A losing bet?
Alcohol and gambling: investigating parallels and shared solutions
Alcohol Concern
Alcohol Concern is the national charity on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

Our work in Wales
Alcohol Concern opened its office in Cardiff in 2009. Alcohol Concern Cymru is focusing on policy and public health in Wales, acting as a champion for alcohol harm reduction.

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The majority of people drink alcohol or gamble at some point in their lives, and report doing so in the previous year. Problematic gambling and misuse of alcohol can both be regarded as significant health problems, and with adverse consequences to society.

There are various shared features of alcohol use and gambling. In particular, the Licensing Act 2003 and the Gambling Act 2005 facilitated a relaxation in the rules governing alcohol and gambling. The former abolished set licensing hours in England and Wales and removed authorities’ previous discretion to assess licensing applications based around the issue of ‘need’; the latter similarly stipulated that unmet demand would no longer be a criterion for licensing authorities, and permitted casinos, bookmakers and online betting sites to advertise their services on TV and radio in the UK for the first time.

In recent years, the stigma attached to women’s drinking has faded, driven by and resulting in an abundance of marketing specifically targeting women and the emergence of a ‘laddette’ drinking culture in the 1990s. Gambling, which has traditionally been a male domain, may be undergoing a similar change, with latest figures showing over half of women admitting they had gambled at least once (excluding the National Lottery) in the past year, coupled with a noticeable rise in female-targeted gambling marketing.

There is increasingly strong evidence of an association between problematic gambling and heavy drinking. Whilst further research is needed in this area, prevalence of gambling and problem gambling has been shown to be higher amongst clients of substance misuse services. Recent research highlights similarities between pathological gambling and addiction. The latest US psychiatric classification system (DSM-V) is being worked upon, with consideration being made to classifying pathological gambling as ‘Addiction’ rather than under the previous heading of ‘Impulse Control Disorders’.

As the alcohol and gambling industries expand, investing in increasingly sophisticated marketing and technology, the ‘normalisation’ of alcohol consumption and gambling participation is likely to continue at a steady pace and, without the necessary restrictions, there is a real danger that this will be matched in future with more people suffering alcohol and gambling addictions. Much academic work has been undertaken relating to alcohol misuse, in terms of the most effective approaches to lowering overall alcohol consumption and reducing alcohol-related harm. Many of these approaches may have applicability to the gambling field, including restricting the availability of gambling opportunities, curtailing marketing, protecting children and young people from harm, and ensuring help and treatment is accessible to everyone who needs it.

This joint report makes the following recommendations:

**Recommendation 1**

Further research is needed into the effects of curtailing gambling opportunities. Evidence from the alcohol field shows how reducing availability can regulate consumption and reduce alcohol-related harm. The same is likely to be true of gambling. Particular attention must be paid to technological advancements, namely the emergence of gambling via the internet, interactive television and mobile phone.

**Recommendation 2**

Greater protection must be afforded to children and young people, who are at particular risk of harm from potentially addictive products. Recommendations from the alcohol field, such as the implementation of more effective marketing restrictions, should be adopted. The Gambling Commission should continue to monitor the ability of children to access gambling premises through regular test-purchasing.
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<td>Everyone for whom alcohol has become a problem should have suitable access to treatment and support. Whilst it is true that fewer people participate in, and suffer from, gambling than compared to alcohol, for those that do suffer with gambling problems, it is essential that access to appropriate advice and treatment is available and well-funded.</td>
<td>A national database is needed to capture the scope of problems associated with gambling and which should feed into national strategies for managing addictions (with recognition of behavioural addictions in addition to chemical addictions). This will help in raising awareness of the issue, and ensure that it is addressed in local service planning and that resources are made available to tackle this growing problem.</td>
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<td>Screening for gambling problems, amongst people attending substance misuse treatment services, should be routine. More research is needed to assess the impacts of integrating treatment of gambling problems alongside treatment of alcohol problems.</td>
<td>There is a need for more research in England and Wales into how best to identify problematic gambling and new treatments that can be used for tackling this issue.</td>
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<td>More awareness-raising about problematic gambling is needed amongst public health practitioners, and the general public, in the wider context of addiction and its dangers.</td>
<td>Government policy for gambling in England and Wales currently rests with the Department for Culture, Media and Sport. Given the serious implications of problem gambling to public health, consideration should be given to a greater role for the Department of Health in gambling policy.</td>
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Gambling and alcohol use share many parallels. Most notably, the majority of people drink alcohol or gamble at some point in their lives, and report doing so in the previous year. Both the alcohol and gambling industries are huge and their products heavily marketed; indeed, gambling is deemed one of the fastest growing industries in the world.\(^1\)

Unfortunately, excessive gambling and heavy alcohol consumption can lead to problems of addiction. The number of people in the UK who experience problems with gambling is lower than those who misuse alcohol, but still significant and similar to the prevalence of problems related to illicit drugs.\(^2\) It is therefore safe to say that both alcohol and gambling misuse can be regarded as significant health problems, and with adverse consequences to society.

This report takes a closer look at gambling, and its parallels with alcohol. It asks whether public health practitioners who specialise in, or encounter, problematic gambling, can learn lessons from approaches adopted in the alcohol field that have sought to limit alcohol misuse and protect communities from harm. It also includes the results of snapshot survey conducted in Wales of the gambling behaviours of individuals who have accessed local substance misuse services. The survey found that 94% of respondents said that addiction services should consider providing a service for gambling addiction.
Gambling defined

Gambling, in its economic sense, can be briefly defined as behaviour involving the risk of money or valuables on the outcome of a game, contest or other event in the hope of winning additional money or material goods. It incorporates a wide range of activities in a variety of settings, and some of the main ones found in the UK are set out in the table below. It is worth noting that, because of the many different forms of gambling now, due in part to advancements in technology, it is becoming more difficult to separate them out. Roulette, for example, can be played with a real roulette wheel in a casino, on electronic gaming machines in a betting shop or pub, and on the internet.

