

Addiction: England and Wales

12 September 2018

Question for Short Debate

Asked by

Lord Brooke of Alverthorpe

To ask Her Majesty's Government what assessment they have made of the trends in different types of addiction in England and Wales.

Lord Brooke of Alverthorpe (Lab)

My Lords, I am very grateful to have been given the opportunity to move this Question. We have a very interesting list of Peers down to speak from a wide range of interests and backgrounds. I hope that we will have a wide-ranging debate and that the Minister will be able to answer some of the questions posed. I am particularly pleased to see that Peter Chadlington, the noble Lord, Lord Chadlington, is on the list to speak. I look forward with great interest to what he will say about gambling. My reason for gratitude to him is that many years ago, he invited me to join the board of trustees of a charity, Action on Addiction, of which he was the chairman. In many respects, my journey commenced then; I joined because of my background and the work that I had done on alcohol.

I have much personal experience of addiction. I was on my knees and crashing when I was 40. I was a trade union official on the up but I was in great difficulty healthwise, my marriage was falling apart and I was given the prognosis that if I continued the way I was, leading the lifestyle I had, I would probably have been dead in two years' time. I had to stop drinking, and I stopped. I say it not as a boast, because it is a day at a time, but I have now been sober for 36 years. Achieving that effected a major change in the direction of my life. I am forever grateful for all the support that I have had.

Addiction does not just affect the individual, it affects families and communities as well. I have learned a lot about how we can try to work on this subject. Noble Lords know that I have spoken frequently in the House on alcohol. I do not intend to spend too much time on that today as this is a broader debate. I express my sympathies for the Minister: she may find an awful lot coming her way that proves difficult to respond to, as it may be wide-ranging. However, I will say something on alcohol. The Government are working on an alcohol strategy. We have not had one since 2012. I should welcome any comments that the Minister has on the direction that is taking and when it is likely to emerge. I also advise her that the Drugs,

Alcohol & Justice Cross-Party Parliamentary Group and the All-Party Parliamentary Group on Alcohol Harm are shortly to publish a new charter on recovery for alcoholics. I will be looking to her and other Ministers to take an interest in that and to have early meetings with the authors of that document.

Today, I have also heard that an alcohol treatment levy is being sought by a charity, a combination of Alcohol Concern and Alcohol Research UK. There are great difficulties for treatment centres at the moment. Local authority budgets are being deeply cut, and in turn this has affected the treatments on offer for drugs and alcohol. Today, Jonathan Ashworth has been speaking in Birmingham and complaining bitterly about the consequences of the cuts and the declining opportunities for people with addictions, particularly to alcohol and drugs, to get recovery. One way forward suggested by the two charities I mentioned is a 1% increase in alcohol duty, which should be ring-fenced for alcohol treatment and given to local councils to try to recover some of the ground which has been lost in recent years with an end to some of the offerings available for alcohol treatment. So there are three bits of work there for the Minister, on which I suspect that she may already have had some good briefings already.

I should also like to hear her views about the spat which has been taking place this week following the Public Health England conference at Warwick University. The CEO, Duncan Selbie, has said that he is entering into a partnership with Drinkaware to run a campaign. There have been strong reactions to that in certain quarters, along with resignations from Public Health England bodies. I know Duncan well and he has a very good heart indeed, but perhaps the Minister might care to say whether she is happy to see a public body going into partnership with a charity which is independent but is 80% funded by the drinks industry. In my view, if that funding was withdrawn, the charity would not exist within six months. There is an indirect link with the drinks industry. I will leave alcohol at that point and come back more generally to addiction right across the board.

I collect a variety of strange documents and for some reason I retained a Parliamentary Office of Science and Technology POSTnote on addictive behaviours, which was written as long ago as 2010. It is a lengthy and scholarly piece of work that deals particularly with research into the addictive dimensions of gambling, eating, sex and the internet. To those we could add a long list of other addictions. I have already mentioned alcohol and we know about drugs. In fairness, the Government have recently produced a drugs strategy. There is addiction to nicotine and in particular a strong addiction to sugar, which even in this House many of us may have. Many problems are related to that. We have seen a growth in addiction to psychoactive substances and there are great problems with that in prisons.

We have seen a growth in the availability of and access to pornography, on a much wider scale than was the case 10 or 15 years ago.

There is also addiction to cannabis. There is a strong pressure group in the House of Lords for greater freedom and more liberal laws on cannabis, but linked to cannabis is the worrying drug known as skunk—an extremely strong version of it. Those who want to liberalise the law on cannabis should take a look at the problems we have in south-east London, which is classed as having higher levels of psychosis among its patients than anywhere else in Europe. We should be very careful before we start liberalising in some of these areas.

