Health Committee

This document includes all written evidence received by the London Assembly Health Committee as part of its investigation into gambling-related harms in London. All written evidence was received by the Committee between 24 October 2023 and 29 November 2023.

Views expressed in the survey represent the opinions of the respondents rather than those of the London Assembly.

Contents

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What other support services in London are available to people experiencing gambling related health harms and is this sufficient?

We support the draft National Institute of Clinical Excellence (NICE) recommendations for service users to be asked more routinely about gambling harms and signposted to support services. NICE is currently considering evidence from its consultation about recommendations for health and care and voluntary agency/third sector staff to ask service users about gambling in routine interactions. We have undertaken a recent study to examine the best way to do this in Adult Social Care services.

Our study found that LAs are an appropriate place for service users to be asked about gambling harms and offered support and signposted to other services. People with lived experience involved in our study also highlighted the importance of offering a range of options for people affected by gambling harms to seek support, not just NHS services.

Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

We would like to inform the consultation panel about our NIHR-funded study undertaken in three local authority (LA) adult social care services department (two of which were in London).

Our study was led by researchers from King's College London (KCL), who worked with GamCare, and a London based PWLE group (BetKnowMore) to develop two questions (below) which were then tested in practice.

The following two questions are recommended for use in adult social care and have been scientifically designed to identify both problem gamblers and 'affected others', such as family and friends.

Our study tested these questions in three LAs and looked how acceptable these questions were to both the staff asking them and the people answering. Either question can be used, depending on the client group or staff preference.

Emerging findings point to the question being more acceptable in debt and wellbeing, adult safeguarding, and learning disability teams; staff were more willing to ask these questions as they felt more relevant to them. This confirms data from other studies that identifies vulnerable adults as being heavily impacted by gambling harms. In contrast, in the single point of access (SPA) teams, there was a greater reluctance by staff to ask service users about gambling (staff noted they already had high caseloads and did not perceive gambling harms to be a priority).

Our study identified people who were harmed by their own gambling and harmed by other people's gambling. Those affected by other people's gambling have not been focus of harm prevention activities, and identifying those people in need of further support is a vital step forward.

See here for FREE LA staff training about asking people about gambling harms and recommendations for LA managers implementing gambling support initiatives. For more information contact caroline.norrie@kcl.ac.uk

What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?

Gambling harms are hidden and stigmatised – it is really important to use the right language when attempting to start a conversation about gambling harms. It should be noted, there are some considerable barriers that need to be overcome – first and foremost the promotion of the importance of gambling as public health issue, through independent public awareness campaigns needs to be undertaken, so that people get more used to having these conversations in these settings.

GambleAware

Background to GambleAware

GambleAware is the leading independent charity and strategic commissioner of gambling harm education, prevention, early intervention, and treatment across Great Britain, working to keep people safe from gambling harms. We commission the National Gambling Support Network (NGSN) which provides free confidential treatment to 7,000 people a year, along includes the National Gambling Helpline which takes around 44,000 calls a year. Alongside treatment services, we commission prevention and education programmes, and deliver award-winning national public health campaigns. We are evidence-based, with a robust governance process ensuring independence from the gambling industry.

We are dedicated to tackling gambling harms as a public health issue through whole-system approaches and societal change. We deliver this by bringing together public sector and charity partners into a coalition of expertise to provide targeted, innovative and effective services that help reduce gambling harm. Led by strategy and evidence, we are focused on evidence-based decision making to meet our vision, by bringing together NHS and third sector expertise to create a prevention and treatment network. Our strategy is based on an understanding of the needs of the population, and informed by the evidence of what works, as well as the voices of people with lived experience. We work in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other mental health services, across four key areas:

- Advice, tools and support – Information to help those affected by gambling harms make informed decisions about gambling. GambleAware supports individuals to understand and recognise the risks of gambling and direct them to more information and support should they need it.
- Research and evaluation – To increase our knowledge and understanding of gambling harms and what works to prevent them. The gambling industry has absolutely no input at any stage in our research commissioning, delivery or publication processes.
- Treatment – Commissioning the NGSN, a group of organisations across Great Britain that provide free, confidential treatment, as well as the National Gambling Helpline which takes around 44,000 calls a year.
- Prevention programmes – Public health campaigns on a national scale and providing practical support to local services and partners. Alongside this we work with local organisations to develop awareness training for different workforces and sectors, including education, debt advice and health and social care, to prevent harm at a local level across Great Britain.

As an independent charity, we have robust governance processes in place to guarantee our independence from the gambling industry. Our Board includes trustees who have extensive public health and NHS backgrounds and have been selected based on their expertise to support the wider commissioning of national prevention, education, treatment and support services.

Our Lived Experience Council plays a pivotal role in shaping our short and long-term plans. The council is comprised entirely of people with lived experience of gambling harms, including those who have been affected by other people's gambling.

How has participation in land-based (in-person) and online gambling in London changed in recent years, and what is the prevalence of people experiencing gambling-related harms in London?

Our response to this question is largely informed by data from a large-scale survey that we commission every year: the Annual GB Treatment & Support Survey (hereafter TSS). This is carried out independently by YouGov using its proprietary online panel, and focuses on adults aged 18+ in Great Britain (GB). More information about this survey can be found here.

Participation in land-based and online gambling in London

While it is not possible to create categories of "land-based gambling" or "online gambling," internal analysis of the TSS underlying data[1] shows that within London the most popular individual types of gambling were:

- National Lottery tickets (40% participation rate in the general population)
- Scratch cards (14% participation rate in the general population)
- Tickets to other lotteries (10% participation rate in the general population)
- Betting on football online (8% participation rate in the general population)

The participation rates for more general categories of gambling activity are shown in Table 1 below.

Table 1. Participation rates in key types of gambling activity within London

Activity	Land-based or online	Participation rate in last 12 months		
		All adults	PGSI[2] 1+	PGSI 8+
National lottery and other / charity lottery	Both	43%	71%	57%
Scratch cards	Both	14%	36%	38%
Bingo	Both	3%	13%	22%
Gaming machines in a bookmakers, fruit or slot machines, gambling in a casino	Land-based	5%	21%	45%
Casino games, slot machine style, roulette, instant wins	Online	4%	19%	30%
Betting on football, horse or dog racing, or other sports	Land-based	4%	12%	23%
Betting on football, horse or dog racing, or other sports	Online	11%	34%	35%

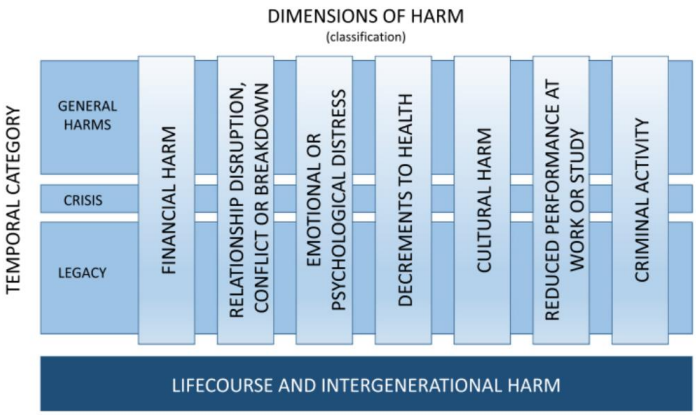
[1] Internal analysis of based on combined dataset using 2020, 2021, and 2022 surveys. Sample sizes for London: 6,618 overall; 1,073 for PGSI 1+; 127 for PGSI 8+

Prevalence of gambling-related harms in London

Answering this question requires first clarifying what kinds of gambling-related harms are in scope. It is worth bearing in mind that the formal definition of gambling-related harm is "any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population";[2] or as "the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society."[3]

These definitions encapsulate any effects of gambling on finances, physical and mental health, relationships, labour market activities, demand for support services, and wider society. These impacts can occur over a long period, both before the development of gambling problems and after the cessation of gambling. This is shown in Figure 1 below:

Figure 1. Typology of gambling-related harms[5]



Source for Figure 1: Langham, E., Thorne, H., Browne, M. et al. Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health 16:80, 2015. Available here.

[2] Langham, E., Thorne, H., Browne, M. et al. Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health 16:80, 2015. Available here
[3] Wardle, H., Reith, G., Best, D., McDaid, D., & Platt, S., Measuring gambling-related harms: a framework for action, July 2018. Available here.

Quantifying the prevalence of harm in this sense is extremely difficult. What is more readily quantifiable is the prevalence of gambling that may cause harm, and in particular the prevalence of so-called 'problem gambling'. In other words, statistics tend to quantify the number of individuals whose gambling is known to be causing harm, rather than the total scale of harm itself. The main tool used to determine if someone is experiencing problems with their gambling is the Problem Gambling Severity Index (PGSI). This is not a complete measure of gambling harms as it:

- Does not cover all possible domains of harm
- Only covers problems experienced in the last 12 months (i.e., it misses out historical 'legacy harms')
- Only considers the individual who is gambling, rather than those around them who might also be adversely affected ('affected others')

Despite these limitations, the PGSI is a routinely used for the measurement of harms at an aggregate level.

Using the TSS data, GambleAware has produced regional data profiles for each region in GB. The data profile for London[4] shows that London actually has the lowest rate of gambling participation of all regions within GB, with 55.6% of respondents engaged in any form of gambling in 2022. This compares to a GB average of 60.3%. Despite this, London has the highest rate of gambling harm of all regions in GB, with 16.8% of the population in London reporting any level of problems (PGSI 1+), compared to a GB average of 13.4%. London also has the highest rate of 'problem gambling' (PGSI 8+), almost twice the GB average (5.6% compared to 2.9%).

Furthermore, London has a higher demand for support, advice or treatment services than the GB average, with 30.5% of respondents with PGSI needs of 1+ stating they would like support, advice or treatment to deal with gambling problems, compared with 19.4% across GB as a whole.

It is worth noting that surveys using other methods, including official surveys, generally lead to lower levels of estimated prevalence. For example, the 2018 Health Survey for England (which used a face to face methodology), shows that among those who gamble in London there were 4.5% experiencing any level of problems with their gambling (PGSI 1+) and 1.2% experiencing "problem gambling" (PGSI 8+).[5] However, in terms of regional disparities, this data confirms the same overall pattern: highest overall rates of prevalence in London, considerably higher than the national average.

Prevalence of gambling-related harms amongst 'affected others' in London

[4] Source: https://www.begambleaware.org/sites/default/files/2023-11/GambleAware%20Gambling%20Harm%20Data%20Profile%20-%20London%202023.pdf
[5] Source: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018/health-survey-forengland-2018-supplementary-analysis-on-gambling

It is important to note that it is not just people who gamble who experience gambling harms. Gambling-related harm also affects those close to the individual, particular partners and family members. It has been estimated that for each person who experiences problem gambling, there are on average six 'affected others' who are also harmed.[6] London has a higher than average prevalence of affected others compared to the GB average (7.6% compared with 6.9%), ranking third out of 11 regions.

The fiscal impact of gambling-related harms in London

The National Institute for Economic Research (NIESR) recently estimated that the fiscal cost of harm associated with 'problem gambling' in Great Britain is £1.4 billion per year.[7] Combining this with our estimates of regional prevalence of problem gambling, we estimate that the fiscal cost of problem gambling in London is approximately £350 million per year.[8]

How can a problematic relationship to gambling affect someone's health?

As shown in Figure 1, gambling and problematic gambling are associated with a very wide range of harms including psychological, relationship, financial, cultural, work, and crime-related harms. The experience of harm can range from relatively mild to crisis level and continue long after gambling behaviour stops or span generations; in this way, harms form a spectrum in terms of severity and temporality.

People who experience harms from their gambling often have a range of other health issues and vulnerabilities; some harms precede gambling but are aggravated by it, while others may arise as a result of gambling.[9] It is important to try to disentangle what is associated with gambling and what is associated with other issues, but this is difficult to do in practice as people's lives are complex and conditioned by their social experiences and contexts.

Mental health

A recent study commissioned by Alma Economics[10] into the links between gambling and mental health found that:

- A one-point increase in Problem Gambling Severity Index (PGSI) score is associated with a 3% increase in the probability of having a mental health condition.

[6] Belinda C. Goodwin, Matthew Browne, Matthew Rockloff & Judy Rose (2017) A typical problem gambler affects six others, International Gambling Studies, 17:2, 276-289. Available here.
[7] NIESR, The Fiscal Costs and Benefits of Problem Gambling: Towards Better Estimates. Available here.
[8] Source: https://www.begambleaware.org/sites/default/files/2023-11/GambleAware%20Gambling%20Harm%20Data%20Profile%20-%20London%202023.pdf
[9] Wardle, H., Reith, G., Best, D., McDaid, D., & Platt, S., Measuring gambling-related harms: a framework for action, July 2018. Available here.
[10] Alma Economics, Gambling and Mental Health: Analysis of the Annual GB Treatment and Support Survey, June 2023. Commissioned by GambleAware. Available here.

- Higher PGSI scores are associated with poorer mental wellbeing as measured both by the Kessler Psychological Distress Scale (K10) and Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).
- "Problem gamblers" (i.e. people scoring 8+ on the PGSI) are more likely to have experienced suicidal thoughts in the past 12 months and have higher rates of ADHD and intermittent explosive disorder.
- Debt is a potential pathway between PGSI scores and poor mental health; betting more than you can afford to lose is associated with poorer mental health.

These findings are supported by a recent study into the Problem Gambling Severity Index (PGSI) by Ipsos for GambleAware[11], which found that:

- People classified as "problem gamblers" (i.e. scoring 8+ on the PGSI) had the worst wellbeing outcome scores, which were typically substantially higher than those who had a moderate risk of problem gambling.
- "Moderate risk gamblers" (i.e. scoring 3-7 on the PGSI) also reported more psychological distress, "low-risk gamblers" (i.e. scoring 1-2 on the PGSI) tended to have worse outcomes than "people with gambling experience who were not at risk" (i.e. scoring 0 on the PGSI).
- Around seven in ten "problem gamblers" (i.e. scoring 8+ on the PGSI) were found to experience at least moderate or severe distress, which compares to around 15% of the overall population experiencing severe distress.

A recent systematic review of the evidence on harms associated with gambling by Public Health England[12] also found a range of mental health issues associated with harmful gambling, including:

- Lower quality of life scores for young adults with moderate or severe gambling (as measured by the Structured Clinical Interview for Gambling Disorder (SCI-GD)).
- Increased risk of depression for individuals at moderate risk of problem gambling at age 20.
- Feelings of shame, guilt and stigma in people engaged in harmful gambling.

A recent study from Sweden found that panic disorder, social phobia, generalised anxiety disorder (GAD) and post-traumatic stress disorder (PTSD) were significantly associated with "problem gambling".[13] The strongest associations between "problem gambling" and various anxiety disorders were found in individuals under the age of 25, among females and among those with middle socio-economic status. Individuals under the age of 25 had three times higher risk of having had GAD compared to a control group.

[11] Ipsos UK, Problem Gambling Severity Index Final Report, June 2023. Commissioned by GambleAware. Available here.
[12] Public Health England, Harms associated with gambling: An abbreviated systematic review, September 2021. Available here.
[13] Sundqvist, K., Wennberg, P. Problem gambling and anxiety disorders in the general Swedish population – a case control study. J Gambl Stud 38, 1257–1268 (2022). Available here.

Another study found that, compared to 'non-problem gamblers', 'low severity gamblers' were approximately twice as likely (and moderate/high severity gamblers were three times as likely) to have low mental wellbeing, suggesting that issues are not limited to gamblers with the highest severity problems.[14]

Suicide

Research commissioned by GambleAware on the link between "problem gambling" and suicidality has found that one in five "problem gamblers" had thought about suicide and one in twenty had made a suicide attempt in the past year.[15] These rates are far higher than those for "at-risk" gamblers and those with no signs of "problem gambling". The PHE review from 2021 also uncovered an elevated risk of death by suicide in men with a diagnosed gambling disorder compared to the general population.[16] Findings from a systematic review of qualitative evidence found two main processes that connect gambling and suicidal behaviour: indebtedness and shame, which may also act as barriers to help-seeking.[17]

Other health harms

A recent study looking into associations between gambling problem severity and health from 2020 found that compared to non-"problem gamblers", moderate/high severity gamblers had higher odds of a poor diet, low physical exercise and poor general health; low severity gambling was significantly associated with binge and higher risk drinking behaviours.[18]

Recent analysis of the Annual GB Gambling Treatment and Support Survey 2021 run by YouGov on behalf of GambleAware[19] found that individuals with a PGSI score of 1+ were more likely than the general population:

- to be drinking at higher risk levels;
- to be classified as smokers;
- to report being diagnosed with a mental health condition; and
- to be experiencing higher levels of distress.

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[14] Butler N, Quigg Z, Bates R, Sayle M, Ewart H. Gambling with Your Health: Associations Between Gambling Problem Severity and Health Risk Behaviours, Health and Wellbeing. J Gambl Stud. 2020 Jun 36(2):527-538. Available here.
[15] Heather Wardle, Simon Dymond, Ann John, Sally McManus, Problem gambling and suicidal thoughts, suicide attempts and nonsuicidal self-harm in England: evidence from the Adult Psychiatric Morbidity Survey 2007, May 2019. Commissioned by GambleAware. Available here.
[16] Public Health England, Harms associated with gambling: An abbreviated systematic review, September 2021. Available here.
[17] Marionneau V, Nikkinen J. Gambling-related suicides and suicidality: A systematic review of qualitative evidence. Front Psychiatry. 2022 Oct 26; 13. Available here.
[18] Butler N, Quigg Z, Bates R, Sayle M, Ewart H. Gambling with Your Health: Associations Between Gambling Problem Severity and Health Risk Behaviours, Health and Wellbeing. J Gambl Stud. 2020 Jun 36(2):527-538. Available here.
[19] B. Gunstone, K. Gosschalk, E. Zabicka and C. Sullivan-Drage, Annual GB Treatment and Support Survey 2021. Commissioned by GambleAware. Available here.

The PHE systematic review from 2021 also found:[20]

- An increased risk of premature all-cause mortality for individuals with gambling disorder compared to those without gambling disorder.
- Increased risk of future drug and alcohol use for individuals at moderate risk of problem gambling at age 17.
- Higher mean body mass index (BMI) scores for individuals with moderate to severe gambling disorder as measured by the SCI-GD than lower harm groups

Wider harms

Harms can be directly caused by gambling, but gambling can also aggravate existing harms and inequalities in societies.[21] While a problematic relationship to gambling can affect the health of the individual who gambles, it is also important to note that the harm from gambling often goes beyond that one individual. The number of 'affected others' (i.e. people who experience harm due to someone else's gambling) for the typical "problem gambler" has been estimated at a further six individuals,[22] suggesting that harms can reach far beyond the individual level.

Affected others have reported similar negative emotional, psychological and health impacts as those who engage in gambling activities.[23] For example, the recent study into mental health and gambling commissioned by GambleAware also found that affected others who experience negative financial harms were more likely to have experienced suicidal ideation in the past 12 months.[24]

Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

Internal analysis of TSS raw data[25] shows that gambling harms are disproportionately skewed towards disadvantaged and minoritised communities – both nationally and within London. For example, those experiencing problems with their gambling (PGSI 1+) are twice as likely to reside in the bottom three deciles of deprivation compared to the top three deciles (37% vs 19%).

Within London, the data also shows that those experiencing 'problem gambling' (PGSI 8+), compared to the London average, are more likely to:

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[20] Public Health England, Harms associated with gambling: An abbreviated systematic review, September 2021. Available here.
[21] Virve Marionneau, Michael Egerer & Susanna Raisamo (2023) Frameworks of gambling harms: a comparative review and synthesis, Addiction Research & Theory, 31:1, 69-76. Available here.
[22] Belinda C. Goodwin, Matthew Browne, Matthew Rockloff & Judy Rose (2017) A typical problem gambler affects six others, International Gambling Studies, 17:2, 276-289. Available here.
[23] Public Health England, Harms associated with gambling: An abbreviated systematic review, September 2021. Available here.
[24] Alma Economics, Gambling and Mental Health: Analysis of the Annual GB Treatment and Support Survey, June 2023. Commissioned by GambleAware. Available here.
[25] Internal analysis of the Annual GB Treatment and Support Survey (merged 2020, 2021, 2022 data). Data not publicly available. Base size are 6618 overall for London, 1073 for PGSI 1+, 127 for PGSI 8+.

Belong to specific demographics:

- Be aged 18-24 or 25-34
- Identify as male
- Have an annual income of less than £20,000
- Have a household size of more than three people
- Have dependent children

Belong to specific minority communities:

- Ethnic minority communities such as Black African, Pakistani or White and Black African
- First language not English
- Dual citizenship or be a citizen of another country
- Gay, lesbian, bisexual or other sexuality

Be affected by related or compounding health issues:

- Feel, or have previously felt, suicidal (39% vs 19%)
- Any long-term health condition (58% vs 43%)
- Have received a mental health diagnosis (17% vs 6%), developmental disability (7% vs 1%) or learning difficulty (12% vs 2%)
- A low mental wellbeing (WEBWMS; 63% vs 40%)
- A high level of psychological distress (K-10 score of 20+; 93% vs 43%)
- Drinking at higher levels of risk (AUDITC score of 5+; 57% vs 33%)
- Currently smoking (32% vs 15%)

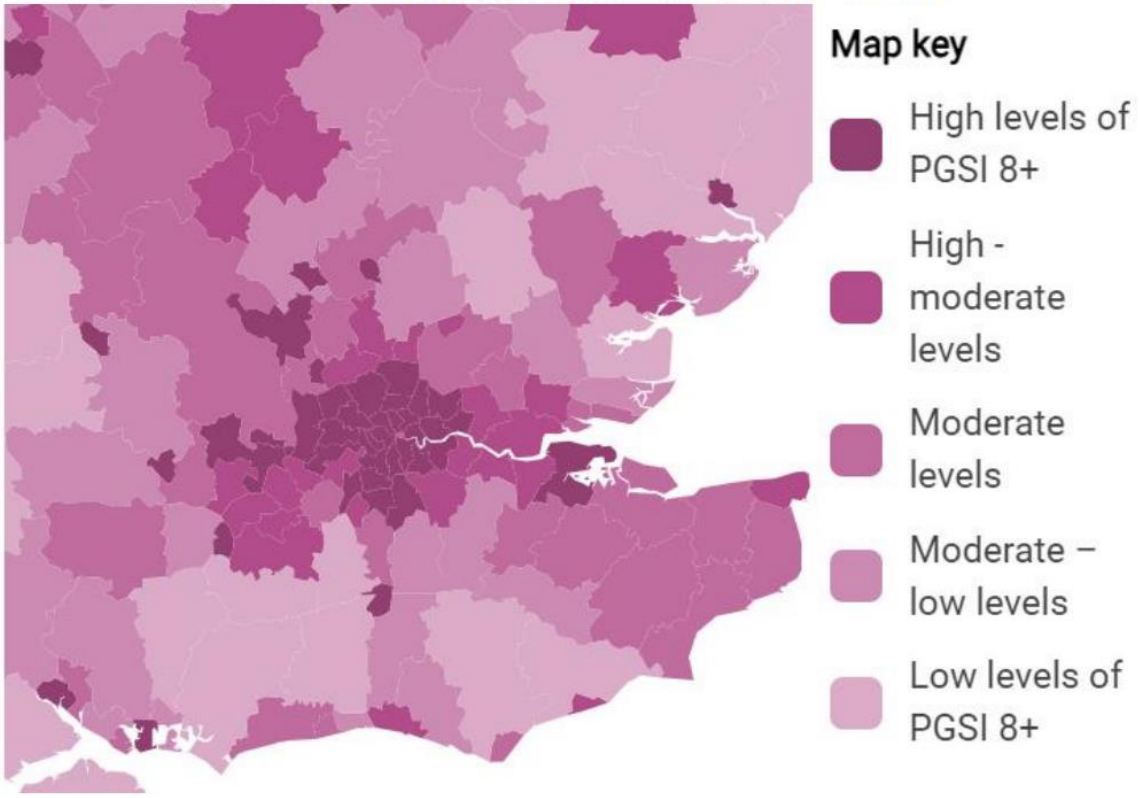
GambleAware's regional data profile for London[26] also shows that within London, the ten boroughs with the highest estimated prevalence (in terms of PGSI 1+) are:

1. Newham
2. Westminster
3. Tower Hamlets
4. Brent
5. Barking and Dagenham
6. Southwark
7. Waltham Forest
8. Redbridge
9. Ealing
10. Hackney

Finally, GambleAware has also produced online prevalence and treatment demand maps for all local authorities in GB, available here. These interactive maps provide an overall profile on gambling harms for each local authority in London, and show which areas rank higher than others in terms of prevalence (see Figure 2 below).

[26] Source: https://www.begambleaware.org/sites/default/files/2023-11/GambleAware%20Gambling%20Harm%20Data%20Profile%20-%20London%202023.pdf

Figure 2. Local authority prevalence heat maps for London[29]



Source for Figure 2: https://www.begambleaware.org/gambleaware-gb-maps-local-authorities

Does the NHS offer sufficient support for people in London experiencing gambling related health harms?

Whilst there is specialist NHS gambling treatment available in London (the National Problem Gambling Clinic), this alone is not sufficient to provide the full suite of prevention and treatment that gambling harms require. As gambling harms are a societal issue rather than a medical one, a public health approach is needed. This approach supports early intervention and protecting people at risk, to avoid people needing to access more complex treatment.

The third sector is central to this public health approach. It has the expertise and capability to deliver across all levels of prevention and treatment. In fact, the third sector provides the majority of gambling harms treatment in Great Britain, much of it commissioned by GambleAware as part of the National Gambling Support Network (NGSN). The third sector benefits from having connections and presence to reach deep into communities where the need is, and is trusted to serve people's diverse and often complex needs. This is particularly important as there are some groups in society (many of whom are disproportionality affected by gambling harms) that have a mistrust of the NHS, making it essential that third sector provision is available for them.

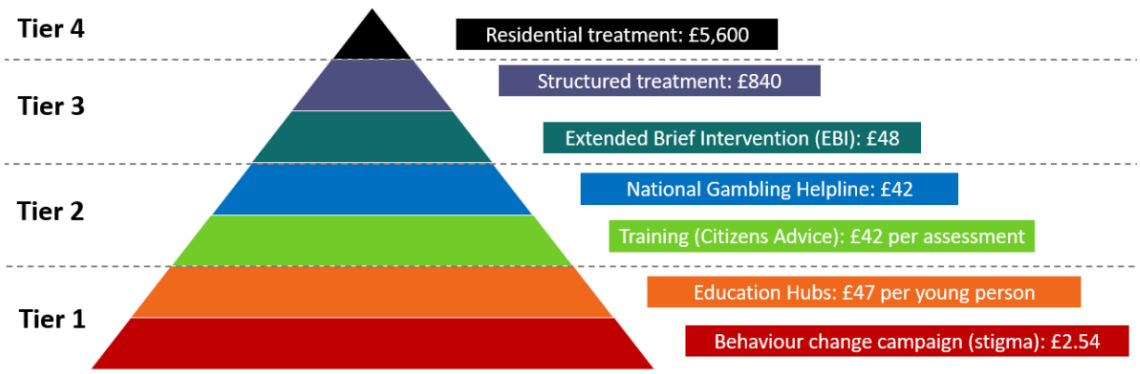
This public health approach requires partnership working between statutory providers (i.e., NHS clinics), the third sector, community groups, local authorities and other public bodies to ensure there is a focus on prevention, early intervention, support and treatment. This gambling harms ecosystem must be supported by a whole-system approach, including involvement of Departments across Government, local and regional organisations, and education and criminal justice organisations.

Specialist clinical treatment works best as part of a coordinated public health approach that includes:

- Universal and targeted public awareness advertising and information campaigns, including education.
- Early identification of harms in a wide variety of settings including adult and child social care, education, primary health care, criminal justice, debt advice, education and for those experiencing housing issues/homelessness, domestic violence, financial abuse and drug and alcohol abuse. Workforce training is the enabler for this.
- Early identification of the evidence of gambling harm, supplemented by brief psychosocial or psychological therapy support for adults (extended brief interventions face to face or remote). Workforce training is also the enabler for this.
- Self-help tools to identify and reduce gambling harm, delivered by digital routes including websites and apps, as well as analogue.
- Recovery: interventions offering a range of support for people who have experienced gambling harm and are still dealing with a combination of legacy harms that include legal, financial, mental health and relationship issues.

As well as being right for the people at-risk of experiencing harm, prevention and early intervention have much lower unit costs than specialist treatment, which means that they can be even more cost-effective and have impact at a greater scale. This is shown in Figure 3 below:

Figure 3. Unit costs of prevention, early intervention and treatment[30]



Source for Figure 3: Source: Internal GambleAware contract reporting data, NGSN demand and capacity modelling and published evaluations (available upon request).

