



Gambling in Tower Hamlets- 2016

Gambling is a legal activity which may become problematic and be harmful to Tower Hamlets.

What are the issues with gambling?

Section 9(1) of the Gambling Act 2005 defines general betting as the 'making or accepting a bet on the outcome of a race, competition or other event or process, the likelihood of anything occurring or not occurring, or whether anything is or is not true.'

Gambling takes place in a variety of forms and includes: the National Lottery, local lotteries, Bingo, scratch cards, event betting at tracks (at horse racing for example), or in betting shops, and includes the use of electronic gambling machines – often referred to as fixed odds betting terminals (FOBTs). Prime settings for gambling by Tower Hamlets residents include on line "remote gambling", at newsagents and shops for the purchase of scratch cards and lottery entries for example, and in betting shops.

Tower Hamlets currently operates a 'no casino' policy and a resolution to this effect is contained in 'The London Borough of Tower Hamlets Gambling Policy 2013- 2016'

Since 2005 there have been an increase in the number of betting shops in the borough and they tend to be clustered within close proximity to pawn shops and loan outlets. There are currently 76 an increase in the region of 10% since 2005.

The growth of online or "remote " gambling and widespread availability of internet access has grown considerably but less is known about this as a problem area, but is likely to cause problems. Coupled with this is the ease of access all day every day and the potential for children and young adults to access sites

Whilst online gambling has grown significantly over the past 10 years, research into public health issues relating to online problem gambling is extremely limited. Whilst the local authority does not have powers to regulate on line gambling sites and gambling sites trading with or advertising to consumers in Britain must have a Gambling Commission License

Betting shops on the high street are required to hold a general betting operating licence and a betting premises licence. Two main types of activity take place: traditional over the counter betting activities, and the use of up to four FOBTs.

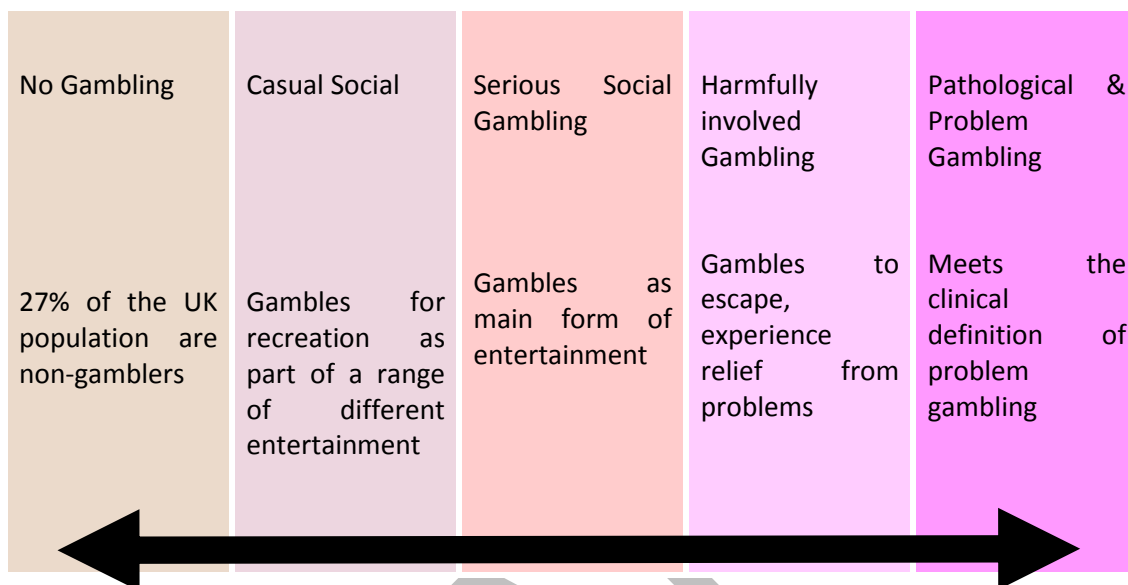
FOBTs are categorized by the amounts of minimum and maximum stakes per machine. Category B2 or 'casino games' have a maximum stake of £100 and maximum prize of £500 Category B3 or 'slot games' have a maximum stake of £2 and maximum prize of £500, and Category C has a maximum stake £1 and maximum prize of £70. It's worth noting however that in practice a "FOBT" is often referred to as a category B2 machines (the highest stake and prize machine permitted in betting shops) but it may also include category B3 and C machine games

There are different rates of estimate of the number of people in England who gamble . Using two slightly different methods the 2010 National Gambling Prevalence Survey , based on about 8,000 responses found that over 73% of adults had participated in some form of gambling in the past year.