Then there is, of course, methadone. In 2005-06 methadone was barely known about but it is now a government-supported and regulated substitute for heroin. It was introduced by the then Labour Government with the intention of limiting the amount of money that would be spent on it as we tried to wean people off heroin and on to methadone. In some respects, this comes back to cannabis. You can see what happens when, for the best of reasons, you endeavour to reduce harm. We are now finding that from a starting point of virtually nil, apparently some £1 billion a year is being spent on methadone. I have done a lot of research to try to find out how much is being spent, but it is proving to be very difficult.

I shall be running out of time before getting anywhere with my speech. I want to talk mainly about the dramatic changes that have taken place since 2010 in technology. The Government have tried to address some of the changes in drug use, but it is technology that is driving many of these issues. The mobile phone is a casino in your pocket. It gives you access to marriage or divorce, or to pornography if you want it. We have seen such a big change in the space of a decade. We know now from research that there are five types of internet addiction: the cybersexual, in the form of cybersex and pornography; net compulsions related to online gambling, shopping, and stocks and shares trading; cyber relationships through social media, online dating and virtual connections is the third one. We have online game-playing, which is a very big problem, as many parents will say. The way these games are produced means that children become addicted to them. They have to purchase another game to keep the addiction running and parents have to spend more money. It is a very difficult habit to break. Finally, there is web-surfing and database searching, which many people do.

I worry in particular about AI. We will shortly have a very good report on artificial intelligence and a debate in the Lords based on that report. A government response to it has now come through. Many people can see that AI will be linked to addictive processes in the near future. We will have sex dolls, with people staying in their rooms and not communicating with each other. In Japan, for example, many people between 18 and 34 are not

even having sexual intercourse, even though there is a low birth rate in Japan. What are they doing in their rooms? Who are they communicating with? We can see these dolls being produced in the Far East.

My 10 minutes are up, so I will be strict in observing the limit. This is a very wide-ranging topic covering many ethical issues, particularly what people are doing in terms of their relationships with each other and with their families. I hope that we will have a good debate and perhaps come back to this subject on another occasion.

Lord Chadlington (Con)

My Lords, I am very grateful to the noble Lord, Lord Brooke, for introducing this debate. I acknowledge that he was remarkably supportive and helpful to me during my seven years as chairman of Action on Addiction. I should declare the interest that my daughter is head of public policy for Google.

Today, 8.3 million people are unable to pay off personal debts and almost 9 million households have less than £250 in savings. Around 95% of homes in the UK have TV sets, and this year the gambling industry will spend around £312 million on advertising, which is 63% up since 2012. This advertising is seductive and urgent, and it offers, as a recent study by Warwick University shows, very high odds against propositions which the viewer believes could easily happen.

Some 75% of Premier League teams have gambling promotions on shirts and on hoardings, and recent research suggests that 71% of league clubs are affiliated with young people's clubs sponsored by gambling companies. If you have a debt and it is preying on your mind, and if you are at home relaxing and watching television and suddenly something comes up on the screen offering you 20:1, 30:1, 40:1 or 50:1, you will say to yourself, "I'll just have a £10 bet. There's nothing wrong with that and my problems will be solved". As a top addiction therapist said recently, giving a child a smartphone is like "giving them a gram of cocaine". When you gamble on your mobile, the gambling company has your details to market to you as it wishes. That is one reason why we have 2 million people with a potential gambling problem and over half a million people in treatment—an increase of 53% between 2012 and 2015. This weight of advertising normalises gambling. Online gambling games such as Robin of Sherwood Slot and Fortnite groom young people to learn how to gamble by using gambling-like features. Eight out of 10 people in Britain now believe that there are too many opportunities to gamble, and seven out of 10 regard gambling as dangerous to family life.

There are four trends that I want to highlight: personal debt; the promotion of gambling on television and so on; the use of mobile phones both for

gambling and for the encouragement of gambling; and the effect of all that on young people—in my view it is contributing to the birth of a gambling epidemic.

There are five steps that I would ask the Government to consider. First, we urgently need independent research. It should be independently funded and look into all areas relating to advertising and promotion, particularly with regard to the young. Secondly, we must do as we did with tobacco in 1965 and stop all advertising and promotion of gambling on TV, particularly during live sporting events and an hour before and afterwards. We should look at what has happened in Australia and in Italy following a ban. Thirdly, we must protect our children by evaluating, and if necessary banning, all online games that encourage and groom young people to gamble. Fourthly, we must invest in helping those who are in danger of being addicted, or have become addicted, to gambling.

Finally, 1.4% of all gamblers become problem gamblers but an astonishing 11.5% of regular FOBT users become problem gamblers. We must implement the FOBT reduction now. Why are we waiting? The CEBR has produced a report that will be released tomorrow which points out a perfectly even spread as far as the Treasury is concerned. I would raise the levy on gambling companies from 0.1% to 1%, which would give us some £130 million a year to pay for all this work.