Additionally, third sector provision is highly cost-effective given the outcomes that it is able to achieve. Internal GambleAware contract monitoring data from 2021/22 indicates an overall unit cost of £2,094 for the London NHS clinic and £1,788 for the Northern NHS clinic. In contrast, independent economic modelling conducted by the NHS Health Economics Unit (available upon request) has estimated a unit cost of just £840 for NGSN Tier 3 treatment. The outcomes and effectiveness of NGSN treatment have been established through published annual statistics[27] as well as bespoke independent analysis of treatment effectiveness.[28]

Finally, the third sector treatment provision is able to see patients much faster than the NHS treatment clinics. In 2021/22, the third sector treatment providers saw 50% of patients within five days and 75% within twelve days.[29] The waiting times to access NHS treatment are known to be significantly longer than this.

It is therefore vital that this third sector provision is recognised and sustained, so that the NHS's stretched resources can be focused on those experiencing the most complex challenges and needing the most specialist provision.

What other support services in London are available to people experiencing gambling related health harms and is this sufficient?

Treatment services commissioned by GambleAware

The following provision in London is commissioned by GambleAware:

Treatment through the National Gambling Support Network (NGSN). In London, the service is delivered by Gamcare. In Q1 of 2023/24, this service had:

- 284 referrals
- 211 clients starting Extended Brief Interventions (Tier 2), a 65% increase compared to Q1 2022/23
- 136 clients starting structured treatment (Tier 3), a 37% increase compared to Q1 2022/23
- 528 clients supported overall

Nationally, the NGSN achieves excellent outcomes. In 2021/22 over 7,000 patients received treatment through it, and 92% of those completing treatment saw an improvement in their PGSI score – with an average (median) improvement of 15 points on the PGSI scale.

[27] GambleAware, Annual Statistics from the National Gambling Treatment Service 2021/22. Available here.
[28] B. Hickman and B. Chakraborty, Analysis of NGTS Treatment Impact (Tier 3 and 4 service users, 2018-2021), Myriad Research, July 2022. Commissioned by GambleAware. Available here.
[29] GambleAware, Annual Statistics from the National Gambling Treatment Service 2021/22. Available here.

Furthermore, 86% of patients completing treatment had an improvement in their psychological wellbeing.[30]

The Primary Care Gambling Service (PCGS) delivered by the Hurley Group. This is a GP-led intermediate NHS service. It sits between primary care (general practice), specialist treatment and the third sector. It provides holistic care across the physical, psychological, and social domains, including pharmacological interventions. Treatment is provided by a multidisciplinary team including in-house mental health nurses, therapists, consultant addiction psychiatrist, patient expert (expert by experience), and general practitioners. It also works very closely with NGSN treatment providers and provides a clinical advisory service to them. The PCGS is currently receiving 60-80 new patients per month and is on track to have seen more than 500 patient this year. The service achieves significant reductions in harm, with patients seeing their average PGSI score fall from 22.6 at baseline to 4.66 at discharge, and their average CORE-10[31] score falling from is 21.7 at registration to 4.77 at discharge.[32] An independent evaluation of the PCGS was published in December 2022.[33]

The Peer Aid service delivered by Betknowmore. This is a peer support programme led by practitioners who themselves have lived experience of gambling harms and recovery. The service provides 1:1, group and personal development support and health promotion activities to individuals harmed by gambling (including 'affected others') and is offered along with other NGSN services, such as counselling. Peer Aid aims to ensure that through peer-led engagement and intervention, individuals are offered the most appropriate support to address their specific needs. There is also an aftercare community for individuals in recovery from gambling problems.

The following nationally commissioned provision is also available to people living in London:

- The National Gambling Helpline (delivered by Gamcare). This provides 24/7 confidential support to anyone concerned about gambling, both over the phone and through online live chat. In 2022/23, the Helpline received over 44,000 calls and chats (a 4.7% increase from 2021/22) and delivered 8,765 Extended Brief Interventions (10% increase from 2021/22).[34]
- Residential treatment for individuals with the most complex cases of gambling disorder. This is provided by the Gordon Moody Association.

Prevention programmes commissioned by GambleAware

[30] K. Gosschalk, S. Webb, C. Cotton, L. Harmer, D. Bonansinga and B. Gunstone, Annual GB Treatment and Support Survey 2022. Commissioned by GambleAware. Available here.
[31] CORE-10 is a standardised scale that is used to assess whether an individual is showing signs of psychological distress. Higher scores indicate a higher level of distress. More information is available here.
[32] Source: Written evidence from Primary Care Gambling Service to Culture, Media and Sport Committee inquiry on gambling regulation. Available here.
[33] IFF Research, Primary Care Gambling Service Pilot Evaluation: Final Report. Commissioned by GambleAware. Available here.
[34] Gamcare Annual Report 2022-23. Available here.

GambleAware also commissions a range of activities outside of the treatment and support system which are designed to prevent the risks of harm across the wider population. The following services and programmes have a presence in London:

- **Campaigns**. GambleAware has recently launched major media public health campaigns[35] to challenge the stigma around gambling harm and encourage people affected by it to open up and come forward for support. This award-winning campaign[36] has been 'upweighted' in London in order to specifically target populations and areas in London where risk is higher. This was supported by a bespoke activation that ran in London, with a special build billboard placed outside the Emirates stadium so that any match-going fans who saw the billboard and were worried about their gambling felt empowered to open up and seek support. The second spike of activity was supported by former England and Arsenal midfielder, Paul Merson, who has spoken out about his struggles with gambling harms in the past, as well as the Football Supporters Association (FSA) and the Arsenal Supporters Trust. This spike received 12 pieces of coverage in particular from Trade press including The Drum, Campaign, Marketing Beat, LBB, BITE, Stable and Adforum whilst also securing coverage across ITV London, Good Morning Britain and London Live too.
- **Education**. Last year GambleAware invested £2.5 million in a programme to expand gambling education hubs across England and Wales.[37] The new English Gambling Education Hub is a collaboration between GamCare, Ygam, Aquarius, ARA, Beacon Counselling Trust, NECA and Breakeven. It is working in partnership with the Scottish and Welsh Gambling Education Hubs to raise awareness and reduce the impact of gambling harms on children and young people across England.
- **Workforce training**. GambleAware invested £2.8 million in a new Gambling Awareness and Prevention (GAP) Programme. This programme that will engage with leaders from a variety of sectors, equipping them with the tools to better support and identify people in their communities who may be at risk of gambling harms. The programme will be delivered by GamCare in partnership with regional treatment providers Aquarius, Breakeven and North East Council on Addictions (NECA). Development of content and delivery of training will be in collaboration with lived experience experts and take place over three years.[38]
- **Community Resilience Fund (CRF).** Last year GambleAware invested £1.24 million in 22 grassroots community organisations based in disadvantaged areas, to help them identify and respond to gambling harms amongst the communities they serve. The organisations were selected based on their suggested programmes to tackle gambling harms, with many taking new and innovative approaches. These include sport for change approaches, podcast production, projects aiming to reduce stigma and a project

[35] Source: https://www.begambleaware.org/news/two-three-people-experiencing-gambling-problems-keep-issue-hidden
[36] Source: https://www.campaignlive.co.uk/article/media-week-awards-winners-2023-agency-%E2%80%93-media-idea-launch/1840415
[37] Source: https://www.begambleaware.org/news/gambleaware-invests-ps25m-gambling-harms-prevention-education-programmeacross-england-and
[38] GambleAware: Our impact 2022-2023, available here.

collecting data around gambling harms within a foodbank.[39] Within London, funding has been allocated to the Coram's Fields charity to build capacity among grassroots organisations to identify and support young people affected by gambling harms and create referral routes. Funding has also been provided to the Big Issue Changing Lives CIC to support Big Issue vendors with information, advice and improved referral pathways to specialist gambling support. Finally, funding has been awarded to the Prison Radio Association to develop a new public-facing podcast about gambling harms in order to increase awareness of the impacts of gambling.

- **Aftercare**. Earlier this year, GambleAware invested £2 million in a new Aftercare programme for ten organisations across GB working to help people with long-term recovery from previous experiences of gambling harms. Within London, funding has awarded to EPIC Restart Foundation to support more individuals to rebuild their lives through sustained, positive recovery and reduce their vulnerability to the risk of relapse. The programme model includes up to 6 months of mentoring support, high impact workshops with expert facilitators and membership of the EPIC community. Funding has also been awarded to a collaboration of Gamcare and Reframe Coaching, which will provide one-to-one aftercare support people who have previously been through gambling treatment, building on Reframe Coaching's existing 'Life After Gambling' programme.

What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?

As outlined, the third sector plays a vital role in the prevention and treatment of gambling harms. It must continue to play a central role in the future approach to research, prevention and treatment (RTP), which the Government is currently consulting on as part of plans to introduce a new statutory industry levy to fund RPT.

The Mayor of London's recognition of the work that the third sector does and support for its continued role in this future system would be both appreciated by those working in the sector, and impactful for imminent Government policy decisions. To ensure the maintenance of the full suite of support for people living in London at-risk of or experiencing gambling harms, the third sector must remain closely involved in treatment as well as prevention, alongside the NHS.

Regarding local policies and initiatives, two recent reports provide important recommendations:

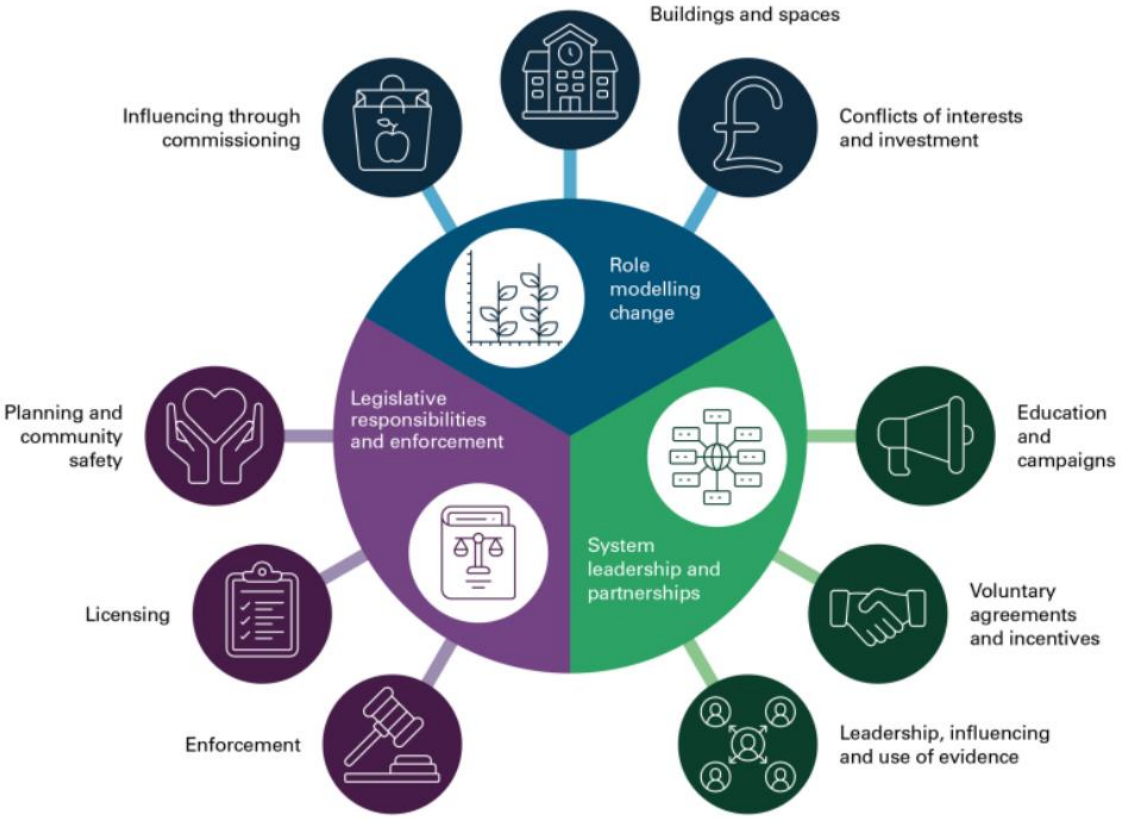
The Local Government Association's report on whole-council approaches to tackling gambling-related harm.[40] This focuses on a range of actions that local licensing authorities can take to reduce the risks of gambling harms in their area, such as:

- Strengthening their local needs assessment based on population need data

[39] Source: https://www.begambleaware.org/news/gambleaware-announces-recipients-community-resilience-fund
[40] Local Government Association, Tackling gambling related harm: A whole council approach, October 2023. Available here.

- Strengthening their statement of principles to set our their approach to regulation of land-based gambling and their expectations of gambling venues
- Compliance and enforcement activities
- Updating local plans and planning policies to account for gambling venues
- The Health Foundation framework for local action to address risk factors for ill-health.[41] While this did not look specifically at gambling, the framework (shown in Figure 4 below) contains many principles that could be adapted or incorporated within a local gambling harms prevention strategy.

Figure 4. Local framework to address risk factors for ill-health[46]



Source for Figure 4: Luke McGeoch, Leo Ewbank, Kate Dun-Campbell, Hanan Burale, Sally O'Brien, Claire Mulrenan, Adam Briggs, Addressing the leading risk factors for ill health – a framework for local government action, Health Foundation, October 2023. Available here.

While these resources are aimed more at local authorities themselves, there is clear potential for the Mayor's Office to provide pan-London leadership on these issues, convening and coordinating London-wide initiatives and supporting individual local authorities to play their part.

[41] Luke McGeoch, Leo Ewbank, Kate Dun-Campbell, Hanan Burale, Sally O'Brien, Claire Mulrenan, Adam Briggs, Addressing the leading risk factors for ill health – a framework for local government action, Health Foundation, October 2023. Available here.

There are a number of ways the Mayor could work to prevent gambling harms at source by impacting the environment, mainly through marketing and land-based regulations.

First, where possible the Mayor could implement marketing regulations and restrictions. GambleAware funded research[42] has shown how parents feel it is extremely difficult to restrict or prevent their children from seeing gambling adverts. More broadly, the promotion of gambling through advertising was seen as contributing to its normalisation and was a factor in people becoming addicted. A systematic review of the academic literature[43] has also shown a potentially causal relationship between exposure to gambling advertising and more positive attitudes to gambling, a greater intention to gamble and increased gambling activity. The evidence of a negative impact was stronger for children and young people and those already at risk of harm.

One option would be to implement a ban on gambling advertising on Transport for London (TfL) services, building on the pioneering work in 2019 to ban junk food advertisements on TfL.[44] Such a ban has been under consideration for some time and the Mayor has previously pledged to bring these plans forward.[45] GambleAware would support such a move, and research commissioned by GambleAware suggests that there is likely be public support for it as well. A survey conducted by YouGov in May 2023 on behalf of GambleAware found that 51% of Londoners would support a ban of gambling advertising on public transport, while just 23% would oppose it. There is similar net public support for a watershed ban on gambling advertising on TV (49% support, 27% oppose) and radio (50% support, 25% oppose).[46]

Second, the Mayor should explore the LGA's policy recommendation of reconsidering the 'aim to permit' within the land-based gambling sector,[47] in order to give councils in London greater powers to control the number of gambling premises in their local area. This would give licensing committees deciding upon gambling licences similar powers to those available to them when deciding licences related to the sale of alcohol. This is especially important for reducing inequalities. Research from Bristol University has shown that the land-based sector is driven by profits from the most vulnerable groups in society. Specifically, their research showed that 21% of gambling premises were based within the most deprived decile of areas in the country, compared to just 2% in the least deprived deciles.[48]

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[42] GambleAware, Annual GB Treatment and Support Survey 2022. Available here.
[43] E. McGrane, H. Wardle, M. Clowes, L. Blank, R. Pryce, M. Field, C. Sharpe, E. Goyder, What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature, Public Health, Volume 215, 2023, Pages 124-130. Available here.
[44] Source: https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/food/tfl-junk-food-ads-ban-will-tackle-child-obesity
[45] Source: https://www.standard.co.uk/news/london/tfl-gambling-advert-ban-sadiq-khan-b954719.htm
[46] Internal analysis of the quarterly version of the Treatment and Support Survey (May-2023). Data not publicly available. Base size is 333 overall for London
[47] LGA, Local Government Association response: Gambling Related Harm APPG White Paper Inquiry Launch, August 2023. Available here.
[48] Jamie Evans & Katie Cross, The geography of gambling premises in Britain, Personal Finance Research Centre, University of Bristol, July 2021. Available here.

Third, the government has recently consulted on relaxing restrictions in the land-based sector by allowing more higher risk gaming machines in land-based venues. The Mayor could signal opposition this, and argue for a ban on these machines across London given the high rates of harm in London. Internal analysis of TSS raw data,[49] commissioned by GambleAware, shows the disproportionately high prevalence of problems from these types of gaming machines. 79% of those reporting to have used one in the last 12 months[50] experience any level of problems from their gambling (PGSI 1+) and half (50%) experience 'problem gambling' (PGSI 8+). This means that those playing in-person gaming machines are 10 times more likely to experience 'problem gambling' compared to the average person that gambles. Results are also high for fruit or slot machines: 53% of users classify as PGSI 1+ and 19% PGSI 8+. Recently published research has shown that restricting the accessibility of Electronic Gaming Machines (EGMs) substantially reduces gambling harm, and there appears to be little transfer of problems to other gambling forms.[51] Other research supports this, showing that a ban on EGMs is linked with reductions in gambling expenditures and problem gambling.[52]

Betknowmore

Betknowmore UK is a leading provider of award-winning gambling support services, which it offers as part of the National Gambling Support Network (NGSN). It has been accredited with the Trusted Charity Standard by NCVO. Our mission is to provide support and training services that prevent and address personal and societal harms caused by gambling. Established in 2013 in North London, at its core is the 'lived experience' of gambling dependency and recovery, from the Founder to the support team to the Board. The organisation has supported hundreds of individuals, both gamblers and affected others, to address the complex impact of gambling harms on their lives. Our services are underpinned by a holistic health and wellbeing approach, offering bespoke and tailored solutions that innovate and maximise impact. Our community outreach service, GOALS, delivers in-person support in London and is a partnership with the Primary Care Gambling Service. GOALS also conducts outreach and awareness-raising activities, working with organisations in London such as HOYD, Octopus, NHS Islington mental health team, Hackney and Islington Borough Councils, Alcohol Change UK and Waterworks. Our flagship Peer Aid service began in London and is gradually expanding to become national, offering City & Guilds assured training to people with lived experience of gambling harms who then provide peer support to

[49] Internal analysis of the Treatment and Support Survey (merged 2020, 2021, 2022). Data not publicly available. Base sizes are 6618 overall for London, 1073 for PGSI 1+, 127 for PGSI 8+.
[50] Internal analysis of the Treatment and Support Survey (merged 2020, 2021, 2022). Data not publicly available. Base sizes for gaming machines in bookmakers is 570, Fruit or slot machines is 1,361.
[51] Russell, A. M., Browne, M., Hing, N., Rockloff, M., Newall, P., Dowling, N. A., Merkouris, S., King, D. L., Stevens, M., Salonen, A. H., Breen, H., Greer, N., Thorne, H. B., Visintin, T., Rawat, V., & Woo, L. (2023). Electronic gaming machine accessibility and gambling problems: A natural policy experiment. Journal of Behavioral Addictions, 12(3), 721-732. Available here.
[52] Rossow, I., and Hansen, M. B. (2016) Gambling and gambling policy in Norway—an exceptional case. Addiction, 11: 593–598. doi: 10.1111/add.13172. Available here.

hundreds of people every year. Finally our women's service, New Beginnings, also offers peer support and has benefitted many women from the London region. Betknowmore UK conducts outreach and research activities with local statutory, voluntary and community organisations throughout London to raise awareness and understanding of gambling harms, as well as working with many of London's universities, including UCL, Kings College and Brunel.

Response

How has participation in land-based (in-person) and online gambling in London changed in recent years, and what is the prevalence of people experiencing gambling-related harms in London?

The popularity of online gambling has risen over recent years compared to land-based gambling, including in London, with the convenience and accessibility of online betting platforms enabling people to gamble on their mobile devices 24/7. During the Covid pandemic, participation in some types of online gambling grew, especially among male gamblers. In 2020, almost one in four adults (24%) had gambled online in the previous four weeks, compared to around one in six (17%) in 2015 (Gambling Commission, 2020). The Gambling Commission data also shows that while half of all online gamblers use their smartphone, three-quarters of 18–34-year-olds use their smartphones to gamble compared to only 14% of those aged 65 and over. There is also evidence that women tend to gamble online (Collard et al., 2022). Online gambling enables the harms it can cause to be more easily hidden, when compared to land-based gambling, and there is evidence of some online products being more addictive.

Overall, the number of betting shops in the UK has been declining, but some cities and neighbourhoods reveal significant clusters of land-based premises. The London borough of Newham, for example, has more than 80 betting shops and ranks 14 out of 365 local authorities for having the most betting shops in the UK, according to a University of Bristol study from 2021 (Evans and Cross, 2021). The same study shows that the City of London ranks top as the borough with the most betting shops per capita, with 32 betting shops serving a resident population of less than 10,000. As discussed in more detail below, there is significant evidence that there is a higher prevalence of opportunities to gamble in-person in deprived communities, including those in London.

Unfortunately the true scale of gambling harms in the UK remains unknown, either at national or local levels. On a national level, evidence (for example, Roberts et al., 2022) suggests that current methods of collecting prevalence data underestimate the scale of the problem, while at a local level, statutory bodies such as local authorities and health services also do not collect data in a consistent and reliable way, if at all. Reliance on the use of the Problem Gambling Severity Index (PGSI) to identify people experiencing gambling harms has also been shown to be problematic (Brown and Rockloff, 2018; Samuelsson et al., 2019), and indeed the PGSI fails to capture the harms experienced by 'affected others', who number between 6 and 12 for every gambler. Our own experience shows that there is considerable and growing demand in London for our services, and this is also true for other NGSN partners who operate in the city.

However, it has also been found using meta-data that internationally only 1 in 25 moderate-risk gamblers and 1 in 5 people with 'problem gambling' seek help (Bijker et al., 2022), while only around 3% of people experiencing gambling harms seek support in the UK.

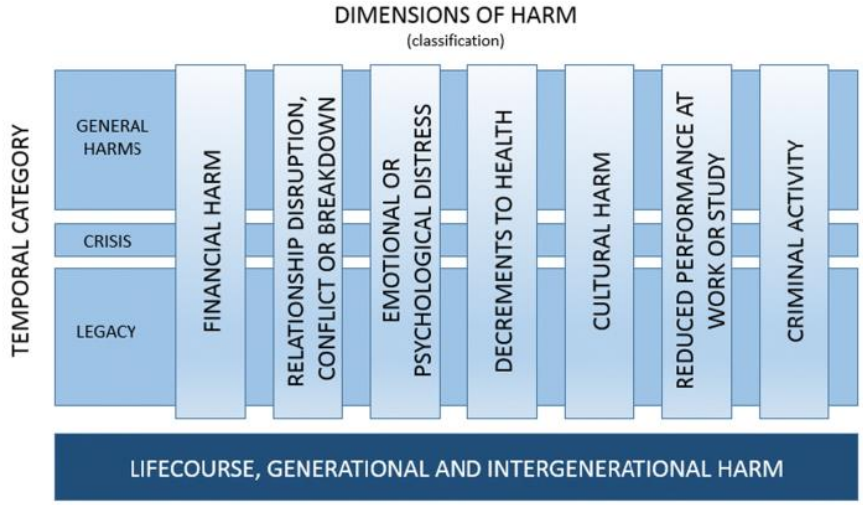
Using data collected in November 2022, GambleAware has produced maps (https://www.begambleaware.org/gambleaware-gb-maps-local-authorities) which show gambling harm prevalence in each local authority area, as well as usage of and reported demand for treatment and support for gambling harms. The maps for London show the highest levels of prevalence of gambling harms, of reported usage of treatment and support for gambling harms, of reported demand for treatment and support, of relative usage of treatment and support based on PGSI scores and of relative demand of treatment and support based on PGSI scores. These maps are, however, derived from data from the Annual Great Britain Treatment and Support Survey and are not based on local area data, which would give a more accurate picture of prevalence rates and demand for support.

Some London councils have taken measures to restrict the opening of new gambling premises, for examples Tower Hamlets Council has denied permission for new premises near schools, hospitals, homes for the elderly and Gamblers Anonymous meeting venues, however, these restrictions solely target land-based gambling. Similarly, Newham Council restricts the number of betting shops and fast-food outlets being located within a typical walking distance of one another, instead promoting 'quality leisure' activities and outlets, but again its focus is upon visible gambling and gambling harms. Betknowmore UK has long argued for the need for local robust data collection embracing all types of land-based and online gambling and gambling harms, which can then serve as an evidence basis for policy making founded on a whole-council approach. Currently the gambling harms that impact communities, with considerable (and likely hidden) health and fiscal costs, are not adequately addressed or recognised because of the absence of data. We encourage the London Assembly and its local authority partners to invest in data collection so we can know the true scale of gambling harms in London and thus begin to address gambling harms as a public health problem.

How can a problematic relationship to gambling affect someone's health?

As shown in the figure below, gambling harms can be categorised into many types, however, it is important to recognise that the harms are inter-related and act to reenforce each other. Thus gambling can lead to anxiety and depression, while these conditions may cause someone to gamble as a means to escape. Financial distress and hardship, relationship tension and breakdown, domestic abuse, loss of employment and loss of housing can all be the outcomes of gambling and these in turn can contribute to mental health problems, as well as physical health problems such a stress-related illness and lack of self-care. There is also an associated between higher-risk drinking and at-risk gambling (Burton et al., 2023). According to Price et al. (2021), the health problems related to gambling include financial insecurity, employment disruption, suicide, substance abuse and psychological disorders. There is also a recognition that such harms may impact upon people gambling at even relatively low levels, and that they extend well beyond the person gambling to impact upon families, communities and society at large. Unlike

problems stemming from alcohol and tobacco consumption, which are now seen as public health issues, the negative impacts that gambling can have on health are still largely viewed as individualised problems, thus leading to a focus on the treatment needs of the individual rather than a public health approach (Price et al., 2021). The Assembly can play a key role in ensuring that gambling harms are increasingly acknowledged as a public health issue and thus need to be addressed by all local authorities within London, with the support of the Mayor.



Conceptual Framework of Gambling-Related Harm. Source: Browne, M., Langham, E., Rawat, V., Greer, N., Li, E., Rose, J., . . . Goodwin, B. (2016). *Assessing gambling-related harm in Victoria: A public health perspective*. Retrieved from Victoria, Australia: https://www.responsiblegambling.vic.gov.au/information-and-resources/research/recent-research/assessing-gambling-related-harm-in-victoria-a-public-health-perspective, p. 40

Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

There is higher prevalence of land-based gambling premises in deprived communities (Adeniyi, 2020), with betting shops particularly clustering in areas where people can least afford to gamble (Select Committee on the Social and Economic Impact of the Gambling Industry, 2020). Those with low incomes, low levels of education, from ethnic minority communities and young people are all groups who are more susceptible to gambling harms (Sharman et al., 2019; Wardle et al., 2017). In addition, people with mental health problems and those who misuse alcohol and other substances are also susceptible to heightened levels of gambling harms. Young adults, for example, may be more vulnerable because they are accustomed to using their mobile phones to access forms of entertainment, they can be less experienced in managing finances and can be more impulsive and less risk averse. People from lower socio-economic backgrounds are more susceptible to gambling harms as they may be more financially vulnerable. The loss of even a small amount of money due to gambling can have a severe impact on their overall wellbeing. People with pre-existing mental health issues, such as anxiety and depression, can find that gambling exacerbates their mental health challenges. Some ethnic minority communities can also be susceptible to gambling harms because of cultural attitudes

and heightened levels of shame and stigma. These communities are also more likely to live in deprived areas where land-based premises cluster.

In response to this call for evidence, we have examined the data on our clients (past and present) who live in London. The data shows that their distribution in the city is fairly even, though with none living in post codes starting with WC and EC. The majority of the Londoners who have accessed our services have been male and under the age of 40. The majority have also been White British, but with significant representation from ethnic minority communities, especially Asian or Asian British and Black or Black British. A minority have also been from LGBTQ+ groups. The data we hold on education levels and employment shows a wide range mostly lower-level qualifications, and a wide range of jobs, with these ranging from hairdressers and care workers to company directors. Our data supports the wider evidence that while some groups of people are more susceptible to gambling harms, anyone can be impacted.

How those impacts are felt varies. Every individual experiences gambling harms in a way unique to them. Nevertheless, working with clients from London and elsewhere for a decade has revealed that women and some ethnic minority communities feel heightened levels of shame as a result of their gambling harms. Our women-only peer support service is a response to the need for women to feel recognised and safe to share their experiences in a non-judgemental and supportive community of women. People harmed by someone else's gambling are also impacted differently and we recognise that these people can experience not only financial, relationship and health harms, but also trauma, all of which can endure for many years. Our clients with complex challenges, such as mental health problems or co-addictions, can also experience gambling harms as an exacerbating source of harm, which can result in added health, financial and other problems. These clients often need a wide range of long-term support, and NGSN services, embedded in their local communities, are in an ideal place to access the additional help people may need. Betknowmore UK encourages its clients to seek support from other local services, such as domestic abuse charities, financial and legal support services, and we spend time facilitating those referrals and encouraging people to build communities of support.

Does the NHS offer sufficient support for people in London experiencing gambling related health harms?

