County Durham Gambling Health Needs and Assets Assessment

Author:

Fiona Mawson, Public Health Practitioner, Durham County Council

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Contents

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Glossary of terms

Term	Definition
Gambling Addiction	A type of impulse-control disorder where you have little or no control over your urge to gamble.
Gambling-related harms	The negative impacts from gambling on the health and wellbeing of individuals, families, communities, and society.
Health inequalities	Unfair and avoidable differences in health across the population, and between different groups within society.
Health needs assessment	A Health Needs and Assets Assessment (HNAA) is a systematic process, based on evidence, knowledge, data, and information which is used to support planning decisions.
Problem Gambling Severity Index (PGSI)	A validated screening tool designed for use amongst the general population.
Suicidal ideation	Thoughts about taking your own life.

Executive Summary

Aim and Objectives

The aim of this Health Needs and Assets Assessment (HNAA) is to identify the health needs of adults at risk from gambling products and gambling industry practices, whether land-based or online. The assessment also gains an understanding of available support options and examines opportunities to establish further assets for those needing support around gambling and wider related harms.

Adults can be people who gamble, their family, friends, and colleagues. However, it is appreciated children and young people are also at risk from gambling products and gambling industry practices, therefore further work will be considered to help understand their needs at a future date.

The HNAA's objectives are to:

- Identify the met and unmet need related to gambling-harms across the county;
- Review the evidence regarding gambling-harms and interventions;
- Identify gambling support services and community stakeholders as the assets;
- Gather insights and understanding from people affected by gambling addiction and related harms and their perception of the access to support available.
- Explore the current workforce's understanding of gambling addiction and related harms, including signposting and referral pathways enabling access to information and support.
- Explore potential health inequalities experienced by those impacted by gambling-related harms, and glean insights that define interrelated gambling-related harms;
- Analyse all collated information to inform future decision-making;
- Consider a prevention model to include primary, secondary, and tertiary prevention approaches to reduce gambling-related harms.

Content of the HNAA

The Health Needs and Assets Assessment (HNAA) helps to understand local stakeholder views and looks to the current research and evidence to ascertain comparative findings concerning wide-reaching interrelated gambling harms that may influence health inequalities amongst populations within the county. This HNAA aims to understand the impact of gambling-related harm within population health and wellbeing, gain local stakeholders' insights regarding interaction with gambling activities, recognise professionals and public knowledge and understanding of 'gambling addiction and related harm',

determine the availability and accessibility of gambling support and treatment services, and suggest ways to improve stakeholder confidence to signpost and increase referrals into gambling treatment and support services.

Methodology

The methodology used in the HNAA includes a pragmatic literature review and the analysis of quantitative and qualitative information gained from public and professional survey feedback and the insights gathered from nine 1:1 interviews held with service users and staff.

The interviewee's insights are presented under similar themes to those identified in the 2019 Public Health England (PHE) gambling-related harms report. Themes include financial, housing, employment, relationship disruption, mental and physical health, substance misuse, criminal justice involvement, and age when starting gambling and accessing gambling support.

This HNAA approach led to the development of key topics and themes which have informed the recommendations. These can be taken forward by the Gambling Steering Group to support the work required by partners to implement the change required by developing an action plan and monitoring progress across the system.

Developing the HNAA Recommendations

The overarching recommendations below are based on a system-wide approach to population health and will reflect the Association of Directors of Public Health statement suggesting that “LAs (Local Authority) are urged to up the ante against gambling harm” (Association of Directors of Public Health, 2024).

The gambling HNAA steering group will develop a detailed action plan which will consider who, how, where and when each action will be implemented. The steering group will advocate, influence, and monitor the actions required to address the universal needs and those of vulnerable high-risk groups in society. The actions and associated activities will be aligned to primary, secondary, and tertiary prevention actions.

- **Primary prevention** (to prevent harm before it happens). For example, reducing the impact of harms from gambling as part of a wider approach to addressing the Commercial Determinants of Health. Promoting gambling legislation to limit the number of gambling venues in a specific location. Commissioning and promoting behaviour change campaigns and developing resources to play an integral role in raising awareness

of the potential harms from gambling, boosting the use of preventative tools, and increasing engagement with support and treatment services;

- **Secondary prevention** (to identify and reduce the impact of harm once it has occurred). Secondary prevention can be implementing interventions for individuals or communities who may be at greater risk of experiencing gambling harms, for example, carrying out a gambling screening programme in GP surgeries, citizen advice hub, housing services, or other organisations to identify gambling harms;
- **Tertiary prevention** is targeted support for those directly affected by gambling harms**.** For example, interventions to reduce harm that has lasting effects, such as access to funded treatment for those clinically diagnosed with a problem gambling, including the National Gambling Treatment Service.

HNAA Recommendations

1. Population approach recommendations:

- To advocate for gambling to be part of a wider regional, or local approach to addressing the Commercial Determinants of Health;
- To implement a universal population health approach to raise awareness and promote behaviours that lower the risk of gambling-related harms;
- To influence national, regional, and local gambling legislation and policy, responding to relevant Gambling Commission consultations as required;
- To develop appropriate evidence-based gambling support information resource/assets and ensure the dissemination is in line with the local survey findings;
- Recognise further work should be undertaken to deliver a gambling HNA for Children and Young People.

2. Systemwide approach recommendations:

- To include gambling in the DCC approach to Health in All Policies;
- To improve how professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms as a result of problematic gambling. This could be by including asking a standardised gambling-related screening question in client assessment documents;
- To provide non-industry funded free training accessed by professionals and community organisations to aid them to raise awareness of gambling-related harms and enable earlier identification of gambling-related crisis;

3. Local Support Service Recommendations:

- To continue to work with communities, professionals, and service users to improve awareness of the referral pathways into specific gambling treatment and support services;
- To regularly monitor access to treatment to ensure the number of people registered in treatment increases, to ensure the people who need treatment access it;
- To signpost people with gambling-related harms into appropriate services including debt advice;
- Contribute to data and build the evidence base.

Definition and scope – gambling addiction and gambling-related harms

“Gambling addiction” can be defined as a type of impulse-control disorder where a person has little or no control over the urge to gamble, even when they are aware that actions can hurt them and others. Gambling addiction is a recognised mental health condition. However, many people do not recognise they have a gambling addiction. Therefore, talking about the harm people experience allows more people to understand how gambling might impact on them, and enables others to recognise when they are experiencing harm. It is also important to highlight how lower levels of harm can escalate into and become more significant before it becomes an addiction.

The definition of ‘gambling harms’ is the negative impacts of gambling on the health and wellbeing of individuals, families, communities, and society.
The scope of the County Durham gambling-related harms health needs and asset assessment is to appraise the gambling addiction and related harms research. This includes reviewing the published evidence base and carrying out local insights collection, recording, collating, and assessing local data and information from key stakeholders across the local system. The assessment also aims to understand and address the needs of individuals, professionals, and the wider system at a place-based level.

Assessing the Level of Need: Problem Gambling Severity Index (PGSI)

To assess the level of need a problem gambling severity index is used in the Gambling Survey for Great Britain, Health Survey for England, Scottish Health Survey, and the Welsh Problem Gambling Survey. It was specifically developed to assess the severity of gambling among the general population rather than within a clinical context. The PGSI consists of 9 items and each item is assessed on a four-point scale to assess the gambling behaviour: 'never' to 'almost always'.

When scores for each item are summed, a total score ranging from 0 to 27 is possible. Scores are grouped into the following categories:

- PGSI score 0. Representing a person who gambles (including heavily) but does not report experiencing any of the 9 symptoms or adverse consequences asked about;
- PGSI score 1 to 2. Representing low-risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling;
- PGSI score 3 to 7. Representing moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling;
- PGSI score 8 or more. Representing problem gambling by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but it is likely to be heavy. (Gambling Commission, 2021)

Introduction

Purpose of the Health Needs and Assets Assessment

A Health Needs and Assets Assessment (HNAA) is a systematic process, based on evidence, knowledge, data, and information that is used to support planning decisions. This approach can help improve the quantity, quality, and fair distribution of services to better meet the needs of a population. The HNAA will explore the needs of adults affected by gambling-related harms, including those who gamble, their family, friends and colleagues living in County Durham.

This HNAA aims to understand the impact of gambling-related harm within the adult population, gain local stakeholders' insights regarding interaction with gambling activities, recognise professionals and public knowledge and understanding of 'gambling addiction and related harm', determine the availability and accessibility of gambling support and treatment services, and suggest ways to improve stakeholder confidence to signpost and increase referrals into gambling treatment and support services.

The HNAA will consider the needs of the public and professionals, exploring the evidence base, data, and insights which will lead to the development of a range of recommendations.

Background – national policy and context

Gambling in Great Britain is regulated under the Gambling Act 2005, and it contains three core licensing objectives:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime;
- Ensuring that gambling is conducted fairly and openly;
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

On 25 April 2019, the Gambling Commission launched a three-year National Strategy to Reduce Gambling Related Harms, which ran until April 2022. (Gambling Commission, 2023). The strategy had two objectives:

- Prevention and education: for a collective and clear prevention plan and intervention options;
- Treatment and support: to make progress towards national treatment and support options to meet the needs of current and future service users.

In 2019 the NHS stated they were facing a rising tide of gambling related ill health and there was an increase in betting addicts being taken into hospital. It was found that during 2018 there were 171 patients admitted to hospital for 'pathological gaming' issues and it was noted that some people had turned to crime to fund their addiction.

As part of the NHS Long Term Plan, the government committed to investing in NHS specialist clinics to help more people with serious gambling problems. (NHS, 2019). There is currently a specialist NHS gambling support centre in Newcastle where County Durham residents are referred for treatment.
Public Health England (PHE) published a review into gambling-related harms. The 2019 review looked at the prevalence, risk factors, and public health harms associated with gambling, as well as the economic and social burden. (UK Government, 2019).

PHE identified the types of harms associated with gambling as:

- Financial;
- Relationship disruption, conflict, or breakdown;
- Mental and physical health;
- Cultural;
- Reduced performance at work or in education;
- Criminal activity.

The evidence review found that the highest rates of gambling participation are among people who have higher academic qualifications, people who are employed, and people in relatively less deprived groups.

In contrast, problem gambling is associated with people who are unemployed and people who live in more deprived areas. The PHE report suggests a link between harmful gambling and health inequalities.

The report estimated the annual economic burden of harmful gambling was approximately £1.27 billion. It further estimated that £647.2 million of this total is a direct cost to the government. This figure comprised of £62.8 million in financial harm; £342.2 million in mental and physical health harms; £79.5 million in employment and education harms; £162.5 million in criminal activity; and a further £647 million in excess costs.

In 2023 the Office for Health Improvement and Disparities (OHID) updated the gambling-related harms evidence review and highlighted wider financial costs of gambling to the government. This encompassed healthcare costs associated with gambling-related suicide, suicide attempts, and wider societal health impacts of harmful gambling. For example, the report emphasized gambling-related debt as a fundamental harm that is a mediator for other related harms such as relationship problems, physical and mental health problems, and crime. (Office for Health Improvement and Disparities, 2023).

Evidence suggests many organisations, including councils, have a part to play in addressing the harms caused by gambling. This has been recognised by the Local Government Association (LGA) and in 2018 they produced a document entitled: Tackling gambling-related harm: A whole council approach.

The LGA report collated evidence and research highlighted areas of best practice and provides an overview of how a system-wide approach to tackling gambling-related harm could prevent and support those individuals and families who are experiencing harm from gambling and reduce population exposure to gambling. (Local Government Association, 2018).

The report published what councils can do to tackle gambling-related harm and many of the suggestions align to the HNAA recommendations. These report suggestions are as follows:

- Contribute data and insight to the development of local area profiles to support licensing statements of policy;
- Ensure public health teams are aware of gambling-related harm and can support services to screen, assess, and signpost to appropriate support;
- Identify local organisations providing treatment and support to assist with signposting;

- Identify appropriate referral pathways;
- Work through integrated care boards and integrated care partnerships to develop a coherent approach to harmful gambling, including focused prevention work with potential high-risk groups;
- Integrated care boards and integrated care partnerships should be encouraged to raise awareness of harmful gambling amongst primary care professionals and work with local authorities to signpost to local and national support services, as well as integrating externally commissioned treatment services into existing local services, for example, integration within Primary Care Networks;
- Mental Health Service Providers should consider how they can best identify harmful gambling and provide access to specialist support, particularly for young people presenting through child and adolescent mental health services (CAMHS).

The report also suggested, “councils should ensure that frontline staff are provided with training on harmful gambling, so they recognise potential cases”.

The LGA guidance suggests there is a significant opportunity for frontline staff to help residents access support by signposting to the national treatment network via the National Gambling Helpline. It advocates councils seek to work with local partners and build links with support organisations to help develop specific local referral pathways and ensure these can be accessed from across the full range of local services. Ensuring as frontline staff awareness and identification of harmful gambling develops, they capture data that will help with understanding the extent of harmful gambling, the impacts and costs associated with it.

The guidance states public health teams can play a role in ensuring that this data, and related data on groups at particular risk of harmful gambling, is collected and shared with wider stakeholders. Councils and other organisations will encounter people negatively impacted by gambling and can therefore support implementing a systematic public health approach that will look at gambling issues from a societal rather than an individual level.

A collaborative approach advocates organisations working together collectively to address gambling which is a problem that can damage the health and wellbeing of residents. The gambling-related harms HNAA steering group works collectively and takes a Health in All Policies approach which is an established approach to improving health and health equity through cross-sector action on the wider determinants of health: the social, environmental, economic, and commercial conditions in which people live.

County Durham residents access a range of services, including primary care, drug and alcohol services, health and wellbeing services, mental health

services, employment and financial wellbeing services, housing and homelessness organisations, police, probation, and other support services. It is important that professionals from all these key organisations were represented on the County Durham gambling HNAA steering group and together they have been instrumental in supporting the completion of this needs assessment.

The list of the County Durham Gambling HNAA Steering Group members can be found in Appendix A.

A whole council approach to tackle gambling-related harm is in addition to the council's statutory gambling licensing responsibility which is to try to prevent local gambling premises from causing harm through their products or practices.

Gambling Regulation

The County Durham Council current gambling Statement of Principles (SOP) covers 2022-25 and it seeks to promote the licensing objectives set out in the Gambling Act 2005 to:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime;
- Ensuring that gambling is conducted in a fair and open way;
- Protecting children and other vulnerable persons from being harmed or exploited by gambling. (Durham County Council, 2022).

The gambling SOP notes that although the Council cannot consider if there is a need or demand for the gambling facilities applied for, applicants should consider the proximity of other gambling premises in the Local Risk Assessment and the impact this will have on residents, including children and vulnerable groups so that location and local population are considered.
The term of a “vulnerable person” is a broad term, and “adults at risk of abuse or neglect” or “adults at risk” are terms often used in relevant literature. The Department of Health document “No Secrets” from 2000 offers a definition of a vulnerable adult as a person: “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.” The Gambling Commission, in its guidance to local authorities, does not seek to offer a definition, but will, for regulatory purposes assume that this group includes people: ‘Who gamble more than they want to, people who gamble beyond their means, elderly persons, and people who may not be able to make informed or balanced decisions about gambling due to a mental impairment, or because of the influence of alcohol or drugs.’

The Gambling Commissions Code of Practice describes the policies and procedures that operators should put in place regarding:

- Combating problem gambling;
- Access to gambling by children and young persons;
- Information on how to gamble responsibly and help for problem gamblers;
- Customer interaction;
- Self-exclusion;
- Employment of children and young persons.

The Council may consider any of the measures detailed below as licence conditions, should these not be adequately addressed by any mandatory conditions, default conditions or proposed by the applicant. Applicants should consider the following proposed measures for protecting and supporting vulnerable persons, for example:

- Leaflets offering assistance to problem gamblers should be available on gambling premises in a location that is both prominent and discreet;
- Training for staff members which focuses on an employee's ability to detect a person who may be vulnerable and provide support to vulnerable persons;
- Self-exclusion schemes;
- Operators should demonstrate their understanding of best practice issued by organisations that represent the interests of vulnerable people;
- Posters and leaflets with GamCare Helpline and website displayed in prominent locations;
- External advertising e.g. on windows and entrances to be positioned or designed not to entice passers-by.

There are some measures that form part of the mandatory conditions placed on premises licences. In preparing a Local Risk Assessment a gambling licence holder can consider:

- The crime mapping website: www.police.uk;
- Neighbourhood statistics website: www.neighbourhood.statistics.gov.uk;
- Information made available by Durham County Council;
- Health and deprivation, crime, and community safety information about the local area visit: https://www.durhaminsight.info/;
- Gambling harm prevalence tool provided by Gamble Aware to protect those key socio-demographic groups and locations that have been identified as being at risk. Gambling Prevalence, Harm & Support Map - Great Britain (gambleaware.org).

Where concerns do exist, the Council suggests that the licence holder considers consulting the most appropriate Responsible Authority for guidance

before applying for a licence, or a variation of a licence, or where it is believed there has been a significant change in local circumstances. Licence holders should also consider local area awareness training for the staff to mitigate the risk to communities as highlighted in the statement of principles.

The current County Durham Gambling SOP document can be accessed at: Statement of Principles 2022-2025 Gambling Act 2005 (durham.gov.uk).
The County Durham gambling statement of principles is being reviewed during 2024, and the new version will be published early 2025.

Public Health context

More recently the commercial determinants of health have come to the fore as a key consideration for public health. The World Health Organisation expresses that the "commercial determinants of health (CDoH) are the private sector activities impacting public health, either positively or negatively, and the enabling political economic systems and norms". (World Health Organisation, 2024).

The Association of Directors of Public Health (ADPH) North East suggest activities of private sector industries impact people both positively and negatively by shaping the environments in which we're born, grow, live and work. The association emphasises that unhealthy commodity industries (UCI's) are for-profit, and many commercial enterprises and businesses market products can lead to significant associated negative health consequences. They highlight key examples of this practice including tobacco, alcohol, gambling, and ultra-processed food industries. (Association of Directors of Public Health North East, 2024).

The ADPH North East states the tactics of the tobacco industry are well-known and programmes of work to reduce smoking prevalence are advanced, with legal frameworks in place. They acknowledge the effort to tackle the effects of Unhealthy Commodity Industries (UCIs), is at a different stage with gambling-related harm work being in its infancy and requiring further development.

Their published Position Statement on Commercial Determinants of Health concerning Gambling Related Harm suggests gambling-related harms is an under-studied area and further research is required. Advocating this is not a justification for lack of action and that a public health approach to gambling-related harms should focus on:

- A whole population approach – not solely a focus on those requiring treatment;
- Shifting the narrative away from 'problem individuals' towards harmful industry practices;

- Policy and decision making free from industry involvement;
- Evidence-based approaches addressing the drivers of gambling.

Regionally the ADPH North East have adopted four key principles for addressing the commercial determinants of gambling related harms:

- The gambling industry and the organisations it funds should not influence health policy, the function of health services or education/awareness-raising initiatives, particularly those aimed at young people;
- Children and young people and people from lower socio-economic groups are priority groups to protect from the tactics of the gambling industry;
- Gambling industry marketing drives harmful consumption and health inequalities and needs to be tackled;
- Reframing the narrative from personal responsibility to the actions of the gambling industry and gambling as a harmful product is a legitimate intervention. (Association of Directors of Public Health North East, 2024).

The ADPH position statement can be accessed here: ADPH-NE-Position-Statement-CDoH-Gambling-appendix_FINAL.pdf

County Durham Public Health is an active member of the ADPH North East Gambling Related Harms Regional Network. Once the HNAA is completed public health will share it with the network and respond to tackling gambling-related harm at a population health level, considering primary, secondary, and tertiary prevention objectives.

Nationally the Association of Director of Public Health ADPH, along with the Faculty of Public Health (FPH) and Royal Society for Public Health (RSPH), have put together the following 'top ten' local-level interventions to show how using pre-existing powers could prevent gambling harm:

- The narrative – ensuring that awareness of gambling as a public health issue is embedded throughout the local authority (LA), taking the emphasis away from personal responsibility;
- Planning – using existing planning legislation to stop the development of new gambling outlets;
- Licensing – considering the public health implications of licensing decisions and adequately resourcing teams to enforce licensing conditions;
- Advertising and marketing – ending advertising and marketing of gambling products through LA owned channels, including public transport;
- Partnership and LA sponsored clubs – stopping the use of gambling products on LA owned land and in clubs organised by LAs;

- Challenge industry funded networks of treatment and support – building on what has been learnt from alcohol and drug support services and extending the same approach to providing independently funded treatment and support for gambling, working in partnership with people with lived experience;
- Education that is free from industry funding – developing education packages that are entirely free from industry influence and resourcing the capacity to implement them;
- Ethical investments – challenging when schemes (e.g. pensions) invest in harmful industries;
- Campaigns – resourcing and supporting campaigns that raise awareness using hard-hitting facts and evidence to reinforce public health messaging (as opposed to campaigns that aim to change individual behaviour);
- Trading Standards – investing in staffing, training, and resourcing for Trading Standards that is free from industry influence. (Association of Directors of Public Health, 2024).

Many of these top ten local interventions align to the gambling-related harms HNAA recommendations.

Aim and Objectives

The HNAA aims to identify the health needs of those adults at risk from gambling products and gambling industry practices, whether land-based or online, and gain an understanding of available support options. To establish the assets for those needing support around gambling and wider related harms.

Adults can be people who gamble, their family, friends, and colleagues. However, it is appreciated children and young people are also at risk from gambling products and gambling industry practices, a further piece of work may be considered in the future to better understand their needs.

