

Gambling with our health

Director of Public Health Annual Report 2023

Foreword

Welcome to my Director of Public Health annual report for 2023.

My last annual report focused on COVID-19 and the health inequalities widened and deepened by the pandemic. However, it also shone a light on the strength and resilience of the people of Derby and how we worked together with and for our communities to deliver positive change.

In the last few years, I have become increasingly worried about the impact of gambling on the health of our communities here in Derby. For this reason, I have decided to write my annual report this year on the wide-reaching impact of gambling across our city.

When we think about health problems, we might think about cancer, heart disease or the causes of health problems, such as alcohol and tobacco. However, gambling should also be considered as a potential source of serious harm to our health.

Gambling-related harms range from loss of money to the breakdown of relationships, from crime to substance misuse, addiction, and suicide. These harms don't just affect individuals, but they affect whole families and communities. Anyone can experience harm from gambling, but we know that certain groups or individuals may be at an increased risk of harm. We also know that gambling harms often co-exist with other health conditions, such as poor mental health. People who are being harmed by gambling can experience stigma and prejudice, meaning they often suffer in silence. And while the harms from gambling can accumulate quickly, recovery can take a long time.

The rapidly changing digital landscape has led to growing concern about the risks of gambling, particularly amongst young people. It is now possible to gamble from anywhere, at any time.

Gambling isn't an individual problem; we need to look at the role that society and the gambling-industry plays in causing gambling-related harms, taking steps to limit it. This includes shifting the framing of gambling from an issue of personal responsibility to one of a public health issue requiring a broad response. While much of this action must come at a national level, I am hopeful that this report will start the conversation about what we can do locally. I am committed to working together with partners, to reduce the burden of gambling-related harms for our residents and have made a number of recommendations for action at the end of this report.

I would like to extend a heartfelt thank you to the individuals who gave their time to share their views and experiences with us, and without whom this report would not have been possible.

Finally, if you are worried about your own gambling or the gambling of someone else in your life, please consider contacting the gambling support services listed on pages 34-35 of this report.



Dr Robyn Dewis

Director of Public Health



Executive summary

Background

Gambling is defined as “gaming, betting or participating in a lottery” and is a legal activity for anyone aged 18 years and over. Gambling is a source of potentially serious and wide-ranging harms, and it has been suggested that for every person experiencing gambling-related harms, a further six to ten people (for example family members, friends, or colleagues) are also directly affected.

Gambling causes a wide range of harm from loss of money and possessions to the breakdown of relationships, crime (e.g., fraud or theft), substance misuse, addiction, and suicide. There is also a relationship between gambling participation and mental health issues. Gambling-related harms exist on a continuum. At a population level, there are lots of people experiencing small amounts of harm from gambling, and a smaller number of people that experience a high level of harm. These harms affect not only the health and wellbeing of the individual, but also that of their families, communities, and wider society. Certain groups are more vulnerable to gambling-related harms, with people who are most socially and economically deprived more likely to be affected, for example homeless people. Therefore, gambling has the potential to make existing health inequalities worse.

Despite being an illegal activity in those aged under 18 years, in recent years, gambling has become increasingly easy to access, normalised within society, and promoted to a wide audience, including children. This has led to growing concern about gambling amongst young people., there are

thought to be around 30,000 young people experiencing problem gambling in the UK.

What did we set out to do?

To better understand the scale of gambling in Derby, we looked at national and local data and literature on gambling participation and problem gambling. We also spoke to a local resident to understand how gambling had impacted his life. Finally, between September – October 2023, we spoke to 77 young people, aged 11-18 years across Derby, about their perceptions on gambling, including their views on gambling advertisements, why young people gamble and what they thought the potential risks of gambling were.

What did we find out?

Nationally, it is estimated that around 0.3% of adults are experiencing problem gambling. Based on this, it is estimated that there are currently 514 adults in Derby who are engaging in problem gambling.

We also spoke to Chris, a local resident, to understand how gambling had impacted his life. Chris spoke about how he first started gambling aged 13, when he would play on the fruit machines at his local snooker club. Gambling affected every aspect of his life, eventually leading to a breakdown and suicide attempt in February 2006. Chris was helped in his recovery by a local support group. Chris hasn't gambled since that day, but gambling still impacts his daily life, and that of his family's, with the fear of



relapse all too real a threat. Chris still attends his local support group and is passionate about raising awareness of how gambling can cause harm.

“ *My addiction took lots of money from me but, even more damagingly, it took my self-confidence and self-respect, lots of relationships and very nearly my life* ”

- *Chris, lived experience interviewee from Derby*

The young people in our focus groups had never been taught about gambling but had enough exposure through personal experience and the media to have a good understanding of it. They were able to discuss the complex individual and societal harms that can be caused by gambling, including financial impacts, effects on personal relationships, crime, and mental health harms. However, they were not able to name any specific services to support people with gambling-related harms and highlighted the need for more education on gambling. Young people have been exposed to a lot of gambling advertising in a wide variety of settings, despite guidance that adverts are not targeted at those aged under 18 years.

“ *Harms, like mental health impacts, should be talked about more* ”

- *Focus group participant from Derby*

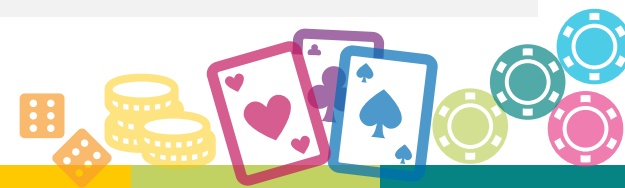
Recommendations

We have used our findings to make several recommendations for action. We will review our progress against these in 12 months' time.

- Protect children and young people from gambling-related harms by promoting the need for education in schools, colleges, and universities.
- Raise awareness about gambling-related harms and promote treatment and support services that are available to help people who are affected in Derby.
- Ensure we use non-stigmatising language in all our discussions and communications, and support and encourage partners to do the same.
- Collect, analyse, and share local data and intelligence to help colleagues and partners better understand the scale of gambling-related harms within the city, including how local treatment and support services are being used, and by whom.
- Develop a local area profile and contribute data and insight to the development of the licensing authority statement of principles to influence the local approach to gambling regulation.
- Ensure the Local Plan reflects the need for limits on the availability and density of gambling premises, particularly within areas highlighted in the local area profile.
- Improve screening, support, and signposting in existing services to help identify people at-risk and provide support earlier.
- Review the use of advertising space for gambling products in the city to reduce exposure to gambling.
- Make a commitment to include the voices of people with lived experience when making decisions locally.



Watch a [summary video](#) of our report or [an interview with Chris](#) about the impact that gambling has had on his life.



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1. Gambling and health

1.1. What is gambling?

The general definition of gambling is to stake or risk something of value on an event with an uncertain or chance outcome. The Gambling Act 2005 defines gambling more specifically as “*gaming, betting or participating in a lottery*”.

Gambling is a popular activity in the United Kingdom, which around half of adults take part in each year.¹ The UK has one of the biggest gambling markets in the world, generating a profit of £14.1 billion in 2021/22.² Therefore, the gambling industry also generates considerable income, employment, and tax revenue in the UK.

Examples of different types of gambling include:

- **Arcades**
- **Betting** – online, at an event, or in a high street bookmaker
- **Bingo**
- **Casino**
- **Lottery** – including local raffles, tombolas, sweepstakes, and the National Lottery
- **Machines** – including fruit machines and fixed odds betting terminals.

1.2. Why is gambling a public health issue?

Whilst we might not usually think of gambling as a cause of health problems comparable to alcohol or tobacco, gambling can be a source of serious

harm. Concern regarding the harm associated with gambling has been growing in recent years and gambling is now increasingly being recognised as a public health issue in the UK.

Gambling-related harms exist on a continuum. At a population level, there are lots of people experiencing small amounts of harm from gambling, and a smaller number of people that experience a high level of harm. Problem gambling (or compulsive gambling) is defined as gambling behaviour that is disruptive or damaging to individuals, families, and communities. In England, it is estimated that 2.8% of adults are currently engaging in at-risk or problem gambling, of which around 0.3% are experiencing problem gambling.³

It is estimated that **2.8%** of adults in the UK are engaging in at-risk or problem gambling.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. There are health inequalities in the impact of gambling, with certain groups more vulnerable to gambling-related harms. People who are the most socially and economically deprived are more likely to experience gambling-related harms. Moreover, not all gambling exposes people to the same level of harm, some gambling products have more of an impact on our health. Therefore, gambling has the potential to make existing health inequalities worse.



Instead of looking to target individual gamblers, addressing the issue of gambling-related harms requires a broad, population-based approach. This means focusing on gambling products, the gambling environment, and wider determinants of gambling-related harms.⁴

1.3. What are gambling-related harms?

Gambling is a source of potentially serious and wide-ranging harms which affect not only the health and wellbeing of the individual, but also that of their families, communities, and wider society. For affected individuals, it can be a lifelong struggle to deal with the harms caused by gambling. Harms caused by gambling can include financial and material loss, family conflict and relationship breakdown, anxiety and other mental health conditions, homelessness, substance abuse, and at its most severe, suicide.⁵ Individuals often experience multiple harms, and these harms can also further increase the risk of gambling at risky levels.



Meanwhile, harms to wider society include fraud, theft, loss of productivity in the workforce, and the cost of treating people experiencing gambling-

related harms, such as support for associated anxiety and depression. It has been estimated that for every person experiencing gambling-related harms, a further six to ten people (for example family members, friends, or colleagues) are also directly affected.⁶ Anyone who is affected by someone who is experiencing gambling-related harms is known as an 'affected other'.

Gambling-related harms



1.4. Who is most affected by gambling-related harms?

Like many other public health problems, gambling-related harms are distributed unequally, with certain population groups experiencing a greater burden of harm. These groups include:

- younger people, particularly men
- those with other addictions (e.g., drugs, alcohol, and nicotine)
- those with mental health difficulties
- those who are homeless, unemployed, or economically inactive
- those living in more deprived areas
- some ethnic groups
- children of people who have experienced gambling harms.⁷

When looking specifically at children and young people, there is evidence that the following are risk factors for gambling at harmful levels:

- impulsivity
- substance use (alcohol, tobacco, cannabis, and other illegal drugs)
- being male
- having depression
- number of gambling activities participated in
- anti-social behaviour
- violence and uncontrolled temperament
- poor academic performance
- peer pressure and having peers who gamble.⁷

1.5. The cost of gambling

It has been estimated that problem gambling costs the government and wider society between £1.05 to £1.77 billion per year.⁸ However, this estimate is suggested to significantly underestimate the true cost because some identified harms have only been partially costed (e.g., financial, health, employment and education, crime), while others have not been costed at all (e.g., cultural harms and impact on relationships).⁸



1.6. Young people and gambling

In recent decades, there have been major changes in the design, marketing, and accessibility of gambling products. The increasing availability and accessibility of both land-based gambling venues in local neighbourhoods and recreational spaces, along with the increasing availability of online gambling, mean that the variety and availability of ways to gamble in the UK has never been greater.⁹ This has led to the increasing social acceptance of gambling in recent years, and may influence how certain population groups perceive the risks involved.¹⁰

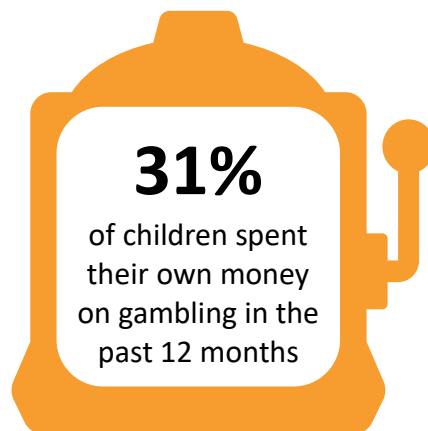
Young people today are growing up in a completely different digital environment to previous generations and the rapid expansion of online gambling means that opportunities to gamble are now increasingly widespread.⁹ Sports betting is widely advertised, especially aimed at young men, while gambling is also now promoted to young people via social media.^{9,11} These adverts often feature celebrities or well-known sports stars promoting gambling as a fun activity.¹¹ Therefore, children and young people are now being exposed to gambling on an unprecedented scale.



