

Institute of Public Health



IPH response to consultation to the Department for Communities consultation on Gambling Codes of Practice

25 February 2022

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Synopsis of IPH submission

Introduction

The Institute of Public Health informs public policy to support healthier populations in the Republic of Ireland and Northern Ireland.

Our key priorities are promoting health and wellbeing, improving health equity, and reducing health inequalities through Evidence, Policy, and Partnership.

The Institute recently responded to a Department for Communities consultation on developing new Gambling Codes of Practice for Northern Ireland.

The Gambling Codes of Practice are being developed for gambling operators, ie those who hold a licence, permit or certificate under the Betting, Gaming, Lotteries and Amusements (Northern Ireland) Order 1985.

Key Observations

In its submission the Institute highlighted that Northern Ireland has the highest prevalence of problem gambling and mental ill health across the UK and that any legislation and Codes of Practice need to be on par with existing protections across the UK.

In its response, the Institute made a series of recommendations, including the following:

- The need to enshrine aspects of the proposed Gambling Codes of Practice into legislation, including self-exclusion measures, advertising and marketing, product design, and verification measures including affordability.
- A Regulator should have the power to review, revoke and amend the Codes of Practice and put forward recommendations for measures to be included as part of criminal law. Breaches of Codes of Practice should be clearly defined alongside any punitive measures such as fines, penalties or revocation of licence.
- The Codes of Practice being developed for Northern Ireland should provide the same protections available in the rest of the UK, as set out in the Gambling Commission Licensing Conditions and Codes of Practice.
- The proposal that gambling on credit is prohibited is welcome and the Institute would call for a complete ban on the use of credit card payments.
- The proposed measures on reverse withdrawals and the inclusion of age verification measures within the Codes of Practice are welcome.
- Consideration should be given to rolling out a test purchasing scheme, as part of any new regulatory framework.
- Banning free bets, VIP schemes and incentives through legislation is strongly recommended.
- Limits should be applied to stakes, prizes, and deposits of all gambling products, not just those in land-based venues. This could include on-screen warnings and limit-setting.
- It should be a condition of licensing that land-based operators provide data on trading hours, location of premises and the number and type of gaming machines on the premises as part of good practice.

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Introduction

The Institute of Public Health in Ireland

The Institute of Public Health informs public policy to support healthier populations in Ireland and Northern Ireland. Set up in 1998, the Institute is jointly funded by the Departments of Health in Ireland and Northern Ireland. Our key priorities are promoting health and wellbeing, improving health equity, and reducing health inequalities. We work to achieve these by focusing on evidence, policy and partnership. The Institute has a team of public health and policy development specialists based in Dublin and Belfast.

The Institute of Public Health (The Institute/IPH) welcomes the opportunity to respond to the Department for Communities consultation on the Betting, Gaming, Lotteries and Amusements (Amendment) (Northern Ireland) Order 2022 - Gambling Codes of Practice.

The Institute has contributed to gambling policy development in both Ireland and Northern Ireland. Our inputs on gambling are listed below:

- The Institute of Public Health presented written and oral evidence to the All-Party Group on Reducing Harm Related to Gambling - Inquiry into Regulation of Gambling in Northern Ireland (2020/2021) (Institute of Public Health, 2020).
- In 2021, the Institute responded to the following Northern Ireland consultations and recommended the recognition of gambling as an associated behaviour and actions to mitigate its public health impacts should be aligned across all strategies:
 - Substance Use Strategy
 - Mental Health Strategy 2021-2031 (Institute of Public Health, 2021a)
 - Sport and Physical Activity Strategy (Institute of Public Health, 2021b)
- In October 2021, the Institute and UK Public Health Network jointly hosted a Five Nations Roundtable event on gambling prevalence, harms and policy developments.
- The Institute provided written and oral evidence to the Committee for Communities on the Betting, Games and Lotteries & Amusements Bill consultation in November and December 2021 respectively (Northern Ireland Assembly, 2021).
- In January 2022, the Institute made a written Submission to the Joint Oireachtas Committee on Justice General Scheme of the Gambling Regulation Bill 2021.

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Key points

- Northern Ireland has the highest prevalence of problem gambling and mental ill health across the UK, therefore, any legislation and Codes of Practice need to be on a par with protection within the UK nations.
- There are certain measures currently set out within the Codes of Practice which would be better placed within legislation to reflect the seriousness of these issues and the impact when breaches occur. These include:
 - Self-exclusion measures
 - Advertising and marketing
 - Product design
 - Verification measures including affordability
- Once appointed, a Regulator should be given the powers to review, revoke and amend the Codes of Practice and put forward recommendations for measures which should be part of criminal law. Breaches of Codes of Practice should be clearly defined alongside any punitive measures such as fines, penalties or revocation of licence.
- The Codes of Practice being developed for Northern Ireland should provide the same protections available in the rest of the UK, as set out in the Gambling Commission Licensing Conditions and Codes of Practice.
- The Institute welcomes the proposal that gambling on credit is prohibited. We would call for a complete ban on the use of credit card payments either directly or indirectly, in both land-based and online gambling environments.
- We welcome the proposed measures relating to reverse withdrawals. It will be important to monitor the extent to which there are customer requests for reverse withdrawals and the potential impact or benefit this measure will have on gamblers.
- The Institute would encourage the Department for Communities to consider the roll-out of a test purchasing scheme, as part of any new regulatory framework.
- We welcome the inclusion of age verification measures with the Codes of Practice. However, there is a lack of clarity on independent monitoring of compliance.
- The Institute strongly recommends banning free bets, VIP schemes and incentives through the legislation as opposed to structures such as Codes of Practice. Certain promotional practices are harmful and should be prohibited.

