



Gambling-related Harm in Southampton

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Definitions

| | |
|---|---|
| Gambling-related harms | The adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. Broadly categorised as financial, relationship, health, employment and educational, and criminal behaviour. |
| Harmful gambling | Any frequency of gambling that results in people experiencing harm, problems or distress (corresponding to a PGSI score of 1 or more). |
| Problem Gambling Severity Index (PGSI) | A commonly-used screening tool (featured in national surveys and quoted by many healthcare providers) for assessing the level of risk facing an individual as a result of their gambling behaviour. |
| People experiencing harmful gambling | Preferred term rather than ‘harmful gambler’ or ‘problem gambler’, both of which suggest that responsibility lies primarily with the gambling individual, contributing to shame and stigma. However, someone with a PGSI score of 8 or more is classed as a ‘problem gambler’, therefore the latter term is cited occasionally in the context of PGSI scores. |
| Affected other | Those who know someone with a gambling problem, either now or in the past, and have experienced negative effects as a result of that person’s gambling behaviour. |
| People experiencing gambling-related harms | People experiencing harmful gambling and affected others. |

Harmful Gambling: Background

- Characterised by frequent participation in various gambling activities, especially:
 - Bingo and casino games
 - Betting
 - Use of electronic gaming machines (EGMs)
 - Online gambling
- Most vulnerable groups:
 - Younger age groups, especially men
 - Unemployed
 - People living in areas of high deprivation, likely experiencing greater health inequalities
 - People with mental health problems
 - People with co-occurring substance use problems, especially alcohol
 - Military veterans, students, the homeless, and those from ethnic minorities

Why are Gambling-related Harms a Risk to the Public's Health?

- Recognised as a **serious and worsening issue** due to:
 - Harmful gambling affecting **many more individuals** than the minority categorised as 'problem' gamblers (i.e. a PGSI score of 8+), who have been the main focus of treatment and prevention strategies to date.
 - The severe health, financial and social **consequences** of gambling-related harms.
 - The **wide-reach** of these harms, extending to families, communities and society.

Tackling Gambling-related Harms: Approach

- Requires a broad **population-level strategy** centred on prevention, including community and place-based action.
- Individual-level approach:
 - Unlikely to reduce the occurrence of harmful gambling in the population.
 - May exacerbate health inequalities due to differing engagement abilities between groups.

Health Needs Assessment: Aims

- **Understand the needs** of those experiencing, or affected by, harmful gambling (i.e. those collectively experiencing gambling-related harms) in Southampton.
- Examine **what is currently being done** to address those needs.
- **Identify any gaps** between service provision and current best-practice, including the scientific evidence-base, to help inform recommendations for local action.

Results: Overview

1. Numbers affected in Southampton
2. Potential cost in Southampton
3. Geographic patterns in Southampton
 - Spread of at-risk populations across the city
 - Geographic location of premises
4. Support services available
5. What works

Main Findings (1): Estimated Numbers for Southampton People Experiencing Gambling-related Harm

| Gambling risk category | Prevalence range (HSE21 to GSGB23) | Estimated numbers for Southampton | |
|---|---------------------------------------|--------------------------------------|---------------|
| | | HSE21 | GSGB23 |
| PGSI low-risk gambler (score 1-2) | 1.9% to 8.3% | 4,180 | 18,260 |
| PGSI moderate risk gambler (score 3-7) | 0.6% to 3.7% | 1,320 | 8,140 |
| PGSI low or moderate (i.e. at-risk) gambler (score 1-7) | 2.5% to 12% | 5,500 | 26,400 |
| PGSI problem gambler (score 8-27) | 0.3% to 2.5% | 660 | 5,500 |
| PGSI at-risk or problem (i.e. harmful) gambling (score 1+) | 2.8% to 14.5% | 6,160 | 31,900 |

HSE21 = Health Survey for England 2021

GSGB23 = Gambling Survey for Great Britain, Annual Report 2023

Results

- Estimated number of adults experiencing **harmful gambling** in Southampton is between **6,160 and 31,900**.
- An estimated **15,053** adults in Southampton are adversely **affected by someone else's gambling**.

Methods

- Harmful gambling estimates based on national prevalences, derived from HSE 2021 and GSGB 2023.
- Affected others estimate derived from 2023 Annual GB Treatment and Support Survey.

