Gambling-related harms in Sunderland

Health needs assessment

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Glossary

Term	Definition
Gambling-related harms	The negative impacts from gambling on the health and wellbeing of individuals, families, communities and society.
Health inequalities	Unfair and avoidable differences in health across the population, and between different groups within society.
Health needs assessment	A systematic approach to understanding the needs of a population, involving the assessment of local, regional and national data, and direct engagement with the communities of interest.
Pathological gambling	Compulsive or disordered gambling.
Problem Gambling Severity Index (PGSI)	A validated screening tool designed for use amongst the general population.
Suicidal ideation	Thoughts about taking own life.
Unhealthy commodity	A product that is harmful to health.

1. Introduction

1.1 What is a health needs assessment?

A health needs assessment (HNA) is a systematic approach for understanding the needs of a population. It involves the assessment of local, regional and national data, and direct engagement with the communities of interest. Responding to a health needs assessment provides an opportunity to improve health outcomes and reduce health inequalities. An in-depth review, involving communities and professionals directly helps to uncover unmet needs and inequalities. These unmet needs may require action outside of the typical sphere of healthcare and into the wider determinants of health, which impact on health outcomes[1].

1.2 Background to this health needs assessment

Having long been seen as a 'fun' pastime, gambling is becoming increasingly recognised as a public health issue, with significant harms affecting more than just those who experience addiction. The aims and objectives of this HNA are:

Aims:

- To better understand the extent of gambling-related harms in Sunderland
- To create an action plan that will tackle gambling-related harms at all levels of prevention

Objectives:

- Summarise relevant literature and policy
- Estimate the number of individuals harmed by gambling in Sunderland
- Provide an overview of local services, summarise the available data and seek the views of those with lived experience of gambling-related harms
- Provide recommendations for action

1.3 Methodology

In order to gain the clearest picture of health needs and potential harm amongst the target population in Sunderland, multiple methods have been used to draw out priorities. This includes:

- a review of national policy, evidence and prevalence
- data analytics highlighting how gambling premises are clustered in the city
- interviews with people who have lived experience of harmful gambling
- interviews with and data from other key stakeholders.

1.4 Key stakeholders

Several organisations/teams have been involved in this HNA process, either by engaging in interviews, facilitating questionnaires or providing data. These include:

- NHS Northern Gambling Service
- Northeast Council on Addictions (NECA)
- Sunderland City Council licensing team
- Local primary care representative

2. Policy context

2.1 National picture

Gambling in Great Britain is regulated under the Gambling Act 2005[2] (with the exception of the National Lottery and spread betting). It contains three core licensing objectives:

- preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime,
- ensuring that gambling is conducted in a fair and open way, and
- protecting children and other vulnerable persons from being harmed or exploited by gambling.

A review of the Gambling Act 2005 has been underway since 2020 and a White Paper is due to be published in spring 2023. Any changes to national regulations may impact on the recommendations in this HNA and could increase or decrease the scope for reducing harm.

NICE guidelines titled *Harmful gambling: identification, assessment and management* are currently in development and are expected to be published in January 2024. The guideline scope highlighted that access to treatment for gambling addiction is variable and that there is no coordinated system for early identification and intervention[3].

2.2 Regional position

A North East Gambling-Related Harms Network has been established, sponsored by the Association of Directors and Public Health (ADPH) and facilitated by an Office for Health Improvement and Disparities (OHID) regional Health and Wellbeing Programme Manager. Representatives from all local authorities are invited to attend, covering public health and licensing. Representatives from Sunderland City Council's public health team are active members of the group. In 2022, the network made a successful bid to the Gambling Commission Regulatory Settlements Fund for a three-year regional project. Funds were secured for three delivery posts, a lived experience outreach worker and an academic researcher, all for a fixed-term period of three years. The primary aims of this work are to build capacity regionally to address gambling-related harm, strengthen referral pathways, develop of resources, and develop and test a screening tool. Recruitment to the posts is due to commence in spring 2023.

2.3 Commercial determinants of health

The commercial determinants of health refer to how corporate bodies and industries affect our health, both positively and negatively. For example, positive impacts on our health arise from good working terms and conditions, such as paid parental leave and a living wage, as well as advances in technology and healthcare. Conversely, long working hours and poor health and safety measures can negatively affect our health. Some industries produce unhealthy commodities – products that can severely harm our health, including tobacco, alcohol, ultra-processed foods and gambling. These industries use common tactics to ensure their products remain profitable, including:

- aggressive marketing
- shifting blame from industry to individuals
- lobbying of politicians
- creating doubt about public health evidence and research
- pushing to self-regulate rather than be regulated by a government.

Taking action to mitigate some of these industry tactics will help to rebalance their impact. Our priority in public health is to create environments that are health promoting rather than health harming, and to tackle health inequalities. As set out in section 3, significant harms can arise from gambling activity and those harms are not distributed equally through society.

2.4 Definitions and language

The 2021 Public Health England *Gambling-related harms review*[4] sets out definitions relating to gambling, based primarily on the Problem Gambling Severity Index (PGSI). The PGSI is a validated screening tool designed for use amongst the general population.

Category	Definition	PGSI score
Non-problem gambler	Gamblers who gamble with no negative consequences	0
Low-risk gambler	Gamblers who experience a low level of problems with few or no identified negative consequences	1-2
Moderate-risk gambler	Gamblers who experience a moderate level of problems leading to some negative consequences.	3-7
Problem gambler	Gambling with negative consequences and a possible loss of control	8+

Table 1: PGSI definitions

The non-problem gambler category includes people who have not participated in any gambling activity. For the purposes of the evidence review, PHE combined the low- and moderate-risk groups into an overall 'at-risk' group.

