

Gambling related harm – Gloucestershire rapid needs assessment 2019

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Executive Summary

- Harmful gambling is any type of repetitive gambling that disrupts or damages personal, family or recreational pursuits.
- Gambling can have many and varied impact including on an individual's physical and mental health, relationships, housing and finances and affect a wide range of people, such as families, colleagues, and wider local communities.
- National evidence suggests that in 2017 0.8% of people may have a problem with gambling and 3.9% may be at risk of gambling related harm. For Gloucestershire this equates to potentially 4,120 people who have a problem with gambling and 20,100 at risk of gambling related harm.
- There are significantly higher gambling rates among men compared to women.
- Using national research estimates suggest that estimated annual costs associated with increased use of public services could be between £7.4 and £7.8 million for Gloucestershire.
- There are national and local services available for people and their families who want advice, practical help, support and counselling in addressing the impact of gambling.
- National approaches to responsible gambling, education and training, awareness raising, treatment, research and licensing are all required to reduce gambling related harm.

Background

Gambling is a public health issue. Many people who gamble experience no adverse consequences. There are however some who do experience significant harm as a result of their gambling.

Harmful gambling is defined as any type of repetitive gambling that disrupts or damages personal, family or recreational pursuits. In May 2018 there was a motion (Motion 810, 16th May 2018) on gambling related harm, passed by Gloucestershire County Council. .

What are gambling related harms?

Gambling can have many and varied impact including on an individual's physical and mental health, relationships, housing and finances and affect a wide range of people, such as families, colleagues, and wider local communities. Individuals experiencing harm from gambling, or their families or carers, rarely present to health or social care services with problem gambling as their presenting condition.

Figure 1:



Source: Measuring gambling related harm: a framework for action, 2018.¹

¹ <https://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf>

A Local Government Association report on tackling gambling related harm (2018)² showed the following potential gambling-related harms:

- Health
 - Unexplained joint/muscle pain
 - Heart palpitations
 - Breathing difficulties
 - Sleep disturbance/insomnia
 - Increased blood pressure
 - Headaches
 - Anxiety
 - Depression
 - Self harm and suicidality
 - Substance misuse
 - Feelings of stigma/shame
- Relationship
 - Domestic abuse
 - Relationship difficulties and breakdown
 - Loss of trust
 - Loneliness
 - Social isolation
 - Neglect/abandonment
 - Anti-social behaviour
- Social and financial resources
 - Poor concentration and reduced productivity
 - Debt
 - Work/school problems
 - Criminality
 - Use of food banks

According to the IPPR Report³ (2016) a person who has a problem with gambling is:

- **2.69** times more likely to have visited their GP in the last 12 months with a mental health issue
- **8.54** times more likely to be accessing mental health services
- **5.53** times more likely to have been a hospital inpatient within the last 3 months
- **2.65** times more likely to be claiming Jobseeker's Allowance
- **8.7** times more likely to access homelessness services
- **4.4** times more likely to be in prison

The impact of problem gambling extends beyond individual gamblers themselves. A recent investigation published by Citizens Advice reported research suggesting that for every problem gambler there are on average between six to ten additional people who are directly affected by it.⁴