Limitations

- General limitations of survey data (sample of population, self-reported data, social-desirability bias, single point in time); excludes people living in institutions; higher representation of gamblers in GSGB.

Main Findings (2): Estimated Numbers for Southampton Economic Cost Associated with Gambling-related Harm

| A. TYPE OF HARM | B. SUB-DOMAIN | C. ALL COSTS* ENGLAND (£millions) | D. ALL COSTS* SOUTHAMPTON (£) |
|---------------------------------|------------------------|-----------------------------------|---------------------------------|
| Financial | Statutory homelessness | 49.0 | 219,782 |
| Health | Deaths from suicide | 241.1 to 961.7 | 1,081,419 to 4,313,567 |
| Health | Depression | 508.0 | 2,278,561 |
| Health | Alcohol dependence | 3.5 | 15,699 |
| Health | Illicit drug use | 1.8 | 8,074 |
| Total health harms | All health sub-domains | 754.4 to 1,475.0** | 3,383,753 to 6,615,900** |
| Employment and education | Unemployment benefits | 77.0 | 345,372 |
| Criminal activity | Imprisonment | 167.3 | 750,400 |
| Excess cost | All sub-domains | 1,047.8 to 1,768.4** | 4,699,756 to 7,931,904** |

*Sum of government (direct) costs and wider societal (intangible) costs

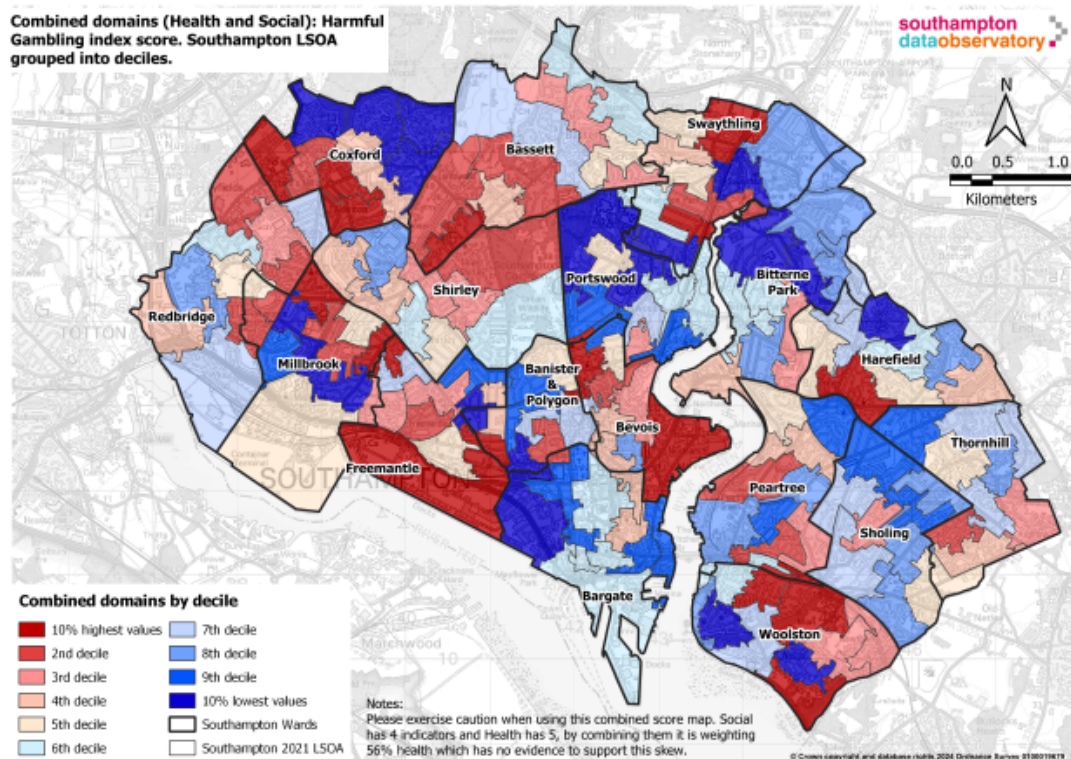
**Figures may not sum due to independent rounding

Results: The total excess cost associated with gambling-related harm in Southampton is estimated to be in the range **£4.7m to £7.9m**.

