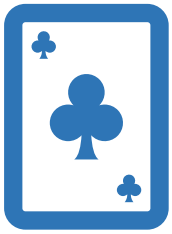
GAMBLING

NORTH EAST LINCOLNSHIRE



October 2021

Commissioning and Strategic Support Unit

Public Health

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Summary

The aim of collating this public health intelligence was to investigate the scale and effect of gambling in North East Lincolnshire and to consider the availability of information on local gambling activity, the types of activity, the licensing regime, and the relationships with local economic activity, and health and wellbeing.

North East Lincolnshire Council as a licensing authority has a statutory role in the licensing and regulation of gambling premises. Premises with a gambling license are highly visible in some high street or shopping locations. However, the Council has limited data on the scope of local gambling activity, aside from the location of licensed premises. Significant gambling activity now takes place online, outside of the environment and control of licensable premises. Yet despite this, North East Lincolnshire Council has a duty to promote the health and wellbeing of the population. Analysis of treatment data requested from GamCare, Responsible Gambling Trust and We Are With You aims to provide a better insight into the clientele, gambling habits and gambling harms residents in North East Lincolnshire have reported as this is the best possible data, we have available at this time.

Many individuals engage in gambling activities and for many individuals there are no significant consequences. National prevalence data is considered to be a conservative estimate of problem gambling prevalence, furthermore there is no locally collected data to inform a local response. North East Lincolnshire is estimated to have between 642 and 3470 problem gambling adults (16+), depending on the problem gambling prevalence rates and the gambling risk that we apply to our resident population.

Nationally, problem gambling prevalence amongst young people is rising. Problem gambling is still most common among younger gamblers. Among boys aged 11–16 years, 1.7% are classified as problem gamblers, a fourfold increase from 2016. Applying the problem gambling prevalence of 1.7% to North East Lincolnshire, there could be as many as 192 individuals who have a problem gambling issue.

We do not know the extent or cost of gambling related harms locally but there is evidence of their existence and examples of their impacts on individuals, families, and the wider community through the collection of gambling treatment data. These harms are likely to widen between communities in North East Lincolnshire, between more and less deprived geographies.

There is particular concern at the national level surrounding the use of Fixed Odds Betting Terminals (FOBT's). Academic studies have concluded that for a given level of gambling involvement, gambling addiction severity may vary according to gambling type, with a particularly significant increase for Fixed-Odds Betting Terminals (FOBT's) and gaming machine gambling. Further findings have suggested that people who play lottery, scratch cards, or bingo, and casino table games are less likely to consider their behaviour as a problem or that they have low-risk harm; therefore, they are less motivated to seek treatment.

Introduction

Gambling is widely accepted as a public health issue[1,2] and has been described as a “hidden epidemic”. Gambling activity is often linked to other harms such as higher instances of substance misuse, greater risk of homelessness, psychological disorders such as anxiety and depression[3,4]. Whilst gambling provides an entertainment and leisure option, problem or harmful gambling can have a negative impact on families, communities, and society.

However, despite these impacts on the health of both the gambling individual and wider community, commercial gambling is not legislated as a public health problem. It has been suggested that simply stating that gambling is a public health issue is not enough and must be treated as one by policy makers through the development and implementation of a sustainably funded strategy for preventing harms amongst the wider population[5].

The yearly cost of gambling-related harms is estimated to be between £260 million to just over £1.6 billion[6] which in turn increases the demand for health, local authority, council, and community resources. Online gambling poses higher risks for both harms and social costs due to its greater convenience, access, and the solitary nature of play[7]. The move to gambling online means that traditional harm reduction strategies are less likely to be effective at a population level and require more creative approaches. However, there are opportunities to act at both local and regional levels, to reduce or even prevent impacts on individuals, families and local communities[8].

According to the Gambling Commission, gambling participation rates are higher in the North of England with Yorkshire and the Humber being the second highest region in England. The region also has higher frequencies of gambling participation with 31% gambling at least once a week, compared to 17% in London[9]. As North East Lincolnshire sits within the Yorkshire and Humber region, it is of great public health interest to attempt to understand the local gambling picture, identify what support is available and recognising what evidence-based opportunities there are to be able to improve the situation moving forward.

National Gambling Research

Prevalence

For the vast majority of individuals, there are no significant negative consequences for engaging in gambling activity. Gambling is a common feature of everyday life for many people in Great Britain, with the Gambling Commission reporting 47% of individuals aged 16 and over having participated in at least one form of gambling in the last four weeks, according to their 2019 survey data[10]. However, gambling behaviours occur along a continuum and therefore prevalence measures are difficult to estimate.

Problem Gambling is defined by the Royal College of Psychiatrists as 'gambling that disrupts or damages personal, family or recreational pursuits' and estimate about 9 people in every 1000 are 'problem gamblers' and a further 70 out of every 1000 gamble at risky levels that could become a problem in the future. Screening tools can identify problem gambling, the DSM-IV screening instrument and the Problem Gambling Severity Index (PGSI) Tool are most widely used, a score of 8+ indicates that the individual is a problem gambler.

At risk gambling refers to people who are at higher risk of experiencing negative effects due to their gambling behaviour**.**

This means that across the Yorkshire and Humber there are approximately 70,000 people aged 16 and over who are 'problem gamblers' and a further 245,000 people who may be gambling at risky levels which could develop into a gambling problem[11].

There is currently, no standard or commonly accepted measure of gambling prevalence and that is partly why it is difficult to quantify problem gambling and at-risk gambling at population level. However, the Gambling Commission (2015) has attempted to model estimates of 'problem gambling' and estimates it to be 0.8% of the population aged 16 and over. When applied to North East Lincolnshire's Office for National Statistics 2019 mid-year population estimate aged 16 and over of 128,528, the prevalence of problem gambling would indicate that 1028 individuals in North East Lincolnshire display problem gambling behaviours.

Health Survey England (2018)[12] estimated the prevalence of low-risk, moderate-risk and problem gambling. Table 1. below shows these estimates when applied to North East Lincolnshire ONS mid-year 2019 population of individuals aged 16 and over.

Table 1.

Gambling Risk and PGSI score	Prevalence Estimate	Population estimate NEL
Low-risk (gamblers who experience a low level of problems with few or **no identified** negative consequences) PGSI= 1-2	2.7%	3,470
Moderate-risk (gamblers who experience moderate level of problems leading to **some negative consequences)** PGSI=3-7	0.8%	1,028
Problem gamblers (gamblers who experience **negative consequences and possible loss of control**) PGSI=8+	0.5%	642

Gambling prevalence maps (see Appendix A) have been produced highlighting the prevalence of problem gamblers, using the 'Annual Great Britain Treatment and Support Survey' that was conducted in 2020 and commissioned by GambleAware. Nationally, but perhaps not surprisingly, the local authorities who are grouped in the quintile with the highest prevalence of problem gamblers (PGSI score 8+) are predominantly in towns and cities such as Birmingham, London, Manchester, Leeds for example.

However, within Yorkshire and the Humber, both North East Lincolnshire and City of Hull are grouped in the quintile with the highest prevalence of problem gamblers. At ward level within North East Lincolnshire, eight out of the fifteen wards are in the highest quintile with the highest prevalence of problem gamblers (PGSI score 8+). Furthermore, North East Lincolnshire is in the highest quintile with the highest prevalence of low-risk gamblers (PGSI score 1-2), where six out of fifteen wards are in the highest quintile with the highest prevalence of low-risk gamblers. (see Appendix A).

At-risk groups and factors

Gambling activity occurs in adults of all ages and problem and at-risk gambling behaviour also occurs in all age groups. However, the risk of developing problem gambling is not evenly distributed. Many research studies have concluded that people who are more likely to gamble and in turn become problem gamblers are associated with low income and high deprivation[13].

The risk factors for gambling and problem gambling are broad and have been reported in numerous systematic reviews and primary studies. At an individual level, risk factors include, but are not limited to, fixed biological factors, such as gender (more males are more likely to gamble for example) and impulsivity mixed with mental health issues and behavioural factors such as levels of participation in gambling, excessive use of alcohol and use of illicit drugs and propensity towards violent behaviour[1]. Furthermore, young people have an elevated risk when gambling starts at a younger age or whether problem gambling exits within the household[14].

Gambling related harms

Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities, and society. These harms impact on people's resources, relationships, and health. Negative effects can include loss of employment, debt, crime, breakdown of relationships and deterioration of physical and mental health. Harms can be experienced not just by gamblers themselves. They can also affect their children, partners, wider families and social networks, communities, and wider society.

For most people gambling remains at a relatively low level, however for a number of people 'at-risk' and 'problem gambling' is causing serious harm to the individual affected and their family and community relationships. Gambling harms occur across a spectrum at a population level, there are individuals experiencing small amounts of harm and there are individuals who experience high levels of harm. Furthermore, academic studies have concluded that for a given level of gambling involvement, gambling addiction severity may vary according to gambling type, with a particularly significant increase for Fixed-Odds Betting Terminals (FOBT's) and gaming machine gambling[15].

Anyone can experience gambling related harm. It has been argued that because of this prevention needs to address the ways in which gambling products generate harms, as well as the wider social, economic, and cultural factors which shape how gambling is provided and promoted in our society. In addition, prevention efforts should also seek to help those at

greater risk of harms and to support those experiencing harms now. However, recent evidence has suggested that, at a population level, the bulk of gambling-related harm stems from low risk and moderate risk gamblers, rather than problem gamblers[16].

Yet, there is evidence that there are groups who are more vulnerable to gambling related harm than others[17].

North East Lincolnshire population groups particularly vulnerable to gambling related harm:

- **Younger people.** This is discussed further in the 'Gambling in Young People in North East Lincolnshire' section of this report.
- Living in areas of greater deprivation. North East Lincolnshire is ranked the 17th most income deprived Local Authority in England with 30.2% of LSOAs in the 10% most deprived nationally[18].
- **Adults who are living in constrained economic circumstances**. North East Lincolnshire's employment rate (76.3%) is lower than the regional Yorkshire and Humber rate and the national rate (79.1%). Unemployment in North East Lincolnshire has increased since the start of the pandemic in March 2020. Youth and young adults have seen the largest increase in unemployment[19]. Please refer to this years' JSNA chapter on the Economy for more information.
  Acis group, who have 69 properties within North East Lincolnshire, concluded that of the social and affordable rent tenancies across their North East Lincolnshire stock, 18% of accounts had arrears above the value equivalent to four weeks rent. Furthermore, they established that part of the offer process includes a financial assessment wherever needed, the assessment doesn't get in to the detail behind any debt and is more focused on the affordability of the property in question. It's very rare the process results in a discussion around any form of addiction, probing questions are asked so that they can fully understand and make the right decisions, however due to the nature of gambling addiction this generally remains hidden.
- **Adults who have existing mental health issues**. North East Lincolnshire has a higher estimated prevalence of common mental health disorders. The percentage of the population aged 16 and over with mental health issues in North East Lincolnshire is estimated to be 18.1%. This is higher than the national average at 16.9%[20].
- **Adults who are homeless**. North East Lincolnshire has a statutory homelessness rate of 1.9 per 1,000 households, this figure is higher than that of the regional average of 1.7/1,000 households. However, encouragingly this is lower than the England average of 2.4/1,000 households[21].

Licencing and regulatory context

The Department of Digital, Culture, Media & Sport is responsible for setting national policy on gambling. It works with other national bodies to provide the regulatory and governance framework for gambling, these include:

- The **Gambling Commission** regulates commercial gambling in partnership with licensing authorities, and this includes the issuing of guidance. The Commission leads on the regulation of the National Lottery.

- The **Responsible Gambling Strategy Board** (RGSB) provides independent advice to the Commission on Research Education and Treatment (RET), including the development of the Responsible Gambling Strategy and setting research priorities.

- **GambleAware** is a charity responsible for commissioning research, education, and treatment to minimize gambling related harm, and the raising of funds to do this from industry through voluntary contributions.

The Gambling Act

The way that people gamble in Britain has changed in the last decade, due to the growth of online gambling, as well as the implementation of the UK Gambling Act 2005[22]. Prior to the 2005 Gambling Act, Magistrates could consider demand in the area for a betting shop. Under the Gambling Act 2005 this “demand test” was removed.

The Gambling Act 2005 is the basis for virtually all regulation of gambling in Great Britain. It came fully into force in September 2007, and covers arcades, betting, bingo, casinos, gaming machines, society lotteries, and remote gambling (including online gambling). It also created and set the functions and objectives of the Gambling Commission as the principal regulator. In 2014, it was amended to cover all online gambling companies who offer gambling to customers in Great Britain, wherever they are based[23].

The Gambling Act 2005 currently limits the number of Fixed Odds Betting Terminals (FOBTs), to four per shop. The Government has been working with the Gambling Commission to strengthen protections around gambling, both offline and online. Since 2019, legislation has cut the maximum stake on B2 gaming machines (FOBTs) in betting shops from £100 to £2 and tightened the rules on age and identity checks that operators must do before allowing someone to gamble online. They have also banned gambling on credit cards and made it mandatory for online operators to be signed up to GAMSTOP (the national online self-exclusion scheme).

Review of the 2005 Gambling Act

The review of the Gambling Act (2005) is intended to ensure our regulatory framework can protect children and vulnerable people, prevent gambling related crime, and keep gambling fair and open in the digital age.

Through this Review, the government’s objectives are to:

- Examine whether changes are needed to the system of gambling regulation in Great Britain to reflect changes to the gambling landscape since 2005, particularly due to technological advances.

- Ensure there is an appropriate balance between consumer freedoms and choice on the one hand, and prevention of harm to vulnerable groups and wider communities on the other.
- Make sure customers are suitably protected whenever and wherever they are gambling, and that there is an equitable approach to the regulation of the online and the land-based industries.

In April 2019, the Gambling Commission launched a 3-year National Strategy to Reduce Gambling Harms. It identifies one of its core priorities as creating the need to make significant progress towards a truly national treatment and support option that meet the needs of current and future service users[24]. This priority is reflected in the aims and activities of GambleAware, the main funder of treatment and support to reduce gambling harm in Great Britain. GambleAware commissions a national treatment service for problem gambling. This provides a range of interventions across England, Scotland, and Wales, free at the point of delivery. Telephone support is available via the National Gambling Helpline which is also able to direct people to local services provided by GamCare and its partner networks.

Gambling Operations in North East Lincolnshire

Local Authorities

To date, local authorities such as North East Lincolnshire Council, remain responsible for issuing licenses for gambling premises, in accordance with the terms set by the Act. This includes the following three licensing objectives:

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

All councils under the 2005 Gambling Act must prepare a statement of the principles they propose to apply in exercising their functions under this Act every three years. The Gambling Commission issues statutory guidance to councils to aid with this. While councils have the right to ask for changes to their local area to improve local sustainability via this process, attempts have failed, indicating that the 2005 Gambling Act provides limited flexibility for councils.

Table 2.

Number of licenses and permits currently issued by North East Lincolnshire Council is as follows:

Type of licence/ permit	Active licences or permits as at 21/06/21
Adult Gaming Centre	14
Betting (Non Track)	23
Betting (Other)	1
Betting Shop	1
Bingo	1
Family Entertainment Centre	4

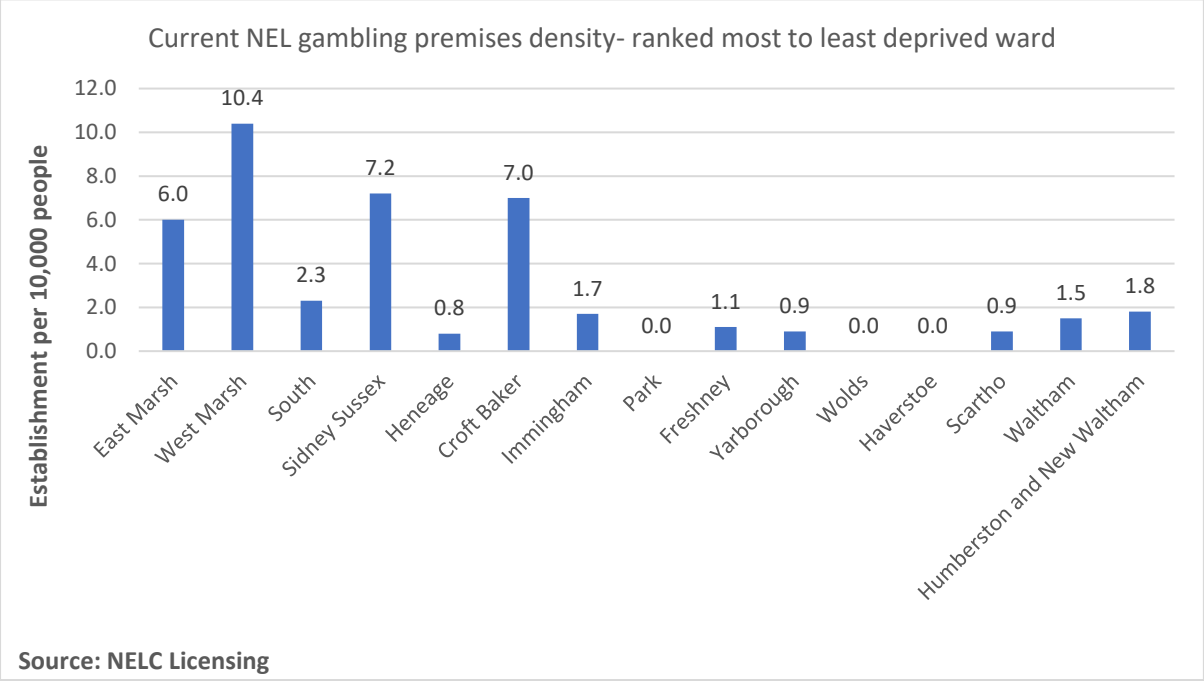
Physical gambling premises North East Lincolnshire

As of September 2020, there were 6,735 betting shops in Great Britain, a decrease of 12.3% from March 2020[25]. The growing shift to online and remote gambling continues, and as of September 2020 was the largest combined gambling sector. With the arrival of COVID-19 with various lockdown rules and restrictions, this has brought about significant changes to the land-based sectors of the industry.

There is evidence of a reduction in the presence of physical high street betting shops within North East Lincolnshire, this reflects the national picture and may be the start of further changes in the local market. The number of physical bookmakers in North East Lincolnshire has decreased significantly between 2015 and 2020, from 35 to 25 a decrease of 28.5%.