Research has suggested that rates of gambling participation increase with age, particularly during the transition from adolescence to early adulthood.⁹ Children who experience gambling in the household are four times more likely to gamble themselves than those who do not experience gambling in the household. Exposure to gambling during early life is also associated with an increased risk of gambling-related harms later in life.¹²

In the UK, the minimum legal age for most types of gambling is **18 years**.

Despite being an illegal activity in those aged under 18 years, in 2022, almost one in three (31%) children aged 11–16 years in the UK said they had spent money on gambling activities in the previous year.¹³ Moreover, 0.9% of children in the UK were estimated to be problem gamblers, which equates to around 30,000 young people.¹³ This prevalence is higher than that seen in adults, therefore highlighting that young people are at a greater risk of experiencing gambling-related harms.



A further concern is that younger people are more likely to engage in risky, sensation-seeking behaviour and act impulsively, compared to adults.¹⁴ This is likely because the parts of the brain responsible for decision making and risk perception are not fully developed until around the age of 25 years.⁹ Impulsivity is associated with both gambling and gambling at harmful levels in adults, and there is also evidence that it is a risk factor for gambling at harmful levels in children and young people.⁷ This may partly explain why young people are at a greater risk of developing problematic gambling.^{9,14}

It is suggested that a young person who has gambled in the past seven days is significantly more likely to have drunk alcohol, smoked a cigarette and taken illegal drugs, than a young person who has not gambled.¹⁵

Meanwhile, young people experiencing problem gambling are more likely to have depression or think about suicide, have lower self-esteem, and engage in risky or antisocial behaviour, than young people not experiencing problem gambling.¹⁶

Gambling-related harms experienced by young people, such as poor school attendance and educational performance, and a greater risk of developing other addictions, are likely to have lifelong consequences for their health and wellbeing.



2. What we did

Despite an increasing evidence base around gambling as a public health problem, relatively little is known about the extent of gambling activity and the impact of gambling-related harms in Derby. Therefore, our research aims were to:

- investigate the scale of gambling participation and problem gambling in Derby
- explore the reality and lived experience of gambling
- explore what young people think about gambling, including their motivations to gamble and their views on the potential harms of gambling
- identify what preventative and treatment services are available for people in Derby experiencing gambling-related harms.

4

Quantitative data sources

1

Lived experience interview with a local resident in recovery from a gambling addiction

6

Focus groups exploring attitudes around gambling in young people

2.1. Quantitative data

Data on the prevalence of gambling participation and problem gambling in England was extracted from the NHS Digital Health Survey for England, 2021 part 2. There was no available data on the prevalence of problem gambling locally. The Derby City Council licensing team provided data on the number and location of licensed gambling premises in Derby in March 2023. The Experian Mosaic Public Sector Financial Strategy Segments and Consumer Expenditure datasets were analysed to provide information on gambling expenditure and the number of people using the internet to access gambling websites in Derby. GamCare, who run the national gambling helpline, provided information on the number of people receiving treatment from GamCare providers in Derby between 1st April 2019 and 31st March 2023.

2.2. Qualitative data

Interviews

To understand the lived experience an in-depth interview was held with a person in recovery from a gambling addiction. The interview was conducted in June 2023 over Microsoft Teams and lasted for 60 minutes. The interview was audio and video recorded.

Focus groups

Between 11th September 2023 and 3rd October 2023, a series of six focus groups were held across four different settings, including two schools, with a total of 77 young people aged between 11-18 years from Derby.



Settings were chosen to ensure representation of children from the most and least deprived areas in the city. Focus groups also included representation from Special Educational Needs settings. For each school, two focus groups were conducted. Focus groups were carried out in settings familiar to the participants, lasted for between 60-120 minutes and followed a structured approach.

Focus group questions

1. Where have you seen gambling advertisements or gambling machines or shops?
2. Why do young people gamble?
3. What do you think the potential risks of gambling are?
4. How does it make you feel when you see gambling ads?
5. Do different characteristics affect gambling participation (e.g., religion, culture, sex)?
6. How do you think gambling affects your health and wellbeing?
7. What do you think would stop you from gambling?



Participants were also provided with information on where they could access support if they were experiencing gambling-related harms.

Following the focus groups, thematic analysis was used to identify key themes within the data. The thematic analysis was carried out independently by two researchers who then met to agree the key themes.

Ethics

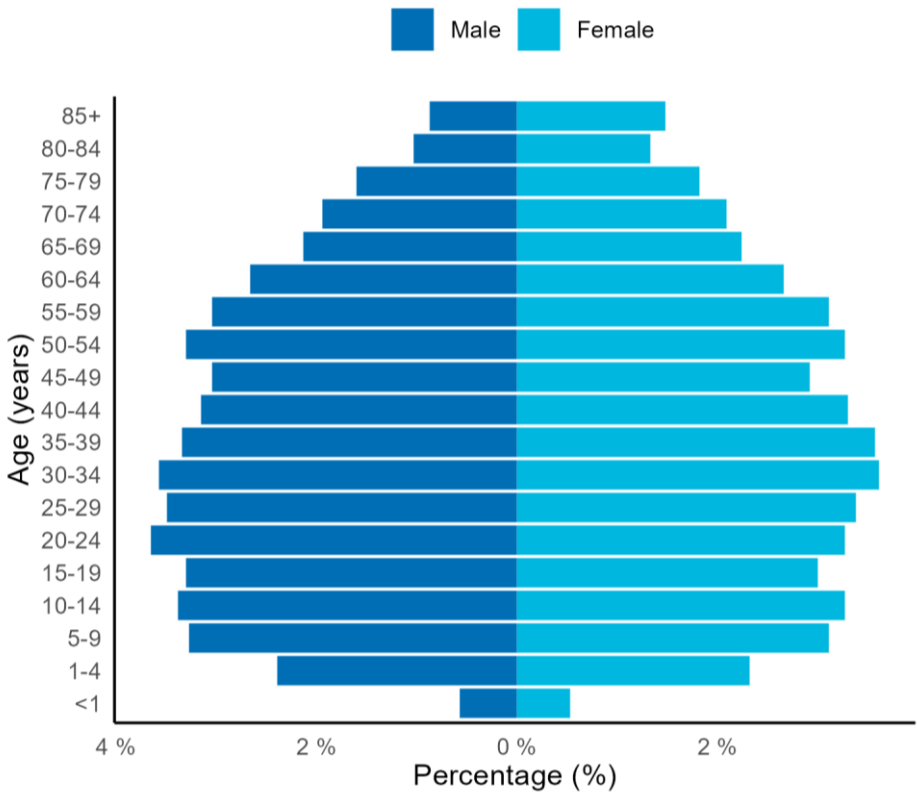
All participants involved in the qualitative research were given information about the purpose of the research and provided informed consent to take part. Participants were made aware that they could leave at any point. No rewards were offered to participants for their involvement.



3. Gambling profile in Derby

In 2021, there were 261,368 people living in Derby (50.4% female and 49.6% male). The population has increased by 5.1% since 2011, although population growth in Derby has been lower than that seen in the East Midlands (7.7%) and England (6.6%). It is estimated that the number of people living in Derby will increase to 274,266 by the year 2043.

Figure 1: Percentage of mid-2022 total resident population by age-group and sex in Derby



Derby is a relatively young city with a higher proportion of people aged under 25 years (32.1%), and a smaller proportion of people aged 50+ years (28.0%) (*figure 1*). The median age in Derby is 37 years, compared to 40 years in England.

It has been shown that men are more likely to be problem gamblers, particularly those aged between 16-44 years. This is of a particular concern in Derby, where this age group makes up 19.8% of the total population (compared to 18.4% nationally).

Life expectancy

Life expectancy at birth in Derby is significantly worse than that in England for both males and females. Both areas have seen a decrease in life expectancy in recent years. A female born today in Derby can expect to live to 81.5 years compared to 83.1 years in England, while a male born today in Derby can expect to live to 77.7 years compared to 79.4 years in England.

In Derby, males born in the most deprived areas live for **10 years** less than those in the least deprived areas. This difference increases to **11 years** for females.

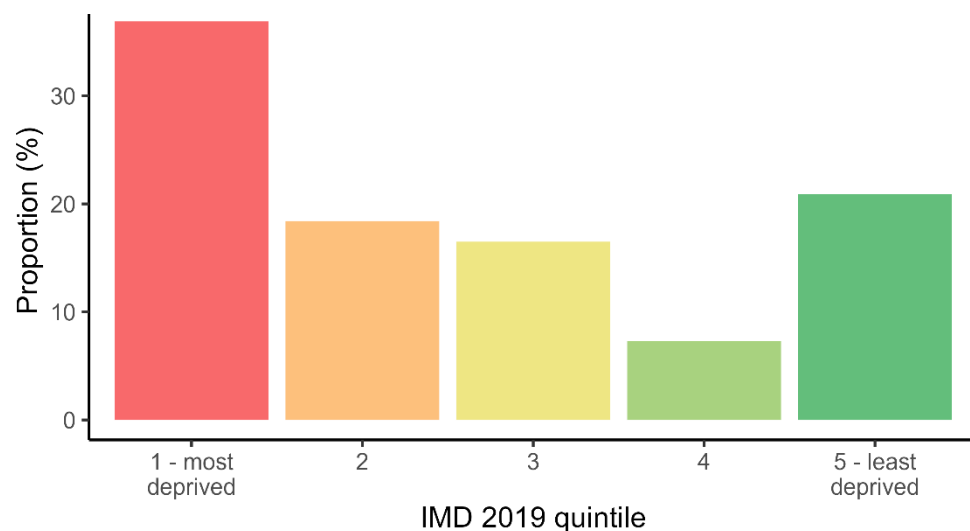
Deprivation

There are stark inequalities within the city, with some areas having significantly worse health outcomes. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. In Derby, these health inequalities are



largely explained by patterns of deprivation. People who live in more deprived areas are less likely to participate in gambling, however they are at a greater risk of experiencing problem gambling.¹ Derby is ranked as the 64th most deprived local authority area in England (out of 151), with 36.9% of the population living in neighbourhoods which are amongst the 20% most deprived in England (compared to 20.9% of residents in England) (*figure 2*). This may increase the burden of gambling-related harms experienced by people living in Derby, while also increasing existing health inequalities.

