

Gambling Harms in Swindon - Rapid Health Needs Assessment

Introduction

Gambling as a public health issue

Gambling is a common activity and many people gamble without experiencing any significant impact to their health. The most recent report by the Gambling Commission into participation in gambling found that 41.7% of people aged 16+ in England spent money on a gambling activity in the past 12 months, not including those that exclusively play the National Lottery (Gambling Commission, February 2018. p.3). Gambling takes place using a variety of means, including betting on sports events, using fruit or slot machines, games (e.g. poker or casino games) or gaming machines and bingo. An increasing proportion of gambling takes place online, with a total of 10% of people aged 16 or over betting online during 2016 (Gambling Commission, 2018, p.6).

Around 0.7% of the aged 16 or over population is estimated to have a problem with gambling. This is increasingly cited as a public health issue which requires a broad response. Awareness is growing about harmful or problem gambling and its impact on families and local communities. Harmful' or 'problem' gambling is defined as 'any type of repetitive gambling that disrupts or damages personal, family or recreational pursuits' (Local Government Association (LGA), 2018, p.6). Harm caused by gambling is a broad concept that impacts a wide range of people including families, colleagues and those within the wider community who may not have been involved in gambling themselves.

Relatively little is known currently about the impact of problem gambling in Swindon and the current support services available. The aim of the rapid health needs assessment has been to:

- Discover the scale and cost of gambling related harm in Swindon
- Identify areas of Swindon with higher numbers/proportions at greater risk of gambling related harm.
- Identify treatment services available in Swindon
- Establish the extent of any prevention activities in Swindon, particularly in relation to children and young people.
- Recommend any improvements to data collection.

Context

Local authorities have a statutory role to regulate local gambling premises and can use a range of tools to support the prevention of gambling related harms. The role of licensing teams in reducing harm can include developing policies to set out expectations of gambling

businesses, undertaking compliance visits, and mapping to understand local risks (LGA, 2018, p.4). The local authority does not have a specific responsibility to provide treatment for gambling harms. However, it is likely that council services, including housing and social care, will be coming into contact with people who experience harm from gambling. Public health can offer a useful role by supporting capture of data and sharing analysis to inform commissioning and service provision of both prevention and treatment services.

The Gambling Act 2005 requires local authorities to prepare, adopt and publish a ‘Statement of Principles’ setting out the licensing authority’s approach to regulating gambling. Local authorities can develop a Local Area Profile (LAP) to sit alongside this, which should identify parts of the local area where there may be a greater or specific risks of gambling related harm. LAPs should help the local authority to understand the cumulative impact of harm from gambling on the community. They are not a mandatory requirement but the Gambling Commission and the LGA encourage all licensing authorities to produce an LAP. All Statement of Principles across England, Scotland and Wales must be updated by [January 2019](#). Swindon’s Statement of Principles is currently open for consultation until 19 October 2018.

An increasing amount of policy and research is being made available on gambling in the UK, including information directly targeted at local authorities. The government has also recently announced a change to the maximum stakes on Fixed Odds Betting Terminals (FOBTs), reducing it from £100 down to £2. This followed on from data showing that 13.6% of FOBTs in England users are problem gamblers (Hansard report, Volume 641). FOBTs are currently estimated to take up as much as 50% of high street bookmakers profits (London Councils, 2018, p.8).

All gambling operators are required by the conditions of their licence to make a donation towards research, education and treatment of gambling harms, although the amount of funding donated is not stipulated. The majority of this funding goes to GambleAware, with some also going to the Gambling Commission and the Responsible Gambling Strategy Board (LGA, 2018, p.10). Half of GambleAware’s funding is spent on treatment and, according to the LGA, GambleAware is keen to work with local authorities to identify how to make sure people are aware of and able to access the services available.