<table>
<thead>
<tr>
<th>Type of gambling</th>
<th>Brief description</th>
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<tr>
<td>The National Lottery (and other lotteries)</td>
<td>Millions of adults (16+) regularly participate in the National Lottery games, set up by the UK Government in 1993 and operated by Camelot Group. Tickets can bought from a variety of outlets such as supermarkets, newsagents, petrol stations and online. Includes a variety of scratch-card games.</td>
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<tr>
<td>Bingo</td>
<td>A game of chance whereby randomly selected numbers are drawn and players match those appearing on pre-bought cards. The first player to have a card where the drawn numbers form a specified pattern is the winner. Traditionally most popular amongst females, the game is usually played in bingo halls and, increasingly, online.</td>
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<tr>
<td>Card games</td>
<td>Gambling while playing card games, such as poker and blackjack, privately (e.g. with friends) or in commercial settings (e.g. in a casino hall or online).</td>
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<tr>
<td>Betting</td>
<td>Wagering of money on sporting or non-sporting events. Usually takes place in betting shops, on-site (e.g. at horse racing course) or online. ‘Betting exchanges’ allow individuals to bet against one another online. The gambler has the choice of ‘backing’ a horse, individual or team to win or, uniquely, ‘laying’ a horse, individual or team to lose (as would normally be done by the bookmaker).</td>
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<tr>
<td>Roulette</td>
<td>A game in which players try to predict where a spinning ball will land on a 36-numbered wheel.</td>
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<tr>
<td>Gaming machines</td>
<td>These are stand-alone electronic gaming machines, including ‘fruit machines’ typically played in amusement arcades, family leisure centres and casinos, and fixed odds betting terminals (FOBTs) found in betting shops. Online versions of these slot machine type games are increasingly commonplace.</td>
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<tr>
<td>Football pools</td>
<td>A weekly game in which people attempt to predict which professional football games will end in a score draw. Usually played via door-to-door agents.</td>
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<td>Spread betting</td>
<td>Players attempt to predict the ‘spread’ of a particular sporting activity (e.g. the exact time of the first goal in a football match). Players use a spread betting agency (a type of specialised bookmaker).</td>
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*Table adapted from “Gambling addiction and its treatment in the NHS”*
The British Gambling Prevalence Survey (BGPS) 2010, published in February 2011, showed that 73 per cent of the adult population aged 16 or over (about 35.5 million adults) had participated in some form of gambling activity within the past year, compared to 68 per cent at the time of the previous survey in 2007. Excluding those who only gambled on the National Lottery, 56 per cent of the adult population had participated in another form of gambling in the past year, an increase from 46 per cent in 2007 and 48 per cent in 1999. In 2010, 43 per cent number of adults had gambled in the past seven days, a slight increase from 2007 (41 per cent) but lower than that recorded in 1999 (53 per cent).

1. ‘Problem’ gambling

“Problem gambling is typically a low prevalence activity, though it represents an important public health concern”

British Gambling Prevalence survey 2010, p84

‘Problem gambling’ has been defined as gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. In 2010-11, the gambling charity GamCare reports that it answered 36,917 telephone and online enquires to their gambling helpline, and had 433,508 unique visitors to their websites.

The BGPS 2010, using two internationally recognised measures (the PGSI and the DSM-IV), estimated that between 360,000 and 451,000 adults in Great Britain experienced a gambling problem in the previous 12 months. Applying the same test used in all three surveys since 1999 (the DSM-IV), this represents an estimated increase in adult problem gamblers of roughly 150,000 in eleven years, although this rise is at the margins of statistical significance. At the time of writing, no future prevalence surveys are planned, and it is unclear if or how the UK Government plans to capture this data in the future. Professor Mark Griffiths has also highlighted the problems with prevalence surveys, such as how problem gamblers are more likely to make themselves unavailable for interview, and problem gamblers who are interviewed will be more inclined to lie about the amount and time they spend on gambling and the frequency of their gambling.

The prevalence of problematic gambling appears to be much lower than the rate of alcohol addiction, but significant in terms of public health. What must also be remembered is that, much like alcohol, gambling behaviour lies on a continuum, from severe or ‘pathological’ gambling at one end, to infrequent or social gambling at the other (see table below). Gamblers are said to move in and out of problematic stages of gambling throughout their gambling life. Much like alcohol, over time many gambling problems resolve within a few months or years, but many do not and go on to become chronic, whilst many of those who have moved out of problems return to them at a later date.

Gambling addiction

The concept of gambling as an addiction is a relatively new one. The American Psychiatric Association first accepted gambling addiction as a mental illness in 1980, and the World Health Organisation recognised gambling as a ‘disease’ a decade later.

As with alcohol and drugs, different models can help to explain gambling addiction, namely the ‘disease’ model and the ‘behavioural’ model. The disease model looks to an inescapable biological source for addiction, some type of neuro-chemical adaptation that accounts for compulsive behaviour. The disease is viewed by some (for example, Gamblers Anonymous) as incurable and progressive, unless total abstinence from the addictive behaviour, in this case, gambling, is achieved. Behavioural, or ‘psychosocial’, approaches focus on the ability of the individual to motivate themselves and take control of their own behaviour and change it. They embrace the idea that gambling lies on a continuum of behaviour, with severe problematic behaviour at one end, and social gambling at the other.
There are features of addiction common to both gambling and alcohol. We know that when alcohol meets the brain, the drug impacts on the brain system in a way which facilitates initial pleasurable alteration in mood, which gives way to more unpleasant mental and physical effects as the individual keeps drinking. Similarly, gambling has been shown to be a positive mood modifier, and also as escape-seeking or coping. Indeed, it is frequently reported that those motivated by coping or escape describe their as ‘an anaesthetic’ and feeling ‘like a different person’.

Gambling, much like the consumption of alcohol, also offers powerful rewards of a social psychological kind – opportunities to mix with like-minded individuals, for example, and to indulge in other pleasurable activities like eating and drinking, watching sport, and so on. Unique to gambling, of course, is the desire to win money and acquire wealth.

Substances, like alcohol and other drugs, have been shown to affect the flow of neuro-chemicals in parts of the brain important for processing reward. Whilst work in this area is still developing, early findings suggest that winning money at gambling, as well as near misses, also produces activation in these same reward areas of the brain.

2) Underage gambling

“The prevalence rate of problem and pathological gambling amongst young people is higher than amongst adults and represents an emerging public health issue.”

Professor Gill Valentine, 2008

According to the Gambling Prevalence Survey, past year gambling prevalence estimates for those aged 16-24 in 2010 was 68 per cent, compared to 58 per cent in 2007 and 66 per cent in 1999. In the 2010 survey, there was a marked association between problem gambling prevalence and age, with the highest rates observed amongst the 16-24 age group (2.1 per cent) compared with 0.9 per cent of the adult population as a whole.

Data is not captured in the Gambling Prevalence surveys for under 16s. However, there is a considerable international body of evidence which indicates that problem gambling amongst children and young people is significant. It has been suggested that the typical prevalence rate of problem gambling in children is over three times the prevalence rate for adults. A meta-analysis of North American studies on youth gambling puts this figure much higher, estimating that as many as five and seven per cent of young people show patterns of compulsive gambling and that 10 to 14 per cent are at risk of developing serious gambling problems.