Figure 2: Proportion of 2021 Census Day total resident population by Index of Multiple Deprivation (2019) quintile in Derby



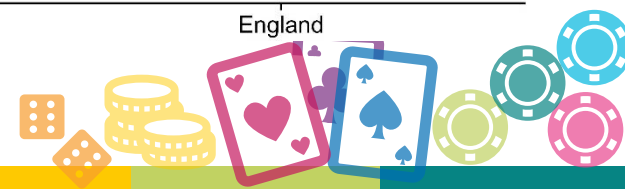
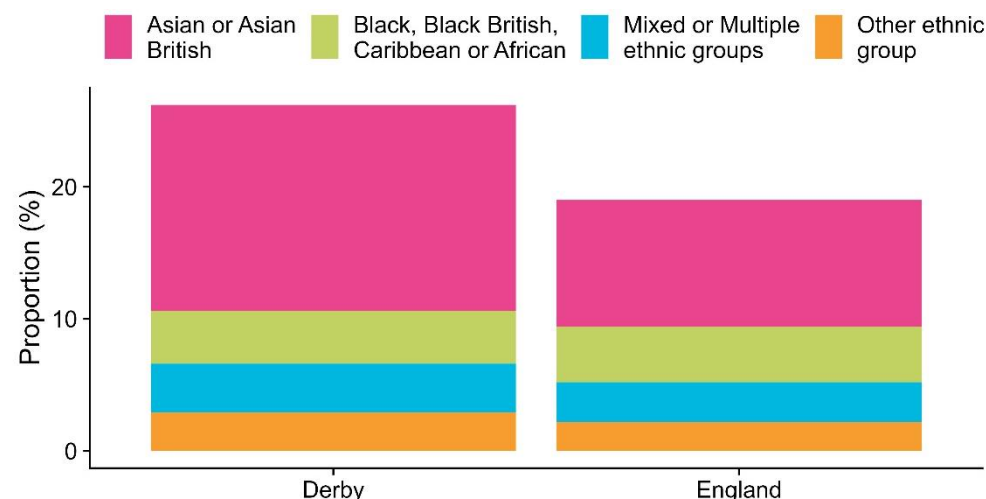
Furthermore, compared to England, Derby also has a significantly higher proportion of children aged under 16 years that live in poverty.¹⁷ During 2021/22, approximately 13,574 children aged under 16 years (33.7%) were

living in relative low-income families in the city, compared to 19.9% of children nationally. There is evidence that childhood poverty increases the risk of premature mortality and poor health outcomes in later life.

Ethnicity

Although there is currently limited evidence, it is suggested that while people from minority ethnic communities may be less likely to gamble, those that do gamble may be more at risk of experiencing harm.⁷ In 2021, 73.8% of usual residents in Derby identified their ethnic group within the "White" category, compared to 81.0% in England (*figure 3*). In Derby, this percentage had decreased from 80.3% in 2011. Around 15.6% of Derby residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, while 4.0% identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category.

Figure 3: 2021 Census day population by high-level ethnic group excluding "White" ethnic group in Derby and England



Religion

In 2021, 40.2% of people in Derby described themselves as Christian, while 11.1% described themselves as Muslim. More than 3 in 10 Derby residents reported having "No religion" (36.6%).

Language

A higher proportion of the population in Derby do not speak English as their main language compared to England (12.9% compared to 9.2%).

What does Derby's population look like?

- Derby has a younger population than England.
- In 2021, 73.8% of usual residents in Derby identified their ethnic group within the "White" category, compared to 81.7% in England.
- There are 87 different languages spoken by people living in Derby.
- Around 12.9% of residents do not speak English as their main language, compared to 9.2% in England.
- In 2021, more than one third of Derby residents reported having "No religion" (36.6%).

Employment and training

While the highest rates of gambling participation are among people with higher academic qualifications, and those who are employed, people who are unemployed are more likely to experience at-risk or problem gambling.¹

The employment rate in Derby has consistently remained similar to the national average in recent years. During 2022/23, 74.7% of people aged 16-64 years were in employment in Derby, compared to 75.7% in England. Moreover, Derby has historically had a significantly higher proportion of young people who are not in education, employment, or training (NEET), than seen nationally. However, during 2022/23, significantly fewer people aged 16-17 years were NEET in Derby (4.3%) compared to England (5.2%).

Homelessness

It is suggested that homeless people may be at an increased risk of experiencing gambling-related harms. In 2021/22, Derby had the fifth highest rate of households owed a prevention or relief duty under the Homelessness Reduction Act of any local authority area in England, with 2,486 households owed a prevention or relief duty. These duties require local authorities to secure accommodation for people who qualify as homeless or to take reasonable steps to prevent homelessness for those who are threatened with losing their home. The current cost of living crisis is likely to result in an increased number of rough sleepers and people facing homelessness, which may contribute to the burden of gambling-related harms within the city.

Mental health

While those with poorer mental health are less likely to gamble, poor mental health is strongly associated with the development of at-risk and problem gambling.¹ The relationship between mental health and gambling exists both ways. Poor mental health can encourage more risky gambling behaviour, while people experiencing gambling-related harms are more likely to develop (often undiagnosed) mental health conditions, including



anxiety, depression and/or low self-esteem, impulse control disorders, and attention-deficit/hyperactivity disorder (ADHD).¹⁸

It is suggested that just under half (47%) of problem gamblers have a severe mental health disorder, compared to around 16% of people who don't gamble. While people engaging in at-risk or problem gambling are at least four times more likely than non-gamblers to experience suicidal thoughts (26% vs 6%).¹⁹ It is estimated that 5-10% of all suicides in England are related to gambling – which is just over 400 people every year.¹

People in Derby generally have similar levels of mental health and wellbeing compared to the England average. During 2021/22, 22.0% of adults aged 16+ years in Derby reported a high anxiety score, while 12.5% of those aged 18+ years had depression. There were 450 emergency hospital admissions for intentional self-harm in 2021/22, while there has been an average of 19 suicides per year in Derby in recent years, with around 85% occurring in males.

Alcohol and substance misuse

Gambling-related harms have been linked with various comorbid disorders, including nicotine dependence, and alcohol and substance use disorders.²⁰ This may be due to common underlying risk factors, such as poor mental health or impulsive and compulsive behaviours.²¹

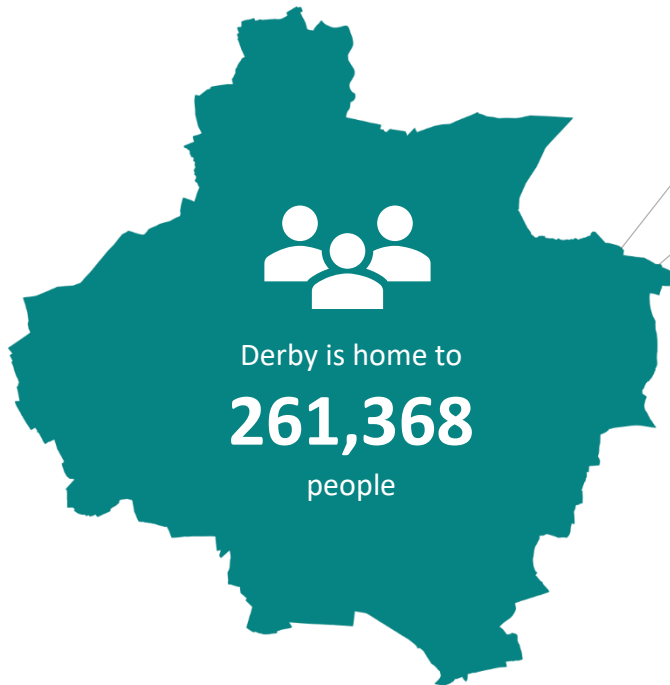
Within the literature, the most consistent association is with alcohol addiction. The association between gambling and alcohol addiction exists at all levels of harm but is greater for at-risk and problem gambling.¹ Meanwhile, the risk of gambling-related harms is directly related to the amount of alcohol consumed and the age that the drinking began.²¹

Compared to England, Derby has a higher proportion of smokers and opiate and/or crack cocaine users.²² The burden of alcohol-related hospital admissions and alcohol-related deaths are also significantly higher in Derby than the national average. This may increase the burden of gambling-related harms in Derby, compared to England.





The population of Derby in 2021



50.4%



49.6%

Life expectancy at birth

77.7
years



81.5
years



32.1% of the population in Derby are aged **under 25 years**, compared to **29.2%** in England.

73.8% of Derby's population is from a **White ethnic group**. This is lower than the England average of **81.0%**.

12.9% of Derby's population **do not speak English** as their main language, compared to **9.2%** in England.



people in Derby live in areas which are amongst the **20% most deprived** in England.

The median age in Derby is

37 years

compared to **40 years** in England.



5.1%

increase in the size of the population in Derby since 2011.

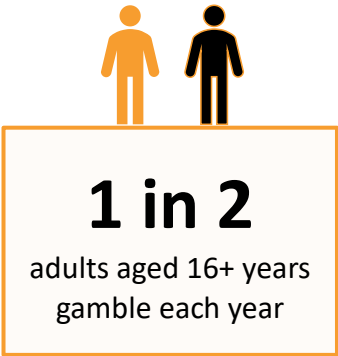


Derby has a **significantly higher** rate of alcohol-related hospital admissions and alcohol-related deaths than England.



