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Health Needs Assessment Around Those Experiencing 'Problem Gambling' in Sandwell



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Health Needs Assessment Around Those Experiencing ‘Problem Gambling’

Data Limitations

Data is often from surveys and a statistically valid sample is often not available at a Sandwell level and so the proportions for England have been applied to Sandwell to give some idea of how things could be in Sandwell if it had similar proportions to England. Also, many of these data sources use the BAME (Black, Asian and minority ethnic) category which is not recommended to be used now but we have used it as this is the only data available.

Background

What is Gambling?

“Gambling is a decision to risk a monetary bet on the uncertain prospect of larger financial gain” [1]. Gambling is a widely popular activity among adults in Great Britain, with 61% of the adult population participating in gambling in 2023-4 [2]. The gambling industry in Great Britain was thought to be worth £15.1 billion a year. [2].

It is essential to acknowledge the significant profits generated by the gambling industry. The industry capitalizes on the vulnerabilities of those who experience gambling harms, perpetuating an environment that exploits those struggling with addiction, while the risks of gambling have been historically poorly communicated to individuals.

- There has been a slight shift in recent years, with a number of local authorities recognising gambling as a public health concern, and advertising campaigns such as “When the fun stops, stop,” and organisations such as GambleAware have sought to raise awareness of gambling-related harms. However, these efforts have not been without controversy. Gamble Aware, for instance, receives significant funding from the gambling industry, raising concerns over conflicts of interest. Some treatment centres have severed ties with Gamble Aware due to apprehensions from clinicians and patients regarding its funding sources [3].
- This health needs assessment aims to explore the prevalence and impact of Harmful Gambling 'within the Sandwell local council area. Although local data is limited, national sources provide valuable insights into the financial, emotional, and relational consequences faced by individuals affected by gambling. By analysing these impacts, we can develop evidence-based strategies to mitigate gambling-related harms and foster a healthier community in Sandwell.

What Are Gambling Related Harms?

For those who develop an issue in relation to harmful gambling, the consequences can be devastating. The impacts of harmful gambling are extensive, encompassing financial harm, mental and physical health problems, criminal behaviour, antisocial conduct, and relationship difficulties [4]. Over recent years, there has been increased awareness and understanding of those experiencing gambling harm and its associated issues, leading to the recognition of gambling disorder as a mental health condition in the DSM IV and V, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR current edition) , used by psychiatrists to diagnose mental health conditions [5].

The PGSI refers to the Problem Gambling Severity Index. It is a scale used in research, clinical settings, and surveys to assess and measure the severity of gambling-related problems in individuals. It consists

of a series of questions designed to measure various aspects of gambling behaviour and its impact on a person's life. The scores obtained from the PGSI can help classify individuals into different risk categories, ranging from low-risk to moderate-risk people who gamble and high-risk of experiencing 'Problem Gambling.' There is some concerns as to the limited validity of the PGSI scale when used in a public health setting [6] [7], including the categorisation of individuals into 'low risk', 'moderate risk', and those experiencing 'Problem Gambling'; as evidence is pointing to gambling harms existing on a continuous scale. The questionnaire also only focussed on the person who gambles and does not consider harms that may be experienced by others in contact with the person who gambles, including family, friends, or colleagues. That being said the PGSI is one of the main tools used in studies and surveys and has shown good validity in differentiating between non-problem people who gamble and those experiencing 'Problem Gambling' [8].

Commented [LF1]: Needs expansion

Epidemiology of Gambling

Estimated National Prevalence of Gambling and Gambling Related Harms

The most recent data meaningful data* for England is from the Health Survey for England (HSE 2018), but some new data is available for Great Britain for 2023-4. This as shown in Table 1 found that over half (60.6%) of Great Britain's population over aged 18 had gambled in the last 12 months and excluding lotteries this was 40.4%.

* The Health Survey for England (HSE 2021) included gambling data but was carried out during the pandemic and is not comparable to previous years data

Table 1. Overall Gambling Participation Per Year in Great Britain 2023 - 2024

Gambling Activity 2023-4

Any Gambling Activity	Any Gambling Activity (excluding National Lottery)	Number of respondents
60.6%	40.4%	9,740

Data from [9]

With regards to 'Problem Gambling,' a 2020 study by YouGov of Great Britain found that 13% of adults scored one or higher on the Problem Gambling Severity Index (PGSI). This includes 7% low-risk people who gamble (PGSI score 1-2), 3% moderate-risk people who gamble (PGSI score 3-7), and 3% experiencing 'Problem Gambling' (PGSI score 8+). Men, younger adults, and individuals of lower socioeconomic class, and BAME individuals had a higher proportion of people who gamble with a score of 1+ [10].

In the Gambling Survey for Great Britain - Supplementary Tables (including region and country) 2023-4 survey, the PGSI score was utilised to assess the proportion of the population that is at risk of experiencing 'Problem Gambling' (Score between 1-7), and those classified as experiencing 'Problem Gambling' by the PGSI score. The responses from 2023-4 for England are below. (Table 2)

Table 2. Prevalence of at Risk and Those Experiencing 'Problem Gambling' According to PGSI Scale-England

Measure	Proportion of respondents
Not Experiencing 'Problem Gambling' (including non-gamblers)	85.4%
Low risk (PGSI 1-2)	8.4%
Moderate-risk (PGSI 3-7)	3.7%
Is Experiencing 'Problem Gambling' (according to PGSI scale)	2.5%

Data from [9]

Locally

There is a scarcity of local data available for the Sandwell area, however using the proportions of total number of people who gamble, at risk people who gamble, and those experiencing 'Problem Gambling' in England and Great Britain, an estimate can be made as the numbers of individuals affected in the Sandwell area using the most recent census data. This is shown in table 3.