Language is important. The term 'problem gambler', as used by the PGSI and widely within society, individualises a complex issue and does not take into account the factors that drive gambling participation, adding to the stigma surrounding the term. It also overlooks the spectrum of harm. A parliamentary report on gambling regulation provides some clarity on this spectrum:

"For some people, gambling can lead to serious harm, including mental health and relationship problems, debts that cannot be repaid, crime or suicide. People experience these problems in different ways, and their experiences can be made worse by the conduct of gambling operators, for example encouraging people to play more. 'Problem gambling' is gambling considered disruptive and harmful to a person's health and wellbeing. Those who are not classified as problem gamblers but are considered "at-risk" can also experience similar harms, normally to a lesser extent, while harm can also affect friends, family, coworkers and others."[5]

This report will only use the term 'problem gambler(s)' when directly referencing from other reports or the PGSI tool.

3. Gambling-related harms

3.1 Overview of harms and inequalities

In 2021, Public Health England (PHE) carried out a national review of gambling-related harms[4] and found that key harms relate to mental health, finances, relationships, reduced performance at work and, in some cases, criminal behaviour. There is also an association with suicidal ideation and around 5% of suicides in this country are thought to be linked to gambling – that is over 400 people per year.

The people who are most likely to take part in general gambling have higher academic qualifications, are in employment, and live in less deprived areas. However, harmful gambling is associated with people who are unemployed and living in more deprived areas, suggesting a link to inequalities. It affects whole families and communities and can become a lifelong struggle to avoid relapse.

The harms highlighted by the PHE review are summarised in table 2 below:

Health harms	• Suicidal events at least twice as likely among adults experiencing problems with gambling • The relationship between gambling and mental health is complex – evidence shows an overlap with depression • Similar complexity with relationship between gambling and use of alcohol, drugs and tobacco- evidence indicates some association
Financial harms	• Key financial harms found were debt and personal insolvency • Debt appears to be a crucial harm which can lead to other harms • Significant impact on the individual, family and close associates • Several studies reported that gambling led to housing problems including homelessness
Relationship harms	• Lower social support and poorer family functioning • Qualitative evidence included arguments, relationship strain, domestic abuse • The impact of gambling on relationships ripples outwards, negatively affecting wider family and friendship networks.
Employment and educational harms	• Qualitative studies described that adult gamblers had lost jobs, were demoted or resigned due to gambling. Gambling was linked to loss of concentration on work activities, showing up late, not turning up for work or turning up after no sleep.

	• Close associates of gamblers also reported their work performance being affected, and work colleagues and employers also suffered. • Child gamblers noted difficulties at school. Children of gamblers also noted difficulties at school because of the chaotic home life associated with a gambling parent. • Absenteeism, job turnover, withdrawal from education or reduced educational attainment represent societal harms.
Criminal harms	• Qualitative studies showed that gambling led to some gamblers engaging in crime, often to pay off debts. This included theft and selling drugs. This criminal activity affected close associates and wider society. For example, gamblers took out loans in other people's names, stole from friends and family and committed fraud.
Inequalities	• There was some evidence that particular populations are at more risk of harm (such as migrants, homeless, people with learning disabilities) • Gambling may make existing inequalities worse

Table 2: Summary of gambling-related harms[4]

3.2 Social and economic costs

OHID provided an updated estimate of economic and social costs associated with gambling-related harms in 2023[6]. It estimated the total annual costs (to both government and wider society) were between £1.05-£1.77 billion. OHID acknowledges that this is likely to be an underestimate due to a lack of robust data in some areas (such as the impact on affected others). The overall estimate is provided as a range due to uncertainties around the wider societal costs of suicide.

Type of harm	**Sub-domain**	**Cohort**	**Government (direct) costs** **£ millions**	**Societal (intangible) costs** **£ millions**	**All costs** **£ millions**
Financial	Statutory homelessness	Adults	£49.0	-	£49.0
Health	Deaths from suicide	Adults	-	£241.1-£961.7	£241.1-£961.7
Health	Depression	Adults	£114.2	£393.8	£508.0

Type of harm	Sub-domain	Cohort	Government (direct) costs £ millions	Societal (intangible) costs £ millions	All costs £ millions
Health	Alcohol dependence	Adults	£3.5	-	£3.5
Health	Illicit drug use	17 to 24 years	£1.8	-	£1.8
Employment and education	Unemployment benefits	Adults	£77.0	-	£77.0
Criminal activity	Imprisonment	Adults	£167.3	-	£167.3
TOTAL			**£412.9**	**£635.0 - £1,355.5**	**£1047.8 - £1,768.4**

Table 3: estimated excess cost of harm associated with gambling in England

3.3 Risk factors associated with harmful gambling

There is a lack of high-quality evidence exploring the risk factors for harmful gambling. However, the PHE review stated that there was a high degree of confidence in the following risk factors amongst children and young people:

- impulsivity
- substance use (alcohol, tobacco, cannabis and other illegal drugs)
- being male
- experiencing depression

4. Gambling data

4.1 Prevalence

Sunderland-level data is not available for gambling prevalence; however, data provided nationally can be used to calculate estimates. In the North East, it is estimated that 4.9% of the population (aged 16+) are at-risk gamblers[4] (experiencing some level of negative consequences due to their gambling); this is the highest regional prevalence of at-risk gambling in England. A regional breakdown is not available for numbers thought to be experiencing gambling addiction, but nationally it is estimated to be 0.5%. Nationally, 7% of the population of Great Britain (adults and children) were found to be negatively affected by someone else's gambling.

Taking these national and regional figures, estimates can be drawn at the Sunderland level, as seen in table 4:

Type	Estimated number of individuals - Sunderland
'Problem' gamblers	1,130 (aged 16+)
At-risk gambling	11,083 (aged 16+)
Affected others	19,194 (all ages)

Table 4: Estimated prevalence of gambling-related harms in Sunderland

4.2 Demographics

At-risk gambling

The PHE review demonstrated that at-risk gambling is more prevalent in[7]:

- the most deprived areas of England
- the unemployed economic group
- those consuming more alcohol
- White/White British groups compared to Asian/Asian British (NB prevalence appears higher for Black/Black British and Mixed/Other groups but sample sizes were too small to draw conclusions)
- those in the lowest quintile for wellbeing (Warwick-Edinburgh Mental Wellbeing Scale)
- those scoring 4 or more on the GHQ-12 (a screening tool for mental disorders), indicating probable psychological problems
- those who currently smoke.

