

# Gambling-related harm as a public health issue

Position paper

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## Executive summary

The Gambling Act 2005 recognises gambling as a legitimate leisure pursuit, but sets a statutory objective that children and other vulnerable people should be protected from being harmed or exploited.

Consistent with this, the Responsible Gambling Strategy Board has often argued that gambling-related harm should be regarded as a public health issue. But what does that mean?

The purpose of this paper is to set out briefly what we believe the public health approach to gambling-related harm advocated in the National Responsible Gambling Strategy should entail, and to identify some of the implications for a range of agencies with responsibility for the health and wellbeing of the public.

## Public health issues and the public health approach

A **public health issue** is one that causes, or has potential to cause, harm to some or all of the population, and which cannot be tackled by interventions directed solely at individuals. Sometimes the harm caused can be severe.

At its simplest, the **public health approach** looks at the effects of an issue on the whole population. It recognises that prevention is better than cure, and that people's behaviour is influenced by external as well as internal factors. It understands that a broad range of measures must usually be taken by different people and organisations to address what can often be a complex mix of harmful consequences. It makes use of a wide range of measures – including advocacy, information, regulation and prohibition – in a coordinated way to address any identified harms.

Public health interventions can often include measures that affect large numbers of people, even whole populations, to minimise the risks to those (usually much smaller numbers) who are vulnerable. Such actions should never be taken lightly. They need good evidence and careful consideration. But they are sometimes necessary for the State to protect its citizens, even if they lead to “Nanny State” accusations.

A public health approach to gambling needs to address its effects on young and vulnerable people, on the families and close associates of gamblers, and on the wider community – as well as on those who suffer harm from their own gambling. It needs to recognise that a successful strategy cannot focus solely on individual gamblers but also needs to encompass products, environments and marketing and the wider context in which gambling occurs. It needs to understand that restrictions on, or interventions related to, any of these aspects can form part of a balanced approach, backed up by accurate, objective, accessible and understandable information. It should seek to ensure equitable distribution of resources for prevention and treatment based upon need.



The Responsible Gambling Strategy Board (RGSB) was set up in late 2008 to advise the Gambling Commission and, in turn, the Department for Culture, Media and Sport, on research, education and treatment programmes needed to support a national responsible gambling strategy and associated funding requirements.

Sir Chris Kelly is our Chair, supported by eight Board members. Our Board has a public health subgroup to take this issue further forward.

## Harms and benefits of gambling

A public health approach aims to understand all the harms and benefits of an activity to society. With gambling, most attention is often paid to recorded, quantifiable effects, such as tax revenue and employment in the gambling industry. Against these positive economic benefits must be set equally important economic dis-benefits such as working days lost through disordered gambling, or the cost of treatment for ill-health caused by stress related to gambling debt. Less easily measured are positive benefits from gambling, such as the enjoyment experienced by many gamblers, and dis-benefits such as the negative effects of some gambling on family relationships and the psychological and social development of children. Much less is known of these effects. GambleAware has recently commissioned work to try to fill some of these gaps.

The numbers of those who experience harm as a result of gambling is far from insignificant, even though it may be relatively small as a proportion of all those who gamble. We know that many people who choose to gamble gain pleasure from doing so. This should not be discounted. However, around 300,000 people in England, Scotland and Wales have problems with gambling. For these groups, gambling can be associated with higher levels of physical and mental illness, debt problems, relationship breakdown and, in some cases, criminality. It can also be associated with drug or alcohol misuse. In many cases, it is difficult to attribute these negative effects solely or directly to gambling. But the association is too strong to ignore. Younger males, and people from certain social and ethnic groups, are potentially more vulnerable than others.

In addition to those whose gambling is already a problem, many more gamblers are at risk of some harm. Survey evidence suggests that around 540,000 people in England, Scotland and Wales are at moderate risk of gambling-related harm. Too great a focus on problem or disordered gambling as a clinical condition may distract attention from a similarly sized group of at-risk gamblers with sub-clinical gambling-related problems. Moreover, some gamblers who would not be classified as problem or at-risk gamblers may on occasion experience harm as a result of their gambling (just as not all problem gamblers will necessarily experience harm every time they play).

Equally important in this context, there can be considerable negative effects experienced by the wider group of people around a gambler. The health and wellbeing of partners, children, and friends can all be negatively affected. Harm can also extend to employers, communities and the economy. The numbers of those who experience harm as a result of gambling by others will be considerably greater than the number of people

who harm themselves. The effect on people that have chosen not to gamble themselves is an important justification for taking actions at a population level.

## The responsibilities of other agencies

The Board will continue to provide strategic leadership to the responsible gambling agenda, advising the Gambling Commission and working with GambleAware to increase the knowledge base and availability of treatment for problem gamblers. However, a public health approach suggests that addressing gambling's effects on population health and wellbeing must involve a wider range of organisations than are currently engaged. In the Board's view, a number of agencies and statutory bodies that could and should take actions at a population level have yet to recognise their important role in tackling this issue.

Specifically:

- The Departments of Health in Great Britain should give greater recognition to gambling as a public health issue, and reflect this in their relationships with their executive agencies.
- As part of this, the Chief Medical Officers for England, Scotland and Wales should consider the potential harms and benefits of gambling and their effects on health and wellbeing in their Annual Reports.
- Public Health England, Public Health Wales and NHS Health Scotland should champion an approach which recognises gambling-related harm as the significant public health issue it is, alongside the work they are already doing on issues like alcohol misuse and obesity – with which there are many parallels.
- The National Institute for Health and Care Excellence should assess the growing evidence base on the health risks and co-morbidities associated with gambling-related harm.
- NHS England and NHS Wales should ensure that Clinical Commissioning Groups assess the level of need for support and treatment of problem gamblers and commission services to meet that need. The 14 regional NHS Boards in Scotland should undertake a similar assessment to understand whether or not there is a gap in support currently available to problem gamblers through their frontline healthcare services.
- Local Authorities, and Health and Wellbeing Boards, should conduct local needs assessments and consider gambling as a key issue when assessing risks to the wellbeing of their communities.

- Professional bodies, including the Faculty of Public Health, the Royal Society for Public Health, the Royal College of General Practitioners and the Royal College of Psychiatrists should help promote the agenda and shape the public health response.
- The Industry Group for Responsible Gambling (IGRG), has updated the Industry Code for Socially Responsible Advertising and the Gambling Commission has strengthened its Licence conditions and codes of practice (LCCP) provisions on marketing as the result of recent reviews. But more action may be required in both areas.

In parallel with this, we will continue to put pressure on the industry itself to ensure that it is fulfilling its obligations in line with the National Responsible Gambling Strategy.

## Conclusion

The increased profile of gambling in daily life in the UK since the passage of the Gambling Act 2005 is a significant social change.

Where harm may arise or be caused, the State has a duty to protect its citizens, including both those who gamble and those who do not. A public health approach to gambling is needed at a population level, in addition to measures aimed at individuals and groups. The Responsible Gambling Strategy Board will continue to advocate for this approach, in collaboration with GambleAware. GambleAware has done valuable work in research, promoting prevention and treatment. But it is unrealistic to expect a small charity with a limited budget to tackle such a significant public health issue as gambling-related harm without wider support. National and local agencies and statutory bodies need to recognise and act upon this protective duty.

## Ask us, help us

If you would like to contact us about any aspect of this paper, please contact us by email at [info@rgsb.org.uk](mailto:info@rgsb.org.uk)