

## **Hertfordshire Chief Executives' Co-Ordinating Group**

# **Developing a proportionate shared approach to reducing harm from problem gambling: for discussion**

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28<sup>th</sup> March 2018

### **1. Purpose of paper and summary**

- 1.1 To outline for discussion a proportionate approach to preventing problem gambling and its impact on local authority, health and other services.
- 1.2 Thanks are due to colleagues from the Money Advice Unit and County Community Safety Unit for their help in developing this paper.
- 1.3 There is an opportunity to take some action on reducing and preventing problem gambling at little or no cost. Anecdotal evidence suggests problem gambling is adding to the burden of service demand and any action will seek to establish whether and to what extent this is the case.

### **2. Decisions required**

- 2.1 To note contents, discuss approach and agree next steps

### **3. Background**

- 3.1 The impact of problem gambling is distributed across a range of services, as are the responsibilities for addressing it. The harms are various including debt, mental ill-health and crime. There is little concrete evidence for the size and shape of Hertfordshire's problem but evidence of some need.
- 3.2 While it is likely there is preventable demand on public services as a result of problem gambling, and some support from data for this, it is important to avoid creating a need for a service where none exists.
- 3.3 A report for the Gambling Commission developed by the National Centre for Social and Economic Research<sup>1</sup> analysed available data and concluded that more than 2 million people in the UK are either problem gamblers or at risk of addiction, according to the industry regulator, which warned that the government and industry were not doing enough to tackle the problem.
- 3.4 Based on these national estimates, 25,300 people in Hertfordshire are at risk of problems with gambling, and 6000 currently experience problems which impact on their lives and potentially public services. Younger people are at higher likelihood of being at-risk or problem gamblers.

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<sup>1</sup> <http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2015.pdf>

### ***At-risk gambling***

3.5 At-risk gambling was measured using the Problem Gambling Severity Index (PGSI). This identifies people who are at risk of problems related to their gambling behaviour but who are not classified as problem gamblers. Overall, 3.9% of adults had a PGSI score which categorised them as at-risk gamblers, or around 25,300 adults aged 16 or over in Hertfordshire.

### ***Problem gambling***

3.6 Problem gambling is gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. Estimates of problem gambling are provided according to two different measurement instruments, the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) and the PGSI.

3.7 Problem gambling prevalence measured by either the DSM-IV or the PGSI was 0.8%, with men being more likely than women to be classified as problem gamblers (1.5% and 0.2% respectively). This is around 6000 people in Hertfordshire.

3.7.1 The highest rates of problem gambling were among those who had participated in spread betting (20.1%), betting via a betting exchange (16.2%), playing poker in pubs or clubs (15.9%), betting offline on events other than sports or horse or dog racing (15.5%) and playing machines in bookmakers (11.5%).

3.8 The report estimated that the number of British over-16s deemed to be problem gamblers had grown by a third in the three years to 2015. It also found evidence of an increase in addiction among those playing fixed-odds betting terminals (FOBTs).

## **4. Policy framework and opportunities for action**

4.1 There is an opportunity to take some proportionate action by licensing authorities (District and Borough Councils) with Public Health and others to revise their statements of gambling policy in line with emerging good practice, and take actions and positions which, at no cost, can prevent harm from gambling while still allowing gambling for those who wish to enjoy it.

4.2 The Gambling Commission wrote to Directors of Public Health in January 2018<sup>2</sup> asking them to work with Authorities for the purposes of the Gambling Act 2005 (District and Borough Councils) to consider what can be done when authorities revise the Statement of Gambling Policy. A public health and safeguarding "toolkit" was released by the Commission in February to support authorities working together<sup>3</sup>.

4.3 The Gambling Act 2005 makes District Councils responsible for such policy statements in respect of their functions as licensing authorities. Licensing authorities (i.e. Districts) will be required to review their Statement of Gambling Policy (the Statement), scheduled for consultation in 2018 with a view to a revised version being published in January 2019.