Some commentators argue that young people may grow out of gambling problems as they progress to adulthood (although long-term impacts may still be felt, as a result of gambling impacting on school performance, for example); however, there is a strong argument that, given contemporary young people are being exposed to far greater gambling opportunities than previous generations were (see below), problematic gambling behaviour may be continued into, and potentially worsened in, adulthood, but has yet to materialise in higher adult prevalence rates.

The legal age for gambling in the UK is 18 years (excluding the National Lottery which is 16 years). The Gambling Commission, set up under the Gambling Act 2005 to regulate commercial gambling in Great Britain, has Codes of Practice which include requiring licensees to implement procedures whereby staff must check the age of any customer who appears to them to be under the age of 21. Whilst there has been an improvement in the results of test-purchasing schemes undertaken since the Codes were implemented, there are still high levels of failure. In 2009, 65 per cent of 160 betting shops were found to permit under 18s to gamble; this figure was 26 per cent in 2010. A recent television programme by Channel 4’s Dispatches suggests that bookmakers’ age verification processes continue to be poorly implemented.
This section looks at some of the shared features of alcohol use and gambling. It considers how the rules governing alcohol and gambling have been liberalised in recent years, increasing opportunities to drink and gamble. It also reflects on the growth of female gambling and gambling amongst the young, again making parallels with developments in the alcohol world, as well as the increasingly sophisticated marketing strategies of the gambling and alcohol industries. Finally, it examines the co-occurrence of problematic gambling and drinking behaviours.

1) Liberalisation of alcohol and gambling

The Licensing Act 2003 and the Gambling Act 2005 represent watershed moments in regards to Government policy in their respective areas; both Acts marked significant shifts from regulatory containment to market-led expansion.\(^\text{28}\)

The Licensing Act 2003, which came into force in 2005, followed a gradual relaxation in alcohol licensing regulations in the preceding years. In particular, the Magistrates’ Association and the Justices’ Clerks’ Society’s Good Practice Guide, published in 1999 following a Home Office Review in 1998, removed licensing authorities’ previous discretion to assess licensing applications based around the issue of ‘need’. This was a consequence of decades of liberalising pressure for reform, where it was argued that it should not be part of licensing justices’ functions to assess whether market demand existed for new licenses, nor to protect existing licence holders against new competition.\(^\text{29}\)

The 2003 Act transferred responsibility for licensing from justices sitting in magistrates’ courts to licensing committees of local authorities. The Act set out four objectives for licensing authorities, namely the prevention of crime and disorder; prevention of public nuisance; public safety; and the protection of children from harm. Local authorities were expected to automatically grant licenses unless doing so would be contrary to one or more of these and, with exceptions, this remains the position today.

In the gambling field, the Gaming Act 1968 provided a relatively tight regulatory framework whereby gambling was “permitted but not encouraged”\(^\text{30}\). This position, however, slowly eroded over the final decades of the twentieth century, first with the 1976-78 Royal Commission on Gambling report which recommended that the Home Office ease its “tight” regulation; an Amendment Act in 1984 and other statutory instruments that allowed, most notably, specific relaxations concerning bingo advertising and live television broadcasting of horse racing; and, the introduction of the National Lottery in 1994 which, in effect, stimulated other sectors of the gambling market that successfully argued for the same relaxations in rules as afforded to the lottery supplier, Camelot.

According to one expert, the prospects for increased revenue from an expanded and less regulated industry “excited government ambition”\(^\text{31}\). The Gambling Review Report that followed in July 2001 made numerous recommendations, all generally pointing towards liberalisation of existing gambling laws, which culminated in the Gambling Act 2005, coming into effect on 1 September 2007. Much like the Licensing Act 2003, it stipulated that unmet demand would no longer be a criterion for licensing authorities, in other words, abolishing the rule that a licence could be refused if it was not sufficiently clear that there was a substantial unmet demand for the gambling facilities applied for in that area. Thus “the primary emphasis is on allowing gambling to occur”.\(^\text{32}\)

Further relaxation in restrictions included:

- ending the requirement that, in order to gamble at a casino or bingo hall, a customer must have been a member for at least 24 hours, meaning that the ‘cooling off’ time previously preventing ‘on the spot’ decisions to gamble were no longer in place;
• permitting the supply of alcohol on the gaming floor, which might have the consequence of attracting more customers to the venue to gamble, and gambling greater amounts than they otherwise might;
• permitting casinos, bookmakers and online betting sites to advertise their services on TV and radio in the UK for the first time, but subject to a voluntary 9pm watershed (with the exemption of betting adverts during sports events).

The recent House of Commons Culture, Media and Sport Committee, which reviewed the impact of the Gambling Act 2005, concluded that the “rather reluctantly permissive tone of gambling legislation over the last 50 years is now an anomaly” and consequently supported “liberalisation of rules... (whilst) keeping national controls to the minimum...”

Licensing objectives

The Gambling Act 2005 provides, for the first time, a set of licensing objectives. These are:

1. Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime;
2. Ensuring that gambling is conducted in a fair and open way; and
3. Protecting children and other vulnerable persons from being harmed or exploited by gambling.

2) The genderquake

Whilst, traditionally, women have consumed less alcohol than men, a combination of social change and general acceptance of public drunkenness, what one academic has described as the “genderquake”, have had a profound effect on alcohol consumption among women, ensuring that the traditional stigma attached to women’s drinking has faded. This has been both driven by, and has resulted in, an abundance of alcohol marketing specifically targeted at women in recent years, with messages typically referencing key areas of appeal such as fashion, celebrities, and girls’ nights out, and the development of new, ‘light’ products to meet the demands of the ‘calorie counting woman’.

To illustrate, in the UK, Coors established a unit to develop beer brands and marketing techniques to appeal to women, with its mission statement to create “a world where women love beer as much as they love shoes”. Launching its Animée beer in 2011, Kristy McCready, Communications Partner at Molson Coors (UK & Ireland) said, “Women are an essential part of future growth for the beer industry and can no longer be ignored.”

Apart from bingo, which has been popular in the UK since the 1940s, and more recently, the National Lottery games, gambling, like alcohol, has traditionally been a male domain. However, this may now be changing too: gambling prevalence estimates show an increase in gambling participation amongst women. In 2010, 71 per cent of women aged 16 and above had gambled in the past year (an increase from 65 per cent in 2007 and 68 per cent in 1999). Excluding National Lottery Draw only players from this analysis reveals that over half of women (53 per cent) were past year gamblers in 2010, compared to 41 per cent in 1999, indicating that more women are taking part in other gambling activities, including slot machines and online bingo.