- National self-exclusion schemes should be specified and routinely monitored by a consumer ombudsman. The consumer ombudsman should also be designated to investigate complaints against any licensed betting office that is not adhering to self-exclusion legislation.
- Limits should be applied to stakes, prizes, and deposits of all gambling products, not just those in land-based venues. On-screen warnings, and limit-setting should be used moderate gambling behaviour.
- The Institute recommends that it should be a condition of licensing that land-based operators provide data on trading hours, location of premises and the number and type of gaming machines on the premises as part of good practice.
- A longer term programme of legislative reform has been promised, but the timeline and sequencing of the proposed legislative reform is unclear. We are concerned that matters which should be addressed through legislation could be relegated to Codes of Practice.

IPH Response / Submission

Introduction

Effective policy to reduce gambling harms needs to adopt a broad focus, with strategic action planned and delivered to deal with the multifactorial determinants of health. This is well recognised for obesity, smoking, and alcohol consumption, yet such approaches are only just beginning to be recognised for gambling and Northern Ireland has no government-owned strategy for preventing harm from gambling (Wardle et al. 2019).

There are substantive aspects of gambling that the Institute believe need to be regulated by legislation to maximise protection and minimise gambling-related harms to the population. The Institute believes it is imperative that the Codes of Practice prioritise public health, reduction of gambling-related health inequalities and protection of children, young people, and vulnerable individuals.

The Institute would encourage the development of Codes of Practice which are reflective of, and tailored to, the unique vulnerabilities of the population in Northern Ireland. Northern Ireland has the highest prevalence of mental illness (O'Neill and Rooney, 2018) and problem gambling in the UK (Department for Communities, 2017), and so the population is particularly vulnerable to harm from gambling.

The Institute believes there is a role for mandatory Codes of Practice in the regulation of the gambling industry. However, we believe the following measures should be included in the legislation rather than within Codes of Practice:

Self-exclusion measures

- Self-exclusion measures such as opt out and exclusionary mechanisms, signposting to treatment and support services and the establishment of a multi-operator Exclusionary Register.
- It must be condition of the licence that a licence holder is prohibited from contacting a person registered or participating on the Exclusionary Register for the purpose of promoting or advertising gambling.
- Any promotion or information concerning promotions offered by a licence holder must communicate the risks of participating in licensed activities including details of any opt out, self-exclusionary mechanisms and the Exclusionary Register.
- National self-exclusion schemes should be specified and routinely monitored by a gambling regulator.
- Any self-exclusion scheme should require the identity of self-excluders to be shared between operators (both land-based and online).
- A consumer ombudsman should be designated to investigate complaints against any licensed betting office that is not adhering to self-exclusion legislation.
- Resourcing should be made available for data collection, monitoring and evaluation of self-exclusion schemes.

Advertising and marketing

- There should be extensive restriction on advertising that promotes gambling goods and services on TV, radio, and online channels.
- There should be a phasing out of gambling industry sponsorship for sports clubs and national governing bodies of sports starting with those groups providing sporting opportunities for children in Northern Ireland.

Product design

- Game and product design rules should apply and be consistent in the land-based sector and online.
- Limits should be applied to stakes, prizes, and deposits of all gambling products, not just those in land-based venues.

Verification measures including affordability

- Legal age of sale, age verification and single sign on verification measures should be enhanced.
- Screening and affordability checks including the involvement of financial institutions in blocking gambling transactions.
- A roll-out of a test purchasing scheme should be considered.
- Banning the use of credit cards for all forms of gambling.

The Institute recognises that ongoing monitoring will be required along with appropriate penalties for breaches of legislation. Based on legislation currently being considered in Ireland (Department of Justice, 2021), the Institute offer the following options for consideration:

Monitoring

As part of the monitoring process, undisclosed tests or audits may be utilised for the purpose of ensuring a provider is complying with the provisions of the Act/Bill.

Penalties

The regulator may seek to apply any (or a combination) of sanctions. These may include the suspension or revocation of a licence, blocking access to a remote or online provider in the jurisdiction/country for a period of time. Other sanctions may also include:

- shut down a provider's operations either on a temporary or permanent basis
- freeze bank accounts and other assets of a provider
- block advertising by or on behalf of a provider
- block payments to a provider

Larger offences and penalties

Legislation being developed in Ireland includes a provision where, if an immediate or significant risk to the public is identified due to non-compliance, the regulator may issue a warning notice to a provider without having issued a compliance notice.

A warning notice will:

- a) state that the regulator is of the view that the provider is or was not in compliance
- b) state the basis for this view
- c) outline the steps which the regulator deems necessary for the provider to take to bring itself into compliance
- d) provide a timeframe in which those actions must be taken
- e) outline the range of actions which may be taken by the regulator if the provider does not bring itself into compliance (Actions may include the initiation of proceedings or a decision to move to the imposition of an administrative financial sanction).

The Institute also recommend the following policy considerations:

- Regular engagement with the Commissioner for Children and Young People to ensure children will be protected within any regulatory framework.
- Inclusion of indicators and action points for gambling harms in existing health-related policy documents and action plans. For example, in Making Life Better, the Children and Young People's Strategy 2020-2030 and the Protect Life 2- Suicide Prevention Strategy.
- Routine monitoring of the level of access of children and young people to gambling activities, their engagement in these activities and the effectiveness of any age verification processes
- Development of an independent, government led strategy for preventing gambling harms.
- Mitigating gambling harms should be included as an area for engagement by the recently appointed Interim Mental Health Champion for Northern Ireland.

The importance of making these provisions legal requirements within the Bill is that they become criminal offences. There is a risk that less punitive measures, such as fines, will not act as a deterrent to multi-billion-pound gambling companies. Again, the absence of a Regulator will make it extremely difficult to monitor and respond to malpractice.

In the event that the above measures are not taken forward within the legislation, we would ask the Department for Communities to consider the evidence and recommendations set out under each proposed Code of Practice.

IPH comments on the proposed Codes of Practice

General Application

The Draft Codes of Practice provide limited detail on the many facets of gambling which require regulation in order to prevent gambling-related harms. IPH believes there is an opportunity to develop more comprehensive licencing conditions and codes, similar to those set out by the Gambling Commission. The Gambling Commission has the power to issue two types of code of practice. The first is a social responsibility (SR) code. A SR code must be followed and has the force of a licence condition. The Commission may also issue ordinary codes (OC) which are intended to set out best industry practice. They are not mandatory, but operators are expected to follow them unless they have alternative arrangements in place that they can demonstrate are equally effective (Gambling Commission, 2021a).