As seen in the graph below, there is a statistically significant gradient between at-risk gambling and alcohol consumption.

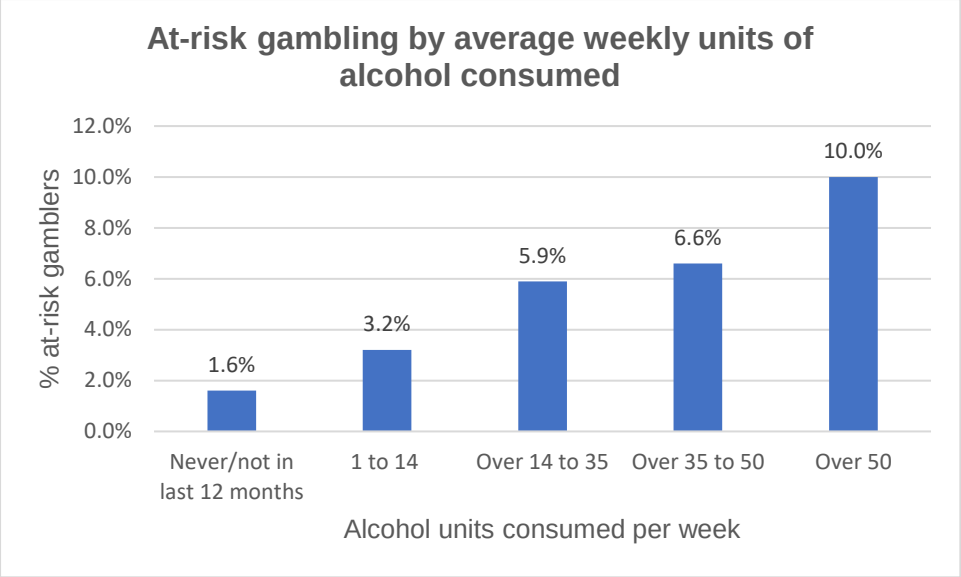

Figure 1: at-risk gambling and alcohol consumption

'Problem' gambling

'Problem' gambling as defined by the PGSI is more prevalent in[7]:

- males
- younger age groups
- those currently unemployed
- Asian/Asian British groups (the least likely to take part in gambling but more likely to experience 'problem' gambling than White/White British. NB prevalence appears higher for Black/Black British and Mixed/Other groups but sample sizes were too small to draw conclusions)
- those in the lowest quintile for wellbeing (Warwick-Edinburgh Mental Wellbeing Scale)
- those scoring 4 or more on the GHQ-12
- those who consume a higher number of alcohol units per week

Additionally, those experiencing 'problem' gambling were more likely than the general gambling population to have participated in 7 or more gambling activities in the last 12 months, and they account for a significantly disproportionate level of participation in machines in bookmakers (46.4%). There was also an inequality gradient across IMD quintiles, with prevalence the greatest in the most deprived group and a statistically significant difference between the most and least deprived quintiles.

4.3 Other sources of information

A local homelessness health needs assessment in late 2022 surveyed the local homeless community (including those threatened by homelessness) and asked about key life experiences. Although it should be noted that the sample size was small, 17% of respondents considered themselves to have a gambling problem/addiction.

Online gambling presents a difficult challenge for local policymakers; Councils' statutory role in gambling licensing applies to physical premises only. Data from the Gambling Commission[8] suggests levels of online gambling participation were 27% in the most recently

quarterly survey (December 2022). However, they reported that in-person gambling had seen a significant increase in that same time period compared with the previous year (28% compared to 25%). Therefore, action relating to physical premises and non-remote gambling is still pertinent.

4.4 Gambling premises

A 2018 survey with the UK general public on features they would like to see on their ideal high street included bookmakers as an answer option[9]. Bookmaker was overwhelmingly the least popular type of shop, with 73% of respondents saying that a 'bookies' would not feature in their ideal high street (only 15% said that it would).