² <https://local.gov.uk/tackling-gambling-related-harm-whole-council-approach>

³ <https://www.ippr.org/publications/cards-on-the-table>

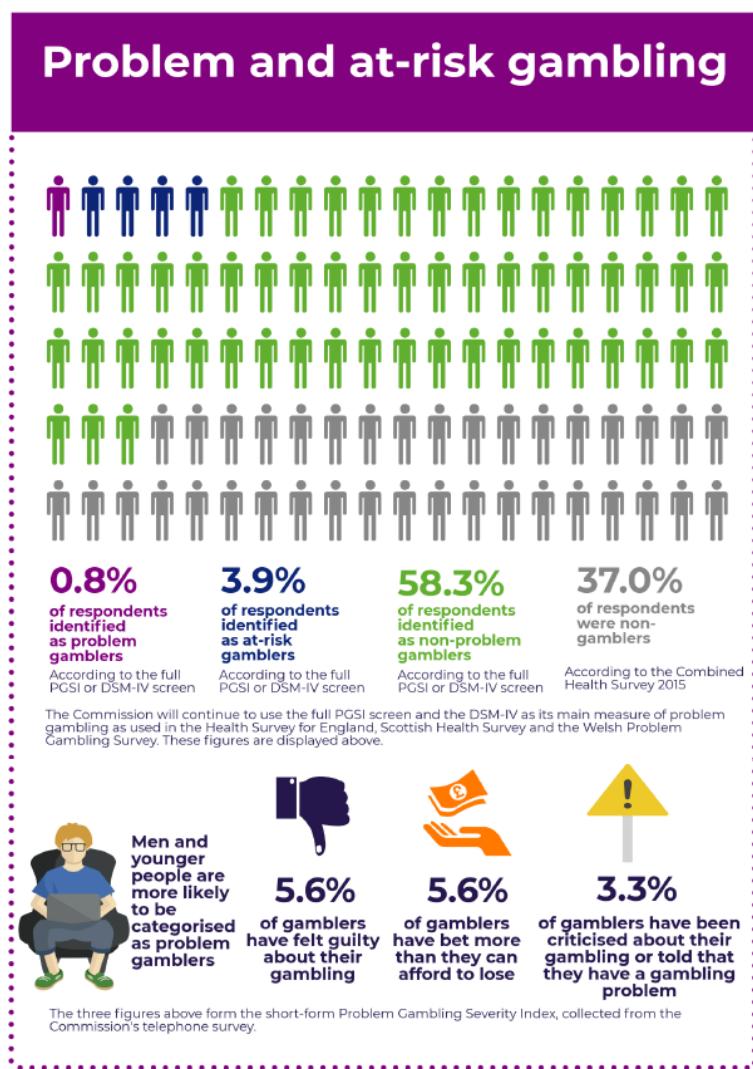
What is the prevalence of gambling and gambling related harms?

National

National evidence from the Gambling Commission suggests that in 2017:

- 45% of adults aged 16 and over had participated in gambling in the last 4 weeks (48% of men and 41% of women),
- 18% of adults have gambled online,
- 3.9% of adults were at low or moderate risk of developing problems with their gambling.
- 0.8% of people are problem gamblers (see figure 2).

Figure 2:



Source: Gambling participation in 2017, Gambling Commission⁵

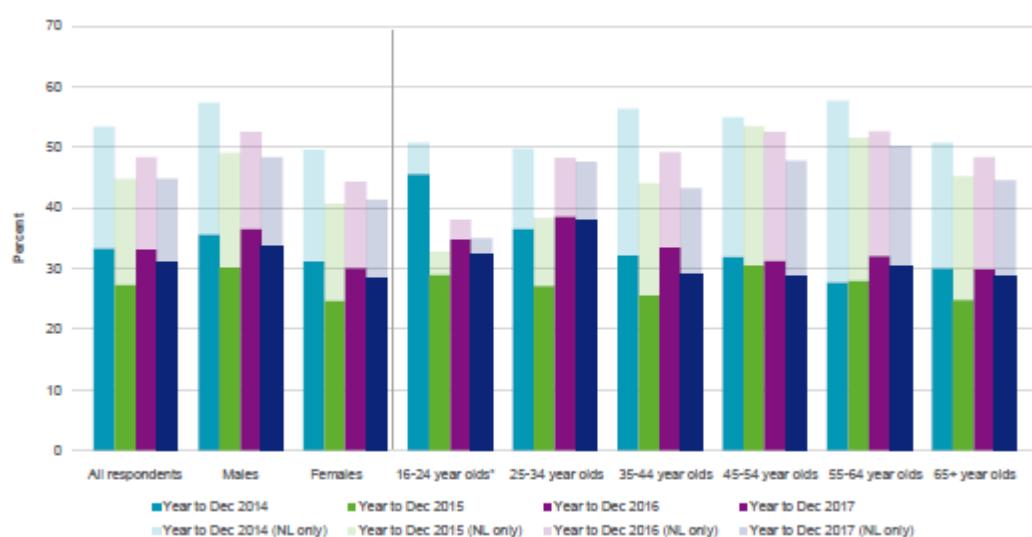
⁴ <https://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/consumer-policy-research/consumer-policy-research/out-of-luck-an-exploration-of-the-causes-and-impacts-of-problem-gambling/>

⁵ <https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2017-behaviour-awareness-and-attitudes.pdf>

The Gambling Commission survey also shows that participation in the National Lottery draws is much higher than other gambling activities. Therefore they conclude that “much of the decline in overall gambling participation since year to December 2014 can be attributed to falling participation in the National Lottery draws”. Figure 3 shows the participation rate over time, with those who only participated in the National Lottery in the shaded bars. When those who only participated in the National Lottery are excluded the overall participation rate falls from 45% to 31%. Participation remained higher for men (34%) than women (28%). As shown in figure 3 participation across the age groups varied, with 25-34 years olds and 16-24 year olds more likely to have gambled on at least one activity in the previous four weeks (37% and 32% respectively).

