

IMPLEMENTING SPOTLIGHT REVIEW RECOMMENDATIONS: PROBLEM GAMBLING

Briefing Paper by the Chief Officer for Communities, Public Health, Environment and Prosperity

1. Introduction

- 1.1 This report provides Corporate, Infrastructure & Regulatory Services Scrutiny with the Devon County Council Public Health response to the recommendations following the Spotlight Review of Problem Gambling in September 2018. Corporate, Infrastructure & Regulatory Services Scrutiny made a series of recommendations for action. DCC Public Health has progressed several of these. The recommendations have been grouped in accordance with the original report to provide a coherent response.
- 1.2 Devon County Council is attuned to the national trajectory on problem gambling. Recent national legislation (Gambling Act 2019) has improved safety around:
 - age verification of gamblers
 - identity verification of gamblers
 - reduction of maximum stake on Fixed Odds Betting Terminals from £100 to £2
 - in match advertising for games starting before the 9pm watershed (does not apply to horse racing)
- 1.3 Additionally, in April 2019 the Gambling Commission published a three-year National Strategy to Reduce Gambling Harms. The aim of the National Strategy is to “move faster and go further to reduce gambling harms”. A wide range of partners will need to play their part, encompassing prevention and education, treatment and support, regulation and oversight, collaboration, evaluation, and research to inform action. To support the new strategy, a new website has been launched where all information on the strategy’s priorities can be accessed and progress can be tracked. It is available through www.reducinggamblingharms.org
- 1.4 The January 2019 NHS Long Term Plan includes commitments to strengthening public health and prevention, including an element directed at gambling. NHS specialist clinics will be expanded to help more people with serious gambling problems, therefore helping more people than can currently access support through one national clinic.

2. Recommendations and updates from the Spotlight Review

Recommendation 1: Increase the visibility of the dangers of problem gambling.

- 2.1 **Request that the Health and Wellbeing Board undertake work to understand the interrelation between gambling and people with other complex needs. Including consideration of a focus on problem gambling in the Joint Strategic Needs Assessment. (DCC)**
 - 2.1.1 The Joint Strategic Needs Assessment now includes a detailed section of the data available. It brings together information including prevalence, age, demographics, gambling restrictions, types of gambling, risks, impacts of gambling, links to other services, suicide, treatment and support services, national and local responses. Appendix 1.

2.2 Train frontline staff and employers to recognise the risks and warning signs associated with problem gambling. This should include children’s services, youth services, high needs adults, police custody suites and A&E. (DCC, Police, NHS)

2.2.1 DCC Public Health has contacted some of the services it commissions to gauge needs. There would seem to be a rationale for holding a stakeholder group to discuss identifying problem gambling across all these service groups and agencies, including training needs.

2.2.2 GamCare offer a variety of training packages that are tailored to service types (e.g. criminal justice). After completing a training needs analysis, different providers could be contacted to discuss options. Citizens Advice Bureau and Together Devon Drug and Alcohol Service have expressed an interest in training.

2.2.3 There are a range of free gambling-related harm e-learning resources including one produced by the RSPH (Royal society for public health) that has been developed with GambleAware. This programme ‘ is aimed at professionals who do not specialise in the treatment of gambling problems and may be most suitable to those working in social and criminal justice settings, e.g. social workers, employment advisers, GPs..’

2.2.4 Training can be provided by national organisations and this can be tailored to specific areas e.g. health, criminal justice.

2.3 Work with coroners to ensure appropriate use of supplementary codes for gambling as a diagnosable mental health condition (ICD10 F63.0) and lifestyle risk factor (ICD10 Z72.6) in death certification following suicide.

2.3.1 DCC Public Health will work with coroners to improve coding in death certification following suicide. A recent suicide audit of Devon and Torbay of cases registered in 2017 was completed by DCC Public Health. The report coming from this work will be disseminated and fed back to coroners, highlighting the fact that there is a potential anomaly between the number of suicides overall (120) and the number where gambling was mentioned in the case notes (2): only 1.7%. A recent study looking at the relationship between gambling and suicide found that *“among people who had made a suicide attempt in the past year, about one in twenty were problem gamblers (5.2%) and another one in twenty were at-risk gamblers (4.9%). These rates were higher than for those who had not attempted suicide in the past year (0.5% and 2.5% respectively).”*¹ They also found that *“problem gamblers had higher levels of lifetime suicidal thoughts (42.2% vs. 17.5%), Non-Suicidal Self Harm (22.4% vs. 5.0%) and suicide attempts (27.0% vs. 5.4%) than nongamblers.”*²

2.3.2 The discrepancy between the proportion of those attempting suicide in 2007 who were problem gamblers (5.2%) and the proportion where gambling was identified in the Devon suicide audit (1.7%) strongly suggests that current processes around identification of gambling in coroner file documentation are inadequate. There was a larger proportion of cases highlighted by the suicide audit that identified debts (13.3%), however this group is likely to be a mix of gamblers and non-gamblers.