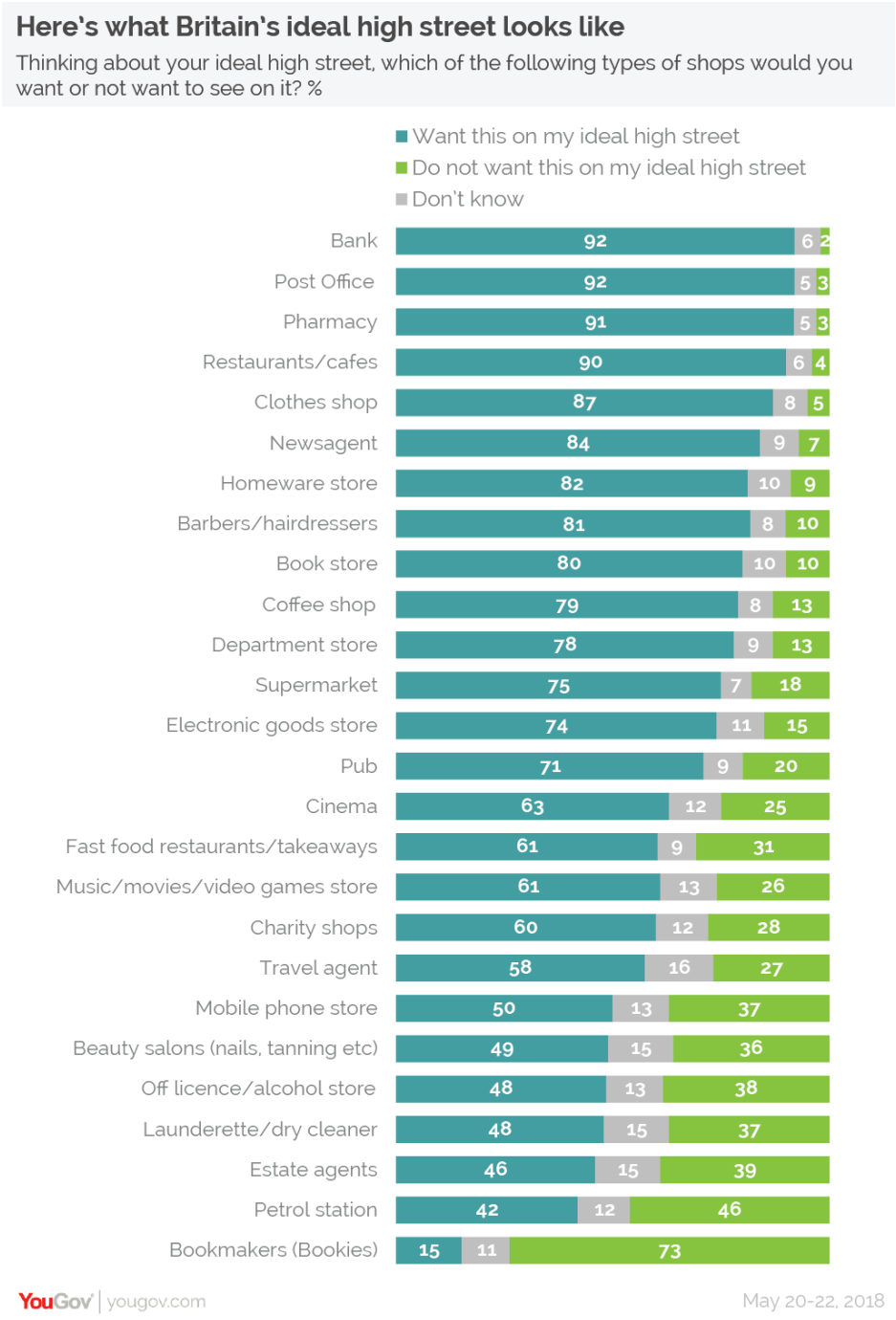

Figure 2: Britain's ideal high street

Despite their low overall popularity and the increase of online gambling, physical premises continue to be a feature in many communities. The map below (figure 3) shows all licensed gambling premises in Sunderland by middle layer super output area (MSOA) and corresponding levels of deprivation (IMD). A higher concentration of gambling premises in more deprived areas can be seen. This is further highlighted when viewed graphically (figure 4); 66% of all gambling premises in Sunderland are in the most deprived quintile. This follows a national trend of gambling premises being clustered in areas where people can least afford to gamble[10]. As detailed above, at-risk and 'problem' gambling is more prevalent in areas of greater deprivation, representing an inequality.