The objectives of this HNAA are to:

- Identify the met and unmet need related to gambling harms across the county;
- Review the evidence regarding gambling harms and interventions;
- Identify gambling support services and community stakeholders as the assets;
- Gather insights and understanding from people affected by gambling addiction and related harms and their perception of the access to support available.

- Explore the current workforce's understanding of gambling addiction and related harms, including signposting and referral pathways enabling access to information and support.
- Explore potential health inequalities experienced by those impacted by gambling related harms, and glean insights that define interrelated gambling related harms;
- Analyse all collated information to inform future decision making;
- Consider a prevention model to include primary, secondary, and tertiary prevention approaches to reduce gambling related harms.

Methodology

A HNAA is a systematic approach to understanding the needs of a population. Once these needs are understood then they can be used to help to commission services according to the needs of the population.
There were two methods used to inform this HNAA:

- Quantitative methodology - local data was gathered and used to help to set out the scene for County Durham. Other available statistical evidence provided the national and regional picture;
- Qualitative methodology - was applied when engaging with stakeholders across County Durham. The approach aimed to gain an understanding of local people's knowledge, beliefs, attitudes, and experiences of gambling and gambling-related harms and appreciate the practicability to access treatment and support services.

This information will inform actions required to be taken to aid identification of individuals at risk, access appropriate information resources, and improve signposting and referrals to treatment and support services.

Pragmatic Literature review

The literature review provides a critical assessment of the research evidence available on gambling addiction and related harms, those at risk, and the impact on people's health. Reviewing evidence establishes if findings are consistent, whether they can be generalised across populations, considering the comparison of intervention, settings, and treatment variations and outcomes, and whether findings vary significantly by subsets of the population. The research literature aids in establishing known key facts and supports the reaching of evidence-based conclusions regarding this complex subject matter. Grey literature refers to material, which is not commercially published and can include, for example, reports produced by government, industry, and third-sector organisations. Sources of information are listed within the references section.

The triangulation of evidence from academic literature, and policy reviews, together with national, regional, and local data and information will provide the most robust appraisal of available evidence.

Public health reviewed gambling-related harms papers from a literature search undertaken by the UK Health Security Agency. (West, 2023). Key themes were reviewed and summarised, and they provided an evidence base for the purpose of this needs assessment.

Key Themes

Asking a gambling screening question

Gambling-related harms are increasingly recognised as a public health concern and one action is to improve the identification of and provide support for those individuals who gamble and those close to them the 'affected others' for example family, friends, or colleagues by asking a gambling screening question.

A systematic review found gambling screening interventions were delivered in general practice, mental health services, and substance abuse treatment and were effective. The review concluded health, care, and support services offered potentially important environments in which to identify and offer support to people who are at risk of gambling-related harm. It was found that social workers provide more support to people with problems relating to addictions than those in other helping professions, however, despite this, the training of social workers in addiction was sparse. (Blank, et al., 2021).

Another study by Norrie, et al, observed gambling screening interventions are feasible and acceptable in a range of community and healthcare settings for those at risk of gambling harm. Indeed, screening could identify those deemed at risk and help quantify the prevalence of gambling-related harm amongst individuals in various local health and care settings. They found screening plays a critical role in early identification of risk which could ultimately lead to more timely and earlier interventions, reducing the severity of harm and improving better health outcomes for those identified and reducing the societal burden of gambling-related harm. However, the research concludes there appears to be no single-item or brief screening question or tool for identifying gambling-related harms experienced by individuals and affected others being utilised within an adult social care setting. (Norrie, et al., 2022)

Gambling-Related Harms

In a study Muggleton, et al reviewed anonymous data provided by a UK retail bank to determine the association between gambling as a proportion of monthly income aligned to 31 financial, social, and health outcomes. The analysis focused on quantifying the association between gambling and personal outcomes and it established higher gambling was associated with a higher rate of using an unplanned bank overdraft, missing a credit card, loan, or mortgage payment, and taking a payday loan. It found higher gambling is associated with a higher risk of future unemployment and future physical disability and that gambling is also persistent over time, though individuals can transition into and out of, high levels of gambling within a few months. (Muggleton, et al., 2021).

When considering the financial impact of gambling research conducted by Citizen Advice Bureau (CAB) it was found nearly 4 in 5 (78%) of the gamblers used their wages to fund their betting and often they used money that should have paid other essential household costs for themselves, and their family and some families shared they had been made homeless because of their gambling addiction. (Nash, et al., 2018)

Research exploring vulnerability to gambling suggests gambling-related harms could be viewed as extrinsic or intrinsic, for example, extrinsic harms are more visible such as relationship breakdowns or evictions, whereas intrinsic harms could be the hidden harms such as instability, anxiety, depression, or neglect which the gambler themselves may not see these harms upon them or their family. The same report implies there are multiple and complex risk factors associated with gambling-related harm and some people will have multiple characteristics of potential vulnerability. (Westminster City Council, 2015)

Wardle, et al found problem gamblers who seek treatment have long been recognised as a high-risk group for suicidal ideation and behaviours. Findings showed a strong association between current problem gambling and suicidality among a representative sample of adults in England. The research found that psychiatric comorbidity does not explain the whole relationship with suicide ideation and that other mechanisms may exist for example people experiencing financial stress, relationship disharmony and other factors related specifically to gambling. Qualitative insights from people with lived experience highlighted the cumulative and mutually reinforcing nature of gambling-related harms particularly debt, stress, anxiety, feelings of isolation and impact on family life can contribute to some people becoming suicidal. It was suggested that problem gamblers are a high-risk group for suicidality and that this should be recognised in individual suicide prevention plans and local and national suicide prevention strategies. The research proposes adopting a public health approach for the prevention of gambling harms similar to when tackling suicide and suicidal behaviours, implying no single organisation can

address these factors and a coordinated cross-sectoral approach is required. (Wardle, et al., 2020).

Research commissioned by CAB found two-thirds of gamblers they surveyed said that their mental health suffered because of their gambling, the report shared how people talked about how gambling brought suicidal feelings to the forefront and their interviewees also spoke about attempts they had made to end their lives. (Nash, et al., 2018).

Evidence suggests problem gambling occurs at higher levels in the homeless than the general population although research has not established the extent to which problem gambling is a cause or consequence of homelessness. A 2016 study of 72 London homeless centre attendees found problem gambling (using the PGSI tool) was evident in 23.6% of the sample and within those identified problem gamblers, 82.4% indicated that gambling preceded their homelessness. Other outcomes were that participants displayed high rates of substance (31.9%) and alcohol dependence (23.6%), and the awareness of gambling treatment was significantly lower than for substance and alcohol use disorders, and actual access to gambling support was minimal. The research concluded that problem gambling is an under-recognized health issue in the homeless and their observation was that gambling typically precedes homelessness strengthening evidence that it is a causal factor. (Sharman, et al., 2016).

A report of the Commission on Crime and Gambling-Related Harms found the criminal justice system can sometimes present barriers to identifying and providing support for gambling-related harms. However, the report also suggests there are opportunities in the criminal justice system to identify gambling harms for example if police custody suites screened for gambling and assess the gambling risks this could help address the needs of this vulnerable cohort of society. (Commission on Crime and Gambling Related Harms, 2022).

Public Health England (PHE) reported half the English population gambles and 0.5% of the population experience the highest level of harm and the people who are classed as 'at-risk' and 'problem gamblers' are disproportionately younger men. They found among children, playing the National Lottery, scratch cards, and placing private bets with friends were the most common forms of gambling reported but as the young people got older there was a significant increase in online gambling particularly among men from 9% at age 17 to 35% at age 20 and 47% at age 24. (Public Health England, 2021)

The 2021 PHE report highlighted the overarching types and estimated costs of harms associated with gambling. This included financial harms to individuals and government, health harms, including suicide, depression, links to alcohol

dependence, overall quality of life, employment status and education and links to criminal activity.

The evidence review found problem gamblers neglected caring properly for themselves and experienced emotions such as guilt, shame, loss of self-esteem, loneliness, and sleep problems, gamblers reported co-occurring alcohol and drug-related problems and self-harm and suicide attempts. The research reviewed found that gambling-related financial difficulties were associated with crimes committed by adult gamblers, which included theft, selling drugs, taking out loans in other people's names, stealing from friends and family and committing fraud.

However, the evidence concerning gambling-related risk factors implies the research shows a very low confidence that "family influences" determined whether this characteristic might be a risk factor for future gambling or harmful gambling. (Public Health England, 2021).

The report suggests financial harm for the adult gambler can affect their close associates, including their children, and that debt is a key harm that triggers other harms such as future housing problems including homelessness. The report highlighted how gambling is directly linked to relationship problems such as arguments leading to relationship strain or domestic abuse which can affect the gambler and their family including their children.

The studies evaluated by PHE also describe that gambling was linked to loss of concentration on work activities, showing up late, not turning up for work or turning up after no sleep and that adult gamblers had lost jobs, were demoted, or resigned due to gambling. (Public Health England, 2021)

Health Inequalities

A systematic review of existing research into gambling harms was undertaken by Raybould, et al, to determine whether there were differences in presentations across demographic groups. The research review concluded that the distribution of harm in the population is affected by several factors, and this presents some key signs to identify the individuals who may be at risk.

It went on to state the type and number of harms experienced by individuals appears to be dependent on specific social, demographic, and environmental conditions including age, cultural background, and socioeconomic status. The findings were that excessive gambling can impact an individual's finances, relationships, employment, and psychological wellbeing, and some individuals may gamble without issue, but many others will experience negative consequences from their gambling behaviour.

The review identified that gambling happened during work breaks and work hours, and this contributed to poor work performance, lateness, absences from work, crimes such as embezzlement and physical harm including depression, anxiety, tiredness, and irritability. It found partners of gamblers reported gambling-related harms for instance missed bill payments and relationship tension or conflicts. There were some evidence that cultural and relationship harms appeared together due to the link between family and culture.

There was evidence that work, and study harm, financial harm, health, and emotional harm declined as people aged. Whereas financial harm was more common with younger people, for instance, students spending their pocket money or part-time job wages on gambling.

The review found in relation to socioeconomic factors that less affluent socioeconomic groups are more at risk of experiencing harm than more affluent groups.

Furthermore, the research indicates a health inequality is present as some individuals will suffer more harm than others, despite equivalent exposure to gambling. (Raybould, et al., 2021).

PHE published guidelines to support local action on health inequalities and suggested when considering a place-based approach for reducing health inequalities "everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are." The report suggests, we all work together to get this right our neighbourhoods will be more productive and prosperous, and we can support and encourage people to use the NHS less and later in life, to stay well for longer, and when unwell to stay in their home for longer, and to stay in work for longer. The report advocates health and wealth are truly 2 sides of the same coin. The aims of a 'Place-based approaches for reducing health inequalities' are to:

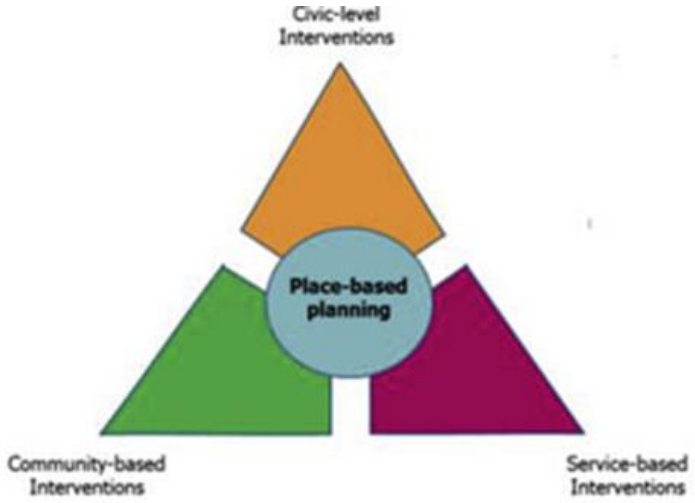
- reinforce a common understanding of the complex causes and costs of health inequalities;
- provide a practical framework and tools for places to reduce health inequalities. (Public Health England, 2019).

The place-based approaches for reducing health inequalities included the development to a Population Intervention Triangle (PIT) which provides a practical framework for acting on health inequalities that organises action around key assets by 'place', to enable population-level reductions in inequalities.

The triangle suggests effective place-based action requires action on civic, service and community interventions, along with system leadership and

planning. It recommends a combination of actions from all parts of this system are needed to reduce inequalities at population scale.

Figure 1: The population intervention triangle. Source: Public Health England.

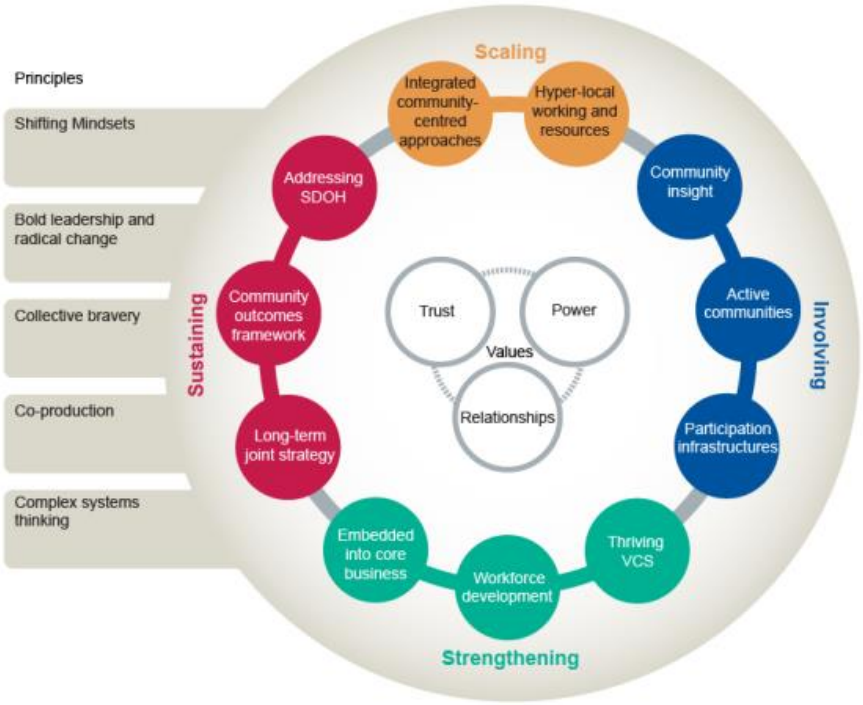


PHE suggest it is important that all partners, including communities themselves, understand the potential of community contributions to reduce health inequalities, which includes community assets such as skills and knowledge, social networks, and community organisations, as building blocks for good health.

PHE conducted further research developing a whole system approach to community-centred public health and produced a guidance document entitled Community centred public health: taking a whole system approach. This 2020 guidance document shared the means to enable local systems to implement and embed community-centred approaches to health and wellbeing at scale. A community-centred approach considers the assets within communities, as does this gambling health needs and assets assessment, to encourage equity and social connectedness in communities and to increase people's control over their health and lives. The report suggests "to reduce widening and persistent health inequalities, a radical shift is needed to put communities at the heart of public health and building healthy, resilient, connected and empowered communities is an important way of improving the health of the population". (Public Health England, 2020).

PHE identified five key principles and eleven key elements of change underpinned by core values of power, trust, and relationships, suggesting a whole system response will maximise impact and improve the health of the poorest fastest. An approach which can be incorporated into the delivery of the gambling related harms strategy.
Eleven elements of community-centred public health: a whole system approach (SDOH = social determinants of health).

Figure 2: Eleven elements of community-centred public health: a whole system approach. Source: Public Health England.



Public Health England (PHE) transitioned into the Office for Health Improvement and Disparities (OHID) in October 2021 and this team produced further guidance on adopting community centred approached in professional practice. The guidance Community-centred practice: applying All Our Health, details core principles for all healthcare professionals suggesting how frontline health professionals can understand local needs, can take action and measure impact. (Office for Health Improvement and Disparities, 2022)

There is a growing consensus that gambling is a public health issue and that preventing gambling related harms requires a broad response. Although many policy decisions regarding gambling are made at a national level in the UK, it is suggested there are opportunities to act at regional and local levels to prevent the negative impacts on individuals, families, and local communities. This consensus goes beyond the statutory roles of licencing authorities to incorporate other sectors including the National Health Service (NHS), the third sector, mental health services, homelessness, housing services, drug and alcohol services, police, and those providing financial inclusion support.

As evidence continues to emerge to strengthen the link between gambling and a wide range of risk factors and negative consequences it is indicating there is a strong correlation with other known risks aligned to health inequalities. Representatives from these sectors make up the gambling HNAA steering group.

An article by Johnstone and Regan describes an approach to gambling related harm being a public health issue which needs a cross-cutting, systemwide multisectoral approach to be taken at local and regional levels implementing a ‘health in all policy’ approach, using the best evidence to prevent harm. They suggest a whole systems approach to reduce poverty and health inequalities needs to incorporate gambling related harms within place-based planning and draws on innovative opportunities that exist to engage local stakeholders, build local leadership, and take a collaborative approach to tackling gambling-related harms.

They suggest the whole systems approach would include the following:

- Understanding the prevalence of gambling related harms with insights into the consequences and how individuals, their family and friends and wider community are affected;
- Ensuring tackling gambling harms is a key public health commitment at all levels by including it in strategic plans, with meaningful outcome measures, and communicating this to partners;
- Understanding the assets and resources available in the public, private and voluntary sectors and identifying what actions are underway;
- Raising awareness and sharing data, developing a compelling narrative, and involving people who have been harmed and are willing to share their experience;
- Ensuring all regulatory authorities help tackle gambling-related harms under a ‘whole council’ approach. (Johnstone & Regan., 2020)

In the UK gambling is unique compared with the other public health challenges in that the Department of Digital, Culture Media and Sport (DCMS) is the lead department of government for all gambling-related policy, unlike alcohol or tobacco where the Department of Health and Social Care (DHSC) takes the lead. This provides an opportunity to embed a ‘health in all policy’ approach across government led by a non-health arm of the government.

In 2018 a cross-government roundtable including ministers form Department for Education, DHSC and DCMS indicated gambling harm was high on many departments' agendas, and cross departmental discussions have subsequently been instituted, bringing together interested providers and the third sector with policy makers. The growing evidence of the impact of gambling on health had led to a greater awareness of the need to link consideration of gambling into policy development to reduce harms related to wider determinants such as poverty, homelessness, deprivation, and health inequalities.

It was established a local level that councils have considerable opportunities to prevent and support people harmed by gambling across a wide range of

local services from licencing premises, housing, financial inclusion services and adult social care. Yorkshire and Humber, Manchester, Westminster, and Leeds councils are good examples of local authorities which have prioritised gambling in recent years.

Leeds has a large number and range of licenced gambling premises on offer to residents and visitors. The licencing application for a new casino in 2013 provided initial funding and annual payments to Leeds City Council as part of its licencing agreement, known as the 'Social Inclusion Fund' and financial inclusion, licencing and public health developed a collaborative approach between statutory and voluntary services and experts by experience to address problem gambling.

To build momentum on gambling-related harms Leeds Beckett University's carried out research which showed Leeds having a higher rate of problem gamblers (1.8%) than national estimates with a similar level to nationally of those 'at risk'.

The research also showed that the provision for support services for those at risk of gambling-related harm was underdeveloped and fragmented, most agencies reported reliance on self-declaration by clients and lacked the knowledge and skills of using screening tools to identify gambling problems. It noted that services were keen to offer help but were unaware of referral pathways to gambling-specific treatment and support.

The financial inclusion team set up the Problem Gambling Project Group, with representation from across the Council including public health, welfare advice partners, national commissioners and treatment providers, local gambling operators and the specialist mental healthcare provider with the primary aim being to raise awareness of how to recognise, signpost and support those suffering from or at risk of gambling-related harm.

The Council commissioned the development and implementation of a high-profile local communication campaign to coincide with the first national industry-led Responsible Gambling Week in October 2017. After consultation with focus groups and local stakeholders, the campaign was branded 'Beat the Odds'. The campaign used advertising on social media, bus shelters, pubs, garage forecourts and publicity material in various Council and primary healthcare buildings. Alongside the campaign the Council organised training sessions for frontline workers.

On the strength of the proactive partnership approach adopted by Leeds City Council and partners to address gambling-related harm GambleAware funded a Leeds-based Northern Gambling Service led by a specialist mental healthcare provider, Leeds and York Partnership NHS Foundation Trust, and a Leeds Community Gambling Service led by the charity GamCare.

The Northern Gambling Service serves the north of England with satellite bases across the region, including Newcastle, to ensure geographical coverage.

