PUBLIC HEALTH FRAMEWORK FOR GAMBLING RELATED HARM REDUCTION

Association of Directors of Public Health
Yorkshire and Humber Problem Gambling
Working Group

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FOREWORD

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"Over the past couple of years, it has become increasingly clear that problem gambling is an underestimated and often misunderstood public health concern. Politicians, academics, national regulators and commissioners have helped to raise the profile, and increase understanding, of gambling-related harms.

However at a local level, action on this issue is often under-resourced and disjointed.

Across Yorkshire & Humber, Local Authorities have recognised the need to share learning and good practice. As a result in 2018, the Association of Directors of Public Health for Yorkshire and Humber, with support from Public Health England agreed to set up a regional Problem Gambling Working Group.

As part of our work we felt the need to develop a local resource to support the publication of the Gambling Commission's Measuring Gambling Related Harms: A framework for action.

We recognise that the enormity and complexity of the work needed for a comprehensive harm reduction programme may become overwhelming. Hence this publication which we hope will be a practical aid for Local Authorities and partners. We are unapologetic for our vision to reduce gambling related harms and reducing the "consumption" of gambling products by the most vulnerable or at risk of harm.

We believe that using this framework and the menu of possible areas for action will help on the journey.

I hope you find it useful."

INTRODUCTION

This framework has been developed by public health professionals working within Local Authorities.

VISION

- **To reduce the exposure of vulnerable people and groups to gambling products**
- **To reduce consumption of gambling products**
- **To reduce gambling related harm to individuals, families, and communities**

Those known to be more vulnerable based on current evidence include (this list is not exhaustive):

- Younger people, particularly men;
- Those with other addictions (drugs, alcohol, nicotine);
- Those with mental health difficulties;
- Unemployed, economically inactive, low socio-economic status, deprivation;
- Some ethnic groups e.g. new migrants;
- Children of problem gamblers;

This framework suggests a menu of possible areas for action to reduce gambling-related harm, including:

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 & young people from gambling related harm
9	Addressing gambling-related debt
10	Workplace health and wellbeing
11	Building and sharing the evidence base

HOW TO USE THIS FRAMEWORK

This framework offers a menu of possible interventions to reduce gambling related harm. Local Authorities working with partners may wish to adopt the whole framework, select and prioritise certain elements, or adapt and expand the ideas for local use.

The interventions were collated based on sharing of good practice and literature reviews, and within the context of Local Authorities' spheres of influence and limited resources. This framework does not reflect the totality of possible interventions but represents a reasonable starting point.

The framework is likely to be time limited in its applicability as knowledge and evidence grows and as Local Authorities and partners develop their own unique responses to local need. It is aimed to stimulate local ideas and discussion pending the development of more tailored local gambling harm reduction strategies.

This framework presents:

A TOPIC heading ('tab') for an area of work

Sub headings with specific actions which may be required under this topic area

A key ('tickbox') to how the actions or interventions contribute to Prevention and/or Wider Determinants of Health

KEY TO ACTIONS

Prevention and the wider Determinants of Health

Primary prevention: Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

Secondary prevention: Systematically detecting the early stages of disease and intervening before full symptoms develop – for example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.

Tertiary prevention: Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Wider determinants of health: These are the social, economic or environmental factors affecting health, such as housing, employment, education, or parks and green spaces

HOW THE FRAMEWORK MAPS ONTO OTHER STRATEGIES

When we were developing this framework on gambling we considered whether we could learn from work on other substances such as alcohol and tobacco which like gambling are legal, widely available, backed by big industry, which offer substantial revenues for both the industry and for government through taxation, but which are also known to cause health harms. How to view gambling and gambling-related harms is contentious amongst different stakeholders. We have attempted to offer a balanced approach based on our reading of the best, current evidence.

We considered that there were four key documents that we should map this Framework upon and these are:

Measuring gambling-related harms among children and young people: a framework for action

(Blake et al. 2019)

National Responsible Gambling Strategy Priority Actions

(Responsible Gambling Strategy Board)

Measuring Gambling Related Harm dimensions

Socio-ecological model (Wardle, Reith et al. 2018)
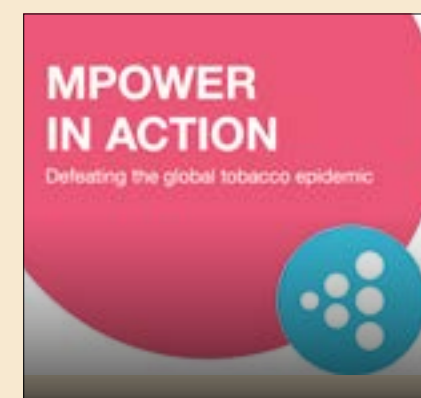
MPOWER

Tobacco Free Initiative (World Health Organisation, 2013)

These documents provided useful guidance regarding the areas that the framework should cover and the harms that we should seek to prevent. We have used these national and global documents to challenge ourselves and make sure that our ambition for what we can achieve locally is high.