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<sup>2</sup> <http://www.gamblingcommission.gov.uk/PDF/public-health-and-gambling-joint-letter-jan-2018.pdf>

<sup>3</sup> <http://www.gamblingcommission.gov.uk/for-licensing-authorities/Licensing-authority-toolkit/Public-health-and-Safeguarding-toolkit.aspx>

- 4.4 There is a list of actions from the Gambling Commission and other bodies being compiled currently which can be taken to reduce gambling harm by authorities including restrictions on fixed term betting machines. In March 2018 the Gambling Commission provided formal advice to support the Department for Digital, Culture, Media and Sport (DCMS) with its current review of gaming machines and social responsibility measures<sup>4</sup>.
- 4.52. At the heart of our thinking is an aim to reduce the risks that consumers, especially those that are vulnerable, face from gambling. We think that action – from government, the Gambling Commission and operators – is needed to achieve that aim.
- 4.6 Public Health Authorities (i.e. the County Council ) are not responsible authorities under the Gambling Act 2005 though they are under the Licensing Act 2003. The Gambling Commission is asking Public Health Directors to engage with responsible authorities for Gambling to reduce the burden of Problem gambling.
- 4.7 One of the licensing objectives in the Gambling Act is the protection of young and vulnerable people from (gambling) harm. The list of responsible authorities for the Act includes any agency who has functions in respect of minimising or preventing 'harm to human health' (which is a very wide definition of their areas of responsibility). There are links to the Safeguarding Boards in addition to District Councils.
- 4.8 The network of response services to Gambling in Hertfordshire is not as co-ordinated as it might be. There is some County Council service commissioning and some NHS psychiatric provision, and voluntary provision. There are various services doing various pieces of work. It would be useful to explore whether
- 4.8.1 some controls and licensing actions could be taken by District Councils at little or no cost.
  - 4.8.2 some controls and actions could be taken by other partners like the County Council at little or no cost.
- 4.9 The Gambling Commission, in their January 2018 letter to all local authorities, say that Public Health teams are likely to have a good understanding of the range of health issues within an LA and how they interrelate and where they are concentrated, which can help the licensing authorities:
- 1) make decisions that benefit and protect the health and wellbeing of local communities;
  - 2) Be clear on issues which they can have regard to when deciding on licenses for a wide range of gambling activities
  - 3) Identify and interpret health data and evidence to inform the review of the Statement;
  - 4) conduct a health-impact assessment of gambling in the local area or assess any existing information.
- 4.4 It is proposed by the Gambling Commission that working through frontline services, staff across agencies are aware of the issue and have the

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<sup>4</sup> <http://www.gamblingcommission.gov.uk/PDF/Review-of-gaming-machines-and-social-responsibility-measures---formal-advice.pdf>

systems in place to offer referral to existing accredited providers.  
(Gamcare and BeGamble Aware being the first point of contact.)

- 4.5 The advantages of having a clear, proportionate, co-ordinated approach in Hertfordshire based on clear understanding of each actor's responsibilities are that we can prevent some people getting into difficulties, develop a co-ordinated approach making best use of existing resources and prevent the County Council facing further commissioning demands.
- 4.6 Members of CECG are asked to consider what would be desirable in any action going forward, in order to develop a shared approach to preventing and addressing problem gambling.

## **5. Outcome(s) to be achieved**

- 5.1 It is important to avoid creating a demand for services where none exists, or creating a workstream where it isn't needed. Equally, there are some things which can be achieved at no cost which will have a preventive impact.
- 5.2 The benefits to be derived from this work are
- a shared understanding of what actions can and should proportionately be taken to identify reduce harm to people, and cost to the public purse.
  - A shared understanding of what we can do in our policies to reduce and prevent harm from gambling

## **6. Financial Implications**

- 6.1 It is intended to achieve this through existing resources

## **Appendix: a headline briefing on problem gambling impact**

Available information, mostly anecdotal, from services suggests that the impact of problem gambling is causing mental health services, childrens' services and adult social care preventable demand as well as impacting adversely on peoples' health.