4.2. Prevalence of gambling participation

In 2021, it was estimated that around one in two (50.1%) adults aged 16+ years in England had taken part in some type of gambling activity in the previous 12 months.³ It should be noted that this data was collected during the COVID-19 pandemic, therefore some gambling activities, such as those done in-person (e.g. at a bookmaker, casino, bingo hall) were not always available during the 12 months prior to participants completing the questionnaire. There were no estimates for the prevalence of gambling participation locally in 2021. However, during 2018 it was estimated that 63.3% of adults aged 16+ years in Derby had gambled in the previous 12 months.²³

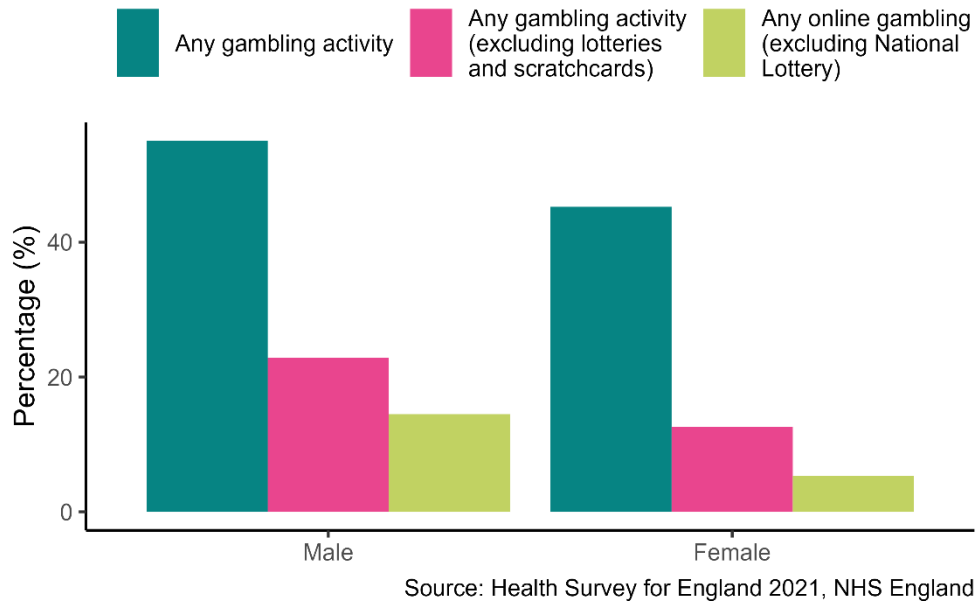


Nationally, the National Lottery was the most common gambling activity participated in, across all age groups.³ When any lotteries or scratchcards are excluded, 17.6% of adults had participated in other types of gambling in the last 12 months.³ Around one in ten (9.8%) adults had participated in any online gambling in the last 12 months.³

Men were more likely to participate in any gambling activity than women (55.1% compared to 45.3%) (figure 6).³ This difference was also seen for

online gambling, where 14.5% of men took part in the previous 12 months compared to 5.3% of women.³ Other research has shown that over three quarters (78%) of active online betting accounts are held by men, while the online betting sector derives an estimated 94% of its revenue from men.²⁴

Figure 6: Participation in gambling activities in adults aged 16+ years in the past 12 months in England by sex during 2021



Around 45.5% of adults aged 16+ years from the most deprived 20% of areas in England gambled in the previous 12 months, compared to 50.2% of adults from the 20% least deprived areas (figure 7).



Figure 7: Participation in gambling activities in adults aged 16+ years in the past 12 months in England by IMD 2019 quintile during 2021

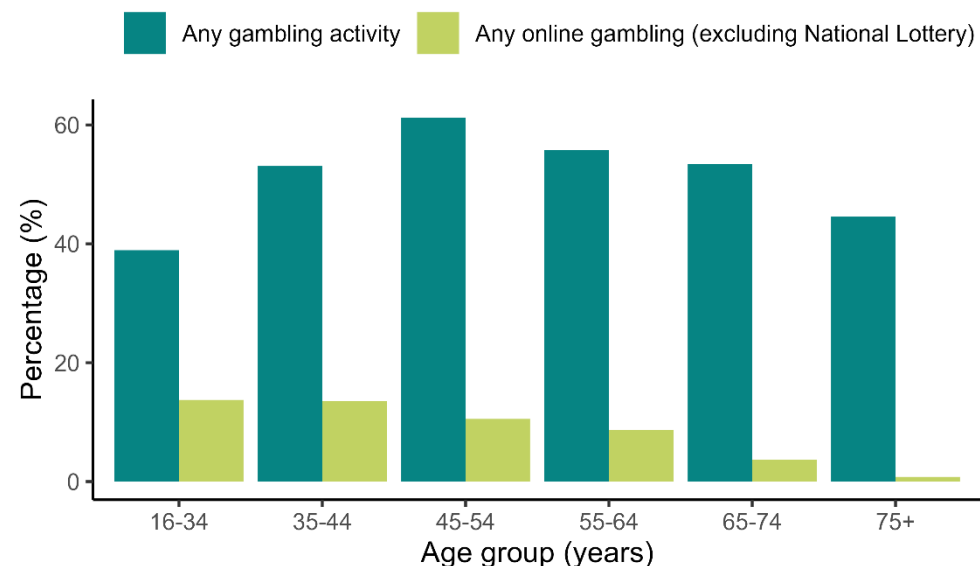


Source: Health Survey for England 2021, NHS England

The proportion of people aged 16+ years taking part in any type of gambling increases with age, with the highest prevalence amongst people aged 45-54 years (61.2%). After the age of 55 years, the proportion of people participating in gambling then gradually decreases to around 44.6% in those aged 75+ years (*figure 8*).³

However, the prevalence of online gambling participation is highest in younger adults. During 2021, it was estimated that 13.7% of adults aged 16-34 years had participated in online gambling in the previous 12 months. This proportion then decreases with increasing age to around 0.8% in people aged 75+ years.³

Figure 8: Participation in gambling activities in adults aged 16+ years in the past 12 months in England by age group during 2021



Source: Health Survey for England 2021, NHS England

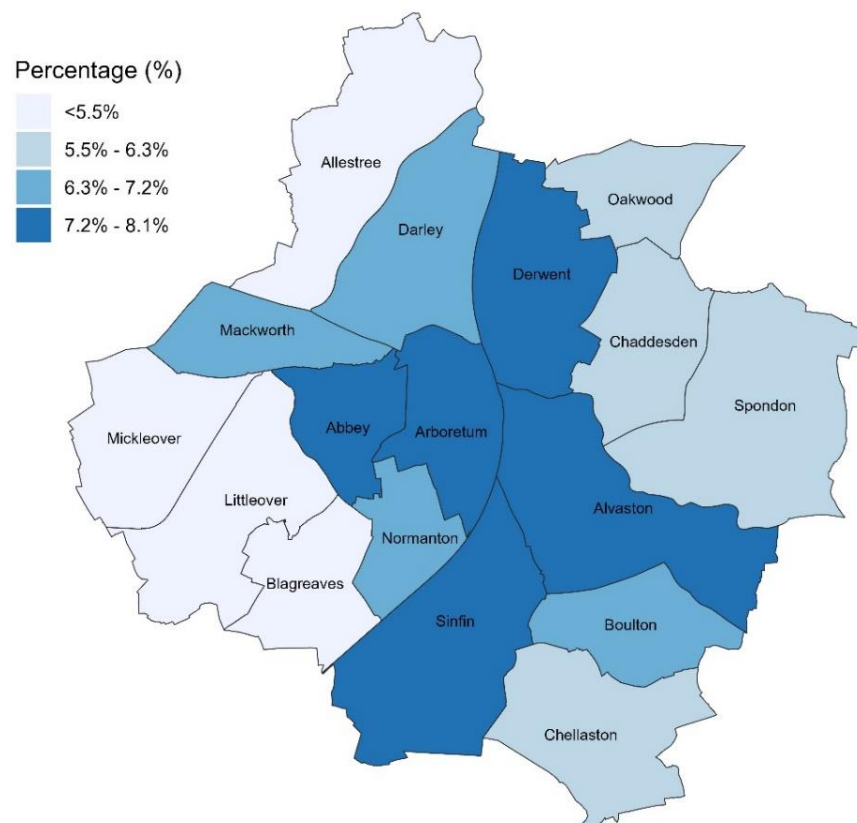
4.3. Gambling in Derby

Modelling has suggested that Derby residents collectively spend at least **£314,000** on gambling activities every week.

Meanwhile, it is estimated that 13,351 adults aged 18+ years have used the internet to access a gambling website in Derby – which is equivalent to 6.6% of adults. Sinfen (8.1%), Alvaston (7.8%) and Derwent (7.8%) had the highest proportion of adults who had used a gambling website. These wards are all amongst the top five most deprived wards in the city (*figure 9*).



Figure 9: Map of the percentage of adults aged 18+ years who have used a gambling website in Derby by ward



Sources: Experian Financial Strategy Segments.
Contains OS data © Crown copyright and database right (2023).

4.4. Prevalence of problem gambling

Surveys of gambling behaviour use screening tools, such as the Problem Gambling Severity Index (PGSI), to categorise individuals on their level of risk of problem gambling.²⁵ It is a measure of at-risk behaviour in problem

gambling and was designed for use in the general population. The PGSI defines the levels of gambling as:

- **Non-problem gambler** (score of 0): gamblers who gamble with no negative consequences.
- **Low-risk gambler** (score of 1-2): gamblers who experience a low level of problems with few or no identified negative consequences.
- **Moderate risk** (score of 3-7): gamblers who experience a moderate level of problems leading to some negative consequences.
- **Problem gambler** (score of 8+): gambling with negative consequences and a possible loss of control.²⁵

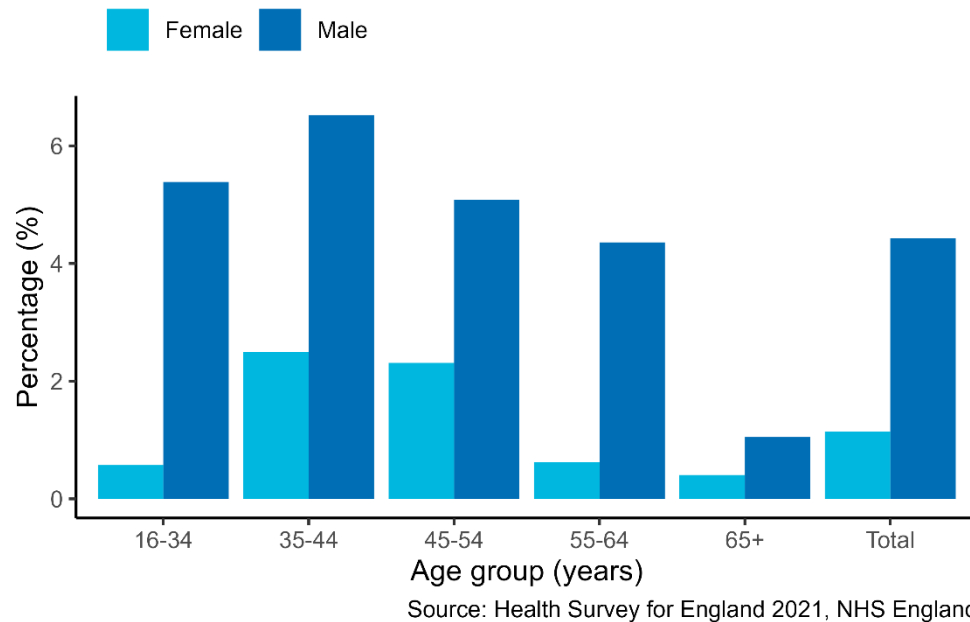
A score of 8+ indicates that a person may need to seek support and treatment from a specialist gambling treatment service, while those with lower scores may also benefit from available support.

