

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

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To: Health Reform and Public Health Cabinet Committee, -17 January 2023

Subject: Update Report on Gambling Addiction Interventions in Kent

Classification: Unrestricted

Electoral Division: All

Summary: The Health Reform and Public Health Cabinet Committee requested briefings on gambling in November 2018 and in September 2019. The recommendation was action on gambling harms be tackled via Kent's strategic partnerships in promoting the resources available for gambling addiction, advocating for responsible measures in tackling supply of gambling products and safeguarding vulnerable groups. With little dedicated resources there have been actions in signposting and awareness raising – particularly with young people and also via suicide prevention.

Since 2019 there have been five key issues that have raised the importance of a public health approach to gambling harms; COVID19, cost of living crisis, changes to government policy, a new national public health evidence review by the Office of Health Improvement and Disparities and a call to action from the Association of Directors of Public Health. Like the issues of tobacco control and alcohol many of the supply issues are out of the county council's control. district authorities do have limited policy and licensing levers.

However more can be done to raise awareness, signpost to help and mitigate issues of mental health, family disruption and crime. Gambling still features as a priority in the NHS Mental Health Long Term Plan. It is important to note that currently there are no resources attached to gambling harm reduction for public health teams However this paper proposes a fourfold way to tackle this issue in Kent.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on the contents of the report.

1. Introduction

- 1.1 The UK has one of the biggest gambling markets in the world, generating a profit of £14.2 billion in 2020. There are 340,000 people in the UK who experience serious harm from gambling (which is more than the number of crack cocaine users in the UK). Research has shown that harms associated with gambling are wide-ranging. These include not only harms to the individual gambler but their families, close associates and wider society. There have been growing calls by the public health community, people with lived experience and politicians that a population-level approach is needed to tackle this public health issue. The industry is regulated by the Gambling Commission on behalf of the Department of Culture, Media and Sport (DCMS).
- 1.2 The 2005 Gambling Act defines gambling as gaming, betting and participating in a lottery. The Current Gambling Act is set out with three key objectives:
- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime
 - Ensuring that gambling is conducted in a fair and open way
 - Protecting children and other vulnerable persons from being harmed or exploited by gambling
- 1.3 Since 2005 there have been wide scale changes to the gambling market including Fixed Odds Betting Terminals, for highly addictive on-line roulette. There have also been changes in the way gambling is marketed online particularly to women and children. The Gambling Act was set for review in 2022, however this was delayed and The Gambling Act White Paper is now scheduled for publication in early 2023. The Local Government Association (LGA) submitted their responses to the proposed White Paper and recommended an increased mandatory levy on the gambling industry to fund research and treatment for gambling related harms.
- 1.4 This paper acknowledges that to date there has been little capacity to lead a co-ordinated plan to tackle gambling harms in Kent and sets out preliminary steps and an approach to raise this as a priority for 2023, linking this to the Kent and Medway Integrated Care Board's (ICB) Integrated Care Strategy (ICS) as part of tackling the wider determinants of health inequalities.

2. Extent of the problem of gambling related harms in Kent

- 2.1 In preparation for the new Gambling Act's White Paper the Office of Health Improvement and Disparities (OHID) was asked to produce an evidence review of gambling related harms. Below is the summary of the evidence gathered:

Questions	Answers from Public Health England (PHE (OHID) Research
What is the prevalence of gambling and gambling-related harm in England by socio-demographic characteristics,	40 to 54% of population participate in gambling. 10% is National Lottery. Males are more likely. For online gambling males 15% and females 4%. Online gambling has increased from 6% in 2012 to 9% in 2018. Problem Gamblers: 0.5% population