Recommendations

- The Institute recommends that the Department for Communities consider replicating the Gambling Commission Licencing Conditions and Codes of Practice in the Codes of Practice for Northern Ireland to provide more comprehensive regulation of the gambling industry.
- We recommend that the Department review the Gambling Commission Licencing Conditions and Codes of Practice to determine their application in the Northern Ireland context.
- It seems pragmatic to follow the example of the Gambling Commission by implementing a Social Responsibility code, which has the force of a licensing condition. It is important that Codes of Practice are strictly adhered to by industry operators and so the impetus of codes being conditions of a licence is likely to result in greater compliance and result in an offence where there is a breach.
- The Institute has some concerns about the language used in the 'General Application' section. Firstly, the statement relating to the intention that the codes will 'build on and support good practice already existing within the industry' is subjective, as no independent reports on practice in Northern Ireland are supplied. Secondly, we do not believe it should be the purpose of the code to help the public to 'identify responsible and reputable gambling operators'. Rather, it should be the responsibility of a Regulator to set and monitor standards by which industry operators must comply.
- The Codes of Practice do not set out the measures which will be taken in response to a breach of the Codes. As the scale and severity of offences will vary, we would suggest that there would be a scheme of escalating fines, comprising a progressive scale of fines for specified offences, taking account of cumulative breaches of licensing conditions and legal obligations arising by operation of law. There should also be a limit to the number of financial sanctions a license holder can receive before a license is revoked.

Gambling securities and credit

Evidence

A report by Rogers et al (2019) cited evidence from the UK Adult Psychiatry Morbidity Survey (2007), which showed that 8% of English adults had experienced debt but, among problem gamblers, this number spiked to 38%. Use of short-term and payday loans credit was more than double among those experiencing problem gambling (7%) compared with those who did not experience problem gambling (3%). Authors of this report recommended restricting access to further funds while gambling, including the removal of gambling on credit cards at the point of sale and the removal of ATMs as key actions in this area.

Rogers et al noted that the relationship between credit (secured from any source) and gambling expenditure is apparent from the 2001-2007 Expenditure and Food Surveys. Credit repayments were associated with a 5% point increase in probability of being a gambler, and that the level of credit repayments was positively associated with higher rather than lower gambling expenditure. There was no evidence that the associations between loan repayments and gambling were moderated by household income.

In May 2018, the UK Department for Digital, Culture Media and Sport asked the Gambling Commission to consider the introduction of spending limits, pending affordability checks when individuals open accounts with online gambling services. Whilst this relates to online gambling (and the focus of this consultation is land-based gambling), the following observation by Rogers et al still holds relevance to land-based gambling. The authors note that spending limits, pending affordability checks, are temporary restrictions on expenditure and do not necessarily address the broader challenge of harms that can accumulate as individuals continue to gamble against established lines of credit. As such, a review of the broader role of credit in online gambling and more restrictive policy options is required (Rogers et al, 2019).

Recommendations

The Institute welcomes the proposal that gambling on credit is prohibited. We would call for a complete ban on the use of credit card payments either directly or indirectly, in both land-based and online gambling environments.

It is not clear how operators will ensure that payment from an e-wallet such as PayPal has not been loaded from a credit card. Whilst we welcome the inclusion of this measure with the Code of Practice, operationally this may be difficult to implement. Therefore, we would recommend that greater clarity is provided on how this measure will operate in practice.

Automated Teller Machines and Reverse Withdrawals

Evidence

As highlighted in the previous section, Rogers et al (2019) noted that restricting individuals' access to extra funds to gamble can be achieved through the removal of ATMs from gambling venues and clubs, with some evidence of reductions in time spent at clubs, gambling expenditure, and in impulsive gambling overspend (Rogers et al, 2019).

Research by Thomas et al., (2010) and Valladares (2018) found that the location of ATMs inside venues and close to gambling areas is reported to increase access to money and potentially lead to more impulsive gambling, especially by players considered at-risk. A study from Canada looking at a variety of problem gambling risk factors argued that chasing gambling losses (a predictor of gambling problems) is related to the repeated use of ATMs (Quilty et al, 2015).

Recommendations

We welcome the proposal that ATMs should not be located within bookmakers' offices, bingo clubs and amusement arcades.

We welcome the proposed measures relating to reverse withdrawal. We would recommend clarification around the language used, for example, the Department may wish to consider wording such as that used by the Gambling Commission: 'Consumers must not be given the option to cancel their withdrawal request' (Gambling Commission, 2021b).

At present there is a delay when transferring funds from a gambling account to a bank account, but no delay when the transferring from a bank account to gambling account. IPH recommends that there should be a delay on the direction of this transaction to give the gambler time to reflect and consider their gambling activity before placing a bet.

Furthermore, it will be important to monitor the extent to which there are customer requests for reverse withdrawals. IPH believes this measure may be effective for low to moderate risk gamblers, but less effective among high-risk gamblers.

Whilst we welcome the measure to prevent reverse withdrawal, it is not clear what impact or benefit this measure will have on gamblers. Withdrawal of funds from a gambling account to a bank account or e-wallet does not prevent gambler from depositing funds to their gambling account from another source.

Protection of children and young people

Evidence

The Young People and Gambling Survey 2019 found that approximately one in 10 (11%) of 11-16 year olds had spent their own money on gambling in seven days prior to the survey, with boys being twice as likely gamble as girls (Gambling Commission, 2019). Furthermore, 1.7% of the 11-16 year olds were already classified as experiencing a problem gambling, an increase from 0.9% in 2017.

The Institute is concerned about the wellbeing of children and young people and believes that all necessary measures should be taken to protect them from the harms associated with gambling. The Institute would urge the Department for Communities to consider the UN Convention of the Rights of the Child (UNICEF) in the context of preventing children from engaging in gambling activity and protecting them from the harmful effects of parental gambling.

