Northern Ireland Assembly

Committee for Communities

OFFICIAL REPORT (Hansard)

Betting, Gaming, Lotteries and Amusements (Amendment) Bill: Institute of Public Health; Public Health Agency

14 December 2021

NORTHERN IRELAND ASSEMBLY

Committee for Communities

Betting, Gaming, Lotteries and Amusements (Amendment) Bill: Institute of Public Health; Public Health Agency

14 December 2021

Members present for all or part of the proceedings:
Ms Kellie Armstrong (Deputy Chairperson)
Mr Andy Allen
Mr Mark Durkan
Ms Ciara Ferguson
Mr Paul Frew
Ms Aine Murphy

Witnesses:

Dr Helen McAvoy	Institute of Public Health
Dr Joanna Purdy	Institute of Public Health
Mr Maurice Meehan	Public Health Agency

The Deputy Chairperson (Ms Armstrong): We are joined by Dr Joanna Purdy and Dr Helen McAvoy from the Institute of Public Health and Mr Maurice Meehan from the Public Health Agency (PHA). Folks, thank you very much for coming along to this meeting for the Committee's considerations on the Betting, Gaming, Lotteries and Amusements (Amendment) Bill. I will hand over to you. I believe that we will hear from Maurice, followed by Helen and Joanna.

Mr Maurice Meehan (Public Health Agency): I represent the Public Health Agency, which is jointly providing evidence to the Committee alongside the Institute of Public Health in Ireland. I am delighted to do so, given the Institute of Public Health in Ireland's substantial reputation on public health policy, evidence and research. If it is OK with you, I propose that Helen make an evidence submission on behalf of the institute in the first instance, and I will then make a complementary input on behalf of the Public Health Agency.

The Deputy Chairperson (Ms Armstrong): That is brilliant. Thank you very much. We will leave it to you, then, Helen.

Dr Helen McAvoy (Institute of Public Health): That is great. Thank you very much for affording the opportunity to the Institute of Public Health to present on this important Bill. This is a bit like a tag team: I will now pass on to my colleague Joanna Purdy, who has prepared our opening statement. I will be available for the Q & A session following that. I will hand over to Dr Joanna Purdy.

The Deputy Chairperson (Ms Armstrong): Thank you.

Dr Joanna Purdy (Institute of Public Health): Good morning, Chair and members. Thank you for the invitation to present evidence to you on the Bill. The Institute of Public Health is an all-island organisation. We are funded by the Departments of Health in Ireland and Northern Ireland, and our work primarily focuses on promoting health and well-being, improving health equity and reducing health inequalities across the life course. We do that through research and evidence review and through policy analysis and evaluation.

At the outset, I declare no conflicts of interest. We do not receive funding from the gambling industry, and nor do we have any research, public relations, financial, governance or employment relationships with the gambling industry. In this opening statement, I will make some general comments on the Bill and then make some specific comments on some of the clauses that are of interest to us.

The institute welcomes the progress that is being made in updating gambling regulation in Northern Ireland. However, we feel that it does not provide sufficient protection from harms, including protection for vulnerable groups such as children and young people, those with existing addiction issues or those experiencing mental ill health. Over the next couple of minutes, I will speak about gambling harms in the Northern Ireland context, the importance of legislation to prevent and minimise harms and the need for a cross-departmental strategy.

With regard to gambling harms in the Northern Ireland context, we are all aware of the harms that result from gambling and that affect the health and well-being of individuals, families and communities. As we know, Northern Ireland has the highest rate of problem gambling in the UK at 2·3% compared with 1·1% in Wales, 0·7% in Scotland and 0·5% in England. The risk of gambling harms is higher in areas where there are greater levels of poverty and poorer mental health. As Northern Ireland has the highest levels of deprivation and mental ill health in the UK, that makes us a particularly vulnerable nation in respect of gambling harms. Those living in the most deprived areas are seven times more likely to experience gambling harms than those in the least deprived areas, even though they gamble less. For every one person experiencing problem gambling, six others are adversely affected. That equates to around one in 10 people living in the most deprived areas experiencing harm from either their own gambling or someone else's gambling.

