

Preventing and reducing gambling harms in the City of Glasgow: a working paper

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Introduction

Gambling is a popular leisure activity in Glasgow. Most people gamble without negative consequences; a small but significant number experience harm. Gambling participation, risks and harms are socially patterned reflecting, and exacerbating, existing inequalities. Action to tackle gambling harms will support the delivery of local and national ambitions to make Scotland a better, fairer place to live.

About this paper

Although increasingly framed as a public health issue, gambling harms have yet to become visible in local or national policy. NHS Greater Glasgow and Clyde (NHSGGC), Glasgow City Council (GCC) and their partners, recognise the harms associated with gambling and the impact of these on the people and communities that live and work in the City of Glasgow.

This 'working paper' was written by public health specialists in conversation with a range of stakeholders in and around Glasgow about what they think is important in tackling gambling harms. It sets out the case for adopting a whole system approach to tackling gambling harms, describes a strategic vision of preventing and reducing the gambling harms experienced by people, families and communities in Glasgow and sets out the values and principles underpinning the approach. Seven focus areas, key areas that really matter, where activity would help to achieve our ambition are proposed. For each, a menu of activities that could be taken as part of a comprehensive framework for action has been described. It is hoped that this paper will be used with and by local people and communities, partners from third, public and private sector, to co-produce a framework for action that reflects local experiences, priorities and aspirations.

Setting the scene

Gambling harms are defined as the “adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society”.¹

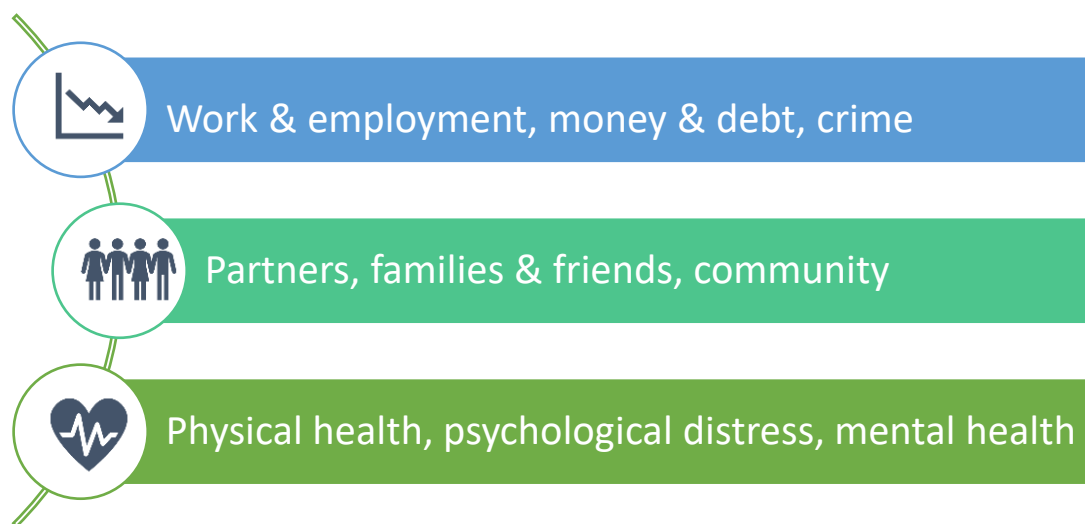
For every gambler that experiences harm, around six other people in their life, most often close family members including children, are negatively affected.²



Gambling harms occur on a continuum.³ People move in and out of being at risk of, or experiencing, harm.

Over 50 gambling harms are recognised, broadly themed as those affecting resources, relationships and health (Figure 1).¹ Financial difficulties, anxiety and stress, family and relationship breakdown are the most commonly experienced harms.³

Figure 1. An overview of gambling harms¹



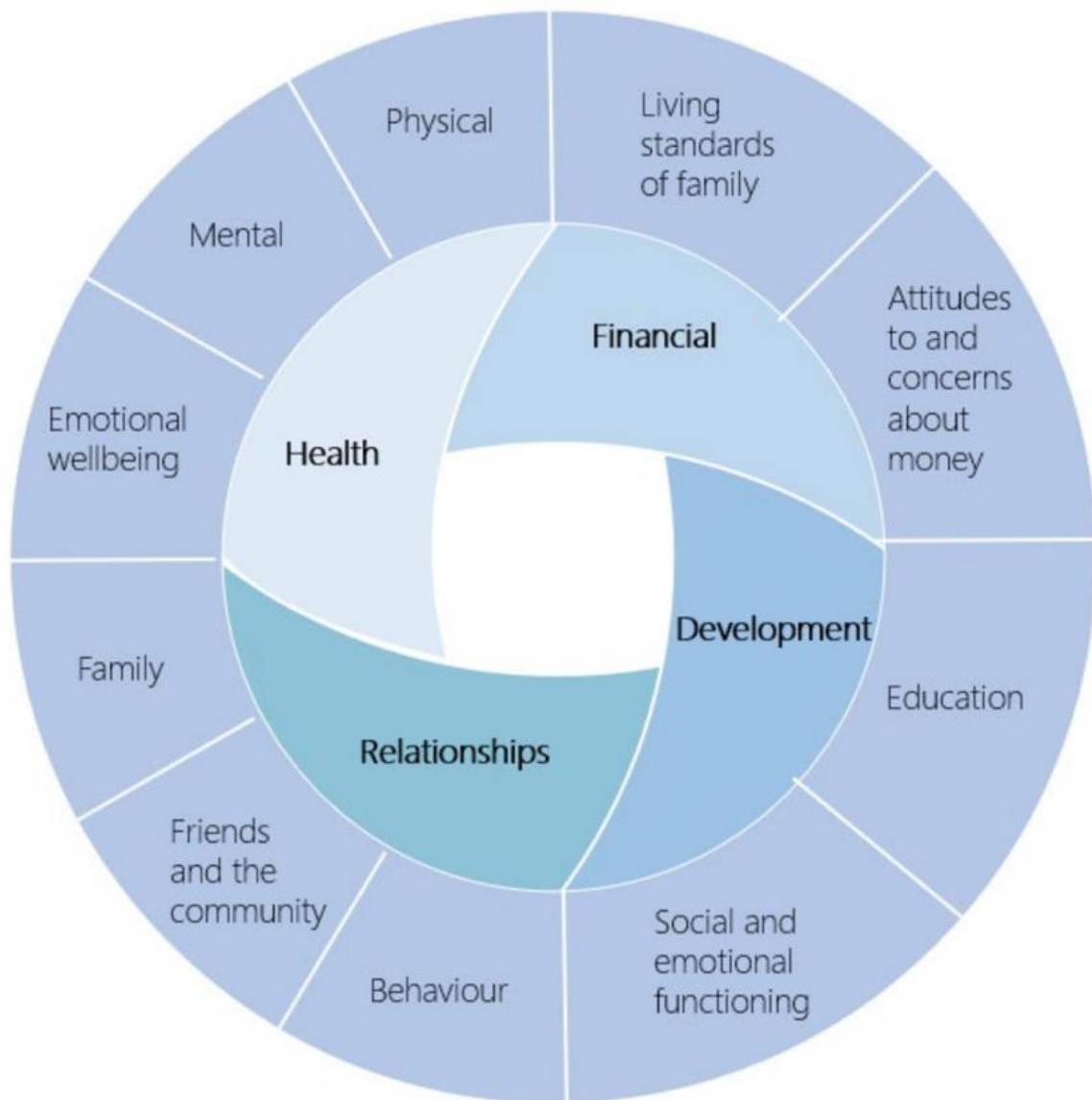
For some people, gambling becomes a behavioural addiction, a mental health diagnosis. People at risk of or experiencing gambling harms often also have other mental health and/or substance use problems.

Harms may occur at a low level, for example missing a credit card payment, or reach crisis, for example bankruptcy. Crises often trigger a gambler, or those around them, to seek help.³

Gambling harms can be temporary or act cumulatively across the life course, persisting long after the person that gambled has stopped.³ They can be intergenerational, for example adverse childhood events (ACEs) experienced as a result of parental gambling.

Children and young people experience gambling harms differently from adults; gambling harms influence their present and future potential (Figure 2).⁵

Figure 2. An overview of gambling harms experienced by children and young people⁵



Screening tools are used to categorise a person’s risk of experiencing harm. They give simple counts of the number of people at risk of or experiencing harm related to gambling in a given population at a given point in time. They do not measure for the full range of harms known to be associated with gambling or capture the movement of people in and out of being at risk of or experiencing harm. As a result, the societal and economic costs associated with gambling are greatly underestimated.^{1,6}

People categorised by screening tools as experiencing the greatest level of harm associated with gambling, problem gamblers, account for a very small proportion of the total burden of harm attributable to gambling at population level.³ They are vastly outnumbered by people categorised as being at low or moderate risk of harm at the time of screening. People at low to moderate risk of gambling harm, or those affected by the gambling of others’ actually experience four times as much harm as problem gamblers.

Researchers in New Zealand have described the total burden of gambling harm at population level as being substantially higher than that attributed to problem drug use (Figure 3).³

People at low risk of harm lose almost 20% of their quality of life through gambling; problem gamblers around half of their quality of life, comparable to that lost by a person with severe alcohol problems.

