



AIM MEMORANDUM ON GAMBLING

Summary

AIM, the leading international association of non-profit healthcare payers and funds, has decided to publish a memorandum on gambling as compulsive gambling has a serious impact on public health. The present memorandum provides for a list of recommendations on how to tackle compulsive gambling and calls on public authorities to take action.

Key messages:

1. AIM calls on decision-makers to raise awareness around compulsive gambling and its consequences. Discussing gambling problems and reducing the taboo around them by organising awareness campaigns should become a priority. Those campaigns should be organised at International (WHO), European (European Commission) and Member States level.
2. AIM calls on Member States to establish specific rules on the provision of information to players (both off- and online). The European Commission should also include such provisions in a EU framework (see below).
3. AIM highlights the need to strengthen the sensitisation of primary care providers and mental healthcare professionals by focussing on education and training.
4. AIM calls on Member States to put in place systematic screenings and early detection strategies with a focus on vulnerable groups.
5. AIM calls on Member States and other stakeholders to multiply efforts to train people who have suffered from a gambling disorder so as to empower them to provide support to their peers. Peer to peer support and self-help groups have indeed proven to be a key asset in helping people overcome their gambling addiction.
6. AIM highlights the need for wider availability of data on problematic gambling. AIM also calls for more research on the extent of the problem and its economic, social and health impacts.
7. AIM calls for the establishment of independent gambling regulatory authorities – in Member States where they do not yet exist. They should be in charge of supervising operators' practices and protecting consumers.
8. AIM wants the prohibition of gambling marketing to children and younger adults (both off- and online). Member States should ensure that marketing makes no use of designs, pictures and colours which are usually used to target young audiences. Sponsorship must not adversely affect or influence minors. All commercial communications on gambling should be required to include health warnings. Advertisements relying on false promises should be forbidden.
9. AIM calls on WHO to establish evidence-based guidelines or recommendations on both off- and online gambling.
10. AIM calls on the European Commission to review the implementation of its recommendations from 2014 and to put forward a common framework for online gambling.

Memorandum

Time lift the veil: the gambling disorder as an addiction.

Gambling is often perceived as acceptable and normal. While compulsive gambling is officially recognised as a behavioural addiction in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), there is still a huge lack of awareness around the potential problems which may arise from the habit. Excessive and problematic gambling can cause all kinds of financial, social, family, psychological and physical issues. Apart from the debt that gambling addiction can cause, the problem has an impact on the lives of gamblers by altering their professional and social relationships. Children, partners and the close relatives are often affected. Their mental health is under pressure and social isolation further aggravates that state. When it comes to physical health, apart from the impact of stress, unhealthy lifestyles are often associated to gambling too. Combined, these factors ultimately lead to health related issues such as sleep disorders, headaches, heart problems, back pain, gastrointestinal complaints, etc.¹

The lack of awareness around gambling is further aggravated by its ubiquitous marketing which has led to its normalisation. The whole population, including children, are exposed to advertisement on broadcast, TV, social media, but also outdoors. With the increase of internet availability and mobile technologies, exposure can be constant as gambling sites are available everywhere 24/7. The issue, which is already problematic, threatens to grow if no effective measures are taken to protect consumers and minors.² With annual revenues of online gambling alone amounting to € 22.2b in 2018³, economic interests are huge. However, consumer protection and public health must prevail. AIM is therefore convinced of the value added of EU action in the field. There is a lack of action which calls for a European and International framework on which Member States would align. To be effective in tackling the addiction, that framework should adopt a health in all policies approach.

For the reasons listed above and inspired by the Belgian VAD memorandum⁴, AIM decided to put together the following list of recommendations:

1. Raise awareness on gambling.

The members of AIM, as healthcare mutuals, have a clear role to play in informing populations about potential risks of gambling and in raising awareness and fighting stigma around the issue.

To fight both the stigmatisation and normalisation of the issue, it is vital to discuss gambling problems and reduce the taboo around them by organising awareness campaigns. Those campaigns should be organised at International (WHO), European (European Commission) and Member States level. Specific education and awareness-raising towards children and young adults should be developed in schools and included in curricula (just like for other addictions like alcohol, tobacco or drugs). For those

¹ <https://gokhulp.be/gokproblemen-risicos>

² Commission Recommendation of 14 July 2014 on principles for the protection of consumers and players of online gambling services and for the prevention of minors from gambling online

³ In 2014, it was estimated that between 0.1 & 0.8% of the general adult population suffered from a gambling disorder and an additional 0.1 to 2.2% demonstrated potentially problematic gambling involvement.