The Institute would encourage the Department for Communities to consider the roll-out of a test purchasing scheme, as part of any new regulatory framework. The UK Gambling Commission has developed a 'Test purchasing and age verification toolkit' for use in England and Wales. Test purchasing allows the Gambling Commission and local authorities to measure the compliance by gambling operators as well enabling operators to demonstrate the effectiveness of their policies and procedures (Gambling Commission, 2015).

Identification of underage gambling is one aspect of test purchasing where children and young people can be protected. Where breaches of the law are identified, proportionate punitive measures should be imposed to underline the severity of exposing and permitting children to engage in gambling.

We would also refer the Department for Communities to a paper by the Responsible Gambling Strategy Board – 'Children, young people and gambling: A case for action' (Responsible Gambling Strategy Board, 2018). This paper sets out the view of the Responsible Gambling Strategy Board on children and young people and gambling. It considers where application of the precautionary principle is appropriate and identifies actions which should be taken, and by whom. The paper is organised under a number of key principles, set out below.

Overarching principles: Children have the right to be safe. When considering the risks posed by gambling, the precautionary principle is particularly important in relation to children and young people.

Principle 1 - Commercial gambling should be regarded primarily as an activity for adults.

Principle 2 - Children and young people experience harms differently from adults and can be harmed by the gambling of others as well as by their own gambling.

Principle 3 - Online and land-based processes to prevent under-age gambling should always be effective and comprehensive, and kept up to date with technological and social change.

Principle 4 - Priority should be given to protecting children and young people from the rapidly developing risks of online gambling.

Principle 5 - The extensive and rapidly growing exposure of children and young people to gambling marketing and advertising is a matter of concern which needs to be addressed.

Principle 6 - The design, content and imagery used in gambling marketing, advertising and products should not have the effect of creating a particular appeal to children and young people.

Principle 7 - Children and young people have a right to information about the risks of gambling.

Principle 8 - Parents and families can and should play a significant positive role in reducing the risks of gambling-related harms affecting children and young people.

Principle 9 - All children and young people experiencing gambling-related harms, or at risk of them, should be able to access help in a form appropriate for them.

Under Principle 3 the following recommendations have been outlined:

- Operators need to improve their test rates for challenging under-age gambling, possibly looking to apply lessons from other industries (for example, by applying Think 25 instead of Think 21). More frequent tests should be applied to areas or premises types of greater risk, as demonstrated by below-average test rates.
- Priority should be given to ensuring age-verification processes keep pace with new challenges from technological change and market trends.
- These are important considerations in the development of Codes of Practice and will also be relevant when online gambling is considered in the next stage of legislative reform.

We would also highlight the recommendations under Principle 5 for consideration within the Codes of Practice relating to both children and young people and marketing:

- The combination of unknown consequences and concern about effects on children and young people strongly suggest that a precautionary approach to gambling marketing and advertising is required - even if that involves challenging some well-established market practices.
- The precautionary principle states that activities which are likely to have a negative impact should be avoided. There is a strong case for further action to reduce both the visibility of gambling marketing and advertising to children and young people and its impact. The increased volume of exposure online, including through social media, should be a priority.
- In-app marketing, such as push notifications, should be sent only to those for whom

robust, third party verified, age-verification checks have already been conducted – and not to everyone who has downloaded an app or taken part in free-to-play games.

- Wider debate is required to ensure that society strikes an appropriate balance between allowing legitimate businesses to advertise their products and protecting the young and vulnerable from the risks that come from exposure to this marketing.

Recommendations

- The Codes of Practice do not define ‘under-age’. It is our understanding that young people aged 16+ can participate in society lotteries in Northern Ireland, whilst the age limit for other gambling activities is 18. There is a risk that confusion will arise among both customers and/or industry operators in relation to which age limits apply to the different types of gambling activity. For this reason, the Institute strongly recommends that the Department for Communities follow the legal position elsewhere in the UK which prohibits participation in any form of gambling (including the lotteries) under the age of 18.
- The minimum standards of age limit notice would appear to be too small to have any impact. We strongly recommend the Department for Communities follow the guidance issued by the Department of Health (England) and the Chartered Trading Standards Institute for the display of age of sale limits on tobacco products. This guidance states that a notice is displayed at the entrance to the tobacco area saying “It is illegal to sell tobacco products to anyone under the age of 18”. The notice must be not less than 297 millimetres by 420 millimetres (A3) and the size of the wording on the notice must use type no smaller than 36 millimetres high (roughly 155 point font) (Department of Health and Chartered Trading Standards Institute, 2015).
- We welcome the inclusion of age verification measures with the Codes of Practice. However, clarification is needed as to how regularly these measures should be reviewed and by whom. We recommend that these measures are monitored by an independent body (appointed by a Regulator) at least once a year.
- We do not support the proposal that gambling operators should review their own age verification procedures. We recommend that this is undertaken by an independent body (appointed or overseen by a Regulator).
- There are numerous references to staff training through the Codes of Practice. It is not clear who the delivery agent for any such training is. We would strongly advise against the training being provided by the gambling industry itself.
- We strongly recommend that all training from gambling industry staff is delivered by an independent provider, approved by the Regulator.
- We would suggest that the Regulator has role in relation to advertising and marketing to children and young people

Marketing

Evidence

Advertising and sponsorship

A great deal of attention has been focused on the relationship between gambling and football, a sport that 44.7% of all 11-15 year olds play at least once a month (Royal Society for Public Health, 2019). In the current 2019/20 season, half of Premier League clubs have gambling operators as shirt sponsors, generating nearly £70 million in revenue for those clubs (Royal Society for Public Health, 2019). In the second tier of English football, the Sky Bet Championship, 17 of the 24 teams have gambling operators as shirt sponsors. In November 2019, the APPG on Gambling Related Harm's interim report criticised the popular football video game series FIFA, for showing teams and players wearing kits showing gambling sponsors, despite the majority of FIFA players being young people and gambling adverts not being permitted in games or websites that are popular with children.

