

Statement of Gambling Policy consultation

A briefing for local public health teams

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Statement of Gambling Policy consultation: a briefing for local public health teams

This briefing is for local public health teams new to gambling licensing. It gives an overview of the licensing of local gambling provision and suggests ways that public health teams can add value if they have an opportunity to respond to a policy consultation.

1. What is gambling?

Gambling involves wagering something of value on an uncertain outcome in the hope of gain. It is a popular leisure activity in Scotland. Gambling activities, including lotteries, scratch cards, bingo, sports betting, casino games and electronic gaming machines (EGM), take place in a range of settings from local shops to bingo halls, high street bookmakers, casinos and tracks. Online gambling, accessible anytime, anywhere, with no stake or deposit limits, is the fastest growing industry sector accounting for over half of the overall market. The National Lottery is the second largest sector.

How is gambling regulated in Scotland?

Commercial gambling in the UK is legislated under the **Gambling Act 2005** (the 2005 Act).¹ Gambling is co-regulated, locally by Licensing Boards located in local authority areas and nationally, by the UK Gambling Commission. The latter regulate all online gambling and the National Lottery.

What is the role of a Licensing Board?

Licensing Boards have the power to grant, refuse, attach conditions to or revoke local premises' licenses² and issue permits. The law requires that Licensing Boards 'aim to permit' the use of premises for gambling. Decisions made by the Licensing Board are

based on **codes of practice**, **Gambling Commission guidance**, the Licensing Board's Statement of Gambling Policy and three licensing objectives, which are to.

- prevent gambling being a source of, associated with or used to support crime/disorder
- ensure that gambling is carried out in a fair and open way
- protect children and other vulnerable people from harm or exploitation by gambling.

2. What is the Statement of Gambling Policy?

The Statement of Gambling Policy (policy statement) explains how a Licensing Board will approach local regulation and why it has adopted this approach. It should reflect local circumstances, concerns and priorities.

2.1 How does the consultation work?

Licensing Boards can review and revise their policy statement at any time. By law they must do so every three years. The latest triannual review should have been published by 31 January 2022, though some Licensing Boards may not have met that deadline. All revisions must be consulted on. Each Licensing Board has its own consultation process.

2.2 Is there a public health duty for local licensing of gambling?

There is no public health duty and public health are not a 'responsible authority'³ under the Act, but Licensing Boards may ask public health teams to participate in their consultation.

3. How can public health teams add value to the work of Licensing Boards?

Harm from gambling is a **public health issue**. Public health teams can support Licensing Boards, responsible authorities and other stakeholders, including local communities, to use the regulatory framework more effectively to protect local people and communities from gambling harms. If contributing to a policy statement consultation, consider:

3.1 Locating local licensing in local contexts

- Is the geography of the local area described? Local authority profiles, including maps are available [here](#). Has an overview of existing licensed premises in the locality been given? The **Gambling Commission** publish data submitted by local Licensing Boards.⁴
- Are the local authority's visions and values reflected in the policy statement? Does the policy statement relate to strategic and locality plans and key intersectional policies? Intersectional policy areas include suicide prevention, mental health, financial inclusion, child poverty, justice, housing, employability and education. Also consider the **National Strategy to Reduce Gambling Harms** and **Public Health Priorities for Scotland**.
- Has an overview of vulnerability to, and harm from, gambling been presented? This could include local estimates of harm from gambling and vulnerability to harm, information from local services and qualitative data describing the impacts of gambling in local communities.⁵ How has 'vulnerability' to harm been defined?
- Is a **local area profile available**? If so, does this truly reflect the local context, estimating specific risks relating to the local area and population? If a profile is not available, could the public health team work with partners to develop one?

3.2 Transparency in local licensing decision-making

- Is it clear what factors the Licensing Board will consider in decision-making (e.g. local area profile, operator risk assessment, views of responsibility authorities, etc.)?
- Are the Licensing Board's expectations of **local risk assessments**⁶ clear? Local risk assessments should outline how operators will proactively identify, assess and mitigate potential risks, and evaluate impact. Expectations may relate to premises location and risk to those who live, work and play in an area, operational and management policies or policies for dealing with complaints, incidents or non-compliance. Operators may be signposted to initiatives like GamCare's **Safer Gambling Standard** or Betwatch **schemes**.
- Has the Licensing Board considered how the effectiveness of the policy statement in achieving licensing objectives will be evaluated?

3.3 Equality and inclusion

- Is the policy statement accessible, enabling all licensing stakeholders, to meaningfully participate in the process? Tips on **health literacy** and **accessibility** are available.
- Do you know other stakeholders that could have a say in shaping local licensing but have not been consulted? These might include local housing associations, community groups, a wide range of support groups or services linked to the harms gambling can cause.
- Has an Equality Impact Assessment (EQIA) of the policy statement been carried out? Some areas, like **Newham** and **Westminster** in London have developed an area-based risk index to understand vulnerability to gambling harms in their locality. In **Wales** this geospatial mapping approach was applied at national level. There may be transferable learning in policy statements from other localities. Policy statements produced by **Westminster**, **Leeds** and **Manchester** are good examples.