The density of gambling premises in North East Lincolnshire is greatest in the most deprived wards, suggesting a local link between gambling accessibility and deprivation. figure 1 shows the current gambling premises density in North East Lincolnshire, ranked from most to the least deprived ward. Density was calculated using the number of registered gambling premises in each ward and the ward population. The figures scaled up to obtain an establishment per 10,000 figure and to allow for comparisons between wards.

Figure 1.



Source: NELC Licensing

These gambling densities support national research that the distribution of gambling machines in Great Britain is disproportionately higher in areas of socio-economic deprivation and that problem gambling is also highest in deprived areas[26]. As previously discussed in the gambling related harms and the identification of high-risk groups, the potential impacts of problem gambling on these groups of individuals of the most deprived communities is concerning, as there is the potential that existing inequalities will widen.

Data Sources and Caveats

Local gambling data is challenging to obtain as there is currently no locally collected data on gambling prevalence or awareness of related issues so changes in local gambling activities cannot be measured locally. However, some evidence of gambling harms and the demographics of individuals seeking treatment can provide useful intelligence.

To understand local gambling in North East Lincolnshire, we requested data from the following organisations:

- 'The Responsible Gambling Trust' who now operate as 'GambleAware'. Treatment data was provided.
- 'GamCare' provided both helpline data and treatment data.
- 'We Are With You' independently collected questionnaire data on their 'Young Persons Service'.

It is important to recognise that treatment services are considered to support only a fraction of problem gamblers. There are many individuals within North East Lincolnshire's community who are not seeking support. Although there are a proportion who do not seek support, recent research has shown that nationally there has been an increase in demand for treatment and gambling support services[27].

The 'We Are With You Young Person's Service' captures a small group of individuals, a sample size of 20. Although the data may not be so robust, it provides a much-needed insight into young people who gamble within North East Lincolnshire. It does not capture all of the individuals who use the 'Young Person's Service', some did not wish to participate.

Despite the limitations of potential bias, the data is presented, as it is the best local data that we have available regarding young people and gambling. Furthermore, much of the data across all three sources is self-reported and must be considered when analysing the data. Callers or those accessing treatment services may be systematically different from problem gamblers in the community not seeking support.

Local Picture

GamCare Data

GamCare operates the National Gambling HelpLine, as well as providing treatment services for anyone affected by problem gambling across Great Britain, funded by GambleAware. Their services are confidential, and therefore are not able to share personal identifiable information with third parties. However, they were able to share anonymised demographic data and information regarding the level, duration, and outcomes of treatment services to GambleAware as part of their Data Reporting Framework, which is combined with that of other GambleAware funded treatment services to assess the effectiveness of the national problem gambling treatment system.

Both HelpLine and Treatment data was requested covering the period 2017/18 to 2019/20 financial years that covered the postcode areas: DN31, DN32, DN33, DN34, DN35, DN36, DN37, DN40 and DN41. It is important to note that GamCare only collect the first part of the

postcode for approximately 40% of callers to the HelpLine each year, there is therefore a large underrepresentation issue with this data. This data covers the periods 2017/18, 2018/19 and 2019/20.

It is important to recognise that GamCare services are considered to support only a fraction of the problem gambling population. However, analysing the data is useful, providing insight into who is calling for support and the types of issues people in North East Lincolnshire report facing.

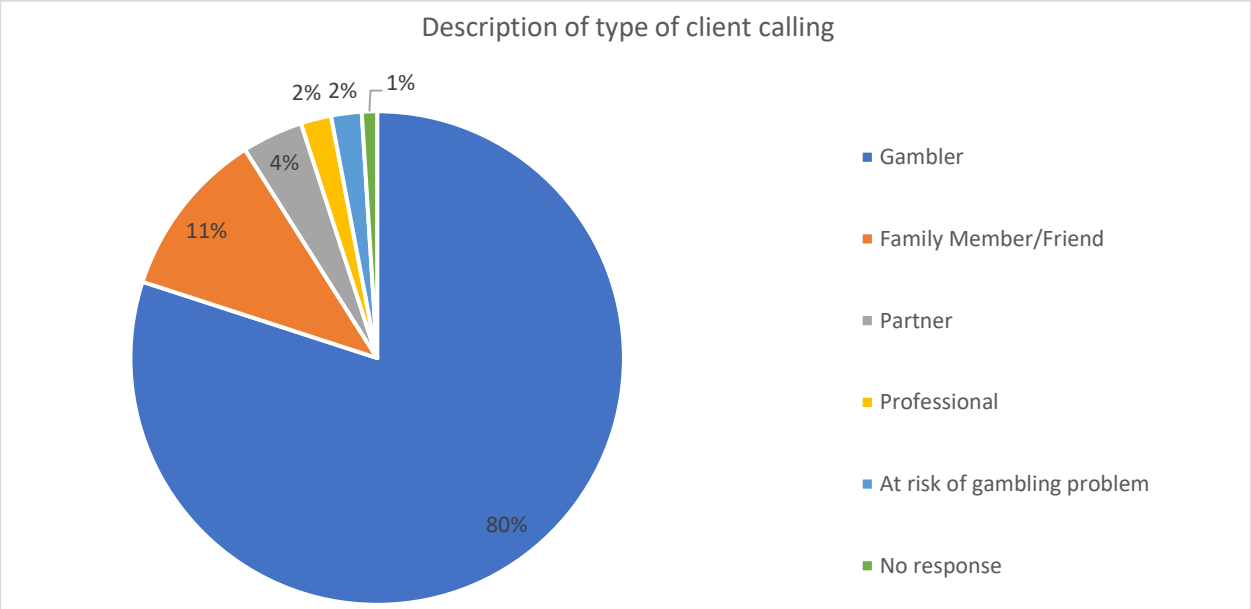
Treatment and Support

In 2019/20, The National Gambling HelpLine handled 39,000 contacts, helping 25,000 people. The National Gambling Helpline is part of the National Gambling Treatment Service. The helpline offers support, advice, brief interventions, and care pathways into structured treatment. During this time, 9,008 individuals were treated by the service in Great Britain[28]. The highest proportions of callers were from London, however out of 12 regions, Yorkshire and the Humber ranked 4th, with this region contributing 10% of callers to the HelpLine.

Postcode specific HelpLine data

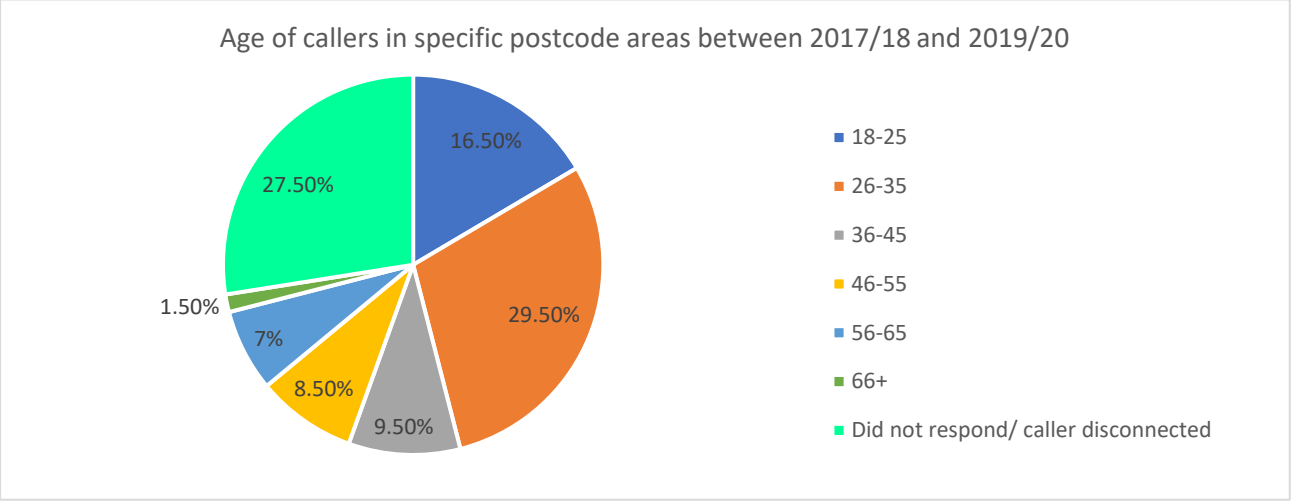
Between 2017/18 and 2019/20, the count of callers across this period to the helpline was 116.

Figure 2.



The majority of callers to the HelpLine identified themselves as a 'Gambler', with an additional 2% of callers identifying as being 'At risk of [a] gambling problem'. However, the HelpLine extends support to partners of gamblers and wider family and friends. During this specified time-period, **73% of callers were male** and 26% were female; 1% did not disclose their gender. This closely aligns with the national statistics that have been generated by GamCare as most callers to the HelpLine are identified as male and are gambler's themselves[29].

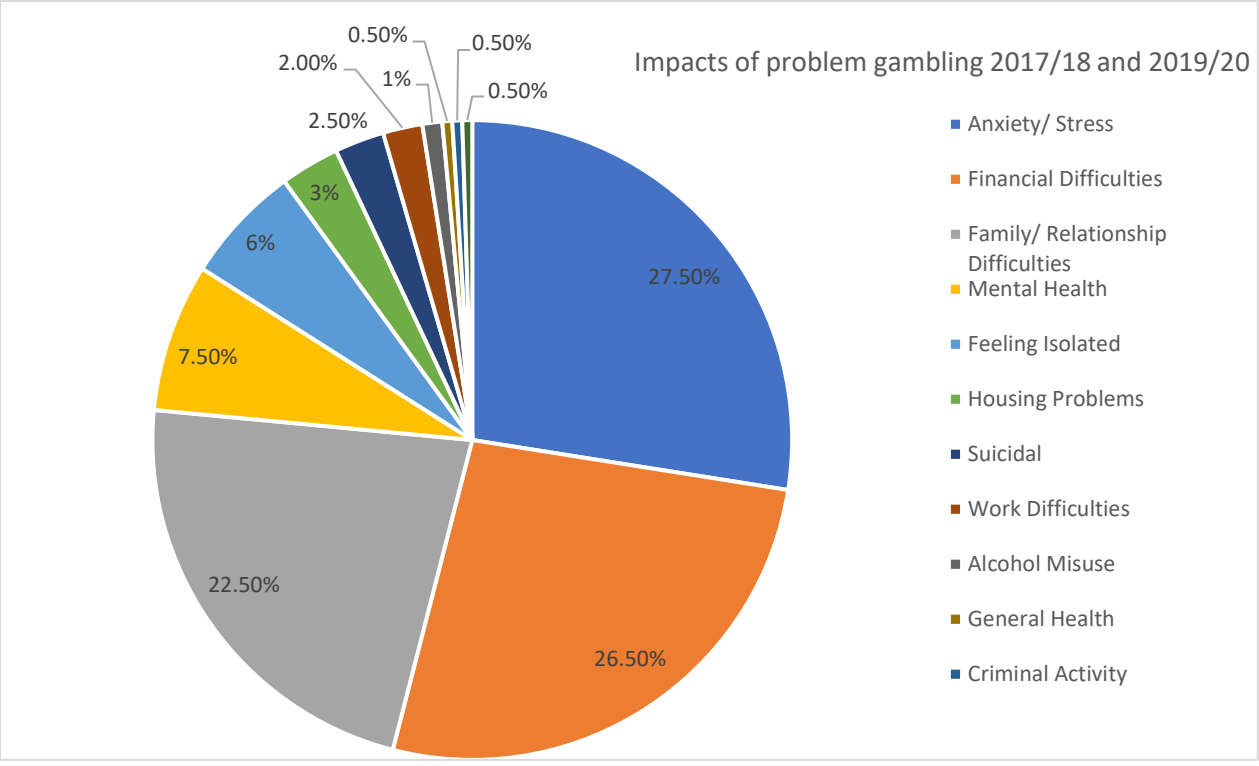
Figure 3.



As shown in figure 3., most of the callers to the HelpLine were in the younger age groups. Over half (55%) of callers were aged between 18 and 45 years, although 17% of callers were 46 years and above. The National HelpLine statistics concluded that six out of every ten HelpLine callers were aged under 35 years. Similarly, to NELC postcode specific callers, the single largest group is aged 26-35 years and accounts for 39% of HelpLine callers nationally[29].

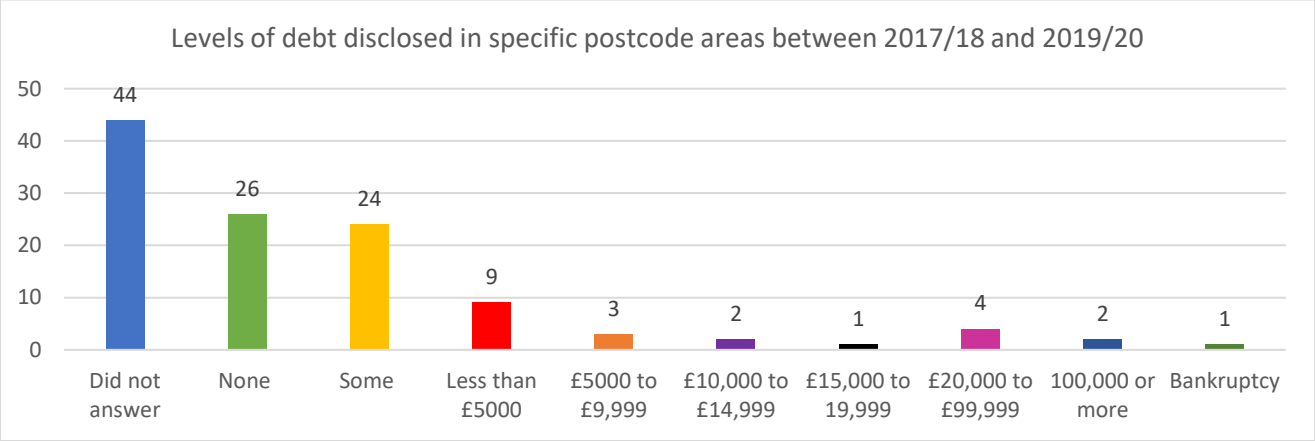
As shown in figure 4. below, callers to the HelpLine were asked about impacts of problem gambling. This question is multiple choice and so some clients may have chosen more than one 'impact'. The most disclosed impacts of problem gambling throughout this time period were 'Anxiety/Stress', 'Financial Difficulties' and 'Family/ Relationship difficulties'. Nationally, 'Anxiety/Stress' was the most common mental health impact across the HelpLine[29].

Figure 4.



As figure 4. has shown, a significant impact of gambling related harms is financial difficulty. As shown in the figure below, just over 20% of callers said that they had experienced 'some' debt. There are a range of debt categories, all of which have at least one respondent pertaining to each category. Around 38% of individuals who were asked about levels of debt, chose not to answer; this aligns with national figures of nearly half of the callers did not close their level of debt. Although, as many as 74% of gamblers calling the HelpLine reported that they had debt issues, with 10% reporting to have between £20,000 to £99,999 of debt[29].

Figure 5.



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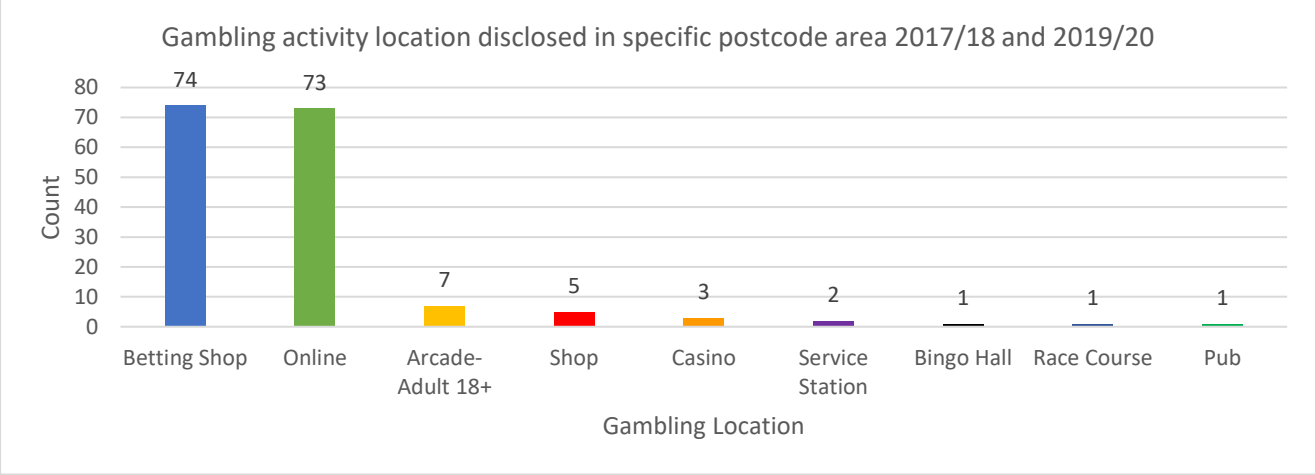
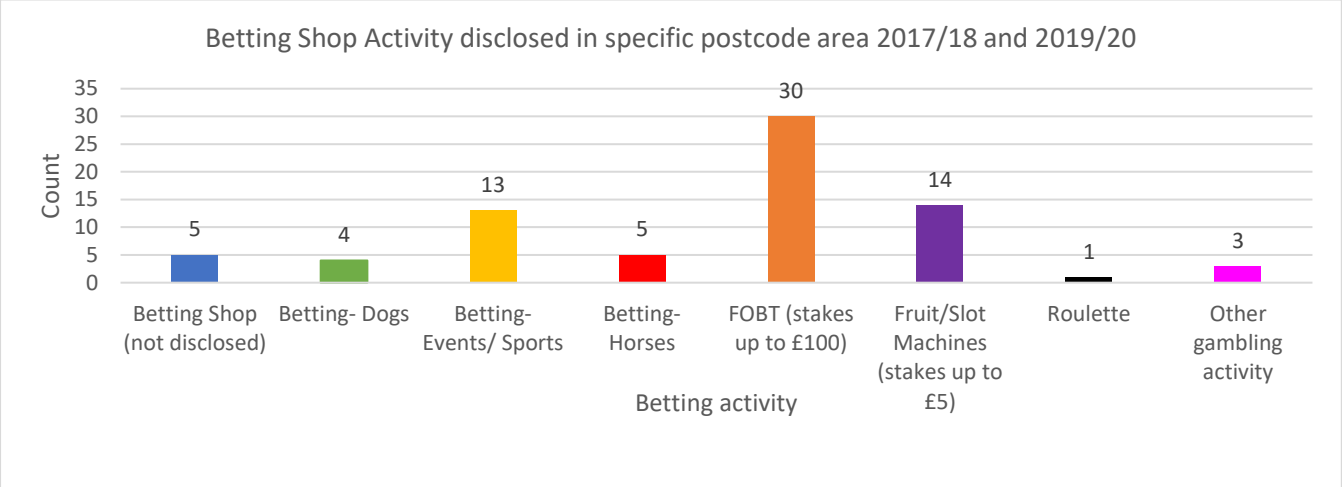


Most gambling activity occurred either in a 'Betting Shop' or 'Online', although other mediums have been reported, these appear to be less popular than the conventional physical setting of the betting shop and the growing online gambling movement.

