

Is gambling an emerging public health issue for Wales, UK?

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ABSTRACT

Background Not all gambling exposes people to the same level of harm. Harm from gambling is found at the individual, social (family and friends) and community levels. This includes financial hardship, psychological distress and interpersonal conflict or relationship breakdown. The harm from gambling to wider society includes fraud, theft, loss of productivity in the workforce and the cost of treating this addiction. The annual estimated excess cost of gambling for Wales is between £40 and £70 million.

Methods This study reviews the existing data sources and literature to ascertain if gambling is an emerging public health issue in Wales.

Results In Wales 61% of adults had gambled in the last year (1.5 million people). And 1.1% of the population (30 000 people) self-report as having a problem with gambling using either the Problem Gambling Severity Index or the Diagnostic and Statistical Manual of American Psychiatric Association tools. The 'ripple effect' of gambling harm can mean friends and family are highly impacted.

Conclusion The existing data and literature together with the rapidly evolving developments in infrastructure demonstrate that gambling is an emerging public health issue in Wales. The impact on families and society warrants population level interventions to tackle this public health issue.

Keywords addiction, gambling, public health

Introduction

This review of existing evidence and data, sets out to establish whether gambling is an emerging public health issue in Wales.

Gambling is defined as, 'Staking money or something of material value on an event having an uncertain outcome in the hope of winning additional money and/or material goods'.¹ There are several dimensions to gambling including the type of gambling activity; where it occurs; how frequently gambling occurs; expenditure; time spent gambling and the type of provider.

Gambling is a widespread and socially acceptable activity in the UK. The gambling industry offers employment and other social and economic benefits. Perhaps the most important benefit of gambling is the tax revenues: in 2016/17 this amounted to £2.7 billion (UK).² This income is used by the UK government to help fund its priorities.

The benefits and harms experienced from gambling are variable and often poorly defined in the literature, which generally focuses on using scales to diagnose problems

rather than on assessing the range and types of harms encountered. However, in 2016 Langham *et al.*³ attempted to rectify this with a framework and taxonomy of gambling related harm, recognizing that scales to identify problem gamblers are used as proxy measures for harm, and do not describe the wider harm caused to families, friends and wider society.

Not all gambling exposes people to the same risk of harm. Some forms of gambling such as online gambling and use of fixed odds betting terminals are associated with higher levels of harm,^{4,5} however causality is not proven. The complexity of gambling means that individuals experiencing harm from gambling often use multiple products and channels.⁶ At a population level, many people experience small amounts of harm, and a small number of people experience high levels of harm from gambling.⁷

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Methods

This study reviewed multiple existing data sets and a wide body of literature to explore the harm from gambling and to ascertain whether gambling should be considered an emerging public health issue in Wales based on the following four concepts: being a significant cost to society; preventability; exacerbating inequalities in society and requiring population level interventions.

A range of academics in the field of gambling were engaged in the process to ensure that the latest research and data sources were identified. They offered recommendations on the latest literature to add to an initial list that had been drawn up by the Library and Archive Service at the Welsh Government. The initial review of literature used the search term 'problem gambling' for the period 1 January 2014–31 March 2017. Databases that were searched include: ASSIA, Econlit, British Nursing Database, IBSS, PAIS Index, Policy File Index, Social Science Database, Sociological Abstracts, Sociology Database, Science Direct, Social Care Online, Emerald, Ingenta, Ovid Online, Springer Link, Taylor and Francis Online, Wiley Online, UK Pubmed Central and Google Scholar. The purpose of this initial review of the literature was to scope potential public health issues to be considered in this summary of evidence.

Results

The initial literature search identified 44 papers that were relevant to the topic area, the academics added a further nine papers to this for consideration. Each paper was read in full and the reference lists were reviewed for further papers, a further 18 papers were sourced and the information from these was used to identify potential public health issues.

The literature and all publicly available data reviewed were used to ascertain if gambling is an emerging public health issue in Wales against the four key themes, each of which is addressed in turn in this section.