I come to my final point, and this is the worst thing of all. Gambling with Lives estimates on its website that some 500 young people—one every morning and one every afternoon of our working day—commit suicide in the United Kingdom with gambling contributing to their deaths. How many young people have to die before we act? I believe we will look back at gambling in the UK at the outset of the 21st century with the same bewilderment that we now look back at the mass advertising of tobacco or of alcohol, and we will wonder how it was possible for us all to sit on our hands.

The Lord Bishop of St Albans

My Lords, I am grateful to the noble Lord, Lord Brooke, for raising this issue and to the noble Lord, Lord Chadlington; I wish to address the same area, but he has done it with eloquence and passion. I will try not to repeat the arguments he made, although there may be a little bit of duplication.

Gambling addiction is now a major public health issue in the UK. We have an estimated 430,000 problem gamblers. As well as the huge financial cost to us as a nation, which falls on the taxpayer, it is affecting other areas of life. Last week, for example, Simon Stevens, the chief executive of NHS England, spoke of the huge additional burden it is putting on the NHS;

some estimate that it is costing the NHS £610 million per year at a time when budgets are really stretched. But this is not about the financial costs alone. Gambling addicts have higher rates of separation and divorce than the general population, and higher levels of homelessness. Problem gambling affects all age groups, but particularly large numbers of children are either at risk or designated as problem gamblers.

We are told from the research that children will, on average, see at least three gambling adverts each day, so it is not surprising that recent research shows that 450,000 children aged from 11 to 15 in England and Wales gamble. We saw this clearly in the summer during the World Cup; every break was dominated by adverts. If we think that is just something that happened over the summer, what about last Sunday's expose on BBC Radio's "5 Live Investigates", on which we were both featured? It exposed the number of Premier League club websites with youth sections directly linked to gambling sites. These sometimes even used the team's colours. Within hours of the expose, all the clubs had removed the links, saying, "It was just one of those unfortunate things."

This is serious. The advertising strategy is clever; for example, just last month a gambling company sponsored sports fixtures with adverts particularly designed to attract teenagers, as the personalities promoting the fixtures were dominated by well-known YouTubers. The straplines used to show they offer responsible gambling are incredibly clever: "When the fun stops, stop." But if one looks at it, the word "fun" is in capital letters, in bold. In other words, it is subliminally saying just the opposite of what we are told they put it up to say; it is just a blatant advert.

Children, as we have heard, are being conditioned to think that gambling is both normal and a necessary enhancer of game play. Online games are increasingly using in-game gambling features. The lax regulation on online gambling poses a worrying threat to future rates of gambling, so I am not at all surprised that the number of people who think that gambling is dangerous to family life and should be discouraged has risen steadily since 2010. Research shows that problem gambling affects people in every part of society, but it is disproportionately harming people who are economically inactive or living in deprived areas. These communities have the greatest number of betting shops and FOBT machines.

The noble Lord, Lord Chadlington, has already mentioned some of the things we need to do. I concur with him on a number of them. We certainly need some form of mandatory levy on the gambling industry. I do not know how we would do it—I am not an expert—but, as Simon Stevens pointed out last week, the system of voluntary contributions is not working. We need independent academic research totally separate from the gambling industry, probably funded by that levy but with the money going through a third-party so that it cannot be influenced. It needs to look into the way that

online games are normalising and socialising gambling among a whole generation of young people. Many parents I speak to are deeply concerned about this.

Thirdly, we need to give regulators additional power and responsibilities to police online gambling adverts. Fourthly, we need to get a handle on the social problems that gambling addiction is causing—in particular, suicide. We need to find a way to record the effect that gambling is having on suicides and to give coroners a statutory obligation always to record when there is clearly some link. We need that sort of research. No one is suggesting that responsible adults cannot have an occasional bet, but we have now moved way beyond this and we need to take action urgently.

Lord Cavendish of Furness (Con)

My Lords, the noble Lord, Lord Brooke, is to be warmly congratulated on securing this short debate. I thank him for his wonderful introduction and look forward to my noble friend's response. My interest in addiction dates back nearly 40 years when I had myself to seek help for chronic alcoholism. My experience was much the same as the noble Lord described. I underwent a residential 12-step abstinence programme lasting about 12 weeks. It was known as the Minnesota model and probably still is. I have had the great good fortune to date not to have taken or wanted to take a drink or any other mood-altering substance. Hence, I have no personal experience of other forms of recovery. What I do know is that I still cannot take my own for granted.

