



Position Statement on Commercial Determinants of Health

March 2024

Appendix 2 – Gambling-related harm

<p>The scale of the problem¹</p>	<p>Gambling-related harms cover mental health, finances, relationships, employment and crime and these are distributed disproportionately in society. There is an association between gambling and suicidal ideation, with around 5% of suicides in England linked to gambling (over 400 people per year). The annual social and economic costs are estimated to be between £1.05-1.77 billion but this is likely to be an underestimate due to a lack of data in some areas (such as the impact on affected others).</p> <p>A 2021 Public Health England review estimated that 0.5% of the England population reached the threshold to be considered experiencing so-called ‘problem gambling’. A further 3.8% of the England population were classified as gambling at elevated risks. It was also estimated that 7% of the Great Britain population was negatively affected by someone else’s gambling.</p> <p>In the North East, it is estimated that 4.9% of the population (aged 16+) are at-risk gamblers (experiencing some level of negative consequences due to their gambling); this is the highest regional prevalence of at-risk gambling in England. Levels of participation in online gambling nationally have increased from 19.7% in 2019 to 25.9% in 2023².</p>
<p>Inequalities</p>	<ul style="list-style-type: none"> • Whilst the people most likely to participate in gambling generally are likely to have higher academic qualifications, be in employment and live in less deprived areas, harmful gambling is associated with people who are unemployed and living in more deprived areas¹. • Alcohol use is strongly associated with gambling participation and gambling at elevated levels of risk¹. • As well as being linked to deprivation and alcohol consumption, at-risk gambling is most prevalent in¹: <ul style="list-style-type: none"> ○ the unemployed economic group ○ White/White British groups compared to Asian/Asian British (NB prevalence appears higher for Black/Black British and Mixed/Other groups but sample sizes were too small to draw conclusions) ○ those in the lowest quintile for wellbeing (Warwick-Edinburgh Mental Wellbeing Scale)

	<ul style="list-style-type: none"> ○ those scoring 4 or more on the GHQ-12 (a screening tool for mental disorders), indicating probable psychological problems ○ those who currently smoke. <ul style="list-style-type: none"> ● Children who have spent their own money on gambling are more likely to have consumed alcohol, taken drugs or smoked a tobacco cigarette or e-cigarette, compared to children who have not gambled¹. ● A health needs assessment in Sunderland found that 66% of gambling premises were in the most deprived quintile³; this follows a national trend of gambling premises being more common in deprived areas⁴.
<p>Examples of gambling industry tactics</p>	<p>The gambling industry profits disproportionately from the most harmed⁵. Like other unhealthy commodity industries, it relies on the following tactics:</p> <ul style="list-style-type: none"> ● Normalisation of gambling in society – portrayed as a fun, harmless pastime ● Framing as personal responsibility for harm ● Prolific marketing and advertising across multiple forms of media ● Lobbying and political party donations – gambling firms have been a leading source of donations to MPs in recent years⁶ ● Sports and events partnership ● ‘Dark’ nudges, such as losses-disguised-as-wins ● A continuing push for self-regulation
<p>Supporting evidence</p>	<ul style="list-style-type: none"> ● The public education campaign <i>When the Fun Stops, Stop</i> has been shown to portray harms as limited to an atypical minority and promote voluntary measures at the individual level⁷ ● Youth education programmes funded by the gambling industry are found to serve industry interests, frame issues under the ‘personal responsibility’ narrative and deflect from harmful nature of their products⁸ ● Three in ten (31 percent) of 11-16 year olds responding to a Gambling Commission survey in 2022 reported that they had spent money on gambling activities in the 12 months prior⁹
<p>Public perceptions</p>	<p>The Gambling Commission tracks public perceptions via telephone survey. The most recent survey¹⁰ found:</p> <ul style="list-style-type: none"> ● In the year to December 2022, 79 percent of respondents agreed that there are too many opportunities for gambling, a significant decrease on the previous year.

	<ul style="list-style-type: none"> • 71 percent agreed that gambling is dangerous, while 62 percent thought gambling should be discouraged, yet 63 percent believed that people should have the right to gamble whenever they want. <p>The industry’s narrative that gambling is a fun activity and that individuals are responsible for their own gambling behaviour may play a role in public perceptions.</p> <p>A 2018 YouGov survey about the public’s ideal high street found that bookmakers was the least popular type of ‘shop’, with 73% of respondents saying it would not feature on their ideal high street¹¹.</p> <p>In the UK, 43% of adults view the gambling industry 'very unfavourably' with another 22% 'somewhat unfavourably'¹²; 44% think there is too much advertising and sponsorship for sports betting¹³.</p>
<p>What works to reduce gambling-related harms</p>	<p>Gambling-related harms is an under-studied area and further research is required; however, this is not a justification for lack of action. A public health approach to gambling-related harms focuses on:</p> <ul style="list-style-type: none"> • A whole population approach – not solely a focus on those requiring treatment • Shifting the narrative away from ‘problem individuals’ towards harmful industry practices • Policy and decision making free from industry involvement • Evidence-based approaches addressing the drivers of gambling <p>At a national level, appropriate legislation and regulation would have a significant impact on gambling-related harms: advertising restrictions, strengthening of the roles and responsibility of the industry regulator, and stronger powers given to local government around planning and licensing.</p> <p>ADPH North East recognises the complexities of the current treatment system and that community-based treatment provision is required alongside NHS provision. At present, the leading community-based treatment service in the North East receives funding from the gambling industry. The aim is to transition to services that are independent from industry funding, but ADPH North East does support local authorities to continue working with the community-based provider during the transition period. Quality assurance measures are being used to assure there is no industry influence on service design or delivery.</p> <p>In 2023, ADPH North East successfully bid for £750,000 from the Gambling Commission’s Regulatory Settlements Fund. This funding is the result of regulatory action against gambling operators for breach of a licence condition. The money has not been voluntarily provided by the gambling industry and the industry has no influence on how it is used.</p>

Gambling-related harm principles

The vision for addressing the commercial determinants of gambling-related harms encompasses four key principles:

1. The gambling industry and the organisations it funds should not influence health policy, the function of health services or education/awareness-raising initiatives, particularly those aimed at young people.
2. Children and young people and people from lower socio-economic groups are priority groups to protect from the tactics of the gambling industry.
3. Gambling industry marketing drives harmful consumption and health inequalities and needs to be tackled
4. Reframing the narrative from personal responsibility to the actions of the gambling industry and gambling as a harmful product is a legitimate intervention

Version control

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