The scale and costs to society of gambling related harm

The UK has the 10th highest gambling spend per capita in the world,⁸ this equates to an average expenditure of approximately £200 per adult per year.⁹ In Wales, 61% of adults (1.5 million people) have gambled in the last 12 months. And 63% of men report gambling participation in the past 12 months and 59% of women.¹⁰ In Wales, 1.1% of the population (30 000 people) self-report as having a problem with gambling, using either the Problem Gambling

Severity Index (PGSI)¹¹ or the Diagnostic and Statistical Manual of American Psychiatric Association (DSM-IV).¹² A further 3.8% of people are estimated to be at risk of problem gambling. The problem gambling rate for men is 1.9%, and the rate for women is 0.2%. People who identify themselves as 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 counseling when compared with people who do not identify as problem gamblers.¹³

The Institute for Public Policy Research estimated the societal cost of problem gambling in 2016. These findings are not peer reviewed and as such should be taken as an illustrative estimate of the excess costs incurred beyond those that are incurred by otherwise similar people. This study does not determine the causality between problem gambling and the cost. The estimated excess cost of gambling for Wales is between £40 and £70 million.⁸

Are gambling problems preventable?

Gambling is associated with anxiety, stress, depression, and alcohol and substance misuse.¹⁴ Gambling harm not only affects the individual, but also the family and wider society.¹⁵ Family problems include money troubles as well as neglect and violence towards partners and children. Rates of separation and divorce are higher among problem gamblers than the general population.¹⁶ The impacts of gambling include the inability to function at work, and financial problems which can lead to homelessness.¹⁷ The harms from gambling to wider society include fraud, theft, loss of productivity in the workforce and the cost of treatment.⁸

The range of options suggested in the literature to prevent harm from gambling include, but are not limited to decreasing the general availability of gambling; reducing or constraining high risk forms of gambling; restricting who is eligible to gamble; setting time and monetary limits and restricting the use of alcohol whilst gambling.

Evidence of effectiveness of primary gambling prevention is scarce.¹⁸ Evaluations of school-based prevention programmes conducted in Canada demonstrate that programmes can improve students' knowledge and understanding of gambling issues.¹⁹ However, the impact on gambling behavior is uncertain as these children have not been followed over time. Longitudinal research is needed.

There is much activity being undertaken in Wales, especially by a variety of third- sector providers to treat gambling addiction. Bowden Jones²⁰ argues that gambling should be treated by the NHS like any other addiction, as there are fears Fixed Odds Betting Terminals (FOBT) are addictive.

Does gambling exacerbate inequalities in society?

To understand this we must assess the harm from gambling and whether or not it is evenly distributed across the population.

Gambling problems and harms impact the poorest in our society most.²¹ Lower income households spend a higher proportion of their income on gambling.²² Research in England shows that there are more gambling machines in deprived communities.²³ Figure 1 shows that people categorized as most deprived are more likely than those in the least deprived category to bet more than they can afford, to have experienced financial problems caused by gambling, and to classify themselves as being problem gamblers.

It is widely accepted that young people should be protected from potential harm. The data show in Wales 16% of children aged 11–15 had gambled in the last week with the most popular forms being fruit machines and placing bets with friends.²⁴

Whilst fewer young people gamble than adults a higher proportion self-report as either problem gamblers or being at risk of problem gambling using the youth adapted problem gambling screen from DSM-IV-MR-J: around 2% of children aged 11–15 (60 000 young people in the UK).²⁵ Children who experience gambling in the household are four times more likely to gamble themselves.²⁶ Young people are spending more time online.²⁷ And 68% of 18–24 years old report having been prompted to gamble by adverts and posts on social media.²⁸

Does gambling need population level intervention to address the problems?

In order to address this issue two areas of gambling are considered: fixed odds betting machines and online betting. The fastest-growing method of gambling is online betting. In the UK, nearly 9 million adults gambled online in the previous week.²⁶ Online gambling is giving more people the opportunity to gamble with fewer restrictions. In Wales, the online gambling rate is 5.4% with this being higher in men (8%) than women (3%).¹⁰ In Wales, 9.2% of online gamblers surveyed were identified as problem gamblers.¹⁰

Taking individual action to try to address this system level issue would not be effective or cost-effective. Policy level interventions are often required to tackle issues that have an impact on a large groups of people.

