

## British Medical Association

bma.org.uk

BMA House, Tavistock Square, London, WC1H 9JP

T 0207 383 6023

E ebohm@bma.org.uk



Internal Market and Services DG

Unit E2

European Commission

SPA2

1049 Brussels

---

### Board of Science

7 July 2011

## Consultation on online gambling in the Internal Market

*The British Medical Association (BMA) is an independent trade union and voluntary professional association which represents doctors and medical students from all branches of medicine all over the UK. With a membership of over 145,000 worldwide, we promote the medical and allied sciences, seek to maintain the honour and interests of the medical profession and promote the achievement of high quality healthcare. The BMA is registered on the European Commission register of interest representatives (ID 59537502076-56.)*

The Association welcomes the opportunity to respond to this consultation and recognises the importance of implementing robust regulatory controls on online gambling in order to limit the damaging consequences of problem gambling. This is particularly important as this sector looks to undergo significant growth

The BMA has previously drawn attention to the issues associated with gambling and the treatment of problem gambling in its 2007 Board of Science report '*Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*'. This examines the nature of gambling addiction in the UK, the accessibility and availability of gambling addiction services, the impact of the Gambling Act 2005, and the problems associated with internet and remote gambling. The report is available on the BMA website at [www.bma.org.uk](http://www.bma.org.uk).

Our responses to the specific areas covered in this consultation for which there is existing BMA policy are as follows.

### Protecting the public interest

Although many people gamble occasionally for fun and leisure, gambling brings with it inherent risks of personal and social harm. For the small percentage of people who are problem gamblers it can negatively affect significant areas of a person's life, including their physical and mental health, employment, finances, and interpersonal relationships. It is important that sufficient safe guards are implemented to ensure that the incidence of problem gambling does not increase, including enforcing age limits, prohibiting the use of credit, and making information about gambling addiction services readily available to gamblers.

Participants in alcohol and drug treatment facilities, mental health centres and outpatient clinics, probation services, and prison should be screened for problem gambling as it is often co-morbid with other

**Chief Executive/Secretary:** Tony Bourne

Registered as a Company Limited by Guarantee. Registered No. 8848 England  
Registered office: BMA House, Tavistock Square, London WC1H 9JP  
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



**STANDING UP  
FOR DOCTORS**

behavioural and psychological disorders. These other conditions can exacerbate, or be exacerbated by, problem gambling, particularly substance misuse and mental health disorders.<sup>1</sup>

### **Prevalence of online gambling in the UK**

#### *Great Britain*

The British Gambling Prevalence Survey (BGPS)<sup>2</sup> was the first nationally representative survey of its kind conducted in Britain. According to the BGPS 2010, 14 per cent of adults had used the internet to gamble in the past year. This included buying lottery tickets online, betting online, playing casino games, bingo or other slot machines style games, and playing the football pools online.<sup>3</sup>

The BGPS was previously conducted in 1999 and 2007. The BGPS 1999 did not collect information on online gambling and the BGPS 2007 used a more conservative definition of online gambling than the 2010 survey. The BGPS 2007 only included gambling online on casino, bingo or online slot machine style games, betting online, or using a betting exchange. The number of adults participating in these activities increased from 6 per cent in 2007 to 7 per cent in 2010, and the increase was greater among women than men.<sup>4</sup>

The findings of the BGPS 2010 showed that there is still a strong preference for 'in-person' gambling with 81 per cent of those who gambled in the past year only betting in-person rather than online. For those activities where it was possible to participate either online or in-person, the vast majority of gamblers preferred to take part in-person. The exceptions to this were casino games and betting on sports events, which had a relatively high proportion of online activity. Those who gambled online and in-person did so twice as often as those who only gambled either online or in-person.<sup>5</sup>

The BGPS concluded that further surveys would be required to determine whether the increases in gambling generally, and in online gambling specifically, were random fluctuations in the data or the beginning of an upward trend.

