

Gambling in East Sussex

Introduction:

This document aims to describe the prevalence of general and problem gambling in East Sussex, explore the impact of gambling harms, and present evidence-based interventions which could be deployed in response.

Summary:

- An estimated 4% of the 16+ East Sussex population may be ‘at-risk’ gamblers
- A lower proportion of those aged 16+ in the South East (0.2%) are estimated to be ‘problem gamblers’ compared to nationally (0.5%)
- Nationally, gambling harm is most strongly associated with men, those with poor psychological health, those who experience higher levels of deprivation, unemployment, and with alcohol consumption.
- The estimated economic burden of harms from gambling is £1.27 billion
- In East Sussex more investigation is needed to better understand the local prevalence of all forms of gambling, what opportunities there might be to prevent or reduce gambling harm, and how best to make use of local assets such as the local gambling risk map and initiatives like the Lewes Football Club partnership with Gambling with Lives.

What is gambling?

Gambling is the act of staking something of value on an uncertain outcome. The Health Survey for England (2018) categorises gambling activities in the following way:¹

Lotteries and related products	<ul style="list-style-type: none"> ○ National lottery draws ○ Scratchcards ○ Other lotteries
Machines/	<ul style="list-style-type: none"> ○ Football pools

games	<ul style="list-style-type: none"> ○ Bingo (not online) ○ Slot machines ○ Machines in a bookmakers ○ Casino table games (not online) ○ Poker played in pubs or clubs ○ Online gambling on slots, casino or bingo games
Betting activities	<ul style="list-style-type: none"> ○ Online betting with a bookmaker ○ Betting exchange ○ Horse races (not online) ○ Dog races (not online) ○ Sports events (not online) ○ Other events (not online) ○ Spread betting ○ Private betting
Other gambling activity	<ul style="list-style-type: none"> ○ Any other gambling

Other activities fall into a definitional grey area between gambling and gaming. These activities are targeted particularly at young people, and research shows they are associated with problem gambling and gambling-related harms. These include buying ‘loot boxes’ (often chests or crates with unknown contents) and participating in ‘skins betting’ (purchasing and betting virtual items) in online games.²

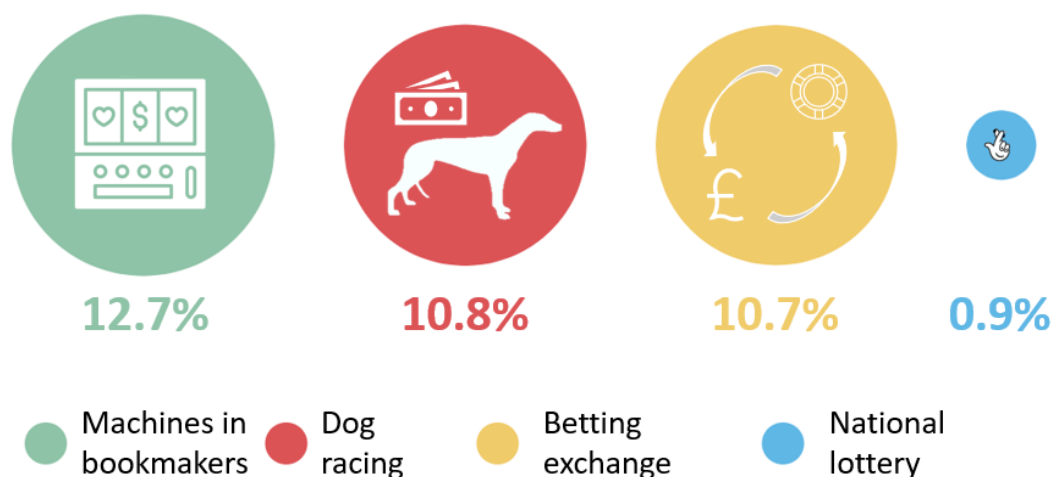
National and local context

What is the prevalence of gambling?

