

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 3 September 2024

Corporate Priorities:

Caring for the vulnerable;
Delivering better services;

Tackling Gambling Related Harm in Lancashire

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Brief Summary

The paper outlines gambling related harm, its impact, and the current position in Lancashire. It identifies examples of current activity to reduce gambling related harms including support for people with lived experience, and the Beacon Community Trust's Workplace Charter. A systemwide approach is needed to address this public health issue and the paper seeks to explore how this can be collaboratively addressed as part of the Happier Minds programme.

Recommendations

The Health and Wellbeing Board is asked to:

- (i) Discuss the intelligence on gambling related harms in Lancashire and identify ways to collaborate on action to reduce harms as part of the Happier Minds programme.
- (ii) Promote the Beacon Community Trust's Workplace Charter as a way of supporting staff within each of the Board's partner agencies.

Detail

Under the Gambling Act 2005, gambling is defined as activities involving gaming (with the chance of a prize), betting, or participating in a lottery. The three objectives of the Act are:

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

Problem gambling refers to gambling behaviour that impacts, disrupts, or damages personal, recreational, or family life. Gambling-related harms are the adverse



impacts gambling activity can have on the health and wellbeing of individuals, their families, communities, and wider society. There is a wealth of research highlighting the damaging impact gambling can have upon an individual's physical and mental health and wellbeing as well as their resources and relationships.

At the Health and Wellbeing Board in July 2024 it was agreed to include the reduction of gambling related harm as part of the Happier Minds Programme.

Gambling-related harm in Lancashire

When exploring the impact of gambling, datasets concerning 'problem gambling' are often used, with individuals assessed using the Problem Gambling Severity Index (PGSI). This measure includes nine questions relating to gambling behaviour, each assessed on a four-point scale:

- Problem Gambling Severity Index (PGSI) score 1-2: Low risk gambling, unlikely to have experienced adverse consequences.
- Problem Gambling Severity Index (PGSI) score 3-7: Moderate risk gambling, may or may not have experienced adverse consequences.
- Problem Gambling Severity Index (PGSI) score 8+: Individual has experienced adverse consequences from gambling and may have lost control of behaviour.

In July 2024, the Gambling Commission published findings from their new national gambling survey, seeking to establish a baseline understanding of gambling behaviour across Britain (9804 respondents). Findings from the survey revealed:

- Nearly half (48%) of the participants aged 18 and over said they had participated in any form of gambling over the past four weeks (27% when those who only took part in lottery draws were excluded).
- Participants were more likely to gamble online (37%) than in person (29%).

Although this survey is the largest of its kind, it does not allow for investigation of local statistics. Data from the Annual Great Britain Treatment and Support Survey (published November 2022) presents the prevalence of gambling harm at a local level including the Lancashire-12 districts.

- Average prevalence for Problem Gambling Severity Index (PGSI) 1+ (low risk), Problem Gambling Severity Index (PGSI) 3+ (moderate risk) and Problem Gambling Severity Index (PGSI) 8+ (high risk) for Lancashire are close to the national average.
- Burnley, Hyndburn, Pendle and Preston have higher rates of low, moderate and high-risk gambling than the averages for Lancashire and Great Britain.
- A correlation between area level deprivation and likelihood of experiencing problem gambling was seen across all Problem Gambling Severity Index (PGSI) score categories suggesting that people living in areas of higher deprivation are more likely to experience gambling-related harms.

However, despite providing useful information on the prevalence of gambling behaviours, Problem Gambling Severity Index (PGSI) data fails to capture several



important dimensions of harm thus, potentially underestimating the scale of the problem.

Tackling gambling related harm

Strategies to prevent gambling-related harm encompass a broad spectrum of measures. At the population level, these include regulatory restrictions on gambling products, places, and providers, as well as public health messaging and education programs. For individuals at risk, targeted interventions such as self-exclusion programs, financial gambling blocks, and customer interaction by gambling staff are crucial. Additionally, health promotion, health protection, and harm minimisation strategies are essential in operationalising a public health approach to gambling harms. It is a multifaceted effort that requires collaboration across sectors to be effective.

Across Lancashire there are examples of good practice to reduce harm, including work by district councils under the Licensing Act 2003 to license premises, and inclusion of gambling as a risk behaviour in the work on suicide prevention. There is also support through the voluntary sector, including Red Rose Recovery and the North-West based charity, Beacon Counselling Trust (BCT). Beacon Counselling Trust (BCT) provides education, treatment, and support around gambling-related harms. Their services include various therapeutic interventions such as cognitive-behavioural therapy (CBT), trauma-informed interventions, and couple's therapy.

A key piece of Beacon Counselling Trust's (BCT) work is the Workplace Charter to Reduce Gambling Related Harms. The Charter provides a framework for action to help employers and their workforce build good practice by offering practical, evidence-based ways employers and their workforce can commit to promoting the health and wellbeing of their employees experiencing gambling-related harms. The University of Central Lancashire and some local authorities in the North West have signed up to the Beacon Counselling Trust (BCT) Charter.

The Workplace Charter requires staff training to be undertaken, training costs should be funded from within existing training budgets.

Conclusion

Reducing gambling harm is complex and requires a system wide approach. The data available is likely to be an under-representation of the extent of gambling in Lancashire, and we know that its affects are unevenly distributed to some of our most disadvantaged areas. There are already some programmes underway to support the reduction in harms from gambling, and we want to continue to improve our intelligence and identify evidence-based ways to address this important public health issue.

Appendices

There are no appendices attached to this report.



List of background papers

[Workplace Charter - Beacon Counselling Trust](#)

[Landmark report reveals harms associated with gambling estimated to cost society at least £1.27 billion a year - GOV.UK \(www.gov.uk\)](#)

[Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

Reason for inclusion in Part II, if appropriate

N/A