2.4 Work with local healthcare providers to ensure appropriate use of these codes in healthcare activity relating to self-harm and mental health

¹ <https://www.gamblingcommission.gov.uk/PDF/Report-1-Problem-gambling-and-suicidal-thoughts-suicide-attempts-and-non-suicidal-self-harm-in-England-evidence-from-the-Adult-Psychiatric-Morbidity-Survey-2007.pdf>

² <https://preview-gamblecom.cloud.contensis.com/PDF/Report-2-Exploring-problem-gambling-loneliness-and-lifetime-suicidal-behaviours-a-cross-sectional-study-using-the-Adult-Psychiatric-Morbidity-Survey-2007.pdf>

2.4.1 To progress this, appropriate officers could consider who and how best to promote these concepts (e.g. GP surgeries, acute trusts, mental health trusts, etc.). There is some evidence of these codes being utilised in secondary care.

2.4.2 The Devon and Torbay 2019 suicide audit report currently being completed by DCC Public Health will be a key vehicle to drive coding process improvements by relevant agencies.

2.5 Include gambling as a specific risk factor within local suicide audit arrangements

2.5.1 Problem gambling is now included in local suicide audits as standard practice. The latest suicide audits were completed in June 2019 by DCC Public Health using coroner files.

2.5.2 Across Devon and Torbay there were 120 cases of suicide registered in 2017. In Devon County Council alone there were 82. Of these 82, 2 specifically flagged gambling and 13 mentioned debt. It should be noted that this is unlikely to represent a true reflection of the involvement of gambling (or debt) in these cases, as the coroner will be reliant on the detail provided by authorities or statements from witnesses or significant others. There may be multiple reasons for this situation.

2.5.3 Current research would suggest that this is probably the tip of the iceberg, and that there is a clear association between gambling and suicidal behaviours. If the 5.2% of those with suicidal ideation with problem gambling identified were reflected in the Devon CC cohort of suicides this would be 4 deaths, and if problem + at-risk gamblers were included (representing 10.1% of those with suicidal ideation) this would be 8 deaths.

2.6 Analyse available data to identify local patterns and associated risks to inform service planning and targeting

2.6.1 This action is challenging due to the complexity of gambling behaviour, and the fact that it often presents alongside other behavioural and psychosocial issues. Whilst associations can be explored, it would be difficult to look at direction of causality between gambling and these other characteristics. The addictive/compulsive nature of gambling suggests that directing attention to where there are significant local issues of alcohol or substance use would be logical. The harm caused by gambling is unequal in distribution, with those who are economically inactive and living in deprived areas suffering the most harm³, therefore also focusing on localities with higher social deprivation in the county may also aid planning and targeting. Developing the relevant JSNA area to include these associations will be helpful, and also looking at outlet density as a risk factor.

Recommendation 2: Understand the scale of the problem by collaborating on insight and intelligence with partners.

2.7 Record how many people who come into contact with our collective services who do identify as having a gambling problem. (DCC)

2.7.1 The JSNA provides intelligence that could help identify services which may be expected to have higher prevalence of individuals who also gamble.

2.7.2 DCC Public Health has made enquiries, and some services ask questions about debt, which may include gambling. These do not identify specific reasons for debt and although this might be included in case notes, there is no systematic reporting.

³ Wardle H, Keily R, Astbury G, Reith G, 'Risky places?': Mapping gambling machine density and socioeconomic deprivation. Journal of Gambling Studies. 2014;30(1):201-212
MML - 2019

- 2.7.3 Exeter homelessness service mentions gambling once on their assessment form (under umbrella question about debt) although it is not identified as a “support need”.
- 2.7.4 Together Devon Drug and Alcohol service previously did not routinely ask or record information about gambling behaviour or issues in a systematic way. They have agreed to change their comprehensive assessment process and screening for gambling will be integrated at that point. They are happy to update this and have acknowledged appropriate training need.
- 2.7.5 Informal feedback from housing benefits team in a Devon district suggests they do not ask direct questions regarding gambling behaviour but scrutinise bank statements for evidence of fiscal management and may identify issues here. When they do, they ask clients to reduce or desist their gambling or their benefits will be at risk. They did not suggest they signposted clients for gambling-specific assistance or cross-reference with other difficulties.
- 2.8 Share information to enable the creation of area maps which highlight areas of concern to inform planning or resource allocation (DCC, Districts, gambling charities).**
- 2.8.1 Area maps have been included in the JSNA page reporting on problem gambling. These mostly refer to online gambling activity. It is not clear to what extent Districts have engaged and provided data regarding the outlet density of premises where gambling is licensed. From the information available, it seems there are higher levels of activity for online bingo in Bideford, Barnstaple and Cullompton.

Recommendation 3: Continue to support responsible gambling across sectors.

2.9 Raise awareness of GamCare certification (DCC, Districts)

- 2.9.1 The GamCare Certification is now called the Safer Gambling Standard (as from December 2018). GamCare Certification applied to specific products and services provided by gambling operators which were assessed against GamCare’s Code of Practice in place at the time of the assessment. Code items reflected focal areas for Social Responsibility, such as age verification systems, standards of training, and quality of interactions. Certification was awarded to both remote and land based/non-remote gambling companies that implemented player protection policies relevant to their platform and gambling service.