4. What should public health teams avoid?

There is evidence that gambling premises are more **common in disadvantaged areas**, clustering with **other ‘environmental bads’**. Overprovision statements cannot be considered unless there is evidence that new premises may increase harm to vulnerable groups; local risk assessments and local area profiles are important. **Toolkits** to support local licensing activity are available. Licensing Boards should avoid duplication of other regulatory regimens where possible. Views based on a dislike of gambling cannot be considered.

5. What if a revised policy statement has already been published?

Under existing legislation, Licensing Boards can revise their policy statements at any time and must consult on each revision. Regulation of land-based gambling provision is currently being considered in a **review** of the 2005 Act; a White Paper with any proposed legislative reform is expected in 2022. There may be opportunities for local public health teams to contribute to a consultation on the White Paper before a Bill is presented to Parliament.

6. What else can local public health teams do to understand and respond to gambling harms?

Harm from gambling is a complex problem. At population level the burden of harm lies with people affected by someone else’s gambling. Anyone can experience harm at any time, but our most disadvantaged people and communities are at greatest risk. Harm from gambling remains a largely hidden problem that may be masked or exacerbated by multiple disadvantages. Shame and stigma are barriers to disclosure and seeking help. The causes and consequences of gambling harm intersects with many policy areas, including suicide prevention, mental health, financial inclusion, child poverty, housing and homelessness, justice, employability and education. Local public health teams actively engage with partners in locality planning and place-

based work. Participating in a wide range of forums, such as area partnerships, public health teams can start local conversations to understand gambling harms and identify potential solutions that will support a whole system approach.

6.1 Five things local public health teams could do now

1. Support and enable local people who can speak to the impacts of gambling in their community to have their say in local licensing and wider actions to tackle gambling harms.
2. Scope available data on gambling participation, risks and harms. Identify opportunities to improve local and national public health intelligence, applying an equalities lens.
3. Raise awareness of gambling participation, risks and harms with staff in your, and partner, organisations. Free training on gambling harms to upskill staff in a wide range of settings and sectors is available. You could explore whether your organisation has a **workplace policy** to support members of staff and their families experiencing gambling problems.
4. Identify opportunities to work collaboratively with partners to embed actions to address gambling harms in existing work streams in a wide range of intersecting policy areas.
5. Explore local support and treatment options for people experiencing harm through their or someone else's gambling. Explore how these could be developed to meet local need.

7. Where can I find out more?

7.1 National Strategy to Reduce Gambling Harms

Scotland has a **National Strategy to Reduce Gambling Harms**. The Health and Social Care Alliance (**ALLIANCE**) are supporting a national partnership programme

to place the voices of people with experience of gambling harms at the heart of actions to reduce those harms. An **evidence hub** to inform action has been developed. The **Scottish Public Health Network** are piloting a whole system approach to tackle gambling harms in Glasgow City.

7.2 The NHS and other organisations

The **NHS Informs** website has accessible information about gambling problems and signposts to support and treatment for people in Scotland experiencing harm. **Citizen's Advice Scotland**, **GamCare** and **Fast Forward** offer bespoke free training to raise awareness and understanding of gambling risks and harms. National youth organisation **Fast Forward** have produced a **Gambling Education Toolkit**; **GamCare**, **guidance** to help organisations identify and support people experiencing financial harm. The **Samaritans**, **guidelines** for gambling operators to reduce the risk of gambling related suicide. The Royal Society for Public Health (RSPH) offer a free **online training** course in understanding and responding to gambling harms and a **Level 2 qualification**. The **Gambling Health Alliance**, lead by the RSPH, brings together people and organisations with an interest in reducing harm from gambling.

7.3 Useful reference material

Conceptual frameworks for gambling harms in **children and young people** and **adults** have been developed in the UK. These offer insights into the types of data that could be used to build a local picture of gambling risks and harms. Local data are likely to be limited but with caution it may be possible to use data from other areas of the UK or international data. **GREO's** evidence hub offers quick read summaries of the latest academic research. **Public Health England** have recently published a comprehensive review of the impacts of gambling harms, including a detailed analysis of English Health Survey data.