Some people, groups and communities are more vulnerable to gambling harms than others (Figure 4).⁷

Figure 3. Harm from gambling³

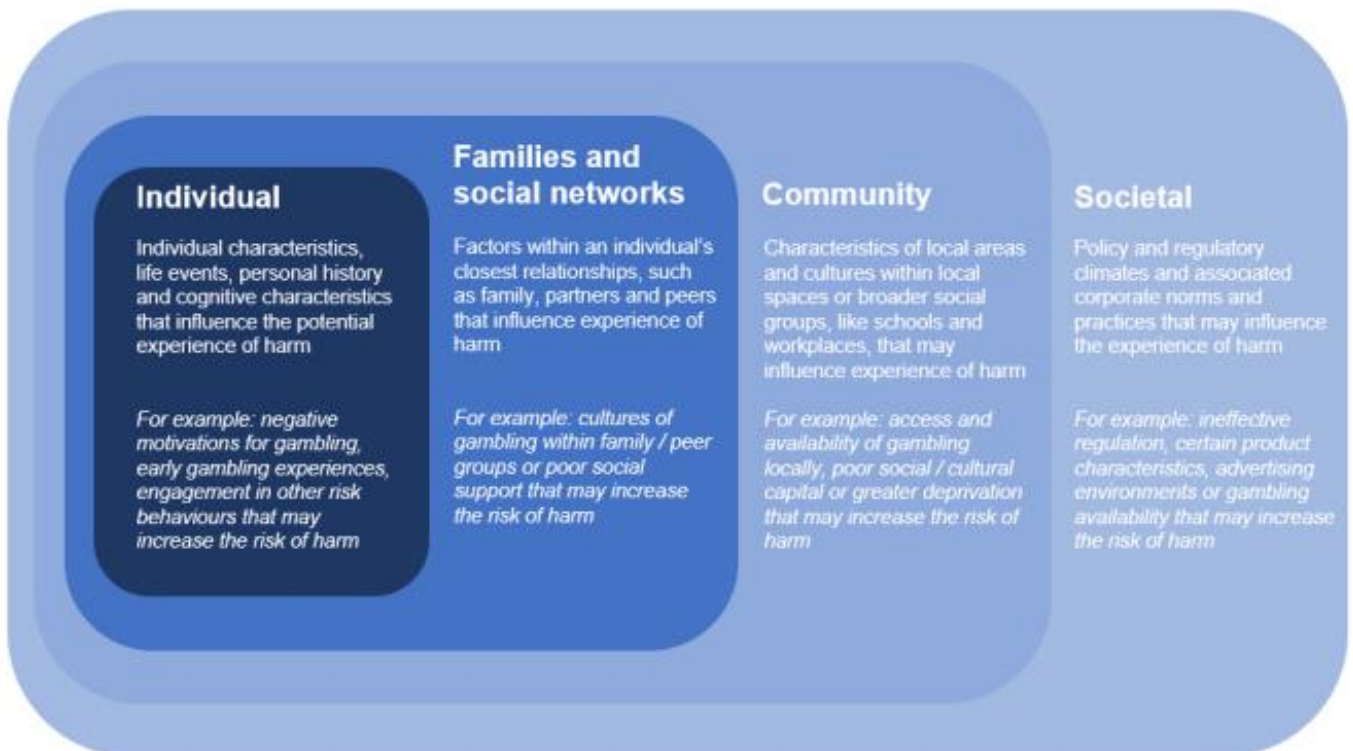


Figure 4. People, groups and communities that are vulnerable to gambling harms⁷



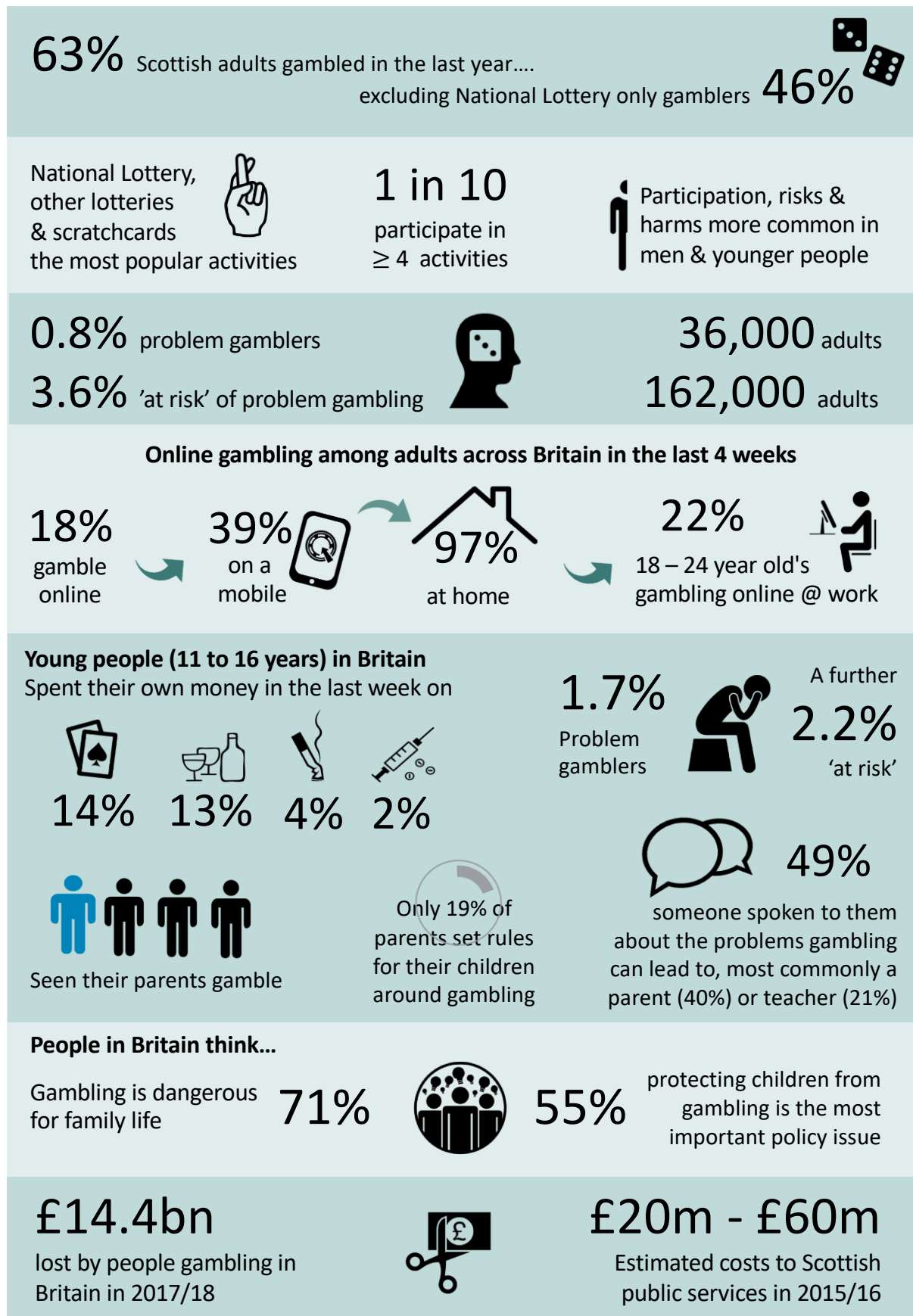
Gambling harms reflect a complex interplay between individual, environmental and social factors (Figure 5).¹ We do not have a measure for, or fully understand, the interaction between gambling exposure, participation, risks and harms. This has led to an excessive and unhelpful focus on individual traits and behaviours.

Figure 5. A model of the factors that influence gambling harms¹



Social gradients in gambling harms are known to reflect existing patterns of health inequalities.⁷ These are avoidable differences in health determinants and outcomes experienced by people largely as a result of political, economic, social and cultural drivers beyond their control. This means that focusing on the behaviour of individuals alone will not work to prevent and reduce gambling harms. A range of actions that address the experiences and behaviours of individuals, the contexts in which we live, and the fundamental causes of inequalities are needed.⁸

Figure 6. Gambling in Scotland: key facts^{6,9-11}



Box 1. Regulation of gambling in Great Britain

Commercial gambling includes land-based and online betting, arcades, casinos, bingo, gaming machines and lotteries*. Regulation is largely a matter reserved to Westminster; ministerial responsibility sits with the Department of Digital, Culture, Media and Sport. Powers over the number of fixed odds betting terminals (FOBTs) in new licensed premises were devolved to Scotland in the 2016 Scotland Act. A reduction in FOBT maximum stake, from £100 to £2, has rendered these largely irrelevant.

The 2005 Gambling Act aims “to permit” gambling. The regulatory framework includes elements of statutory, co and self-regulation, until recently, framed within a responsible gambling narrative. The Gambling Commission are an independent body funded by licensing fees paid by the gambling industry to regulate commercial gambling services, lotteries and machine manufacturers in Great Britain with three main objectives¹²:

1. Prevent gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime;
2. Ensure that gambling is conducted in a fair and open way;
3. Protect children and other vulnerable persons from being harmed or exploited by gambling.