Perhaps unsurprisingly, the gambling industry has been quick to take note and develop the marketing of its products to a female audience, seen as a major area of growth, particularly online (see more below), with the emergence in recent years of websites like www.888ladies.com which offer a variety of instant ‘games’ including online slots, casino games and virtual scratch cards. Indeed, whilst past year online gambling modestly increased from 6 per cent in 2007 to 7 per cent in 2010, this increase was greatest amongst women, for whom it almost doubled (from 3 per
Alcohol and gambling: the parallels

cent to 5 per cent). Research has highlighted how a number of features of the internet make it particularly easy for women to gamble via their home computers, such as its accessibility, anonymity and privacy, and how women view internet gambling sites as less of a male domain and a place where they can learn to gamble.

“Although males still heavily outnumber females in both online and offline gambling, it is likely that the prevalence of female gambling participation (and, as a consequence, problem gambling) will increase over the next decade.”
Professor Mark Griffiths, 2012

Alcohol and gambling products are both heavily marketed. In the UK, the alcohol industry spends around £800 million each year marketing its products. Gambling advertising has been widely permitted on British television and in other British media since 2007, and the industry’s annual advertising spend has risen gradually each year, estimated to be £150 million in 2010.

Marketing, of course, entails much more than traditional forms of advertising via print, television and radio. It includes product design and packaging, point-of-sale materials, branded merchandise, product placement, celebrity endorsements, sponsorships (e.g. of sports events and teams, cultural events and television programmes), and digital promotion, and both the alcohol and gambling industries have been keen to fully utilise these. Some of these, and their relevance to the alcohol and gambling fields, are discussed in more detail below:

3) Sophisticated marketing

“Like other advertising, gambling advertising is biased: it exaggerates the positive side of gambling while telling nothing about the possible drawbacks. There is a focus on winning, fun, and excitement, and silence about losing money and the risk of losing control of one’s gambling.”
Professor Per Binde, 2007

Examples of alcohol and gambling advertising targeting females

1. Sponsorships

Alcohol Concern Cymru has previously highlighted the role that sponsorships of sporting and cultural events by the alcohol industry play in the marketing mix, allowing companies to develop positive associations with their products and company, raise brand awareness, recruit new customers and increase the loyalty of existing customers.

Perhaps unsurprisingly, both the alcohol industry and the gambling industry have targeted sponsorship of sports clubs and events. Brains has been the official sponsor of the Welsh Rugby Union since 2004, for example, whilst William Hill is the ‘official supporter’ of the England Football Team and the official betting partner of the FA Cup. 25 per cent of the English Premier League football clubs currently have gambling operators as their shirt sponsors.

Sponsorships have also extended into other areas, in particular television programmes and channels. Wells Bombardier Beer is an official
‘friend’ of comedy channel Dave, whose target demographic is 16-34 year old males, whilst online bingo operator Cashcade (owner of Foxy Bingo and Think Bingo) are long-time sponsors of The Jeremy Kyle Show.\textsuperscript{59}

2. Celebrity endorsements

Celebrity endorsement has been defined as “any individual who enjoys public recognition and who uses this recognition on behalf of a consumer good by appearing with it in an advertisement”.\textsuperscript{60} This use of such endorsements aims to capture the attention of consumers, strengthen brand recall, give the advertising message credibility, increase product attractiveness and, ultimately, increase the likelihood of purchase.\textsuperscript{61}

In the UK, television personalities, actors and sports stars are commonly used to endorse gambling and alcohol products. Barbara Windsor (Jackpotjoy), Rafa Nadal (Pokerstars) and Ray Winstone (Bet365) have all appeared in advertisements and promotions for gambling websites. Likewise, British viewers will have seen celebrities Holly Valance (Fosters) and Jean Claude Van Damme (Coors Light) in recent television adverts, whilst Madonna signed a global deal with Diageo’s Smirnoff to promote the product.\textsuperscript{62}

Some research indicates that when celebrity endorsements are used, advertisements are more believable and positive attitudes about the brand results.\textsuperscript{63} This has a particularly noticeable effect on young people, influencing their purchase and behavioural intentions. Social learning theory - that people learn from one another via observation, imitation and modelling – shows that young people, who are at a stage in their life when they are establishing their independence and identity, are heavily influenced by role models, making them particularly susceptible to celebrity endorsements.\textsuperscript{64}

Celebrity endorsement: Music star Plan B and tennis player Rafa Nadal advertising alcohol and gambling products.

3. Point-of-sale

Point-of-sale advertising is designed to target consumers at the time and place where they have a direct opportunity to purchase. Much of the evidence of its impact comes from the tobacco field; Australian research on tobacco point-of-sale promotions, for instance, has shown that school children exposed to this form of marketing have higher recall of cigarette brands and weaker intentions not to smoke.\textsuperscript{65}

Such promotions are becoming increasingly noticeable in the alcohol field, and may take the form of price promotions, gift-with-purchase incentives (such as branded drinking glasses) and bulk-purchase incentives.\textsuperscript{66} Again, concerns have been raised about their impact on children and young people. A US study found that a combination of venue and drinking experience influences adolescent responses to advertising, with advertising that links advertising with everyday life, such as in-store supermarket displays, having a particular influence on drinking initiation.\textsuperscript{67}

Research highlighting similar effects for point-of-sale marketing techniques of gambling products is also beginning to emerge. One relatively recent study of young people
showed that their recall of viewing lottery ticket promotions at counters of local convenience stores was associated with greater intent to purchase.58

4. New media

Interactive digital communication methods that use the Internet, such as social networking sites, podcasts, tweets, video sharing and mobile phone devices, are often referred to as ‘new media’. Research by Alcohol Concern has shown how alcohol companies are increasingly using this new media to extend their marketing reach and influence beyond traditional advertising outlets.59 Indeed, in Australia, its Advertising Standards Board recently ruled that Facebook should be deemed an advertising medium, and not merely “a networking tool for communication between company and customer”, as was argued by a leading drinks company.60

The presence and impact of alcohol-related content on social networking sites, like Facebook and Twitter, are a growing cause for concern. A study undertaken in 200961 examined alcohol advertising on the Facebook pages of leading beer and spirits brands, as well as user-generated pages located through searching on unbranded terms such as ‘alcohol’, ‘binge’ and ‘shots’. The researchers found an abundance of alcohol-related content, via paid banners, ‘apps’, individual pages and group pages, much of which could be viewed by minors. The study also noted the ability of registered users to create their own pages dedicated to a particular alcohol brand, with such pages often very similar in appearance to official alcohol brand pages and viewable by under-18s.