Actions can be mapped onto the socio-ecological model for gambling-related harms

(Wardle, Reith et al. 2018):

Individual

Individual characteristics, life events, personal history and cognitive characteristics that influence the potential experience of harm.
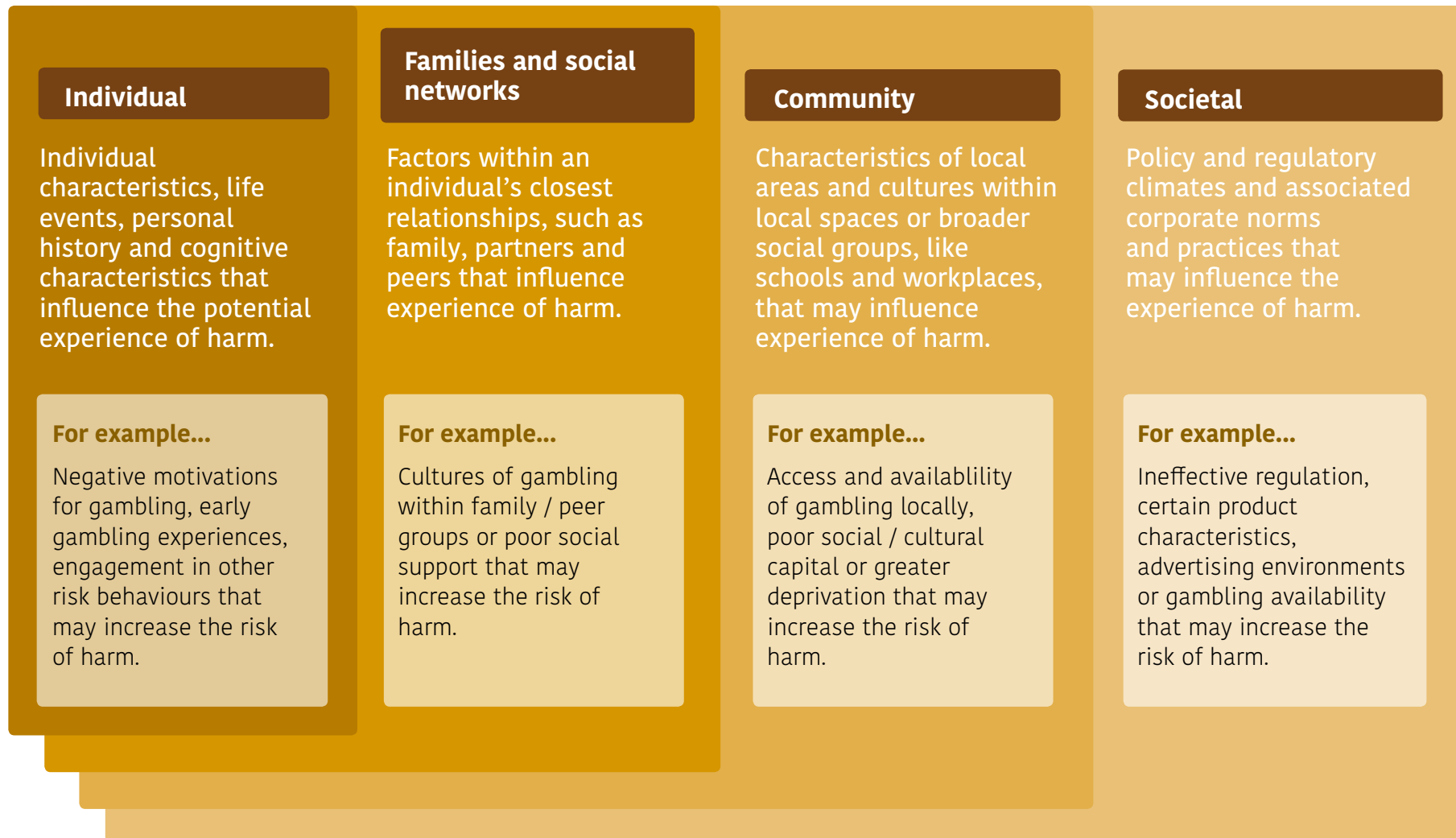
For example...