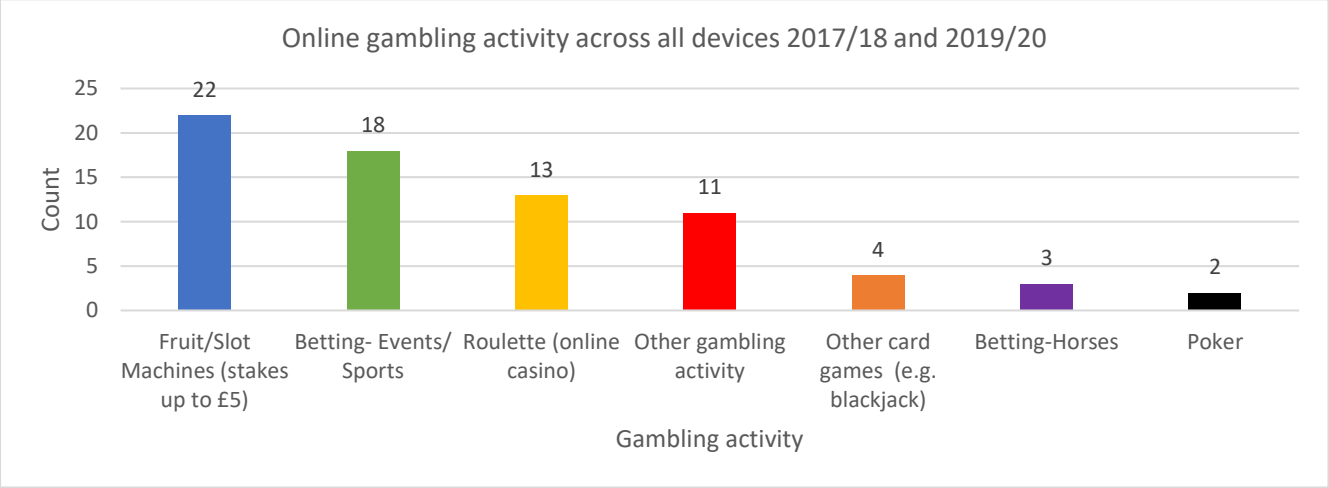
The 'Betting Shop' and 'Online' gambling activity location can be further broken down into gambling mode or the way an individual chose to gamble. As shown in the figure below, in terms of 'Betting Shop' activity, most betting activity was operated on Fixed Odds Betting Terminal, followed by Fruit/Slot Machines, and betting on sporting events.

Figure 7.



The majority of online gambling has taken place on a smartphone (51%), followed by a laptop/PC (12%) and then tablet (3%), although 34% did not specify their chosen medium. As shown in figure 8. below, in terms of 'Online' activity, most betting activity was Fruit/Slot Machines, followed by betting on sports events and online casino roulette. Similarly, gamblers who then access treatment services participated in very similar types of gambling activities. The three most common activities were online gambling, virtual gaming machines in bookmakers (e.g. casino), and online betting with a bookmaker[30].

Figure 8.



Postcode specific GamCare treatment data

It is reported that only a very small proportion of problem gamblers access treatment services and this is reflected in the small number of GamCare callers relative to problem gambling prevalence estimates for the area. This may be due to several reasons. Some problem gamblers may not recognise the need to seek support; changes in personal circumstances may initiate recovery without additional support; some may be experimenting with self-help approaches; some may be accessing the NHS to manage co-morbidities associated with problem gambling rather than problem gambling itself[31].

Treatment data was only available for 2017/18 and 2018/19, as GamCare had not had the opportunity to update the data for 2019/20. This data refers to 77 clients across the two years that were provided. Of these clients, the vast majority were male (count of 64) and 13 were female. The type of clients accessing treatment, overwhelmingly 96% were gamblers, 2% were family member or friend of a gambler and 2% were partners of a gambler. As table 3 shows, many individuals coming forward for treatment were predominantly young individuals and from the 26–35-year-old age group, accounting for 43%.

Table 3.

Percentage of individuals in each age group coming forward for treatment between 2017/18 and 2018/19

Age Group	Percentage
18-25	18%
26-35	43%
36-45	17%
46-55	12%
56-65	7%
66+	3%

Financial difficulties may be an exacerbating factor of other gambling related harms and figures suggest that 3.1% of gamblers have bet more than they can afford to lose[31]. The table shows the gambling impacts treatment clients have chosen in 2017/18 and 2018/19. The impacts are displayed from those that had been chosen the most to the least. Clients could choose multiple impacts as this was a multiple-choice question. Comparing 2017/18 to 2018/19 the top 3 impacts were the same for each financial year, 'Financial Difficulties', 'Anxiety/Stress' and 'Family/Relationship'.

Table 4.

Percentage of GamCare callers disclosing the impacts of gambling

2017-2018	Percentage	2018-2019	Percentage	Change
Financial Difficulties	21.50%	Financial Difficulties	24%	Increase
Anxiety/Stress	21%	Anxiety/Stress	24%	Increase
Family/Relationship	19%	Family/Relationship	20%	Increase
Feeling Isolated	15%	Mental Health	10.50%	Increase
Mental Health	8.50%	Feeling Isolated	9.50%	Decrease
Housing Problems	5%	Housing Problems	3.50%	Decrease
Alcohol Misuse	2.50%	Suicidal	3.50%	Increase
General Health	2%	General Health	3%	Increase
Work Difficulties	2%	Alcohol Misuse	1.00%	Decrease
Suicidal	1.50%	Criminal Activity	0.50%	Decrease
Criminal Activity	1%	Drug Misuse	0.50%	No change
Domestic Abuse	0.50%	No domestic abuse mentioned	_	
Drug Misuse	0.50%	No work difficulties mentioned	_	

Treatment and support demand

Maps have been produced by GambleAware, mapping the reported demand for and usage of treatment and support (please refer to Appendix B). Within the Humber, both Kingston upon Hull and North East Lincolnshire have been highlighted as areas who have the highest reported demand for treatment services. The reported demand for treatment for North East Lincolnshire is high and is in the highest quintile with the highest reported demand, for problem gamblers who have a PGSI score of 8+.

The demand and usage for treatment and support with gamblers who have the highest PGSI scores within North East Lincolnshire are from some of the most deprived wards such as East Marsh, West Marsh, and South, although ten of the fifteen wards in North East Lincolnshire are in the highest quintile with the highest reported demand and usage. There are seven out of the fifteen wards that are in the highest quintile with the highest reported demand and usage treatment and support with gamblers who have a low PGSI score, some of these wards are Sidney Sussex, Immingham, East Marsh for example.

Despite experiencing often severe levels of harm as a consequence of gambling, very few gamblers seek treatment for gambling disorders; in a recent review of treatment services for gambling in the UK, it was estimated that only 3% of disordered gamblers seek treatment[27]. However, whilst not seeking treatment for the underlying disorder, gamblers do access healthcare more frequently that non-gamblers; previous research indicates that gamblers are twice as likely to consult a GP, five times more likely to be admitted as hospital inpatients, and eight times more likely to have received psychological counselling than non-gamblers[32].

The increase in engagement of treatment services among problem gamblers is driven by usage of mental health services, rising from 12% in 2019 to 19% in 2020[27]. Throughout the pandemic in 2020, there may be a further increase in demand for future gambling treatment, as mental health could be a pertinent issue for those who gamble[33].

Treatment Data- 'Responsible Gambling Trust'

Treatment data was requested from the 'Responsible Gambling Trust', now operating as 'GambleAware'. This data includes information from local charities such as Krysallis who in turn work with GamCare Support as one of its local partners. The data presented provides an insight into the demographics, referrals, history, appointments, and gambling activity of clients. Client data and information covers the period March 2015 to June 2020. During this time, in total 188 clients accessed their treatment services, although 19 of these clients have returned for treatment.

Data was requested in relation to the following postcodes: DN31, DN32, DN33, DN34, DN35, DN36, DN37, DN40 and DN41. These postcode districts directly pertain to North East Lincolnshire Council and sit within the local authority boundary. A small minority of postcodes were not included because their postcode districts fell largely into other local authority areas and a decision was taken to not include these because there were large geographical overlaps.

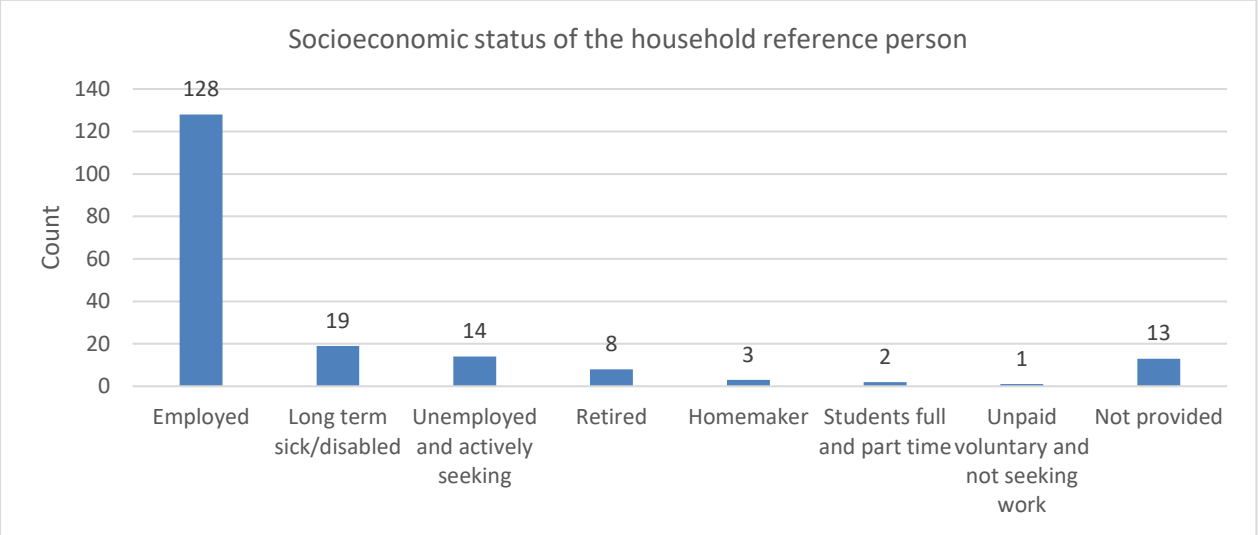
Demographics of clients accessing treatment

The majority of clients accessing treatment were male (78%) compared to (22%) who were female. This aligns with national research and annual statistic from the National Gambling Treatment Service, where the majority of clients seeking treatment were male (75%)[34]. However, research has concluded that there is a limited role in the fact that demographics such as gender play in predicting treatment engagements once the need has been established. Yet there is further evidence that women have a different trajectory into problem gambling with later onset and a more rapid trajectory to problems suggesting a need for a more assertive and early intervention approach to meet their needs. There is some evidence that female gambling is more likely to be associated with social isolation and psychological health issues and these may be barriers for females accessing treatment services[35].

The following client characteristics pertaining to ethnicity, relationship status and socioeconomic status align with national treatment statistics[34]. Most client's ethnicity was White British/Irish/European (91%), Black/Asian/Other minority ethnics (2%) and Undisclosed (7%). The majority of clients were either in a relationship (37%) or married (21%). A further 25% were single, 5% were separated, 2% were divorced, 1% were widowed and 9% did not disclose. When clients were asked about relationship loss from gambling, 60% said no, 20% said yes and 20% were unknown.

In terms of socio-economic status, as shown in figure 9, 68% of individuals were employed, 10% were long term sick/disabled and around 7.5% identified as unemployed or activity seeking work. It has been acknowledged that gamblers from higher socio-economic backgrounds experiencing gambling problems were more likely to report accessing treatment and support[30]. When clients were asked about job loss from gambling, 3% said yes, 75% said no and 22% were unknown.

Figure 9.



Gambling History

Individuals that have gambling problems often present to services with debt problems. This may well be the first time that local services have come into contact with the individual, although most individuals accessing treatment had started gambling in the last 5 years (27%), 20% had started gambling in the last 5-10 years, 16% in the last 10-15 years, only 1% of those accessing treatment had gambled for more than 40 years.

Cross analysis of age of the individual that the client stated they started gambling and whether they had an early big win. Of those who responded and where analysis could be cross referenced, 75% of individuals had their early big win and had claimed that they had started gambling before 25 years of age. Within the national treatment statistics, where known, the majority of gamblers (61%) had experienced an early big win in their gambling career[34].

Amounts of gambling debts are not always disclosed, many often normalise gambling with every expenditure and do not see gambling debt as an issue. Nationally, the majority of gamblers (71%) reported having debt due to their gambling[34] however 55% of the client's accessing treatment within North East Lincolnshire disclosed having a debt. Just over a quarter of individuals accessing treatment said that they had no debt due to gambling, see figure 10. Those who disclosed that they had debts of under £5,000 accounted for 19%, although 9% of individuals did not know or had 'some' kind of debt attributed to gambling.

Figure 10.

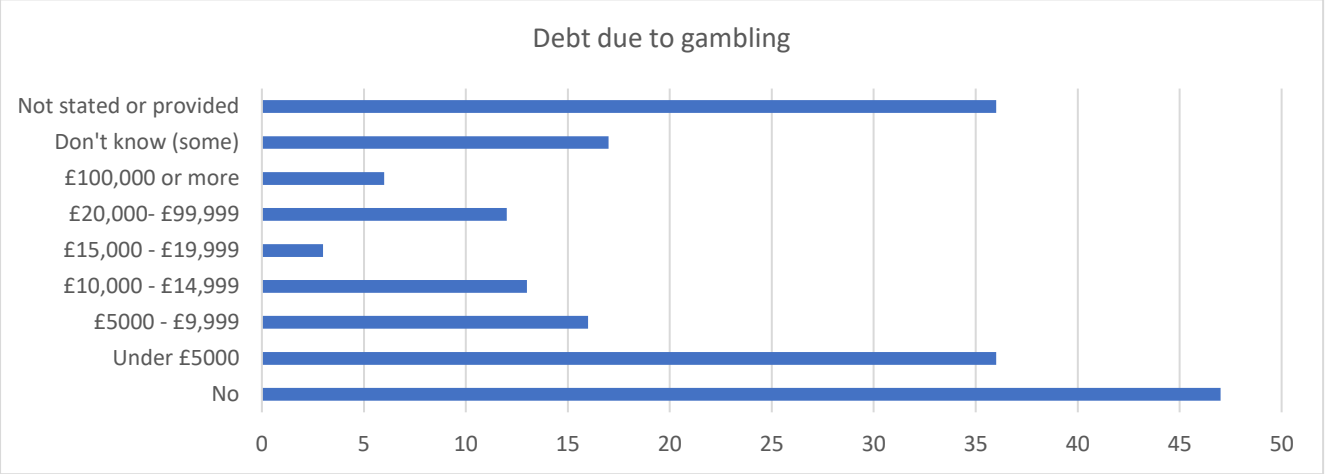
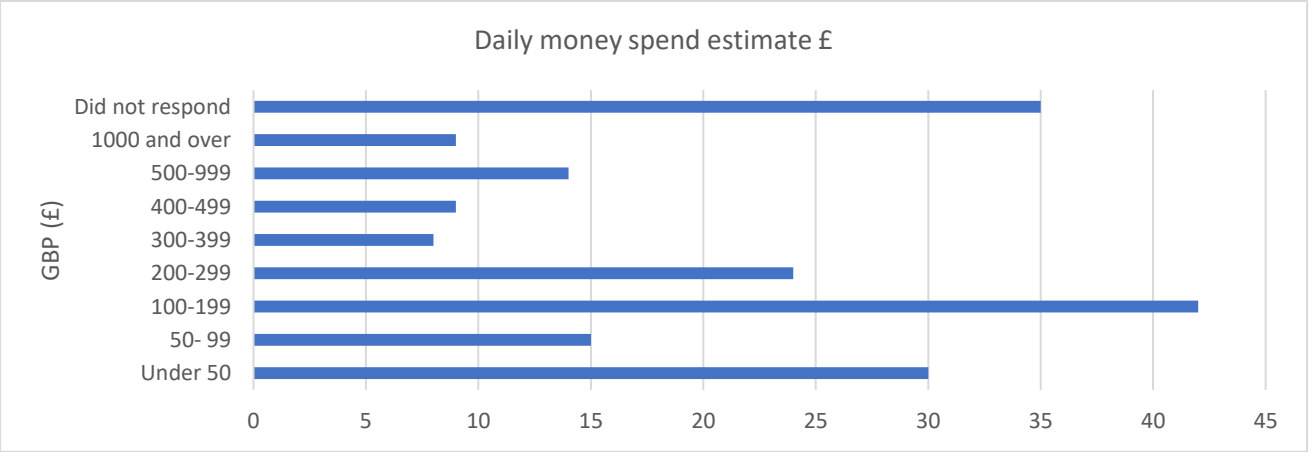
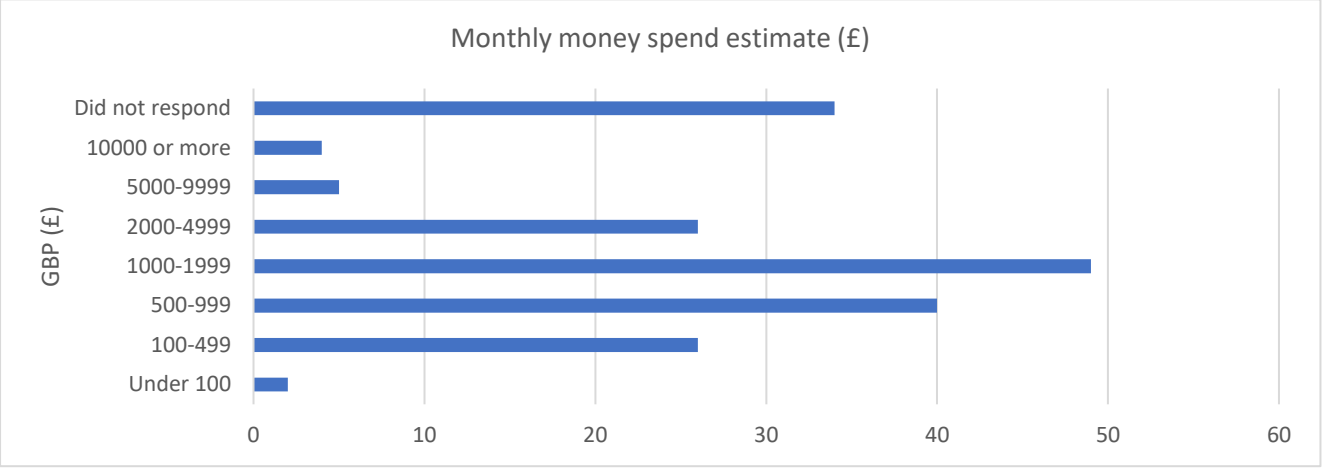


Figure 11.