I will move on to speak about legislation and its importance in preventing and minimising harms. Legislation is a fundamental tool for Governments, primarily to prevent gambling disorder at a population level and, perhaps to a lesser extent, to address the associated harms. We do not feel that the Bill, in its current form, protects public health, and we are concerned that it may, in fact, exacerbate gambling-related harms by increasing accessibility and availability. Evidence shows that increased access is related to gambling harms, and, thus, increases in supply may exacerbate harms.

My last general point relates to a cross-departmental strategy. Gambling can and will be harmful to some individuals, but it is important to note that the harms are greater than had previously been acknowledged. It is essential that the Bill tackles gambling activity through a public health lens. By that, we mean taking collective action through a “health in all policies” approach and the development of a cross-departmental strategy to address that issue. Prevention should be at the core of any legislation and strategy. We believe that this is a unique opportunity to do that and to prevent young people and vulnerable individuals from becoming addicted to gambling.

Over the next couple of minutes, in the latter part of my opening statement, I will comment on three clauses in the Bill.

On codes of practice, we strongly believe that mandatory codes of practice are required, which are legally enforceable, protect public health and focus on reducing gambling-related health inequalities. From a public health perspective, legislation gives stronger protection for individuals, families and communities. We feel that certain measures would be better placed as clauses in the Bill — for example, self-exclusion measures, advertising and marketing, product design and verification measures such as affordability. Elevating those provisions from codes of practice to legislation means that, where there is a breach, that becomes a criminal offence. There is a risk that less punitive measures such as fines will not be a sufficient deterrent for well-resourced gambling companies. Again, in the absence of a regulator, it will be extremely difficult to monitor and respond to any malpractice by the industry. The Minister for Communities has announced a key stakeholder consultation on codes of practice, which is welcome. However, consultation processes of that nature can be disproportionately influenced by industry lobbyists, who are well resourced and prefer weaker regulatory measures such as voluntary codes rather than statutory codes.

The final clause that I would like to comment on deals with the opening of licensed offices on Sundays and Good Fridays. We know that increasing access and availability to gambling leads to an increase in gambling activity and potential harms. For that reason, we do not support the granting of additional hours at this time when there is no clear strategy in place to address gambling prevalence disorder or to meet the needs of those experiencing harms. We are concerned that Sunday opening will further increase gambling activity and make it more accessible. To that end, we do not support the liberalisation of trading hours until such time as a strategy and a regulator are in place.

I would like to comment briefly on the industry levy. We firmly believe that there is a need for a statutory levy that is proportionate to the gambling activity and harms experienced in Northern Ireland. We point the Committee to the statutory levy currently in place in New Zealand as an example of good practice. Evidence from the UK has shown that the gambling industry seeks to influence research and policy agendas, and it engages in extensive lobbying. To that end, it is imperative that the Government preserve their role and right as a decision maker on the regulatory environment and that any new legislation be protected from any conflicts of interest from the outset. We caution against including in the legislation any commitment to consult the industry. In short, we recommend that that statement be removed from the legislation. In addition to that, the allocation of funds from any levy must be transparent, independent of any industry influence and, again, proportionate to the health and societal harms caused by gambling.

That concludes our comments on the clauses. I will, however, briefly make a couple of points on items that, we feel, are missing from the Bill.

The first point relates to the establishment of an independent regulator. We ask this question: how will the Government secure their commitment both to oversee the changes in law and protect the welfare of citizens from gambling harms in the absence of a regulatory body? We strongly recommend the establishment of a regulator as a priority to oversee and monitor the proposed measures in the Bill.

The second point is that the Bill is narrow in scope and does not address online gambling. Again, we would welcome a commitment to bring forward legislation on online gambling within six months of the Bill's enactment.

My final point relates to data and evidence. The lack of data and evidence perpetuates a situation in which we do not understand or fully know the extent of harms or, indeed, the cost to the Exchequer and the state in Northern Ireland. We therefore encourage the Committee to consider including in the Bill a requirement for data collection through Departments and the Northern Ireland Statistics and Research Agency (NISRA).

We believe that the legislation must be established with a public health focus and be governed by a strong regulatory framework to prevent gambling-related harms. Thank you.

The Deputy Chairperson (Ms Armstrong): Thank you very much. Maurice, do you want to go ahead now?

Mr Meehan: Yes. A number of points that I will raise from the Public Health Agency's perspective are complementary, so, to avoid the risk of questions being duplicated, I will give my statement now, after which we will be happy to respond to members' questions. Is that OK with you?

