A Rapid Health Needs Assessment

What are the gambling related harms for the adult population of Walsall, who are gambling at at-risk levels?

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Contents

Executive summary

Gambling does not occur purely due to individual susceptibility, but rather, within the context of multi-billion-pound industries that promote harmful gambling products using a variety of tactics.

Evidence shows that the greatest burden and risk of gambling harms is experienced by socio-economically deprived, disadvantaged and minority groups. This means the harms of gambling may widen inequalities further.

Harms include health, both mental and physical, and the wider factors that are essential to health, including social relationships, finances, housing, employment, and education. This is not just to the individual, but to on average 6-10 people in addition to the person gambling at at-risk levels. Given the estimates of gambling prevalence below, this could mean that up to 46% of people in the borough are affected by the harms of gambling.

Most age ranges in Walsall have a higher prevalence than nationally, particularly 18-24s, 45-54 and 64+.

In Walsall, adults are gambling both in person and online, with 45–54-year-olds gambling more in person than we are seeing nationally. This demonstrates the role that the local authority can play in reducing gambling related harms.

58,000 adults in Walsall have gambled in the past 4 weeks. Interestingly, 13,200 of those are, or are at risk of, experiencing gambling harms – this is 23% of the adults who have gambled, and 6% of the overall adult population. This is considerably higher than the national figures which show that 3.7% of adults have a risk of experiencing gambling harm (Problem Gambling Severity Index [PGSI] of 3-7) and 2.5% of adults are experiencing harm (PGSI-8+). PGSI is a scoring system used to measure at-risk behaviour in people experiencing problems with gambling.

There is a high proportion of younger adults that have a risk of experiencing gambling harm (PGSI 3-7) – 6.9% of 18–24-year-olds. If these individuals continue to gamble at harmful levels, over the years ahead, Walsall could see an even larger proportion of adults experiencing harm (PGSI-8+). Ages 45-44years old also has a higher prevalence of gambling than nationally, if we don’t work to reduce this, we may find gambling harms increase into later life.

Individuals experiencing gambling related harms rarely present to health or social care services with problem gambling as their presenting condition. These figures are likely to be under-estimated.

1. Introduction

Aims and Objectives

This Rapid Health Needs Assessment (RHNA) about the gambling related harms for the adult population who gamble at at-risk levels in Walsall, aims to identify findings that enable Walsall Council and local stakeholders to improve the health of adults at-risk of experiencing gambling related harms.

Objectives:

- Understand the predictors of at-risk gambling, including generating local prevalence estimates for the borough
- Map the local commercial gambling premises
- Understand and identify the harms of gambling.
- Understanding the local and national support available to adults at-risk of experiencing of gambling related harms.
- Provide recommendations and priorities to improve health outcomes with the aim of reducing health inequalities.

Scope

To meet the objectives, this report will cover gambling legislation, the national and local Walsall gambling landscape, followed by a literature review. The scope of this rapid needs assessment will be limited to adults (over the age of 18) living in Walsall. When discussing gambling, the report is referring to commercial gambling – see definition below.

Definitions

This report will refer to the following terms, defined below;

Gambling

Gambling is widely understood as the act of risking money or items of value in an activity of uncertain outcome in the hopes of winning a prize. It can either take place remotely (online) or non-remotely (on gambling premises) [1].

Gambling comes in many forms, such as casino games and sports betting, but also includes bingo, lotteries, scratchcards, games machines (such as fruit machines), and penny machines. Gambling is also featured in console games such as loot boxes.

Methods of gambling can include gambling in-person (non-remote gambling), or through an online device such as a smart phone (remote gambling).

To limit the scope of this needs assessment, gambling (the act of risking money or items of value in an activity of uncertain outcome in the hopes of winning a prize) will

be defined according to the Gambling Act 2005, as “betting, gaming or participating in a lottery” [2].

Commercial gambling

The commercial provision of gambling by companies and entities established to provide these products at scale for profit [50].

Remote gambling

Remote gambling is the legal term for gambling undertaken other than in a premises, typically over the internet and therefore more commonly known as online gambling. This is regulated by the Gambling Commission[13].

Non-remote gambling

The term used for gambling undertaken in a premises.

Gambling products

Gambling products include lotteries and related products (eg, scratch cards), betting, bingo, electronic gambling machines, and casino table games, all of which are offered in a range of contexts and across a range of formats, including online and mobile provision [50].

Fixed odds betting terminals (FOBTs)

FOBTs are a type of gambling product. It’s a machine which has a fixed level of payout (odds). These are often electronic slot machines.

Continuous play / In-play betting

Continuous play is a tactic used by the industry to encourage people to keep gambling, and/or make the product (usually a machine) seem inviting. Machines can be set to autoplay so people view when the machine would have paid out if someone were to be playing.

In-play betting is also a form of continuous play, whereby you can bet on something closer to the end result (i.e betting on the result of a football match during the game, instead of before). Some betting companies allow you to extract your bet before the end result.

Gambling-related harms

Gambling-related harms can be identified as, ‘‘Any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community, or population’’ [4].

Gambling related harms intersect with other well recognised public health issues such as mental ill health, suicide prevention, alcohol, smoking and homelessness[5]. On average, in addition to harming the individual, these harms also extend to 6-10 other people who know them such as relationship strain, stress, financial loss, and wider health impacts [5].

At risk gambling

At risk gambling describes people who are at higher risk of experiencing negative effects because of gambling behaviours, such as chasing losses, spending more than you can afford, gambling when you should be doing something else, feeling stressed about gambling, lying to family/friends, increasing stakes and late-night spending [3]. As a result, this can lead to gambling-related harms.

Chasing losses

Loss-chasing describes the tendency of someone to amplify their betting to try to recoup prior losses. This often creates a vicious cycle and a focus on short term wins, not long term / overall losses. Chasing losses can involve places larger vale bets.

Problem Gambling Severity Index (PGSI)

The Problem Gambling Severity Index (PGSI) is a standardised assessment tool which aims to identify those at risk of gambling harms, or who may have an addiction [23]. Scores of;

- 0 implies no risk,
- 1-4 are considered low risk,
- 5-7 are considered moderate risk
- 8 and above are considered to be severe risk / problematic severity [23].

2. Language and Framing

This report intends to take a compassionate approach towards people who gamble and/or gamble at at-risk levels leading to harms. It is important to note that gambling does not occur in isolation or purely due to individual susceptibility, but rather, within the context of multi-billion-pound industries that promote harmful gambling products using a variety of tactics [6].

Gambling is a normalised part of British culture, evident in the engagement with gambling activities throughout childhood such as raffles at schools, lottery tickets for milestone birthdays, workplaces pooling money for events such as the Grand National [7]. The normalisation of gambling in society is also a recognised strategy from the industry and has been used previously by the tobacco and alcohol industry.

The industry are known to use a variety of well documented tactics to put economic gains for shareholders at the forefront of decision making, which often undermines our health and wellbeing [55].

Figure 1 [55]

	Definition
Intimidate and vilify critics	Use smear tactics, intimidation, and lawsuits (or threats of) against industry critics, such as scientists, academics, health practitioners, advocates, and civil society groups
Attack and undermine legitimate science	Fund counter-studies, sponsor conferences, recruit corporate scientists, skew data, distort evidence, claim manipulation, exaggerate uncertainty, plant doubt, minimise the severity of the issue, insist the problem is very complex, and demand balance for both sides
Frame and reframe discussion and debate	Promote narratives of personal or individual responsibility, moderation, consumer freedoms, free markets, the nanny state, government intrusion, and businesses as part of the solution
Camouflage actions	Leverage front groups and pseudo civil-society groups to act as a mouthpiece for the industry, create the appearance of independence, and avoid bad publicity
Influence the political process	Lobby, make political donations, recruit former politicians, and participate in policy development to influence, block, weaken, and delay policy and regulatory outcomes
Develop corporate alternatives to policies	Create voluntary self-regulation, codes, and commitments to delay or pre-empt public health interventions
Deploy corporate social responsibility and partnerships	Donate to community groups, sports, entertainment, and non-governmental organisations, and develop public-private partnerships with governments and credible organisations to foster corporate goodwill and distract and deflect from harmful products or behaviour
Regulation and policy avoidance and evasion	Impede the implementation of policies through legal challenges in national and international courts, alongside use of legal loopholes, tax avoidance, corporate restructuring, and violation of laws, treaties, and codes

Synthesised from the following sources: Wiist,[1] Brownell and Warner,[2] Freudenberg,[3] Oreskes and Conway,[4] and Moodie.[5]

Table: **Methods employed by the corporate playbook**

Some of the tactics above are already evident by the gambling industry, such as [55];

- The normalisation of gambling, such as by advertising and sponsorships and various campaigns which state that gambling is a fun past time. The presence of gambling outlets in our environment also normalises the practise.