There is evidence to suggest that the relationship between gambling and sports is growing. In 2019, Major League Soccer, the top division of football in the USA, changed their regulations to allow commercial sponsorship by gambling operators (Royal Society for Public Health, 2019). Also, in 2019, the Professional Golf Association Tour relaxed their regulations to allow gambling companies to be considered as 'Official Marketing Partners' for professional tournaments and players (Royal Society for Public Health, 2019). These actions have increased the visibility of gambling and some academics have argued that this has "normalised" gambling among young people.

The Gambling Commission's Youth Gambling Study has repeatedly demonstrated a relationship between exposure to gambling advertising and intentions to gamble (Gambling Commission, 2019). In 2018, 7% of children aged 11 to 16 who had seen gambling advertisements or sponsorship said that it prompted them to gamble when they would not have done so otherwise. This represents about 5% of children aged 11-16 overall. This means that approximately 200,000 children aged 11-16 gambled because of advertising, marketing or sponsorship exposure.

Some governments have taken action. In 2018, the Italian Government announced a ban on all gambling adverts, which included any sponsorship deals held by sports clubs with gambling operators (Royal Society for Public Health, 2019). This meant that any organisation with an existing sponsorship arrangement with a gambling operator had to terminate their relationship by August 2019.

The Netherlands and Switzerland have prohibited the advertising of all online games, whilst Iceland has prohibited the advertising of poker and tables games. Spain's Minister for Consumer Affairs, Alberto Garzón, reported that he would push for his proposed near-total ban to be enforced by October on gambling advertising. Under the proposed amendments to the gambling advertising laws in Spain, commercials promoting gambling goods and services on TV, radio, and online channels will be limited to a four-hour period between 1 am and 5 am daily. A study that assessed national gambling policies and disordered gambling

prevalence rates within Europe found that the more restrictive the advertising policy for online games, the lower the rates were of at-risk gambling (Planzar et al. 2014).

Lastly, e-sports also need to be taken into account within new legislation. The e-sports betting market remains predominantly unregulated, although regulated sites have begun offering options to wager on these types of events (Gainsbury et al. 2017). E-sports revenue is increasingly being driven by advertising and sponsorships, estimated as approximately 58.7% of the total 2019 e-sports global revenue. The growing e-sports market has attracted major betting operator and alcohol industry sponsors investing in tournaments, professional teams, and athletes (Fitch, 2018). Many esports athletes and viewers are children and young people, with 17% aged 13-17 years old (Chambers et al. 2020).

The paper by the Responsible Gambling Strategy Board paper notes that UK Advertising Codes prevent gambling advertising from being intentionally targeted at children. The ASA's advice states: "betting and gaming ads should not appeal to [under18s], especially by reflecting or being associated with youth culture." An ASA ruling in 2015 established that whether an advert has 'particular appeal' to children depends on the test of whether its content appeals more strongly to under-18s than to over-18s. The ASA's advice specifically warns operators against the use of cartoon animals and exaggerated graphics and against using names for games which might be familiar or appealing to children. The Board notes that children and young people may be particularly susceptible to messages which create the sense of a 'group' or 'community' that can be joined by gambling and operators should be prevented from marketing in this way (Responsible Gambling Strategy Board, 2018).

Recommendations

- The Institute strongly recommends banning free bets through the legislation as opposed to structures such as Codes of Practice. The language used in the Codes of Practice states that these incentives 'should always be avoided'. We do not believe this goes far enough in terms of ending free bets and similar incentives and for this reason strongly recommend a ban should be included within the legislation.
- With regard to VIP programmes, free bets or spins and free bonuses, we strongly recommend that the Department goes further than suggesting these should be avoided. We recommend a total ban on VIP schemes, free bets, opportunities to continue gambling free of charge and any offer or inducement for the purpose of enticing a person to keep gambling.
- We do not believe it is sufficient to state: 'marketing of gambling products and services must be undertaken in a socially responsible manner and must comply with the UK Advertising Codes issued by the Committee for Advertising Practice (CAP) and administered by the Advertising Standards Authority (ASA)'. The opening part of this statement relating to marketing in a socially responsible manner is ambiguous and open to interpretation. We would recommend this is removed and that all advertising and marketing of gambling products and services must comply with CAP Codes of

Practice and the ASA.

- The Code of Practice states that the ‘principles included in all CAP codes should also be regarded as relevant to media that may not be explicitly covered in the codes’. It is essential that the Department for Communities clarifies which specific media outlets it is referring to here that may not be explicitly covered in the CAP codes. The lack of detail leaves this element of advertising and marketing open to the interpretation by individual operators and with this a risk that codes will be breached.
- We do not support the proposal to use industry led codes, for example, compliance with Betting & Gaming Council Industry Code for socially responsible advertising (administered by Industry Group for Responsible Gambling). All Codes of Practice should be developed and monitored independent of industry influence.
- We agree that marketing of gambling services should never be targeted, directly or indirectly, at people under the legal age for gambling. The draft Code of Practice states that gambling operators should pay due regard to the relevant guidance published by the UK ASA. We would recommend that this language is strengthened to place greater onus on gambling operators to comply fully with the ASA codes for marketing to children and young people. Penalties for breaches of codes should be commensurate with the nature of the offence and sufficient to deter repeat breaches. We recommend that the Regulator, when established, has a role in monitoring advertising and marketing of gambling products to children and young people. We would refer the Department to the recommendations within the Responsible Gambling Strategy Board (2018) paper which states “Content which has a particular appeal to children – either within marketing, advertising or the design of games or products - should not be visible in any type of environment where it will be encountered by under-18s.”

Customer care – problem gambling

Evidence

In Great Britain, self-exclusion is one of the few harm-minimisation measures mandated by the Gambling Commission as part of operator license conditions. Although self-exclusion is necessary, it is not sufficient to mitigate gambling harms or problem gambling and it places the ‘burden of change’ on the service user rather than the provider. Higher level system change based on government regulation is a more powerful tool than attempts to affect the behaviour of those who are already suffering from gambling harms.

