

# **Review of Gambling**

## **Adult Social Care and Health Select Committee**

**Final Report**

**October 2018**

Adult Social Care and Health Select Committee  
Stockton-on-Tees Borough Council  
Municipal Buildings  
Church Road  
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Councillor Lauriane Povey (Vice Chair)

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## **Acknowledgements**

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## **Foreword**

We are pleased to introduce the latest report of the Adult Social Care and Health Select Committee. During this review Members have focussed on the issue of gambling, and in particular gambling-related harm. This was in recognition of the need to develop the local evidence base on this subject.

There is increasing awareness of the role of gambling-related harm across the country. Within the period of the review there has been a significant national debate surrounding the role of advertising, as well as the regulation of Fixed Odds Betting Terminals.

We received evidence from a wide range of local and national organisations, including feedback from residents and young people in the Borough. We would like to thank everyone who contributed to our work.

It is recognised that further research will be needed at the national level to fully understand the impact of gambling related-harm. However it is clear from our work that problem and at-risk gambling will be having a substantial effect on some people living in the Borough and their wider relationships.

As a Council we must engage with partners to mitigate such harms and promote a safer approach to gambling. Our report highlights the importance of this emerging issue and we look forward to see how this work progresses.

**Councillor Lisa Grainge**  
**Chair**

**Councillor Lauriane Povey**  
**Vice Chair**

## Original Brief

### **What are the main issues and overall aim of this review?**

The aim of the review is to conduct an investigation into the scale and effect of gambling in Stockton-on-Tees. National data shows that 47% of adults participated in at least one form of gambling in past 4 weeks - 31% when National Lottery is excluded – and 16% participated in ‘at least one form of online gambling in past 4 weeks’ (2016 data). In 2016, around 1 in 6 children under 16 participated in a gambling activity in the last week – this has been consistent since 2012.

Not all gambling leads to harm, but problem gambling is potentially of great harm to individuals and families, and survey data from 2012 suggests that the prevalence of problem gambling is 0.6%.

Premises with a gambling license are highly visible in some high street/shopping locations. There is particular concern at the national level surrounding the use of Fixed Odds Betting Terminals (FOBTs).

The Council has limited data on the scope of local gambling activity, aside from the location of licensed premises. Significant gambling activity now takes place online, outside of the environment and control of licensable premises.

The review will consider the availability of information on local gambling activity, the types of activity, the licensing regime, and the relationships with local economic activity, health and wellbeing, and community safety. This could include problem gambling, risk factors, and the services/initiatives in place to provide support.

(All data from Gambling Commission)

### **The Committee will undertake the following key lines of enquiry:**

A high level summary of potential lines of enquiry includes:

- a) what are the types of gambling activity?
- b) what is the licensing regime including SBC’s responsibilities?
- c) how many licensed premises are in Stockton Borough? Can online activity be measured in a meaningful way?
- d) what is Government policy in this area?
- e) what information exists surrounding levels of gambling related harm and impacts on health and wellbeing (including mental and physical health, financial wellbeing, crime and disorder)?
- f) what preventative and treatment initiatives are in place in relation to gambling related harm?
- g) what are the views and perceptions of local residents (including young people) in relation to gambling, and associated risks?
- h) what are the views of local licensed operators?

## Executive Summary

- 1.1 This report presents the outcomes of the Adult Social Care and Health Select Committee's review of Gambling.
- 1.2. By March 2017, in terms of Gross Gambling Yield (GGY - ie. money gambled minus winnings and prizes paid out) the total national market size was c. £14billion. Online or 'remote' gambling is now a significant element of the market and continues to grow, with its share making up £4.9bn.
- 1.3 This review was instigated in order to assess how gambling and gambling-related harms affect the residents of Stockton-on-Tees. A wide range of national and local organisations have provided evidence and guidance to inform the Committee's work.
- 1.4 The Committee has found that gambling is a significant leisure activity that approximately half the population undertakes in some form, and increasingly through online methods. The Council is responsible for regulating some forms of gambling in partnership with the Gambling Commission.
- 1.5 For most people gambling remains at a relatively low level, however for a number of people 'at-risk' and 'problem gambling' is causing serious harm to the individual affected and their family and community relationships. The issue of gambling-related harm is a relatively hidden issue, and certain groups are more vulnerable to harm.
- 1.6 For Stockton it is estimated there are a likely to be a minimum of c. 1000-1200 people aged 16+ who are problem gamblers, with a further 5600-6100 classed as being at-risk. There is mounting national concern in relation to gambling prevalence, the links to gaming, advertising, and the impact on young people.
- 1.7 There are treatment options available (funded by voluntary contributions from the industry via Gamble Aware) but these are limited and the probability is that they do not provide for everyone affected by harm. A number of local authorities have begun to develop preventative approaches in their local areas, and a similar approach is proposed for Stockton-on-Tees. There are gaps in awareness and referral pathways in the local area, and a number of actions are proposed to address this. The Committee's recommendations are aimed at developing an effective but proportionate response to an issue of growing national concern.
- 1.8 The Committee recommends that:
  - 1) **The information gathered as part of the review be noted and the Authority continues to develop the local evidence base.**
  - 2) **The Council should maintain an overview of pilot schemes in relation to preventing gambling related harm and other opportunities for learning from other Boroughs and national organisations.**

- 3) **A Local Area Profile should be produced to identify areas of greater or specific risks of gambling-related harm within the Borough.**
  
- 4) **a) Awareness of gambling-related harms, and available treatment and support organisations, be promoted within the Council, Clinical Commissioning Group and partner organisations. This should include training of frontline staff where appropriate.**  
  
**b) Relevant Council and partner services providing services for those at particular risk of gambling-related harm should undertake screening of clients for problem and at-risk gambling where appropriate;**
  
- 5) **a) The Council and relevant local partners including the CCG should further develop the relationships with local and national problem gambling treatment providers;**  
  
**b) As part of this work, consideration should be given to developing referral pathways where appropriate.**
  
- 6) **The Council should further consider the impact of gambling-related harms as part of suicide prevention programmes.**
  
- 7) **The Council should, by maximising existing mechanisms and resources, undertake promotional activity to promote safe gambling and reduce harm amongst the local community, ensuring this work engages with groups most vulnerable to harm as identified during this review.**
  
- 8) **Issues relating to gambling are addressed through risk and resilience work amongst children and young people.**



## Introduction

- 2.1 This report presents the outcomes of the Adult Social Care and Health Select Committee's review of Gambling.
- 2.2 Gambling refers to 'wagering something of value on an uncertain outcome in the hope of gain...it always involves a degree of risk taking' (Scottish Public Health Network 2016). It covers the following activities: playing a game for a chance of a prize, betting, and lotteries.
- 2.3 Gambling may take place through a variety of methods including:
- Arcades (for adults and for families)
  - Betting (online, at an event or in a high street bookmakers)
  - Bingo (online or in a bingo hall)
  - Casino (online or in a casino)
  - Lotteries (including raffles, tombolas, sweepstakes)
  - Gaming machines (including fruit machines, fixed odds betting terminals).
- 2.4 By March 2017, in terms of Gross Gambling Yield (GGY - ie. money gambled minus winnings and prizes paid out) the total market size was c. £14billion. Online or 'remote' gambling is a significant element of the market and continues to grow; the online share of the market now makes up £4.9bn.
- 2.5 This review was instigated in order to assess how gambling and gambling-related harms may affect the residents of Stockton-on-Tees.
- 2.6 The review has been supported and informed by the Public Health and Licensing Teams throughout.
- 2.7 A range of stakeholders have contributed to meetings including: Gambling Commission, GamCare, Edinburgh-based charity Fast Forward, Leeds City Council, local colleges, Stockton District Advice and Information Service, NECA, and the Council's Welfare Support service.
- 2.8 The issues were discussed at the Stockton Youth Assembly, and the Public Health team undertook mapping work amongst organisations working with young people.
- 2.9 A survey was distributed amongst local service providers including housing providers, GP Practices, CGL Substance misuse, and Adult Services.
- 2.10 An LGA conference on Problem Gambling was attended, and the Grosvenor Casino at Chandler's Wharf was visited by Committee Members to understand their approach to responsible gambling. Submissions have been sought from national trade associations, with responses received from the Remote Gambling Association and Association of British Bookmakers (ABB).

## Background

3.1 The Gambling Commission's national participation survey 2017<sup>1</sup> found the following:

- 45% of adults aged 16+ have participated in gambling in the past four weeks (3% decrease from 2016)
- National Lottery draws are the most popular activity but participation is declining (3% decrease from 2016)
- 31% of gamblers have only gambled on National Lottery in the past four weeks
- 48% of men have gambled
- 41% of women have gambled
- Participation in premise based gambling has decreased across most activities
- Online participation has increased across most activities
- 18% of adults have gambled online
- Playing on machines in a bookmakers has remained stable
- Football is the most popular betting activity
- 33% of gamblers gamble once a week

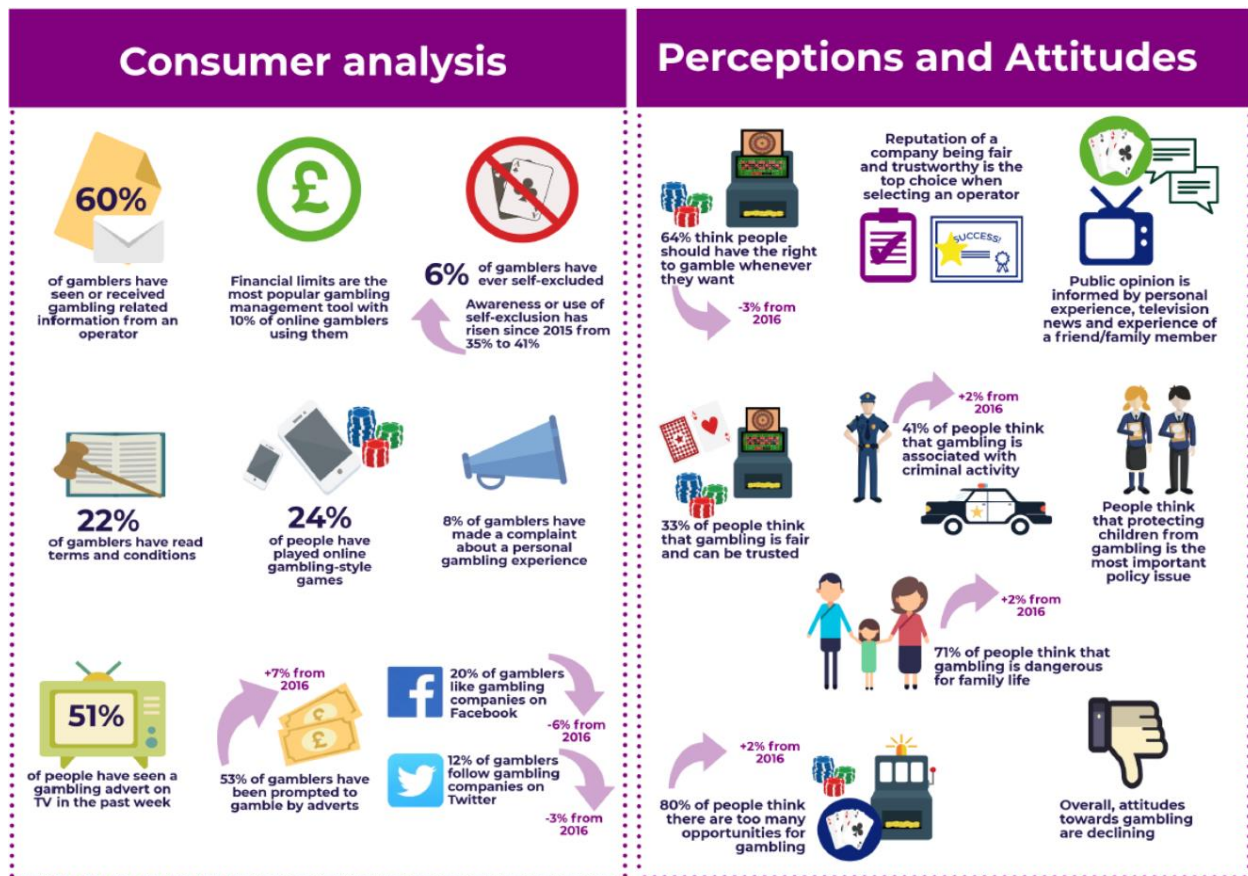
3.2 Online gambling is a growing element of the market and within this:

- 50% laptops remain the most popular device for online gambling
- Use of mobile phones and tablets has increased to 51% up 8% from 2016
- 97% of online gamblers play at home. Those aged under 35 are more likely to gamble outside of the home.
- 22% of online gamblers aged 18-24 gamble at work
- The average number of online accounts is 4
- 1 in 4 online gamblers have bet in-play ('in the last 4 weeks')
- 6% of respondents had bet on eSports – ie. the competitive playing of video games (in the last 12 months).

3.3 Gambling is therefore a popular activity in Great Britain, played by many people. Attitudes to gambling are however quite nuanced. There is an awareness of the role of advertising, and measures such as self-exclusion. There is also a level of concern regarding the impact and number of opportunities for gambling, including the effects on family life and children.

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<sup>1</sup> Gambling participation in the year to December 2017, using data collected via a quarterly telephone survey. Surveys are conducted with people in Great Britain aged 16+. These questions ask respondents about their gambling participation in the past four weeks.



(‘Gambling participation in 2017: behaviour, awareness and attitudes Annual report’. Gambling Commission, February 2018)

3.4 The Gambling Act 2005 sets the framework for gambling in Great Britain. The Act consolidated previous legislation and developed a framework for three types of gambling: gaming, betting, and lotteries. The legislation liberalised previous regulation and brought gambling further into the mainstream of leisure activity. It should be noted that the Gambling Act does not govern spread betting which is covered by section 22 of the Financial Services and Markets Act 2000).

3.5 The Department of Digital, Culture, Media & Sport is responsible for setting national policy on gambling. It works with other national bodies to provide the regulatory and governance framework for gambling.

3.6 This takes a ‘tripartite’ structure:

- The **Gambling Commission** regulates commercial gambling in partnership with licensing authorities, and this includes the issuing of guidance. The Commission leads on the regulation of the National Lottery.
- The **Responsible Gambling Strategy Board (RGSB)** provides independent advice to the Commission on Research Education and Treatment (RET), including the development of the Responsible Gambling Strategy and setting research priorities.

- **Gambleaware** is a charity responsible for commissioning research, education and treatment to minimize gambling related harm, and the raising funds to do this from industry through voluntary contributions. Its budget is c£10m.

3.7 The RGSB's National Responsible Gambling Strategy 2016-19 includes the following Priority Actions:

1. Understanding and measuring harm
2. Engagement with relevant public sector bodies and other agencies
3. Considering a culture of evaluation
4. Increased understanding of product characteristics and environment
5. Improving methods of identifying harmful play
6. Piloting interventions
7. Self-exclusion
8. Education to prevent gambling-related harm
9. Building the quality and capacity of treatment
10. Widening and strengthening the research field and improving knowledge
11. Horizon scanning
12. Public engagement

3.8 A key aspect of Action 2 relates to increasing awareness of gambling-related harm as a public health issue. The aim is to encourage a wider range of public and other organisations to accept their responsibilities for working in partnership to reduce this type of harm.

3.9 The Gambling Commission's Strategy 2018-21 contains the Strategic Priorities 'Protect the interests of the public' and 'Prevent harm to consumers and the public'. In February 2018 the Commission published an updated briefing paper for local authorities setting out why gambling harm should be considered a public health issue: <https://www.gamblingcommission.gov.uk/PDF/Gambling-related-harm-as-a-public-health-issue.pdf> The Committee's review is in line with its recommendations.

3.10 A key issue before and during the period of the review was the national Review of Gaming Machines and Social Responsibility. This recognised the changes in this growing market since the 2005 Act and considered whether enough social responsibility measures were in place to protect the public (<https://www.gov.uk/government/consultations/consultation-on-proposals-for-changes-to-gaming-machines-and-social-responsibility-measures>).

3.11 The national review considered policy around maximum stakes on B2 or 'Fixed Odds Betting Terminals' (FOBTs). The Government consulted on proposals in 2017 and the Government has agreed to implement a maximum stake of £2 (down from £100).

3.12 An implementation date for the changes to B2 stakes has not yet been set. The DCMS informed the Local Government Association (LGA) Problem Gambling conference in July 2018 that the target date for implementation remained by the end of 2018. There are c.33,000 FOBTs in Great Britain and the GGY from these was £1.8bn in 2017.

3.13 In addition the Gambling Commission has been asked to discuss with the industry player protection measures on B1 and B3 category machines (eg. spend and time limits). The review also recognised the need for further research, particularly around what treatment works, and wider issues around advertising.

- 3.14 The Gambling Commission informed the Committee that it recognises the issue of extensive gambling advertising and work was underway to tackle the worst offenders. However the regulatory powers in this regard rest primarily with other regulators including Ofcom and the Advertising Standards Agency. Aside from bingo and sports advertising, there is a voluntary agreement to prevent gambling advertising before 9pm on television.
- 3.15 In its February 2018 Report – ‘Gambling, children and young people – a case for action’ – the RGSB outlines its concerns that advertising is increasing the normalisation of gambling within children and young people, and the lack of restrictions is leading to an ‘uncontrolled social experiment’.
- 3.16 As a result of the DCMS review, GambleAware has been commissioned to undertake a major promotional campaign focussing on safe gambling in later 2018.

## Findings

### Licensing and Regulation

- 4.1 All gambling activity is illegal unless permitted by law. The Gambling Act 2005 was intended to:
- update the existing Law regulating gambling and gaming
  - impose a simplified structure
  - ensure, via the licensing objectives, that gambling does not become a social problem.
- 4.2 The Act established the Licensing Objectives as follows:
- a) preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime,
  - b) ensuring that gambling is conducted in a fair and open way, and
  - c) protecting children and other vulnerable persons from being harmed or exploited by gambling.
- 4.3 Gambling regulation is a partnership between the Gambling Commission and Local Licensing Authorities. The Gambling Commission states that the overall approach to regulation should be based on using the precautionary principle when necessary– rather than acting ‘after something has happened’.
- 4.4 The Gambling Commission is responsible for regulating gambling as specified by the Act, licensing online gambling, and issuing Operating Licenses to businesses, and Personal Licenses to individuals. Operating Licenses are required before a business can operate.
- 4.5 Sanctions for operators failing in their duties could include the removal of operating licenses and potential criminal sanctions, as well as the business and reputational impacts that would follow. Operating licenses have previously been removed by the Commission in some cases.
- 4.6 The Council as a Licensing Authority is responsible for licensing non-remote gambling in the area. This is undertaken by issuing a mix of premises license and permits as appropriate. Powers are summarised here: <https://www.local.gov.uk/gambling-regulation-councillor-handbook-england-and-wales>
- 4.7 It must prepare a Statement of Principles that will apply when exercising its functions under the Act. This Statement must be reviewed and re-published by January 2019. The new version has been approved for consultation by the Licensing Committee and can be found here:  
<http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab14.pl?operation=SUBMIT&meet=5&cmte=SLC&grpId=public&arc=71>
- 4.8 The main changes include updated information on the population of the Borough and national prevalence data, and an extract from Health on the High Street. This identified betting shops as one of several types of premises that may have detrimental effect on wellbeing.

4.9 The licensing regime is generally permissive ie. licensing authorities are bound by a statutory aim to permit applications so long as applications are in accordance with: the Gambling Commission’s Codes of Practice, guidance to local authorities, the relevant Authority’s Statement of Principles, and the three licensing objectives. Other factors to consider include:

- premises with an alcohol license have an automatic right to install two or less gaming machines, subject to notifying the Local Authority
- betting shops are permitted to install up to four FOBTs on their premises.

4.10 Within this context the Gambling Commission did remind Members that Licensing Authority powers do include the ability in certain circumstances to:

- refuse an application for a premises licence
- attach conditions to a premises licence
- review a premises licence and attach conditions
- revoke a premises licence.

4.11 Authorities have the power to continue to interrogate applicants for information and conditions, and refuse to grant an application until they are satisfied. Such actions can be informed by the Statement, feedback from inspections, feedback from other agencies. Recent LGA Guidance encourages Licensing Authorities to take a proactive approach within the scope of their powers: <https://www.local.gov.uk/tackling-gambling-related-harm-whole-council-approach>

4.12 At the local level, licensed gambling premises / betting shops are visited on an annual basis using a standard proforma. This covers issues such as whether GamCare promotional materials are adequately displayed in view of customers. In general, no major issues are identified and very few complaints are received from other parties. The number of licenses and permits issues by Stockton Council is as follows:

Type of licence/permit	Active licences or permits at 03/09/18
Casino	1
Bingo	3
Betting Shop	32
Adult Gaming Centre (2 of these apply to Mecca Bingo-Stockton)	8
Family Entertainment Centre	0
Small Lottery	92
2 or less gaming machines (automatic entitlement for pubs)	85
3 or more gaming machines permit (for pubs)	23
3 or less gaming machines permit (for clubs)	21

4.13 Since the beginning of the review the number of Betting Shops has reduced by two. This is unusual for the Borough but reflects the national picture and may be the start of further changes in the local market. The Association of British Bookmakers (ABB) reported that



nationally, the total number of betting shops is in continual decline; as of March 2018 there were 8532 shops with 300 closing in the previous year.