As shown in figure 11, the majority of individuals disclosed that they estimated to spend between £100-£199 daily, although 47% said they spend less than £199 a day on gambling activities, 19% did not respond. In terms of monthly spending estimates, shown in figure 12, the majority of individuals (26%) spent between £1000-£1999 on gambling activities, collectively those who spent over £2000 attributed to 18% of the clientele, although 18% did not respond.

Figure 12.



As shown in figure 13 below, most individuals who did respond said that they spent between 61 and 120 minutes daily on gambling activities, although collectively 45% of clients said that they spent at least 120 minutes or less on gambling activities daily; 21% did not respond.

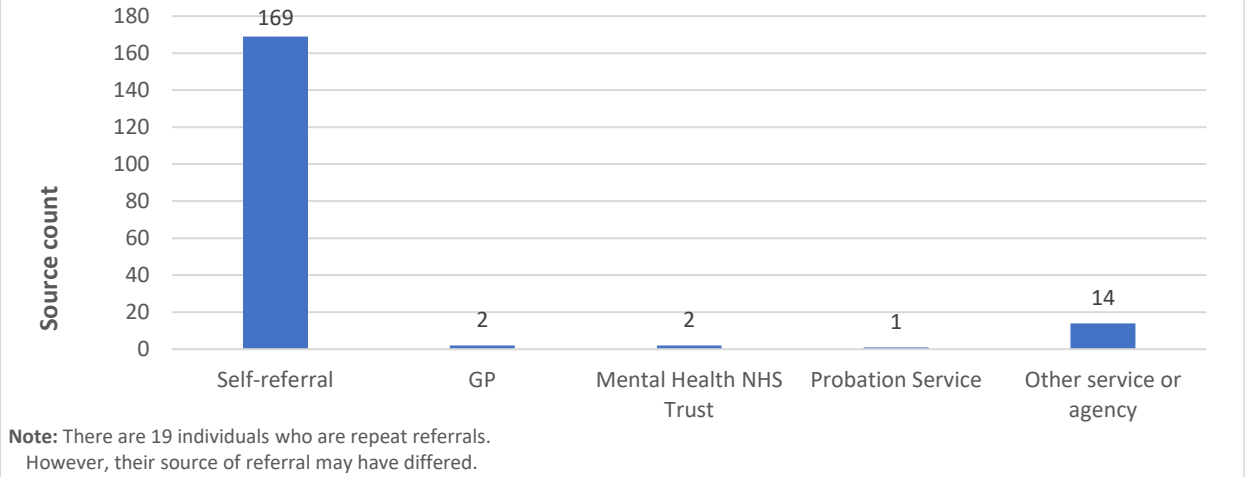
Figure 13.

North East Lincolnshire Referrals, Engagement and Outcomes

Overwhelmingly, 90% of referrals were self-made in North East Lincolnshire, as shown in figure 14. This aligns with national research and annual statistic from the National Gambling Treatment Service, where the majority of clients also self-referred (90%)[34]. GP's, Mental Health NHS Trust, probation service accounted for 2.5% of referrals and other sources accounted for 7.5% of referrals in total.

The referral reason for North East Lincolnshire clients were that 88% were problem gamblers, 12% were affected other and 12% had no reason provided. Affected others are more likely to be women, likely due to the male dominated gambling population and a higher proportion of heterosexual relationships than homosexual relationships resulting in more female partners and spouses being affected. Affected others are most likely to be negatively affected by the gambling of someone in their immediate family, most commonly a spouse or partner, or a parent. Those affected by a spouse or partner are more likely to report a severe negative impact[14].

Figure 14.



Note: There are 19 individuals who are repeat referrals. However, their source of referral may have differed.

As shown in figure 15, the majority of North East Lincolnshire clients seeking treatment were under 40 years of age. However, the highest numbers were reported in the 21-25, 26-30 and 31-25 year age bands, accounting for 60% of clients in total. These follow a similar distribution to the National Gambling Treatment Service age of clients at point of referral, skewed towards the younger age groups[34].

Figure 15.

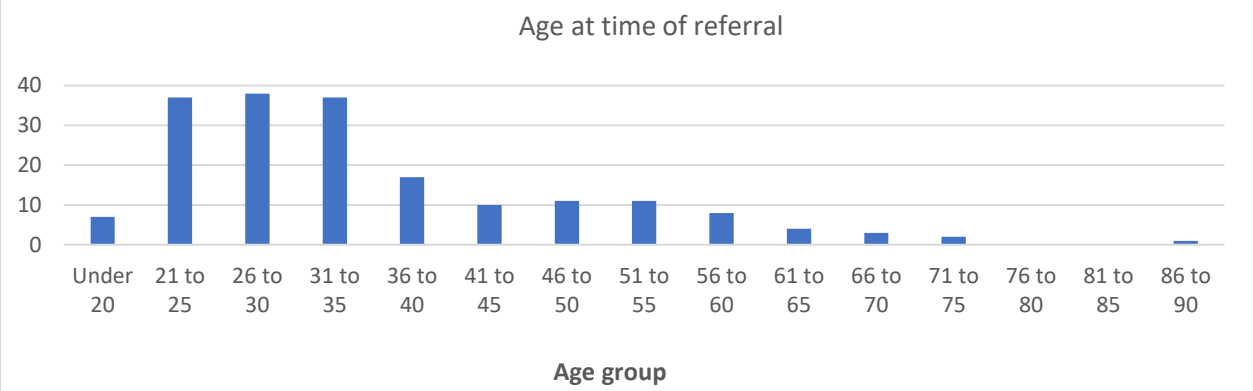
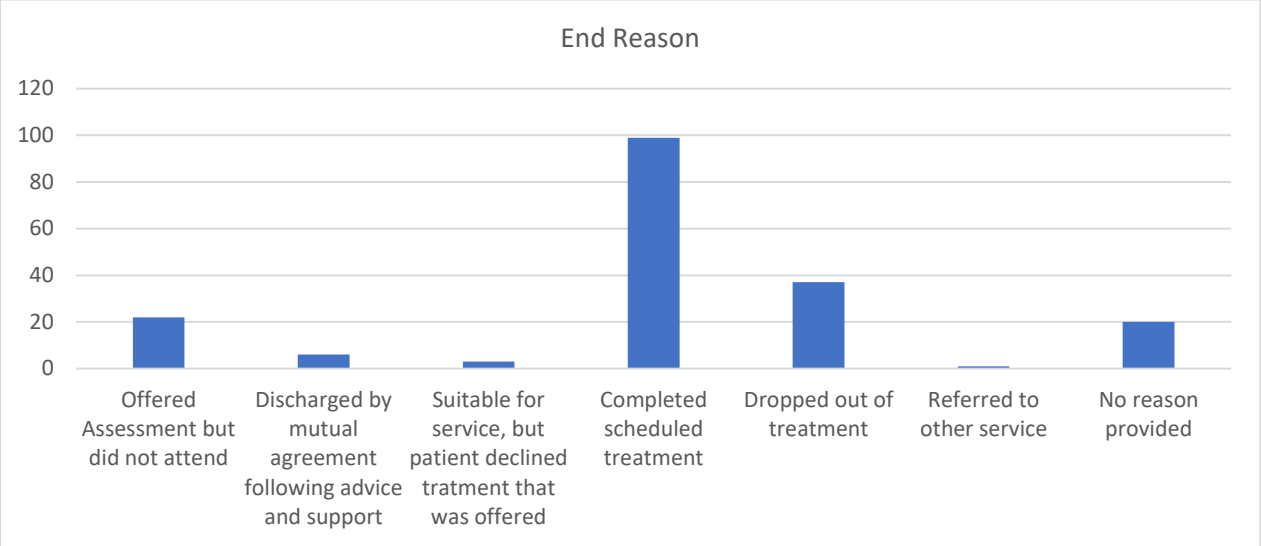


Figure 16.



As shown in figure 16 of the 188 referrals, 99 completed the treatment, accounting for 52% of all referrals. However, 37 dropped out of treatment before a scheduled endpoint, accounting for 20% of referrals. Of those 99 who completed treatment, 82% of successful treatments were completed within 6 months of referral and all successful treatments were completed within 1 year of referral.

Figure 17.

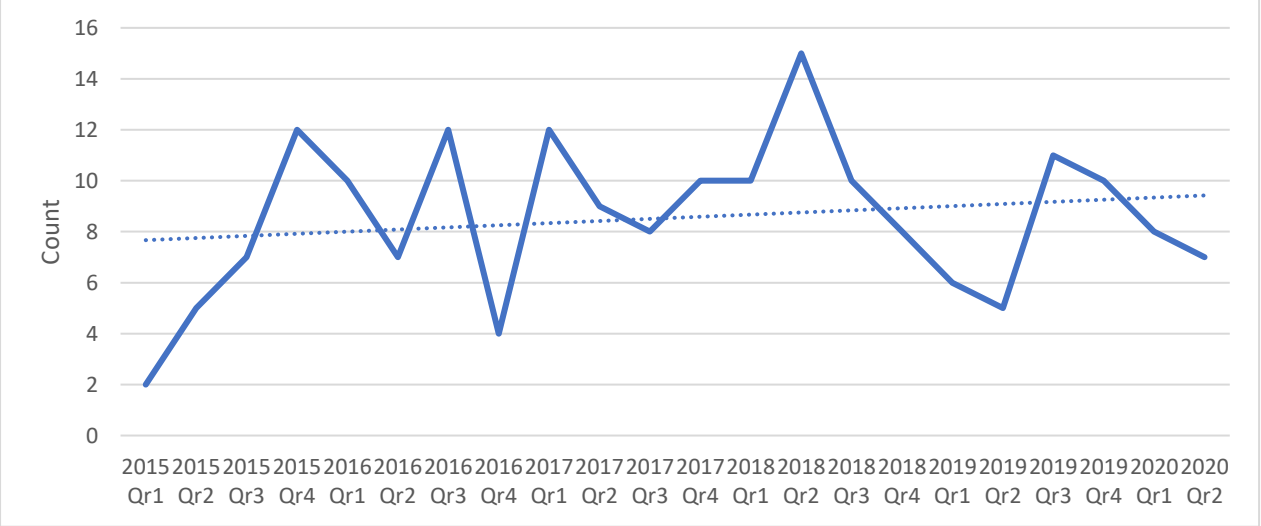
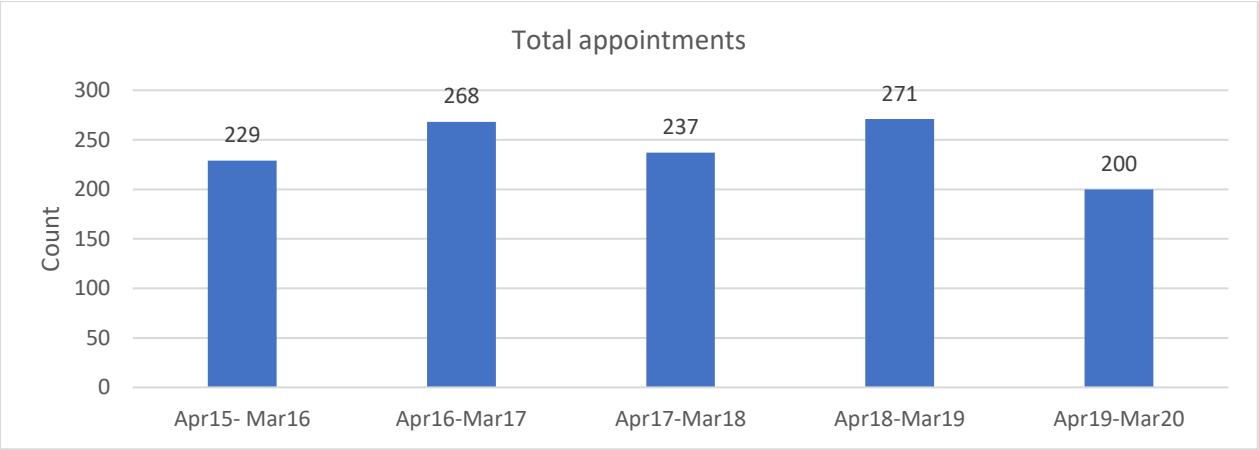


Figure 17 shows the total referrals over time in North East Lincolnshire, quarterly between the first quarter of 2015 and the second quarter of 2020. Although there are peaks and troughs of referrals, over time there seems to be a slight increase in numbers being referred for treatment. At a national level, treatment services for gambling continues to grow and increase over time. Although the data presented here does not include the time of the pandemic, there has been evidence that numbers have subsequently increased and grown over the 'lock-down' periods[36].

An overwhelming majority of appointments have counselling provided as the intervention (99%). This is the most common medium of treatment. Clients in North East Lincolnshire who had 1 appointment accounted for 13%, 39% had 5 appointments or less, 66% had 10 appointments or less and 13% had 15 appointments or more. In North East Lincolnshire, total appointments fluctuated however the average number of appointments across the 5-year period was 241 appointments each year, as shown in figure 18 below.

Figure 18.



Most of the appointments were conducted on a face-to face basis (85%), although a substantial minority were conducted remotely by telephone (18%) or via a web camera such as skype (2%). Research has suggested that alternative means of access, such as the telephone, can be problematic for those who lack privacy and who wish to keep their gambling a secret[20]. There were also concerns over the quality of remote support, a lack of trust in online chat was flagged as a barrier for some as they were concerned, they did not know who they were talking too and in terms of telephone support could not see facial expressions. Moving forward as the pandemic affected face-to-face consultations, the building up of rapport was removed and it is thought that individuals perceived treatment to be harder without face-face interaction[20].

Figure 19.

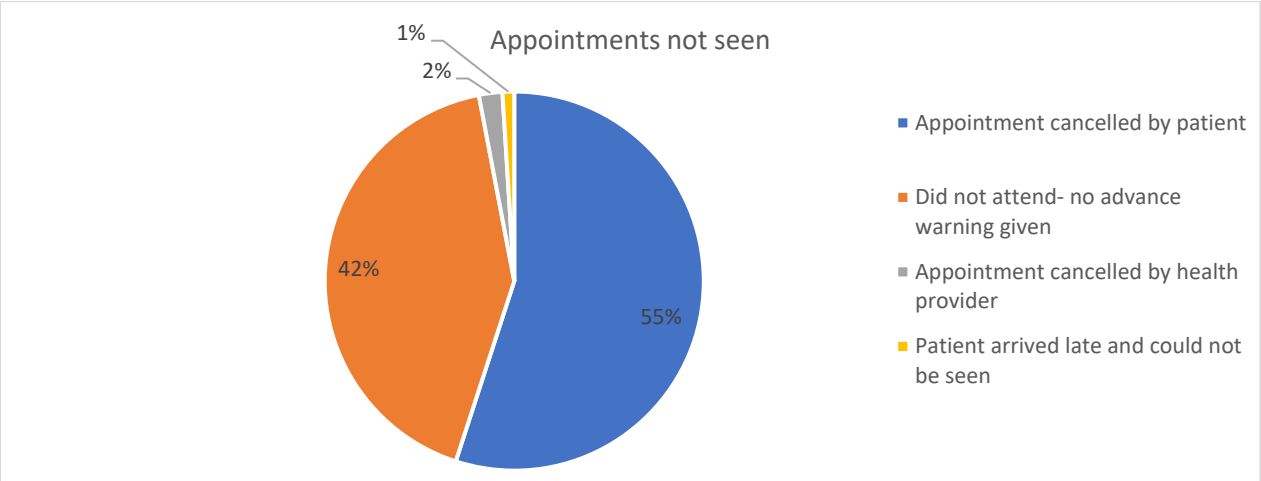


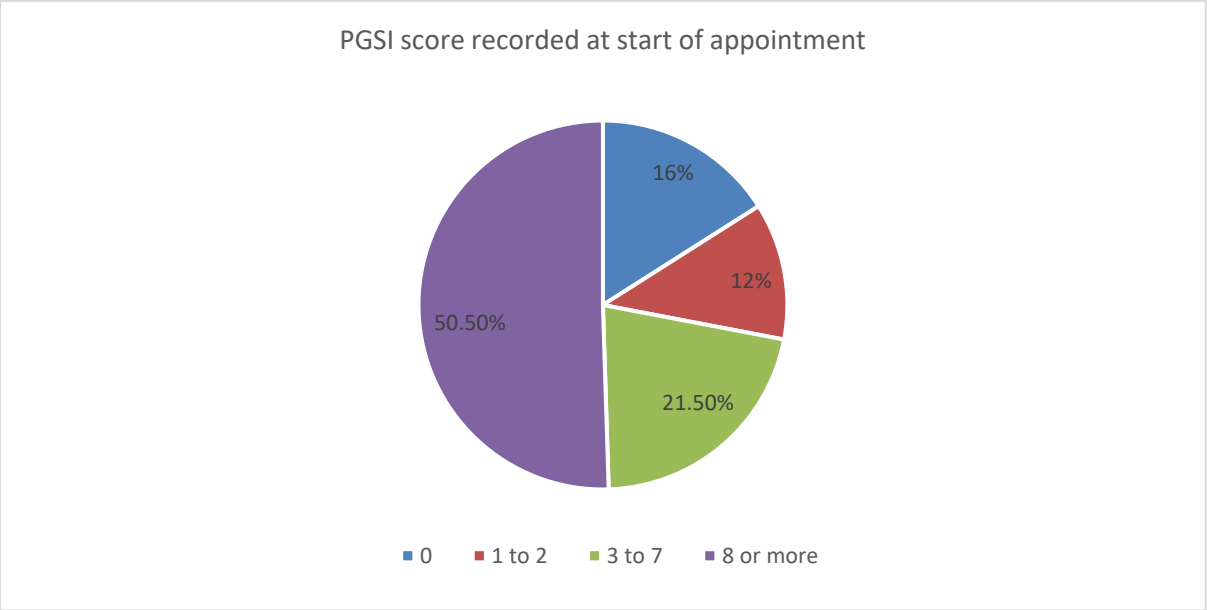
Figure 19., shows that of those appointments that did not go ahead was mostly because patients themselves cancelled the appointment (55%), although 42% did not attend with no advance warning given.