The Deputy Chairperson (Ms Armstrong): Absolutely; yes.

Mr Meehan: On behalf of the Public Health Agency, we are pleased to provide our oral evidence today in response to the Committee's call for evidence on the Betting, Gaming, Lotteries and Amusements (Amendment) Bill. The Public Health Agency was established in 2009 as part of the reforms to health and social care in Northern Ireland. The PHA is the major regional organisation for health protection and health and social well-being improvement. Our role also commits us to addressing the causes and associated inequalities of preventable ill health and lack of well-being.

The Public Health Agency welcomes the introduction of the Bill. It provides an opportunity to consider the regulation of gambling within the context of emerging research highlighting concerns about gambling-related harm at a population level. That includes the recently published Hodgins and Stevens meta-analysis of problem gambling risk factors in the general population. I have included the link to that study, 'The Impact of COVID-19 on Gambling and Gambling Disorder: Emerging Data', in the references to our paper. That study reviewed 17 published studies internationally and highlights

that, during the pandemic lockdown period, the studies correlated increased problem severity gambling among younger age groups, mainly among young males.

The Department for Communities' 2016 Northern Ireland gambling prevalence survey highlights the fact that Northern Ireland has the highest estimated rate of problem gambling of the regions in the United Kingdom at 2·3%. Essentially, it is four times higher than in England. It is also one of the highest rates when compared internationally with countries that used similar surveys. Northern Ireland also has the highest prevalence of mental illness in the UK, which may make the population particularly vulnerable to problem gambling.

According to the National Institute for Health and Care Excellence (NICE), which is the key resource for clinical evidence that informs commissioning throughout the UK, in 2018, participation in gambling was reported by 57% of men and 51% of women. Estimates of the number of people in the UK who participate in harmful gambling vary widely from 300,000 to 1·4 million. For Northern Ireland, it is estimated that between 9,000 and 42,000 of our population participate in harmful gambling. Only a small proportion of people who participate in harmful gambling — approximately 3% in England, Scotland and Wales — are in treatment at any time. In Northern Ireland, there are no existing Health and Social Care (HSC) treatment services, so that number will be much more limited and primarily limited to the services provided by GamCare, such as the gambling industry-funded young people's support service and the UK-wide national gambling helpline.

"Gambling disorder", "problem gambling" and "pathological gambling" are all terms that are used to describe gambling that causes harms, problems or distress for individuals and those around them. Harmful gambling is used as an umbrella term to describe any frequency of gambling that results in people experiencing harm. People who participate in harmful gambling may present with physical and psychiatric comorbidities — in particular, depression and suicidal ideation. Compulsive gambling, also called gambling disorder, is the uncontrollable urge to keep gambling despite the toll that it takes on your life. Gambling means that you are willing to risk something that you value in the hope of getting something of even greater value. Gambling can stimulate the brain's reward system much like drugs or alcohol can and can lead to addiction.

When considering the Betting, Gaming, Lotteries and Amusements (Amendment) Bill, the Committee for Communities should take account of the NICE guidelines and the fact that the Department of Health and Social Care in England asked NICE to develop new clinical guidelines on harmful gambling, including the identification, diagnosis and management of problem gambling. Once complete, those guidelines will inform UK-wide addiction services commissioning. The reference to the consultation on those NICE guidelines is 'Gambling: Identification, Diagnosis and Management — Draft Scope' dated December 2021.

In Northern Ireland, there is no coordinated system of early identification and intervention with problem gamblers. Primary or secondary healthcare services do not routinely identify or refer gamblers for treatment. As Joanna referenced earlier, the understanding of the prevalence and treatment of harmful gambling is an emerging field for us in Northern Ireland, with ongoing research taking place quite rapidly. The PHA notes the relative absence of Northern Ireland data on problem gambling and gambling-related harms. Further data and local research is critical and would be welcomed to inform policy and the commissioning of services.