Negative motivations for gambling, early gambling experiences, engagement in other risk behaviours that may increase the risk of harm.

Families and social networks

Factors within an individual's closest relationships, such as family, partners and peers that influence experience of harm.

For example...

Cultures of gambling within family / peer groups or poor social support that may increase the risk of harm.

Community

Characteristics of local areas and cultures within local spaces or broader social groups, like schools and workplaces, that may influence experience of harm.

For example...

Access and availablility of gambling locally, poor social / cultural capital or greater deprivation that may increase the risk of harm.

Societal

Policy and regulatory climates and associated corporate norms and practices that may influence the experience of harm.

For example...

Ineffective regulation, certain product characteristics, advertising environments or gambling availability that may increase the risk of harm.

LEADERSHIP AND PARTNERSHIP

Recognising that capabilities and appropriateness may be different for different stakeholders

- Know that gambling can be harmful and therefore there is a need to reduce harm, particularly for the most vulnerable

- Be guided by best evidence in understanding potential harms and effective harm reduction approaches rather than ideological or moral standpoints – where evidence does not exist or is poor quality the precautionary principle may be used pending the production of reliable evidence to avoid unintentionally causing irreversible harm to health

- Be aware that absence of evidence is not evidence of absence and continue to update knowledge in line with research and emerging trends

- Actively seek the participation and meaningful involvement of local people with lived experience of gambling-related harm

- Be prepared to build alliances with a range of partners, including the industry and its regulators, in order to be most effective in harm reduction. The document 'Principles for engagement with industry stakeholders' from Public Health England: https://www.gov.uk/government/publications/principles-for-engaging-with-industry-stakeholders

- Build alliances at a Local level – Local Authority, Clinical Commissioning Group, GP Neighbourhood, Universities, wider local stakeholders, broader anchor organisations such as major employers

- Measure whether your Local Authority has a "whole council approach" to gambling-related harm (Local Government Association 2018)

- Measure whether your Local Authority has "health in all policies" in relation to gambling-related harm (Public Health England 2016)

- Build alliances at a Regional level – City Regions/Combined Authorities, Public Health England (Yorkshire and Humber), Accountable Care Partnerships

- Build alliances at a National level – Government Departments (Public Health England, Department for digital, culture, media, and sport etc) Gambling Commission, Advisory Board for Safer Gambling, Gambleaware, Gamcare
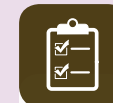
INFLUENCING THE REGULATORY ENVIRONMENT

- Planning policy and Local Plans reflect local need for limits on gambling establishments in geographical areas, sensitive locations, proliferation and density or 'cumulative impact'

- Licensing policy Statement of Principles reflect local need to reduce gambling-related harm through effective regulation, risk-assessment, and monitoring of the gambling environment and should expect operators to deliver safeguarding awareness training to their staff

- Routine inspection to assess compliance by premises, mitigation of harm, partnership work, and enforcement where required in order to maintain a well-regulated local gambling environment

- Routine data collection by operators is provided to the Local Authority for analysis (e.g. interventions, self-exclusions, under-age refusals) agreeing information sharing protocols and using standard templates to share the data across authorities

- Test purchase operations are conducted and there is a protocol for responding to failed test purchases such as requirements to train staff in safeguarding with appropriate training content and materials.

- Reduce exposure of vulnerable people and groups to gambling products in local environments by addressing proliferation, density, and cumulative impact in areas of deprivation

- Regulate the licensed gambling environment and support operators to ensure adequate safeguarding policies are in place to ensure age verification and refusals are being used to prevent participation of the most vulnerable

- Recognise that children of problem gamblers may be at risk of inter-generational impacts of exposure to gambling and support families with strategies to reduce exposure as part of harm reduction, self-management and treatment

- Raise the issue of children's exposure to gambling within parenting classes and other family learning or support settings

- Raise awareness of children's potential exposure to gambling products online - including through social media - in e-safety awareness for young people, parents and teachers

- Reduce exposure to gambling products of young people in post 16 learning such as further and higher education and apprenticeships

- Review policy on ethical sponsorship – consider whether to treat gambling like tobacco and alcohol sponsorship, particularly for events focussed on young people and families

- Review use of Local Authority owned or managed advertising space for gambling products particularly in areas where vulnerable people live, work, study, and play