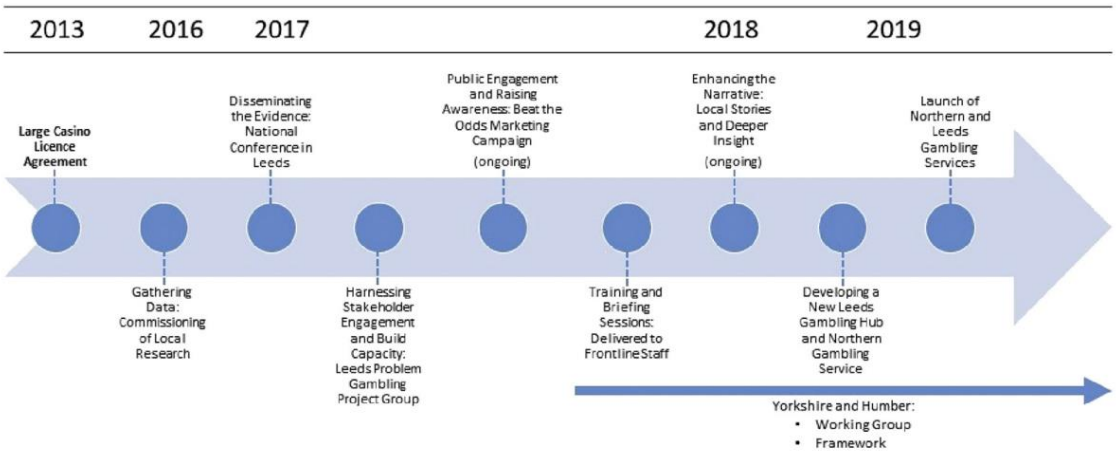
The Leeds Problem Gambling Working Group provided an opportunity for partners to share activities and learn at a place-based level which led to the development of a public health framework of practical actions, mapped against the national gambling harms framework. This framework offers a 'pick and mix' menus of actions under the following headings:

- Leadership and partnership;
- Influencing the regulatory environment;
- Reducing exposure of vulnerable people to gambling products;
- Improving identification and recognition of problem gambling;
- Self-management and support;
- Providing effective treatment;
- Promoting and maintaining recovery;
- Protecting children and young people from gambling-related harm;
- Addressing gambling-related debt;
- Workplace health and well-being;
- Building and sharing the evidence base.

(Elbers, et al., 2020)

A timeline of the Leeds approach to reducing gambling-related harms is set out in Figure 3 below.

Figure 3: A timeline of the Leeds approach. Source: Public Health England.



(Elbers, et al., 2020)

In January 2025 NICE published a report that addresses identifying, assessing and treating gambling-related harms for those aged 18 and over who are experiencing gambling that harms, and people of any age affected by someone close to them who is experiencing gambling that harms. The guideline topics with suggested recommendations are:

- case identification, initial support, referral and assessment
- information and support
- models of care and service delivery
- improving access to treatment
- treatment of gambling-related harms
- relapse and ongoing support
- interventions and support for families and affected others

The NICE guidelines have acknowledged empirical research findings and have noted recognising that shame and fear of disclosure (stigma) may prevent people who are experiencing gambling-related harms from talking about gambling or from seeking and accessing support and treatment. The guidelines note people in certain situations for example those enduring homelessness, mental health concerns, drug and alcohol issues or having financial worries, etc cumulatively these 'risk' factors can increase a person's probability of experiencing gambling-related harms.

The guidance highlights changes are taking place regarding gambling treatment services, with the continuation of NHS commissioned specialist gambling clinics however acknowledging other support services may be provided by a range of providers, including the NHS or voluntary sector organisations.

A positive step from the report's recommendations is the indication that healthcare professionals should *consider asking people about gambling when speaking to them about smoking and alcohol consumption during a health check or GP appointment*. (NICE, 2025).

Further information from the NICE guidelines can be found at: https://www.nice.org.uk/guidance/ng248

Discussion of findings

The HNAA literature review of research and grey materials identified several key gambling related harms, highlighting the impact from problem gambling

and the work in Leeds suggests a framework to implement a consistent approach to tackling gambling related harm is useful.

The bank account spending study demonstrated that financial transaction data can produce a view of gambling-related outcomes which is objective, longitudinal, and mass-scale whereas by comparison, prevalence surveys, which have dominated the view that academics and policymakers have of gambling for the last 30 years, are subjective, self-reported, cross-sectional, and largely small sample in nature.

This research review has corroborated the benefits of incorporating a gambling screening question in client assessment to aid early identification of those at risk and it raised the point about including adult social care services as frontline professionals. As an outcome from this research a representative from adult social care will be asked to join the County Durham HNAA gambling steering group.

It has provided insight regarding sectors such as homeless and substance misuses services where targeted screening for individuals with several issues can be implemented and those in need supported into treatment services. The literature review concurs with raising awareness of gambling related harms, the training of frontline staff to improve their knowledge and signposting ability into available treatment support services.

It raised the importance of embedding effective place-based working across all sectors and to work in partnership with communities as a whole system collaboration to improve health outcomes and meet other local priorities. The report regarding the criminal justice system is interesting as it is the intention of County Durham police force to assess gambling risks within their custody suites and they have already produced a gambling information resource which includes information around treatment services that police can share with detainees and the workforce.

This research corroborated the findings from the gambling health needs and assets assessment particularly the conclusions from the interviewee insights, the requirement for a gambling screening question to improve early identification of harms and need and adopting a place-based approach to improve population outcomes.

County Durham Approach to Wellbeing

The County Durham Approach to Wellbeing is based on the best public health evidence for improving people's wellbeing through implementing community centred approaches.

The Approach to Wellbeing is about putting people at the heart of everything we do and underpins public health work to achieve the County Durham Vision. It has a wellbeing self-assessment framework consisting of seven County Durham Wellbeing Principles:

1. Empowering communities - working with communities to support their development and empowerment;
2. Being asset focused - acknowledging the different needs of communities and the potential of their assets;
3. Building resilience - helping the most disadvantaged and vulnerable and building up their future resilience;
4. Working better together - working together across sectors to reduce duplication and ensure greater impact;
5. Sharing decision making - designing and developing services and initiatives with the people who need them;
6. Doing 'with', not 'to' - making our interventions empowering and centred around you as an individual;
7. A strong evidence base - everything we do is supported by evidence informed by local conversations.

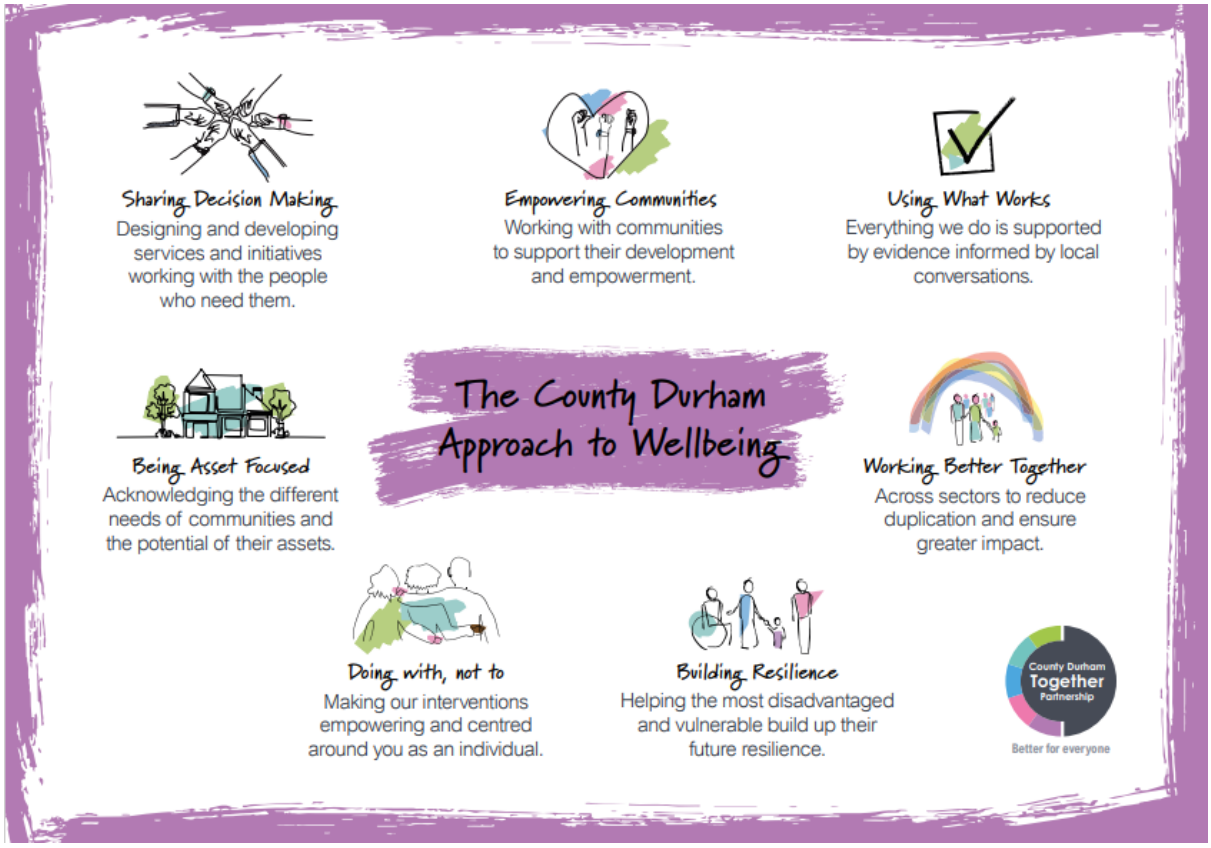
The Approach to Wellbeing seven guiding principles aim to affirm the key role that communities can play in supporting their own citizens, and the significant improvements in health and wellbeing outcomes that can result from involving communities more in decisions that affect them.

The principles of the Approach to Wellbeing closely align with conducting a HNAA as both consider the needs of a population, promoting collaborative working, working better together building resilience and sharing decision making. This approach to wellbeing influenced and help shape the gambling related harms HNAA.

The approach taken has people and place at its heart, aims to involve and support systems thinking, encourages collaboration to implement key recommendations across multiple agencies and sectors, and will ensure that services are commissioned and delivered in a way that is collaborative and supportive.

This approach has been taken when developing the gambling HNAA process and will be utilised to ensure activities and resources are delivered in a way this is collaborative and supportive.
The approach as shown in Figure 4, supports person-centred interventions that are empowering rather than stigmatising. (County Durham Together Partnership, 2024)

Figure 4: The County Durham Approach to Wellbeing. County Durham Together Partnership, 2024.



National, regional, and local context of gambling prevalence

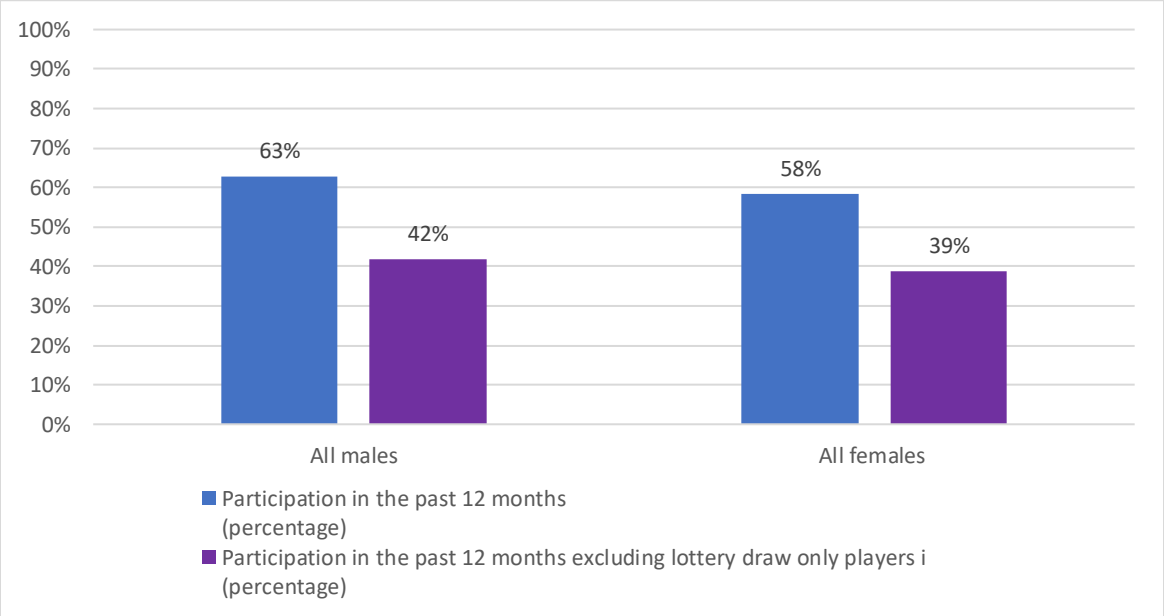
The Gambling Commissions shared findings from the 2022 quarterly gambling behaviour telephone survey, this statistical release covered the quarterly gambling participation and problem gambling prevalence data for the year to December 2022. The report showed that 44 percent of adults (aged 16 and over) said they had participated in at least one form of gambling in the previous four weeks (43 percent in year to December 2021), representing a statistically stable participation rate over the past 12-month period.

It was reported there were significant increases in gambling participation seen for certain demographic groups, including males, which is a 47 percent gambling participation rate in 2022, compared to 44 percent in year to December 2021, and 25- to 34-year-olds, a 44 percent participation rate in 2022, compared to 37 percent in year to December 2021. (Gambling Commission, 2023).

The recently published 2023 Gambling Survey for Great Britain found that in Great Britain nearly half (61 percent) of adults aged 18 and over participated in any form of gambling in the past 12 months. The most common gambling activities that adults had participated in in the past 4 weeks were the National

Lottery (31 percent), buying tickets for other charity lotteries (16 percent), and buying scratch cards (13 percent). The report indicated gambling participation was 40 percent when those who only participated in lottery draws were excluded. Males (42%) were also more likely than females (39%) to have gambled on something other than lottery draws alone. The data as per figure 5 showed male participants (63%) were more likely than female participants (58%) to have participated in any gambling in the past 12 months. (Gambling Commission, 2024)

Figure 5: Participation in gambling in the last 12 months by sex, Great Britain, 2023. Source: Statistics on gambling participation - Annual report Year 1 (2023).

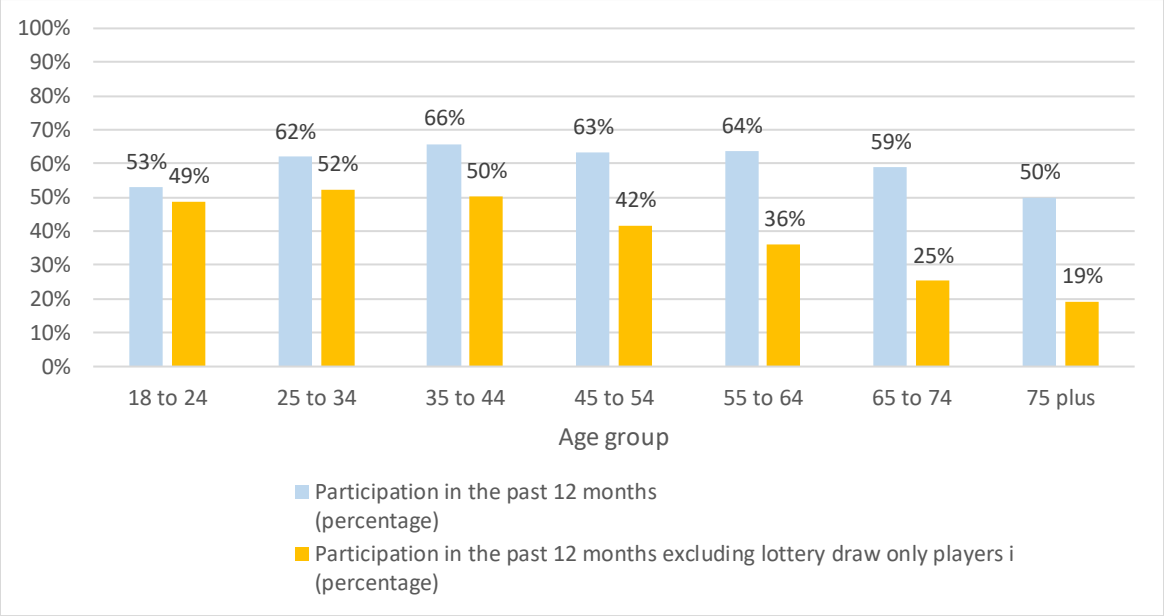


The report analysed data by age, and it found adults in the youngest and oldest age groups were least likely to participate in any form of gambling in the past 12 months (53% of those aged 18 to 24, and 50% of those aged 75 and over) and adults aged 35 to 44 were most likely to gamble (66%).

When excluding those who only participate in lottery draws, participation was highest for those aged 25 to 34 years (52%) and subsequently decreased with age to 19% for those aged 75 years and over.

The age groups and gambling in the last 12 months is detailed in Figure 6 below, showing of those aged 35-44 (66%) gambled in the past 12 months.

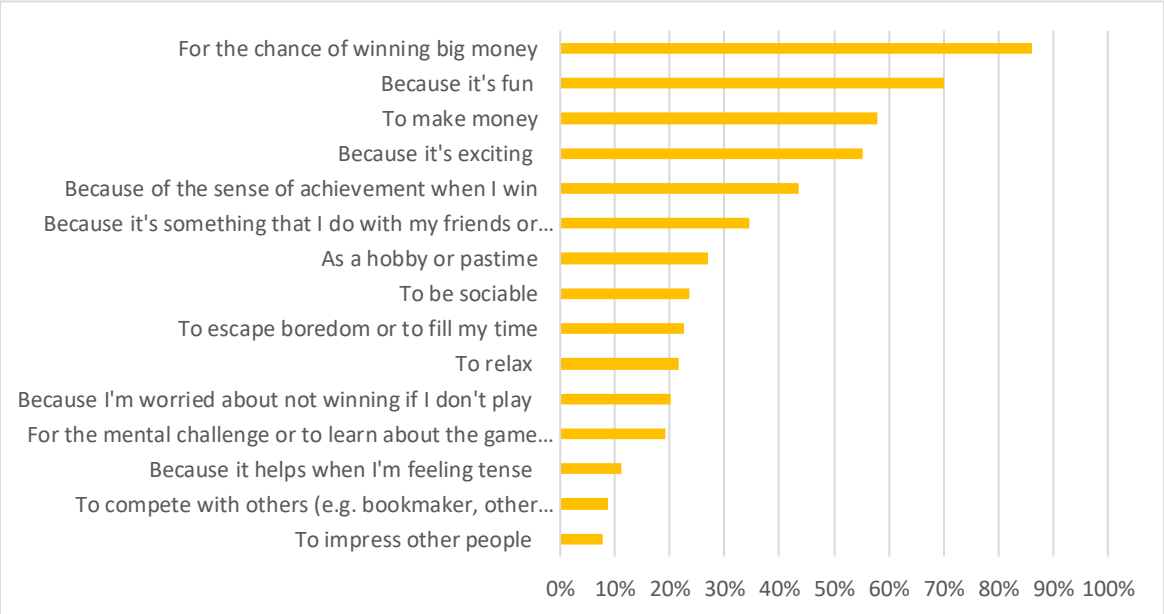
Figure 6: Participation in gambling in the last 12 months by age group, Great Britain, 2023. Source: Statistics on gambling participation – Annual report Year 1 (2023).



The survey found that, in the last 12 months, 86% of participants described their reason for gambling as ‘a chance of winning big money’. The second largest response, 70%, stated they gambled ‘because it’s fun’. (Note the survey participants can select more than one option).

Figure 7 below lists the survey results for people’s reasons for gambling, which is quite diverse, ranging from *to impress other people, to escape boredom and fill in time.*

Figure 7: Reasons for gambling in the last 12 months, Great Britain. 2023. Source: Statistics on gambling participation – Annual report Year 1 (2023).



One of the people interviewed about their gambling habit for this HNAA had stated they gambled to fill in time because they were bored.

The 2023 gambling survey data showed among those who had gambled in the past 12 months, the most reported severe consequence experienced because of one's own gambling was relationship breakdown.

Male participants who had gambled in the past 12 months were more likely than female participants who had gambled in the past 12 months to experience at least one severe consequence due to their own gambling. Among those who gambled in the past 12 months the most frequently reported potential adverse consequences were:

- reducing spending on everyday items (6.6 percent reported this happening at least occasionally);
- lying to family (6.4 percent reported this happening at least occasionally);
- feeling isolated (5.5 percent reported this happening at least occasionally).

Participants were asked if they had thought about taking their own life or had attempted to do so in the past 12 months. Of the 11.4 percent of participants who had thought about or attempted taking their own life, 4.9 percent reported that this was related to their gambling. Within that, 1.1 percent of those participants who reported that they thought about or attempted to take their own life was related to them gambling a lot.

The most frequently reported potential adverse consequences of someone else's gambling were:

- experiencing embarrassment, guilt, or shame (9.9 percent of those who knew someone close to them gambled experienced this at least occasionally);
- experience of conflict or arguments (8.8 percent of those who knew someone close to them gambled experienced this at least occasionally);
- experiencing health problems, including stress and anxiety (7.5 percent of those who knew someone close to them gambled reported this happening at least occasionally).

(Gambling Commission, 2024)

County Durham gambling prevalence data

GambleAware provides information to help people make informed decisions about their gambling. It is an independent, grant-making charity which commissions prevention and treatment services across England, Scotland, and Wales.

GambleAware commissioned researchers to collate gambling harm data profile reports which explores the estimated levels of gambling harm in each

Local Authority. The 2023 profile report is based on projections on the national survey Annual Great Britain Treatment and Support Survey 2022 carried out by YouGov.

The research found while 60% of adults living in Great Britain (GB) reported participating in any gambling activity in 2022, there is variation across regions with North East reporting the highest levels of gambling (64.1%) and London the lowest (55.6%).

The Problem Gambling Severity Index (PGSI) measures levels of gambling behaviour that may cause harm to an individual. The following PGSI questions are asked to all participants of a survey who have gambled at least once in the last 12 months: Thinking about the last 12 months...

- Have you bet more than you could really afford to lose?
- Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
- When you gambled, did you go back another day to try to win back the money you lost?
- Have you borrowed money or sold anything to get money to gamble?
- Have you felt that you might have a problem with gambling?
- Has gambling caused you any health problems, including stress or anxiety?
- Have people criticized your betting or told you that you had a gambling problem, regardless of whether you thought it was true?
- Has your gambling caused any financial problems for you or your household?
- Have you felt guilty about the way you gamble or what happens when you gamble?