What strikes me is how very little has changed in the intervening four decades in scientific knowledge or public understanding of the condition. That leads me to believe that, at the very least, the 12-step model still has a place, not least because of the extraordinary happiness and peace of mind that it confers on those of us who have found sobriety through that avenue. Before recovery, we addicts are notoriously devious, egotistical, dishonest and full of denial, and in most cases have been the cause of untold harm to ourselves and others. Recovery entails confronting that history of damage and those character defects in a process that is inevitably extremely painful. If one can agree that addiction is a disease, the process is not assigning blame but getting the patient to accept responsibility for the past and for their future. I might describe it as a very thorough housecleaning process.

Religion plays no part in 12-step recovery, but there is a critical step that can be described only as spiritual. We come to accept that something larger than ourselves can relieve us of this hateful torment. It works. But that dimension and the confrontational element that I talked about is why I have always believed that the Government are probably not the principal mover in addressing the huge problem of addiction.

Most people understand the misery and sadness that accompanies addiction; they probably have personal experience with somebody they love. Rather fewer people understand the cruel reach of the illness. The noble Lord, Lord Brooke, touched on it. For example, without help, the non-addict spouse or loved one of the addict often develops the same insidious and dangerous character defects as the addict. Addiction is a truly complex disease; its nuances are without limit.

What is also understood in some detail is the cost of addiction to the nation and to the economy. It is colossal. Happily, we live in an age of rather wonderful generosity on the part of some of our more charitable and public-spirited large companies. By my calculation, it would pay a company employing, say, 10,000 people to have its own abstinence programme. I could see a way forward where such companies could be given a fiscal incentive to trial such a scheme on the understanding that, if successful, smaller businesses and even individuals could piggyback on to their programme. I should love to develop this theme, which requires rather more than five minutes, if the Minister could spare the time.

I close by saying that the joy I have received through finding sobriety is beyond description. I know that millions more could find the haven that, by good fortune, I found. To that end, I believe that a partnership between business and government to tackle this hideous problem should not be ruled out.

Lord Alton of Liverpool (CB)

My Lords, we are all deeply indebted to the noble Lord, Lord Brooke of Alverthorpe, for the way in which he introduced today's debate. His remarks were powerful, eloquent and moving. Indeed, all the contributions in this Committee this afternoon have reinforced his introductory remarks. I want to raise three separate questions. The first is to reinforce what has already been said very powerfully about the issue of gambling. I too saw the remarks last week of Simon Stevens, the chief executive of the NHS. As the right reverend Prelate pointed out, this is not just about the financial costs. Simon Stevens said:

“There is an increasing link between problem gambling and stress, depression and other mental health problems”.

With over 430,000 problem gamblers, including 25,000 children, it is clear that this is not a fringe issue. Earlier today at Question Time I was able to pursue this point in following up on the Question raised by the right reverend Prelate with the noble Viscount, Lord Younger of Leckie. I want to come back to that question for a moment because it was specifically focused on young people. Although I was grateful to the noble Viscount for

answering in part, I want to put the point again to the noble Baroness the Minister and, if she is not able to answer today, I hope that we will get a written response to the specific point about the Gambling Commission's licensing codes and the targeting of children. In particular, will the Minister consider a change to provision 3.2.11 of the social responsibility code so that the requirement to,

“not deliberately provide facilities for gambling in such a way as to appeal particularly to children or young people, for example by reflecting or being associated with youth culture”—

those are the words elsewhere in the social responsibility code—applies to remote gambling as it already applies to non-remote gambling? That is a sensible and easy thing that the Government could do and they should get on with it. They should also do the things that the noble Lord, Lord Chadlington, the right reverend Prelate and others have alluded to.

My second concern is something that I would like the Minister to raise with her noble friend, the noble Lord, Lord O'Shaughnessy, about representations that I sent him last week from Mr Nicholas Hatton about the popular dieting drug, Dinitrophenol. Mr Hatton studied at Liverpool John Moores University, where I held a chair and am an honorary fellow. It has a strong track record in research on drug abuse—in a city that sadly has relatively high rates of misuse of many kinds of drugs. With others, Mr Hatton produced a paper on Dinitrophenol, a drug that he says is widely available on the high street, despite substantial evidence regarding its toxic effects. Last year, a young woman from Worcester died after ingesting an overdose of the drug. I hope that the Minister will arrange for the paper that I sent to the noble Lord, Lord O'Shaughnessy, to be reviewed and will produce a considered written reply in due course, examining in particular any addictive aspects of this drug. I reinforce what the noble Lord, Lord Brooke, said earlier about how simply making things more easily available is not necessarily the way to deal with a problem. Making them more easily available often provides open access for those people who may never have experienced those things in the first place. Simply having people addicted to things is not a solution.