In 2021, it was estimated that 2.8% of adults aged 16+ years in England were engaging in at-risk or problem gambling. According to the PGSI, 2.5% of adults were engaging in low or moderate risk gambling, while 0.3% were engaging in problem gambling in 2021 (0.4% of men compared to 0.1% of women).³ Men were more likely to be identified as engaging in at-risk or problem gambling than women (4.4% of men compared to 1.1% of women) (figure 10).³

The proportion of men identified as engaging in at-risk or problem gambling was highest amongst those aged 35-44 years (6.5%) followed by those aged 16-34 years (5.4%). Meanwhile, the proportion of women identified as engaging in at-risk or problem gambling was highest amongst those aged 35-44 years (2.5%) followed by those aged 45-54 years (2.3%).

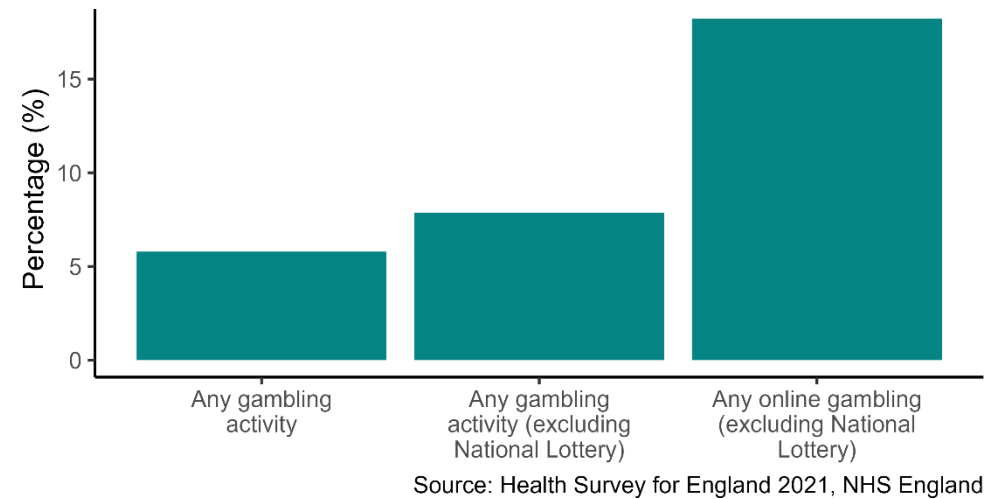


Figure 10: Prevalence of at-risk or problem gambling (score 1+) according to PGSI score in England by age and sex during 2021



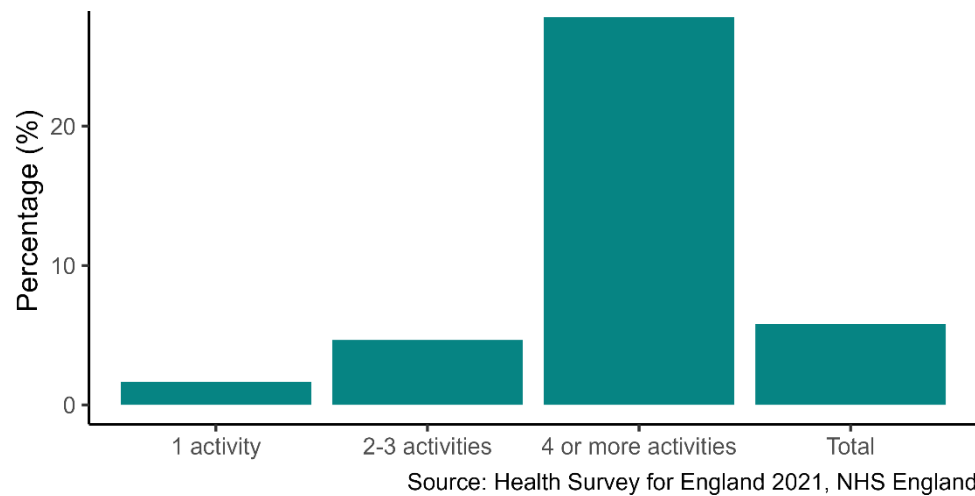
In England, it was estimated that 5.8% of adults who had gambled at all in the previous 12 months were engaging in at-risk or problem gambling (figure 11).³ However, this proportion changes depending on the type of gambling activity taken part in. When adults who had gambled on the National Lottery were excluded, the prevalence of at-risk and problem gambling increased to 7.9%.³ However, the prevalence of at-risk and problem gambling was highest amongst gamblers who had gambled online, with around 18.2% of people who had taken part in any type of online gambling identified as engaging in at-risk or problem gambling.³

Figure 11: Prevalence of at-risk or problem gambling (score 1+) according to PGSI score in England by type of gambling activity undertaken during 2021



There was also an association between the number of gambling activities taken part in and the risk of problem gambling, with the risk of problem gambling increasing as the number of gambling activities undertaken increased (figure 12).³ Over a quarter (27.8%) of people who had gambled and spent money on four or more different gambling activities in the previous 12 months were identified as engaging in at-risk or problem gambling, compared to 4.6% of people who gambled on two or three different activities and 1.6% of people who only gambled on one activity.³

Figure 12: Prevalence of at-risk or problem gambling (score 1+) according to PGSI score in England by number of gambling activities undertaken during 2021



Based on the prevalence of problem gambling in England (according to the PGSI), it is estimated that there are currently 514 adults aged 16+ years in Derby engaging in problem gambling, with a further 5,369 adults engaging in low or moderate risk gambling.



4.5. GamCare treatment data in Derby

GamCare is the leading provider of information, advice, and support for anyone affected by gambling-related harms.²⁶ They operate the National Gambling Helpline where they provide structured support for anyone affected by gambling, create awareness about gambling and treatment, and encourage an effective approach to tackling harms within the gambling industry.²⁶ It should be noted that GamCare is funded via a combination of grant agreements and voluntary donations from the gambling industry.

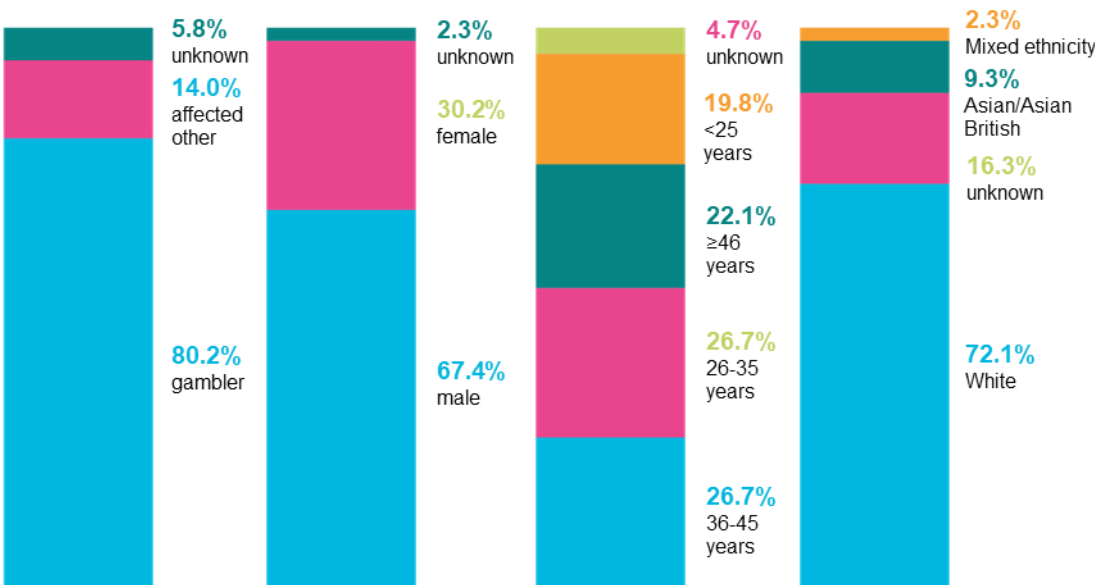
Between 1st April 2018 and 31st March 2023, there were 87 referrals to GamCare treatment services by Derby residents. Over the past four years, Derby clients have consistently made up around 0.2-0.3% of all clients who started treatment with a GamCare service provider each year.

In Derby, most people attending treatment were gamblers (80.2%), rather than affected others (14.0%) (figure 13). More than two thirds of clients identified as male (67.4%), while around one third identified as female (30.2%) The majority of clients were aged under 46 years (73.3%), while 22.1% of clients were aged 46 years and over. Most gamblers and affected others in treatment reported their ethnic group as White (72.1%), while the second most common ethnic group was Asian and Asian British (9.3%). Ethnicity was unknown for 16.3% of clients. During 2022/23, 78.9% of Derby clients had gambled online

while 42.1% had gambled in a physical location (compared to 71.3% and 46.9% nationally).

The most common type of gambling-related harms experienced by Derby clients were anxiety/stress (83%); financial difficulties (73%); family/relationship difficulties (60%); and depression/low mood (60%). More than one in ten people mentioned a history of feeling suicidal (13.3%).

Figure 13: Characteristics of Derby residents who started treatment with a GamCare service provider between 1st April 2018 and 31st March 2023 (n=87)