Meanwhile, video websites such as YouTube have meant that previously aired television alcohol adverts, which may not satisfy today’s broadcasting codes, have gained a new lease of life. One recent study, for example, found adverts for Smirnoff Ice featuring the character ‘Uri’, despite these adverts being banned from television by the Advertising Standards Agency for their youth appeal.62

In 2011, Facebook relaxed its rules in the UK regarding online gambling advertisements on its site. Prior to this, gambling companies were permitted to host a page, but were limited to four posts per week and these had to be screened by Facebook before being posted. Both of these requirements have now been removed.63 In response, one leading gambling company was reported to be increasing their investment on the site, to further engage with fans, using former sports stars Michael Vaughn and Lee Dixon as ‘ambassadors’ to help run their Facebook pages.64

There has been little academic research examining the role of new media in gambling marketing. However, one recent study has undertaken a content analysis of gambling advertising on 71 internet poker sites. 92 per cent of the sites were found to promote the message of poker as a natural consumer activity, places of destiny and fortune, where risk is a pleasurable possibility. 11 per cent promoted overtly sexualised images of women to send the message that poker was seductive, and 10 per cent used obvious youthful imagery to give the impression that poker was an enchanting activity for young people to engage in.65

4) The co-occurrence of problematic gambling and drinking

“Infrequent light drinking is unlikely to directly cause gambling-related problems. On the contrary, frequent heavy drinking means high exposure to the intoxicating effects of alcohol and may also mean corresponding engagement in risky gambling, which could lead to gambling-related problems.”

Michael T. French et al. (2008)66
Pathological gamblers have classically been conceptualised as starting from one end of the continuum and moving through a linear fashion of a sequence of phases as the gambling behaviours become problematic. But recent studies highlight that the patterns are more dynamic and that there can be movement between these categories of pathological, problem and non-problematic/social gambling amongst those with full access and exposure to gambling. Therefore, the “The Gambling Pendulum” concept helps in understanding the dynamic nature of this problem.

For those where gambling becomes problematic or pathological, research highlights various overlaps with addiction. Addiction to alcohol or other substances cannot be regarded simply as a ‘moral wrong’ on the part of an individual but as an evolution of addiction helping clinicians conceptualise it as a complex chronic brain disorder which is influenced by psychological and social factors. Studies highlight that the development of pathological gambling is influenced by a variety of factors, including genetic predisposition, presence of psychiatric co-morbidity (for example, depression), and /or substance misuse (for example, alcohol), maladaptive coping strategies, education and financial status. A study of pathological gamblers in Singapore (where gambling addiction is recorded as the most prevalent behavioural addiction) in 2011 highlighted a prevalence of 30.7 per cent of all mental health problems, 16 per cent alcohol use problems, and 8.7 per cent depression.

Social and environmental factors can also influence the risk of developing gambling problems, including attitudes of the family, community and cultural beliefs. Unsurprisingly, the current DSM-IV-R criteria for pathological gambling clearly shares symptom similarities with addiction. Looking closely at the overlap of pathological gambling and alcohol, US studies highlight similarities in the brain chemicals involved (Dopamine, Serotonin, Noradrenaline) with an overlap in other neurochemistry (the Opioid system that influences reward mechanisms in the brain). An important clinical phenomenon in alcohol addiction is a loss of control over drinking, which is similar to that found in pathological gambling. The loss of control is a complex mechanism and the neurocognitive and neuroanatomical dysfunctions in problematic and pathological gambling are similar to alcohol disorders. A UK based study found no significant difference between patients with alcohol problems and gambling problems on a specific betting task.

Further treatment approaches to problematic gambling and pathological gambling highlight that similar medications (eg. Naltrexone and some anti-depressants), psychological therapies (eg CBT) along with social interventions (eg education and support) are useful in treating both alcohol addiction and gambling disorders.

Further, a recent radiological study from Netherlands highlights that those with gambling addiction have a much higher activation of the reward areas in the brain than those without and these are similar to the areas of the brain that are involved in alcohol use disorders. The study authors throw light to the potential of using newer modalities of treatment like Neuromodulation-rTMS (repeated Transcranial Magnetic Stimulation) to reduce the responsivity of the response system, and studies are already being conducted in alcohol dependent patients to explore this.

There is increasingly strong evidence that problematic gambling and heavy drinking go hand in hand. Results from the 2010 prevalence survey show that those who drank the highest amount of alcohol were more likely to be problem gamblers than those who reported drinking moderately (although unlike the previous survey in 2007, these differences were not statistically significant).

The association of problem gambling with relatively high use of alcohol (and other drugs) is a regularly recurring finding in international academic research. A US national population survey conducted in 2001 found a significant degree of association between pathological gambling and alcohol dependence, likewise, a New Zealand survey found and association between problem and pathological gambling with heavy alcohol

A losing bet?
consumption. An Australian study, conducted in the mid 1990s, found regular machine gambling to be associated with heavy drinking.

There is evidence that the prevalence of gambling and problem gambling is significantly raised amongst clients of alcohol and drug treatment services. Studies have also noted that gambling and alcohol misuse commonly co-occurs amongst college students.

The risks of gambling whilst under the influence of alcohol are obvious. In particular, alcohol can impair judgement, meaning that individuals who are drinking may be more likely to commence gambling and/or will be less likely to terminate gambling once started, as well more likely to increase the amount they are prepared to bet in a particular gambling session and having less regard to previous losses. Their ability to properly evaluate the costs and benefits of gambling and understand the rules of the particular game may also be impaired, consequently leading to inflated confidence about their chances or ability to win.

Gamblers often drink alcohol while gambling and gambling disorders co-occur with alcohol problems, but the reasons for this are not yet fully understood. Motivational models argue that a desire to enhance mood, and to help cope with or escape from stresses and worries, underlie both of these addictive behaviours. Other notable characteristics are depression, being boredom-prone, and impulsive action-seeking. Such a model assumes, of course, that the fault lies with the individual consumer that makes them more vulnerable to gambling problems - the same sentiments often put forward by the alcohol industry, whereby alcohol is only a problem in the hands of a “mindless minority”. Another view is that the fault lies with the alcohol and gambling products themselves and the degree to which there are opportunities to consume them. This view fits with the ‘total population consumption model’ which predicts that greater availability of an activity which is risky for health leads to greater consumption throughout the population and, consequently, to higher problem prevalence.

‘Sequential addiction’ is relevant here too, whereby a person who has been dependent on a particular substance like alcohol, can later show signs of gambling addiction, often unaware at first that their gambling behaviour was becoming problematic and harmful. Typically, treatment will not be sought until that person has relapsed, or is worried that they are about to relapse, into alcohol abuse. Others with escalating gambling-related problems may turn to alcohol as a coping mechanism, or vice-versa.

“... gambling is very often a coping behaviour, an escape from other, deeper personal issues to do with relationships, self-esteem, stress, financial worries and so on. The similarities with addiction to drugs or drink are therefore clear.”