Understanding self-exclusion

In general, people who self-exclude have experienced significant gambling harms. Review level evidence has found that between 73% and 95% of self-excluders are problem gamblers (Gainsbury, 2014). Motivations for self-exclusion include mounting financial losses, difficulties

involving partner and family relationships, occupational/legal and health-related issues, wishing to take short breaks from gambling or to save money for household/family expenses (Gainsbury, 2014).

Evidence of effectiveness and health outcomes

A systematic review of land-based self-exclusion programs reported on the results of 19 studies. It found that self-excluders were usually male and in their 40s (Kotter et al. 2019). Changes after exclusion revealed wide ranges in the rates of abstinence (13–81%), rates of gambling reduction (29–92%), and rates of exclusion breaches (8–59%). However, consistent significant changes in pathological gambling from before exclusion (61–95%) to after exclusion (13–26%) were found. At enrolment, many self-excluders had symptoms of anxiety (44–69%), depression (45–73%), tobacco (ab)use (36–45%), alcohol (ab)use (0–39%), and substance use disorders (0–29%). Several aspects of mental health improved after exclusion including general health, emotional health, quality of life, and daily activities. This and other reviews have concluded that current shortcomings of self-exclusion schemes could be minimized using improved access controls, identity checks and the extension of exclusion to other gambling segments and operators as up to 75% gambled outside their excluded venue (Blaszczynski et al. 2014; Kotter et al. 2019).

Other research has also reported both temporary and long-term benefits from the use of these schemes, including improved perceived control of gambling, reductions in gambling expenditure, diminished urges to gamble (Tremblay et al. 2008; Hing et al. 2015), and improvements in mood, psychological wellbeing and overall functioning (Gainsbury, 2014; Kotter et al. 2019).

Operation of self-exclusion schemes in Great Britain

In Great Britain, there is a multi-operator self-exclusion scheme (MOSES) over licensed betting offices (LBOs), a Self-Enrolment National Self-Exclusion (SENSE) for all land-based casinos and the Remote Gambling Association now offers GamStop, a developing facility that covers UK gambling websites. There are currently no systematic assessments of the performance of these schemes in terms of helping individuals to reduce their gambling. An early evaluation of the MOSES processes found that 83% of 196 customer respondents reported that the scheme had helped them to reduce their gambling and that 71% had not attempted to gamble in their nominated LBOs since registration (Chrysallis Research, 2017). However, the report highlighted that those procedures could be improved through high quality staff training, by helping staff to explain the scheme to LBO customers, by increasing staff members' awareness of their responsibilities under the scheme, and by speeding up registration.

Mystery shopper exercises

In New Zealand, a mystery shopper research exercise was undertaken in class 4¹ non-club venues and casinos from May through July in 2014, to determine practice relative to host responsibility and gambling harm minimisation requirements (Department of Internal Affairs, 2015). Each venue was visited once for around two hours. Shoppers were instructed to visit after 12pm and not later than 7pm where possible. Visits were not deliberately undertaken at characteristically busy times for hospitality, although some did occur at such times.

Shoppers observed and recorded information on the following:

- Staff monitoring of gambling areas
- Interaction between staff and patrons
- Staff response to the shopper's behaviour and their scripted scenario
- Other patrons displaying problem gambling indicator behaviour
- Staff response to those behaviours from other patrons
- Information about the physical access to gambling machines within the venue (e.g. where the machines are located within the venue)
- A range of contextual information about the venue, the visit, and any other general observations.

Findings from class 4 venues revealed a need to improve harm minimisation practices at a nationwide level. The study found that staff in pubs and hotels may not be adequately trained to carry out their harm minimisation obligations. Whilst staff in these venues may be aware of what they should do, they choose not to put it into practice due to a number of barriers, conflicting priorities, or set views over the thresholds or behaviours that indicate problem gambling.

Improvement was also needed in the casino sector in terms of monitoring behavioural indicators of potential problem gambling. It was observed that casino staff may be using casual conversations to establish a rapport which can build an environment in which customers are more willing to ask for help if they're experiencing gambling problems.

As an outcome of this study, the Department of Internal Affairs committed to working with gambling operators to ensure they are meeting their obligations. A programme of work was established in class 4 pubs and hotels which focussed on initiatives designed to reduce problem gambling, such as checking that the regulations for gaming rooms are complied with. The Department committed to reviewing the training that venue staff receive from the gaming machine societies which own slot machines at venues and are responsible for this training as well as providing support to the Health Promotion Agency in its work to improve harm minimisation at venues. There was a commitment to work with casinos to improve processes to ensure they are meeting their host responsibility policy requirements.

¹ Gaming machines in pubs and clubs (i.e. outside a casino) represent 'Class 4' gambling, which the [Gambling Act 2003](https://www.dia.govt.nz/Services-Casino-and-Non-Casino-Gaming-Gambling-in-Pubs-and-Clubs-(Class-4)#:~:text=Gaming%20machines%20in%20pubs%20and,and%20non%2Dcommercial)%20purpose) classifies as high-risk, high-turnover gambling. Class 4 gambling may only be conducted by a corporate society and only to raise money for an authorised (e.g. community and non-commercial) purpose. [https://www.dia.govt.nz/Services-Casino-and-Non-Casino-Gaming-Gambling-in-Pubs-and-Clubs-\(Class-4\)#:~:text=Gaming%20machines%20in%20pubs%20and,and%20non%2Dcommercial\)%20purpose](https://www.dia.govt.nz/Services-Casino-and-Non-Casino-Gaming-Gambling-in-Pubs-and-Clubs-(Class-4)#:~:text=Gaming%20machines%20in%20pubs%20and,and%20non%2Dcommercial)%20purpose).

