental health problems affect financial capability. Money and Mental Health Policy Institute. 2017.

³ One in twenty online players is a problem gambler, rising to one in ten among those who play online slots, casino games or bingo.



evidence suggests that a simple multi-channel self-exclusion tool is sorely needed, and that consumers who have self-excluded through one channel are currently switching and betting through other means. Bank card controls would offer a simple way to rigorously self-exclude in the short term using existing technology while we await the development of more robust self-exclusion schemes.

"I self excluded for a year from all websites...I went to the bookies and bet in person."

Q11: Do you support this package of measures to improve player protection measures on gaming machines?

Player protection measures

Money and Mental Health broadly supports the government's proposed package of measures to improve player protection on gaming machines. Although both B2 machines (FOBTs) and online gambling platforms offer the ability to set limits on play, these features are underused.

The experience of a mental health problem can bring about changes in people's ability to manage impulses; for some this is a side-effect of medication used to treat mental health problems. Greater impulsivity, in turn, is a risk factor for problematic gambling.⁴ A reduced ability to control inhibitions can make people more inclined to gamble in the first place, or can make it more difficult to stop gambling once they have started.⁵ Other people experiencing mental health problems gamble with the aim of meeting financial goals. Feelings of inadequacy are symptomatic of some mental health problems, which can lead people to turn to gambling in the hope that a win will grant them some boost in self-worth. This can mean that fixating on a win of any sort can steer people away from gambling responsibly with an awareness of stakes and payouts of gambles.⁶

We support the Government's proposal to introduce both 'hard stops' after voluntary time and spending limits are reached, and mandatory alerts at certain time and spending benchmarks - even where voluntary limits are not applied, and believe these could have specific value to people with mental health problems experiencing the gambling-related problems described above. Evidence from our own research, and from suicide prevention initiatives⁷, shows that relatively small amounts of added friction can play a significant role in reducing harm, particularly for people experiencing mental health problems who are more likely to struggle with impulse control. In the short term, the Government should require firms to make players aware of the tools available to support them, and to encourage uptake. In the longer term, research should explore whether positive defaults could be set, for example on session duration, to minimise the risks of harmful gambling.

⁴ Blaszczynski A and Nower L. A pathways model of problem and pathological gambling. Addiction, 2002; 97, 5; 487-499.

⁵ Murray N. Know the odds: the links between mental health problems and gambling. Money and Mental Health Policy Institute. Policy Note Number 11. 2017.

⁶ Murray N. Know the odds: the links between mental health problems and gambling. Money and Mental Health Policy Institute. Policy Note Number 11. 2017.

⁷ Yip PS et al. Means restriction for suicide prevention. The Lancet. 2012; 379(9834). 2393–9.



Data collection to understand problem gambling

In addition to collecting new data on player's use of B1, B2 and B3 machines, we would encourage the government to reintroduce the question on problem gambling removed from the most recent iteration of the Adult Psychiatric Morbidity Survey (APMS). This dataset (also known as the National Health and Wellbeing Survey) is the best source of national data on prevalence of mental health problems, and removing indicators around problem gambling removes our ability to understand links between problem gambling, other mental health problems and financial difficulties.

Q.12 Do you support this package of measures to improve player protection measures for the online sector?

We support the package of measures outlined to improve player protections in the online sector.

Free bets and sign-up offers

Adverts with specific offers, like free bets when registering for an online account, can lead consumers to gamble more than they intend to.⁸ This may be even more difficult to manage for people with mental health problems which increase impulsivity and make resisting urges harder. Avoiding these adverts and not acting on impulse requires willpower, which may be particularly difficult during a period of poor mental health. Their frequency and timing, such as late at night when people with mental health problems are vulnerable and more likely to respond, can create challenges to gambling responsibly.

"You get a message and it gets you thinking about logging on... I've had three texts from a betting company today."

Additionally, many of the advertised deals are very complex, with strict rules about what funds can be withdrawn when and how many times they must be staked.⁹ Our research suggests consumers with mental health problems may find it harder to process information about these offers¹⁰, and can sometimes be led to gamble excessively as a result.

Our evidence suggests that consumers are receiving a high volume of these promotions, and they have a significant impact on behaviour. The Gambling Commission should specifically monitor the distribution of promotional offers to vulnerable adults, as well as young people, and intervene if a wider problem is found. Firms should also be required to make it easy for consumers to opt out of receiving marketing materials across all communication channels, including text messages and in-app notifications.

⁸ Hing N et al. Do advertising and promotions for online gambling increase gambling consumption?. An exploratory study. International Gambling Studies 2014; 14, 3; 394-409.

⁹ Competition and Markets Authority. CMA launches enforcement action against gambling firms. 2017. Available at: https://www.gov.uk/government/news/cma-launches-enforcement-action-against-gambling-firms [Accessed 08/11/17].

 ¹⁰ Holkar M. Seeing through the fog: How mental health problems affect financial capability. Money and Mental Health Policy Institute. 2017.



Blocking online gambling at night

In addition to the nudges and time limits already under discussion, we would urge the Government to also consider mechanisms to allow players to block online gambling at night. Research shows that sleep deprivation reduces impulse control¹¹, making gambling behaviour harder to limit. For people with mental health problems, this can be even worse. Difficulties sleeping are a common symptom of mental health problems¹², leaving people awake at night and feeling isolated, when for some gambling online can be an unwanted temptation. 24/7 access to online gambling and the ease with which money can be added to online accounts means that all gamblers can spend more money and time gambling than they might wish to. Problems with managing impulses can also leave people staying up all night to win back losses. In many cases people are aware of the times at which they are most vulnerable and want to be able to limit their access to gambling in a way which works for them.

"PTSD flashbacks keep me up and angry at night. Then I go for a kick and the best place is the bookies to get that feeling of being on the edge."

"Closing times on gambling sites would be amazing. Frustrating for me, through the night, but a good thing."

Q.13 Do you support this package of measures to address concerns about gambling advertising?

The Government's consultation highlights the link between impulse control and problem gambling, and the need for advertising to be particularly responsible given the immediacy of gambling opportunities online. Adverts with specific offers, like free bets when registering for an online account, can lead consumers to gamble more than they intend to.¹³ Their frequency and timing, such as late at night when people with mental health problems are more likely to be awake and to find impulses harder to control, can create challenges to gambling responsibly.

In addition to the proposed measures from the Gambling Commission and ASA/CAP, the Government could further reduce harm by banning adverts for gambling between 12am and 6am, including email marketing. This would particularly protect those experiencing sleep issues associated with mental health problems, or who are awake and under the influence of drink and drugs, both of which can make it harder to resist impulses.

¹¹ Drummond S, Paulus M, and Tapert S. Effects of two nights sleep deprivation and two nights recovery sleep on response inhibition, Journal of Sleep Research 2006; 15:3, 261-265.

¹² Benca, RM et al. Sleep and psychiatric disorders: a meta-analysis. Archives of General Psychiatry 1992; 49, 8; 651-668

¹³ Murray N. Know the odds: the links between mental health problems and gambling. Money and Mental Health Policy Institute. Policy Note Number 11. 2017.