Figure 3: Past four week gambling participation from Gambling Commission Survey (shaded bar those who only participated in National Lottery).

Figure 3: Past four week gambling participation (excluding participation in National Lottery draws) by gender and age^{7,8} (n=4,001)



Source: Gambling participation in 2017, Gambling Commission⁶

How people gamble

Further data from the Gambling Commission survey showed that of people who gambled; 33% of people gambled weekly, 21% gambled 2 or more times a week and 46% gambled less than once a week (17% of whom gambled less than once a month).

The Gambling Commission survey also showed that 42% of those that gambled had done so online, which has been increasing since the first survey in 2014.

⁶ <https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2017-behaviour-awareness-and-attitudes.pdf>

Support

National data from GamCare⁷ show that in 2017/18 they answered 29,889 target calls (from those affected by problem gambling along with others wishing to support them or request advice about our services). Of these 76% were from a gambler, with 21% from an affected other. Their data also shows the gender (where given) of callers by type (see figure 4). The age of callers is also recorded (again where given) and shows the highest percentage of callers in the 26-35 year old age group at 38% (see table 1). Ethnicity is also recorded which showed 78% were White British (compared to ONS data which shows 86% of the population were White British). This reflects national evidence on those who are at highest risk of gambling related harm.

Figure 4: Caller gender to GamCare, national figures where data reported.

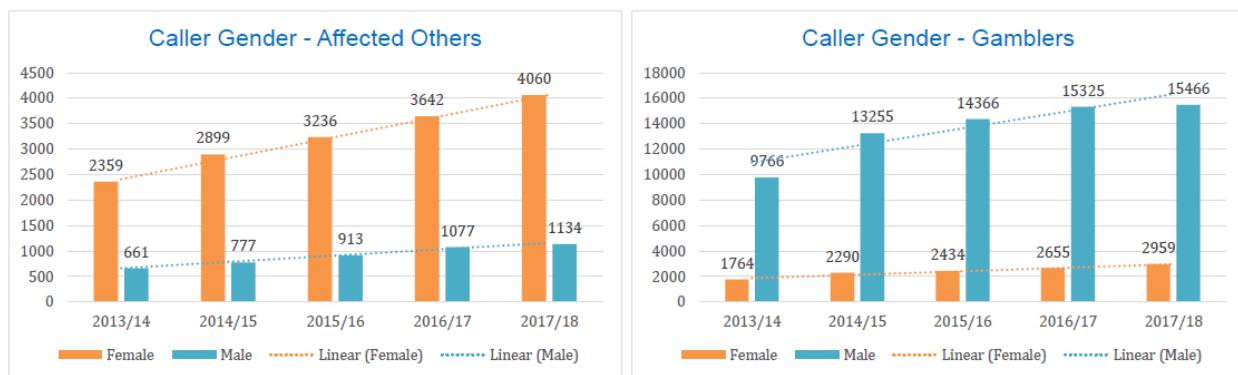


Table 1: Age of callers to GamCare, national figures where data reported.

Age	Percentage
Under 18	1
18-25	23
26-35	38
36-45	19
46-55	12
56-65	5
66+	2

GamCare data also gives information of where people are gambling, with 55% mentioning online gambling which has been increasing in recent years. Overall offline activities seem to be more problematic for callers aged 66 years and over. For callers under 18, online activities seem to be the most problematic. 53% of callers who disclosed that they were under 18 in 2017/18 spoke to GamCare about online betting.