geographical distribution and year?	At Risk Gamblers: 3.8% population
What are the determinants (risk factors) of at risk gambling and harmful gambling?	Most people who gamble regularly are those with high life satisfaction however people with poor life satisfaction are likely to be at risk and harmful gamblers. There was a high association between alcohol and harmful gambling. Being male, poor mental health and use of online slots and sports betting and casino and bingo games.
What are the harms to individuals, families, communities, and wider societal harms associated with harmful gambling?	Financial Relationships Mental Health Suicide Employment and Education
What is the social and economic burden of gambling-related harms?	For UK £1.27 Billion ½ of these costs are direct costs to government – significantly assigned to mental health (£342million)
What are stakeholder views on gambling-related harms in England?	Difference of opinions between industry and commercial vs people with lived experience. Former highlighting the very vulnerable but those with lived experience saying all people were potentially vulnerable. All agreed greater awareness raising was important.
To what extent has coronavirus (COVID-19) affected gambling participation and behaviour?	In a small group of vulnerable people there was increases of gambling behaviour and alcohol intake but overall COVID19 reduced gambling.

3. Public health approach to tackling gambling related harms

3.1 A good prevention plan for gambling related harms will include the right mix of universal measures for the benefit of the whole population (awareness campaigns for children and challenging licensing decisions), selective measures for groups who may be more at risk of gambling harms (targeted screening and signposting) and indicated measures for individuals who are more at risk of gambling harms (treatment and recovery support).

3.2 Gambling and Suicide

3.2.1 National Research has shown a strong and substantial relationship between gambling and suicide. The most recent statistics from Gamcare, (treatment provider) indicate that 11% of the UK wide 25,542 gamblers contacting their helpline had experienced suicidal thoughts, either currently or in the past, with

62% of callers mentioning anxiety and stress and 47% of those presenting for treatment at the National Problem Gambling Clinic in London reported currently having suicidal thoughts, with the likelihood of having suicidal thoughts increasing as the severity of gambling problems increased. This suggests a relationship between severity of problems and suicidal thought. The current research shows that it is people whose gambling addiction is spiralling out of control that are at the highest risk of suicide which shows the importance of working alongside the industry. It was recommended that gambling and debt become an element of the Kent Suicide Prevention Strategy and this has now taken place.

3.3 Debt and Suicide

3.3.1 There is a well-established connection between financial stressors, like problem debt, and suicide. GamCare's own data shows that financial difficulties are a particular concern for people using their helpline (mentioned by 27%, with 66% disclosing some level of debt). Statistics from the National Gambling Treatment Service show that most gamblers (71%) receiving treatment have a debt due to their gambling. In the UK, 24 million people lost over £14.5 billion to gambling operators in 2019 and losses have steadily increased in recent years.

3.4 Commercial determinants of mental health: Working with Industry

3.4.1 Like alcohol and tobacco the gambling industry makes a profit from risky activities. This includes aggressive advertising e.g. there has been a 600% increase in TV advertising from 2007 to 2012. The gambling industry uses part of its profits in ensuring gambling related harm is tackled. It is vital that that workers in the industry are able to identify people at risk and highlight those whose gambling losses are starting to spiral out of control. Licensing authorities (Kent districts) are asked to provide a statement of principles under their duties to the Gambling Act.

3.4.2 In Kent it is the District Councils that are able to issue licences and impose conditions on licencees (this includes gaming licences). However, they are not able to levy financial penalties. There are six categories of premises that the Licensing Authority will consider and determine: *Casinos, Bingo, Betting Tracks, Other Betting premises (i.e. betting shops or Licensed Betting Operators), Adult Gaming Centres (Arcades for 18 and over), Family Entertainment Centres (Arcades that permit children to enter)*. It will be important to see what the proposed changes to the act in 2023 are and if appropriate, work with the vulnerable districts to strengthen their plans.

3.5 Gambling and Crime

3.5.1 Problem gambling has been linked to a range of crimes such as theft, assault and criminal damage. There were approximately 506 gambling-related crimes logged by Kent Police in 2019 and 2020. Currently although Kent Police do not routinely screen offenders on their gambling habits, there is a good partnership with public health and community safety for preventative policing which can be progressed via the new partnerships being forged via the Combatting Drugs Executive Group.