- Problem gambling is associated with a range of other addictions and health related issues<sup>5</sup>. It is important that a gambling related problem is diagnosed and treated at the same time as other issues.
- Problem gambling affects not just the individuals concerns but those around them, whether that's the family who find themselves without enough money for the week's essentials or the partner who suffers abuse
- Evidence indicates that particular groups are much more vulnerable to gambling related harm than others. Examples include those with mental health issues, homeless people, those with other addictive behaviours, those in areas of multiple deprivation and immigrants.<sup>6</sup> (This is not a comprehensive list.)

Evidence of a widespread and numerically large problem at population level in Hertfordshire is largely due to lack of consistent collection of data and a picture. But while a picture is being developed, there are some actions which can be taken at no cost to prevent or reduce current harm, and which can be mapped. Data from national epidemiological surveys showed that 62.2% of people gambled in 2015 and 0.9% of people in England identified as problem gamblers whereas 3.9% of people in England were at moderate risk of developing problems with their gambling.

Anecdotal evidence from health professionals, Citizens' Advice Bureaux and Money Advice Unit suggests this is a significant issue but there is little data to support this because it is rarely collected in a way which flags gambling.

What intelligence does exist shows gambling is a potentially reducible or preventable demand on public services. While there is limited data, there are indications that Hertfordshire has a demand for services for gambling. Citizens' Advice Bureaux report anecdotally a significant increase in debt where gambling is an issue. Figures are currently awaited.

The County Council, with Public Health leading, are co-commissioning (with Mental Health and Community Wellbeing) a service in Hertfordshire provided by The Living Room which offers a peer led abstinence based structured programme to work with behavioural addictions which includes Gambling. The service began in October 2016. Currently 21 people are in treatment for gambling addiction with this service, making up 15% of the 140 people in treatment for behavioural addictions with this provider. This is likely to be a significant underestimate of need.

Anecdotal evidence suggests that crime and anti-social behaviour around betting shops is problematic. However, an analysis of crime and anti social

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<sup>5</sup> <http://www.nhs.uk/Livewell/addiction/Pages/gamblingaddiction.aspx>

<sup>6</sup> <https://www.geofutures.com/research/gambling/>



To: Directors of Public Health  
English local authorities

January 2018

Dear Director of Public Health

### **Public Health and gambling**

We are writing to ensure you are aware that local licensing authorities are required to review their Statement of Gambling Policy soon, and to encourage you to support them in this process.

The statement is a key tool that licensing authorities can use to seek to protect their residents from the negative impacts associated with problem gambling. These are wide ranging and can impact on individuals and their families and carer's physical, mental and emotional health and wellbeing, as well as having a wider impact on society through crime and disorder, debt, domestic violence and lost productivity.

Licensing authorities should be consulting on their statements in 2018 with a view to revised versions being published by the deadline of January 2019. Whilst, unlike the Licensing Act 2003, Public Health is not a responsible authority under the Gambling Act 2005, this does not prevent Public Health's engagement. We believe that Public Health can play a critical role in this strategic review and assist licensing authorities in developing a Statement which maximises the protections available to citizens as well as the broader wellbeing of the community.

Additionally, it is worthwhile noting that one of the licensing objectives in the Act is the protection of the young and vulnerable from (gambling) harm. The list of responsible authorities on the face of the Act includes an agency who has functions in respect of minimising or preventing 'harm to human health' (which is a very wide definition of their areas of responsibility). Another responsible authority, one concerned with the 'protection of children from harm', is normally the Safeguarding Board.

Public Health teams are likely to have a better understanding of the range of health issues within an LA and how they interrelate and where they are concentrated, which can help licensing authorities:

- Identify and interpret health data and evidence to inform the review of the Statement and develop locally tailored local area profiles.
- Make decisions that benefit and protect the health and wellbeing of local communities.