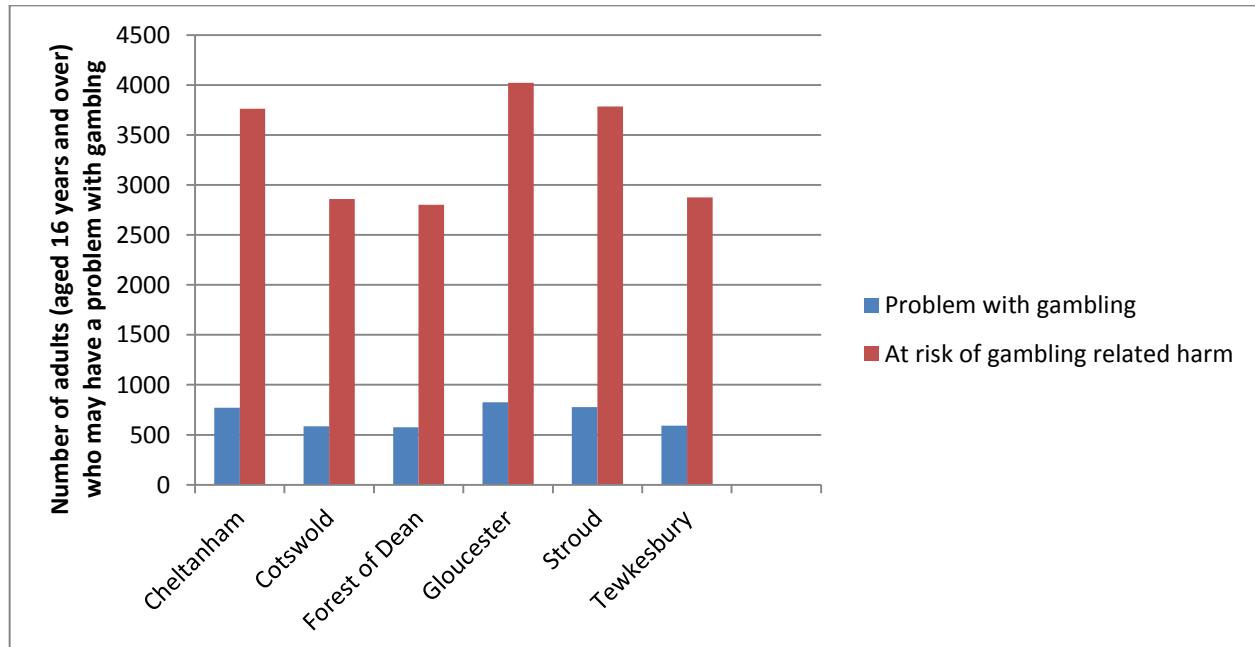
The most common impacts of problem gambling that are disclosed by callers is also recorded. This showed that financial difficulties are a particular concern (mentioned by 27%, with 66% disclosing some level of debt). In addition 43% of callers mentioned impacts on their mental wellbeing, including anxiety, stress, depression, isolation and suicidal thoughts. 20% mentioned family/relationship difficulties.

⁷ <https://www.gamcare.org.uk/publications/annual-reviews-and-statistics>

Local

The mid-year 2017 population estimate for Gloucestershire was 628,139 (515,416 and 16 years and over). Using the national estimates for Gloucestershire suggests there may be 20,100 people (aged 16 and over) in Gloucestershire at low or moderate risk of developing gambling related harm and 4,120 people (aged 16 and over) who have a problem with gambling.

Graph 1: Estimated numbers of people who may have a problem with gambling or be at risk of developing gambling related harm by locality.



Source: Gambling Commission prevalence and ONS mid-year population estimates

NB If an 1% prevalence was used for Gloucester City estimate would increase to 1,031.

Data from GamCare show that in 2017/18 there were 62 callers from Gloucestershire postcodes (not all callers give postcode), 50 of whom were gamblers. Of these callers 74% were male and half were aged 26-45 years. Impacts discussed included: anxiety/stress, financial difficulties, family/relationship difficulties, feeling isolated, mental health, work difficulties, housing problems, alcohol misuse, suicidal thoughts, criminal activity and general health. In addition there were 41 gamblers who received treatment support, again with the majority male and aged 26-45 years. Data from the local specialist service provider Ara show that in 2017/18 Ara saw 110 people from Gloucestershire for problem gambling. These may have been the same or different to the people who contacted GamCare.

Gambling and gambling-related harm are not routinely recorded within most services other than the specialist gambling support providers. There are two ICD10 codes (World Health Organisation International Classification of Disease) for gambling; F630 and Z726.⁸ F630 is defined as pathological gambling; “the disorder consists of frequent, repeated episodes of gambling that dominate the patient's life to the detriment of social, occupational, material, and family values and commitments.” Z726 is under a wider category of “problems relating to lifestyle” and cover gambling and betting. In Gloucestershire from 2013/14 to 2017/18 (4 years) there were less than 5 admissions for each gambling ICD10 code. Over the same 4 years there were 5 outpatient appointments for pathological gambling (F630) and less than 5 for gambling and betting (Z726). However, it is likely that this reflects that gambling may not be seen as the direct cause of admission or directly related to the care received in hospital, and therefore not recorded in patient notes.