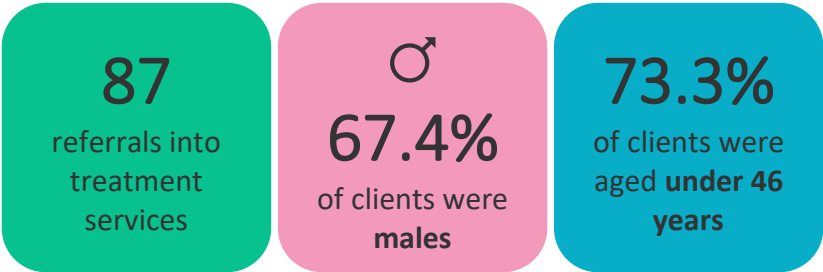


Source: GamCare, 2023

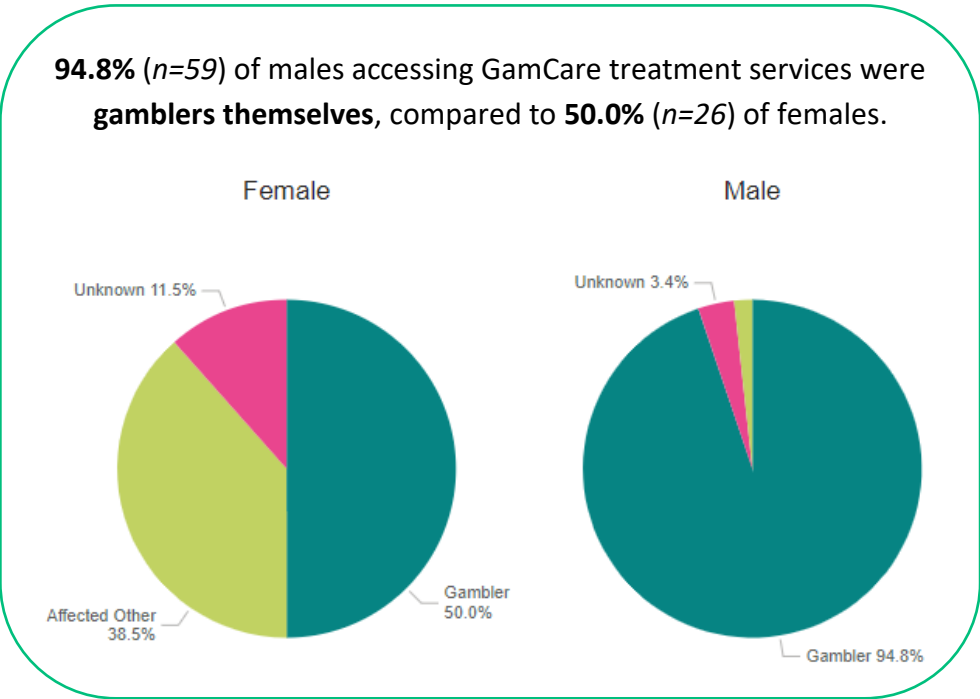


GamCare treatment service activity in Derby

1st April 2018 to 31st March 2023



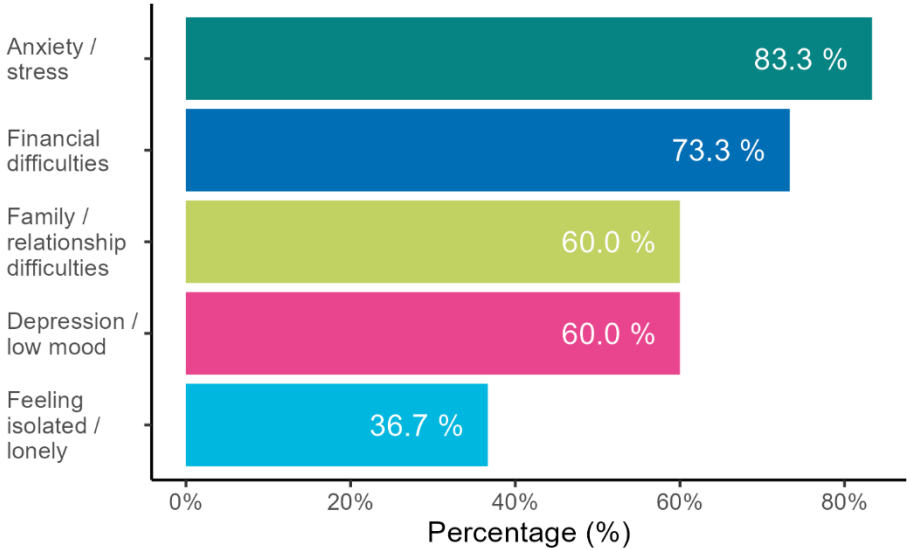
94.8% (n=59) of males accessing GamCare treatment services were gamblers themselves, compared to 50.0% (n=26) of females.



Ethnicity - the majority of gamblers and affected others in treatment were from the **White ethnic group** (72.3%).

Gambling location – during 2022/23, 78.9% of clients had gambled online, while 42.1% had gambled in a physical location.

The **main gambling-related harms** experienced by Derby residents in gambling treatment services were **anxiety/stress** and **financial difficulties**.



Source: GamCare, 2023



4.6. Chris' story

To help us understand the lived experience of gambling-related harms, we spoke to Chris, a Derby resident, about his previous gambling addiction.

Chris first started gambling aged 13 when he was introduced to the fruit machines by his uncle at their local snooker club. *"We had a couple of games of snooker and we spent the rest of the night playing on the fruit machines. Every week I was willing his [my uncle's] car to come [to take me to the snooker club]... it wasn't to go and play snooker, it was because of the fascination of the fruit machines".*

Chris moved to London for university saying, *"it should have been the start of the rest of my life"*, but he soon became friends with a group that gambled. *"[They] spent every waking hour on the fruit machines at the bar or in the bookies. The small amount of money that I had as a student went as soon as it touched my fingertips. My mum and dad were working hard to send down small amounts of money for food and all the rest of it and it was just gone. I wasn't eating properly, and I never went to a club or anything like that, didn't do all the stuff that people do when they go to university, because I didn't have the money to do it. And I developed a really natural ability to tell lots of lies".*

"Everyone thinks that gamblers are just chasing loads and loads of money, and I don't remember ever dreaming of all of that. I only ever loved the buzz of winning because it allowed me to do more gambling"

After University, he progressed to heavy gambling on sports events including football and horse racing via betting shops and online. Chris

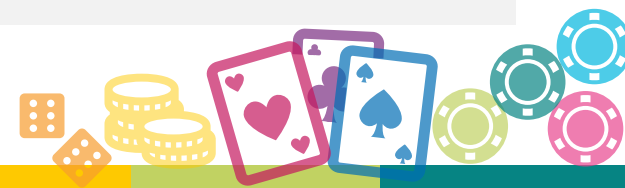
managed to hide his gambling addiction entirely from his family, friends, and colleagues. This made it difficult for Chris to feel close to his family. His gambling also affected romantic relationships in his life, he describes being *"emotionally unable to have a relationship. When things [relationships] got really big or when they were getting more serious... then they had to go because they were getting in the way [of gambling]"*.

Towards the end of his time actively gambling he was *"in a really bad way physically and mentally"*. This eventually led to a breakdown and suicide attempt in 2006. *"I was done. It was like I was finished, like I didn't have a place on Earth anymore. I didn't feel like I wanted to be here".*

"I knew I had to stop gambling, but my path to stopping gambling was to kill myself"

After Chris' breakdown, he found support that allowed him to start recovery. *"[When] my recovery started that day, someone turned a tap on and turned all my emotions back on again... [previously] I could always hide behind gambling"*. Chris has not gambled since 2006 and now spends time supporting others experiencing gambling-related harms, he says *"all the things that gambling promises, you'll get all of them when you stop gambling"*.

"My addiction took lots of money from me, but even more damagingly, it took my self-confidence and self-respect, lots of relationships and very nearly my life"



4.7. What did young people say?

In general, the young people involved in focus groups had a good understanding of what gambling was and were able to have complex discussions about gambling advertising, potential motivations to gamble and harms caused by gambling. Despite never having discussed it as a topic before, the young people were able to make links and apply learning from other topics, such as drugs and alcohol, to gambling.

1. Young people had a good understanding of what gambling was

Firstly, to understand what young people understood by the term 'gambling', participants were asked to say whether they 'agreed' or 'disagreed' to whether various pictures of activities represented gambling or not. This led to discussion of what gambling was.

Young people understood that gambling involves staking something of value. They identified that often gambling is financial, saying an activity may or may not be gambling *"depend[ing] on if you put money on or not"*.

Young people also recognised that risk and chance are a key part of gambling. One young person explained that a fairground game was not gambling by saying *"It's a skill game. It's not chance"*. Another young person explained *"Gambling is when you have a certain chance of winning like 70%, with the game [fairground basketball game], you win if you're good"*.

Some young people felt that some gambling activities were not risky, due to their knowledge of what they were betting on, saying *"You have more influence over the outcome with sports betting because you know the team, but it is still gambling because you can lose and win money"*. Another young

person said *"In football you have teams and you can know who is going to win so you can put money on the better team"*. Other young people were more aware of the risk involved in sports betting: *"You can know teams but you can never be certain of the result of the game"*.

“ You have more influence over the outcome with sports betting because you know the team, but it is still gambling because you can lose and win money **”**

There were also other features that young people used to identify gambling activities. One young person said *"I did it [hook a duck fairground game] as a kid so that confuses whether I think it is gambling"*. This demonstrates that young people consider factors like the legality of an activity when they are thinking about whether an activity is gambling or not. One other young person discussed their family buying a lottery ticket every week, saying they had never considered this gambling because it was a normal part of their family activities. Another young person discussed how they became aware of the legal age-limits on gambling, when they had to stand outside the casino as they were unable to go inside with a family member. Therefore, it can be suggested that experiences of gambling during childhood influence young people's perception of gambling, along with the level of harm involved.

The young people were also aware that certain characteristics (e.g., age, sex, or ethnicity) may impact the likelihood of a person gambling. They discussed variation in the availability of gambling in different countries due to legal differences and recognised that gambling activities, like sports



betting or bingo, may be advertised to and therefore accessed by people with certain characteristics.

There was also discussion around whether aspects of gaming, specifically the purchase of loot boxes and skins betting, constituted gambling activity. Within the public health literature, concerns have been raised that the purchase of loot boxes imitates gambling behaviour and may encourage young people to gamble.¹⁵ Participants in the focus groups mentioned that loot boxes were a common part of video games, with many of the participants having spent money on them in the past. They discussed that in order to progress in games, and to keep up with friends, you had to make these extra purchases. The young people agreed that aspects of gaming were similar to gambling but generally did not view Xbox and PlayStation games as gambling.

2. *Seeing gambling adverts is a normal part of young peoples lives*

More than four in five (84.4%) of the young people said they had seen gambling advertisements or gambling shops/machines in the pub, while 79.2% had seen them on TV. Many young people had also seen gambling advertisements online, with 70.1% of young people saying they had seen gambling advertised on YouTube, while 67.5% had seen them on social media apps, such as TikTok or Snapchat.

During the 2019/20 football season, 17 out of 24 club shirts in the Championship featured a betting firm (including Derby County), while more than half of clubs in the Premier League also had a betting firm on their shirts. During our research, over half (55.8%) of young people had seen gambling advertisements at sports grounds, either on LED advertisement boards pitch-side or on sports kit.

3. *Young people are motivated to gamble for a number of reasons*

When our focus groups were asked why they thought young people gambled, the most popular response related to money. Some young people felt that gambling was a quick and easy way to make money, saying people gamble because they “*wanna get rich*”, afford a luxury lifestyle or buy expensive clothes. For others, making money through gambling was identified as a way to cover necessities like providing for their families or clearing debt. In further discussions, the young people recognised that they were unlikely to make money from gambling but felt that other young people gambled to make money.



Influencers make you want to do it [gambling]



The focus groups identified that friends, family, and relationships could impact gambling. Some young people talked about social pressures, saying “*peer pressure can make you do it [gambling] more*”. Wanting to follow trends, fit in with friends, or buy things that others had were also identified as reasons young people gamble. Other talked about positive social aspects of gambling, identifying that some people would gamble to play with friends or meet new people.

Young people also identified positive and negative emotional reasons for gambling, saying they may gamble when they are “*in the mood*”. Boredom, and sadness were both identified as reasons why young people might gamble, with one participant saying that others might gamble because they “*are depressed*”. Feelings of fun, excitement and entertainment were also recognised as potential motivators for young people to gamble. Some young people discussed gambling as a way to get a sense of control over



their lives, saying that it could be a “*coping mechanism*”. Young people suggested that some people were more likely to think that they would win, describing the feeling of “*maybe next time*”.