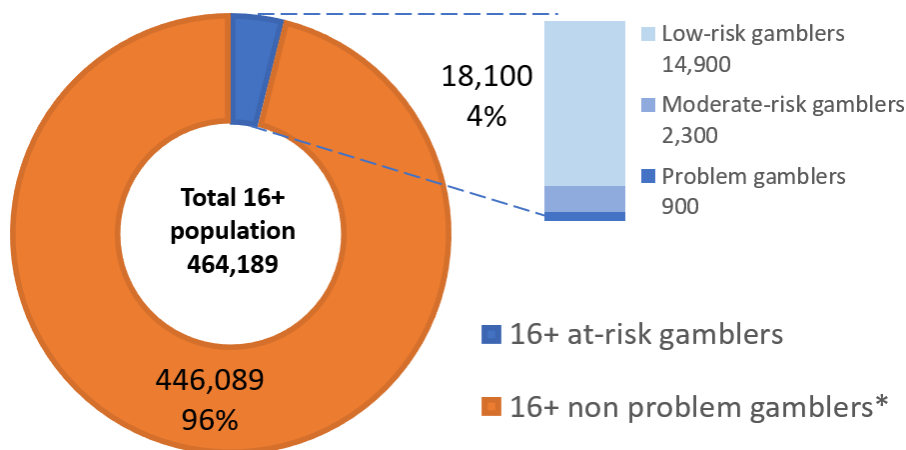
According to the Health Survey for England (HSE) 2018, 54% of the adult population nationally had participated in general gambling in the previous 12 months.³ The Gambling Commission, the regulator, operates an annual telephone survey to understand gambling prevalence. This survey captures participation in gambling activity in the past four weeks and found a rate of 43% gambling participation amongst the sample surveyed in December 2021.⁴ Gambling prevalence has fluctuated over time: between 2012 and 2018, National Lottery participation reduced but online gambling increased.⁵

The HSE and Gambling Commission annual survey both assess rates of problem gambling (namely gambling which causes disruption or harm) and routinely find that most people who gamble do not meet the criteria for being at risk. The HSE showed that, in the South East in 2018, 3.2% of those aged 16 or over were low-risk gamblers, 0.5% were moderate-risk, and 0.2% were considered problem gamblers.^{6,7} This compares to a prevalence of 0.5% problem gamblers across the country.^{8,9}

Nationally, harmful gambling manifests differently to general gambling, involving low participation in the National Lottery and high participation in online gambling; casino and bingo games; electronic gambling machines in bookmakers; sports and other event betting; betting exchanges; and dog racing.¹⁰ The HSE shows the proportion of people engaged in different types of gambling (classified according to DSM-IV or PGSI):¹¹



Data describing the prevalence of general, risky, and harmful gambling in East Sussex is not available. However, prevalence statistics for the South East provide a basis to estimate the burden of these issues in East Sussex. A crude estimate of at-risk gambling in East Sussex can be provided by applying these prevalence estimates to the 16+ population in the county:



* 'non problem gamblers' include those not deemed to be at risk from gambling harm and those who never gamble

It is also reasonable to assume that problem gamblers are likely to be over-represented in their participation in certain activities locally, based on national evidence.

What are the impacts of gambling?

Gambling directly affects individuals who gamble, their families, and communities. The main impacts are on:¹²

- Finances (strong evidence associating gambling with bankruptcy, debt, and housing problems)
- Relationships (low/moderate evidence associating gambling with shame and isolation)
- Mental and physical health (strong evidence of higher all-cause mortality in people with gambling disorder, higher rates of suicide, co-occurring substance misuse)
- Employment or education (low to moderate evidence of loss of employment and difficulties at school linked to gambling or being close to someone who gambles)
- Criminal and anti-social behaviour (low to moderate evidence that gambling is associated with theft, selling drugs, and fraud)
- Indirect harms (approximately 7% of Great Britain's population is affected by someone else's gambling, more commonly women)

Gambling also affects society on a macro level. The estimated economic burden of harms from gambling is £1.27 billion (as of 2019/20), half of which is a direct cost to government.

What are the risk factors for gambling?