In response to the growth of the remote gambling sector, The Gambling (Licensing and Advertising) Act 2014 requires remote operators advertising or providing gambling services in Great Britain to hold an operating license issued by the Gambling Commission and pay gambling duty on UK revenue on a ‘point of consumption’ basis.¹³ All commercial gambling businesses that hold a license under the 2005 Gambling Act must comply with the Gambling Commission’s Licensing Conditions and Codes of Practice (LCCP). Land-based local premises licenses are issued by Licensing Boards. In England and Wales, Licensing Officers exercise powers of compliance and enforcement. In Scotland Licensing Boards do not have employees or officers and cannot ‘as of right’ exercise these powers.¹⁴

The Gambling Commissions have described reducing gambling harms the “sole and critical aim” of its new three-year strategy.¹⁵ The ‘Advisory Board for Safer Gambling’ (formerly the ‘Responsible Gambling Strategy Board’) provide the Gambling Commission with independent advice. Under the Act a voluntary Industry levy (set at 0.1% of Gross Gambling Yield* (GGY)) was introduced to fund research, education and treatment (RET) programmes for problem gambling. GambleAware, a registered charity in England and Wales but not Scotland, are responsible for fund raising and overseeing the implementation of the RET framework. There have been growing calls for a mandatory industry levy (for which there are provisions within the Act), set at 1% of GGY to ensure adequate funding for a comprehensive RET framework.¹⁶ GambleAware has suffered reputational damage as a result of its relationship, real or perceived, with the gambling industry. A review of the current tripartite arrangement is urgently needed.

* The Gambling Commission regulate the National Lottery under the National Lottery Act 1993. Spread betting is regulated by the Financial Services Authority.

* GGY is the profit made by gambling operators

Figure 7. Glasgow City at a glance

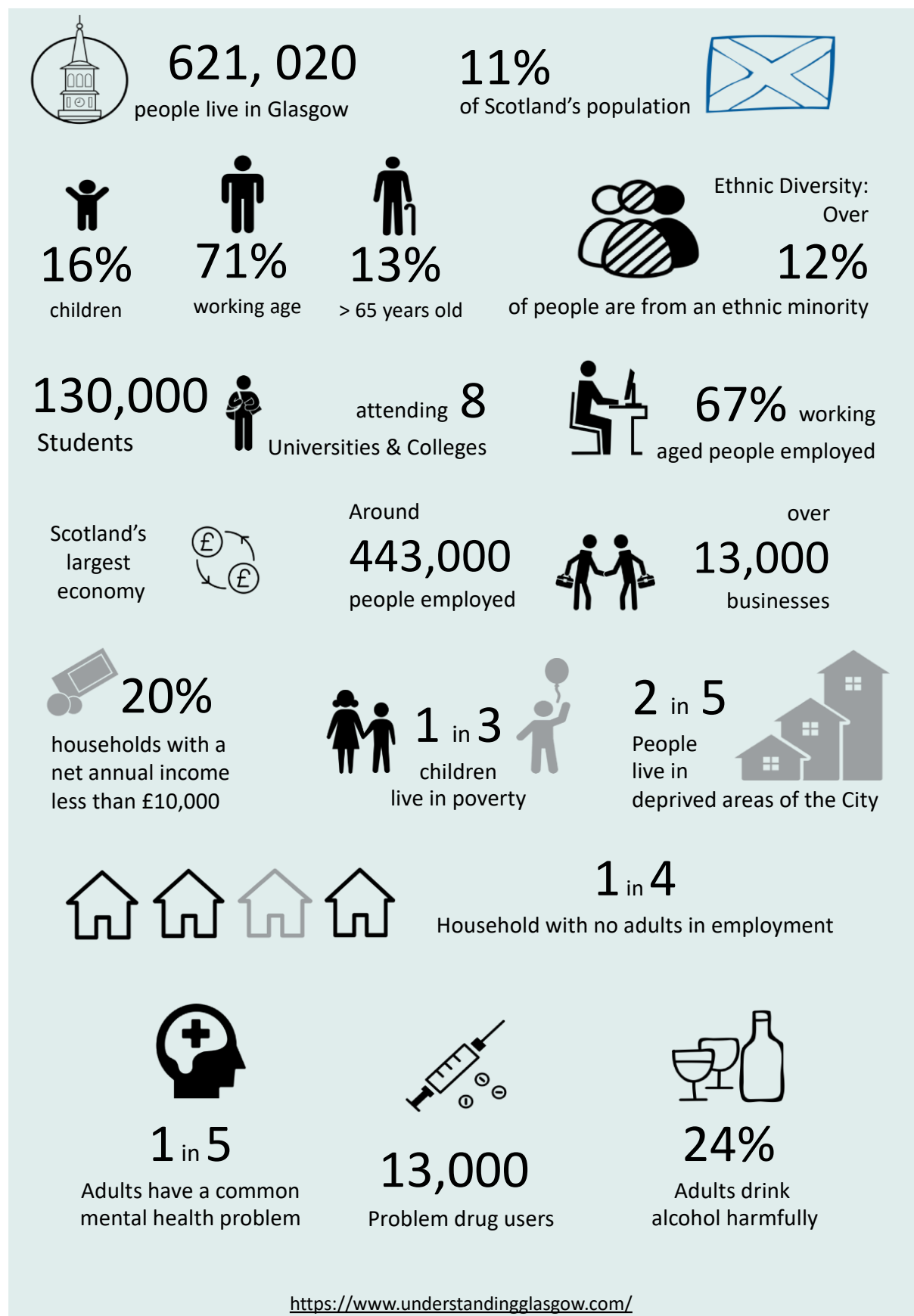


Figure 8. A whole system approach to gambling harms in Glasgow: contexts & challenges

CONTEXTS & CHALLENGES



REGULATION

Largely reserved to Westminster; Scotland has limited powers.
The 2005 Gambling Act 'aims to permit' gambling.
Our Licensing Boards have no powers of compliance or enforcement.



GAMBLING HARMS

There is no recognised level at which harms occur; there are no safe gambling guidelines.
The full range of gambling harms and their impacts, including societal and economic costs are unquantified.



DATA INTELLIGENCE

To date, reviews of the regulatory regimen have been piecemeal.
We do not have robust intelligence to understand the scale and impact of gambling harms or how to respond to these in policy & practice.



RESPONSIBLE GAMBLING

Responsible gambling narratives favoured by Industry, the Government and, until recently, the Regulator, maintained a focus on individual responsibility in managing the risk of harm.



CONFLICTS OF INTERESTS

Industry & Government have commercial interests in gambling revenues; a tension exists with public health objectives. Research, education & treatment are industry funded through a voluntary levy.



ADVERTISING & MARKETING

Self and co-regulatory frameworks. Exposure to gambling advertising, including via social media, is ubiquitous. The impact on children, young people & vulnerable groups has not been quantified.



DYNAMIC MARKET

Remote gambling is the fastest growing Industry sector providing continuous exposure & access to gambling advertising, marketing & opportunity, & encouraging potentially dangerous consumption.



GAMING

Growing conflation between gaming & gambling, e.g. 'skins' and 'loot boxes'. Free to play gambling style games are unregulated & often targeted to children & young people. A UK Parliamentary Inquiry into immersive & addictive technology is underway.



PUBLIC ATTITUDES

Attitudes toward gambling are increasingly negative. Public opinion shapes policy debates. This is an opportune time for inclusive dialogue to reach consensus on the rightful place of gambling in our society.

Connecting the dots...

Gambling harms have only recently been framed as a public health issue; they have yet to become visible in Scotland's policy landscape. Viewing gambling harms through an inequalities lens allows connections to be made with existing legislation, strategy, policy and action plans across topics, populations and settings.

In Scotland a national commitment to deliver social justice is articulated through rights and values based public policy.¹⁷ This is reflected in the wide range of measures being taken to make Scotland a better, fairer place to live.^{18,19} For example, our economic policies recognise that sustainable inclusive growth cannot be achieved without addressing inequalities.²⁰ The Fairer Scotland Duty places a legal responsibility on public bodies to consider reducing inequalities in all strategic decision making.¹⁹ Our Public Health Priorities provide a focus for whole population efforts to improve the health and wellbeing of the nation.²¹ Although not explicitly mentioned, tackling the drivers of gambling harms will contribute to delivering five of six public health priorities. Preventative actions to address gambling harms aligns with work already underway to deliver national outcomes.

A life Course Approach

Our experiences in early childhood, often within our family and peer groups, influence our subsequent behaviours and vulnerability to harm. A life course approach harnesses the broadest range of opportunities to prevent and reduce gambling harms.

The early years: Gambling harms are known to influence the present and future potential of children and young people.² Intergenerational harms associated with gambling are well recognised and can persist long after a person stops gambling.^{1,3} There are opportunities to link actions to address gambling harms with work around childhood poverty²² and adverse childhood events (ACEs).²³ Parental attitudes to and participation in gambling influence gambling behaviours, risks and harms in children and young people.⁵ To protect and promote the wellbeing and interests of their children, parents and carers need information about gambling harms.⁷ Scotland has a National Action Plan on Internet Safety for Children and Young People.²⁴ This does not currently address the risks associated with exposure to online gambling advertising, marketing and opportunity, or the increasingly conflation between gaming and gambling. Specific measures to ensure that children, young people, their parents and carers are aware of risks and harms associated with gambling, and how to keep themselves safe could be developed in association with this work.