Example of Adult Gaming Centre, Bingo, and Betting shop - Stockton High Street



Example of Adult Gaming Centre – Stockton High Street

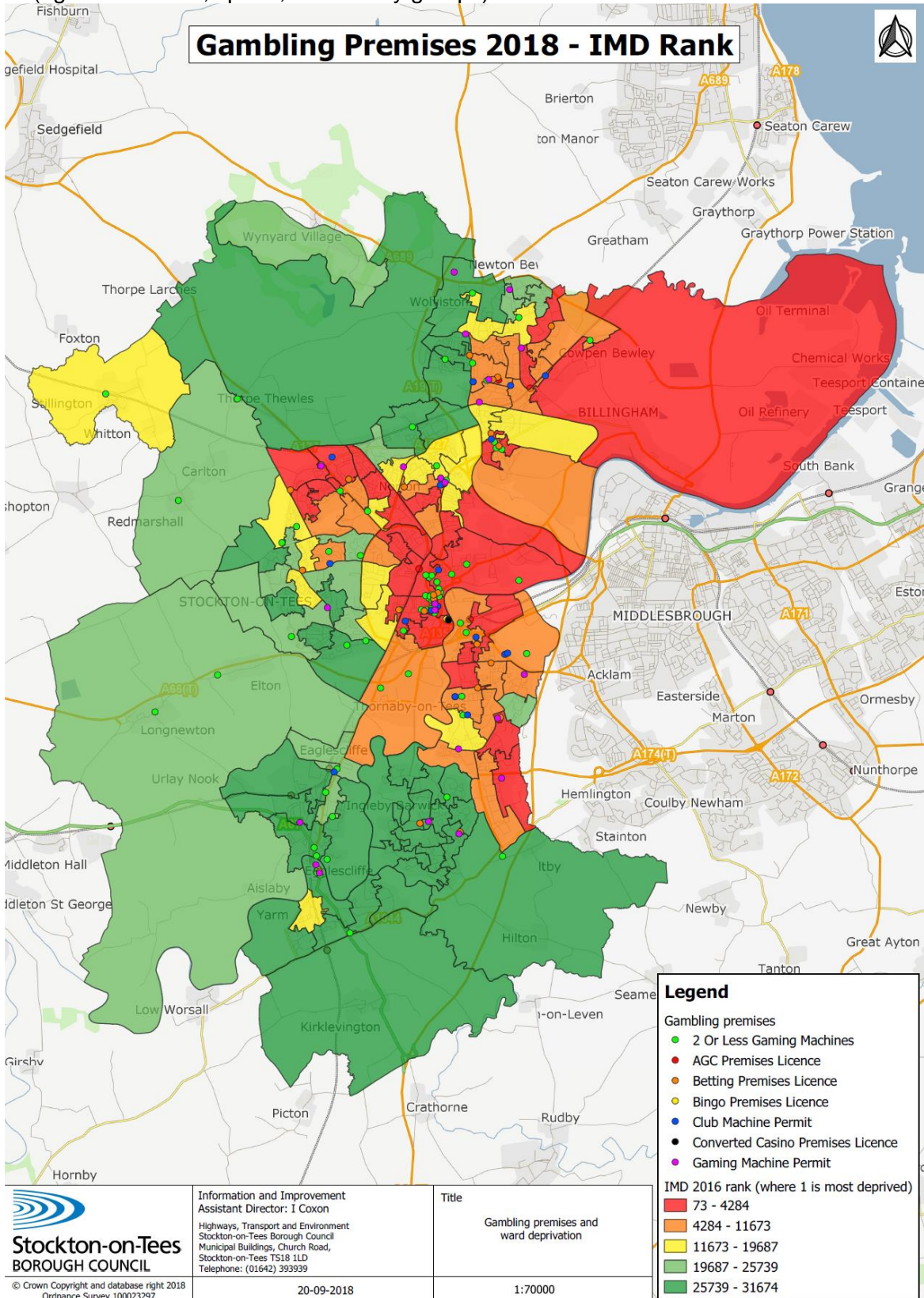


Example of Betting Shop– Durham Road / Darlington Lane

4.14 To inform the review premises licenses and permits have been mapped across the Borough. The following map shows the location of licenses and permits, mapped against



deprivation. Nb. these maps do not show the location of the various small society lotteries (eg. local church, sports, community groups).



- 4.15 Additional maps, including ward boundaries can be found at Appendix 1. As noted above, premises based gambling is now only one part of the market, with mobile phone coverage now meaning the opportunity to gamble at any time is available to most sections of the population.
- 4.16 Local licensing authorities are encouraged by the Commission and LGA to develop Local Area Profiles. These are designed to enable the authority to identify where there are greater or specific risks of gambling related harm within a given area (this could be due to the location of vulnerable people, other types of businesses, or the characteristics of an area). The intention is that Profiles should inform both the work of the Authority and provide information to licensed premises/applicants to inform their own local risk assessments. Examples have been gathered as part of the review:
- Warrington - <https://www.warrington.gov.uk/downloads/file/10861/gambling-local-area-profile-project>
- Southwark - <http://moderngov.southwark.gov.uk/documents/s69103/Appendix%20B%20Local%20area%20profiles%20for%20Southwark.pdf>
- Brighton and Hove - <https://www.brighton-hove.gov.uk/content/business-and-trade/licensing-and-gambling>
- 4.17 Stockton does not currently have a Local Area Profile in place, and this is an identified area for development. As the Gambling Commission notes in its Guidance, 'there is no mandatory requirement to have a local area profile, but there are a number of benefits:
- it enables licensing authorities to better serve their local community, by better reflecting the community and the risks within it
  - greater clarity for operators as to the relevant factors in licensing authority decision making, will lead to improved premises licence applications, with the operator already incorporating controls and measures to mitigate risk in their application
  - it enables licensing authorities to make robust but fair decisions, based on a clear, published set of factors and risks, which are therefore less susceptible to challenge
  - it encourages a proactive approach to risk that is likely to result in reduced compliance and enforcement action.'
- 4.18 The Committee noted the role of planning policy in shaping the location of gambling premises. Members were made aware of the development of local planning policies in the London Borough of Newham to address the cumulative impact of betting shops (and other 'non-quality leisure uses'). This set a limit of three betting shops within a 400m radius and seeks to achieve a benchmark of 67% of leisure uses in a town centre being made up of 'quality leisure'. This approach had been approved by the Planning Inspector after the policy had been developed using a range of evidence including public opinion survey data.
- 4.19 Whilst recognising the high number of betting shops already in place in Newham, since the introduction of the policy in 2016 no new betting shop applications had been made to the Council. However it should also be noted that following a national 2015 change in the use class, any attempt to convert an existing premises into a betting shop would require full

planning permission (unless its last known use was as a betting shop). This also increases the measure of control available to local authorities and may have had an impact on the number of applications both in Newham and elsewhere.

- 4.20 Stockton-on-Tees Council is undertaking the process of developing its emerging Local Plan and this was recently the subject of a Local Plan examination in public. Consideration has been given as to how uses including betting shops could be referenced within it.
- 4.21 The emerging Plan will seek to direct 'Town Centre uses', including betting shops, to Town Centre locations as these are best suited to deal with the issues that can be presented by this type of development. Policies also seek to prevent an over-concentration of uses that are detrimental to Town Centre areas. 'Over-concentration' has not been defined and therefore could potentially include a betting shop cluster - however each case would be determined on its merits. The Inspector sought to remove a proposal to specifically limit betting shops in the main frontage of Stockton Town Centre due to lack of evidence.
- 4.22 The Council has undertaken a number of surveys of centres across the Borough as part of its evidence base, which advise on the broad mix of uses in town centres. This evidence did not identify that there was a significant cluster or over-concentration of bookmakers which would constitute a problem at any location within the Borough. Officers have noted that bookmakers are generally spread across the Borough and shopping parades do not contain more than three bookmakers. The Planning Team is also not aware of any significant public opposition to betting offices through Local Plan consultations or Planning Decisions.
- 4.23 In addition it is important to note that the number of betting shops in the Borough has recently reduced, and national projections indicate this trend will continue (eg. due to issues such as the Fixed Odds Betting Terminal regulations and changes to the market).
- 4.24 Given the above, a restrictive planning policy approach based purely on the social impacts of this issue has not been sought through the Local Plan. However, should further evidence emerge over the Plan period, officers will consider reviewing and researching this position as part of the next cycle of the Local Plan.

#### Employment in the Borough / economic contribution

- 4.25 In order to achieve a fuller picture of the impact of gambling in the Borough, information has been gathered in relation to the number of jobs and economic activity generated by the sector. An informed estimate from Economic Growth and Development Services would indicate:
- a) business rate information indicates that (as a minimum) bingo halls, casino, and betting shops pay £481k to the Council in business rates with the majority of this from Mecca and Grosvenor
  - b) using assumptions around the number of staff that a betting shop, bingo halls and casinos would support, this would indicate around 250 Full Time Equivalent members of staff working in local premises
  - c) the "Standard Industrial Classification" of "Gambling and Betting Activities" indicates an employment estimate of 375 individuals (nb. not FTEs) in Stockton-On-Tees from the Business Register and Employment survey

- d) median annual salaries for all staff (part time and full time) in this sector are around £13k and therefore this would assume an economic impact from wages of around £4.88 million.

### 'Responsible' or 'Safer' Gambling

- 4.26 As part of the requirement to comply with the Gambling Commission's social responsibility code of practice, operators must have in place policies to promote socially responsible gambling and reduce the risk of, and identify, problem gambling. This includes:
- provision of information on gambling responsibly to players
  - ensure staff interact with customers where there are signs of problem gambling
  - consideration given to the appropriate layout of premises
  - self-exclusion schemes must be in place so those who wish to are prevented from participating in gambling.
- 4.27 Self-exclusion schemes are now required to be in place across multiple-operators who offer the same type of gambling (for example, the SENSE scheme for all casinos). The development of these has been led by the trade associations. The Remote Gambling Association (RGA) noted that the online exclusion scheme is GamStop; not all operators were currently signed up to this, but due to the change to the licensing conditions, this should be in place for all by the end of the year.
- 4.28 The effectiveness of self-exclusion schemes (and the implementation of a single scheme across all sectors as a whole) can be limited by the lack of a common personal ID system. A problem gambler may self-exclude from the online sector but may then bet in person or vice versa. The Commission highlights that the issue of anonymised gambling is a concern and recommended that any high value games played in person should always be linked to an account.
- 4.29 Voluntary responsibility schemes building on these requirements may also be in place by individual operators. The Association of British Bookmakers (ABB) has such a policy in place and this can be found at: <http://www.abb.uk.com/responsible-gambling/code-of-conduct/>. The ABB scheme includes:
- the development of the multi-operator self exclusion scheme, rolled out in 2016. ABB reported that c.38,500 people registered to self-exclude in the first year. Of these 83% found that the scheme has been effective in reducing or stopping their gambling activity
  - responsible gambling measures on gaming machines are unique to bookmakers, including responsible gambling messages, spend and time limit setting and mandatory alerts.
- 4.30 The ABB responded to the review and their submission can be found attached at Appendix 2.
- 4.31 The Committee visited the locally based Grosvenor Casino as part of the review to understand examples of measures taken by the casino sector. The Casino is situated next to Mecca Bingo on Stockton Riverside and is open 24 hours a day. In addition to the gaming machine area and gaming floor for roulette tables etc, there is an upstairs poker



room. All casinos now operated a fully open door policy whereby customers no longer need to be registered members to play. The casino does however request that regular customers join as members. Following changes to legislation in 2003, alcohol was allowed onto the gaming floor in casinos.