The **Gambling Commission** publish a wide range of statistics and research including quarterly tracker telephone surveys on gambling behaviours and attitudes, an annual young people and gambling survey, industry and local licensing board statistics. They conducted a detailed statistical analysis of the **2017 Scottish Health**

Survey that included questions on gambling participation, risks and harms. The **ScotPHO** website provides a summary of these and other data, as well as online **local area profiles** covering a range of non-gambling indicators. **GambleAware** publish spatial maps that model the estimated prevalence of harm from gambling (measured using the PSGI tool) that can be reproduced at local authority level. Demand for treatment has also been mapped. GambleAware publish an annual treatment and support survey; the 2019/2020 data was examined at Scottish **level**.

8. A brief overview of gambling harms

Over half of Scottish adults gamble.⁷ For many, gambling is harmless fun. For some, it becomes a problem. Over 50 harms have been linked to gambling. Most often these are money problems, relationship breakdown, stress and anxiety, but at the most extreme, suicide.⁸ Co-morbid alcohol, substance misuse and mental health problems are common and gambling problems may be masked by, or exacerbate, multiple disadvantages. At any given time, an estimated 0.8% (36,000) adults in Scotland gamble to an extent that is disruptive or damaging to their own or family life,⁹ while a further 3.6% (162,000) are considered ‘at risk’ of gambling to this extent.⁷ For every gambler that experiences a problem, on average six other people in their life are affected.¹⁰ An estimated 7% of the population, most often women, experience harm through someone else’s gambling.¹¹

Harm from gambling has been described as ‘the adverse impacts from gambling on the health and wellbeing of individuals, families, communities, and society’.⁸

Gambling harms can be short lived or lifelong, continuing long after a person has stopped gambling.^{8,12} Parental gambling can have a profound impact on a child’s entire life course.^{8,13} Despite being legally too young to gamble, an estimated 1.7% of Scottish 11–16 years olds experience problems with their own gambling with a further 2.7% ‘at risk’ of problems.¹⁴

Many factors contribute to a person, family or community’s experience of harm.^{8,15} Anyone who gambles can experience harm at any time, but men, young adults, people experiencing socioeconomic disadvantage or living in disadvantaged areas

and people from black and minority ethnic backgrounds are more likely to experience some level of harm if they gamble.^{7,10,14,16} Harm disproportionately affects disadvantaged people and communities, likely making existing inequalities worse.^{15,17} Harm from gambling is not inevitable. People move in and out of being at risk of or experiencing harm. Up to half of all people experiencing the most serious harms are 'new' to this level of harm.¹⁸

Researchers have not yet found a way to fully measure the wider health, social and economic cost of gambling harms in Scotland. PHE conservatively estimated the excess annual economic costs (2019/2020 costings) of harmful gambling in England to be £1.27bn.¹⁵

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References

- ¹ Limited powers in relation to gaming machines were devolved in the Scotland Act 2016.
- ² Premises licenses relate to casinos, bingo, tracks, betting premises, adult gaming and family entertainment centres, and travelling fairs.
- ³ Responsible authorities are public bodies that must be notified of applications and are entitled to make representations to the licensing authority in relation to applications for premises licences. In practice this usually includes The Gambling Commission, Police, Fire and Rescue, Environmental Health, Planning, HM Revenue and Customs and local Child and Adult Safeguarding Committees.
- ⁴ Due to the wording of the 2005 Act, many Licensing Boards in Scotland have historically not exercised powers of inspection, compliance and enforcement. COSLA are currently piloting a project with selected local authorities in this area.
- ⁵ Some land-based gambling premises have licenses for entertainment, alcohol or food.
- ⁶ In risk assessments, Licensing Boards may expect operators to consider premises' location (proximity to environments where children, young people or people vulnerable to harm are likely to be present or congregate, commercial environments, sociodemographic and the 'vulnerability' profile of the area) and operational and premises specific policies to protect people from harm and mitigate potential risks.
- ⁷ **Participation in Gambling and Rates of Problem Gambling – Scotland 2017.** Statistical report on data from the Scottish Health Survey. Gambling Commission, Birmingham, UK. 2018.
- ⁸ Wardle H, Reith G, Best D, McDaid D, Platt S. **Measuring gambling-related harms: a framework for action.** Gambling Commission, Birmingham, UK. 2018.
- ⁹ Population surveys often report 'problem gambling' rates as measured by standard questionnaires capturing self-reported data. Beyond in all likelihood **under-**

estimating harm from gambling, many people feel the term ‘problem gambling’ contributes to **stigma**.

- ¹⁰ Goodwin BC, Browne M, Rockloff M, et al. **A typical problem gambler affects six others**. *International Gambling Studies*. 2017;17(2):276-289.
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- ¹² Langham E, Thorne H, Browne M, et al. **Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms**. *BMC Public Health*. 2016; 16: 80.
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- ¹⁸ Billi R, Stone CA, Marde P, Yeung K. **The Victorian gambling study: a longitudinal study of gambling and health in Victoria 2008–2012**. Victorian Responsible Gambling Foundation, 2014.