Cost

Research commissioned from the Institute for Public Policy Research (IPPR) in 2016⁹ estimated that the cost to government associated with people who are problem gamblers in Britain was between £260 million – £1.16 billion (based on problem gambling rates ranging from 0.4 to 1.1 per cent of the adult population). This was based on six identified specific costs covering primary and secondary health costs, hospital inpatient services, welfare and employment costs, housing costs and criminal justice costs. All costs are estimates given the limited information on local prevalence or service use, and therefore it is very difficult to assess the accuracy of the estimates.

Barking & Dagenham¹⁰ and Swindon Borough Council¹¹ have used the IPPR research as a basis to estimate local costs. These figures are estimates of the additional cost incurred by people who have a problem with gambling, beyond those of other members of the public. Costing is from 2015/16 and uses a range of evidence on service use. Using the IPPR estimates for Gloucestershire suggests that the additional cost to public services in Gloucestershire caused by additional use by people who have a problem with gambling may be between £7.4 and £7.8million (see table 2).

Table 2: Estimated annual costs associated with increased use of public services

Service	Excess incidence	Cost	Cost for 0.8% of population
GP practice	1.5	£39.31	£243,132
Secondary mental health	0.206	£866	£752,573
Hospital	0.53	£1,842	£4,025,440
Homelessness	0.039	£2,683	£431,453
Unemployment	0.06	£2,995	£740,962
Imprisonment	0.013	£23,318	£1,249,921
Total			£7,443,481*

Source: IPPR and 2017 mid-year population estimates

⁸ <https://icd.who.int/browse10/2016/en>

⁹ <https://www.ippr.org/publications/cards-on-the-table>

¹⁰ <https://www.londoncouncils.gov.uk/sites/default/files/Gambling%20and%20Public%20Health.pdf>

¹¹ http://www.swindonjsna.co.uk/Files/Files/Gambling_Harms_in_Swindon_Rapid_HNA_Final_Report_v2.pdf

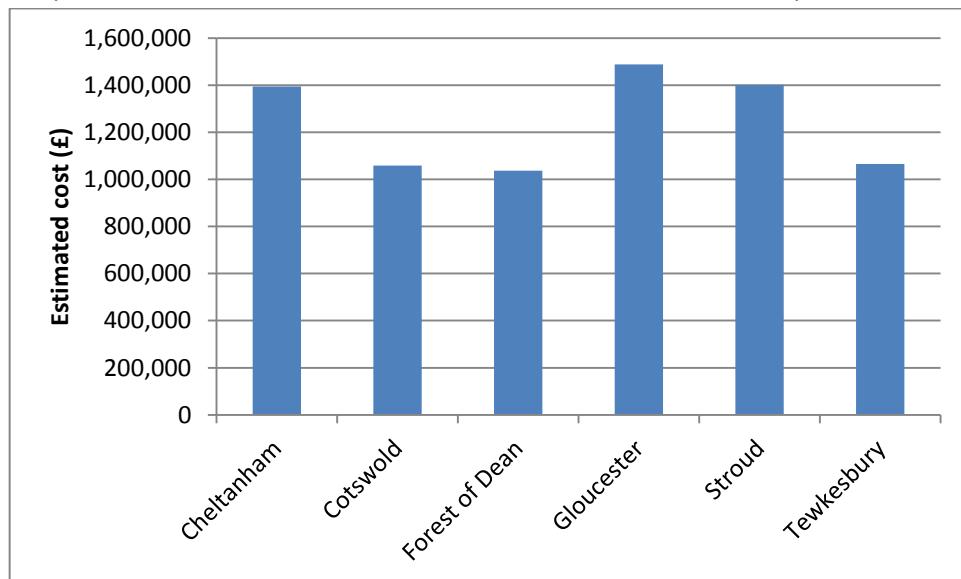
*If 1% prevalence used for Gloucester as an urban area this increases costs by £372,126 (see table 3)

Table 3: Estimated annual costs associated with increased use of public services by district authority