The NHS in London currently treats people experiencing gambling harms through its London clinic, called the National Problem Gambling Clinic, that sits within the CNWL Hospital Trust. It is unclear what the current levels of demand are for the Clinic's services, in part due to a lack of transparency. Equally the real cost of NHS provision of this service is unknown, as is the length of its waiting list and waiting times, and the outcomes that it achieves for its patients. In addition, many of Betknowmore UK's clients have, at some time, sought support from their GP and they report that they often found GPs had little understanding of gambling harms and the support options available. While levels of GP awareness are improving, currently GP services still lack the knowledge to identify, assess, treat and refer their patients who disclose gambling harms. Overall, our clients report that they are put off by NHS waiting times and referral systems. The nature of gambling harms, that can rise and fall quickly, means that people often need help urgently and NHS services do not provide support quickly, unlike the third sector. The NHS Clinic also discharges people after just two missed appointments, while charities such as Betknowmore UK have an open door policy that allows clients to return as often as they

need to. We recognise that overcoming gambling harms requires time and a flexible approach to recovery, neither of which NHS services are in a position to provide.

What other support services in London are available to people experiencing gambling related health harms and is this sufficient?

The majority of support to those experiencing gambling harms in London (and nationally) is provided by third sector organisations with decades of experience treating and support people, many with complex needs. In London, those organisations are Betknowmore UK, GamCare, Derman, GamLearn, GambleAware and Gamblers Anonymous. The Primary Care Gambling Service also operates in London and is a GP-led multidisciplinary, community-based service, working closely with Betknowmore UK and other third-sector organisations. All of these (apart from Gamblers Anonymous and GamLearn) are part of the NGSN, providing a joined-up network of support organisations with referral pathways and a range of treatment and support options. Those options provide clients with choice, they are person centred and meet the diverse needs of those experiencing the immediate, mid-term and long-term harms caused by gambling. The NHS Clinic, by contrast, delivers predominantly group-based CBT for a set number of sessions and has to date focused its work on those with the most complex needs, while also depending upon the work of the third sector to provide aftercare and more diverse care options (including peer support).

NGSN services in London are experiencing increased demand, yet we are sufficiently innovative and agile to ensure that our waiting times remain low (under 2 days). Nevertheless, as stated above, the number of people who seek support for gambling harms (due to their own gambling or that of someone else) remains very low. This is in part due to high levels of shame and stigma that mean many people keep their gambling harms secret, rather than seek support. As gambling harms receive more attention (for example the 2023 campaign by GambleAware to reduce stigma), those levels of shame are starting to reduce and it can be expected that the demand on NHS, NGSN and Gamblers Anonymous services will continue to grow. All these service providers will be needed to address that demand.

Betknowmore UK is the only organisation within the NGSN that specialises in providing peer support services, as well as our preventative community outreach work to raise awareness. We consider the support and preventative work we do (to stop harms from occurring or escalating or returning) to be essential to ensure that levels of gambling harms are minimised whenever possible. A public health approach involves cross-sector action that prevents gambling harms and supports those experiencing them rather than focusing solely on pathologising gambling harms and providing clinical treatment. NGSN organisations in London, such as Betknowmore UK, provide vital outreach work, raising awareness of gambling harms so that they do not escalate to crisis proportions. We also work with a wide range of other third sector and non-statutory bodies to raise their understanding of gambling harms and the support available. We consider that at present insufficient resource is dedicated to gambling harms prevention and support within London.

What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?

The Mayor could undertake the following actions:

1. Actively collaborate with service providers to raise awareness of the risks associated with gambling and the availability of support services in London through targeted public awareness campaigns and outreach activities.
2. Meet with Betknowmore UK's staff, volunteers and clients with lived experience in order to better understand gambling harms and people's diverse support needs.
3. Allocate improved resources and funding to expand and enhance local support services for gambling harms and mental health issues.
4. Support local authorities within London to systematically collect data on the gambling harms experienced by London residents.
5. Support local authorities within London to implement a whole-council public health approach to tackling gambling harms.
6. Support research to better understand the extent and impact of gambling-related health harms in London and evaluate the effectiveness of interventions.
7. Engage with affected communities and individuals with lived experience to ensure that policies and support services are responsive to their needs and fit for purpose.
8. Champion the work of established charities that support people experiencing gambling harms, acknowledging that these are governed by the Charity Commission and boards of trustees, ensuring their independence and requiring that their operations, outcomes and finances are transparent.

Is there anything else you wish to share with the Committee that can help inform our investigation?

Currently, within the context of the White Paper ('High stakes; Gambling reform for the digital age'), NICE Guideline on Harmful Gambling and DCMS consultation on the introduction of a statutory levy, there is a frequent misuse of information in order to sideline the NGSN and the work of the third sector. The Committee should remain aware of this and seek every opportunity of speak to people with lived experience of gambling harms when undertaking its investigation. Betknowmore UK would welcome the opportunity to facilitate this.

Contact

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Gambling with Lives (GWL)

Introduction

Gambling with Lives (GwL) is a charity that was founded in 2018 by Liz and Charles Ritchie MBEs following the death of their son, Jack, in 2017 from gambling related suicide.

GwL now supports many families bereaved by gambling-related suicide, campaigns for legislative change, and raises awareness of the devastating effects of gambling disorder, including the high suicide risk.

We are one of the few charities in the UK that scrutinizes the link between gambling products, industry practices and health harms. We are deeply concerned by gambling-related suicide and mental health harms suffered as a result of gambling.

We welcome the opportunity to provide a written submission to the Greater London Authority's inquiry into the health impacts of gambling in London.

Our position is led by the lived experience of the GwL families but always informed by the wider evidence base and academic research.

We would be pleased to provide evidence in person to the inquiry at any time.

How has participation in land-based (in-person) and online gambling in London changed in recent years, and what is the prevalence of people experiencing gambling-related harms in London?

Accurate data on the localised prevalence of gambling-related harms can be difficult to gather and is often extrapolated from national datasets. Despite this, there is already more than enough data and evidence on both prevalence and harm to act on, which should be as much of a priority as addressing the gaps in data.

Prevalence of gambling harm is also problematic to measure. Historically harm has been measured as the "Problem Gambling (PG)" rate, which is a crude measure of the level of severity of an individual's gambling disorder. The Gambling Commission have recognised that there are many and widespread forms of gambling harms to the individual gambler, their family and friends, their employers and wider society[53]. However, progress in developing robust measures of these harms has been slow, so that harms still tend to be represented by the "PG", even though it is recognised that the majority of harms actually impact people who do not score highly on the PG scale.[54]

[53] https://assets.ctfassets.net/j16ev64qyf6l/2ekwzjSuvpGRC0vlyXrfLs/c27e65ab43bc179a0c3c06c24df164f9/Measuring_gambling_harms_methodologies_data_scoping_study.pdf
[54] https://responsiblegambling.vic.gov.au/documents/15/hidden-harm-low-and-moderate-risk-gambling.pdf

Furthermore, gambling harm is not static. Gambling disorder is a chronic condition with acute episodes, which some refer to as 'reoccurence' or relapses. The widespread availability of addictive products accompanied by incessant marketing means there is a lot of 'churn' between categories of people suffering harm and people at risk. Today's "medium risk" gamblers are tomorrow's "problem gamblers".[55]

Haringey Local Authority estimate that 1.8% of Londoners – roughly 165,000 people – are experiencing gambling harm directly and 1 million Londoners in total are negatively affected by gambling.[56]

Extrapolating NHS Health Survey data from 2021,[57] which found that 2.8% of adults were identified as engaging in at-risk or "problem gambling", and .3% as "problem gamblers", gives a figure of well over 200,000 adults in London who are suffering harm or are at risk of harm.

Nationally, there are up to 1.44 million adults harmed by gambling.[58] For every person directly harmed by gambling, many others are harmed indirectly, including friends, family, employers, and the wider community, meaning around 20% of the UK population is thought to be experiencing gambling harm directly or indirectly.

Considering the difficulties outlined in collecting localised data, there is a unique opportunity for the GLA to become pioneers in this field and undertake detailed work to gain a full understanding of the prevalence of gambling harm in London. This would contribute valuable insights to preventative local policymaking and set a precedent for other cities and regions.

How can a problematic relationship to gambling affect someone's health?

Gambling addiction is a mental health disorder and can severely impact mental health, leading to depression and anxiety, as well as tear apart families, harm child development, destroy friendships, cause bankruptcy, and lead to homelessness and suicide – all at huge social and economic cost.[59] The paper "Measuring Gambling Related Harms" identified health impacts relating to physical health, psychological distress and mental health and proposed nearly 20 potentially measurable factors.

As with any addiction, gambling disorder changes the brain and rewires synaptic pathways to modify pleasure-seeking behaviour. The onset of gambling disorder can 3 be rapid[60] – weeks/months, not years – meaning that people can become addicted before anyone (including the gambler themselves) are even aware of it.

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[55] https://www.bmj.com/content/365/bmj.l1807
[56] https://www.haringey.gov.uk/social-care-and-health/health/public-health/gambling-harms
[57] https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part2/gambling#:~:text=According%20to%20their%20Problem%20Gambling,and%201.1%25%20of%20w omen)
[58] https://www.begambleaware.org/sites/default/files/2022-03/Annual%20GB%20Treatment%20and%20Support%20Survey%20Report%202021%20%28FINAL %29.pdf
[59]https://assets.ctfassets.net/j16ev64qyf6l/2ekwzjSuvpGRC0vlyXrfLs/c27e65ab43bc179a0c3c06c24df164f9/Measuring_gambling_harms_methodologies_data_scoping_study.pdf
[60] R. Breen and M. Zimmerman (2002) 'Rapid onset of pathological gambling in machine gamblers.' (https://pubmed.ncbi.nlm.nih.gov/12050846/)

Gambling addiction is highly correlated with suicide and the risk of suicide disproportionately affects those under 30, particularly men. GwL reviewed international evidence and estimated that there were between 250 and 650 gambling related suicides each year in the UK.[61]

These findings were corroborated by a landmark Public Health England report in 2021, which estimated there are 409 gambling-related suicides each year in England alone and cited GwL's work. In January 2023, the Office for Health Improvement and Disparities estimated up to 496 gambling-related suicides a year10 . Heavy gambling is associated with a 37% increased mortality rate.[62]

Gambling is also included in the government's National Suicide Prevention Strategy, published in 2023, stating:

> *"There is increasing evidence of the relationship between harmful gambling and suicide, including in younger people. Although reasons for suicide can be complex, we do know that gambling can be a dominant factor without which the suicide may not have occurred. Action therefore needs to be taken to address the harms of gambling, including suicide, and reach people at risk."*[63]

The "excitement" of a gambling session is caused by the release of massive amounts of dopamine into the brain[64], with the corresponding crash in mood when this is removed[65] [66]. During a gambling session, decision-making is affected so that decisions are not based on rational thinking and experience but on magical thinking and a genuine belief in luck[67], leading to increased impulsivity[68] [69] and loss-chasing[70] [71].

Therefore, it can be catastrophic when an individual crashes out of a gambling session to a reality of despair, low self-esteem and self-loathing, and financial problems – but retaining the faulty decision-making pathways in the brain, high arousal, and impulsivity. Therefore, unlike with people suffering alcohol or drug addictions, they remain highly capable of executing a suicide plan.

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[61] https://www.gamblingwithlives.org/wp-content/uploads/2022/01/The-Number-of-Gambling-RelatedSuicides-in-the-UK.pdf
[62] https://www.gov.uk/government/publications/gambling-related-harms-evidence-review
[63] https://www.researchgate.net/publication/349045278_The_association_between_gambling_and_financial_social_and_health_outcomes_in_big_financial_data
[64] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to2028/suicide-prevention-in-england-5-year-cross-sector-strategy
[65] Boileau, I. et al. (2014) In vivo evidence for greater amphetamine-induced dopamine release in pathological gambling: a positron emission tomography study with [11 C]-(+)-PHNO. Molecular psychiatry 19, 1305
[66] Gee, P., Coventry, K. & Birkenhead, D. (2005) Mood state and gambling: Using mobile telephones to track emotions. British Journal of Psychology 96, 53-66
[67] Hills, A., Hill, S., Mamone, N. & Dickerson, M. (2001) Induced mood and persistence at gaming. Addiction 96, 1629-1638.
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[70] Michalczuk, R., Bowden-Jones, H., Verdejo-Garcia, A. & Clark, L. (2011) Impulsivity and cognitive distortions in pathological gamblers attending the UK National Problem Gambling Clinic: a preliminary report. Psychological medicine 41, 2625-2635
[71] Clark, L., Lawrence, A. J., Astley-Jones, F. & Gray, N. (2009) Gambling near-misses enhance motivation to gamble and recruit winrelated brain circuitry. Neuron 61, 481-490

Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

Academic evidence and lived experience testimony clearly demonstrates that a significant proportion of the population is at risk of suffering gambling-related harms, 4 not just a tiny number of "vulnerable" individuals, which is the gambling industry's preferred narrative. The Gambling Commission estimate that 46% of the population is deemed "vulnerable to gambling harm".[72]

Some research has indicated that people from poorer communities are more likely to be affected by gambling harms.[73] Other research has indicated that some populations are more likely to suffer from gambling harms, in particular black and ethnic minority communities.[74]

However, it is important to recognise that gambling harm doesn't happen by accident. Gambling harm is caused by a toxic combination of dangerous gambling products (some with addiction/at-risk rates of 45% – higher than heroin[75]) and predatory industry practices, such as incessant marketing and cross-selling to more dangerous products.

Therefore it is clear that anyone can be addicted. The prevalence of addiction in any group is much more about the availability of gambling and the practices of industry than characteristics of the people themselves. We believe that the greatest individual risk factor is an individual's age. Young people are more vulnerable to harms for a variety of physiological, psychological, societal and environmental factors, ranging from the stage of brain development to lifestyle related factors such as leaving home and use of smartphones and other technology.

The gambling industry's business model is built on addiction with 86% of its online betting profits from just 5% of gamblers[76], with those already suffering harm at greatest risk. To continue this the industry must target people to maximise the amount of money that they can make.

To this end, it is clear that people who are already suffering gambling harms are targeted by the industry by offers of free bets and other inducements: Gambling Commission research found that 35% of those already suffering gambling harms received daily offers of free bets, compared to just 4% of all gamblers.[77]

Furthermore, it is clear that poorer communities are targeted by the gambling industry with betting shops being far more concentrated in poorer areas than more affluent areas.[78]

However, we come back to the fact that anyone can be addicted. This vital recognition must underpin robust preventative public health policy in London, so that while there may need to be

[72] Nigro, G., Ciccarelli, M. & Cosenza, M. (2018) The illusion of handy wins: Problem gambling, chasing, and affective decisionmaking. Journal of affective disorders 225, 256-259
[73] https://www.bmj.com/content/380/bmj.p203
[74] https://www.gla.ac.uk/research/beacons/inequalities/gamblingandsocialharm/
[75] https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-disproportionate-burdens-of-gambling-harms-amongst-minority-communities-a-review-of-the-litera.pdf
[76] https://www.gamblingwithlives.org/research/addictive-gambling-products/
[77] https://www.begambleaware.org/sites/default/files/2021-03/PoP_Interim%20Report_Short_Final.pdf
[78] https://www.gamblingcommission.gov.uk/about-us/guide/consumer-experiences-and-attitudes-to-free-bets-and-bonuses

some targeted activities for some communities, action needs to be taken on a population wide basis.

Does the NHS offer sufficient support for people in London experiencing gambling related health harms?

Gambling harm can be difficult – and costly – to treat, so prevention and early intervention must always be the priority.

Primary care services have a critical role to play in prevention, referral to treatment, support, and recovery, but most GPs, with the notable exception of the Hurley Clinic in South London that operates a primary care gambling service, and other frontline health staff are currently not adequately trained to identify gambling disorder or people who are at risk.

London is home to the UK's first specialist NHS gambling clinic. However, considering the potential treatment population in London of over 200,000 people, one clinic cannot possibly have enough capacity to treat everyone who needs it.

At the national level, only around 2% of people who need treatment for gambling disorder access treatment. This is partially due to a lack of understanding about gambling disorder and a lack of integrated treatment pathways within the healthcare system – often healthcare professionals don't know how to spot the signs of gambling disorder, or where to refer if they can.

In 2023, in partnership with the Greater Manchester Combined Authority, and with input from clinicians, academics and people with lived experience of gambling harm, we launched Chapter One – a digital hub for everyone affected by gambling to provide complete and independent live-saving information about the causes and effects of gambling harm.

Chapter One also provides in-person and online training to healthcare professionals, including those in primary care settings, and intermediaries to empower them to identify if someone has been harmed by gambling, to have a stigma-free conversation and refer to evidence-based treatment and support.

We recommend that more NHS clinics are considered for London and that Chapter One training is funded and offered to intermediaries and healthcare professionals across London alongside local targeted information campaigns.

We also recommend that there is a role for third sector provision of support and treatment where it is commissioned by and integrated with the NHS. It is important that support and treatment offers are not commissioned by the gambling industry or organisations with a conflict of interest – a position which has been adopted by the Government through the implementation of a statutory levy on the gambling industry to fund research, prevention, and treatment, which will become active in 2025.

What other support services in London are available to people experiencing gambling related health harms and is this sufficient?

GamFam is a charity that empowers individuals and families to reduce the impact of gambling harms and move towards a more positive future that operates all across the UK. GamFam offers free online peer support, including structured peer support groups for affected others and separate groups for those directly in recovery.

What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?

The Mayor pledged to ban gambling adverts on the London Underground in 2021 but this policy is yet to be implemented. This must be treated as a priority action and also extended to other public spaces.

As mentioned above, the Mayor should run citywide independent public health messaging campaigns to educate the public about the dangers of gambling. There is likely to be funding available for this type of activity once the gambling operator statutory levy is implemented by central Government.

Other local authorities, such as the Greater Manchester Combined Authority (GMCA) and Yorkshire and Humber, have put together robust public health messaging campaigns and training programmes to reduce gambling harms and we recommend that the GLA do the same. The Local Government Association has said it "fully supports[79]" public health approaches to gambling harms.

The GLA should signpost healthcare professionals and intermediaries towards evidence based training that includes information on commercial determinants of health, such as that of Chapter One's training offer, which will encourage brief interventions and how/ where to refer.

Harm prevention must also include education for children and young people on the risks of gambling, focused on harmful products, industry practices and gambling environments. It is crucial that all education and training programmes are both designed and delivered completely free of the gambling industry's influence.

Research[80] into gambling industry-funded education programmes found that "gambling education discourse aligns with wider industry interests, serving to deflect from the harmful nature of the products and services they market while shifting responsibility for harm onto children, youth and their families."

Key messages in the curriculum should be supported by schools working with independent expert providers to deliver train-the-trainer programmes for teachers and staff.

The Mayor should explore how to empower and support local authorities to restrict the opening of new land-based gambling venues, including "adult leisure centres".

[79] https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-councilapproach#taking-a-public-health-approach-to-tackling-gambling-harms
[80] 29 https://www.repository.cam.ac.uk/items/be55bccc-4be5-44a5-8da4-bb1897249c8b

Finally, the GLA should become an active participant in the ongoing consultations on how to implement the Government's policies on gambling, and should advocate for stricter public health measures wherever appropriate

Is there anything else you wish to share with the Committee that can help inform our investigation?

We are concerned that the language used in question 3 is stigmatising. The term "problematic gambling" locates responsibility for harm in the individual rather than harmful gambling products and prolonged use encouraged by predatory marketing. This also applies to "harmful gambling", which is mentioned in the call for evidence document.

Using stigmatising language like this reinforces an industry favourable narrative that the individual is responsible for the harm they are suffering. GwL families provide testimony that the stigmatisation of people experiencing gambling harms was a significant factor in the completed suicides of their family members.

Suicide notes left to the GwL families also provide evidence that suicidal ideation is partly a result of lack of understanding that harm from gambling is primarily caused by wide availability and marketing of dangerous products that harm mental health.

We recommend using positive, people-centred language like "a person harmed by gambling".

This is part of a broader, fundamental point, and one we've stressed throughout our answers, about the need for a new approach to tackling gambling harms that recognises the source of harm as an industry that has built its business model on addiction, with increasingly harmful products and marketing techniques, rather than the individual.

Tackling Gambling Stigma

Tackling Gambling Stigma

Tackling Gambling Stigma is a not-for-profit organisation set up to focus specifically on the issues of tackling the stigma and discrimination around gambling harm. We do this by sharing the real-life stories of those affected – because evidence shows that social contact is core to tackling any stigma or discrimination. We use best practices in research to gather and analyse lived experiences. This material is used to create a multi-media website where those affected, the public and professionals can learn about gambling harm by reading, listening, or watching people share their experiences. Our team has lived experience of addictions and being affected by the addictions of others.

Author profiles

Clare Wyllie

Clare is the director of research at TGS and Vita. She specialises in ethnographic and participatory action research. She has also worked in strategy and policy, intervention design and evaluation and communications. She uses this experience to make sure research is useful for action and to help an organisation develop solutions. She has worked in the public and charity sector in South Africa and the UK. This includes Agenda for Gender Equality, Institute for Democracy in South Africa, the Commission on Gender Equality, Human Rights Commission and Government Communication and Information System, within the South African Presidency. In the UK she was Head of Policy and Research at Samaritans, before moving to strategy development for the Care Quality Commission, the regulator for health and social care. She was Director of Research and Evaluation at GambleAware. Since then, she has worked alongside people harmed by gambling to develop evidence and policy for regulatory reform. She is undertaking research on the global digital gambling ecosystem. Clare has a BA in Psychology, MA in Genders Studies and an MRes, from the LSE.

Alexander Kallman

Alexander is the Managing Director at TGS and Vita. With over a decade of experience in policy and strategy and leading complex research projects he uses his experience to answer the "so what" questions and creating mutually beneficial partnerships with key stakeholders. He takes pride in enabling the team and organisations to create the change it wants to see. He has an MA from King's College London focusing on the intersection of politics and law.

Elizabeth Killick

Elizabeth Killick is a qualitative researcher at TGS. She holds a PhD in Psychology from Nottingham Trent University and an MSc in Health Psychology from the University of Leeds. Her quantitative and qualitative PhD research focused on the impact of in-play betting and sports betting advertising. Since graduating she has worked actively with those who has lived experience of gambling harm and working actively to ensure their accurate representation in healthcare, policy and for the general public.

Declaration of interests

Tackling Gambling stigma has received core grant funding from the philanthropist Derek Webb, who funded the Campaign for Fairer Gambling (which achieved the reduction in states for Fixed Odds Betting Terminals) Clean Up Gambling.

Clare Wyllie and Alexander Kallman have previously worked for GambleAware. They have also provided evidence and expertise for the Clean Up Gambling Campaign for regulatory reform and the Coalition Against Gambling Advertising.

Summary

Our submission to the London Assembly Health Committee delves into the pervasive health impacts of gambling in London, exploring how gambling harm goes beyond the individual and permeates families and communities. We emphasise that the addictive nature of gambling products renders harm ubiquitous, extending beyond the stereotypical notion of vulnerability. Our analysis underscores a disturbing trend: gambling harm disproportionately affects those already residing in deprived areas. Rather than being evenly distributed among participants, the Gross Gambling Yield (GGY) is derived predominantly from a small but significant number of people experiencing gambling harm. This stark reality raises concerns about the industry's impact on the younger population, individuals facing economic hardships, and those grappling with mental health challenges, emphasising the need for a comprehensive approach to address these complex issues.

Our submission answers questions two, three, six and seven. For question two, we use data from over 60 interviews with people with lived experience, carried out through our "Tackling Gambling Stigma" project. Launched in September 2022, the Tackling Gambling Stigma website facilitates social contact by systematically documenting powerful stories from a wide range of people with lived experience of gambling harm to reduce stigma, support recovery, educate audiences about the realities of gambling harm, and advocate for an improved gambling landscape that is powered by lived experience.

For question three, we use statistics and data from numerous sources ranging from the Gambling Commission to the "Patterns of Play" report to show how gambling affects those in different sociodemographic groups.

For question six, we use our extensive experience working in the gambling harms space to critically discuss what the Mayor can do to improve the lives of those experiencing gambling harms despite the increasing technological advancements, accessibility, and inadequate regulation of the online gambling industry.

Lastly, for question seven, we include a summary of key findings from the Tackling Gambling Stigma project (www.tacklinggamblingstigma.com). These have been developed using best practices in research to gather and analyse lived experiences systematically. This material has been categorised into six core themes (gambling experiences, gambling companies, stigma, harm, recovery and change).

Local authorities play a vital role in mitigating the impact of gambling harm, employing measures within their scope to support affected individuals. However, the effectiveness of these efforts is inherently tied to the broader regulatory landscape and the operational dynamics of the gambling industry. Achieving lasting change demands structural shifts in regulation, emphasising a public health approach. It's not just about addressing the consequences but preventing gambling harm from taking root in the first place. By prioritising a whole council public health approach, prevention strategies, fostering community awareness,

and advocating for comprehensive regulatory reforms, local authorities can contribute significantly to creating a safer and healthier environment for their residents.

How can a problematic relationship to gambling affect someone's health?

Tackling Gambling Stigma (TGS) is an online contact-based stigma reduction intervention model. Launched in September 2022, the website facilitates social contact by systematically documenting powerful stories from a wide range of people with lived experience of gambling harm to reduce stigma, support recovery, educate audiences about the realities of gambling harm, and advocate for an improved gambling landscape that is powered by lived experience.

TGS has interviewed over 60 people who have experienced gambling harm. Contributors come from a range of backgrounds and include people who have been affected directly through their own gambling, or that of another – such as parents, children, and partners. As a result, our evidence on how gambling can impact health is grounded in the views and experiences of people with lived experience.

People experience gambling harms across multiple domains of their lives, including financial harms, relationship-related harms, mental and physical health harms, impacts on work, economic activity, and criminal acts. These harms are complex and overlapping. Harm in one area of life contributes to harm in another part of life, so taken together, harm adds up to more than each area looked at alone. Harm extends out through families, social groups, and communities. Harm is pervasive, and burdens lives long after gambling has stopped. It produces lifelong and intergenerational disadvantages.

Gambling may be the sole cause of harm or make existing inequalities and disadvantages worse. Sometimes, diagnosable mental health problems, neurodiversity, or trauma make gambling especially dangerous for people. Many individuals TGS has spoken to are experiencing life difficulties. But these are the kinds of changes and challenges that any of us face. This means anyone can become more vulnerable to gambling harm. Also, some people do not have any mental health or life challenges and still develop gambling difficulties because gambling is addictive.

The impact gambling difficulties have on mental health is profound. Every contributor that TGS spoke to said gambling damaged their mental health. This damage was more than any mental health problems they may have had before. There are many mental health harms people experience, such as depression, stress, and anxiety. Experiencing gambling difficulties can cause people to withdraw from their family and friends, leaving them feeling isolated. Moreover, gambling causes financial, social, and digital exclusion, which can contribute to mental ill health.

Feelings of entrapment, no hope or help, shame, humiliation, and burdensomeness to others produced suicidality. Almost everyone had thoughts of ending their life, and some had come

close to or attempted suicide. This was because people felt so trapped by gambling that they had no hope of escaping and were so humiliated that they believed they were the problem and could not face other people.

The damage to health remained after stopping gambling and left grief, depression, anxiety, and low self-worth. Some are left with symptoms of post-traumatic stress disorder. They have flashbacks, nightmares, and panic attacks. People feel as if their 5 life, sense of self and their relationships have been very disrupted. They feel as if their lives have been forever changed. That gambling companies have used and exploited them adds to their trauma. As does the feeling that the government does not care about them.

People with lived experience have drawn attention to gambling harm stigma as a harm in itself, justifying discrimination and exacerbating other harms. From all sides, people got the message that they were solely to blame for the harm they and those around them experienced. People who had difficulties with gambling were seen as greedy, lazy, weak, untrustworthy, and dangerous to others. People describe gambling as 'the hidden addiction', because it is not understood as addictive, and the range of people affected and the extent of harm were not visible. In addition, the fact that gambling was about money added a unique element to the stigma and shame. It was not easy to understand how people could behave this way with money.

People experience intense negative feelings about themselves because they have gambling difficulties. They start to think that the stereotypes about 'gamblers' are true of them. People become stuck in a desperate cycle of gambling, shame, self-hate, and gambling again, for some as self-punishment or self-harm. This shame and self-stigma are damaging to people's mental health and wellbeing. The fact that the government discriminates by treating gambling differently from other harmful activities adds to the sense that people harmed by gambling do not matter and are to blame. The blame and shame people feel erode their mental health and self-worth. As a result, stigma and discrimination make the addiction and harm even more severe. People can become suicidal. In this way, stigma kills.

Good mental health helps you to meet the demands of everyday life. It helps you to deal with life challenges. It is also important for having satisfying relationships, being able to work, and contribute to society. This means damage to mental health from gambling does not just impact the individuals but also ripples out through families, communities, and society. Those affected by another's gambling - such as partners, children, and parents also experience impacts on their mental and physical health.