PGSI

The PGSI consists of nine items and each item is assessed on a four-point scale, giving a total score of between zero and 27 points. A PGSI score of eight or more represents a problem gambler. Scores between three and seven represent 'moderate risk' gambling (gamblers who experience a moderate level of problems leading to some negative consequences) and a score of one or two represents 'low risk' gambling (gamblers who experience a low level of problems with few or no identified negative consequences).

At the earliest known appointment for gamblers treated over the five-year data period in North East Lincolnshire, the PGSI score was recorded for 72% of gamblers. There were 348 appointment entries that did not provide a PGSI score at time of the appointment.

Figure 20.



As shown in figure 20 above, just over 50% of recorded appointments for treatment scored a PGSI of 8+, 21.5% scored 3-7 on the PGSI, 12% scored 1-2 and 16% scored 0. Research has suggested that the predominant barrier to seeking treatment, advice or support was the perception that personal gambling habits were not harmful or that only small amounts were gambled, however encouragingly most of the individual's seeking treatment in North East Lincolnshire have a PGSI score of 8+ and are receiving the treatment they require. Although problem gamblers with less pronounced symptoms may benefit from very minimal interventions, therapist contact generally improves outcomes relative to entirely self-directed interventions[37].

Furthermore, those who have backgrounds experiencing gambling problems (PGSI 8+) are more likely to report accessing treatment and support[30], although a barrier to accessing treatment has been identified as them having concerns of experiencing stigma or shame.

North East Lincolnshire Gambling Location/ Activities

The most common location for gambling in North East Lincolnshire was online, used by 40% of gamblers who provided this information. Bookmakers were the next most common, used by 39% of gamblers. These two locations account for almost 80% of primary gambling activity in North East Lincolnshire. No other locations were used by more than 10% of gamblers, although Casinos were used by 6% and miscellaneous (such as lottery, scratch-cards, and football pools) by 3.5%, as shown in figure 21 below. Please note that this section is not completed if the individual is an 'affected other' and those accessing treatment can disclose more than one gambling location and or activity.

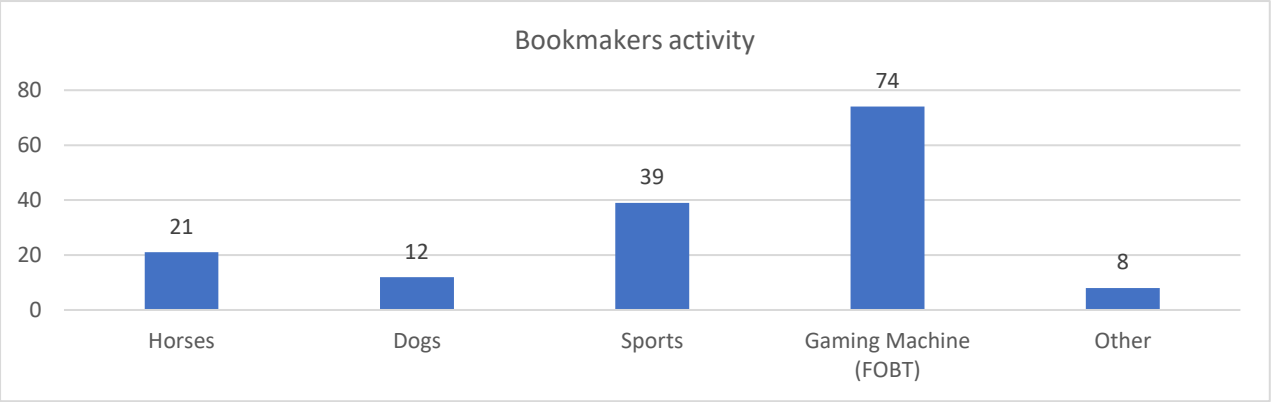
Figure 21.

In North East Lincolnshire, the three most common activities were bookmakers, gambling on a gaming machine (FOBT), online gambling on sports events and online gambling on casino slots. Research has concluded that online football and live sports events such as horse betting are among some of the most popular betting activities in the UK, furthermore, online sports platforms increase the 'facelessness' of sports gambling that is appealing to gamblers[38]. It has arguably been fuelled by advances in mobile app technologies and the liberalisation of state regulations on advertising, this 'gamblification' of sport has given rise to a global industry promoting gambling as a knowledge-based, risk-free leisure activity. The Gambling Commission's industry statistics have concluded that remote or online gambling is the largest combined sector by Gross Gambling Yield (GGY), where online casino games dominate the sector, which is led by football and live sports horse betting. The most popular non-remote gambling activity was gaming machines[38].

Fixed Odds Betting Terminals (FOBTs), sometimes referred to as the "crack cocaine of gambling", Fixed Odds Betting Terminals (or B2 machines), are touch screen roulette machines on which gamblers can play casino games; these have certainly become more common in recent years[39]. Studies have found that individuals who gamble on gaming machines have more severe gambling problems. Thus, this subgroup of gamblers may have more severe addiction that prevents them from starting treatment[40]. There are specific gambling harms that have been highlighted using FOBT's including violence towards machines and people and debt. There are also suggestions that FOBT gambling is often a mid-point in a gambling 'career', which has been argued to start with machine gambling and ending with internet gambling[41].

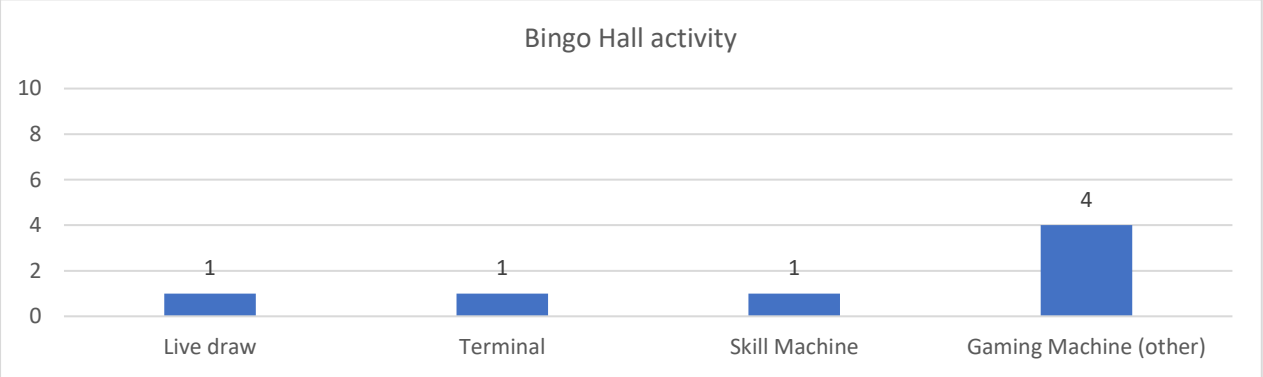
The following charts shows a break-down of gambling activities, grouped by location.

Figure 22.



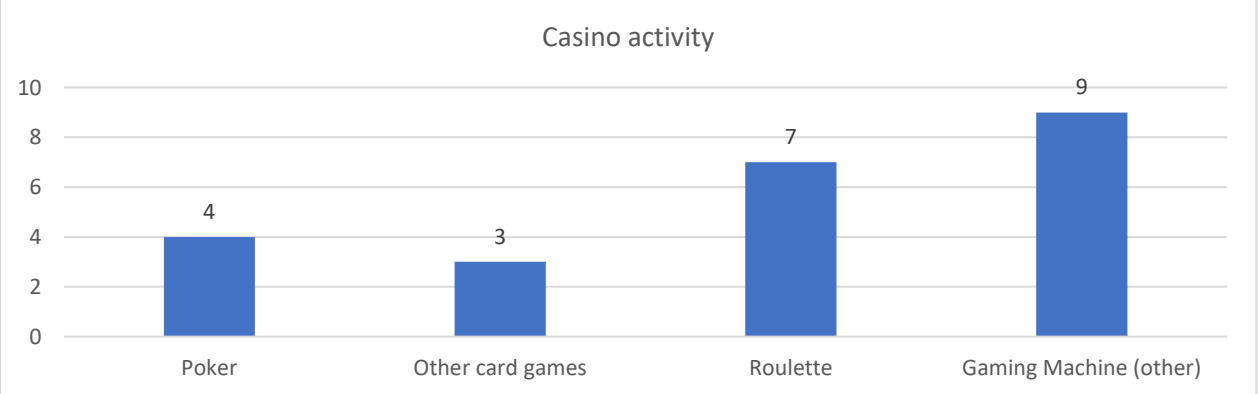
As shown in figure 22 above, within bookmakers, gaming machines were the most common form of gambling, used by 19% of gamblers (making this the most common individual activity reported), followed by sporting events and horses.

Figure 23.



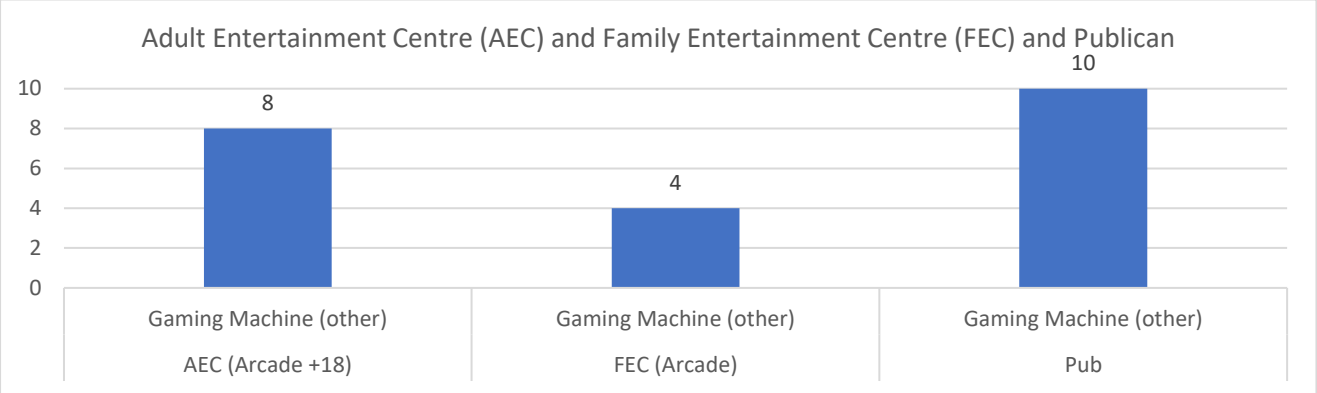
Within the marginally small bingo hall activity, as shown in figure 23 above, gaming machines were the most common form of gambling.

Figure 24.



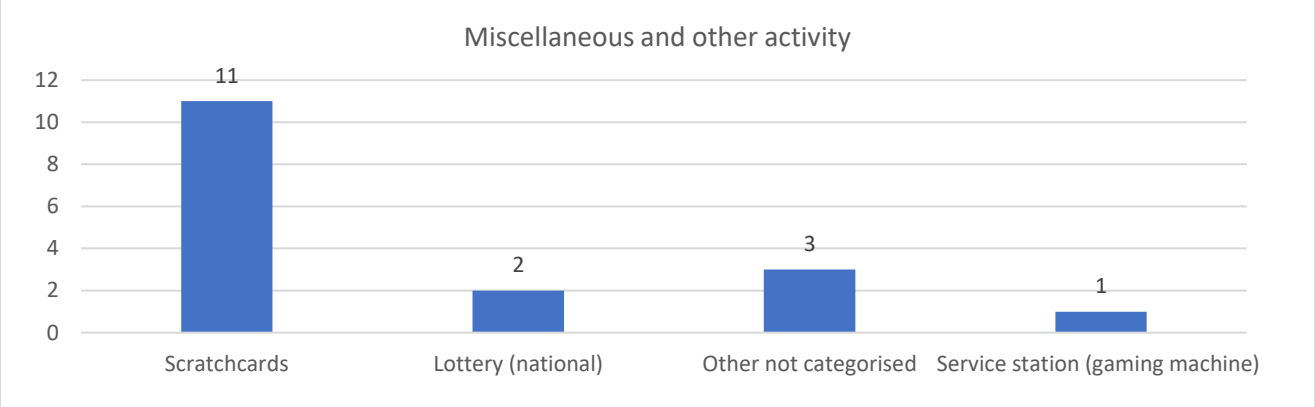
As shown in figure 24 above, within casino activity, which accounted for 6% of overall gambling activities, gaming machines were the most common form of gambling, followed by roulette, poker, and other card games.

Figure 25.



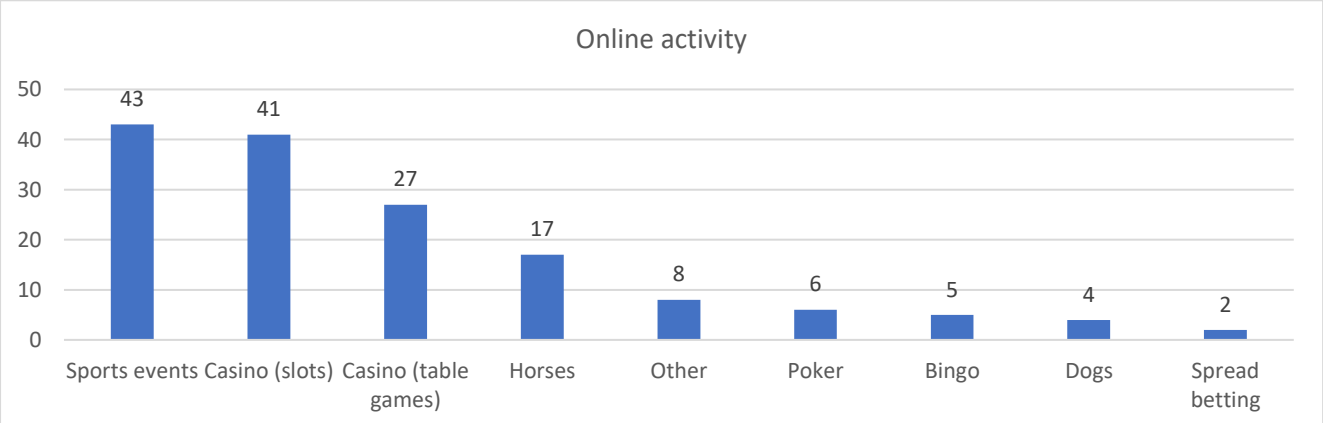
AEC, FEC and Publican activity accounted for 5.5% of all gambling activity, however within these three separate locations, all the reported activity was gaming machines.

Figure 26.



As shown in figure 26, miscellaneous and other activity includes private games, lottery, scratch cards, football pools and service stations gaming machines. Most of the activity reported by gamblers was the use of scratch cards. Overall, the miscellaneous category accounted for 3.5% of gambling activity.

Figure 27.



As shown in figure 27 above, sports events and casino slots accounted for 11% and 10.5% overall gambling activities respectively. They were the second and third most reported activities.

Gambling and Young People in North East Lincolnshire

Young People (YP) are a particularly vulnerable group and are known to be at risk of gambling because of cognitive immaturities and a lack of development which translates into increased impulsivity and risk-taking activities[42]. Young men of lower socio-economic status are particularly vulnerable and studies of young, urban, men who were aggressive and/ or disruptive in childhood and early adolescence were found to be more likely to develop problems with gambling in later adolescence. YP with lower educational attainment may be particularly vulnerable to developing problems with gambling and there is evidence of problem gambling amongst young people experiencing relative deprivation and co-morbidities, particularly those who are male and have a lack of social support, particularly parental support[43].

A study conducted by the Gambling Commission in 2020 on 'Young People and Gambling' concluded that 37% of 11–16-year-olds in England and Scotland have gambled in the last 12 months an increase of 1% since the Gambling Commission study conducted in 2019. Furthermore, 58% of 11–16-year-olds have ever seen or heard gambling adverts or sponsorship, of which 7% said this had prompted them to gamble when they were not planning to. Respondents said that they were most likely to have placed a private bet for money or played cards for money with friends[44].

Nationally, problem gambling prevalence amongst young people is rising. Problem gambling is still most common among younger gamblers. Among boys aged 11–16 years, 1.7% are classified as problem gamblers, a fourfold increase from 2016. The only age group with a higher percentage of problem gambling is 25–34-year-old men, at 2.4%. For girls aged 11–16 years, while the problem gambling rate at 0.7% is lower than for boys, this is over double the rate of any other female age group[45].

Using mid-2019 population estimates, within North East Lincolnshire there are 11,302 young people aged between 11 and 16 years. GamCare estimate that 1.7% of young people aged 11-16 could already be classed as 'problem gamblers' and a further 2.7% 'at-risk' of developing gambling problems. Applying the problem gambling prevalence of 1.7% to North East Lincolnshire, there could be as many as 192 individuals who have a problem gambling issue and applying 2.7%, there could be a further 305 children classed as 'at-risk'.