  Advertising plays a crucial role in influencing behaviour, as it can shape consumer perceptions, attitudes and purchase decisions. £1.5billion is spent annually promoting and advertising gambling in the UK, with narratives often implying that gambling is harmless fun, however evidence shows that early experiences of gambling in the environment can lead to at-risk gambling later in life [7]

- Frame and narrative setting – Gambling at a level that is harmful is often framed as being an individual's choice, and that they should simply 'stop when the fun stops'. This narrative downplays the role the industry have – i.e they are creating addictive products, whereby the evidence has shown causes harm to our residents – including increasing inequalities.

- Regulation and policy avoidance– The industry is involved in national policy and decision making.

- Undermine science / conflicts of interest - The industry funds some of the research and reports that are published nationally[11].

- Camouflage groups / social responsibility partnerships – An example of this would be Gamble Aware and Gordon Moody treatment clinics which are 100% industry funded.

The gambling industry deliberately targets certain members of our population, based upon the 'profile' of who they know tends to gamble [9]. Even despite the increase in popularity of online gambling, there are still 8,301 gambling premises in the UK, and these are disproportionately concentrated in areas of deprivation [10]. People with characteristics such as low educational attainment, low income and ethnic minority status have an increased likelihood of living in deprived areas yet have the least amount of disposable income to gamble with, which even further exacerbates their susceptibility to gambling-related harms and further inequalities in health [10].

Given the context and the role the industry plays in harming the health of our residents whilst increasing inequalities, and the literature and data later explained in this Health Needs Assessment, it becomes clear that it is not simply just a case of a few people gambling irresponsibly. Therefore, to avoid stigmatising labels and perpetuating the narrative industry often uses, terms such as 'problem gambling' 'gambling addiction' and 'gambling disorder' will not knowingly be used. However, these terms may be used in the literature review when citing research or evidence.

3. National

Legislation

In Great Britain, Gambling policy sits within the Department of Culture, Media and Sport, and the Department of Health and Social Care currently only hold responsibility for treatment. There is no government led health strategy that includes gambling, but there is a Gambling Commission led strategy around gambling related harms.

Gambling is regulated by the Gambling Commission. The functions of the Gambling Commission are:

- Licensing operators and key personnel
- Setting appropriate licence conditions and codes of practice
- Enforcement and prosecution work
- Carrying out compliance activities
- Providing advice

The regulation of all gambling activity in Great Britain is principally carried out by the Gambling Commission, following objectives set out by The Gambling Act 2005 [8].

The Gambling Act 2005 has undergone several modifications since its implementation, including [11];

- A licensing requirement for online operators
- Identity verification requirements for online gambling
- Increasing the minimum age of sale to 18 for the National Lottery
- Decreasing the maximum stake for online slot games for people under 25 years old to £2. For adults aged 25 and over, the limit is £5.
- Banned gambling on credit cards

However, despite the various protections in place, there are increasing concerns about gambling related harms and evidence suggests that it should be considered a public health concern [8].

The Gambling Commission and licensing authorities (Local Authorities) share regulation of in-person gambling (non-remote) through licensing, policy and local risk assessment. However, national law can make it challenging to refuse an application based on its potential health impacts.

In addition, gambling is not subject to the same processes as other harmful health commodities. Directors of Public Health are legally obliged to be informed of applications for alcohol licencing (as of a 2013 amendment to the UK Licencing Act 2003),[11] but this is not the case with gambling licencing [12].

Gambling premises do not improve the health of the population and increase our resident's exposure to gambling. Once planning permission is granted, current local powers relating to gambling licensing have minimal effect.

Restricting the proliferation of gambling premises is currently extremely challenging as it relies on planning policy which demands proof that enough people in the surrounding area are deemed 'vulnerable' to these, and decisions are swayed by numbers of types of outlets rather than their impact. However, licensing teams can use a range of tools to support the prevention of gambling related harms. This includes developing policies and undertaking compliance visits to local premises.

The Public Health Grant does not cover gambling, so local authorities do not have a specific responsibility to provide treatment or prevent for gambling related harms, although many council services will likely encounter people who experience harm [50].

National data

In 2021, a review found that one in every 12 people in the UK are affected by gambling harms and in England alone, hundreds of lives are lost to gambling every year [8]. The Public Health England (PHE) review concluded that 0.5% of our population were considered to be experiencing the harms of gambling (400,000), 3.8% are gambling at at-risk levels (3 million), and 7% of adults are affected negatively by another person's gambling (5.6 million) [8].

Overall gambling participation is highest for males aged 45 to 54 years old, however when you remove lottery only players, this shifts the age profile downwards, resulting in males aged 18 to 44 having the highest gambling participation rates [8].

Despite the decrease in gambling premises and betting shops, the gambling industry in Great Britain was valued at £15.1 billion between April 2022- March 2023, which is an average of 6.7% increase from the 2 previous years [14]. 43% of this value came from remote (online) gambling (casino games, betting, bingo), with a 10% increase in new account registration, totalling 36.4million people [14].

Of the people that experience gambling related harms and that are seeking treatment, studies estimate that 46% of these patients reported current suicidal ideation. Other studies have shown that one in five people that gamble at harmful levels (19%) had thought about suicide in the past year [15]. A study in 2021 found that on average there is more than one gambling-related suicide every day [8].

Economic burden due to gambling harms

Public Health England (PHE) estimated that the annual economic burden of harmful gambling is approximately £1.27 billion [8]. It further estimated that £647.2 million of this total is a direct cost to government. This figure comprises of;

- Mental and physical health: £342.2 million
- Employment and education: £79.5 million
- Criminal activity: £162.5 million
- Financial harm: £62.8 million [8].

4. Regional Data

A Gambling Health Needs Assessment was conducted at a regional level in 2022.

It found that in the Midlands there are approximately 6.5 million people who gamble, and approximately 414,000 of these people are gambling at a level that may be harmful [56]. It is estimated that for every person experiencing harmful gambling, on average, between six and ten additional people are directly affected by it, which equates to approximately 2.5 to 4.1 million people in the Midlands [56].

Data below shows the number of online/offline gambling activities used by GamCare helpline callers, including by product type [56]. However, it should be noted that the numbers will be under-reported as the harms of gambling are often hidden and people often do not seek support.

Figure 2 [56]