Methods

Literature review	Searches were completed using the terms “gambling local authority”, “gambling harms local authority” and “gambling public health”. Aside from the articles that had already been identified in the scoping document (see references section below), very few useful academic articles were returned. PubMed and Google Scholar were searched, as well as the UK Journal of Public Health. This suggests a gap in literature relating to gambling as a public health issue, as has been identified by in the Tackling Gambling LGA/PHE report (LGA, 2018, p.11).
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	<p>A number of reports by government and non-government organisations have recently been produced, including from the Gambling Commission, London Councils, Citizens Advice and the LGA. These have been considered as part of the report.</p>
Data analysis	<p>GamCare, which runs that national gambling helpline, was contacted to request data on the number of calls received from Swindon postcodes and the number of people receiving treatment through GamCare support services. National data on calls to the helpline was also accessed for comparison.</p> <p>The Gambling Commission was also contacted for data on self-exclusions but no response was received.</p> <p>Cost analysis of excess incident use of public services was completed, based on estimated developed by the London Borough of Barking & Dagenham’s Insight Hub. Further detail is included below.</p>
Mapping	<p>The licensing team provided data on active gambling licences across Swindon. This data has had an initial clean and different licence types have been mapped across the borough and against the Indices of Multiple Deprivation.</p>
Stakeholder engagement	<p>Conversations took place by phone with the Secretary of Gamblers’ Anonymous in Swindon and in person with the Chief Executive and the Gambling Services Senior at ARA. A meeting also took place with Kathryn Ashton, Licensing Manager.</p>

Population affected

Gambling profile in Swindon

Nationally, 0.7% of people are problem gamblers (LGA, 2018, p.6). This is likely to be slightly higher in an urban area such as Swindon, with estimates at about 1% (Leeds Beckett University, 2016, p.50). It is therefore estimated that there are between 1315 and 1880 problem gamblers in the local authority area. According to a recent London Councils report into gambling harms, problem gamblers tend to have co-morbidities, including “major depression, bipolar disorder, suicidal thinking and substance misuse” (London Councils, 2018, p.7). The increased cost to public services due to gambling harm are considered in the section below. In addition, it is estimated that six to ten people are directly affected by one problem gambler (LGA, 2018, p.3), suggesting that the number of those affected by a person who has a problem gambling in Swindon could be between 7890 and 18,790. In a national study conducted by Citizens Advice, 90% of ‘affected others’ experienced emotional distress (Citizens Advice, 2018, p.3).

Some specific gambling activities are more likely to be undertaken by problem gamblers, with the 13.7% of people who played machines in betting shops having a problem with gambling (Health Survey, 2018, p.3). Gambling participation as a whole has a link to other risky behaviours. NatCen published results of a survey commissioned by the Gambling Commission in September 2018. This showed that gambling participation was related to alcohol consumption (Nat Cen, 2018, p.1). Gambling rates for 2016 were 36% for non-drinkers, 59% for those who drank up to 14 units per week and at 59% for those who drank more than 14 units per week.

Safeguarding

Some groups of people have been identified more vulnerable to gambling. These are children and young people, people from Asian/Asian British and Black British backgrounds the unemployed, homeless people, those with low intellectual functioning, people with financially constrained circumstances and those living in deprived areas. Understanding how these vulnerable groups may be affected in Swindon and what safeguarding steps could be taken to help support or protect them would be a useful follow-up action from this report.

People in debt from gambling may also be vulnerable to being targeted by organised crime networks, for example county lines. They may also be vulnerable to taking out high-interest loans and other short-term money making schemes that will have a longer-term impact and is likely to contribute to anxiety, stress and further financial difficulties.

Online gambling

A growing challenge is the increase in online or “remote” gambling. The NatCen survey showed that the percentage of people who had participated in any online gambling or betting increased from 7% in 2012 to 10% in 2016 (NatCen, 2018, p.2). At the same time, gambling participation has remained similar, at 43% in 2012 and 42% in 2016 (Ibid). All of

these figures exclude the National Lottery. Online gambling is more difficult to monitor, and local authorities do not have a regulatory or licensing role.

The Gambling Commission is responsible for regulating online gambling. It has recently published a review of online gambling and has made policy proposals to amend the regulatory framework (Gambling Commission, Online Gambling, 2018, p.5). This includes measures to protect children and young people so that age verification must take place before a person can use an online gambling site. Currently some providers have a 72 hour window for providing age identification. Additionally, the new proposals would improve customer profiles to support identification of problem gambling, tackle unfair promotional offers, and provide guidance to operators to improve customer interaction. These proposals will be taken forward as part of the Gambling Commission's Business Plan and this can be monitored for updates going forward.