3.6 Treatment for Gambling Addiction (working with the NHS)

- 3.6.1 Most treatment for gambling harm is funded and organised by the National Gambling Treatment Service, which is a network of services working together. They offer online awareness raising campaigns, screening tools, online and face to face support and also via the Gordon Moody Association they offer residential treatment and recovery and housing support. It is paid for by voluntary donations from the gambling industry.
- 3.6.2 Some support comes through networks like Gamblers Anonymous and other support groups. There are also seven NHS treatment centres for Gambling Addiction across the UK. There are centres in Southampton, Stoke-On-Trent, London, Leeds, Manchester, Sunderland and a proposed unit for young people. However only 2% of problem gamblers may be in treatment, although there has been a 42% in uptake from 2020-2021. In 2023 the Kent Public Mental Health Team will report on how many Kent residents need and access these treatment centres and create a plan to increase uptake and awareness.
- 3.6.3 The NHS launched a new national Gambling Harm Network and Clinical Reference Group, which brings expertise together and enables clinical teams to share best practices for helping to treat gambling addiction and it will be important for Kent public health to link up with the national work. The NHS long term plan for mental health pledges that there will be 15 treatment centres by 2024.
- 3.6.4 NHS Mental Health Director, Claire Murdoch quoted “It is also absolutely right that the NHS now funds these clinics independently, recognising the harmful effects this addiction can have on the nation’s mental health, and that predatory tactics from gambling companies are part of the problem, not the solution”.

3.7 Other Addictions and Gambling

- 3.7.1 Many people in the most vulnerable to gambling harms category will be people who have a history of complex untreated addictions, including to gambling, co-morbidities and multiple other vulnerabilities, previous attempts at structured treatment, mental health problems, learning disabilities and adverse childhood experiences. It will be important to highlight the issue of gambling harms to all social care workers in Kent so that the services available for gambling related harms are better used by the people who need them.

3.8 Young People and Gambling

- 3.8.1 The Gambling Commission (Industry Regulator) released its report on the Gambling Related Harms and Young People, in 2022. Historically, understanding the relationship between children and gambling is complex. Their survey showed 31% of young people had used their own money for gambling. The activities were mainly low risk, arcade gaming machines and card games. Only 0.9% were gambling at more high risk levels but 10% were exposed to problem gambling at home and reported gambling related family tension.
- 3.8.2 The guidelines from the new national services are firstly to talk to your child about gambling, show children that you are willing to talk to them, give them the

facts, ideally before they are exposed to the fantasy; seek professional support if your child has a serious problem, increase opportunities for greater awareness and understanding and offer a connection with people who've been through similar experiences.

4. Conclusion: Next Steps and Call to Action

- 4.1 In September 2019 the Health Reform and Public Health Cabinet Committee asked for a briefing on the impact of problem gambling and its impact on public mental health. That paper proposed a number of actions to promote a public health approach to gambling. It is acknowledged that there are no public health resources allocated to focusing a prevention strategy for gambling related harm, this and the COVID-19 pandemic have delayed progress on creating a Gambling Strategy.
- 4.2 This paper provides an update on the previous report, gives a national update on NHS, licensing authority and public health roles and responsibilities to tackle gambling addiction. Given the scarce resources in the KCC public health budget and status as an upper tier authority (rather than a licensing authority), this paper notes the cost-of-living crisis, the links between suicide/ self-harm/ violence and vulnerability associated with gambling and proposes the following four key actions in 2023:
- Developing our understanding of gambling related harms by completing a rapid needs assessment of gambling related harms in Kent.
 - Improving access to high quality treatment and support by working alongside the Kent and Medway Integrated Care Board (ICB) and Health Care Partnerships (HCPs).
 - Supporting interventions to prevent gambling harms by conducting a deep dive into debt and suicide.
 - Engaging with people and communities to co-design our work by setting up a task and finish group to scope how to maximise resources for a plan of action.

5. Recommendation

5.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on the contents of the report.

6. Background Documents

None

7. Contact details

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