



Reith, G. , Wardle, H. and Gilmore, I. (2019) Gambling harm: a global problem requiring global solutions. *Lancet*, 394(10205), pp. 1212-1214. (doi: [10.1016/S0140-6736\(19\)31991-9](https://doi.org/10.1016/S0140-6736(19)31991-9))

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Deposited on 09 September 2019

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Gambling harm: a global problem requiring global solutions

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Addicted to Gambling the episode of BBC's *Panorama* that aired on 12 August, 2019, highlighted the profound harms that can be associated with gambling and the impact this has on individuals, families and society. According to recently published English data, problem gamblers are much more likely to think about taking their lives and to attempt suicide than others [1]. Others have recently highlighted the importance of a public health approach to gambling [2, 3] and research from other jurisdictions shows a similar picture. Swedish data suggested a 15-fold increase in mortality among people with gambling disorder [4]. Research from Victoria, Australia conservatively estimated that around 2% of suicides were related to gambling [5].

The harms from gambling can be extensive and go beyond the individual gambler to impact society as a whole through financial and interpersonal problems, criminal activity, abuse and neglect of partners and children, with associated costs to health and social care [6]. These harms are related to social inequalities, with negative impacts particularly affecting disadvantaged groups, and linked to a range of mental and physical health problems [7].

Reducing the harms of gambling require population level prevention and regulatory measures but to date the UK government has failed to develop a strategy to do this [3]. The result of this failure, as the *Panorama* programme has shown, is the spread of harms throughout the population and what is needed is an agile policy response that can anticipate and react to rapidly changing markets, technologies and products.

It is not only the situation in the UK that is of concern. Gambling harms may be exported globally as European operators seek new markets, many of them in poor or developing countries. Sub-Saharan Africa, over half of whose nations are considered the poorest countries in the world, has been described as 'the next big market' for gambling [8].

In countries such as Kenya, Nigeria, Ghana, Malawi, and Uganda, overseas operators and affiliates - which include big name brands such as Bet365 and BetWay - are using their international platforms and systems to invest in gambling in Africa and attract new customers. Many of them are low income, young and male: key risk factors for gambling harm. Earlier this year, Kenyan Interior Minister Dr Fred Matiang'i warned that increasing levels of gambling in the country were leading to addiction and suicide [9], with over 500,000 youths falling into debt through their betting [10].

Why is sub Saharan Africa so attractive to European gambling operators, despite its widespread poverty? There are a number of reasons for this. One is that the financial and communications infrastructure required for widespread mobile gambling already

exists, along with cultural familiarity of the methods to use it. In much of the continent mobile phones are more common than access to electricity [11]. Network coverage is high and mobile money systems, such as the M-Pesa system, mean that people are used to sending cash direct from phones.

Added to this, sports 'fandom', especially football, is big business in Africa. Football and gambling have an increasingly symbiotic relationship, with gambling filling the advertising and sponsorship gaps left by prohibition on tobacco and alcohol. Football sponsorship and billboard advertising mean that many people are also already familiar with big European betting brands. For many in the industry, Africa is viewed as an untapped market for gambling [8].

Furthermore, as in many jurisdictions, regulation lags behind technological change and many African nations have outdated regulations on gambling that do not cover online gambling, and/ or political environments in which regulating markets in the interests of public health is not a priority [12]. These create weak regulatory regimes which corporations can exploit as opportunities for profit. Notably, there is no requirement for companies who operate in Britain and adhere to British regulatory standards for safer gambling to apply these same standards elsewhere. This situation is of particular concern, and means that British-based and European companies who operate in this way risk exporting problems and exploiting new and vulnerable markets.

This trend has precedent. When European and North American governments introduced tobacco control policies, the industry shifted its focus to less regulated markets in Africa, China and Latin America. The 'exporting [of] an epidemic' [13] resulted in a shift of the harms of smoking towards low income people living in low income countries. 'Big Food' has a similar strategy, with the spread of western-style ultra-processed foods and fast food chains matched by rising rates of obesity in the global South. This trajectory is an aspect of the more general political economy of harmful commodity industries [14].

There are parallels with the expansion of gambling corporations throughout sub-Saharan Africa. While governments in the global North are increasingly talking of gambling as a public health issue, the industry is looking to markets in the global South as sources of new profit. To protect the populations of both, governments need to produce effective legislation and regulation in order to prevent the spread of gambling related harms. But this must be recognised as a global issue. The gambling industry is part of a global system, with multinational corporations operating worldwide. The World Health Organisation has recently acknowledged gambling as an potential issue contributing to poor global health but, as yet, the kinds of actions and recommendations needed from them to address gambling as a global health issue are not forthcoming [15]. Whilst it is positive that gambling and its impact on public health is being considered domestically, we cannot and should not be blinded to global trends and systems. Any gains in improving the protection of the public in the UK cannot be at the expense of populations elsewhere. A coherent strategy for addressing gambling as global cause of health inequality is needed. This requires regulators and governments to work together and for companies to put the health of people above profit.

Conflict of interests

HW is the Deputy Chair of the Advisory Board for Safer Gambling, which provides independent advice to the Gambling Commission on policy and research. She is currently funded by Wellcome and has worked on research projects for

GambleAware. She runs a research consultancy which has not and does not provide services to the gambling industry. She was interviewed as part of the Panorama programme.

GR is employed by the University of Glasgow. She has received research funds from the National Institute for Health Research, the Economic and Social Research Council, the Medical Research Council, the Danish Research Council, the Scottish government, and the Responsibility in Gambling Trust (RiGT). Funding from RiGT was match-funded and administered by the ESRC. She was previously a member of RGSB. She has received honorarium from the Gambling Research Exchange Ontario, Alberta Gambling Research Institute (AGRI) and the (UK) Gambling Commission.

IG is Chairman of Alcohol Health Alliance UK and a member of the Advisory Board for Safer Gambling.

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