Andy McLellan, GamCare, 2009

Alcohol and gambling: the parallels
As the alcohol and gambling industries expand, investing in increasingly sophisticated marketing and technology, the ‘normalisation’ of alcohol consumption and gambling participation is likely to continue at a steady pace and, without the necessary restrictions, there is a real danger that this will be matched in future with more people suffering alcohol and gambling addictions. This section looks at some of the key mechanisms and issues that have been considered in the alcohol field to curtail harmful consumption and reduce related harms, and considers how such insights might benefit similar progress in the gambling field.

1) Restricting availability

It is now well established that one of the key mechanisms to reduce alcohol-related harm is to restrict its availability, in other words, to make it harder or more inconvenient for people to purchase alcohol. Control of alcohol retail density (that is, the clustering of large numbers of premises selling alcohol within a small geographical area), and curtailing the hours and days of sale, can have positive effects on overall consumption levels, drinking patterns, and alcohol-related criminal damage and violence.\textsuperscript{95,96} Conversely, relaxing restrictions on availability can have a negative effect. In Canada, alcohol consumption has been rising since 1996 and corresponds with increased access to alcohol.\textsuperscript{97} Likewise, a study in Finland found that extended opening times of alcohol retailers were related to significant increases in injuries, police work, and drink-driving.\textsuperscript{98} In the UK, a report produced for the Home Office found that, in the 12 months following the implementation of 24-hour trading, there was a one per cent increase in violence, criminal damage and harassment incidents occurring between 6pm and 6am, and a 25 per cent increase in those occurring between 3am and 6am. These increases occurred during a period of an overall fall in recorded incidents and serious violent crimes.\textsuperscript{99}

Since the implementation of the Gambling Act 2005, the number of high street bookmakers has shown only a small increase (9,128 in 2012 compared with 8,862 in 2009).\textsuperscript{100} However, concerns have been raised about the high outlet density of bookmakers found in town and city centres, especially those located in deprived communities,\textsuperscript{101} thought to be, at least partially, a result of existing rules that allow betting shops to take over former banks and building societies without planning permission (bookmakers are grouped as ‘financial services’).

According to Geofutures, who collaborated with Channel 4’s Dispatches television programme about the issue in 2012, town centres with the highest density of betting shops are found in areas where the resident population is poorer and constrained by their economic circumstances.\textsuperscript{102} This leads to the much-debated question: are bookmakers locating in areas where there is demand for their products or where they think demand can be stimulated?\textsuperscript{103} As Professor Jim Orford has pointed out, attitude questions from the prevalence surveys in 2007 and 2010 highlight that a large majority of people agreed with the statement that there are too many opportunities for gambling nowadays.\textsuperscript{104}

Research considering the impact of increased availability of gambling opportunities on problematic gambling behaviour is limited and complex. Studies conducted in the US, the UK and New Zealand have concluded that there is a correlation, but one that may be moderated by other issues, such as the availability and access to gambling treatment services, as well as the many other factors that potentially impact on gambling activities, including industry marketing volume and practices, type of venue, access to cash or credit, social context and, notably, the availability of alcohol.\textsuperscript{105,106,107}

Clearly more academic work in this area is needed, especially given the recent phenomenon of internet gambling, which represents a significant widening in the availability of gambling beyond traditional venues to online and digital providers. It is no longer necessary to visit licensed gambling venues, like high street bookmakers, and to make a bet in person. Instead, individuals can visit online...
gambling sites anywhere in the world, day and night, and in private, via their personal computer, laptop, tablet, mobile phone or interactive television. As one leading authority on internet gambling has concluded, there is now a ‘casino in every home’, meaning that, in effect, it has never been easier to gamble. In 2009, there were a total of 2,500 worldwide online gambling sites.

According to the BGPS 2010, 13 per cent of individuals, who had gambled in the last week, had done so online (5 per cent of whom had also gambled in-person). Whether internet gambling will substitute existing, non-remote forms of gambling i.e. the high street bookmaker, or facilitate an increase in overall gambling, is not yet clear.

However, it does seem that people are embracing digital technology as a means to conveniently wager money. To illustrate, during the 2010 FIFA football World Cup, 50 per cent of bets were estimated to have been made online, representing a 700 per cent increase from the volume of online bets made during the 2006 World Cup. Between May to July 2012, the number of bets placed via mobile phone technology with Betfair was reported to have increased by 114 per cent.

Adolescents are highly familiar and competent with digital technologies such as the internet and mobile phones, and this makes them particularly vulnerable to exposure to online gambling services. Moreover, increasingly sophisticated technology, which facilitates games that offer fast, arousing span of play, frequent wins and the opportunity for rapid replay is likely to appeal to this age group, as well as being a determinant factor in the development of addictive behaviour.

As with alcohol brand websites, age verification systems appear to be inadequate in preventing minors from accessing content intended for adults. Researchers examining 37 gambling websites found only 7 were successfully able to block underage play at the point of registration. Moreover, young people’s ability to illegally access online gambling activities is further facilitated by the fact that under-18 year olds are able to become debit card holders (nearly one million 11-18 year olds were debit card holders in 2000).

Indeed, there are an increasing number of online gambling sites offering free-to-play games or practice modes, using ‘virtual’ money, and which do not require formal registration by the user. An Ipsos MORI survey of 12-15 year olds in 2009 found that just over a quarter of respondents had played money-free gambling-type games in the past week, with those hosted on social networking sites proving especially popular. A recent study involving a group of children aged 12 and 13 found that the Texas Hold’em poker applications on Facebook and Bebo were both well known to them and played by them, on a daily basis in the case of the boys.

Researchers examining the data from the Ipsos MORI survey suggested that gambling in money-free mode was the most important predictor of whether the child had gambled for money, as well as one of the most important predictors of children’s problem gambling.
gambling (although more work is needed to establish a causal link). The main concern about ‘free gambling play’ is that children and young people are exposed to the principles and fun of these games, whilst experiencing none of the negative features associated with losing money.

An example of the numerous ‘free-to-play’ casino games available online

2) Protecting the young

Protecting children and young people from potential harms must be at the forefront of concerns when examining possible restrictions on the sale of potentially addictive products. Whilst the Licensing Act 2003 and the Gambling Act 2005 list protecting children from harm as one of their objectives, statistics show that large numbers continue to partake in these behaviours.

Alcohol consumption remains a significant problem for the UK. In recent years there have been noticeable changes in the way young people drink and how much they drink: increasing numbers of children and young people are choosing not to drink, with a recent survey suggesting 55 per cent of 11 and 15 year-olds have never tried alcohol. However, the amount consumed by those that do drink has increased significantly with weekly consumption amongst 11 to 15 year-olds more than doubling since 1990. Growing numbers of these young people are experiencing problems related to their drinking including short term and longer term health harms, as well as outcomes associated with risky behaviour such as regretted sexual experiences, violence, offending and personal injury.