When some young people talked about what would motivate them to gamble, they expressed a positive view of gambling, describing how they generally felt it was harmless. They said gambling was easy to access and normalised across society. This tied into discussions around the promotion of gambling across traditional and social media with young people saying that “*influencers make you want to do it [gambling]*”. A positive perception of gambling could increase the likelihood of young people gambling; while having a negative association with gambling may reduce the likelihood of gambling behaviour.

4. Gambling adverts affected young people in different ways

Young people had varied responses to gambling adverts. Some young people found gambling adverts attractive, engaging and tempting. They found the adverts exciting and intriguing and felt the adverts made gambling look fun “*[seeing adverts] makes you want to gamble*”.

Other young people felt bombarded by gambling adverts, saying they were tired of seeing them and felt they were frequent and repetitive “*they [gambling adverts] are everywhere*”. In contrast some young people had a more neutral reaction to gambling adverts, they felt desensitised to adverts and didn’t notice them very much.

Some young people had a much more negative response to gambling adverts; the focus groups discussed feeling pressured to gamble, and finding gambling adverts annoying and frustrating. Young people found it annoying when gambling adverts interrupted their games or music.

Generally, the older participants had a more negative or neutral response to gambling adverts, with the younger participants more likely to describe the adverts as fun and attractive.

Young people identified that they would feel differently about gambling adverts depending on the social situation, “*if you see your favourite celeb doing it [gambling], you want to*”. They were also able to identify the different impacts and exposure to gambling adverts on different people “*if you can’t afford to pay for [Spotify] premium, you get loads of [gambling] adverts*”.

“ If you can’t afford to pay for [Spotify] premium, you get loads of [gambling] adverts ”

5. Young people had a complex understanding of how gambling could cause harms

When asked to consider the harms of gambling, young people frequently mentioned the potential negative impacts on social wellbeing and relationships. They discussed how gambling could lead to a loss of trust from friends and family and the breakdown of relationships, saying “*it might hurt the people around you*”. Despite the social aspect of gambling being a key motivation for young people to gamble, participants suggested that problem gamblers were more likely to be socially isolated, saying “*people get so obsessed with gambling they don’t even notice their family*” and “*you gamble on your own, so you shut yourself away*”. They also recognised that observing gambling behaviour could influence others to gamble, suggesting that children of gamblers might be more likely to gamble when they are older.



“ People get so obsessed with gambling they don’t even notice their family ”

Addiction was also mentioned as a potential risk of gambling, with young people saying *“you want to keep playing all the time”*. Young people frequently made links between participating in gambling activities and drinking alcohol, taking drugs, or vaping. They felt that having a gambling addiction could therefore lead to the development of other addictions; saying that *“gambling [addiction] can be a gateway to all other addictions”*. They suggested that gambling *“might make you want to use drugs and stuff”* and *“if you’re so depressed, you might feel empty and want to use drugs”*. They also spoke about how drugs could be used to *“take their minds off gambling”* and that they could *“potentially replace the gambling addiction with a drug addiction”*.

“ Gambling can be a gateway to all other addictions ”

Young people were also able to suggest a number of ways in which gambling could affect health and wellbeing, saying gambling could cause people to *“forget about the things that are important to you”*. Participants felt that gambling could lead to feeling disconnected from the world, changes in personality and missing out on life experiences. Specific mental health impacts that were discussed included stress, anxiety, depression, lack of concentration and poor sleep. It was also noted that poor mental health could lead to people feeling suicidal, although this link was not made by all of the groups. Some young people mentioned the potential impact of gambling on cognitive development. Poor physical health was also

mentioned, although less often and in less detail than the impacts on mental health.

Young people also raised the impact of gambling on self-care behaviours, suggesting that because time and focus is spent on gambling, gamblers might not get enough sleep and might have poor hygiene if they forget to shower or go to the toilet. They also discussed how gamblers might be at a higher risk of being under or overweight due to not getting enough exercise and a lack of money to buy necessities, such as healthy food, saying *“it [gambling] could kill you because you forget to eat”*.

In addition, the impact of gambling on school or work attendance and performance was discussed by young people. They recognised that impacts on school or work could have other impacts in the future such as unemployment or limited life choices.

“ You can end up owing family and other people money and then they might hurt you ”

Young people felt that gambling might cause criminality. They discussed fraud and theft saying, *“you might steal from your family”*. Young people also recognised how gambling could be linked to criminality beyond the behaviour of the person who gambles, saying *“you can end up owing family and other people money and then they might hurt you”*.

The impact of gambling on finances was a key harm identified by young people, they talked about the *“cycle of debt, you lose money and gamble to make more money”*. Young people also discussed the loss of physical possessions and the consequences of this, such as homelessness.



Young people talked about gambling behaviour as being against some cultural and religious morals and norms, such as displaying a lack of purpose and discipline. They mentioned the perception that gambling is not harmful and viewed as something only middle-aged people do. The young people discussed how this could lead to difficulties for certain people in seeking help.

6. *Young people were unsure about where they could seek help for gambling-related harms*

When asked to consider what they thought might stop someone from gambling, young people felt that an important life event which transformed their daily lives such as a new job, house, or relationship, or being financially stable with a regular income, could help people stop gambling.

While the young people were able to talk about the ways in which gambling could affect health and wellbeing, they weren't able to name any specific services available for people concerned about their own or somebody else's gambling. They said they *"wouldn't know any services, would have to research"*. However, they did suggest several other ways of seeking help, including charities, support groups, or by going to therapy or rehab. They also felt that they could reach out to family or friends for help, saying *"maybe go to someone you know if concerned or have any issues"*. Alternatively, they felt that friends or family might reach out to them if they could see that they were struggling.

During the focus groups, participants mentioned that they don't think there's enough education amongst young people around gambling activity and gambling-related harms. While alcohol and drug addictions were something they were frequently taught about at school, they had never

discussed gambling, saying *"harms, like mental health impacts should be talked about more"*. They felt it was important that gambling was included in the curriculum to raise awareness of the potential harms and to provide information on where they could go to access support.

" Harms, like mental health impacts, should be talked about more "

Young people also suggested that seeing other people experiencing gambling-related harms could prevent gambling. They felt that the portrayal of gambling in the media made it seem like a harmless activity, saying *"the negatives should be talked about more, [as gambling] always seems so positive"*. The young people suggested that preventative action through education, along with less promotion of gambling activities might help stop people from gambling. At an individual level, having restrictions on how much money or time people could spend gambling, or a limit on apps, was suggested as a way to help people reduce their participation in gambling activities. Similarly, one participant also discussed the impact of 'place' on gambling behaviours, saying *"if you live in a poorer area, you would be more likely to gamble because there are more shops than in the richer areas"*. *"Closing the gambling shops"* was therefore suggested as a way to reduce the opportunities for people to gamble.

" If you live in a poorer area, you would be more likely to gamble because there are more shops than in the richer areas "



5. Gambling policy

5.1. Current landscape

Gambling activities can take different forms including physical gaming machines, casino games, online games, sports betting, lottery products, football pools, bingo, on-course betting, and private bets. These different products tend to have different locations: racetracks, betting shops, casinos, bingo halls or online.

Different gambling activities are therefore covered by a range of different legislation. Gambling operators must be licensed by the Gambling Commission, and those with physical premises must also be licensed by their local licensing authority. There are rules on how new gambling products are developed and what gambling products feature. For example, there are limits on the amount of money staked during bets and rules on the way customers interact with games. Licensing objectives include references to “*protecting children and other vulnerable persons from being harmed or exploited by gambling*” and preventing gambling from being a source of crime and disorder.

5.2. Recent policy

In April 2023 the government released a policy paper on gambling reform, [High Stakes: gambling reform for the digital age](#).²⁷ Prior to this, the last policy review of gambling had been the [Gambling Act of 2005](#).²⁷

The 2023 policy paper reviews the evidence on gambling, with the aim of ensuring regulation is up to date, preventing harm to customers (whilst

balancing consumer freedoms) and ensuring legislation is appropriate for both online and land-based gambling.

In order to modernise legislation, the *High Stakes* policy paper makes a number of recommendations which will be implemented by government in partnership with the Gambling Commission. Some of these recommendations will require consultation, some require legislation, some are changes in the power of the Gambling Commission and others rely on voluntary uptake from the gambling sector.

The recommendations fall into a number of areas. The most important recommendations to prevent harm are as follows:

- Online operators must check customers financial circumstances for signs their gambling losses are harmful. The *High Stakes* policy paper sets out recommended checks at different spend levels.
- Stake limit for online slot games. The actual recommended limit will be decided after a consultation period. There will also be consultation on different stake limits for adults aged 18–24-years old.
- Review of online game speeds and features which exacerbate risk.
- Data sharing on high-risk customers to allow collaborative harm prevention, this will be trialled.
- Improvements to tools which allow customers to manage and limit their risk.
- Changing gambling commission powers to ensure that incentives like bonuses and free bets are more “*socially responsible*”.



- Improved messaging on gambling risks.
- Changing legislation to close loopholes that allow under-18s to do any online gambling.

There are also several recommendations which strengthen enforcement powers against operators that are found to be putting customers at risk:

- Increased funding for the gambling commission to allow improved enforcement, and increased powers in relation to the black market.
- A statutory levy on operators to fund research, education, and treatment of gambling-related harms.
- A new ombudsman to deal with disputes.
- Review of license fee caps and aligning gambling licensing with alcohol licensing.

There are also several recommendations to help the gambling sector:

- Changing regulations to allow casinos to have more machines.
- Consulting on cashless options for gaming machines.
- Changing the ratios of machines allowed in some premises.
- Reviewing the horserace betting levy.

The Gambling Commission has 'social responsibility codes' for Gambling Operators. These are also being encouraged for sport's governing bodies, with a focus on gambling advertising associated with sports. All licensees with the Gambling Commission must have processes and systems in place to monitor and minimise harms and consider factors that might expose a customer to gambling-related harms. To identify harms, operators must consider customer spend, patterns of spend, time spent gambling, gambling behaviour indicators, customer-led contact, use of gambling management tools and account indicators. Operators must also take actions on identified harms in a timely manner, which should be tailored to the level of harm indicated.

Statutory levy on gambling

All gambling businesses licensed by the Gambling Commission are required to contribute towards research, education, and treatment to reduce gambling-related harms. The amount businesses must contribute is typically around 0.1-1% of gross gambling yield (GGY), i.e., 0.1-1% of the total amount of money a business brings in through bets minus the amount that is paid out for winning. Operators are able to choose where their contributions are sent. They can be sent to GambleAware, which is an independent charity who are completely funded by these voluntary donations. Or they can be sent to any other organisation that is able to show evidence of work to address gambling-related harms, such as GamCare.

