

# Shropshire Public Health response to Shropshire Council Gambling Act 2005 Policy Statement consultation

## 1 Problem definition

Gambling has been part of our culture and many people are able to gamble without experiencing harm. However, the harm from gambling has become a serious and worsening public health problem in the UK.<sup>1</sup>

The UK has the tenth highest gambling spend per capita in the world equating to an average expenditure of approximately £200 per UK adult per year.<sup>1</sup> In 2015 approximately 0.7% of adults in Great Britain were classified as problem gamblers and a further 1.1% were at moderate risk of harms related to gambling.<sup>2,3</sup> The most recent estimate of problem gambling prevalence showed a decline to 0.3% in 2020<sup>4</sup> possibly due to the impact of the COVID-19 Pandemic.

Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. These harms are diverse, affecting resources, relationships, and health, and may reflect an interplay between individual, family, and community processes. The harmful effects of gambling can exacerbate existing inequalities.<sup>3</sup>

The Faculty of Public Health policy statement on gambling identified the following gambling-related health and social issues:

- Stress, depression, and alcohol and substance misuse.
- Family problems such as money troubles and family breakdown as well as neglect and violence towards the partner and children.
- Adverse impact on children both financially and emotionally by a family member gambling.
- Adverse Childhood Experiences (ACEs) which are defined as stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live, the impact of which lasts into adulthood.
- Higher rates of marital breakdowns among problem gamblers compared with the general population.
- Inability to function at work coupled with financial problems leading to homelessness.
- Harms to wider society including fraud, theft, loss of productivity in the workforce and the cost of treating gambling addiction.
- Higher levels of health service use - problem gamblers are twice as likely to consult their GP for mental health concerns, five times as likely to be hospital inpatients, and eight times as likely to access psychological counselling when compared with people who do not identify as problem gamblers.

The Gambling Commission has also identified the following health problems to be associated with problem gambling:<sup>5</sup>

- For male gamblers, alcohol consumption is heavier in those classified as problem or at-risk gamblers with 17% drinking over 35 units versus 11% of male non-problem or non-at-risk gamblers.
- Problem gamblers are more likely to be smokers (33% versus 20% for non-problem or non-gamblers) and they are also more likely to be heavy smokers<sup>23</sup> (11% for problem gamblers versus 4% for non-problem or non-gamblers).

- For self-reported anxiety and/or depression; 47% of problem gamblers said they are moderately or severely anxious or depressed versus 20% of non-problem or non-gamblers.
- For diagnosed disorders 11% of problem gamblers have a diagnosed mental health disorder versus 5% of non-problem or non-gamblers.

## 2 Gambling, a public health problem requiring a public health approach

Gambling has the potential to cause harm to both individuals and to wider society, and it is an issue that cannot be tackled by interventions aimed solely at individuals but with interventions at population and system levels. Additionally, the harm caused by gambling is unequal in distribution, with those who are economically inactive and living in deprived areas suffering the most harm.<sup>1</sup>

To incorporate a public health approach to problem gambling at local level, the Gambling Commission recommends:<sup>5</sup>

- Local public health teams recognise gambling-related harm as a public health issue and consider it as a key issue when assessing risk to the wellbeing of their communities.
- Whilst public health is not listed as a responsible authority under the 2005 Gambling Act, they can have an important strategic role in informing the way that licensing authorities carry out their gambling responsibilities.

## 3 Recommendation

From the foregoing, the following are recommended:

- The Director of Public is consulted to provide public health impact assessment to inform local gambling licensing decision making processes
- Public health services, such as stop smoking and drug and alcohol misuse services, should consider assessing clients for problem gambling in their management protocol.

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## 4 References

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- <sup>1</sup> Faculty of Public Health (2018). Faculty of Public Health Gambling Policy Statement
- <sup>2</sup> Conolly et al (2017). Gambling behaviour in Great Britain in 2015: Evidence from England, Scotland and Wales. <https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2015.pdf>
- <sup>3</sup> Wardle H et al. (2019). Gambling and public health: we need policy action to prevent harm. BMJ 2019; 365 doi: <https://doi.org/10.1136/bmj.l1807>
- <sup>4</sup> [Gambling Commission](#) (2021) Gambling behaviour in 2020: Findings from the quarterly telephone survey.
- <sup>5</sup> [Gambling Commission](#) (2018). Gambling-related harm as a public health issue: Briefing paper for Local Authorities and local Public Health providers