Research from the alcohol field shows that the earlier young people start to drink, and the more they drink at a young age, the more likely they are to suffer alcohol-related harm and to become dependent on alcohol. The position is the same when we consider underage gambling. Numerous studies of gambling amongst children and young people have found evidence that those who gamble in childhood are more likely to do so in adulthood. Moreover, the younger that children start to gamble, the more at risk they are in developing gambling problems later in life. A gambling and debt study found that 87.5 per cent of gambler interviewees with problem debt had started gambling under the age of 16, and more than a third of the sample had started gambling before they were 10 years old. Low levels of parental monitoring have been found to enhance adolescents’ risk of partaking in gambling activities and developing related problems.

“It’s well-established that the younger children start gambling, the more likely it is that they will become habitual gamblers and also problem gamblers. It’s a long-term, life-long risk.”

Dr Carolyn Downs (2012)

Parental alcohol misuse and problem gambling can also directly impact on children. It is estimated that 2.6 million children in the UK are living with parents who are drinking hazardously and 705,000 are living with dependent drinkers. Problem drinking can affect all aspects of family functioning and is strongly correlated with conflicts, disputes and domestic violence and, consequently, has a damaging effect on children. Alcohol is thought to play a part in 25-33 per cent of known cases of child abuse.

Children whose parents misuse alcohol can suffer a range of poor outcomes. These vary according to the child’s stage of development, but include behavioural and/or psychological problems, poor educational attainment, low self esteem, offending behaviour, exposure to sexual exploitation,
domestic abuse, self harm and suicidal thoughts, as well as the normalisation of substance misuse.132

Perhaps unsurprisingly, children of parents who have gambling problems also suffer. An anonymous survey administered to 844 randomly selected 14-18 year old students in four Southern California public high schools, for example, found that those whose parents were said to gamble excessively were at a consistently greater risk of engaging in health-threatening behaviours, displaying psychosocial risk indicators (such as being from a broken home and having an unhappy childhood), and having a higher incidence of depression and anxiety, and school and work problems.133 Results from a more recent study also showed that children of parents with gambling problems reported more depressive feelings and more conduct problems by mid-adolescence than children of parents without gambling problems.134

"Children living in families where gambling is a problem experience threats to their overall well-being to the extent that parental problem gambling must now considered to be a significant child health as well as social problem.”

Philip Darbyshire et al. (2001)135

3) Restricting marketing

Linked to protecting the young is the need to restrict the marketing activities of the alcohol and gambling industries. There are a number of sets of rules that govern the promotion and marketing of alcohol and gambling products in the UK. More specifically, alcohol and gambling adverts must comply with the Broadcast Committee of Advertising Practice Code (the BCAP Code) for broadcast advertising (for example, advertising on radio and television) and the Committee of Advertising Practice Code (the CAP Code) for non-broadcast advertising (for example, marketing messages in newspapers, magazines, cinemas and on the internet). These codes lay down rules for companies advertising their products to follow in order to ensure that their marketing messages are legal, socially responsible, and do not exploit or particularly appeal to young people.

There is a sizeable body of evidence in the alcohol field that, despite these codes, marketing messages are getting through to minors. Alcohol Concern’s own research has highlighted the frequency and volume of exposure by children and young people to alcohol advertising. It calculated, for example, that over one million children were exposed to alcohol advertising during the televised England games of the World Cup in June 2010.136 In a study in 2012 of more than 400 children aged 10 and 11, the number of these able to identify alcohol branding and advertising was found to be comparable to, and in some cases, greater than those who recognised brand and advertising for products known to appeal to and often aimed at children, such as ice cream and cake.137 Further, a recent survey of 2,300 under-18s found this age group to be highly aware of alcohol promotion and in favour of robust regulation that protects them from exposure.138

In the gambling field, research assessing young people’s exposure to gambling advertising is noticeably lacking. However, one survey of nearly 9,000 children aged 12-15 years in England and Wales, conducted in 2009, found that more than three quarters (78 per cent) recalled seeing television adverts or internet pop-ups relating to the National Lottery and other gambling activities.139 The gambling industry has agreed an Industry Code for Socially Responsible Advertising140 which operates in addition to the B/CAP Codes, and includes a provision that new gambling products cannot be advertised on television before a 9pm watershed. However, as an exception, pre-watershed advertising of sports betting services around the coverage of sports events is permitted. As a consequence, gambling products are heavily marketed on television around such sporting events, during which times there are typically significant numbers of children and young people watching.
The need to protect the young from potentially damaging products is clear. Children and young people have been shown to be particularly vulnerable to the effects of alcohol marketing, especially those who are already displaying signs of alcohol-related problems. Such marketing manipulates this vulnerability by shaping their attitudes, perceptions and expectancies about alcohol, which then influence their decision to drink. The World Health Organisation notes that there is a ‘dose-response’ relationship between young people’s exposure to alcohol marketing and the likelihood that they will commence drinking or start to drink more: the greater the exposure, the greater the impact.

Relatively little research has been conducted in examining the influence of gambling advertising on gambling behaviour, especially when compared to alcohol and tobacco. However, a small body of research does suggest that its effects may be similar, although difficult to isolate from the many other social and personal factors that may trigger such behaviour.

In a Canadian study in 2001, for example, 20 per cent of 365 female participants who had concerns about their gambling, but were not in treatment, indicated that exposure to gambling adverts on television, billboards and newspapers was ‘very or extremely’ important in creating temptations or urges to gamble. A separate Canadian study showed that the majority of young people can recall multiple gambling advertisements and, as one author notes, when considered in light of other findings that individuals who recall such advertisements are more likely to gamble, it is reasonable to conclude that they are likely to have an adverse effect on youth. Clearly though, more academic research is needed in this area.

4) The problems of education and industry funded interventions

Educational programmes and persuasion strategies, typically favoured by the drinks industry, are expensive and, compared with other interventions, appear to have little long-term effect on alcohol consumption levels and drinking-related problems. Studies have shown that, although they can increase knowledge and change attitudes, actual alcohol use amongst participants largely remain unaffected. Other researchers argue that, even with adequate resources, strategies which try to use education to prevent alcohol-related harm are unlikely to deliver large or sustained benefits, and that “education alone is too weak a strategy to counteract other forces that pervade the environment”.

It is therefore a valid question to ask whether education is a satisfactory answer to the dilemma of how to curtail problematic gambling. There appears to have been little in the way of research undertaken in evaluating just how educated the general public is about gambling and the gambling industry, how this compares to alcohol education, or how effective such gambling education campaigns are.

The Responsible Gambling Trust, which formed following the merger of The GREaT Foundation and Responsible Gambling Fund in April 2012, receives roughly £5 million annually from the gambling industry for the commissioning of research, education and treatment services. According to one leading academic, this represents only roughly 0.1 per cent of British gambling industry profits, and is dwarfed by its £150 million annual expenditure on marketing campaigns – campaigns which do not show the risks or downsides of frequent and excessive gambling.