Public Health England (PHE) conducted a review of systematic reviews and meta-analyses of possible risk factors for general and harmful gambling.¹³ The review found no sufficiently strong evidence about risk factors for gambling among the adult or all-age population. Due to a recent, large, high-quality study about children and young people, however, it did identify with a high degree of confidence that mental health problems (specifically depression), gender (male), substance use, and impulsivity are risk factors for harmful gambling in children and young people.

A scoping review by Geofutures, a spatial data analysis consultancy, used emerging evidence to identify sub-populations particularly vulnerable to gambling harms, such as those who are homeless, immigrant, and prisoner populations, as well as people with a learning disability.¹⁴

What are the inequalities in gambling and gambling harm?

Nationally, there are higher rates of gambling behaviour at all risk levels amongst men, and there is an association with alcohol consumption. At-risk gambling behaviours are more prevalent in those with poor psychological health despite higher reported rates of overall gambling participation in those with good psychological health.¹⁵ A similar pattern is observed with deprivation: gambling is less common, but more harmful, in those who are unemployed and those living in more deprived areas.

What is the political and industrial context?

The gambling industry is changing. While some customers enjoy gambling responsibly as a pastime, the industry's business model is still one which profits directly from the personal loss of its consumers, and its best customers are often the most vulnerable. Its reach, however, is now greater than ever¹⁶. Advertising for gambling has grown since the Gambling Act was introduced,¹⁷ and is increasingly targeted at children.¹⁸ The industry benefits from minimising the harm it causes akin to Big Alcohol and Big Tobacco.¹⁹

The government has recently conducted a review of the 2005 Gambling Act and is due to

publish a White Paper.²⁰ It is anticipated to address calls for tighter regulation of gambling advertising²¹, and for the introduction of an industry levy.²² There is, however, evidence that many UK MPs have links to the gambling industry.^{23,24} which have the potential to create conflicts of interest.

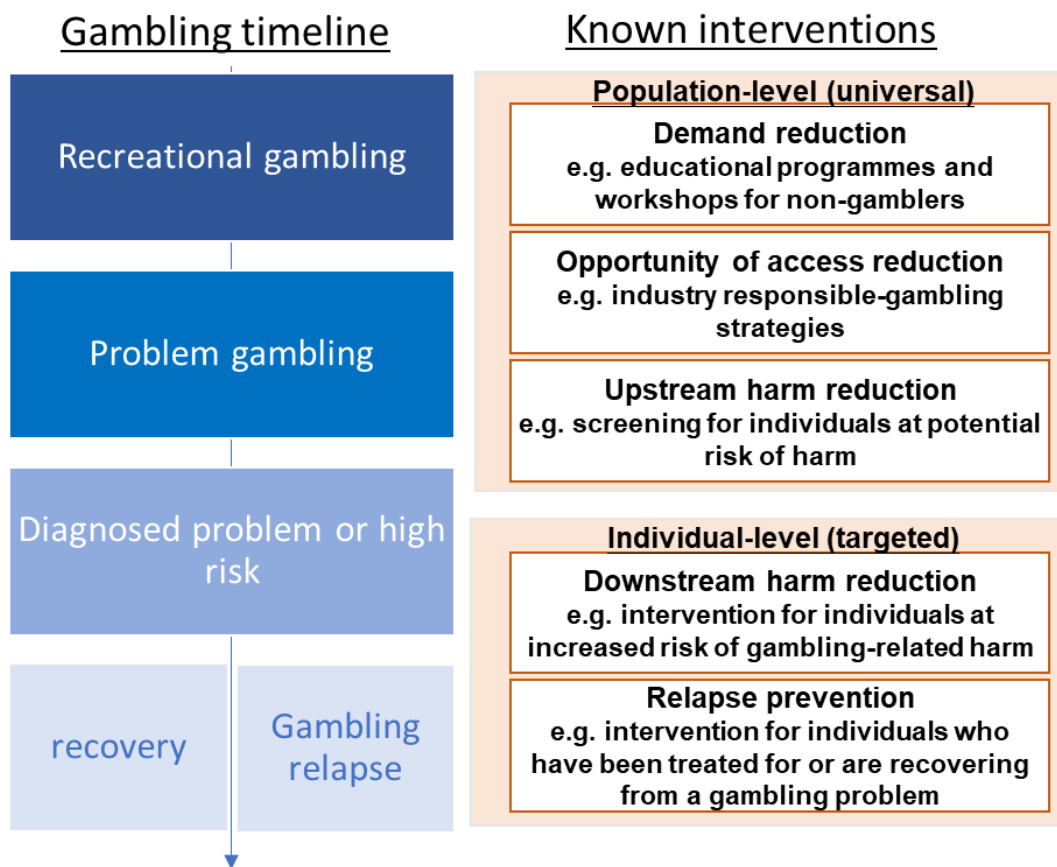
How are gambling services used?