Education: It may be possible to embed information about gambling harms in schools and further education curricula; Edinburgh based charity Fast Forward have developed a gambling information hub to support education and information for children and young people that links with the Curriculum for Excellence.²⁵ Students are particularly vulnerable to gambling harms.⁷ Around 130,000 students attend eight colleges or Universities across the city of Glasgow. The Scottish Government have committed to supporting the NUS and student's associations to improve mental health in further education settings which would

provide one vehicle to engage colleges and universities in addressing gambling harms.²⁶ Fast Forward have also developed resources to train those providing student welfare services in supporting people at risk of or experiencing gambling harms.²⁵

Employment: High quality employment opportunities are a key national outcome.¹⁸ There is potential to link with activity around skills development, modern apprenticeships and employability to ensure that people at risk of, or experiencing, gambling harms are able to access the help and support they need to secure and maintain employment.^{20, 23, 27-29}

Older age: Older people are also vulnerable to gambling harms, mediated in part by loneliness and social isolation.³⁰ Scotland's national strategy to tackle loneliness and social isolation is taking forward a range of actions across the life course to create connections, empower communities and reduce stigma, which are directly relevant to gambling harms.³¹

Cohesive, Resilient Communities

The built environment and the neighbourhoods in which we live influence gambling harms. Deprived areas are more vulnerable to gambling harms. In Glasgow 'environmental bads', alcohol, tobacco, fast food and gambling outlets cluster and co-locate in deprived areas.³² A multifaceted approach to addressing gambling harms would use community empowerment, planning and licensing levers to address the contribution that the physical and social character of our environment, not just on-site gambling premises, has on our health and wellbeing. A range of organisations and resources exist to support communities build capacity, skills and knowledge to frame issues and articulate their own solutions. For example, The Scottish Community Development Centre³³ are the national community development lead, and The Place Standard tool³⁴ is valuable in helping communities to work together to assess their priorities for action.

Our communities are more than the built environment, they are our shared identities, interests and values; schools, workplaces, faith-based organisations are all examples of communities. Place-based interventions, for example developing workplace organisational gambling policies, complement the life course approach have the potential to reach large groups of people at risk of, or experiencing, gambling harms. Interventions to identify and support people at risk of or experience gambling harms in specific setting, such as the criminal justice setting are synergistic with delivering key strategic outcomes of improving the health and wellbeing of people in the justice setting.^{36,37}

Mental Health and Substance Misuse

Mental health and substance misuse issues commonly co-exist with gambling harms; integrating prevention, early intervention and treatment approaches to addressing gambling harms with actions in these areas makes the most of resources and creates opportunities for cross-service working. For example, whole population approaches to

reducing stigma, discrimination and social exclusion for people experiencing mental health and substance misuse issues will directly benefit people experiencing gambling harms.^{26,38}

Early intervention and treatment

Help and support for those at risk of, or experiencing, gambling harms is important. Integrated health and social care services have a role to play, but the contribution of the community and third sectors are pivotal. Scotland's national clinical strategy emphasises the importance of mobilising personal and community assets, independence, self-help and supported self-management.³⁹ When delivered clinical care should be effective, equitable, integrated, person-centred, and accessible when, and where, it is needed. Realistic Medicine provides a blueprint for delivering personalised care than reduces unwarranted variation and waste.⁴⁰ Scotland's Health Literacy Action Plan identifies tools, resources and approaches to support people becoming active partners in their care.⁴¹ People experiencing gambling harms and their families may have complex needs; a whole family approach is vital. There are opportunities to align support and treatment approaches to addressing gambling harms to those adopted in Scotland's updated alcohol and drug treatment strategy³⁸, and new mental health strategy.²⁶ For example, recovery movements are established in both substance misuse and mental health in Scotland with organisations such as the Scottish Recovery Consortium driving changing cultures, practice and policy.⁴² The remote sector is the fastest growing sector in the gambling industry.¹¹ Scotland's Digital Health Strategy describes a range of actions being taken to optimise use of e-health and digital technology to support people.⁴³ Digital participation is high among people that gamble (almost 1 in 5 gambles online).⁹ There are opportunities to develop digital resources to support people experiencing gambling harms in line with this programme of work.

Local priorities

Local strategies reflect national ambitions framed within the experiences, needs and aspirations of the people of Glasgow. *Glasgow City Council's Strategic Plan* promotes human rights, embeds social justice in policy making, seeks to improve the life chances and choices of all citizens and empower citizens to have a say in what happens in their communities.⁴⁴ The City's *Economic Strategy* recognises Glasgow as the fastest growing major city economy in the UK and the importance of addressing deep rooted inequalities if the City is to achieve its potential.⁴⁵ *Glasgow Community Action Plan* sets out key priorities to achieving inclusive growth, including building resilient communities.⁴⁶ Glasgow City's *Health and Social Care Partnership (HSCP)* identifies reducing health inequalities through prevention, early intervention and harm reduction, and protecting the most vulnerable people from harm, as a key priorities in their forthcoming strategy.⁴⁷ *Moving Forward Together* sets out NHS Greater Glasgow and Clyde's vision for health and social care aligned to national priorities.⁴⁸ This links with a range of other transformational strategies for *mental health, older people, primary care, children's services* and *homelessness* across the City.⁴⁹⁻⁵³

A shared vision

Through conversation a picture began to emerge of what a whole system approach to preventing and reducing the gambling harms experienced by people, families and communities in Glasgow could look like. This would be rights and values based.

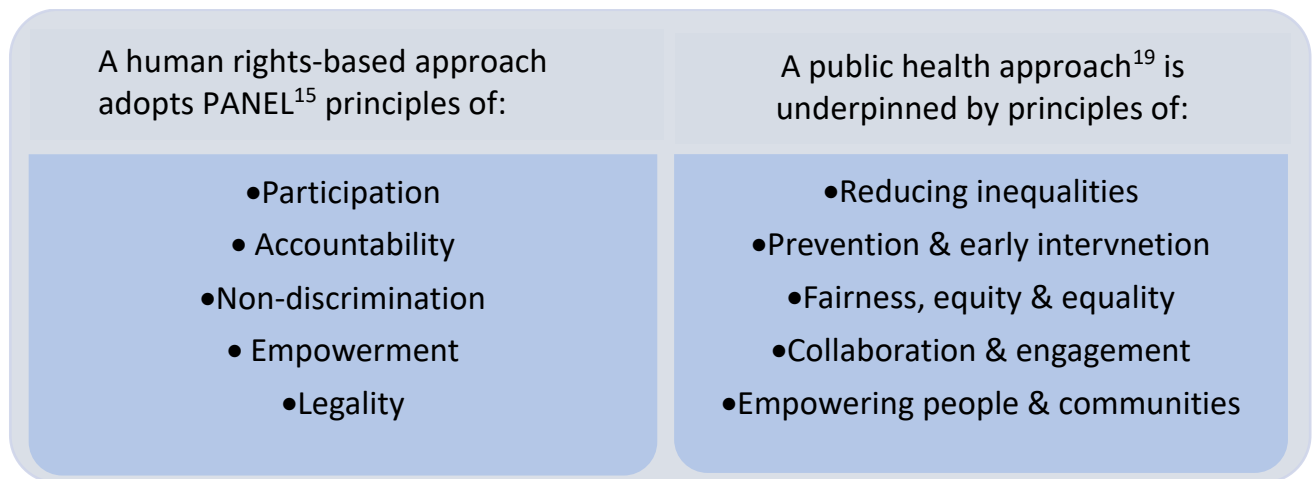
People make Glasgow. The people of Glasgow have a right to:

- ❖ information about gambling harms,
- ❖ a family and community life free from gambling harms,
- ❖ support and treatment that meets their needs if they experience gambling harms,
- ❖ a say in how decisions that affect them and their community are made,
- ❖ legislation and public policy that prioritises health and wellbeing and delivers equity.

Glasgow is a proud and vibrant city. Everyone should have a chance to flourish and share the city's success. Individuals, families and communities may experience benefits as well as harms associated with gambling; neither is equally distributed. Some people and communities are more vulnerable to gambling harms than others. Fair, compassionate societies protect the vulnerable people and groups that live in them.

All Glaswegians should have the knowledge, understanding and skills to make positive choices for themselves, their family and their community. Many aren't able to do so. Social, economic and political decisions made by others shape their individual experiences, leaving them with very little power, money or resources. Actions to prevent and reduce gambling harms must recognise this; a framework of actions focused solely on individual gamblers won't work and may stigmatise those experiencing harms. Everyone in Glasgow will benefit from a whole population approach, but the people, families and communities most at risk of, or experiencing, gambling harms need targeted help and support.

The causes of gambling harms are complex and cannot be addressed by a health services response alone. Communities, the third, public and private sector must work together to take action at local and national levels; collaborative leadership will be key. The voices of those with lived, and living, experience of gambling harms will be critical to deciding which actions are taken. The evidence base around what works to tackle gambling harms is still emerging; where evidence is unavailable or of poor quality, a precautionary approach with careful monitoring and evaluation should be adopted.



Prevention can be considered as universal, selective or indicated.