The scoring instructions ensure each item is assessed on a four-point scale ranging from: never, sometimes, most of the time, almost always.
Responses to each item are given the following scores:

Never = 0
Sometimes = 1
Most of the time = 2
Almost always = 3

The PGSI was specifically developed for use among the general population rather than within a clinical context. When scores to each item are summed, a total score ranging from 0 to 27 is possible.

- A PGSI score of eight or more represents a problem gambler.

- Scores between three and seven represent ‘moderate risk’ gambling (gamblers who experience a moderate level of problems leading to some negative consequences);
- A score of one or two represents ‘low risk’ gambling (Gamblers who experience a low level of problems with few or no identified negative consequences).

The 2023 gambling prevalence profile report provided by GambleAware shows in County Durham:

- Levels of low-risk (PGSI 1-2) gambling in County Durham at 7.2%, which is estimated to be below the GB average (7.5%);

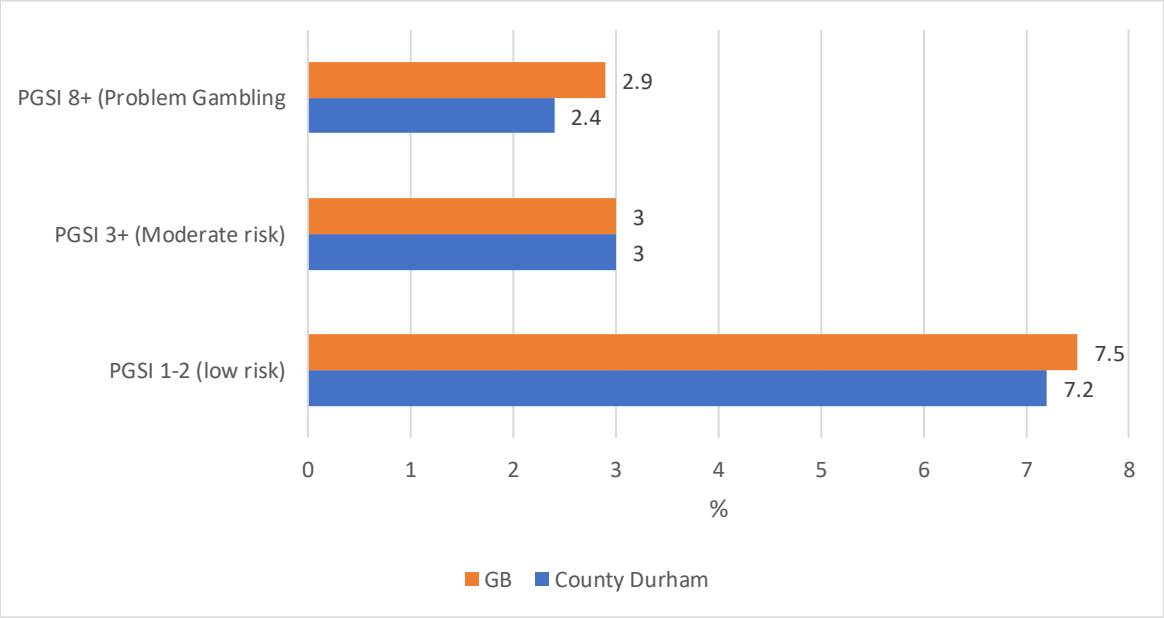
- Levels of moderate-risk (PGSI 3-7) gambling in County Durham at 3.0%, are estimated to be broadly in line with the GB average (3.0%);

- Levels of defined ‘problem’ gambling (PGSI 8+) in County Durham at 2.4%, estimated to be below the GB average (2.9%).

The profile report included comparison insights of people in County Durham and Great Britian with a PGSI score of 1+, 3+ or 8+ who stated they accessed services, support, or advice to cut down on their gambling in the previous 12 months.

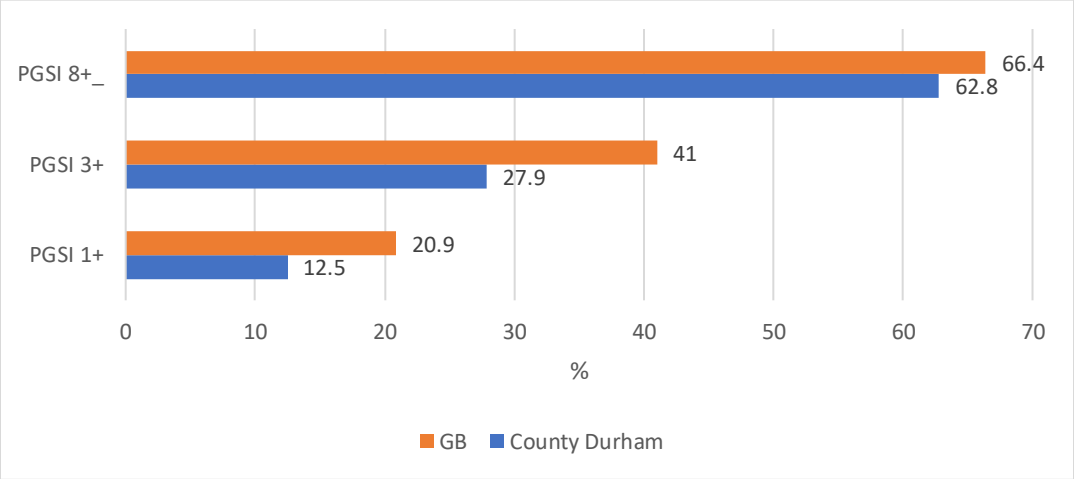
This information is demonstrated in figure 8 below.

Figure 8: Problem gambling score index, County Durham, and Great Britain, 2023. Source: Gambleaware



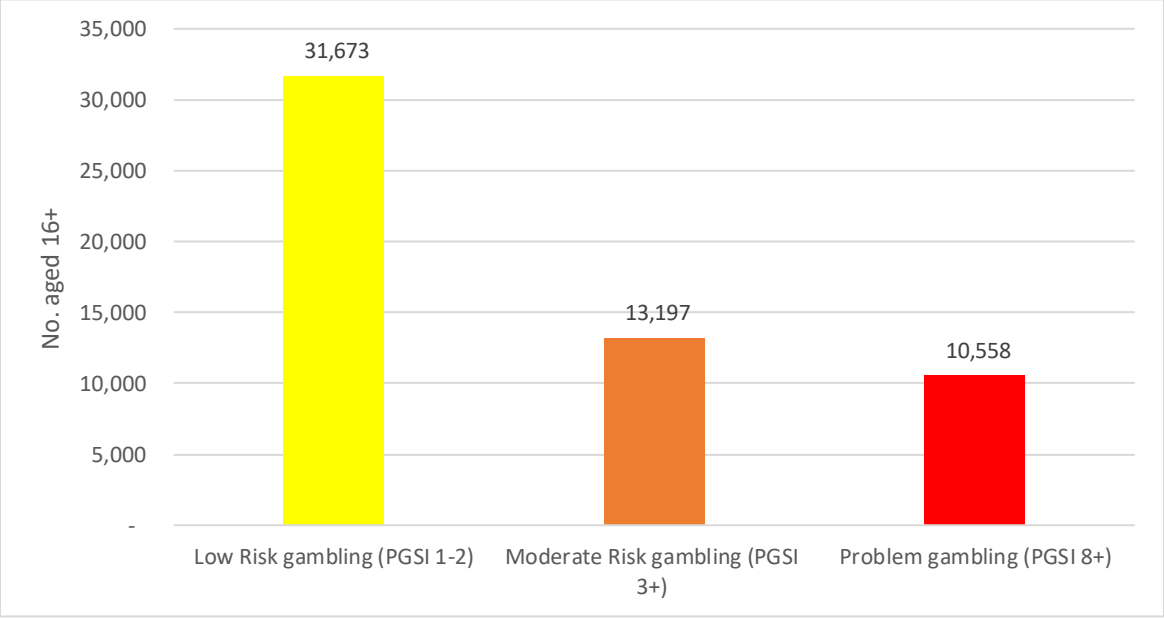
GambleAware provided comparison data for GB and County Durham (figure 9) regarding those who have access services. In all categories County Durham is below the national level. The recommendations within this report aim to improve identification and increase the referral of those with gambling support needs into treatment.

Figure 9: People with a PGSI score of 1+, 3+ or 8+ who have accessed services, support, or advice to cut down on their gambling in the previous 12 months, 2023. Source: Gambleaware.



The estimated gambling 'at risk population' level data for County Durham translates to:
31,673 people in County Durham being at low risk.
13,197 at moderate risk.
10,558 people in County Durham being at high risk of problematic gambling.
This information is showed in Figure 10 below.

Figure 10: County Durham at risk of gambling, 2023. Source: Gambleaware.



The GambleAware profile report included the estimated fiscal costs of 'problem gambling' for County Durham. NIESR's national figures have been apportioned to County Durham based on the local authority's estimated share of the total number of people in Great Britain who are PGSI 8+.

Table 1 below shows the estimated fiscal cost of 'problem gambling' in County Durham which equates to a potential of £9,053,695. It should be recognised gambling is a 'hidden harm' within our populations.

Table 1: Estimated fiscal cost of 'problem gambling' in County Durham and Great Britain, 2023. Source: Gamcare.

Estimated fiscal costs of 'problem gambling'	County Durham	Great Britain
Health: General Medical Service Consultation (mental health)	£147,470	£21,600,000
Health: Hospital Inpatient	£3,049,759	£446,700,000
Crime: Crime Committed (police call out)	£218,474	£32,000,000
Crime: Court Appearance	£61,446	£9,000,000
Housing: Homelessness Support	£112,651	£16,500,000
Welfare: Universal Credit	£5,463,895	£800,300,000
Fiscal Cost (millions)	£9,053,695.00	1,326,100,000

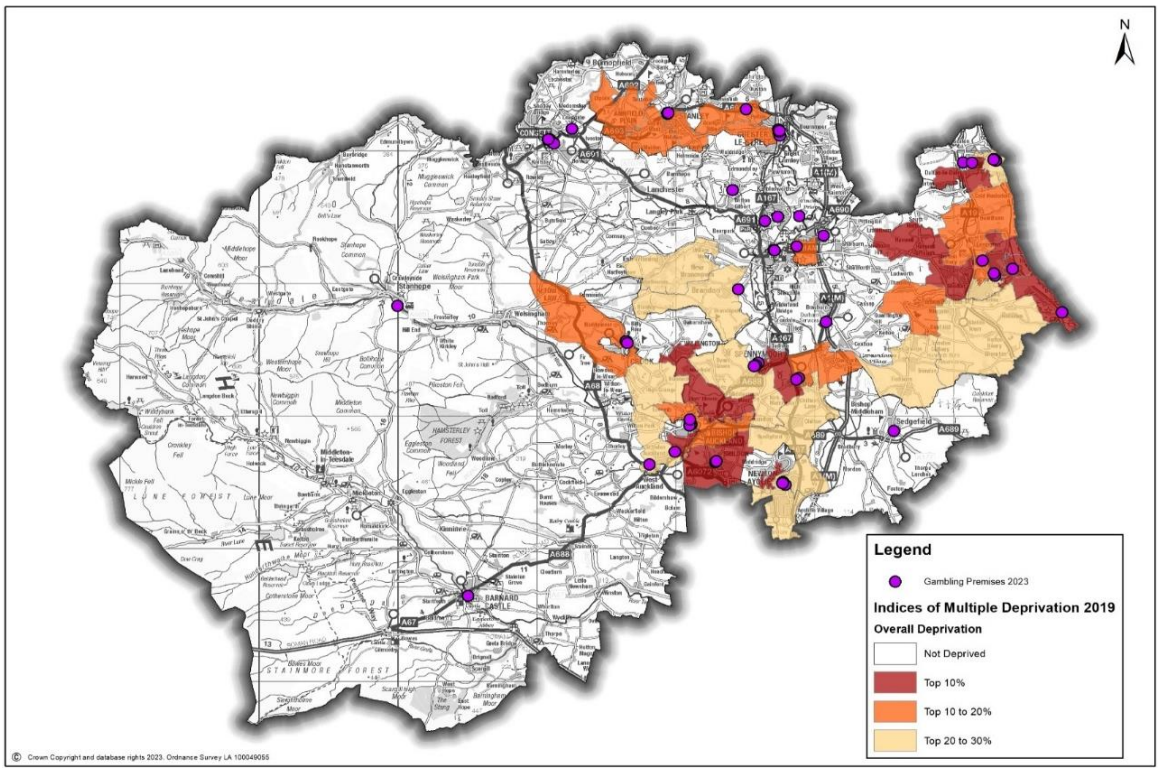
Gambling premises

Currently Durham has 67 licenced land-based premises. The gambling premises are plotted as purple dots on the map, figure 11. The dots indicate the siting of gambling establishments which can be seen are primarily concentrated within areas of deprivation in County Durham.

The concept of relative deprivation reflects various socio-economic inequalities between and within areas. These areas of deprivation indices are important as they attempt to describe the conditions in which people are born, grow up, live, work and age.

These conditions often influence a person's opportunity to be healthy, increase the risk of illness and effect life expectancy, as well influencing a host of other socio-economic outcomes.

Figure 11: Licenced land-based premises in County Durham 2023, Top 0-30% most deprived MSOA's. Source: Durham County Council / IMD 2019.



In 2021 PHE conducted an umbrella review of systematic reviews exploring the possible risk factors for gambling and harmful gambling. The report included evidence around community influences, those characteristics of local areas and cultures which can influence gambling behaviour. The research explored community-level risk factors for partaking in gambling relating to proximity to gambling opportunities, accessibility to gambling, and density of gambling opportunities.

The evidence reviewed suggested that the proximity to gambling venues may be a risk factor for gambling and harmful gambling and that the density of gambling opportunities may increase gambling. (Public Health England, 2021).

The systematic umbrella review looked mostly at individual level risk factors for gambling and the evidence examined found substance use among wider family members was reported as potentially influencing adolescent gambling and harmful gambling.

The reviewed evidence demonstrated gambling addiction is following similar patterns to other public health issues such as alcohol in that it is affected by the wider determinants of health. The County Durham Drug and Alcohol Recovery Service (CDDARS) offers gambling advice and guidance to service

users. The CDDARS manager is a member of the gambling harms steering group and will support the implementation of the HNAA recommendations.

County Durham Assets that can support Adult Gamblers

An asset-based approach to population health encourages individuals and communities to utilise existing resources within their local area. The County Durham Approach to Wellbeing recognises the importance of community assets.

Mapping of assets to support adults at risk from gambling-related harm indicated a range of existing support available to adults:

- County Durham Drug and Alcohol Recovery Service (CDDARS) offers support for service users signposting and referring to NECA and NHS Treatment Service and promoting the fully funded Adferiad detox offer;
- Health Squad – offer support to individuals aligned to CORE20plus5 health inclusion groups, many of whom fit the “at risk” for problem gambling criteria;
- Reconnect Hub – promote the weekly Gamblers Anonymous sessions held on a Wednesday evening at these premises in Durham City;
- The HNAA steering group – members spanning across key sectors are themselves assets to support, signpost and refer people into treatment;
- North East Council for Addiction (NECA) – offering gambling support and treatment, online and in person;
- NHS Gambling Treatment – offer online and in person however treatment centre is situated in Newcastle City Centre;
- Gamcare – offers online support and treatment via the National Gambling Support Network;
- GamLearn – offers workforce training delivered by those with lived experience;
- MECC Training – includes training module on gambling and related harms.

National Trends in Treatment for Gambling

The Annual Statistics from the National Gambling Treatment Service (Great Britain) 1st April 2022 to 31st March 2023 highlighted how the number of clients referred to and treated within the data reporting framework each year has varied since 2015/16.

The National Gambling Treatment Service (NGTS) is a network of organisations working together to provide confidential treatment and support for anyone experiencing gambling-related harms, either as a person who gambles or someone who is impacted by someone else’s gambling. The

NGTS is free to access across England, Scotland, and Wales. The NGTS is commissioned by GambleAware.

The NGTS 2023 annual report stated in relation to treatment engagement that most referrals were from the National Gambling Helpline (53%), self-made (20%) or from the GamCare/Partner Network (14%).

The report stated there are differences that exist between referral and treated numbers because not all individuals who are referred to the National Gambling Treatment Service (NGTS) providers will receive Tier 3 or Tier 4 treatment instead they may receive information or treatment at Tier 2 after triage and assessment.

The report notes treatment providers have improved the effectiveness of client triage at earlier stages of the treatment process, reducing unnecessary referral to Tier 3/4 services in favour of other forms of support (e.g. Tier 2). The report refers to figures published by Gamcare which indicate that the number of calls and chats to the National Gambling Helpline increased by 5% over this period, from 42,070 in 2021/22 to 44,049 in 2022/23.

The number of Extended Brief Interventions (EBIs) delivered through the Helpline was 8,765 in 2022/23 – a 10% increase on the year before. (GambleAware, 2024).

The County Durham HNAA data found less than 200 people from County Durham accessed Gamcare, NECA and NHS treatment services during 2022-23.

Likewise, it noted most referrals into services came via the National Gambling Helpline. The data received from treatment providers show referrals by this pathway for Gamcare was 65% and NECA 67%. The NHS Treatment Service did not provide any data on referral pathway from the National Gambling Helpline.

Stakeholder consultation – local insights information

In the spirit of the Council's A2W, a gambling-related harms stakeholder consultation was conducted which included a public and a professional survey questionnaire and a semi-structured interview questionnaire. The consultation was undertaken during January and February 2024.

Information was gathered using three survey questionnaires, one questionnaire was directed to the public. A second questionnaire was directed at professionals working with people who may be at risk of harm from gambling. The third was a semi-structured questionnaire used with current service users who were interviewed, identifying themselves as at risk from

gambling harms, a gambling addict, recovering from gambling addiction or an affected other.

The HNAA gathered limited data from three gambling treatment support service providers, GamCare, NECA and NHS Treatment Service. The data established less than 200 people from County Durham accessed these treatment services during 2022-23.

A gambling premises application was submitted to the Durham County Council Licencing team during the gambling consultation period. This application review led to discussions between public health and a retail betting organisation National Licencing Management, discussing staff training to ensure early identification of clients in at risk of gambling harm, the organisations ability to provide brief advice and signposting into treatment and support services as per the licensing Statement of Principles guidance.
The research literature aided establishing known key facts and supports the reaching of evidence-based conclusions regarding this complex subject matter.

The findings from the research evidence base are triangulated, prevalence estimates and local survey data to identify key themes and to inform the recommendations.

The triangulation of evidence from both academic literature, reports from several sources and primary local insights information provided the most robust review of evidence possible. Together this information identified themes, priorities, and recommendations.

The Public Survey questionnaire response

Quantitative and qualitative data was gathered from a public consultation for this HNAA.

The questionnaire survey was available for one month, 104 residents responded to the survey, most answered all the 13 gambling related questions.

When asked, “Do you gamble,” 51.5% (52 people) said yes and 44.5% (49 people) said no.

When asked, “Have you, your family or friends had issues caused by gambling such as depression, anxiety, financial or relationship problems.” (The survey stated tick all that apply so respondents could tick multiple boxes.), the survey response was 47.5% of respondents had no issues, 33.7% of the respondents’ stated members of their family have issues caused by gambling such as depression, anxiety, financial or relationship issues.

16.8% stated their friends had issues and 19.8% stated they had issues caused by gambling.

When asked, “If you have or have had issues, which were the gambling methods of gambling you used?” Please tick all that apply.

The outcomes are detailed in table 2 below.

Table 2: Methods of gambling and frequency, 2024. Source: Durham County Council.

Method of gambling	Frequency
High street bookmakers (gaming machines)	12
Online sports (football, horses, greyhounds)	12
Scratch cards	12
Entertainment/amusement/gaming centre	10
Lotteries	10
Online casino	10
High street bookmakers for sports (football, horses, greyhounds)	8
Online bingo	6
Course bookmakers (horses, greyhounds)	5
Bingo halls	3

Two people added they gambled in land-based casinos, and one stated they would gamble on anything.

Table 3 below shows the mix between online and offline gambling, with land-based gambling frequency the highest.

Table 3: The mix between online and offline gambling, 2024, Source: Durham County Council.

Method of gambling	Frequency
Land-based gambling	60
Online gambling	28

When asked, “If you gamble but have no issues, which are the main methods of gambling do you use?” The results in Table 4 below show lotteries, scratch cards, and bingo halls as methods of gambling respondents felt led to them having no issues such as depression, anxiety, financial or relationship issues. This information is similar to the results found within the insights when those stating they have no issues gambled on the lottery.

Table 4: Method of gambling and no issues, 2024, Source: Durham County Council.

