

Reducing gambling-related harms in Southampton - Scrutiny Inquiry Terms of Reference and Outline Inquiry Plan

1. Scrutiny Panel membership:

Councillor Cooper
Councillor Greenhalgh
Councillor Powell-Vaughan
Councillor Webb
Councillor TBC

2. Purpose:

To identify opportunities to reduce gambling-related harms in Southampton.

3. Background:

- According to the Gambling Commission's 2024 Gambling Survey for Great Britain, nearly half of adults in Great Britain had gambled at least once in the previous four weeks. The most popular activities were lottery participation, followed by scratch cards, betting and online instant games, with 'fun/enjoyment factor' and 'monetary reasons' cited as key motivators.¹
- Although it is recognised that gambling generates considerable tax revenue for government, provides employment, creates innovation within business communities, provides benefits to other leisure sectors and gives pleasure and enjoyment to some participants, there are also considerable societal costs arising from the harms associated with it.²
- The 2021 Public Health England (PHE) Gambling-related Harms Evidence Review identified a range of harms associated with gambling, broadly categorised as financial, relationship, health, employment and education, and criminal behaviour, with an estimated overall annual cost, comprised of direct costs to the UK government and intangible societal costs, of £1.05 to £1.77 billion.
- In Great Britain approximately 300,000 people are categorised as 'problem gamblers', and there are approximately 1.8 million people categorised as 'at risk'.³ It is estimated that for every person experiencing harmful gambling, on average, between six and ten additional people are directly affected by it.⁴
- The highest rates of gambling participation are among people who have higher academic qualifications, people who are employed, and among

¹ Gambling Commission. *Statistics on gambling participation – Year 2 (2024), wave 1: Official statistics*. <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-gambling-participation-year-2-2024-wave-1-official-statistics>

² Wardle H, Reith G, Best D, McDaid D, Platt S. *Measuring gambling-related harms: a framework for action*. Birmingham, UK: Gambling Commission; 2018. https://eprints.lse.ac.uk/89248/1/McDaid_Gambling-Related_harms_Published.pdf

³ [High stakes: gambling reform for the digital age - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/high-stakes-gambling-reform-for-the-digital-age)

⁴ Hunter, A., 2022, Gambling Related Harm in the Midlands: A Rapid Health Needs Assessment, Office for Health Improvement and Disparities

relatively less deprived groups. People who are classified as gambling at elevated risk levels and experiencing problem gambling are typically male and in younger age groups. The socio-demographic profile of gamblers appears to change as gambling risk increases, with harmful gambling associated with people who are unemployed and among people living in more deprived areas.⁵

- Analysis currently being undertaken by the City Council's Public Health Team will help to identify the population of individuals engaging in harmful gambling in Southampton and the gambling-related harms caused as a consequence of harmful gambling.
- As policy makers and academics increasingly recognise its potential to harm individuals, families and communities, gambling-related harm is now widely considered to be a public health issue.
- Reflecting this, addressing gambling-related harms requires a broad response. Traditional approaches that focus on single interventions do not tend to work at a population level. As harmful gambling, and gambling-related harms, is a complex problem with a large number of different but often interlinked factors, no single measure is likely to be effective on its own in addressing it. Consequently, many organisations have a part to play in addressing the issue of gambling-related harms.⁶
- Whilst many policy decisions regarding gambling are made at a national level in the UK, there are clear opportunities to act at local and regional levels to prevent the negative impacts of gambling on individuals, families and communities. Indeed, there exist a number of examples of innovative, evidence informed practice, that have been employed across local authority footprints or city regions, designed to tackle gambling related harms.

4. Objectives:

- a) To develop understanding of the harm caused by gambling in Southampton.
- b) To identify what is currently available or planned to prevent/or reduce gambling related harms for residents of Southampton and to treat residents experiencing a gambling problem.
- c) To identify good practice being employed across local authority footprints and city-regions to reduce gambling-related harm in the UK.
- d) To identify what initiatives and approaches could work well in Southampton to reduce the harm caused by gambling.

5. Methodology:

- a) Seek the views of stakeholders and people with lived experience
- b) Share work undertaken to quantify gambling related harm in Southampton
- c) Identify and share evidence and best practice.

⁵ [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684443/gambling-related-harms-evidence-review-summary.pdf)

⁶ [Tackling gambling related harm a whole council approach \(local.gov.uk\)](https://www.local.gov.uk/guidance/tackling-gambling-related-harm-a-whole-council-approach) – LGA & Public Health England, 2018

6. Proposed Timetable:

Six meetings between November 2024 and May 2025

Meeting 1: 14 November 2024

- Introduction, context and background
 - Define gambling-related harms
 - Understanding the impact of gambling harms on individuals, families and communities in Southampton
 - Overview of regulatory landscape

Meeting 2: 19 December 2024

- A whole place approach to reducing gambling harms
 - Examples of local authority / city region approaches that have sought to adopt a place based, whole system approach to reducing gambling related harms.

Meeting 3: 16 January 2025

- Primary prevention - Taking action to prevent the onset of at-risk gambling behaviour, either through whole population measures or those targeting vulnerable groups.
 - Reducing gambling supply and exposure
 - Reducing the uptake of gambling

Meeting 4: 13 February 2025

- Secondary prevention - Early identification of those who have recently started to engage in at-risk gambling behaviour to prevent escalation of (and ideally reduce) any early-stage gambling-related harms.
 - Identifying and supporting those experiencing gambling-related harms
 - Improved data collection

Meeting 5: 6 March 2025

- Tertiary prevention - measures to lessen the impact of gambling-related harms on those already engaging in harmful gambling behaviours and their affected others.
 - Improving access to treatment
 - Lessening the impact of gambling-related harm

Meeting 6: 8 May 2025

- Consideration of the final report