- Universal measures target whole population, groups or settings. For example, using regulatory tools to restrict access to gambling advertising, marketing and opportunity or a population-based information campaign.
- Selective measures target people, groups or communities vulnerable to harms. For example, education programmes targeting people who are at risk of gambling harms such as young people and students in specific settings.
- Indicated measures target people with early signs of, at highest risk, or experiencing harms. For example, promoting awareness and uptake of self-exclusions programmes among gamblers at risk of or experiencing harm.

‘Proportionate universalism’ is an approach that balances universal whole population interventions with progressively targeted interventions to address the needs of those people, groups and communities most vulnerable to, or experiencing, harms.

Interventions must recognise that people who gamble, and those around them, move in and out of experiencing gambling harms; harms can be avoided through prevention and minimised through early intervention.

The evidence base around what works to prevent gambling harms is limited.

The determinants of gambling harm, including deep rooted inequalities, provide a focus for action.

At population level, we know what works to reduce inequalities.⁸



Measures that address the social and economic determinants of health are cost effective; they require less resources, reach a large number of people and don't rely on individual capacity or agency to achieve and sustain behavioural change.



Policies that use legislation, regulation and price to reduce risky behaviours and make it easier for everyone to adopt healthy behaviours, reduce inequalities. These are more cost effective than information and education campaigns.



Resources are most effectively used through universal provision of prevention, early intervention and treatment services, with enhanced investment where need is greatest.



Evaluation of population level interventions is extremely important; interventions are not equally effective in all communities and may paradoxically widen inequalities.

How can we get there?

The first step is establishing a shared vision. In this paper we propose the following:

To prevent and reduce the gambling harms experienced by people, families and communities in the City of Glasgow.

The principles and values that should underpin an approach to achieving this vision have been set out.

The next step is to identify focus areas, those areas that really matter, where targeted actions will help to achieve our vision. We propose the following focus areas:

1. A whole system approach to addressing gambling harms in the City of Glasgow is adopted.
2. People in Glasgow have the knowledge, capacity and agency to make informed choices to prevent and reduce gambling harms.
3. Communities in Glasgow are informed, resilient and empowered to effectively participate in decision making about preventing and reducing gambling harms.
4. People in Glasgow who are affected by gambling harms have equitable access to effective help and support that meets whole family needs.
5. An evidence informed, intelligence led approach to developing and implementing practice and policy is adopted.
6. Local communities in Glasgow and the organisations that serve them, work in partnership to effectively advocate for actions to prevent and reduce gambling harms.
7. Legislation and public policy at local, Scottish and UK level, prevents and reduces gambling harms.

Each of these areas is explored in more detail in the pages that follow.

For each focus area a menu of activities that could be undertaken as part of a comprehensive framework of action is set out. Ultimately, the activities selected will be determined by the needs, priorities and aspirations of local people, communities and the organisations that work with and for them. Within each focus area, strategic objectives need to be agreed that link the focus area to the agreed activities.

A whole system approach to addressing gambling harms

A co-ordinated whole system approach to tackle gambling harms should be co-produced with stakeholders, including people with lived and living experience, organisations from the community, third, public, and private sectors and academics. This must be owned by the City, not just the public sector bodies working in and for it.

Policy interventions to address gambling harms in Scotland, and across the UK, are novel. Gambling research, practice and policy is a rapidly advancing in the context of a dynamic, global market. Regular review of a strategic approach will ensure that as the knowledge base grows and local needs, priorities and ambitions evolve, the strategy retains currency and value.

Potential Activities

1. Through dialogue, agree a whole system approach to preventing and reducing gambling harms in Glasgow City that reflects local needs, priorities and aspirations.
2. Develop an implementation plan and outcome measurement framework.
3. Establish collective leadership roles and responsibilities.
4. Build coalitions at local, national and UK level to support local delivery, nurture innovation, remove barriers to success and support shared learning.
5. Identify strategic champions at various levels in partner organisations to build and sustain momentum and interest.

Box 2. Key local partners

- People & families with lived experience
- Community members & organisations
- Faith-based organisations
- Third sector organisations
- Glasgow City Council
- Glasgow Licensing Board
- NHS Greater Glasgow & Clyde
- Primary care
- Social Work
- Housing / homelessness services
- Gender based violence services
- Mental health & addictions services
- Courts & community justice
- Children & family services
- Youth services
- Community learning & development
- Universities & Colleges
- Employability services
- Workplaces
- Leisure & sports services

Box 3. Key local structures

Glasgow Community Planning Partnership
Glasgow Community Safety Partnership
Community Justice Glasgow
Glasgow Health & Social Care Partnership
Glasgow Life
Glasgow Centre for Population Health
Glasgow Economic Leadership

Box 4. Key national partners

Nationally commissioned organisations
Improvement agencies
NHS Health Scotland
NHS National Services Scotland
Education Scotland
COSLA
Trade unions
Scottish & UK Governments
Police Scotland
Scottish Prison Service
Academia
The Gambling Commission
GambleAware*
The Gambling Industry[§]

* GambleAware must be registered as a charity in Scotland to operate as such; engagement with GambleAware would be contingent on the organisation securing charitable status in Scotland given it is representing itself as a charity (see <https://www.oscr.org.uk>)

[§] It would be highly inappropriate for the gambling industry to be involved in the development of strategy or policy that aimed to prevent or reduce gambling harms given the clear conflict of interest. However, they will be key partners in implementing and monitoring the approach adopted.

Individual knowledge, capacity and agency

People need accurate, reliable, accessible information about gambling risks and harms to make informed decisions. To have the capacity and agency to make healthy choices, people need core life skills and resilience. The underlying social, cultural, physical and economic environments in which we live profoundly shapes our beliefs, values, attitudes and behaviours; actions that address deep-rooted inequalities are needed.

The limited evidence available suggests that population-based information and education campaigns are likely to have a minimal impact on gambling harms; they may improve knowledge, but in isolation, are unlikely to achieve sustained behavioural change.⁷

Among people concerned about their gambling behaviours, multi-faceted media campaigns can prompt help seeking.⁷ GambleAware have recently launched a multimedia public campaign “Bet Regret” targeting young men, 16 – 34 years old who are at greatest risk of experiencing gambling related harm.⁵⁴

Education programmes in schools have been shown to improve knowledge about gambling among young people but there is limited evidence that they reduce gambling behaviours and some evidence that they may, paradoxically, increase gambling participation.⁷

Within our homes, permissive parental attitudes and gambling behaviours are associated with an increased likelihood of offspring experiencing gambling harms.^{5,7} Children and young people are more likely to gamble informally with their friends than any other form of betting.¹⁰ Raising awareness of the range of gambling harms within families and changing parental attitudes and behaviours may be a lever to protect children and young people from gambling harms.⁷

Among gamblers, there is some evidence to support limit setting (time, money) and self-exclusion as harm minimisation approaches.⁷ Multi-operator self-exclusion schemes are available in land-based gambling premises in the UK⁵⁵; GamStop offers self-exclusion covering all UK gambling websites.⁵⁶ Awareness of and engagement with these interventions is low. The efficacy of these interventions in land-based settings is dependent on the quality of staff training; there are numerous barriers to staff identifying and intervening when they encounter a person is at risk of or experiencing harm.⁵⁷

Among machine gamblers, there is some evidence that on-screen pop up messages and limit setting are beneficial to the minority of people that actively engage.⁷

Whilst behavioural tracking and real-time player feedback may have potential to support those at risk of or experiencing harm, the industry has been slow to incorporate and evaluate these approaches as harm minimisation tools.⁷

Potential activities

Addressing the drivers of gambling harms

6. Locate gambling harms within a whole system framework of measures to address inequalities.
7. Advocate for, and support, effective actions to address the underlying drivers of gambling harms, including, but not limited to, actions on adverse childhood events, poverty, homelessness, worklessness and fair work.
8. Work with partners who develop and implement policy across a range of related areas to ensure that they understand the need to connect with work on gambling harms.

Core life skills and resilience

9. Identify opportunities to support existing actions, and new interventions, that build core life skills and resilience across the life course.

Awareness and education

10. Ensure that all education and communication materials are health literate and culturally appropriate.
11. Seek opportunities to learn from and integrate with public health education and communication campaigns adopted for other risky behaviours / unhealthy commodities.
12. Work with experts of experience to identify novel ways to provide accessible information about gambling risks and harms.
13. Develop a media and social media engagement strategy to proactively and reactively respond to opportunities to raise awareness of gambling risks and harms.
14. Develop accurate, information about gambling risks and harms, and how to access help and support for those experiencing harms, from reliable sources such as, [NHS Health Scotland](#), [NHS 24](#), [NHS Informs](#), [NHSGGC](#), [Glasgow City Council](#), Glasgow's [Child](#) and [Adult](#) Protection Committees.
15. Identify opportunities to work with organisations, for example [NHS Health Scotland](#), [Parentzone Scotland](#), [Play Scotland](#), to develop accurate, reliable information about gambling participation, risks and harms to support parents and carers.
16. Link with work underway to progress Scotland's National Action Plan on Internet Safety for Children and Young people²⁴ to ensure that online exposure to gambling advertising, marketing and opportunity and gambling risks and harms, is visible.
17. Identify opportunities to target education and communication about gambling risks and harms to those people and groups most at risk of and vulnerable to harms. For example, children and young people, students, people touching with the criminal justice system.
18. Consider how Fast Forward's [Gambling Education Toolkit](#) could be used in Glasgow by children, young people, families, students and those that support them.²⁵
19. Identify existing health promotion programmes that could incorporate awareness of gambling risks and harms into delivery.

