



Gambling and Public Health

Problem gambling is now a key public health concern in London. This briefing explains why and explores the scope and limitations of the public policy responses to problem gambling and some of the cutting edge work being undertaken by London boroughs.

Overview

Gambling is often described as a “hidden addiction” and ‘Problem Gambling’ is now recognised as a complex health issue that impacts individuals, families, and communities.

Statistics published by the Gambling Commission suggest that the number of British “problem gamblers,” or people whose lives are damaged by their gambling, rose by more than 53 per cent between 2012 and 2015, from 280,000 to 430,000¹.

London boroughs, acting as licensing authorities, have a regulatory responsibility with regard to how they manage gambling within their localities. This year, all local authorities are required to review and publish a revised Gambling Statement of Principles (Gambling Policy) by 31 January 2019.

This briefing describes why gambling is increasingly regarded as a key public health concern in London and sets out the policy and reform landscape in relation to gambling as a public health issue.

Analysis

National Policy Context

The Gambling Act 2005 introduced wholesale changes in how gambling is licensed in Great Britain. It also introduced a new structure of protections for children and vulnerable adults, as well as bringing the internet gambling sector within British regulation for the first time.

The licensing framework, as set out in the act, is based on tri-partite regulation by the Gambling Commission, licensing authorities and by the government.

The Gambling Commission regulates most gambling in Britain on behalf of the Department for Digital, Culture, Media and Sport (DCMS). As the main national regulating body, the Commission is responsible for operating and personal licences, as well as setting the standards and approach to gambling regulation across the country.

Local authorities are required to act as the Licensing Authority in England and Wales. In this role, local authorities license gambling premises and issue a range of permits to authorise other gambling facilities within their local areas.

Councils are able to issue licenses and impose conditions on licensees. However, they are

not able to levy financial penalties. While independent of both central government and the Gambling Commission in their performance as Licensing Authorities, local authorities are still required to have due regard to the guidance issued by the commission.

Gambling as a public health issue

Gambling addiction is a co-morbidity. As with all addictive behaviours, gambling addicts tend to have other psychological problems such as depression, anxiety and substance-use disorders.²

Problem gambling and substance use disorders share several characteristics, such as the intense desire to satisfy a need, a lack of control and persistent engagement with harmful behaviour, and obsession about an activity.

According to the Royal College of Psychiatrists, problem gamblers are more likely to suffer from low self-esteem, develop stress-related disorders, become anxious, have poor sleep and appetite, develop a substance misuse problem or suffer from depression³.

A recent study in the British Journal of Psychiatry found that people with bipolar disorder were four times more likely to have moderate to severe gambling problems than the general population. The study found that approximately 1 in 10 patients with bipolar disorder may be at moderate to severe risk of problem gambling, possibly associated with suicidal behaviour⁴.

Although there is little statistical evidence to link problem gambling with suicide, some studies examining the relationship between both attempted suicide and suicidal problem gambling respectively found that, when major depression was present, attempted suicide was significantly associated with disordered gambling⁵. One UK study found that 4 per cent of suicides among 20-24 year-olds were related to gambling; another study in Hong Kong found 11.3 per cent of suicide victims would be classified as pathological gamblers⁶.

There are effects on wider family and friends networks. Impacts can include 'money troubles' and family breakdown, as well as neglect and domestic violence towards a partner or children. There are higher rates of separation and divorce among problem gamblers compared to the general population⁷.

Further impacts of gambling addiction include the inability to function at work, and financial problems which can lead to homelessness⁸. The harms from addiction to wider society include fraud, theft, and other criminal activity, loss of productivity in the workforce, and the cost of treating this addiction.

Fixed Odds Betting Terminals (FOBTs)

Fixed Odds Betting Terminals (or B2 machines), are touch screen roulette machines on which gamblers can play casino games with a stake of up to £100 every 20 seconds.

Since their introduction, FOBTs have become a core part of the gambling industries business model and are estimated to take up as much as 40- 55 per cent of high street bookmakers profits.

Following the Gambling Act 2005, which allows each betting shop to have no more than four FOBT machines per premises, there has been a substantial increase in the number of machines. Due to their lucrative nature, this has contributed to the opening of multiple betting shops in close proximity to one another. There are now over 35,000 FOBTs located in high street betting shops across the UK.

The government launched a 12-week consultation on 31st October 2017 to gather evidence on what level maximum stakes for FOBTs should be. This has followed years of campaigning from external organisations and local authorities, as well as Parliamentary critics – most notably the APPG on FOBTs - to lower the threshold from £100 to £2. The consultation ended

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in January 2018 and the government has since announced that they will be enforcing the £2 limit, although no timetable has yet been set for implementation.

Distribution in deprived areas

While nationally the proliferation of gambling premises has been declining since 2014, the number of premises is still significantly higher than in 2010⁹.

Although evidence suggests that the aggregate number in the capital has been declining in line with the national trend, figures from the Campaign for Fairer Gambling suggest that there are twice as many FOBTs in the country's 55 most deprived areas as there are in the 115 richest districts, and they record more than double the losses.

