

Gambling with the future of young people

UK Policy makers addressed two key public health problems last summer: smoking and gambling. Both are quasi-voluntary behaviours, involve powerful vested interests and have serious implications for the future health and well being of young people; but policy on them is going in opposite directions.

July's smokefree legislation was followed in October by a law increasing the legal age of tobacco purchase to 18. This builds on the 2002 Tobacco Advertising and Promotion Act, which removed all tobacco advertising, and the mandating of enhanced health warnings in 2001, which in October 2008 will be further improved by the addition of graphic images. These measures combine with systematic increases in the taxation on tobacco products, NHS countrywide smoking cessation services and multi-component health promotion.

These efforts represent admirable strategic planning by the UK Government, keep us in the vanguard of the WHO's Framework Convention for Tobacco Control and, according to a recent review, make the UK the most progressive European country for tobacco control (Joossens and Raw 2006). They are also based on sound evidence of both the health consequences of smoking and what works best to discourage it. The former need not be discussed in detail as scientific evidence has unequivocally established that smoking is the largest single cause of premature death in the developed world (Jah and Chaloupka 1999), and that passive smoking is directly linked to a number of childhood health problems (SCOTH 2004); the latter shows that success is dependent on a comprehensive tobacco control strategy built around the disabling of tobacco marketing. Following tobacco advertising bans in Norway, Finland, New Zealand and France, each set within comprehensive tobacco control policies, there have been significant and sustained declines in smoking rates for both young people and adults (Joossens 2000). The UK has already witnessed dramatic reductions in prevalence, and early evidence suggests that the new measures will continue this trend. Children are becoming much less aware of tobacco marketing following the 2002 Act (Moodie et al. in press), which augers well given that we know that there is a dose response relationship between children's exposure to tobacco marketing and their uptake of smoking, even controlling for known risk

factors such as low socioeconomic status, parental and peer smoking (DiFranza et al. 2006). Similar patterns are emerging in adults (Harris et al. 2006).

This success contrasts sharply with developments in gambling. The 2005 Gambling Act, which abrogates the 1968 Gaming Act, came into effect at the start of September to allow a new licensing regime for gambling based on commercial and economic interests, and also in response to technological – especially online - innovations in gambling and changes in the general public's attitudes towards gambling (Gambling Review Body 2001). Although legislative change concerning gambling (as well as tobacco) impact upon the whole of society, both the current gambling minister Gerry Sutcliffe and his predecessor Richard Caborn have described the 'top priority' of the Act the protection of children, as well as the vulnerable, from harm or exploitation from gambling. Surprisingly therefore, the Act is exceptionally liberalising (Orford 2005), easing restrictions on gambling products and advertising.

These changes affect children both directly and indirectly. At a direct level, the Act allows children to continue gambling on Category D (low stake) fruit machines, with Britain remaining the only jurisdiction in the world to permit this. This is despite the fact that legislators across the globe have deemed any form of gambling by children inappropriate (Felsher, Derevensky & Gupta 2004) because habit-forming behaviours are often developed in childhood. It also runs contrary to the widely accepted evidence that problem gambling is associated with the use of fruit machines, either exclusively or jointly, in children, adolescents and adults (British Medical Association: BMA 2007). Indirectly, the Act has, for the first time, allowed television and radio advertising, exposing children to a plethora of pro-gambling messages.

There is little in the Act to mitigate these effects, even though the UK Government and the unified regulator, the Gambling Commission, have recognised the potential deleterious consequences of gambling liberalisation. Detailed provision is made for the promotion of responsible gambling through the amended License Conditions and Codes of Practice (LCCP), published in June. All gambling operators must ensure that information is readily available to patrons about problem gambling, help available and how to gamble responsibly, whilst implementing strategies to minimise the extent of problem gambling and prevent underage gambling. Furthermore, all gambling

advertisements on television must include the 'gambleaware' website, designed by the RIGT Public Awareness Taskforce, where practical, and the Industry Code for Socially Responsible Advertising states that gambling advertising must pay particular attention to the protection of children and vulnerable people. However, social responsibility is ultimately reliant upon industry adherence and, without mandated stringent policy, gambling operators can largely dictate what is meant by 'responsible'. To exemplify this point, recent observational research examining the efforts made by gambling establishments in Glasgow (Scotland) to prominently display responsible gambling signage (in the form of signs, posters, brochures and leaflets), conducted one month after the introduction of the Act, found that most gambling operators have not embraced the concept of responsible gambling and indeed many have failed to even adhere to the most basic stipulations of the LCCP, such as ensuring responsible gambling signage on all gaming machines (Moodie and Reith 2008).

Moreover, there is no concrete intention to set up comprehensive support programmes for problem gamblers, despite treatment for gambling problems being virtually non-existent on the NHS and in the community (BMA, 2007; Orford, 2005). In addition, future harm-minimisation programmes will also have to work in opposition to the other elements of the Act; it is difficult to tell children that gambling is a potentially addictive and harmful behaviour, whilst allowing them to legally do so and also exposing them to television adverts saying the opposite.

The result of the gradual deregulation of commercial marketing has not, as of yet, lead to an increase in the rate of adult problem gambling, remaining at 0.6% in the second British Gambling Prevalence Survey (Wardle et al. 2007). These figures however are unacceptably high and likely an underestimate given the low response rate (52%) in the most recent survey. More disconcerting is the fact that the average rate of youth problem gambling is 4.9% for the four National Lottery commissioned tracking surveys in England and Wales conducted over the last decade (Fisher 1997; Ashworth and Doyle 2000; Ashworth, Doyle and Howat 2000; MORI/IGRU 2006) and a staggering 9% in Scotland (Moodie and Finnigan 2006).

The contrast in policy direction for smoking and gambling is startling. The former has followed the evidence base to build up a strategic approach to tobacco control which prioritises public health over commercial vested interest and will reduce the risks to children from both active and passive smoking. The job is not complete: there are still 12 million smokers in the UK, appalling numbers continue to be killed by their addiction and the tobacco industry, the advertising ban notwithstanding, persistently flaunt their panoply of evocative brands to the young and the vulnerable. But the policy direction is clear and things are getting better.

Gambling policy, on the other hand, is inconsistent, ignoring the evidence base, bending to commercial interests and failing to learn lessons from tobacco. Clearly, for tobacco the safest amount is zero whereas for gambling this is impossible to discern and, as such, prioritising tobacco control is understandable. Nevertheless, like smoking, gambling also has the potential to destroy lives and is becoming more accessible, available and socially and culturally accepted than at any time in history - stacking the odds against young people. Gordon Brown's courageous decision to veto, or at least put on hold, the super casino is welcome; we now need a policy review to match, one which affords young people the same protection as adults.

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