I also undertook a little bit of complementary analysis, which may be helpful for the Committee's consideration. It comes from statistics from the family support hubs, which provide the referral process for families in need of support in Northern Ireland. That shows that, in 2019, there were 7,590 referrals, and 5% of those — 403 people or families — were referred for financial support. However, in 2021, coinciding with the lockdown and COVID, there were 8,405 referrals. The referral for financial support moved up to 27%. That is a very significant increase in financial hardship. The increase from the previous year for financial support is mainly in relation to food, fuel poverty, food parcels and Christmas presents. There was no specific evidence of financial hardship relating to gambling with these referrals. However, increased opening hours in the Bill could exacerbate financial pressures for families, including those with problem gambling.

In conclusion, I will talk about specific clauses. On clause 2, "Opening of licensed offices on Sunday and Good Friday", the PHA highlights concerns that increased availability of gambling through additional opening hours may exacerbate existing harms. Weekend opening will increase the accessibility of gambling to a wider proportion of society, such as working-age adults, children and young people. On clause 14, "Industry levy", in England, the Gambling Act 2005 contains a provision in section 123 for a levy on gambling operators to fund projects to reduce gambling harms. Successive

Governments have not made use of that provision. In the absence of a mandatory levy, the Gambling Commission requires operators, through the licensing conditions and code of practice, to donate to funding research, education and treatment to reduce gambling harms. The three-year national strategy to reduce gambling harms published by the Gambling Commission in April 2019 refers to the work of GambleAware in commissioning the most specialist services for those affected by gambling harms.

The PHA concurs with the Institute of Public Health on the introduction of an industry levy and recommends that this levy be placed on a statutory footing in Northern Ireland. We agree that the statement relating to a requirement for government to engage with the gambling industry on this levy be removed from the legislation. A levy uncoupled from the gambling industry could be used to fund independent preventions and evidence-based prevention and treatment services to treat and support people who experience problem gambling in Northern Ireland, independently from the gambling industry. Research into gambling harms in Northern Ireland should be a priority and the subject of investment from the levy.

Finally, in clause 15, "Code of practice", the PHA also concurs with the Institute of Public Health in proposing that that clause, which gives the Department for Communities power to create codes of practice, should make these codes mandatory and legally enforceable. They should prioritise public health, focus on reduced gambling-related health inequalities and seek to protect children, young people and vulnerable individuals. From a public health perspective, legislation provides stronger protection to the individual, family and community. Thank you very much for listening to our briefing.

The Deputy Chairperson (Ms Armstrong): Thank you very much for your worthwhile submission, which gives the Committee a lot to think about. I will ask a few questions first. Whoever can answer, please do, and then I will move to other members.

I know that you have concerns about the Good Friday and Sunday openings. You said that a consequence of the Bill might be that it increases the accessibility of gambling by extending opening hours and, therefore, increases the prevalence of gambling-related harm. You also raised online gambling. Is online gambling not taking over from the traditional bookmaker shop, and, therefore, extended opening hours will be negligible compared with the effects on gambling created by online gambling? Who wants to respond to that?

Mr Meehan: Joanna might be best placed to answer, based on the references to the research to which she has access.

Dr Purdy: I am happy to respond to that question. Our concern around the increased hours is that, yes, we recognise that online gambling is increasing. There was an increase between 2010 and 2016 in the last two gambling prevalence surveys.

It would be really useful for that survey to be repeated so that we know the current state of online gambling. What we know from that survey is that a significant number of people also participate in land-based gambling. Therefore, by increasing access and opening hours, we could increase the opportunities to exacerbate harms.

That is based on total consumption theory, whereby increased accessibility leads to an increase in harms. By the same token, it is proposed by researchers that, with appropriate policy and legislative measures, we can, in fact, reverse that effect by reducing opening hours and reducing harms in the same way that we have seen that happening in relation to alcohol licensing.

We are also concerned that the Sunday opening of betting offices will coincide with many professional sports that take place on a Sunday. People often go to pubs and bars to watch sport on a Sunday. There is good evidence that alcohol and betting outlets are often co-located, particularly in more deprived communities. They are close to one another. There is also strong evidence from a recent Public Health England evidence review of a strong, clear and consistent association between increased alcohol consumption and increased gambling. This is almost a cumulative type of effect whereby we are increasing access to gambling at a time when alcohol licensing hours have been extended in Northern Ireland.

The Deputy Chairperson (Ms Armstrong): Our Committee colleague Mark Durkan has had to go to the Chamber to respond to a statement. He asked me to ask a question about this from the public

health lens. An earlier witness spoke about the prevalence of opportunity for gambling — for instance, when scratch cards are available at points of sale. What are your thoughts on that?