The National Gambling Treatment Service reported that 7,726 people in England were treated by a gambling service in 2020/21.²⁵ Seventy percent of clients were male, and the most common age bands were 25-29 and 30-34 (accounting for 39% of clients when combined).

What can be done about gambling?

The Gambling Commission's national strategy to reduce gambling harms identifies a need for additional research in all areas of harm minimisation: impacts of gambling, patterns of play, changes in gambling behaviour over time, effective interventions, effective preventative programmes, and effective treatments.²⁶ Nonetheless, there are a series of interventions which have either been directly evaluated or which operate on an evidence-based model.

Interventions to reduce the public health burden of gambling-related harms [adapted from Blank *et al.* 2020]²⁷



Universal interventions

Demand-reduction

1. School-based education interventions

Blank *et al.* reviewed three reviews of school-based programmes and found good evidence that such interventions improve the gambling-related knowledge and attitudes of recipients, but little evidence of the translation of this knowledge into altered behaviour.²⁸ Oh *et al.* similarly found limited evidence that education programmes which increase knowledge by sharing information on risk factors effectively reduce gambling behaviour.²⁹

Schools are now required to address gambling and its harms during PSHE, at all key stages.³⁰ GambleAware has produced a series of resources for use in education settings.^{31,32} GambleAware also partnered with charity FastForward to create a toolkit

about youth gambling and problem gambling for use by teachers, youth workers and other practitioners.^{33,34}

2. Community-based education interventions

Making every contact count (MECC) - research carried out in Leeds found low awareness of the issue of problem gambling amongst council staff and partners, and as a result has begun a training programme for those in contact with service users.³⁵

- GamCare offer a range of paid-for training sessions which Councils can access.³⁶
- Additionally, GambleAware has commissioned The Royal Society for Public Health to develop free e-learning to support all those working with members of the public to better understand and respond to gambling-related harms.³⁷

There is good evidence that MECC is effective and cost-effective in reducing use of tobacco and alcohol,³⁸ and there may be parallel opportunities for gambling.

Brief advice - GambleAware has produced a brief intervention guide for front-line professionals without specific expertise in or responsibility for gambling treatment. There is an evidence base for the effectiveness of brief intervention in principle and, furthermore, emerging evidence for its application to problem gambling.³⁹

Harm reduction

Screening

Citizens Advice - GambleAware ran a pilot with Citizens Advice Bureau to deliver the Gambling Support Service. The project included increasing awareness of harms and support available in frontline practitioners including Citizens Advice advisers; raising awareness in the community; and offering support to clients including screening, advice and referrals. An evaluation by Kantar Public found that the intervention led to increased knowledge of gambling harms and available support, but did not focus on behavioural outcomes.⁴⁰

Supply reduction

Structural levers

Responsibility for regulating non-remote gambling⁴¹ licensing in two-tier systems commonly sits with lower-tier authorities.⁴² There are several ways in which licensing authorities can shape the physical gambling landscape and the impact of such businesses on residents.