- Promote awareness across the pub trade and other relevant licensed trades regarding exposure of children and vulnerable people to gambling products (B2 machines) in their premises and how to recognise and respond to gambling-related harm e.g. via responsible retailers schemes such as 'Best Bar None' or Business Improvement Districts

- Make support staff and local operators aware that some individuals with certain conditions or medication regimes (e.g. learning disability or neurodevelopmental disorders, severe mental illness, Parkinson's disease, dementia - this list is not exhaustive) may lack the capacity to participate in gambling and may need to be excluded from accessing gambling products, although this will be a case by case decision to be balanced with disability equality

REDUCE EXPOSURE OF VULNERABLE PEOPLE TO GAMBLING PRODUCTS

IMPROVING IDENTIFICATION AND RECOGNITION OF PROBLEM GAMBLING:

Make problem gambling "visible" and recognise that it is a "hidden addiction"

- Promote training in identification, brief intervention, and referral of problem gamblers for frontline staff

- Offer opportunities to disclose gambling problems in a range of settings to reduce the stigma of seeking help

- Add money or time spent on gambling to standard forms such as income and expenditure forms in welfare settings, young people's services

- Offer screening using reliable tools (such as Lie/Bet, GAST-G) in a range of settings e.g. General Practice, debt support, family support, mental health, substance misuse

- Offer very brief interventions – Ask, Assist, Act (Making every contact count https://www.mecclink.co.uk/)

- Offer signposting to self-help – national helpline and online forums, mutual aid such as Gamblers Anonymous and Smart Recovery, library self-help books and downloadable self-help booklets from Gamcare and Gamblers Anonymous

- Promote awareness of front-line staff and specialist staff to recognise and respond to gambling-related harm (screening, brief interventions, and written/visual materials)

- Offer safeguarding awareness training to industry settings to help operators and staff recognise and respond to risk

- Offer safeguarding awareness training to banks, building societies, and credit unions so that they can recognise and respond to risk and put appropriate safeguards in place

- Update local directories and customer-facing websites with self-screening, self-help and referral information for problem gambling

SELF-MANAGEMENT AND SUPPORT

- Promote time/cash limits at a gambling-premise and gambling-product level

- Provide advocacy for self-exclusion where required

- Promoting banking apps, banks that block gambling sites and transactions

- Promote dialogue with banks regarding setting manageable daily cash withdrawal limits to manage impulsivity in gambling environments

- Promote management of trigger messages e.g. social media blocking software for advertisements, e-mail filters, removing apps, blocking websites, postal and telephone preferencing

- Promote "normal" sleep-wake cycles for online gamblers

- Promote social capital – 5 ways to wellbeing – particularly reducing 'boredom' and unstructured time as a trigger to relapse

- Protect children of problem gamblers from "hidden harms" (including inter-generation impacts of exposure to gambling, reduced household income/poverty due to problem gambling, a breakdown of family life including absence/loss of a parent, homelessness, potential exposure to domestic abuse)

- Protect vulnerable adults, including those with mental capacity who may make "unwise" decisions

- Offer mental capacity assessments where indicated and make local operators aware of individuals who they should exclude for this reason

- Prevent gambling-related suicide by knowing the risk and offering risk assessment and management

- Promote awareness of sources of help including self-screening and self-help in a range of frontline and online settings (including industry settings)

- Promote prevention and resilience particularly in youth settings (caveat: limited evidence base)

- Provide advocacy for financial arrangements that would limit losses and mitigate financial impacts – see the debt section of this strategy for suggestions

REFER PROBLEM GAMBLERS TO EFFECTIVE AND ACCESSIBLE TREATMENT

Make treatment for problem gambling "visible"

- Promote awareness of "what works" in treating problem gambling in line with current evidence e.g. cognitive behavioural therapy, motivational interviewing

- Make effective treatment visible in local directories, occupational health policies and employee assistance programmes, student welfare etc

- Clarify and visually document local treatment pathways and disseminate to key referrers e.g. primary care and frontline staff

- Proactively refer and support engagement of problem gamblers with Gamcare treatment

- Provide support from local NHS and Local Authority commissioners to Gambleaware and Gamcare to ensure treatment is effective and coherent within local contexts

- Promote self-help and peer support alongside effective treatment e.g. Gamblers Anonymous, Smart Recovery, BetKnowMore, online peer-peer support

- Proactively ask about significant others, ask permission to contact, and support them to engage with Gam-Anon and other family support