Online gambling is predicted to grow over the next few years, with its contribution to gross gambling yield (GGY) expected to increase from 34% to 50% (Gambling Commission, Online Gambling, 2018, p.4). Some of this growth may come from those using computer games beginning to take part in gambling style online games and traditional online betting. It is likely that children and young people because of their higher use of online gaming and familiarity with betting with in-game items. This is where items in a game are collected and exchanged between players on a gaming platform. 11% of children claim to have gambled with in-game items and 34% are aware of the activity (Ibid, p.29)

Cost of gambling

Estimates of the cost of gambling to public services have been developed by Barking & Dagenham's Insight Hub (London Councils, 2018, p.10). These figures are estimates of the excess fiscal cost incurred by people who are problem gamblers, beyond those of other members of the public. Based on the Barking & Dagenham calculations, the additional cost to public services in Swindon caused by excess use by problem gamblers is between £2.13 million and £3.05 million. The estimates have been developed for 0.7% of people aged 16 or over population, which is the national average for problem gambling, and additionally for 1% which is the estimate for an urban area such as Swindon. Detail of the costs can be seen in table 1 below:

Table 1

Estimated annual costs associated with increased use of public services				
Service	Excess incidence	Cost of service	Total 0.7% of population	Total 1% of population
GP Practice	1.5	39.31	£77,535	£110,765
Hospital	0.53	1842	£1,283,719	£1,833,885
Homelessness	0.039	2683	£137,591	£196,559
Unemployment	0.06	2995	£236,294	£337,563
Imprisonment	0.013	23318	£398,602	£569,431
Total			£2,133,741	£3,048,202

NB: Imprisonment data has been included but is based on an average prison sentence of 8.3 months. The range in length of prison sentence which contributes to this average is likely to be wide and therefore this figure should be treated with some caution. Note also that as Swindon does not have a prison, this is an cost for the impact of an estimated proportion of Swindon residents on the national expenditure on prisons.

These costs equate to £1623 per problem gambler. The largest contributing factor to the additional costs is from increased use of hospital services. This is also reflected in national estimates by the Institute of Public Policy Research into costs relating to gambling harm (Gambling Commission, 2018, p.7). Actual data from Swindon shows that there have been five admissions under the ICD10 code for gambling in the last five years. However, gambling would often not be directly related to care received in the hospital and may not be seen as relevant for patient notes.

Mapping

Figure 1: Premises with a gambling licence across Swindon, August 2018.