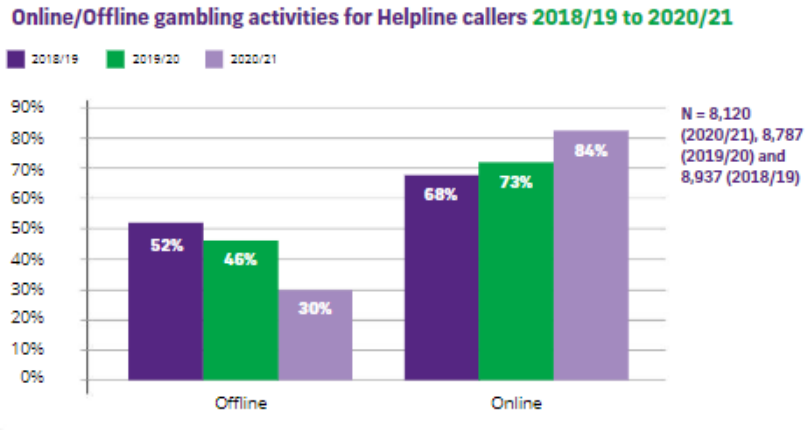
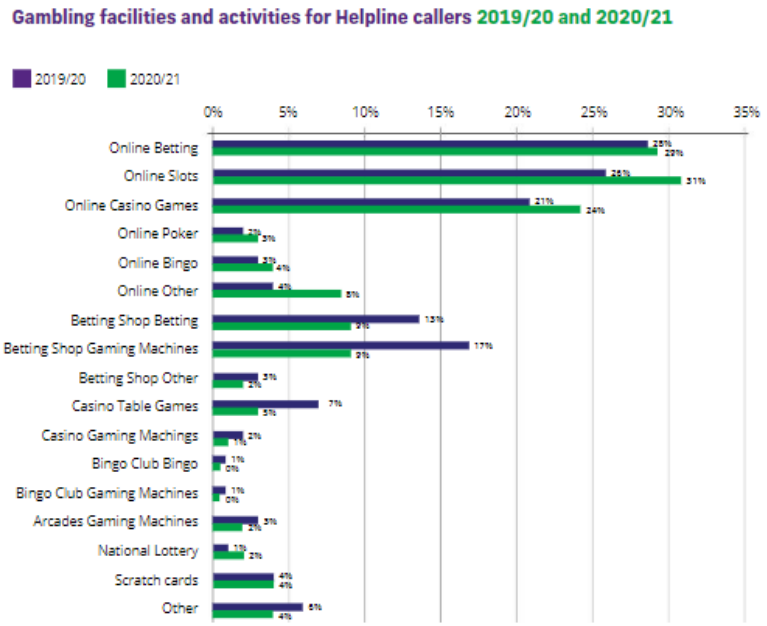


Figure 3 [56]



Notable findings;

- Harmful gambling is more prevalent in areas of greater deprivation. The Midlands has higher levels of deprivation compared to England. This could mean there is a higher prevalence of gambling and gambling related harms.
- Younger men (between the ages of 16 and 34 years old) are most likely to experience harmful gambling. The Midlands has a slightly higher prevalence of younger males compared to the England average, meaning more people in the area gamble at harmful levels and are experiencing harms.

5. Literature Review

Why do people gamble?

Dopamine is a chemical messenger in the brain involved in helping us feel a temporary sense of pleasure. It is part of the brain's reward system. Physical activity, food and socialising are a few examples of where dopamine may be released and make us feel good.

The Gambling Commission found that the two biggest reasons for gambling in 2023 were that people find the activity itself fun and to 'win big'. Some people gamble to socialise and escape from worries/stress for a short while.

Gambling at at-risk levels changes the brain and rewires synaptic pathways to modify pleasure-seeking behaviour. This can create a need for further dopamine and perpetuates the cycle of chasing losses.

Predictors of gambling participation and at-risk gambling

This section will summarise the overall predictors of gambling and at-risk gambling in the general adult population, before briefly discussing if prevalence of and/or harms increase amongst people with certain protected characteristics.

Overall predicators

Many studies conclude that the strongest associations of gambling participation amongst the adult population in the UK;

- Are middle aged males
- Are White British
- Are smokers
- Consume higher quantities of alcohol than average [8, 17].

People with high educational attainment, higher life satisfaction, better mental health, in employment and living in the least deprived areas, tend to participate most in gambling [17]. However, gambling at at-risk levels, including suffering from the harms of gambling, are most associated with men aged 18-30 who,

- Are unemployed
- Have lower life satisfaction,
- Have poorer health and wellbeing
- Live in areas of deprivation [17, 18, 19].

As a result, gambling related harms tend to exacerbate inequalities even further.

Gender

National, regional and local data has found that more men participate in gambling than women. In 2021, the NHS Health Survey found that more men participate in gambling than women (55% vs 45%) [49]. However, men were more likely to be

identified as engaging in at-risk gambling compared to women (4.4% of men and 1.1% of women) [49].

Some of the grey literature found that the disproportionate focus on the gambling behaviours of men has contributed to unintended consequences for women who gamble, including intensifying stigma and perpetuating stereotypes [20]. This may make it difficult for women to recognise gambling-related risks and seek help.

Multiple data sources show that online gambling is becoming increasingly popular amongst women of all ages. Data analysed by NatCen and the University of Liverpool in 2022 suggests online gambling is becoming increasingly popular for women, and that women who have online gambling accounts (for online slots, casino, bingo and instant win products), actually tend to play more often, for longer, and spend more than men [20]. Electronic gaming products, such as fixed odds betting, have a higher risk of harm than other forms.

Although women tend to engage in less at-risk gambling, each year in England, at least 35% of callers to the National Gambling Helpline identify as female, 23% of whom call about their own gambling and 84% about someone else's [21]. Women can be disproportionately harmed by gambling-related harms even if they do not participate in gambling, and as a result experience financial difficulties, relationship problems and mental health issues [21].

Ethnicity

Multiple studies and data sources conclude that BAME groups are much less likely to participate in gambling – A study in 2020 found that around four out of ten (42%) white people had gambled in the last four weeks, whereas the participation rate amongst BAME respondents was less than three in ten (27%) [22]. Although this is lower, this is still nearly a third.

The Gambling Commission has found that private betting, which could include sweepstakes or bets between friends, or playing card games between friends/family, is much more common amongst BAME communities that participated in gambling than it was amongst all other respondents in the study (19.2% and 9.3% respectively) [22].

This study also found that 10.7% of BAME people who participate in gambling reported that they have bet more than they can afford to lose, compared to 3.2% of all gamblers in the survey [22]. In the same study,10.4% of BAME people who participate in gambling said that they have felt guilty about the way they gamble or what happens when they gamble, compared to 3.8% of all gamblers asked [22].

Data from the Gambling Commission as well as other international studies show that whilst BAME groups are less likely to participate in gambling in the first place, those that do gamble may be more at risk of experiencing harm.

Most studies discuss BAME groups as one homogenous group, despite all communities having different needs and experiences. It is worth noting that further research could be undertaken at a local and national level to understand the needs of different communities

Age

Excluding the lottery, the most recent Gambling Commission survey found that gambling participation in England is highest amongst 35 - 44 year olds [23]. However, there are different patterns seen amongst males and females [23]. For example, males tend to participate in gambling at an earlier age than females. This is demonstrated by tables 1 and 2.

Table 1 displays gambling participation by age:

Age group (years)	Participation in the past four weeks (percentage)	Participation in the past four weeks excluding lottery draw only players i (percentage)
18 to 24	33%	31%
25 to 34	42%	32%
35 to 44	51%	36%
45 to 54	55%	32%
55 to 64	52%	22%
65 to 74	48%	18%
75 plus	47%	14%

Table 2 demonstrates gambling participation (including lottery) by age and gender;

Age Range (Years)	Male	Female
18 to 24	37%	25%
25 to 34	36%	28%
35 to 44	38%	33%
45 to 54	36%	28%
55 to 64	25%	20%
65 to 74	18%	17%
75 plus	13%	14%

Overall, gambling participation is highest for males aged 45 to 54 years old. However, removing lottery draw only players, shifts the age profile downwards, resulting in males aged 35 to 44 having the highest gambling participation rates [23].

As discussed in the first section, at-risk gambling tends to occur at a younger age profile. However, that does not mean people in older age groups do not experience hambling harms.

Faith / Religion / Belief Systems

Few studies have been conducted on gambling and faith/religion in the UK.

Some studies from other countries have found that the prevalence of gambling is lower amongst people who are religious, whilst others have found that people may be more susceptible to the harms of gambling. For example, one study conducted in 2018 found that gamblers who are religious may feel that a higher power will help maximize their success at gambling, despite the odds of success.

Disability

Only one UK study could be found that explored the relationship between gambling and disability. The prevalence of physical disability was significantly higher in the at-risk gambling group than in the control group [24]. It should be noted that this study was conducted on data from 2007.

Severe Mental Illness (SMI)

No UK studies could be found about the prevalence or predictive factors in relation to gambling and SMI, in the general population. Please see the co-morbidities section for further narrative.

LGBTQIA+

There is limited evidence and inconsistent findings about the prevalence of gambling amongst LGBTQIA+ populations. There is, however, consistent evidence that trans and gender diverse people might experience higher levels of gambling harms compared to cisgender people [25] [26].

Veterans

There is a growing evidence base about veterans and gambling, and most studies show that veterans have an increased likelihood of at-risk gambling. However, to date there has only been a few studies in the UK.