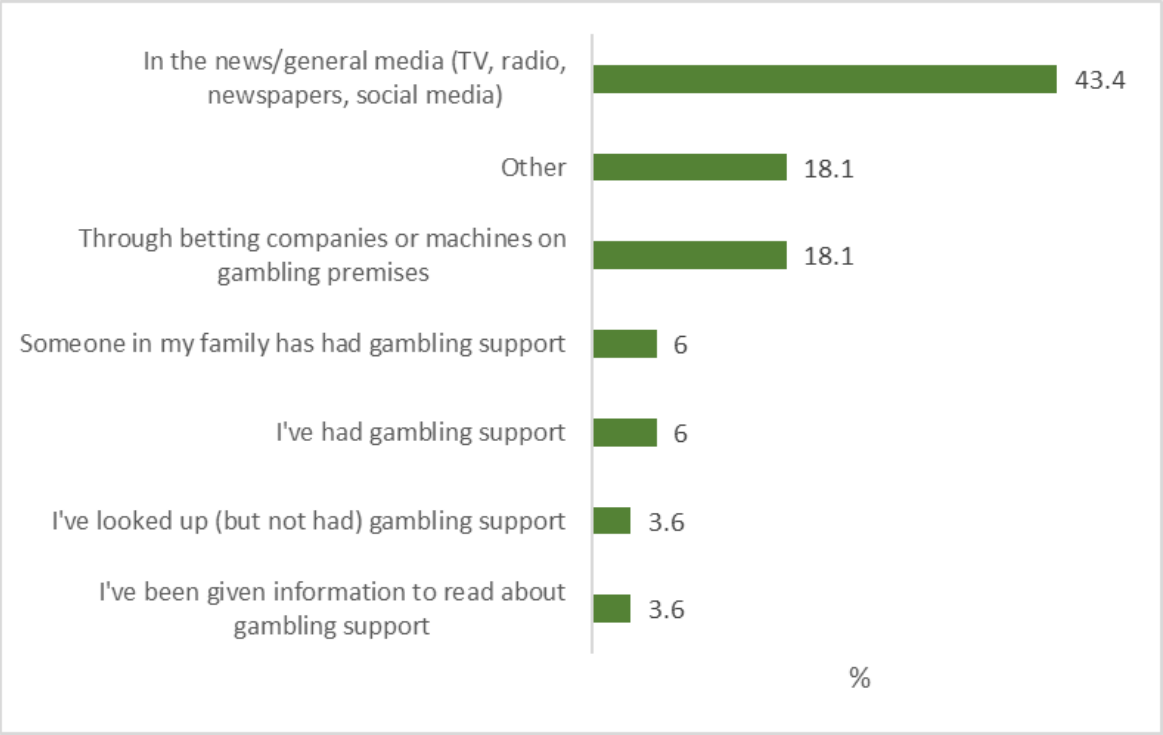
Method of Gambling	Frequency
Lotteries	14
Scratch cards	10
Bingo halls	6
Online sports (football, horses, greyhounds)	6
Course bookmakers (horses, greyhounds)	5
High street bookmakers for sports (football, horses, greyhounds)	4
Online bingo	3
High street bookmakers (gaming machines)	2
Online casino	2
Entertainment/amusement/gaming centre	1
Other	1
Total	54

The public consultation found that 89% of respondents had heard of the terms ‘gambling addiction’ and ‘gambling-related harms.’

When asked about *how they know about gambling harms* the majority of respondents stated they had heard about it in the news (43.4%), general media, such as TV, radio, social media, betting companies or betting machines (18.1%). 6% stated they had accessed gambling support, 3.6% had looked up gambling, but had not accessed support. 6% stated someone in their family had gambling support, 3.6% had been given information about

gambling. 1.2% stated a GP/health professional had discussed it with them. See figure 12 below.

Figure 12: How do you know about gambling addiction and gambling related harms? 2024. Source: Durham County Council



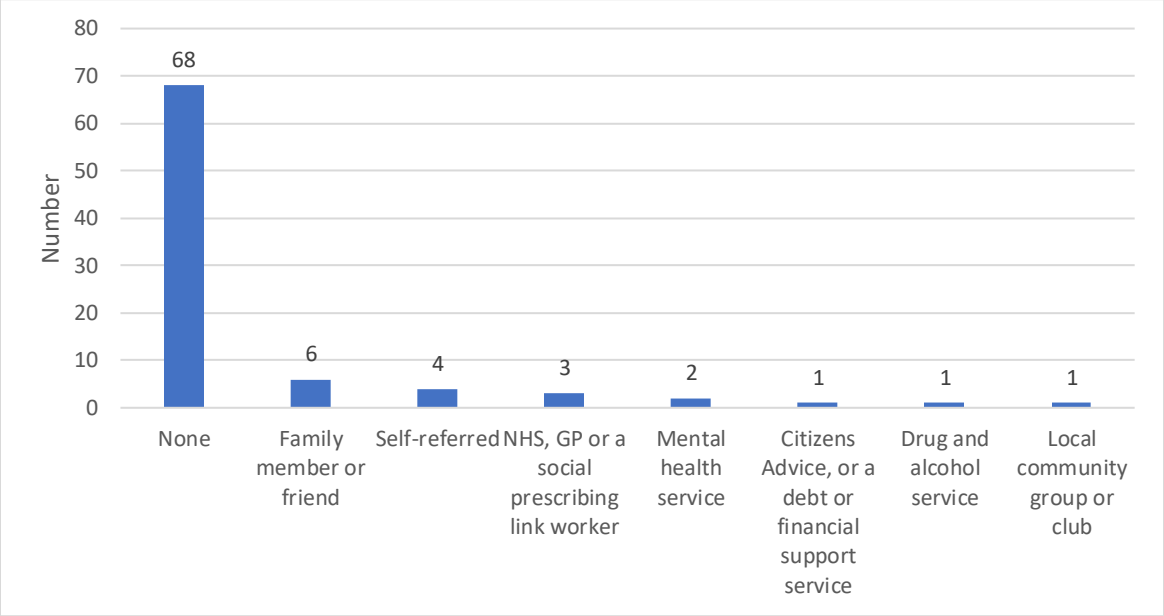
There were 18.1% who noted "other" reason for knowing about gambling addiction and harms, their responses included:

- *"Through work";*
- *"First-hand experience through my first husband";*
- *"Through someone in detox";*
- *"Other people telling me I have a problem with gambling".*

The participants were asked "Have any of the people or services below referred you or a family member into gambling support services? Please tick all that apply".

Figure 13 below shows the responses to the question highlighting very few professionals have referred people for support, which concurs with the treatment provider data collection information.

Figure 13: Have any of the people or services below referred you or a family member into gambling support services?2024. Source: Durham County Council



When asked "Would you consider access gambling support services to help you with a gambling problem or a friend's gambling problem", 51.7% said yes, 27% said maybe and 21.3% said no. Those who answered No stated:

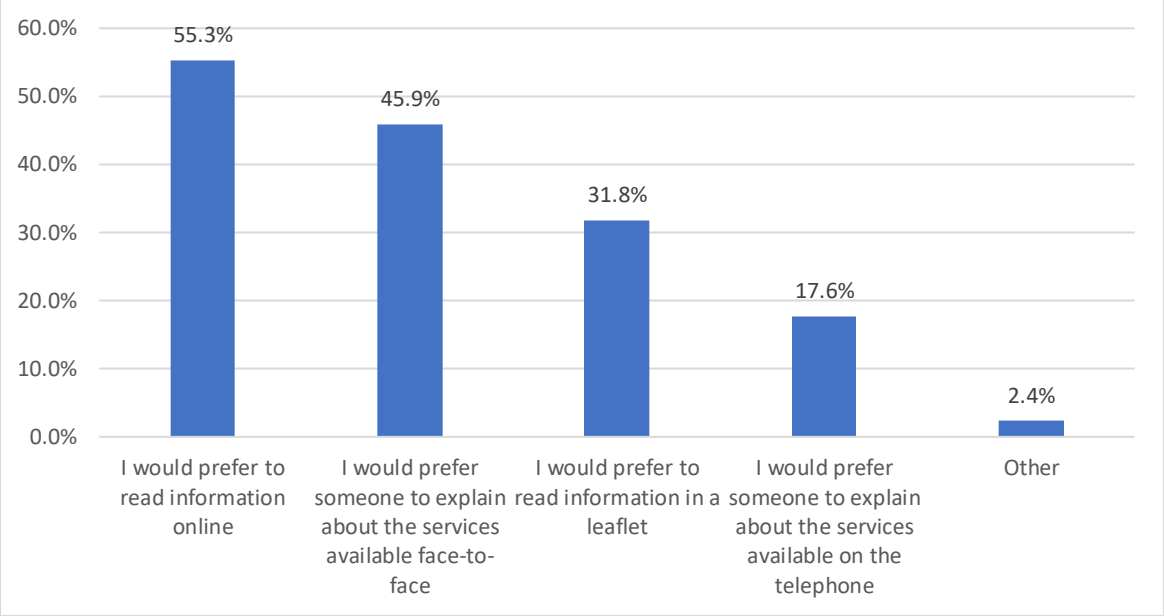
- *"Anonymity issues";*
- *"I am not addicted";*
- *"I just wouldn't".*

When asked if you, your friends, or family wanted to get gambling support, would you know how to get tis help? 60% said yes and 40% said no. Those answer yes to stated who they would contact first:

- *"Gamcare, Gordon Moody, Gamblers Anonymous";*
- *"GP";*
- *"Google for help";*
- *"Online Charity";*
- *"NECA, Gamstop, Gamble Aware";*
- *"Citizens Advice".*

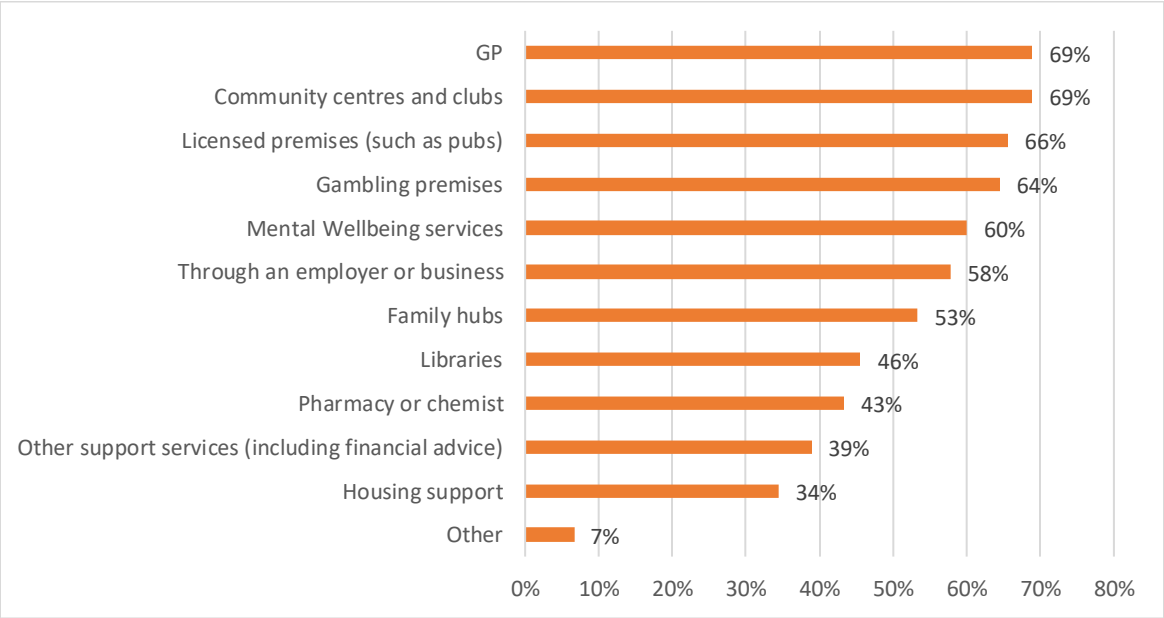
When asked if you wanted to learn about gambling advice and support programmes, how would you prefer to have the information provided to you, over 55.3% wanted to read the information online, 45.9% preferred face-to-face, 31.8% preferred information in a leaflet, and 17.8% preferred someone to explain about services over the phone, 2.4% other. See Figure 14.

Figure 14: If you wanted to learn more about gambling advice and support programmes, how would you prefer to have the information provided to you? 2024. Source: Durham County Council



This information will inform future discussions around the method of how people learn more about gambling programmes. It is hoped if providing information suitable to the learner accessing the support needed will increase. The public shared their views when asked “If we produced information leaflets about the impact of gambling addiction, related gambling harms and where and how to access support, where do you think it would be a good idea to put them to make people are aware of the support available?”. The respondents can tick multiple boxes and the results can be seen in Figure 15 below.

Figure 15: Where would be a good idea to put leaflets on impact of gambling, 2024. Source: Durham County Council.



Other suggestions were:

- *"Bus stops";*
- *"Home leaflet drops";*
- *"Workplaces";*
- *"Stores that sell scratch cards".*

The responses to this request will inform future communications and marketing planning. The gambling steering group

will be able to support the implementation of the plan and monitor outcomes.

Of the respondents completing this public survey 48.7 were male and 51.7 were female.

Further analysis of the public survey data was produced by gender and age, this information will also be used to inform further communications.
The survey did find in responding to the question, *do you gamble*, more males than females answered yes.

Lived Experience Interview insights

There were 9 semi-structured interviews carried out, eight respondents had gambling lived experience and one was an affected other. Respondents completed survey questions which provided both quantitative and qualitative information. This methodology was adopted to explore the views and experiences of current service users and staff affected by gambling-related harms in County Durham.

Finances

When asked about if gambling caused harm effecting specific areas of their life, 6 out of 9 people perceived gambling had caused them financial harms, stating they gambled more than they could afford. This ranged from getting into significant debt, losing their house, and shoplifting to be able to feed their family.

One interviewee stated the gambling went from "spending pound coins, to notes, credit and debit cards". With gambling you can spend your full salary immediately, it saps everything, quicker than drinking, "I spent a full month's wage gambling".

One person who was homeless and was bored, walked around town, and ended up in high street bookmakers gambling for something to do, spending all his money as he had nothing else to do with his time.

Another person, with diagnosed mental health issues, stated they had been put under a financial protection order with an appointee-ship to minimise the spending on their gambling addiction.

The affected other stated their fiancé hid the gambling from them, having family members lie and cover what he was doing rather than ask for help as he later said he was ashamed. He had significant debts on credit cards and a large overdraught.

Another respondent shared that their “partner knew by my moods when I had been gambling, I hid financial losses, I hated lying to partner, but tried to sweeten them with the wins”. I always paid loans etc never missed payments, got second job, but still gambled, even after work used second wage to gamble.

Housing

One person stated they were “currently homeless due to gambling addiction”, they had lost everything, partner, job, friends, and home. They ended up in prison and were now struggling to get rehoused when they got out due to past debt and issues.

Another got into a discussion with the landlord about their chaotic lifestyle, which involved family, children, and pets. Their life spiralled out of control, and they lost their rented house, due to being unable to the pay bills.

Employment

Four of the nine people interviewed were unemployed and endured lifelong changes to their lives due to their ongoing gambling addiction.
The partner of the affected other was taken to court and lost his job with the NHS due to his gambling, there was no treatment or support offered by his employer.

Of those interviewed 55% stated their gambling has affected their ability to stay employed.

Relationships

Six people (66%) stated gambling addiction ruined their relationship with their partner.

One interviewee stated their partner would “get anxious on nights out even with friends”, worrying if gambling would take place. This caused relationship issues. Eventually, the partner challenged the betting as it was affecting the relationship, caused arguments, and a lack of trust due to being secretive. The partner kept suggesting the need for help.

The affected other disclosed the gambling ended the relationships as all trust was broken due to repeated relapses, lying about attending treatment, getting into debt. This all caused endless arguments.

One interviewee stated gambling caused “end of two marriages, both ended up in divorce,” and life spiralled further out of control.

Mental Health

The lived experience interviewees when they were asked about gambling affecting their wellbeing. 55% (5 out of 9) stated it had affected their mental health. This ranged from having depression and sleepless nights to suicide ideation.

Two people mentioned wanting to end their life because of consequences of their gambling addiction. They talked openly about contemplating suicide, one interviewee shared they ended up in hospital but was never offered gambling treatment.

Substance Misuse

Three people believed their gambling worries led them to excessive drinking of alcohol and using drugs, for which they all had eventually received support and treatment leading to recovery.

One person currently has an alcohol tag issue by probation and is trying to maintain alcohol abstinence but is still gambling. They stated they have had not been offered any support to stop.

Criminal Justice

Three people shared that their gambling addiction led to them being involved with the criminal justice system, and two respondents went to prison.
One person shared that their wife stole to feed the family as all their benefits was spent on gambling.

Respondents age when starting gambling

When asked about how old they were when they were first aware of gambling, 55% stated that it was before they were 18.
One person stated their own gambling habit affected their education from a very young age.

Three stated they had parents who gambled. Two respondents had seen family gambling at seaside slot machines, others saw parents betting on the

horses and another bought scratch cards. These interviewees believe they copied their parent's behaviour and became addicted to gambling themselves.

Gambling Support

Of those interviewed, 88% knew of support available to help them tackle gambling.

When asked directly about accessing help and support for gambling and the related harms, 33% stated they have not accessed help, 11% said they would access help if they felt it was really needed and 55.56% had accessed help. Of those who received help, they felt their needs were met but not always directly from gambling treatment services including NECA, Gamblers Anonymous and the NHS treatment service.

Another stated "I had help for alcoholism but still struggling with gambling and I have never had support for this, I don't know how to get proper help". Those interviewed believed whilst they were feeling vulnerable their help came from a mix of sources which included support from the police peer mentor service, housing landlord, mental health support staff and the drug and alcohol recovery service. They believed many support services were influential in helping their complex recovery journey.

Gambling method

There was a mix of gambling methods used by the interviewees including high street bookmaker sports betting; high street bookmaker slot machines; amusement arcades (slot machines); bingo, scratch cards, lottery; online sports betting; land-based casinos; online casinos.

The two who stated they had no issues gambled on the lottery and course bookmakers and felt these methods caused them no harm.

Gambling self-attributed status

When asked if they thought gambling was an addiction, 66% thought it was.

When asked to indicate their current gambling status, 33% of interviewees perceived themselves as ex-gamblers, 33% as non-problem gamblers, 11% considered themself as at-risk gambler, 11% defined themself as a problem gambler, and 11% defined as an affected other.
Of those interviewed 56% were male (5 out of 9) & 44% female (4 out of 9). The ages of those interviewed ranged from 39-57 years old.

At the end of the public survey people who may be affected by gambling were signposted to the National Gambling Helpline for support.

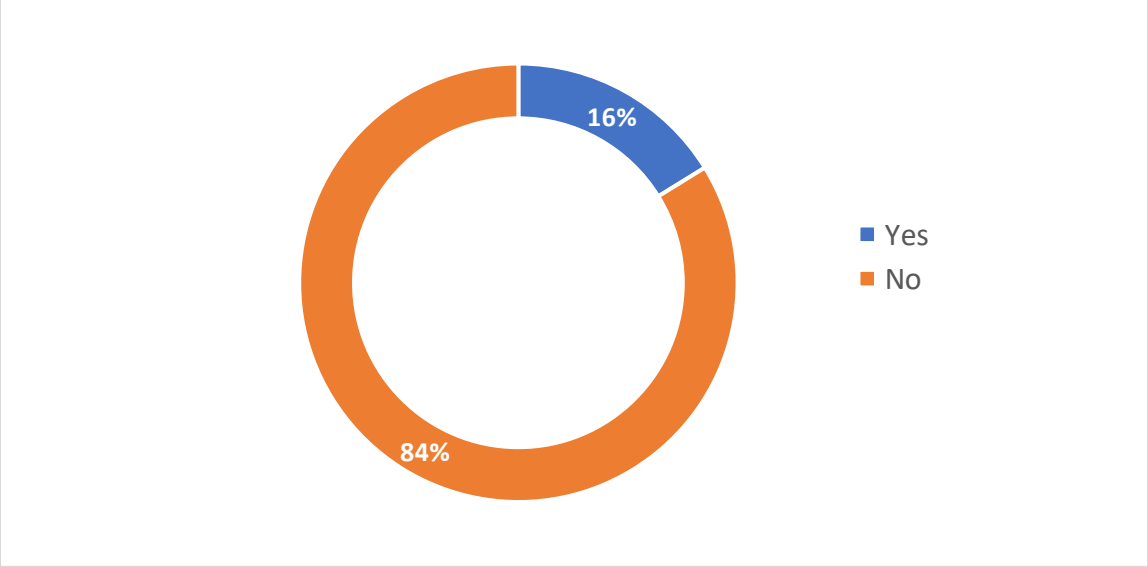
Professional survey responses

The HNAA gathered 143 responses from a questionnaire shared with professionals.
Data was provided from a variety of respondents including 29 who worked for Durham County Council commissioned services, 27 worked for healthcare services including NHS, GP, Primary Care Networks, and social prescribing workforce, 58 worked for other public sector organisations, 11 worked for Voluntary and Community Sector, 11 respondents were from the private sector and 6 defined as other.

Organisations were professionals worked include GP surgeries, Humankind, employability services, Durham police, Mental Health, and Wellbeing Alliance, UTTAS, East Durham PCN, Wellbeing for Life, Health Squad, Checkpoint, Homegroup, PCP, Spectrum CIC, Durham Liaison & Diversion Team, Tombola, Orchard Homecare, Innovations, HDFT, Housing 21, GT Emissions, police peer mentors, Horden Together, Consett Medical Group, Barnard Castle Surgery and Bevan Medical group.

The survey asked the question, “Does your organisation ask a gambling related harms screening question on your service user assessment.” The majority, 119 respondents, (84%) said no as per figure 16 below.

Figure 16: Does your organisation ask a gambling related harms screening question on service user assessments? 2024. Source: Durham County Council.



Discussions within the HNAA steering group concluded that it can be assumed if organisations don’t ask a direct question about gambling, then it would be difficult to know if a service user is impacted by gambling or has concerns over their own or a family members gambling.

For example, a client could present with a mental health issue anxiety however if a healthcare professional did not ask a specific gambling related screening question the individual may not share the actual cause of their anxiety was gambling consequence related.

