



GAMBLING AND GAMBLING-RELATED HARMS: NEEDS ASSESSMENT

PREPARED BY: PUBLIC HEALTH
EPIDEMIOLOGY AND INTELLIGENCE TEAM

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Outline

The 2005 Gambling Act defined gambling as *playing a game of chance for a prize, betting and participating in a lottery*. The following review looks at the prevalence of gambling at global, national, regional and local levels, in addition to considering the economic impact and individual and social harms. A brief profile of gamblers is included, analysing groups who are more likely to gamble and those more likely to be involved in problematic levels of gambling. Finally, current preventative approaches and initiatives in Newcastle are described.

Qualitative data was collated from the North East Counselling on Addiction's (NECA) Affected Others group. A practitioner and analyst from Newcastle City Council's public health team attended the group and ran semi-structured discussions with participants. Participants (n=6) were the partners or family member of someone they perceived to be a problem gambler. Discussions centred around the factors influencing and problems associated with gambling, access to support, and ideas to reduce gambling-related harms in Newcastle. Throughout this document, the attendees of the group are referred to as service users.

Recommendations and a gap analysis are included within the conclusion to inform future work across this field.

Commercial Determinants of Health – Gambling

The 'Commercial Determinants of Health' (CDOH) are 'the private sector activities that affect people's health, directly or indirectly, positively or negatively'¹.

The actions and behaviours of private sector organisations influence individuals and their health throughout lives. They contribute to the conditions in which individuals are born, grow, work, live and age. For this reason, they are considered one of the key social determinants of health. CDOHs include the goods and services sold by private sector organisations but also their commercial activities, such as advertising and lobbying, as well as the environment in which buying and selling takes place.

Promoting unhealthy products and practices has vast negative consequences including avoidable ill health, planetary damage and social and health inequity. Through heavy promotion and offer based incentives, private gambling sector organisations influence gambling activities.

It is becoming increasingly recognised that gambling is a public health issue, with significant harms affecting more than just those who have an addiction. Gambling has been understudied as a public health issue and it is important to ensure that a lack of evidence does not become justification for inaction. The following needs assessment will start to address this gap in Newcastle and identify need. The complexity of the relationship between gambling and its associated harms, together with the shortage of strong evidence, could be used as a rationale to oppose or delay policy interventions. Gambling is a highly profitable industry, but this should not be used to ignore the substantial threats to health and wellbeing that exist.

Prevalence

GLOBAL AND NATIONAL

Adults

The Global Gambling Review (2021) estimated that approximately 26% of the world's population has gambled, which equates to over 2 billion people worldwide².

Nationally, data is available from the Gambling Commission³, which conducted a telephone survey of 4000 adults aged 16+ years in September 2022. This survey found that overall participation in any gambling activity within the last 4 weeks was 43%, most commonly within

¹ <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>

² [The Global Gambling Review 2021 - All You Needed To Know | Betting.co.uk](#)

³ [Gambling behaviour in 2022: Findings from the quarterly telephone survey \(gamblingcommission.gov.uk\)](#)

those aged 45-54 years. Excluding National Lottery, overall participation was 28%. Figure 1 shows how the rates of participation have changed from 2018 to 2022.

Figure 1 shows that the percentage of the population participating in gambling (including and excluding the national lottery) has decreased over the last 5 years. Comparatively, online gambling has increased, from 19% of the population (aged 16+ years) in 2018, to 26% in 2022. The largest increase can be seen between 2020 and 2021, which may be associated with the COVID-19 pandemic. In line with this, in-person gambling saw the biggest decrease in participation between these years and is yet to recover to pre-pandemic levels. The in-person gambling rate in 2022 was 25%, which was statistically similar (no significant difference) to 2021 but significantly below pre-pandemic levels.



Figure 1: Gambling participation rates from 2018-2022, by type (broad) of gambling. Source: Gambling Commission (2022).

Figure 2 shows national online gambling activity to December 2022, collated by the Gambling Commission⁴. Data is from the largest operators and is estimated to cover 80% of the online gambling market. The chart shows the number of players per gambling vertical⁵ (note, a player can be active in more than one vertical, so this data is not reflective of the overall number of players). Slots have increased in popularity by 85% from March 2020 to December 2022. Similarly, other gaming (including casino), betting (real event) and betting (virtual) have increased by 50%, 13% and 14% respectively, whilst the number of players on the Poker vertical has decreased by 10%.