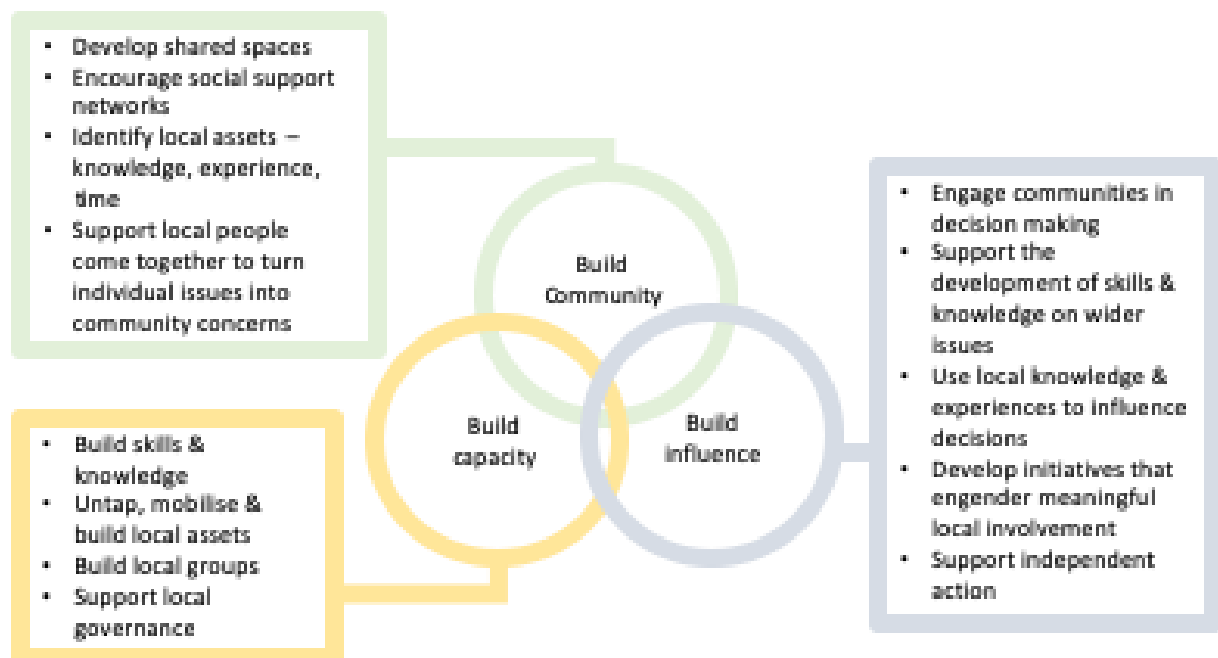
Identifying and supporting people at risk of or experiencing harms

20. Raise awareness of gambling risks and harms with front line staff across services and settings to ensure that people at risk of, or experiencing, gambling harms are identified and supported.
21. Engage with social media companies around tools to block exposure to gambling marketing and advertising; raise awareness of how to use these.
22. Engage with banks, building societies and financial services to identify ways to support people that gamble restrict funds; raise awareness of how to use these tools.
23. Work with partners, including gambling operators, to raise awareness of and engagement with potentially effective harm minimisation tools such as self-exclusion and limit setting programmes among people that gamble.
24. Work with land-based licensed gambling premises to develop safeguarding training to support staff identify and intervene when people are at risk of or experiencing harm.
25. Where evidence exists that game features encourage harmful play, advocate for regulatory intervention to ensure the risk associated with play are mitigated.
26. Advocate for the use of emergent technologies such as behavioural tracking to develop, develop, implement and evaluate harm minimisation approaches to play and products; industry data should be available for independent evaluation.
27. For those people at risk of or experiencing gambling harms, ensure that equitable access to effective help and support, including self-help, that meet their needs is available.

Informed, resilient and empowered communities

Connected communities have greater sense of wellbeing. They are, in short, more resilient. Nurturing civic participation and facilitating collective empowerment to create resilient communities is the bedrock of local and national policy in Scotland. Enabling communities to respond to threats and opportunities, requires community, capacity and influence (Figure 9).⁵⁸ For communities to recognise and respond to the risks and harms associated with gambling, they must be supported in developing knowledge, understanding, skills, agency and capacity; universal measures to develop community resilience will contribute to the prevention and reduction of gambling harms.

Figure 9. Developing community resilience [adapted from SCDC]⁵⁸



The current legislative and regulatory environments have left people, communities, local authorities and devolved national governments with limited powers to effectively participate in decisions about gambling exposure and activity. Novel approaches, such as cumulative impact policies, to prevent clustering of environmental bads within disadvantaged communities have been successfully developed and implemented in localities across the UK.⁵⁹ Local people and communities should be supported to use community empowerment⁶⁰, planning^{61,62} and licensing levers⁶³ to their full potential to respond to local needs, priorities and aspirations to prevent and reduce gambling harms. The public health workforce has knowledge and skills that could be applied to this agenda but awareness of gambling harms as a public health issue is low; increasing awareness within local public health teams may help to mobilise this resource.⁶³

In New Zealand, public health policy to prevent and reduce gambling harms has included a range of organisational and workplace gambling policies aimed at raising awareness of risky or harmful gambling behaviours and supporting those experiencing them.³⁵ This approach would align with national outcomes, and in Glasgow, local ambitions. Combined, The City Council and NHS Greater Glasgow and Clyde (NHSGGC) employ over 50,000 people. Moreover, there would be potential to link with Healthy Working Lives, a reward programme that recognises organisational efforts to improve health, safety and wellbeing at work, to extend reach to external organisations.⁶⁴ Workplace interventions could be considered as one of a suite of place-based measures together with targeted interventions to raise awareness, identify and support people at risk of or experiencing harms in a range of settings in which those vulnerable to gambling harms are likely to be represented, for example further education and the criminal justice setting.

Potential Activities

Building cohesive, resilient communities

28. Identify opportunities to link with wider policy and practice measures being taken to build cohesive resilient communities in the City of Glasgow, aligning actions to address gambling harms with existing approaches.
29. Ensure that a strategy to address gambling harms in the City of Glasgow reflecting the needs, priorities and aspirations of local people is co-produced, implemented and evaluated with local people and communities.
30. Use geo-spatial mapping to identify the social patterns of gambling harms in our communities, providing actionable information to co-design interventions that target those communities most adversely affected.⁷
31. Provide accessible and affordable recreational activities as an alternative to gambling within health promoting communities.

Supporting effective civic participation

32. Create and share intelligence on the distribution and costs of gambling harms in our communities to inform and empower community groups and leaders in local decision making.
33. Engage with local people and communities to identify how best to support them effectively participate in the development of policies and actions to prevent and reduce gambling harms.
34. Explore through community empowerment, planning and licensing levers how to help communities can have a greater say in the licensing process and in turn how to make the licensing system more transparent and accessible.
35. Ensure that the Council's Licensing Policy Statement reflects local needs, priorities and aspirations to prevent and reduce gambling harms, framed in the context of the wider strategic priorities of the Council and its partners and national ambitions.
36. Raise awareness about the risks and harms associated with gambling among the public health workforce to ensure that they are able to apply their specialist knowledge, skills and attitudes to this agenda.

37. Identify opportunities to create inclusive discussion about the place of gambling in our society through a variety of media.

Recognising and responding to harms in our communities

38. Geo-spatial risk-index map of vulnerability would allow us to better understand the social patterns of harms in our communities forming the basis for targeted actions.⁷
39. Consider developing a cumulative impact policy to prevent any further clustering of local licensed gambling premises and 'environmental bads' in local communities.⁵⁷
40. For those people at risk of or experiencing gambling harms, ensure that equitable access to effective help and support, including self-help, that meet their needs is available.

The gambling environment

41. Powers of enforcement and compliance would enable local Licensing Board in Glasgow to ensure that the local gambling environment is well-regulated.⁶³
42. Identify opportunities to work with land-based local gambling operators to develop safeguarding knowledge, skills and attitudes to ensure that staff in gambling premises are able to recognise and respond to gambling risks and harms.
43. Work with other land-based local operators, for example the licensed publicans, to raise awareness of exposure of children, young people and vulnerable groups to gambling products on their premises. Schemes such as Best Bar None may provide a vehicle for engagement.
44. Advocate to ensure that harm minimisation interventions relating to gambling products or the gambling environment, for which there is an evidence base, become mandatory.

Place-based interventions

45. Engage with organisations that are likely to come into contact with people at risk of or experiencing gambling harms to raise awareness of gambling harms and support approaches to prevent and reduce harms. For example, further education settings, youth employers, criminal justice settings.
46. Glasgow City Council and its partners should develop workplace policies to prevent and reduce gambling harms. These could include: raising awareness of gambling harms; processes to identify and support employees that are at risk of or experiencing gambling harms; policies that prohibits the gambling promotion, advertising or activity on their facilities; policies that prevent access to online gambling on staff internet access points; the inclusion of gambling related questions in staff surveys.
47. The Healthy Working Lives awards could be used as a vehicle to recognise the efforts of workplaces that have developed and implemented policies to prevent and reduce gambling harms.⁶⁴

Equitable access to help and support

Support for people experiencing gambling harms should be delivered on a continuum from self-help and self-care through to cognitive behavioural therapy for those individuals that have developed, or are at risk of, behavioural addiction.