GambleAware commissioned local gambling profiles to be created for local authorities and has shared the Sandwell profile to assist with this needs assessment [11]. This data is estimated prevalence, as it uses national survey data, and a statistical analysis method called multilevel regression and post-stratification (MRP) to estimate prevalence based on the population characteristics of an area. While these are estimates only, it gives the best picture of Sandwell that is available in lieu of any primary data collection.

According to this area profile, Sandwell has a higher proportion of potential harmful gambling than the rest of GB (Great Britain) as a whole. 16.0% of respondents in Sandwell are estimated to have a score of 1 or more on the PGSI, compared with 13.4% across GB.

When broken down by level of severity of gambling harm, the data shows that:

- Levels of low-risk (PGSI 1-2) people who gamble in Sandwell (8.2%) are estimated to be above the GB average (7.5%). (estimated to be 21,379 people in Sandwell in 2023)
- Levels of moderate-risk (PGSI 3-7) people who gamble in Sandwell (3.8%) are estimated to be above the GB average (3.0%). (estimated to be 9,907 people in Sandwell in 2023)
- Levels of people who experience 'Problem Gambling' (PGSI 8+) in Sandwell (4.0%) are estimated to be above the GB average (2.9%). (estimated to be 10,429 people in Sandwell in 2023)

This increased proportion of people who gamble who are at risk of harm is likely influenced by the population of Sandwell. In the table below, the makeup of the population of Sandwell is compared against the England average. Groups who are at a higher risk of experiencing 'Problem Gambling' are explored and the proportion of these groups present in the population of England and Sandwell are compared. The prevalence of individuals with PGSI 8+ in England is 3.0%.

Table 3. Estimates of Demographic Groups Experiencing ‘Problem Gambling’ - Sandwell

Demographic Groups With Relatively High Levels of People Experiencing ‘Problem Gambling’ (PGSI score 8+)	Likelihood to be PSGI 8+ (%)	Percentage of England’s population (%)	Percentage of Sandwell’s population (%)
Aged 18-34	6.8%	21.9%	22.2%
Black, Asian and minority ethnic (BAME)	8.4%	19.0%	42.8%
Unemployed/Economically Inactive	4.1%	42.6%	47.0%
Full Time Student	6.8%	5.2%	5.2%
Not in a Relationship	3.9%	55.3%	56.4%
England Average	3.0%		

Adapted from [11]

This data shows that Sandwell has a higher proportion of a number of groups that are more likely to have a high prevalence of experiencing ‘Problem Gambling’ than England. Sandwell has higher proportions of BAME individuals, people who are economically inactive or unemployed (including retired), and people who are not in a relationship. Sandwell also has similar proportions of 18–34-year-olds and full-time students. This population composition likely contributes to the relatively higher levels of those experiencing ‘Problem Gambling’ in Sandwell. Given Sandwell’s diversity the picture around Gambling including the types of gambling participated in (what could be classed as gambling) and people seeking help and how to reach them (as maybe should not gamble) could be more challenging.

Sandwell Wards

Table 4. Estimates and Rankings of Demographic Groups Experiencing ‘Problem Gambling’ - Sandwell Wards

Ward	Proportion (%)					Ranks					Deprivation		
	Age 18-34 %	Black, Asian and other minority ethnic %	Unemployed /Inactive %	FT Student %	No Relationship %	Age 18-34 Rank	Black, Asian and other minority ethnic Rank	Unemployed /Inactive %	FT Student Rank	No Relationship Rank	Average Rank	IMD Score	IMD Rank
Abbey	23.9	33.8	38.2	4.7	38.2	5	15	24	12	24	16	22.7	23
Blackheath	21.4	19.2	47.2	3.4	47.2	17	21	12	23	12	17	30.4	17
Bristnall	20.4	38.0	46.2	4.5	46.2	20	13	14	15	14	15	30.8	16
Charlemont with Grove Vale	21.6	38.9	46.4	4.4	46.4	14	12	13	16	13	14	26.2	20
Cradley Heath and Old Hill	22.3	22.4	45.5	3.7	45.5	9	20	17	20	17	17	33.5	14
Friar Park	19.5	18.6	48.0	3.5	48.0	23	22	10	22	10	17	41.7	4
Great Barr with Yew Tree	21.4	44.9	43.0	4.5	43.0	16	8	21	14	21	16	23.6	21
Great Bridge	21.7	33.3	45.6	4.6	45.6	13	16	16	13	16	15	36.5	12
Greets Green and Lyng	21.8	58.8	51.9	6.7	51.9	12	5	2	4	2	5	43.9	2
Hateley Heath	21.3	41.3	48.3	5.4	48.3	19	9	9	7	9	11	40.1	7
Langley	22.0	35.8	45.9	5.1	45.9	11	14	15	9	15	13	37.1	10
Newton	19.7	48.7	45.4	5.2	45.4	22	7	18	8	18	15	21.7	24
Old Warley	18.2	32.7	44.5	4.3	44.5	24	17	19	17	19	19	23.5	22
Oldbury	24.2	57.0	41.6	5.6	41.6	4	6	23	6	23	12	30.0	18
Princes End	23.3	18.0	48.9	3.5	48.9	6	24	6	21	6	13	47.7	1
Rowley	21.6	18.5	43.8	3.4	43.8	15	23	20	24	20	20	32.0	15
Smethwick	22.2	65.2	50.9	7.6	50.9	10	3	5	3	5	5	41.2	6
Soho and Victoria	25.2	83.5	51.5	9.5	51.5	2	1	3	1	3	2	42.8	3
St Pauls	25.5	81.5	52.2	9.4	52.2	1	2	1	2	1	1	38.7	8
Tipton Green	22.8	39.3	47.4	5.0	47.4	7	11	11	10	11	10	38.5	9
Tividale	20.2	27.1	42.9	4.0	42.9	21	18	22	19	22	20	28.7	19
Wednesbury North	22.4	26.6	48.4	4.0	48.4	8	19	7	18	7	12	36.1	13
Wednesbury South	21.3	40.1	48.4	5.0	48.4	18	10	7	11	7	11	36.9	11
West Bromwich Central	24.4	65.1	51.0	6.3	51.0	3	4	4	5	4	4	41.6	5