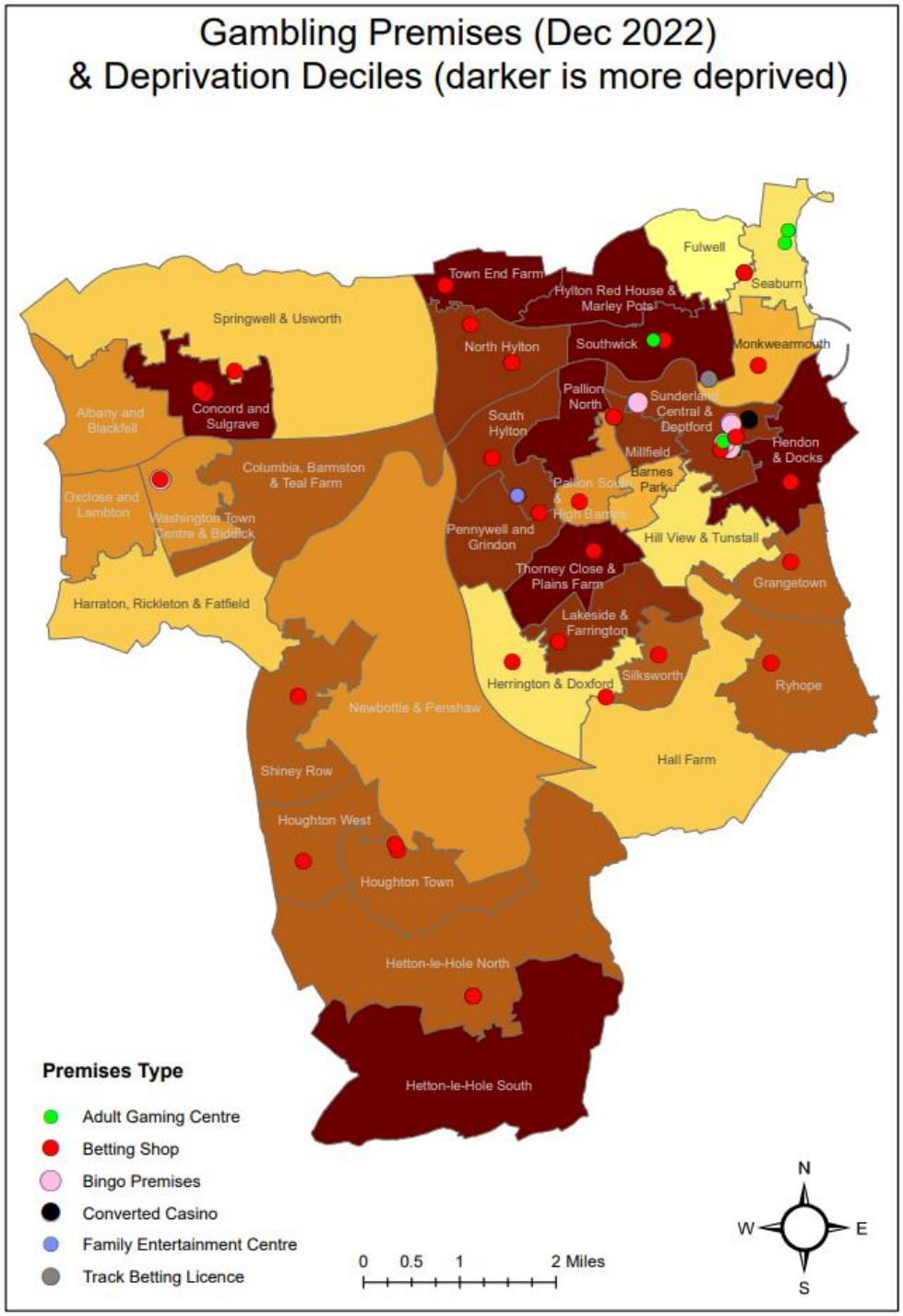

Figure 3: Map of Sunderland gambling premises

Figure 4: Number of gambling sites in each IMD quintile

People who gamble can also deposit money into their online gambling account through PayPoint – facilities that can be found in many convenience stores, though not exclusively, and do not require a license. We understand that one national gambling firm identified four locations in Sunderland City Centre where users can deposit money into their account and begin to gamble with it within minutes. There is little information available on this set-up, but it is likely that it makes online gambling more accessible for those who, for example, deal mostly with cash. There are some restrictions in place including a maximum deposit of £2,500 per day and credit cards are not permitted[11].

4.5 Data from service providers

There are three treatment service providers operating in and around Sunderland:

- NHS Northern Gambling Service (hosted by Leeds and York Partnership NHS Foundation Trust)
- NECA (a voluntary and community sector organisation)
- GCS Partners Ltd (a private business)

At the time of writing, the NHS Northern Gambling Service operates its North East clinic from the Beacon of Light in Sunderland. However, the clinic will be relocated to Newcastle in spring/summer 2023. Previously, the NHS service received funding from GambleAware – a charity that is directly funded by the gambling industry. From April 2022, the NHS services removed this external funding and are now fully funded by the NHS. NECA receives funding from the gambling industry; funding at GCS Partners is unknown.

It should be noted that only a small proportion of people who participate in harmful gambling are in treatment at any time (3%)[3]. Therefore, the figures provided by the services below are not reflective of the true need. Data provided by GCS Partners came from a small sample and has not been included in this report.

4.5.1 NHS Northern Gambling Service

Data provided by NHS Northern Gambling Service reveals that the average PGSI score on referral into the North East arm of the service between July 2020 and February 2023 was 20. Any score above 8 is considered 'problem' gambling, indicating that at the stage of accessing this treatment service, individuals were likely to already be experiencing negative consequences of gambling.

Debt was commonly reported (75%) and suicidal ideation also featured in 52% of cases. Relationship loss and job loss were also experienced by some.

Eighty percent (80%) of individuals (self-referral and professional referral) identified as male and 99% of all self-referrals were working-age adults (with the majority (80%) between 18-44 years).

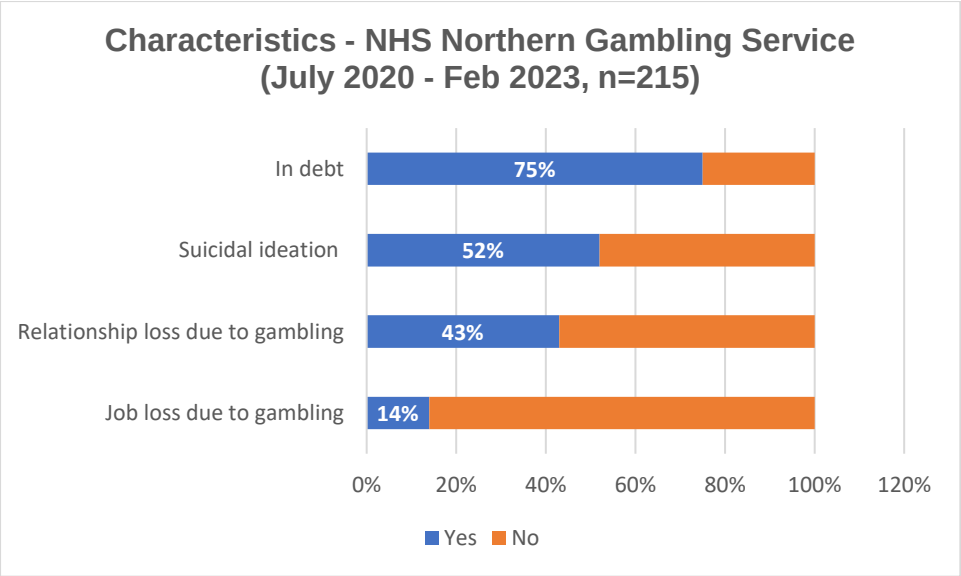

Figure 5: Characteristics of referrals to NHS Northern Gambling Service

The most common types of gambling were:

- Bookmakers gaming machines (43%)
- Online casino (slots) (33%)
- Bookmakers sports and other events (32%)

Discussions with a clinical psychologist at the NHS Northern Gambling Service highlighted a correlation between gambling harm and alcohol, as well as with Parkinson's disease. In relation to alcohol, it was identified that there aren't currently any local referral pathways between the gambling service and substance misuse services. Pathological gambling is seven times more common in people with Parkinson's disease than the general population[12] and this is linked to certain medications. This warrants further exploration with local Parkinson's service to understand how significant this issue is in Sunderland whether any further support or action is required.

Screening was also identified as intervention that could support more individuals to access help, as was raising awareness of local gambling services with different groups of professionals who may work with those most vulnerable to gambling-related harms.

4.5.2 NECA

NECA provided data specific to Sunderland for two financial years – April 2020-March 2021 (n=70) and April 2021-March 2022 (n=77). In 2020/21 the average initial PGSI score was 14.1 whilst in 2021/22 it was 8.9. The most commonly reported impacts from those accessing treatment through NECA were focused on mental health and finances.

