

# Shropshire Public Health response to Shropshire Council Gambling Act 2005 Policy Statement consultation

## Defining the Issue

Gambling has been part of our culture for centuries and many people are able to gamble without experiencing harm. However, the harm from gambling has become a serious and worsening public health problem in the UK<sup>1</sup>

The UK has one of the biggest gambling markets in the world, generating a profit of £14.2 billion in 2020. The Office for Health Improvement and Disparities (OHID) reports that in 2018, 24.5 million in England gambled which equates to 54% of the adult population (or 40% when excluding the National Lottery).

Many people in the UK have gambled at some point but for some people, gambling becomes a problem or an addiction. Gambling products can be very addictive, and widespread persuasive marketing and advertising can have negative impacts.

Problem gambling can be defined as 'gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits'. In turn, gambling-related harms can be defined as the 'adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society'. These harms impact on people's resources, relationships and health<sup>2</sup>.

OHID estimates that within the UK, 0.5% of the population reached the threshold to be considered experiencing problem gambling. This proportion has remained relatively consistent since 2012. It is also estimated that 3.8% of the population are classified as gambling at elevated risks, which means they may experience some level of negative consequences due to their gambling. A review by the Gambling Commission identified 0.9% of young people aged 11 to 16 year olds as experiencing problem gambling and 2.4% experiencing gambling at elevated risk<sup>3</sup>.

OHID have also estimated the number and rates of adults who gamble and that may benefit from some level of treatment or support in each local authority in England<sup>4</sup>. This is categorised for Shropshire as follows;

1. **Brief advice** (brief conversation or referral to self-help) = 270 adults per 100,000 who benefit (n=716) – compared to the national rate of 366 per 100,000 and West Midlands rate of 413 per 100,000

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<sup>1</sup> Faculty of Public Health (2018). Faculty of Public Health Gambling Policy Statement

<sup>2</sup> Gambling Commission (2020). Problem gambling vs gambling-related harms

<sup>3</sup> Gambling Commission (2022). Young People and Gambling 2022

<sup>4</sup> Office for Health Improvement and Disparities and Public Health England (2024). Gambling treatment need and support: prevalence estimates

2. **Extended brief advice** (motivational interviewing delivered by gambling specialist practitioners) = 1,999 adults per 100,000 who benefit (n=5,299) – compared to the national rate of 2,188 per 100,000 and West Midlands rate of 2,138 per 100,000
3. **Psychosocial interventions** (delivered in third sector in one-to-one or group format by gambling treatment practitioners) = 333 adults per 100,000 who benefit (n=882) – compared to the national rate of 366 per 100,000 and West Midlands rate of 370 per 100,000
4. **Psychologist led cognitive behavioural therapy** (CBT for gambling disorder delivered by clinical psychologists or CBT accredited psychotherapists) = 355 adults per 100,000 who benefit (n=942) – compared to the national rate of 547 per 100,000 and West Midlands rate of 717 per 100,000
5. **Intensive residential treatment** (including one-to-one treatment and group sessions) = 70 adults per 100,000 who benefit (n=185) – compared to the national rate of 88 per 100,000 and West Midlands rate of 114 per 100,000

Research has shown that harms associated with gambling are wide-ranging<sup>5</sup>. These include not only harms to the individual gambler but their families, close associates and wider society, including worsening of existing social and health inequalities<sup>6</sup>. A YouGov (2020) survey<sup>7</sup> found that approximately 3.6 million (7 per cent) adults and children in Great Britain are negatively affected by someone else's gambling. It is important to note in addition to the adults identified in the OHID estimated prevalence of need above, there will be children living in the same household as adults who might also benefit from some type of gambling treatment or support.

### **Impact of Gambling Harm**

The Faculty of Public Health policy statement on gambling identified the following gambling-related health and social issues:

- Stress, depression, and alcohol and substance misuse.
- Family problems such as money troubles and family breakdown as well as neglect and violence towards the partner and children.
- Adverse impact on children both financially and emotionally by a family member gambling.
- Adverse Childhood Experiences (ACEs) which are defined as stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live, the impact of which lasts into adulthood.
- Higher rates of marital breakdowns among problem gamblers compared with the general population.
- Inability to function at work coupled with financial problems leading to homelessness.
- Harms to wider society including fraud, theft, loss of productivity in the workforce and the cost of treating gambling addiction.
- Higher levels of health service use - problem gamblers are twice as likely to consult their GP for mental health concerns, five times as likely to be hospital inpatients, and eight times as

<sup>5</sup> Office for Health Improvement and Disparities and Public Health England (2019). Gambling related harms evidence review

<sup>6</sup> Wardle H et al. (2019). Gambling and public health: we need policy action to prevent harm. *BMJ* 2019; 365 doi: <https://doi.org/10.1136/bmj.l1807>

<sup>7</sup> GambleAware (2020). YouGov Survey. Gambling Treatment and Support

likely to access psychological counselling when compared with people who do not identify as problem gamblers.