A systematic review of international evidence looking at the question, “Should screening for risk of gambling-related harm be undertaken in health, care and support settings?” The review concluded screening interventions seem practicable and suitable in a range of community and healthcare settings for identifying those at risk of gambling harm. It suggested screening and identification would enable professionals to offer a brief intervention of support to people who are at risk of gambling related harm. (Blank L, 2021).

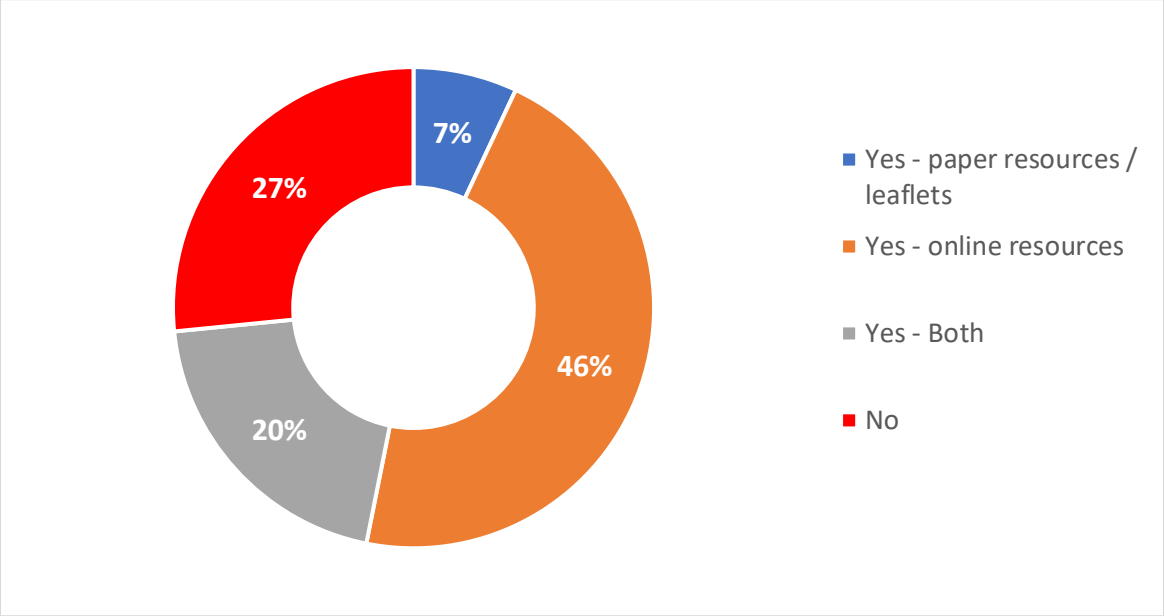
The gambling screening research study implied the identification of individuals experiencing or at risk of problem gambling at an early stage has the potential to reduce harm and reduce demand on health, care, and support services. The three gambling treatment providers shared their own County Durham client referral data. This data revealed during 2022 -2023 of the 197 people referred into treatment from County Durham only 22 referrals were made by professionals, equating to 11%. Therefore, quite possibly introducing a gambling screening question within a client assessment could identify at risk gamblers earlier and prompt the professionals undertaking the assessment to refer people into treatment.

The information gathered within the professionals’ survey suggests there is an opportunity to consider the role of screening and brief intervention as part of developing a localised referral pathway. The qualitative insights gained whilst conducting the gambling semi structured interviews demonstrated people defining as gambling addicts, endured complex physical and psychological issues, which consequentially increased their demand on health, care, and other support services. Quite possibly including a gambling screening question into a client assessment also has the potential to be cost effective if at risk gamblers are identified and supported at an earlier stage.

Professionals were *asked, “Does your organisation currently have information leaflets about gambling addiction and related harms that you can provide to a client/service user or patient.”* Nearly two thirds, 91 people, stated they did not have information leaflets.

Figure 17 refers to Professionals being asked *‘do you have access to paper resources/leaflets or know where to find online resources about gambling related harms.’*

Figure 17: Professionals: Do you have access to paper resources/leaflets or know where to find online resources about gambling related harms? 2024. Source Durham County Council.



The figure shows 46% of respondents accessed only information online, 7% accessed only paper resources, 20% accessed online and paper resources and 27% stated they don't know where to find online resources or have paper resources.

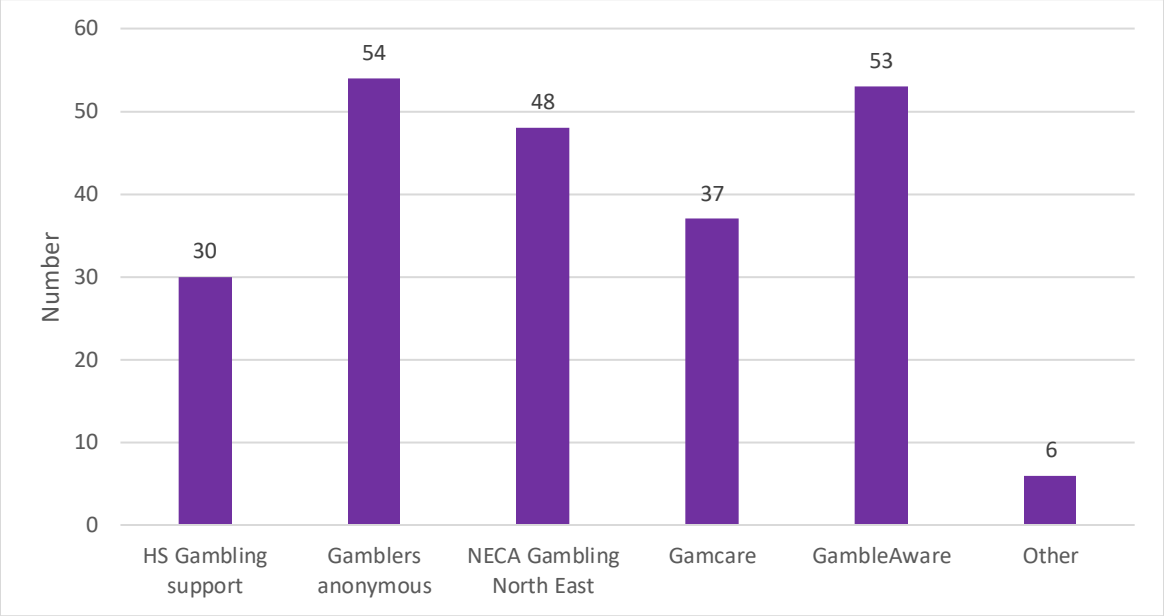
When asked if they "*Felt there is sufficient knowledge and information about gambling addiction and harms easily available to you, your team, your service to effectively refer people directly for support?"* An overwhelming 62% of respondents felt they *did not* have sufficient knowledge and/or information to effectively refer people directly for support.

Respondents provided suggestion on how to improve their knowledge this included:

- *"Education from appropriate service providers";*
- *"Staff training and a leaflet with service provider details and contact numbers";*
- *"Perhaps In-House Training with Provider?";*
- *"Short course info on eLearning, shared resources";*
- *"Frequent Road Shows around the Council Buildings, Posters on Workplace Noticeboards and small hand sized business cards".*

When asked, "*Are you aware of any gambling related harms support services"* 60% of respondents said yes. Those answering yes were asked to tick boxes of the support service they were aware of. Figure 18 below shows the professionals awareness of several key gambling treatment services.

Figure 18: Professionals awareness of various gambling treatment services, 2024. Source: Durham County Council.



Respondents named Humankind and Gordon Moody as the "*other"* services.

When asked *"Are you aware of how to refer clients, service user or patient who may benefit from or need gambling addiction and related harm information, advice and guidance?"* 59% answered no which suggests a need to raise awareness to professional of gambling support service and simplify referral pathways.

The survey asked, *"Do you think there are barriers you face as a professional to referring clients into gambling addiction and related harms support services?".* 143 people answered this question and 37% stated *yes*, they faced barriers.

When asked, *"What do you believe are the barriers"* responses included:

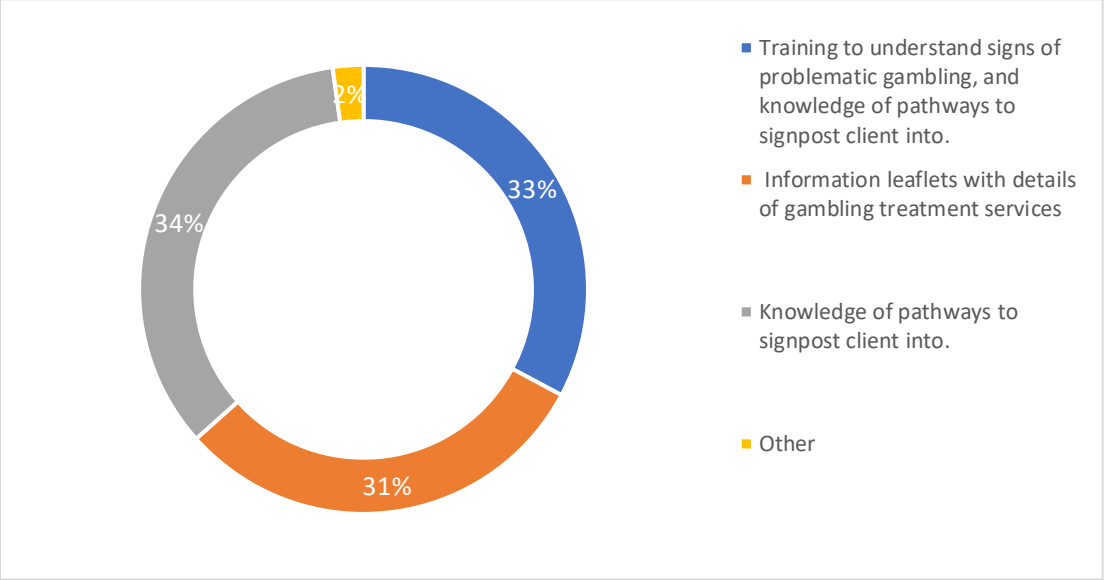
- *"Not enough information on the type of service";*
- *"Lack of knowledge";*
- *"Stigma of gambling";*
- *"Impact of gambling";*
- *"Lack of awareness";*
- *"Not enough people come forward for help".*

When asked, *"Do you feel confident in discussing gambling addiction and related harm and/or referral routes into support options with service users", 62 of respondents* said yes.

When asked, *"What could educate professionals and improve their expertise and confidence to deliver a standardised brief intervention?"* The survey asked respondents to tick what could improve your ability to discuss gambling related harms and refer into treatment, figure 19 below provides an overview

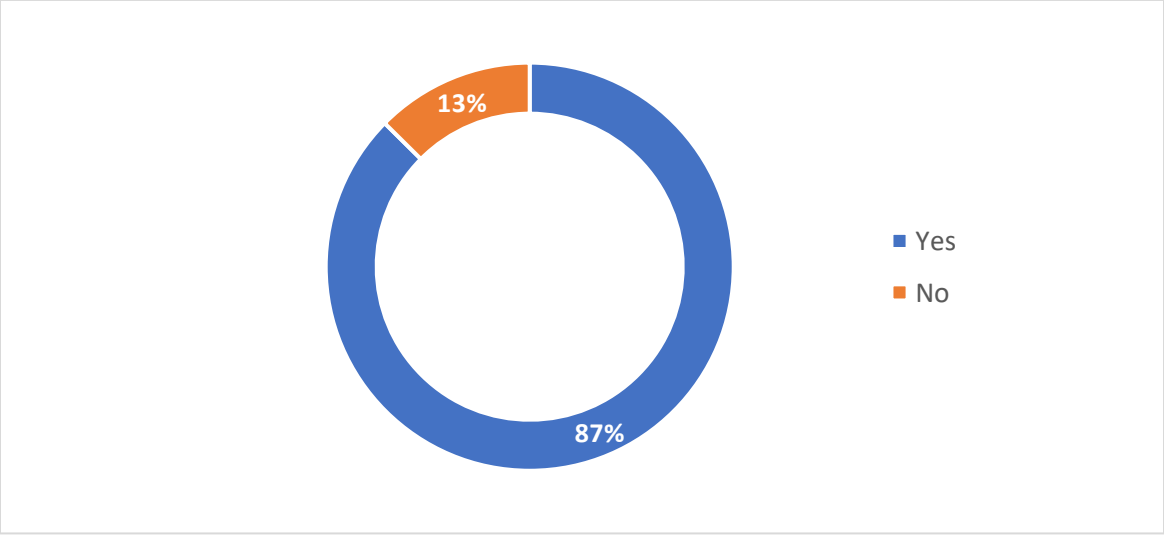
of answers which includes receiving training, having access to information leaflets, and knowledge of gambling treatment and support referral pathways.

Figure 19: What could educate professionals and improve their expertise and confidence to deliver a standardised brief intervention?2024. Source: Durham County Council.



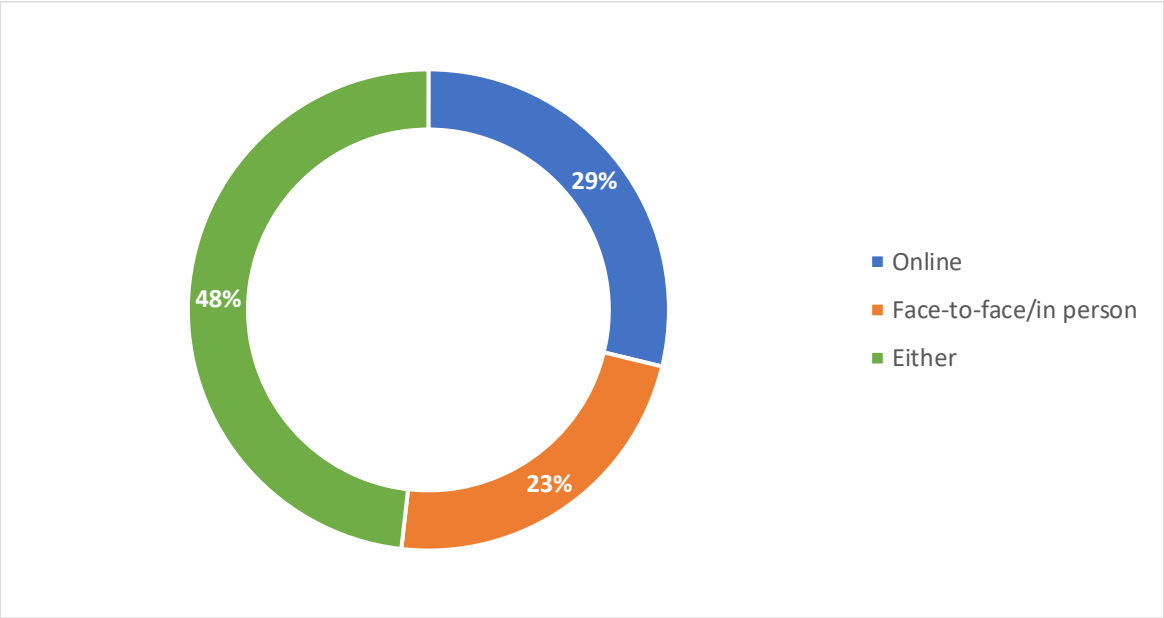
However, the survey found 82% of professionals responding they had not received gambling addiction or related harm training to enable them to spot the signs of gambling harms or crisis.
When asked "*If they would benefit from gambling addiction and related training?"* 87% stated they would, as stated in figure 20 below.

Figure 20: Professionals asked if they would benefit from gambling addiction and related training, 2024. Source: Durham County Council.



Professionals were asked, *"How they would like to receive training?"* Figure 21 below indicates if training was offered how they would like it to be delivered.

Figure 21: Professionals asked how they would like to receive training, 2024. Source: Durham County Council.



The survey found 29% of respondents would like online training, 23% would like face to face in person training and 48% were happy with having either online or face to face in person training.

The information gathered from professionals informed the key themes and recommendations. The members of the gambling related harms steering group will oversees actions and monitor outcomes used to implement the recommendations in a systems-based approach.

Gambling treatment service provider information

Three service providers shared their anonymised County Durham client data, the provider are: NHS Gambling Service, North East Council for Addictions and GamCare.

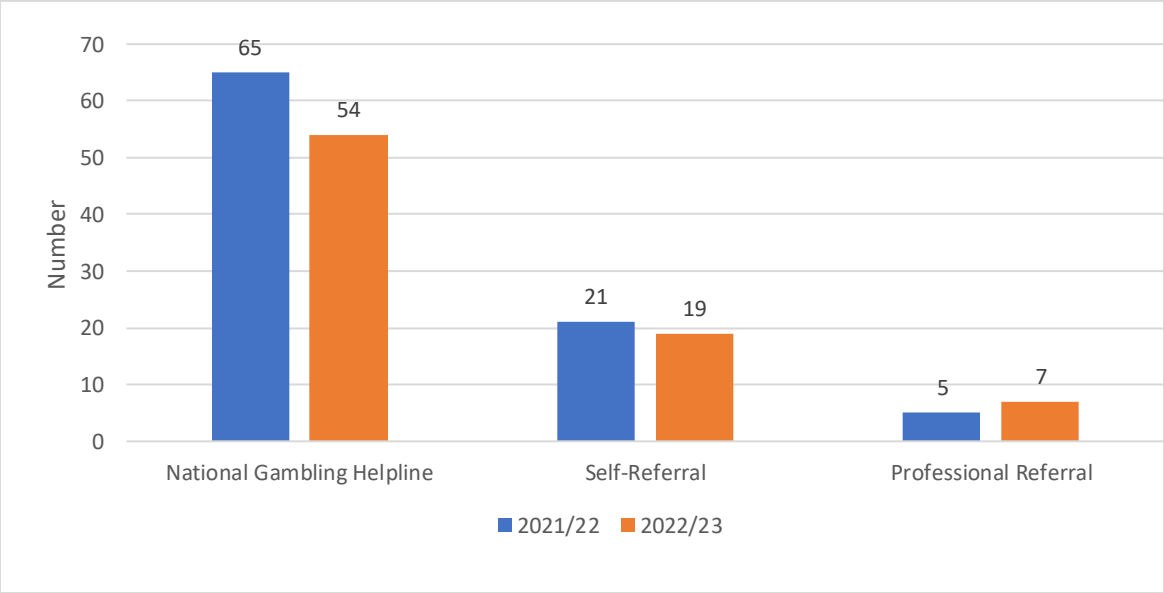
The NHS Gambling Service provided referral source datasets for 2022-23 and 2023-24 for the clients accessing their treatment service.
Most service users self-referred, few people were referred for treatment by professionals.

Figure 22 below shows the number of referrals received by NHS Gambling Service for County Durham.

Figure 22: Number of referrals received for County Durham, 2022/23 to 2023/24. Source: Northern Gambling Service, NHS.

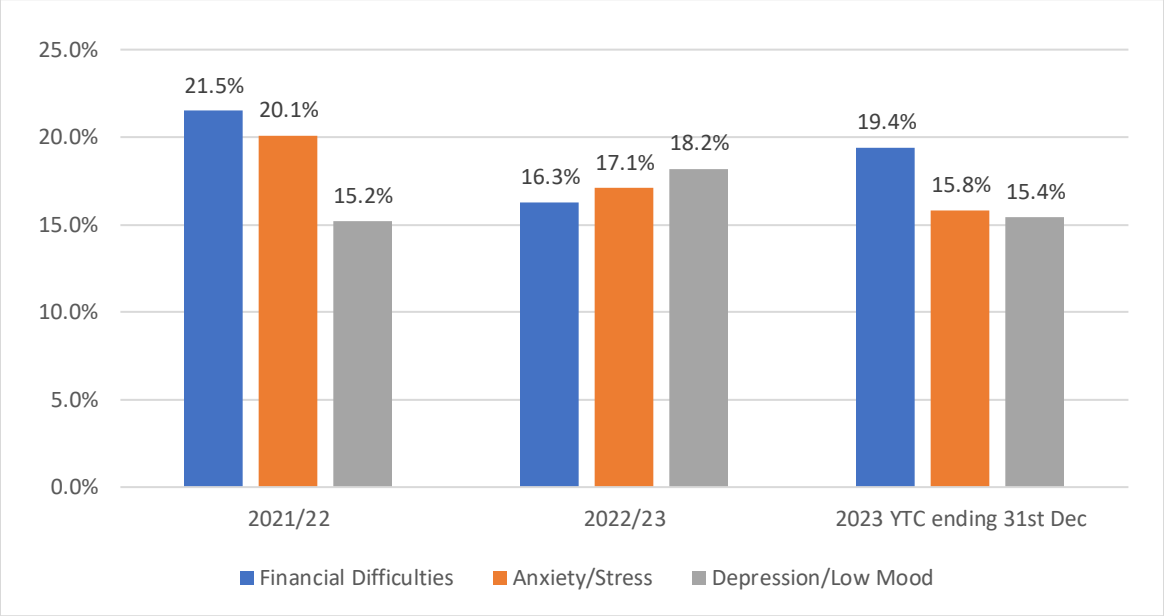
North East Council on Addiction (NECA) shared their anonymised County Durham service user information. They provided their referral source data for the past two years.
Figure 23 shows most referrals came from the National Gambling Helpline route, with some self-referrals and few professional referrals.

Figure 23: Referrals, 21/22, 22/23. Source: NECA.