#### *Northern Ireland*

The first Northern Ireland Gambling Prevalence Survey was conducted in 2010. This showed that despite the growth of online gambling, only 3 per cent of those surveyed had participated in online gambling in the past year.<sup>6</sup> As this was the first survey of its kind in Northern Ireland, data on trends in gambling are not available.

### **Prevalence of problem gambling**

#### *Great Britain*

The BGPS 2010 estimated the prevalence of problem gambling by two methods, the Problem Gambling Severity Index (PGSI) and the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV). The PGSI estimated overall problem gambling prevalence at 0.7 per cent, and the DSM-IV estimated it at 0.9 per cent. Both screening methods were used as there is evidence to suggest that each screening method captures a slightly different group of people and therefore may be detecting different types of problems.<sup>7</sup>

---

<sup>1</sup> British Medical Association (2007) *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*. London: British Medical Association.

<sup>2</sup> [www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)

<sup>3</sup> National Centre for Social Research and Gambling Commission (2011) *British Gambling Prevalence Survey 2010*. UK: National Centre for Social Research and Gambling Commission.

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> Northern Ireland Statistics and Research Agency and the Department for Social Development (2011) *Northern Ireland Gambling Prevalence Survey 2010*. Northern Ireland: Department for Social Development.

<sup>7</sup> National Centre for Social Research and Gambling Commission (2011) *British Gambling Prevalence Survey 2010*. UK: National Centre for Social Research and Gambling Commission.

International prevalence studies suggest that up to 6 per cent of adolescents in Great Britain are problem gamblers, and that in Scotland the prevalence of problem gambling among adolescents is two to four times higher compared to the adult British population.<sup>8</sup> These studies do not give an indication of the levels of online gambling among adolescents as they focus on slot machines, which are the most prevalent form of gambling among British adolescents.<sup>9</sup>

#### *Northern Ireland*

The Northern Ireland Gambling Prevalence Survey 2010 assessed the level of problem gambling using the PSGI and found that the prevalence of problem gambling in the population to be 2.2 per cent overall. It also found that problem gambling was highest among young men aged 25 to 29 years.

### **Factors influencing the development of problem gambling**

As outlined in *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*, there are a number of socio-demographic factors associated with problem gambling. These include being male, having a parent who was or who has been a problem gambler, being separated or divorced, and having a low income. Low income is one of the most consistent factors associated with problem gambling worldwide. Research shows that those who experience unemployment, poor health and housing, and low educational qualifications have significantly higher rates of problem gambling than the general population.<sup>10</sup>

Similar factors have been shown to influence problem gambling for adolescents. Working class youth culture, delinquency, alcohol and substance abuse, poor school performance, theft and truancy have all been linked to adolescent gambling problems.<sup>11</sup>

### **Problem gambling and the internet**

The possibility that structural characteristics of the software used in online gambling might promote addictive tendencies is noted in *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*.<sup>12</sup> These characteristics promote interactivity and to some extent define alternative realities to the user and allow them feelings of anonymity – features that may be very psychologically rewarding to some individuals.<sup>13</sup>

It has also been suggested by Griffiths et al that online gambling could be 'doubly addictive' due to the addictive nature of the internet and gambling online.<sup>14</sup> This is not supported by evidence from research studies.<sup>15</sup> Although online gambling contains situational and structural characteristics that could potentially make it more addictive, there does not appear to be any greater risk of a pathological response to online gambling compared to other forms of gambling, as the internet appears to be just a medium to engage in the behaviour of choice.<sup>16</sup>

---

<sup>8</sup> Volberg R, Gupta R, Griffiths MD et al (2010) An international perspective on youth gambling prevalence studies. *Int J Adolesc Med Health* **22(1)**:3–38

<sup>9</sup> Ibid

<sup>10</sup> British Medical Association (2007) *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*. London: British Medical Association.

<sup>11</sup> Ibid

<sup>12</sup> Griffiths MD, Parke J (2002) The Social Impact of Internet Gambling. *Social Science Computer Review*. **20(3)**:312–320

<sup>13</sup> British Medical Association (2007) *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*. London: British Medical Association.