Legend

Premises with a gambling licence

- Betting Premises
- Licence Variations
- Bingo
- Gaming / Machine Permits

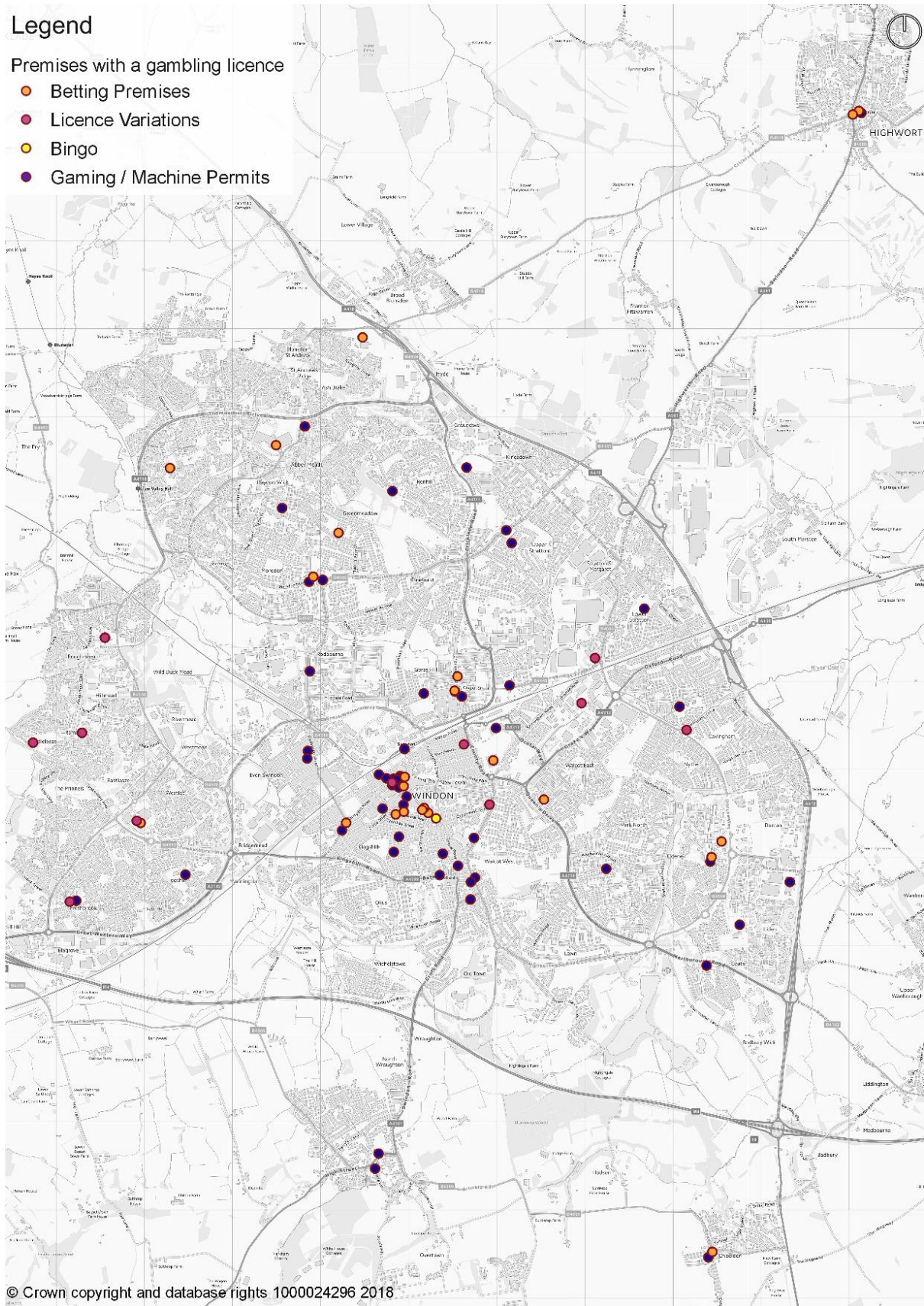
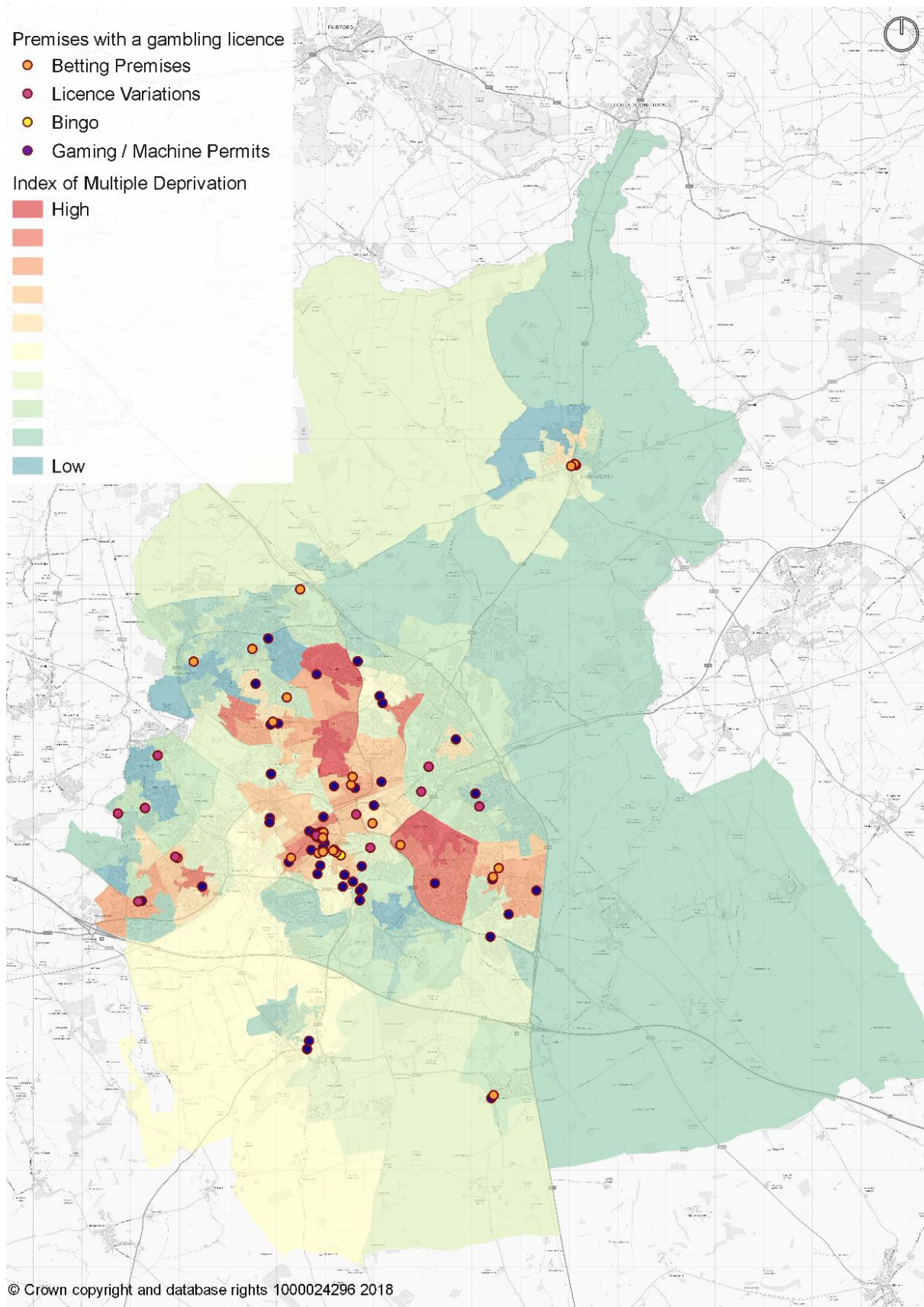