It is helpful to think of gambling along a continuum

Fig 1 The Gambling Continuum

There is a widely accepted 'gambling continuum' where people's gambling behaviour can be categorized as fitting somewhere along a continuum at any given point of time, ranging from non-gambling to problematic gambling. Over time, people may move back and forth along this continuum:



Most people derive real pleasure from gambling and it is an important form of regular social and leisure activity for them. In fact the British Gambling Survey 2010 found that 'the vast majority of people experience no problem from gambling (92%)'. Excluding the National Lottery 56% of the adult population are known to gamble. However, 'problem gambling refers to the situation in which a person's gambling activity gives rise to harm to the individual player, and/or to his/ her family and may extend into the community'. The British Gambling Survey 2010 also found that the prevalence of low risk gambling was 5.5%; moderate risk gambling was 1.8% and problem gambling was 0.7%. There was a significant increase in problem gambling in 2010 (0.9%) from both 1999 and 2007 (0.6% in both years)

Problem gambling disproportionately affects lower income families ie a larger percentage of their income may be gambled and other factors may make them more susceptible to becoming at risk or problem gamblers. These factors include ;

- Personality (eg impulsiveness and risk taking)
- Psychological issues (eg psychiatric problems, depression and cognitive competence)
- Social factors (such as family environment, social isolation and loneliness)
- Individuals experiencing crisis in other areas of their lives
- Supply of and Ease of access to gambling outlets and products
- 16-24 year olds (and to a slightly lesser extent 25-34 year olds)
- Asian and Black British
- The unemployed

- Heavily engaged gamblers
- Those whose parents were regular gamblers and who had gambling problems
- Current smokers
- Those who rated their general health as bad or very bad'

For those who are under 16 there is a growing suggestion that increasing numbers may be participating in gambling due to widely available remote access.

There are many public health issues relating to problem gambling and they affect three main groups of residents:

1. The individual: who will experience health and personal problems such as stress, depression and anxiety, job loss, social isolation, financial hardship, and family and relationship issues. Gambling often co-exists alongside mental illness and abuse of alcohol and drugs.

2. The immediate family and wider network of friends and family. : possible negative outcomes including family and relationship breakdown, domestic violence and a fall into poverty. The negative impact falls disproportionately on women and children and may exacerbate low income due to zero hour contracts and changes to the benefits systems. Local experience suggests that any money won on gambling was rarely spent on anything but more gambling.

3. The wider community/ society: Problem gambling may be linked to such issues such as unemployment, increased burden on health and welfare services, and an increased take up of benefits. At a local level the impact is often felt by the look of local neighbourhoods/high streets due to the clustering of outlets and a perception that there is a link to anti-social behaviour such as litter, street drinking and gathering of adults. Staff working alone on premises may feel vulnerable and at risk and reluctant to suggest that customers should take a break from using FOBT for example. Concerns are also raised about proximity to schools or faith venues. There are wider issues related to links to organized crime, gangs and human trafficking and money laundering.

For health and social care professionals, and even the family and friends of at risk or problem gamblers, the challenge of problem gambling is that it is not easily detectable. It is often described as the 'hidden addiction'. Problem gamblers are far more likely to present with financial, health and relationship issues before an addiction to problem gambling is recognized.

When we have met with local residents there is a clear message that problem gambling is a hidden problem often within families and is associated with shame and a fear of being alienated from the community. Spouses and partners will report the huge efforts the family unit take to keep it hidden and to minimize the financial impact particularly to children.

In terms of the adult population 'the prevalence of problem gambling is significantly higher in the 16-24 years (2.1 per cent) and 25- 34 years (1.5 per cent) than in older adults (0.3 per cent in those aged 55-64 years), which reflects similar findings in international research highlighting the particular risks of problem gambling for young people.

When attempting to estimate the local prevalence we used statistical techniques to recognize the population profile of the borough (eg age, sex and ethnicity) and our current estimate in our population is 1.3% ie twice the national average for problem gambling, with 3% at moderate risk. It is likely that this is an underestimate. The borough has higher rates than most of London.

This would equate to in the region of 3,000 problematic gamblers with 6,000 at moderate risk.

As previously stated the impact of gambling has an impact beyond the individual. An assumption can be made that for every problem gambler there will, as a minimum, be between two to three other individuals affected by gambling which significantly increases the scope of work needed to address these problems. Therefore as described in the table below the number affected will be significantly higher and many of these will be children

Problem Gambling	Estimate	Minimum	Maximum	
Gamblers	3600	2200	5000	
Affected x 2	7200	4400	10000	
Affected x 3	10800	6600	15000	

What can be done?