Combining data from [11] with Office for National Statistics (ONS) Census 2021 and Ministry of Housing, Communities & Local Government (2018 to 2021), English Indices of Deprivation 2019

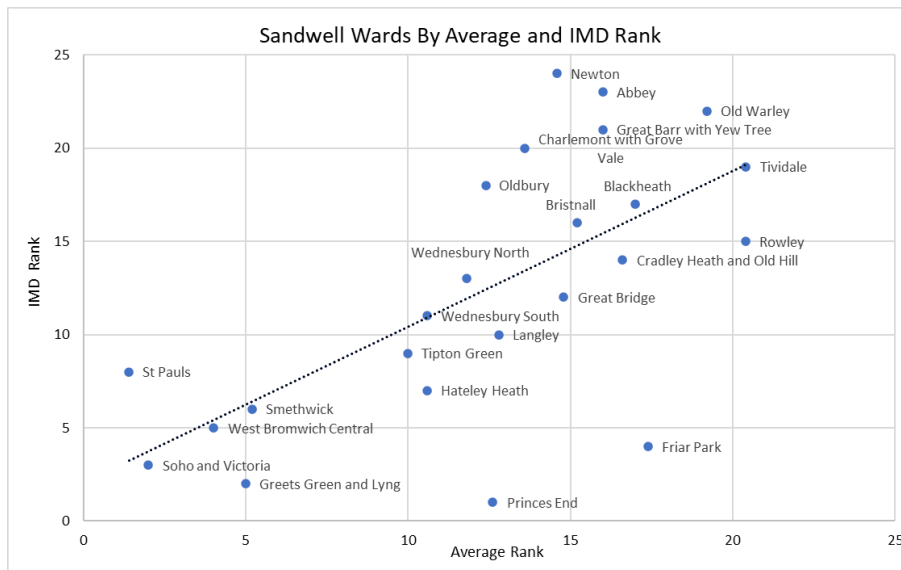
Applying these risk factors to Sandwell local authority wards we can get a feel of which of these wards are likely to have the most people who experience ‘Problem Gambling’ by looking at the proportion

(%) of their population who are in risky groups and their ranking (ranked one the highest ranked and twenty-four the lowest ranked) within Sandwell wards. Deprivation (Index of Multiple Deprivation-IMD) by ward can also be looked at (the higher the score the more deprived and ranked one the highest ranked and twenty-four the lowest ranked ward).

By looking at the red boxes in the chart above the wards which have the highest proportions and have the highest rankings can be seen and:-

- Greets Green and Lyng, Smethwick, Soho and Victoria, St Pauls, and West Bromwich Central have the highest proportions of different groups who are likely to experience 'Problem Gambling.'
- Tividale, Old Warley and Rowley have the lowest proportions of different groups who are likely to experience 'Problem Gambling.'
- Deprivation does not necessarily seem to show links with proportions of populations who may experience 'Problem Gambling' with Princes End being the most deprived but not having high proportions of different groups who are likely to experience 'Problem Gambling' whereas Greets Green and Lyng do have high proportions of different groups who are likely to experience 'Problem Gambling'

Figure 1: Sandwell Ward by Average Rank of Risky Populations and IMD Rank



Combining data from [11] with Office for National Statistics (ONS) Census 2021 data and Ministry of Housing, Communities & Local Government (2018 to 2021), English Indices of Deprivation 2019

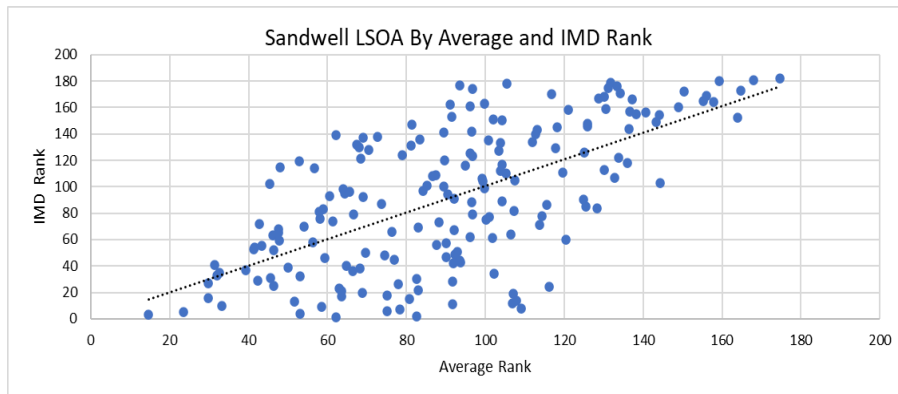
The above chart plots Sandwell Wards by their average rank for all the factors mentioned and IMD and shows:-

- a significant large positive relationship (Spearman Correlation) – 0.6263 between the two sets of rankings and so Deprivation has an impact (but not cause) on the rankings of wards around the populations the most at risk of experiencing 'Problem Gambling.'
- 39.2% of the variation in the average rankings is due to the Deprivation ranking.

Sandwell LSOA

Lower layer Super Output Areas (LSOAs) are a geography often around the census and they comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons and there are 190 LSOA in Sandwell in 2021. Average Rank of Risky Populations and IMD Rank can also be plotted at a LSOA level. IMD 2019 used 2011 LSOA and so this chart shows 2011 LSOA.

Figure 2: Sandwell LSOA by Average Rank of Risky Populations and IMD Rank



Combining data from [11] with Office for National Statistics (ONS) Census 2021 data and Ministry of Housing, Communities & Local Government (2018 to 2021), English Indices of Deprivation 2019

The above chart plots Sandwell LSOA by their average rank for all the factors mentioned and IMD and shows: -

- a significant large positive relationship (Spearman Correlation) – 0.6183 between the two sets of rankings and so Deprivation has an impact (but not cause) on the rankings of wards around the populations the most at risk of experiencing ‘Problem Gambling.’
- 38.2% of the variation in the average rankings is due to the Deprivation ranking.

Maps of these risk factors by Ward and Lower layer Super Output Areas (LSOAs) in relations to centres and premises with gambling licences are in Appendix A.

Risk Factors for Experiencing Gambling Related Harms

Age and Sex

Table 5. Gambling Participation and Those Experiencing ‘Problem Gambling’ According to Age and Sex Great Britain 2023

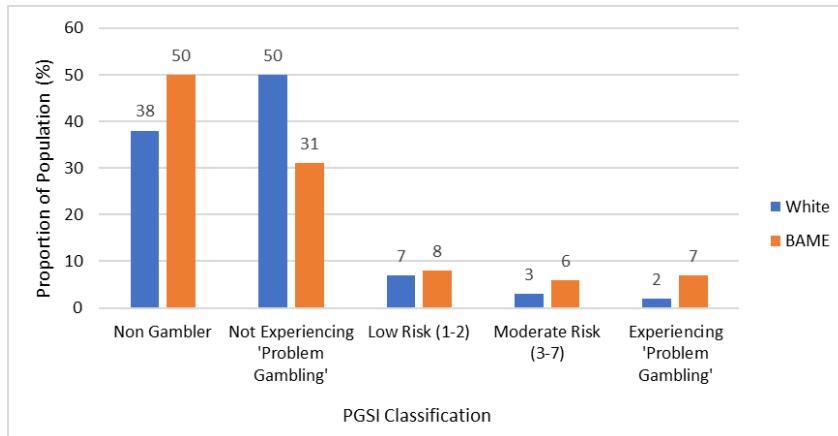
	All Participants	Male	Female	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 plus
Participation in The Past 12 Months (Percentage)	60.6%	62.9%	58.3%	53.0%	62.0%	65.8%	63.3%	63.7%	59.0%	49.9%
Participation in The Past 12 Months Excluding Lottery Draw Only Players (Percentage)	40.4%	41.8%	38.9%	48.8%	52.4%	50.3%	41.6%	36.2%	25.3%	19.2%
Number of Respondents	9,740	4,264	5,459	530	1,485	1,586	1,436	1,713	1,740	1,247
Not Experiencing ‘Problem Gambling’ (Including non-gamblers)	85.6%	82.4%	88.6%	79.0%	77.3%	80.1%	85.4%	90.7%	93.9%	96.3%
Low Risk’ (PGSI 1-2)	8.3%	9.5%	7.1%	9.2%	11.7%	12.3%	8.6%	6.6%	4.1%	2.6%
Moderate Risk; (PGSI 3-7)	3.7%	4.9%	2.5%	6.9%	5.8%	4.4%	3.8%	2.3%	1.3%	0.9%
Is Experiencing ‘Problem Gambling’ (According to PGSI scale)	2.5%	3.2%	1.8%	4.8%	5.2%	3.2%	2.2%	0.5%	0.8%	0.2%
Total % Any Risky Gambling	14.4%	17.6%	11.4%	21.0%	22.7%	19.9%	14.6%	9.3%	6.1%	3.7%

Data from [9]

- Males are slightly more likely to participate in Gambling in general (62.9%) than Females (58.3%) and also for Gambling excluding lottery draw only players (Males- 41.8% and Females- 38.9%)
- Gambling participation in general increases up to a peak at the 35 to 44 age group and then generally falls (only a small increase from 63.3% to 63.7% between aged 45 to 54 and aged 55 to 64) with the 75 plus having the lowest- 49.9%.
- Gambling excluding lottery excluding lottery draw only players increases up to the 25 to 34 age group and then falls in every age group after with the 75 plus having the lowest- 19.2%.
- Males have a higher proportion of all types of people experiencing any type of risky gambling behaviour (17.6% vs 11.4 for Females)
- Aged 25 to 34 have the highest % of people with any risky gambling (22.7%) and those experiencing ‘Problem Gambling’ 5.2%

Ethnicity

A report conducted by YouGov on behalf of GambleAware focussed on gambling among adults from Black, Asian, and Minority Ethnic (BAME) communities [12]. Overall participation is higher among White adults than among BAME adults, however the report reveals that 20% of adults from BAME communities scored one or higher on the Problem Gambling Severity Index (PGSI) scale, compared to 12% of white adults. Among BAME individuals, 8% were low-risk people who gamble (PGSI 1-2), 6% were moderate-risk people who gamble (PGSI 3-7), and 7% were at high risk of experiencing ‘Problem Gambling’ (PGSI 8+) (Figure 1). The highest proportion of individuals falling into the PGSI 1+ category was observed among Black African (including mixed heritage), Pakistani, and Indian backgrounds. Pakistani people who gamble had the highest percentage (12%) of those experiencing ‘Problem Gambling’ with a PGSI score of 8+ [12].

Figure 3: Comparison of PGSI Grade Between White and BAME Individuals.