Betting (real event) spiked in both April 2021 and April 2022. Whilst it cannot be confirmed, this increase may be linked to the Grand National horse race, which typically takes place in April each year.

⁴ [Statistics and Research \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

⁵ A gambling vertical is a category of gambling products which require specific safeguards in order to ensure that they are offered in a manner which adheres to the law and the regulatory objectives.



Figure 2: Number of active players in online gambling, by gambling type. Source: Gambling Commission (2022).

The number of active gambling premises (allowing for in-person gambling) in Great Britain up to 31st March 2022 was 8408. The number of active premises has declined each year from 2011, whereby the total number of active premises was 12,307. This can be seen below in Figure 3.



Figure 3: Active gambling premises in Great Britain up to 31st March 2022. Source: Gambling Commission (2022).

An alternative data source for analysing the prevalence of gambling throughout England is the Health Survey for England (2021). This survey found that 50% of adults aged 16+ years had taken part in some form of gambling within the 12 months prior to the survey being completed.

National Lottery was the most popular type of gambling activity, with 44% of the 16+ years population taking part within the last 12 months.

Gambling in children and young people

The Gambling Commission conducted a survey in 2022 with 2559 11-16 year olds via a self-completion online form⁶. 31% of young people had spent their own money on any form of gambling in 12 months prior to the survey being completed, and 23% spent money on regulated forms of gambling. The most common forms of gambling were:

- Playing arcade gaming machines (22%)
- Placing a bet between friends or family (15%)
- Playing cards for money (5%)

Of those who said they had gambled within the last 12 months, 78% said they did so because it was a fun thing to do. Whilst 21% said it made them feel happy, 29% disagreed with the statement that it made them feel happy, and 29% were not sure either way. The prevalence of young people (11-16 years olds) who reported gambling in the 12 months prior to completing the survey decreased from 37% in 2020 to 31% in 2022. Similarly, the proportion of young people who were considered problem gamblers decreased from 1.9% to 0.9%.

Despite fewer young people engaging in gambling, the ease of access should still be considered. Research by York University⁷ found that practises in video games, such as token wagering, real-money gaming and social casino spending, are significantly linked to problem gambling. Additionally, this research found that, of the 1100 young people participating, 18.5% had engaged in some behaviour that related to both gaming and gambling, such as spending money on loot boxes.

The research also suggests that players who engage in practices such as real-money gaming and social casino spending are more likely to suffer from problematic gaming, a condition where engagement with video games causes an individual significant impairment or distress.

A report by the UK Safer Internet Centre⁸ found that 70% of young people who play games online have made a purchase within a game, and 31% reported doing so at least once per week. Whilst making purchases online is not considered gambling, 'loot boxes' are a type of purchases which may fall into this category. Loot boxes are 'mystery boxes' containing a random selection of items which can be purchased with real money or credits built up within a game. Given that loot boxes encourage repeat purchases with the hope of unboxing something similar or better, there is debate about if they can be considered a form of gambling. There are currently no rules or regulations to stop children from purchasing loot boxes.

The data above suggests a link between gaming and gambling, with children and young people more likely to be exposed to gambling-related harms when playing online games.

REGIONAL AND LOCAL

The following section explored the prevalence of gambling by geography. Gambling rates vary across areas of the country, and it is important to note that rates can be affected by not only geography, but other socioeconomic factors such as income, deprivation and employment.

Regionally, the North East has the highest overall participation in gambling whilst the South West reports the lowest. Figure 4 depicts the prevalence of gambling within each region. This data is from the Health Survey for England (HSE) 2021.