The study in 2022 shows that veterans experiencing PTSD and complex PTSD (C-PTSD) were at increased risk of problem gambling [27]**.** In the study, Veterans were over 10 times more likely to be problem gambling than non-veterans ($p < 001$) [27].

Homelessness

The West Midlands Gambling Health Needs Assessment found that there is growing concern about co-occurring gambling and homelessness. The link between gambling and homelessness is complex and no causal association has been established. The relationship is likely to be bi-directional; gambling could be a pathway to homelessness; and gambling could be triggered by the cycle of homelessness [51].

A systematic review and meta-analysis on the topic found that although homeless populations have a lower gambling participation prevalence than the general population, they have a high prevalence of gambling related harms [28].

There is some evidence that homeless populations are more likely to gamble on fixed odds betting terminals, slot machines, or sports/horse betting (available in high

street betting shops), but less likely to gamble online (likely due to lack of access to internet [52].

In another study of 456 service users recruited from a homelessness service in London, a higher proportion of them were found to fall in the high-risk group for gambling related harms on the PGSI scoring scale, making them a vulnerable population for gambling related harms [29].

Online (remote) vs in person (non-remote) gambling

With regards to online gambling, a recent systematic review found that people with the following characteristics: male sex, young age (average 19 years compared to 24 for non-remote gambling), high educational attainment and high income were more likely to gamble online than in person [30].

Online gamblers were also more likely to partake in multiple gambling activities, for longer periods of time and spend more money, putting them at risk of experiencing gambling-related harms [30].

Quantity of products played

Generally, the more products/types of gambling played, increases the risk of harm.

The PHE Gambling Related Harms review found that of people who participate in 4 – 6 different gambling activities/products, 19.7% are at-risk gamblers [5]. If people play 7 or more activities, 52.7% of them are at-risk of gambling related harms [5].

Gambling, co-morbidities & other health behaviours

Some studies have shown that people with gambling disorder (people gambling at at-risk levels) have high rates of other, often undetected, mental health conditions including anxiety and mood disorders, substance use addiction, impulse control conditions, and attention-deficit/hyperactivity disorder [31, 32]. A systematic review and meta-analysis in treatment-seeking patients found 75% had one or more comorbidities, including nicotine dependence (56%), depression (30%) and alcohol abuse (18%) and dependence (15%) [33].

However, gambling and co-morbidities is a contentious issue. Bereaved families and survivors of gambling related suicide are challenging the narrative of high levels of co-morbidity, which is often a narrative that is endorsed by the gambling industry. For example, the industry has stated previously that high levels of addiction and psychiatric problems occurred prior and therefore allude to this causing people to gamble at at-risk levels. This removes the blame and responsibility of the industry and puts the onus on the individual.

International research indicates that amongst individuals receiving treatment for gambling, that around half do not have any comorbidities such as mental health conditions. However, less than 3% of problem gamblers receive treatment for gambling, and so these studies are not representative of the wider population of those suffering from gambling harms or those who are at risk [36]. In addition, people tend to seek treatment only when they have reached an extremely low point and are suffering the severe consequences of gambling harm. By this time, it is likely that

they have developed other social, economic or psychological problems because of their gambling. This leads to potential selection and re-call bias.

There seems to be a complex bi-directional relationships between such conditions - mental health conditions may increase the likelihood of someone gambling, but gambling could reduce someone's mental wellbeing further, therefore triggering a cycle [34]. However, more research is needed. Therefore, it can be concluded that nicotine dependence, alcohol dependence, depression and other mental health condition *may* help us identify groups of people who may also gamble at at-risk levels, but it wouldn't be fair to say that certain co-morbidities and behaviours have necessarily resulted in them gambling at at-risk levels.

Impacts on adults that are gambling at at-risk levels

This section looks at the impacts of gambling in adults who gamble at at-risk levels in the general population. It does not look at different population groups, however it is likely based upon the growing evidence base that some communities that have been discussed above such as veterans, women, BAME groups, and LGBTQIA+, may experience more serious gambling harms.

Gambling risk is formed from many factors that are integral to the gambling experience, these include the gambling product, place, and provider. This section of the literature review will look at the type of products and frequency played.

Type and variety of gambling product

Gambling products and non-remote gambling premises are designed to be highly addictive [41].

The type of gambling product plays a role in gambling related harm and risk. A meta-analysis of 104 studies of gambling prevalence in the USA found that continuous-play format gambling products were found to be the most frequent risk factor for problem gambling[37]. Those who gamble at at-risk levels tend to participate in betting and gaming activities like online slots, casino, and dog racing more than the National Lottery, which is normalised in society [8]. Participation in multiple gambling activities for long sessions also puts people at increased risk of experiencing gambling related harms [38].

The Gambling Harms review in England also found that Fixed Odds Betting Terminals (FOBT) had an at-risk rate of over 50%, with a study in 2016 finding that half of all problem gambling in the UK was associated with FOBTs, despite them only being played by 3% of the population [39].

People who have gambled and spent money on four or more different gambling activities in the last 12 months were more likely to engage in at-risk or problem gambling (27.8%) than those who gambled on two or three different activities (4.6%) or only one activity (1.6%) [8].

Gambling Harms

Gambling harm is most often hidden. We also know that people are affected by gambling harm even at lower levels of risk, and/or those who wouldn't receive a PGSI diagnosis [40].

Individuals experiencing gambling related harms rarely present to health or social care services with problem gambling as their presenting condition. According to research [52, 53, 54]. A person who gambles at levels that may pose risk are;

- 19.3 times and 9.6 times more likely to die by suicide compared to the general population in younger (20-49 years) and older (50-74 years) age groups, respectively.
- 8.7 times more likely to access homelessness services.
- 8.5 times more likely to be accessing mental health services.
- 5.5 times more likely to have been a hospital inpatient within the last 3 months.
- 4.4 times more likely to be in prison.
- 3.3 times more likely to have lifetime suicide attempts
- 2.7 times more likely to have visited their GP in the last 12 months with a mental health issue.
- 2.7 times more likely to be claiming Jobseeker's Allowance.
- 2.2 times more likely to be alcohol dependent.
- 1.95 times more likely to report illicit drug use [52, 53, 54].

As with any addiction, gambling at at-risk levels changes the brain and rewires synaptic pathways to modify pleasure-seeking behaviour. The onset of an addiction can be very quick, meaning that people can become addicted before anyone, including the gambler themselves, are even aware of it [41].

The recent evidence review carried out by PHE and the Office for Health Improvement & Disparities (OHID) categorised gambling related harms into 6 themes as follows: financial, relationship disruption, conflict or breakdown, mental and physical health, cultural, employment and education and criminal activity [8].

Table 3 below demonstrates the harms to individuals, their family and community, and the economy **[42, 43, 44, 45, 46].**

Theme	Personal	Family & Community	Economy (estimated costs)
Financial	Bankruptcy Debt Housing problems including homelessness	Debt Homelessness	£49 million sent on statutory homelessness applications linked to gambling
Relationships	Isolation	Domestic violence	

	Low levels of societal support	Arguments Relationship strain	
Mental and physical health	Suicide Anxiety Depression Self-neglect Loneliness Poor sleep Guilt and shame loss of self-esteem alcohol and drug use	Anxiety Depression Sleep problems Stress	Cost of lost years of life from suicide associated with gambling is £241.1 million-£961.7 million £1.8 million for treatment of drug use associated with gambling harms £3.5 million from alcohol dependence associated with gambling harms
Cultural	Shame Isolation	Gambling is normalised in society Shame Isolation	
Employment and education	Loss of employment Demotion Withdrawal from education or reduced educational attainment Poor concentration Late for work or absent	Poor work performance experienced by close ones Absenteeism High job turnover withdrawal from education or reduced educational attainment	£77 million unemployment benefit claims associated with gambling
Criminal activity	Theft Fraud Typically, non-violent crimes to fund gambling habit	Victims of theft and fraud	£167.3 million spent to investigate and imprison who committed a crime associated with gambling

Harm extends to those around the individual

Gambling harms not only affect the individual, but also those around them. The Gambling Survey for Great Britain gathers data on gambling from 20,000 members of the public each year, and most recently included the impacts on those close to someone who gambles. 47.9% of adult respondents were close to someone who gambled and as a result had reported either breakdown of relationships, feelings of shame and guilt, stress, and anxiety [8]. Immediate family members and women were most likely to be severely affected by someone else's gambling [8].