Dr Purdy: I have no particular comment to make on scratch cards. Perhaps Helen or Maurice would like to comment.

Dr McAvoy: I would not see them as a major concern. The challenge is that we know that people who are having difficulty with gambling are being bombarded with opportunities online, through their phone, through sport, through television and radio advertising, and also through the density of betting shops in their area. It is the cumulative effect of all those things.

It is difficult to single out any particular measure and say that it is more problematic. The pattern has been the massive growth in online gambling, but we have not seen a huge fall-off in land-based gambling at the same time. Although online gambling is the growth area, I am not sure that we have seen any fall-off in land-based gambling. As I say, it is the cumulative effect of all those things.

The regulation of online gambling is a major area for development from a public health perspective, particularly because of the potential increased accessibility of online forms of gambling to children and young people. It may be quite clear if they walk into a betting shop that they look under 18 or could be identified, but it is far more difficult to get that age verification through a computer interface.

Mr Meehan: It seems that, overall, there are multiple avenues and increasing opportunities for gambling online through scratch cards and betting shops. The proposal to not support additional Sunday opening would close off only one point of access.

Broadly, the issue is that we see a massively increasing focus on targeted advertising, particularly at young people. We see multiple gambling opportunities. Clinicians, the British Medical Journal (BMJ) and other research in this space highlight the fact that a significant proportion of those participating in gambling experience mental illness as a consequence of gambling behaviour. Also, many of those who participate in harmful gambling have existing mental health illnesses. Broadly, the issue is the huge responsibility of the industry, the Department for Communities and, collectively, the Northern Ireland Assembly to think about prevention and the treatment implications for those who are adversely affected by gambling.

Mr Frew: I am interested in your commentary about a gambling regulator or commissioner. Should a commissioner or regulator be paid out of the proposed levy, or should there be a separate fee? What should the fee be set at? Should that be a one-off or yearly fee across the board, or should the fee increase in proportion to the size and scale of the gambling organisation?

Mr Meehan: The Public Health Agency did not make a specific point about the regulator. Thankfully, the Institute of Public Health did some analysis and has a perspective on that. Joanna will share that with the Committee.

Dr Purdy: I will let Helen speak to the point about the regulator. I will pick up on the point about the levy and fee. I point the Committee to the example from New Zealand. Recently, Dr Maria Bellringer from New Zealand spoke to us about the implementation of the levy there. Essentially, New Zealand has created a complex formula. The formula has been derived in such a way that it actually pays for the prevention strategy, and it is considered to be part of the prevention and treatment programme for gambling harms in New Zealand. It is complex, and it is proportionate to the harms and the level of gambling activity in that country. We are happy to follow up with more detail on the New Zealand example, if that would be helpful to the Committee. It is complicated to explain some of the detail in such a short time. The information will be more useful to the Committee as a written paper, but we point you to that example. New Zealand has a prevention strategy in place and, essentially, a statutory levy. Interestingly, it has moved from a voluntary levy to a statutory levy, which is a very important move, and that levy pays for the strategy. Off the top of my head, I do not know whether the levy also pays for the regulator in New Zealand. I will need to check that. We are happy to follow up on that.

Mr Frew: That is very helpful. We should look towards New Zealand to see what that brings out. If we are to go down that route, even as a Committee, it is important that we facilitate a belt and braces approach and do not leave anything hanging. If we are inclined to go down that road, we must take responsibility for the whole measure.

I am very interested in Sunday opening and the potential for harm. I was very interested in your science — for want of a better word — around the harm of increasing access and the reduction in harm from diminishing access. I am interested in whether you have anything specific, such as reports, that would be useful for the Committee. Can those be shared?

My next question is for both organisations. Are you content that schedule 8A to the old 1985 Order is sufficient and future-proofed enough to protect not only gamblers from excessive gambling but staff? It is not just from the religious point of view; it strikes me that betting shops have very unsociable working hours. They may open at 10.00 am or 11.00 am and stay open until about 7.00 pm or 8.00 pm. You can imagine how that would impact on family life. Sunday might be the only day that all members of a family are in the house at the one time. Are you content with the old schedule 8A to the 1985 Order and the protections that it gives?

Mr Meehan: From the Public Health Agency's perspective, a high level of information is missing from our full understanding of gambling harm in Northern Ireland. That needs to be addressed as an urgent issue, collectively, and the Public Health Agency would be more than happy to engage with the Department for Communities on the potential for further research in that space. In the absence of that current understanding, given the high levels of problem gambling identified in our population and the potential for further harm in the context of the level of unknown information about further widening of access to gambling, our view is that we should remain with the current legislation on Sunday opening.

Dr McAvoy: May I follow up on the interlinked point about the statutory levy? The formula in New Zealand is based on the amount of money lost by gamblers in each gambling sector. New Zealand uses player expenditure data, which we do not have for Northern Ireland. I am fairly confident that the industries are fully aware of the expenditure losses, and there would be nothing to stop the state requiring that data to be shared in order to allow the level of the levy to be set. We also need estimates of the amount of harm, and Maurice emphasised that we are not really collecting that data, certainly not for Northern Ireland, so we have to use proxy data until such time as data is collected. There is an opportunity, through the Bill, to mandate the collection of data, which would allow you to create a formula that is fair for all parties. The levy in New Zealand estimates around 60 million New Zealand dollars based on a population of about 5·1 million. It is administered by the Ministry of Health and split between the general health fund and the gambling strategy. That was an overview. The gambling industry holds data on expenditure and losses that would be helpful to the Government in setting the level of a levy to support the development of regulation and the development of health and social care services for those who are in difficulty.

On the point about people working in land-based gambling and betting places, I honestly do not know enough about their working conditions, working hours and how this legislation might impact on them. I share your concerns that there is a risk of working very long hours and of being in an environment where there is a lot of ongoing gambling and so on, but our interest is in the whole population and in those large subgroups of the population whom we know need extra protection, particularly children and young people, people with other addiction issues, including alcohol addiction, and those with existing mental ill health. They are the big subgroups of the population, from a public health perspective, whom we are really interested in.

Mr Frew: Thank you. You touch on a very interesting point about mandating the collection of data. It strikes me as sensible that, in order to quantify the problem, you need to have solid data. If we do not have that data at hand — if we cannot measure or ascertain the level of the problem — how can we ever help the individual or solve the problem? Even if it is not to produce a formula to help towards the fee for a commissioner or regulator, it strikes me as a very sensible approach. You have hit a note for me, so thank you very much.

I will go back to the subject of a commissioner. You will be aware of the Gambling Commission in GB.

Dr McAvoy: Yes.

Mr Frew: I have looked at another avenue that we could adopt here, apart from the New Zealand model or formula. There might be an opportunity for you to go it alone, and there may be a reasonable suggestion as to why you would want to do that. Do you see that it could be easy enough for Northern Ireland to attach itself to the work of the Gambling Commission in GB? I suspect that it would take Westminster legislation to do that, but is it conceivable that we could attach ourselves to GB? Might that mean Northern Ireland associations and bookmakers paying fees proportionate to those that are currently paid by associations and bookmakers in GB?

Dr McAvoy: I am not a legislator, so I am not sure what is possible within the current terms of reference and legislation for the Gambling Commission and its operation in Great Britain. Is it possible? Yes, I think that it is possible. Is it the right way to go? That is a difficult question to take a view on. It is possibly a useful avenue to pursue, with time to review whether a Northern Ireland-specific gambling regulator is needed. If the Gambling Commission were to take on a regulatory role for Northern Ireland, there would obviously have to be an increase in its capacity and in the resources that are available to it. It would also need to have an awareness of the higher rates of problem gambling, the different gambling environment and the local legislation. Recruitment has commenced for a gambling regulator in the Republic of Ireland, as part of its gambling legislation, and there may be learning from the process that has been undertaken in the South. I do not have an easy answer to that. There may be some legislative hoops to jump through, but, that said, it could speed up some processes for bringing the regulatory environment in Northern Ireland up to par with that which is available in England and Wales.

Mr Meehan: If part of the terms of reference for the UK Gambling Commission were to include advocating on behalf of those who are adversely affected by gambling harms, I would welcome that. We are indicating that, collectively, we need to know much more about those who are negatively impacted and about the hidden harm associated with children and young people from families in which a parent is involved in problem gambling.

There is a lot to learn. We have a mental health champion and a Children's Commissioner, so there may well be existing advocates who can make representation in that space. It would be helpful for the overall consideration of the applications of regulations if there were an independent commissioner who also specifically looked at Northern Ireland and at current research on prevalence and gambling harms. All Governments have a vested interest in this agenda.

Mr Frew: OK. This is my final question. Setting aside the New Zealand formula or a specific formula that could be created in this jurisdiction, I note that the fees in GB are set by the Department for Digital, Culture, Media and Sport. Who should set the fees here? Should it be the Department for Communities or the Department of Health? Does it really matter which it is?

Mr Meehan: I note the representations made by the Faculty of Public Health, the Institute of Public Health in Ireland and the Public Health Agency. All of those submissions highlight the overall population implication of gambling harms and their impacts on the responsibilities of the Department of Education, the Department of Justice and the Department of Health at the very least, as well as on training and employment. All Departments have a vested interest in this agenda. We have some concern that, if we medicalise it or regard it as being primarily a health issue, it then becomes just the responsibility of Health. The Department for Communities is well placed to convene the interdepartmental outworkings of the cross-cutting effects of gambling and regulation. We are comfortable with the idea of the Department for Communities leading that, because it is important not to medicalise it and make it solely a health issue.

Mr Frew: Thank you very much for your time and your answers.

The Deputy Chairperson (Ms Armstrong): Just before I bring in Ciara, on that issue of its sitting with Communities, we know that, unfortunately, we still have Departments that work in silos and do not share data across Departments. How could we be sure that having it in one Department would work with regard to data gathering?

Mr Meehan: My understanding is that the Northern Ireland Neighbourhood Information Service (NINIS) in NISRA has a cross-cutting interdepartmental remit for the development of data sets across Departments. Does NISRA sit under the Executive Office? I assume that it does.

The Deputy Chairperson (Ms Armstrong): It is under Finance.

Mr Meehan: It is the Department of Finance. OK. Maybe NISRA and the Department of Finance are the best brokers for the farming in of data from across Departments. That is just a thought.

The Deputy Chairperson (Ms Armstrong): Even if we have the data, there is the issue of getting those Departments to bid collectively for the money for preventative measures and so on.

Ms Ferguson: Following on from Paul's question about the levy, I am interested, from a public health perspective, in whether there is any research or evidence on the use of levies in other industries with regard to prevention. I am thinking, for example, of the night-time levy for after 12.00 am. I know that it is used elsewhere for pubs, clubs and that type of thing. I am interested, from a PHA perspective, in whether there has been any research in the North or across GB on the use of levies.

Mr Meehan: I need to put my hand up and say that I would need to go off and research that. We made a submission to the Department for Communities on the recent regulation changes re opening hours for establishments that sell alcohol. If you could indulge me, I would research that further and get back to you.

Ms Ferguson: That would be great. Thank you, Maurice.

Dr McAvoy: I can comment on aligning the spend under a statutory levy with a clear strategy on gambling harm. That can be useful to ensure that the spend from the levy is linked to a strategic approach to addressing harms through prevention and by meeting the needs of people who are already running into difficulty. I am not suggesting that the levy has been misspent in other countries. I am saying only that, to get the best value for money and the outcomes-based accountability that you want from any money that comes into the public coffers, you must link it in with a clear strategy on what you want to achieve: what "good" looks like in five years; what sort of reduction in exposure to gambling harms you want to see for young people, the general population and young men in particular; and the improvements in access to services that you want to see with regard to early presentation and getting people on the road to recovery. That is one of the key considerations.

The difficulty in the administration of levies in other jurisdictions has been that there has been some influence from commercial operators on how the money is spent. There is little evidence that running awareness campaigns, for example, or running a safer gambling week has any meaningful impact on people who are already running into difficulty with gambling. You can spend your money on things that will probably not give you a good return versus, for example, the development of services, the development of better research and better understanding the problem. Things could be done without even needing funding from a statutory levy: for example, inclusion of data on gambling in the health survey in Northern Ireland and in the young persons' behaviour and attitudes survey. Those surveys are already in operation.

There were some issues with the levy in New Zealand. It does not take account of money lost through overseas online gambling, and it does not take account of harms from other forms of gambling that may not be recorded through data systems. So, work could be done through a statutory levy to target that levy at a public health imperative. That is my thought on that.