Figure 2: Premises with a gambling licence mapped against Indices of Multiple Deprivation in Swindon, August 2018



The maps above give some insight into where gambling is likely to be taking place in Swindon, and show that the town centre has the highest density of gambling licences. It is known that Swindon has a high rate of betting shops in the town centre, with 5.2% of units used for this purpose compared to 3.8% nationally.¹ The Local Plan, which is the principal planning document for Swindon, is currently being reviewed and it would be useful to include reference to gambling in the plan given the current higher rate of units in the town centre, particularly because this is a more deprived part of the town. The London Borough of Southwark has chosen to use planning powers (Article 4 under the Town and Country Planning Order 1995) to restrict gambling the opening of new gambling premises.

There are licences held for 59 locations in deciles one to five (more deprived), compared against 44 in deciles six to ten (less deprived), although this can be partially explained due to the town centre being in deciles one to five. Swindon has a higher number areas that are categorised as 'less deprived' than 'more deprived' meaning that the proportional difference is greater. Given that vulnerable groups (e.g. unemployed) are likely to live in more deprived areas, it is possible that the location of premises is having an impact on health inequalities. The growth in online gambling means that information about the spread of gambling across Swindon should be interpreted with caution.

¹ [Swindon Retail and Leisure Needs Assessment](#), p.160

Services

What services are available for Swindon residents?

Swindon residents can access the following services:

- The local branch of Gamblers Anonymous is the only specific Swindon-based support service. The meetings take place in the Gorsehill Community Centre. Two full sessions are run each week, as well as a newcomers meeting and a 'steps' meeting for those who have been attending for some time.
- The [National Gambling Helpline](#), run by GamCare. Also available is [Netline](#) which is an online chat support function.
- GamCare works with 14 partner agencies across the UK to deliver face-to-face and phone counselling support. The nearest provider to Swindon is ARA (Addiction Recovery Agency) which offers support services across Bristol and the old Avon area. ARA is based in Bristol but will take referrals and direct calls from Swindon residents. Options also provides face-to-face support for Wiltshire and may take referrals from GamCare for Swindon residents. Funding for ARA gambling support comes from GambleAware, which is interested in developing partnerships with local authorities and CCGs to co-finance and commission treatment services for people experience gambling related harm
- People can also choose to use self-exclusion to limit their access to betting shops, casinos, arcades and online gambling companies. More information about the advice GamCare can offer to people who want to self-exclude can be found at this [web page](#).
- General services, e.g. Citizens Advice or GPs. Given that gambling harm can impact on a wide range of mental health conditions and is often linked to other addictions, more general organisations are likely to be the first point of contact. Making sure that these organisations have the tools and information at hand to advise people on their options for support with problem gambling is important.