My third point touches on the question of dangerous and massive addiction, particularly to antidepressants. Just before the House rose for the Summer Recess, the noble Lord, Lord O'Shaughnessy, answered a Written Question from me about how many antidepressants had been dispensed to people under the age of 18 and to primary school-age children in the past 10 years. I asked also what the total cost was to the NHS. The reply was that:

“The information is not available in the format requested and could only be obtained at disproportionate cost”.

That simply is not good enough and is, I might say, uncharacteristic of a Minister who is usually marked by his courtesy and helpfulness to the House. These are children we are talking about and this information should be readily available and in the public domain. I ask the same question again today: how many antidepressants have been dispensed to those under the age of 18 and at what cost to the public purse?

I did, however, receive two rather more helpful replies which I want to put on the record. I also asked for details of the total number of antidepressant tablets which have been dispensed in the past 10 years. The figure is a staggering 552,303,604 at a cost to the public purse of £2.79 billion. The other question was about side-effects and the length of time for which these antidepressants have been taken by individual users. In the course of that reply, the noble Lord said:

“It is not possible to estimate how long on average patients receive antidepressants”.

I simply ask why not? Why are we not asking this question?

We are failing to ask the reasons why people become so deeply depressed in the first place. We fail to address the reasons why people become obese, addicted to gambling, pornography or drugs. It is bound up with the kind of society we have created, where half a million elderly people do not see a single person on an average day and where 800,000 children have no contact with their fathers. What kind of society have we created? This is what we should be addressing. This is why the noble Lord is right to place these important issues before us today.

Lord Wasserman (Con)

My Lord, I too congratulate the noble Lord, Lord Brooke, on securing time for this important debate. Sadly, it appears to be the practice of your Lordships' House that debates on some of the most important issues facing us as a society, such as the subject we are debating today, are allocated the shortest time slots. This is a great pity.

The noble Lord, Lord Brooke, asked about trends in different types of addiction in England and Wales. I want to focus on only one trend, and that is the increasing use of synthetic cannabinoid substances, often known collectively as Spice. The use of these frighteningly dangerous drugs, which come in a variety of forms or brands, is wreaking havoc in our society. There is an urgent need for the Government to take them far more seriously than they have been. This is not only because of the increasing demand which the users of these substances are making on scarce local policing resources—in which I have a special interest—but, more

importantly, because of the effect which these drugs are having on the lives of so many of our young people.

Police and crime commissioners up and down the country are seeing the horrifying effects of these substances on both police resources and public health every day of the year. That was why, about a month ago, on 28 August, all 20 Conservative police and crime commissioners, led by Marc Jones, the PCC for Lincolnshire, wrote a letter to the Home Secretary expressing concern about Spice and urging that it be reclassified as a class A drug. As they wrote in their letter:

“The wide scale abuse of these debilitating drugs within towns, cities and even villages across the UK is one of the most severe public health issues we have faced in decades and presently the response to tackle the issue is woefully inadequate ... Spice simply put is a significant risk to our society and must be tackled effectively and with expediency”.

As I am sure everyone participating in this debate will know, Spice is a relatively new threat to our society. Because of its chemical composition, it is often seen and presented by interested agencies as an alternative version of cannabis. Looking at it this way is both misleading and dangerous. The effects of Spice are much worse for both the individual and society. Often referred to as zombie drugs, these substances have incapacitating and unpredictable psychoactive effects on those who take them. Users are increasingly seen slumped on the streets in a state of semi-consciousness, often passed out, sometimes aggressive and always highly unpredictable.

Spice does not only affect behaviour in these ways. It also costs lives. According to the Office for National Statistics, Spice has been linked to 27 deaths in 2016, and there is no reason to expect anything but an increase in the number of Spice-related deaths as the years go by. Clearly Spice must be given more attention by all agencies of government, both national and local.

As I said, the present justification for classifying Spice as a class B drug is rooted in its chemical composition and the similarities between Spice and cannabis but, as I also said, the physical and psychological effects that spice has on its users are much more extreme than those of cannabis. They are more comparable to class A drugs such as heroin, and it is therefore imperative that spice and the dealers who peddle it are treated with the same severity and concern as those who peddle heroin.

It is also vital—this is key—that the level of support to those hooked on Spice is equal to that for those hooked on heroin. This includes providing pathways away from criminalising the vulnerable, where possible, and ensuring that appropriate services are in place to treat their addiction. In an interesting speech in another place on 23 July, my honourable friend Ben

Bradley said that Spice addicts often turn to heroin, not only because it is less debilitating, but because they know that there are services in place to assist addicts to break their heroin habit. This cannot be right. We cannot allow a situation to develop in this country where Spice addicts turn to heroin to get the help they need. We must recognise Spice for what it is—a dangerous substance that destroys human lives and devastates whole communities. We must listen to the cries for help from those addicted to Spice and from the police and crime commissioners who are trying so hard to help them.