Gambling difficulties or their extent typically become known at a point of crisis. Affected others are often in shock, their 'life turned upside down' or 'engulfed by gambling'. They must also deal with relapses, or the threat of relapse. Affected others are also faced with financial stress. Many must deal with debt, take over the management of the finances, and keep the household running – taking on a large amount of responsibility. They worry about the finances and other impacts on their family life, which can cause them to struggle at work or their studies due to

the situation at home. Often, affected others become responsible for trying to get the person who gambles to access treatment, or they assume a role in monitoring their behaviour. Gambling harm can lead to the deterioration of family relationships and marriage breakdown.

In many cases, affected others neglect their own needs for the other person's sake, which worsens their personal harm. They may also be affected by the gamblingrelated suicidality of another, be bereaved by suicide, or come to experience suicidality themselves. All of this can cause significant anxiety and distress for affected others, and they often end up experiencing physical or mental health difficulties of their own as a result.

Stigma and discrimination have significant consequences for affected others. Family members and partners experience distress due to self-blame. Affected others are often left to take responsibility for helping the person who gambled and sorting out the consequences of the gambling, without support. At the same time, they could be judged or feel somehow at fault because they were close to the person who gambled. Feelings of guilt, shame, or self-blame can cause affected others to withdraw from family and friends, resulting in social isolation and worsening of other harms.

The harm that affected others experience is made worse by the ways institutions and services deal with gambling, and the lack of help and support specifically for affected others. This stigma and discrimination add to self-blame and the burden of harm placed onto them, while damaging their access to wider social support.

Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

When reviewing demographic characteristics that are associated with an individual being more susceptible to gambling harm in London, it is important to examine who is more likely to experience harm in general. Profits generated by the gambling industry exhibit a notable disproportion, aligning with patterns of increased harm in certain demographics. Specifically, substantial revenue is derived from young individuals, those suffering from mental ill-health and those residing in deprived areas. The confluence of economic vulnerability, youth, and mental health challenges accentuates the risks faced by these segments of the population. This interplay exacerbates the overall impact on deprived areas and magnifies the vulnerabilities faced by individuals already grappling with socio-economic challenges and mental health concerns. In straightforward terms, gambling harm predominantly impacts those who are already facing challenges in your communities.

Gambling participation figures hide the shift to higher-risk gambling among younger age groups

The overall proportion of the population participating in gambling has remained largely constant. However, the nature of participation has significantly changed between older and younger generations. Older groups tend to gamble infrequently on low-risk products – largely

the lottery. Younger groups tend to participate in the high-risk gambling that has increased with liberalisation - continuous gambling, placing riskier bets, in higher-risk gambling situations, online and using mobile devices.

Older people are much more likely to participate in the lottery – and only the lottery – with younger groups much less so. When participation in the National Lottery is removed:

- Overall, gambling participation has increased by 5% since 2015, and this has been driven by increased participation of those under 44.[81]
- Those aged 16-34 are more likely to gamble than other groups and participate in more risky forms of gambling, on slot machines, machines in bookmakers and casino table games, and on online slots, casino, bingo, and sports betting.[82]
- Participation in online slot machine-style games and instant wins is continuously increasing.[83]

There is a move to online gambling in general, but this is particularly prevalent in younger groups. These groups are the highest users of mobile phones and often have access to multiple devices to gamble. In general, mobile gambling takes place mostly in the home. Younger groups are likelier to gamble on mobiles in pubs/clubs, at work, on the commute, or in a sports venue. Younger people tend to have a greater number of online accounts.[84] As acknowledged by the Gambling Commission, these patterns of accessing gambling are linked to an increased risk of experiencing gambling-related harm.[85]

Profit has disproportionately been made from people with mental health conditions, young people, and lower socio-economic

Around the same proportion of people are participating in gambling. However, the gambling industry's profits have grown, largely due to growth in the remote sector. Another way to put this is that the public's gambling losses have steadily increased over recent years, largely due to growth in higher-risk online gambling.[86] It is the case that if participation is broadly stable, the same total number of people are losing more money. Gambling harms extend beyond financial

[81] Gambling Commission. (2021c). Gambling participation in 2019: behaviour, awareness and attitudes. Annual report (updated publication) (February 2021) https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2019- behaviour-awareness-and-attitudes.pdf. p.8-9
[82] Conolly, A., Davies, B., Fuller, E., Heinze, N. and Wardle, H. (2018). Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales. NatCen Social Research prepared for the Gambling Commission. https://www.gamblingcommission.gov.uk/news-action-and-statistics/News/gambling-commission-publishes-latest-combinedhealth-survey p.16.
[83] Gambling Commission. (2021c). p.10
[84] Gambling Commission. (2021c)
[85] Niel McArthur, former CEO of the Gambling Commission, verbal evidence to the PAC, https://committees.parliament.uk/work/193/gambling-regulation-problem-gambling-and-protecting-vulnerable-people/
[86] Muggleton, N., Parpart, P., Newall, P., Leake, D., Gathergood, J. and Stewart, N. (2021). The association between gambling and financial, social and health outcomes in big financial data. Nature Human Behaviour. p.2

loss, but at its core, harm comes from financial loss, and harm increases the more money a person loses.[87] But, losses are not spread evenly across those who participate in gambling.

Gross Gambling Yield (GGY) comes from a small but significant number of people experiencing gambling harm. It comes, disproportionately relative to income, from young people and people in deprived areas. The gambling industry's profit and Government tax revenue comes disproportionately from people who are younger, come from a lower socio-economic group, or suffering from mental ill-health.

The GGY in Great Britain increased from roughly 8.4 billion British pounds in 2011 to approximately 14.1 billion British pounds in 2022.[88] Since legislation for remote gambling changed in 2014, the considered GGY for remote gambling accounts for the largest share of the market.

In March 2021, an interim report was released from research commissioned on behalf of the Gambling Commission, using a large consumer dataset from operators.[89] The report provides basic descriptive statistics on gambling online, using data on play from gamblers' accounts, from seven major gambling operators, over one year. This includes analysis by age, gender, and Index of Multiple Deprivation (based on account information). The patterns evident in previous research are substantiated in this large dataset, using stratified random sampling. Individual losses are considerable concerning typical income levels and spending commitments in Great Britain.

For betting:

- Most accounts were used infrequently with low stakes and low average spending over the year. 84.5% spent less than £200 over the full year.
- High annual stakes were concentrated in a minority of accounts. The 10% of accounts with the highest annual stakes delivered 79% of GGY.
- Measured by account spending, dependence on a small proportion of accounts was even more marked: the 5% of accounts with the highest spending generated 86% of GGY.
- 1.5% of accounts generated spending losses of £2,000-£4,999 over the year. **23% had addresses in the 20% most deprived areas**.
- £10,000-£19,999 lost in a year, 0.2% of accounts, **15.4% in the most deprived areas**. £5,000-£9,999 lost in a year, 0.4% of accounts, **21.5% in the most deprived areas**.

[87] Markham, F., Young, M. and Doran, B. (2015). The relationship between player losses and gambling-related harm: evidence from nationally representative cross-sectional surveys in four countries. Addiction, 111(2), pp.320–330

[88] https://www.gamblingcommission.gov.uk/statistics-and-research/publication/industry-statistics-november-2022 Gambling Commission (2022). Industry Statistics – November 2022.

[89] Forrest, D., McHale I., Dinos, S., Boreham, R., Ashford, R., Crowley, J. and Toomse-Smith, M. (2021). Exploring online patterns of play. University of Liverpool and NatCen Social Research. Commissioned by GambleAware on behalf of the Gambling Commission. https://natcen.ac.uk/our-research/research/patterns-of-play/

- The average stake size increases with age, in general, in line with income. However, younger bettors lose more because they place more risky bets, at long odds, on unlikely events – that are more profitable to gambling companies.

Likewise, stake sizes were lower in more deprived areas, in line with income. However, the **riskiness of individual bets was highest for the two most deprived deciles** and then decreased almost monotonically to the least deprived decile.

For online gaming:

- As in betting, a small group of accounts generated a large proportion of the GGY: 5% of virtual casino accounts with the highest annual stakes accounted for 82% of the GGY. For live casino and slots, the corresponding figures were 74% and 70%. For bingo, 5% of accounts with the highest annual stakes contributed 61% of the GGY.
- Most accounts used for gaming spent small amounts, but 3.2% lost more than £2,000, and 1.2% lost more than £5,000.
- Participation was highest in the 25-34 age group, which represented 16.9% of the British population, but which held 36.3% of accounts used for gaming and contributed 27.4% of GGY. Under 25s also held a disproportionately high share of accounts.]
- Compared with betting, **all gaming products were more likely to be used by players who lived in areas with higher levels of deprivation**.
- 26% of those with spending losses between £5,000 - £9,999 and 20.3% of those with spending losses between £10,000 --£19,999 lived in the 20% of most deprived.

There are substantial increases in profit for the operator if the account holder partakes in multiple forms of online gambling.

A multitude of vulnerabilities are linked to gambling harm

A significant body of evidence exists on the many vulnerabilities associated with gambling difficulties and gambling harm. The causation is multi-dimensional and multi-directional. Vulnerabilities increase the risk of experiencing gambling harm, are exacerbated by gambling, and caused by gambling. This includes low socioeconomic position (whether measured by employment, occupation, education, housing), financial stress, social isolation, poor general health and physical disability, poor mental health (common mental health problems, anxiety and depression, PTSD, ADHD and autism in particular, but including severe and enduring mental health problems and suicidality), substance dependence drugs, alcohol and tobacco), stressful life events and exposure to abuse and violence.[90] Disordered gambling is a recognised mental health condition, in the category of addictive disorders, comparable to addiction to a

[90] Wardle, H., John, A., Dymond, S. and McManus, S. (2020). Problem gambling and suicidality in England: secondary analysis of a representative cross-sectional survey. Public Health, 184, pp.11-16. For a summary of international evidence see Browne et al. (2016). Assessing gambling-related harm in Victoria: A public health perspective. Victorian Responsible Gambling Foundation.
https://responsiblegambling.vic.gov.au/documents/69/Researchreport-assessing-gambling-related-harm-in-vic.pdf

substance.[91] Multiple studies have found evidence of a social gradient in gambling and gambling harm.[92] As acknowledged by the Gambling Commission, gambling harm exacerbates inequalities.[93]

Those with characteristics increasing vulnerability to gambling harm constitute populations of significant size. For example:

- Around 25% of the population in England experience a mental health problem each year, and one in six reports experiencing a common mental health problem (such as anxiety or depression) in any given week.
- 24% of the UK population (around 16 million people) report having some form of disability.[94]
- 22% of the UK population (around 14 million people) live in low-income households (i.e., with income below 60% of the median income).[95]
- Over 5 million people are aged 18-24.[96]

Further, any consumer may move into a vulnerable situation. As acknowledged by the Gambling Commission, 'A vulnerable situation can be permanent, temporary or intermittent'.[97] The vulnerabilities to gambling harm include characteristics that will make consumers vulnerable across markets – for example, practices of financial services and payment methods may contribute to gambling harm by enabling access to funds for gambling when consumers are vulnerable.

At TGS, qualitative evidence grounded in lived experience highlighted how anyone can be harmed by gambling. However, stigma and discrimination exacerbate harms for certain groups. Where gambling was a big part of what a social group did together, people felt like they were the only ones with difficulties and that others would not understand. This separation from social life perpetuated gambling and damaged people's identity and wellbeing. The social exclusion could be long-term. People gave up social groups and leisure activities where there was gambling, like sports, television, or social media. They could be ostracised or keep themselves from those they thought would not understand or would be prejudiced towards them.

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[91] APA. (2013). Diagnostic and Statistical Manual of Mental disorders: DSM-5. 5th ed. Arlington, VA: American Psychiatric Association.
[92] See McMahon et al. (2019)
[93] Wardle et al. (2018). p.4
[94] Kirk-Wade, E. (2023). UK disability statistics: Prevalence and life experiences. House of Commons Library. https://researchbriefings.files.parliament.uk/documents/CBP-9602/CBP-9602.pdf
[95] Cited in CMA. (2019). p.7
[96] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/timeseries/jn5q/lms
[97] 17 Gambling Commission. (2020a). Remote customer interaction - Consultation and Call for Evidence. https://www.gamblingcommission.gov.uk/news-action-and-statistics/Consultations/remote-customer-interaction-consultationand-call-for-evidence. (21 December closing 9 February 2021). p.26

Some people explained how the public holds an image of a 'typical gambler'. The person is white, male, and working class, and gambles in high street betting shops. A few men from social groups who were 'expected to gamble' explained they experienced stigma and shame as gambling addiction was at odds with masculine ideals because it involved 'losing control' and being 'weak'. Moreover, the idea of a 'typical gambler' being 'white and male' results in additional stigma and barriers to seeking help from other groups. Stigma could be worse because their culture or religion prohibited gambling, but more generally, where gambling was frowned upon. Women described how their gambling was seen as contrary to the social norms for women and that information, services and interventions were not tailored for them.

What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?

The evolution of the gambling industry further complicates the landscape of gambling harm in deprived areas. Traditionally, local authorities had the means to regulate gambling advertising and control the establishment of new betting shops within their communities. However, the rise of online gambling has shifted the dynamics. While these communities bear the brunt of the harm caused, local authorities have lost their influence over the reach and accessibility of online gambling platforms.

Impact of Online Gambling on LA:

1. **Limited Regulatory Influence**: Online gambling operates across geographical boundaries, escaping the regulatory influence that local authorities once had. Consequently, harmful gambling products infiltrate communities without adequate oversight or regulatory control.

2. **Community Costs, No Benefits**: The costs of gambling harm are disproportionately borne by local communities, yet they do not reap the potential financial benefits, such as employment opportunities, that may arise from traditional gambling establishments.

3. **Absence of Local Decision-Making**: Unlike traditional betting shops, the expansion and impact of online gambling platforms in deprived areas occur without local authorities having a say. The absence of localised decisionmaking exacerbates the challenges faced by these communities.

4. **Financial Drain without Compensation**: Deprived areas, already grappling with economic challenges, experience a financial drain due to gambling harm facilitated by online platforms. Unlike in the past, there is no financial return to the localities affected.

5. **Loss of Social Capital**: When regulated locally, traditional gambling establishments often contribute to the community through local employment and social initiatives. The shift to online platforms erodes this social capital, leaving communities to bear the negative consequences without corresponding benefits.

This transformation in the gambling landscape underscores the urgent need for comprehensive regulatory measures that account for the pervasive impact of online gambling on deprived communities. The lack of local influence and the resultant uneven distribution of harm call for policy interventions that align with the evolving nature of the industry, prioritising the wellbeing of communities over the profit interests of online gambling operators.

The above does not mean that local authorities have no influence. Councils play a crucial role in preventing and assisting individuals and families affected by gambling harm while also minimising overall community exposure to gambling. In addition to their statutory responsibility for licensing, aiming to prevent local gambling establishments from causing harm, there are challenges due to limited resources at the local level for gambling harm prevention. Despite these constraints, cost-effective interventions have a meaningful impact.

For instance, councils frequently engage with individuals facing gambling-related issues through various services such as housing, financial inclusion, children's services, and addiction services. However, there is often a lack of data within councils regarding instances where harmful gambling has contributed to or exacerbated cases in these areas. This knowledge gap hinders the understanding of community needs, making it challenging to prevent and address gambling-related harms effectively. It also limits our ability to fully leverage the available support from the third sector and the NHS-led treatment system for those affected by harmful gambling.

What is needed is a strategic and joint-up whole council public health approach. While councils aren't tasked with directly offering treatment for harmful gambling, they play a vital role in facilitating access to appropriate treatment and support through various services. This involves integrating knowledge and awareness of gambling within existing services, ensuring it receives equal importance as other issues like alcohol or substance misuse. Moreover, councils contribute to shaping the local discourse on gambling by setting the tone for discussions within their areas. This approach helps foster an environment where gambling-related concerns are acknowledged and addressed alongside other public health issues.

An example of how this can look on a local authority level can be seen in the efforts of the Greater Manchester Combined Authority, which has developed a whole council approach to gambling harm.

Tackling Gambling Stigma – Summary of key findings

The stigma associated with gambling causes and contributes to significant harms. Despite the pervasive consequences of gambling-related stigma, measures to specifically address this issue remain absent from the public health landscape in the United Kingdom. Tackling Gambling Stigma (TGS) is an online contact-based stigma reduction intervention model that is designed to fill this gap. Launched in September 2022, the website mobilises categorised collections of lived experience stories to reduce stigma, support recovery, educate audiences about the

realities of gambling harm, and advocate for an improved gambling landscape that is powered by lived experience. To optimise the effectiveness of this stigma reduction intervention at the personal, public, and structural level, TGS leverages best practices from effective stigma reduction strategies. It combines contact, education and advocacy intervention strategies to reduce the stigma associated with gambling.

We use best practices in research to systematically gather and analyse lived experiences. This material has been used to create a multi-media website that has been categorised into six core themes (gambling experiences, gambling companies, stigma, harm, recovery and change). The key findings for these themes are summarised below.

Gambling Experiences

No one sets out to become addicted to gambling. Anyone who gambles can move from being a social gambler into difficulty.

How it starts

- Those who developed difficulties started like everyone else – playing for a bit of fun. They found gambling was something they enjoyed.
- People had vivid recollections of winning money – whether a big win, an unlikely win, a winning streak, or a relatively small amount but more than they were used to having.
- But people also liked the experience of gambling, such as excitement, soothing, feeling important, skilful, or connected to others.

Difficulties develop

- People began to spend more time and money gambling and to get into difficulty. Because gambling is addictive, gambling more resulted in more gambling. People often did not recognise they were at risk of being harmed, until it was too late, and they had lost control.
- The things that led to people gambling more were things that could affect anyone. Responding to adverts and offers and trying new kinds of gambling. Having more money. Taking up gambling as a leisure activity or hobby, or to make money. Experiencing life difficulties, the kind any of us go through.
- Gambling more could be the result of a mix of these things. But for some, it was nothing particular in their lives, it was just gambling itself or a new kind of gambling that led to difficulties.
- Some had mental health problems, often undiagnosed, which made gambling especially dangerous for them, specifically trauma, obsessive compulsive disorder or neurodiversity.

To say that something is addictive means that it leads to people losing control and continuing to do it even though it is causing them harm. Gambling works like an addictive substance, like

alcohol, tobacco, or drugs. But it is also a unique addiction because it is about money. And there are no identifiable physical signs or bodily limits.

Like a substance

- Gambling was physically and psychologically addictive, like substances. Gambling changed reward circuits and people had overwhelming urges and intrusive thoughts. Because gambling provided a pleasurable, immersive experience, people used it to feel good or safe, to cope or escape.
- People spoke of having no control, being a passenger, watching their own behaviour and being horrified but unable to stop. They had lost who they were and felt shame and self-hate.
- People carried on gambling as it became the only thing they had or to escape the harm gambling was causing or as self-punishment.

Unique as about money

- People said that gambling changed the usual meaning and value of money, so they behaved with money in ways people normally would not.
- People do win money unpredictably - this pattern is the most powerful reinforcer of behaviour. People carried on gambling because they had and could win money. But they did not control when, and so they could lose a lot. Then because they could win, they gambled more to try and get the money back.
- Bets and games are designed to create immersive experiences. They changed how people felt, heightened the pleasure of winning, made winning seem likely, and made people lose connection to money and time. Because these experiences are addictive, money became just the means to get this experience. Any winnings went back into gambling. People gambled any money they could get and went to great lengths to get money to gamble.

No signs or limits

- There were no bodily signs or limits to stop harm from happening very fast and continuing over time, without being noticed.
- Unlike substances, gambling did not produce easily identifiable physical changes, so people did not realise they were 'intoxicated' and becoming addicted. It also meant gambling could be concealed from others.
- There were no bodily limits to gambling, as with the amount of alcohol, cigarettes or drugs that could be consumed, and where the harm accumulated over time. Gambling was limited only by money, time, and opportunity to gamble.

Gambling Companies

People who got into difficulty had behaved just as they had been encouraged to do by gambling companies. Like any industry, gambling companies act to make money. But because

gambling companies make money by getting people to lose money, the more profitable for gambling companies, the more risk and harm for consumers. This means that things which in other sectors could benefit consumers, like offers, access or new product features, were harmful instead.

- There was advertising everywhere which made gambling look like a fun, everyday leisure pursuit. There was little warning of the risks involved or how to get help.
- Free bets and offers induced people to gamble more, and they would end up spending more than any offer they got.
- Bets and games were designed to be absorbing and pleasurable, to keep them gambling and get them to lose more money.
- Gambling companies pushed people to faster, more continuous products which were more profitable but more addictive and harmful for consumers.
- Every kind of gambling was available and accessible anytime, anywhere on a smartphone. For some people, it was the activity most available to them for leisure. And there were many opportunities to gamble on the high street.
- 'Responsible' gambling messages and tools gambling companies provided did not work against the many things these companies were doing to get people to gamble more. People said gambling companies did not want them to control their gambling, as they made money from them being out of control.
- Companies made people experiencing gambling difficulties VIPs and encouraged them to gamble more. They monitored people's gambling to target them with offers to keep them gambling and did not intervene when they were clearly out of control.

People were not against staking money for the chance of winning. Most people thought that gambling could be fun and social and did not think that gambling should be prohibited. What they criticised was how gambling had been allowed to develop to be more and more dangerous to players and those around them.

- Older people had been able to sustain gambling over decades, even if experiencing some harm. They described the changes they had seen to gambling and how their gambling was worsened by each development of the market.
- People who had started gambling recently described how rapidly they and their resources were burnt out by the current gambling market.

People said that the way the gambling industry made money was based on getting people addicted. Addicted players were the most profitable players, as any money they could get went to gambling companies. People said this kind of business model damaged people and communities to make a profit. This was what should not be allowed, rather than gambling itself.

Stigma

From all sides, people got the message that they were solely to blame for the harm they and those around them experienced – that people who had difficulties with gambling were greedy, lazy, weak, untrustworthy, and dangerous to others.

- The gambling industry promoted gambling as harmless fun and a matter of individual choice and freedom. If a person gambled a lot, that was a lifestyle choice. If they got into difficulty that was their irresponsibility. This served gambling companies by blaming players for harm and hiding the role of their commercial practices.
- Gambling was now everywhere, part of everyday life, social groups, and other leisure activities. But gambling harm was not understood or spoken about in social circles. So, people believed the fault must be with them because they could not control their gambling when it seemed everyone else could.
- Media often reported on crime due to gambling as if people had stolen to fund a 'lavish lifestyle', rather than due to addiction.
- People still thought of a typical gambler or 'problem gambler' as a white, male, working class, gambling away their wages in a bookmaker. Some did not want to be associated with this. Others did not recognise themselves as gambling or being harmed as they did not fit this.
- Some people experienced additional stigma because their culture or religion prohibited gambling. So did those where gambling was not a socially acceptable activity – as with women.
- Also, those in the 'white, male' group who 'were expected to gamble' said the shame and stigma they felt for losing control was still bad – and made worse because men were not supposed to be weak.
- People described gambling as the hidden addiction, because it was not understood as addictive, and the range of people affected, and the extent of harm was not visible.
- The fact that gambling was about money added a unique element to the stigma and shame, as it was not easy to comprehend how people could behave this way with money.
- People could not understand why gambling was not treated in government policy like other addictive, harmful activities, such as alcohol, smoking or drugs. There were much fewer restrictions on gambling and not the same level of education, public awareness, or treatment. There were not provisions in criminal justice, social care, or benefits as with other addictions. And it was not recognised as an issue in financial services, like other consumer vulnerabilities were.

The fact that the government discriminated by treating gambling differently from other harmful activities added to the sense that people harmed by gambling did not matter and they were to blame. The blame and shame people feel erodes their mental health and self-worth and stops them from trying to get help. In this way, stigma and discrimination make gambling harm worse and are harms from gambling themselves.

Harm

Harm is pervasive and burdens lives long after gambling had stopped. Harms are complex and overlapping. Harm in one area of life contributes to harms in another part of life, so taken together, harm adds up to more than each area looked at alone. Harms extends out through families, social groups, and communities. Gambling undermines the ability of people and those close to them to function well and be part of society. Gambling causes financial, social, and digital exclusion.

Some people were experiencing life difficulties, some were not. Some had other mental health conditions. However, all were harmed by gambling, irrespective of what went before.

Health

- People experienced stress, anxiety, mood swings, intrusive thoughts and urges, problems sleeping, inability to concentrate, and loss of self-worth.
- Almost everyone had thoughts of ending their life, and some had come close to or attempted suicide. This was because people felt so trapped by gambling that they had no hope of escaping and were so humiliated that they believed they were the problem and could not face other people.
- Some started drinking more to cope with gambling.
- The damage to health endured after gambling and left grief, depression, anxiety, social anxiety, and low self-worth. Gambling had been a trauma that changed them forever.

Finances

- More and more of people's income went on gambling. Then they started to pay only essential bills like rent and did not have money to live on. Then they began gambling using savings, overdrafts, credit cards and loans. Finally, as credit ratings deteriorated, people turned to expensive forms of credit, adding to escalating debt. Those living in socio-economic circumstance could not get high street credit, so they went straight to payday loans and pawned possessions.
- The ease of access to credit online combined with the current gambling market meant this financial deterioration was often rapid.
- In the end, people gambled all the money they could get, so how much they gambled depended on how much money they could access. Gambling a seemingly small amount of £20 per week could mean someone on benefits could not eat. Others gambled hundreds of thousands, losing homes, savings, inheritances and ending up with nothing.
- Gambling took resources from partners, children, family, and friends.
- People gave up control of their own money to stop gambling, so they were excluded from a basic part of adult life.
- After gambling, people were in debt, bad credit ratings made finance hard to access and expensive and housing was compromised. What seemed like a small amount of debt could be a great deal to someone on a low income. People could be burdened with debt for years.

Relationships

- Gambling damaged relationships with partners, children, parents, family, and friends. Gambling caused financial strain, not giving others attention or time, and deceit leading to a breakdown of trust.
- Those close to the person gambling suffered the stress and heartache of the addiction and its consequences. They often tried their best to help, without knowing how to. It could be too much, and relationships broke down. Some people were rejected when their gambling became known.
- Relationship breakdowns could lead to homelessness and increased people's isolation in gambling.
- After gambling, harms to relationships continued to impact the wellbeing of the individual and their affected others, with anxiety, guilt, loss, loneliness, and mistrust. Some relationships were estranged and irretrievable.
- Harms went across generations, undermining relationships with and care for children, or with the person's parents.

Community

- Gambling hindered participation in social life. It took all attention and money and made people feel bad about themselves, so they stopped taking part in social groups and other activities. They felt their social standing and reputation was damaged as they became unreliable, untrustworthy, and tried to borrow money.
- This alienation could be worse if gambling was against the beliefs of the groups they belonged to – due to ethnicity or religion, but more generally, where gambling was frowned upon.
- But where gambling was a big part of what a social group did together, people felt like the only ones with difficulties and that others would not understand.
- This separation from social life perpetuated gambling and damaged people's identity and wellbeing.
- The social exclusion could be long-term. People gave up social groups and leisure activities where there was gambling, like sports, television, or social media. They could be ostracised or keep themselves from those they thought would not understand or would be prejudiced towards them.

Work

- People's work was undermined as they were preoccupied with thoughts of gambling, were gambling at work, or missed work due to gambling. Financial stress and mental ill-health from gambling also affected work.
- People's career progression was hindered, or they lost their job or business. Some were driven to crime in the workplace.
- Loss of work added to financial harm and people could end up homeless.
- There was a long-term impact on employment opportunities and the potential for people to improve their own and their family's socio-economic position.
- Those with debts had to take a second job or work overtime.

Crime

- Some people were driven to crime after exhausting all other avenues to get money. This could be stealing but usually was embezzlement from their employer or business. People were not thinking rationally, and convinced themselves if they had money to gamble, they would be able to win and pay the money back.
- Often people ended up telling their employer or confessing to the police.
- People described how at all points in the criminal justice system – police, investigation, sentencing, imprisonment, probation – there were no arrangements as for other addictions and mental ill-health. In addition, people often had no previous experience with the criminal justice system and did not know how it worked.
- Long periods of being under investigation, custodial sentences and Proceeds of Crime Orders added harm to people and their families.
- Crime resulted in people experiencing damage to mental health, self-worth, relationships, employment, finances, and social standing that lasted long-term.

Recovery

Once entrenched, the addiction is very hard to overcome. People hid their difficulties out of shame and fear of how others will respond. They ended up in crisis or at breaking point. This meant harm was extended and deep. Getting help was difficult.

- People tended to relapse multiple times before being able to stop.
- They described having a turning point, usually a crisis. For most, this was becoming suicidal. It could also involve realising the impact on loved ones, or their gambling being found out. Trying to save relationships was often the motivation to stop gambling.
- A first step was putting physical barriers in place to make it as hard as possible to gamble, to beat the urges and get clear thoughts. Because there are currently no limits built into gambling, they had to do this themselves, sometimes in extreme ways. This included blocking access to gambling, but also giving up control of money, not having a smartphone or access to Wi-Fi, isolating themselves and avoiding social groups or leisure activities where there was gambling.
- Many people struggled to get help. They did not know what help there was for gambling, could not access it because of cost or location, or did not think it was for them. People could not access treatment if it meant they needed to have money, as they did not have any because of gambling.
- There were mixed experiences with the industry-funded National Gambling Treatment Service. Those who tried to get help via a GP or emergency services, as they would for other issues, mostly had bad experiences. Those who were from more affluent backgrounds tended to use private therapists.
- People had different needs regarding therapy. Some just needed help with gambling. Some wanted to deal with a range of life issues or with other untreated mental health conditions.
- Getting debt management in place was important to give some relief from the stress due to financial harm. But some did not know about these services, found accessing them shameful or intimidating, or that the services did not understand gambling.