PHEs findings on the scale of the issue concluded that 0.5% of our population were gambling at a problem level, with 7% of the UK population negatively affected by gambling [8]. This includes the additional people who experience harm. Overall, this

equates to over 4 million people in England, with 1 in 12 people either directly or indirectly affected by gambling-related harms [8].

6. Local Data

We applied the Gambling Commission's Gambling Survey for Great Britain (GSGB) 2023 data, which estimated the proportion of British population who have gambled in a 4 week period, to Walsall's population: apportioned by Sex and Age group, to estimate the proportion of the borough population who have gamble (including and excluding the National Lottery and online gambling), and the potential prevalence and severity of gambling-related harm using the Problem Gambling Severity Index

Figure 4 shows the estimated gambling prevalence for the adult population in Walsall. The prevalence estimates for gambling in the past 4 weeks exclude the national lottery. However, the PGSI prevalence estimates include all forms of gambling. We are unable to remove national lottery participation. However, the literature review found that although gambling at any level can pose harm, participating solely in the national lottery has a fairly low risk.

Figure 4

Estimated Gambling Prevalence (*Excluding Lottery) Amongst Walsall Resident Population

Sources: The Gambling Commission, Population from Census

Metric		Male	Female	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 plus
Gambling* in past 4 weeks	n	31,418	26,628	8,651	12,783	12,257	10,717	7,688	4,099	2,806
	%	30.3%	23.8%	33.3%	33.7%	34.3%	29.0%	23.7%	16.6%	12.7%
In-person gambling* past 4 weeks	n	19,385	20,343	6,085	8,817	8,139	6,861	5,052	3,039	2,260
	%	18.7%	18.2%	23.4%	23.2%	22.8%	18.6%	15.6%	12.3%	10.2%
Online gambling* past 4 weeks	n	20,036	11,844	5,169	7,749	7,335	6,319	3,694	1,637	675
	%	19.3%	10.6%	19.9%	20.4%	20.5%	17.1%	11.4%	6.6%	3.1%
Moderate risk of gambling problem (PGSI 3-7)	n	5,118	2,776	1,802	2,182	1,576	1,393	731	311	208
	%	4.9%	2.5%	6.9%	5.8%	4.4%	3.8%	2.3%	1.3%	0.9%
Gambling problem (PGSI 8+)	n	3,353	2,024	1,258	1,965	1,151	812	153	193	45
	%	3.2%	1.8%	4.8%	5.2%	3.2%	2.2%	0.5%	0.8%	0.2%

Prevalence of gambling participation in the past four weeks

Walsall is a city located in the Black County region of the West Midlands. It has a population of 225,000 adults and is ranked in the top 10% deprived districts in the country [47] [48].

Excluding the lottery, approx. 58,000 adults in Walsall have participated in gambling in the past 4 weeks – 26% of the adult population.

Prevalence by gender and age

Of the 58,000 adults that have participated in gambling in the past 4 weeks, 30.3% are male and 23.8% are female. The data shows that in Walsall, most age ranges have a higher prevalence than nationally, particularly 18-24s, 45-54 and 64+.

Men are more likely to gamble than women;

- The prevalence of adults identifying as female that have participated in gambling over the past 4 weeks, is 23.8%. Nearly 1 in 4.

- The prevalence of adults identifying as male that have participated in gambling over the past 4 weeks, is 30.3%. 1 in 3.

Remote vs non-remote gambling

In Walsall, adults are still choosing to gamble both in person and online. Out of the 58,000 people who gambled over the past 4 weeks, over two thirds of the people did so in-person. However, 55% of the 58,000 also gambled online over the past 4 weeks, so there is overlap with some people doing both.

Excluding the lottery, approx. 40,000 adults in the borough have gambled in person, in the past 4 weeks. Of these 40,000, the amount of male and females that gamble in person is very similar (approx. 50% each). In the past 4 weeks, approx. 1 in 5 adults in Walsall gambled in person. In Walsall, participation in non-remote gambling is higher than nationally across most age ranges, particularly 45-54year olds.

However, online gambling showed different trends. Approx 32,000 adults in the borough gambled online in the past 4 weeks. This shows that in the past 4 weeks, more adults chose to gamble in person than online. This is different to what we see nationally.

It appears to be younger males that tend to particate in online gambling the most, and this is in line with national data – The prevalence of adult males in Walsall who have gambled in the past 4 weeks online is 19.3% (Nearly 1 in 5), whereas 10.6% females did (Just over 1 in 10).

Females tend use remote gambling premises less than men, and this finding differs from national data too.

Prevalence by ward

Figure 5 and 6 show the gambling prevalence for the adult population of Walsall by ward, excluding the national lottery.

Both figures show that the gambling prevalence varies by ward, in line with deprivation. The adults living in the most deprived neighbourhoods are gambling most.

Its important to note that the evidence from the literature review shows that gambling at any level can pose harms, and nationally the data tells a different story than that of Walsall. Nationally, the profile of people who tend to participate in gambling the most have high educational attainment, higher life satisfaction, better mental health, in employment and live in the least deprived areas [17]. However, gambling at at-risk levels, including suffering from the harms of gambling, are most associated with men aged 18-30 who,

- Are unemployed
- Have lower life satisfaction,

- Have poorer health and wellbeing
- Live in areas of deprivation [17, 18, 19].

In Walsall, the data shows us in the reverse. The prevalence of gambling participation is highest in the adult population in areas of deprivation, and slightly lower in less deprived areas.

This *could* mean, that the inequalities in relation to gambling harm are worse in Walsall than what is seen nationally, as the harms gambling can cause are likely to impact larger quantities of our most deprived communities.

Its also important to note that the prevalence of gambling amongst the different wards has a fairly small range. For example, gambling prevalence is highest in Pleck, where almost 1 in 3 adults are participating in gambling. However, although the gambling prevalence is the lowest in Aldridge Central and South, this only decreases to 1 in 4 adults.