1 Leadership
2 Regulatory
3 Exposure
4 Identification
5 Self help
6 Treatment
7 Recovery
8 Children
9 Debt
10 Workplace
11 Evidence

- Promote recovery as attainable

- Promote self-help and peer support as ongoing recovery support and maintenance e.g. Gamblers Anonymous, Smart Recovery, online peer-peer support

- Promote social capital/recovery capital and new interests "5 ways to wellbeing" to avoid triggers to relapse such as boredom

- Provide support to block triggers to relapse e.g. social media blocking software for advertisements, e-mail filters, removing apps, blocking websites, postal and telephone preferencing

- Be patient – patience is one of the GA 12 steps because there are no "quick wins" in recovery

- Be aware that the journey to recovery may include brief lapses and relapse and provide support to regain stable recovery

- Provide support structures (e.g. rapid re-entry to treatment) and risk-assessment for suicidality around lapses/relapses

PROMOTE AND MAINTAIN RECOVERY FROM PROBLEM GAMBLING

# PROTECT CHILDREN & YOUNG PEOPLE FROM GAMBLING-RELATED HARM

- Offer training to frontline staff working with children, young people and families about the prevalence of at risk or problem gambling in this group

- Offer training to frontline staff working with young people about the prevalence of at risk or problem gambling in young people with additional vulnerabilities such as young men, young people with other mental health or addiction problems, new arrivals to the UK

- Offer training to frontline staff working with children, young people and families in identification, brief interventions and referral for problem gambling

- Recognise that childhood exposure to gambling can come from family contexts and work with families to reduce exposure to gambling

- Recognise that children and young people who are non-gamblers may be exposed to harm from another family member's gambling including reduced household income, breakdown of family life including absence/loss of a parent, homelessness, potential exposure to domestic abuse

- Recognise that many Universities and colleges have International Students who as both young people and new arrivals may be vulnerable to developing problem gambling and may be isolated from sources of help

- Recognise that some young people with Special Educational Needs and Disabilities (SEND) may be more vulnerable to problem gambling

- Recognise that there is absence of evidence not evidence of absence for vulnerability to problem gambling amongst other vulnerable groups of young people e.g. looked after children, young people at risk of exclusion, homeless young people

- Recognise that children and young people may be exposed to gambling in other settings such as through participation in or spectating team sports

- Recognise that gaming may introduce children and young people to games of chance with non-monetary gains which may normalise gambling

PROTECT CHILDREN & YOUNG PEOPLE FROM GAMBLING-RELATED HARM **(continued)**

- Integrate awareness of risks of online gaming and gambling in e-safety training in schools and for parents

- Consider prevention programmes for children and young people – although the evidence base for such programmes is limited and provision of such programmes may expose young people to gambling

- Remember that children should be protected from gambling environments through age verification but in a gambling context this is only up to the age of 16 – online age verification may vary

- Recognise that young people using social media may be exposed to gambling products due to falsification of age details to access certain apps or platforms

- Offer early identification for problem gambling in youth settings through inclusion of gambling in standard assessment tools

- Ensure that learning environments – such as schools, further and higher education establishments – have good recognition of problem gambling and proactive referral to help rather than punitive approaches

- Ensure that youth employers – such as apprenticeships – have good recognition of problem gambling

- Work with money services – such as banks, building societies, lenders, banking apps – to offer universal default protection from problem gambling to young people up to the age of 25 across the industry e.g. restricted access to online gambling sites

- Recognise the much higher prevalence of problem gambling (13%) in arrestee populations and ensure those working with those at risk of offending or in offender management settings are able to identify, offer brief interventions, and refer young problem gamblers to treatment e.g. school exclusion teams, community youth teams, youth offending teams, young people's probation staff (this list is not exhaustive).
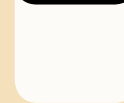
ADDRESS GAMBLING-RELATED DEBT – FINANCIAL INCLUSION, UNMANAGEABLE DEBT, ARREARS, POVERTY, FAIR MONEY

- Promote awareness amongst money, welfare, debt, arrears, late payments services of gambling-related harm and sources of psychosocial support, mutual aid, self-help for gamblers– this is a gambling problem not a money problem

- Provide training to staff in these settings in identification, brief interventions and referral for problem gambling

- Promote the use of screening tools - GAST-G, Lie/Bet – within these settings

- Add gambling expenditure to standard tools within these settings such as income and expenditure sheets

- Promote data collection within these settings to record the numbers of people presenting with gambling problems or disclosing gambling as a secondary problem