⁶ [Young People and Gambling 2022 \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk/young-people-and-gambling-2022)

⁷ [Links between video games and gambling run deeper than previously thought, study reveals - News and events, University of York](https://www.york.ac.uk/news-and-events/links-between-video-games-and-gambling-run-deeper-than-previously-thought-study-reveals)

⁸ [Safer Internet Day 2021 – An Internet Young People Can Trust \(d1xsi6mgo67kia.cloudfront.net\)](https://www.saferinternet.org.uk/news/2021/04/01/safer-internet-day-2021-an-internet-young-people-can-trust)

Participation in gambling in the last 12 months

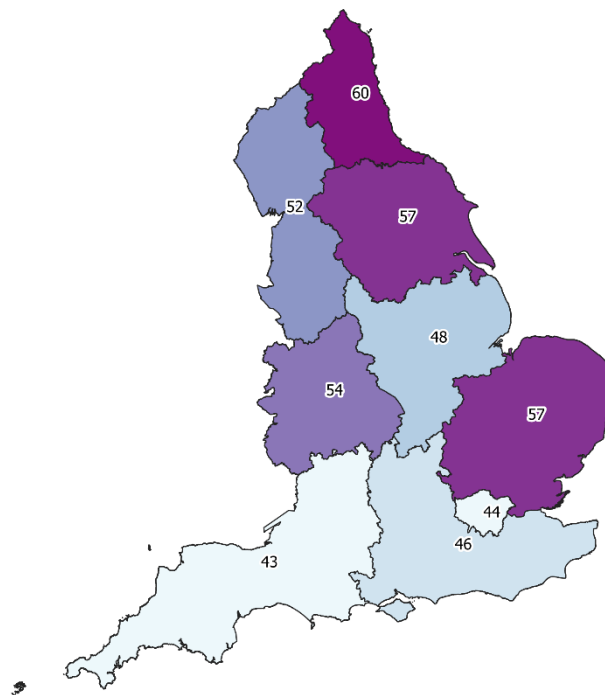
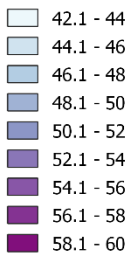


Figure 4: Percentage of each region who have spent money on gambling within the last year. Source: Health Survey for England (2021).

The HSE 2021 does not provide data on local gambling prevalence rates, however combined data from the HSE 2012, 2015, 2016 and 2018 estimates that the gambling rate in Newcastle (previous 12 months) was 56%. This was the lowest amongst all local authorities in the North East, with North Tyneside recording the highest rate at 75.9%. A breakdown of the local authorities can be seen below in Figure 5. Whilst this combined data set cannot be used to predict current local gambling rates, it is useful insofar providing comparisons between areas.



Figure 5: Gambling participation in the North East by Upper Tier local authority. Source: HSE (2012, 2015, 2016, 2018).

Estimating gambling prevalence

The prevalence of gambling across the city can be estimated by applying national data sets (see [Global and National Prevalence](#)) to Newcastle's population. The Gambling Commission estimated that, within the last four weeks, 43% of the 16+ population had engaged in gambling activity⁹. Applying this to Newcastle's population aged 16+ years (n=248,461¹⁰), it can be estimated that 106,838 residents in Newcastle have engaged in gambling within the last 4 weeks. This estimate is based on population data from the 2021 Census. As stated above, the North East has higher gambling rates than the national average, so this figure is likely to be an underestimate.

HSE data can also be applied to Newcastle's 16+ population to estimate the number of people who have taken part in some form of gambling within the last 12 months. Given that this data is from 2018, the ONS mid-year population estimates for 2018 are used (n=248,029). If, according to the national rate, 54% of 16+ individuals in Newcastle took part in gambling at least once over the last 12 months, approximately 133,936 residents of Newcastle gambled at least once in 2018.

Licensed premises in Newcastle

Newcastle City Council's Licensing Authority monitor the number of licensed premises across the city, and the data is shown in Figure 6 below. The number of licensed premises has decreased in each reporting period (note: data is not reported each year; 2011, 2014, 2017 and 2020 are missing), with a total of 58 premises in 2023. This decrease mirrors the national decrease in licensed premises, which supports the data shown in Figure 1 relating to decreased popularity of in-person gambling and increased popularity of online gambling.