2.10 Write to government to request that credit cards are not used online (DCC)

- 2.10.1 To be completed by an appropriate Councillor.

2.11 DCC to take an active role in promoting Responsible Gambling Week through our comms team (1st - 7th Nov)

- 2.11.1 DCC Public Health led through communications the promotion of 2018 Responsible Gambling Week, with this press release distributed on 1st November 2018: <https://www.devonnewscentre.info/council-takes-action-to-increase-the-visibility-of-dangers-of-problem-gambling/> which included details for the National Gambling Helpline and the GamCare website.

- 2.11.2 For 2019, DCC Public Health worked through DCC communications team for Responsible Gambling Week 2019 (7th – 13th November), and will use information sourced from <https://responsiblegamblingweek.org/> to raise awareness and take an active role again.

Recommendation 4: Take action when people need help

2.12 Identify and promote services that offer help for people or families who are suffering from the effects of problem gambling. (NHS, Police, DCC, CAB, Exeter University)

2.12.1 DCC Public Health have compiled a list of services and support structures that can be accessed locally for residents who are directly affected by problem gambling. This can be seen in Appendix 2. This document could be shared with Directors or Heads of Service to cascade within their teams in DCC, and likewise with partner agencies such as NHS trusts, Police, or District councils.

2.13 Lead by example as responsible employers and ensure that the staff assistance programme is aware of problem gambling and knows how to help people.

2.13.1 The employee assist program offers support for individuals with addiction behaviours. This doesn't specifically identify gambling. There are some useful leaflets that are available for staff and families who contact them.

3. Conclusion

3.1 National initiatives that have implemented through 2018/19. These reflect that gambling is not just a local issue and some safeguards have been implemented to protect younger people in particular.

3.2 It is likely that the nature of gambling will continue to evolve with new technology leading to an increase in online gambling. Any future work needs to be mindful of the increasing use of online gambling and the move away from traditional gambling premises.

3.3 The multi-agency approach to scoping problem gambling issues in Devon is in its infancy. Work has been undertaken using the JSNA this year to scope the intelligence around problem gambling and an understanding of the support that is available locally.

3.4 Identification within services of problem gambling is not routinely carried out.

3.5 Recommendations from the suicide audit should be considered when it is published.

3.6 The intelligence from the JSNA helps to identify those cohorts with a higher prevalence of gambling and this could direct the next stage of work which could include bringing together partners to consider how identification of problem gambling is occurring and how individuals are directed towards available support.

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Background Paper	Date	File Ref.
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Problem Gambling Spotlight Review report	September 2018	
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Gambling: An overview for Devon

Gambling is often described as a common recreational activity. However sometimes gambling can escalate to a problematic level characterised by impaired control and adverse and social consequences⁴. Problem and pathological gambling is a public health concern associated with impaired physical and mental health, unemployment, financial difficulties and family violence^{1,5}. Gambling-related harm not only affects the individual but also has a wider impact on friends, family and co-workers. It is estimated that for every problem gambler, between six and ten people are directly affected².

Land-based and online gambling includes poker, casinos and sports betting. Following the implementation of the Gambling Act 2014, Great Britain now has the largest regulated online gambling market in the world⁶. Between October 2016 and September 2017, the Great British gambling industry had a total gross gambling yield of £13.9bn, a 0.7% increase from the previous year³.

This paper seeks to provide an overview of gambling in Devon.

National Prevalence

Gambling in general has continued to increase in the UK which is reflected by increases in casino attendance as well as the increasing revenue yielded by the gambling industry³.



In the UK, almost **1 in 2** persons gambled in the past four weeks. When the National Lottery is excluded, this equates to around **1 in 3** persons.

Online gambling has continued to increase since 2014 with around **1 in 5** people self-reporting engagement of online gambling in the last four weeks.

This growth is being driven rapidly by the changes in consumer behaviour which is supported by the



technological advancement and the availability of high speed WiFi³.

Age

Gambling participants in the UK tend to be **older** with higher proportions of participants aged between **45 and 64** years.

Online gambling participants tend to be younger with higher proportions of participants aged between **25 and 34 years**⁷.

There is some debate around the idea that new online consumers may come from the convergence of online gaming and computer games. However, the evidence to support this hypothesis is not well understood.



⁴ Shaffer (2002)

⁵ Citizens Advice: Out of Luck (2017)

⁶ Gambling Commission (2018)

⁷ AgeUK (2016/17)

Gambling restrictions

Land-based gambling

New legislation has been introduced from the 1st of April 2019 where fixed odds betting terminals will have a maximum bet limit of £2. Previously wagers as high as £100 could be placed on any one bet. High-stake bets present a serious risk of gambling harm and the legislation has been introduced to protect players.

Online gambling

Conversely, there are **no restrictions** on stakes, prizes or the speed of play in online gambling sites. Furthermore, there is no restriction on premises and the participant can gamble almost anywhere that has a WiFi connection. It is both convenient and anonymous.

