

Gambling

1. Introduction

Gambling is defined as 'placing something of value e.g. money, on an event with an uncertain outcome with the goal of attaining something of greater value' (1). Gambling activities can be described as non-remote (betting offices, casinos, bingo and adult gaming centres) which are licensed by the local authority; or remote (online) which are licenced and regulated by the Gambling Commission. Gambling is strongly associated with the wider determinants of health, particularly education, deprivation levels and income, and co-morbidities including substance misuse and mental illness. Problem gambling is associated with wide ranging health, social and economic harms. It widens health inequalities with a disproportionate negative impact on those with lower socio-economic status. Problem gambling is a priority in the NHS Long Term Plan and is increasingly being recognised as a public health issue to be addressed.

2. Why is this important to Bradford?

2.1 The prevalence of problem gambling is increasing across England and is at a higher than national rate in northern urban areas like Bradford

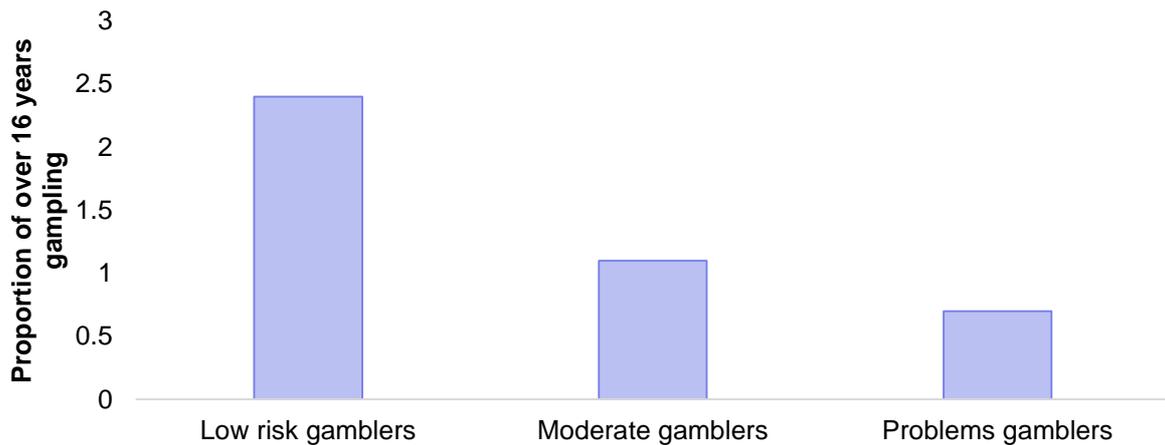
Gambling behaviours occur along a continuum and prevalence measures are challenging. However, there has been a clear rise in problem gambling over recent years, partly attributed to the explosion in online gambling opportunities and gambling advertising. Current estimates suggest approximately 400,000 people in England are problem gamblers, an increase of 50% since 2012, and two million people are reported to be at risk (2). Males are more likely to gamble than females both in childhood and adulthood (3,4).

At risk gamblers refers to people who are at higher risk of experiencing negative effects due to their gambling behaviour but who are not classified as problem gamblers (5). Combined health survey data published by the Gambling Commission on gambling behaviour in Great Britain reported that 3.5% of respondents (16+ years) identified as low or moderate-risk gamblers (4).

Problem gamblers are people who gamble with negative consequences and a possible loss of control. Problem gambling is defined as behaviour related to gambling which causes harm to the gambler and those around them (4). In its most severe form, gambling is recognised as an addiction by the American Psychiatric Association (APA) in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, and by the World Health Organization (WHO) in the International Classification of Diseases (6,7). Combined health survey data showed 0.7% of respondents identified as problem gamblers according to the full Problem Gambling Severity Index (PGSI) or DSM-IV2 screen (4).

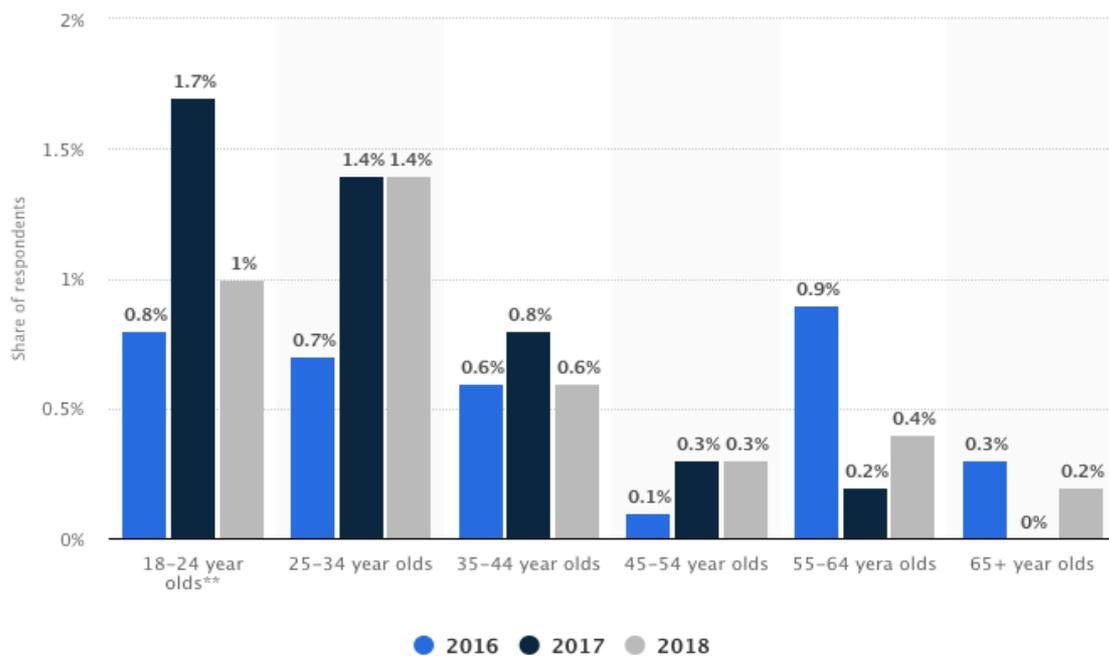
These national estimates are likely to be conservative as the surveys do not include certain population groups more likely to be more vulnerable to harm (8).