Adapted From [12]

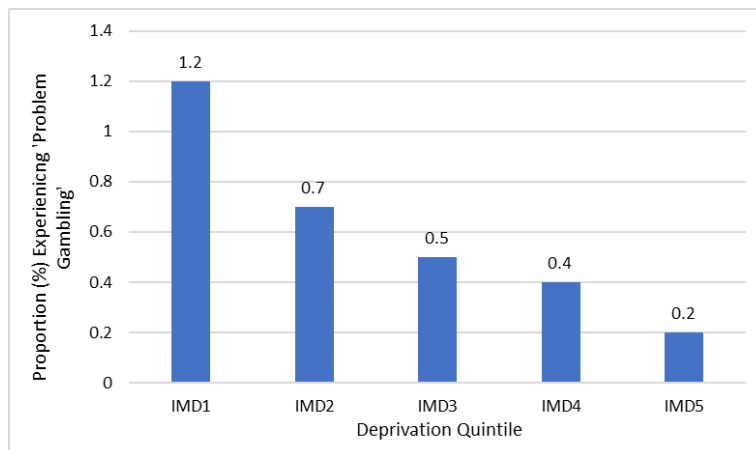
As discussed, it is important to note that the PGSI score does not diagnose those experiencing 'Problem Gambling' but rather gives an indication of whether an individual is at risk of experiencing 'Problem Gambling.' The differences can be partly contextualised by the difference in gambling activity profiles, as BAME individuals are more likely to take part in casino and gaming activities when they do participate, whereas white respondents are more likely to take part in lotteries [10].

Treatment usage and demand were higher among BAME people who gamble, with 71% of at risk people who gamble from BAME communities reporting having used some form of treatment and support including anything from advice from friends and family to treatment at specialised centres, compared to 46% of white people who gamble [12].

Social Factors (IMD-Deprivation)

Combining four Health Survey for England's (HSE) data (2012,2015,2016 and 2018) [4] found that the proportion of at-risk people who gamble and those experiencing 'Problem Gambling' is significantly higher among more deprived areas according to either the PGSI questionnaire or the DSM IV. The IMD is split into five quintiles and there is a gradient across deprivation levels, with the most deprived areas seeing the highest prevalence of those experiencing 'Problem Gambling,' and the least deprived areas having the lowest levels. This is illustrated in Figure 4.

Figure 4. Prevalence of Those Experiencing ‘Problem Gambling’ According to PGSI Score or DSM IV Diagnosis According to Deprivation Score the Indices of Multiple Deprivation by Quintile (IMD1 is the Most Deprived and 5 is the Least Deprived)



Combining Four Health Survey for England's (HSE) data (2012,2015,2016 and 2018 [4]

The survey also investigated highest level of education and found that in individuals with NVQ4+ or degree equivalent, those experiencing ‘Problem Gambling’ was found in 0.3% of the population. The prevalence was found to be higher in those with below-degree qualifications (0.7%, and no qualifications (1%) however these differences were not statistically significant [9].

When levels of employment were investigated, those experiencing ‘Problem Gambling’ was most prevalent in respondents who were currently unemployed (2.1%). It is unclear of whether this is the cause or effect of experiencing ‘Problem Gambling’, however the proportion of those experiencing ‘Problem Gambling’ who were unemployed was significantly higher than those who were in employment (0.7%), in full time education (0.5%), or retired (0.2%) [9].

With regards to alcohol consumption, individuals who drank above the government suggested safe drinking limit of 14 units (14-35 units) were more likely to be experiencing ‘Problem Gambling’ than those who drank less than 14 units or less (including non-drinkers) [9].

Children and Young people.

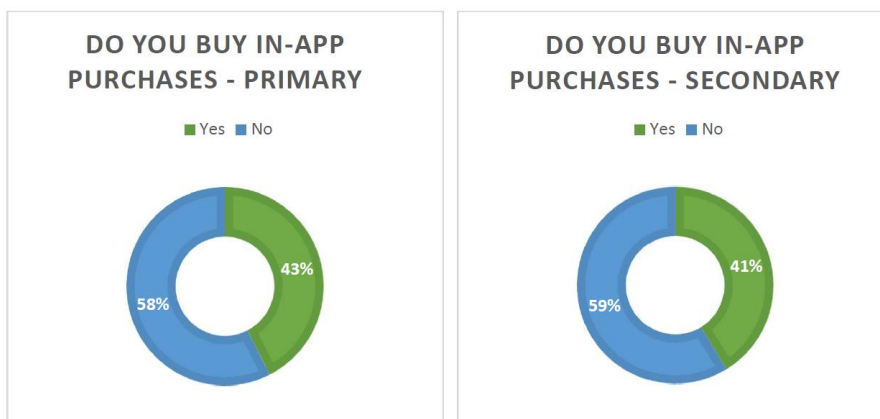
One group in particular that have been found to be at a significant risk of gambling disorder are Children and young people. The gambling commission found that in 2023 around 26% of 11- to 17-year-olds had used their own money to gamble. They were most commonly undertaking activities that were unregulated such as penny pushers, claw machines, or betting with family and friends. The study found that 0.7% of these 11- to 17-year-olds were experiencing ‘Problem Gambling’ (According to DSM-IV) and 1.5% of these 11- to 17-year-olds were classed as at risk people who gamble [13].

Further to this, advertising from gambling companies appears to affect children more than adults. In a study conducted by the University of Bristol, approximately 41,000 children under the age of 16 were following gambling companies on Twitter, and following testing of gambling advertisements, they found that 19 out of 24 adverts appealed to children more than they did to adults [14].