Prevention services

Some national prevention-focused campaigns exist, for example BeGambleAware. GambleAware provides information to help people make informed decisions about gambling and to understand more about safer gambling. It has a number of materials available for teachers and youth workers to support prevention and awareness raising work.

Citizens Advice published a report on gambling in January 2018 which had a number of national recommendations for prevention. The report highlighted the impact of gambling on mental health, financial difficulties and family relationships (Citizens Advice, 2018, p.3). The

recommendations including a suggestion that the government should introduce a compulsory levy on all gambling firms and that the gambling industry should be more proactive in using their existing data to identify and help problem gamblers.

A good opportunity for primary prevention of gambling is to increase education of gambling and its potential harms in schools. Jigsaw, which provides Personal, Social and Health Education (PSHE) to many of the primary schools and some secondary schools in Swindon, does not include direct reference to gambling in sessions according to its website. However, it acknowledges that gambling is an important issue and suggests that the underlying skills developed through its PSHE classes will help children to make healthy choices in a number of areas, including gambling. An alternative could be to build understanding of gambling, for example understanding odds, through everyday lessons such as maths. Education on the links between gaming and gambling would also be highly relevant given the likely increase in online gambling.

The How Are YOUth survey of Year 11s in June 2018 found that 71% of respondents had never gambled across nine secondary schools. This question will be repeated in the survey of Year 11s in the 2018/19 academic year.

How are services used?

Gamblers Anonymous	Three Gamblers Anonymous sessions run each week in Swindon. Detail of the attendees is not available due to the small numbers and need for anonymity, but some people will attend each week while others attend on a more occasional basis. When consulted by phone as part of this report, Gamblers Anonymous made a request for information about its meetings to be more prominently/frequently displayed in betting shops and other licensed premises.
GamCare face to face	People in Swindon can access GamCare face-to-face support through ARA or Options, although the detail of which services are being accessed is unclear. The average number of people using this service over the last three years is 20, based on data collected by GamCare. The majority of these were men, and the most common age range was 26-35 for all three years. Across the three years, 15 disclosed a debt of between £20,000 and £99,000.
GamCare Helpline	<p>Data on calls to the GamCare helpline from 2015/16 to 2017/18 for Swindon postcodes has also been accessed. Headline information is detailed below, alongside a comparison against national figures. Nationally, calls to the helpline increased by 28.6% between 2013/14 and 2016/17.</p> <ul style="list-style-type: none"> • The average number of callers in Swindon over the three year period was 33 per year, ranging from 29 to 37. This represents between 15 and 17 in every 100,000 of the Swindon 16 and over population. Nationally, a higher proportion of the overall 16 and

	<p>over population contact the helpline, with 57 in every 100,000 in 2016/17 and 54 in 100,000 in 2015/16.</p> <ul style="list-style-type: none"> • Nearly three times more men than women in Swindon contacted the helpline in 2015/16 and 2017/18. In 2016/17 there were 12 women and 17 men. • Nationally, around two and a half times more men than women contact the helpline. However, around 55% of national calls from women relate to being an 'affected other', compared to 6% from men. • The most common age range in Swindon for all three years was 26-35, which is also reflected in national data. • The most common impacts discussed for all three years were financial difficulties, anxiety or stress, and family or relationship difficulties, which is also reflected in national data. <p>NB: national data for 2017/18 is not yet available; data refers only to 'target' calls i.e. those from problem gamblers or being affected by problem gamblers.</p>
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Which services are most effective?

Evidence relating to the effectiveness of interventions to reduce gambling harm is limited. The Responsible Gambling Strategy Board is currently completing a systematic review of interventions, and this is expected to be completed in 2019. Additionally, a Quality Standard for gambling has been referred to NICE but has not yet been published or scheduled into the work programme.

