SCRUTINY INQUIRY PANEL - REDUCING GAMBLING-RELATED HARMS IN SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 14 NOVEMBER 2024

Present: Councillors Cooper, Greenhalgh, Percival, Powell-Vaughan and Webb

1. **ELECTION OF CHAIR AND VICE-CHAIR**

The Panel noted that Councillor Cooper had been appointed as Chair by Council on 18 September 2024

RESOLVED that Councillor Webb be elected as Vice-Chair for the Municipal Year 2024/2025.

2. **INQUIRY TERMS OF REFERENCE**

The Panel considered the report of the Scrutiny Manager which recommended that the Panel noted the Terms of Reference set out in Appendix 1 and that the Panel discuss, amend and approve a final version of attached outline inquiry project plan, allowing for sufficient flexibility and the availability of suitable witnesses.

Southampton City Council's Scrutiny Manager, Mark Pirnie, and Chloe Webb, Inquiry Lead Officer were in attendance and with the consent of the Chair addressed the Panel.

RESOLVED that:

i) the Panel noted the Terms of Reference set out in Appendix 1
ii) the Panel approved the outline inquiry project plan as presented in the report of the Scrutiny Manager

3. **INTRODUCTION, CONTEXT AND BACKGROUND**

The Panel noted the report of the Scrutiny Manager and considered the information provided by the invited guests which would be used as evidence in the review.

Summary of information provided:

1) Gambling-Related Harms – Prof. Sam Chamberlain, Professor of Psychiatry at the University of Southampton & Service Director and Honorary Consultant Psychiatrist, NHS Southern Gambling Service, Southern Health NHS Foundation Trust.

- A presentation was delivered by Professor Sam Chamberlain, which outlined the impact of gambling-related harm, groups at increased risk and the work of the Southern Gambling Service.

Key points raised in the presentation included:

- There was limited data on the prevalence of gambling-related harms and this was a national problem.
- A sizeable proportion of people who gamble developed gambling-related harms. Many factors can influence this:
    - **Individual:** e.g. life events, personal history, cognitive characteristics, early gambling experiences, engagement in other risk behaviours
    - **Families + Social networks:** e.g. cultures in family or peer groups and/or poor social support
    - **Community:** e.g. access/availability of gambling and greater deprivation
    - **Societal:** e.g. regulatory and policy climates, ineffective regulation, advertising environments and gambling availability

- Gambling disorder was officially recognised as a mental health condition. Defined as: persistent and recurrent problematic gambling behaviour leading to impairment e.g. gambling increasing amounts, gambling when feeling distressed, jeopardising job/relationship/career, reliance on others to provide money. However, it was often overlooked and under-treated.
- Many who do not have gambling disorder still experienced gambling-related harms. For example:
    - Stress / depression and anxiety / suicide
    - Financial hardship / debts / asset losses / bankruptcy
    - Theft / imprisonment
    - Neglect of family / relationship breakdown / domestic violence
    - Job loss / job absenteeism / poor work performance
    - Gambling-related harms also effect community services such as loading pressure on charities and the public purse
    - Biggest rates of gambling disorder in EGMs (Electronic Gaming Machines), Casino games, bingo and poker.

- Vulnerable Groups
    - People from minority racial-ethnic backgrounds appeared to experience higher levels of gambling disorder, more disability due to gambling disorder, and earlier age of symptom onset
    - Gambling disorder linked to physical health conditions including obesity, insomnia, cardiovascular disorders.
    - Increased rates of gambling disorder in people who are homeless (16% compared to 1-2% in general population)
    - Other comorbidities common with gambling disorder e.g. nicotine dependence (56%)

    - Identifying gambling issues within the homeless community should be a priority.
    - Children were being introduced to gambling in video games which might be priming them to be more susceptible to gambling in the future.

- **NHS Southern Gambling Service**
    - Opened 2022, small team based in Southampton, covered most of the South-East of England.
    - See people aged 17+ experiencing gambling-related harms/ gambling disorder. Accepted self-referrals and referrals from healthcare professionals.
    - Delivered various evidence-based psychological treatments such as brief psychological intervention, 1:1 and group Cognitive Behaviour Therapy and medication. These could be delivered digitally.
    - Growing referral rates

- Prof. Chamberlain noted that public health interventions were often watered down due to industry influence and therefore were often ineffective. He also noted the importance of being aware of the influence of the gambling industry on related research and charity work that they fund as a conflict of interest.
- He believed intervening early was a priority and supports the work of GamFam who run peer-support groups for both the person experiencing gambling harms and also the people around them.
- He highlighted the need for education and training especially in schools but noted the importance of using external specialists with experience. There were local independent charities that existed.