Methods: Estimated from the OHID 2023 economic analysis for England.

Limitations: Costs are likely to be underestimated due to partial (or no) costing for some harm categories.

Main Findings (3): Areas in Southampton at Increased Risk of Harm



Results

Coxford, Woolston, Bevois, Millbrook and Swaythling contain the highest numbers of neighbourhoods at greatest risk of harmful gambling in the city.

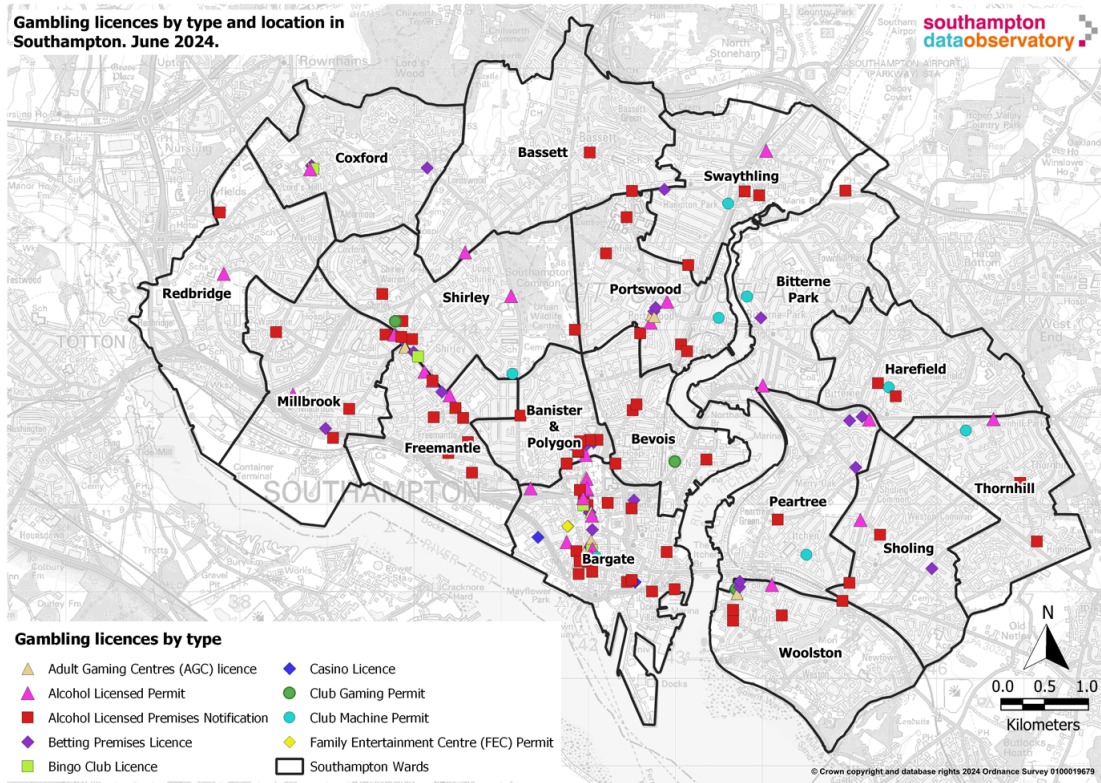
Methods

- Range of z-scored, evidence-based health- and social- indicators, combined into an **overall risk score** for each neighbourhood (LSOA).
- Risk scores **rank-ordered** and split into 10 equal groups (deciles) giving highest to lowest areas of risk across city (coloured red and blue, respectively).

Assumptions

Indicators are independent and weighted equally.

Main Findings (4): Gambling Premises in Southampton by Location and Licence Type



Results:

- Correlation between gambling-premises density and deprivation.
- Wards with highest densities of premises: Bargate, Banister & Polygon, Freemantle, Portswood and Shirley (all contain at least one area at elevated risk of harm, based on risk score).

Limitations: excludes National Lottery vendors, small society lotteries, online gambling.

Main Findings (5): Treatment and Support Services

- Numerous **treatment and support services available** to Southampton residents:
 - Directly or indirectly linked to harmful gambling/gambling-related harms.
 - Mixture of local and national services, NHS and other providers, mixture of funding (either independent, or directly/indirectly through gambling industry).
 - Lack of clear signposting and understanding of support available.
 - Regional specialist service in place, commissioned by ICB (Southern Gambling Service).
- Service-provider data suggests **significant unmet need**:
 - 0.1% to 0.6% of people experiencing harmful gambling in Southampton called the GamCare National Helpline in 2022/23, with even lower proportions entering treatment via the National Gambling Support Network (0.07% to 0.34%).
 - Between Sept 2022 and June 2024, the Southern Gambling Service received 208 referrals from people living (or registered with a GP) in the HIOW area (i.e. less than 0.7 % to 3.4% of people experiencing harmful gambling in Southampton).

What works to Prevent or Reduce Gambling-related Harm: **Review of the Evidence-base**

Primary Prevention: taking action to prevent the onset of harmful gambling/gambling-related harm, through whole-population measures or those targeting vulnerable groups (i.e. those at greatest risk of harm).

Education* in colleges and universities

- **Personalised normative feedback** (PNF) approach associated with longer-term reduction in harmful gambling behaviour.

Schools-based education* programmes

- **Positive intervention effects on *cognitive outcomes*** (e.g. increased knowledge of gambling, fewer misconceptions, and a more negative attitude towards gambling).
- Several authors recommend universal, gambling-education for children aged 10 and over, taught via online modules and videos, over multiple sessions, and ideally facilitated by a gambling specialist.

Supply restrictions

- Emerged as an **effective strategy** for reducing gambling-related harm.
- Examples include restricting numbers of gambling venues, restricting licence conditions, and reducing accessibility.

Advertising restrictions

- Noted as potentially effective due to **dose-response relationship between advertising exposure and gambling participation**. Evidence of a notable impact of gambling advertising on certain groups e.g. CYP.

What works to Prevent or Reduce Gambling-related Harm: Review of the Evidence-base

Secondary Prevention: early identification of those who have recently started experiencing harmful gambling/gambling-related harm, to prevent escalation of (and ideally reduce) harm.

- Mixed evidence around use of safer gambling, health-promotion messaging, with effectiveness highly dependent on message content.
- Early intervention through brief, in-person psychosocial intervention was, however, associated with a significant reduction in short-term harmful gambling behaviour.

What works to Prevent or Reduce Gambling-related Harm: **Review of the Evidence-base**

Tertiary Prevention: measures to lessen the impact on those already experiencing harmful gambling/gambling-related harm.

Gambling-venue harm-reduction measures

- **Changes to the physical environment:** Strongest evidence of effectiveness for cash machine removal and smoking restrictions.
- **Early intervention by venue staff:** absence of evidence of effectiveness; further research required around outcomes for venue gamblers.

Harm-minimisation tools (also referred to by industry as ‘responsible gambling’ tools).

- Emerged as potentially-effective tertiary prevention measures.
- **Increased effectiveness linked to** self-exclusion periods of at least 6 months; universal, irreversible and compulsory limit-setting; self-appraisal or high-threat pop-up messages; forced breaks of around 60 mins; and reduced speed of play.

What works to Treat Harmful Gambling

Draft NICE Guidance

- Draft guidance published in October 2023 on **identifying, assessing and managing harmful gambling** (currently out for consultation).
- Contains recommendations for (cost) effective therapies and treatments, formulated by an independent committee (largely comprised of senior NHS clinicians, academics and people with lived experience) who have examined currently-available evidence.
- Consultation responses and final guidelines not yet published or available at this time, so there may be challenge or change to the key recommendation areas.

Key recommendations include:

- Delivery of **timely and coordinated support**, involving a range of providers from voluntary sector and across health services.
- Increasing use of a 'make every contact count' approach in a range of settings, to improve **early identification** and onwards signposting or referral.
- Commissioners and service providers to ensure that:
 - a. Referral pathways are **easily accessible** (i.e. simple and user-friendly) through different routes (self-referral or referral by a healthcare professional).
 - b. Location and delivery method of treatment reflects the **needs and preferences of the patient/client**.
 - c. Treatment arrangements take account of groups particularly affected by **stigma** (e.g. women, migrants, those engaging in crime related to gambling, those from certain cultures) e.g. through provision of women-only groups or culturally- sensitive services.
 - d. Support structures are in place to provide follow-up and help **prevent relapse** (e.g. rapid re-entry to treatment).

Frameworks for Action

- Areas for action highlighted in the needs assessment mapped to each of the four domains of the **socio-ecological model** (individual/family/community/society).
- Areas for action have also taken account of the ***Public Health Framework for Gambling Related Harm Reduction*** (PHF).



| PHF Section | Title |
|-------------|---|
| 1 | Leadership and partnership |
| 2 | Influencing the regulatory environment |
| 3 | Reducing exposure of vulnerable people to gambling products |
| 4 | Improving identification and recognition of problem gambling |
| 5 | Self-management and support |
| 6 | Providing effective treatment |
| 7 | Promoting and maintaining recovery |
| 8 | Protecting children and young people from gambling-related harm |
| 9 | Addressing gambling-related debt |
| 10 | Workplace health and wellbeing |
| 11 | Building and sharing the evidence base |

- Framework developed as a **practical aid for local authorities**, to enable local interpretation of the Gambling Commission's 2018 publication (by Wardle et al) on *Measuring Gambling-related Harms*.
- PHF contains a **menu of evidence-based interventions**, arranged into 11 broad areas for action, within the sphere of influence of a local authority.

Suggested Areas for Local Action (1)

First issue emerging from HNA: high densities of gambling premises either adjacent to, or located in, areas of high deprivation and/or areas at elevated risk of harmful gambling.

| Mitigating strategy | Category | Details |
|--|---|--|
| Reduce gambling supply and exposure | <u>Regulatory and policy</u> | Supply restriction: licensing and planning (e.g. Westminster 2015). |
| | | Advertising, marketing, promotional and sponsorship restrictions within SCC and beyond. |
| Reduce the uptake of gambling | <u>Education and awareness-raising</u> | <ul style="list-style-type: none"> ○ Schools-based gambling harm prevention programme. ○ Harmful-gambling prevention programme in colleges, universities and workplaces, e.g. GAMFam in Suffolk, Norfolk, Essex. |
| | | ○ E-safety awareness training for young people, teachers and parents, e.g. Suffolk, Norfolk, Essex. |
| | | ○ Consider opportunities to raise public awareness of the issue of harmful gambling/gambling-related harms through a city-wide marketing campaign, e.g. GAMHive Manchester. |
| Lessen the impact of gambling-related harm | <u>Harm-minimisation approaches</u> | Explore opportunities to reinforce or extend operator harm-minimisation approaches through local licensing. |
| | <u>Gambling-venue harm-reduction strategies</u> | Explore opportunities to reinforce or extend harm-reduction strategies at land-based gambling premises, e.g. physical environment alterations and increased use of early identification/intervention strategies by venue personnel. |

Suggested Areas for Local Action (2)

Second issue emerging from HNA: small proportion of people experiencing harmful gambling/gambling-related harms in Southampton accessing treatment and support.

| Mitigating strategy | Category | Details |
|--|-------------------------------|--|
| Identify and support those experiencing gambling-related harms | <u>Raising Awareness</u> | Raising public awareness of signs and symptoms of harmful gambling (to facilitate early identification), where to go for help, and stigma reduction through a city-wide marketing campaign, e.g. Manchester GAMHive. |
| | <u>Working in partnership</u> | Recognise, raise awareness and advocate for a preventative approach to gambling-related harm in strategic partnerships. |
| | <u>Early Identification</u> | Commissioners and service providers to increase use of a 'make every contact count' approach. |
| Improve data collection | | To help inform need and assess impact of actions taken. |
| Improve access to treatment and early intervention | | E.g. Include signposting to treatment and support in any public gambling communications. |

Conclusion

- There is limited local data on the numbers affected by gambling-related harms, but even conservative estimates suggest significant numbers of adults experiencing harmful gambling (6,160-31,900), with a further estimated 15,053 adults affected by someone else's gambling.
- There are high densities of gambling premises in Southampton, either adjacent to, or located in, areas of high deprivation and/or areas at elevated risk of harm.
- Only a small proportion of those affected by harmful gambling/gambling-related harms in Southampton are accessing treatment and support.
- Tackling gambling-related harms requires a broad and coordinated response, involving individual, community and place-based action.

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**Thank you for listening.
Any questions?**