Many gambling sites offer an array of different types of gambling with attractive welcome offers enticing customers to join. Registration can be done at the click of a button and participants can deposit immediately. Online gambling requires **no physical cash exchange** which can make it more challenging to keep account of how much money they are losing.

Gambling Marketing

The gambling industry have increased their marketing spend by **56% since 2014**. This includes direct online marketing, affiliates, social media and tv adverts. Online advertisements account for around **80%** of all gambling advertising.



Changes in consumer behaviour around interactive technology may perpetuate the success drivers on which gambling is built. Arguably this success can be

observed in the increasing levels of gambling activity since 2014 described on page one.

Furthermore, gambling advertisements account for **8%** of the total UK advertising market.

Social Segmentation

Experian Mosaic is a social segmentation tool which synthesises UK demographic, lifestyles, preferences and behaviours data to form distinct segments of the population. Mosaic segments the national population into 15 Groups and 66 different Types. Locally Groups and Types are allocated based on household or postcode.

Experian Mosaic contains internet usage data on gambling activity online. This section identifies the main mosaic type(s) which have higher rates of online gambling for bingo and gambling in general. This does not suggest that other types across Devon do not gamble, it simply shows where there are higher than average rates of gambling activity.

Bingo activity online

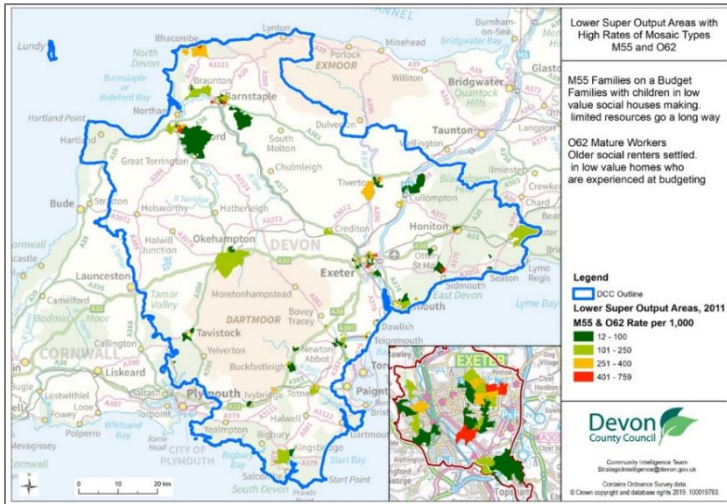
In Devon the two most prevalent mosaic types with higher than average internet usage on bingo sites are:

1. M55 – Families with needs
2. O62 – Low income workers

Families with needs (M55) are generally aged between 26 and 30 years, with children. Low income workers (O62) tend to be aged between 56 and 60 years and are single. Both types generally have low income and on average they tend to live in council or housing association type homes.

Map 1 shows the areas across Devon which have much higher than average rates of online bingo activity compared to the national average. These areas include Barnstaple, Tiverton and central Exeter, which are areas that tend to be more deprived.

Map 1: Online Bingo activity in Devon



Gambling activity online

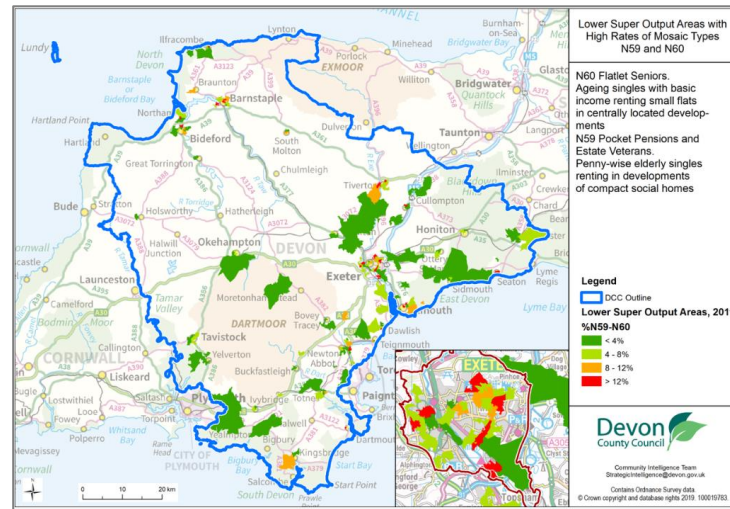
In Devon the top 3 mosaic types with higher than average gambling activity online are:

1. N60 – Dependent greys
2. N59 – Pocket pensions
3. N61 – Estate veterans

Generally, these mosaic types tend to be people who are single and aged between 60 and 80 years old. Accommodation tends to council or housing association type and varies in tenure type.

In Devon there are higher than national average rates of gambling activity in areas of Exeter (Whipton and Barton), Mid Devon (Westexe) and East Devon (Exmouth Withycombe Raleigh) (Map 2).