- Support from others who had experienced gambling difficulties was extremely important because people felt so little understood anywhere else. Many people used Gamblers Anonymous and developed online networks. People with lived experience set up their own initiatives to help others.
- Gambling had so altered their thoughts and behaviours, people had to be vigilant against the addiction being triggered again, especially as gambling was everywhere.

Dealing with the legacy of harm to them and those around them was hard. People struggled to get practical support and come to terms with the damage to their lives. Recovery was a long process that continued beyond stopping gambling and involved rebuilding their sense of self and reconnecting with others.

People wanted those going through gambling difficulties to know there was hope, and that they could recover. The most important thing was to tell someone – from the moment they had, things got better. People should do this early so as not to experience the amount of harm they had.

People wanted the public to know that those with a gambling addiction were suffering, and addiction meant their behaviour was not a rational choice.

Change

People want change to stop harm and addiction in the first place. Gambling must be understood as addictive, like alcohol, tobacco, or drugs, and like these, it can affect anyone. Because it is addictive, gambling interferes with people's ability to make choices in their best interests and causes harm to people and society. Gambling needs to be regulated like other harmful and addictive activities and the same kinds of protections and services provided for consumers as in other areas.

At the same time, gambling's unique dynamics need to be understood and addressed – that it is about money and the lack of physical signs and symptoms make gambling especially dangerous and harm intense and rapid in an unfettered gambling market.

Gambling policy and regulation

Government should regulate how gambling companies operated to stop them from causing harm. Regulation has not kept up with the gambling industry. Government needs to make fundamental changes to regulation to make gambling companies act responsibly.

Gambling companies are not going to change themselves, as this goes against how they make money, and they are adept at getting around regulation. Because gambling is harmful and addictive, there should be limits placed on consumers, like there are limits for alcohol, tobacco, or drugs.

- Gambling companies should have a duty of care to ensure consumers are not harmed by what they sell – just like any other product or service.
- Gambling companies should be required to check that a consumer can afford to gamble.
- High-street gambling should make better use of technology and require players to register.
- The legal age for gambling should be raised to 21.
- Gambling advertising should be banned or significantly restricted - especially sports sponsorship, daytime and primetime broadcast advertising, free bets and offers, direct marketing and cross-selling.
- An ombudsman independent from the industry should provide individual consumers redress when gambling companies broke the rules and caused them harm.
- Monitoring and consequences that would change gambling company behaviour, instead of repeatedly breaking the rules.

Changes across policy, institutions, and services

Bringing gambling regulation in line with other harmful industries needs to be accompanied by change across areas of public policy, financial services, and work – so preventing and addressing gambling harm was given the same value as for other addictions and health problems.

- Increase in the quality and accessibility of treatment. Instead of treatment delivered by industry-funded bodies, this should be provided within the NHS. This should include specialist gambling treatment, as well as awareness and skills in GPs, emergency services, mental health, addiction, and social care services.
- Help, emotional and practical, to recover from the legacy of harms people had been left with because of gambling companies' activities over the last decades.
- Support and help for affected others.
- Government-led public health awareness of gambling harm and the help available, and normalising conversation about gambling harm in social groups.
- Schools should educate both pupils and their parents about gambling harm, and teachers should be properly prepared to do this.
- Changes in how gambling is dealt with in the criminal justice system, so gambling is addressed as an addiction and mental health issue. The criminal justice system should not worsen gambling harm for people and their families, by treating people as if they had benefited from crime when the money had all gone to gambling companies.
- Signs of gambling difficulties often become evident in the workplace. Addressing gambling harm will help employers to stop the loss of productivity and potential for crime due to addiction. There should be workplace awareness of gambling harm and how to support colleagues experiencing gambling harm, as has happened for mental health and other addictions.
- Financial services need to do more to protect customers from financial harm from gambling. Banks can see when someone was experiencing gambling difficulties as they

had first-hand access to their financial records. People said banks had benefited from their gambling by supplying them with credit.

Not using stigmatising language like 'responsible gambling' or 'problem gambling is important but not enough. It is also not enough to tell people they should seek help early. This again puts the blame for not getting help, without changing the things that make it hard for them to do so.

Government needs to be unequivocal in its messages, policy, and regulation that gambling is addictive and harmful. It should treat gambling like other health, addiction, or consumer rights issues. Stop giving gambling companies special treatment and discriminating against people harmed by gambling.

Betting and Gaming Council

How has participation in land-based (in-person) and online gambling in London changed in recent years, and what is the prevalence of people experiencing gambling-related harms in London?

According to the NHS Health Surveys (which have the status of Official Statistics), participation in gambling by people living in London declined from 54% in 2012 to 51% in 2017. Excluding those who only played the National Lottery main draw, participation was broadly stable during this period (between 35% and 37%). Participation in online gambling was also relatively stable (8% to 10%). Rates of participation were lower than the national average for non-remote bingo and betting on horseraces; and similar to the national average for online gambling and non-remote casino games. The NHS and Gambling Commission have not published these results for the 2018 and 2021 Health Survey for England, but the data from the 2018 survey is held by the UK Data Service archive and so it is possible to undertake similar analysis.

	2012		2015		2016	
	London	Gt Britain	London	Gt Britain	London	Gt Britain
Any gambling	54%	65%	52%	63%	51%	57%
Any gambling excluding National Lottery	35%	43%	37%	45%	36%	42%
Online gambling	8%	7%	10%	10%	9%	9%

The estimated rate of 'problem gambling' (according to a combination of the DSM-IV and PGSI screening questions) was similar to the national average in 2015 and 2016 and higher in 2018 (data is not yet available for 2021). Care should be taken when interpreting these results. The 2018 estimate, for example, was based on 14 survey respondents classified as 'problem gamblers'. The NHS and Gambling Commission have not published estimates of DSM-IV 'pathological gambling' (renamed 'gambling disorder' in the DSM-5), which is a recognised

mental health disorder ('problem gambling' describes a sub-clinical threshold). Results from NHS Health Surveys however suggest that fewer than 50% of 'problem gamblers' are likely to be classified with 'pathological gambling'/'gambling disorder'. Gambling disorder can only be diagnosed by clinical interview and not by survey. It should be noted that the most recent NHS Health Survey placed the problem gambling rate across the UK at 0.4%.

We observe that 'problem gambling' is not necessarily the same as gambling-related harm. The former is defined by reference to potentially risky behaviours and adverse consequences; whereas the latter is concerned only with outcomes. While 'problem gambling' is consistently defined and subject to standard systems of measurement, gambling-related harm is very loosely and subjectively defined. By way of illustration, Browne et al. (2016) include reduced cinema attendance as a 'harm' from gambling. As Delfabbro and King (2017) observe: "A question, therefore, has to be raised as to whether these are genuine forms of harm. If one were to spend more money on shopping, subscribing to a new television channel, or going to sporting events, would not the same sorts of harm occur? The danger here is that if one softens the definition of harm, then it becomes possible to show that harm occurs at any point at the continuum."

Gambling-related harm may also be experienced by those other than the gambling consumer, such a family members. The term 'gambling-related harm' does not differentiate between negative outcomes arising from gambling and those simply correlated with gambling. Thus, while rates of depression are higher among 'problem gamblers' than in the overall population, this finding (from NHS Health Surveys) does not show that 'problem gambling' is the cause. In the same way, NHS Health Surveys show that risk of depression is lower for recreational ('non-problem') gamblers than for non-gamblers – but again this indicates correlation rather than causality. Given these issues, we consider that it is appropriate to answer the 'gambling-related harm' aspect of this question by reference to population prevalence estimates of 'problem gambling'.

How can a problematic relationship to gambling affect someone's health?

The American Psychiatric Association defines 'gambling disorder' as "persistent and recurrent maladaptive gambling behaviour that disrupts personal, family and/or vocational pursuits." It goes on to observe that "areas of psychosocial, health, and mental health functioning may be adversely affected by gambling disorder"; and "gambling disorder is associated with poor general health…Individuals with gambling disorder have high rates of comorbidity with other mental disorders , such as substance use disorders, depressive disorders, anxiety disorders, and personality disorders. In some individuals. Other mental disorders may precede gambling disorder and be either absent or present during the manifestation of gambling disorder. Gambling disorder may also occur prior to the onset of other mental disorders."

The NHS Adult Psychiatric Morbidity Survey 2007 found a strong association between DSM-IV 'problem gambling' and antisocial personality disorder; and weak associations with Obsessive Compulsive Disorder, Panic Disorder, Alcohol Dependence, Drug Dependence, Psychotic Disorder and Borderline Personality Disorder.

These findings highlight the fact that mental health conditions are often complex and comorbid; and care should be taken when attempting to understand health impacts.

Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

Health Surveys and the broader research literature suggest that certain groups may be more vulnerable to problematic gambling than others. While we are unaware of any robust and publicly available datasets for London, we have no reason to believe that the picture will differ from the national one. We note therefore that men (and young men in particular) are more likely than women to experience 'problem gambling' (although women are far less likely to seek treatment and support). Rates of 'problem gambling' are also higher for people who live alone, people who are unemployed and non-white ethnic groups.

Does the NHS offer sufficient support for people in London experiencing gambling related health harms?

Since 2007, the NHS has offered a clinic in London for those seeking treatment for gambling disorder. Prior to 2022, this clinic was funded by arms-length voluntary donations from licensed betting and gaming operators. Before 2019, it was the only dedicated NHS gambling disorder treatment clinic in Great Britain. The NHS Long Term Plan set a target of 14 clinics to be open across England, of which [12] have now been opened.

In 2013, this clinic treated 858 people. We have been unable to find more up to date figures for the London clinic but note that in 2022/23, around 1,400 referrals were made across all [12] of the NHS clinics. In addition, NHS hospitals also admit around 300 people a year with gambling disorder – but it is not disclosed how many of these relate to either London residents or hospitals in London.

The question of whether the NHS provides sufficient support has to be considered within the context of the wider National Gambling Support Network ('NGSN') as well as wider support services, including Gamblers Anonymous, GamAnon (which supports affected others), private healthcare providers and community-based and faith-based services. It should also be noted that not all people with a problem gambling classification require treatment. The American Psychiatric Association observes (in the DSM-5) that "individuals presenting for treatment of gambling disorder typically have moderate to severe forms of the disorder". Meanwhile, Dr Robert Williams of the University of Lethbridge in Canada has described claims that all 'problem gamblers' require treatment as a "fallacy". Noting high rates of natural recovery and relatively short average duration, Williams (2018) states that: "People who truly need formal treatment are: Those without the resources and support systems to recover on their own; Individuals who have already tried to recover on their own and been unsuccessful." At the same time, a number of studies have shown that HelpLines and NetLines can be highly effective for people with less severe gambling problems. When considering treatment requirements, it is necessary to first

consider the population that is likely to benefit from formal treatment services and second, the full range of treatment and support services available.

We note that the number of people receiving 'Tier 3' support (defined as treatment courses consisting of four or more sessions) from the NGSN has remained fairly stable over recent years, in spite of substantially increased investment in services. In order to increase treatment-seeking, it is necessary to understand i) impediments to treatment-seeking; ii) the perceived relevance of treatment services available; and iii) the value to different groups of different forms of support (from helplines through to 12-week cognitive behavioural therapy courses to pharmacological treatments).

What other support services in London are available to people experiencing gambling related health harms and is this sufficient?

Support for people with gambling disorder (and affected others) is provided by the National Gambling Support Network. This brings together the NHS with a range of charitable organisations. The annual report on the NGSN (published annually by GambleAware) does not disclose how many people receive treatment in London but this information is presumably available.

The largest of the NGSN treatment providers is GamCare, which offers face-to-face counselling at its centre in Farringdon and increasingly via online sessions. In addition, its HelpLine and NetLine receive more than [40,000] target calls every year – providing support and advice to people with 'problem gambling' and to affected others.

BetKnowMore is a London-based charity providing peer support and community outreach services as well as dedicated women's programme.

The Gordon Moody Association has been helping people with gambling disorder since [1971]. It provides two specialist residential centres to help those with more severe disorders. One of these centres is in Beckenham in Kent.

It should be noted that BGC members have contributed millions to RET through the voluntary levy over many years. Our largest members already pay 1% of GGY to RET and will have contributed over £100m by 2024. Whilst our members remained committed to the voluntary levy, we have also publicly supported making this mandatory for the industry. We are engaging with DCMS on their plans for a statutory levy, through the consultation which is live at the time of writing.

What is important to stress, as should have come through in this section, is that the NHS is not the only solution to support people experience gambling related harms. The support of the third sector is crucial and maintaining funding for these organisations is essential to the ecosystem of support. Our members directly support the third sector, including funding the £10m Young People and Gambling Harm Prevention programme. The statutory levy proposal is

for 40-60% of RPT funding going forwards to be provided to the NHS. Whilst additional funding for the NHS to treat gambling harms is welcome, these funds must also be used to continue to support the work that is carried out by the third sector.

What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?

The regulation of the licensed betting and gaming market is the responsibility of the Gambling Commission, under the remit of the Department for Culture, Media and Sport. Licensing authorities exercise powers, which allow them to contribute to the functioning of the market at a local level. The Greater London Authority therefore has limited powers to reduce harms caused by gambling and to support those affected. It is not immediately obvious what the GLA might do to reduce gambling-related harms, although we note that attention has been given to the use of its powers to restrict advertising (e.g. on Transport for London). We would urge caution where any use of local government powers are exercised in support of censorship and suggest that the GLA takes the time to engage with operators to discuss a) the rationale for such a move; and b) the likely consequences.

It is in the public interest that any interventions by any authority are:

- Informed by a rigorous and morally neutral assessment of the evidence;
- Consistent with the objectives of the Gambling Act 2005;
- Coherent with the overarching framework of market regulation and healthcare (complementary and coordinated rather than antagonistic);
- Subject to public consultation

Is there anything else you wish to share with the Committee that can help inform our investigation?

While the investigation is focused on gambling-related harms, it should be noted that gambling as an activity involves a range of benefits to consumers. These include benefits of socialisation and of playing games (mental stimulation). Thus while NHS Health Surveys have highlighted the fact that 'problem gamblers' often experience very poor mental health, recreational gamblers typically enjoy better mental health (as measured by the Warwick-Edinburgh Mental Wellbeing Scale and the GHQ12) than the overall population. In its 2021 'Gambling-related harms evidence review', Public Health England found that "Overall, the highest levels of gambling participation are reported by people who report better general psychological health (on the short general health questionnaire (GHQ-12)) and higher life satisfaction. In contrast, people describing poorer psychological health are less likely to report gambling participation." One Australian study (Blackman et al., 2019) showed that recreational gamblers enjoyed better wellbeing (as measured by the Personal Wellbeing Index) than the general population; and that this effect increased with participation. Studies of bingo players have indicated that the mental stimulation provided by game-play can improve mental acuity and is related to prevention of dementia (see for example, Sobel, 2001; Louie et al., 2013)

Measures designed to prevent gambling (at the level of the population) may be expected to result in negative consequences for consumers in terms of health and wellbeing; and a loss of enjoyment. Walker (2013) cites 'restriction effects' – arising from preventing individuals from pursuing enjoyment - as a type of harm, writing: "When individuals are prevented from making what they see as mutually beneficial , voluntary transactions, they are harmed."

In addition to this, there are wider economic benefits arising from the operation of a responsible regulated market for gaming and betting. The BGC's members employ huge numbers of people in the Greater London area, across bingo clubs, betting shops, casinos and remote gambling operations. Land-based casinos also attract visitors into the area from overseas and other parts of Great Britain and support the capital's economy in a wide variety of ways.

It is important to emphasise that the Government in April published their White Paper, setting out proposals and changes for gambling reform going forwards. This paper has received broad crossparty support. The BGC and our members remain committed to implementing this programme in full. Proposals within the White Paper will benefit the industry, the gambling ecosystem at large and, by extension, London. Further changes and proposals should not be implemented at a local level until the White Paper programme has taken effect.

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GamFederation CIC

Hi I am from minority group, have degree in physics. I am founder director of GamFederation CIC I am GambleAware lived experienced community representative also trustee at Gambling Lived Experienced Network (GLEN). Continued five years I used to play roulette on bookishops. I did CBT, post CBT, Gamblers Anonymous meetings to abstain my gambling urges. On top of this I volunteering with Bonny Down Community Association and Darul Ummah hub Foodbank, British Red Cross, Tower Hamlets GP care group covid19 vaccination, Newham Renewal Programme, Praxis etc. Volunteering taught me how to be a better person without addiction. When anyone doing something good for others; h/she can not think bad for themselves. National Problem Gambling

Clinic using volunteering activities as a part of gambling treatment service. Any one can be affected by gambling harm regardless their age, race, religion. Parallelys anyone can do volunteering works to get some job experience and addiction free life, both can be play vital role for life path. Volunteering can be start locally, its cost nothing, its increased awareness about gambling harm, use of illegal drugs etc. London is multilingual city has 300 language. Unfortunately gambling treatment available only in English language. To reduce remarkable gambling harm in East London Bangla, Hindi/ Urdu, in West London Arabic, South London European and in North London Swahili language for gambling treatment; its need to be established to cover Asia, Europe, Arab and a bit Africans gambling harm. London is a metropolitan city, if Londons part of citizens spend time on gambling rather than doing their regular job unattentively it's really harm for totall london. One person's gambling harm affected eight to ten friends and family. Yearly 160 to 570 gambling related suicidal rate in UK. One suicidal affected 15 friends and family and 5000 affected in community. Awareness build up, eradicate gambling stigma need to established from community level. Lived Experience of gambling harm session need to be participants in community interest company or people powered place. Person gambling due to having low income or NRPF(no recourse to public fund) need to extra care as they can not work, they can not claim benefit and universal credit. Job opportunit in gamblrecovery organisation and Study opportunities (psychology, psychiatrist) for lived experience of gambling harm and affected other friends and family members. In a residential area number of off license shop and betting shop should be reduced, affordability check in betting venues need to be commissioned over all educated prople about gambling harm and way out technique by reduce gamnling stigma, self exclusion, money management, emotional first aid, cognitive behavioural therapy, Talking therapy, Mindfulness exercises. Combinedly we can combat against gambling harm and make gambling harm free society.
Thanking you
Md Mizanoor Rahman

Director of
GamFederation CIC

Clean Up Gambling

Submisison from Matt Zarb-Cousin, Director of Clean Up Gambling and Co-founder of Gamban

Questions 1-3

2.5% of respondents to the most recent Gambling Commission prevalence survey scored 8 or more on the Problem Gambling Severity Index (PGSI) with 22.9% of all gamblers either problem gamblers or at-risk, which means they are showing some signs of gambling-related harm.

The overall proportion of the population participating in gambling has remained largely constant, including 55.6% of Londoners. However, the nature of participation has significantly changed between older and younger generations. Older groups tend to gamble infrequently on low-risk products – largely the lottery. Younger groups tend to participate in the high-risk gambling that has burgeoned with liberalisation - continuous gambling, placing risker bets, in higher-risk gambling situations, online and using mobile devices.

Older people are much more likely to participate in the lottery – and only the lottery – with younger groups much less so. When participation in the National Lottery is removed, overall gambling participation has increased by 5% since 2015, and this has been driven by increased participation of those under 44.

Those aged 16-34 are more likely to gamble than other group and participate in more risky forms of gambling, on slot machines, machines in bookmakers and casino table games, as well as on online slots, casino, bingo, and sports betting. Participation in online slot machine-style games and instant wins is continuously increasing.

There is a shift to online gambling in general, but this is particularly so for younger groups. These groups are the highest users of smartphones and gambling on digital devices. While mobile gambling in general takes place mostly in the home, younger groups are more likely to gamble on mobiles in pubs and clubs, at work, on their commute, or in a sports venue. Younger people tend to have a greater number of online accounts. As acknowledged by the Gambling Commission, these patterns of accessing gambling are linked to increased risk.

While participation has remained relatively constant, the profits of the gambling industry have grown, driven by growth in remote gambling. Another way to put this is that the public's gambling losses have steadily increased over recent years, largely due to growth in higher risk online gambling. This is borne out by London being the region with highest levels of people with a PGSI score of at least 1.

Gambling harms extend beyond financial loss, but at its core, harm comes from financial loss, and harm increases the more money a person loses. But losses are not spread evenly across those who participate in gambling. Gross gambling yield (GGY) comes from a minority of intensive, likely disordered gamblers. It comes, disproportionately relative to income, from young people and people in deprived areas. The gambling industry's profits and government tax revenues are coming disproportionately from people who are younger, poorer, or suffering from mental ill-health.

In March 2021, a report published by NatCen using a large consumer dataset from seven major operators provided basic descriptive statistics on gambling online, using data on play from gamblers accounts over a year. 56% of those surveyed who took part in land-based (in-person) gambling said online gambling accounted for more than three quarters of their gambling activity. 79% said they took part in both online and land-based gambling.

The research included analysis by age, gender, and Index of Multiple Deprivation. The patterns evident in previous research are substantiated in this large dataset, using stratified random sampling. Individual loses are considerable in relation to typical income levels and spending commitments.

For online betting, most accounts were used infrequently with low stakes and low average spending over the year. 84.5% spent less than £200 over the full year. High annual stakes were concentrated in a minority of accounts. The 10% of accounts with the highest annual stakes delivered 79% of GGY. Measured by net losses, dependence on a small proportion of accounts was even more marked: the 5% of accounts with the highest spending generated 86% of GGY. 1.5% of accounts generated spending losses of £2,000-£4,999 over the year. 23% had addresses in the 20% most deprived areas. £10,000-£19,999 lost in a year, 0.2% of accounts, 15.4% in the most deprived areas. £5,000-£9,999 lost in a year, 0.4% of accounts, 21.5% in the most deprived areas.

For online casino gaming, as with betting, a small group of accounts generated a large proportion of the GGY: 5% of virtual casino accounts with the highest annual stakes accounted for 82% of the GGY. Most accounts used for gaming spent small amounts, but 3.2% lost more than £2,000 and 1.2% lost more than £5,000. Participation was highest in the 25-34 age group, which represented 16.9% of the British population, but which held 36.3% of accounts used for gaming and contributed 27.4% of GGY. Under 25s also held a disproportionately high share of accounts.

Compared with betting, all online casino gaming products were more likely to be used by players who lived in areas with higher levels of deprivation. 26% of those with spending losses between £5,000 - £9,999 and 20.3% of those with spending losses between £10,000-£19,999 lived in the 20% of most deprived areas. 2.2% of all gaming sessions resulted in a spending loss of £200 or more. Though a small fraction of sessions, this still means that, over the year, there were more than 2.3 million instances of a spending loss of at least £200. The research estimates that 396,910 customers (9.9% of all gaming customers) experienced such a loss at least once during the year. 4.1% of accounts used for gaming incurred a spending loss of more than £500 on at least one occasion during the year. Across the operators, this represented 164,000 accounts. 1.9% of accounts used for gaming had at least one session in the year where more than £1,000 was lost. This represented 77,000 accounts with these operators.

Questions 5-6

Gamban is software that is installed by a user onto their devices, that blocks access to more than 75,000 online gambling sites and applications across the world. This includes unregulated sites and apps, as well as day-trading and crypto platforms which aren't regulated as gambling but associated with gambling harm. It is available on all major platforms and designed to be as difficult to remove as various operating systems allow.

In December 2020, Gamban partnered with GamCare, which operates the National Gambling Helpline and treatment services, and with GAMSTOP, the UK self-exclusion scheme for licensed operators, forming TalkBanStop. This allows all UK residents to download Gamban free of charge through GamCare, with the initial phase funded by a Gambling Commission regulatory settlement and the project now supported by GambleAware.

The scheme is a recognition of the need for a layered approach to reduce gambling harm, and the collaboration required between organisations to improve outcomes. The project has been evaluated by Ipsos Mori and KPMG, which carried out Value For Money assessment.

KPMG found TalkBanStop led to a reduction in the excess costs to government and wider society associated with problem gambling and gambling-related harm, as well as a reduction in the financial losses experienced by users of blocking software. The blocking software element of the TalkBanStop campaign has had a gross impact of between £3.8m to £11.7m in reducing costs to the UK government and wider society, based on IPPR estimates of gambling-related harm expenses.

Free Gamban licences through the TalkBanStop campaign generated between £1.4m and £3m in reduced cost to the UK government and wider society in net terms based on prior estimates by IPPR, or £1.9m using Public Health England's central cost estimate.

KPMG asked users to compare the average gambling-related financial losses within the 12 months before installing Gamban and the average losses during the 12 months after installation. 64% of the participants who used gambling blocking software reported a reduction in gambling-related financial losses after installing Gamban. Survey respondents who had used Gamban reported an average of a £5,843 reduction in annual gambling-related financial losses.

When scaled up to the number of users who installed a free Gamban licence through the TalkBanStop campaign, it is estimated that across all users £44.6m in gambling-related financial losses was avoided over the appraisal period from December 2020 - July 2022 through the installation of Gamban.

The cost to GamCare of providing free Gamban licenses over the appraisal period of December 2020 to July 2022 is approximately £1.9m. Overall, it is estimated that the blocking software element of TalkBanStop generated between £15.9m to £18m in net benefits over the appraisal period. KPMG estimated that the blocking software element of TalkBanStop generates a Benefit-Cost Ratio (BCR) of between 8.1:1 and 9.4:1. This means that for every £1 that GamCare spends on blocking software, £8.10 to £9.40 of net benefits is generated.

Evidence from KPMG's blocking software survey found that users are most satisfied with the 'ease and speed 'with which their blocking software can be installed. From a total of 285 respondents, 65% of current and past users were extremely satisfied with the installation procedure.

54% of all Gamban user respondents reported being extremely satisfied with the extent to which they were able to install the software for their preferred length of time. Findings from the gambling blocking software survey found that a key factor in a users 'choice to use blocking software was that it was offered to them for free, with 47% of participants stating that if they had not received a free Gamban licence, they would have sought out a free but inferior alternative. 32% of the respondents would not have used gambling blocking software, had they not been offered a free Gamban licence.

KPMG's survey findings suggest that, among respondents, gambling blocking software is their preferred tool for minimising gambling-related harm. The surveyed users reported having tried different strategies and ranked gambling blocking software as their preferred option. GAMSTOP and talking therapies were reported as the second and third preferred tools, these other support methods along with blocking software make up the layered components of the TalkBanStop campaign.

The financial sector also plays an important role in the identification of harmful gambling behaviour. Banks can reinforce the layered approach by offering gambling transaction blocking. This allows users to opt-out of any online gambling transactions via their bank accounts. If a user chooses to switch gambling transactions back on, banks often offer a delay period that adds friction. Over half of UK banks now offer a gambling transaction block.

These initiatives could be promoted by the Mayor which would help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms. Awareness of the tools available is still relatively low and publicising the simple TalkBanStop.com call to action would be hugely beneficial to prospective service users.

Question 7

The Campaign for Fairer Gambling and the Stop the FOBTs campaign were leading voices in fight to reduce the maximum stake on Fixed Odds Betting Terminals, betting shop machines known as FOBTs, from £100 down to £2.

Another leading voice was the London Borough of Newham which initiated a proposal supporting that stake reduction under the Sustainable Communities Act (SCA). The majority of London local authorities joined Newham in this proposal. While government did not respond in the timely manner required under the SCA, it did initiate the DCMS review which led to the stake reduction.

With the growth of remote gambling, the limited powers that local authorities have over gambling are diminishing. The negative impacts of individual harm and wider socio-economic harms are more prevalent with the anybody, anywhere, anytime access of remote gambling.

As remote gambling is a national issue it makes sense for regional and local authorities to consider the broader implications and consider working in a unified approach with like-minded Mayors, regions and councils. One contemporary example is the Greater Manchester Gambling Harms Action Plan.

Following the recent Gambling Act Review which led to the DCMS White Paper, there are certain consultation components that have relevance to local authorities. There is a proposal to increase the number of machines in casinos and to change the mix in arcade and bingo halls from the 80/20 split to a 50/50 split, to allow increased numbers of higher stake machines. Regardless of consultation responses it seems likely DCMS has pre-determined this to be desirable within the remit of supporting equity between land-based and remote sectors.

Prior to the White Paper, the Gambling Commission (GC) had introduced controls on remote slots, which it recognised were positively regarded and without negative consequences. One aspect of these controls was a minimum period of 2.5 seconds between remote slots spins, on parity with land-based machine speed. The GC admits that it does not confirm that 2.5 seconds is either a safe or an unsafe speed. There is no evidence that slot machines can be played at a speed in excess of 2.5 seconds without automated re-bet features. What was proposed as a 2.5 second speed "control" is therefore a non-control.

