Health Needs Assessment: Gambling Harms in Wakefield

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BRIEF BACKGROUND

Why do a HNA?



Little was known or understood about gambling in Wakefield.



There is no designated public health lead.



The purpose of the HNA was to strengthen to evidence base and produce recommendations.



HNA OVERVIEW



Desktop review of key information



Epidemiology of gambling and gambling harm



Local mapping of betting premises



Literature review on preventive interventions



Online survey (Wakefield residents 18-34) about gambling and the gambling industry

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SOME KEY FINDINGS

Estimated local prevalence of harm higher than regional estimate

Inequalities exist (deprivation, age, alcohol)

Density of licenced betting premises is highest among most deprived decile



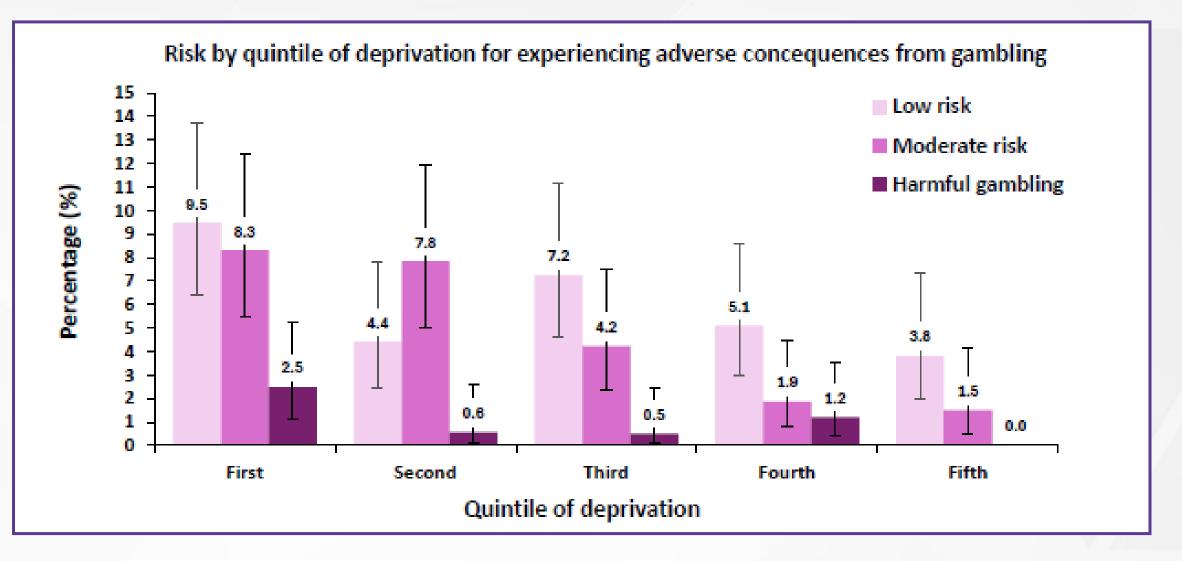
There is increasing demand for support (NHS NGS referrals doubled)



Young adults (18-34) in Wakefield may not be naïve to industry tactics

*interpret cautiously due to low numbers

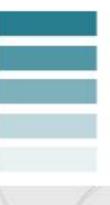
*Slight differences in local (AHS) v national (HSE) survey methodology although both based on Problem Gambling Severity Index (PGSI) scores.





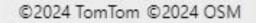
Licence Type Adult Gaming Centres Bingo Premises Club Machine Permit Licenced Betting Premises Licenced Premises Gaming Machine Permit Race Tracks





Most deprived

Least deprived



COMMERCIAL DETERMINANTS

Like many other commercial sectors, the gambling industry applies various tactics to downplay the health risks of gambling whilst maximising profits.



> Harmless framing of gambling and emphasis on individual responsibility



Aggressive advertising and marketing



Product design and features



Lobbying of politicians



Shaping the narrative, creating uncertainty and causing doubt about public health evidence

Enhancing public image

Tackling this:

ADPH: Protecting the public from being harmed or exploited by gambling and the gambling industry

Good governance toolkit | ADPH

4. Commercial determinants of gambling

The commercial determinants of health (CDoH) refer to the corporate private sector activities which impact public health, either positively or negatively, directly or indirectly, and the enabling political economic systems and norms (5).

Like many other commercial sectors (e.g. tobacco, alcohol, food) the gambling industry has a significant impact on public health and uses a variety of tactics which seek to downplay the health risks of gambling whilst maximising profits.

Framing of gambling and emphasis on individual responsibility

The industry often frames gambling as a harmless form on entertainment, emphasising excitement, fun, and the potential for quick financial gain. Conversely, the addictive nature of gambling and the associated risks are downplayed. Despite repeated calls for gambling to be reframed as a public health issue, it continues to be framed according to economic activity and consumerism (6; 7). Resultantly, public understanding of gambling harms has been undermined by this narrative of gambling being a safe and enjoyable activity if done responsibly.

This emphasis on personal responsibility, often promoted by industry campaigns despite a lack of empirical evidence, suggests that gambling at a harmful level is a personal failing and due to lack of control rather than a consequence of product design or marketing practices. This is exemplified by popular industry campaigns such as "when the fun stops, stop". However, such messaging has been found to have no protective effect from gambling harms (8).

This framing of gambling harm aligns with the business interests of the gambling industry, with very little concern for life or health. This can be stigmatising for those who are harmed (9) and shifts the blame on to individuals including children and young people (10). The resulting shame can discourage help-seeking, limiting the reach and effectiveness of support and treatment.

Aggressive advertising and marketing

In the UK, gambling and advertising spend was reported to be over £1.5 billion in 2017, increasing by 56% from 2014. No published data is available for more recent advertising spend. However, it is highly plausible that across 2024, the advertising and marketing spend of the gambling industry will exceed the expenditure of 2017.

Gambling advertisements feature across various media platforms, causing almost constant public exposure and being highly effective in fuelling brand recognition (11). Furthermore, the portrayal of humour, excitement and positive social associations within gambling advertisements creates an emotional connection with viewers, making gambling brands highly memorable (12). This positive portrayal of gambling, which also downplays the potential risks, is associated with increased intention to gamble, frequency of gambling, and gambling at a harmful level (13; 14).

HAS THERE BEEN ANY **IMPACT?**

- Cabinet spokesperson briefing
- All Members briefing
- Health and Wellbeing Board





• Gambling harms has a platform • Internal discussions re. recommendations Actions to follow

KEY **CHALLENGES**



> Working with limited resource



> Knowing where to start



> Engaging key stakeholders



> Not letting it collect dust...



Health Needs Assessment-

LINK TO FRAMEWORK

04-05 06	Foreword Vision		19-24	Strengthen the evidence base Suggested actions Key links
07-12	Current context The scale and nature of gambling harms The commercial context of gambling harms National context Regional context The framework A public health approach		25-30	Case study Build leadership and capability Suggested actions Key links Case studies
13-18		3	31-36	Reduce exposure and access Suggested actions Key links Case study
	Who is this framework for and why is it needed? How was the framework developed? How to use this framework	3	37-48	Take a lifecourse and equity approachSuggested actionsKey linksCase studies

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Suggested actions

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75 Acknowledgements



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