Mecce Bingo and Grosvenor Casino – Stockton Riverside

- 4.32 Grosvenor operates a challenge 25 scheme, and a number of structured interventions by staff members were described. The self-exclusion scheme for the Casino is the SENSE scheme used by all casinos in the UK. The casino may ask people to self exclude, and if this was not followed, an enforced ban may be applied. It was noted that the casino had not undertaken ‘many’ enforced exclusions, but there were a number of self-enforced bans in place for local customers.
- 4.33 Nationally the Gambling Commission’s view was that operators should be urged to do more to ensure fair and safe play. Fines had been issued to national operators where there had been failings in relation to their social responsibilities, including how well the operators had known their customers and questioning the origin of money spent in their operations. Recent social responsibility cases led to fines of: Gala Interactive £2.3m, Stan James £80k, 888 £7.8m, BGO £300k, Hills £6.2m, and SkyBet £1m.
- 4.34 The Committee noted that GambleAware preferred to use the term ‘safe’ or ‘safer gambling’, as they argue that Responsible Gambling’ implies that full responsibility for related harms lies with the individual and does not take into account other factors outside of their control.

#### Crime and disorder

- 4.35 There are two main themes in relation to this: whether crime and disorder is in some way linked to gambling operations, and whether those who commit crime and disorder are affected by gambling.
- 4.36 Police recorded crimes for Stockton-on-Tees for April 2017 to March 2018 would indicate there were less than 50 crimes where the location was given as a bookmaker or casino and this is relatively few in comparison. The majority are thefts and damage rather than violence, and the most serious offences are robberies to the business. Further analysis is difficult due to the information given only referring to the location of the incident.

- 4.37 In relation to the impact on offenders, using learning from elsewhere, Members noted how a pilot scheme took place in Cheshire which screened 760 individuals within the criminal justice system. This indicated that 13% of those arrested were at some risk of a gambling problem (13 times higher than the general population), and there was a lack of awareness of gambling as an issue amongst criminal justice agencies.
- 4.38 During the review the issue of gambling was referred to the Police and Crime Commissioner for Cleveland. It was subsequently reported that the new Cleveland Divert Programme is being introduced to divert individuals from the criminal justice system by addressing the causes of their offending. The programme will begin in January 2019 and initially focus on those who have entered the justice system due to shoplifting. An assessment process is being designed and will include reference to debt and gambling. Appropriate pathways of support are being developed for when needs are identified.
- 4.39 Some local authorities have established Betwatch schemes although there is no similar scheme in the Borough. These have a wider focus than problem gambling and cover anti-social behaviour linked to licensed premises.

#### The numbers of people gambling and gambling-related harm

- 4.40 Harmful gambling is described as any type of repetitive gambling that disrupts or damages personal, family or recreational pursuits. This is an umbrella term but in its most extreme form a person may be diagnosed with a gambling addiction.
- 4.41 The latest national report on the issue defines harms in the widest sense, affecting individuals and the wider community.<sup>2</sup> They can be categorised into: Resources (Work and employment; Money and debt; Crime), Relationships (Partners, families and friends; Community), and Health (Physical health; Psychological distress; Mental health).
- 4.42 Taking a public health approach recognises the variety of harms that this definition encompasses including:
- a) potential co-morbidities eg. anxiety & depression, substance misuse
  - b) medical consequences eg. insomnia, CVD, stomach problems
  - c) social consequences eg. relationships, neglect, bankruptcy
  - d) burden on public purse eg. health, welfare, housing, criminal justice
- 4.43 In relation to co-morbidities, the Health Survey for England 2012 found that:
- for male gamblers, alcohol consumption is heavier in those classified as problem or at-risk gamblers than those classified as non-problem or non-at-risk gamblers.
  - problem gamblers are more likely to be smokers and they are also more likely to be heavy smokers
  - for self-reported anxiety and/or depression; 47% of problem gamblers said they are moderately or severely anxious or depressed versus 20% of non-problem or non-gamblers.

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<sup>2</sup> <https://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf>

- for diagnosed disorders, 11% of problem gamblers have a diagnosed mental health disorder versus 5% of non-problem or non-gamblers.

4.44 There is a lack of clarity on the rate of causes of death in suicide where gambling is listed as a factor. However studies suggest that 49% of people with a gambling disorder have suicidal thoughts. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness indicated that 4% (4) of 20-24 years olds who died by suicide in 2014 and 2015 had recent financial problems including gambling. The national treatment provider Gamcare considers that this patient group has a high rate of suicidality.

4.45 The Gambling with Lives charity has been recently set up and campaigns on raising awareness following a number of cases where they believe gambling was the determining factor in suicides in young males. The charity challenges the notion of co-morbidities and risk factors, and focusses on the nature of the 'addictive product' which they state can affect a person from any background. The charity states that gambling addicts are 2-3 times more likely to attempt suicide than other types of addict.<sup>3</sup>

4.46 Research is limited in this area however it is considered that this is a topic that should be examined in more depth as part of the local suicide prevention strategy.

4.47 Harmful gambling is well-known for being a hidden issue although it is possible to form an estimate of its scale. People may be described as being a problem gambler, or being at risk of becoming so:

- at-risk gamblers are those who show some signs of problematic gambling but remain below the threshold for problem gambling. These gamblers may still experience a range of negative outcomes and be at-risk of developing problems in the future
- problem gambling is typically defined as gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits.

4.48 In England there are an estimated 300,000 problem gamblers. Using a reasonable estimate based on national data the local picture for Stockton-on-Tees would suggest:

- between 70,650 and 88,312 people aged over 16 gambled
- excluding those who only play the National Lottery, this provides a range of c. 48,749 – 65,940.
- the number of problem gamblers in the 16+ population would be within the range of 1059 and 1261
- the number of people at risk of developing problems with their gambling is c. 5652 – 6150.

Further detail is provided in Appendix 3.

4.49 Due to the identified risk factors which impact on areas like Stockton-on-Tees/Tees Valley, there are reasons to indicate that the local rates may be higher than this. There is evidence to suggest that some groups within communities are at an increased risk of harm, for

<sup>3</sup> [https://docs.wixstatic.com/ugd/c47eec\\_20053e598420480d8b83f319518814ac.pdf](https://docs.wixstatic.com/ugd/c47eec_20053e598420480d8b83f319518814ac.pdf)

example those with poor mental health or living in deprived areas. The existing research also indicates that gambling behaviour and problem gambling are not evenly distributed across England. Rates are higher in areas including: Northern areas and London; industrial / traditional manufacturing / prosperous / multi-cultural wards. Research as part of a major study in Leeds showed that problem gambling rates were broadly twice the national average. The report can be found here: <https://www.leeds.gov.uk/docs/Problem%20Gambling%20Report.pdf>

- 4.50 It is recognised that there is a need for further research into gambling related harm and this continues to develop at a national level. The RGSB and Gamble Aware have initiated new research to determine whether one type of gambling is more harmful than others. A request has been made to the National Institute for Health and Care Excellence (NICE) to develop treatment guidance for problem gambling.
- 4.51 Harmful gambling affects a range of people and the public purse. Some estimates indicate that for every problem gambler there are between 6 and 10 other people affected including family, friends and co-workers.<sup>4</sup>
- 4.52 Research commissioned from the IPPR in 2016 'estimated that the cost to government associated with people who are problem gamblers in Britain was between £260 million – £1.16 billion (based on problem gambling rates ranging from 0.4 to 1.1 per cent of the adult population). This was based on six identified specific costs covering primary and secondary health costs, hospital inpatient services, welfare and employment costs, housing costs and criminal justice cost'.<sup>5</sup>

### Financial Inclusion

- 4.53 Gambling related harm is not exclusively linked to financial difficulty but by its nature lends itself to consideration by organisations involved in financial inclusion in many cases.
- 4.54 The National Citizens' Advice service produced a report on problem gambling. This was primarily through an online survey hosted on the CAB website, with some face to face interviews. Of those surveyed there was suggestion of significant losses over £10,000 for 65 % of those who responded. A range of harms were described in the report including emotional and relationship health. The impact on 'affected others' was described including the need for covering the costs and debts of gamblers: <https://www.citizensadvice.org.uk/out-of-luck-an-exploration-of-the-causes-and-impacts-of-problem-gambling/>.
- 4.55 Stockton District Advice and Information Service (SDAIS) conducted a survey in order to inform the review. Responses from 65 drop-in service clients were gathered over a four week period. Of those who responded:
- 49% had gambled in the past 4 weeks
  - 22% had two forms of gambling

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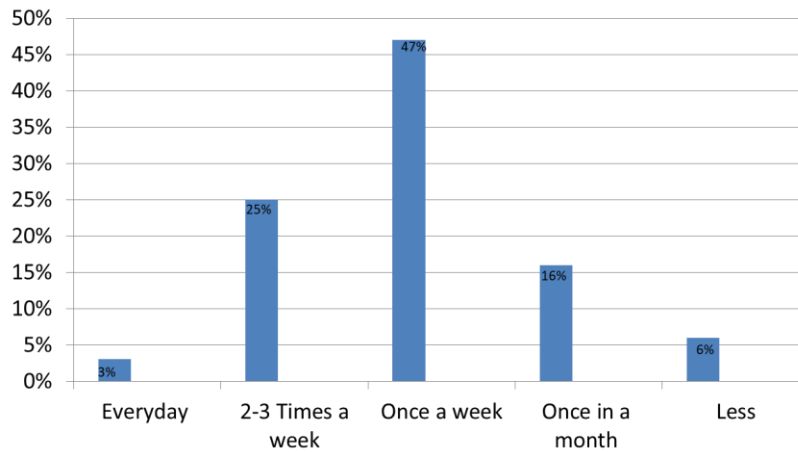
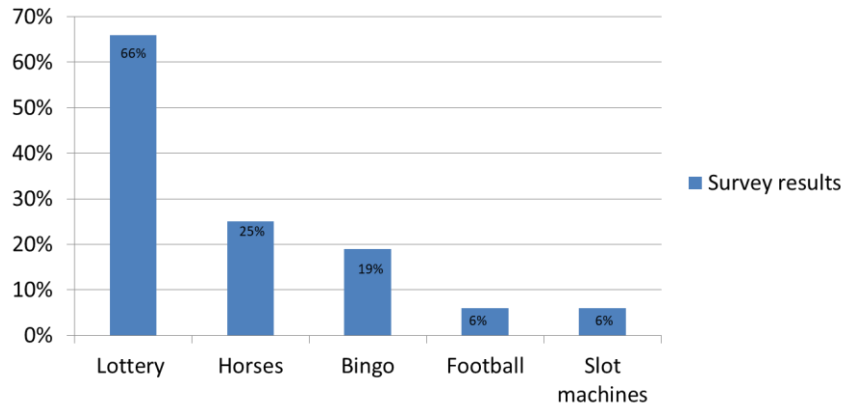
<sup>4</sup> Out of luck: An exploration of the causes and impacts of problem gambling, Citizens Advice, January 2018

<sup>5</sup> Tackling gambling related harm: A whole council approach, LGA/PHE, 2018



- 6% had three forms of gambling

4.56 Of the people that gambled the following types were reported:



4.57 All respondents were asked for their opinions on gambling and the results showed a level of concern at the opportunities and impact of gambling:

	Gamblers	Non-Gamblers
Too many opportunities for gambling	87%	70%
People should have a right to gamble	78%	30%
Most people gamble sensibly	41%	9%
Gambling is bad for family life	78%	57%

4.58 Feedback from SDAIS indicated that clients had often normalised gambling within their everyday expenditure, and it was not seen as an issue by them; the issue was often first noticed by SDAIS when bank statements were examined. Clients were sometimes

surprised at the level of spending on gambling once this was analysed. It can be a significant expense for some clients and may lead to them not being able to pay their priority debts. In the experience of SDAIS most clients only voluntarily disclose gambling activity when significant debt is involved.