⁹ [Statistics and Research \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

¹⁰ [Population estimates - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

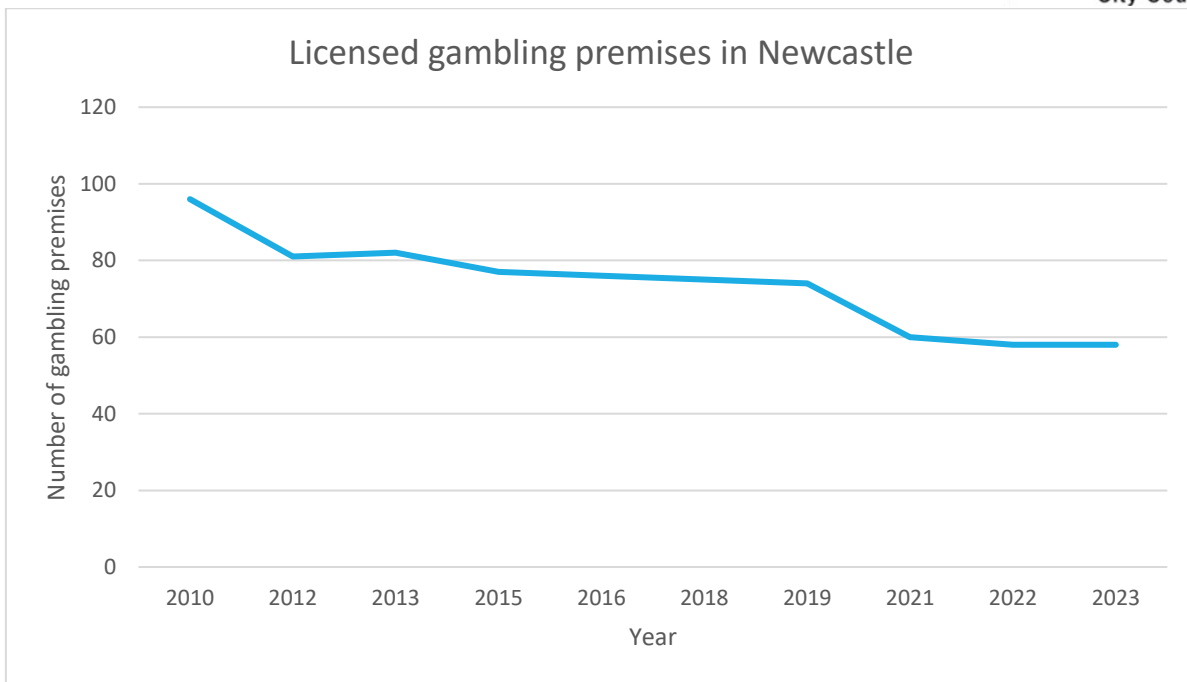


Figure 6: Number of licensed gambling premises in Newcastle, 2010-2023. Source: Newcastle City Council Licensing Authority (2023).

Figure 7 shows the distribution of licensed gambling sites across the city, by type of premises. The majority of premises are located within the city centre (Monument ward). Figure 16 shows the location of gambling premises in relation to deprivation levels across the city.

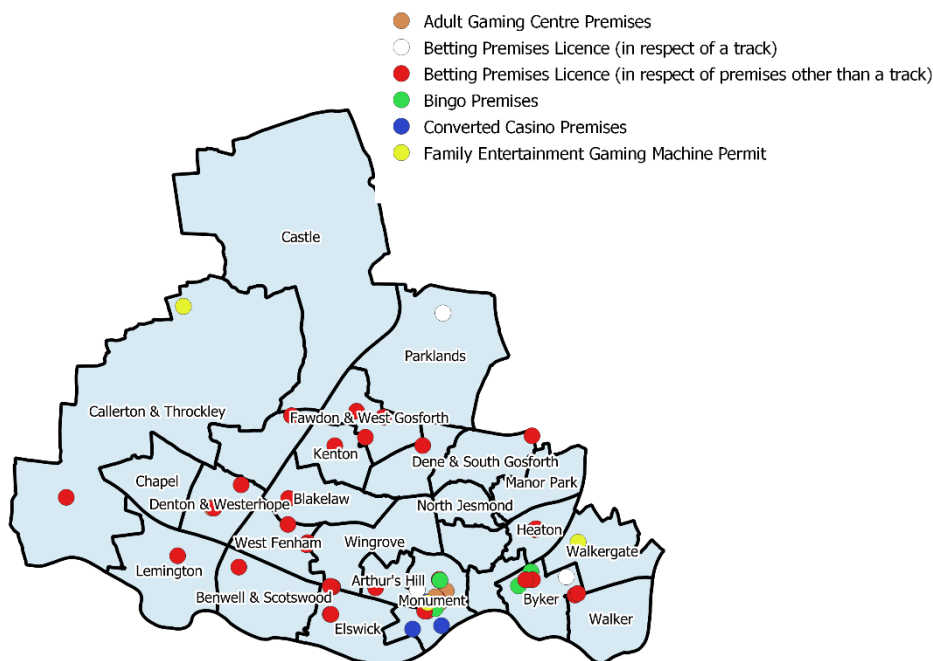


Figure 7: Licensed gambling premises in Newcastle, by license type. Source: Newcastle City Council Licensing Authority (2023).

Frequency of gambling

In July 2022, the Gambling Commission analysed the frequency of all gambling activities for those who said they had gambled within the last four weeks¹¹. These results can be seen below in Figure 8, which shows that gambling participants were most likely to report that they gambled at least once a month, but less than once a week. 20% of those asked said they gambled two or more days per week.

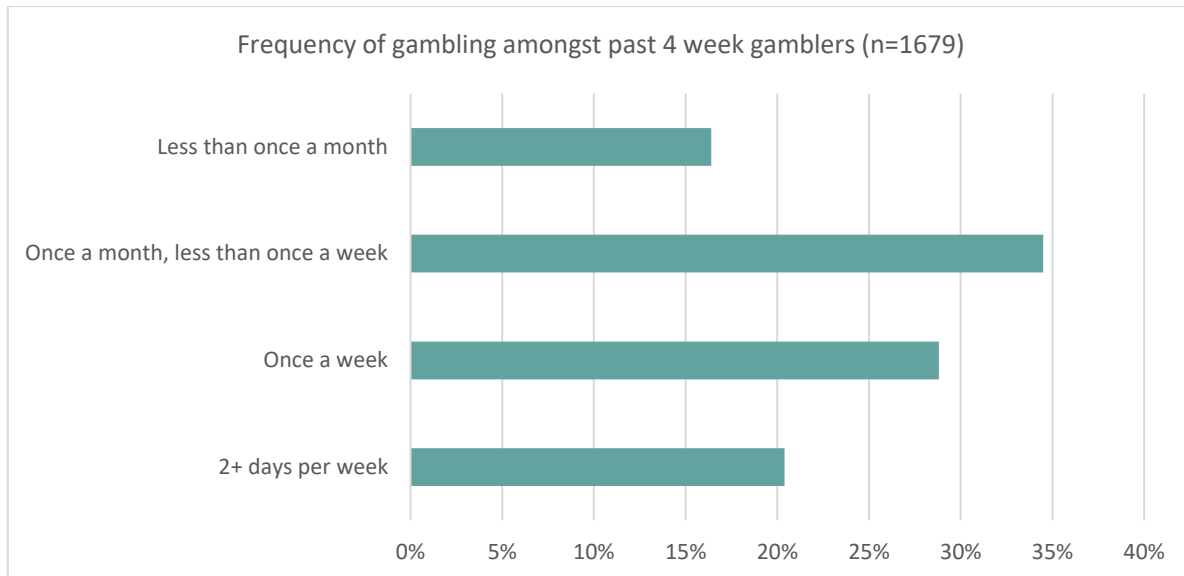


Figure 8: Frequency of gambling amongst those who have gambled within the last 4 weeks. Source: Gambling Commission (2022).

Prevalence of problem gambling

Problem gambling is defined as gambling to a degree which compromises, disrupts or damages family, personal or recreational pursuits¹². Problem gambling prevalence rates can be measured using the Problem Gambling Severity Index (PGSI), which categorises gamblers (those who have gambled at least once within the last 12 months) into the following groups:

- **Non-problem gambler:** a score of less than 1 in the PGSI
- **Low-risk gambler:** This group likely will not have experienced any adverse consequences from gambling. Gamblers experience a low level of problems with few or no identified negative consequences. PGSCI score 1-2.
- **Moderate risk gambler:** This group may or may not have experienced adverse consequences from gambling. Gamblers experience a moderate level of problems leading to some negative consequences. PGSI score 3-7.
- **Problem gambler:** This group are those who have experienced adverse consequences from their gambling. This category includes those who gamble with negative consequences and a possible loss of control. PGSI score 8+.

A PGSI score of 1 or more is indicative of at-risk gambling. A score of 8 or more is indicative of problem gambling.

Data from the Gambling Commission suggests that problem gambling rates have decreased from 0.6% of the population in 2018 to 0.2% in 2022. There has been a decrease recorded in rates each year. Similarly, the moderate and low problematic gambling rates have decreased over this time period, recorded at 1% and 1.5% of the population respectively in 2022¹³. Comparatively, combined data from the HSE (2021) estimated that 0.3% of the population could be considered a

¹¹ [Statistics and Research \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

¹² [Problem gambling vs gambling-related harms \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

¹³ [Statistics and Research \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

problem gambler¹⁴. Table 1 shows the percentage of adults (16+years) in England who fall into the category above.

Table 1: Percentages of non-problem, at risk, and problem gamblers in England. Source: HSE (2021).

	Percentage of 16+ years population (%)
Non-problem	97.2%
Low risk	1.9%
Moderate risk	0.6%
Problem gambler	0.3%

The HSE (2021) reported that, of those adults who gambled at least once in the 12 months prior to completing the survey, 5.8% were a problem or at-risk gambler. When filtered to those who engaged in any gambling activity *except* National Lottery, this figure rose to 7.9% of the gambling population. When further filtered to those who engaged in any *online* gambling activity *except* National Lottery, 18.2% of the gambling population were thought to be an at-risk or problem gambler. This data indicates the increased risk of problematic gambling when using an online vertical.

These estimates can be applied to Newcastle's 16+ population using data from the Gambling Commission (as detailed in [Estimating Gambling Prevalence](#)). Based on the assumption that 106,838 people aged 16 years plus have gambled at least once in the last 12 months, the data suggests that approximately 6200 could be a problem or at-risk gambler.

Economic Impact

GLOBAL

The UK has one of the highest gambling gross wins (defined as the amount of money that a gambling business has won, and customers have lost, over a given period) across the world¹⁵. This can be seen below in Figure 9, showing that, in 2019, the UK gambling industry's gross win was £19.5 billion.

¹⁴ [Gambling-related harms: evidence review - GOV.UK \(www.gov.uk\)](#)

¹⁵ <https://www.google.com/url?sa=i&url=https%3A%2F%2Fh2gc.com%2Fnews%2Fgeneral%2Fpress-release-covid19-h2-downgrades-2020-global-gambling-forecasts-by-8&psig=AOvVaw2Hncxkq92mM9fBHzSnOH-&ust=1680361236278000&source=images&cd=vfe&ved=0CA8QjRxqFwoTCIj00sa3hv4CFQAAAAAdAAAAABAE>