The speed of 2.5 seconds was negotiated following the illegal introduction of FOBTs in around 2001. Even after the stake reduction to £2 a spin, betting shop machine revenues still exceeds the totality of machine revenues from all other licensed sources. Betting shops are the in-person gambling venue that is most commonly cited by clients of the National Gambling Support Network, at around 60% percent of land-based gamblers.

With more machines available, and more machines at higher stakes, more venues will be commercially viable. As speed is recognised as being associated with harm, local authorities could contemplate an SCA proposal to reduce the speed of all slot games (land-based and remote) to 5 seconds.

In respect of the stakes on online slots, the DCMS consultation contemplated a range of £2 to £15, with no evidence to justify stakes in excess of the common high-street maximum of £2. DCMS does postulate that there are "associated protections" available online which do not apply to land-based. But the level of addiction rates is higher at remote slots than at any other activity, demonstrating the ineffectiveness of the protections or the unwillingness to apply them, or both. 44.8% of online slots and online casino users have a PGSI score of at least 1, which classifies them as being addicted or at-risk.

With the concept of equity between land-based and remote being part of the agenda there is a theoretical danger that a remote slots maximum in excess of £2 could be used as a gateway to increasing the land-based slots maximum. There is evidence from a DCMS Select Committee hearing of July 11 2023 that this dangerous move is already being contemplated.

Hansard records show that at Q100 Wes Himes, representing the Betting and Gaming Council, identifies that the stake range for slots maximum being considered by DCMS is £5 to £15, as if he is aware that DCMS has already discarded the £2 option. At Q166 John White, representing the arcade and machine trade body BACTA, claims that he and Miles Baron, representing the bingo hall sector, will be asking DCMS to allow increased stakes on their machines. It is inconceivable that betting shops would not join in on that request.

The work of the Local Government Association in processing the SCA proposal to reduce the FOBT maximum stake to £2 is at risk of being undone. The first sign of that risk pending will be if the DCMS slot consultation, which should be ready to report in December 2023, recommends a higher maximum than £2.

It is at this juncture that an SCA proposal to reduce spin speeds and reduce the maximum stake on remote slots should be considered by local authorities, and regional Mayors should be encouraged to take a position on issues pertaining to the Gambling Act Review consultations, including the online slots maximum stake, to ensure gambling related harm to their constituents is prevented.

The Behavioural Insights Team

The Gambling Policy & Research Unit at the Behavioural Insights Team is delighted to respond to Question 6 of the consultation: What could the Mayor do to help reduce the harms caused by gambling and improve support to those affected by gambling-related health harms?

The Behavioural Insights Team and the Gambling Policy and Research Unit

The Behavioural Insights Team (BIT) was the world's first organisation dedicated to using a Behavioural Insights (BI) approach to support evidence-based policy making. We are experts in the application of BI to practical challenges and the robust evaluation of policy interventions.

The Gambling Policy and Research Unit (GPRU) is a specialist team within BIT, dedicated to understanding and reducing gambling harms in Great Britain by drawing on the full range of BIT's expertise and resources. The GPRU is a four year programme, funded through regulatory settlement funds via the Gambling Commission. We look at a range of different areas of gambling policy, including the impact of marketing, access to support and treatment, the design of operator websites, and role of financial service organisations.

For programmes, policies or campaigns to be effective - including those to reduce gambling-related harms - we need to account for how people make decisions. Too often, public policy is made assuming that people act 'rationally', when we know that behavioural biases, emotions, incentives, social processes as well as other contextual factors influence our decisions and

behaviours. On the other hand, other actors - such as gambling operators - might already design products and communications to take advantage of these biases and other factors known to influence our actions.

The Behavioural Insights Approach

The Behavioural Sciences - comprising disciplines such as Behavioural Economics and Social Psychology - offer a lens through which to understand human behaviour and a basis for supporting positive social outcomes. The application of evidence from the Behavioural Sciences to practical behavioural challenges is commonly summarised as 'Behavioural Insights' (BI). The BI approach uses a 'toolkit' of robust findings from existing Behavioural Science research (e.g. about behavioural biases), primary research with individuals and stakeholders working in a given context, quantitative approaches such as data science, and evaluation techniques to (re-) design and test interventions, regulation, and processes. At BIT, we have used this approach successfully to reduce missed hospital appointments, improve cancer referrals, or increase council tax collection. An BI approach is equally invaluable for understanding gambling and help-seeking behaviour, designing and evaluating related initiatives and ultimately reducing gambling-related health harms.

Protecting children and young people (CYP)

We welcome the Mayor's support for developing school Superzones where gambling licensing decisions take CYP's exposure to gambling into consideration. To further limit CYP's exposure to gambling, we propose to account for school proximity in all decisions about gambling licensing and advertising, including school areas not currently involved in the school Superzone initiative.

There is evidence that betting shops are an initial entry point to gambling for young people, as ID checks are not consistently applied in land-based gambling premises. Existing research also points to the association between gambling at a young age and psychological problems, as well as increased/greater tobacco and alcohol consumption. While these associations are likely to be bidirectional, limiting CYP's exposure to gambling is likely to have positive impacts on young Londoners' health and wellbeing.

Wider Behavioural Science evidence suggests that limiting new licensing in school areas might lower gambling among CYP in two ways:

- **Positive friction**: Frictions, that is, small barriers to taking an intended action, can have a disproportionate impact on behaviour. For example, BIT research (p.13) showed that removing one click in a form led to significantly higher tax filing rates. So-called positive friction can be leveraged to limit potential harmful behaviours. Increasing the physical distance between schools and betting shops and avoiding their placement along routes frequented by pupils on their way to and from school would introduce such friction, and might therefore decrease the likelihood of pupils engaging in gambling activities.

- **Social norms**: Behavioural Science research also demonstrates the importance of social norms for individual behaviour and the role of regulation in shaping these norms. The observation of other people's actions influences perceived norms (i.e. what is seens as 'normal' or desirable) and thereby behaviour. Exposure to gambling activity at a young age might therefore normalise gambling and, on the other hand, limiting children's exposure to gambling in school areas may help reduce underage gambling activity by preventing normalisation

Avoiding harm from advertising

We acknowledge and commend that the Mayor has commissioned research summarising the evidence on the harms of gambling advertising, and will use this evidence to inform decision-making about gambling advertising on the Transport for London networks. We suggest considering similar restrictions in other areas where risks are particularly high.

BIT research found that gambling advertisements are often designed to exploit behavioural biases by misleading customers about risks or making relevant T&Cs less salient. A follow-up randomised controlled experiment showed that these misleading features are more likely to affect vulnerable customers, such as individuals with high Problem Gambling Severity Index (PGSI) scores and elderly people; additional recent research highlights that the design of gambling ads potentially attract children. These design features and thus ads in general may contribute to gambling harm by making it more difficult for vulnerable customers to make well-informed decisions.

We suggest the Mayor works with London-based authorities and research organisations to identify gambling advertising contexts and practices that are particularly harmful and reach a high number of vulnerable people, and **considers restricting gambling advertising in such contexts** (e.g. by extending the ban on junk food advertising in school Superzones to gambling advertising or by working with sports clubs to restrict advertising in and around venues frequented by children).

Improving access to gambling support services

We recognise the importance of increasing access to gambling support and treatment, and current efforts by local authorities to streamline mental health and wellbeing-related services and referral networks. We recommend that the Mayor supports additional work that aims to identify and remove barriers along the user journey of seeking gambling support and treatment.

Behavioural Science research has produced substantial evidence that design features that make administrative tasks (such as applying for treatment) difficult can have large negative impacts on desired behaviours. Identifying and removing this type of friction in user journeys is a key step towards increasing access to gambling support services. For example, BIT has previously worked on improving the uptake of gambling support services by removing friction points and making websites simple to use and easy to understand. Our key recommendations included

improving signposting to services and organisations, as well as reviewing the language used on websites to reduce stigmatisation.

We believe that similar work - combining desk-based research with primary research with Londoners with lived experience of gambling harm - could help London-based gambling support providers and referral networks **understand barriers to help-seeking, in both an online and offline context.**

We also recommend that the Mayor invests in improving awareness of and in destigmatising uptake of support and treatment services.

Previous research shows that lack of awareness about service offering and stigma are major barriers to uptake of gambling support, and that women and ethnic minorities are disproportionately impacted by stigma. Furthermore, there is evidence showing that previous government and industry communications about gambling problems were perceived as stigmatising by affected individuals, as they emphasised the responsibility of the individual. On the other hand, a recent evidence review by BIT highlights that emphasising the usage of treatment services by a diverse range of people can reduce stigma and increase perceived relevance of services.

Framing and language are therefore important considerations for designing effective campaigns but should also, for example, form part of training for frontline staff to improve uptake of support (e.g. when rolling out the new NICE guidance on including discussions around gambling in health checks/GP appointments). Existing evidence from the Behavioural Sciences (such as the one highlighted above) can help identify potentially impactful framing, but these should be tailored to and tested in the relevant context (e.g. local social services and referral networks).

The importance of data, testing and evaluation

We encourage the Mayor to invest in applied research/ evaluation to understand gambling-related harms and to assess the potential and realised impacts of interventions.

We support efforts to collect high quality data on gambling activity and harms in London, thereby allowing for better tailoring and targeting of interventions to reduce gambling harm. We believe that the Mayor is especially well-placed to **commission research to understand the** gambling experiences of women and ethnic minorities in London.

Data and evaluation should also play a central role in developing Behavioural Science based approaches: While existing evidence can give us an idea of what might explain behaviour in a certain context or be effective at encouraging a certain course of action, human behaviour is highly context specific. For this reason, we support and encourage **including the views of people with lived experience of gambling harm** in the design and evaluation process. Additionally, **rigorous testing and evaluation** are crucial to designing effective interventions

to reduce gambling-related harms. For example, we have developed tools such as Behavioural Audits, which we have used to identify potentially harmful choice architecture on gambling operator websites, and regularly run online experiments on our platform Predictiv to test the impact of communication interventions, such as gambling activity statements.

Get in touch

If you would like to further discuss any of the above, please do not hesitate to get in touch by emailing gambling@bi.team.

Howard League for Penal Reform

About the Howard League for Penal Reform

Founded in 1866, the Howard League is the oldest penal reform charity in the world. The Howard League has around 7,500 members and 14,500 supporters, including prisoners and their families, lawyers, criminal justice professionals and academics. The Howard League has consultative status with both the United Nations and the Council of Europe. It is an independent charity and accepts no grant funding from government.

About the Commission on Crime and Gambling Related Harms

The Commission on Crime and Gambling Related Harms – originally called the Commission on Crime and Problem Gambling – was launched by the Howard League for Penal Reform in June 2019. It was tasked with answering the following three questions:

- What are the links between gambling-related harms and crime?
- What impact do these links have on communities and society?
- What should be done?

The Commission began with a review of the existing literature and a call for evidence, followed by oral evidence sessions with a range of stakeholders, policy makers and people with lived experience. The Commission then conducted a programme of research exploring evidence gaps. The Commission concluded in 2023 with a final report.

You can find more about the Commission's work here: https://howardleague.org/commission-on-crime-and-problem-gambling/

Introduction

There is a growing call to recognise the role and impact of gambling related harms and addiction within the criminal justice system. Gambling behaviour, and harm, exists on a spectrum ranging from recreational activity to addiction. Gambling addiction is defined as a

behavioural addiction (DSM-V American Psychiatric Association, 2013). Gambling harm is described as 'varied and diffuse' (Langham et al, 2016), extending beyond addiction to wider, negative consequences in all aspects of life (immediate and longer-term impacts on finances, relationships, emotional/psychological wellbeing, health, culture, employment, education, and criminal activity). In fact, the widespread impact of gambling harms is increasingly being recognised as a public health issue (The Lancet, 2021; Public Health England, 2021).

The Commission on Crime and Gambling Related Harms, focused on England and Wales, was concerned with crime as a recognised gambling related harm, and the direct relationship between gambling addiction (also termed problem, pathological, or disordered gambling) and resultant criminal activity. It was concerned with the ways in which broader gambling harms can link to and impact on the criminal justice system. The Commission explored the ways in which gambling harms might exist as both a causal, contributing, and/or contextual factor to criminal activity. Despite some examples of good practice, the Commission identified an overarching lack of awareness and understanding of the nature and relationship between crime, gambling harms and addiction across the criminal justice system (Commission on Crime and Gambling Related Harms, 2021). Alongside these findings, the complex and extensive impact of gambling on people's health became abundantly clear. Moreover, the need for greater collaboration between health, social, and criminal justice agencies was evident, in facilitating early identification, intervention and appropriate treatment and support.

The Commission undertook four research projects which detailed people's lived experience.[98] Participants were based across England and Wales, with a number based in London and the Southeast. Stakeholders were typically London-based due to practical constraints. We are especially grateful to these individuals with lived experience of gambling and crime who spoke to us about their stories.

How can a problematic relationship to gambling affect someone's health?

The lived experiences of research participants illustrated a complex link with mental health. Mental health concerns appeared to be causal, contextual and resulting factors to gambling addiction and harm. Gambling itself has a significant detrimental impact on mental health due to the development of isolating behaviours both to engage in gambling and to keep activity hidden (Commission on Crime and Gambling Related Harms, 2023). Participants also spoke of feelings of guilt and shame, arising from gambling harms (Smith, 2022). Conversely, existing mental health concerns, for some participants, had been a factor in the engagement with gambling activity and the development of a gambling addiction (Smith, 2022; Trebilcock, 2023; Brown et al, 2023). Boredom and isolation also factored in the development of gambling addiction. Our research illustrated that the impact of gambling harm and addiction can be so severe that it can lead to suicidal ideation and for some, active suicide attempts. Some people

[98] Further information about the projects and the research reports are available on the following webpages: "Surviving, not living": Lived experiences of crime and gambling; Holding it all together and picking up the pieces: Women's experiences of gambling and crime; Lived experiences of gambling, gambling-related harms, and crime within ethnic minority communities; and Exploring gambling and its role within prison culture: "You can be flying high, then fighting"

had been able to work to improve their mental health over time but there was evidence of the long-term impact on mental health, even after recovery from addiction (Smith, 2022). The impact on the mental health of family members was also highlighted (See also: Banks et al., 2018; Gunstone and Gosschalk, 2020). Drug and alcohol use also featured alongside gambling addiction. For some, this was recreational, but for others there was evidence of alcohol or drug dependency. However, the presence of dual addictions was not the case for most participants (Smith, 2022).

While less prevalent, there was also evidence of a significant impact on physical health (such as reported digestive or cardiovascular problems) for people directly impacted by harms arising from gambling and crime, and this extended to family members (Smith, 2022). There was also evidence of gambling harm and addiction developing because of or in response to poor physical health, and/or as a co-morbidity with existing health concerns (Trebilcock, 2023. See also: Riley, 2021b; Collard et al., 2022).

Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?

Gambling is prevalent across Great Britain with 24 per cent of people reporting having gambled online in the past four weeks (Gambling Commission, 2021a). Research published by Public Health England (now the UK Health Security Agency) last September estimated that around 0.5 per cent of the adult population, around 246,000 people, are likely to have some form of gambling addiction with around 2.2 million people either problem gamblers or at risk of addiction (NHS, 2022). The research found that:

> *People who are classified as gambling at elevated risk levels and experiencing problem gambling are typically male and in younger age groups. The socio-demographic profile of gamblers appears to change as gambling risk increases, with harmful gambling associated with people who are unemployed and among people living in more deprived areas. This suggests harmful gambling is related to health inequalities. (PHE, 2019)*

Monitoring data from gambling treatment providers suggested that around 30 per cent of people who access their services are women, and it has been estimated that up to one million women are at risk of gambling-related harms (Commission on Crime and Gambling Related Harms, 2023. See also: GambleAware, undated and The Guardian, 2022). There is also some evidence to suggest that individuals from ethnic minority communities are over-represented in residential treatment or incarcerated groups, and despite gambling less frequently than their white counterparts they may experience more severe levels of gambling-related harm (Commission on Crime and Gambling Related Harms, 2023. See also: Gunstone and Gosschalk, 2020). Structural factors—such as income levels, social inequalities and experience of discrimination—have also been demonstrated to be associated with higher levels of gambling harm (See: Smith, 2022; Trebilcock, 2023; Brown et al, 2023; GambleAware, 2023b)

Any consideration of gambling related harm should take an intersectional approach. The Commission found that both gendered experiences and religious beliefs intersect with cultural experiences and expectations, and that these affect how gambling is viewed, and how support for gambling-related harms may be sought. The Commission heard that for some ethnic minority communities, gambling is a culturally accepted 'norm', whereas for others, there is a cultural expectation of abstinence because gambling is forbidden. Many of the women involved in the Commission's research placed gambling behaviour within the context of different (sometimes gendered) stresses and traumas in their lives which had become overwhelming. Awareness and understanding of gambling harm and addiction must account for diversity of experience. It is also essential that treatment and support services reflect this diversity, in order to reflect and respond to people's differing experiences and needs. A 'one-size-fits-all' approach is not sufficient (Commission on Crime and Gambling Related Harms, 2023).

Does the NHS offer sufficient support for people in London experiencing gambling related health harms?

The Commission identified a lack of awareness and support about gambling related harm and addiction among agencies enabling treatment, including health services and the criminal justice system. Indeed, a lack of appropriate NHS treatment and support provision was found to be intertwined with problematic criminal justice responses and appropriate interventions (or lack thereof). There are significant gaps in support and treatment for gambling-related harms, including gambling disorder, and clearer care pathways are needed both within and via the criminal justice system (Commission on Crime and Gambling Related Harms, 2021d). Not least, gambling harm and addiction should be included in the national Liaison and Diversion specification eligibility criteria. Whilst awareness and understanding has increased among criminal justice agencies, there is still no national policy or coordination with other services (namely health and social care) which would provide consistent and comprehensive delivery.

While people in London are served by a dedicated gambling clinic (one of just six across the country), barriers to access remain.[99] There needs to be a greater awareness of gambling harms amongst primary healthcare providers, with a particular focus on GPs. Given the challenges in identifying gambling harm and addiction (through its hidden nature, reliance on self-reporting for diagnosis, and lack of physical signs), the issue needs wider visibility to enable people and practitioners alike to pick up on it. Signposting to services is reliant on knowledge and understanding of gambling disorder and wider gambling-related harms among health and justice professionals and advice charities. Clear referral pathways should be available to GPs, with supporting NICE guidance (Commission on Crime and Gambling Related Harms, 2023. See also: Smith, 2022).[100]

[99] Details of NHS gambling clinics available here: https://www.nhs.uk/live-well/addictionsupport/gambling-addiction/

[100] NICE guidance for gambling identification, diagnosis and management is in development (NICE, 2021) but this is not expected to be published until 2024. It is recommended that this timescale be reviewed and interim guidance be published

The experiences of those living with gambling addiction and harm highlighted practical challenges in the accessibility of treatment, including poor experiences of engaging with GPs and counselling services which typically offered generic support (Commission on Crime and Gambling Related Harms, 2023). This was also borne out in criminal justice proceedings, where criminal justice agencies did not have clear avenues for support. Further issues identified included the limited geographical coverage of dedicated services which do exist and the timeliness of access (Smith, 2022). Treatment opportunities were also shown to be time-limited and self-funded, limiting equitable or long-term access. Participants highlighted the ways in which gambling disorder is distinct from drug and alcohol addictions, thus requiring distinct services. The Commission's research highlighted the importance of people with lived experience being involved in treatment and support, with services created by and involving those who have experienced gambling harm and addiction. The inclusion of people with lived experience should also be central to policy making across the board (Smith, 2022; Page, 2020; Churcher, 2022. See also: GambleAware, undated).

> *I went to my GP, and they said they couldn't do anything for me, and I said – Well I've just tried to commit suicide, I have committed crimes. And he said – Are you telling me you've got a gambling problem or have you got mental health problems? And I said they're both the same thing. He said that they can refer me for mental health problems, but they don't do anything for gambling addiction; and I don't believe it's changed that much these days, that's the really worrying thing, if people are presenting themselves to GPs, it's really important that they're sign posted to the right places. (Paul, research participant. Quoted in Smith, 2022).*

> *When I reached out for help through a GP, I presented with depression, not gambling addiction. So, we're not making it easy for people to work it out … my experience of talking to GPs is they just don't get it, they are not interested because it is just another thing that they have got to learn about, or they are not interested in. So, they are not asking the question anyway. (Nadine, research participant. Quoted in Trebilcock, 2023)*

London-based initiatives

Although the Commission's evidence suggests that a streamlined and systematic approach is needed, there are examples of good practice and support and treatment opportunities based in London. As mentioned, Londoners are served by a dedicated NHS service, the National Problem Gambling Clinic. A multi-agency primary care service, The Primary Care Gambling Service, is also available. In 2021, the Metropolitan Police piloted a screening and referral programme in partnership with GamCare in six busy London custody suites. Londoner's can also access treatment and support through a number of voluntary organisations, including Gambler's Anonymous (at around 50 locations in and around Greater London) and BetKnowMore, though these organisations are primarily national in focus. Residential treatment services (provided by Gordon Moody) are based mainly in the West Midlands. Recognition about gambling-related harm in London is growing – recently, Islington Council rejected a bookmaker's licence application on public health grounds (Islington Tribune, 2023). Councillor John Woolf stated:

Gambling is a public health issue. Anyone can be vulnerable to addictive gambling, and this health-harming activity can bring potentially devastating consequences for individuals, families, and communities.

There is a clear correlation between deprivation and higher numbers of gambling premises, and we take our licensing responsibility incredibly seriously and work closely with partners to promote gambling awareness. (Ibid.)

Conclusions

The Commission's evidence on the breadth of gambling-related harms demonstrates the need for responses to gambling-related harm and addiction to be part of a crossgovernment approach which integrates social policy and public health policy responses in addition to criminal justice policy responses. Importantly, there is significant scope for the interplay between gambling and crime, including domestic abuse, to be better recognised amongst health, social care and criminal justice agencies as well as voluntary sector services working in each of these fields. Support and treatment services should be community-led and offer avenues for practical and social support and the development of social networks to support recovery in settings which feel safe. Measures to understand and address the underrepresentation of ethnic minority communities and women in contact with support and treatment services are required, including proactive approaches to engagement and staff who can be appropriately responsive to gender, religious and cultural needs (Commission on Crime and Gambling Related Harms, 2023).

Gambling harm and addiction can and should be considered by the London Assembly. It already forms part of the London Health Inequalities Strategy, which considers gambling harm and addiction, and criminal justice involvement, as markers of health inequalities and barriers to healthy living (Greater London Authority, 2018). The strategy also highlights the links between mental health, addiction, and crime. Lip service is paid to gambling harm and addiction in the Health Inequalities Strategy Implementation Plan Commitments 2021-24, but the mechanisms through which gambling harm and addiction might be reduced are not elucidated (London Assembly, undated).

The need for increased awareness of and response to gambling harm and addiction also has great relevance to MOPAC's Police and Crime Plan. The Commission's research has shown how gambling harm and addiction must be better understood as a causal and contextual factor to crime, leading to a range or criminal activities, and thus something which may impact on Londoners' safety in a number of ways (see for example: Churcher, 2022). The Commission has also shown how gambling relates to and should be considered when addressing multiple needs and vulnerabilities and exploring opportunities for diversion, areas that the Metropolitan Police Service is committed to recognising and acting on (see Churcher, 2022; Smith, 2022; Trebilcock, 2023; Brown et al, 2023).

The Commission's nationwide recommendations stand relevant to London. Awareness and understanding of gambling harms should be promoted and embedded throughout services across the board, from GP surgeries to police custody suites. Timely identification and intervention will help people to access the support they need and reduce the chances of the development of more serious issues, which at their most severe may involve suicide or crime.

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Gambling Harm UK

22nd November 2023

Dear Sir/Madam
RE: Call for evidence – Health Impacts of Gambling Harm

As Gambling Harm UK, a charity formed by people with lived experience of gambling related harms, we are pleased to be given the opportunity to submit our views in relation to the points raised in your call for evidence. We have structured our response around those questions you have raised, and we hope the points we make below will be helpful in the important work you are undertaking.

How has participation in land-based (in-person) and online gambling in London changed in recent years and what is the prevalence of people experiencing gambling-related harms in London.

As with other areas across England, participation in online gambling has increased in recent years. Others will be better placed to provide the Mayor with details on prevalence specific for London, albeit what we would like to say, is that data for this public health issue is generally not routinely collected at source by services. Therefore, any figures especially those mainly informed by surveys which can use slightly different approaches will incorporate weaknesses.

It is essential that data regarding gambling harms needs to be recorded routinely by all services, starting now. Initially by the NHS, but equally by other services such as the police. Because as with other public health conditions, for a clear assessment of true need to be determined, accurate records are required.

What we would say is that due to the stigma around gambling harms, many people do not disclose that they either gamble or are affected by someone else's gambling. Addressing this

stigma will be critical to fully assess prevalence. Normalising the talking about gambling harm needs to start now.

How can a problematic relationship to gambling affect someone's health.

Gambling harm can be categorised by modality, duration, and the victim.

Uniquely, gambling harm can manifest across all parts of life. While the activity of gambling itself stimulates sympathetic pathways causing stress, it's the consequences of money and preoccupation that lead to widespread harms such as financial harm, relationship disruption, conflict, or breakdown, emotional or psychological distress, decrements to health, reduced performance at work or study, cultural harm, and criminal activity.

Moreover, compared to other addictions, gambling harm can be especially long-lasting and devastating from relatively short amounts of activity. Gambling harms can be categorised by time into general, acute/crisis, and legacy harms.

To see a taxonomy of harms, categorised by the type of victim, modality, and duration:

1. On the individual who gambles, see here:
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2747-0/tables/1

2. On affected others, see here:
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2747-0/tables/2

3. On Communities, see here:
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2747-0/tables/3

Studies that have attempted to quantify the significance of gambling harm on quality of life have led to the formulation of gambling harm disability weights. These studies reflect that gambling disorder is comparable in severity as schizophrenia (residual state) and alcohol use disorder (severe), whereas low-risk gambling is comparable in severity to amputation of arm (with or without treatment).

https://www.gamblingharm.com/infographics?pgid=kyeemnbq-00d44410-5dfc-47dd-b8a7-ebab38a793c4

Our other infographics include the prevalence of harms for affected other harms in young people: https://www.gamblingharm.com/infographics?pgid=kyeemnbq-0e5502de-5687-4a40-878c55ab7f97cda8

Harms also impact differently on individuals, and whilst many people may discount low level harms, they can have a significant lasting impact on society. An example of this is where, because of the person who is gambling spending a significant amount of their time on this

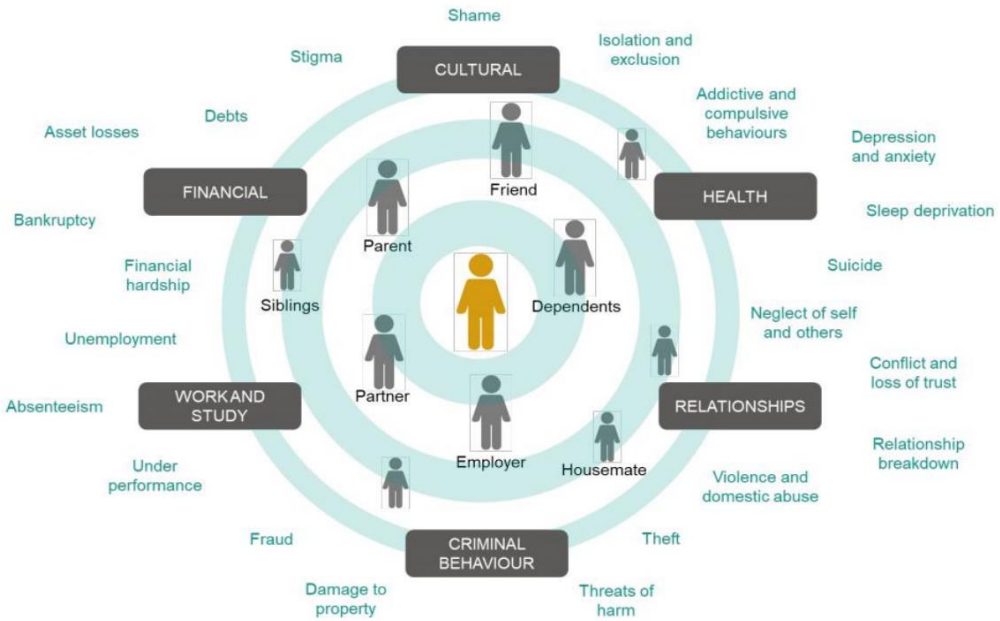
activity, they end up not spending time with their family. So, this ends up impacting on their child's development or a marriage for example.

One of the regrets of many gamblers is not so much the money they have lost, but the time they have lost and the impact of that on others.

This leads us to the important point of highlighting the wide impact on affected others. In current public health estimates of the economic costs on society, there is very little assessment of the impact on those 5-10 others directly impacted. As a charity with members including several affected others, we can confirm this impact is not a low one.

Also, from our experience and from those many others we know, it is affected others who live with the ongoing worry of will their husband/wife/partner/son or daughter relapse and start to gamble again. This can often lead to the health and well-being of affected others being impacted on an ongoing basis.