Mr Meehan: I have one additional comment. The development of addiction services in England, Scotland and Wales seems to be on a very different trajectory from that in Northern Ireland. At the moment, there are no plans for commissioned addiction services specifically related to gambling harms.

The new NICE guidelines that I mentioned will almost certainly make recommendations about pathways into treatment services. So, future-proofing the implication of a societal opening up of gambling, heavy advertising and promotion of gambling in the context of the vast majority of gamblers who can gamble safely, but there being a significant proportion of the population for whom there are problem gambling implications, will mean that investment in Northern Ireland treatment services will have to be considered. That is not in the current health budget prioritisation in this financial year. If treatment services and their cost could be considered in the context of the levy that you have the power to mandate and raise locally for Northern Ireland, and that were to be diverted towards prevention and treatment, there would be an opportunity to consider treatment services within that levy.

The Deputy Chairperson (Ms Armstrong): Thank you very much. I am checking through my questions to see whether there is anything else that we need to cover with you. You mentioned the NICE guidelines in the letter that you provided to the Committee. Will you provide a link to those guidelines and, if possible, a link to the gambling prevalence survey?

Mr Meehan: Yes.

The Deputy Chairperson (Ms Armstrong): I know that you said that the survey might be out of date and need to be carried out again, but it would be interesting for us to have access to that information.

Mr Meehan: No problem.

The Deputy Chairperson (Ms Armstrong): Dr Purdy, you mentioned New Zealand and the potential for bringing together information on the formulation of its levy. If we could get access to that, that would be very helpful.

Dr McAvoy: Certainly.

The Deputy Chairperson (Ms Armstrong): I have one last question. If there is to be a regulator, should that regulator set robust penalties? Will those be just fines, given the amount of money that can be made in the sector, or do you see a robust penalty being something more than that?

Dr McAvoy: It is important to recognise that some activities of problem operators would warrant a criminal offence. We have, for example, seen gambling recognised in inquests into suicide. When it comes to outcomes for individuals and their families, that is about as serious as you can get.

Where people who have self-excluded are repeatedly contacted, or where young people have been facilitated to engage in problematic gambling, the seriousness of the outcome should, I think, be reflected in the seriousness of the response from a penalties or criminal justice perspective. I am not a criminologist, and I am not an expert in the exact differences between the ways in which you can legally introduce punitive measures, but it would be remiss of me not to emphasise the seriousness of some of the outcomes from the problematic relationships between vulnerable people and the operation of the gambling industry.

The Deputy Chairperson (Ms Armstrong): I am particularly interested in any evidence that you might have of other jurisdictions in which criminal proceedings have been taken. You mentioned the impact that it can have on someone who ends up committing suicide. I imagine that corporate manslaughter might come into play. If you are aware of any instance in which criminal proceedings have been taken against the gambling industry, we would appreciate your forwarding details to us for our consideration.

Mr Meehan: While the evidence is far from complete, it is concerning that a significant proportion of the gambling industry's income will come from problem gamblers who have comorbid mental health conditions. In that sense, it increases the significant responsibilities on the gambling industry to think about the implications for the vulnerable cohort within its customer base and the responsibilities that it has for that cohort in particular.

Ms Ferguson: The Department's consultation found that the majority of the public would welcome Sunday opening and extensions for the likes of bingo halls. Joanna, you mentioned the total consumption theory, and, from a public health perspective, I understand that. I hate to give you any more homework, but I would appreciate further information on Sunday opening and how it operates elsewhere, if you have it.

Dr Purdy: We will certainly look into that for you.

The Deputy Chairperson (Ms Armstrong): No other members are indicating that they wish to ask a question. Thank you for coming along today. You have certainly given the Committee a lot to think about and consider. It would be useful if you could forward to us the links and information requested. At the very least, we can refer to those as something that came from our consideration of the legislation for the Minister when we have the debate in the Chamber. We will consider some of the evidence that you have provided and the protections from harm that we need to consider.

For now, Maurice, Joanna and Helen, thank you very much. It has been extremely useful. We will not speak to you again before Christmas, so happy Christmas, and, please, pass on our best wishes to all at the institute and the PHA. It has been a hard couple of years. We do not mean to add to your workload, but we have asked you to send us a few things. Again, thank you.