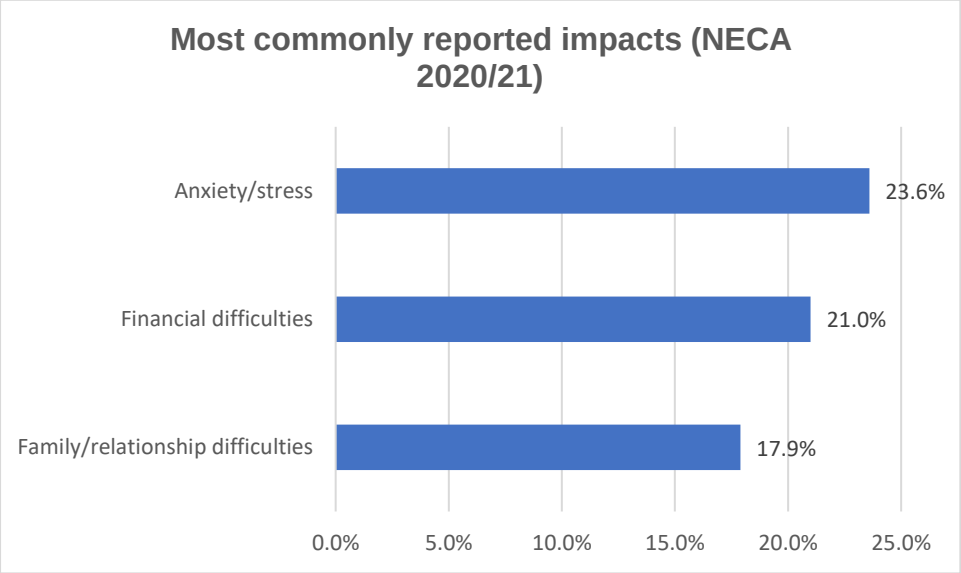

Figure 6: Most commonly reported impacts (2020/21)

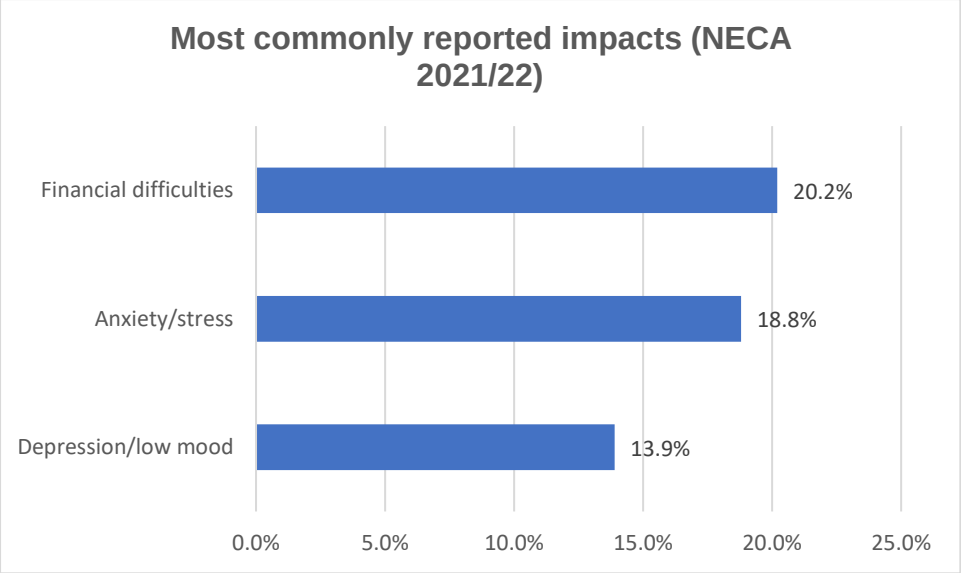

Figure 7: Most commonly reported impacts (2020/21)

Of those who stated their gender, on average 72% were male. Ninety-nine per cent (99%) were working-age adults with the majority (on average 76%) being between 16-44 years.

4.6 Other stakeholders

Discussions with other stakeholders provided helpful context and input to the recommendations set out in this report. The health inequalities lead in primary care in Sunderland shared that gambling-related harms doesn't currently feature on the local online Clinical Index, a tool that highlights signposting pathways for those working in primary care. The health inequalities lead also suggested that social prescribing workers within primary care should be a priority for raising understanding of gambling-related harms and signposting as those workers may be more likely to spot relevant signs in their patient group given that they have more time to spend with them.

The Principal Licensing Officer at Sunderland City Council clarified the processes around granting licenses for gambling premises and how this links with planning processes. It is clear that under current national gambling legislation, licensing offers few routes to rejecting applications for premises; however, supplementary planning documents can be helpful for setting limits in relation to the concentration of premises in a given area and impacts on the vitality of the community. Additionally, where objections are raised to planning or licensing applications for gambling premises, mediation can be sought in which measures may be agreed to further protect the public from harm, such as reduced opening hours.

4.7 Office for Health Improvement and Disparities needs assessment

In October 2022, Sunderland City Council and the Office for Health Improvement and Disparities (OHID) co-hosted an online event for stakeholders across the city. Colleagues at OHID were conducting a national needs assessment of gambling treatment services and were looking to collect views on gambling, harms and treatment services in each region. Over 40 people attended the online event and shared their perspectives. Key findings collated by OHID are summarised below.

Generally, it was felt that gambling was part of the culture of Sunderland. Some services worked with people impacted by gambling-related harm, whereas others were less sure when gambling became an issue and felt that it was often a hidden until things got quite bad. Some participants knew about support for gambling, mainly through a regional service, NECA; there was lower awareness of support from the NHS, and some people did not know that treatment was available for gambling-related harm before the event.

Participants felt there was a need for awareness raising around gambling-related harm as there is a lack of understanding around this. People felt that there needed to be training for services on identifying harmful gambling behaviours and how to ask the question around gambling. There were several suggestions that gambling should be part of 'Making Every Contact Count'. One participant also raised that there needed to be access to treatment services which haven't been funded by the gambling industry.

5. Lived experience

To better understand the potential harm caused by gambling, three interviews were conducted with people who have lived experience. The interviews explored the impact gambling has had on the individuals' life. It is acknowledged that three participants is not a representative sample of the population; however, their comments provide vital insight into the harms experienced.