1. Use of the Gambling Act

All local authorities have specific responsibilities set out in the Gambling Act 2005. A key requirement of the Act is for each local authority in England and Wales to adapt a gambling policy following consultation and the policy must be reviewed every three years. The Gambling Act states that 'licences for betting shops are assumed to be granted unless doing so would impact to the detriment of the three licensing objectives'. This legislation therefore makes it difficult to refuse licenses.

The three licensing objectives are;

- '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'

It is the case that there are concerns that the objectives are not being met then the licensing authority (the Local Authority) may 'impose "conditions" that will ensure the objectives are met.

2. Use of legislation re Change of use. Prior to 2015 planning permission was not required to open a betting shop if the premises were previously a bank, building society, estate agent, restaurant, café, drinking establishment or hot food takeaway. There is therefore an opportunity to review new license applications particularly if the risk of clustering would pose a risk to the licensing objectives.

3. Identification through screening tools and referral for help

There are a number of screening tools and questions that can be used by concerned families, GPs and other front line staff in order to identify problem gamblers. These however are not widely used, nor is gambling routinely recorded in GP notes (although there is a code to capture this).

In terms of where individuals can get specialist help nationally there is a range both of organisations and interventions. Examples include:

- Gamblers Anonymous
- The Gordon Moody Association
- Gamcare
- Chinese Mental Health Association (CMHA)
- CNWL National Gambling Clinic

For individuals, family and friends to manage the problems of gambling particularly the financial implications support may be from the following

- Advice UK
- StepChange
- Citizens Advice Bureau
- National Debtline
- Money Advice Trust

Some problem gamblers will require referral to the national specialist treatment centre at Central and North West London NHS Foundation Trust.

However there is very little local provision or understanding of where those with a problem may get help. In addition those who are gambling with increasing risk routine care will not identify them.

4. Community activation

We know that residents are worried about the impact of gambling and in particular the potential impact on children, but also the make up and feel of their high street. If they feel strongly then they need to speak up and influence national and local policy.

5. Responsibility of the gaming industry

To a large extent the industry self regulates to promote safe and sociable gambling through the Gambling Commission . On line activity is widely advertised on those channels used by those who are most vulnerable. Eg day time television and shopping channels

Recommendations;

1. The Tower Hamlets Gambling Policy should be ambitious and the opportunities in the legislation should be maximised. It should be strengthened by optimising the powers granted by changes to planning regulations in 2015 which changed User Class Order in the event of new applications for betting shops.

2. A multi-agent Gambling Task Force should be established to develop a strategy and action plan to tackle the issues raised. Such initiatives as “Best Bookie Scheme” and re positioning of FOBT could be piloted as well as extending the responsible trader scheme which includes Challenge 25. Locality based enforcement officers could support local premises.

3. A full needs assessment should be undertaken. Using public health and planning tools such as “Geofutures” it is possible identify physical areas of vulnerability

4. The views and experiences of residents is imperative to inform such a strategy. Focus groups can help this; for example at the Chinese Day Centre and Seaman’s Mission as well as in the outlets themselves

5. The recommendations for reducing the maximum stake on FOBT should be implemented.

6. Screening of identification of problem gambling should be mainstreamed through current points of contact with health and social care ; for example health checks at GP surgeries, new baby home visits and housing and benefit reviews. This can be similarly applied to schools, youth settings and places of work or job centres.

7. Local pathways for specialist help should be strengthened and appropriate locally delivered specialist support should be provided to those directly or indirectly affected . for example consideration may be given to the provision of language support and the reluctance of many residents to travel very far.

8. There is a gap in knowledge of gambling in young people particularly in terms of ease of access to on line outlets.

9. The Gambling Task Force would have a role in encouraging the betting shops to implement the recommendations of "Gambling Best Practice Guide" which would to strengthen its responsibility for the welfare of their staff.

10. Prevention and harm minimisation in young people; for example through the school curriculum and resilience programmes

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Bibliography

<http://www.legislation.gov.uk/ukpga/2005>

The London Borough of Tower Hamlets Gambling Policy 2013-2016

Gambling Policy Review- Statutory Consultation. -
http://www.towerhamlets.gov.uk/News_events/News/december_2015/Gambling_Policy.aspx

GamCare- www.gamcare.org.uk

Wardle et al (2011) British Gambling Survey 2010. National Centre for Social Research. London

LGA-AAB framework for local partnerships on betting shops www.localgov.uk

Consultation with residents, practitioners and gamblers and their families.