Reclassifying Spice as a category A drug will not by itself solve the problem, but it will demonstrate that the Government understand the nature of the problem. As we all know, understanding a problem is a necessary first step to solving it.

Baroness Walmsley (LD)

My Lords, I thank the noble Lord, Lord Brooke of Alverthorpe, for introducing this important debate. Most people, in thinking of addiction, think of alcohol, nicotine, drugs and gambling addiction, but it can include surfing the internet, video games, work, cleanliness, anti-depressants, solvents, chocolate, sex and shopping. It is usually linked to mental ill health, which can either be the cause or the effect. I agree with the noble Lord, Lord Alton, that we need to look at the reasons why people turn to the things to which they become addicted. The link is that the thing addicted to makes addicts feel good, or at least better for a while. Addiction can be a way of blocking out life's difficulties, such as relationships, work, stress and poverty, but it brings its own stresses and economic pressures. This is why we need to do something more in PSHE in schools to develop children's resilience to life's pressures.

Whatever the addiction, I strongly believe that it should be treated as a health and not a criminal justice issue. All addictions can be treated, especially if caught early, and help can be very effective as long as it is available, but here is where the problem lies: there is a great shortage of mental health professionals and addiction services. Local authorities are finding it hard to maintain drug and alcohol services and smoking-cessation services. There is even less help for those addicted to gambling or gaming. That is why charities such as Action on Addiction are so important. Their high-quality residential and community courses, follow-up support, family support, research and professional education make an enormous difference to the lives of addicts and their families who are fortunate enough to access them.

About 3 million children live with parents who have alcohol or drug addiction. It affects their lives and education, as well as their physical and mental health. They are often classed as young carers and become entitled to the help that young carers can now get, but the understanding of their school is critical.

I am particularly concerned about the types of addiction that can afflict children. I was concerned to hear from GambleAware that 370,000 children under 16 have spent their own money on gambling and 25,000 may be problem gamblers. Like other speakers, I put this down to the prevalence of gambling advertising on TV, especially during sports coverage. I watched a lot of coverage of the test matches over the past few weeks and in every ad break you were asked to gamble.

As has been said, it is far too easy to gamble on phones and computers. I believe that this is also responsible for the massive number of adult problem gamblers. A 9 o'clock watershed means nothing, because some young people who are keen on sport often watch important matches at all times of the day and night. I support the demand of the noble Lord, Lord Chadlington, and ask the Minister whether the Government are planning to restrict that advertising in any way.

There is no state provision for treatment of problem gamblers. Such services as there are come from charities and can reach fewer than one fifth of those who could benefit from them. As for children and young people's mental health services, there is a crisis, with only one in five children with problems getting help. We must do more to stop this becoming a problem in the first place. Limiting this ubiquitous advertising is one thing that should be done.

Another thing taking hold among young people, which has just been recognised by the World Health Organization, is addiction to gaming. It was recently revealed that between 0.3% and 1% of the UK's 32.5 million gamers have a gaming addiction, and many of them are young people. The developers of these games are not innocent. In the same way that tobacco companies made cigarettes more addictive by tweaking the ingredients, games developers have added features to keep players addicted. Strategies have included using behavioural science to entice users to play for longer and more often. The data that developers collect from users allows them to enhance the features of the games that users enjoy most. They allow players to personalise the games, which makes them feel ownership. Playing in teams makes it harder for a gamer to decide to leave, for fear of letting down the rest of the team.

We need to look at what has worked with other addictions to see whether we can learn anything relevant and put it to work. The biggest success in the UK has been reducing smoking. This has been done by reducing

advertising and display, increasing the price through taxation, banning smoking in public places, providing a less harmful substitute in e-cigarettes and education about the dangers of smoking.

Smoking has been treated as a health issue and treatments are made available through doctors, pharmacies and local authorities. Some campaigners are calling for e-cigarettes to be available on prescription to assist smoking cessation and to be allowed in public places. Do the Government have any plans to do this and to learn from the success with smoking and apply it to other problems, such as gaming and gambling? It is no coincidence that most speakers today have mentioned gambling. It is a crisis now, not a crisis waiting to happen, and it is time that the Government took action.

Lord Hunt of Kings Heath (Lab)

My Lords, this has been a remarkable debate and I agree with the noble Lord, Lord Wasserman: it is a pity that we could not have more time. I hope that we will have a further, lengthy debate on this important matter. My noble friend made a moving speech and graphically described the impact of addiction on individuals and families. His most telling point was that the opportunity to access activities that are addictive through technology, particularly for young people, is frightening. The spectre we see today is of young people who are offered so much temptation but given so little protection.