A good example of population level interventions involves FOBT. There has been much concern regarding FOBT placed in betting shops where people can stake up to £100, meaning people can experience significant losses quickly. The highest use of these machines is in the 16–24 years old age group⁸ (legal age is 18). There are ~1 500 FOBT in Wales. Restrictions on any bets of between £50

and £100 on these machines were introduced in 2015; however, the impact of this is unclear.²⁹ Many of the machines allow users to set their own time or monetary limits before they start playing, but uptake of this function is variable. Population level action to address this was considered by the UK Government and a reduction in the maximum stake from £100 to £2 has been proposed, and is expected to be subject to Parliamentary vote in 2019.

In these two examples it is clear that individual level interventions would be neither effective nor cost effective. The literature shows that to tackle the harm from gambling a multi-faceted, population level approach is needed. Lessons can be learned from the work that public health has undertaken on smoking and alcohol. Public health interventions should aim to reduce harm and health inequalities. This could be achieved through the adoption of evidence-based policies. There is much international evidence from Australia, New Zealand and Canada to draw upon as these countries have long recognized gambling as a public health issue to be tackled using population level interventions such as levies and restrictive policies and have provided therapeutic interventions from those affected by gambling harm.^{7,14,26}

Key contextual issues

The development of the gambling industry in the UK

Since the liberalization of gambling laws in 2005, successive UK Governments have worked with the gambling industry to behave responsibly, as an alternative to further legislation. During this period there has been a rapid increase in gambling advertising, the types of gambling products available and participation in online gambling.

Advertising is designed to target potential customers, drive sales and increase profits for the organization, whilst also developing the brand. There are some limitations on gambling advertising, including prevention of the use of children in adverts. Prior to the Gambling Act (2005), gambling advertising was not permitted on television, with a few exceptions. Gambling advertising has increased rapidly since changes to the legislation. Television advertising increased from 152 000 adverts in 2006 to 1.39 million in 2012.³⁰ Overall, the number of times an advert was seen by a viewer has increased from 8 billion in 2006 to nearly 31 billion in 2012.³⁰ There were 1.8 billion commercial gambling ‘impacts’ on 4–18 years old in 2012 in the UK.³⁰

The gambling industry has voluntarily ended ‘sign-up offers’ on television before 9 pm, however, the issue of gambling advertising reaching children through social media and

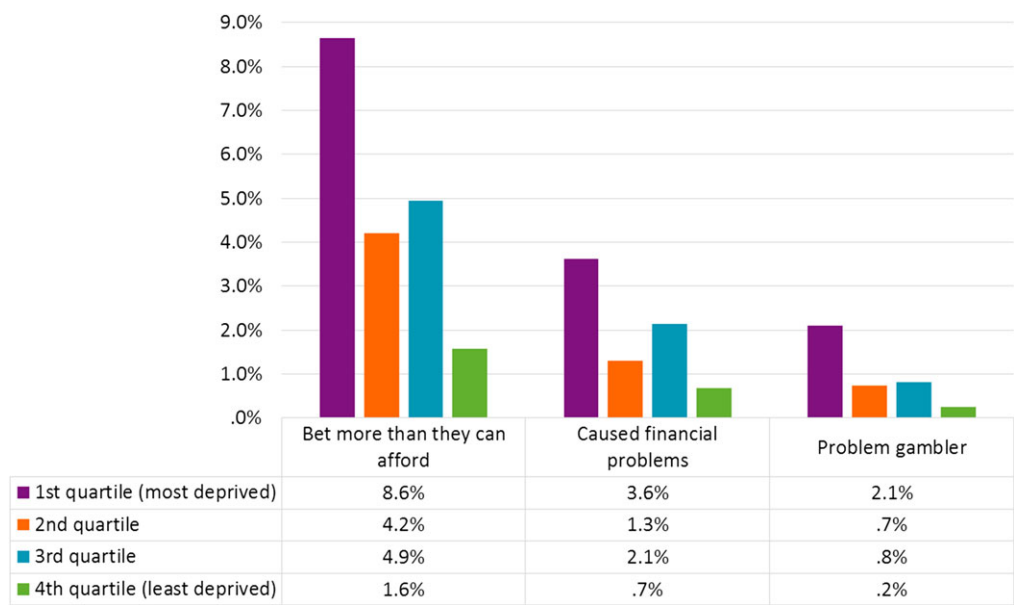


Fig. 1 Percentage of population in each socio-economic quartile reporting problems from gambling. Source: Welsh Problem Gambling Survey, 2015 (*Gambling Commission, 2016).

online advertising has yet to be addressed. Children are exposed to gambling advertising online and through sponsorship of sporting events and teams. In addition, the ways in which people gamble have changed with the potential for people to gamble via their smart phone, tablet or laptop/ personal computer. The variety and availability of ways to gamble in the UK has never been greater.