Figure 5

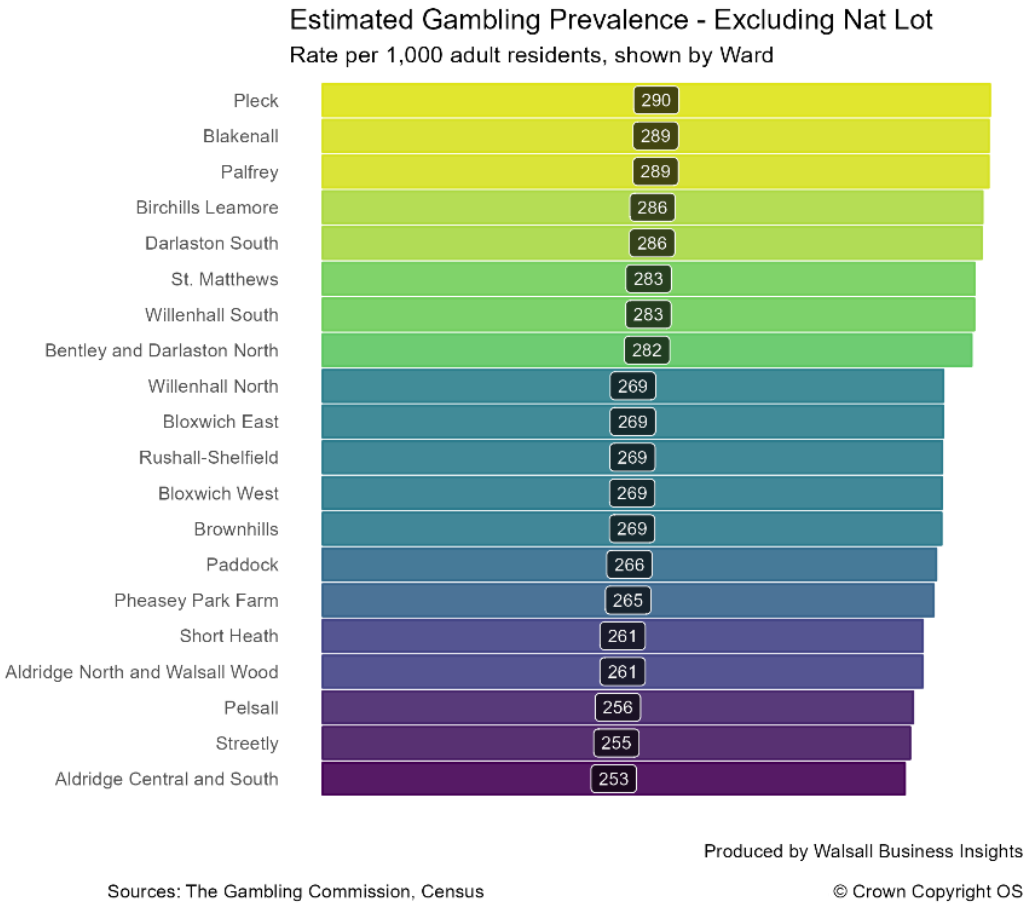


Figure 6

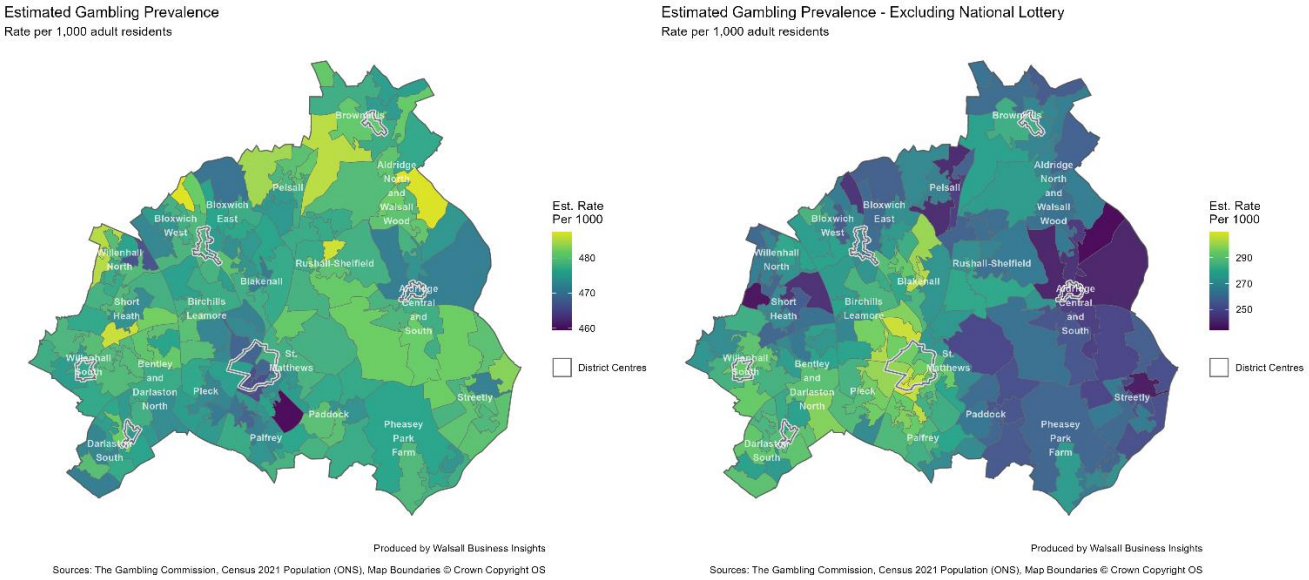


Figure 6 also shows us that excluding the lottery, gambling prevalence tends to be highest near district centres.

Prevalence of at-risk gambling (moderate risk [PGSI 3-7] and high risk [PGSI 8+])

The PGSI prevalence estimates include all forms of gambling. We are unable to remove national lottery participation. However, the literature review found that although gambling at any level can pose harm, participating solely in the national lottery has a fairly low risk.

58,000 adults have gambled in the past 4 weeks. Interestingly, 13,200 adults in Walsall have either a risk of experiencing gambling harm (PGSI 3-7) or are experiencing gambling related harms (PGSI-8+) – This is 23% of the adults who have gambled, and 6% of the overall adult population. However, some estimates show that In our most deprived areas in Walsall, this could be as high as 1 in 10 people (9.9%) [57].

In the literature review, studies showed that on average, 6-10 people in addition to the person gambling at at-risk levels would also suffer from gambling related harms.

If you extrapolate these numbers, this could mean that;

- Based upon 6 people being affected in addition to the individual, that 80,000 individuals (adults and children) in Walsall may be affected by the harms of gambling. Based on the population of Walsall being approx 286,000 people

(adults and children combined), at its lowest estimation, this could be 28% of people in the borough.

- Based upon 10 people being affected in addition to the individual, that 132,000 individuals (adults and children) in Walsall may be affected by the harms of gambling. Based on the population of Walsall being approx 286,000 people (adults and children combined), this could be up to 46% of people in the borough.

Another data source also corroborates these findings. Using data collected in November 2022 as part of the Annual Great Britain Treatment and Support Survey, GambleAware worked with Polimapper to produce maps of Great Britain which show gambling harm prevalence in each local authority area, as well as usage of and reported demand for treatment and support for gambling harms. Their findings show that Walsall has a high problem severity index (PGSI) across all levels of gambling (at risk 1-2, moderate risk 3-7 and high-risk 8+).

Prevalence by gender

Of the 31,318 males in Walsall that have gambled in the past 4 weeks, 27% have a risk of experiencing gambling harms (PGSI 3-7) or are experiencing harms (PGSI-8+).

Of the 26,628 females that have gambled in the past 4 weeks, 18% have a risk of experiencing gambling harms (PGSI 3-7) or are experiencing harms (PGSI-8+).

Prevalence by age

In Walsall, 13,200 adults have a risk of experiencing gambling harms (PGSI 3-7) or are experiencing harms (PGSI-8+) – This is tends to be people between 18 and 44 years of age. Of the 13,200, 8000 of these have a risk of experiencing gambling related harm (PGSI 3-7), and 5200 are experiencing gambling related harm (PGSI-8+).

However, there is a high proportion of younger adults that currently have a risk of experiencing gambling related harms (PGSI 3-7) – 6.9% of 18–24-year-olds. If these individuals continue to gamble at harmful levels, over the years ahead, Walsall could see an even larger proportion of adults experiencing arm (PGSI-8+), including the array of social and economic harms this causes.

Further, 5.2% of adults aged 25-34 are experiencing the harms of gambling– Around 2000 people. A high proportion of these are 18-24 year olds - 1200 people.

Cost of harm

It is estimated that £6.6m is the annual estimated economic cost of gambling harm in Walsall [57].

Mapping of gambling premise

Quantity

In the borough there are 39 commercial gambling premises (i.e 39 unique gambling licenses). However, it should be noted that alcohol license holders can have 2 fruit machines on site. For ease of analysis, only premises where the sole purpose is to gamble have been included.

Table 4 below table lists the types of gambling premises we have in the borough. Betting shops are by far the most abundant gambling type.

Table 4

Type	Quantity
Casino	3
Bingo	4
Adult Gaming (such as slot machines)	7
Betting Shops	25

Commercial Gambling Companies

Figure 7 shows the companies that are present in the borough. Ladbrokes (n=7), Betfred (n=6) and William Hill (n=5) are the most abundant in the borough.

Figure 7

Company	Total
Admiral	2
Adult Gaming Willenhall	1
Betfred	6
BoyleSports	1
Buzz Bingo	1
Coral	3
Crown Slots	2
E-Casino	1
Grosvenor	1
Ladbrokes	7
Lucky Strike	1
Merkur Slots	1
Paddy Power	2
Playland	2
Pot Luck Gaming Centre	1
Stan James	1
Walsall Casino	1
William Hill	5
Grand Total	39

Deprivation

The map below (figure 8) demonstrates where the 39 gambling premises are located. Due to the proliferation in some areas, it was not possible to map each individual premises as they would overlap on a small map. Therefore, the squares represent the presence of each type of gambling premises (i.e Adult gaming, betting, bingo and casino).