Furthermore, in recent years, there has been a proliferation of gambling like activities in videogames coming in many forms, one of which are “loot boxes”, which involves using in game currency or real money to pay for a randomised in game item, often appearing as chests, crates, or card packs. They have been described as predatory [15], and these loot boxes often have a very small chance of containing a rare or powerful item, leading to individuals to quickly spend significant portions of money trying to unlock them. A study from the Royal Society for Public Health found that the most likely group to be buying loot boxes or participating in other videogame-based gambling behaviours are 11–14-year-olds [16].

In Sandwell, the annual SHAPE Survey had some limited data collected on gaming and in app purchases including loot boxes and cosmetic items. They found that it was common for both primary and secondary aged children to engage in purchasing in game items on games, with over 80% of these stating they purchased on a monthly basis with over a third of both age categories spending £5-£9.99 (Figure 3) [17].

Figure 5. Results From the Annual SHAPE Survey Found That a Large Number of Both Primary and Secondary Aged Students Purchase in Game Items Such as Loot Boxes with Real Money



Charts from [17]

Consequences of Experiencing ‘Problem Gambling’/Gambling disorder

The negative impacts of gambling have wide-ranging effects on individuals, families, communities, and society. These harms can be short-term or long-term, affecting relationships, finances, and overall well-being. The severity of these impacts can vary, with some individuals facing bankruptcy or resorting to criminal activities to sustain their gambling habits. Health consequences include anxiety, depression, physical health problems, and, in extreme cases, suicide. Research by PHE has estimated that 0.5% of the adult population in England may experience serious gambling-related problems [18].

These problems also affect those around them. A YouGov Survey found that approximately 7% of the adult population in the UK are negatively affected by another’s gambling [10]. Individuals that are more likely to be negatively affected by other’s gambling are more likely to be females (57% vs 52% of population), are more likely to come from a lower socio-economic background, and are slightly more likely to be of BAME ethnic origin (16% compared to 12% of population)

Most people who are affected negatively by another's gambling are close family members or spouses, and issues felt are wide reaching, often similar to the problems faced by those experiencing 'Problem Gambling' themselves, such as issues with resources, such as work, employment, money and debt, Health concerns such as anxiety and depression, and relationship issues [10].

A report from Samaritans has also highlighted the issue of gambling and suicide [19]. Suicidal ideation is particularly prevalent among individuals seeking treatment for gambling-related harm, with many reporting current or past thoughts of suicide and high levels of anxiety and stress [20]. Studies indicate a strong association between the severity of gambling problems and suicidal thoughts. A significant portion of individuals seeking treatment for gambling-related harm have incurred debts due to their gambling, coupled with the well-established connection between financial stressors, including problem debt and suicide and those experiencing 'Problem Gambling' have been found to be at a significantly increased risk. Research in 2010 from a residential treatment program found that of their users, between 20 and 30% had attempted suicide, and up to 90% had thought about ending their life [19]. Research also shows that individuals not seeking treatment for gambling-related harm experience elevated rates of suicide ideation and attempts, at least four times higher than people with no signs of those experiencing 'Problem Gambling' [19].

Primary Prevention

Stigmatisation

People who suffer from gambling disorder are heavily stigmatised by the general public, somewhat more than other mental health conditions. Research has found that even when compared with other mental health conditions, individuals with gambling disorder appear to be more stigmatised, with negative stereotypes including that sufferers are irresponsible, impulsive, or greedy [21].

This stigma is a significant barrier to treatment, as the public perception and negative stereotypes leads individuals suffering with gambling disorder to hide their issues and internalise these stigmas, leading to a cycle of anxiety, decreased self-esteem, and further reduced likelihood to seek treatment [22] [23] [24].

Improvement of treatment by decreasing stigma of the condition has been a theme throughout medical history, and steps are being made to accomplish this with gambling.

This has been seen in psychological research and has resulted in gambling disorder being moved from the "impulse control disorders" category of the DSM IV to the "substance related and addictive disorders" category in the updated DSM V [5]. This is a result of years of research that found that gambling disorder resulted in neurobiological changes that were consistent with substance abuse [25]. This may be useful to medical professionals when diagnosing mental health conditions and allowing patients to receive the correct treatments, however some research has shown that terminology has little effect on the stigma associated with gambling disorder [22].

There is currently no consensus as to how to reduce stigmatisation of gambling disorder, and various avenues of education and intervention have been studied showing both desired and undesired effects [22]. For this reason, it would be difficult from a public health perspective to aim to reduce stigmatisation without further research on the most effective methods, as it could lead to undesired effects such as public perception worsening towards sufferers of gambling disorder.

Treatment Estimates

OHID (Office for Health Improvement & Disparities) produced estimates of rates and how many people use different levels of treatment and support in December 2023 [26]. The levels of support range from 1 (Brief advice) to 5 (Intensive residential treatment) and are fully described in Appendix B.

Table 6. Treatment Estimates

Treatment or Support Intensity	Estimated Rate per 100,000 Adult Population of Adults Who Would Benefit From Gambling Treatment			Estimated Number of Adults Who Might Benefit From Some Type of Gambling Treatment or Support			Estimated Number of Children Living in The Same Household as Adults Who Might Benefit From Some Type of Gambling Treatment or Support
	Sandwell	West Midlands	England	Sandwell	West Midlands	England	Sandwell
1	537	413	366	1,320	19,220	162,571	837
2	2,042	2,138	2,188	5,024	99,527	972,510	3,273
3	399	370	366	983	17,219	162,501	664
4	1,170	717	547	2,879	33,363	243,300	1,924
5	176	114	88	433	5,312	39,293	258
Total				10,639	174,641	1,580,175	6,956

From [26]

Sandwell has: -

- a higher rate of adults estimated to benefit from gambling treatment than the West Midlands region and England at all treatment levels apart from level 2 which is slightly lower (2,042 per 100,000 compared to 2,138 per 100,000 for the West Midlands region and 2,188 per 100,000 for England)
- 1,320 adults who are estimated from potentially benefitting from level 1 treatment.
- 5,024 adults who are estimated from potentially benefitting from level 2 treatment.
- 983 adults who are estimated from potentially benefitting from level 3 treatment.
- 2,897 adults who are estimated from potentially benefitting from level 4 treatment.
- 433 adults who are estimated from potentially benefitting from level 5 treatment.
- over 10,000 adults in total who are estimated to benefit from some level of treatment or support around gambling.
- nearly 7,000 children who are estimated to be living in the same household as adults who might benefit from some type of gambling treatment or support.