2) A Public Health Perspective – Jennifer Clynes, Public Health Specialty Registrar, Southampton City Council

- Jennifer Clynes delivered a presentation which introduced gambling-related harms, why they should be considered a public health issue, and reported findings from a recent Health Needs Assessment (HNA) carried out for Southampton, including recommendations on how to tackle the issue.

Key points raised in the presentation included:

- Language was important. Use the term “people experiencing harmful gambling” instead of “problem gambler” or “harmful gambler” to avoid placing sole responsibility on individuals, which can increase stigma.
- Certain groups were more vulnerable to experiencing harmful gambling, including young men, the unemployed, those in high-deprivation areas, and people with mental health or substance use issues.
- Gambling-related harms impacted not only individuals but also families, communities, and society, making it a significant public health issue.
- Effective prevention required a population-level approach with community-based efforts, as individual-level solutions alone were insufficient and may increase health inequalities.

- Jennifer then presented some key findings from the recent HNA.
    - **Main Finding 1:** the estimated number of adults engaging in harmful gambling in Southampton was between 6,160 and 31,900 (based on national prevalences – Health Survey England 2021 and Gambling Survey for GB 2023). An estimated 15,400 adults in Southampton were adversely affected by someone else's gambling (2023 Annual GB Treatment and Support Survey).
    - **Main Finding 2:** The estimated cost associated with gambling-related harm in Southampton was between £4.7m and £7.9m.
        - This included categories such as homelessness, health harms like substance use, unemployment benefits and imprisonment. The total was likely to be an underestimate due to the non-comprehensive list of categories.
    - **Main Finding 3:** Coxford, Woolston, Bevois, Millbrook and Swaythling contained the highest numbers of neighbourhoods at greatest risk of harmful gambling in the city.
    - **Main Finding 4:** There was some correlation between gambling-premises density and areas of deprivation. The wards with the highest densities of gambling premises were Bargate, Banister & Polygon, Freemantle, Portswood, and Shirley, each containing at least one area at elevated risk of gambling-related harm.
    - **Main Finding 5:** Southampton residents had access to a range of treatment and support services for gambling-related harms, including both local and national providers funded by the NHS and other sources. However, there was a lack of clear signposting on available support.
        - Service-provider data revealed significant unmet needs in Southampton, with only 0.1% to 0.6% of those affected by harmful gambling calling the GamCare Helpline in 2022/23, even fewer entering treatment, and just 208 referrals to the Southern Gambling Service from September 2022 to June 2024—representing under 3.4% of those affected.

- Next, Jennifer discussed what had been shown to work to prevent or reduce gambling-related harm.
    - **Primary Prevention: (preventing the onset)**
        - **Education:** Personalised feedback in universities and school programs (targeting children 10+) improved gambling knowledge and attitudes.
        - **Supply Restrictions:** Limiting gambling venues and access
        - **Advertising Restrictions:** Reducing gambling adverts can decrease participation, particularly among children and young people.
    - **Secondary Prevention: (early identification to prevent escalation)**
        - Early intervention through brief, in-person psychosocial support had been shown to significantly reduce short-term harmful gambling behaviour.
    - **Tertiary Prevention: (lessen impact of existing harm)**
        - Removing cash machines and smoking restrictions.
        - Harm-minimisation tools, such as self-exclusion and compulsory limit-setting were more effective when self-exclusion lasts at least 6 months, limits were universal and irreversible, and tools like self-

appraisal, high-threat pop-up messages, forced breaks, and slower play speeds were used.

- Finally, Jennifer presented a framework for action tackling the two main issues that emerged from the HNA.

    - Issue 1: High densities of gambling premises were often found in or near areas of high deprivation and regions with an elevated risk of harmful gambling.
        - **Reduce Supply and Exposure**: Restrict gambling through licensing, planning, and limiting advertising.
        - **Reduce Uptake**: Implement harm prevention programs in schools, colleges, workplaces, and through public awareness campaigns.
        - **Lessen Harm**: Enhance operator harm-minimisation efforts and improve early intervention at gambling venues.