The gambling shift

Young people are often able to easily bypass age restrictions to gamble online. Furthermore, the distinction between gambling and video gaming is becoming harder to distinguish in some video games and children are commonly thought to be more susceptible and vulnerable in terms of developing a gambling problem[46]. For example, loot boxes in video cause much debate as to whether they are a form of gambling or gaming.
A loot box is a consumable virtual item where an individual pays money in exchange for a randomised 'gift' which can range from purchasing weapons for a game or other intangibles assets. Research conducted for the Gambling Commission 52% of 11–16-year-olds had heard of in-game items (e.g., weapons, power-ups, and tokens). Of those who had heard of the in-game items, 44% paid money to open loot boxes/packs to get other in-game items within the game they were playing. More boys than girls were more likely to have used in-game items and boys were also more likely to have paid money to open loot boxes[45]. Gambling accessibility to YP is as accessible as it ever has been, for some it has become part of everyday life.

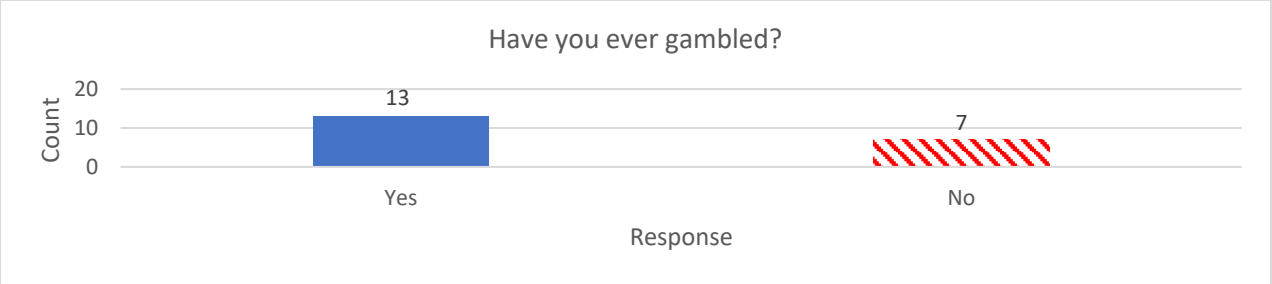
Local intelligence on treatment or gambling prevalence data for young people with gambling addictions is difficult to ascertain, however it is unlikely that North East Lincolnshire is significantly different to other areas of the country in gambling activity amongst young people.

'We Are With You'

We Are With You (WAWY) are a charity who provide free and confidential support to people experiencing issues with mental health, drugs, alcohol, and addictions. WAWY in North East Lincolnshire support young people through their 'Young Person's Service'.

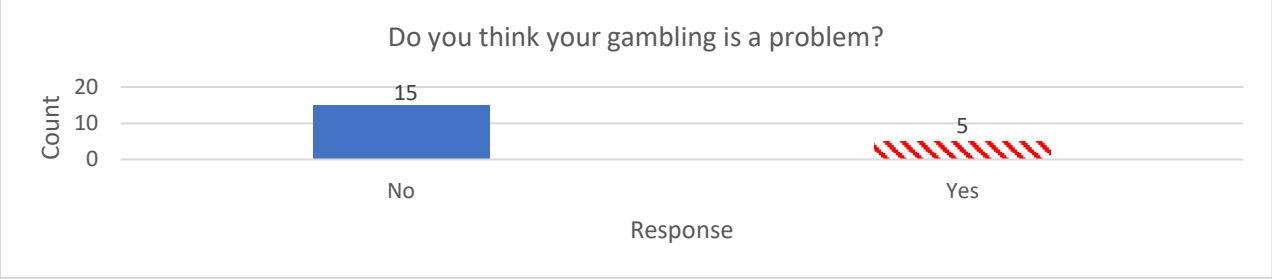
WAWY collated information from individuals using their 'Young Person's Service'. Questions were posed to a mixture of new and existing clients using the service. All individuals were under the age of 18 and the survey was completed January 2021. Responses from the sample size of 20 individuals have been presented in the charts below, although not all 20 individuals answered all of the questions.

Figure 28.



As shown in figure 28, individuals were asked, 'have you ever gambled?', the majority (65%) 13 young people responded 'yes', 7 said 'no'.

Figure 29.



Individuals were asked 'Do you think your gambling is a problem?'. A quarter of individuals who responded to this question, said that they thought their gambling was a problem.

Figure 30.

Individuals were asked, 'how often do you gamble?'. The majority of individuals who responded, disclosed that they gambled at least 1 to 3 days per week, as shown in figure 30. The WAWY survey was conducted during the pandemic and should be viewed through this lens; as expected, nationally the overall frequency of gambling reduced during lockdown because of the restrictions on movement, but activity that could be done from home such as online gambling did increase[47]. Regular gamblers not only gambled online more than previously, but also betted on games at home and gambled on lotteries and using scratch cards more, however placing bets on sporting events overall remained at similar rates[47].

Figure 31.

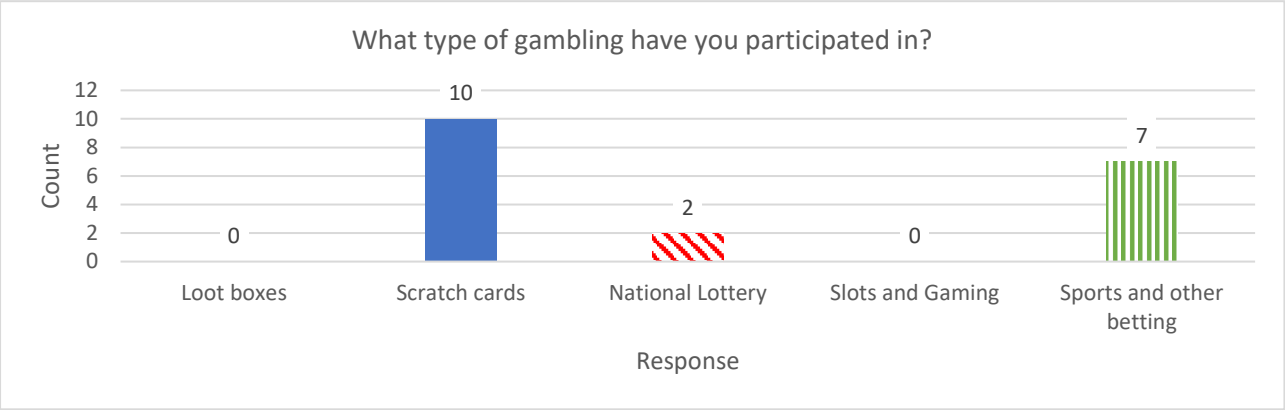


Figure 31 as shown above, shows that individuals who responded to the question 'what type of gambling have you participated in', most individuals responded, 'scratch cards', followed by 'sports and other betting' and lastly 'national lottery'; 'slots and gaming' and 'loot boxes' had zero responses. This links with national research in terms of scratch cards being the most reported gambling activity in young people and there has been an increase in regular gamblers playing the national lottery online. Interestingly loot boxes had no respondents that said they participated in this activity. However, the sample size is incredibly small and as mentioned in the 'Gaps Challenges and Opportunities' section of this report, the Adolescent Lifestyle Survey conducted in North East Lincolnshire will provide the opportunity to gather intelligence on this; particularly as we know that younger age groups are more likely to exhibit impulsive behaviours and find risk-taking appealing, which makes the prevalence of loot boxes in games popular with teenagers particularly concerning.

Figure 32.

As shown in figure 32 above, individuals were asked 'how much have you spent on gambling?', 13 individuals responded, the majority said between £1.00 and £5.00, 4 individuals said between £5.00 and £10.00 and one individual said £5.00 every couple of

months. Research conducted by the Gambling Commission in 2019 concluded that half (49%) of 11–16-year-olds who had gambled in the past 7 days spent less than £5.00. However, on average the study found that 11–16-year-olds who gambled in the last 7 days spent £17 on activities[45].

Lastly, the individuals were asked 'Do you know where to get help for gambling?', encouragingly 13 said 'yes', 4 said 'no' and 3 had 'no response'. Within the research conducted by the Gambling Commission in 2019, it concluded that almost three quarters (74%) of young people knew who they would go to for help if they had problems with gambling. This was highlighted to be typically a family member rather than professional forms of help[45].

Current Provision

The locally provided specialist service is Krysallis in partnership with GamCare. The service supports any individual from the age of 16 that has been adversely affected by gambling or is at risk of developing a problem with gambling or gaming in North East Lincolnshire. Partners, family members and friends that have been affected by a loved one's gambling can also access free, confidential support. There is also access to in-house specialist gambling counselling and support for anybody affected by gambling. The counselling is provided by Krysallis, on behalf of GamCare, a national charity funded by GambleAware, an independent charity who are tasked to fund research, prevention, and treatment services to help reduce gambling harms in Great Britain.

Other local support is as follows, although this list is not exhaustive:

- Access to Citizens Advice advisers who provide free, confidential, and impartial advice about issues which may or may not be related to individuals' gambling behaviour including debt and money, benefits, consumer, and housing issues.
- Access to gambling counselling provided by BreakEven, a GamCare Counselling partner Breakeven: free counselling help for problem gambling
- New Gamblers Anonymous Grimsby set up through GamCare. They operate at 'The Comeback', 8 Abbey Walk, Grimsby, DN31 1NB. Physical meetings have resumed. Gamblers Anonymous England, Wales and Ulster
- NHS Young People's Gambling Addiction Service through the National Problem Gambling Clinic. The clinic accepts referrals for people aged 13 or over, with complex problems relating to gambling, living in England or Wales. National Problem Gambling Clinic :: Central and North West London NHS Foundation Trust (cnwl.nhs.uk)
- We Are With You 'Young Persons Service'. The service supports young people with addictions and substance misuse, specifically for under 18's living in Lincolnshire. Lincolnshire for young people - With You (wearewithyou.org.uk)
- GamCare 'Young People's Support Service'
- Gambling has been introduced as a mandatory section of secondary school national curriculums since September 2020. GamCare and The Young Gamblers Education Trust are working together to deliver a programme of education, training, and support for young people across England, Wales, and Northern Ireland.

Problem gambling and gambling-related harm is a priority in the NHS Long Term Plan and is increasingly being recognised as a public health issue that needs to be addressed. To date, and launched in 2019, the NHS Northern Gambling Service has Clinics in Manchester and

Sunderland, and Leeds serves the North of England and provides support to individuals with complex needs in relation to gambling-related harm. There will be further investment in expanding NHS specialist clinics to help more people with serious gambling problems.

As we have seen in the literature, young people and those with substance misuse or living with co-morbidities such as mental health issues are at an increased risk of gambling related harm. It is difficult to calculate the prevalence of gambling-related harm in North East Lincolnshire, and in turn this creates challenges in assessing and predicting future treatment needs. However, is encouraging that service provisions are targeted towards these at-risk groups. It is anticipated that by raising awareness of gambling-related harm and training frontline workers to spot the signs and symptoms of gambling-related harm, coupled with the impact of the pandemic may lead to an increase in demand for local and existing services.

Gaps, Challenges and Opportunities

Taking a wider/ regional approach

Local Authorities attempting to lobby for change on an individual basis is not an efficient approach. Guidance produced by the Local Government Association and Public Health England advocate a whole council approach to tackling gambling-related harm[48]. The whole council approach is a whole systems approach which aims to reduce poverty and health inequalities needs to incorporate gambling harm within place-based planning and draws on the innovative opportunities that exist to engage local stakeholders, builds local leadership, and takes a collaborative approach to tackling gambling-related harms[8]. The approach includes understanding prevalence and gambling harms in the wider communities, raising awareness of data sharing and understanding what assets and resources are available to the public and ensuring all regulatory authorities help tackle gambling under the 'whole council approach'.

Consequently, councils together with other organisations may be able to identify, support and signpost individuals affected by gambling-related harm to appropriate services. Furthermore, it is suggested that Local Authorities could review their licensing policies and procedures to ensure that statement of policies, local area profiles and risk assessments adhere with the licensing objectives outlined within the Gambling Act. Gambling operator compliance with safer gambling requirements should be monitored and enforced. North East Lincolnshire Council should consider levers available through licensing policy and compliance processes to gain assurance of effective safeguarding and self-exclusion processes amongst licensed gambling operators within the local authority boundary. By setting out best practice expectations of local gambling operators, risk assessing and consider under age sales testing could better protect residents[51].

North East Lincolnshire Council has the potential to maximise the licencing policy to protect residents from the negative impacts associated with problem gambling. There could be an inclusion inserted into the policy, an instruction that the licensing authority will consult and obtain advice from the public health team and perhaps more specifically the Director of Public Health on all premises licence applications and in doing so could equally better protect communities from the potential harmful impacts of gambling[50].

Understanding and measuring gambling in North East Lincolnshire

The impact of the pandemic and Covid-19 will need to be thoroughly investigated, particularly since the impact on mental health has been pertinent to gambling behaviours. The treatment data in this report has been mostly collated before the Covid-19 pandemic, however as previously mentioned, the referrals and numbers of individuals accessing treatment has more than likely increased in North East Lincolnshire, as this has been the case nationally.

In terms of prevalence estimates the present report concluded that the true level of problem gambling lies somewhere in between the prevalence estimates of the different data sources. Further evidence is needed to have an accurate estimate of the size of the population experiencing gambling harms. More research is needed to investigate the complex needs of 'affected others' and explore and understand the complexity of the relationship between being both a 'gambler experiencing gambling harms' and an 'affected other'. Research could also examine treatment relevance and reach for specific segments of the population; women and gambling and individuals from ethnic minority communities are very rarely documented.

Local data on gambling is limited, particularly in relation to children and young people. A step to addressing the data gap is the inclusion of 4 questions relating to gambling being included in the North East Lincolnshire Adolescent Lifestyle Survey which will be completed by Years 7-11 (children aged 11 to 16 years of age) in the Autumn term of 2021. This will help to better understand the extent of the problem within this age group, albeit questions are self-reported. Questions include whether an individual has taken part in any gambling activities such as placing a bet for money with friends or using fruit machines, asking individuals as to why they think they gamble and whether they have been affected by someone gambling in their family.

Raising the profile of problem gambling

It has been argued that by taking a public health approach it should also include education and awareness raising on gambling harms in schools, across the whole population, and among the wider public health workforce[6]. Such an approach could be implemented at the societal level, to change broader environments; the community level, to address local influences; the familial or peer level, to address interpersonal impact, as well as at the level of the individual. Although gambling has been introduced as part of the national learning curriculum since 2020, this should not be restricted to under 18s; it is argued that although there has been an emphasis on young people, individuals, and young adults between 18-25 should not be forgotten[49].

Furthermore, there are opportunities that the Local Authority can implement to increase public awareness of gambling-related harms, targeting these age groups through communication campaigns and communicating the availability and promotion of gambling activities to residents for example. There is evidence that developing a robust communications campaign to highlight the impact of harmful gambling behaviour and raising awareness with local partner organisations is effective. This could include the risks of becoming a harmful gambler, spotting the signs of any individual or of a loved one who may be struggling with gambling addiction and help with quitting gambling[51]. Additionally, awareness raising and training for relevant frontline staff and partner organisations would be beneficial in providing them with skills to aid identifying support for people affected by gambling. Calderdale Citizens Advice has been commissioned to deliver gambling harms training to frontline staff in Local Authorities in Yorkshire and the Humber including North Lincolnshire Council and so this is something that North East Lincolnshire Council may consider in the future[52].

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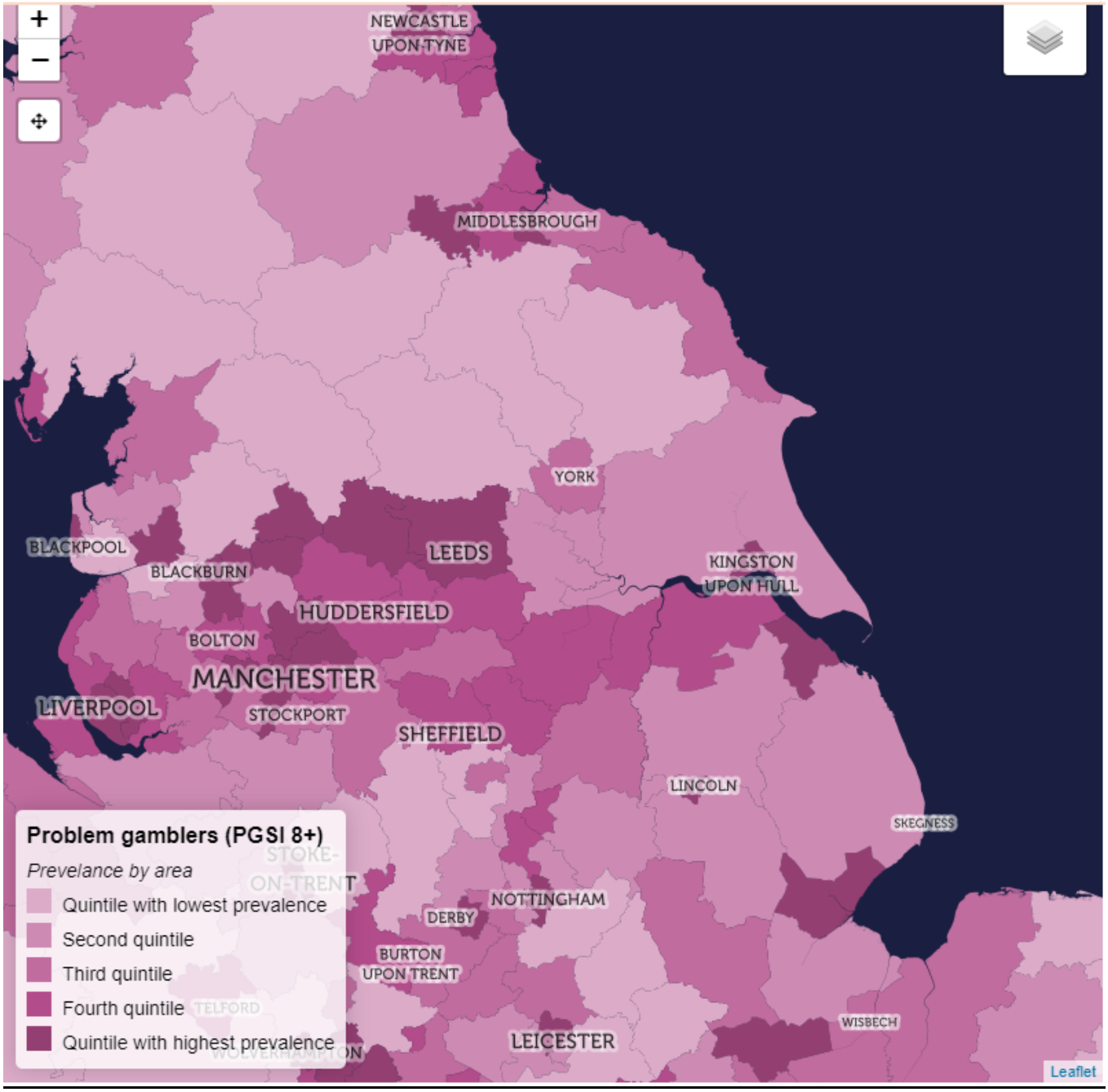
Appendices