There has been much research in recent years of the association between gambling and suicide, suicide attempts and self-harm among gamblers, including in younger people. While suicide is influenced by a variety of factors, gambling can be a prominent contributor<sup>8</sup>.

The OHID evidence review of gambling harms identified the following insights associated with problem gambling;

### **Vulnerable groups and factors affecting gambling related harm**

- People classified at elevated risk levels and experiencing problem gambling are typically male and in younger age groups.
- Harmful gambling is associated with people who are unemployed and among people living in more deprived areas. This is despite the highest rate of gambling participation being among people who have higher academic qualifications, are employed and are in relatively less deprived groups.
- A higher prevalence of people with poor health, low life satisfaction and wellbeing are associated with at-risk and problem gambling.
- An association between gambling at all levels of harm and increased alcohol consumption, which is greater for the at-risk and problem gambling cohort
- Harmful gamblers are more likely to participate in seven or more gambling activities, with overall participation in online gambling for at-risk gamblers being more than double of the general population

### **Impact on others**

- 7% of the population of Great Britain (including adults and children) were identified to be negatively affected by someone else's gambling.
- The most severe impacts of problem gambling were felt most by immediate family members whose physical, mental and emotional health and wellbeing may be severely affected. This includes
  - Almost half (48%) of people affected by a spouse's or partner's gambling reporting a severe negative impact
  - 41% of people affected by gambling of a parent
  - 38% of people affected by gambling of a child

### **A Public Health Issue**

Gambling has the potential to cause harm to both individuals and wider society and is an issue that cannot be tackled by interventions solely aimed at individuals<sup>9</sup> but requires a broad response.

Gambling harms already reflect social and health inequalities and have potential to affect anyone at some point in their lives, but with greater harm where there is increasing vulnerability in terms of mental health, income deprivation, age, gender, race and ethnicity. Harms caused by gambling are

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<sup>8</sup> Local Government Association (2023).). Tackling gambling related harm: A whole council approach.

<sup>9</sup> Responsible Gambling Strategy Board. Gambling related harm as a Public Health Issue. Position Paper. 2016.

unequal in distribution, with those who are economically inactive and living in deprived areas suffering the most harm<sup>10</sup>. Lower income households spend a higher proportion of their income on gambling and in England, there are more gambling machines in deprived communities<sup>11</sup>.

Harmful gambling is a complex problem with many different but often interlinked factors - no single measure is likely to be effective on its own in addressing it. A public health approach is therefore recommended in addressing gambling harms, with a multi-agency, partnership commitment to focus on prevention and addressing inequalities.

The Local Government Association defines a public health approach in relation to gambling as<sup>12</sup>;

“one based on collective action to advance the public good by promoting health, equity, and social justice, and by adopting a broad and population-level perspective to gambling harms. Achieving this approach will, in part, require the public health community to engage fully with this issue, advancing counter-discourses to those that have become common, while recognising that policy and social change are complex and context-dependent.”

### **Recommendations**

- Public Health to be a key partner with impact assessments for all gambling licensing applications in the local authority area
- Public Health commissioned services (also recommended to wider Council teams) to assess clients for problem gambling as part of the needs appraisal process to signpost and refer into appropriate treatment support.
- Supporting the above, frontline staff to be trained to have appropriate skills for conversations about gambling harms, raising awareness and supporting people to access help such as from the NHS gambling clinics (for Shropshire this is the West Midlands Gambling Clinic).
- Public Health commissioned services to capture and record data about gambling harms in a systematic way to better understand extent of local harmful gambling and to model associated impact and costs (also recommended to wider Council teams).
- Undertake a thematic local health needs assessment on gambling harms (supported in part by the intelligence collated from the above recommendation) to better understand the prevalence and patterns of local problem gambling risk, raise system awareness of any changes that may be required to address unmet needs relating to gambling harms and identify examples of good protective and preventative practice.
- Information about gambling harm and support available to be available on the Shropshire Council public facing website and linked to from the existing Gambling Act webpages and Healthy Shropshire webpage.
- Public Health services (also recommended to wider Council teams) to challenge stigma and negative perception (including language used) relating to gambling harm which can prevent people from talking about their gambling or seeking help.

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<sup>10</sup> Wardle H, Keily R, Astbury G, Reith G, ‘Risky places?’: Mapping gambling machine density and social economic deprivation. *Journal of Gambling Studies*. 2014;30(1):201-212.

<sup>11</sup> Faculty of Public Health (2018). Faculty of Public Health Gambling Policy Statement

<sup>12</sup> Local Government Association (2023). Tackling gambling related harm: A whole council approach.

- Review Local Authority policy to support employees who may be affected by gambling related harms.