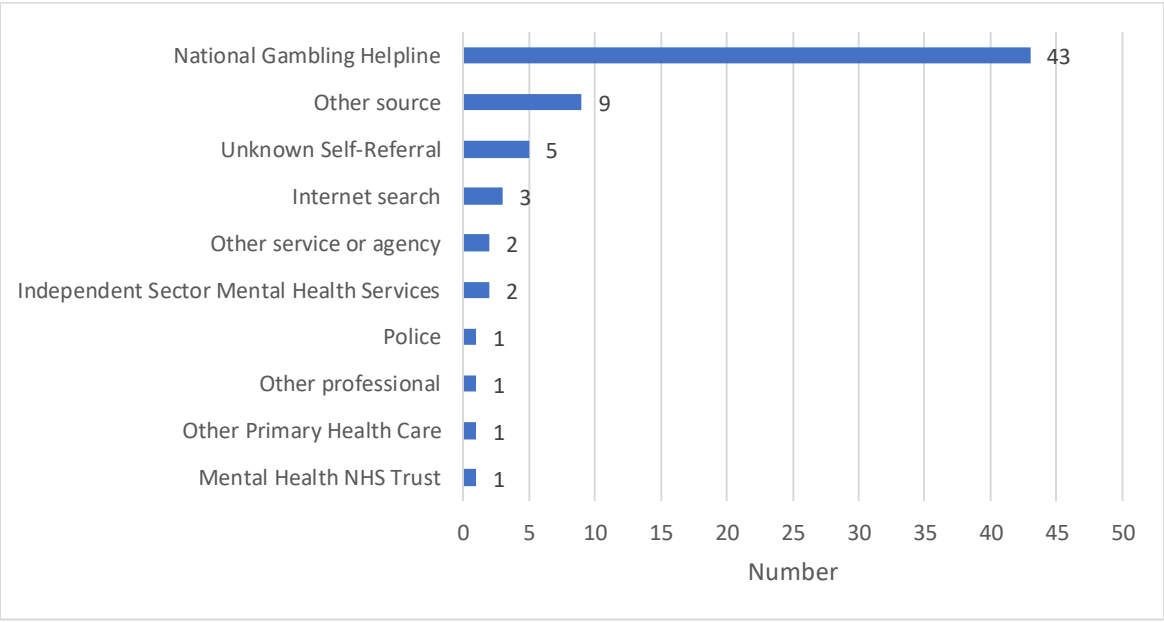
NECA shared the reported recorded impacts from gambling, which as they graph shows, figure 24, are around financial difficulties, and mental wellbeing issues.

Figure 24: Top three most commonly reported impacts of gambling from service users, 21/22, 22/23, 23 YTD 31st Dec. Source: NECA



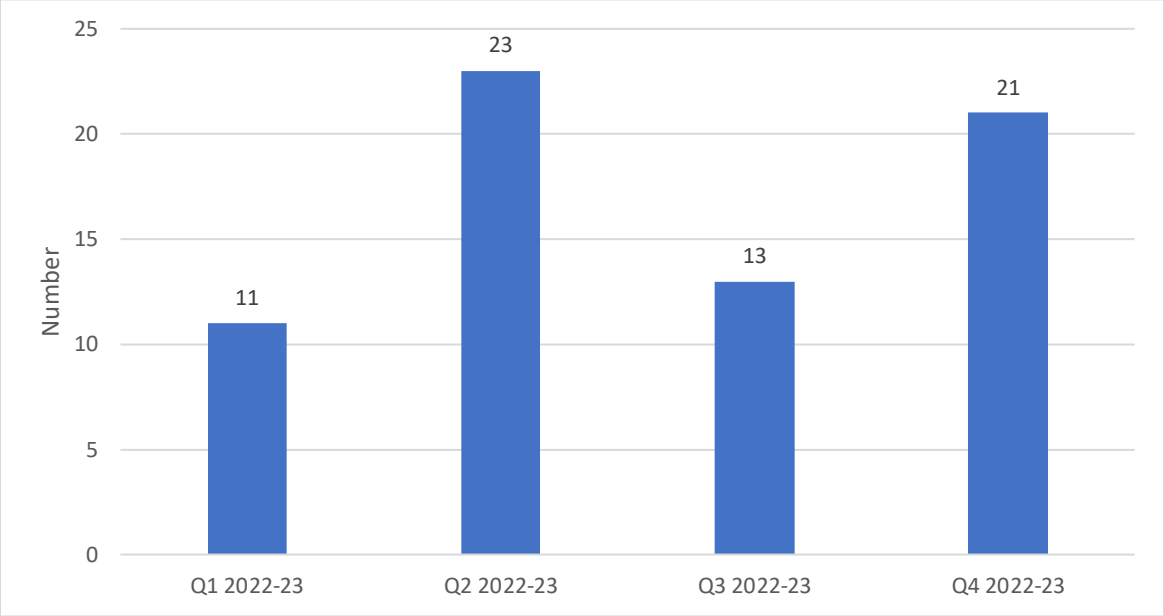
Gamcare The provided information detailing the client referral source for 2022-2023.
Figure 25 shows most referrals came from the National Gambling Helpline (43), 9 from others sources, 5 self-referrals and 3 from internet search

Figure 25: Referral sources, 2022/23. Source: Gamcare.



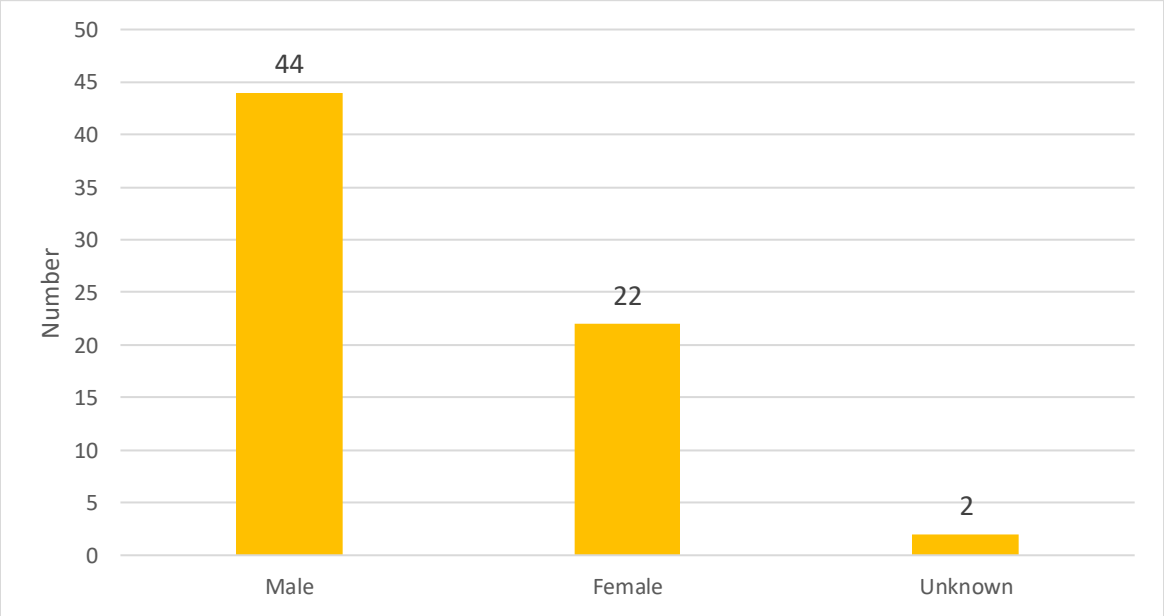
Gamcare provided a breakdown of the number County Durham clients supported during 2022-23 in Figure 26 below.

Figure 26: Number of individual clients, Q1-4, 2022/23. Source: Gamcare.



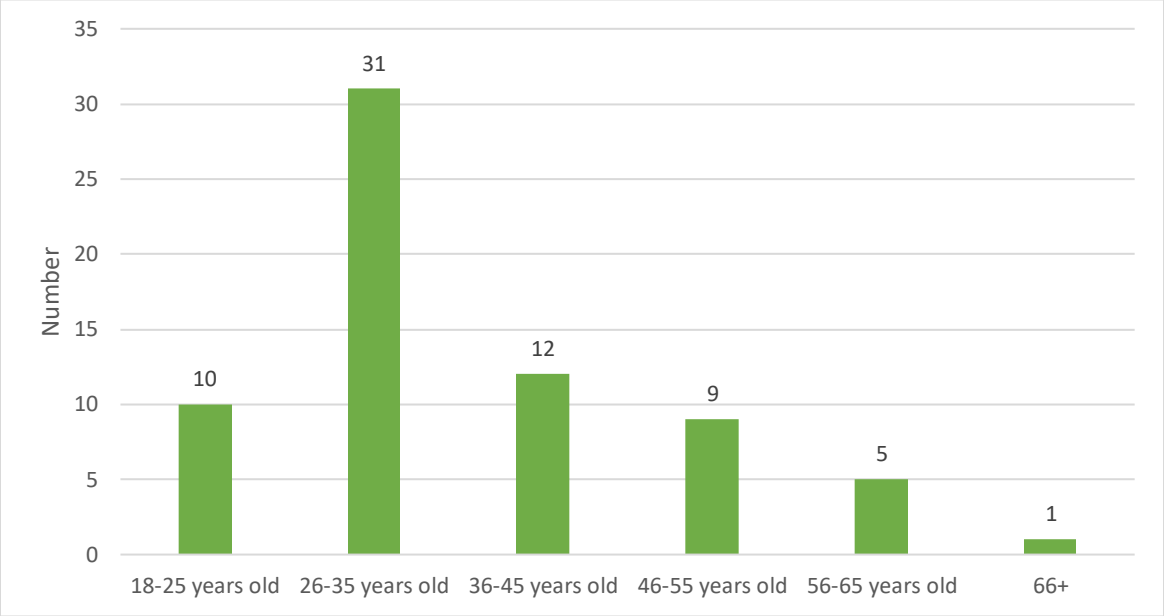
Gamcare provided service user breakdown by gender, figure 27 below shows 44 males, 22 females and 2 client gender status were unknown.

Figure 27: No. of clients by Sex, 2022/23. Source: Gamcare



Gamcare shared their referral age profile, it shows the highest referrals were ages between 26-35, Figure 28 below, this data will be used to inform targeted social marketing campaigns.

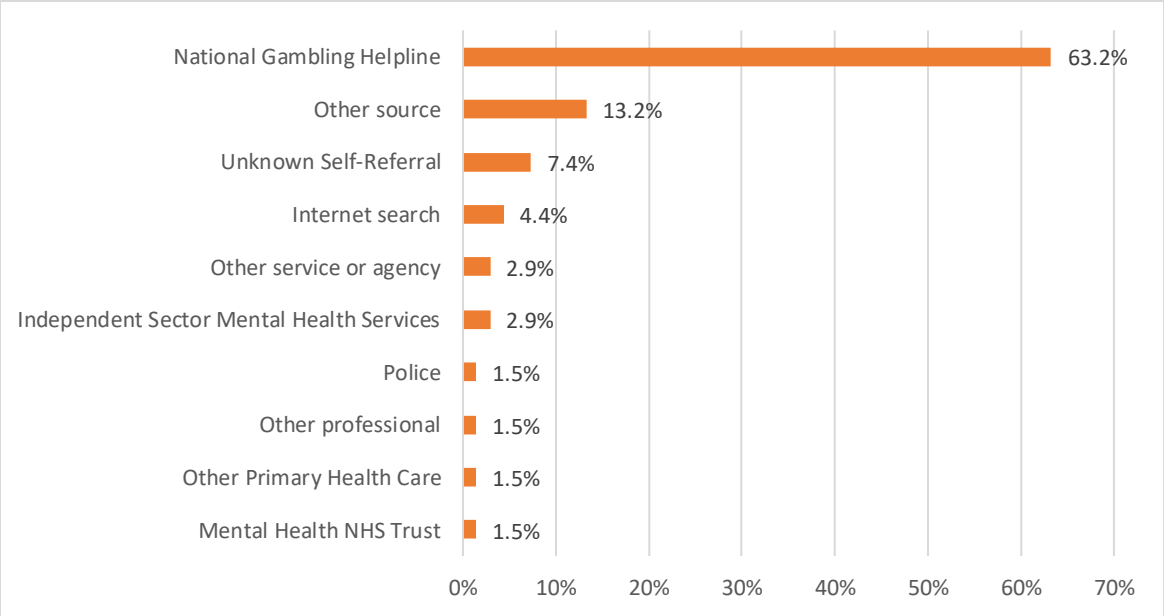
Figure 28: No. of clients by age, 2022/23. Source: Gamcare



Gamcare service user gambling activity survey found online gambling as the highest method of gambling with (57%) sharing they gambled online.

Gamcare's breakdown of the recorded referral sources as signposting clients from County Durham into treatment as shown in Figure 29.

Figure 29: Referral Sources %, 2022/23. Source: Gamcare



Most referred clients (63.2%) accessed their treatment services after contacting the national gambling helpline, around 9% were referred into

services by combined professionals including mental health, primary care, and police.

Gambling retail organisation information

A new gambling organisation premises application for County Durham was received in February 2024. Public health asked for further information regarding their staff training when enabled staff to identify possible gambling related harms. The national licencing manager provided details of their organisational gambling related harms staff training and stated staff induction included mandatory requirements for all new starters, which ensures all new colleagues attain a minimum level of understanding of the organisational policies.

Staff training included highlighting the triggers staff should look out for to identify potential gambling related harm, and how to have an effective interaction. This includes signposting to free and confidential support services and how to escalate concerns should a customer's behaviour not change. The company issues Safer Gambling led communication to each shop team regularly, reinforcing key actions and behaviours. They stated they wished to support the public gambling health needs and assets assessment consultation and shared the poster advertising the gambling related harms survey in their County Durham betting shops.

Public Health staff were invited to visit the Coral, Durham City North Road betting shop. They were shown the staff training modules and staff shared their views on not wanting people gambling more than they could afford. They also gave an example how they intervene in different ways to prevent problem gambling.

The premises visited was the same location that two of the lived experience interviewees had stated they gambled. Both stated they had been approached by the betting shop staff during the past six months to discuss their own gambling habits. They felt the staff were friendly and supportive, they directly asked if they believed were possibly gambling beyond their means and were offered advice and guidance, both interviewees admitted they stopped gambling, and left the premises.

There has been open discussion with a gambling organisation in relation to ensuring staff signpost people who need help into gambling support services. Public Health continue to support, promote, and endorse the ADPH statement on protecting the public from being harmed or exploited by gambling and the gambling industry.

DCC Gambling-Related Harms Framework

A DCC framework document has been developed and is based on the combined ADPH, LGA and Leeds frameworks to enable key themes within the evidence-base, policy documents and the HNAA to be considered.

This combined framework can be found in appendix 1

The framework has enabled the structuring of recommendations within the HNAA to be aligned to key themes. The themes include:

- Health in All Policies
- Commercial Determinates of Health
- Regulation,
- Enforcement
- Evidence Base
- Awareness raising
- Access to treatment
- Screening
- Support for gambling-related harms
- Children and young people

HNAA overarching findings and discussion section

Findings and discussion themes

The HNAA aimed to understand the perceptions and expectations of the profiled population, to better understand the felt and expressed needs. It consulted with the public and gained knowledge from their insights and views. Within the HNAA process, the impact of gambling on inequalities was considered by comparing the needs of the gambling population populations to those with universal normative needs. The qualitative interviews supplied by people accessing gambling support services provided insights into the issues caused by problematic gambling.

The HNAA has provided understanding from the perceptions of the professionals providing community support services regarding gambling-harms. It will also help inform organisations of the issues caused by problematic gambling and help to establish approaches to meet the needs of individuals whilst meeting corporate objectives.
By reviewing the treatment support service datasets, it was able to gain some evidence as to the size and severity of gambling related harms within the local population.

Prevalence data – met and unmet need

Prevalence data provided in the GambleAware report showed the gambling risk population level data for County Durham as low risk being estimated at 31,673. being at low risk, 13,197 at moderate risk and 10,558 people in County Durham being at high risk of problem gambling.

However, the lack of local support service data around those affected by gambling and related harms means this prevalence figure is only an estimation. If support services were to adopt a gambling screening question, the number of individuals deemed at risk could be gathered annually to provide a more accurate actual prevalence rate of those at high risk of problem gambling.

The three gambling treatment providers data together indicates less than 200 people from County Durham were referred into their combined treatment support services annually. This indicates we are not meeting the population need, based on the GambleAware estimated 10,558 people being at high risk of problem gambling.

Methods of gambling

The HNAA found people in County Durham used a variety of different methods when gambling however there is no conclusive evidence proving one type of gambling leads to higher risk of problems gambling or addiction.

Understanding the terms “gambling addiction and gambling harms”

The public survey responses highlighted what and how people know about the terms “gambling addiction and gambling harms”. The HNAA findings from both the public and professional survey responses indicate there is some understanding of the meaning of gambling addiction and related harms gained from TV, social media, and other sources. However, the survey suggests that raising awareness of early signs of crisis would also be of benefit to both the public and professionals.

The HNAA also established respondents’ thoughts in wanting to learn about the signs and symptoms of gambling harms. The public survey responses did demonstrate some people perceive relatable harms from their gambling and attributed it to their own financial, relationship and mental health problems.

When asked about methods of communication used to receive information about treatment and referral pathways to gain access to specialist gambling treatment, respondents suggested where to promote support that information and resources. This information gathered will help to inform a communication strategy.

Asking a gambling screening question

The professional survey quantitative data provided organisational views on using a gambling screening question if asked. Very few professionals asked a direct standardised gambling screening question in their client assessment. This is a missed opportunity to help identify those “at risk” of gambling-related harms.

For example, an individual contacting a mental health service for symptoms of stress or anxiety may also be worried about their gambling behaviour and its impact on their relationship. However, it may not be immediately apparent that gambling could be the real source of stress.

Asking a direct gambling screening question in an assessment could identify a need and enable a professional to refer on to an appropriate support service.

Referral pathways

The survey found professionals did not necessarily know how to refer people into gambling support or what was available. This lack of knowledge would directly impact their capability to refer service users into specialist treatment and support services.

Training

The questionnaire responses indicated encouraging staff to complete training to improve their knowledge of gambling-related addiction and related harms would improve staff confidence in having an effective conversation with the person and increase treatment referral numbers.

Personal experience gambling related harms.

Those people with lived experience shared subjective insights of their personal experiences and adverse consequences from problematic gambling. Views included harms related to financial harms and debt, the effect on their family, the strain on relationships, unemployment and losing the family home.

Some admitted putting gambling before other responsibilities, which led to not paying the rent on time, excessive drinking of alcohol as a coping method, anxiety, stress, feeling suicidal and their overall physical health and wellbeing.

Insights were gathered about the types of support accessed for treatment for their addiction, often being other support services such as housing and substance misuse services.

Interviewees also shared why they believe they became addicted to gambling, parental influences, how one type of gambling led to another, and how their gambling became uncontrollable.

Insight from an affected other was also provided on how gambling can put a strain on personal relationships.

The perception of those with lived experience who self- attributed gambling addiction as their status felt their gambling actions led to catastrophic consequences in their lives which were often retained over a long period until relevant advice, guidance, treatment, and support aided their overarching recovery.

Those with lived experience expressed how they received treatment and support their alcohol or drug problems but stated they were not immediately referred into gambling treatment and support services by their GP or other service professional.

Lack of knowledge from professionals and the public regarding available gambling treatment and support was evident.

The HNAA highlighted findings regarding people affected by gambling who knew about some gambling support services but did not access them. The data analysis found even if respondents perceived they could be at risk of gambling-related harms, they were unsure if access to treatment services would help. This could be due to possible stigma, not wanting to face dealing with their issue, the method of support available or not having the time or ability to access treatment services. More local research would need to be undertaken to understand more clearly the possible barriers to accessing treatment.

Health and wellbeing

It is widely recognised that income, finance, education, employment, the homes people live in, or being homelessness or access to healthy food are all seen as wider factors and drivers of health status. The insights shared by the gamblers with lived experience highlighted how gambling negatively affected their health and wellbeing and impacted on wider factors including employment, lack of housing, and poor financial control These wider determinants of health are in themselves fundamental causes of health inequalities.

This HNAA confirmed gambling-related harms can have a negative impact on the health and wellbeing of individuals, families, communities, and society.

Limitations of HNAA

The HNAA scope does not include children and young people.

Data demonstrating actual County Durham-level gambling prevalence is currently not available. The public survey information only provides a snapshot of population views and insights.

Unfortunately, client postcode level data for those in treatment was not presented by the gambling treatment providers contacted when carrying out this HNAA making it more difficult to identify locations of gamblers aligned to

place-based gambling venues or that those accessing treatment lived in areas of deprivation.

Future local research e.g. a health equity audit may be able to determine if those accessing treatment for gambling live in areas near land-based gambling premises or areas of deprivation. This is only possible if postcode data is recorded and shared by the treatment services.

Conclusion

The aim of this Health Needs and Assets Assessment was to identify the health needs of adults at risk from gambling products and gambling industry practices, whether land-based or online. It also helps to gain an understanding of available support options. Gambling can impact adults who can be people themselves who gamble, their family, friends, and colleagues. However, it is appreciated children and young people are also at risk from gambling products and gambling industry practices. Further work is required to better understand their needs.

The survey data provided in this HNAA revealed a percentage of those believing they had a gambling problem and those who did not. However, these metrics come with a caveat to this being a small survey sample and the respondents were self-selecting. However, the data does give the HNAA valuable insight into people's views on gambling-related harms.
The lack of actual gambling prevalence data makes it difficult to determine if their needs are being met. This is due to the limitations of the aggregation of data informing the estimated number of problem gamblers deemed at risk. This estimated number of people is significantly different when comparing this figure to the recorded number of people from County Durham who were known to have accessed three gambling treatment services. Data recorded shows less than 200 people from the county accessed treatment. However, the estimated prevalence for problematic gambling in the county is 10,558. The HNAA findings suggest further research would need to be carried out to better identify the true estimated gambling prevalence within the County Durham population.