- In settings where bank statements are provided, include checks for gambling expenditure

- Provide advocacy to self-exclude

- Provide advocacy to use banking apps to block use of sites or switch banks if required to enable blocking

- Provide support to block triggers to relapse e.g. social media blocking software for advertisements, e-mail filters, removing apps, blocking websites, postal and telephone preferencing

- Provide advocacy to set daily cash withdrawal limits at banks, building societies and other accounts

- Provide advocacy to set up direct payments of priority bills such as rent/mortgage, utilities, school dinners to mitigate the impact of financial losses from gambling

- Provide advocacy to restrict access to funds, including informal family arrangements, except in cases where there is risk of domestic abuse

- Promote employers offering weekly payments rather than monthly payments or direct payments of priority payments (rent, utilities)where this would help mitigate financial losses from gambling

- Promote weekly benefit payments for universal credit or use of budgeting accounts where this would help mitigate financial losses from gambling

1 Leadership
2 Regulatory
3 Exposure
4 Identification
5 Self help
6 Treatment
7 Recovery
8 Children
9 Debt
10 Workplace
11 Evidence

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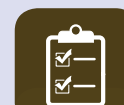
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- Promote use of budgeting accounts such as that provided by some credit unions or banks to manage priority payments (rent, utilities) where this would help employees mitigate financial losses from gambling

- Offer "supervised spend" of any cash payments to vulnerable people to avoid triggers to relapse depending on assessment of risk

- Promote awareness amongst organisations providing crisis support (e.g. food banks, Local Authority emergency assistance) of gambling-related harm and sources of psychosocial support, mutual aid, self-help for gamblers

- Promote suicide risk assessment and management for those with high losses, and/or unmanageable debt as this is a known risk factor

1 Leadership
2 Regulatory
3 Exposure
4 Identification
5 Self help
6 Treatment
7 Recovery
8 Children
9 Debt
10 Workplace
11 Evidence

WORKPLACE HEALTH & WELLBEING

- Employers to be aware of local prevalence of "at risk" and problem gambling– particularly employers of young people and apprentices who may be at higher risk

- Workplaces to collect and analyse local data and evidence on workplace health needs regarding "at risk" and problem gambling

- Workforce charters to describe what levels of participation in gambling are acceptable in workplace settings

- Workplaces to consider restricting access to certain websites e.g. online gambling

- Managers and other staff support functions - such as including Human Resources, Trade Union representatives - to be trained in identification, brief interventions and referral for problem gambling

- Workforce charters to set out help and support available to employees who are struggling with gambling including employee assistance programmes

- Employers to support employees to access treatment and mutual aid within discretionary leave in the same way as other medical appointments

- Managers to offer "reasonable adjustments" within Workplace settings to reduce triggers to relapse within the workplace (such as handling cash or company valuables)

- Employers to consider their opportunities to mitigate financial losses of those disclosing problem gambling e.g. payroll arrangements, direct payments of priority payments such as rent & utilities, hardship funds as direct payments of priority bills

- Employers to include a focus on gambling and other addictions in retirement planning - particularly when considering how much of pensions to take out in a lump sum

- Employers to consider using tools such as Wellness Recovery Action Plan (WRAP©) to support employees to maintain recovery from problem gambling as a long-term condition and describe signs that they are struggling with their recovery to others including managers and peers so that early intervention can be offered

1 Leadership

2 Regulatory

3 Exposure

4 Identification

5 Self help

6 Treatment

7 Recovery

8 Children

9 Debt

10 Workplace

11 Evidence

- Collect, analyse, and share local data in line with information governance protocols e.g. school survey, tenants, operator data on self-exclusions and refusals, gambling screening data, uptake and outcomes of treatment services, suicide audits for gambling-related suicides, data from licensed operators on the number of customer interventions, welfare settings

- Collaborate with local, regional and national organisations with similar aims of addressing gambling-related harm such as Public Health England, Local Government Association, Association of Directors of Public Health and other professional bodies

- Collaborate with research institutions in our areas to build the knowledge and evidence base on this topic

- Collaborate with "experts by experience" and ensure their voice is heard in Local Authority decisions on gambling-related harm (e.g. policy, licensing, commissioning)

- Collaborate with the industry and operators to gather information, develop learning, and reduce harm

- "Copy-left" or creative commons our work so it can be shared, copied, modified without charge

BUILD AND SHARE THE EVIDENCE BASE FOR GAMBLING-RELATED HARM

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