Map 2: Online gambling activity in Devon



Problem Gambling

Definition

Problem gambling is defined by the Royal College of Psychiatrists as “**gambling that disrupts or damages personal, family or recreational pursuits**”.⁸

Risk factors

There are a range of risk factors which can contribute to problem gambling and these include^{2,9}:

- Ease of access
- Lack of restrictions on gambling
- Escapism
- Boredom
- Thrill-seeking
- Behavioural traits
- Mental health problems
- Exposure at a young age
- Substance misuse

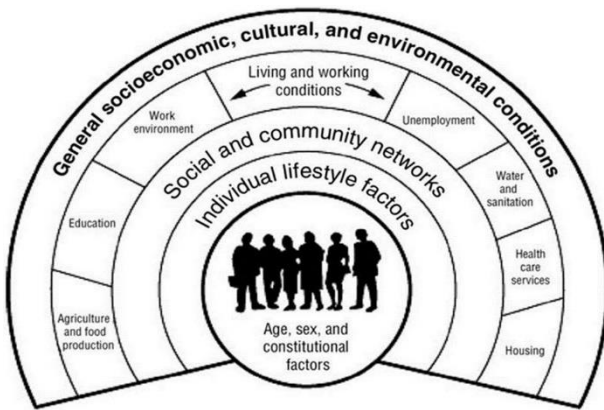
⁸ Royal College of Psychiatrists: Problem gambling

⁹ <https://www.geofutures.com/research-2/gambling-related-harm-how-local-space-shapes-our-understanding-of-risk/>
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- Ethnic groups
- Vulnerable groups
- Socio-economic status

Some of the above risks factor may also be influenced by wider determinants of health and therefore they can be described as a symptom of a wider issue rather than the cause of problematic gambling. Influencing some of these risk factors may help to prevent some of the risk factors associated with problem gambling (Figure 1).

Figure 1: Dahlgren and Whitehead model of health determinants



At risk of problem gambling

Around 1.7 million (3.2%) individuals in England are considered to be at risk of problem gambling¹⁰. This equates to around 21,000 persons aged 16 and over in Devon.

Problem gambling prevalence

Problem gambling prevalence is estimated to be around 0.8% in Great Britain⁴. When applied to the Devon population aged 16 years and over, this equates to around 5,250 individuals.

Furthermore, it is suggested that there are around 55,000 children in England classed as having a gambling problem and alludes to the fuelling of gambling through gaming websites and targeted adverts¹¹.

Demographics

Men are more likely to be classed as a problem gambler compared to women (1.5% and 0.2% respectively).

Problem gambling is highest among those aged **25 to 34 years** (2.0%) and lowest among those aged **75 years and over** (0.2%).

National evidence suggests that there are inequalities in those who experience harm from gambling. Those who are most vulnerable in our society may disproportionately experience greater harm from gambling¹².

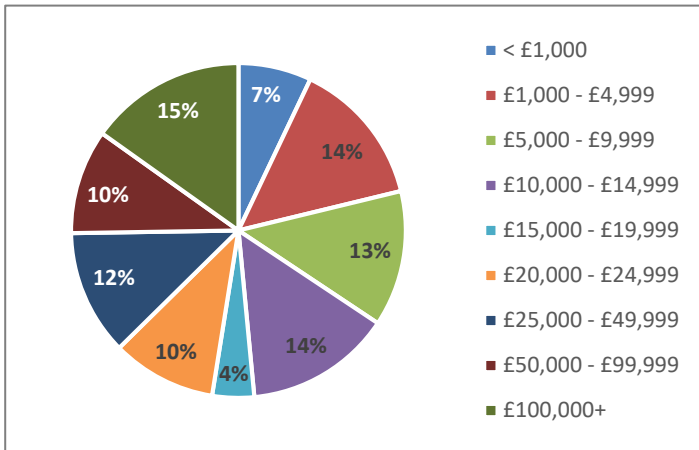
Impact of problem gambling

Problem and pathological gambling is a public health concern associated with impaired physical and mental health, unemployment, financial difficulties and family violence^{1,2}. Gambling-related harm not only affects the individual but also has a wider impact on friends, family and co-workers. It is estimated that for every problem gambler, between **six and ten** people are **directly affected**².

¹⁰ HSE (2015)
¹¹ <https://www.england.nhs.uk/2019/06/nhs-to-launch-young-peoples-gambling-addiction-service/>
¹² NATCen, 2017
 MML - 2019

Qualitative research undertaken by the Citizens Advice Bureau nationally uncovered that nearly two thirds of gamblers reported that they had lost £10,000 or more, with several reporting losses in the millions (Figure 2, overleaf). Many participants discussed spending money on gambling rather than on living essentials.

Figure 2: Losses to gambling



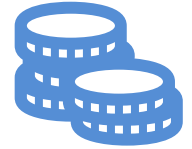
Source: Citizens Advice Survey: "Roughly how much money do you think you have lost to gambling?" (Percentages rounded to the nearest whole number) Base: 557

The majority of people who were interviewed reported that they used several means to fund their gambling such as using savings or theft. Almost **4 in 5** people stated that their wages funded their compulsion to gamble and it would often be at the expense of having essentials for household or for family. Over **three-quarters** of gamblers reported that they had built up **debt** through credit cards, overdrafts and payday loans. Ease of access to credit was identified as an issue for respondents.