Harm caused by problem gambling may be exacerbated in deprived areas and the increase of betting shops risks creating a causing link between clustering and poverty. A study by Geofutures found that while there are no statistically significant differences in problem gambling prevalence, problem gambling and moderate risk prevalence rates were higher among those who lived in areas of higher clustering.

Devolution MoU

The London Health and Care Devolution MoU acknowledges concern about the impacts of the spread of betting shops on London's high streets, and the proliferation of online gambling opportunities and marketing. Through the Devolution MoU, with the aim of reducing the harm caused by gambling, particularly in communities with the greatest inequalities, London health partners are working to assist boroughs in reviewing their Gambling Licensing Statements. In August 2018, London Councils released "A 'Whole Council' Approach to Gambling" to provide a guide to public health professionals and other council officers to support the revision of borough statements of policy.

Other aspects of the workstream include developing a "Public Health" approach to gambling, and incorporating gambling in to London-wide efforts to improve mental health, such as through the Thrive LDN initiative. The Mayor of London's Health Inequalities Strategy contains a pledge to support the Devolution workstream related to gambling and explore preventative opportunities made available via the devolution agreement.

Borough work on the public health impacts of gambling

At a local level in London, there is no shortage of innovative and effective approaches to alleviate the public health consequences of gambling. For example, between 2007 and 2013, the number of betting shops in Newham increased by over 30 per cent to reach 86. In 2014 Newham led the largest ever nationwide and cross-party submission under the Sustainable Communities Act proposal calling for FOBT stakes to be reduced to £2. The support for this campaign was substantial, with 93 other local authorities from across the UK in support of the proposal.

In Southwark, the concentration of gambling premises in the most deprived areas has spurred the council to implement a "whole council" approach to try to control their number. Under this banner, the Council Plan 2014/15 – 2017/18 included a commitment to stop the spread of pawnbrokers, betting shops, gambling machines and pay day loans shops, and a specific policy to limit the spread of betting shop has been included in the emerging New Southwark Plan.

Barking and Dagenham has made use of data, through their 'Insight Hub', to develop an area profile. Their model took in demographics, the proximity of schools and colleges to betting shops, local mental health problems, and the presence of homeless shelters, food banks and payday loan shops. It also incorporated the use of Quality and Outcome Framework (QOF) materials, made available by the NHS, to integrate clinical data in to their modelling. This area profile is used to measure the potential impact of a new gambling outlet upon receipt of a new license application.

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Commentary

It is no surprise that gambling is often called the “hidden addiction”. Other addictions or public health issues, such as alcohol or mental ill-health, rank more highly on the list of public health concerns faced by local authorities. However, the fact that gambling addiction is a co-morbidity, the growth in the number of gambling addicts and the massive increase in the number of betting shops in deprived areas following the financial crash are all increasingly acknowledged by the public health and political leadership in local government.

London Councils guidance document on borough approaches to gambling is helping to encourage better public health input in to the licensing review process, improving understanding of the public health impacts of gambling in local areas and providing methods for effective engagement. While there is great variation in the approaches taken, there are a number of examples of effective and innovative practice across the capital, which the guidance seeks to highlight. A number of London’s boroughs are at the cutting edge in terms of using data to develop effective local area profiles, the adoption of a ‘whole council’ approach, or in national lobbying.

However, local authorities remain limited in what they can do to lower the effect of problem gambling in their local areas using borough powers as they exist. It should be acknowledged that there are now relatively few new licensing applications for betting shops and other gambling venues, with much of the industry – and much of the addictive behaviour - moving to more online platforms. Longer-term improvements in alleviating the health impacts of problem gambling, therefore, require the support of central government.

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Footnotes:

¹ Gambling Behaviour in Great Britain, NatCen, 2015, p.52

² Griffiths, D., Problem Gambling in Great Britain: A Brief Review, Appendix 1, Nottingham Trent University, 2014, p.29

³ George, S., Bowden-Jones, H., Gambling: the hidden addiction, Royal College of Psychiatrists, 2014, p.3

⁴ Jones, L., Metcalf, A., Gordon-Smith, K., Forty, L., Gambling problems in bipolar disorder in the UK: Prevalence and distribution, The British Journal of Psychiatry, 2015, pp.328-333

⁵ Blaszczynski, A & Farrell, E., A case study of 44 completed gambling-related suicides, Journal of Gambling Studies, 1998, pp.93-109,

⁶ Appleby, L. et al. (2017) Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester; Wong, P.W.C. et al. (2010) A psychological autopsy study of pathological gamblers who died by suicide. Journal of Affective Disorders 120, 213-216

⁷ Gambling with our Health, p12

⁸ Ibid, p.12

⁹ In London, the recession saw a massive upturn in the number of betting shops, especially on high streets that were worst hit by the economic downturn.

¹⁰ <https://www.londoncouncils.gov.uk/whole-council-approach-gambling>

Links:

[A ‘Whole Council’ Approach to Gambling](#)

This member briefing has been circulated to:

Portfolio holders and those members who requested policy briefings in the following categories: Health