As to your question on the types of harm, the chart below describes the types of harm currently recorded.



What we wish to highlight though, are the potential harms which we believe are not being measured. The reason we believe this is the case is due to the nature of gambling disorder, and that it is the "invisible addiction".

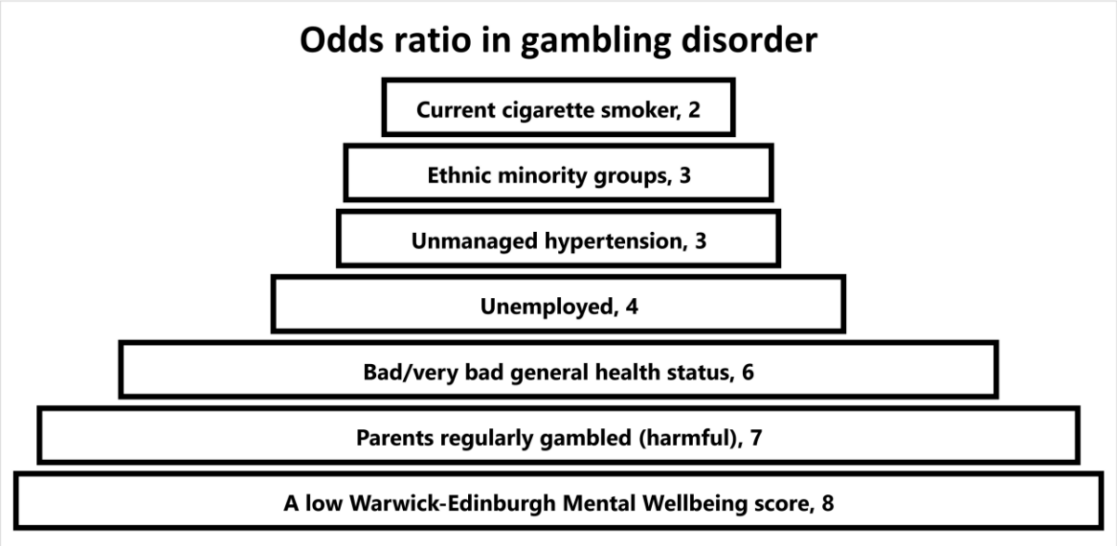
As the World Health Organisation states: " The gambling related burden of harm appears to be of a similar magnitude to major depressive disorder and alcohol misuse and dependence. It is substantially higher than harm attributed to drug dependence disorder".

So, where gambling causes the gambler's mental health to be so impacted that their ability to concentrate is diminished, the risk to human error is likely to increase. What might this lead to. At Gambling Harm UK, we have a hypothesis that this may lead to a number of incidents, accidents and near-misses which have gambling harm as either the root or associated cause. Unlike incidents/accidents where blood samples may be taken to check for incidence of alcohol or drugs, there are unfortunately no blood tests for gambling addiction. Also, as already said, due to it being invisible how would anyone know.

The reason we wish to raise this point is because whilst there may not be current data to support this point, the evidence around the links between concentration and risk of human error are well established

Who in London is most likely to experience gambling- related health harms and how are people impacted differently by problematic gambling.

Our previous answer responds to the second part of this question. As to who is most likely to be affected? data indicates the following individuals to be at increased risk of gambling disorder:



What the above figure shows is that those who are from ethnic minority groups are three times more likely to experience gambling disorder, those who are unemployed are 4 times more likely, etc.

Does the NHS offer sufficient support for people in London experience gambling related harms.?

Our view on this is no, as is the case across the rest of England where services have been inadequate. The NHS has been responding to this gap though, led by Professor Henrietta Bowden-Jones who is also head of the NHS Gambling Treatment Service in London.

Whilst there is also the primary care gambling service led by Dr Clare Gerada based in London, https://www.primarycaregamblingservice.co.uk/, there remains a general gap in awareness across primary care, mental health and secondary care NHS organisationsthereby reducing capability to offer support.

The current work by NICE on treatment guidelines for those with gambling disorder due to be issued in 2024 will add a further step of action to closing this gap, but much more is needed, especially in capacity and staffing capability to respond.

We are anticipating the organisations based in London will be providing you with more quantitative evidence and further views on this question.

What other support services in London are available to people experiencing gambling health harms and is this sufficient.

As with other parts of the country, the voluntary/charity sector principally Gambling Anonymous and GamAnon offer support services. Additionally, GamCare, and other charity's such as GamFam, GamLearn, Betknowmore, Gordon Moody whilst not London centric also offer services to individuals across the country. Then there are charities offering support with debts such as Step-change.

In our view however, despite the best efforts of these organisations there is a major gap in what we term as sustainable recovery support. This is the support that is needed to help to rebuild those people's lives who have been significantly harmed through gambling. An example of this support is offered through Epic Restart Foundation. There is also that support which individuals need to address those underlying factors where gambling had been used as a coping measure. If inadequate sustainable support is available to help respond to these issues, the risk of relapse is likely to increase, especially in an environment where marketing of gambling is so prominent now in daily life.

What could the Mayor do to help reduce harms caused by gambling and improve the support to those affected by gambling-related harms.

At Gambling Harm UK, we have developed a strategic outline model which in our view is needed to respond to gambling harm as a public health issue. We have attached a short paper describing this within the context of our current work within the Mid & South Essex Integrated Care System at Appendix 1. In its simplest form it is based on three inter-linked strands of activity. These are Creating Connectivity, Developing Capability & Maximising Capacity.

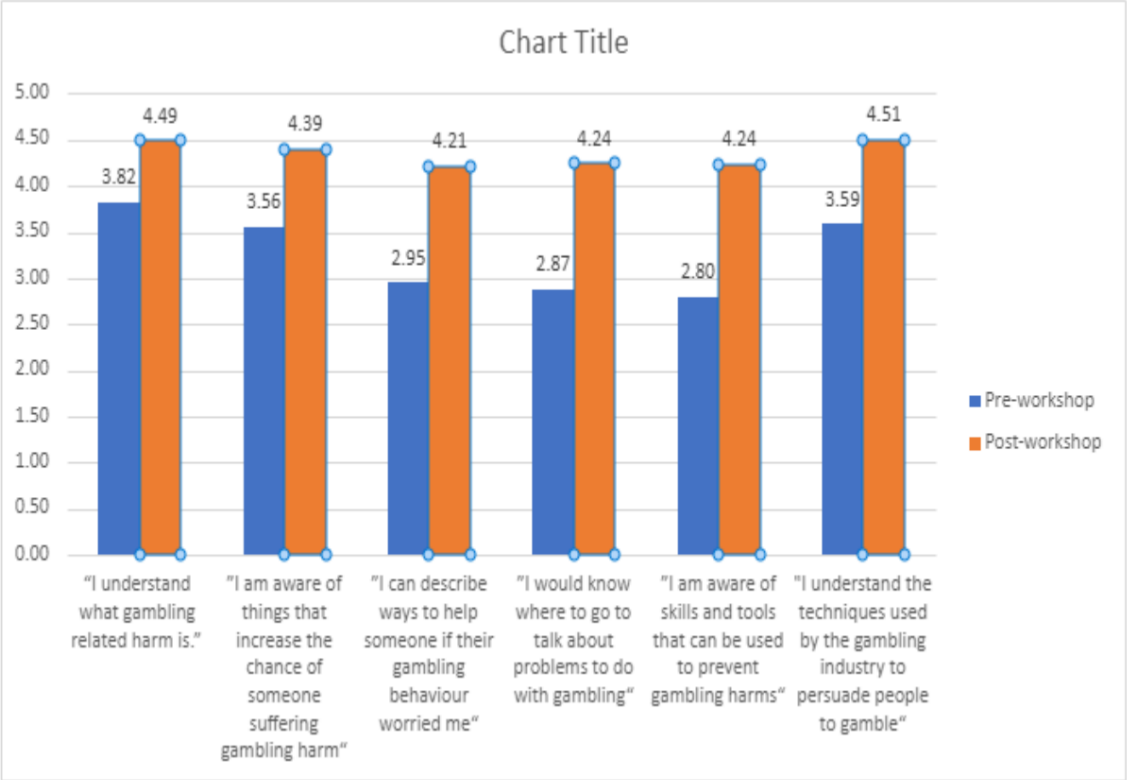
We would recommend the Mayor giving consideration to this model and would be happy to provide further details if required,

Also, as previously mentioned the stigma around gambling is a major barrier to addressing this public health issue and concerted action is required to address it. The Mayor could assist by giving this his personal focus.

Is there anything else you wish to share with the Committee that can help inform our investigation.

Often when gambling harm is considered, little focus is given to those who are affected others. Imagine especially being that affected other child who is suffering from gambling harm. As there will be more affected others, more discussion on this point is needed. Also, adequate resources need to be given to support this group.

Also, advertising continues to promote gambling as a safe form of entertainment. This may be the case for some, but certainly this is not the case for all and with gambling products designed to be addictive, more stricter controls are required on the industry. Additionally, younger people need to be given more effective awareness knowledge around the risks of gambling and gambling tactics. As GHUK, we run awareness sessions delivered by people with Lived Experience for young people. Students are asked to grade their level of understanding just prior to the workshop and then immediately following it. A score of 1 is allocated when a student says strongly disagree, a score of 2 when they say disagree up to a score of 5 when they say strongly agree. As the graph shows below, despite young people receiving some education around the topic of gambling through key stage 3 and 4, these young people still have knowledge gaps which need to be filled. This is evidenced by the pre and post evaluation responses to the six domains our training is focused around. We believe a wider programme of similar education as delivered by GHUK is needed within all schools.



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Also, when these same students were asked:

1. "If they felt more informed about risks of gambling harm following the awareness session" 94% responded yes and
2. "After attending this workshop, do you feel it would be helpful for other people their age", 87% responded yes.

Summary

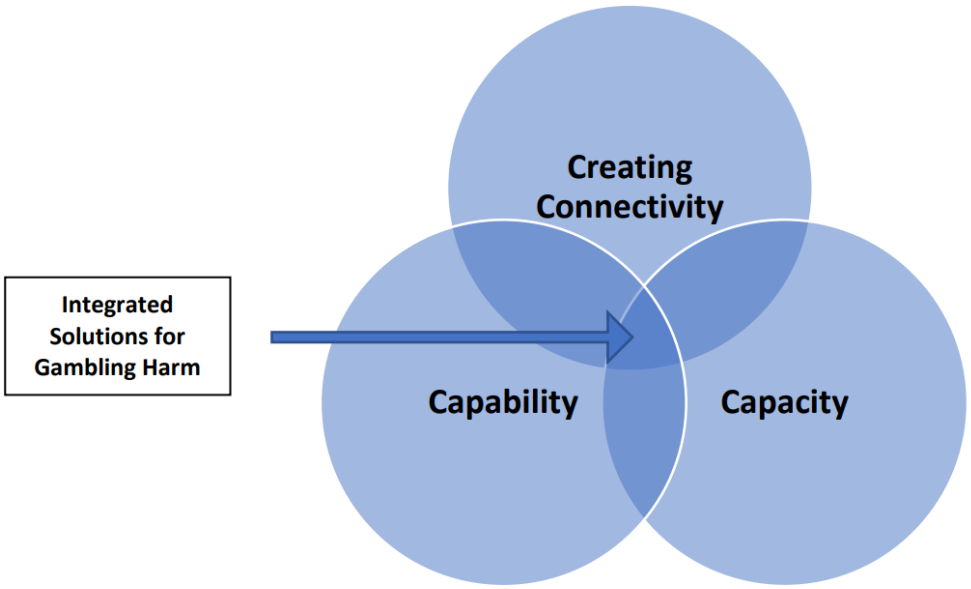
Gambling harm is one of the largest modifiable risk factors to health. A public health approach to gambling harm would deliver maximal benefit for the largest number of people in London. Widescale policies and interventions that affect the whole population have the most potential to effectively prevent and reduce gambling harm. Lessons can and should be learned from past efforts such as in tackling tobacco harm.

The Mayor has begun to give this issue the focus it requires through this initial call for evidence. He next needs to help to create the connectivity across London by sharing the outcome of this evidence with others and by then engaging all those organisations who need to contribute to a public health solution. This will then start to develop the wider capability across London which is needed to enable the correct level of capacity to be established to respond to gambling harm and its implications for those affected by it.

Kind Regards
John Gilham
Chief Executive
Gambling Harm UK

Responding to Gambling Harm – An Outline Strategic Model

Creating Connectivity, Capability and Capacity.



Around ten years ago my life changed forever. Was I expecting this change? No.

What caused this change? Gambling harm. I had no idea despite having some understanding about other addictions that gambling could lead to such devastation for some.

Over the last six years I have been on a journey learning more about gambling harm. A combination of reviewing research papers, listening, and speaking to both clinical and lived experience experts, meeting many individuals who have suffered gambling harm directly or indirectly and through my own lived experience.

In the first four years, my journey was focused on helping my son to start and sustain his recovery and on helping my family and myself to come to grips with what had happened to our lives, and how we could help ourselves to cope and live with what I now know are legacy gambling harms.

During these four years and even prior to them, when looking back at the support my son and those who are affected others had needed, it was clear, that there were significant gaps in understanding, and in prevention, treatment, and sustainable recovery support services.

Whilst I was not an expert in gambling harm, I was an experienced CEO and non-executive director, who had over thirty-five years of experience working in the health service, engaging with social care, education, and voluntary sector groups, and I had seen how other public health challenges could be addressed.

So why was gambling harm a public health issue as I found out, not receiving the same structured systematic approach?

Part of the reason why, was because it was an emerging public health issue. Also, unlike other addictions it was mainly hidden or often invisible and combined with stigma and shame this was preventing this topic from being openly discussed.

Additionally, the actions by the gambling industry to normalise gambling with their marketing which implies gambling had no or low risk, meant that for many this was not a topic high on the agenda for those organisations who need to engage with delivering public health solutions.

If I looked back on smoking, I could see a parallel with gambling all those years back. For decades the smoking industry adversely impacted population health. Only after significant harm to many, including those who had never smoked themselves but were affected others, were systematic public health measures introduced.

I began to reflect on this situation and what I may be able to do, even if in only in a small way.

Initially this was to share my lived experience and engage with some of those individuals I knew within health systems. The aim being to start to increase awareness. The response from these was supportive but a lack of knowing what needed to be done at that point, inhibited actions.

Fortunately, for me around this time, Healthwatch Essex had identified gambling harm as an area of concern and this formed part of their addiction review programme. Chris, my son who was around 4 years into his recovery from gambling disorder at this point, offered his support to help them, and since that date Chris and I have established a close working relationship with them.

Their addiction review report, together with my own thoughts and those of my son Chris, led me to develop an outline strategic model for responding to gambling harm as a public health issue.

The aim of this was to develop a system approach for enabling the development and implementation of an integrated approach to prevention, treatment, and sustainable recovery.

At this point I was fortunate to be appointed to Gambling Harm UK (GHUK) as its CEO.

With the support of the charity's trustees, I was given the opportunity to use the charity's own funds to work on piloting the outline strategic model.

At its simplest level it consists of three linked strands which are, creating connectivity within a system, whilst simultaneously helping to develop capability and maximise capacity. What this means is briefly described below.

Creating Connectivity	**Developing Capability**	**Maximising Capacity**
Bring the right people and organisations together, with the purpose of focusing on gambling harm as an important public health issue, and gain recognition that an integrated joined up approach is essential for delivering the required response.	Help to support the development of capability through increasing awareness of gambling harms and their impact on local population health. Thus, enabling the right people and organisations to assess how they can best bring their knowledge, skills, and other resources to help to respond to the issue in question.	Help to maximise system capacity by: - providing support to address any access barriers and to help reduce avoidable demand through assisting with prevention measures such as educating young people around risks of gambling. - engaging the voluntary sector to assist with signposting of individuals with gambling harm to relevant support or treatment services and where relevant offer their own services to help with achieving sustainable recovery from gambling harm and - developing a clearer understanding of need for services so that appropriate support can be commissioned.

It is also based on creating system ownership of the issue and not dependency on one organisation or us as a charity. This is important to achieve sustainable service delivery.

Three months ago, following a bid to the Essex Community Foundation, a small grant was awarded to our charity. This was to help us build on the work we had already delivered free to the system to date, and to enable us to grow and spread our work further across what is known

as the Mid and South Essex Integrated Care System (ICS), which covers a population of around 1.2 million residents.

The work we are progressing involves the following:

Running awareness sessions for primary care practitioners at the Alliance Level. Within the Mid & South Essex ICS there are four of these.

Engaging with key system organisations such as the Mid & South Essex NHS Foundation Trust with over 15,000 employees.

Engaging with the Community and Voluntary Sector (CVS) via the various CVS district council organisations which exist across the ICS.

And

Providing access to free preventing gambling harm training to a group of schools within Braintree, Chelmsford, and Maldon. Also, to young people aged 17-24 years old at both the Anglia Ruskin University and Writtle College, all of whom form part of the Mid Essex Alliance.

In addition, a range of other activities are being run in parallel. These include GHUK individuals becoming Trauma Ambassadors with Healthwatch Essex thereby raising gambling harm awareness at Healthwatch events. My liaising with personnel within the new NHS East of England (EoE) Gambling Treatment service provider and having discussions with public health leads across the ICS.

Bit by bit this is helping us to create connectivity between organisations across the ICS. One recent example of this is us bringing together (Midlands Partnership NHS Trust (Inclusion) staff - part of the EoE NHS gambling treatment service) and Provide CIC staff, with GHUK to start work on developing content for the Essex Wellbeing Make Every Contact Count (MECC) system which will cover gambling harm.

There is still lots more to do, and the full value of these inputs will take time to fully assess.

However, early testimonials and feedback from those we are engaging with about our work and its approach, indicates that it is beneficial and seen of value. Examples of feedback received include:

1.Mid and South Essex Hospitals NHS Trust:

John Gilham, Chief Executive of Gambling Harm UK, attended the Mid and South Essex NHS Trust's monthly "5pm Improvement Club" on 6 September 2023, providing a virtual session to Trust and broader heath care system staff about gambling harm, what it is, some of the drivers and consequences, as well as some signs of harm, and why and how to support people affected.

John gave a passionate, informative, and insightful talk which was hugely valued by the audience, and feedback during and following from attendees was that the topic was very important, and they had learned a lot from the presentation.

Colleagues from clinical, corporate, and operational teams posed questions to John to better understand how we could improve both as a care system and an employer in raising awareness of gambling harm and reducing stigma.

As a result of this talk, a number of links and materials have been shared with the Trust and we will examine our current practice to identify where we can improve. We very much appreciated John's contribution and are keen to support Gambling Harm UK in their vital work to help our population in this area.

Charlotte Williams
Chief Strategy & Improvement Officer
Mid and South Essex NHS Foundation Trust

2. Alliance Time to Learn Session's for GP's:

Over 50 practitioners who have attended the two "Introduction to Gambling Harm" awareness sessions to date, have said they will now change their practice as a result of the gambling harm training delivered by GHUK.

3. Maldon and District CVS

John speaks openly and informatively about his experience of gambling harm which resonates effectively with professionals in the voluntary sector. Often these professionals are well placed to understand the impact gambling can have on individuals and families.

He is a compelling advocate for driving change and through Gambling Harm UK is able to effect that change.

John has spoken at a community forum to the local sector which has led to opportunities to inform local asset mapping and signposting work, connections into mental health and men's health work and he is also able offer bespoke training.

Gambling harm is often hidden and resources to help people affected not as easy to come by as other addictions so the work being undertaken by John and the team at Gambling Harm UK has the potential to be vitally important.

Sarah Troop
Director
Maldon and District CV

4.Castle Point CVS (CAVs)

Gambling Harm UK's endeavours are dedicated to the prevention and reduction of gambling harm. John Gilham, Chief Executive presented to an audience of over 100 people from local community organisations, health and social care, the Leader of Castle Point Council and the Mayor of Castle Point at CAVS Community event on the 25th October 2023.

John's presentation was compelling as he transparently spoke about the impact that gambling has not only on the person with the addiction but their family members, and others associated with them. The statistical detail that was presented, evidenced the scale of the challenge that faces our nation. Accessibility to on-line platforms, sophisticated and appealing marketing features strongly with not only the mature target audience but unfortunately with the rapidly growing younger population.

CAVS membership groups are influential in their community and provide assistance and support to so many. As enablers the learning from John's presentation of further educating and influencing on the subject of gambling harm, will be invaluable.
Janis Gibson
Chief Executive Officer
Castle Point Association of Voluntary Services (CAVs)

6. Inclusion - NHS Midlands Partnership NHS Trust (EoE NHS Gambling Treatment Service)

Gambling is impacting so many lives across all of our communities and it will be critical, as with other public health matters that we work together to raise awareness, learn together and ensure support is as easy to access as possible should it be needed.

By working together with Gambling Harm UK and through the connections they are creating and opening, we can contribute more widely together in preventing the harm experienced and reducing any blocks that may exists for people who want to reach out for support.

Andrew Ryan
Operational Team

We are looking forward as GHUK to developing this work further over coming months. A number of additional events have already been arranged across the ICS, including delivering our second Real Patient Simulated Based Medical Education Programme to 120-year 3 medical students at Anglia Ruskin University School of Medicine in November.

With the increasing awareness and growing interest in the system, together with the presence of the new local EoE NHS gambling treatment service being delivered in Thurrock, there is now

the foundation and the opportunity to further strengthen the connectivity, capability, and capacity within the system to help respond to those experiencing gambling harm as a public health issue.

This work and developing our outline strategic model would not have been feasible without the help and support from those within the Mid & South Essex ICS. I would like to thank all those individuals who have responded to our request to meet and to discuss gambling harm and for then enabling GHUK to create connectivity between key people and organisations within the ICS by introducing us to their networks and inviting us to their events.

Finally, I would also like to thank the following GHUK personnel who have contributed their time working with me within the Mid & South Essex ICS; my son Chris Gilham (Trustee), Dr Kishan Patel (Chair of Trustee's), Lesley Buckland (Trustee) and Julie Martin (Associate).

John Gilham
CEO
Gambling Harm UK

Primary Care Gambling Service

How can a problematic relationship to gambling affect someone's health?

A problematic relationship with gambling can have various adverse effects on an individual's health, encompassing both physical and mental well-being.

1. **Mental Health Issues:**
    a. **Stress and Anxiety:** Constant worry about financial losses or the consequences of gambling can lead to chronic stress and anxiety.
    b. **Depression:** Gambling-related problems are often associated with higher rates of depression, as individuals may feel overwhelmed by financial difficulties and a sense of hopelessness.
    c. **Suicide:** Those with gambling-related problems have a far higher prevalence of suicide.
2. **Financial Strain:**

   a. **Debt and Financial Instability:** Losses from gambling can result in significant debt and financial instability, leading to increased stress and a decline in mental health.

3. **Physical Health:**
   a. **Sleep Disturbances:** Anxiety and stress related to gambling issues can contribute to sleep disturbances, affecting the overall quality of sleep.
   b. **Substance Abuse:** Some individuals may turn to alcohol or drugs to cope with the emotional distress caused by gambling problems, which can have further negative health consequences.
4. **Social Consequences:**
   a. **Isolation:** Individuals facing gambling-related issues may withdraw from social interactions, leading to isolation and a lack of support from friends and family.
   b. **Relationship Strain:** Problems related to gambling can strain relationships with family and friends, leading to increased stress and emotional turmoil.
5. **Impact on Work and Education:**
   a. **Decreased Productivity:** Preoccupation with gambling and financial worries can lead to decreased focus and productivity at work or in educational settings.
6. **Legal Consequences:**
   a. **Legal Issues:** Gambling-related problems may lead to legal troubles, especially if individuals engage in illegal activities to fund their gambling or fail to meet financial obligations.
7. **Cognitive Distortions:**
   a. **Distorted Thinking Patterns:** Problematic gamblers often exhibit distorted thinking patterns, such as irrational beliefs about winning, which can increase stress and frustration.
8. **Impaired Decision-Making:**
   a. **Impaired Judgment:** Gambling problems can impair an individual's ability to make sound decisions, both in financial matters and other aspects of life.

Addressing problematic gambling behaviour often requires a multifaceted approach, including psychological support, financial counselling, and, in severe cases, professional intervention. Individuals facing gambling-related issues must seek help and support from mental health professionals, counsellors, or organisations specialising in gambling addiction.

One of the most important aspects of gambling is linked to stigma.

The Stigma of problem gambling is a survey undertaken in Australia. The results are similar to the work done reviewing stigma by GambleAware. These show that there is a perception amongst members of the public, health professionals, family and friends, and even individuals with a gambling problem that the individual is to blame and that they are impulsive, irresponsible, greedy, irrational, anti-social, untrustworthy, unproductive and foolish.

A problem related to stigma is the phenomenon of self-stigmatising beliefs held by people with gambling problems. These include feeling disappointed in themselves, ashamed, embarrassed, guilty, stupid, weak and a failure. The stigma attached to problem gambling has been shown in a survey of the public in Australia to be higher than for sub-clinical distress or gambling in general but lower than for alcohol use disorder or schizophrenia. Problem gamblers believe their condition to be more publicly stigmatised than alcoholism, obesity, schizophrenia, depression, cancer, bankruptcy, and recreational gambling, but not more so than drug addiction. They also perceived greater stigma from others than was the case. Most recent problem gamblers perceived being negatively judged by others because of their gambling. However, direct experiences of demeaning and discriminatory behaviours were rare, possibly due to many being reluctant to disclose their gambling problem. Expectations and fear of being devalued and discriminated against were strong deterrents to problem gambling disclosure and help-seeking.

Stigma impedes treatment and interventions.

Secrecy is the main mechanism used to cope with stigma, meaning family and friends are typically unaware of someone's gambling problem. This secrecy is grounded in fear of rejection and being stereotyped, judged, and discriminated against. Fear of disclosing a gambling problem means **self-help** is the most common form of help used, followed by **support from family and friends**. Shame and fear of being exposed as a "problem gambler" are the major deterrents to self-exclusion from gambling venues due to photos being visible to staff. By comparison, online self-exclusion is considered less likely to result in shame. Episodes of relapse were reported to worsen self-stigma, eliciting feelings of shame and self-loathing. Survey respondents who had relapsed had significantly higher levels of self-stigma compared to those who had not relapsed.

Both gamblers and counsellors see stigma as a significant barrier to the uptake of help

Hing, N, Russell, A, Nuske, E & Gainsbury, S 2015, *The stigma of problem gambling: Causes, characteristics and consequences*, Victorian Responsible Gambling Foundation, Melbourne.

Who in London is most likely to experience gambling-related health harms, and how are people impacted differently by problematic gambling?

The likelihood of experiencing gambling-related health harms can vary across different demographic groups and individuals in London. While it's essential to note that each person is unique, certain factors may contribute to an increased risk of gambling-related problems.

1. **Age and Gender:**

Young adults and males have historically been more likely to engage in gambling activities. However, gambling-related problems can affect individuals of any age and gender.

2. **Socioeconomic Status:**

People with lower socioeconomic status may be more vulnerable to the negative impacts of gambling, as financial strain can exacerbate the consequences of losses.

3. **Mental Health:**

Individuals with pre-existing mental health conditions, such as anxiety or depression, may be at a higher risk of developing gambling-related problems. Conversely, problematic gambling can contribute to the worsening of mental health.

4. **Cultural and Ethnic Background:**

Cultural and ethnic factors can influence gambling habits. Some communities may have cultural norms or traditions that involve gambling, which could impact the prevalence of gambling-related issues.

5. **Accessibility to Gambling:**

Proximity to gambling establishments or easy access to online gambling platforms can influence the likelihood of problematic gambling behaviour.

6. **Educational Attainment:**

Educational background may play a role, as individuals with lower levels of education might face challenges in understanding the risks associated with gambling or in managing their finances effectively.

Demographic Data 2023/2024– Primary Care Gambling Service

The services reach people from different ethnicities	White British	76%
	Other	24%
The services reach people from different genders	Male	67%
	Female	33%
	Female to Male (FTM)/Transgender Male	**0**
	Male to Female/Transgender Female	**1**
	Gender queer	**0**
	Non listed category	**0**
	Not known or declined response	**0**
The services reach people of different ages	Age under 25	**9%**
	Age 26 - 59	**87%**
	Over 60	**4%**

Quarters 2 Co-morbidity Data 2023/2024– Primary Care Gambling Service

Condition	Percentage of all patients seen in Quarter 2 with Co-morbidities.
Additional drug use Including at least one of: Over the counter painkillers Smoking Alcohol Methamphetamine, heroin or cocaine	78%
Additional mental health problems Including at least one of: Depression Anxiety Severe phobias Obsessive compulsive disorder Bipolar disorder Schizoaffective disorder	74%
Intellectual disability ADHD Autism Dyslexia	12%

Does the NHS offer sufficient support for people in London experiencing gambling-related health harms?

In London, there is an NHS specialist clinic, The National Problem Gambling Clinic, which the CNWL Hospital Trust leads.

We cannot comment on whether they offer sufficient support for people in London without seeing their outcome data.

It would be useful for the London assembly to reflect on the clinic's quarterly data.

- The number of new assessments each quarter
- Time to first assessment
- Time to treatment

This data will answer the above question.