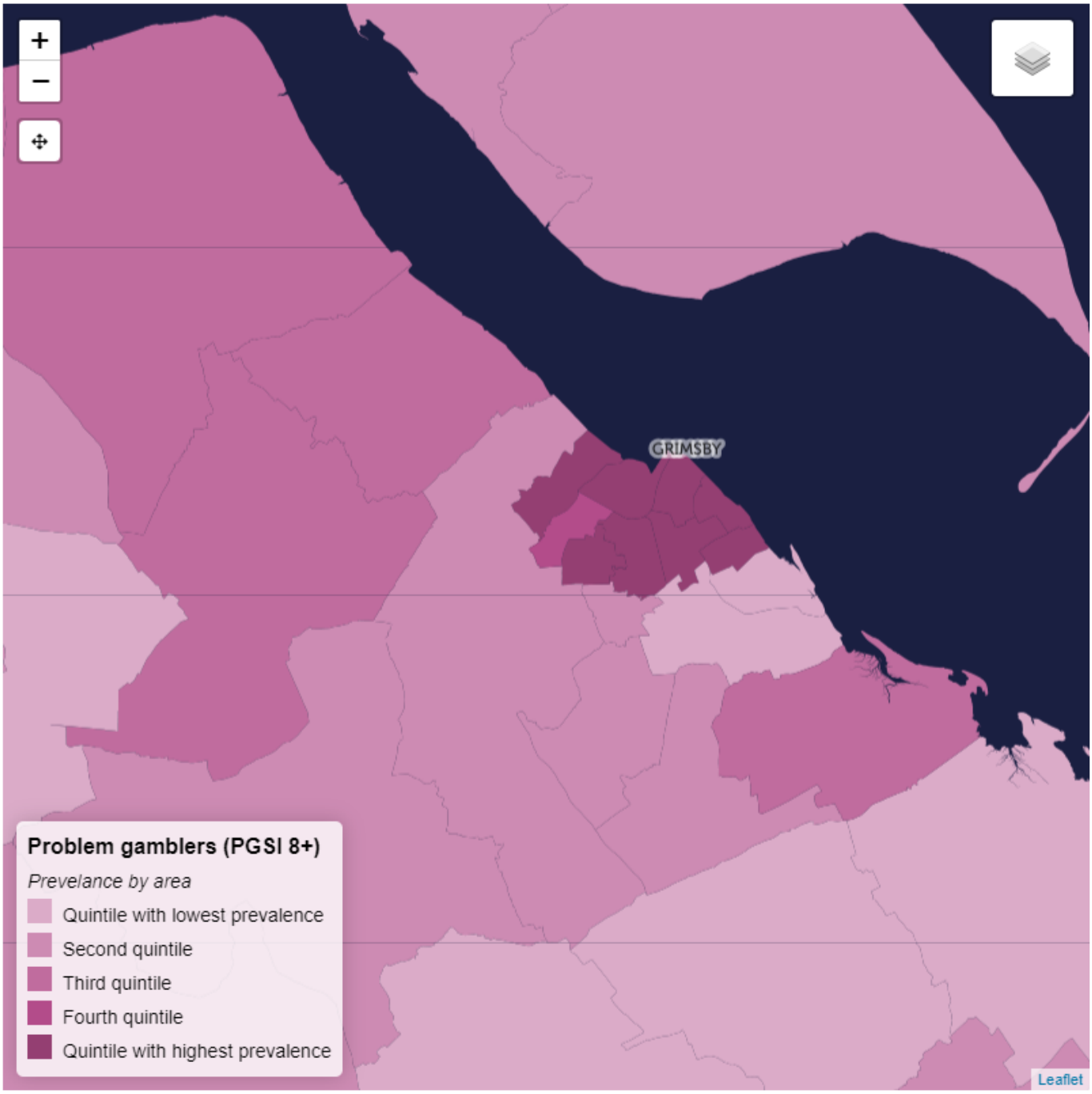
Appendix A

Gambling prevalence based on problem gamblers PGSI (8+) scores



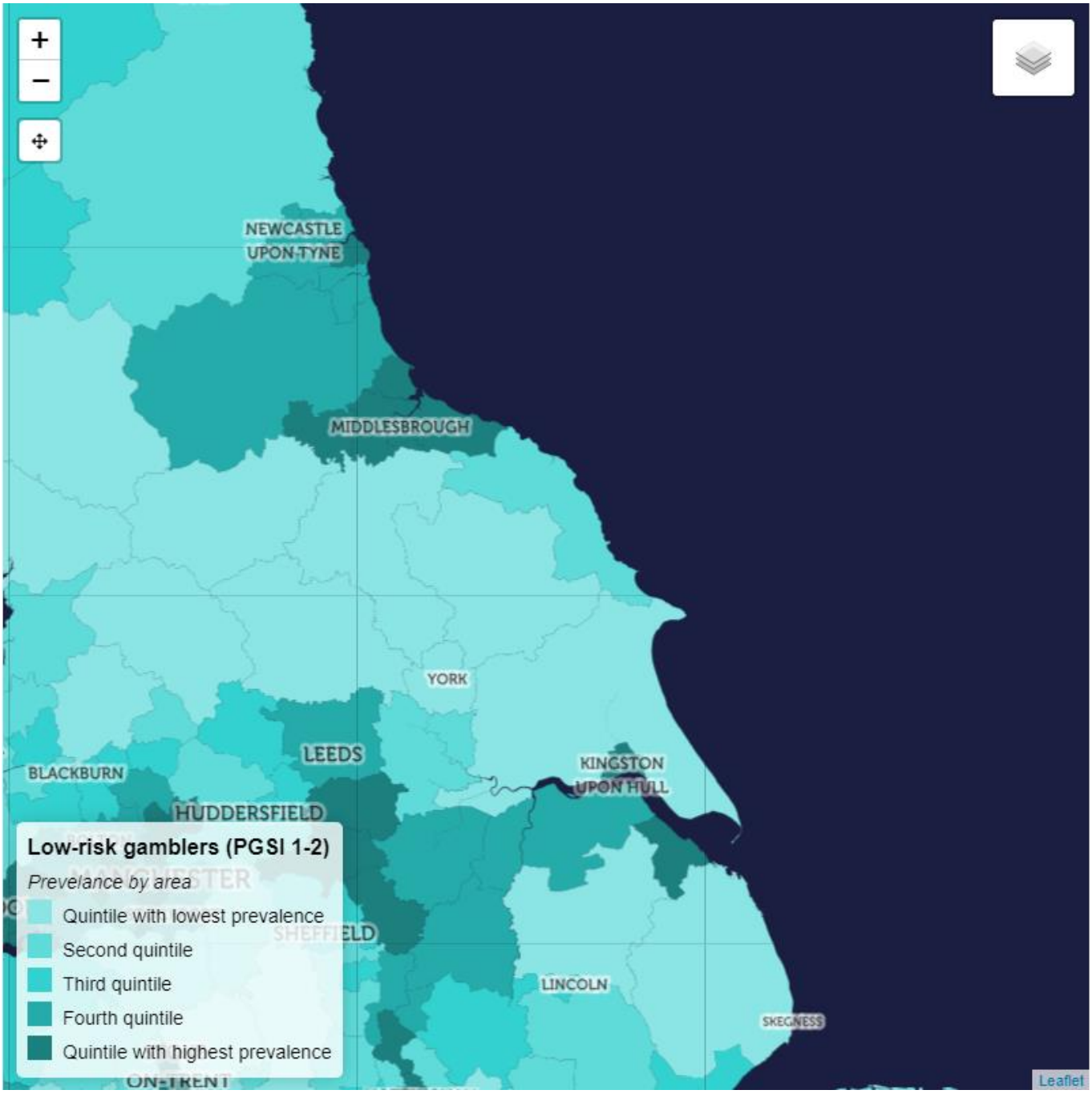
Source: https://www.begambleaware.org/gambleaware-gb-maps

Gambling prevalence based on problem gamblers PGSI (8+) scores- ward level



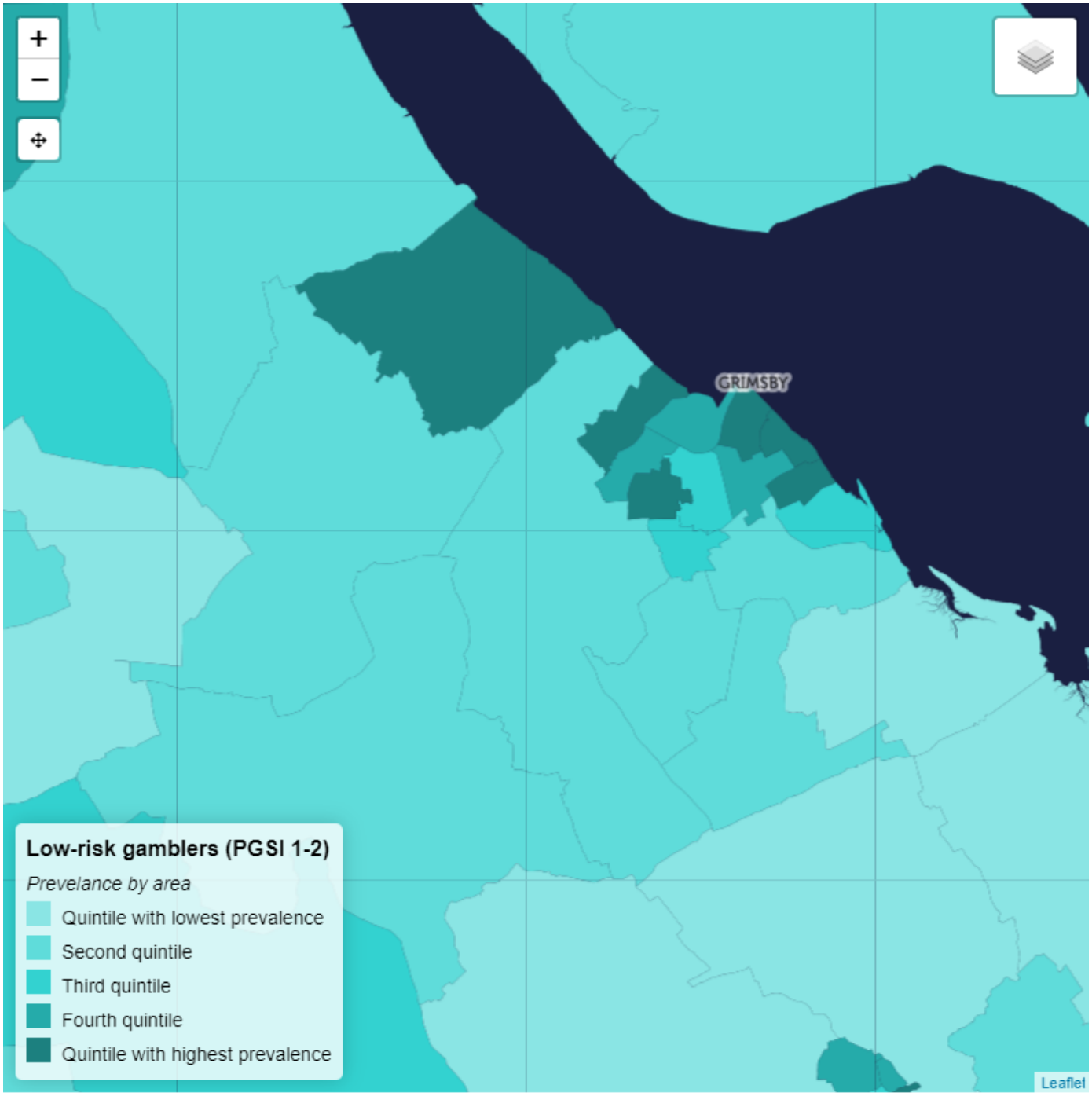
Source: https://www.begambleaware.org/gambleaware-gb-maps

Gambling prevalence based on low-risk gamblers PGSI (1-2) scores



Source: https://www.begambleaware.org/gambleaware-gb-maps

Gambling prevalence based on low-risk gamblers PGSI (1-2) scores- ward level

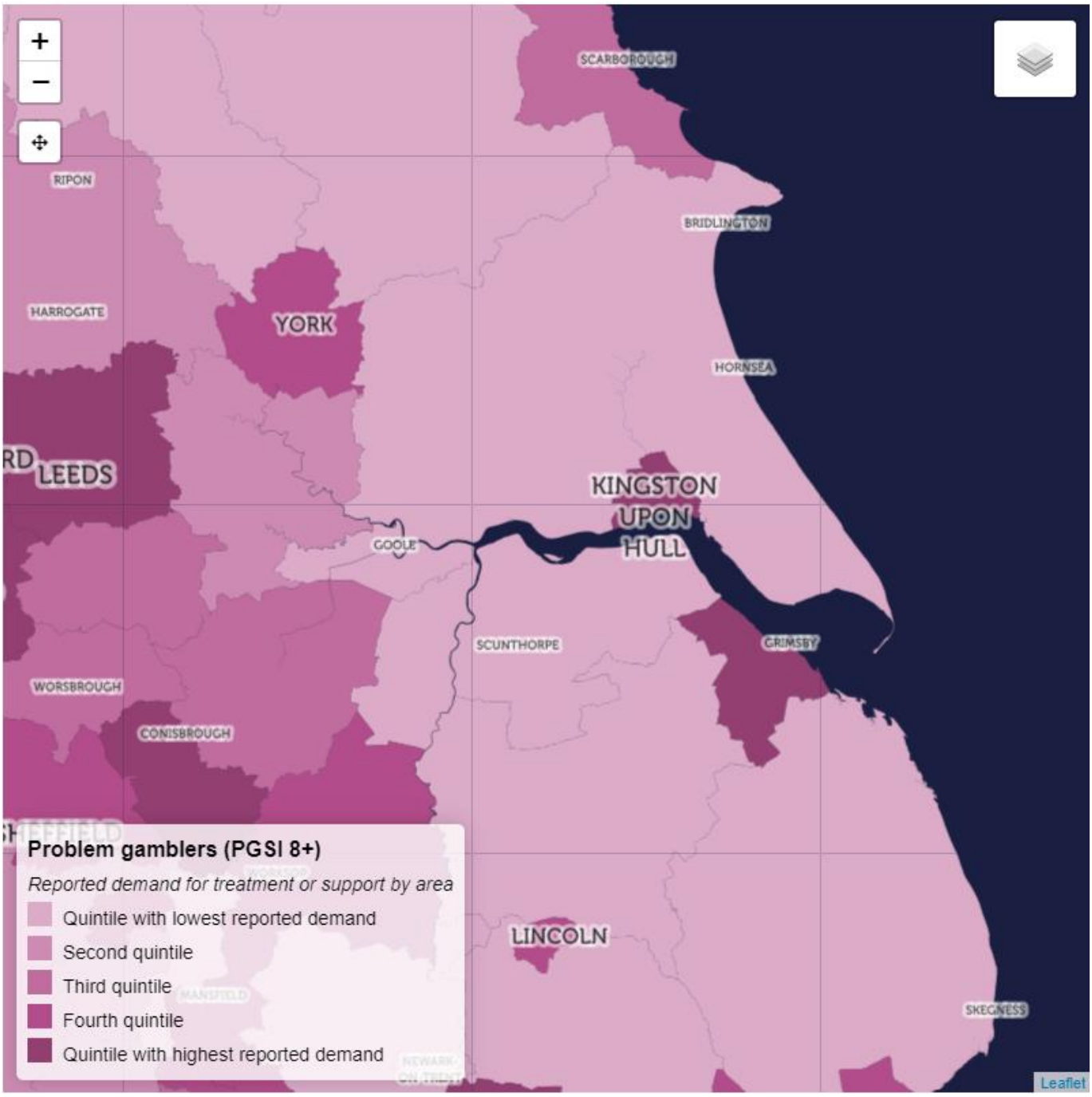


Source: https://www.begambleaware.org/gambleaware-gb-maps

NB: It is important to note that this analysis has produced estimates only. The data modelling is not intended to produce an accurate figure for each locality, but rather to give indicative estimates that then provide a sense of how prevalence and usage/demand is spread across the country in relative terms. Due to the sample size, ward level estimates should only be used as indicators and not exact results.