The question that is frequently raised by public health organisations when considering alcohol issues concerns whether bodies such as Drinkaware (which is supported by voluntary drinks industry funding to promote responsible drinking) can be truly independent when some of their trustees are representatives of the drinks industry. The same can be said about the Responsible Gambling Trust, whose trustees include representatives of the gambling industry. A better alternative is perhaps one where the Government establishes a levy from the drinks and gambling industries to pass onto a health promotion body (or bodies), wholly independent of these industries, albeit funded by them.
5) Access to treatment services

Local alcohol services provide a unique pool of experience and expertise in addressing alcohol problems. They can often draw on staff and volunteers who have previously faced problems with substance misuse themselves, and are therefore able to bring that perspective to the treatment and support of current alcohol misusers. Various studies have shown that evidence-based interventions to tackle alcohol misuse can be both cost-effective and successful in treating and supporting people experiencing problems with alcohol.

Alcohol Concern believes that everyone for whom alcohol has become a problem should have suitable access to treatment and support, and the immediate and long-term benefits of alcohol services to individuals and society justify supporting, developing and investing in them. Whilst it is true that fewer people participate in, and suffer from, gambling than compared to alcohol, for those that do suffer with gambling problems, it is essential that access to appropriate advice and treatment is available and well-funded, especially when considering that often people with alcohol problems participate in unhealthy gambling, and vice versa.

People experiencing problematic gambling are able to access free or self-funded treatment via self-referrals (for example, to a community addiction service), GP referrals and private clinics. There is currently only one specialist NHS clinic for problem gamblers, namely CNWL National Problem Gambling Clinic, based in London. Interestingly, the Clinic has been reported to have opened a child-minding service for female clients, in an attempt to encourage more of the increasing numbers of female problem gamblers to seek help.

Snapshot survey of people accessing local substance misuse services

In October/November 2012, the Royal College of Psychiatrists in Wales undertook a snapshot survey of 66 substance misuse service clients. Alcohol was noted as a reason for accessing services by 48 of the respondents. Of these:

- 75% (36/48) said they had gambled within the previous 12 months, which is roughly in line with the national prevalence survey
- 1 in 6 who had sought help for alcohol misuse (8/48) admitted that they have had problems with gambling, half of whom said that their gambling increased when their drinking increased
- 94% (45/48) said that addiction services should consider providing a service for gambling addiction.

“The majority of health and related professionals who have contact with problem gamblers are probably unaware that they do. Internationally, general population surveys indicate that the great majority of people identified as having problems with gambling do not report them to, or receive assistance from, professionals of any kind.”

Professor Max Abbott et al. (2004)

Where services do exist, improving access is vital. One major factor identified in seeking access to alcohol services is the social stigma of admitting a drink problem and seeking help for it. As an example, 30 per cent of respondents to Alcohol Concern’s snapshot survey of shoppers in Cardiff in 2011 cited shame or embarrassment as reasons why individuals might not seek help about alcohol, and over 40 per cent cited denial. The same is true in the gambling field. A literature review of the barriers to seeking help for problem gambling cites shame/embarrassment/stigma as a significant
problem, along with unwillingness to admit a problem and a lack of desire to treat oneself.

**Case study: New pilot gambling intervention project in Wales**

In February 2012, the Cardiff branch of Penyr Enfys (a substance misuse charity) in partnership with the Bristol-based Addiction Recovery Agency (ARA) launched the first site of the Gambling Intervention Pilot Programme for South Wales. The pilot project is funded by the Responsible Gambling Trust.

The programme aims at helping people whose lives are harmed by their own or someone else’s gambling, as well as raising awareness in the community of gambling issues and creating networks and partnerships with other organisations. Designed as a stepped care model, it offers free gambling awareness training to interested organizations, individual workers, or volunteers. Participants learn to understand the issue better and they are enabled to undertake first steps towards helping a person with a gambling problem through information and advice and/or to signpost into the Gambling Intervention Service.

As a pilot, the Gambling Intervention Programme also engages in action research, collecting and confidentially reporting data concerning all of its activities: training, networking and client work. Upon evaluation of the first six months, it has become evident that the programme has been well received in Cardiff. A full evaluation will be completed in due course.
Conclusion and recommendations

This report has noted the many parallels between alcohol and gambling, in particular: how the rules governing alcohol and gambling have been liberalised in the UK; increasing opportunities to drink and gamble; the increasingly sophisticated marketing strategies of their respective industries, and the co-occurrence of alcohol and gambling problems. The report has also highlighted some of the key strategies that aim to address excessive consumption and related harms, and considers whether, and how, these may be applied to the gambling field.

This joint report makes the following recommendations:

**Recommendation 1**
Further research is needed into the effects of curtailing gambling opportunities. Evidence from the alcohol field shows how reducing availability can regulate consumption and reduce alcohol-related harm. The same is likely to be true of gambling. Particular attention must be paid to technological advancements, namely the emergence of gambling via the internet, interactive television and mobile phone.

**Recommendation 2**
Greater protection must be afforded to children and young people, who are at particular risk of harm from potentially addictive products. Recommendations from the alcohol field, such as the implementation of more effective marketing restrictions, should be adopted. The Gambling Commission should continue to monitor the ability of children to access gambling premises through regular test-purchasing.

**Recommendation 3**
Everyone for whom alcohol has become a problem should have suitable access to treatment and support. Whilst it is true that fewer people participate in, and suffer from, gambling than compared to alcohol, for those that do suffer with gambling problems, it is essential that access to appropriate advice and treatment is available and well-funded.

**Recommendation 4**
Screening for gambling problems, amongst people attending substance misuse treatment services, should be routine. More research is needed to assess the impacts of integrating treatment of gambling problems alongside treatment of alcohol problems.

**Recommendation 5**
More awareness-raising about problematic gambling is needed amongst public health practitioners, and the general public, in the wider context of addiction and its dangers.

**Recommendation 6**
A national database is needed to capture the scope of problems associated with gambling and which should feed into national strategies for managing addictions (with recognition of behavioural addictions in addition to chemical addictions). This will help in raising awareness of the issue, and ensure that it is addressed in local service planning and that resources are made available to tackle this growing problem.

**Recommendation 7**
There is a need for more research in England and Wales into how best to identify problematic gambling and new treatments that can be used for tackling this issue.

**Recommendation 8**
Government policy for gambling in England and Wales currently rests with the Department for Culture, Media and Sport. Given the serious implications of problem gambling to public health, consideration should be given to a greater role for the Department of Health in gambling policy.
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