The NHS in Scotland provide no visible information to the public about gambling harms or signposting to care and support; there is no information available to the NHS Inform, NHS 24 websites, or locally on the NHSGGC website.

People experiencing gambling harms interact with a range of services across settings (Box 3). A number of tools (Lie/Bet, GAST-G) are available for use in different populations and settings to screen people for gambling problems. Practical resources to support front line staff deliver evidence based brief interventions have been developed, for example an e-learning programme from Royal Society for Public Health.⁶⁵ Screening and brief interventions have been successfully incorporated into routine practice by front line staff addressing harms associated with alcohol and drugs in Glasgow; the extent of their use in people experiencing gambling harms is unknown.

Despite being over-represented in health and social care settings, gambling may not be recognised as a causal or contributing factor in the wide range of harms that people, their families and friends can experience. We do not understand the need, or unmet need, for support and treatment. Only around 2% of the UK's problem gamblers access treatment services through GambleAware.⁶⁶

The third sector play a significant but unquantified role in providing care and support to people experiencing gambling harms; the NHS in Scotland do not currently fund dedicated treatment services for gambling addiction. There are currently no clinical guidelines for safe and effective treatment for those with a high level of need. The most recent guidance on the treatment of gambling addiction within the NHS from by the British Medical Association was published in 2007.⁶⁷ Cognitive behavioural therapy has been shown to reduce gambling frequency and duration although the long-term outcomes are less well established.⁶⁸ New web-based therapies are emerging although their efficacy is as yet unproven. People may present, or need access to, a range of other services, for example financial inclusion, housing, domestic abuse services. There is little evidence around what works to support families affected by gambling harms.⁷

Box 5. Services and settings

- Community organisations
- Libraries and sports facilities
- Faith based organisations
- Welfare agencies
- Financial inclusion services
- Housing providers
- Homelessness services
- Gender-based violence services
- Criminal justice
- Social work
- Children & family services
- Youth services
- Community learning & development
- Further education / student welfare
- Employability services
- Trade unions
- Workplace
- Primary care
- Mental health services
- Suicide prevention services
- Drug & alcohol treatment services
- Gambling operators

There have been calls for the establishment of a national gambling clinic in Scotland to provide treatment to those most seriously affected by, or at risk of, gambling addiction. Glasgow HSCP are committed to ensuring that services are equitable, sustainable, effective, delivered when and where people meet them and reflect the views, experiences, needs and aspirations of the people who use them; these principles should be reflected in service development.^{47,48}

Potential Activities

48. Undertake a scoping exercise to understand the multisectoral services being delivered across Glasgow City to help and support people experiencing gambling harms.
49. Develop protocols for screening for gambling harms in a range of settings; target activity to setting where those most vulnerable to harms may engage with services.
50. Develop protocols for brief interventions in a range of settings. There is potential to link with existing work in relation to Distress Brief Interventions⁶⁹, or brief interventions in relation to alcohol⁷⁰, where national guidance already exists.
51. Co-designing integrated, inclusive, patient-centred, trauma informed services that meet the needs and aspirations of local people and their families experiencing gambling harms. Draw on national and local approaches to mental health and drug and alcohol treatment services.
52. Develop referral pathways to multi-modal options for support and treatment that address 'whole family' needs.
53. Develop an accessible directory that signposts people experiencing gambling harms to support and treatment, including mutual aid and effective self-help; people may need support from other agencies, for example financial inclusion services, advice on blocking advertising and marketing, restricting access to funds, and advocacy support.
54. Develop accurate, accessible information for the public from reliable sources, for example [NHS Health Scotland](#), [NHS 24](#), [NHS Informs](#), [NHSGGC](#), [Glasgow City Council](#), Glasgow's [Child](#) and [Adult](#) Protection Committees, that help people make informed decisions about gambling harms; consider health literacy.
55. Draw on the work of 'See Me' in conversation with experts of experience to identify approaches to reducing gambling related stigma (self, by association and institutional).⁷¹
56. Seeking opportunities to develop safeguarding awareness training with gambling operators and financial services (for examples banks, credit unions) to ensure staff are able to recognise and respond appropriately to indicators of risk and harm.
57. Target resources to settings where screening, briefing interventions and signposting or referral will be most effective. For example, community link workers in primary care, student welfare officers, community justice workers would be well placed to identify gambling harms and signpost those experiencing them to support.
58. Assess the need for workforce development to ensure that front line staff across settings have the capacity, knowledge and skills to support people experiencing harms.
59. Contribute to the evidence base by evaluating the most effective and sustainable models for delivery of care and support services.
60. Advocate for the development of national clinical guidelines for treatment services.

An evidence-informed, intelligence led approach

A unified definition of gambling harms is a step toward establishing routine data collection that will help us understanding individual and community risk and protective factors, the full range of gambling harms, and their impact, including societal and economic costs. Lack of epidemiological data has been a barrier to framing gambling harms as a population, rather than an individual health, issue. Population based surveys underestimate the scale of gambling harms because they rely on self-reported behavioural data, tend not to include those most vulnerable to harm and focus on reporting prevalence estimates of problem gambling rather than the broader range of harms associated with gambling; we need data to help us understand evolving trends in gambling behaviours, risks and harms in the context of a dynamic market and rapidly evolving technology. In Glasgow, we need to understand the social patterns of gambling risks and harms across our communities. We have limited data on what works for people and communities experiencing gambling harms. We need to build the evidence base to inform practice and policy; indicators are needed to measure the impact of public health interventions. We have a critical mass of expertise in data intelligence and the evaluation of public health interventions that must be harnessed.

Potential Activities

Exploiting existing data resources

61. Secondary analysis of available routine data, for example the Scottish Health Survey, would allow us to understand the social patterns of gambling behaviours, risks and harms across our communities in Glasgow; geo-spatial risk-index mapping of vulnerability would allow us to visualise the distribution of harms in our local communities forming the basis of targeted actions to meet local needs and priorities.
62. Explore with partners such as Information Service Division (ISD) of NHS National Services Scotland (NSS) how to improve the identification of gambling harms in routinely collected and collated data, for example improved coding of gambling harms in routinely linked health and social care datasets.
63. Identify opportunities identify gambling as a factor contributing to suicide in the Scottish Suicide Information Database (ScotSID)
64. Explore with partners, including ISD and academics, how existing linked datasets or novel data linkages could be used to inform our understanding of, and response to, gambling attitudes, behaviours, risks and harms in practice and policy.

Access to existing data not currently available at national or subnational level

65. The Gambling Commission collect a range of data on industry activity and gambling participation including behaviours, awareness and attitudes which is not currently available at local level, or the level of the devolved nations.
66. Local licensed premises collect and submit information about activities such as attempts by children to gamble, self-exclusions and gambling interventions to the Gambling Commission. Local licensing boards should have access to these data to inform their local area profiles.
67. Industry routinely collect data on patterns of play that provide valuable insight into the interaction between individual characteristics, products and the environment; these data should be available for independent evaluation to inform harm minimisation. They could be made available for independent analysis through data safe havens.

Collecting, analysing and reporting new intelligence

68. Establish an outcomes framework, with a focus on health inequalities, as part of the implementation of a strategic approach to addressing gambling harms in Glasgow City.
69. Work with front line staff, planners and policymakers to identify which data are needed to underpin the design, implementation and evaluation of multi-modal tiered services to support people experiencing gambling harms.
70. Explore with The Scottish Government and partners such as ISD, the potential to capture new information on gambling behaviours in a range of existing surveys, for example [Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\)](#) or Scottish Prisoners Survey.
71. Establish with partners, locally, nationally, across the devolved nations and internationally, indicators for gambling harms, risks and resiliency factors.
72. Identify opportunities to collect a plurality of data on gambling harms, including testimony from those with lived and living experience.
73. Draw on expertise from organisations who have a role in translating a plurality of data into actionable information to improve health and reduce inequalities, for example locally [The Glasgow Centre for Population Health](#) and nationally [The Scottish Public Health Observatory \(ScotPHO\)](#) within NHS Health Scotland.
74. Consider the transferrable learning from other unhealthy commodities such as alcohol and tobacco, in using health intelligence for advocacy to influence media and policy debates.
75. Seek opportunities to work with partners locally, nationally, across the devolved nations, and internationally to embed research and evaluation into practice and policy to build the evidence based around what works, for whom and in what setting.

Advocacy for action

The nature of gambling regulation means that many actions to address gambling harms are outside the influence of local people or indeed national policy makers in Scotland; a UK wide approach is needed. It is critical that the voice of Scotland is heard in advocating for change to practice, policy and legislation. There are a number of areas where collective advocacy could be targeted.