As a direct impact of problem gambling, 6% of families with children reported that they were made homeless. Many respondents identified that they experienced suicidal thoughts, emotional distress and loneliness/isolation, and this also impacted on relationships and mental health of friends and family.



Gambling and impact on services



Inpatient admissions

There is **evidence of admissions** with a primary or secondary diagnosis field relating to gambling. However pathological gambling will only be coded in hospital episode statistics where an individual discloses that information to a healthcare professional. Therefore, it is likely that current numbers of admissions where gambling is either in a primary or secondary diagnosis field is **likely to be higher**.

In Devon, there have been around 50 admissions with a gambling related code over the last decade (2008/09 – 2018/19). The majority of these admissions have a primary diagnosis of either poisoning by drugs, medicaments and biological substances, or mental and behavioural disorders.

Local services

A series of informal conversations with front line staff across the county and districts in Devon and CAB reveal the following:

Housing benefit

Local authority housing benefit teams can provide extra money to claimants known as discretionary housing payments (DHPs). These payments are for claimants who need additional help to meeting housing costs.

The DHP application does not include any questions relating to gambling however assessors have advised that as part of the application process bank statements are scrutinised to look at significant or regular outgoings. It was confirmed that regular gambling transactions would be noted as part of the decision-making process.

It did not appear that there was a process in place to signpost to support services, but rather occasional

advice was provided to claimants, but this was more around suggesting that this type of activity should reduce or be stopped.

Homelessness and housing services

Within the homelessness service in Exeter City Council gambling is listed under an umbrella term of 'difficulties with money, budgeting, gambling' and it is not possible to disaggregate this information.

Furthermore, current systems do not identify gambling as a support need and therefore it is not possible to extract information to further understand the issue. Conversations with front line staff confirm that they recognise gambling addiction as an issue among some service users. Staff also spoke about their experience with service users who have chronic gambling addictions and how this led to loss of housing placements due to the addiction.

Exeter City Council confirmed that they are currently involved in a tendering process for an Independent Advice Service and part of this service is to include debt advice attached to the Housing Options team. This service is planned to be available in September 2019.

Citizens Advice Bureau (CAB)

In Devon, there are many people who come into contact with CAB for advice relating to gambling. When a client discloses gambling as a contributory factor of the primary issue (the issue they are seeking advice on), this will usually be recorded as an addiction. It is possible that the advisor may add additional notes about gambling, but this is not standardised and not easily extractable.

CAB confirmed that it is possible in their local branches to set a flag on their system to allow recording of 'gambling'. However, it was advised that this arrangement would only be temporary because of the additional work it would generate.

Gambling and suicide

ONS published 21 suicides in England and Wales which had the word 'gambled' or 'gambling' on the death certificate for the period 2001 to 2016. However, this figure is likely to be an undercount because the coroner will not always record detailed information relating to the deceased history¹³.

Public Health Devon are currently undertaking a suicide audit of the coroner files. Understanding suicides with a mention of gambling is one of the objectives of the audit.

To date, there has been evidence of gambling and debt problems identified in some cases in the suicide audit for Devon. However, it is information which is not always captured as part of the inquest. This is because the evidence of gambling may not be available, or family/friends may not have knowledge of the problem to disclose in a witness statement.

¹³ ONS (2018)
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmml> - 2019

Treatment and support services

GAMCARE

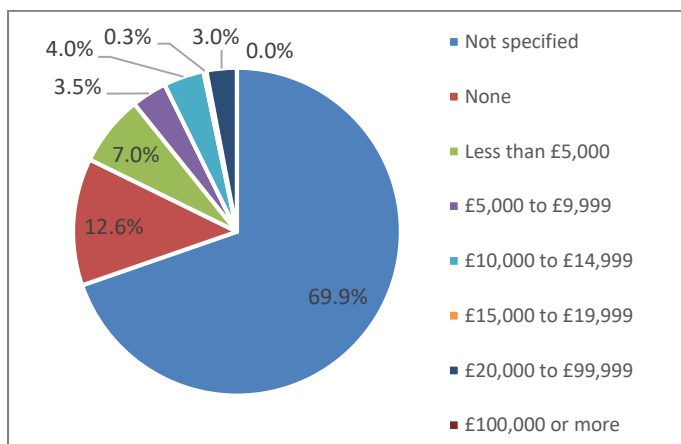
GAMCARE is an online national provider of free information, advice and support to anyone that is affected by problem gambling.

Between 2014/15 and 2017/18 there were 398 callers to GAMCARE in Devon.

On average, the majority of callers to GAMCARE in Devon are the gambler themselves (85.7%) and the remaining is either a partner, family member or friend. Callers tend to be male with more than 1 in 2 persons aged between 18 and 35 years.

While two thirds of callers do not disclose their debt, 17.8% of callers do provide details on the amount of debt they have incurred. Figure 3 illustrates further information.

