

**North Tyneside
Joint Strategic Needs
Assessment
Gambling
October 2024**



North
Tyneside
Council

1. Introduction

Gambling involves staking or risking something of value on an event with an uncertain or chance outcome¹. The Gambling Act 2005 defines gambling as gaming, betting or participating in a lottery². Gambling is a leisure activity for many people, but for some, gambling can lead to a number of problems. People who gamble are categorised as non-problem, at-risk or problem gamblers. Problem gambling is a disorder that can be mild, moderate or severe, as determined by measures such as the Problem Gambling Severity Index (PGSI)³.

There has been increasing concern in the UK about the harms associated with gambling. Great Britain has one of the most accessible gambling markets in the world, generating a profit of £14.2 billion in 2020⁴. Opportunities to gamble exist on most high streets and, with the spread of the internet, in virtually every home. In 2021, 50% of adults in the UK reported participating in a gambling activity and 10% of adults had participated in any online gambling (excluding lotteries) in the last 12 months. 2.8% of the adult population identified as engaging in at-risk or problem gambling in the same time period⁵.

The NHS Long Term Plan⁶ concluded that gambling is associated with harm to people's health, finances, relationships, work or study, culture and can lead to participation in criminal activity.

In 2021 Public Health England (PHE), now known as the Office for Health Improvement and Disparities (OHID), reported that harmful gambling should be considered a public health issue because it is associated with harms to individuals, their families, close associates, and wider society⁷.

2. Key issues

High prevalence of gambling participation and harm

In England, in 2023, it was estimated that 3.8% of the adult population were classified as gambling at elevated risk, 0.5% experiencing problem gambling and 7% of the British population were negatively impacted by someone else's gambling⁸. Regionally, the North East had both the highest overall participation in gambling (59%) and prevalence of at-risk gambling (4.9%), which equates to 102,900 people in the adult population. North Tyneside was the second highest Upper Tier Local Authority (UTLA) for overall gambling participation, although participation is not indicative of harm.

Gambling-related harms are wide-ranging

At-risk and problem gambling cause harm to a person's health, finances, relationships, employment as well as harming those close to them. Harmful gambling is also associated with an increase in criminality.

Harmful gambling exacerbates health inequalities

Gambling harm has a higher prevalence among those with poor health, poor mental health, who drink more alcohol, are unemployed and live in deprived areas. There is also a higher concentration of gambling premises in the more deprived areas of North Tyneside. Therefore, harmful gambling is related to and is likely to exacerbate health inequalities.

Population level approaches are needed

An individualising mindset adopted by the industry can cause stigma and is at-odds with the service user experience. Gambling harms can be experienced across the spectrum of gambling involvement/participation. Therefore, population level interventions that focus on the gambling environment, gambling products and the wider determinants of gambling-related harm are needed.

Low uptake of preventative and treatment services

Only a small proportion of problem gamblers engage with treatment services, and this tends to be when reaching crisis point. This proportion is even smaller for at-risk gamblers. Therefore, this highlights an unmet need for accessing support for gambling harm in North Tyneside.

3. High level priorities

- **Work with our communities, and professionals, to ensure gambling harm is recognised for its scale and significance.**

Gambling creates harm in several different ways including financial harm, interpersonal harm and harm to mental health and wellbeing. Increasing the knowledge and understanding of these potential impacts in North Tyneside will allow those experiencing harm to recognise and seek help or support.

- **Improve access, signposting and referrals to support for gambling harm.**

The support services available to North Tyneside residents experiencing gambling harm are not widely known by the public or professionals. Estimated prevalence of individuals with treatment need is significantly higher than the number of residents who have been referred for treatment. Increasing knowledge of, and signposting to,

support services will increase the number of residents accessing the treatment they need.

- **To consider how to protect children and young people from the normalisation of gambling.**

Gambling is accessible and available widely in North Tyneside, including a high level of visibility with children and young people. Younger people, particularly young males, are a vulnerable group with a higher prevalence of problem gambling.

- **Develop a standardised question about gambling harm across different organisations in North Tyneside.**

There is no standardised screening for at-risk/problem gambling within the wider health and social care system in North Tyneside. Developing one and encouraging key services to use it would help to identify undiagnosed cases of people experiencing gambling harm.

4. Those at risk

Problem gambling is a disorder rather than a disease that directly causes ill health or death, but evidence shows that it can lead to significant adverse health and wellbeing outcomes. A definition of the criteria for gambling disorder can be found [here](#)⁹. The Problem Gambling Severity Index (PGSI) is a standardised measure of at-risk behaviour in problem gambling. An example question is: "Have you bet more than you could really afford to lose?" A PGSI score of 1-7 indicates 'at-risk gambling' and a score of 8+ indicates 'problem gambling'. OHID estimate that 3.8% of the population are classified as at-risk gamblers and 0.5% as problem gamblers⁸. As the PGSI score increases, the level of harm experienced is expected to increase, with those classified as problem gamblers experiencing the highest level of harm.

Impact of gambling harm

Suicide

Problem gambling is a risk factor for suicide. The leading causes of death associated with problem gambling are suicide and domestic homicide/filicide. Gambling severity, increasing losses and unmanageable debt are predictive of a greater tendency to suicide. The Gambling Survey for Great Britain found that of the 11.4% of participants who had thought about or attempted taking their own life, 4.9% reported that this was related to their gambling either a little or a lot – 1.1% was related to their gambling a lot¹⁰.

Financial harm

Financial harm related to problem gambling is often severe and affects both the gambler and those closest to them, especially partners. Gambling has been associated with poor concentration at work and tardiness, eventually leading to resignations, demotions or termination of employment. PHE identified bankruptcy, housing problems and homelessness associated with gambling. In their 2023 report of the economic and social costs associated with gambling in England, OHID state that in extreme cases some people who gamble may lose the ability to meet their basic needs such as food, children's school items, medication and transport costs¹¹.

Financial harm is also an important risk factor in negatively impacting relationships, mental health and criminal behaviour.

Relationships

At-risk and problem gambling is associated with a reduction in both social support and family functioning. Gambling is associated with arguments, relationship strain and domestic abuse. Relationships with those closest as well as wider friendship networks are negatively affected.

Mental Health

Problem gambling has a negative impact on mental health. People experiencing gambling harm described experiencing shame, guilt, loneliness, sleep difficulties and low self-esteem. Close associates similarly reported negative emotions and poor sleep. Research has found that close to 50% of people who gamble at elevated risk levels report loss of sleep due to stress or worry about gambling¹².

Affected others

Around 7% of Great Britain have been negatively affected by someone else's gambling. Affected others are most commonly women. Of those affected, partners/spouses accounted for 48% of those affected, followed by a parent gambler (41%) and a child gambler (38%)⁷.

Vulnerable groups

Vulnerable groups for harmful gambling include those who misuse alcohol and drugs, have mental health difficulties, lower socio-economic status or are unemployed. There is also a high prevalence of gambling harm found in young men and offender populations. Men are more likely than women to engage in at-risk or problem gambling, with prevalence of 4.4% and 1.1% respectively⁵.

Alcohol

PHE identified a clear association between harmful gambling and increased alcohol consumption. This association is evident for overall gambling participation but is greater for at-risk and problem gambling. The association is not clear to as whether alcohol misuse leads to participation in problem gambling, problem gambling leads to alcohol misuse, or both.

Between 2015–18, an estimated 25.2% of North Tyneside’s residents drank more than the recommended alcohol limit (14 units/week), compared to 25.1% in the North East and an England average of 22.8%. Estimates and modelling suggest that 1.63% of North Tyneside residents are dependent on alcohol, which is over 2,600 adults.

Poor mental health

After alcohol, poor mental health is the strongest predictor of harmful gambling over other health behaviours. In the borough, 5.4% of people reported low wellbeing satisfaction¹³, compared to the national average of 5.6%. Out of the 12 local authorities in the North East, North Tyneside was ranked 4th in 2022–23.

Research found that depression is among the most common comorbid conditions associated with harmful gambling¹⁴. For young people, depression and impulsivity were identified as risk factors for subsequent harmful gambling. One in six children (0–19 years) nationally have a probable mental health condition, which equates to around 7,500 children and young people in North Tyneside.

Socio-economic status

From a gambling participation perspective, people are more likely to be employed, from less deprived groups and with higher academic qualifications. Overall gambling participation is highest in the White and White British ethnic group (60.8%)⁷. However, the socio-economic breakdown of gambling differs from general participation to at-risk and problem gambling participation. The most socio-economically deprived and disadvantaged groups in England have the lowest gambling participation rates, but the highest levels of harmful gambling and they are also the most susceptible to harm.

There is also a higher prevalence of harmful gambling in people who are unemployed and live in deprived areas. Therefore, harmful gambling is related to and is likely to exacerbate health inequalities. In North Tyneside, 9.3% (19,019) residents live in neighbourhoods judged to be in the 10% most deprived in England.

Young people

Young people are a vulnerable, higher prevalence group and being young and male is a strong predictor of developing problems with gambling. Young men of lower

socio-economic status are particularly vulnerable. Problem gambling in children and young people is associated with poorer mental health, particularly anxiety and depression.

5. Level of need

PHE highlight variation in gambling participation with North Tyneside reported as the second highest upper tier local authority (UTLA) in England. Participation is not in itself an indication of harm. Participation in gambling is highest in the North East (59%), compared to the England average (49%)⁵.

The highest prevalence of at-risk gamblers is also found in the North East (4.9%). PHE were unable to produce meaningful local authority data for at-risk or problem gambling due to small numbers within the research. The prevalence of at-risk or problem gambling was highest in those who participated in online gambling (18.2%)⁵.

The 2018 Health Survey for England (HSE) estimated the at-risk gambling prevalence for the North East region. This prevalence is applied to the population of North Tyneside to estimate the prevalence of at-risk gamblers in the locality, shown in Table 1.

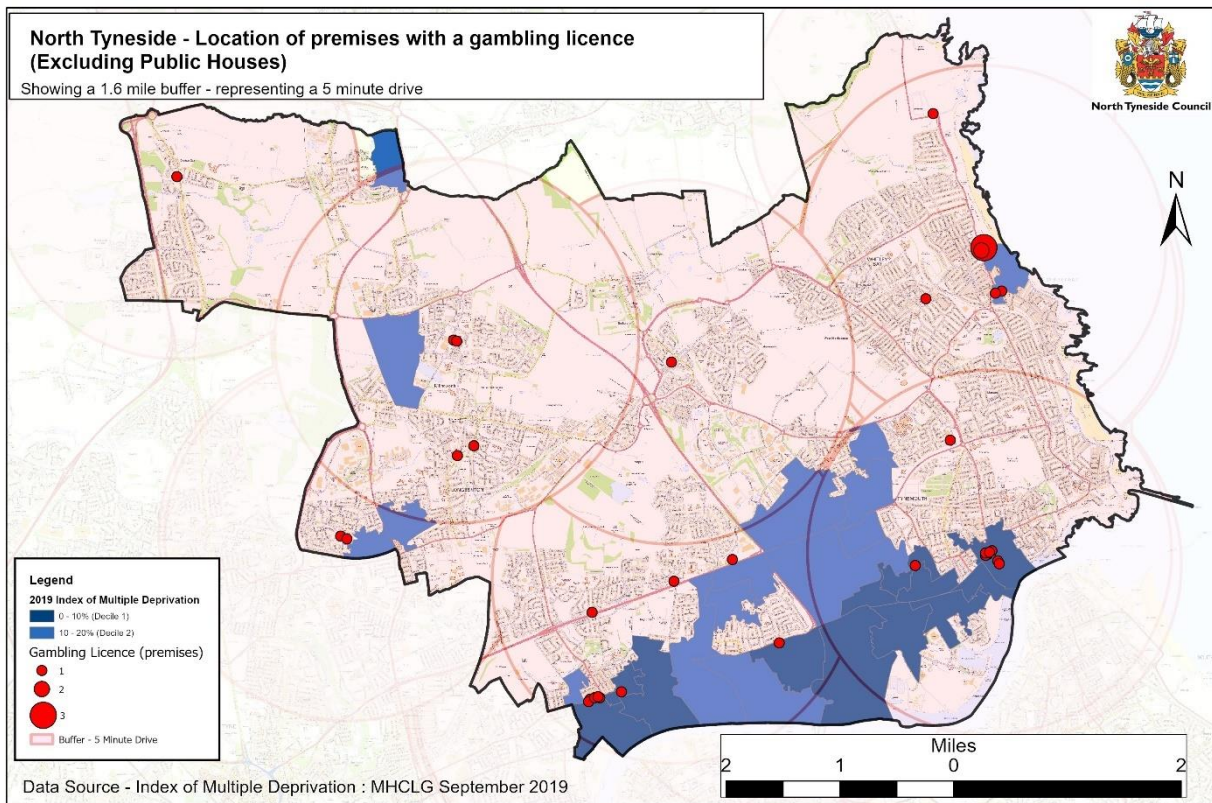
Table 1: HSE data as applied to the population of North Tyneside

Gambling severity	North East %	North Tyneside population
Non problem	94.7	200,545
Low risk gambler	3.8	8,047
Moderate risk gambler	0.9	1,906
Problem gambler	0.7	1,482

In Great Britain, there are 7,681 licensed gambling premises, with 36 of these in North Tyneside¹⁵. These premises are broken down to 23 betting shops, 7 adult gaming centres, 3 bingo venues and 1 licensed family entertainment centre. Figure 1 shows the location of these premises, with a concentration in the most deprived areas of North Tyneside. The pink circles demonstrate that a licensed gambling premises can be reached within a 5-minute drive or less from anywhere in the borough. This highlights how accessible gambling premises are in North Tyneside. This map does not include alcohol premises that have gambling machines within them. This geographical concentration in more deprived areas may further widen the

inequalities gap, with research indicating that problem gambling is more prevalent in lower socio-economic groups.

Figure 1: Map to show the licensed gambling premises in North Tyneside and the 10% and 20% most deprived areas according to the Index of Multiple Deprivation with a 5-minute drive catchment



Produced by Policy, Performance & Research Team,
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Gambling treatment services

From 2019 to 2023 the NHS Northern Gambling Service had a total of 574 referrals. Of these, 50 were from North Tyneside. The leading referral source was self-referral both in the North East and in North Tyneside¹⁶.

The data from the service over this time period shows that more males (72%) in North Tyneside are being referred for support than females (28%). It also highlights that the most common age group of referrals from North Tyneside is 35–39. 90% of individuals referred to the service identified as White British and 46% of referrals identified as employed¹⁵.

Data published by OHID in 2023 highlights the gambling treatment need and support prevalence estimates for each local authority. Table 2 and 3 shows these estimates for North Tyneside¹⁷.

Table 2: Estimates of gambling treatment need and prevalence for adults in North Tyneside

Treatment or support intensity	Estimated number of adults who might benefit from some type of gambling treatment or support	Estimated rate per 100,000 adult population
1	589	353
2	3465	2077
3	573	343
4	767	459
5	114	69

Table 3: Estimates of gambling treatment need and prevalence for children, who live in household where adults may benefit from support, in North Tyneside

Treatment or support intensity	Estimated number of children living in the same household as adults who might benefit from some type of gambling treatment or support
1	307
2	1931
3	334
4	446
5	58

6. Unmet needs

Support for at-risk and problem gambling is provided at a national, regional and local level and involves control, prevention and treatment strategies. There is service provision both regionally and nationally.

Access to gambling support services remains low when compared to the predicted proportion of those experiencing gambling harm in North Tyneside. Access is low for problem gamblers and even lower for at-risk gamblers who may be experiencing harm. The pathways for accessing and referring to gambling support are not clear. There is also inadequate links with wider services, which is a problem particularly for service users with complex needs⁸. Prevalence estimates from OHID for gambling treatment need, seen in Table 1, show that the approximate number of adults in need of any level of treatment in North Tyneside is 5508. The NHS Northern Gambling

service has had a total of 50 referrals from 2019–23, which highlights the unmet need for treatment.

Services include both NHS and industry-funded services. Relationships between the NHS and third sector providers were poor due to several factors including awareness of gambling harm, supports and prioritisation; lack of knowledge about gambling harms and available treatment options in wider health care, social care and justice services; low level awareness leading to gambling not being prioritised as much as other health problems⁸.

There is no standardised screening for at-risk/problem gambling within addiction services or the wider NHS in North Tyneside. This could mean that there are undiagnosed cases of people experiencing gambling harm.

7. Projected need and demand

Between 2012 and 2018, overall gambling prevalence has fluctuated, with reductions in National Lottery participation (10%) but an increase in online gambling from 6% to 9%. The harmful gambling profile includes low National Lottery participation and high online gambling, indicating that the prevalence of gambling harm is likely to increase in the future.

During the pandemic, 20% of problem gamblers described gambling more. The impact of the pandemic and the subsequent cost of living crisis are likely to increase both the need and demand for gambling support.

Over the last few years, there has been an increase in the availability of gambling, both in-person and online. Whilst there are some national control regulations of gambling advertisements, children are regularly exposed to gambling advertisements. This can normalise and predict future gambling.

8. Community Assets and services

North Tyneside's health and wellbeing strategy looks to address the discussed risk factors for gambling.

The North Tyneside licencing strategy works to ensure that gambling premises in the area abide by set regulations to mitigate.

Gamblers Anonymous have the provision to run peer-led support sessions for gamblers experiencing harm in North Tyneside.

A regional Gambling Related Harm Network has been established to support efforts to address gambling related harms and reduce health inequalities in the North East of England. It brings together Local Authority and Public Health stakeholders, including representatives from North Tyneside, to facilitate planning and address priorities as part of a one system approach¹⁸.

The NHS Northern Gambling Service provides specialist addiction therapies and treatment for adults who are experiencing gambling harms and addiction, as well as therapy for any related mental health difficulties. They use evidence-based cognitive-behavioural therapy on a one to one and/or group format. The service has a clinic in Newcastle and clinics in other areas in the North East, such as Sunderland and Northumberland, that North Tyneside residents can access¹⁹.

9. Evidence for interventions

NICE guidelines are currently under development for the identification, assessment, and management of harmful gambling²⁰.

Regionally, services to support people experiencing problem gambling include NECA, the NHS Northern Gambling Service and Gamblers Anonymous. Treatment interventions range from brief advice to a course of treatment sessions and can include the use of a models of care approach, motivational interviewing, and Cognitive Behavioural Therapy (CBT). 'GambleAware' provide a national telephone helpline and online support.

Population-level interventions can be implemented to reduce gambling harm. These include Demand reduction such as educational programmes and workshops for non-gamblers; Opportunity or access reduction such as industry responsible-gambling strategies and Upstream harm reduction such as screening individuals at potential risk of harm²¹.

The North Tyneside licensing strategy abides to the regulations set out in the Gambling Act (2005), similarly to other strategies across the North East region. The Gambling Act (2005) has three main aims:

- Prevent gambling from being a source of crime and disorder
- Ensure gambling is conducted in a fair and open way
- Protecting children and other vulnerable persons from being harmed or exploited by gambling

The current North Tyneside licensing strategy was agreed by Cabinet in October 2024²². The strategy looks to meet the aims of the Act with a variety of measures including test purchasing. A risk-based inspection programme targets high-risk and problem premises. If test purchasing exercises are failed, then education and further

visits are provided. The licensing strategy covers premises and does not regulate online gambling.

10. Views

A PHE stakeholder review identified a contrast between the views of commercial and non-commercial stakeholders. Commercial stakeholders (e.g., from the gambling industry) viewed the sources of gambling-related harm as complex, experienced by a minority and felt that the focus should be on the treatment of individuals.

In comparison, non-commercial stakeholders (e.g., those with lived experience, charities) felt that gambling substantially contributed to harm, including affecting others. Gambling harm was felt to be experienced across the range of different levels of gambling involvement and required consumer awareness and a whole-systems approach.

The Gambling Commission tracks public perceptions via telephone survey. The findings from the most recent survey, done in 2022, showed that 79% of respondents agreed there are too many opportunities for gambling. 71% agreed that gambling is dangerous, but 63% of respondents believed that people should have the right to gamble whenever they want²³.

In October 2024, a scoping exercise was completed in North Tyneside, to understand stakeholders' knowledge and perceptions of gambling harm, and the support available for residents in the borough. The Table below highlights the key findings from this exercise.

Table 4: Key findings from insight work with stakeholders in North Tyneside regarding gambling harm.

Main themes	Key points
The impact of gambling to residents in North Tyneside	Interpersonal harm, financial harm, impact on sleep and mental health, and the identified link between gambling harm and substance misuse were all recognised as harm from gambling. Culture and perception of gambling were also found to impact gambling harm, with stakeholders highlighting the normalisation of gambling in the area as having significant impact.
Barriers to supporting residents experiencing gambling harm	Low level of knowledge about the support services available, in professionals and residents, and the location of services that are available to North Tyneside residents

	<p>contributed to barriers stopping people from receiving support.</p> <p>The accessibility and availability of gambling were also raised as a concern that may prevent people accessing support.</p> <p>Reasons that stopped professionals being able to identify gambling harm included: Individuals not recognising gambling harm in their own life, lack of confidence to ask residents about gambling and individuals feeling shame, embarrassment or stigma about their gambling harm and therefore not disclosing it.</p>
System-wide need to address gambling harms	<p>Overall, only a small number of stakeholders spoken to had received any training on gambling harm and identified this as a need.</p> <p>Increasing professionals' knowledge of support services and options was identified as an area of focus, strengthening referral and signposting pathways.</p> <p>Stakeholders' were mostly not aware of where to go for reputable resources about gambling harm, that are not linked to industry.</p>

11. Additional Needs Assessment Required

12. Key contact and references

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