I agree with the noble Baroness, Lady Walmsley, that PSHE curricula in schools are important, but the challenge to the Minister is to come forward with a cohesive response to the many challenges that noble Lords have raised tonight. At the moment, we have different departments dealing with different areas of addiction. There is little consistency. From what we have heard tonight, we need a much more cohesive response, both to reduce the opportunity for addiction—we must deal with that head on—and to provide more support and more addiction services.

I want to focus on just three areas. On the question of gambling, I think that it is remarkable that a significant proportion of football teams in the Premier League depend on betting companies for sponsorship and that the whole of the English Football League is sponsored corporately by Sky Bet.

Several noble Lords commented on the number of betting adverts during the World Cup, which was absolutely phenomenal. The noble Baroness, Lady Walmsley, is right: a huge amount of gambling is also advertised during the cricket. My party has announced plans to introduce a mandatory levy on the industry to fund increased research into, education on and treatment of gambling addiction, as well as to study the effects of advertising.

I always think that in QSDs one is allowed to go further and express personal views; I will certainly do so. We need to go further. Take Simon Stevens as an interesting example. It is great to see an NHS leader tackling this issue head on. He pointed out that eight Premiership football clubs with sponsorship from overseas gambling companies are refusing to pay the voluntary levy. Ministers could call in those clubs. As was said by the noble Lord, Lord Chadlington, and the right reverend Prelate the Bishop of St Albans, exposing clubs to websites related to youth activity with gambling clearly had an immediate effect. The Government need to stop giving the response that this is nothing to do with them. Of course it is. Most of their departments are dealing with the after-effects of people whose lives have been destroyed by gambling.

Surely we have to revisit the liberalisation of our gambling laws. Is that not an inevitable consequence of the problems that we face? We need to revisit the official attitude towards gambling, which seems to be that it is all okay, basically. I am afraid that it is not. We need to make moves to discourage gambling as much as we possibly can. We will certainly have arguments about the nanny state; I understand that. I also understand that our society currently resists the concept of the nanny state. However, when you see how our young people are being damaged in so many ways, surely the Government have to reflect on whether they need a more restrictive policy, including on advertising. We also need to look at what happened with sponsorship and smoking. Seeing clubs being sponsored by betting gives the sense that everything is okay, but everything is not okay.

Baroness Manzoor (Con)

My Lords, I congratulate the noble Lord, Lord Brooke of Alverthorpe, on securing this important debate. I was very moved by his personal story, which has certainly inspired many of us. He highlighted the rapid changes that we are seeing in technology and society, and how those are having an impact on both the way in which people live their lives and the type of things that they can form an addiction to. We have heard a wide variety of views. I will do my best to cover as much as I can, but I will start by saying that I will endeavour to write to noble Lords on any questions I cannot answer in the time I have; I have only 12 minutes and noble Lords can hear that I am speaking quite quickly.

As noble Lords have said, it is important that the Government monitor and understand the trends and changes in addiction, and take action where it is appropriate and necessary. However, as we have heard, addiction is complex and we cannot do this alone. It is important that we work and are seen to work in partnership with industry, the health sector and others to address these new challenges as they emerge.

When we think of addiction, the things that spring to mind are the usual suspects, as we have heard: addiction to drugs, alcohol, nicotine and gambling, as my noble friend Lord Chadlington put so well. However, it is possible to be addicted to just about anything, including food, as the noble Lord, Lord Brooke, indicated. Personally, I am addicted to chocolate and sugar; I do not say that as a joke. Recently I was diagnosed with diabetes and I am finding it very difficult. It is not easy when someone says, “Get off this addiction”; it is very difficult. Of course, we have internet, social media, gaming and addiction to prescription drugs—so I understand some of the issues that have been put on the table. Like other noble Lords, I suggest that we have debates on each of those subjects individually, given that that they are all big subjects in their own right. I agree with the noble Baroness, Lady Walmsley, and the noble Lord, Lord Hunt, that we need to have a greater cohesive understanding and strategy on addiction and to learn from experience to do with smoking and alcohol. I certainly agree with that.

As the right reverend Prelate said, we must not forget that all the addictions can have a massive impact on the individual, their friends and family. Addictions are often linked to mental health problems and it can be a way of blocking out difficult issues, such as the stress that can accompany poverty and unemployment, or pressures at work or within the home: all those can trigger addiction. I will focus on the areas where we are seeing the greatest harm from addiction—namely, alcohol, drugs and tobacco—although I will try to address the other issues that have been raised.

Reading media reports recently on “Generation Sensible” might lead people to think that risky behaviours are reducing. Statistics show that young people are drinking less, using illicit drugs less and smoking less than their parents did at their age. However, as the noble Lord, Lord Hunt, and other noble Lords stated, young people face other pressures that can lead them down the route of addiction, particularly with the all-pervasive use of social media and the internet in today’s society. That means that we must be flexible and adaptable in our response.

