

# **North Tyneside Joint strategic needs assessment Gambling**

December 2023



North  
Tyneside  
Council

## 1. Introduction

Gambling involves staking or risking something of value on an event with an uncertain or chance outcome. The Gambling Act 2005 defines gambling as gaming, betting or participating in a lottery. 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).

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. Opportunities to gamble exist on most high streets and, with the spread of the internet, in virtually every home.

The NHS Long Term Plan 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.

Public Health England (PHE) 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 society.

## 2. Key issues

### **High prevalence of gambling participation and harm**

In England, the highest prevalence of at-risk gambling was found in the North East (4.9%). 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**

1. Work with our communities to ensure gambling harm is recognised for its scale and significance.
2. To consider how to improve access to support for gambling harm.
3. To reduce inequalities in gambling harm.
4. To consider how to protect children and young people from the normalisation of gambling.

## **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](#)<sup>1</sup>. 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'. PHE estimated that 3.8% of the population are classified as at-risk gamblers and 0.5% as problem gamblers. 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.

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<sup>1</sup> [Gambling Commission – Problem Gambling Screens](#)

## **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.

### **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.

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.

### **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%).

### **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.

### **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<sup>2</sup>, 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 satisfaction<sup>3</sup>, compared to the national average of 5.6%. Out of the 12 local authorities in the North East, North Tyneside was ranked 4<sup>th</sup> in 2022–23.

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%). 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.

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<sup>2</sup> [OHID Fingertips - \(search 14 units\)](#)

<sup>3</sup> [OHID Fingertips - Public Health Outcomes Framework](#)

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.

The highest prevalence of at-risk gamblers was 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.

After the first COVID-19 lockdown, there was an overall reduction in gambling. However, there was a small increase in online gambling (1.5% to 2.3%) and 20% of problem gamblers reported gambling more.

The 2018 Health England Survey <sup>4</sup>(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: Health Survey for England data as applied to the population of North Tyneside** (16+ based on 2022 MYPE)

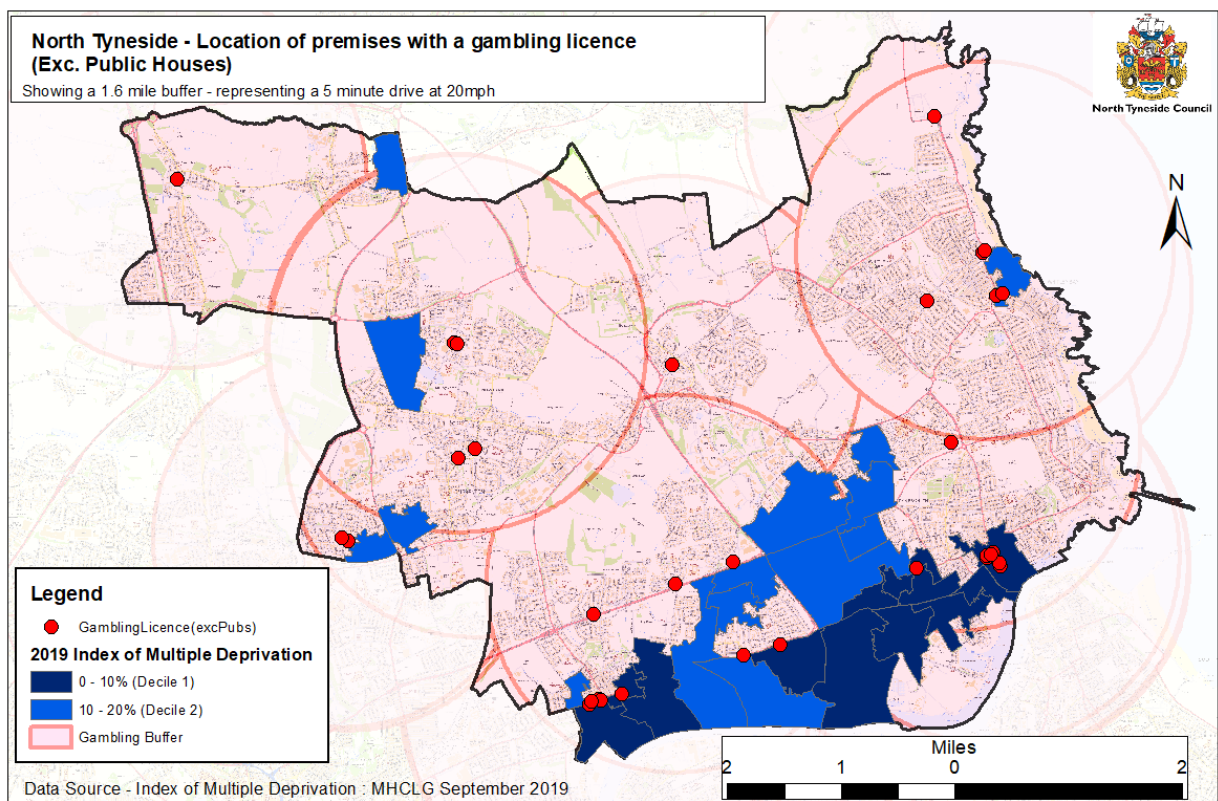
| Gambling severity     | North East % | North Tyneside population |
|-----------------------|--------------|---------------------------|
| Non problem           | 94.7         | 182,316                   |
| Low risk gambler      | 3.8          | 7,316                     |
| Moderate risk gambler | 0.9          | 1,733                     |
| Problem gambler       | 0.7          | 1,348                     |

<sup>4</sup> [Health Survey for England \(2018\)](#)

In Great Britain, there are 7,681 licensed gambling premises, with 33 of these in North Tyneside. 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**



Produced by Policy, Performance & Research Team,  
North Tyneside Council, November 2021

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## **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. Services include both NHS and industry-funded services.

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.

## 9. Evidence for interventions

NICE guidelines are currently under development for the identification, assessment, and management of harmful gambling with an expected publication date of May 2024.

Regionally, services to support people experiencing problem gambling include NECA, the NHS Northern Gambling Service satellite clinic in Sunderland 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.

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 2021](#). 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.

## 11. Key contact

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