Figure 3: Debt disclosed due to gambling in Devon



GAMCARE collect information on the impact of the gambling problem (Table 1). Double counting is present in various impacts. Most callers discussed impacts around financial difficulties, anxiety and stress, family and relationship difficulties and isolation.

Table 1: Impacts discussed by callers

Impact	%
Financial difficulties	78.1%
Anxiety/Stress	73.4%
Family/Relationship difficulties	61.1%
Feeling isolated	23.9%
Mental Health	18.1%
Work difficulties	11.6%
General health	9.8%
Alcohol misuse	7.8%
Housing problems	6.0%
Criminal activity	4.5%
Suicidal	3.5%
Drug misuse	2.3%
School difficulties	1.3%

GAMCARE offer treatment and support groups for people who want to stop gambling. Treatment options include information, support and counselling for problem gamblers. There were 319 callers who engaged with treatment through GAMCARE between 2014/15 and 2017/18. Information on the type of treatment received is currently unavailable.

Gambling Anonymous (GA)

Unfortunately, there is no data available in relation to gambling anonymous.

Gambling exclusions

Gambling problems and the compulsion to gamble are often described as being completely outside of the person's control and 'just stopping' is not always a reasonable option. Self-exclusion is in place to protect compulsive gamblers from losing more money, however there may be wider determinants perpetuating compulsive gambling behaviour which also need to be addressed.

In 2018, there were a total of approximately **1.4 million** self-exclusions for gambling in UK, of which

96% were **online gambling** websites. It is not possible to determine the number of individuals because often compulsive and pathological gamblers will have accounts with multiple gambling websites. Moreover, with the introduction of GAMSTOP, it is likely that the self-exclusion figure is lower in terms of the number of individuals.

GAMSTOP is operated by a not for profit organisation called The National Online Self-Exclusion Scheme Limited. This website provides a self-exclusion facility for those that decide to stop gambling and need support in doing so. Once someone self-excludes with GAMSTOP, they are unable to gambling with online gambling companies licenced in Great Britain¹⁴.

It is not currently possible to identify GAMSTOP self-exclusions for Devon however GAMSTOP have confirmed that they are currently looking at ways in which they can provide this information in the future.

What does the current evidence suggest?

The evidence base for prevention and harm reduction on gambling behaviours and gambling related harm demonstrate significant gaps. A systematic review carried out in 2018 by McMahon et al¹⁵ found that much of the current research relates to pre-commitment and limit setting, self-exclusion, youth prevention programmes, and machine and feedback messaging. However, the quality of these studies is identified as being generally poor.

National response

In April 2019, the Gambling Commission published a national strategy to reduce gambling harms, bringing together health and third sectors, regulators and

business to focus on prevention and education, and on treatment and support.

Alongside this, Public Health England (PHE) are producing an independent evidence review to complement the national strategy. The National Institute of Health Research (NIHR) has commissioned a review of the effectiveness of policies and interventions which will form part of the PHE evidence review. Interim findings are expected in September and the full report is scheduled for early 2020.

As part of the NHS Long Term plan, the first NHS gambling clinic for children will open in 2019 as part of a new network of services for people with gambling addiction. In addition, specialist face-face NHS treatment for gambling is being made available across the country and there are plans for new clinics to open also.

The local government association have produced a paper 'Tackling gambling related harm – a whole council approach'¹⁶ which provides an overview of problem gambling, and how local authorities can begin to try to help their local populations who are impacted by it.

Local activities

Local authority district gambling policies

Public Health Devon provided feedback on the draft local authority district gambling licencing policies in 2018. Feedback to districts included making the best use of local information and mapping, especially around density of outlets, supporting developments around safeguarding and asking for clarification regarding duty of care and considerations around vulnerable adults. The need for a health consideration

¹⁴ GAMSTOP (2018)

¹⁵ McMahon N, Thomson K, Kaner E, Bamba C. Effects of prevention and harm reduction interventions on gambling behaviours and gambling related harm: an umbrella review. Addictive behaviors. 2018 Dec 2.

¹⁶ LGA (2018) <https://www.local.gov.uk/tackling-gambling-related-harm-whole-council-approach>



in the licencing of gambling premises was also suggested.

Gambling Awareness week

Gambling awareness week in Devon was held in November 2018. For 2019, Gambling Awareness week in Devon is scheduled from the 7th to the 13th November.

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Problem Gambling Online Resources

This section draws together the available online resources that provide information and support for those affected by problem gambling as well as educational/training resources for staff who may come into contact with affected or at-risk individuals.

The ICD-11 for Mortality and Morbidity Statistics defines a gambling disorder as being:

“characterized by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by:

- 1) impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
- 2) increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
- 3) continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe. (6C50 Gambling disorder)

<https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1041487064>

There are currently no NICE guidelines on gambling disorders although a Quality Standard has been referred to NICE but has not yet been scheduled into the work programme (Proposed - GID-QS10099).

There are many different organisations and charities which have resources and support available for problem gambling.