For prevention, the Demos think tank recently trialled an education programme in PSHE classes across four secondary schools in England. Resources were developed by Demos in partnership with the schools and trialled with 650 pupils. The most substantive changes found following the pilot were that students were better able to describe ways to help someone with a gambling problem, more likely to know where to go to talk about gambling problems, and had a better understanding of techniques used by the gambling industry to persuade people to gamble (Demos, 2018, p.14). The teaching resources can be found [online](#). Further conversation should take place within Public Health about whether these would be a useful addition to PSHE and the Healthy Schools programme.

Recommendations

1. **Engage with the Swindon licensing team to inform the re-draft of the Statement of Principles**, and in particular the Local Area Profile. The Statement is currently out for consultation (closing October 2018) and must be presented to full council no later than mid-December 2018 so this is an action with a short timeframe. Input to the consultation should be made directly to Kathryn Ashton in licensing and should help to inform the Local Area Profile. Possible contributions could include:
 - Information from mapping data about ‘hotspots’ of gambling premises
 - Profile of residents most likely to be vulnerable to harm from gambling, including children and young people
 - Information about prevention and support services
 - Advice on preventative and support information that is displayed in licensed premises

2. **Improve data collection and monitoring** – suggestions for data collection are:
 - Monitor the GamCare helpline and treatment data on an annual basis
 - Monitor patterns in gambling activity on a national basis, in particular to identify if the trend towards online gambling continues.
 - Data on the number of licenses granted by the Licensing team, to support identification of trends and patterns.

3. **Gambling should be included in the Public Health contribution to the review of the Swindon Borough Local Plan 2026.**
 - Recommendations should acknowledge that Swindon has a higher rate of gambling premises in town centre units, when compared against the national average
 - The link between problem gambling and vulnerable groups (including those with mental health conditions, children and young people and people living in deprived areas) may support some restriction of new gambling premises, though further understanding of the actual numbers of problem gamblers in Swindon is likely to be required.

4. **Work with schools with regard to primary prevention to educate children and young people about gambling and its potential harms.**
 - This could potentially be done through PHSE lessons
 - Maths lessons with links to odds calculations
 - Highlight the links between gaming and gambling.

Areas for further study

1. **Further research to understand whether there is an unmet need for face-to-face support in Swindon.** Currently, one-to-one counselling support services do not appear to be well-acknowledged, although Swindon residents can access face-to-

face or phone counselling offered by ARA in Bristol. ARA has indicated an interest in expanding services into the Swindon area. The [GambleAware Commissioning Strategy](#) highlights that it is developing partnerships with local authorities and CCGs to co-finance and commission treatment services for people experience gambling related harm.

2. **Map vulnerable groups against the Swindon population.** This includes children and young people, people from Asian/Asian British and Black British backgrounds the unemployed, homeless people, those with low intellectual functioning, people with financially constrained circumstances and those living in deprived areas. Understanding how Swindon compares to national averages for the population groups above may help to improve estimates of Swindon's problem gambling rates. This could also include consider nearby residents of Wiltshire that may use Swindon as their main town centre.
3. **Find out if GP Practices and council services (e.g. housing) have any resources available on gambling.** A number of services that problem gamblers are currently accessing are likely to be general services which offer support for some of the harms or health conditions linked to gambling, e.g. depression, debt, other addictions, but may not have gambling-specific knowledge. GamCare has some useful resources that can be provided free of charge to councils, GP practices and non-profit organisations that can be found on this [web page](#).
4. **Identify if existing services screen for gambling as part of their assessment processes.** This should include services that support vulnerable groups, e.g. housing, CAMHS.

Updates and monitoring

1. A Quality Standard for gambling has been referred to NICE but has not yet been published or scheduled into the work programme. Updates can be found on the [NICE website](#).
2. National data on use of FOBTs should be monitored following legal change
3. The Responsible Gambling Strategy Board (RGSB) is currently undertaking a [Systematic Review of Effective Treatment for Gambling Problems](#). This is part of the RGSB's 2017-19 research programme and it would be useful to follow up in 2019 to review the outcome of this report.

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