A subsequent mystery shopper exercise was conducted in 2016 which included clubs for the first time (Department of Internal Affairs, 2017). Results from 14 out of 23 clubs selected could be fairly assessed, making it difficult to attribute the results broadly across the whole club sector. The main findings were as follows:

- Clubs need to improve how staff engage and talk with gamblers about their gambling, and provide help-seeking advice or information more freely when signs of gambling harm are displayed.
- Log book recording and actively using information on patron's gambling behaviour, will help staff monitor and identify patrons for whom gambling is becoming harmful.
- Clubs are not strong with formal processes, and they rely heavily on informal methods of managing gambling harm.
- The majority of clubs did not record the mystery shopper's visit in their log book, and most had not made any log book entries at all during the period of the mystery shopper exercise.

In non-club venues (i.e. pubs and hotels) significant improvement was required. However, the mystery shopper results and the engagement with those involved, have demonstrated positive shifts in practice and attitudes in the sector towards harm prevention and minimisation. Results from the exercise indicate staff at non-club venues are better at identifying and responding to strong signs of possible gambling harm behaviour than general signs. Based on information provided by venue operators, this is possibly due to the challenging environment for bar staff, many of whom are part-time and transient. Over three-quarters of non-club venues (77%) used a log book (or similar) on a regular basis to record signs of gambling harm, even though only 19% per cent of non-club venues recorded the mystery shopper's visit as expected.

Casinos displayed a considerable improvement in the identification and appropriate response to behavioural indicators of gambling harm since 2014. The results reflect the increased focus and resource on minimising harmful gambling and significant cultural shift. Following the mystery shopper exercise in 2014, one casino adopted a new incident management logging and tracking system. The mystery shopper visits showed that this tool may need some adjustment, and identification, logging player behaviour and follow-up systems need improvement.

Staff training

There are numerous references to staff training through the Codes of Practice and we have made recommendations below regarding the need for regular, independent training of industry employees. In the case of the refusal of a gambling premises licence in the London Borough of Lambeth, evidence was provided by expert witnesses. In her evidence, Dr Heather Wardle noted that "Anyone who gambles is potentially vulnerable to experiencing harms, and certain characteristics or life experiences can heighten someone's vulnerability to

harms. Furthermore, it should be recognised specifically that the machines themselves can be attractive to those who are vulnerable, rather than the venue alone. This should be explicitly recognised and acknowledged. I would suggest there is need for the senior management involved in this application to undertake more up to date training themselves on the nature and extent of gambling harms and vulnerabilities to them. This should be a priority, given that it is the senior management who deliver training to staff” (Wardle, 2021).

Recommendations

- National self-exclusion schemes should be implemented, monitored and evaluated in Northern Ireland by a Gambling Regulator. We recommend that these schemes mandate the sharing of information across all operators. A consumer ombudsman should be established, or, this role should be clearly allocated within existing roles, to investigate complaints against any licensed betting office that is not adhering to self-exclusion legislation.
- We have concerns about the language used in the customer care Code of Practice. The phrase ‘unhealthy gamblers’ is not used elsewhere in the Codes of Practice, nor is it commonly used in the academic literature. We would encourage the Department to refer to those at risk or experiencing problem gambling. We do not recommend the use of the phrase ‘problem gambler’.
- With regard to in-built provisions and procedures specifically designed both to assist and discourage any customer with an apparent gambling problem from continuing to gamble, the Institute would recommend the New Zealand model which uses ‘mystery shoppers’. This practice is used to train staff to identify individuals who display symptoms of problem gambling.
- In the Customer Care Code of Practice (p22, paragraph 2, line 3) we would suggest replacing the word ‘discourage’ with the words ‘help prevent’. We feel ‘discourage’ does not go far enough in terms of preventing further harm and therefore measures which ‘help prevent’ provides a more definitive position in terms of a customer care framework for protecting customers from gambling harms.
- In relation the customer care environment, we would suggest publicly displayed warnings and freely available signposting information on support services are not enough to prevent gambling harms, particularly amongst high-risk gamblers. We know that the auditory and visual cues from the gaming machines are very powerful in maintaining motivation amongst players and measures such as reducing spin speed are more likely to give players time to reflect between games.
- The Institute recommends the Department for Communities set minimum standards for the display of publicly available information as well the requirement that information should be available in a number of languages.
- There are a number of references to staff training throughout the Codes of Practice.

The Institute strongly recommends that all staff training is delivered by an independent provider, approved by the Regulator. Training should not be provided by the gambling industry.

- We would recommend that training is provided for all new staff as part of a staff induction programme. We would also recommend that employers are required to maintain a register of training undertaken by staff and details of renewal training dates and successful completion.
- The Institute recommends repeat mystery shopper exercises are included in the overall monitoring of industry compliance with the Codes of Practice.
- We recommend that breach of self-exclusion measures should be enforceable in law and include an automatic loss of license.

Gaming machines

Evidence

Fixed Odd Betting Terminals (FOBTs)

Fixed Odd Betting Terminals (FOBTs) are currently available in bookmakers. The Northern Ireland Department for Communities estimates that there are currently 800 to 900 of these unregulated FOBTs operating in Northern Ireland and there is anecdotal evidence suggesting that these also exist outside of betting shops in takeaways, pubs and clubs (House of Commons, 2019). It is unclear exactly how many FOBTs there are in Northern Ireland, how they are distributed geographically or what revenues are generated from them. In other jurisdictions (namely Great Britain) FOBTs have come under increasing regulatory scrutiny due to the high stakes previously associated with them and the high spend by users. The profitability of these machines saw the number of Licensed Betting Offices in Great Britain increase and cluster in certain high streets (Wardle et al. 2014). In the UK, FOBTs are disproportionately available in deprived areas and research showed that those living in closer proximity to a cluster of FOBTs were more likely to be problem gamblers (Astbury and Wardle, 2016). Internationally, electronic gambling machines have consistently been associated with higher rates of problem gambling and in Britain FOBTs were identified as strongly associated with problem gambling (Woodhouse, 2019; Ronzitti et al. 2016; Sharman et al. 2019).

Prior to regulatory change in stake sizes, the highest proportion of treatment seeking individuals who contact the main gambling addiction provider (GamCare) identified machines in betting shops as their main form of gambling (Ronzitti et al. 2016; Sharman et al. 2019).