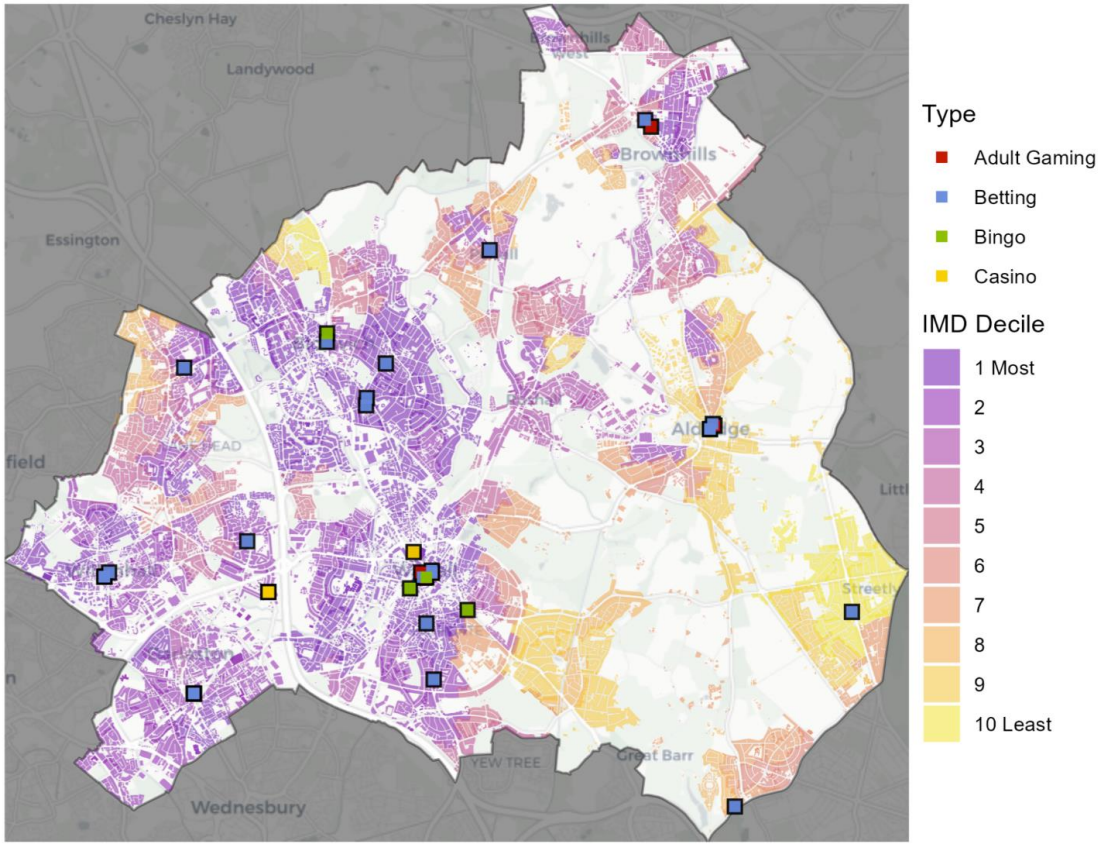
It is abundantly clear that the gambling premises in the borough are in areas of deprivation. From the literature review, we know that that the harms of gambling are most seen in our deprived communities, so it is likely that this will be increasing inequalities.

There also appears to be a cluster of bingo premises in the centre of Walsall.

Figure 8

Gambling Premises in Walsall

Shown by Type of Premises against Indices of Multiple Deprivation (2019)



7. National & Local Support

A whole systems approach is needed to tackle gambling related harms, at a local and national level. Methods of prevention should include;

- Primary prevention - to prevent harm before it happens, such as gambling legislation to limit the number of gambling venues, education.
- Secondary prevention - to identify and reduce the impact of harm once it has occurred, such as increased screening programmes in GP surgeries, mental health services and drug and alcohol services, as well as other front line services such as housing or debt management.
- Tertiary prevention - to reduce harm that has lasting effects, such as government funded treatment clinic

In our most deprived communities, it is estimated that 23.2% of people who have a PGSI score of 1+ would like treatment, support or advice. This increases to over 70% for people who have a score of 8+ [57].

Table 5 outlines the national and local support available to reduce gambling harms. The table also includes the effectiveness of different intervention types, using the findings from Lancets Gambling Report 2024. Although many organisations are funded by the Gambling Commission from funds from the gambling levy, only organisations who receive direct donations from the industry are highlighted below (in orange).

Provider	**Type**	**Effectiveness by intervention type** [51]
Local		
Government	The Gambling Act (2005) intends to prevent gambling harm by regulating and permitting gambling under conditions such as age restrictions and maximum bets. It is currently under review. Legislation / Universal measures could go further to support our residents – i.e taxation, legal age limits, advertising bans, speed and intensity of products, mandatory warning labels, gambling bans	Taxation, legal age limits, advertising bans, speed and intensity of products, gambling bans - Effective Mandatory warning labels – Slightly effective
Gamble Aware	Gamble Aware offers a national helpline and live chat, as well as self-help resources. They also create campaigns. Gamble Aware is a national charity funded 100% by donations from the gambling industry.	Campaigns – In effective Self help / self exclusion - Potentially effective, but mixed evidence due to diversity of interventions

		Helplines - Inconsistent evidence
Gambling software Blockers	Various charities, organisations and some banks are able to enable gambling blockers for individuals. Orgs and charities include - MOSES, Gamban, GamSTOP, TalkBAN STOP	Software blockers - Mostly ineffective but inconsistent evidence
GamCare	GamCare offer a national helpline and live chat, as well as self-help resources consisting of peer support, debt management, and how to use tools such as software blockers and self-exclusion https://www.gamcare.org.uk/self-help/. Self-help strategies such as adhering to limits on spending, gambling frequency and duration can help reduce gambling related harms to some extent and thus provides evidence for lower-risk gambling guidelines. Partly funded by Gamble Aware (Industry)	Limit setting - Mostly ineffective but inconsistent evidence Self help / self exclusion - Potentially effective, but mixed evidence due to diversity of interventions Helplines - Inconsistent evidence Online CBT - Effective (but high rates of attrition)
Bet Know More	UK Charity helping people take back control of their life from gambling, live chat, helplines and self-help information. Home | Betknowmore UK	Limit setting - Mostly ineffective but inconsistent evidence Self help / self exclusion - Potentially effective, but mixed evidence due to diversity of interventions Helplines - Inconsistent evidence Online CBT - Effective (but high rates of attrition)
National Gambling Treatment Service – NHS Clinics	As a result of the push for gambling support independent of the gambling industry, there are currently 7 NHS specialist gambling treatment clinics across England, funded by NHS England as part of their investment into mental health services. NHS England » NHS launches new gambling addiction clinics to meet record demand. Residents across Stoke-on-Trent, Staffordshire, Telford and Wrekin, Shropshire, Birmingham, Solihull, Black	In-person CBT and therapeutic support – potentially effective but treatment is on an individual basis not population level.