<sup>14</sup> Griffiths MD, Parke J (2002) The Social Impact of Internet Gambling. *Social Science Computer Review*. **20(3)**:312–320

<sup>15</sup> Ibid

<sup>16</sup> Griffiths MD, Wood R (2005) Addiction: Is internet gambling 'doubly addictive'? *World Online Gambling Law Report* **4(1)**

Further research is required to determine whether online gambling facilitates social gamblers who use the internet to gamble more excessively than they would have done in-person.<sup>17</sup>

### **Treatment of online gambling in the UK**

As highlighted in *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*<sup>18</sup>, public health education and awareness-raising initiatives are recognised internationally as the most cost-effective way of dealing with problem gambling in the long-term. Such strategies have been successfully deployed in countries such as Australia, New Zealand and Canada.<sup>19</sup>

Throughout the UK treatment for problem gambling is available through the National Health Service (NHS). In Great Britain this is provided by the National Problem Gambling Clinic,<sup>20</sup> and in Northern Ireland, through mainstream mental health services.<sup>21</sup>

While the BMA has not specifically considered the treatment of online gambling, our 2007 report identifies a number of ways in which the treatment of gambling addiction in the UK can be improved. These include:

- improved provision of information about gambling addiction services, in particular services in the local area, to gamblers
- increased funding for the treatment of problem gambling through the Responsibility in Gambling Trust<sup>22</sup> or other gambling-derived revenue
- expansion of problem gambling treatment, advice and counselling services both in and outside of the NHS
- funding for the development and evaluation of targeted services (such as for ethnic minorities, young people, women, and family members)
- implementation of screening for gambling problems among participants in alcohol and drug treatment facilities, mental health centres and outpatient clinics, as well as probation services and prisons
- funding for public health education about the risks of gambling
- targeting of education and prevention programmes at children and adolescents along with other potentially addictive and harmful behaviours (eg smoking, drinking, and drug taking).<sup>23</sup>

### **Regulation of Gambling in the UK**

#### *Great Britain*

The legislation in Great Britain was reformed with the introduction of the Gambling Act 2005, which expanded the coverage of the legislation to include new forms of gambling, such as internet gambling, and created the Gambling Commission as the single regulator within Great Britain.

#### *Northern Ireland*

Large-scale commercial gambling is not permitted in Northern Ireland and as such successive administrations in Northern Ireland have considered that a separate regulator is not necessary. The Department of Social Development in Northern Ireland is currently consulting on possible changes to the legislation governing

---

<sup>17</sup> British Medical Association (2007) *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*. London: British Medical Association.

<sup>18</sup> Griffiths MD, Parke J (2002) The Social Impact of Internet Gambling. *Social Science Computer Review*. **20(3)**:312–320

<sup>19</sup> British Medical Association (2007) *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*. London: British Medical Association.

<sup>20</sup> [www.cnwl.nhs.uk/gambling.html](http://www.cnwl.nhs.uk/gambling.html)

<sup>21</sup> Department for Social Development (2011) *Future regulation of gambling in Northern Ireland – Consultation document*. Northern Ireland: Department for Social Development.

<sup>22</sup> The Responsibility in Gambling Trust is an independent charitable body, funded by the UK gambling industry, which commissions treatment, education and research into problem gambling.

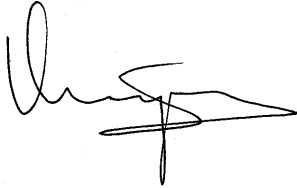
<sup>23</sup> British Medical Association (2007) *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*. London: British Medical Association.

**British Medical Association**  
bma.org.uk

gambling in Northern Ireland, including lifting the restriction on large-scale commercial gambling, updating the legislation for new forms of gambling and creating greater flexibility within the legislative framework.<sup>24</sup>

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Vivienne Nathanson', with a long horizontal stroke extending to the right.

Professor Vivienne Nathanson  
Director of Professional Activities

---

<sup>24</sup> British Medical Association (2007) *Gambling addiction and its treatment within the NHS – A guide for healthcare professionals*. London: British Medical Association.