Treatment Utilisation

GambleAware has created a report on the statistics for the National Gambling Treatment Service [27], which has shown some interesting statistics that could guide recommendations. A total of 6,645 individuals were reported (to the data reporting framework) to be treated within gambling services in Great Britain within 2022/23. This in itself shows the relatively small number of individuals accessing services.

The characteristics of individuals their report show:

- A large majority of clients (69%) were male.
- Three quarters (75%) of clients were aged 44 years or younger. The highest numbers were reported in the 25-29 years old and 30-34 years old age bands, accounting for 38% of clients in total.
- Nine tenths (90%) were from a white ethnic background, including 82% White British and 4% White European. The next most commonly reported ethnic backgrounds were Asian or Asian British (6%), and Black or Black British (3%).
- The majority of clients were either in a relationship (39%) or married (25%). A further 29% were single, 4% were separated and 2% divorced.
- In terms of working status, most were employed (72%), with smaller proportions reporting being unemployed (9%), unable to work through illness (12%), homemaker (2%), student (1%), or retired (2%).

For engagement in treatment, they found that:

- Most referrals into treatment were through the National Gambling Helpline (53.0%) or were self-made (20.3%). This puts pressure on the individual to move through a number of steps before contact is made, they need to recognise that they have a problem, have the motivation to decide that they need treatment, and finally make the referral themselves to the gambling services. The National Gambling Helpline appears to be a positive source for support and referral to services, however it still puts pressure on the individual to work to seek support. Recommendations could aim at increasing the numbers of referrals made to gambling support services by other entities who accounted for low numbers of referrals such as GPs (1.1%), Social Services (0.3%), and others.

There are some interesting results coming out of this survey, as while the high level of younger adults and males accessing treatment is explained by the higher rates of experiencing 'Problem Gambling' in

these groups (Table 5), there is a slightly lower proportion of BAME individuals accessing treatment despite this group being at a higher risk of harmful gambling.

Clients of White or White British Ethnicity were slightly over-represented in those accessing treatment compared to their proportion of the UK population (81.8% of those accessing treatment but 87% of the UK population). Asian or Asian British ethnicity (5.6% of those accessing treatment but 7% of the UK population) and Black or Black British ethnicity (2.9% of those accessing treatment but 3% of the UK population) were slightly under-represented in those accessing treatment compared to their proportion of the UK population.

Research has shown that BAME individuals are to a certain extent more likely to access support from a number of sources including GP, friends and family, and social services, however as evidenced they are under-represented in specialist gambling services despite demand for these services being high in the BAME community [12]. This could represent a gap in the provision or the referral pathway for these individuals. One factor may be that BAME individuals are less happy to access support via helplines which constitute a significant portion of the referrals to specialist services [12].

Identifying Those Experiencing 'Problem Gambling'

The identification of those experiencing 'Problem Gambling' is a significant barrier to wide-reaching treatment programmes. Gambling disorder often leads individuals to be secretive about their issues and individuals are unlikely to seek help. The shame and stigma behind Gambling disorder delays the help-seeking of those experiencing 'Problem Gambling' and can lead to increased harms as issues are not addressed in a timely manner [23]. As these harms can be significant and life changing such as debt, mental health conditions, and higher risk of suicide [4] [19], it is imperative that improvements are made in the identification of those experiencing 'Problem Gambling' and prompt initiation of treatment. Given Sandwell's diversity the picture around Gambling including the types of gambling participated in (what could be classed as gambling) and how to reach those seeking help around experiencing 'Problem Gambling' (as maybe should not gamble) could be more challenging.

One method for improving identification of individuals with gambling disorder could be to provide training to staff who are regularly in contact with at risk groups and groups that people who gamble are likely to reach out to, such as Social Workers, Youth Workers, Mental Health Practitioners, or even Faith and other groups in the community. [10] Given Sandwell's diversity the picture around Gambling including the types of gambling participated in (what could be classed as gambling) and people seeking help and how to reach them (as maybe should not gamble) could be more challenging.

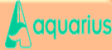
Known Available Local Services

Support and advice

Aquarius

Aquarius support people 16 years and over affected by gambling, either their own or the of a family member, partner or friend through 1:1 and group support sessions.

Web: www.aquarius.org.uk
Tel: 0300 456 4293



GamCare Helpline

GamCare is the leading provider of information, advice and support for anyone affected by gambling harms. GamCare operate a National Helpline, providing advice, support, and onward referral to specialist services if needed.

Web: gamcare.org.uk
Tel: 0808 8020 133



NHS West Midlands Gambling Harms Service (also known as the West Midlands Gambling Harms Clinic)

Provide gambling treatment programmes delivered either virtually or at the clinic, as well as a digital programme which can be accessed 24/7. They also offer additional interventions for specific problems experienced by individuals, and support and advice to family members and carers. The service is delivered by inclusion, which is part of the Midlands Partnership NHS Foundation Trust by a clinical team made up of psychologists, therapists, mental health nurses and psychiatrists.