Operating licences

In the UK, the Gambling Act 2005 classifies FOBTs as B2 gaming machines. An operating licence (issued by the Gambling Commission) along with a betting premises licence issued by the licensing authority, allows up to four B2 machines to be sited on betting premises (Woodhouse, 2019).

Stakes

Until 1 April 2019, when the Gaming Machine (Miscellaneous Amendments and Revocation) Regulations 2018 came into force, the maximum stake on a single bet was £100. It is now £2. However, the maximum prize remains at £500. There is evidence that the £2 maximum stake has been adopted by some gambling operators in Northern Ireland, however, this is currently a voluntary action. There is good reason to suppose that the levels of problem gambling in Northern Ireland is similar, if not worse, than other parts of the UK and so at a minimum, Northern Ireland should match UK regulations (Department for Communities, 2017).

There is no formal evaluation of the impact the reduced maximum stake has had on gambling on the UK. However, it was reported in the Guardian newspaper that there has been a 38% reduction in police callouts to bookies to deal with customers becoming violent after losing money, following the enforcement of the legislation (The Guardian, 2020). There were 1,803 callouts in 2019, compared with 2,907 the previous year, even though the reduced stake rules only took effect three months into the year. The newspaper also reported that there were 23% fewer incidents requiring a police presence than in 2017 and less than half of the 4,060 reported in 2016. Revenues on FOBTs has also dropped significantly.

On screen warnings and limit setting

A report commissioned and funded by Public Health Wales on gambling harms reported that integrated secondary measures such as on-screen warnings, and limit-setting (e.g., losses) may support individuals when deciding whether to prolong or terminate their gambling sessions (Rogers et al. 2019). For example, onscreen warnings can increase the likelihood of session termination and limit-setting can sometimes moderate betting behaviour. However, only a minority of individuals engage with these measures, limiting their efficacy. This report also recommended that restricting access to further funds while gambling, including the removal of gambling on credit cards at the point of sale and the removal of ATMs as key actions in this area (Rogers et al. 2019).

Protecting vulnerable groups

The groups that are particularly vulnerable to gambling harm include young people, students, some minority groups, those living in most deprived areas, those who are homeless, ex-prisoners or individuals on probation (Rogers et al. 2019; Department for Communities, 2017). Problem gambling is associated with male gender, younger age (16-34 years), individuals who were separated, divorced or never married, unemployment, lower education and lower socioeconomic status. Licensed betting offices and FOBTs are typically concentrated in areas of high deprivation whose populations are more vulnerable to gambling-related harm. A report by the All Party Parliamentary Group in the UK expressed

particular concern about the potential impact of a higher density of FOBTs in disadvantaged areas where they are already experiencing higher levels of mental ill-health and suicide, violence and money laundering activity (APPG, 2018).

Spin speed and minimum cycle time

In a rapid review of the evidence, we were unable to find relevant studies on spin speed and minimum cycle time in land-based gaming machines. One study from which learning could be applied, examined the speed-of-play in an online roulette game. Currently, UK online casino games are not subject to any limitations on speed-of-play or stakes. This study experimentally investigated the speed-of-play proposal subject to a £2 stake limit, in an online experiment using incentivized payouts based on £4 endowments and a commercial online roulette game, which was slowed-down in one condition to enforce a speed-of-play limit of one spin every 60 seconds. Based on 1002 UK participants (aged 18 and over) in the slowed-down condition there was a credible reduction in the amount of money gambled. This effect occurred via a credible reduction in the mean number of spins which outweighed any potential increases in bet sizes. This reduction in the proportion of money bet occurred despite participants spending more time playing the roulette game in the slowed-down condition. The authors noted that whilst stake limits may serve to primarily reduce expenditure amongst high-spending gamblers, speed-of-play limits may serve to additionally reduce expenditure across all gamblers. At a population-level, speed-of-play limits may be one of the most important benefits of using this intervention as part of a suite of harm reduction interventions (Newall et al, 2022).

Recommendations

- It is not clear within the Gaming Machines Code of Practice how machines are categorised, particularly FOBTs. Also, there is no definition of 'higher prize' and 'lower prize' and what this means in terms of stakes and prizes limits. The Institute would recommend in the first instance that gaming machines are categorised in the same way they are by the Gambling Commission. This would bring consistency across the UK and would allow the Department to follow the Gambling Commission Guidelines in terms of the number and type of gaming machines per location. We would also recommend that the Department consult on proposed minimum stakes and maximum prizes for the different categories of gaming machines.
- We recommend that FOBTs are not legalised in the Northern Ireland. However, if the decision is made to legalise FOBTs, harm reduction measures are essential. We strongly recommend the minimum stake and maximum prize limits currently in place in the UK, are placed on a statutory rather than voluntary footing in Northern Ireland. Whilst this would bring consistency with the rest of the UK,
- The draft Code of Practice defers the decision on the maximum number of gaming machines in certain circumstances to the licensing court or Department for Communities. In order to avoid ambiguity and any misinterpretation of the Code of

Practice, we would strongly recommend the Department sets out strict criteria for the allocation of gaming machines within gambling venues. For example, we would recommend that the Department considers international best practice regarding the number of gaming machine per square metre and the precise location of gaming machines within gambling venues.

- There is a stipulation within the Code of Practice that all employees should be familiar with the Code, but it is not clear how this will be achieved in practice. The Institute would recommend that familiarisation with Codes of Practice is part of all staff training and development.
- It is not clear how strict control over hardware/software will be achieved by manufacturers/suppliers. The Institute recommends that greater clarification is needed in relation to this point. At present it is not clear if this relates to a gambling operator and/or customer or indeed what the purpose of an any such controls are.
- There is a proposal in the Code of Practice that help information is displayed prominently. We would recommend that the Department specifies what is meant by 'prominently' and provides minimum standards for the display of help information.
- We would suggest that the Department provides greater clarity within the Codes of Practice in relation to the minimum cycle time It is not clear in the Codes of Practice what the minimum spin per game is.

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Acknowledgements

We wish to acknowledge the input of Dr Heather Wardle in providing external advisory support on this response.

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