- Licensing authorities are required to develop local principles (a 'statement of policy'), issue licences and monitor compliance with licence terms. The Local Government Association states that authorities carry out these duties with a view to preventing harm, in line with the Gambling Act.⁴³ Authorities can create local area profiles to identify risk (at-risk populations, a high density of gambling businesses, or other area characteristics such as crime) and use their statements of policy to describe what is expected of gambling businesses to achieve the licensing objectives around limiting harm. Local authorities should receive business' risk assessments for new premises/variations to existing licenses, but can also request copies of other risk assessments which are not required to be shared.
- Licensing authorities are also responsible for ensuring that gambling operators meet the conditions set out in the Gambling Commission's licensing conditions and codes of practice (LCCP), namely providing information about responsible gambling such as time/money limits; having policies around supporting customers displaying signs of problem gambling; having a layout conducive to supervision; having procedures to prevent individuals who wish to self-exclude from further gambling. 'Licensing authorities can work proactively with local businesses to support them with their obligations in this area or to encourage them to adopt best-in-class measures, for example by making this a requirement through the statement of policy or specific premises licensing conditions.'⁴⁴ Authorities can also use their enforcement function to review practices linked to preventing harms, such as staff training information or records describing self-exclusions. Authorities can also encourage local gambling business to apply for certification with GamCare of Safer Gambling Standard (an assurance programme recognising good practice).^{45,46}
- Planning and licensing frameworks do not provide clear mechanisms for planning applications for gambling premises to be refused, and the Gambling Act includes a

statutory aim to permit licensing. However, some authorities have been able to refuse applications in areas which could be proven to be high risk for gambling harm. Westminster used evidence from local area profiles and from residents to refuse an application in an area with multiple established gambling premises. Local areas looking to refuse planning permission applications made by gambling organisations would need to include robust evidence in their Local Plan. Newham had a Local Plan approved which included an innovative ‘cumulative impact policy’ which places restrictions on the number of gambling and takeaway premises, ensuring they are separated geographically and do not, in total, account for more than 33% of leisure uses.⁴⁷

The Gambling Commission has resources available to licensing authorities to support them to reduce harms.⁴⁸

Targeted interventions

Harm reduction

1. Treatment

Blank *et al.* examined twelve reviews of therapeutic interventions for gamblers including CBT, brief intervention, motivational interviewing, online therapies, and self-help and mutual support. They found evidence of short-term positive outcomes but little evidence about long-term effects or comparative evidence identifying the most effective treatment.

Treatment services are available for different populations and needs, primarily provided by GambleAware, and reaching only an estimated 4% of those in need:⁴⁹

- National Gambling Helpline (run by GamCare)
- Commissioned services
 - Gamcare (online individual and group support sessions, based on CBT and motivational interviewing; online forum and chatroom; individual face-to-face counselling) [service-users are referred to second-tier services from earlier interventions - this is not a direct touchpoint for the local authority]
 - Gordon Moody Association (residential treatment services; international online support and advice service for problem gamblers via Gambling Therapy website)

- VCS services (Citizens Advice Bureau, Gamblers Anonymous, Gam-Anon, Betknowmore UK, Samaritans)

Additionally, there are seven specialist NHS gambling clinics in the UK (the nearest to East Sussex being London and Southampton, with the Southampton clinic yet to open as of August 2022),⁵⁰ including the National Problem Gambling Clinic (psychiatric treatment for harmful gamblers 16+ with complex needs)

Blank *et al.* found a gap in the evidence base for ongoing engagement following treatment to prevent relapse.⁵¹

2. Screening

Homelessness and gambling - research by the University of Lincoln and NatCen into the link between gambling and homelessness resulted in development of three tools: an information sheet for practitioners, a screening tool to screen homeless service users for gambling problems which could be addressed through additional support (the Lincoln Homelessness and Gambling Scale, L-HAGS), and a resource sheet to provide information those at risk of gambling issues. The tools were tested with the relevant populations but require validation on a larger scale.⁵² The outcome of using these tools has not yet been evaluated.