- 4.59 SDAIS recognised that more could be done in this area with clients and this is an area for development. Currently advice is offered to clients who may be signposted to gambling addiction services. Following the review, gambling will be flagged as a specific issue within the SDAIS coding system, and future work could involve the work of the Infinity Partnership/Stockton Welfare Advice Network (SWAN), establishment of referral pathways, and staff training.
- 4.60 Trading Standards do not hold any local intelligence on illegal money lending (IML) activities associated with gambling. The national IML Team undertakes case work on this issue, and have provided the following information (figures are for England as a whole):
- between Jan and June this year 6% of the victims that we offered 1-2-1 support to across England borrowed to fund gambling
  - 11% of those we supported said they had gambled in the last year
  - 9% believed they had a problem with gambling.

### Young People and Gambling

- 4.61 The Gambling Commission's 2017 research found that 12 % of young people in Great Britain aged between 11 and 16 had spent their own money on gambling 'in the last four weeks' (15% of boys and 7% of girls)<sup>6</sup>. This equates to 370,000 young people. 45% of young people were aware of the ability to bet with items in computer games and 11% had done so (20% of boys and 3% of girls). It should however be noted that the overall trend in gambling showed fewer young people gambling than in 2011.
- 4.62 There have been concerns raised in relation to gambling amongst student populations. A national survey of 1000 students in September 2017 by YouthSight found the following:
- 12% had missed lectures and seminars
  - one in four spent more than they could afford (31% of men, 17% of women)
  - 9% had gambling related debt, and one in four had a debt of over £10,000.
- 4.63 Local feedback from services working with Children and Young People indicated that gambling is not something that services regularly ask young people about, and it is not included in any registration or triage questions. Services would explore gambling among other behaviours if young people raised that they were in financial difficulty. Overall no organisation identified a high amount of gambling behaviour in the young people that they had worked with, and no organisation highlighted any cases where gambling was identified as a problem for young people.

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<sup>6</sup> <http://www.gamblingcommission.gov.uk/PDF/survey-data/Young-People-and-Gambling-2017-Report.pdf>

- 4.64 However other evidence suggested that gambling could be a hidden issue within young people as it is with adults. Local organisations consulted did not regularly ask young people about gambling on a proactive basis and therefore it may continue to go unidentified. The Edinburgh based 'Fast Forward' charity noted that prior to their pilot work there was limited awareness of the issues around gambling amongst practitioners, and it was often thought that it was not an issue in the young people they worked with. But during sessions, once the issues had been raised with young people, they began to mention how it had affected them in more detail. Fast Forward have developed a training package for practitioners across Scotland. 41% of those working with 16-25 year olds had been in at least one situation where they needed to provide support for problematic gambling.
- 4.65 As noted above, it is highly likely that young people's awareness and exposure to gambling through advertising will have increased over recent years. There are also concerns around new forms of gambling / quasi-gambling in the space where gambling and computer gaming blur. This includes the use of virtual currencies including 'skins betting' where cosmetic items in games are wagered and 'bought', with the value in some cases turned into real cash.
- 4.66 Games that are not technically gambling cannot be regulated by the Commission, despite the risk of normalising gambling-type activity. The Commission was however working with computer game developers to ensure they avoided including aspects of games that would require them to have a license.
- 4.67 Feedback was gathered from Stockton Youth Assembly in a session attended by 7 young people. Comments were made regarding restrictions on the number of betting shops, avoiding showing promotional pictures of the Borough/events where gambling premises could be seen in the background, having awareness of advertising and online gambling, and whether young people would recognise activities such as bingo as being gambling. It was thought it was probably a niche activity for young people however it might not be seen as 'cool' and so may not be mentioned by a young person even if they were directly asked.
- 4.68 Stockton-on-Tees Secondary Schools engage with a questionnaire (SHEU survey) which covers relationships, safety and health. In 2018 additional questions around gambling were included (using the same as the Gambling Commission surveys) and the results will be used to inform local work once available.
- 4.69 As with other risk taking behaviours (e.g. smoking, alcohol and drug taking) there is evidence that education programmes that support young people to develop broader coping & resilience skills, and that focus on prevention, are effective. There are also examples of specific programmes available to reduce gambling related risks in young people:
- a) Demos and Gamble Aware – Teacher booklet and lesson plans for KS4 focusing on: How to identify risks, Developing strategies to recognise and manage impulsive behaviour, Recognising unhealthy behaviours in others and develop strategies to help them <https://www.pshe-association.org.uk/curriculum-and-resources/resources/resources-promoting-resilience-gambling>
  - b) Young Gamblers Education Trust (YGAM) 'In The Know' resource- key stages 3 & 4: Resources designed to minimise gambling-related harm as part of a planned PSHE

- education programme. 'In The Know' and aims to explore different aspects of problem gambling with an overall focus on identifying risky behaviour and minimising harm.
- c) as noted Fast Forward is an Edinburgh-based charity that supports young people to make informed choices about their health and wellbeing (<http://www.fastforward.org.uk/>). One of its projects is the Youth Problem Gambling Initiative which is a preventative and educational programme. The programme takes a harm reduction approach, and a Toolkit has been produced to develop the skills and confidence of practitioners when supporting young people.

#### Treatment Programmes for Gambling Related-harm

- 4.70 The Committee has considered how support is provided for those with identified issues. Nationally, Research, Education and Treatment (RET) is commissioned by GambleAware. To undertake its work, Gamble Aware receives c.£10m per annum through the voluntary contributions of the industry. There is a suggested levy of 0.1% of profits but ultimately the amount donated is decided by the operators. Observers from the DCMS, Commission and RGSB attend GambleAware Board meetings.
- 4.71 Aside from the National Problem Gambling Clinic (based at Central and North West London NHS Foundation Trust and funded via Gamble Aware) problem gamblers are not treated in NHS services designed specifically for their gambling issues. However the Chief Executive of the NHS has recently outlined his concerns regarding the impact on the wider health service, with an estimated annual impact on the NHS through gambling related harms of £610m.
- 4.72 GamCare is the major provider and commissioner of treatment provision. Treatment is provided directly by GamCare in London, and commissioned through a network of providers elsewhere. It also provides the national GamCare Helpline. Treatment is a mix of cognitive behavioural therapy and motivational interviewing, along with practical measures. Services seek to understand what is driving problem gambling; some of this appears to be linked to issues around loneliness and also other potential addictions. An average number of treatment sessions would be six, and it has been noted that generally treatment gains are more quickly apparent than for other addictions. As noted Gamcare regards this patient group as having a high rate of suicidality and undertakes call backs and ongoing interventions to safeguard its clients.
- 4.73 NECA is an organisation commissioned by GamCare to provide local face-to-face psychosocial interventions in the North East, with support to families available. It has eight counsellors covering the North East to Leeds area, and there is a base in Middlesbrough. Treatment completion rates are c.70%. There is also residential treatment provided by the Gordon Moody Association in two locations in England which may be accessed by Stockton residents if referred.
- 4.74 Gamblers Anonymous is also a source of support and the nearest meetings are held in Darlington and Middlesbrough. This is not funded through GambleAware.
- 4.75 In 2016-17, 8,800 clients received treatment through GambleAware funded services across the country. Although other interventions (including non-specific NHS care and Gamblers

Anonymous) may be accessed, overall it is likely that a significant proportion of problem gamblers do not receive treatment.

- 4.76 Detailed information on referral patterns into NECA and calls to GamCare helpline from Stockton-on-Tees postcodes was provided to the review. The most recent date shows that 45 clients were identified in some form of treatment during 2017-18, and 58 callers to the HelpLine were recorded (nb. not all clients provide postcode data so the true numbers may be higher).
- 4.77 For both callers to the helpline and those accessing treatment, the majority were aged between 18 and 35, and a wide range of types of gambling had been disclosed to the service. Amounts of gambling related debts were not always disclosed; of those that were they ranged from less than £5000 to greater than £10,000. A number of harms were described, covering the spectrum of issues outlined at paragraph 4.41.
- 4.78 A key issue for GamCare was to raise awareness of gambling related harm, and of the services they can provide. The organisation would be supporting Responsible Gambling Week in November, and is keen to work with local authorities on future projects in particular the promotion of the national helpline. Recent work has included the Cheshire custody suite screening checks noted above and projects with the St Mungo's homelessness charity. GamCare would agree that some sections of society are disproportionately affected by problem gambling, including young people, and that these would benefit from enhanced education and treatment.
- 4.79 Support is ultimately limited by the funding available. Both GambleAware, Gambling Commission and GamCare believe the industry should be providing more. Within the sector, the Association of British Bookmakers would also support a statutory levy.
- 4.80 In relation to public health, both the LGA and PHE are clear that problem gambling is a public health issue rather than a public health responsibility ie. Local Authorities are not funded to provide *treatment* services. There is however a recognised role to identify harm and that people experiencing harm are enabled into support and treatment. As noted the issue may also contribute to a number of other local public health issues due to co-morbidities such as mental health and relationship difficulties. A range of programmes have been developed in local areas across the country.

#### Examples of Awareness and Preventative Programmes

- 4.81 Generally speaking there has been limited awareness or attention given to preventative programmes on a national basis. GambleAware has funded some initiatives including screening pilots, CAB training, some youth outreach work, and the PSHE curriculum materials outlined above.
- 4.82 As part of efforts to address this, the national Safer Gambling Campaign will run from autumn 2018. This is due to be funded following a commitment by broadcasters and the gambling industry to provide £5-7m per annum campaign for the next two years.
- 4.83 At the local level, evidence gathered by the review suggests that the experience of other areas across the country is replicated in Stockton-on-Tees. In Leeds and Sheffield, as with

Stockton-on-Tees, there were a range of advice and support organisations already in place, however there was a lack of awareness on gambling, screening for gambling harm, and limited cross referral pathways. Gambling was a low priority for support agencies.