Children, young people and vulnerable groups are exposed to vast volumes of gambling advertising and marketing through a range of media.¹⁰ It is difficult to establish a definitive causal link between exposure and harm; exposure to gambling advertising influences gambling participation in some people and more broadly, shapes social attitudes to gambling. The regulatory framework does not protect children from exposure to gambling advertising via TV, social media, direct marketing or sports sponsorship.⁷² For example, gambling industry sponsorship of football stadiums, leagues, cups, and shirts is almost ubiquitous; three quarters of young people believe betting to be a normal part of sport.¹⁰ The gambling industry have agreed a voluntary 'whistle to whistle' advertising ban during live sports events televised before 9pm but children are still exposed to branding on adults' shirts (children's replica shirts do not carry branded logos) and pitch side hoardings, which render this commitment ineffective.⁷³ One major land-based operator in Scotland recently committed to voluntarily ending all sponsorships deals that promote gambling on football shirts and pitchside hoardings; it is not known whether others will follow suit.⁸⁰ The Scottish Women's Football will not accept sponsorship from gambling companies⁸¹; the Scottish Professional Football League and Scottish Football Association should follow this example. Grass roots movements by football supporters in Scotland indicate a growing dissatisfaction with the relationships their clubs have developed with gambling operators.⁷⁶

In the UK there has been a sustained focus on the stakes of fixed odds betting terminals in licensed premises.⁷⁷ However remote gambling is the largest growth sector in the industry providing continuous exposure and access to gambling advertising and opportunity via multiple platforms with no restrictions on duration of play, stakes or prizes, and rapidly evolving technology that may encourage harmful play.¹¹ The distinction between gaming and gambling has become increasingly blurred; uncertainty over regulatory powers has allowed potentially harmful gambling style games or features to be targeted to children and young people.⁷⁸ For example, free to play games often offered by non-gambling operators are not gambling but may promote gambling style content. Online age verification processes are easy for children to bypass although these have recently been strengthened by the regulator.⁷⁹ Operators are required to give players the option to set time and spending limits with new requirements to restrict expenditure until affordability checks have been carried out. However, operators accept bets against established lines of credit such as credit cards, despite gambling with borrowed money being a risk factor for gambling harm.⁸⁰ The Gambling Commission are currently consulting on this issue.⁸¹ Whilst online operators collect a wealth of data on users, they have been slow to use this, or make it available for independent evaluation, to identify and minimise harmful gambling behaviours.

Potential Activities

Advocacy efforts could be focused in one or more of the following areas:

77. Due to the drafting of the language in the 2005 Gambling Act, Licensing Boards do not have powers of enforcement or compliance.¹⁵ A change in the legislation would provide Scottish Licensing Boards parity with colleagues in England and Wales.
78. Research, education and treatment services in Great Britain are funded through a voluntary industry levy (currently 0.1% of GGY). Less than a fifth of the funds raised are used for prevention activities. A statutory levy, set at 1% of GGY, would ensure adequate, sustainable funding; there are provisions for a statutory levy within the Act.
79. GambleAware, an independent charity, who distribute the voluntary industry levy. GambleAware is a registered charity in England and Wales, not Scotland. To operate as a charity in Scotland GambleAware must be listed on the [Scottish Charity Register \(OSCR\)](#); there are no categories of charity exempt or except.
80. GambleAware are perceived by many as an industry funded body.¹⁶ This conflict of interest, real or perceived, would be addressed by a statutory levy distributed through a new independent body that does not include industry representation. It would be inappropriate for this to be distributed through the Gambling Commission given their regulatory role. A review of the current tripartite arrangements for regulation, research, medication and treatment in relation to gambling harm is urgently needed.
81. The distribution of a proportion of the funds raised through a statutory industry levy at a local level would enable local authorities and their partners to determine how they use funds to meet local need, priorities and aspirations to prevent and reduce gambling harms in their communities; as a minimum consider the introduction of a community benefit contribution to ensure that funds reach those communities disproportionately affected by gambling harms.
82. For alcohol licensing there is a public health duty; a public health duty for gambling licensing is needed. In New Zealand, a public health approach has been formally incorporated into gambling legislation.⁷⁹ This approach could be adopted in the UK.
83. Gambling is currently the responsibility of the Department of Digital, Culture, Sport and Media. Reflecting gambling harms, it should, as a minimum, be co-owned by the Department for Health.
84. Rapidly evolving technology has dramatically changed the gambling industry leaving many emergent areas loosely regulated. For example, unlike onsite gambling, there are no restrictions on duration of play, speed of play, stakes or prize money for remote gambling. A review of the Act would enable these areas to be brought under closer regulation, aligned with onsite gambling. This would provide an opportunity for the Act to clearly articulate the *prevention* of gambling harm as a licensing objective.
85. There is an increasing conflation between gaming and gambling as seen with loot boxes and skins gaming and the largely unregulated area of free to play gambling style games offered by non-gambling providers.⁷⁸ Gambling style games and gaming features, including those that are free to play, should be age restricted based on a precautionary principle. Lack of regulation in this area needs to be addressed urgently.

86. Gambling with borrowed money is a risk factor for gambling harm; credit cards gambling should be prohibited. The financial sector, including banks, credit unions, payday lends should work with operators to identify and prevent gambling against lines of credit.
87. Gambling operators collect a wealth of data; this should be used to identify signs of risk or harm and intervene early. Industry data should be made available for independent evaluation.
88. As a precautionary principle the volume, concentration and content of gambling advertising children, young people and vulnerable groups are exposed to should be reduced. There is potential to engage with social media companies to limit exposure to gambling advertising and marketing; guides for parents may be particularly useful. The gambling industry should not sponsor sporting events, in much the same way that tobacco companies no longer sponsor sporting events.
89. There are no specific policy targets relating to preventing and minimising gambling harms. National and UK wide policies should be developed. The World Health Organisation's (WHO) position on the alcohol industry is that it should not be involved in the development of public policy; engagement should be restricted to minimising the harms of their products and advertising.⁸³ This approach should be taken to engagement with gambling industry.
90. NHS Health Scotland's principle focus is to reduce health inequalities and help to build a fairer, healthier Scotland; gambling harms are socially patterned and as such should be included in NHS Scotland's portfolio of topic work.
91. Public Health Scotland will be established in 2020; addressing gambling harms should be identified as an action to reduce inequalities and improve health by the new national agency.
92. There are currently no clinical guidelines for the treatment of problem gambling. The UK Government has asked the National Institute for Health and Care Excellence (NICE) to consider developing treatment guidelines for England and Wales. In Scotland an opportunity exists to advocate for the development of evidence based clinical guidelines through SIGN.
93. Increasingly people that have experienced gambling harms are being represented in the media. This is positive and may help reduce stigma and encourage those experiencing harms to seek help. However, the narratives shared are most commonly of those that have experienced crisis level harms; at population level the greatest burden of gambling harms is attributable to people at low to moderate risk of harm. A balanced representation of the full range of gambling harms should be visible; opportunities to present this in an authentic Scottish voice should be sought.

Legislation and public policy

Opportunities to link actions to address gambling harms to strategy and policy in Scotland have been identified. Beyond 'Health in All Policies' the Scottish Government have committed to 'Inequalities in All Policies'. Addressing gambling harms must be located within wider frameworks for action to address inequalities and where possible opportunities to integrate actions on gambling harms into new strategies, policies and action plans, sought.

The relationship between legislation and policy, and social and cultural norms is reciprocal. Legislation and policy should reflect the ambitions of the nation. The Gambling Commission recently published a National Strategy to Reduce Gambling Harms with a sole aim of reducing gambling harms. Coupled with a decision to drop the term "responsible gambling" from the name of the Regulator's independent advisory group, this appears to signal a change in approach. This may then be an opportune time to use public debate to inform policy development. We need to ask ourselves:

What is the rightful place of gambling in our society?

Does the current regulatory regime reflect a proportionate balance between an individual's right to gamble and the need to protect those vulnerable to harm?

Does the current regulatory regime protect children, young people and vulnerable groups from exposure to gambling advertising and marketing, including sponsorship in sports?

Given our understanding of the distribution of gambling harms, is it ethical to use lotteries and scratch cards as a means to collect money for 'good causes'? Should the Government continue to promote the National Lottery? In turn, is it ethical for community, third and public sector organisations to accept funding raised through gambling activities?

Potential Activities

94. Identify opportunities to integrate actions to address gambling harms in work being taken forward at local and national level across topics, settings and populations to address wider inequalities.
95. Advocate for national policy to address gambling harms in Scotland to support delivery of the Gambling Commission's four nation National Strategy.¹⁴
96. Review strategies, policies and action plans of the City Council and its partners to look for opportunities to embed actions within these. For example, a policy statement that the Council will not allow gambling advertising, marketing or activity on Council owned premises.
97. Consider Citizen's Panels or Juries to explore public opinion on key issues around the place of gambling in our society.

Next Steps

This working paper has set out the case for a whole system approach to tackling gambling harms. It has established the links between addressing gambling harms and local and national ambitions. It sets out a shared vision, a set of core values and working principles for collective action. It describes key areas where focused activity could make a difference. For each, it describes a menu of potential activities that could be taken as part of a co-ordinated framework for action on gambling harms. Some are quick wins; others, long-term goals.

This provides a starting point for dialogue with local people, communities and the organisations that work with and for them, to collectively decide on their priorities for action to help us understand and respond to gambling harms in the City of Glasgow. We look forward to the opportunity to work with the people of Glasgow, Glasgow City Council and its partners to develop a strategic framework for action and delivery plan with measurable outcomes against which progress can be assessed. The first step toward this will be establishing an oversight group to drive progress; the local Community Planning Partnership may be well placed to fulfil this role.

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