I pay tribute to my noble friend Lord Chadlington for his work in supporting people who are addicted to alcohol. I thank the noble Lord, Lord Brooke, for sharing his personal experience and my noble friend Lord Cavendish, who also raised that important issue. I pay tribute to him, too; as I said, it is a difficult area. Around 9% of men and 3% of women in the UK show signs of alcohol dependence. The Government are in the process of developing a new alcohol strategy, which will be published early next year. Through that work we are looking at how we can better support vulnerable people, target action at harmful and dependent drinkers, and strengthen partnerships. We are aware that there is significant unmet need for help with alcohol dependence, with an estimate that only one in five people with alcohol dependence in the UK are accessing treatment. We need to do much

better than that and, in particular, improve outcomes for those with dual mental health and alcohol issues.

My noble friend Lord Wasserman raised the drug Spice and the level of support that is needed. We are making good progress: drug use in England and Wales is lower than it was a decade ago. In 2016-17, 8.5% of adults had used a drug in the last year, compared to 10.1% of adults in 2006-7. More adults are leaving treatment successfully than in 2009-10, and the average waiting time to access treatment is now two days.

Despite continued declines in smoking rates, smoking remains the single largest cause of premature death and preventable illness in England. In 2017 we published a new tobacco control plan, followed by a delivery plan published on 7 June. We can be proud that independent experts have rated UK tobacco control as the best in Europe. Since the previous tobacco control plan, smoking prevalence has substantially reduced, from 19.8% of adults in England smoking at the start of the plan in 2011 to 14.9% in 2017, which is the lowest level since records began. We need to continue to drive forward progress to meet the ambitions in the tobacco control plan, particularly among those who are most deprived, and vulnerable groups in our community such as pregnant women.

On specific questions raised in the debate, the noble Lord, Lord Brooke, and my noble friend Lord Cavendish, asked questions on the alcohol strategy; I think the noble Lord, Lord Brooke, asked when it will be published, and asked about stakeholders and a treatment levy. As I have already said, the new alcohol strategy will be published early next year. We are engaging with stakeholders as we develop it. I am afraid that alcohol duty is a matter for the Treasury, so much as I would like to stand here and say, "Yes, it is a good idea", I cannot. However, I will bring to the Treasury's attention the report that was referred to.

The noble Lord, Lord Brooke, also raised an issue regarding Drinkaware and a PHE partnership. As the noble Lord will be aware, Drinkaware is a charity completely independent of the alcohol industry. PHE partners with organisations that share our ambitions. I heard what he said about the funding, but it is independent. PHE partners with organisations that share ambitions to reduce health problems associated with drinking and whose work is underpinned by evidence. We must remember that we have to look at evidence and outcomes.

My noble friend Lord Chadlington, the right reverend Prelate, the noble Baroness, Lady Walmsley, and the noble Lord, Lord Hunt, discussed gambling and some of the measures that they would like to see implemented. I state for the record that we take gambling-related harm seriously in the department. The measures that we have taken include reducing the number of fixed-odd betting terminals—gosh; I have only one

minute left and I have not got anywhere. We are taking this seriously and I take on board the comments that have been made. My noble friend Lord Chadlington also mentioned gambling and suicide. The Government updated their suicide prevention strategy in 2017, and we will continue to keep it updated. I will come back on the other questions that my noble friend raised.

The noble Lords, Lord Alton and Lord Hunt, the noble Baroness, Lady Walmsley, and other noble Lords, raised issues around Simon Stevens and sponsorship. GambleAware has published donations and pledges that cover the first quarter of the year. These total nearly £3 million, and many more operatives are expected to donate in the months to come. I understood about looking at the Gambling Commission, the licensing code and the responsibility for the code, but I will write to noble Lords on this issue as there is insufficient time for me to cover that.

My noble friend Lord Cavendish mentioned gaming and addiction. Once again, we totally understand the problem. As he will be aware, the World Health Organization has recognised gaming disorder as a mental health condition due to addictive behaviours.

The noble Lord, Lord Alton of Liverpool, mentioned the overprescription of drugs. I share his concerns; it is an issue that I personally have been concerned with, as have the Government. I will write to him with more details on the issues that he raises. He also raised his letter on addiction relating to diet pills. We have received that letter and I reassure him that we are working very closely with the Medicines and Healthcare products Regulatory Agency on a substantive reply.

I am afraid I am being told that I have run out of time. I still have questions to answer from my noble friend Lord Wasserman and others on subjects such as PSHE education on addiction and lessons to be learned from the tobacco industry. I shall end by saying that it has been a fascinating debate containing far too much to skim over in the way that we have had to. I shall certainly write to all noble Lords on all the questions that I have not answered, and hopefully we can get a debate on each one of those areas to do them much more justice.