The West Midlands Gambling Harms Clinic is a free and confidential service open to anyone who is:

- 18 years old and above.
- Registered with a GP in Stoke-on-Trent, Staffordshire, Telford and Wrekin, Shropshire, Birmingham, Solihull, Black Country, Coventry, Warwickshire, Herefordshire and Worcestershire.
- Has problems with their gambling, resulting in harm to themselves and other people.

To access the secure online Professionals referral form for the gambling harms clinic, go to www.midlandsgamblingclinic.org/professionals/professional-referrals/. Individuals can also self-refer by going to www.midlandsgamblingclinic.org/self-referral/.

Residential services

Gordon Moody



Charity offering both support and residential stays to help support individuals with gambling disorder, as well as providing respite, counselling, and support for families.

Web: gordonmoody.org.uk

Issues & Recommendations

We have identified five main strands of work which would be supported and actioned by the establishment of a Sandwell Gambling Harms Community of Improvement. This group would engage key local stakeholders and support partnership working to develop a collective vision on the prevention and reduction of gambling harm in Sandwell, alongside supporting early identification, accessible robust effective treatment, and recovery support for those affected by gambling harms. This group would be a subgroup under the governance of and report to the Sandwell Drug and Alcohol Partnership (SDAP) whose remit includes gambling related harms.

Below is a list of suggested themed areas of work the group could look to action. This is not an exhaustive list, as the community of improvement establishes and develops the priorities and suggested work streams may alter to reflect the emerging needs of the people of Sandwell in relation to addressing gambling harms.

1) **Understanding the level and impact of gambling harms in Sandwell:** in order to address disproportionate impact of gambling harms and promote equitable protections we need to understand at a local Sandwell level **who, where** and **how** Sandwell residents are being, or are at risk of being exposed to gambling related harm.

Initial work

- Communications campaign to professional / key stakeholders to raise awareness of the diverse types of gambling there are, and the issues associated with gambling, including how gambling related harm presents in individuals and others affected by gambling harms.
- Educating key stakeholders including Sandwell's community and voluntary sectors on very brief advice in relation to conversations around gambling behaviours and gambling related harms using the NHS gambling harms brief advice training.

Long term aims.

- Identifying key initial stakeholders to work with around piloting local data collection to be able to understand at a local Sandwell level who is being or is at risk of being exposed to gambling related harm.
- Determine an agreed appropriate screening tool in relation to identifying gambling related harms and consider how these assessment tools can be embedded into front line services.
- Work with partners to pilot data collection via this screening for example money / debt advice services, family support services, housing support services, young people's services, substance misuse services, mental health services.
- Work with the Research Sandwell team around collecting and mapping data in relation to harmful gambling in Sandwell.

2) **Enhancing Identification and Awareness of gambling harm:** - Strengthening the recognition and understanding of gambling-related harms throughout Sandwell.

Initial work

- Raise public awareness and educate professionals / stakeholders to enable Sandwell residents to understand gambling harm, through training. Alongside ensuring effective clear referral routes into services. This would utilise the NHS gambling harms brief advice online training.
- Develop and implement a universal communication campaign raising the profile of what constitutes gambling and gambling related harm encompassing emerging and existing

evidence – raising public awareness around types of gambling, recognising gambling harms and effective signposting to support services.

Long term aims.

- Consider how we can effectively support the development of a culture free of stigma and blame in relation to discussing and recognising gambling related harms and embed this across community, voluntary and professional settings throughout Sandwell.

3) **Safeguarding Children and Young People: Preventing exposure to gambling industry products and practices.**

Initial work

- Work with commissioned young people's service DECCA to raise the profile of gambling harms and the support offers available including risks associated with online gaming.
- Promote gambling harms awareness training in educational settings to both young people and educational professionals.

Long term aims.

- Look to explore and capture children and young people's attitudes and understanding in relation to gambling and gambling related harm.

4) **Working with regulatory partners to reduce harm and prioritise prevention - Advocating for a prevention-first approach in the gambling regulatory environment in Sandwell.**

Initial work

- Work with regulatory partners to map Sandwell licensed gambling premises and identify any "hotspots" concentration of premises.
- Update and review the gambling harms assessment tool for new gambling premises licenses applications in Sandwell.

Long term Aims.

- Advocate regulatory partners and licensed operators to work together to reduce gambling harms through effective regulation, risk-assessment, and monitoring of the gambling environment.
- Promote the use of the updated gambling harms assessment tool for new gambling premises licenses applications in Sandwell.
- Work with regulatory partners to ensure that licensed operators implement appropriate measures to identify and manage the risks and harms from gambling and where relevant undertake planned and unannounced compliance visits. This would include assessment of any existing harm reduction measures in place such as under-age refusals, self-exclusion and age verification test purchasing.
- Encourage licensed operators to implement a Think 25 policy and monitor this during any compliance visits.
- Implement test purchasing in licensed gambling premises across the borough.

5) **Ensuring effective signposting to treatment services and supporting recovery**

Initial work

- Map the current options available in relation to supporting those affected by their individual or another's harmful gambling within Sandwell.
- Promote details of locally available treatment options, ensuring they are current and relevant to local communities. Making sure information is easily available to find on all relevant platforms to provide clear accessible routes to treatment pathways to ensure quick and effective referral into services.

Long term Aims.

- Work with current gambling treatment providers to understand who in Sandwell is currently accessing treatment services and identify where there may be gaps in service provision and consideration of how to increase good quality referrals into services / treatment.
- Review locally available treatment options, ensuring they are current and relevant to local communities.
- Promote and support the gambling recovery community in Sandwell, clear signposting to mutual aid local support for gambling recovery and consideration of how there can be further support given to gambling recovery throughout the borough.

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