The HNAA supported the review of evidence regarding gambling harms and interventions has provided useful information. The findings have been cross-referenced with local data and similarities have been found locally.
The HNAA identified several gambling support treatment services that contributed data and information. It also raised the awareness of a broad range of assets being stakeholders who can identify, signpost, and refer those impacted by gambling-related harms in to support in the future.

The HNAA carried out a consultation to gather insights from professionals, this information provided clarity on the lack of ability of professionals to identify gamblers at risk. It raised questions about professionals understanding of gambling addiction and related harms and showed a lack of general awareness of where and how to signpost or refer those in need for gambling treatment and support.

Public Health intelligence was able to collate overarching service user information from the gambling treatment support services and this provided insight as to who and how many clients were referred to them. This highlights the low level of referrals from professionals. This maybe be remedied when the gambling-related harm knowledge and that of treatment services provider pathways is better understood by professionals.

The HNAA literature review highlighted probable health inequalities amongst key cohorts which also noted several interrelated gambling-related harms were aligned to the wider social economic determinates of health. These cohorts maybe assessed within specific services supporting these individuals needs within substance misuse services, housing needs, mental health services, social care, and the criminal justice system. These cohorts can be targeted in future gambling-related social marketing campaigns to highlight where and how to access support.

The HNAA information will support the production of a gambling steering group action plan, which will include key actions aligned to implementing a prevention model to include primary, secondary, and tertiary prevention interventions and strategies aimed at reducing gambling-related harms.

HNAA Recommendations

1. **Population approach recommendations (Primary Approaches)**
    - To advocate for gambling to be part of a wider regional, or local approach to addressing the Commercial Determinants of Health;
    - To implement a universal population health approach to raise awareness and promote behaviours that lower the risk of gambling related harms;
    - To influence national, regional, and local gambling legislation and policy, responding to relevant Gambling Commission consultations as required;
    - To develop appropriate evidence-based gambling support information resource/assets and ensure the dissemination is in line with the local survey findings;

- Recognise further work should be undertaken to deliver a gambling HNA for Children and Young People.

2. Systemwide approach recommendations (Secondary approaches):

- To include gambling in the DCC approach to Health in All Policies;
- To improve how professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms as a result of problematic gambling. This could be by including asking a standardised gambling-related screening question in client assessment documents;
- To provide non-industry funded free training accessed by professionals and community organisations to aid them to raise awareness of gambling-related harms and enable earlier identification of gambling-related crisis.

3. Local Support Service Recommendations (Tertiary approaches):

- To continue to work with communities, professionals, and service users to improve awareness of the referral pathways into specific gambling treatment and support services;
- To regularly monitor access to treatment to ensure the number of people registered in treatment increases, to ensure the people who need treatment access it;
- To signpost people with gambling related harms into appropriate services including debt advice;
- Contribute to data and build the evidence base.

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Appendix 1: Gambling-Related Harm Framework

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
Primary	Health in all Policies (HiAP) Commercial Determinants of Health (CDoH)	The narrative – ensuring that awareness of gambling as a public health issue is embedded throughout the local authority (LA), taking the emphasis away from personal responsibility.		Leadership and partnership	To include gambling in the DCC approach to Health in All Policies.
Primary	HiAP/CDoH	Advertising and marketing. Ending advertising and marketing of gambling products through LA owned channels, including public transport.			To include gambling in the DCC approach to Health in All Policies.
Primary	HiAP/CDoH	Partnership and LA sponsored clubs. Stopping the use of gambling products on LA owned land and in clubs organised by LAs.			To include gambling in the DCC approach to Health in All Policies.
Primary	HiAP/CDoH	Ethical investments - challenging when schemes (e.g. pensions) invest in harmful industries;			To include gambling in the DCC approach to Health in All Policies.
Primary	HiAP/CDoH	Campaigns - resourcing and supporting campaigns that raise awareness using hard-hitting facts and evidence to reinforce public health messaging (as opposed to campaigns that aim to change individual behaviour).			To develop appropriate gambling support information resource/assets and ensure the dissemination is in line with the local survey findings. To include gambling in the DCC approach to Health in All Policies.

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
Primary	Regulation	Planning using existing planning legislation to stop the development of new gambling outlets.		Influencing the regulatory environment	To include gambling in the DCC approach to Health in All Policies. To influence national, regional, and local gambling legislation and policy, responding to relevant Gambling Commission consultations as required.
Primary	Regulation	Licensing – considering the public health implications of licensing decisions and adequately resourcing teams to enforce licensing conditions.		Reducing exposure of vulnerable people to gambling products.	To influence national, regional, and local gambling legislation and policy, and responding to relevant Gambling Commission consultations as required.
Primary	Regulation Enforcement	Trading Standards investing in staffing, training, and resourcing for Trading Standards that is free from industry influence.			To provide free training to be accessed by professionals and community organisations in order to raise awareness of gambling related harms and enabling earlier identification of gambling related crisis.
Primary	Evidence base		Contribute data and insight to the development of local area profiles to support licensing	Building and sharing the evidence base.	Contribute to data and build the evidence base. To regularly monitor access to treatment to ensure the

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
			statements of policy.		number of people registered in treatment increases, to ensure the people who need treatment access it.
Primary	Children and Young people	Education that is free from industry funding – developing education packages that are entirely free from industry influence and resourcing the capacity to implement them.	Mental Health Service Providers should consider how they can best identify harmful gambling and provide access to specialist support, particularly for young people presenting through child and adolescent mental health services (CAMHS)	Protecting children and young people from gambling-related harm.	To provide non industry funded free training to be accessed by professionals and community organisations in order to raise awareness of gambling related harms and enabling earlier identification of gambling related crisis. To implement a universal population health approach to raise awareness and promote behaviours that lower the risk of gambling related harms. To improve how support service professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms impact of gambling. This could be by including asking a standardised gambling related screening question in client

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
					assessment documents. Recommend that further work should be undertaken to deliver a gambling HNAA for Children and Young People.
Primary/ Secondary	Awareness and access to treatment			Workplace health and well-being.	To continue to work with communities, professionals, and service users in order to help improve awareness of referral pathways into specific gambling treatment and support services. To provide free training to be accessed by professionals and community organisations in order to raise awareness of gambling related harms and enabling earlier identification of gambling related crisis. To improve how support service professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms impact of gambling. This could be by including asking a

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
					standardised gambling related screening question in client assessment documents. To develop appropriate gambling support information resource/assets and ensure the dissemination is in line with the local survey findings.
Secondary	Screening		Ensure public health teams are aware of gambling related harm and can support services to screen, assess and signpost to appropriate support.	Improving identification and recognition of problem gambling. *and* Self-management and support.	To improve how support service professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms impact of gambling. This could be by including asking a standardised gambling related screening question in client assessment documents. To develop appropriate gambling support information resource/assets and ensure the dissemination is in line with the local survey findings.

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
Secondary/ Tertiary	Treatment	Challenge industry funded networks of treatment and support – building on what has been learnt from alcohol and drug support services and extending the same approach to providing independently funded treatment and support for gambling, working in partnership with people with lived experience.	Identify local organisations providing treatment and support to assist with signposting.	Providing effective treatment. *And* Promoting and maintaining recovery.	To continue to work with communities, professionals, and service users in order to help improve awareness of referral pathways into specific gambling treatment and support services. To regularly monitor access to treatment to ensure the number of people registered in treatment increases, to ensure the people who need treatment access it.
Secondary	Access to Treatment		Identify appropriate referral pathways.		To improve how support service professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms impact of gambling. To develop appropriate gambling support information resource/assets and ensure the dissemination is in line with the local survey findings. To provide non industry funded free training to be accessed by

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
					professionals and community organisations in order to raise awareness of gambling related harms and enabling earlier identification of gambling related crisis. To signpost people with related harms into appropriate services including debt advice.
Secondary	Access to Treatment		Work through integrated care boards and integrated care partnerships to develop a coherent approach to harmful gambling, include focused prevention work with potential high-risk groups.		To improve how support service professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms impact of gambling. This could be by including asking a standardised gambling related screening question in client assessment documents. To continue to work with communities, professionals, and service users in order to help improve awareness of referral pathways into specific gambling treatment and support services.

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
Secondary	Access to Treatment		Integrated care boards and integrated care partnerships should be encouraged to raise awareness of harmful gambling amongst primary care professionals and work with local authorities to signpost to local and national support services, as well as integrating externally commissioned treatment services into existing local services, for example, integration within Primary Care Networks.		To provide free training to be accessed by professionals and community organisations in order to raise awareness of gambling related harms and enabling earlier identification of gambling related crisis. To continue to work with communities, professionals, and service users in order to help improve awareness of referral pathways into specific gambling treatment and support services.
Secondary/ Tertiary	Support for gambling related harms			Addressing gambling-related debt.	To improve how support service professionals identify those at risk from gambling harms, considering the financial, relationship, mental wellbeing and/or other health harms impact of gambling. This could be by including asking a standardised gambling related

Prevention	Theme	ADPH Framework 2024 - top 10 local intervention	LGA Framework 2018	Leeds Framework 2020	DCC current HNAA recommendations
					screening question in client assessment documents. To signpost people with related harms into appropriate services including debt advice.

Appendix 2: Gambling Steering Group

Name	Job Title
Jane Sunter	Public Health Strategic Manager
Fiona Mawson	Public Health Practitioner
Tegan Egglestone	Public Health Administrator
Nichola Pitt	Public Health Practitioner - Domestic Abuse link
Bryn Morris-Hale	Public Health Intelligence Specialist
Stephani Killi-Gutteridge	Policy and Commissioning Officer – PCC
Helen Johnson	DCC Licensing Team leader
Inspector Emma Kay	County Durham Police
Lewis Kirkbride	County Durham Citizen Advice Bureau
Jane Curtis	County Durham Drug and Alcohol Recovery Service
Alan Hodgson	Health Squad lead within Wellbeing for Life Service
Nicole Theobald	Senior Commissioning Support Officer. North East Commissioning Support
Karen Stubbings	County Durham Better Health at Work Award Manager
Paul Sailes	Strategy & Partnerships Co-ordinator. Housing Strategy and Partnerships - Regeneration, Economy, and Growth
Julie Cairns	County Durham Mental Wellbeing Alliance manager
Michelle Blades DCC	Employability Services Durham
Stephen Clough	Community Wellbeing officer Culture and Sport
Gareth Bartley-Swan	Substance Misuse Lead. Priority Projects. Substance Misuse Group. HM Prison and Probation Service
Daniel Blagdon	Engagement Manager. County Durham Integrated Strategic Commissioning Team / North East and North Cumbria ICB

Appendix 3: Public questionnaire

Gambling and support services in County Durham

About your connection to gambling

Q1) Do you gamble?

☐ Yes

☐ No

Q2) Have you, your family or friends had issues caused by gambling such as depression, anxiety, financial issues, or relationship issues?

Please tick all that apply.

☐ Yes, myself
☐ Yes, member(s) of my family
☐ Yes, friend(s)
☐ No

Q3) If you have, or have had issues, which were the main methods of gambling you use/used?

Please tick all that apply.

☐ Bingo halls
☐ Course bookmakers (horses, greyhounds)
☐ Entertainment/amusement/gaming centre
☐ High street bookmakers (gaming machines)
☐ High street bookmakers for sports (football, horses, greyhounds)
☐ Lotteries
☐ Online bingo
☐ Online casino
☐ Online sports (football, horses, greyhounds)
☐ Scratch cards
☐ Other

If other, please specify.

Q4) If your family or friends have, or have had issues, which were the main methods of gambling they use/used? Please tick all that apply.

☐ Bingo halls
☐ Course bookmakers (horses, greyhounds)
☐ Entertainment/amusement/gaming centre
☐ High street bookmakers (gaming machines)
☐ High street bookmakers for sports (football, horses, greyhounds)
☐ Lotteries
☐ Online bingo
☐ Online casino
☐ Online sports (football, horses, greyhounds)
☐ Scratch cards
☐ Other

If other, please specify.

Q5) If you gamble, but you have had no issues, which are the main methods of gambling you use? Please tick all that apply.

☐ Bingo halls
☐ Course bookmakers (horses, greyhounds)
☐ Entertainment/amusement/gaming centre
☐ High street bookmakers (gaming machines)
☐ High street bookmakers for sports (football, horses, greyhounds)
☐ Lotteries
☐ Online bingo
☐ Online casino
☐ Online sports (football, horses, greyhounds)
☐ Scratch cards
☐ Other

If other, please specify.

About support services

Q6) Have you heard of the terms 'gambling addiction' and 'gambling related harms'?

☐ Yes

☐ No (If no, go to Q9)

Q7) How do you know about gambling addiction and gambling related harms?

☐ In the news/general media (TV, radio, newspapers, social media)
☐ I've been given information to read about gambling support
☐ I've had gambling support
☐ I've looked up (but not had) gambling support
☐ My GP/another healthcare professional has discussed this with me
☐ Someone in my family has had gambling support
☐ Through betting companies or machines on gambling premises
☐ Other

If other, please specify.

Q8) Have any of the people or services below referred you or a family member into gambling harms support services? Please tick all that apply.

☐ Adult or Childrens' social services

☐ Citizens Advice, or a debt or financial support service

☐ Criminal Justice System: Police, probation, prison, youth offending or Checkpoint

☐ Drug and alcohol service

☐ Employer

☐ Family member or friend

☐ Housing service

☐ Local community group or club

☐ Mental health service

☐ NHS, GP, or a social prescribing link worker

☐ Self-referred

☐ Wellbeing for Life Services

☐ None

☐ Other

If other, please specify.

Q9) Would you consider accessing gambling support services to help you with a gambling problem or a family member's gambling problem?

☐ Yes

☐ No

☐ Maybe

If no, please tell us why.

Q10) If you, your family, or friends wanted to get gambling support, would you know how to get this help?

☐ Yes

☐ No

If yes, please tell us who you would contact first for help and advice about gambling concerns.

Q11) If you wanted to learn more about gambling advice and support programmes, how would you prefer to have the information provided to you?

Please tick all that apply.

☐ I would prefer someone to explain about the services available face-to-face.
☐ I would prefer someone to explain about the services available on the telephone.
☐ I would prefer to read information in a leaflet.
☐ I would prefer to read information online.
☐ Other

If other, please specify.

Q12) How do you most commonly access the internet?

☐ Phone

☐ Computer or tablet at home
☐ Computer in a public place
☐ I don't use the internet

Q13) If we produced information leaflets about the impact of gambling addiction, related gambling harms and where and how to access support, where do you think it would be a good idea to put them to make people are aware of the support available?

☐ Community centres and clubs
☐ Family hubs
☐ Gambling premises
☐ GP
☐ Housing support
☐ Libraries
☐ Licensed premises (such as pubs)
☐ Mental Wellbeing services
☐ Other support services (including financial advice)
☐ Pharmacy or chemist
☐ Through an employer or business
☐ Other
If other, please specify.

About you.

Our aim is to involve as many people as possible in local decision making and, as such, we would like to make sure everyone has the opportunity to become involved. If you could answer a few questions about yourself, it will help us to monitor our performance.

These questions are entirely optional.

Q14) In which of the following local areas do you live?

☐ Chester-Le-Street (Pelton, Sacriston, Fencehouses)

☐ Dales (Bishop Auckland, Crook, Teesdale, Weardale)

☐ Derwentside (Consett, Stanley, Lanchester)

☐ Durham (Sherburn, Belmont, Bowburn, Coxhoe, Meadowfield)

☐ Easington (Peterlee, Seaham, Horden)

☐ Sedgefield (Newton Aycliffe, Spennymoor, Ferryhill, Shildon)

☐ Don't know/none of these

Q15) Are you:

☐ Male

☐ Female

☐ Prefer to self-describe.

If prefer to self-describe, please specify.

Q16) What is your age?

☐ Under 18

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75+

Q17) Do you consider yourself to be a disabled person?

(This may include any long-standing illness, disability or infirmity which has a substantial effect on your day-to-day life. Long standing means it has lasted, or is likely to last, for at least a year).

☐ Yes

☐ No

Q18) What is your ethnicity?

☐ White British

☐ White non-British

☐ Asian or Asian British

☐ Black or Black British

☐ Arab or Middle Eastern

☐ Mixed Race

☐ Travelling Community

☐ Other

If other, please specify.

Thank you for completing our survey.

Please return by Thursday 29th February to the place or person who gave you the survey.

All survey returns will be stored confidentially as per our data privacy policy available online at www.durham.gov.uk/consultation.

Appendix 4: Professional questionnaire

Gambling Related Harms survey professionals

Introduction

The purpose of this survey is to develop an understanding of views of the professionals working in County Durham who may be able to support people at risk of gambling related harms. The information in the survey responses will be used to inform best practice and support service promotion and provision. Gambling addiction is a recognised mental health condition and 'gambling addiction' is a commonly used term used when people search for support. However, many people do not recognise that they have a gambling addiction. Therefore, talking about the harms people experience, when we talk about addiction, allows more people to understand how gambling might be impacting them, and can allow people to recognise that they are experiencing lower levels harm of harm before it becomes addiction. It is important to talk about gambling addiction so that it is easily recognisable to people. A definition of gambling harms is "gambling related harms are the negative impacts from gambling on the health and wellbeing of individuals, families, communities, and society".

1. What type of organisation do you work for?

☐ Private sector
☐ NHS, GP, PCN, social prescribing link workers
☐ Other public sector organisations (e.g. police, fire service, DCC)
☐ Voluntary and Community sector
☐ DCC Commissioned service provider
☐ Other

2. Please state your organisational name (optional)

3. Does your organisation ask a gambling related harms screening question on service user assessments?

☐ Yes
☐ No

4. Does your organisation currently have information leaflets about gambling addiction and related harms support that you provide to client/service user/patient?

☐ Yes
☐ No

5. Do you have access to paper resources/leaflets or know where to find online resources about Gambling Related Harms?

☐ Yes - paper resources/leaflets
☐ Yes - online resources
☐ Yes - both
☐ No

6. Do you feel there is sufficient knowledge and information about gambling addiction and related harms information easily available for you, your team, your service, to effectively refer people directly for support and advice?

☐ Yes
☐ No

7. If you answered no to the above question, please state in your own words what would help change or improve this.

8. Are you aware of any Gambling Related Harms support services?

☐ Yes
☐ No

9. If you answered yes, please tick the boxes of the support services you are aware of:

☐ NHS Gambling support
☐ Gamblers anonymous
☐ NECA Gambling North East
☐ Gamcare
☐ GambleAware
☐ Other

10. Are you aware of how to refer client/service user/patient who may benefit from or need gambling addiction and related harm information, advice, and guidance?

☐ Yes
☐ No

11. Do you think there are barriers you face as a professional to referring clients into Gambling addiction and related harms support services?

☐ Yes
☐ No

12. If you answered yes to the above, what do you believe are the barriers? e.g. lack of knowledge

13. Do you feel confident in discussing Gambling addiction and related harm and/or referral routes into support options with a client/service user/patient?

☐ Yes
☐ No

14. In your view what could improve your ability to discuss the topic and refer into gambling addiction and related harms support services? Please tick the relevant boxes.

☐ Training to understand signs of problem gambling
☐ Information leaflets with details of gambling support services
☐ Knowledge of pathways to signpost or refer clients into support
☐ Other

15. Have you received gambling addiction and related harm training so you can spot the signs of gambling harms or crisis?

☐ Yes
☐ No

16. Would you/your workforce benefit from Gambling addiction and related harms training?

☐ Yes
☐ No

17. How would you like the gambling training to be delivered?

☐ Online
☐ Face-to-face/in person
☐ Either

Appendix 5: Lived Experience questionnaire

1. Do you gamble? Yes/No

2. Are you affected by someone i.e. partner / spouse, family member or close friend who gambles? Yes/No

3. How old were you when you started gambling?

4. How did / do you gamble? E.g., Bingo, Course bookmaker, Highstreet bookmaker sports betting, Highstreet bookmaker slot machines, amusement arcades (slot machines), lottery, scratch cards, online sports betting, land-based casino, online casino

5. Do you feel gambling has caused you harm? Yes/no.

6. Have you bet more than you could afford? Yes/No

7. Out of the following options which do you see yourself as being?
   - A non-problem gambler
   - An at risk of problem gambler
   - A problem gambler
   - An in recovery from gambling
   - An ex-gambler
   - Unsure

8. Have you ever felt you are/were addicted to gambling? Yes/No.

9. Tell me about your experiences of gambling. For example, thinking about the impact to you, do you feel partaking in gambling has had consequences on your health, your finances, relationships, employment, or education, or have you committed any criminal offences to fund your gambling.

10. Would you ask for help, and if so, do you know who you would approach?

Optional

Male/ Female Age…… Postcode/locality……

Any other information you wish to share?

Add the results table here:

Questions if **affected** by someone else's gambling.

1. How did the person gamble? E.g., Bingo, Course bookmaker, Highstreet bookmaker sports betting, Highstreet bookmaker slot machines, amusement arcades (slot machines), lottery, scratch cards, online sports betting, land-based casino, online casino

2. Do you feel gambling has caused you harm? Yes/No.

3. Thinking about the impact to you, do you feel someone's gambling has had an impact on you? For example, consequences on your health, your finances, relationships, employment, or education, etc.

Optional

Male/ Female Age….. Postcode/locality……

Discuss health inclusion groups, any other information you wish to share.

Add results table here: