

## **Faculty of Public Health**

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

# Faculty of Public Health Gambling Policy Statement June 2018

#### Introduction

Gambling has been part of our culture for centuries and many people are able to gamble without experiencing harm. However the harm from gambling has become a serious and worsening public health problem in the UK. Harm from gambling is found at the individual, social (family and friends) and community levels. This includes financial hardship, psychological distress and interpersonal conflict or relationship breakdown. The harm from gambling to wider society includes fraud, theft, loss of productivity in the workforce and the cost of treating this addiction, associated anxiety and depression, and potential harms to others from reduced usable income.

Since the liberalisation of gambling laws in 2005, there has been an emphasis by successive UK Governments to work with, and encourage, the gambling industry to facilitate 'responsible gambling' as a way to minimise harm rather than introduce further legislation. During this period there has been a rapid increase in gambling advertising, the types of gambling products available, and participation in online gambling.

Prior to the Gambling Act (2005), gambling advertising was not permitted on television, with the exception of football pools, bingo premises and the national lottery. Gambling advertising has increased rapidly since changes to the legislation in 2005. Television advertising increased from 152,000 adverts in 2006 to 1.39 million in 2012.<sup>1</sup> Overall, the number of times a gambling advert was seen by a viewer has increased from 8 billion in 2006 to nearly 31 billion in 2012.<sup>1</sup> There were an estimated 1.8 billion commercial gambling advertisements seen by 4-18 year olds in 2012 in the UK.<sup>1</sup>

The ways in which people gamble have changed with the potential for people to gamble via their smart phone, tablet or laptop/personal computer. This can be done at home and whilst travelling. The variety and availability of ways to gamble in the UK has never been greater. Some forms of gambling, such as charitable lotteries and raffles, provide a way of donating to good causes with the added element of a chance of a prize, where the primary purpose is to donate to a good cause. However, commercial gambling always has a negative mathematical expectation for the customer or it would not be profitable, it is predicated on people paying money in the belief that it is a viable

way of making substantial gains, which is deceitful.

#### **Gambling Related Harm**

The benefits and harms experienced from gambling are variable. For example, a person who has a good income and plays the lottery once a week may experience little harm and some pleasure from playing the lottery. However, a person on a limited income who gambles to try to improve their financial position but experiences significant losses may experience a great deal of harm and little pleasure. At a population level, there are many people experiencing small amounts of harm from gambling, and a small number of people who experience high levels of harm from gambling, e.g. gambling addiction.<sup>2</sup>

Not all gambling exposes people to the same risk of harm. There have been attempts to differentiate the products most associated with gambling harm. Some forms of gambling are associated with higher levels of harm<sup>3,4</sup> however causality is not proven. The complexity of gambling means that individuals experiencing severe harm from gambling often gamble using multiple products and channels.<sup>5</sup>

Gambling is associated with stress, depression, and alcohol and substance misuse.<sup>6</sup> These often cluster and can be bi-directional. Gambling harm affects not only the individual, but also the family and wider society.<sup>7</sup> Family problems can include money troubles and family breakdown as well as neglect and violence towards the partner and children. Children are heavily impacted both financially and emotionally by a family member gambling. This 'ripple effect' of gambling leads to a number of feelings for children which are hard to manage, including anger, guilt, helplessness, shame and feeling neglected. The effects of gambling addiction can lead to Adverse Childhood Experiences (ACEs) these are defined as stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence), the impact of which lasts into adulthood. The financial impacts of gambling are often experienced over a long time period, with any accrued savings for children often wiped out, and inheritances and sale of property being used to pay off debts.

Rates of separation and divorce are higher among problem gamblers compared with the general population.<sup>8</sup> The impacts of gambling include the inability to function at work, and financial problems which can lead to homelessness.<sup>9</sup> The harms from gambling to wider society include fraud, theft, loss of productivity in the workforce and the cost of treating gambling addiction.<sup>10</sup>

People who identify themselves as problem gamblers are twice as likely to consult their GP for mental health concerns, five times as likely to be hospital inpatients, and eight times as likely to

access psychological counselling when compared with people who do not identify as problem gamblers.<sup>11</sup>

#### Why is Gambling a Public Health Issue?

The aim of public health is to improve the health and well-being of the whole population. Gambling has the potential to cause harm to both individuals and to wider society, and it is an issue that cannot be tackled by interventions aimed solely at individuals.<sup>12</sup> The harm caused by gambling is unequal in distribution, with those who are economically inactive and living in deprived areas suffering the most harm.<sup>13</sup>

### A Public Health Approach to Gambling

Commercial gambling is a global corporate industry. The availability of gambling products and platforms to diverse groups and developments in the infrastructure of game design make gambling an immediate and rapidly evolving public health issue.<sup>14</sup>

The public health approach aims to improve quality of life for all, and to achieve health equity. This focus on equity is necessary as people living in areas of deprivation are more likely to experience gambling related harm. Public health action to reduce harm from gambling should not focus solely on individuals but should include a wide range of population-based measures in a co-ordinated way, including advocacy, information, regulation, for example regarding access, and promotion as well as appropriate prohibition.<sup>12</sup>

#### Gambling related harm is not evenly distributed in the population

In the UK, 48% of adults had gambled in the last 4 weeks, including the National Lottery. 53% of men report gambling participation in the past 4 weeks compared with 44% of women.<sup>15</sup>

In the UK, 0.7% of the population self-report as having a problem with gambling, using the Problem Gambling Severity Index (PGSI) short form. A further 5.5% of people in the UK are estimated to be at risk of problem gambling.<sup>16</sup> The problem gambling rate for men is 1.2%, and the rate for women is 0.1%.<sup>15</sup>

The UK has the tenth highest gambling spend per capita in the world<sup>7</sup> (net spending in the country's legal forms of betting divided by the number of residents over age 16): this equates to an average expenditure of approximately £200 per UK adult per year.<sup>16</sup> However, this 'average' figure hides the significant expenditure of some individuals.

Gambling problems and harms impact the poorest in our society the most.<sup>17</sup> Lower income households spend a higher proportion of their income on gambling.<sup>18</sup> In England, there are more gambling machines in deprived communities.<sup>19</sup>

Gambling and young people

In the UK, 16% of children aged 11-15 had gambled in the last week.<sup>20</sup> The most popular forms of

gambling for children were fruit machines, placing bets with friends, and scratch cards.<sup>20</sup>

Whilst fewer young people gamble than adults, a higher proportion self-report as problem or at risk

gamblers: around 2% of children aged 11 to 15,21 which equates to around 60,000 young people in

the UK. Children who experience gambling in the household are four times more likely to gamble

themselves than those who do not experience gambling in the household.<sup>22</sup>

Action to Prevent Harm from Gambling a Population Approach

To tackle the harm from gambling, a multi-faceted, population level approach is needed. Lessons

can be learned from the work public health has undertaken on smoking and alcohol. Public health

should lead the drive in shifting the thinking from an individual approach to a population approach

to tackle the harm from gambling.

Public health interventions should aim to reduce gambling harm and the inequities in gambling

harm, primarily by focussing attention on prevention of gambling harm through the adoption of

evidence-based policies. There is much international evidence to draw upon, for example, from

Australia, New Zealand and Canada. 2,14,22

What needs to happen?

A considerable body of evidence shows that the most effective policies that tackle gambling-related

harm are those that combine measures addressed at the whole population, in particular decreasing

availability as well as targeting groups who are vulnerable or disadvantaged where the risk of harm

may be greatest.

UK government strategies to reduce gambling-related harm need to be applied much more

robustly, backed up with legislation and regulation where voluntary codes are failing. Therefore

concerted action at national level is needed to advocate for:

A UK Gambling Strategy, that is properly funded and works across relevant government

departments and UK administrations to deliver a comprehensive set of actions that reduce the

harm from gambling, including the harm to families, children and young people.

The totality of any advertising reaching children and young people should be assessed

including television advertising, online advertising, sponsorship and other forms to assess the

total impact on children and young people.

Use of legislation to tighten regulation of the gambling industry and the sponsorship, marketing,

promotion and offers, especially online marketing which is currently reaching children and

young people.

- Across the UK, to make consideration of public health a licensing objective, to ensure greater consideration of public health and levels of gambling-related harm when processing licensing applications for new gambling venues.
- Effective social marketing campaigns to change public attitudes to gambling to reduce the stigma associated with gambling-related harm and allow those needing help to come forward.
- Opportunistic screening for gambling harm in primary care for those reporting money worries, including those at risk of gambling related harm, with delivery of brief interventions and referral for treatment where appropriate.
- The provision of adequate levels of counselling and support services for those with gambling problems, e.g. counselling for those with an addiction.
- Effective partnership working to ensure implementation of existing laws on gambling by those who are underage.
- Consistent use of a comprehensive set of UK-wide indicators to monitor gambling-related harm.
- Further research into gambling, its harms and interventions to reduce harm, including longitudinal studies to assess long term impact.

#### Useful organisations and websites

Gambling Commission www.gamblingcommission.gov.uk

Responsible Gambling Strategy Board www.rgsb.org.uk

GambleAware www.begambleaware.org

GamCare www.gamcare.org

Citizens Advice www.citizensadvice.org.uk

This position statement was produced by the FPH Health Improvement Committee Authored by: Claire Beynon

#### References

- 1. OFCOM. 2013. *Trends in Advertising Activity Gambling*. Available at <a href="https://www.ofcom.org.uk/\_\_data/assets/pdf\_file/0026/53387/trends\_in\_ad\_activity\_gambling.pdf">https://www.ofcom.org.uk/\_\_data/assets/pdf\_file/0026/53387/trends\_in\_ad\_activity\_gambling.pdf</a> (Accessed 7 September 2017).
- 2. Browne M, Langham E, Rawat V, et al. Assessing gambling related harm in Victoria: a public health perspective. Victorian Responsible Gambling Foundation. 2016.
- 3. Reith G, Dobbie F. Beginning gambling: The role of social networks and environment. *Addiction Research* & *Theory.* 2011;**19**(6):483-493.
- 4. Blaszczynski A. A critical examination of the link between gaming machines and gambling-related harm. *Journal of Gambling Business and Economics*, 2013;**7**(3):55-76.
- 5. Conolly A, Fuller E, Jones H, Maplethorpe N, Sondaal A, Wardle H. *Gambling Behaviour in Great Britain in 2015. Evidence from England, Scotland and Wales.* London: NatCen Social Research. 2017.
- 6. Cowlishaw S, Kessler D. Problem gambling in the UK: implications for health, psychosocial adjustment and health care utilization. *European Addiction Research*. 2016;**22**(2):90-98.
- 7. Browne M, Bellringer M, Greer N, et al. *Measuring the burden of gambling harm in New Zealand*. New Zealand Ministry of Health. 2017.
- 8. Department of Culture, Media and Sport. *Scoping Study for a UK Gambling Act, 2005 Impact Assessment Framework.* London: DCMS, 2007.
- 9. Eby LT, Mitchel, ME, Gray CJ, et al. Gambling related problems across life domains: an exploratory study of non-treatment-seeking weekly gamblers. *Community, Work & Family.* 2016;b19(5):604-620.
- 10. Thorley C, Stirling A, Huynh E. Cards on the table-The cost to government associated with people who are problem gamblers in Britain. IPPR Report. 2016.
- 11. Cowlishaw S, Gale L, Gregory A, McCambridge J, Kessler D. 2017. Gambling problems among patients in primary care: a cross-sectional study of general practices. *Br J Gen Pract*. 2017; p.bjgp17X689905.
- 12. Responsible Gambling Strategy Board. *Gambling related harm as a Public Health Issue*. Position Paper. 2016.
- 13. Wardle H, Keily R, Astbury G, Reith G, 'Risky places?': Mapping gambling machine density and socioeconomic deprivation. *Journal of Gambling Studies*. 2014;**30**(1):201-212.
- 14. British Columbia. Provincial Health Officer. Lower the Stakes: A Public Health Approach to Gambling in British Columbia. Provincial Health Officer's 2009 Annual Report. Victoria, BC: Ministry of Health. 2013.
- 15. Gambling Commission, Gambling Participation in 2016 behaviours, awareness and attitudes. 2017.
- 16. The Economist. *The World's Biggest Gamblers*. Available at <a href="https://www.economist.com/blogs/graphicdetail/2017/02/daily-chart-4">https://www.economist.com/blogs/graphicdetail/2017/02/daily-chart-4</a> (Accessed 6 September 2017).
- 17. Carrà G, Crocamo C, Bebbington P. Gambling, geographical variations and deprivation: findings from the Adult Psychiatric Morbidity Survey. *International Gambling Studies*. 2017;**17**:1-12.
- 18. Williams RJ, Rehm J, Stevens RM. *The social and economic impacts of gambling*. Faculty of Health Sciences. 2011.
- 19. Wardle H, Asbury G, Thurstain-Goodwin M. Mapping risk to gambling problems: a spatial analysis of two regions in England. *Addiction Research & Theory.* 2017; 17:1-13.
- 20. Gambling Commission, Young People and Gambling 2016. A research study among 11-15 year olds in England and Wales. 2016.
- 21. Ipsos MORI. *The Prevalence of Underage Gambling A Research Study on Gambling Amongst 11-15 Year Old on Behalf of The Gambling Commission.* Birmingham: Gambling Commission. 2015.
- 22. Abbott D, Cramer S, Sherrets S. Pathological gambling and the family: Practice implications. *Families in Society.* 1995;**76**: 213-219.