    - Issue 2: A small proportion of people experiencing harmful gambling or gambling-related harms in Southampton were accessing treatment and support.
        - **Raising Awareness**: Launch citywide campaigns to raise awareness of harmful gambling signs, help resources, and reduce stigma.
        - **Partnerships**: Promote a preventative approach through strategic partnerships.
        - **Early Identification**: Encourage a "make every contact count" approach by commissioners and service providers.
        - **Data Collection**: Improve data to better assess needs and the impact of actions.
        - **Access to Treatment**: Ensure easy signposting to treatment and early intervention services.

3) The Role of Gambling Commission and Licensing – Rob Burkitt, Policy Manager and Lead for Shared Regulation, Gambling Commission

- Rob delivered a presentation which outlined the role of the Gambling Commission(GC) in licensing gambling and summarised the regulatory framework.

Key points raised in the presentation included:

The Role of the Gambling Commission

- The GC, was established by the Gambling Act 2005 and operated under the Department for Digital, Culture, Media and Sport (DCMS), issued operator, management, and personal functional licenses and enforced Licence Conditions and Codes of Practice (LCCP).
- The GC was a co-regulator of the Gambling Act alongside local authorities and had powers to address illegal gambling, often working with agencies like the police and HM Revenue and Customs.
- Non-compliance with LCCP could result in sanctions, including the loss of an operator's license, with enforcement powers granted by the Gambling Act. In

recent years, tens of millions of pounds in regulatory settlements had been imposed on operators.

The GC and Local Authorities

- GC co-regulated gambling with local authorities, issuing operator licenses while local authorities handled premises licenses, permits, and permissions.
- GC worked with local authorities on enforcement actions, such as shutting down illegal casinos and poker clubs.
- GC could object to gambling premises applications to set legal precedents
- GC published guidance and resources for local authorities, including a quarterly bulletin, regular meetings, and various guides.

Protection of Consumers

- Consumers could opt into self-exclusion, spending limits, payment blocking with banks, and blocking gambling adverts on social media.
- Operators were required to identify and intervene in problematic gambling behaviour and must verify the source of funds for gambling e.g. “are you okay? You seem to be in distress, do you need to take a break?”

Possible/Impending Changes

- GamProtect – trialling at the moment – shared data between different online gambling services to track behaviour
- Potential change to machine ratios for AGC’s, bingo premises
- Changes to local authority powers regarding gambling machines in pubs
- Aiming to improve the safety and standards in particular for vulnerable people and young people.

4) A Lived Experience Perspective – Bryan Dimmick, Southampton resident with lived experience of harmful gambling.

- Bryan outlined his experiences of gambling harms and the impact that his gambling had on himself and those around him.
- His journey began in childhood, playing arcade games, which gradually progressed to regularly playing on fruit machines in pubs by age 18. Eventually, he moved on to betting shops, particularly playing Fixed Odds Betting Terminals (FOBT), often pairing gambling with drinking. This cycle led him to neglect healthier pursuits, culminating in criminal behaviour including prison time following a theft attempt to fund his gambling addiction. Bryan described a day with a gambling addiction as a mixture of intense highs and lows—like experiencing the best and worst day of your life simultaneously.
- Bryan noted that online gambling means people now have a casino in their living room with no limits and highlights the importance of restrictions in deposit allowances.
- Bryan viewed his time in prison as a turning point. Committed to recovery, he worked with probation officers and local charities upon his release, including registering with GamStop, a self-exclusion service.
- His gambling addiction strained his relationships and cost him friendships. Since beginning his recovery, he has been focused on making amends. The harm

caused by his gambling left him with intense feelings of shame for years, and he emphasised that recovery was challenging and gradual but ultimately rewarding. He now feels he has moved past this shame and was motivated to help others on their own paths to wellness.

- He believed that training staff in gambling venues to recognise and address gambling-related issues was essential. He also appreciated the self-help tools now available for individuals seeking to manage their gambling behaviours and strongly supports increased education on gambling harms in schools, emphasising the importance of early awareness and prevention.

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