From our experience as a service provider, there are long waiting lists, meaning services in the community hold these patients once a referral is made to a NHS clinic. With the statutory levy, there is hope that this will improve. However, even with increased funding there are still workforce issues that will need to be considered. By this, we mean the shortage of addiction psychiatrists and mental health nurses in this field.

The Primary Care Gambling Service provides further provision in London.
A GP-led multidisciplinary, community-based service, which 'faces' around a dozen third-sector organisations and general practice across England. This means that we work collaboratively, and using a jointly developed memorandum of understanding, robust policies and practices share the care of those with gambling-related problems. We have also demonstrated the benefit of **joint working**, within needing to involve specialist-led clinics, meaning that patients with complex needs can benefit from being part of the new integrated way of working.

It is for this reason that there needs to be some reflection on how important the third sector and the Primary Care Gambling Service is to those experiencing gambling harms and the important role it plays in connecting with patients who initially do not see they are even ill and commencing initial treatment. If we expect the patient to reach an NHS treatment clinic, it must be recognised that, in most cases, their journey will

begin in the community. This is because these providers are accessible in their local communities and have the relatable “lived experience” voice within them. This is the first step in the treatment pathway.

Moreover, individuals experiencing gambling-related harms often present with more than just a gambling disorder, as evidenced by our service (Primary Care Gambling Service), where 74% of patients have co-morbidities. Mandating that patients exclusively seek assistance from a specialised NHS gambling service poses the potential risk of overlooking other professionals who may be better suited to address various facets of the patient's needs. Our service in the community can assess patients within 48 hours and place them into treatment on average within 7 working days.

What other support services in London are available to people experiencing gambling-related health harms, and is this sufficient?

Currently, the other services in London include:

- The National Gambling Helpline (run by GamCare) – call 0808 8020 133 for free 24 hours a day, 7 days a week for free information, support and counselling.
- GambleAware – a national gambling support network service
- GamLearn – the Gambling Lived Experience and Recovery Network service.
- Gamblers Anonymous – a local support group service that uses the 12-step approach to recovery.
- Citizens Advice Bureau – a charity that can advise you on a range of issues, including finances.
- Betknowmore UK - a UK charity helping people take back control of their life from gambling. Established by individuals with lived experience.
- Derman's Counselling Service for problem **gambling** is available across **London** for the Kurdish, **Turkish** and **Turkish** Cypriot Communities.

As this evidence shall show, three interrelated factors should also be implemented to improve primary healthcare response in managing patients with gambling harms.

These are.

1. Ensuring GPs and their teams have the **support** needed to provide care. This means providing them with a suitable care pathway for individuals they identify as having problems with gambling.

2. Ensuring that GPs have the appropriate **competencies** to undertake appropriate levels of care for patients with gambling problems.

3. Ensuring that GPs and their teams **appreciate their essential contribution to** managing (identification, assessment, treatment, ongoing referral) patients with gambling problems.

Importance of involving primary care

The future direction of travel must involve all parts of the workforce – each working to the top of their competence to identify, assess, refer, and manage those with gambling-related harms.

Primary care is a crucial part of the workforce for the reasons outlined in the table below.

Importance of involving primary care in the management of those with gambling-related problems
GPs represent 50% of the medical workforce.
GPs are the front door of the NHS - consulting with around 1 million patients per day.
GPs are best placed to identify inequalities.
Patients do not have problems with gambling in isolation. They often have multiple comorbidities. GPs are trained to provide holistic care – to patients in the context of their families and communities.

GPs have a complete medical record and, as such, can identify patients with problems via other presenting issues (depression, debt, domestic violence).
If trained and supported, GPs are in an excellent position to identify, and provide brief interventions and signpost to local and national services. This is core to their work.
Due to their position in the community and close relationship with families, increased engagement of GPs should also lead to better awareness of gambling-related harms and (ideally) to increased demand for services as more individuals and their relatives seek help.
The formation of Primary Care Networks (PCNs) in England presents an opportunity, specifically through Social Prescriber Link Workers (SPLWs), to improve recognition of disordered gambling behaviour through presentations linked to social stressors. These new roles, which have been introduced over the last year, are the only members of the new Additional Role Reimbursement Scheme (ARRS) that is required in the new national primary care contract. This new care pathway also provides a new route into primary care gambling services for people presenting with gambling problems.
GPs are leading technological innovation, which during covid meant ensuring that all 1 million consultations could be delivered remotely.

Importantly, GPs work with various providers –the NHS, the private and the third sectors. GPs understand the importance of working with a wide range of patients, agencies and different pathways and managing the risk and clinical responsibility these might require.

Education of the Primary Care Workforce

To improve the responsiveness of the primary care workforce, PCGS has developed a Gambling Competency Framework to aid ongoing primary care education in this area. It was developed in partnership with key stakeholders, patients, and others and has been endorsed by the RCGP.

We have taken every opportunity to discuss its content and raise awareness amongst healthcare professionals through online events, webinars, and conferences. The framework was presented at the RCGP annual conference in October 2021 and at a further conference focused primarily on gambling harms (the first of its kind at the RCGP Headquarters) in May of this year. Over 300 attendees attended this conference. The following steps are to develop a curriculum and a training programme for GPs.

A gambling harms hub has been established on the RCGP website with links to educational material for the primary care workforce. The teaching material consists of four eLearning modules and two podcasts. The content of the modules will raise awareness of gambling harms amongst the primary care workforce and highlight the range of treatment services available across the voluntary sector, the Primary Care Gambling Service and specialist clinics.

A scheme has also been devised to allow GP practices and PCNs who undergo gambling harm training to be accredited by the RCGP. This will let patients recognise that their practice is aware of the complexity of gambling harms. The aim is to reduce the stigma associated with gambling and to encourage more patients to disclose their difficulties to a knowledgeable workforce. In increasing the identification of patients, more will be signposted into treatment.

To support this piece of work, Dame Clare Gerada has become the first Lead for Gambling at the RCGP, and members of the team have highlighted gambling harms with the National Academy for Social Prescribing via its Chair, Professor Helen Stokes-Lampard and highlighted our work with the Department of Health and Social Care. We have engaged with DELPHI and are on the committee for the current NICE guideline: Harmful Gambling: identification, assessment, and Management.

Developing services to support primary care.

Currently treatment of gambling harms is seen through the lens of the specialist sector, with little or no reference to the impact that shared care, shared between primary care

and other providers (in our case, the third sector) can have in improving responsiveness, improving care, and improving outcomes.

This means that care should be delivered through a partnership between the NHS and non-NHS providers. The NHS aspect of care, we believe, is ideally delivered through different models of service delivery, as will be discussed in this document, that is, through intermediate, integrated, generalist-run services, such as the Primary Care Gambling Service (PCGS).

Background to Establishing PCGS

As the committee will understand, gambling is a severe public health issue. It has a host of negative impacts on an individual's personal, social, health and financial well-being, their family and friends, and broader society. Those experiencing gambling harm report high rates of physical and psychiatric complaints, including various stress-related conditions, depression, anxiety spectrum disorders, substance misuse and personality disorders. [1]

In 2019, funding was initially from the Gambling Commission and then from GambleAware was used to establish a new delivery model for those with gambling-related disorders and their affected others. The service is built on my experience developing shared care services for problem drug and alcohol users. The overarching premise is that shared care involves good joint working with other providers (including GPs, third sector), which goes beyond the simple letter exchange, with staff meeting each week to discuss new and ongoing patient problems.

Three years in, given the number of patients now attending, the speed in which we can provide them care (most within two working days of presentation), our outcomes across health and social functioning and our engagement with the third sector, we have demonstrated that we are successfully meeting an unmet need.

We have also demonstrated the benefit of **joint working**, meaning that patients with complex needs can benefit from being part of the new integrated way of working. Good

governance and shared care arrangements between the two make the sum greater than their parts.

Primary Care Gambling Service

PCGS is a GP-led, multidisciplinary, intermediate NHS service. It sits between primary care (general practice), specialist and the third sector. Increasingly, PCGS works complementary with third-sector providers, supporting their management of complex patients. We provide a clinical advisory service to them. This includes safeguarding, managing mental health issues and liaising with community mental health teams and GPs where required. In return, they support our patients with access to groups, case management, family work, financial and debt advice, etc. We believe we are unique in the service delivery model and shared care we provide concerning 'facing' the third sector. We believe that in the future, this is the most cost-effective way of delivering accessible, holistic care to individuals who find it hard to approach more traditional NHS services.

Integrating health care using the third sector is a safe, cost-effective option to efficiently coordinate and support continuity of care for those suffering from gambling harm. The development of this shared care model is patient-centred, establishing collaborative goals between the patient, health provider and third sector. Clinical handover between health providers and the third sector is crucial for the safety and success of the model. Well-coordinated and timely care with formalised agreements, such as shared care protocols, provide evidence-based, safe and efficient patient care.

We recognise that other services in the system can provide different skills and experiences, all aiding the goal of recovery.

Our Service has two main objectives:

1. <u>To improve access to care for those with gambling-related problems and their affected others.</u>
    a. Improve responsiveness.
    b. Reduce waiting times for assessment and treatment.

c. Provide a range of evidence-based therapies.
d. Develop new ways of working.
e. Offer a choice to individuals suffering gambling harm.

2. To raise awareness of gambling addiction among primary care healthcare workers – to ensure that they can recognise and identify those patients suffering from gambling harms and to raise awareness of the treatment services available.
    a. Develop a competency framework for primary care.
    b. Develop curriculum for primary care.
    c. Improve GP's knowledge, skills, and experience in managing those with gambling-related problems.

Despite only being in operation for three years (with most of this time interrupted by COVID restrictions), we are well on the way to achieving these objectives, with the service now seeing around 30-40 new patients per week and a smaller number of affected others, with time to first assessment less than five working days, time to psychological therapy less than two weeks, excellent outcomes on a range of indicators (including patient-reported outcomes). We have also developed a competency framework and are working with the Royal College of General Practitioners to create a curriculum for GPs and GP training. Our work with the third sector is unique.

In 2022, the Service was recognised for its innovative approach to improving patient care and won the GP Mental Health Service of the Year award Overview.

The PCGS adds to the current provision in the following ways:

- General practice-led: ensuring we bring an understanding of general practice and the wider primary care team to the heart of the service. This includes using GP electronic records, the ability to prescribe NHS medication directly to pharmacies and using all the governance, policies and practices currently operating in primary care. We are CQC registered.

- Multidisciplinary team: in-house mental health nurses; therapists (behavioural, analytical, group, individual); consultant addiction psychiatrist; patient expert (expert by experience); general practitioners with clinical interest; generalist practitioners.

- Links to the third sector:

- Use of digital front end: we have incorporated a screening question for all eConsults completed nationwide to improve responsiveness and reach.

- Multiple routes of referral, including self-referral

- Holistic care: we provide care across the physical, psychological, and social domains. We can offer pharmacological interventions.

- A broad range of evidence-based psychotherapeutic treatment options: Our therapists (all from different therapeutic disciplines) work together as a single coherent team.

- Personalised care based on individual assessment and treatment planning.

- Establishment of an Advisory Group.

- Expert by experience. We have engaged a patient advocate as a core member of our team. The advocate attends our weekly MDT and helps contribute to all aspects of our service, from treatment to policy development.

The Service is part of a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling harm. We offer evidence-based interventions to individuals with gambling addiction in a timely and accessible manner. Our services include assessment, treatment, case management, crisis management and prescribing.

PCGS was designed to have a few exclusion criteria (the only one is that the patient is not currently an in-patient) and to provide a range of care and support services. Recognising that gambling addiction often accompanies other mental, physical, and social issues, we felt it essential to take a holistic approach to patient care. As such, we provide interventions to patients with a range of harms, including physical issues such as diabetes, hypertension, and chronic pain; psychological issues such as depression, ADHD, and learning difficulties; social issues such as homelessness and domestic violence; complex addiction harms, including co-existing substance addictions; and serious safeguarding matters including those involving child and adult sex workers and those with a forensic history.

On 1st April 2023, PCGS moved from a London service to a National one. We have developed collaborations with several third sector and other organisations. To date, these include ARA, Aquarius, Beacon Counselling Trust, Betknowmore, Breakeven, Gamcare London, Birmingham and SE England, GamFam, Gordon Moody, Ministry of Defence, NECA, West London Mental Health Trust and the West Midlands Mental Health Trust. These collaborations have been formed with robust governance processes on par with those used in the NHS. These include ensuring data protection impact assessments (DPIA) are in place with each service. Memorandums of Understanding incorporating a confidentiality agreement and agreed care pathways with monthly step-up step-down meetings with the Lead Nurse of the PCGS service and third sector.

Referral routes

Our patients come from four main routes:

The first referral route is directly from **general practitioners**. This was going to be the main route of referrals, and the Service was designed to contact each practice within its geographical referral footprint, attend their educational events, deliver leaflets and information material, and provide a named shared care worker to be the GPs' and other clinicians' main port of contact. The pandemic initially prevented us from doing any of this; however, since November 2021, we have resumed this process. We are now receiving direct referrals from general practitioners.

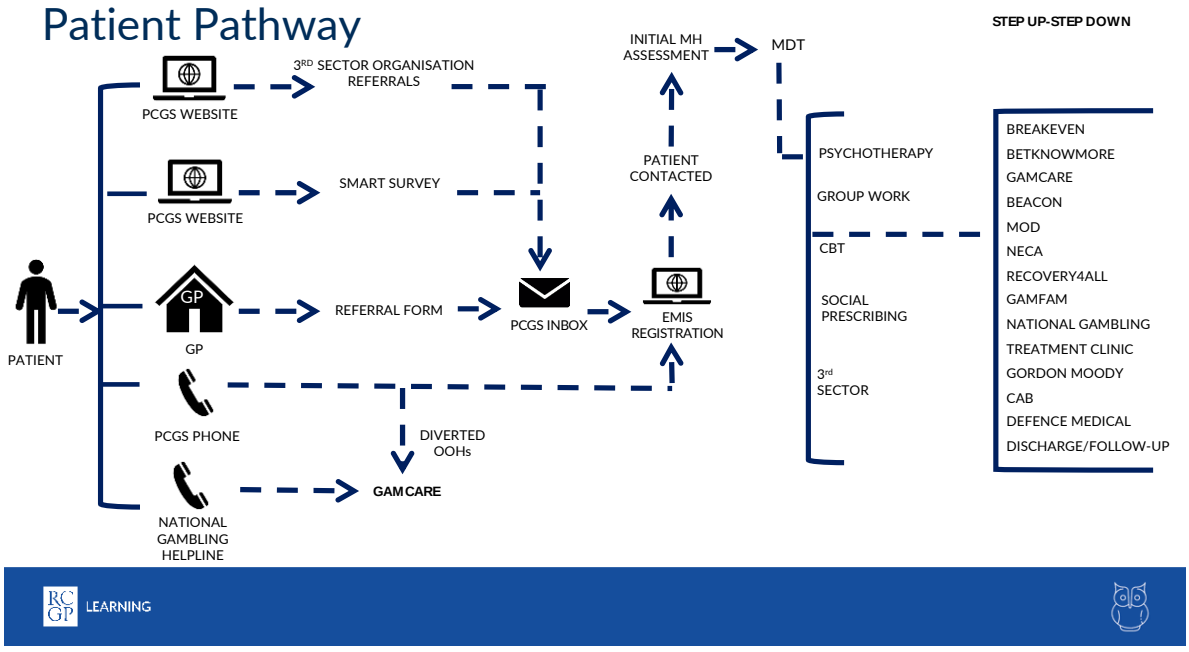
Referrals **via eConsult**. As soon as we realised how difficult it would be to contact GPs directly, we instead worked with the online digital consultation team who have developed eConsult. eConsult is a digital tool available to around 25 million patients across England. The patients can submit a consultation using specially designed templates. Several templates are relevant to gambling (anxiety, depression, suicidal thoughts, debt, and where domestic violence are mentioned). We have received referrals directly from patients through **eConsult** identified through a screening question placed on their templates. PCGS conducted a consultation process using social media to determine the best screening question:

> *"In the last 12 months, have you bet more than you could afford to lose? Alternatively, has someone close to you bet more than they could afford?"*

Our other source of patients has been through our collaboration with other **existing gambling treatment services,** including the Ministry of Defence.

Finally, we have had referrals directly via our PCGS **website and telephone helpline.**

Assessment and Treatment



An assessment is undertaken within seven working days of referral, though we usually do this within two days. Assessment is supported through several validated questionnaires. These include Clinical Outcomes in Routine Evaluation (Core10), the Problem Gambling Severity Index (PGSI) and Psychlops. [6] Core10 is a validated monitoring tool covering anxiety, depression, trauma, physical problems, functioning and risk to self. Psychlops is a self-completed mental health outcome measuring instrument in primary or community care settings. It measures mental health problems, quality of life, social functioning and well-being and is not yet validated but is increasingly used in the gambling support sector.

With our primary care focus, we can also address the diversity of physical and social problems patients present with.

During the COVID-19 pandemic, most assessments and treatments have been done remotely, though face-to-face evaluations and treatments are now available to patients seeking care.

Multidisciplinary working

Joint work with internal and external partners is underpinned by a weekly multidisciplinary team meeting where all new patients are presented and discussed and any ongoing problems or feedback on existing treatment. This shared decision-making process about the types of therapy offered ensures we offer appropriate, safe, and effective treatment.

Direct referrals to the PCGS via the website/telephone are also discussed at a separate PCGS core team weekly MDT. The core team share the same electronic record, patients, and learning. A further role of our MDT has been to collectively manage any patient's risk within the Service. Our clinical team includes a consultant psychiatrist, giving us additional confidence that our decisions made at the MDT around mental health are evidence-based and robust.

At our MDT, we consider therapy sessions within our Service and other options available within broader health care and gambling services. Examples include referring patients to the National Gambling Clinic or, post-therapy, to GamCare's women-only therapy group.

Once a month, we hold a therapist MDT involving contracted and employed therapists and the core PCGS team. This allows for more in-depth discussion around patients, therapy modality, outcomes, and any ongoing problems. It also allows us to share our experiences across different forms of therapeutic interventions.

Therapeutic interventions

At our MDT, we discuss which therapeutic intervention is best for the patient as a team. This decision is based on the assessment, which identifies any past interventions, type of gambling problem and any additional issues. We also discuss which therapy would best suit the patient based on factors, including whether they have access to IT (a smartphone, computer), preferences, and other factors.

Throughout treatment with PCGS, **90% of our patients** have received at least one therapy modality.

Our therapists currently cover the following treatment modalities:

- Cognitive behaviour therapy (individual and group)
- Individual medium-term (12 months) psychotherapy
- Group therapy
- Art Therapy
- Trauma-based therapy
- Case management

We can prescribe any medication within the BNF.

We have developed prescribing guidelines and a Standard Operation Procedure (SOP) for Naltrexone.

Our delivery model allows for

- Timely access to support, intervention, and therapy
- A step-up and step-down approach bespoke to the individual.
- A holistic approach with a focus on physical, psychological, and social issues
- Safe management of complex patients, including safeguarding

- Safe assessment of risk
- Sharing of the learning gained from working collaboratively with a broader audience.
- A patient-centred approach to therapy involves the patient in decision-making about the types of treatment offered and considering their needs and preferences.
- Continuously review and evaluate the effectiveness of the therapy offered to ensure that it meets the patient's needs.
- Data Reporting Framework (DRF)

Service Headlines

Very few patients have an isolated gambling addiction. As such, we take a holistic approach to patients, recognising the importance of supporting and empowering them to address co-addiction, manage other mental illnesses and improve their social support. We have acknowledged that these factors are crucial to prevent relapse.

Over the first 24 months of clinical operation (the first 12 months were around mobilisation and delays caused by lockdown), we have engaged 615 patients from across the UK and abroad (given our contract with the Ministry of Defence). We predict we will have seen more than 500 new patients by year-end.

Three-quarters of the patients seen have comorbidity – 74% with additional mental illness (depression, anxiety, bipolar, schizophrenia), including drug or alcohol misuse; 12% of patients have problems with neurodiversity.

Outcomes

Recent statistics show a 128% increase in referrals from Q4 2022/23 (56 patients and 10 affected others) to Q1 2023/23 (128 patients and 15 involved others). Numbers continue to rise to around 80 new referrals a month. This makes the PCGS one of England's more extensive services treating gambling harms. We expect and are preparing for a continued increase in referrals. Despite these recent referral increases, we continue to ensure contact with patients within two working days.

The service achieves significant reductions in harm. The average starting Problem Gambling Severity Index (PGSI) score is 22.6, with an average score of 4.66 at discharge.

The average CORE 10 score at registration is 21.7; this has been reduced to 4.77 at discharge.

Independent Evaluation of PCGS

In late 2022, GambleAware commissioned an evaluation independent of the service by IFF Research (available here). This found the excellent speed of contact after referral, provision of rapid access to support and treatment, and that patients welcomed the service's personalised approach.

This evaluation revealed positive feedback on the service from patients and highlighted essential knowledge gaps for GPs. It concluded that PCGS provided accessible, consistent, and whole-patient support for people experiencing gambling harms by integrating primary care and third-sector support. The report examined over 100 referrals and included interviews with 15 PGCS clients. Feedback was positive, with clients praising the speed of contact after referral, rapid access to support and treatment, and the personalised and welcoming approach.

Conclusion

Gambling addiction is often secondary to various co-occurring conditions, including physical health problems, undiagnosed mental illness, intellectual disability, and the psychological and physical consequences of domestic violence and insecure housing.

It is essential to recognise the need for a whole system approach to increase the identification and treatment of those suffering from gambling harms. The voluntary sector is vital in reaching out and supporting local communities. They help to start conversations around gambling harms locally, which results in more individuals being identified and stepped up to support and treatment from the Primary Care Gambling Service and the NHS specialist clinics where appropriate. It is also essential to recognise the importance of the third sector expertise in relapse prevention and peer

support post-treatment in specialist clinics. This will prevent silting up specialist services so they can focus on and treat the more complex patients.

Further support for a whole system approach relates to the need for patient choice. Gambling addiction is associated with a stigma that can prevent those suffering harm from reaching out for help due to many factors. Accessing help can sometimes negatively affect the individual and their family's reputation in a community. It is essential to offer multiple access routes to treatment, which an individual can choose based on their situation and preferences. Without a system approach, those in need may not come forward, resulting in a missed opportunity.

Our priority is for patients and their affected others to continue receiving timely treatment and support to sustain recovery. This can only be done by continuing the development of meaningful engagement with all providers, especially those in the third sector. To achieve this, protocols and policies around shared care and a spirit of working together for the benefit of this patient group must be the priority. In the future, we wish to collaborate with as many organisations as adopting a whole system approach, including criminal justice, financial and other sectors, in identifying, treating, and sustaining recovery for those suffering from gambling harm.

[1] Roberts A et al., 'Gambling and adverse life events in a nationally representative sample of UK men', *Addictive Behaviours*, no.75, December 2017, pp.95–102.

[2] Gerada C, Murnane M, 'Royal College of General Practitioners Certificate in Drug Misuse: The first year', *Drugs: Educational, Prevention and Policy*, vol.4, issue 10, 2003, pp.369–78.

[3] Griffiths MD, *Gambling addiction and its treatment within the NHS: A guide for healthcare professionals*, London: British Medical Association, 2007.

[4] During these 12 months, there was a 3-month pause in the Service due to the second lockdown.

[5] https://www.addictionprofessionals.org.uk

[6] http://www.psychlops.org.uk/

Is there anything else you wish to share with the Committee that can help inform our investigation?

No further comments.

Martin Johnstone

Is there anything else you wish to share with the Committee that can help inform our investigation?

I bet every day
Betting is great for my mental health.

Help problem gamblers. Do not stop me from enjoying my pastime.

Regards
Martin Johnstone

Tony Kelly, CEO/Founder of Red Card Gambling Support Project

Dear sirs/Madam

I would like to have an input into the health impacts of gambling in London.

I hope to join the panel in the new year, but please see some input to questions raised for the November meeting at city hall:

- Participation for in-person [Land based],and online gambling has change significantly over the last 20 years, but more recently the last 10 years. I was a gambling addict in the 1990,s and early 2000, and the most significant change i have noticed is the fact we now have a casino in our back pockets, so to Speake, meaning the need to have to physically walk or drive to a betting shop, bingo hall, or casino is no longer there. **Accessibility and opportunity are now huge factors** within the gambling space, and this is one of the main reasons we have had a surge in problematic gambling, particularly for young people [16-30]. We have delivered a number of gambling awareness workshops to young people in London, and there seems to be an increasing culture of gambling that has developed amongst this cohort group, and other factors include advertising, cost of living crisis, and poverty.

- We often focus on the financial harm when we are talking about problem gambling, and it's the first thing that comes to mind when this topic is discussed between the general public, but there is a much bigger picture to consider when we discuss gambling elated harms and the impact it has on our lives. There are many health factors to consider when you are going through the gambling addiction cycle, and i have experienced most of them, such as anxiety, weight loss, depression, sleep deprivation, and withdrawal, but i am LUCKY i did not suffer from the ultimate gambling harms, gambling related suicide! So, we need to remember that with gambling addiction comes **many other health related issues,** and this is where GP,s and health practitioners need to be educated, as many are not aware of the negative impacts of problem gambling, and tend not to ask the right questions when dealing with someone who may be going through gambling addiction.

- People are impacted differently by problematic gambling, so we can't say that all problem gamblers are impacted in the same way. For example, some may start to use other methods to cope with their gambling problem, such as substance misuse, and others will become withdrawn and lonely, and then as the research has shown, others will feel there is no hope and sadly take their own lives. We also have to remember that people are also impacted differently as an affected other, that is someone who is impacted by someone else's gambling, and this is a huge part of problem gambling within the UK today. I have 5 brothers and one sister, and i borrowed money from all six of them at various pints in my journey, and this had a huge impact on them and their own families, so we really need to be mindful of who we are impacting when starting out on that gabling journey, because family members and friends will be on the journey with you. I think there needs to be more support for **AFFECTED OTHERS**, and it is something we discus in our workshops, with my sister part of the workshop in a video, talking about the impact my gambling had on her and her family. In terms of who is likely to experience gambling related harms in London, the brutal answer is ANYONE! We are now at the stage where PHE reported problem gambling as an epidemic in 2022, and i would agree! Whilst problem gambling can affect absolutely anyone, regardless of age, gender, background, disability, ethnicity, i would say that there are those that are more at risk and vulnerable to being impacted in London, and i relate this to the poverty and areas of deprivation that currently exist in London. When you have such poverty in certain areas of London, that only offers temptation to those who are struggling financially, and when you consider the number of betting shops that exist within certain

boroughs in London, then you can imagine the temptation for those more vulnerable as they have a betting shop literally on their door step. I accept that land-based gambling participation is largely for the older generation, but i am aware that young people are attracted to slot machines within the betting shops, so there is a certain attraction to gambling in betting shops for all, not to mention a form of escapism and comfort.

- I am not aware of what support the NHS provide in London, but i know the national problem gambling clinic is a source of support, but how that works in terms accessing and speed for treatment and contact, i am not so sure. I am also aware of more clinics opening across the UK, which can only help the plight we are in, but my views are that we need to have more education and awareness so that there won't be a huge need for more clinics, and more people wanting to access treatment. We must concentrate on early intervention in my opinion, and that means educating from secondary school upwards, something RED CARD have been doing for 5 years now, and our work is greatly appreciated by schools we have worked with. [see attachments]

- There needs to more support services, and i have left our booklet for information purposes, but certainly from our experience working on the ground and within communities, we know that more support services are needed, and they need to be made public so people are aware of what support is out there.

- I think the mayor should meet directly with those with Lived experience of gambling harms, hear our voces, and create funding for organizations to be able to deliver EDUCATION AND AWARENESS training/workshops for young people, adults, professionals, within the London boroughs. We deliver to various organizations, and the one questions that is always asked is, why is there not more of this? This feedback is particularly common when we are talking about education and awareness for ethnic minority groups, such as the South Asian and African Carribean communities, and they feel slightly excluded, from our experience. We are looking to secure some funding from gamble aware in January 24 to address these inequalities, and **i would like some support from the committee on this, and maybe a letter of recommendation from the mayor to support our funding application? We want to run a specific project in 2024, aimed Soley at the ethnic minority groups in London and the Midlands, both of whom have a huge population off Black and South Asian people**, and we are aware that problem gambling amongst these communities has been an issue for some time, but the stigma and shame attached to problem gambling discourages them from talking openly about their problems, through fear of judgement and lack of confidence to seek and access support.

I wish to share my story with the committee, and i have attached my bio, my book [available on amazon], and would be open to sharing my story on whatever platform may help in the future, whether that be at another meeting or conference etc etc etc. I think it is important that more people of colour talk about their problems with gambling, as it will encourage others to speak out too, and we are talking about a serious illness and mental health disorder, so there is no shame if talking about this topic at all, we just need to encourage people and change the narrative, because **it's OK to have a gambling problem!**

Finally, i want to point out that RED CARD are a national CIC company based in Coventry, so we do not have any issue Working in London, or anywhere in England,

something we pride ourselves on, because we want to reach as many people as possible with our work.

Thank you

Best

Tony
CEO

Connect with us

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