	Cheltenham	Cotswold	Forest of Dean	Gloucester		Stroud	Tewkesbury
				0.80%	1%		
GP practice	£45,521	£34,575	£33,866	£48,620	£60,775	£45,764	£34,786
Secondary mental health	£140,901	£107,022	£104,827	£150,495	£188,119	£141,656	£107,673
Hospital	£753,665	£572,448	£560,709	£804,985	£1,006,231	£757,703	£575,931
Homelessness	£80,779	£61,356	£60,098	£86,279	£107,849	£81,212	£61,729
Unemployment	£138,727	£105,370	£103,210	£148,173	£185,217	£139,470	£106,011
Imprisonment	£234,017	£177,748	£174,103	£249,952	£312,440	£235,271	£178,830
Total	£1,393,609	£1,058,519	£1,036,813	£1,488,506	£1,860,632	£1,401,076	£1,064,960

Source: IPPR and 2017 mid-year population estimates

Graph 2: Estimated annual costs associated with increased use of public services by district authority



Source: IPPR and 2017 mid-year population estimates

NB If prevalence of 1% used for Gloucester City estimated cost would be £1,860,632,

Gambling premises

Under the Gambling Act District Council's give permissions for the various premises listed in table 3. B and C gaming machines are higher stakes and payout and can only be played by over 18s. D gaming machines are lower stakes and payout and can be played by children such as the coin pushers. District Council's also issue permits for gaming machines in pubs and social clubs.

Table 4: Gambling Act permissions.

Type	Example	Permission
Bingo Premises	Bingo Hall	Bingo and category B, C and D gaming machines
Adult Gaming Centre	Adult Arcades in the High Street or at Motorway Services	Category B, C and D gaming machines
Family Entertainment Centre	Family arcades	Category C and D gaming machines
Unlicensed family Entertainment Centre	Area with gaming machines at a bowling area	Category D machines only
Betting Premises Licence (excluding Tracks)	Betting shops	Betting and Category B, C and D gaming machines
Tracks	Betting at a track such as horse racing, greyhound racing or at a foot, cricket or rugby ground	Betting and Category B, C and D gaming machines

There are no casinos in Gloucestershire. Table 5 summarises the location of other gambling premises by District Authority. Once complete each District Council will have the Local Area Profiles available beside the Statement of Principle. This will show existing gambling premises, educational premises and health care settings.

Table 5: Gambling premises in Gloucestershire by District Authority, as of October 2018.

	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	Total
Bingo Premises				2			2
Adult Gaming Centre	3			4	2		9
Family Entertainment Centre							0
Unlicensed family Entertainment Centre		1	4		2		7
Betting Premises Licence (excluding Tracks)	16	3		17	6	7	49
Tracks	1						1
Total	20	4	4	23	10	7	68

Source: District Councils

Who is at risk of gambling related harm?

There is comparatively little research and literature relating to problem gambling and gambling related harm, although this has begun to change in recent years.

The National Centre for Social Research's report Gambling behaviour in Great Britain in 2015 includes analysis of at risk and problem gambling, in particular highlighting significantly higher rates among men compared to women.

Evidence suggests that some people are more vulnerable to problem gambling including children and young people, people with mental health issues, certain minority ethnic groups, the unemployed, homeless people, those with low intellectual functioning, people with financially constrained circumstances and those living in deprived areas.

What works to reduce gambling related harms?

There is relatively little evidence around gambling-related harm. However in July 2018 the LGA and PHE published 'Tackling gambling related harm. A whole council approach.' This summarises evidence and national policies, and suggests the following methods for reducing gambling-related harm:

- National approach to responsible gambling
- Awareness raising
- Education and training
- Research
- Treatment
 - Cognitive-based therapy
 - Residential and psychiatric support available for more complex presentations.
- Licensing
 - District councils
 - Gambling Commission conditions and code of practice (includes providing information, customer interaction and self-exclusion).

The Responsible Gambling Strategy Board (RGSB) is currently undertaking a Systematic Review of Effective Treatment for Gambling Problems which should be completed in 2019. A Quality Standard for gambling has been referred to NICE but has not yet been scheduled into the work programme.

What services and interventions are available?

Research, education and treatment of harmful gambling is overseen by the Gambling Commission, Responsible Gambling Strategy Board and GambleAware, funded by voluntary donations from the gambling industry. The national network of support for people experiencing harmful gambling is based upon the provision of cognitive-based therapy; residential and psychiatric support is also available for those with more complex problems.