5.1 Health harms

All interviewees described experiencing varying degrees of health harms due to gambling addiction including:

- feelings of guilt
- depression
- self-harm
- suicidal ideation
- attempted suicide.

Two interviewees described their gambling as a coping mechanism for other behaviours or feelings including substance misuse and depression.

5.2 Financial harms

All interviewees described how they have suffered financial harm because of their gambling, which directly linked to a detrimental impact on each person's mental health. Overall losses ranged from £17,000 to over £100,000. Other financial harms included:

- spending student loans on gambling
- struggling to manage bills and finances because of the losses due to gambling
- bankruptcy
- a general lack of care for money caused by the 'buzz' of gambling
- spending weekly wages, often within 24 hours or less
- homelessness
- signing up to multiple pay day loans worth £20,000 to fund addiction to gambling.

5.3 Relationship harms

Interviewees explained that they have suffered a range of relationship difficulties because of their gambling, including:

- a struggle to maintain relationships
- lying to family and friends to hide or fund gambling addiction
- refusing opportunities to socialise to avoid environments where gambling is often promoted
- strained relationships with family caused by deceit and a feeling that they wouldn't understand the issue.
- family breakdown and fallout for several years
- lack of meaningful friendships.

5.4 Employment harms

Gambling had varying degrees of impact on the interviewees' employment. Employment harms included:

- hiding gambling whilst at work and reducing productivity
- gambling through the night and returning to work the next day feeling tired
- an environment at work where gambling is normalised
- stealing money from a till to fund gambling addiction, which resulted in dismissal
- failing to attend work on multiple occasions, which led to dismissal.

5.5 Criminal harms

One interviewee explained that their gambling addiction had led them to forms of criminal behaviour, including:

- stealing money from their employer to fund addiction
- taking loans out using false information, including names and employment.

5.6 General comments

As well as the harm associated with gambling addiction, all three participants shared more of their thoughts linked to gambling:

- Start of the addiction

  A common theme from participants was that gambling started off as something they enjoyed doing and started off very innocently without causing much harm at all. This is summarised in the comments below.

  - Gambling 'innocently' from a very young age on scratch cards, football cards etc.
  - Addiction escalated over time
  - Enjoyed gambling initially

- Ease of access to gambling

  All three interviewees stated that their gambling was very hard to control because of how easy it is to access it. Some commented on the multiple apps available online and on smart phones, often sending emails, notifications and nudges to encourage more gambling.

- Industry involvement

  Two interviewees expressed that advertising of gambling was unhelpful for those who experience gambling addiction or harms, including the regularity of it. Other issues raised included:

  - a feeling that charities such as GambleAware (which is industry-funded) 'mean nothing'
  - a belief that computer games can 'glorify' gambling. The excitement of unlocking 'packs' on FIFA and the need to pay money to keep up with other players was identified as potentially harmful.
  - a view that betting apps want 'the best of both worlds' – they happy to target people who are losing and potentially vulnerable but quick to close accounts if winning too much because of 'suspicious activity'

- Potential Prevention

  All interviewees spoke about the need to do more to prevent other people from experiencing gambling harms. Notable comments included:

- more checks need to be done when setting up new betting accounts – proof of funds/employment etc. to prevent targeting the most vulnerable.
- agreed deposit limits on all sites.
- limiting advertising and showing the other extreme of gambling 'someone losing everything'.
- self-exclusion online can be helpful to some
- it is now easier to spot signs of potential addiction in others which could be used as peer support offer
- would like to see more education and awareness for parents
- need greater awareness of support services.

- Support

  Interviewees spoke about the support they've had to combat their gambling issues. Some of the most notable comments included:

  - having a job that is very active is beneficial
  - being blocked out of betting apps has helped recovery
  - wouldn't have stopped gambling without intense 6-week clinic
  - Gamblers Anonymous is very helpful
  - support from NECA has been valuable

5.7 Stigma and discrimination

None of the participants spoke directly about feeling stigmatised or discriminated against because of their gambling. However, they spoke of feeling compelled to hide their gambling from friends and family. One participant felt that that they were not addicted to gambling and that it was just a 'tool to deal with underlying issues'.

Studies on this topic have found that there are misconceptions about people who experience gambling addiction. Many people recognise it as an addiction but do not acknowledge it is also a mental health condition. People experiencing gambling addiction are likely to overestimate the amount of stigma they face from others[13]. Stigma is seen by both gamblers and counsellors as a significant barrier to the uptake of help services, suggesting a need for further research to develop ways to reduce perceived and self-stigma among people experiencing gambling-related harms. Likewise, minimising stigma is important for improving uptake of self-exclusion programs.

6. A public health approach to gambling-related harms

6.1 Prevention

The approach to tackling gambling-related harms in England to date has focused on individual responsibility and treatment. However, research from other fields of public health[14,15] has found that interventions that are focused at the individual level or that are 'superficial' (for example encouraging people to change their own behaviour) can widen health inequalities as people have differing levels of ability to engage.

The Health Impact Triangle provides a useful framework for public health action. It demonstrates that the interventions with the potential for most impact are those at the socio-economic or context levels. Interventions focused on education and counselling are centred on individuals rather than populations and have the least impact because of their dependence on long-term individual behaviour change[16].

Figure 8: The Health Impact Triangle

A public health approach centres on the premise that we cannot treat our way out of the harm caused by gambling; we must work further upstream and across the system. If we only focus interventions on those experiencing acute gambling issues, we overlook those who are at increased risk as well as their close communities who will also be affected. Additionally, "*focusing attention solely on the small group of people who meet the criteria for problem gambling will not in itself help to reduce the overall incidence of problem gambling within the population*"[17].

Three levels of prevention are needed[17]:

- primary prevention – aiming to prevent the onset of at-risk gambling behaviour across the whole population but may be particularly directed at groups who are more vulnerable to harm
- secondary prevention – aiming to reduce gambling-related harm in its early stages through early identification
- tertiary prevention – aiming to minimise the impact for those already experiencing gambling-related harms.

6.2 Interventions to tackle gambling-related harms

The evidence base around gambling-related harms and associated interventions is growing and existing evidence from other areas of public health, such as tobacco control and alcohol, also has relevance to gambling. Those with a vested interest in these industries are known to downplay such evidence, but as explained by van Schalkwyk et al when describing a public health approach to gambling-related harms, "*the unavailability of so-called perfect evidence should not legitimise inaction; policy change can be informed by the best available evidence, which is the basis of the precautionary principle*"[18].

There is much debate about what can be done to tackle gambling-related harms at a national level, including legislation, regulation and levies on industry to support treatment. This health needs assessment focuses on what can be achieved at a local level.

- Advertising

  'Changing the context to enable healthier decisions' in the Health Impact Triangle includes changes to the environment and has the potential for more impact at a population level. Advertising is a key component of our environments, both physically and online. Research shows that advertising bans relating to other industries have had positive effects, with tobacco being a clear example. Thomson et al's[19] review highlighted a positive effect of tobacco advertising bans on awareness, quit rates, behaviour and motivation to quit across all socio-economic groups (with no evidence of widening health inequalities). A ban on alcohol advertising in Norway has been linked to reduced alcohol sales[20]. An advertising ban on junk food by Transport for London correlated with lower sales of unhealthy food and drinks[21].

- Planning

  Also included at the environment/context level is the physical opportunity to gamble. A number of local authorities in England have recently taken action to address the number of gambling premises in their area by refusing planning permission, including Bradford City Council[22], Southend Borough Council[23] and Hastings Borough Council[24]. The primary reasons for these refusals have been connected to negative impacts on the surrounding area, including noise, but health impacts have also been cited. It is anticipated that some of these recent decisions will be overturned at appeal, but Knowsley Council has successfully upheld its decision to refuse planning permission for a gaming centre. Ultimately, the application was rejected on the grounds of protecting the vitality of the local centre. Additionally, Knowsley Council recently carried out an extensive consultation as part of a review of its Statement of Gambling Policy, which resulted in strengthened measures to protect children, young people and vulnerable people from gambling harm. New guidelines in the supplementary planning document restrict gambling-related uses in a town centre to a maximum of 5%, with no more than 10% in shopping parades and local centres. It also places restrictions on pay day loan shops and pawnbrokers.

- Screening

  As described in Gambling Health Needs Assessment for Wales[25], a 2021 systematic review examined the evidence around screening the general population for gambling-related harms in other care settings. The review concluded that further research was needed to assess the effectiveness of a robust screening tool, but that it had potential for application in substance misuse, debt counselling, social work and mental health services. Staff awareness of signposting channels was also flagged as

a crucial component. The Wales HNA identified that the use of screening tools is uncommon in front-line services, and this is reflective of discussions held with stakeholders in Sunderland.

- Education

  ‘Lifestyle drift’ refers to the way in which some public health strategies and interventions focus on individual responsibility and action, despite knowing that the most effective interventions are at a socio-economic and structural level. Education places the emphasis on the individual and, as stated above, it is the least impactful intervention in the Health Impact Triangle. An Australian systematic review in 2017[26] found no evidence of lasting impacts of gambling-related education in schools. Additionally, a recent review[27] of industry-funded education programmes in the UK found that the content focused on the personal responsibility narrative, encouraging young people to control their own impulses rather than focusing on the industry and its products. Therefore, whilst establishing a new educational programme on gambling should not be a priority necessarily, it should be considered that where there are identified gaps, industry-funded educators may seek to fill this gap. Understanding whether any existing programmes are influenced by industry should be a priority.

7. Recommendations

7.1 Primary prevention

- Take action to reframe the discussion around gambling, moving away from discussion of 'problem gamblers' and individualisation, to a focus on the industry and its harmful products.
- Take a whole-Council approach to gambling-related harms:
    - Work with elected members in the Council who have an interest in tackling gambling-related harms to raise the profile of this topic and improve understanding of harms and potential routes of action in the wider organisation and community.
    - Work with partners in planning to strengthen measures that protect communities from gambling harm – reviewing supplementary planning documents and the threshold for gambling-related premises in town centres.
    - Work with partners in licensing to identify opportunities for mediation when applications are approved but there are residual concerns.
    - Improve understanding of gambling-related harms, signs to be aware of and signposting routes amongst colleagues in housing and homelessness, drug and alcohol treatment services, financial inclusion services, adult social care and children's services.
- Review local authority advertising contract to assess whether a variation is possible that restricts adverts relating to unhealthy commodity industries, including gambling.
- Establish whether any youth education programmes focused on gambling are currently being delivered in Sunderland, identifying any industry conflicts of interest. Where any such programmes are identified, open discussions with partners regarding how this need could be met through alternative channels.
- Take action to denormalise gambling in society and change the current culture to prevent further gambling related harm.
- Continue to build relationships with local authorities regionally and nationally to learn from and share good practice in this area.

7.2 Secondary prevention

- Support regional work to develop and pilot a screening tool.
- Consider inclusion of gambling-focused questions in local surveys, such as the residents survey and the health-related behaviour survey to improve understanding of local prevalence.
- Ensure gambling is included in health needs assessments focused on other public health topics, particularly where there is an identified link such as alcohol.
- Commission research to develop understanding of stigma and ways of reducing this in local community.

7.3 Tertiary prevention

- Work with NHS Northern Gambling Service and NECA to promote the services, particularly in primary care and other services which may see people who are vulnerable to gambling-related harms.
- Ensure promotion of services includes a focus on the support available for affected others.

- Raise awareness of gambling-related harms and treatment pathways within primary care by providing content for online Clinical Index and training for social prescribing link workers
- Develop and implement referral pathways between NHS Northern Gambling Service and substance misuse services.
- Given the links to suicide and suicidal ideation, ensure pathways are in place between local mental health services and the NHS Northern Gambling Service / NECA.
- Ensure gambling is factored into the local suicide prevention plan.

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