Criminal justice system - based on international evidence of higher rates of problem gambling amongst arrestees, staff in the criminal justice system in Cheshire were trained to use the Lie/Bet screening tool to identify those at risk of problem gambling and enable referral to appropriate services. Police in Cheshire also began to screen for gambling issues at the point of arrest, to complement parallel screening for drug and alcohol issues. Gambling issues were identified in 13% of those arrested. This figure is lower than the 17-32% prevalence identified in international evidence, and the authors do not explore whether the discrepancy in findings is attributable to the effectiveness of the tool or other factors. Around 30% of those identified opted into an intervention, but the implications of this finding for the effectiveness of the programme are not explored. The authors acknowledge the need for further validation of the use of Lie/Bet to identify pathological gambling in these settings.⁵³

What are local areas doing?

Leeds has a comparatively advanced programme to reduce gambling harms. In addition to conducting research to understand prevalence (see section 9.a.i.2), the council has established a Problem Gambling Project Group and has delivered: anti-gambling communications and awareness-raising campaigns; staff development and training; lobbying for additional support for people who gamble, stretching from brief advice to complex needs, and linking support to other addiction services; and supporting the council's licensing team (Gambling related harm: the Leeds approach).

Southend Borough Council has a strategy to reduce harmful behaviours, among which gambling is included.⁵⁴

Wigan has provided support to council staff to help support those experiencing or affected by problem gambling (Wigan Council, 2019).

East Sussex, along with several other local authorities including Westminster, Manchester, Warrington, Shropshire, Brighton and Hove, and Barking and Dagenham, has created local risk maps using national and local data to identify hotspots for gambling harms.⁵⁵ Many local areas have used Geofutures. These have been used to inform local area profiles for licensing.

What is East Sussex doing?

East Sussex County Council (ESCC) has facilitated training for school staff from the Young Gamers and Gamblers Education Trust (YGAM) about resilience in online gambling and gaming. The Public Health team has also created a local risk map (see section 11). ESCC Public Health have previously been asked to comment on Lower Tier Local Authorities' statements of policy.

There are various treatment and support options in East Sussex, including counselling from GamCare partner Breakeven in Eastbourne and Hastings, and Gamblers Anonymous in Eastbourne.

East Sussex also has an unusual asset: Lewes Football Club. The club has partnered with Gambling with Lives, a charity created by families who have lost a loved one to gambling-

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related suicide, to set up an education programme aimed at young people. The programme will be delivered first to the club's youth team and local community members, and later to local schools, colleges, and universities.⁵⁶ The club also refuses sponsorship from gambling businesses, and the men's first team sport Gambling with Lives' logo on their shirts to communicate the club's stance on the excess of gambling advertising in football.

Conclusions and recommendations

The evidence reviewed suggests that there is opportunity to reduce gambling-related harm in East Sussex, with recommended next steps to include:

- Continuing to investigate outstanding questions, such as:
 - What is the local prevalence of general gambling, at-risk gambling, and problem gambling?
 - What else is happening in East Sussex to prevent gambling or reduce harms?
 - What do we know about usage and effectiveness of any local services?
- Appraising the evidence-based options available to tackle gambling harm in East Sussex
- Exploring development of a local intervention in collaboration with Lewes FC

1 [Health Survey for England 2018: Supplementary analysis on gambling - NHS Digital](#)

2 [Gambling - YGAM for Students](#)

3 [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

4 [Gambling behaviour in 2021: Findings from the quarterly telephone survey - Gambling Commission](#)

5 [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

6 [Health Survey for England 2018 \[NS\] - NHS Digital](#)

7 The HSE measures problem gambling using two screening tools: the DSM-IV and the Problem Gambling Severity Index.

8 [HSE18-Adult-Health-Related-Behaviours-rep-v3.pdf \(digital.nhs.uk\)](#)

9 DSM-IV only

10 [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

11 [Health Survey for England 2018: Supplementary analysis on gambling - NHS Digital](#)

12 [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

13 [PHE document \(publishing.service.gov.uk\)](#)

14 [\(PDF\) Exploring area-based vulnerability to gambling-related harm: Developing the gambling-related harm risk index \(researchgate.net\)](#)