⁴ <https://www.vad.be/themas/gokken/memorandum>

campaigns to be effective, they should target vulnerable groups and be developed with the participation of people who have suffered from a gambling addiction.

2. Players should be empowered.

Beyond the general population, gamblers themselves should be provided with information on gambling. Empowered, they would more easily remain in control of their gambling. To that purpose, Member States should have specific rules⁵ on the provision of information to players (both off- and online) which would contribute to prevent gambling disorders.

3. Enhanced and more integrated care for people suffering from a gambling addiction.

Problematic gambling just as any other addiction is a disorder that needs to be addressed. AIM therefore is in favour of strengthening sensitisation of primary care providers and mental healthcare professionals by focussing on education and training. Referral to professionals when necessary should become common practice and treatments made more accessible. Employees of gambling companies interacting directly with gamblers should also be trained to ensure that they understand the gambling issues and how to respond to them. When it comes to online gambling, measures should be put in place to keep gamblers aware of risks before and while they play.

The environment of the person with gambling problems is indeed key in their recovery. That environment of course includes family and relatives but also their peers, who should be involved in the recovery process. Peer to peer support and self-help groups have indeed proven to be a key asset in helping people overcome their gambling addiction. It is therefore vital to properly train people who have suffered from a gambling disorder so as to empower them to provide support to their peers.

4. Prevention is the best cure.

Prevention remains the best cure. Member States should therefore put in place systematic screenings and early detection strategies with a focus on vulnerable groups. For those strategies to be effective, more data around the gambling disorder is needed.

Anonymised data should be made available for research and prevention purposes. It would contribute not only to a better understanding of the issue but also to the effective implementation of preventive measures through the analysis of their impact. Operators should thus be obliged to make that data available to those purposes.

Apart from the wider availability of data, AIM also calls for more research on the extent of the problem and its economic, social and health impacts; all of which is at the moment not well known.

⁵ e.g. The use of pop-up windows online warning about the time spent and health impacts; health warnings to be explained before allowing to play and displayed on any advertisement; the obligation to inform players about the availability of specialised support if problematic gambling is spotted; etc.

5. Stricter legislation and a stronger commitment from decision-makers is necessary.

Protecting players through the establishment of an independent regulatory authority.

MS have a clear role to play when it comes to the protection of gamblers. On the one hand, they need to establish safe contexts on which consumers can exercise their right to play. Measures to protect the player must prevail over the profitability of the sector. A single authority cannot safeguard both aspects as it would jeopardise consumer protection. A safer context can therefore only be reached through the establishment of an independent gambling regulatory authority which would be in charge of supervising operators' practices and protecting consumers.

Restricting marketing and effectively protect minors and young adults from exposure.

On the other hand, minors should be properly protected not only by efficiently excluding them from gambling but also by limiting their exposure to advertisement and marketing. A wide range of commercial communications exists, from print to audio-visual media, outdoor advertisement and sponsorship. Minors and young adults are constantly exposed to marketing which, as vulnerable groups, they can easily be influenced by. The internet and mobile applications further increase that exposure.

Deceptive advertising for gambling making false promises (like the one of become rich) should be banned. If they are not, advertisement should include health warnings in line with the warnings on cigarette packages. Furthermore, AIM firmly believes that marketing to children and younger adults should be prohibited (both online and offline). MS should ensure that marketing makes no use of designs, pictures and colours which are usually used to target young audiences. In the same vein, sponsorship should not adversely affect or influence minors. All commercial communications on gambling should be required to include the risk for health of problem gambling.