- 4.84 Sheffield Council had undertaken a mapping exercise to test the knowledge and levels of provision amongst a range of community based services. Only one organisation used a valid screening tool and there was limited awareness of GamCare commissioned services. This exercise was repeated in Stockton with a range of services and GP Practices. Responses were received from Adult Services, CGL substance misuse service, a GP Practice, Thirteen and North Star Housing Groups, and Insight Healthcare (SBC Occupational Health Counselling Provider). One respondent stated that they asked about gambling as part of assessment and care planning with clients. No respondents had received information regarding gambling awareness in the previous year, and although most respondents stated they knew where to refer people if necessary, more information was also requested.
- 4.85 Leeds have undertaken a wide range of work following the application to host a large casino:

**Case study** - Leeds City Council had initiated a substantial programme of work following the granting of a large casino license, and the establishment of an annual Social Inclusion Fund to address social and financial inclusion issues including gambling related harm. This included the substantial research project facilitated by Leeds Beckett University which was instigated to establish the challenges relating to gambling in Leeds, and how these could be mitigated.

A key early finding was the recognition that this was a hidden problem with low levels of awareness amongst support organisations, and that levels of gambling harm were higher than the national average.

Following the research this led to a Problem Gambling Project Group being established and undertaking a range of activity.

The Leeds approach has focussed heavily on raising awareness; this has involved some up-front investment, recognising that the city had little in place at the beginning of the work. A long term approach was needed with further work to be undertaken.

Awareness raising had been undertaken at both the frontline and strategic levels across a range of organisations, and public campaigns have taken place at various locations and online, and these have been linked to upcoming sporting events including the World Cup. This work has been led by the Money Information Centre. A mapping tool has also been improved to support local Licensing services and licensed premises when they develop their Local Risk Assessments.



(cont.)

The funding available to Leeds due to the circumstances of the casino development would not necessarily be available to other authorities, however the measures taken may be adapted for use elsewhere.

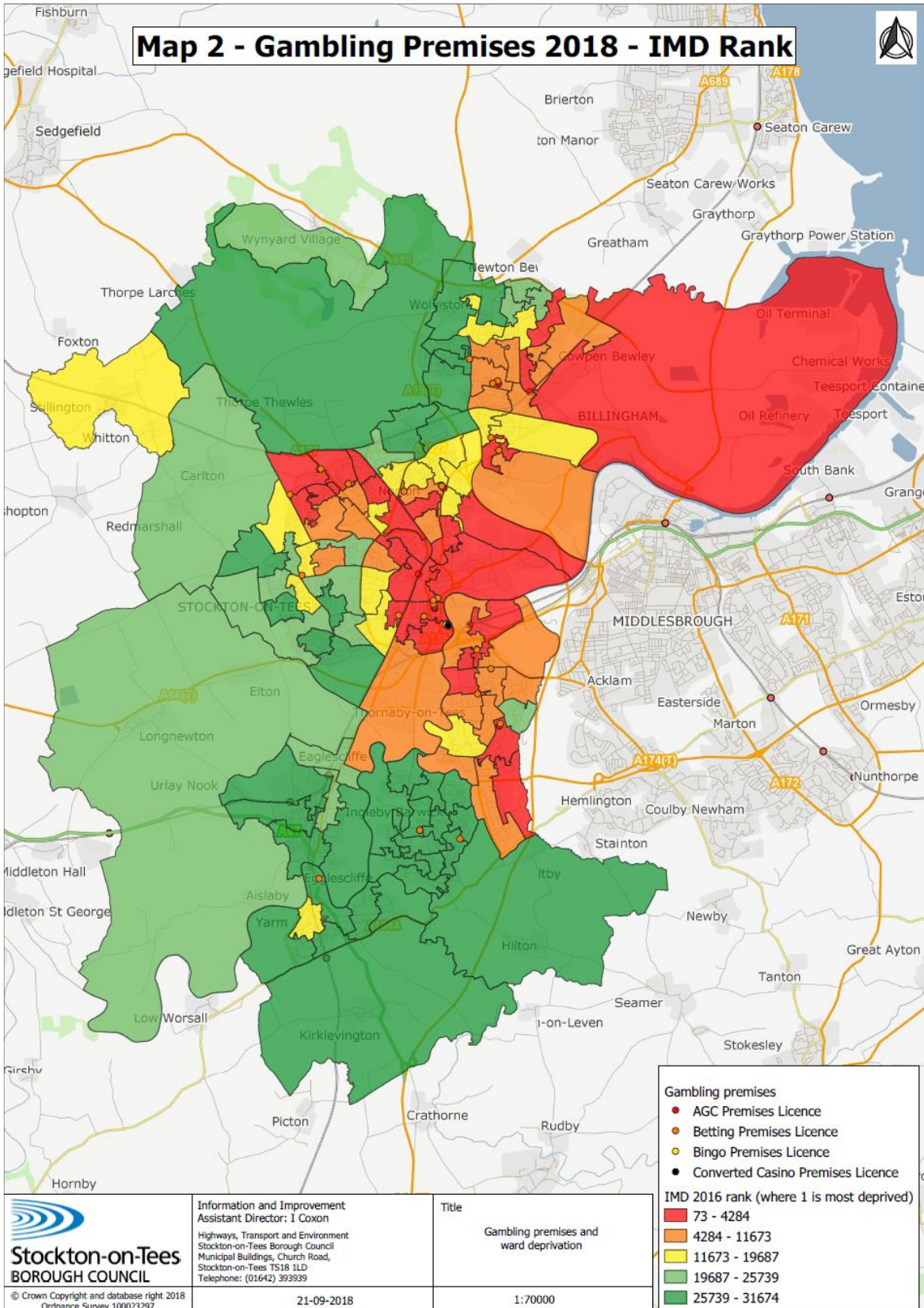
- 4.86 It was noted that marketing work such as that undertaken by Leeds can be achieved through using existing networks, and support in training staff is available from a number of sources. This includes Newport CAB who had received national funding to develop a Gambling Support Service with associated toolkits and advice. Newport CAB has already been contacted to provide training for Stockton-based services.
- 4.87 In 2016 the ABB worked with local VCS organisation BetKnowmore UK in Islington to pilot a project called 'Don't Gamble with Health'. Betting Shop staff were able to refer customers experiencing harm/believing they were at risk of harm, to BetKnowmore who would then provide an initial assessment and support.
- 4.88 The feedback not just from staff and customers was overwhelmingly positive and the independent evaluation found that the vast majority of the clients who engaged with the service considerably improved their ability to manage their gambling behaviour. A key aspect of this project was the importance of peer-led support.

## Conclusion

- 5.1 The Committee has found that gambling is a significant leisure activity that approximately half the population undertakes in some form, and increasingly through online methods. The Council is responsible for regulating some forms of gambling in partnership with the Gambling Commission.
- 5.2 For most people gambling remains at a relatively low level, however for a number of people 'at-risk' and 'problem gambling' is causing serious harm to the individual affected and their family and community relationships. The issue of gambling-related harm is a relatively hidden issue, and certain groups are more vulnerable to harm.
- 5.3 For Stockton it is estimated there are a likely to be a minimum of c. 1000-1200 people aged 16+ who are problem gamblers, with a further 5600-6100 classed as being at-risk. There is mounting national concern in relation to gambling prevalence, the links to gaming, advertising, and the impact on young people.
- 5.4 There are treatment options available (funded by voluntary contributions from the industry via Gamble Aware) but these are limited and the probability is that they do not provide for everyone affected by harm. A number of local authorities have begun to develop preventative approaches in their local areas, and a similar approach is proposed for Stockton-on-Tees. There are gaps in awareness and referral pathways in the local area, and a number of actions are proposed to address this. The Committee's recommendations are aimed at developing an effective but proportionate response to an issue of growing national concern.

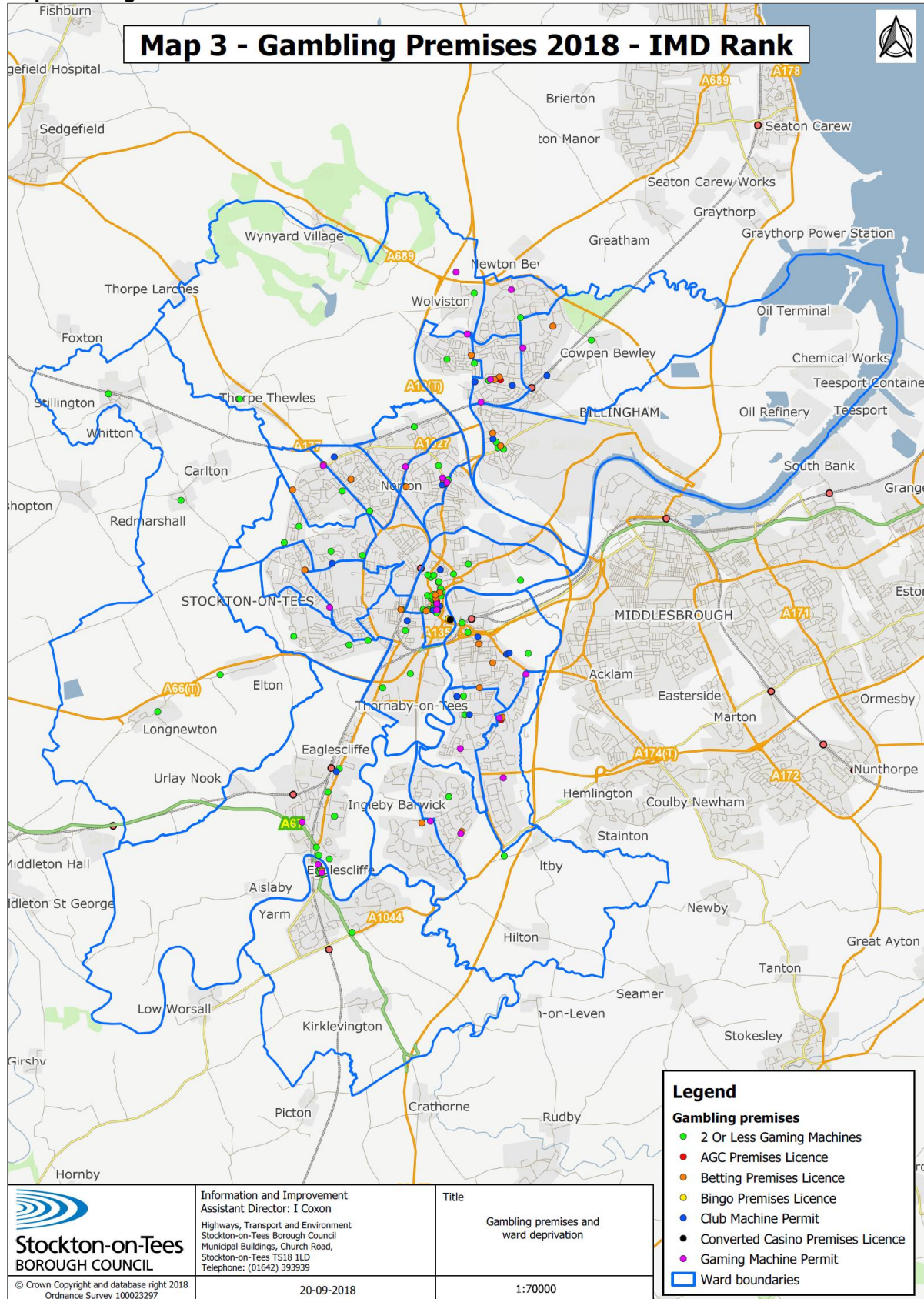


**Appendix 1 - Map showing location of premises (minus gaming machine permits) / Deprivation**





Map showing Premises Licenses and Permits / Ward Boundaries





Adult Social Care and Health Select Committee  
Municipal Buildings  
Church Road  
Stockton-on-Tees  
TS18 1LD

17<sup>th</sup> August 2018

### **ABB submission to Stockton-on-tees Borough Council's Adult Social Care and Health Select Committee's Review of Gambling – August 2018**

The Association of British Bookmakers (ABB) welcomes the opportunity to submit evidence to Stockton-on-tees Borough Council's Adult Social Care and Health Select Committee's Review of Gambling.

The ABB is the industry association for the high street betting industry. Our members include three of the largest high street operators GVC (Ladbrokes Coral), Paddy Power Betfair, and William Hill, along with 80 independent bookmakers. Collectively, the ABB represents almost 80% of the high street betting shop industry.

The ABB and our members are committed to making betting shops as safe for staff and customers as possible. Problem gambling and gambling related harm is complex by its very nature. It affects a minority of our customers however there is an onus on us to do all we can to reduce gambling related-harm amongst our customer base. The ABB is committed to piloting new treatments and interventions, and promoting innovation in the sector.

In addition to ABB-led initiatives, ABB members support an appropriate statutory levy on the gambling industry to fund responsible gambling initiatives and treatment.

This response will address the areas relevant to the Committee's review – particularly protecting the vulnerable through targeted intervention – as well as setting out the ABB's work to promote responsible gambling. The ABB and its members are committed to working closely with both the Gambling Commission and local authorities to continually drive up standards and ensure best practice.

#### **Betting shop numbers**

The total number of betting shops in the UK is in continual decline and their numbers are now at their lowest level since records began. The latest Gambling Commission industry statistics show that as of March 2018 were 8,532 shops – with over 300 shops closing in the past year alone.

The review should also consider the changing landscape for high street gambling as a result of regulatory change. On 17th May 2018 Matt Hancock MP, then Secretary of State for Digital, Culture, Media and Sport, announced changes to gaming machines and social responsibility measures. As part of this announcement, the government confirmed its intention to reduce the maximum stake on B2 gaming machines from £100 to just £2. This change will result in a substantial readjustment of shop numbers across the country with nearly half of all LBOs expected to close and over 20,000 jobs to be lost.

### **ABB Code of Conduct**

Members of the ABB adhere to our Responsible Gambling Code, which sets out standards for UK betting shops.

Hailed as “world-leading” and developed with gambling experts and charities, the Code covers a range of measures, including giving gaming machine players the ability to set their own limits for the amount of money they spend or time they play for.

The ABB formally evaluates the effectiveness of the code by the Responsible Gambling Committee, which reviews both compliance with the code and the detail of the code, making recommendations as necessary.

The Code is mandatory for all ABB members and any member who wilfully fails to comply with the Code could face expulsion from the ABB. A copy of the Code of Conduct has been submitted with our response.

### **Responsible gambling measures**

In recent years we have introduced a series of new tools to help identify and assist those at risk of problem gambling, including:

- World leading player awareness systems that allow staff to monitor account based play
- More training to empower staff to intervene when problem gambling occurs
- A nationwide multi-operator self-exclusion scheme, trialled in Kent and Glasgow and rolled out nationally in April 2016
- More than 38,500 people registered to self-exclude in the first year; 83% of those who have self-excluded find that the scheme has been effective in reducing or stopping their gambling activity
- Responsible gambling measures on gaming machines are unique to bookmakers, including responsible gambling messages, spend and time limit setting and mandatory alerts

- In 2015 the ABB introduced responsible gambling awareness weeks and in 2017 for the first time the whole of the gambling industry joined betting shops in promoting responsible gambling week
- In addition, ABB has been active in local communities across the UK, working with support groups such as Betknowmore UK in Islington and For the Right Reasons in Inverness to provide counselling and treatment for at risk and problem gamblers.

The ABB has been at the forefront of developing responsible gambling messaging to encourage people to gamble more responsibly.

The ABB developed and introduced responsible gambling messaging on gaming machines in betting shops. While there are over 410,000 gaming machines in the UK, it is only the 33,000 gaming machines in betting shops that currently have any form of responsible gambling messaging on screens.

Responsible gambling messaging appears on gaming machines for 25% of the time and includes messages encouraging customers to never bet more than they can afford and to take regular breaks from gambling.

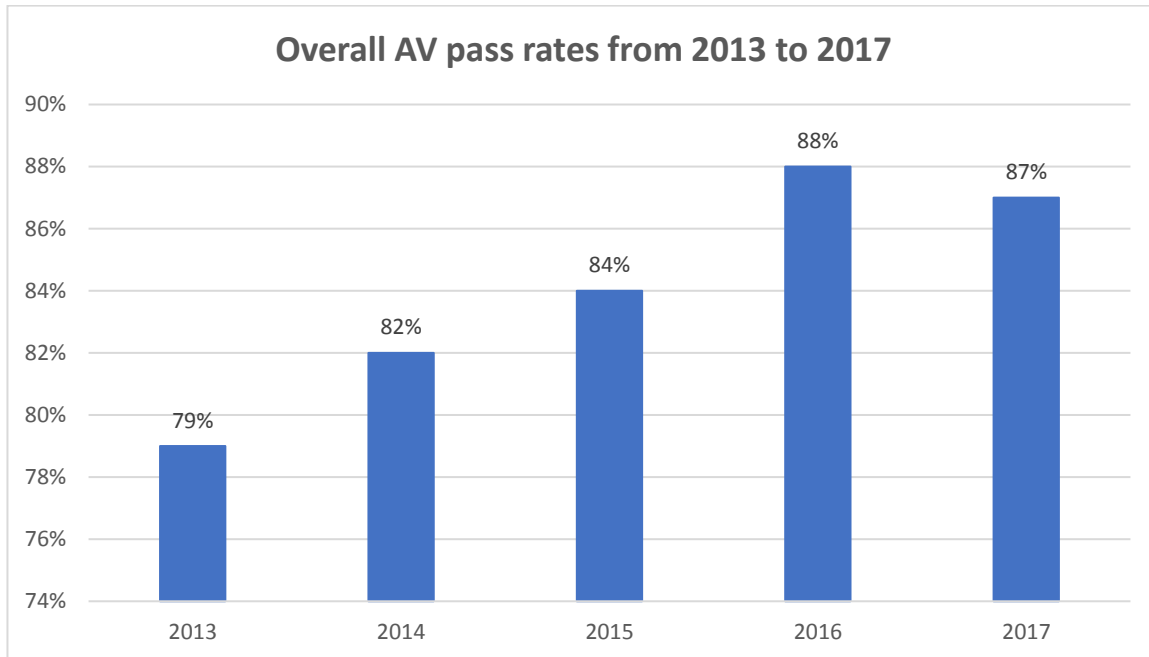
Uniquely, betting shop customers are given the opportunity to set time and spend limits on gaming machines. In addition, betting shop gaming machines display mandatory time and spend alerts on screens.

All Licenced Betting Offices are strictly 18 and over with a 'Think 21' policy in place in all shops. Age restrictions in all betting shops are regularly and independently tested by ServeLegal in line with Gambling Commission guidance. The results of these tests are shared with the Gambling Commission and are publicly available on the Gambling Commission website.

ABB members have placed an increased emphasis on ensuring age verification is at the heart of their businesses and results from the independent testing programme show improving pass rates and challenges on entry for all ABB members. The Gambling Commission's Young People & Gambling 2017 report notes that the "vast majority of underage challenges were carried out in the non-remote betting sector, with 457,880 challenges...from April 2015 to March 2016"<sup>1</sup>.

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<sup>1</sup> Young People and Gambling 2017 report, Gambling Commission (December 2017), available: <http://www.gamblingcommission.gov.uk/PDF/survey-data/Young-People-and-Gambling-2017-Report.pdf>



The same Gambling Commission report notes that “6% of 11-16 year olds had participated in gambling in the past week on a commercial premises, while 5% had gambled with friends/placed private bets, 4% had played any National Lottery game, and only 1% had gambled their own money online”. The report goes on to say that “the most common form of gambling among 11-16 year olds is fruit machines (at an arcade, pub or club) with 4% of this age group having spent their own money on this in the past week. The next most common forms of gambling are placing a private bet for money (e.g. with friends) (3%) and National Lottery scratchcards (3%)”<sup>2</sup>.

### **Targeted intervention for problem gamblers**

In 2016 the ABB was approached by BetKnowmore UK to pilot a project called ‘Don’t Gamble with Health’ (DGWH). We were highly impressed with their vision, professionalism and innovation in devising a programme that could transform the whole approach to gambling harm from early identification through to treatment.

The DGWH pilot was launched in the London borough of Islington in October 2016 across 59 licensed betting offices (LBOs) and ran until March 2018. In part, Islington was identified as the most appropriate area for the pilot based on the significant levels of deprivation that exist within the borough. Customers experiencing harm, or believing they are at risk of harm, were able to self-refer to the Betknowmore UK services through shop staff. Customers were

<sup>2</sup> Young People and Gambling 2017 report, Gambling Commission (December 2017), available: <http://www.gamblingcommission.gov.uk/PDF/survey-data/Young-People-and-Gambling-2017-Report.pdf>



then contacted with 48 hours by Betknowmore UK to arrange an initial assessment for further support and treatment. Additional training was provided to 112 betting shop staff and partner organisations and 95 customers were referred to the service or approached it independently. The feedback not just from staff but also from customers was overwhelmingly positive and the independent evaluation found that the vast majority of the clients who engaged with the service considerably improved their ability to manage their gambling behaviour.

The ABB has worked with Betknowmore UK to look at options to scale up the project, and to broaden the funding base.

Throughout 2017, the ABB also worked in partnership with addiction support group RCA Trust to deliver a six month outreach project in schools and youth groups across Scotland. The aim of the project was to highlight the risks associated with problem gambling to 16-18 year olds. Around 3,000 young people participated in the project.

### **Partnerships with local authorities**

The ABB is fully committed to ensuring constructive working relationships exist between betting operators and local authorities, and that where problems may arise that they can be dealt with in partnership. The exchange of clear information between councils and betting operators is a key part of this and the opportunity to respond to this review is welcomed.

In January 2015 the ABB signed a partnership agreement with the Local Government Association (LGA), developed over a period of months by a specially formed Betting Commission consisting of councillors and betting shop firms, which established a framework designed to encourage more joint working between councils and the industry.

Please let me know if you need any further detail on any of the points covered in this letter, we are happy to engage with the Committee on any aspect of the review.

Yours sincerely,



Malcolm George  
Chief Executive

## 1. National Data on Gambling-related Harms

### a) Problem and at risk gambling<sup>1</sup>

At-risk: at-risk gamblers are those who show some signs of problematic gambling but remain below the threshold for problem gambling. These gamblers may still experience a range of negative outcomes and be at-risk of developing problems in the future.

Problem gamblers: problem gambling is typically defined as gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits.

0.8% of respondents identified as problem gamblers

3.9% identified as at-risk gamblers

Men and younger men are more likely to be categorised as problem gamblers

5.6% of gamblers have felt guilty about their gambling

5.6% of gamblers have bet more than they can afford to lose

3.3% have been criticised about their gambling or told that they have a problem (these three figures are collected from the Commission's telephone survey)

### b) Data for England - Headline findings from the Health survey England 2016<sup>2</sup>

56% of people in England gambled in 2016

42% of people in England (excluding those who had only played National Lottery draws) gambled in 2016

0.7% of people in England identified as problem gamblers – **this equates to c. 300,000 people**

1.2% of gamblers in England identified as problem gamblers

3.6% of people in England were at low or moderate risk of developing problems with their gambling

6.6% of gamblers in England are at low or moderate risk of developing problems with their gambling

Nb. It is thought that due to limitations on how the data is collected these may be under estimates and may not capture all vulnerable groups (LGA Guidance – referring to Health Survey for England data).

There are some groups who are more likely to experience problems. At risk vulnerable groups include (the darker boxes show where the evidence is strongest)<sup>3</sup>:

<sup>1</sup> This is taken from the Commission's official statistics on the prevalence of problem gambling, taken from the Gambling behaviour in Great Britain report released in August 2017, where the full PGSI screen and the DSM-IV is used as the main measure of problem gambling.

<sup>2</sup> The Gambling Commission commissions a chapter on gambling in the Health Survey for England which is published by NHS Digital.

c. 8,000 adults take part in the survey each year. The findings of the health survey are based on a set of specific questions and interviews which are conducted face to face in the homes of respondents. The gambling questions are asked via a short paper self-completion questionnaire administered alongside the core health survey questionnaire. Only asked of respondents aged 16+.

<sup>3</sup> Westminster and Manchester Councils Scoping Report 2015 as reported in Problem Gambling in Leeds (Leeds Beckett University)

Demographics	Socio-economic	Poor judgement/ impairment	Other
Youth	Unemployed	Low IQ	Poor mental health
Ethnic groups	Deprived areas	Under influence alcohol/drugs	Substance abuse/misuse
Students*	Financial difficulties/debt	Personality traits	Problem gamblers
	Homeless	Learning disabilities	
	Immigrants/asylum seekers*		
	Prisoners/ probation		

Gambling behaviour and problem gambling are not evenly distributed across England. Rates are higher in areas including: Northern areas and London; industrial / traditional manufacturing / prosperous / multi-cultural wards.

## 2. Estimated levels of gambling and related harm within Stockton-on-Tees

### a) Extrapolation of national data

Using the ONS Mid-Year Estimates 2017, the total 16+ population for the Borough is 157,700. Applying the national prevalence rates found by the Gambling Commission in 2017 and Health Survey for England 2016 would indicate the following:

- Between 70,650 and 88,312 people aged over 16 gambled
- Excluding those who only play the National Lottery, this provides a range of c. 48,749 – 65,940.
- The number of problem gamblers in the 16+ population would be within the range of 1059 and 1261
- The number of people at risk of developing problems with their gambling is c. 5652 - 6150

Given the risk factors above, it may be reasonable to assume that there would be a higher rate in Stockton and the wider Tees Valley area compared to the national average.

The Gambling Commission stated that the results of the Leeds research study would be expected to be relevant to many urban areas including the Tees Valley. In Leeds and areas like Leeds, best available estimates show that problem gambling rates are broadly twice the national average at 1.8% of the adult population (Leeds Beckett Research). This equates to c. 10,000 problem gamblers, and 30-40,000 at risk gamblers.

Estimated rates for Sheffield are as follows:



	Leeds Beckett (Kenyon et al, 2016) estimates applied to Sheffield	Gambling Commission (2015) estimates applied to Sheffield
<b>Problem Gambling</b>	1.6%  ~ 7377 (18+)	0.8% 16+  ~ 3785 (16+)
<b>At risk gambling</b>	5-6%  23054-27655 (18+)	
<b>Problem and at risk gambling</b>	7-8% 32276 – 36886 (18+)	

16+ 473145,  
18+ 461086

(2017, ONS  
mid-year  
estimates)



### b) Understanding the local population

Using a Local Segmentation Tool, it is possible to understand the preferences of defined sections of the population, including the probability of accessing various services including online gambling and gaming, compared to the average.

In terms of the make-up of the Borough the *[Family Basics]* group is the largest section in population terms (16.1% - 31,178 people), and second highest in terms of number of households (11.89% - 9959). This group shows a greater likelihood of accessing each types of online gambling and gaming than the average, and the combined score is second highest in the Borough.

Within the *[Family Basics]* group, the subsection *[Families with Needs]* makes up the second largest group of all the subsections in the Borough (8% - 15,564 people), and this group shows a greater likelihood of accessing most online gambling types, with probable usage of bingo sites being particularly high.

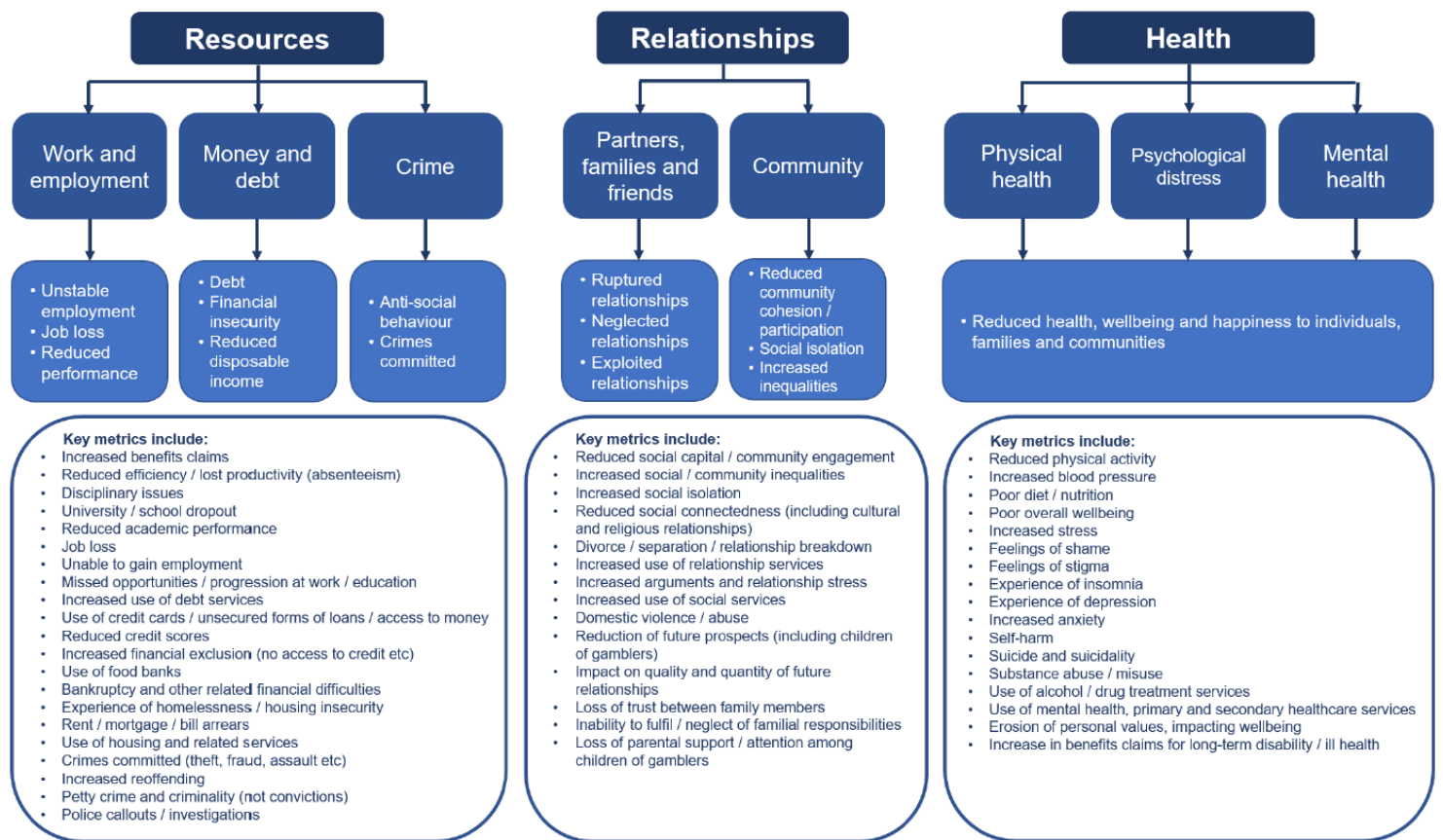
*[Family Basics]* are described as 'families with limited resources who have to budget to make ends meet', and within this group *[Families with Needs]* are described as 'families with many children in areas of high deprivation and who need support'. Household income is generally less than £15k, and housing tenure is Housing Association.

### c) Defining gambling related harm

The Responsible Gambling Strategy Board has recently led work to better define and measure gambling-related harms. The research has identified a framework that can be used as follows<sup>4</sup>:

[cont.]

<sup>4</sup> <http://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf>



(‘Measuring gambling-related harms: A Framework For Action’, Heather Wardle, Gerda Reith, David Best, David McDaid, Stephen Platt, July 2018)

The definitions proposed above are in response to the lack of a national standard on what gambling-related harm actually means. Gambling harm is renowned for being a hidden issue, and harm has been described in the widest sense.

Some estimates indicate that for every problem gambler there are between 6 and 10 other people affected including family, friends and co-workers.<sup>5</sup>

Research commissioned from the IPPR in 2016 ‘estimated that the cost to government associated with people who are problem gamblers in Britain was between £260 million – £1.16 billion (based on problem gambling rates ranging from 0.4 to 1.1 per cent of the adult population). This was based on six identified specific costs covering primary and secondary health costs, hospital inpatient services, welfare and employment costs, housing costs and criminal justice cost’.<sup>6</sup>

It may be possible to use the above to calculate a cost to local services due to Gambling in Stockton-on-Tees.

d) Indications of levels of treatment and support for gambling harm for Stockton residents

Although there is limited awareness of available support amongst the Review’s consultees, information was gathered from GamCare to show how many people with Stockton-on-Tees Borough postcodes had accessed the National Helpline, or commissioned treatment services.

Data was provided for the period 2016-2018. Broadly speaking each year between 45-60 people are accessing the Helpline, and a similar number are receiving treatment. Data has not been shown due to the low numbers for some measures, but has been provided to the Public Health Team.

<sup>5</sup> Out of luck: An exploration of the causes and impacts of problem gambling, Citizens Advice, January 2018

<sup>6</sup> Tackling gambling related harm: A whole council approach, LGA/PHE, 2018