Appendix B

Reported DEMAND for treatment or support (PGSI 8+) scores



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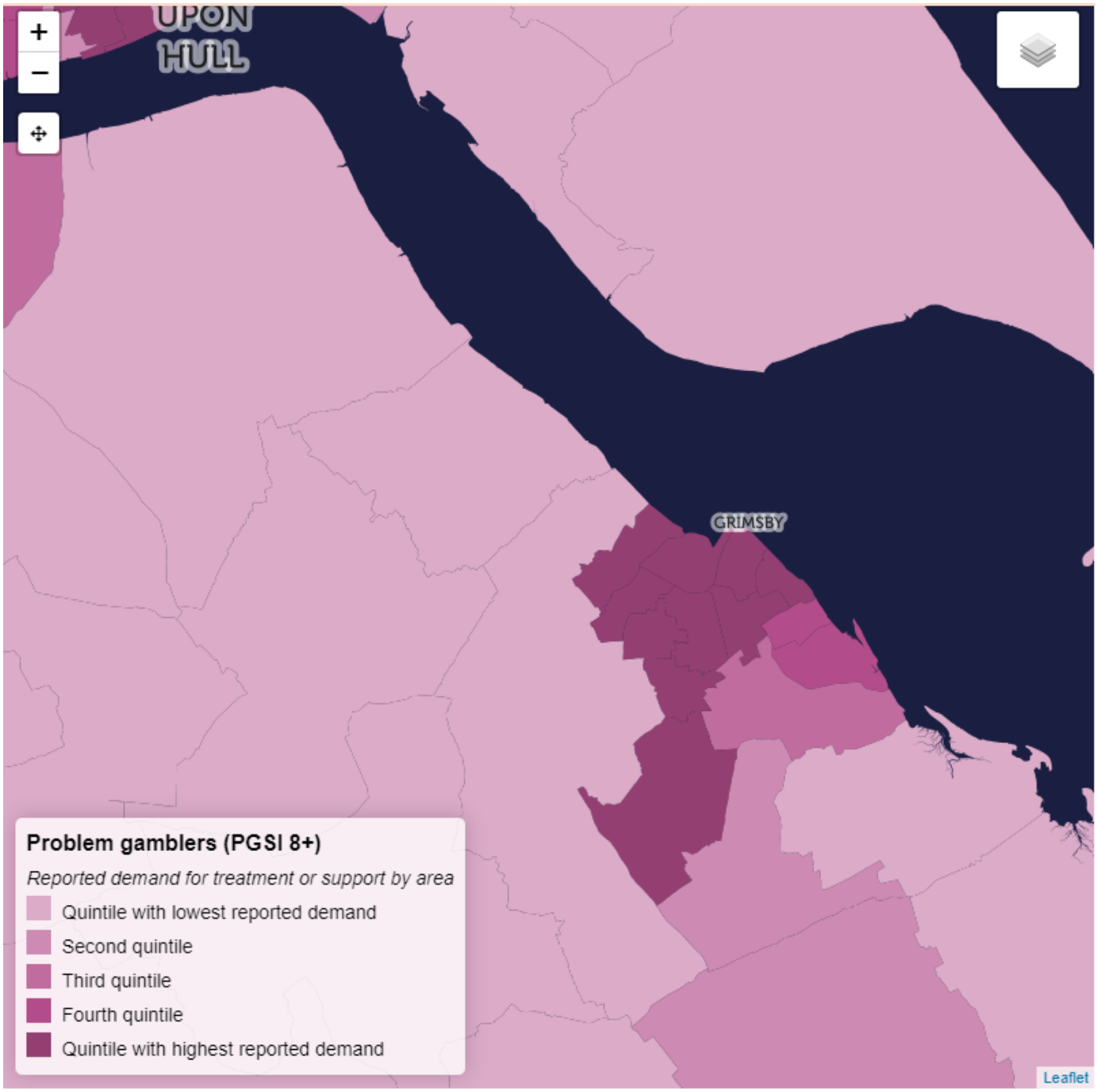
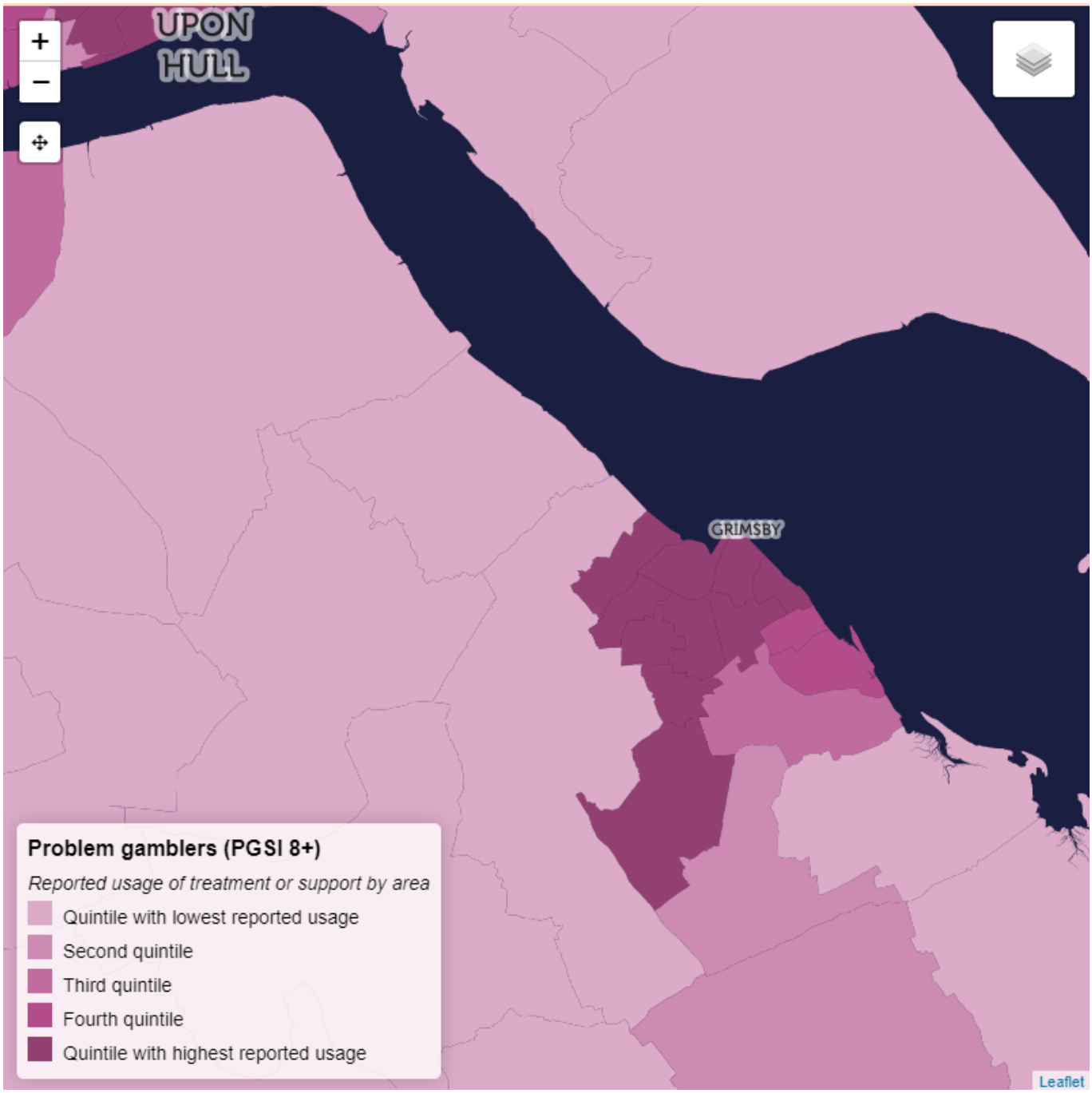
Reported DEMAND for treatment or support (PGSI 8+)- ward level



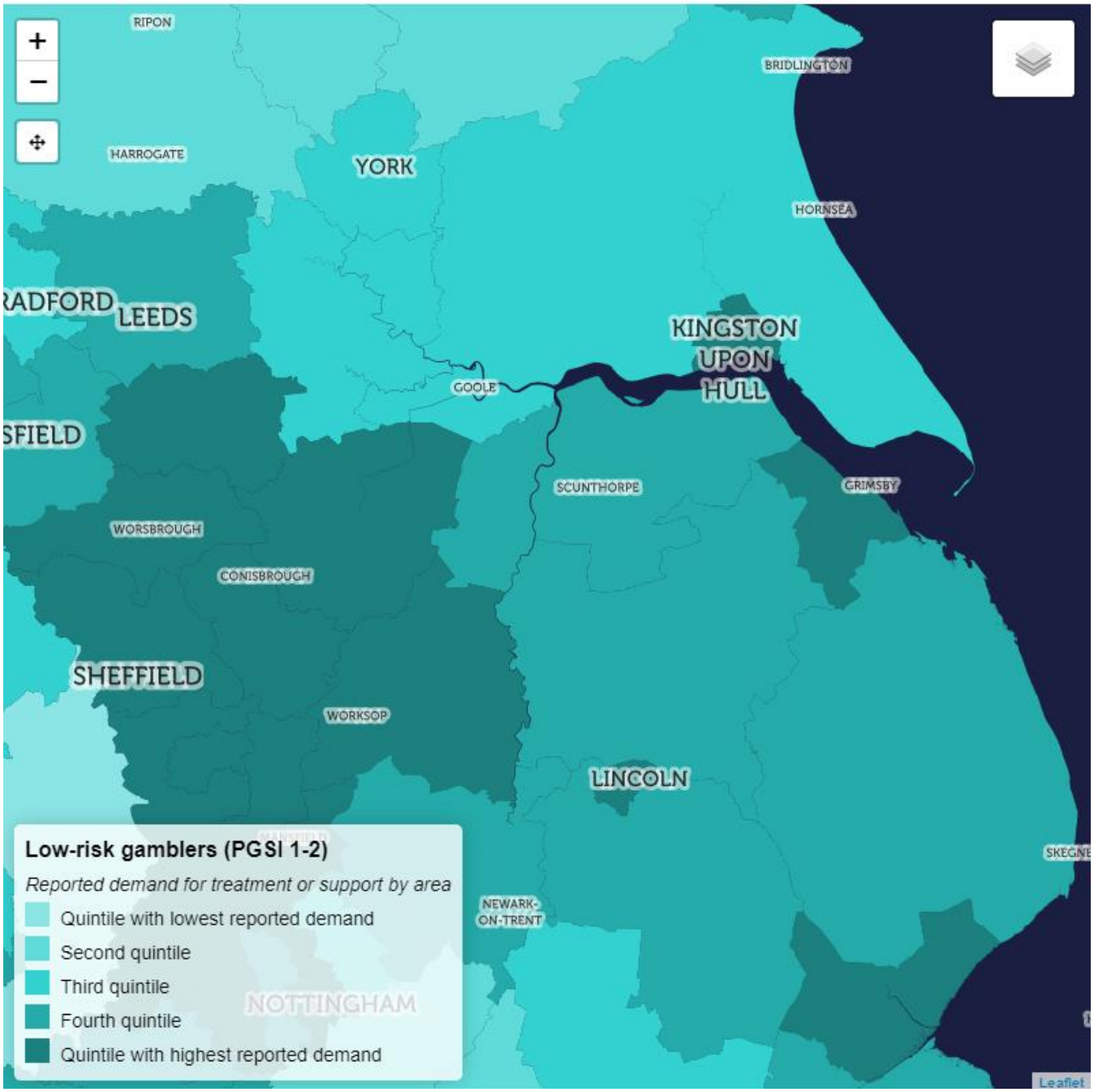
Source: https://www.begambleaware.org/gambleaware-gb-maps

Reported USAGE for treatment or support (PGSI 8+)- ward level



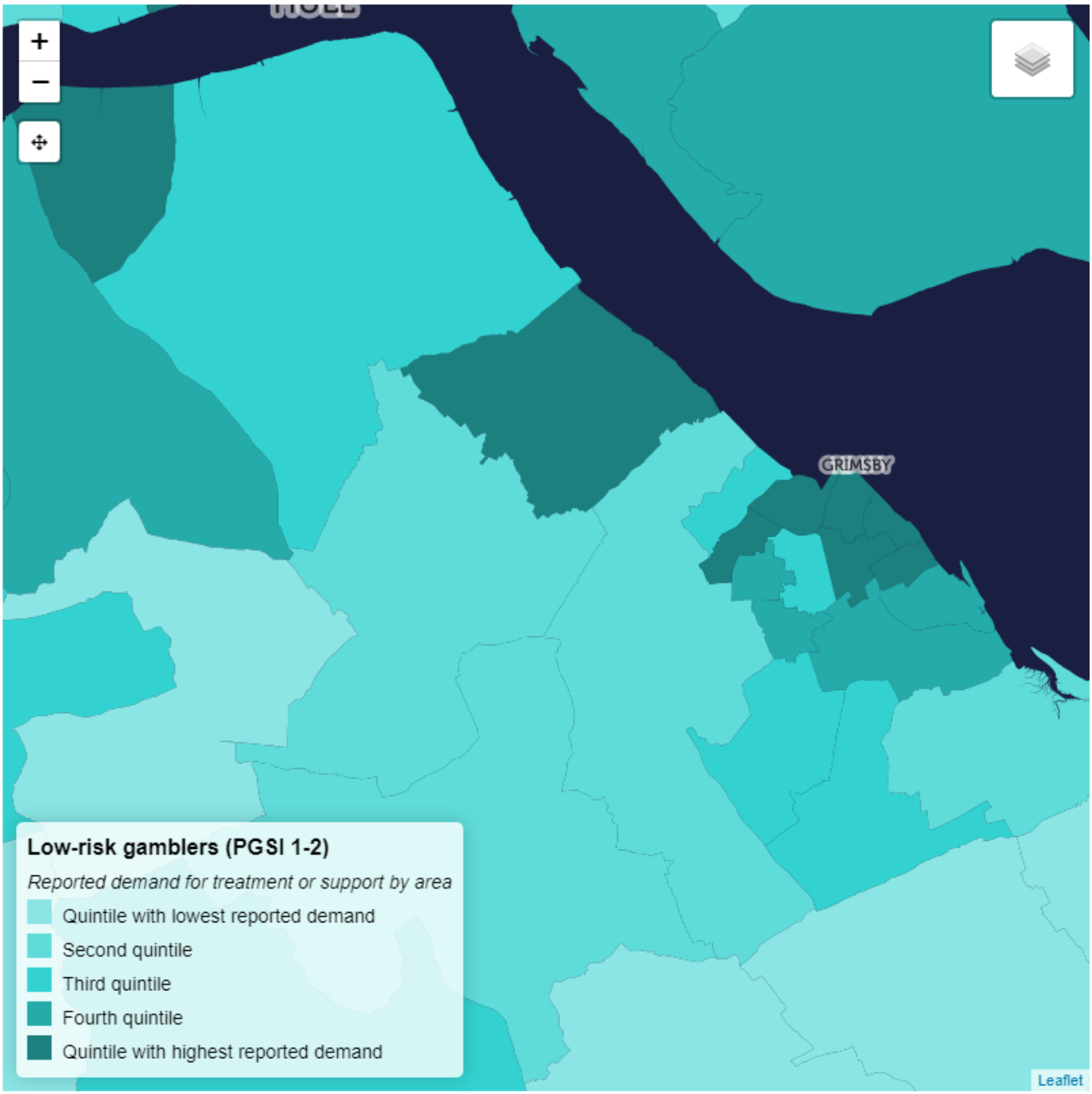
Source: https://www.begambleaware.org/gambleaware-gb-maps

Reported DEMAND for treatment or support (PGSI 1-2) scores



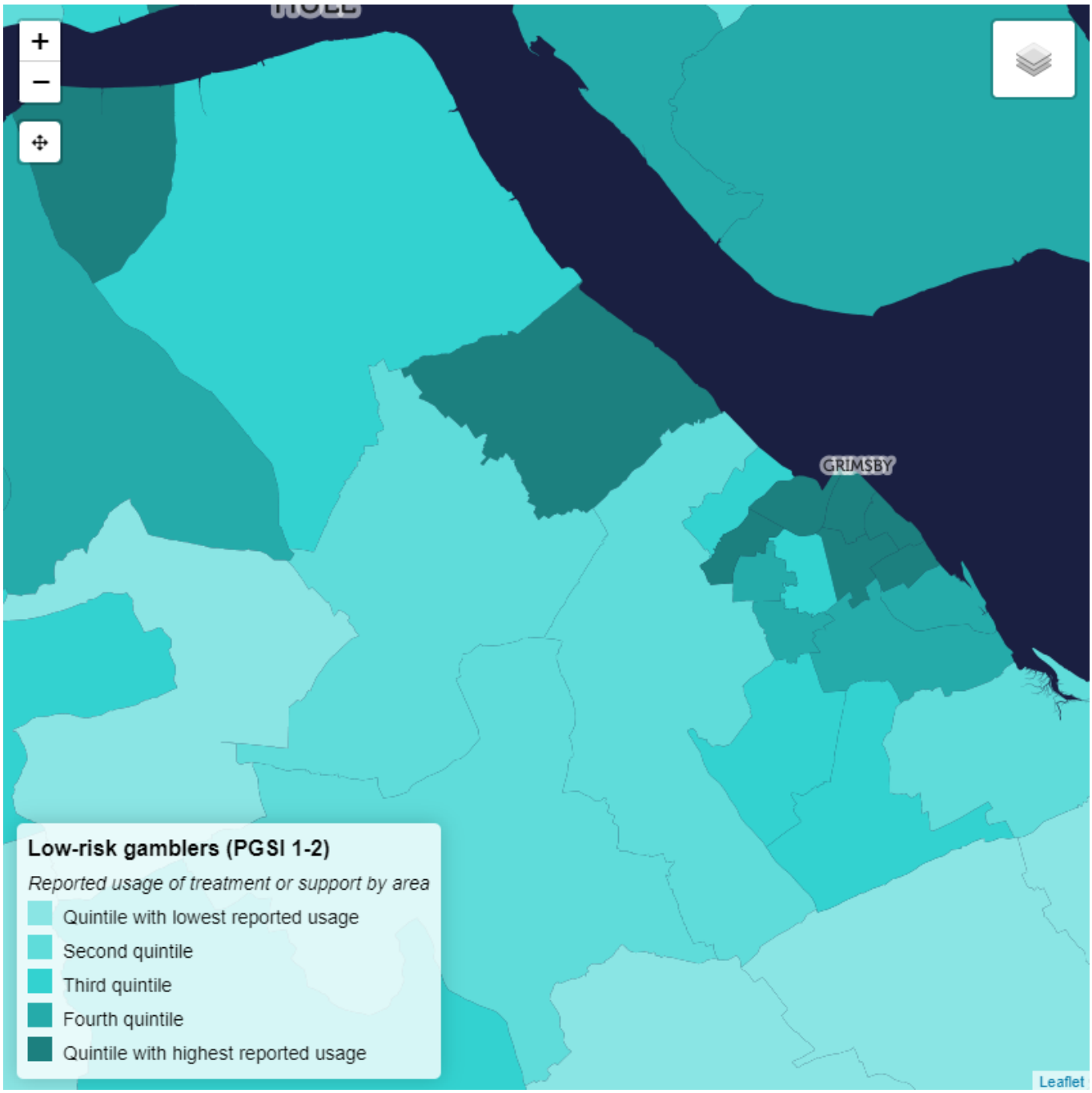
Source: https://www.begambleaware.org/gambleaware-gb-maps

Reported DEMAND for treatment or support (PGSI 1-2)- ward level



Source: https://www.begambleaware.org/gambleaware-gb-maps

Reported USAGE for treatment or support (PGSI 1-2)- ward level



Source: https://www.begambleaware.org/gambleaware-gb-maps

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