Treatment

National services include:

- GamCare
 - National charity and the leading national authority on the provision of advice, practical help support and counselling in addressing the social impact of gambling.
 - They provide a national gambling helpline, online advice and link to local partners for 1:1 counselling.
 - Advice and support is also available to those concerned about a friend or relative who has a problem with gambling.
- The National Problem Gambling Clinic
 - Assessment and support for adults (16 years and over) with a problem with gambling and their partners/family.
 - Based within the Addictions Service at Central North West London NHS Trust, offers CBT and psychiatric care (largely funded by GambleAware).
- The Gordon Moody Association
 - Provide advice, education and support to people with a problem with gambling and those affected by gambling, through residential, online and outreach services.
- Self-exclusion - People can also choose to use self-exclusion to limit their access to betting shops, casinos, arcades and online gambling companies. GamCare provides online advice to people who want to self-exclude.

Local services include:

- Ara
 - 1:1 counselling (face to face or telephone) for people experiencing problems with their own gambling or that of a family member. Works in partnership with GamCare.
- Gamblers Anonymous
 - Offers various help including a Forum, Chat Room, Literature and local meetings (twice a week in Gloucester and once a week in Cheltenham).
- Gam-Anon
 - Support for friends and family affected by gambling, including weekly online meetings and local meetings (monthly in Tewkesbury).
- General services, e.g. Citizens Advice or GPs. These may be the first point of contact given the wide range of possible gambling related harms.

Education and awareness

Gloucestershire County Council has been working with local gambling support provider Ara to provide training on gambling-related harm and signposting for frontline staff. Organisations and staff across Gloucestershire have been engaging in this training.

Licensing

The Gambling Commission regulates commercial gambling in Great Britain. The Gambling Commission's functions are set out in the Gambling Act 2005 (the Act). The principal ways in which the Commission carries out its functions are by:

- licensing operators and key personnel
- setting appropriate licence conditions and codes of practice
- carrying out compliance activities
- enforcement and prosecution work
- providing advice.

The Gambling Commission issued code of practice under section 24 of the Gambling Act 2005, about the manner in which facilities for gambling are provided to ensure that:

- gambling is conducted in a fair and open way
- children and other vulnerable people are protected from being harmed or exploited by gambling
- assistance is made available to people who are, or may be, affected by problems related to gambling.

District authorities have a statutory role regulating local gambling premises and can use various tools to try to support the prevention of gambling related harm occurring in premises. These include developing maps highlighting locally specific gambling risks, preparing local licensing policies setting out expectations of gambling businesses, and undertaking compliance visits to assess whether they are meeting these expectations. Planning teams may also be able to play a role in relation to local gambling premises. District authorities also work with the Gambling Commission around compliance.

A Statement of Principle and Locality Profile are designed to assist in licensing decisions. In Gloucestershire all six District Authorities will have a Statement of Principle relating to gambling completed by January 2019. GCC Public Health is working with the district authorities to produce a Gloucestershire wide locality profiles which will be completed in early 2019.

Gloucestershire County Council

In May 2018 there was a motion (Motion 810, 16th May 2018) on gambling related harm. This stated that this Council resolves to:

1. Ensure that Public Health at Gloucestershire County Council recognises gambling-related harm and considers it a key issue when assessing risk to the wellbeing of their communities.
2. That staff are alert to gambling harm as a factor when delivering services and that where such harm is identified that it be recorded in order that it can contribute to the development of local area profiles and the development of services to support those affected directly or indirectly.
3. Ensure that tackling gambling addiction is added to the GCC Healthy Lifestyles Service web page, alongside stopping smoking and managing alcohol intake, so that members of the public can access information and support - <https://www.hlsglos.org/>
4. Work with GambleAware to raise public awareness of gambling harm.
5. Ensure that all elected members at GCC have the opportunity to engage with district councils in the formation of their Statement of Principles.

GCC Public Health are leading the actions relating to this motion.

Gambling related harm is being incorporated into relevant health promotion interventions, for example, a schools-based peer support intervention for year 8 pupils, which aims to build resilience and reduce the uptake of risky lifestyle behaviours including smoking, excess alcohol and gambling.

Recommendations

- Continue to improve awareness of gambling related harm across Gloucestershire through:
 - Training of staff across organisations to understand gambling related harm and where to signpost for support/advice,
 - Awareness raising and communication messages,
 - Information sharing.
- Develop Local Area Profiles for Gloucestershire to be used alongside each District's Statement of Principle.
- Ensure gambling related harm is considered as an issue when assessing risk to the wellbeing of communities and when developing services which may impact of those at greatest risk of gambling related harm.