However, one of the key proposals in the *High Stakes* policy paper published in April 2023 was the introduction of a statutory levy, to replace the current system of voluntary contributions.³³ The levy is expected to be set at 1% of GGY for online operators, while traditional betting shops and casinos will pay 0.4% and land-based arcades and bingo premises will pay 0.1%.³³ It is expected that this would raise around £100 million of protected funding for research, prevention and treatment of gambling-related harms every year.³³ While the proposed levy represents a source of much needed funding, this figure is put into perspective when we consider that the gambling industry currently spends £1.5 billion on advertising each year.³⁴



6. Treatment and support

6.1. What services are available in Derby?

It has been suggested that less than 3% of adults with a gambling disorder in England will seek treatment, compared to 6% of problem drinkers and 50% of class A drug users.^{18,28} This may be due to a range of factors, including stigma, embarrassment, and a lack of awareness of available support services.

Fewer than 3% of people experiencing problem gambling currently access treatment.

The National Institute for Health and Care Excellence (NICE) are currently developing a clinical guideline for the identification, assessment, and management of gambling-related harms, which is due in April 2024. This guidance is expected to recommend that health professionals ask people about gambling if they attend a health check or GP appointment with a mental health problem, in a similar way to how people are asked about their smoking and alcohol consumption.²⁹

People experiencing gambling-related harms are recommended to reach out for support. In 2019, the NHS Long Term Plan committed to investing in expanding NHS specialist clinics to help more people experiencing gambling-related harms.³⁰ As a result, the East Midlands Gambling Harms Service, which is based in Derby, was launched in June 2023. The service aims to support between 320-450 people in the East Midlands every year.³¹ Information on the treatment or support services currently

available for people experiencing gambling-related harms in Derby are summarised in *Table 1*.

Case study: The NHS East Midlands Gambling Harms Service

The NHS Gambling Harms Service that covers the East Midlands is based in Derby. The service offers specialist therapies and treatment, these include group workshops and therapy sessions, which support patients with patterns of thinking and the urge to gamble, as well as practical tips to reduce exposure to gambling.

The Service opened in June 2023 and is expected to support between 320-450 people from the East Midlands every year.

The service is available for those experiencing current or recent problematic gambling which is causing harm to themselves or other. Patients must be aged over 18 years, and registered with an East Midlands GP (Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire, or Rutland). The service is available through self-referral or a GP referral.

You can contact the team on 0300 013 2330 or dhcft.emgamblingharms@nhs.net. The service is available from Monday to Friday between 9am-4.30pm, please leave contact details outside of these hours.

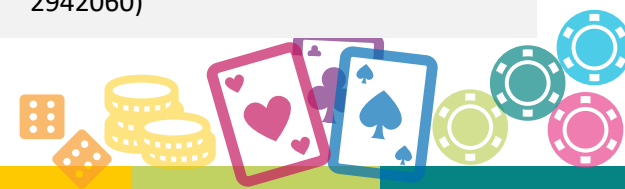


Table 1: Treatment and support services in Derby

Service	Description	Contact
National Gambling Helpline (run by GamCare)	A 24/7 helpline which provides confidential information, advice, and support, for anyone affected by gambling-related harms in England, Scotland and Wales.	Tel: 0808 8020 133 (Relay UK: 18001 0808 8020 133) They also have a live chat option.
National Problem Gambling Clinic	Provides treatment to people living in England aged 13 and over who are experiencing gambling-related harms.	Tel: 020 7381 7722 (Relay UK: 18001 020 7381 7722) Email: gambling.cnwl@nhs.net
NHS East Midlands Gambling Harms Service	Offers specialist treatment and support to people struggling with gambling across the East Midlands.	St Andrew's House, Derby, DE1 2SX Tel: 0300 013 2330 (Relay UK: 18001 0300 013 2330) Email: dhcft.emgamblingharms@nhs.net
GamCare East Midlands	Offers one-to-one in-person, online and telephone therapeutic support and treatment for people with a gambling addiction, as well as affected others. They also provide group-based gambling recovery courses and one-to-one or group-based support for people impacted by another person's gambling.	Tel: 0152 227 4880 (Relay UK: 18001 0152 227 4880) Email: east.midlands@gamcare.org.uk
Gordon Moody Association	Offers residential treatment for men and women who have problems with gambling. They also run the Gambling Therapy website, which offers online support to gamblers and their friends and family.	Tel: 01384 241292 (Relay UK: 18001 01384 241292) Email: help@gordonmoody.org.uk
Gamblers Anonymous	A mutual support group to help people overcome problem gambling. Weekly sessions in Derby are held on Mondays between 19:00 – 21:00.	Whitecross House Community Room, Derby, DE1 3HX Tel: 0330 094 0322 (Relay UK: 18001 0330 094 0322)



		Email: DerbyGA@outlook.com
GamLEARN	A lived experience and recovery network which provides structured education and training to enable members to have the best opportunity to return to work and society.	Email: info@gamlearn.org.uk
Citizens Advice Mid Mercia (Derby office)	Provides advice on a range of topics, including debt.	3rd Floor Peat House, Stuart Street, Derby, DE1 2EQ Tel: 0808 2787972 (Relay UK: 18001 0808 2787972)
National Debtline	Provide confidential and independent debt advice in the UK.	Tel: 0808 808 4000 (Relay UK: 18001 0808 808 4000)
Samaritans	A free helpline available 24/7 for people experiencing feelings of distress or despair, including those which could lead to suicide.	Tel: 116 123 (Relay UK: 18001 116 123)
Gambling with Lives	Provide support for people bereaved by gambling-related suicide.	Tel: 07774 617771 (Relay UK: 18001 07774 617771) Email: support@gamblingwithlives.org
GamFam	Offers support to people who are either directly or indirectly affected by gambling-related harms.	Website
GAMSTOP	A self-exclusion tool which blocks people from logging in or setting up accounts with gambling websites and apps run by businesses licensed in Great Britain for either six months, one year or five years.	Website
Gamban	A self-exclusion software which blocks access to gambling websites and apps on users' devices.	Website
Multi operator self-exclusion scheme (MOSES)	A self-exclusion scheme that allows people to self-exclude from multiple betting shops over the phone	0800 2942060 (Relay UK: 18001 0800 2942060)



The NHS also suggests several other practical steps that people can take to help, including:

- asking your bank to block any money going to gambling websites and apps;
- paying important bills, such as your mortgage, on payday before you gamble – you can set up direct debits or standing orders for this;
- spending more time with family and friends who do not gamble; and
- talking to someone you trust about what is happening.³²

There are several self-exclusion schemes that allow people who are worried about their gambling to self-exclude themselves from online gambling and physical gambling premises. There are specific schemes for bingo, casinos, betting shops and adult gaming centres, although some of these require in-person attendance at a location to apply.

6.2. Industry funding for research, education, and treatment

In the UK, the majority of gambling research, education and treatment is funded either directly or indirectly by the gambling industry. It is acknowledged that this model creates a potential conflict of interest, whereby there is a reliance on an industry assessing its own potential harms to the public's health. It creates a risk of bias estimating the extent of harm caused by gambling. With much of the research on gambling funded by the gambling industry, there is a risk that this influences the evidence published, which could restrict the development of effective policies to prevent and reduce harm. In addition, much of the research

funded by the gambling industry focuses on the role of individual characteristics, ignoring the impact of the interaction between individuals, their environment and influence of the gambling industry. This allows the narrative around harms to be framed as *“personal responsibility”*, with the gambling industry, governments and some researchers promoting responsible gambling strategies as a way to address gambling-related harms, e.g., *“when the fun stops, stop”*. This framing shifts the blame to individuals and suggests that people experiencing harms are at fault, i.e., not *“gambling responsibly”*, with stigmatising labels, such as *“gambling problem”* used.

It should be noted that, in 2022, the NHS announced that they were ending their dual commissioning and funding agreement with GambleAware, due to concern from patients and clinicians about clinics being part-funded by resources from the gambling industry.

Therefore, the need for more sustainable, long-term funding to address gambling-related harms, independent from influence from the gambling industry, is critical. This should help to reframe messages about gambling away from personal responsibility, and toward research-based messages with a wider recognition of the role of the environment and commercial determinants of health.

We acknowledge that certain projects in Derby (either including or involving the City Council) have received funding from the gambling industry. It should be noted that Derby City Council Public Health Department have not had any direct involvement with the gambling industry.



7. Recommendations

We have used our findings to make several recommendations for action. We will review our progress in 12 months' time.



Protect children and young people from gambling-related harms by promoting the need for education in schools, colleges, and universities.



Raise awareness about gambling-related harms and promote treatment and support services that are available to help people who are affected in Derby.



Ensure we use non-stigmatising language in all of our discussions and communications, and support and encourage partners to do the same.



Collect, analyse, and share local data and intelligence to help colleagues and partners better understand the scale of gambling within the city, including how local treatment and support services are being used, and by whom.



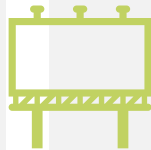
Develop a local area profile and contribute data and insight to the development of the licensing authority statement of principles to influence the local approach to gambling regulation.



Ensure the Local Plan reflects the need for limits on the availability and density of gambling premises, particularly within areas highlighted in the local area profile.



Improve screening, support, and signposting in existing services to help identify people at-risk and provide support earlier.



Review the use of advertising space for gambling products in the city to reduce exposure to gambling.



Make a commitment to include the voices of people with lived experience when making decisions locally.



8. Glossary

Affected other - anyone who is affected by someone who is experiencing gambling-related harms.

Commercial determinants of health - the commercial sector activities that affect people's health positively or negatively.

Director of Public Health - a person whose role is to protect and improve the health of people living in an area.

Gambling - the act of gaming, betting, or participating in a lottery.

Gambling-related harms - the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.

Health inequalities - unfair and avoidable differences in health that exist across the population, and between different groups within society.

Index of multiple deprivation (IMD) - a measure of relative deprivation for small areas across England.

Life expectancy - the number of years a person can expect to live, based on the year they were born, their current age, and other factors like sex.

Loot boxes - items within computer games that are accessed either through game play or are purchased with in-game virtual currencies or with real-world money.

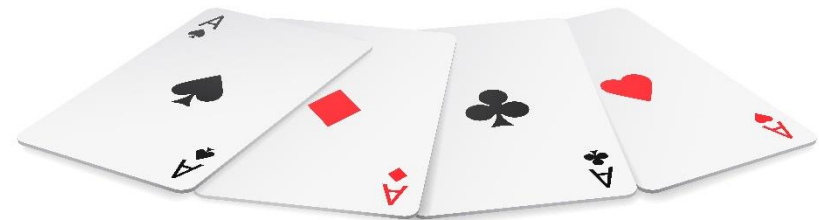
Population - a group of people with a common link, such as the same medical condition or living in the same area or sharing the same characteristics. The population for a clinical trial is all the people the test or treatment is designed to help (such as adults with diabetes). The group of

people taking part in a clinical trial need to be typical of the whole population of interest.

Prevalence - the number or percentage of people with a sickness or condition at a particular moment in time in a defined population.

Problem Gambling Severity Index (PGSI) - a validated screening tool designed for use amongst the general population.

Problem gambling - gambling behaviour that is disruptive or damaging to individuals, families and communities.



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