Improving consumer protection

A range of consumer protection measures are already in place in Wales and further measures could be introduced. Environmental conditions such as the proximity of gambling venues to schools, and availability of alcohol are considered as part of the licensing process. Further environmental issues such as clustering of venues, proximity to banking machines and hours of operation could be considered. Proximity of people to gambling facilities has been correlated with increased participation in gambling, and problem gambling.¹⁸ Increased density of gambling outlets is associated with greater gambling related harm.³¹ The Public Health Wales Act (2017) allows health impact assessments, which could be used to require operators to show how they will mitigate risks and keep vulnerable and young people from experiencing gambling related harm.

Reducing stigma

A great deal of stigma is associated with a gambling addiction. This has been identified as a reason for people not seeking support.³² The numbers of people who come

forward to seek treatment is low compared to the numbers of gamblers experiencing harm. Seeking treatment is usually driven by a crisis.^{33,34} There is a need to reduce stigma associated with the harm from gambling, and this may require reframing of the responsible gambling message, which places the onus firmly on the individual rather than allocating any responsibility for the harm from gambling with the complex environmental factors that influence an individual’s behavior.³⁵

Protecting children and vulnerable people from gambling related harm

The literature and data highlighted that children and young people are vulnerable to the harms from gambling. The next generation are spending long periods of time on electronic devices, with most having access to the Internet. In online gaming people play games against other internet users, but crucially there is no opportunity to win or lose money. However, there has recently been a blurring of the lines between online gaming and gambling, as users are able pay money to play games where they can then win online prizes or tokens, which can subsequently be sold online. Whilst gaming is clearly different from gambling as there is no money to be won or lost there is considerable debate about whether gaming activities normalize gambling. Some gambling sites have practice games where no money is wagered. These practice games may have inflated win rates, which may lead to unrealistic expectations of the ability to win.³⁶ Further research is required in this area.

Discussion

Main finding of this study

This study draws together the data on gambling prevalence and distribution for Wales. It identifies particular groups that have having higher rates than the general population, including people in lower socio-economic groups and young people.

What is already known on this topic

Gambling has been identified by multiple countries as an important public health issue. There is a large body of international evidence that describes how the harm from gambling can be tackled and a range of evidence-based population level interventions are available.

What this study adds

This study provides a summary of gambling in Wales and assesses whether gambling should be considered a public health issue in Wales. From the literature and data this article makes the case that gambling should be considered a public health issue. Furthermore, it highlights that in order to address the harm from gambling multiple, co-ordinated population level interventions are required for a sustained period of time.

The public health approach aims to improve quality of life and to achieve health equity. This focus on equity is necessary as people living in areas of deprivation are more likely to experience gambling related harm. Public health action to reduce harm from gambling should not focus solely on individuals but should include a wide range of population based measures including advocacy, information, regulation and appropriate prohibition in a co-ordinated way.³⁷ Public Health should lead the drive in shifting the thinking from an individual approach to a population approach to tackle the harm from gambling.

Limitations of this study

This report synthesizes existing literature and data, and one of the limitations of the study is that there are gaps in evidence. This work was undertaken in order to develop recommendations for action in practice (as part of the Chief Medical Officer's Report, Wales, 2017/18), not as a formal review of the literature or research study. However, the use of multiple academics, including an international peer reviewer during the production of the report improved the quality of the work.

Conclusion

Gambling should be considered an emerging public health issue in Wales. The scale and impact on families, friends and wider society warrants further work in this area to agree a framework for action to reduce the harm from gambling. The harm from gambling is not evenly spread across society,

exacerbating inequalities in health. Multiple, co-ordinated population level interventions are required to address the harm from gambling in Wales.

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