Summary recommendations

► Local public health teams recognise gambling-related harm as a public health issue and its relevance in assessing risk to the wellbeing of their communities.

► Public health engages strategically to inform the work of their licensing authorities and in particular ensures that the current Statement of Policy for gambling reflects current risks and knowledge.

► Awareness of gambling problems and their symptoms are raised with frontline health professionals and other agencies where problem gamblers may present themselves eg debt advice, mental health and homelessness services, student support agencies.

► Develop pathways to accredited agencies for gambling support services.

► Given multiple and interrelated areas of interest public health works with Safeguarding Boards (young and vulnerable) and Child Protection Committees in Scotland to maximise effective delivery.

The national perspective

We are working with Public Health England, Public Health Wales and the Scottish Government as well as the Responsible Gambling Strategy Board to promote the importance of problem gambling being recognised as a public health issue. The UK Government has published its priorities for Public Health England 2018/19 which for the first time includes problem gambling.

Further information

There are a number of examples of local public health and licensing teams working together in exciting and innovative ways. Our website contains a toolkit on public health and safeguarding which is continually being update to provide you with the latest information.

GAMBLING COMMISSION

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Making gambling fairer and safer

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GAMBLING COMMISSION

Public health and gambling

A quick guide for local public health and licensing officers

Public health and gambling- a quick guide for local public health and licensing teams

The Gambling Act 2005 (the Act) has three licensing objectives, one of which is to protect the young and vulnerable. The regulators of the Act, licensing authorities and the Gambling Commission, as well as gambling operators, must endeavour to ensure that this protection is in place and working effectively.

So why should we work together?

Public health and licensing are both concerned with protecting the same or overlapping groups of people. For males identified as problem or at-risk gamblers alcohol consumption is higher. Similarly with smoking, self-reported anxiety and depression is higher in problem gamblers, as is a mental health disorder. The distribution of gambling machines in Great Britain displays a significant association with areas of socio-economic deprivation.

1.4%
of those with a GHQ-12 score of 4 or higher (probable mental ill health) identified as problem gamblers

Gambling is often referred to as a 'hidden addiction' and research indicates that problem gamblers are reluctant to disclose their condition. It is also becoming clear that frontline staff are very rarely screening for gambling problems.

It's not as if the scale of the problem is small. The Gambling Behaviour in GB report (2015) data indicates there are 430,000 problem gamblers in GB, and it is estimated that there are 2 million at risk and 4.2 million affected others.

2.2%
of those with a low WEMWBS score identified as problem gamblers

It is likely that some of the vulnerable individuals that public health teams are already targeting, such as those with drug and alcohol problems are also those at risk of gambling harm or indeed have a current gambling problem.

69%
of current alcohol drinkers have gambled in the past 12 months compared with 43% non-drinkers

The annual fiscal (only) cost to the State is estimated to be £1.2bn. Every local authority will have its share of problem and at risk gamblers.

72%
of current smokers have gambled in the past 12 months compared with 63% non-smokers
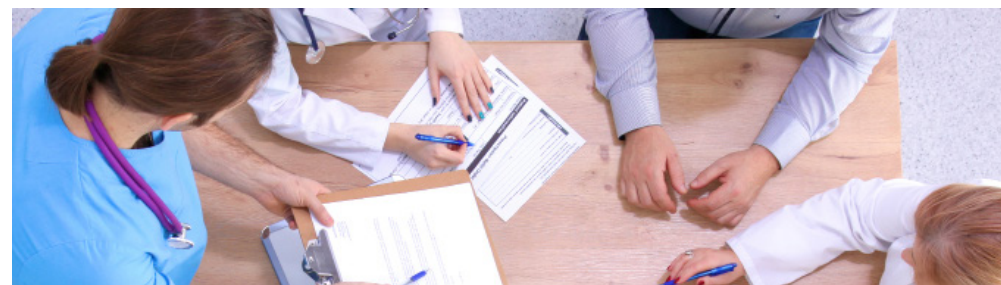
Prevention not cure, it costs less!

An effective licensing regime, including robust compliance and inspection, can ensure that these vulnerable groups are sufficiently protected in their neighbourhoods.

Public health, with their expertise and knowledge of these vulnerable groups, can help inform the work of licensing teams.

Public health already holds a great deal of data as to the profile and location of these groups and therefore can contribute to a more robust local area profile (or heat map) of the area, which in turn will inform the risk profile to guide the focus of gambling compliance and inspection activity.

There is robust data at a national level about problem and at-risk gambling and some studies which indicate students, the homeless, new arrivals and those engaged with the criminal justice system are more likely to experience gambling harm.

However, the lack of local screening for gambling issues means that the extent of the problem is largely unknown within a specific authority.

If a person with rent arrears or mental ill health doesn't disclose an underlying gambling problem then they are unlikely to receive the support they need.

In addition, very often licensing, public health and other frontline agencies, like debt advice services and mental health professionals, will not know of the referral routes for someone with a gambling problem. Also they may well not be aware what provision exists locally.

Multi-agency awareness of delivery routes and local provision is essential to deliver the support individuals require and to prevent further harm to them and those close to them.

We are not suggesting that public health devotes resources to the treatment of problem gamblers. Rather they are able, through frontline services, to ensure staff are aware of the issue, recognise the overlap with individuals they are already coming into contact with and have the systems in place to offer referral to an existing accredited provider. GamCare and GambleAware will be able to assist with this.