15 [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

16 [ADPH Protecting the public from being harmed or exploited by gambling and the gambling industry - ADPH](#)

- 17 [Tackling gambling related harm a whole council approach \(local.gov.uk\)](#)
- 18 [ADPH Protecting the public from being harmed or exploited by gambling and the gambling industry - ADPH](#)
- 19 [ADPH Protecting the public from being harmed or exploited by gambling and the gambling industry - ADPH](#)
- 20 [Gambling-related harm - House of Commons Library \(parliament.uk\)](#)
- 21 <https://commonslibrary.parliament.uk/research-briefings/cdp-2022-0071/#:~:text=The%20Government%27s%20Review%20of%20the,are%20considering%20the%20evidence%20carefully.>
- 22 [Statutory Gambling Levy - House of Commons Library \(parliament.uk\)](#)
- 23 [Almost £225,000 in wages and freebies taken from gambling industry by 28 MPs | Gambling | The Guardian](#)
- 24 [Protecting the public from being harmed or exploited by gambling and the gambling industry - FPH](#)
- 25 [FINAL_GA_Annual_stats_report_2020-21_English.pdf \(begambleaware.org\)](#)
- 26 [National Strategy to Reduce Gambling Harms - Gambling Commission](#)
- 27 [Interventions to reduce the public health burden of gambling-related harms: a mapping review \(thelancet.com\)](#)
- 28 [Interventions to reduce the public health burden of gambling-related harms: a mapping review \(thelancet.com\)](#)
- 29 [A review of educational-based gambling prevention programs for adolescents - PMC \(nih.gov\)](#)
- 30 [How to address gambling through PSHE education - 2019.pdf \(begambleaware.org\)](#)
- 31 [Education and youth | BeGambleAware](#)
- 32 [PowerPoint Presentation \(demos.co.uk\)](#)
- 33 [The Gambling Education Toolkit - now available online for free - Fast Forward](#)
- 34 [Fast-Forward-Gambling-Education-Toolkit-latest-version.pdf \(healthyschoolscp.org.uk\)](#)
- 35 [Problem-Gambling-Report.pdf \(leeds.gov.uk\)](#)
- 36 [Awareness and Training - GamCare](#)
- 37 [RSPH | Understanding and responding to gambling harms](#)
- 38 [MECC Consensus statement \(publishing.service.gov.uk\)](#)
- 39 [Brief Intervention Guide.pdf \(begambleaware.org\)](#)
- 40 [GambleAware publishes Evaluation of Gambling Support Service for England & Wales | BeGambleAware](#)
- 41 **Non-remote gambling takes place in physical premises**
- 42 [Tackling gambling related harm a whole council approach \(local.gov.uk\)](#)
- 43 [Tackling gambling related harm a whole council approach \(local.gov.uk\)](#)
- 44 [Tackling gambling related harm a whole council approach \(local.gov.uk\)](#)
- 45 [For Gambling Businesses - GamCare](#)
- 46 [Safer Gambling Week | Safer Gambling Standard \(safergamblinguk.org\)](#)
- 47 [Newham Licensing Policy](#)
- 48 [Authorities - Gambling Commission](#)
- 49 [Tackling gambling related harm a whole council approach \(local.gov.uk\)](#)
- 50 [NHS England » NHS launches new gambling addiction clinics to meet record demand](#)
- 51 [Interventions to reduce the public health burden of gambling-related harms: a mapping review - The Lancet Public Health](#)
- 52 [Gambling and Homelessness: Developing an information sheet, screening tool and resource sheet \(begambleaware.org\)](#)

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- 53 [HOWARD-LEAGUE-WINNER-CRIMINAL-JUSTICE-BROCHURE.pdf
\(d1ygf46rsya1tb.cloudfront.net\)](#)
 - 54 [Tackling Harmful Behaviours Strategy \(southend.gov.uk\)](#)
 - 55 [Tackling gambling related harm a whole council approach \(local.gov.uk\)](#)
 - 56 [Lewes FC and Gambling with Lives launch gambling education programme - Lewes Community Football Club](#)