Figure 1: Estimated percentage of over 16 year olds gambling in Great Britain (4).



Data source: *The Combined Household Survey: Gambling Commission 2019*

Figure 2: Percentage of the UK population who are problem gamblers 2016-2018, by age (9).



Data source: *Gambling Commission, Statista 2018*

Applying national estimates from the Gambling Commission to Bradford's 402,381 population of >16 year olds (*ONS 2018*) gives an estimate of **14,083 at risk gamblers** and **2816 problem gamblers in the district's population of over 16 year olds**. Applying national figures may actually underestimate problem gambling in Bradford as a Leeds based study found higher rates of problem gambling occur in more Northern areas, major urban areas and those living in wards classified as industrial, traditional manufacturing, prosperous and multi-cultural (10).

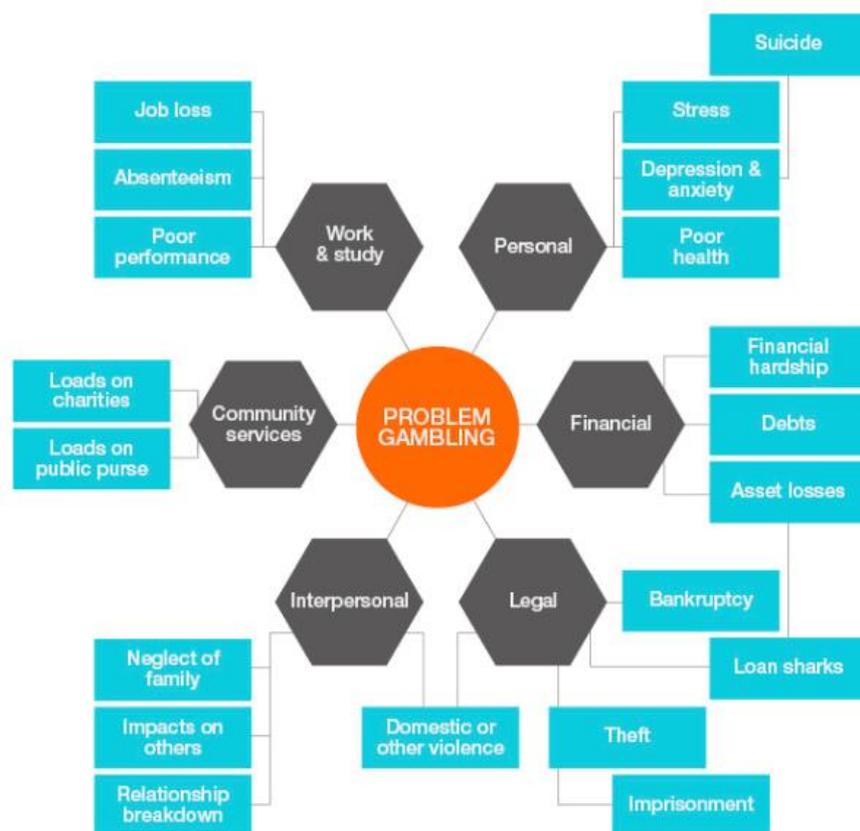
A 2019 survey by the Gambling Commission reports that 2.7% of 11-16 year olds are classified as at risk gamblers and 1.7% as problem gamblers (as defined by the youth-adapted problem gambling screen DSM-IV-MR-J screen) (3). This is a rising trend with only

0.4% of 11-16 year olds identified as problem gamblers in 2016 (3). In Bradford this equates to an estimated **1233 at risk gamblers and 776 problem gamblers in the 11-16 age group** based on population figures of 45,652 (ONS, 2018).

2.2 Gambling is harmful to individuals, families, and communities with health, social and economic impacts

Gambling related harms are varied and wide-reaching (Figure 3). They impact resources, relationships and health, and represent the complex interaction between individual, family, community and work place processes (11). Gambling related harms may be short-term or have enduring consequences that may worsen existing inequalities (12).

Figure 3: Spectrum of gambling related harms (13)



Data source: IPPR adaptation of data from Australian Productivity Commission, Australia's Gambling Industries (APC 1999)

Possible gambling related harm includes higher levels of physical and mental illness, suicidal behaviour, debt problems, substance misuse, homelessness, school drop-out and job loss, relationship breakdown, social isolation, and potential criminality (8,11).

Gambling related harms impact not only the individual but also friends, family members and colleagues of the gambler as they too face the consequences of gambling associated financial insecurity, stress, anxiety and relationship collapse, including risk of family conflict and domestic abuse (11). Research estimates that for every problem gambler, between 6

and 10 additional people are directly affected (14). Using these estimates suggests that an excess of **27,000 Bradford residents could be at risk of gambling related harm.**

Problem gambling in Britain is estimated to cost the government between £260 million and £1.6 billion (based on problem gambling rates ranging from 0.4 – 1.1% of the adult population) in primary and secondary healthcare, welfare and employment, housing, and criminal justice costs (13).

2.3 Bradford has high prevalence of population groups particularly vulnerable to gambling related harm

Evidence indicates that particular groups are more vulnerable to gambling related harm than others (10). These are discussed within the Bradford District context.

Younger people

Bradford is the youngest city in the UK, with more than 124,000 people aged under 16 (23.7%) (15). Young people are vulnerable to gambling harms, both through their own gambling and through the impacts of parental or carer gambling. Many gambling related harms including: heightened stress; neglect; domestic abuse; parental mental health problems, alcohol and substance misuse are all recognised adverse childhood experiences known to be associated with worse health, social and emotional wellbeing outcomes (11). There is also risk of intergenerational transfer of gambling behaviours as parental gambling problems are associated with adolescent gambling problems (11).

Bradford University had 8,564 students enrolled in the 2018/2019 academic year (16). A recent nation-wide survey conducted by YouthSight on behalf of the Gambling Commission discovered that two thirds of students gambled in the last month and 54% of those do so to make money. A quarter of students gambled more than they could afford and 4% are in debt because of gambling (8).

Adults living in constrained economic circumstances

The vulnerability to gambling related harms by those living in constrained economic circumstances may be explained by harms that occur on gambling beyond a person's financial means, but also wider societal and contextual factors related to financial difficulties (11). Bradford's unemployment rate of 16-64 year olds is worse than the national average at 5.7% (17). Additionally, it has a higher percentage of the population who are long term claimants of job-seekers allowance (6.7%) than reported national figures (18).

People from minority ethnic groups

While individuals from Asian or Black backgrounds are less likely to gamble there is evidence that they are more vulnerable to gambling problems than people of White ethnicity (11,19). The results of the 2011 Census showed that 20% of the Bradford District population identified themselves as Pakistani, 2.6% Indian, 2.5% mixed heritage, 1.9% Bangladeshi, 1.8% Black and 3.6% from other ethnic groups (20).

People living in areas of greater deprivation

Problem gambling is more prevalent in areas of higher deprivation. It can compound other vulnerabilities in deprived communities and may worsen health inequalities (21). Bradford is ranked the 11th most income deprived local authority in England with 33.5% of lower super output areas (LSOA's) falling into the most deprived decile based on the national benchmark of index of multiple deprivation (22).

Adults with mental health issues or substance abuse disorders

Problem gamblers are more likely to have a diagnosed mental illness, experience self-reported anxiety or depression, have heavier alcohol consumption and be smokers than non-problem gamblers or non-gamblers (8,11).

Bradford has higher than national:

- estimated prevalence of common mental disorders in 16 year olds and over;
- estimated prevalence of mental health disorders in children and young people;
- admission rates for alcohol related conditions;
- admission episodes for mental and behavioral disorders due to alcohol;
- Smoking prevalence in the adult population (18).

People who are homeless

Problem gambling is more prevalent in the homeless population. Gambling related harms including financial hardship, relationship breakdown and mental health problems can all contribute towards homelessness. Gambling premises may provide homeless people with temporary shelter, warmth and safety, and a place to meet and talk to other members of the community (11).

Statutory homelessness in Bradford is reported as 1.8 per 1000 households (18). Figures from 2016-2017 show that during the year 583 service users approached the No Second Night Out service in Bradford due to sleeping rough (23).

Immigrants

Bradford's non-UK born population comprises 16% of the community, higher than the 10% average for the Yorkshire and Humber region (24). Poor social networks and support, limited financial resources, the stress of adapting to a new culture and greater opportunities to gamble compared with their countries of origin are proposed reasons why immigrants may be more vulnerable to gambling related harms than the UK born population (11).

People with learning needs

People with learning needs may be at increased risk of gambling related harm due to an inability to recognise when their participation is becoming problematic or being unaware of where to seek help (25). The estimated true prevalence of adults (18+ years) with learning disabilities in Bradford is 7260 (26).

Offenders and ex-offenders

Offenders and ex-offenders may be vulnerable to gambling harms because of gambling cultures that exist within prisons or because of difficulties reintegrating with society on release, with gambling activities offering an opportunity to connect with others (11). The author was unable to find data on the number of ex-offenders residing in Bradford.

3. Strategic context

The Gambling Act

The [Gambling Act 2005](#) places a legal duty on licensing authorities to ‘aim to permit’ gambling, so long as premises licence applications are reasonably consistent with the Gambling Commission’s code of practice and guidance, the licensing authorities Statement of Licensing Principles and the licensing objectives under the Act, which are:

- Preventing gambling from being a source of crime or disorder, being associated with crime and disorder or being used to support crime.
- Ensuring gambling is conducted in a fair and open way.
- Protecting children and other vulnerable persons from being harmed or exploited by gambling (27).

Statement of Licensing Policy

The Gambling Act 2005 requires Bradford Metropolitan District Council, as a Licensing Authority, to draft, consult on and publish a [Statement of Licensing Policy](#) in relation to its responsibilities under the Act (28). The statement is a key tool that licensing authorities can use to seek to protect their residents from the negative impacts associated with problem gambling.

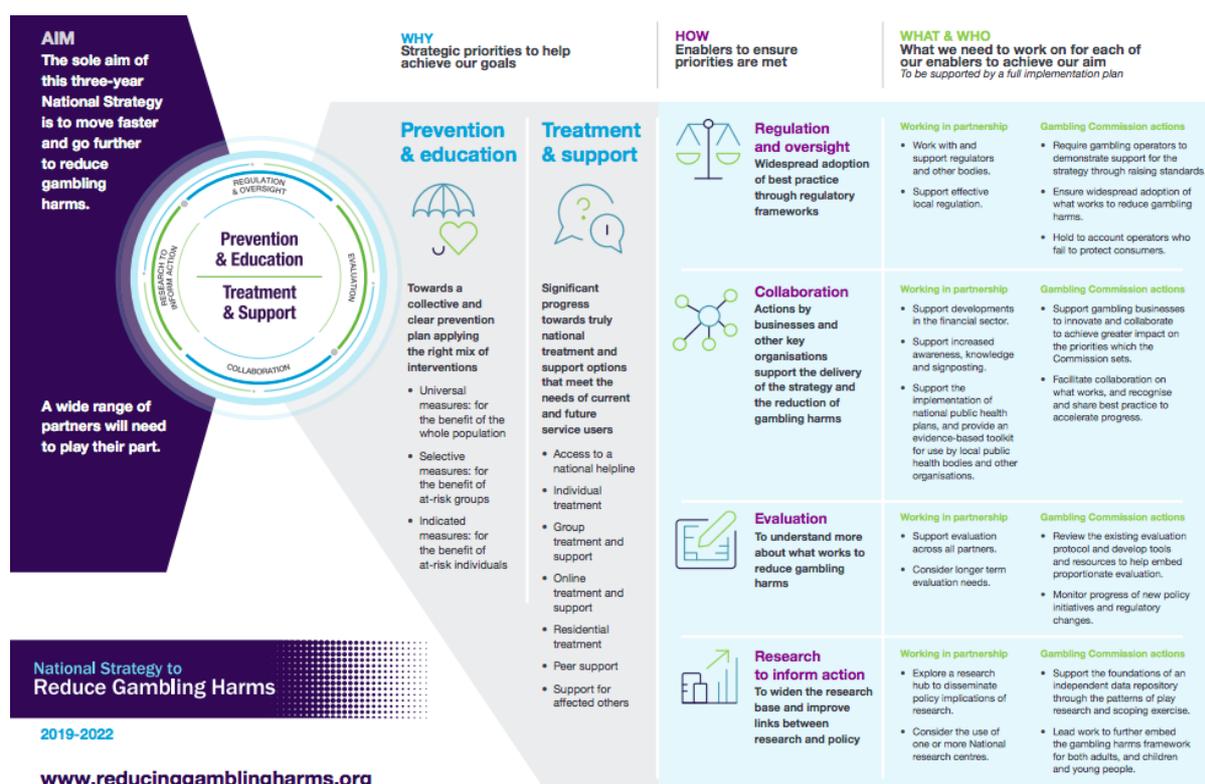
National Strategy to Reduce Gambling Harms

In April 2019 the Gambling Commission launched a [3 Year National Strategy to Reduce Gambling Harms](#) with two areas of focus:

- Prevention and education: To make significant progress towards a collective and clear prevention plan applying the right mix of interventions.
- Treatment and support: To make significant progress towards truly national treatment and support options that meet the needs of current and future service users (29).

The strategy sets out how to adopt a collaborative public health approach to reducing gambling harms, with public health bodies and local government authorities being key partners.

Figure 4: Gambling Commission’s 3 Year National Strategy to Reduce Gambling Harms (29).



NHS Long Term Plan

The [NHS Long Term Plan](#) includes investment in expansion of NHS specialist clinics for greater geographical coverage in order to support more people with serious gambling problems (2). The first NHS gambling clinic for children will open in 2019 to address Gambling Commission reports of an estimated 55,000 child problem gamblers nationally (3). The new NHS Northern Gambling Service opened in Leeds in 2019 as part of the NHS Long Term Plan.

Bradford District Plan

The [Bradford District Plan](#), supported by the Bradford District Partnership, sets out the long-term shared ambition for the district:

“We want to make Bradford District a great place for everyone - a place where all our children have a great start in life, where businesses are supported to create good jobs and workers have the skills to succeed, a place where people live longer and have healthier lives and all our neighbourhoods are good places to live with decent homes for everyone” (15).

Bradford Council Plan

The [Bradford Council Plan](#) sets out the Council’s commitment to achieve the ambitions and priorities for the district. The Council’s six priorities are:

- Better skills, more good jobs and a growing economy

- Decent homes that people can afford to live in
- A great start and good schools for all our children
- Better health, better lives
- Safe, clean and active communities
- A well-run council, using all our resources to deliver our priorities (30).

4. What do we know?

The only local data on problem gambling is available from GamCare and relates to the number of calls from Bradford to their National Gambling Helpline/Netline. In 2017-2018 there were 130 callers from Bradford. Of the 130 callers 100 were themselves gambling, 19 were partners, family members or friends of a gambler and 11 were not specified. 60% of callers were male, 37% female and 3% unspecified. This reflects national data for adults and children showing males to have higher engagement in problem gambling behaviour than females (3).

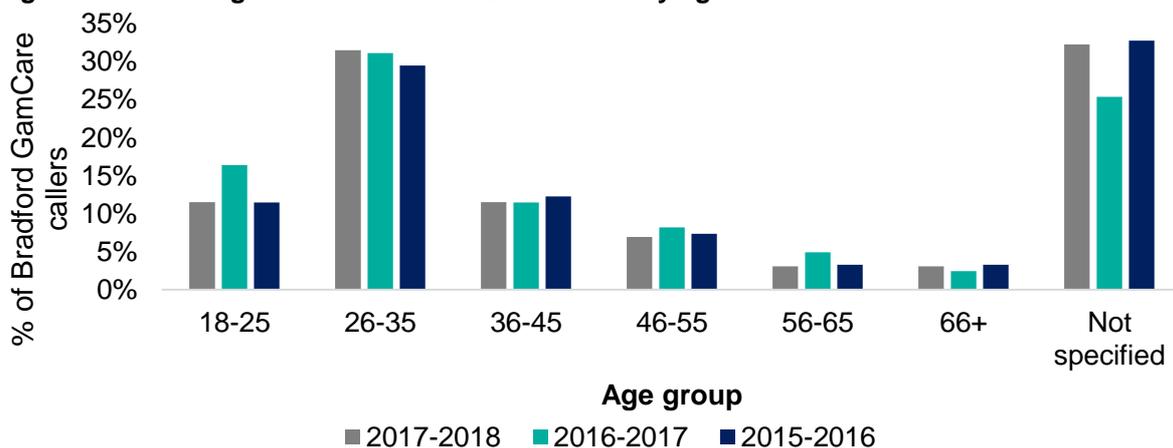
Data limitations

These cases only represent people seeking support from GamCare. The callers may be systematically different from problem gamblers in the community not seeking support. Additionally, in the context of the estimated prevalence of problem gamblers in Bradford, they represent a fraction of the population of interest. Despite the limitations of potential bias and relatively small sample size the data is presented as it is the best local data we have available.

Caller ages

Where age is specified 47% of callers were aged 26-35 years in 2017-2018.

Figure 5: Percentage of Bradford GamCare callers by age

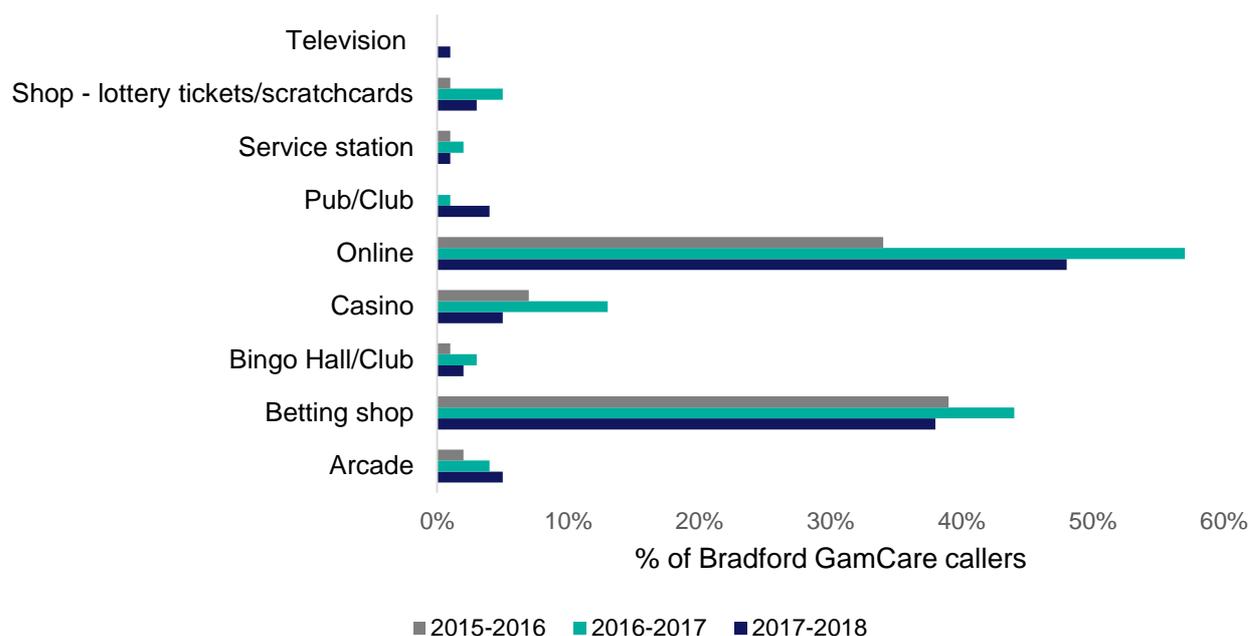


Data source: Gamcare 2018

Gambling location

Online was the most common gambling location in 2017-2018, cited by 48% of callers, followed by betting shops at 38%. The percentage of callers disclosing online gambling has increased since from 34% in 2015/16 to 58% in 2017/18.

Figure 6: Percentage of Bradford GamCare callers disclosing gambling locations accessed



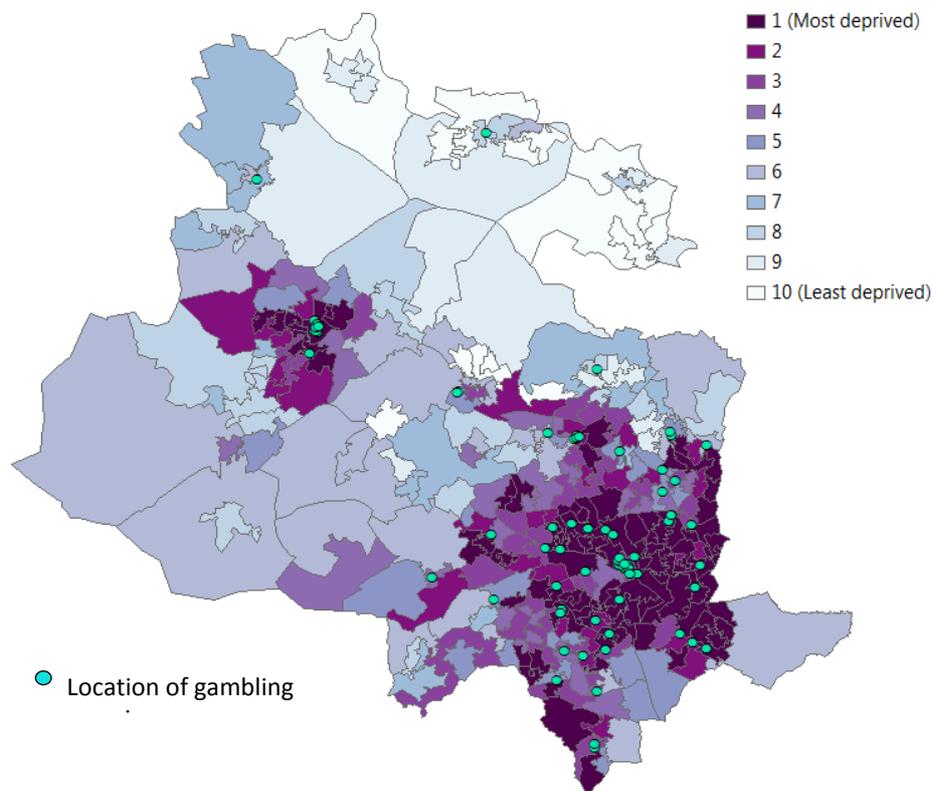
Data source: GamCare 2018

Table 1: The total number of current licences and permits in force in the Bradford district (31):

Gambling Premises	Active licence as at 01/02/2019
Casino	3
Bingo	4
Betting Shop / Bookmakers	61
Adult Gaming Centre	14
Track Betting	1
Total	83

Gambling premises have a negative impact on the health of Bradford’s high streets. The Royal Society of Public Health’s ‘Health on the High Street’ report found bookmakers to be one of the least health promoting categories of businesses; discouraging healthy choices and having a negative impact on mental wellbeing (32).

Figure 7: Index of multiple deprivation (IMD) decile by lower super output area, overlaid with locations of betting shops (31).



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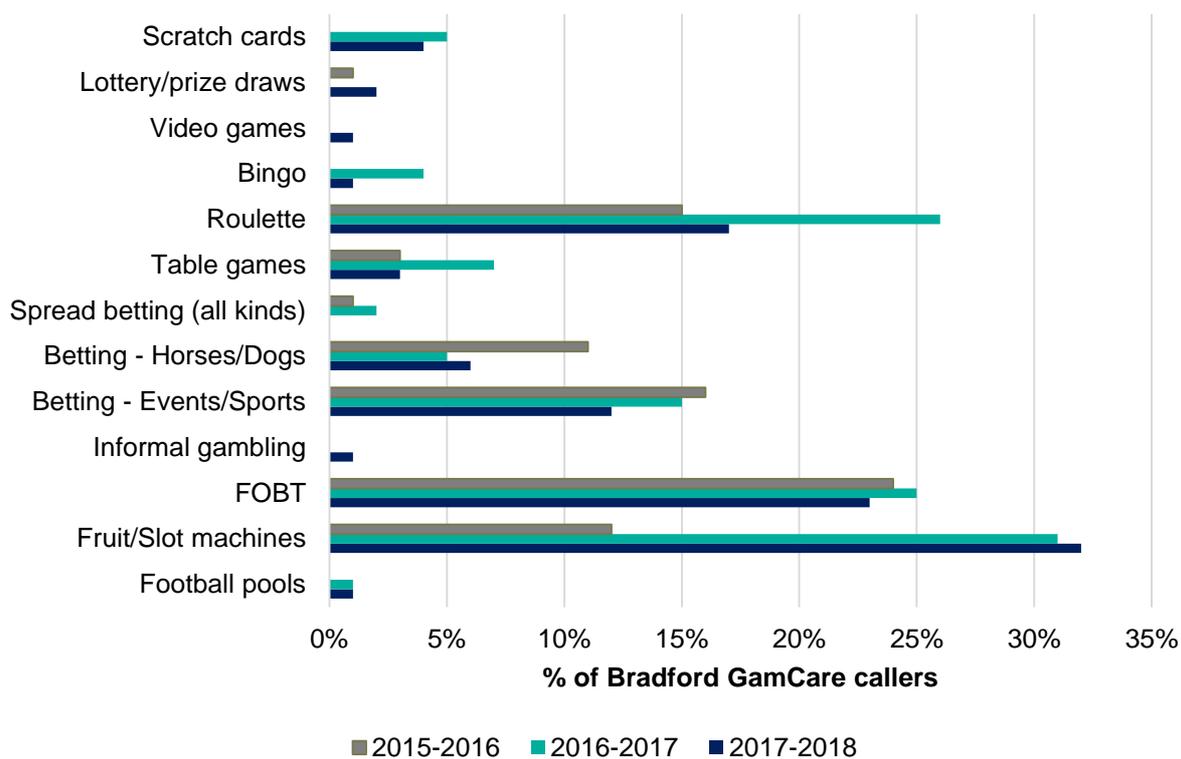
Data source: Index of Multiple Deprivation, 2015

Evidence shows that increasing accessibility and availability of gambling increases the number of regular and problem gamblers in an area (32). There are 83 gambling premises in Bradford district of which 37 (44.5%) are located in a LSOA in the most deprived decile and 65 (78.3%) are located in a LSOA which is in the top three most deprived deciles (31). Clustering of gambling premises in areas of higher deprivation could increase gambling in more deprived populations and widen existing health inequalities (11).

Gambling activity

In 2017-2018 fruit/slot machines were the commonest cited gambling activity by Bradford GamCare callers accounting for 29% of overall gambling activity, followed by fixed odds betting terminals (FOBT) (21%), roulette (15%) and events/sports betting (11%).

Figure 8: Percentage of GamCare callers disclosing gambling by activity type

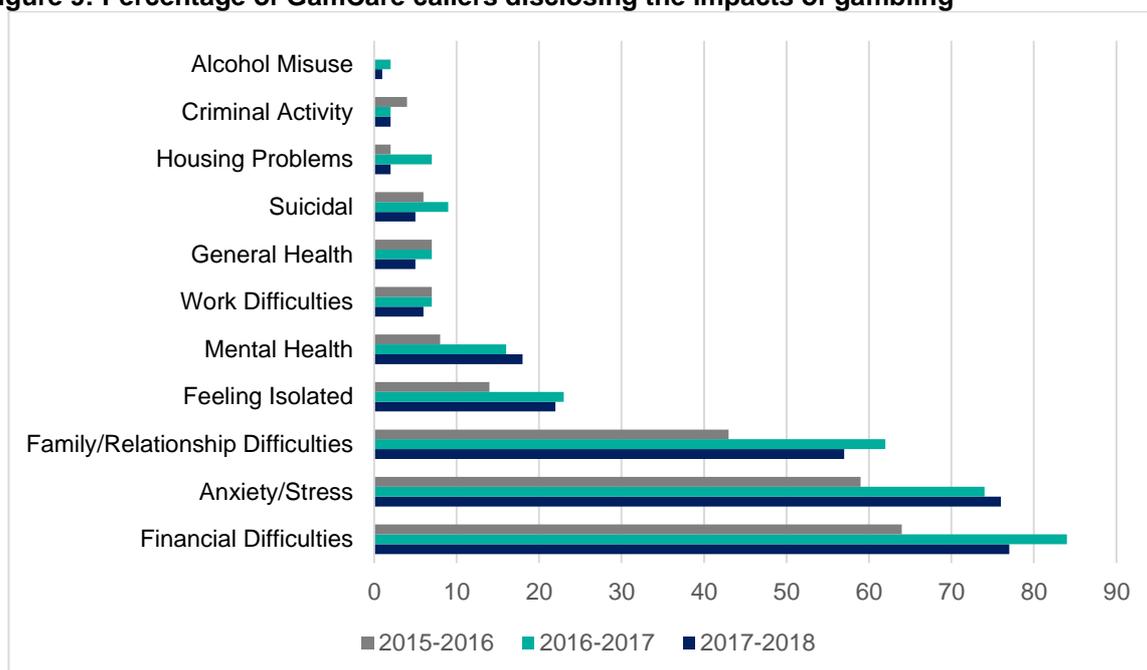


Data source: GamCare 2018

Gambling-related harms

The commonest disclosed gambling related harms of 2017-2018 data included financial difficulties (77%), anxiety/stress (76%), family/relationship difficulties (62%), feeling isolated (22%) and mental health problems (18%). Concerningly 5% of callers disclosed feeling suicidal. The association between problem gambling and suicidal thoughts/attempts is strong.(33)

Figure 9: Percentage of GamCare callers disclosing the impacts of gambling



Data source: GamCare 2018

Financial difficulties may be a precipitant or exacerbating factor of other gambling related harms. UK figures suggest that 3.1% of gamblers have bet more than they can afford to lose.(4) 77% of Bradford GamCare callers 2017/2018 discussed the impact of gambling on financial difficulties. In a quarter of 2017/2018 Bradford GamCare calls debt situation was specified with 59% of these callers disclosing debt, of which 16% disclosed debts between £20,000 and £99,999.

Table 2: Debt disclosure by Gamcare callers 2015-2018

Debt disclosed	2017-2018	2016-2017	2015-2016
Not specified	75%	79%	75%
None	10%	9%	11%
Less than £5000	4%	8%	3%
£5,000 to £9,999	1%	0%	1%
£10,000 to £14,999	3%	1%	3%
£15,000 to £19,999	2%	0%	2%
£20,000 to £99,999	4%	3%	4%
£100,000 or more	0%	0%	0%

Data source: GamCare

5. What assets do we have?

The locally provided specialist service is [Krysallis](#) in partnership with [GamCare](#). Their free support services are accessible to anyone aged 16 years or over who has been adversely affected by gambling, or is at risk of developing a problem with gambling. Specialist treatment practitioners provide free face to face, phone and online support and treatment using an evidence based model of care, which includes a motivational and CBT approach. Confidential support is also available to partners, family members and friends affected by an individual's gambling behaviour.

The new [NHS Northern Gambling Service](#) run by Leeds and York Partnership NHS Foundation Trust provides services for people with severe gambling problems across the North of England. They provide specialist addiction therapy and recovery to people affected by gambling addiction, as well as those with mental health problems such as depression, anxiety, trauma, and suicidal feelings. They also provide intervention to people close to those with gambling addiction, such as family, partners, and carers.

[Gamblers Anonymous](#) peer support meetings run weekly from St Stephen's Church on Newton Street, Bradford, BD5 7BH.

[Calderdale Citizens Advice](#) has received funding from GambleAware to deliver free training about gambling-related harm to frontline workers (e.g. individuals who work within alcohol/substance misuse, mental health, housing, finance/welfare, safeguarding, social work, social prescribing, adult and children services) across Yorkshire, The Humber and North Lincolnshire.

6. Gaps, challenges and opportunities

There are a range of ways in which the District can seek to protect the Bradford population from gambling related harms and support local individuals and families who are affected by problem gambling (5). Review of the data and available evidence has informed the following priorities for consideration.

6.1 Maximise the potential of Bradford's Statement of Licencing Policy and planning powers to protect residents from the negative impacts associated with problem gambling

Section 157(g) of the Gambling Act 2005 states that an appropriate responsible authority for determining licensing applications may include an authority "which has functions by virtue of an enactment in respect of minimising or preventing the risk of pollution of the environment or of harm to human health in an area in which the premises are wholly or partially situated" (27). Therefore inclusion within Bradford's Statement of Licencing Policy an instruction that the Licensing Authority will consult the Director of Public Health on all premises licence applications could better protect communities from the potential harmful impacts of gambling.

Gambling operator compliance with safer gambling requirements should be monitored and enforced. The Council should consider levers available through licensing policy and compliance processes to gain assurance of effective safeguarding and self-exclusion processes amongst licensed gambling operators in the district (34).

6.2 Raise awareness of gambling related harms amongst children and young people through school-based education programmes

At present there is no school-based education programmes exploring gambling-related harms. Compared to other potentially harmful activities, the rate of gambling (in the week preceding the youth survey) amongst young people (14%) is higher than the rates of drinking alcohol (13%), smoking cigarettes (4%) and taking illegal drugs (2%) (3). Therefore the inclusion of school education programmes addressing gambling related harms, alongside existing education sessions targeting smoking, alcohol and substance misuse is justified.

GamCare sponsor BigDeal.org.uk, a website for 12-18 year olds providing information regarding risk and responsible gambling, as well as advice and support around problem gambling (either for themselves, a friend or a family member). It also provides resources for parents and youth facing professionals. Their [Youth Outreach Programme](#) seeks to address the lack of gambling related education in schools providing free workshops for young people and free CPD accredited training for professionals. A 'youth hub' serves the Hull, Yorkshire and Humber region and its services should be accessed for the benefit of the young people in Bradford.

6.3 Train frontline staff to identify those at risk of gambling related harm and to support and refer appropriately

It is reported that only a very small proportion of problem gamblers access treatment services and this is reflected in the small number of GamCare callers relative to problem gambling prevalence estimates for the area. This may be due to a number of reasons. Some problem gamblers may not recognise the need to seek support; changes in personal circumstances may initiate recovery without additional support; some may be trying self-help approaches; some will be accessing NHS healthcare services to manage co-morbidities associated with problem gambling rather than problem gambling itself (8). For this reason training of frontline staff to recognise the signs of gambling problems and how to screen individuals known to be more vulnerable to problem gambling is important for preventing or mitigating existing gambling related harms. Everyone with a capacity to benefit from specialist support and treatment services should be signposted or referred appropriately and frontline workers should be given the skills and knowledge to facilitate this.

All frontline staff (e.g. individuals who work within alcohol/substance misuse, mental health, housing, finance/welfare, safeguarding, social work, social prescribing, adult and children services) in Bradford should receive the appropriate level of training on gambling related harms and available support/treatment services in order to best meet the needs of the population they serve. This can be freely accessed via Calderdale Citizen's Advice.

Clinical Commissioning Groups within the Bradford District should ensure healthcare providers are informed regarding assessing, screening, signposting and referring for gambling-related harm. Development of a 'Top Tips for Clinicians' document on gambling related harm as part of the CCG's 'Top Tips' series could prove useful.

6.4 Include gambling related information, resources and events as part of Bradford's Living Well Service and website

[Living Well](#) is a Public Health initiative led by Bradford Council in partnership with three NHS Clinical Commissioning Groups (CCGs) – Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs. Their aim is to support people to adopt healthier lifestyles and reduce their risk of preventable illness through partnership working, community engagement and where needed, individual support. Inclusion of gambling related information, resources and events within the Living Well Service and Website offers another opportunity for raising public awareness of gambling related harms and where to seek help.

6.5 Understand the extent of the problem locally

Local data in gambling is limited, particularly in relation to children. A step to addressing the data gap is the inclusion of 3 questions relating to gambling being included in the Bradford Children and Young People Lifestyle Survey which will be completed by Years 5,7 and 9 pupils in the Spring term of 2020.

As frontline staff awareness and identification of harmful gambling develops and if gambling is incorporated into the Living Well service, the District should develop a system to capture and analyse all gambling-related data that is generated (5). This will help inform future service development and better understand the scope of need in Bradford.

7. What are we doing about gambling in Bradford and how do we move forward?

7.1 Current actions

- Gambling in the Bradford district has been discussed at the Corporate Overview & Scrutiny Committee in March and September 2019 where *"Members were in agreement that more effective controls needed to be in place to tackle the issue of problem gambling and developed further in Bradford"*. A number of [actions to be followed up at a future Corporate Overview & Scrutiny Committee meeting](#) were determined.
- A local area profile is in development to identify areas of greater or specific risks of gambling related harm in the district.
- Inclusion of 3 questions relating to gambling have been introduced in the Bradford Children and Young People Lifestyle Survey to be completed by Years 5,7 and 9 pupils in the Spring term of 2020. This will inform local prevalence data.

7.2 Moving forward

Gambling related harm impacts upon the health of Bradford's population at an individual, family, community and district level. While positive steps are being taken to address these issues the local authority, local clinical commissioning groups, gambling businesses and national and local support and treatment organisations, should consider the priorities outlined in Chapter 6 to further prevent and mitigate gambling related harms and better understand their prevalence and impact within the population.

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