Resources for affected individuals

There are a number of organisations providing advice and support online for those affected by problem gambling either as the one affected or their friends and family. These include self-assessments, financial tools, telephone and virtual chat lines, forums, counselling and other resources and signposting.

NHS

The NHS website has a page with help for problem gambling. This includes a self-assessment questionnaire (Box 1, overleaf). <https://www.nhs.uk/live-well/healthy-body/gambling-addiction/>

Box 1. NHS Problem Gambling Self-Assessment Questionnaire

- Do you bet more than you can afford to lose?
- Do you need to gamble with larger amounts of money to get the same feeling?
- Have you tried to win back money you have lost (chasing losses)?
- Have you borrowed money or sold anything to get money to gamble?
- Have you wondered whether you have a problem with gambling?
- Has your gambling caused you any health problems, including feelings of stress or anxiety?
- Have other people criticised your betting or told you that you had a gambling problem (regardless of whether or not you thought it was true)?
- Has your gambling caused any financial problems for you or your household?
- Have you ever felt guilty about the way you gamble or what happens when you gamble?

Score 0 for each time you answer "never"

Score 1 for each time you answer "sometimes"

Score 2 for each time you answer "most of the time"

Score 3 for each time you answer "almost always"

If your total score is 8 or higher, you may be a problem gambler.

The NHS suggest CBT as the best treatment option and provides signposting to the following resources to access support:

- GamCare: Offers free information, support and counselling for problem gamblers in the UK. It runs the National Gambling Helpline (0808 8020 133) and also offers face-to-face counselling. In addition, GamCare operates BigDeal which offers information, advice and support to young people impacted by problem gambling. They also provide information and resources to parents and professionals to increase awareness about the issue.

<https://www.gamcare.org.uk/>

<https://www.bigdeal.org.uk/>

- National Problem Gambling Clinic: Those who live in England or Wales, are aged 16 or over and have complex problems related to gambling, can self-refer to this specialist NHS clinic for problem gamblers.

<https://www.cnwl.nhs.uk/cnwl-national-problem-gambling-clinic>

- The Gordon Moody Association: Offers residential courses for men and women who have problems with gambling. It also runs the Gambling Therapy website, which offers online support to problem gamblers and their friends and family.

<https://www.gordonmoody.org.uk/>

<https://www.gamblingtherapy.org/en>

Gambling Therapy have also developed the first app with features centered on evidence-based therapies for problem gambling, such as mindfulness and Cognitive Behavioural Therapy (CBT). The key features are:

- Self-assessment questionnaire
 - Text based live support
 - Mindfulness and self-help exercises
 - Crisis support information
 - Daily motivational quotes
 - Links to blocking software
 - Directory of organisations that can help
 - Access to the Gambling Therapy online forums.
-
- Gamblers Anonymous UK: Runs local support groups that use the same 12-step approach to recovery from addiction as Alcoholics Anonymous. There are also support groups for friends and family.

<https://www.gamblersanonymous.org.uk/>

<http://gamanon.org.uk/>

Gambling Commission

The Gambling Commission supports the Responsible Gambling Strategy Boards' (RGSB) objectives to advise on strategic priorities for research, education and treatment into minimising gambling-related harm. The RGSB sets the strategy for research priorities, with a programme of research being delivered by GambleAware, an independent charity tasked to fund research, education and treatment services to help to reduce gambling-related harms in Great Britain. It also administers and funds BeGambleAware which provides information to help people make informed decisions about their gambling. They support individuals to find out more about gambling and what safer gambling means, to understand and recognise problem gambling, and show you where to go for further information, help and support.

BeGambleAware links in with GamCare to direct individuals to the National Gambling Helpline, webchat service NetLine, chat room forums and printed information.

<https://www.gamblingcommission.gov.uk/home.aspx>

<https://about.gambleaware.org/>

<https://www.begambleaware.org/>

Education resources for staff

GamCare

GamCare have a number of resources available for staff. They offer face to face courses on:

- Problem Gambling Awareness
- Problem Gambling - Identification and Brief Advice
- Identification and Brief Advice - For Universities
- Identification and Brief Advice - For Sports Organisations
- Identification and Brief Advice - For the Criminal Justice System

They do provide an e-learning programme, GamCare ExTra, but this is aimed at professionals in the betting and gaming industry.

Gambling Aware

Gambling Aware provide a free e-learning course, "Understanding and responding to gambling-related harms", which was developed with the Royal Society for Public Health as a resource to assist workers to provide brief intervention to

address gambling-related harms. It also contains an optional topic for organisational leaders wishing to set up and implement the processes necessary to support workers to provide intervention. The programme is aimed at professionals who do not specialise in the treatment of gambling problems and may be most suitable to those working in health, social and criminal justice settings.

The programme can be completed in two hours and covers:

- What is a brief intervention?
- How to provide a brief intervention
- Important considerations and responding to affected others
- Requirements at an organisational level (optional topic)
- Resources to aid brief intervention.

In addition, a 40 page “Brief Intervention Guide” is available to download.

<https://about.gambleaware.org/education/resources/>

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