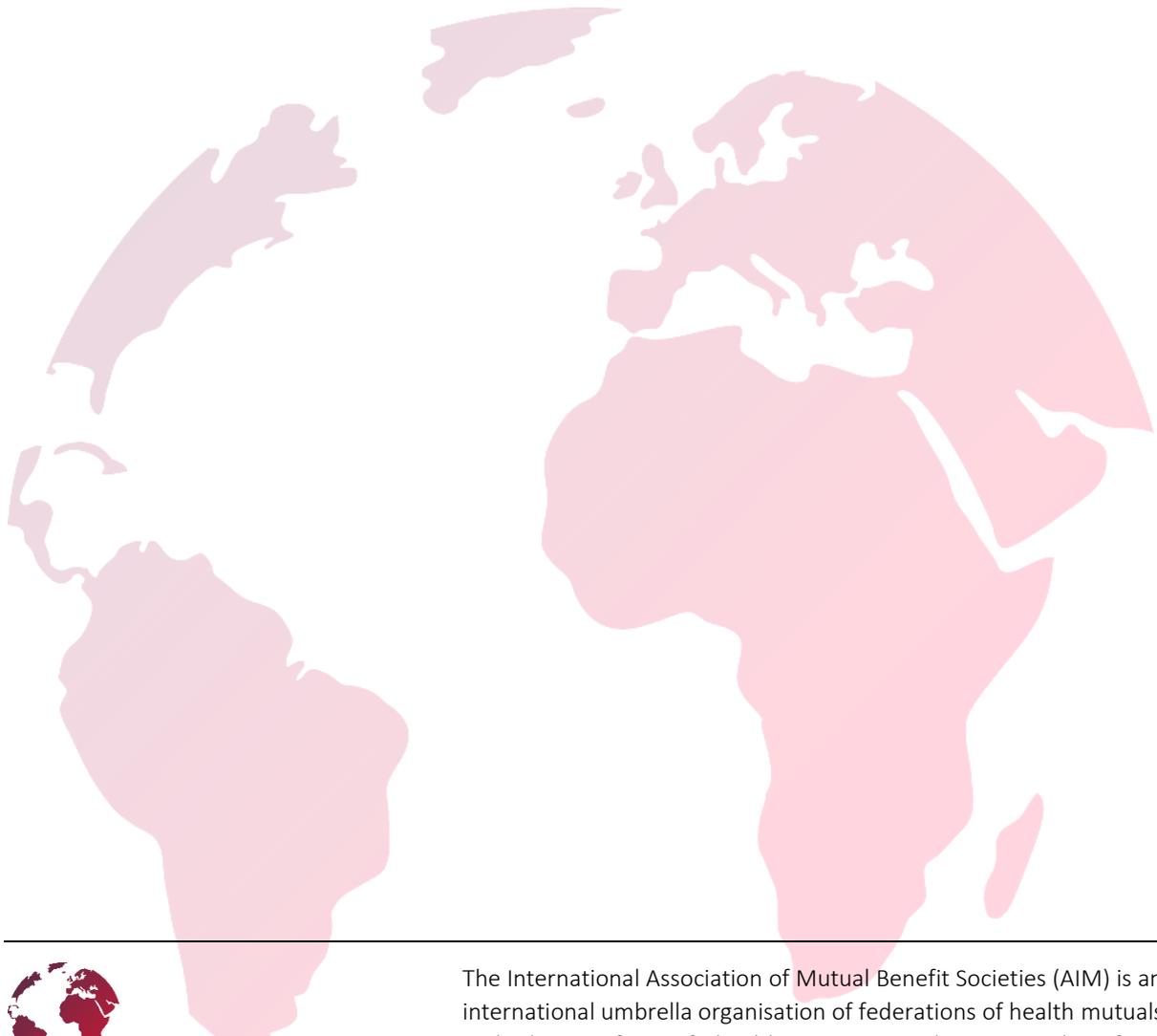
European and international action to fight excessive gambling is needed

AIM asks the European Commission to establish a comprehensive legal framework for online gambling in addition and to reinforce national frameworks. The European Commission, in its recommendations⁶, has recognised the importance of preventing minors from being harmed or exploited by gambling. In 2014, the European Commission failed to review implementation of its guidelines, due by 2017. At the end of 2018, a study⁷ found out that only one Member State fully implemented those recommendations.

However, AIM thinks that there is also an important role for the WHO, seen that gambling is an international threat to public health. Objective and evidence-based guidelines or recommendations from the WHO on both off- and online gambling would be a good start in tackling the issue. Such evidence-based public health recommendations could serve as a basis on which MS or the European Commission could develop their own national policies.

⁶ Commission Recommendation of 14 July 2014 on principles for the protection of consumers and players of online gambling services and for the prevention of minors from gambling online

⁷ <https://www.egba.eu/news-post/europeans-are-not-fully-protected-by-eu-rules-for-online-gambling-study/>



AIM Healthcare and social benefits for all

The International Association of Mutual Benefit Societies (AIM) is an international umbrella organisation of federations of health mutuals and other not-for-profit healthcare payers. It has 57 members from 30 countries in Europe, Latin America and Africa and the Middle East. 33 of its members, from 20 countries, are based in the European

Union. AIM members provide compulsory and/or supplementary health coverage to around 240 million people around the world, including close to 200 million people in Europe, on a not-for-profit basis. Some AIM members also manage health and social services. Collectively, they have a turnover of almost €300 billion.

AIM members are either mutual or health insurance fund.

They are: private or public legal entities; solidarity based; not-for-profit oriented organisations: surpluses are used to benefit the members; democratically-elected members play a role in the governance of the organisation.

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