

Gambling – a public health perspective

This short briefing on gambling was requested by the Corporate Infrastructure & Regulatory Services Scrutiny Committee.

The paper gives a very brief overview of the prevalence of gambling in Great Britain and Devon as well as the impact of gambling on health and wellbeing.

This paper does not address the licensing and location of places to gamble, but acknowledges that this is an important component of limiting harm.

1. Background

- 1.1 The Gambling Act 2005¹ recognises gambling (gaming, betting, taking part in a lottery) as a legitimate leisure pursuit, but also sets as a statutory objective the protection of vulnerable people, including children, from harm or exploitation (Griffiths, 2017).
- 1.2 Gambling behavior can be categorised as:
 - **‘Non-problem gambling’** -gambling that causes no harm;
 - **‘At risk gambling’** – gambling which puts an individual at low or moderate risk of problems related to their gambling behaviour but is not classified as problem gambling;
 - **‘Problem gambling’** - gambling to a degree that compromises, disrupts or damages families, personal or recreational pursuits. (NatCen, 2017).

2. Prevalence of Gambling in Great Britain

- 2.1 Data which combines the Health Survey for England (HSE) 2015, and the Scottish Health Survey (SheS) 2015 and the Wales Omnibus in 2015 suggests that in 2015 a large proportion of the public (63% aged 16+) in Great Britain had gambled in the past year (NatCen, 2017).
- 2.2 More recent data from the Gambling Commission², which are gathered via a combination of telephone and online surveys (rather than face-to-face interviews) suggest that 45% of people aged 16+ have participated in at least one form of gambling in the past four weeks in 2017 (48% in 2016) (Gambling Commission, 2018).

¹ <https://www.legislation.gov.uk/ukpga/2005/19/contents>

² The Gambling Commission was set up under the Gambling Act 2005 to regulate commercial gambling in Great Britain in partnership with licensing authorities. The Gambling Commission also regulates the National Lottery.

- 2.3 In both datasets, the most popular gambling activity for both men and women was buying a ticket for the National Lottery draws (NatCen, 2017; Gambling Commission, 2018).
- 2.4 Overall, 3.9% of adults were at-risk gamblers and 0.8% were problem gamblers (1.5% of men and 0.2% of women) (NatCen, 2017).
- 2.5 The report by NatCen Social Research showed that the prevalence, type and severity of impact of gambling varies with gender, age and geographical location. It is particularly worth noting that the highest prevalence of problem gambling was found among those who were economically inactive (for example, the long-term sick, carers and those looking after home or family) but not students, unemployed or retired (NatCen, 2017).

3. Prevalence of Gambling in Devon

- 3.1 Local data is not collected on gambling behaviours.
- 3.2 If we apply the national prevalence figures (as detailed above) to our local population this suggests that in Devon 4,721 adult males (1.5% of all males aged 16+) and 676 adult females (0.2% of all females aged 16+) are problem gamblers.

4. Impact of gambling

- 4.1 It is widely recognised that not all gambling causes harm and that most who gamble have no issues with keeping their gambling engagement within sensible and affordable limits.
- 4.2 Whilst gambling can be an enjoyable and financially rewarding experience, it is also accepted that it can be harmful and have a negative impact on the families and close associates of gamblers, and on the wider community – as well as on those who suffer harm from their own gambling (RGSB, 2016).
- 4.3 The harmful effects of gambling are poorly understood and establishing whether there is a causal link between, for example, gambling and alcohol misuse – or indeed teasing out which came first the gambling or the substance misuse - is difficult. Potential negative impacts of gambling include a wide range of financial, social and health related harms including (RGSB, 2016):
- Economic dis-benefits (e.g. working days lost)
 - Ill health (physical and mental ill health through stress and gambling debt)
 - Family relationship breakdown
 - Poor psychological and social development of children
 - Criminality
 - Drug and alcohol misuse
 - Depression
 - Homelessness

5. Is gambling a public health issue?

- 5.1 Most people who gamble suffer no harm from their gambling.
- 5.2 There are a relatively small number (<5,500 adults within Devon if you apply national data) whose gambling does result in harm but these figures are not on the same scale as harm from our key public health priorities such as smoking (79,000 adults in Devon), drinking alcohol at harmful levels (120,600 adults in Devon), obese adults (141,200) or physically inactive adults (163,900).
- 5.3 National data suggest that there are inequalities in who experiences harm from gambling. It is of concern, that potentially those most vulnerable in our society – e.g. carers and those with long-term illnesses – may disproportionately experience greater harm from gambling (NatCen, 2017).
- 5.4 The extent and causality of the relationship between gambling and potential harm are not well understood making it difficult to define interventions to improve health and wellbeing and reduce harm (Responsible Gambling Trust, 2015).
- 5.5 In terms of burden of disease, gambling is not considered a public health issue. However, there is probably more that can be done to raise awareness amongst the public and particularly the wider professional/non-professional workforce on how they can support and/or signpost people on where to get help (for example, through Gamble Aware and the national gambling helpline) if someone is suffering harm because of their gambling.

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