	Country, Coventry, Warwickshire, Herefordshire and Worcestershire can self-refer to The West Midlands gambling harms clinic for offers specialist treatment and recovery for gambling related harms https://www.midlandsgamblingclinic.org/. It has been suggested that there may be a role for community nurses to support those at risk of and experiencing gambling harms by the 'Making Every Contact Count' (MECC) approach when interacting with patients. This would involve counselling discussions and signposting identified patients https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cul&AN=176782290&profid=ehost.	
Self help information	Examples – NHS website, citizens advise Help for problems with gambling - NHS (www.nhs.uk) Help & Support - Gambling Harms (midlandsgamblingclinic.org) Self-Guided Resources - GamCare Get help with gambling problems - Citizens Advice	Self help / self exclusion - Potentially effective, but mixed evidence due to diversity of interventions
Gordon Moody	The Gordon Moody Association runs Gambling Therapy, an online support website for urgent help https://www.gamblingtherapy.org/, as well as free residential treatment, counselling, retreats, and advice https://gordonmoody.org.uk/treatment-options/. 100% industry funded	Self help / self exclusion - Potentially effective, but mixed evidence due to diversity of interventions Helplines - Inconsistent evidence Online CBT - Effective (but high rates of attrition) In-person CBT and therapeutic support – potentially effective but treatment is on an individual basis not population level. Also not primary prevention.
Gambling Anonymous	Gamblers Anonymous offers in person support groups across the UK	Mutual support groups - Small effect

	https://gamblersanonymous.org.uk/about-us/. As with Alcoholics Anonymous, these meetings mirror the 12-step approach to recovery for people experiencing gambling harms. Support is also provided for friends and family affected by someone else's gambling behaviour through Gam-Anon https://gamblersanonymous.org.uk/about-us/gam-anon/.	
Red Card	Red card is an organisation that aims to inform people about gambling and its associated harms through a range of services such as workshops and courses Red Card Gambling Consultancy - Gambling Support.	Educational interventions - potentially effective, but depends on implementation
Gambling with Lives	Help and support for people bereaved by suicide as a result of a gambling addiction. Provide practical and emotional support, advocacy, access to specialist therapeutic support and events to bring people together.	Mutual support groups - Slightlyl effective Educational interventions - potentially effective, but depends on implementation In-person CBT and therapeutic support – potentially effective
Epic Restart	Led by people with lived experience, Epic Restart recognised a huge gap in the practical support available to people recovering from gambling addiction. Many people struggle to establish or sustain a positive recovery after treatment - poor mental health, depression and anxiety as well as debt, isolation, stigma and lack of confidence all contribute to high rates of relapse. Epic Restart offer programmes of support to people in recovery.	Unsure – Cannot find evaluations of intervention to support people post gambling harms and recovery
Local		
Aquarius	There is also local support in the West Midlands region (including Walsall) through partnership with Aquarius Adult Gambling Support Service | Have a Gambling Problem? (aquarius.org.uk). Aquarius offers 1-to-1 and group support session that provides support, information, and advice to anyone aged 16 and over, including those indirectly experiencing gambling related harms like friends, family and partners Adult Gambling Support Service | Have a Gambling Problem? (aquarius.org.uk).	In-person CBT and therapeutic support – potentially effective Educational interventions - potentially effective, but depends on implementation Brief interventions training –

		Small effect (particularly with an educational element). Better evidence for Motivational Interviewing Self help / self exclusion - Potentially effective, but mixed evidence due to diversity of interventions
National Gambling Treatment Service – NHS Clinics	Stoke on trent Clinic See above for details.	
Planning & Licensing	Committee members can decide whether to grant, refuse or add conditions (where necessary and proportionate) to a licence application. Committee members should make their decisions in line with the licensing objectives and consider their local statement of principles and local area profile.	Caps on number of venues - Effective if reductions are sufficient to reduce consumption Reduce opening hours - Potentially effective, but evidence base limited Removing access to cash near venues - Potentially effective where ATMs are removed, and when note acceptors are removed from machines Situating venues away from at-risk populations – effective Smoking bans and alcohol restrictions at gambling locations - Effective

Trading Standards	Local authority trading standards officers can work with partners to undertake test purchase checks for age of sale etc.	Unknown

Support for friends and family affected by gambling harms

- Chapter One
- GamFam
- GamAnon
- Survivors of Bereavement by Suicide
- CRUSE Bereavement Care
- Winston's Wish
- The Compassionate Friends
- Mind

8. Recommendations

1. Council to initiate a partnership group with local stakeholders to provide more comprehensive prevention and support for gambling harms in Walsall – joint vision and focus. Needs to be cross cutting with – tobacco, drugs and alcohol, and mental health.

2. Enhance local data collection to support understanding the prevalence and scale of harm locally:
    a. Work with the Crisis and Debt team at Walsall Council
    b. Work with the Housing Support Grant Team at Walsall Council
    c. Work with Walsall Council commissioned Mental Health Services and projects
    d. Analyse/Evaluate the local suicide audit to understand the number of debt related deaths
    e. On the basis that we know people participate in gambling in person at a higher rate than nationally, conducting an observational study in the borough to spot trends in non-remote gambling premise usage.
    f. Ask local services to collect data on gambling or conduct screening

3. Work with a variety of key local stakeholders to identify, signpost and train people in motivational interviewing, very brief advice and 'Making Every Contact Count'

4. Consider what more Walsall Council can do from a planning and licensing perspective to reduce gambling related harms in the borough - Licensing committee tip sheet: Gambling licensing | Local Government Association. Consider understanding the cumulative impact of the potential harms caused by gambling on a local community and what risks this might pose to the licensing objectives.

5. Ensure Trading Standards are working with partners to undertake test purchase checks

6. Consider running a Public Health gambling communications campaigns in 2025.

7. Consider conducting a consultation with the public to understand if they would like the Council to do more to prevent gambling relating harms.

8. Share the harms of gambling along with the support available to key stakeholders. Based upon the findings in this report, create;
    a. An up-to-date summary of the national and local support available to residents and share with internal Council teams and wider stakeholders.

b. Create a 1-2 page summary of this document which highlights key findings, to share with Council team and wider stakeholders.

As a result of this Health Needs Assessment and recommendations, this report will be taken to the Health & Wellbeing board.

9. Conclusion

Gambling products and premises are designed to be addictive, and as confirmed by this report, their presence is often in areas of deprivation.

The recent evidence review carried out by PHE and the Office for Health Improvement & Disparities (OHID) categorised gambling related harms into 6 themes as follows: financial, relationship disruption, conflict or breakdown, mental and physical health, cultural, employment and education and criminal activity [8]. These harms extend to 6 – 10 people, in addition to the person who is gambling at at-risk levels. Based on the population of Walsall being approx 286,000 people (adults and children combined), this could mean that up to 46% of people in the borough are suffering from the harms of gambling.

Nationally, the profile of people who tend to participate in gambling the most have high educational attainment, higher life satisfaction, better mental health, in employment and live in the least deprived areas [17]. However, gambling at at-risk levels, including suffering from the harms of gambling, are most associated with men aged 18-30 who,

- Are unemployed
- Have lower life satisfaction,
- Have poorer health and wellbeing
- Live in areas of deprivation [17, 18, 19].

In Walsall, the data shows us the reverse - the prevalence of gambling participation is highest in the adult population in areas most deprived, and slightly lower in less deprived areas. This means that inequalities and harms are exacerbated and worse in Walsall than nationally.

In Walsall, adults are gambling both in person and online. Most age ranges in Walsall have a higher gambling prevalence than nationally, particularly 18-24s, 45-54 and 64+.

45–54-year-olds gambling more in person than we are seeing nationally. This demonstrates the role that the local authority can play in reducing gambling related harms.

Of the 31,318 males in Walsall that have gambled in the past 4 weeks, 27% have either a risk of experiencing gambling related harms (PGSI 3-7) or are experiencing gambling harms (PGSI-8+).

There is a high proportion of younger adults that are at risk of experiencing gambling related harms (PGSI 3-7) – 6.9% of 18–24-year-olds. If these individuals continue to gamble at harmful levels, over the years ahead, Walsall could see an even larger proportion of adults suffering with gambling harms (PGSI-8+), including the array of social and economic harms this causes. Ages 45-54years old also has a higher prevalence of gambling than nationally, if we don’t work to reduce this, we may find gambling harms increase into later life.

Individuals experiencing gambling related harms rarely present to health or social care services with problem gambling as their presenting condition. These figures are likely to be under-estimated.

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Appendix

1. Appendices 1- Literature Review Method

A literature review of published and grey literature was undertaken to ascertain the:

- Predictors of gambling participation and at-risk gambling
- Impacts to adults that are gambling at at-risk levels

The database CINAHL Ultimate (EBSCO platform) was searched on the 10th of September 2024 for the following keywords:

- (MH "Gambling")
- (MH "Public Health+")
- ("at-risk gambling" OR "problem gambling") OR AB ("at-risk gambling" OR "problem gambling")
- (MH "Patient Safety+")
- (at-risk OR problem OR prevention OR harm) OR AB (at-risk OR problem OR prevention OR harm)
- (MM "Gambling")
- (MH "Risk Factors+")
- (MM "Risk Factors")
- (MH "Health Behavior+")

The search results were narrowed by English language, and studies in the UK were prioritised.