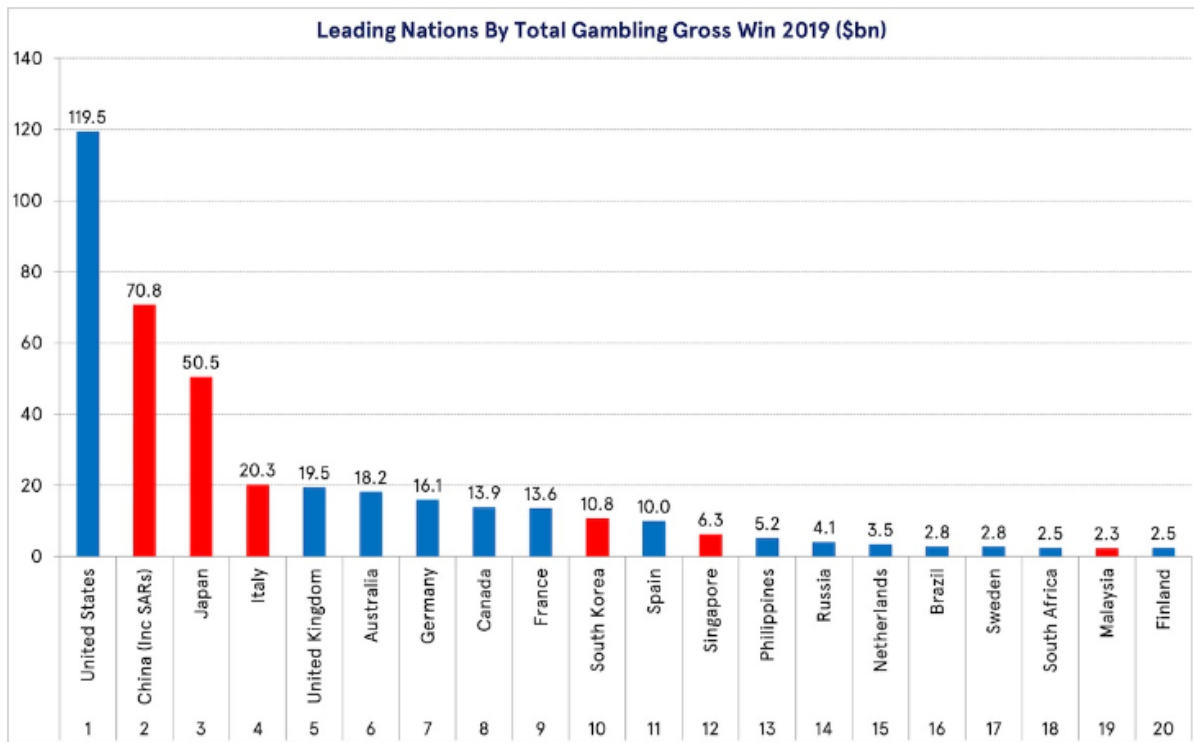


Figure 9: Top 20 leading nations for gross gambling wins. Source: H2 Gambling Capital (2019).

Similarly, the UK has one of the highest gambling market revenues in Europe, as shown in Figure 10. In 2022, the UK had the 5th largest online share of the total gambling market revenue (H2 Gambling Capital, 2022).

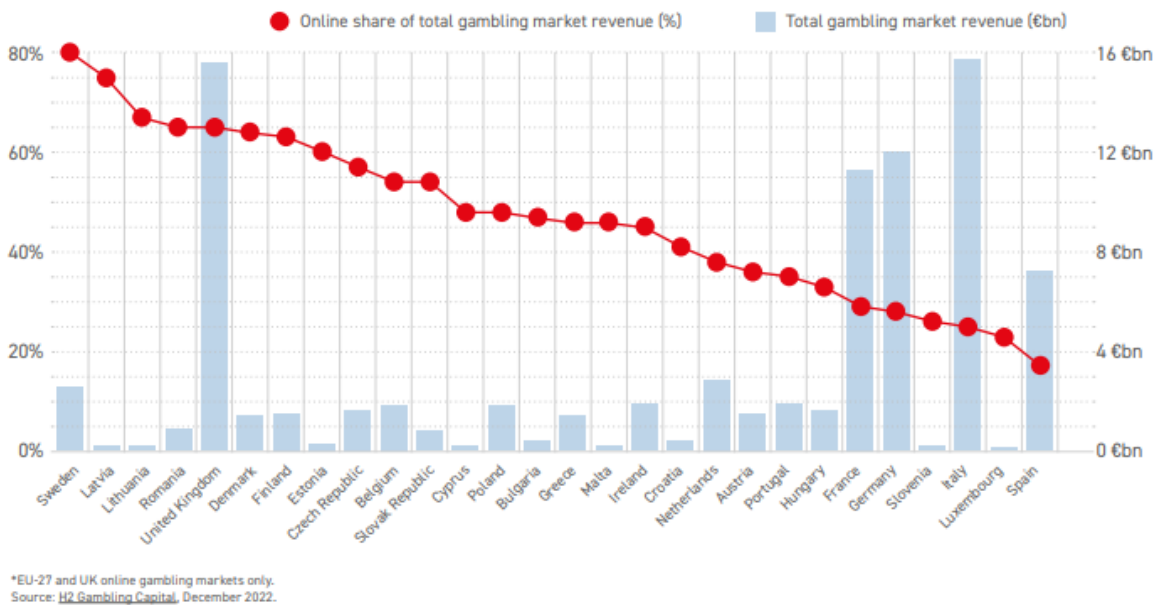


Figure 10: Gambling market revenue across Europe in 2022. Source: H2 Gambling Capital (2022).

NATIONAL

In 2021/22, Great Britain’s gambling industry’s gross gambling yield (GGY)¹⁶ was £14.1 billion, an 11% increase from 2020/21 (note, 2020/21 figures are likely to be impacted by COVID-19)¹⁷.

¹⁶ Gross gambling yield is the difference between the amount of money received by a gambling organisation and the amount of money paid out by that organisation. Ultimately, this is the profit made by the industry.

¹⁷ [Microsoft Power BI](#)

Figure 11 depicts the GGY by sector 2021/22, with casino (remote) and national lottery yielding the largest revenue.

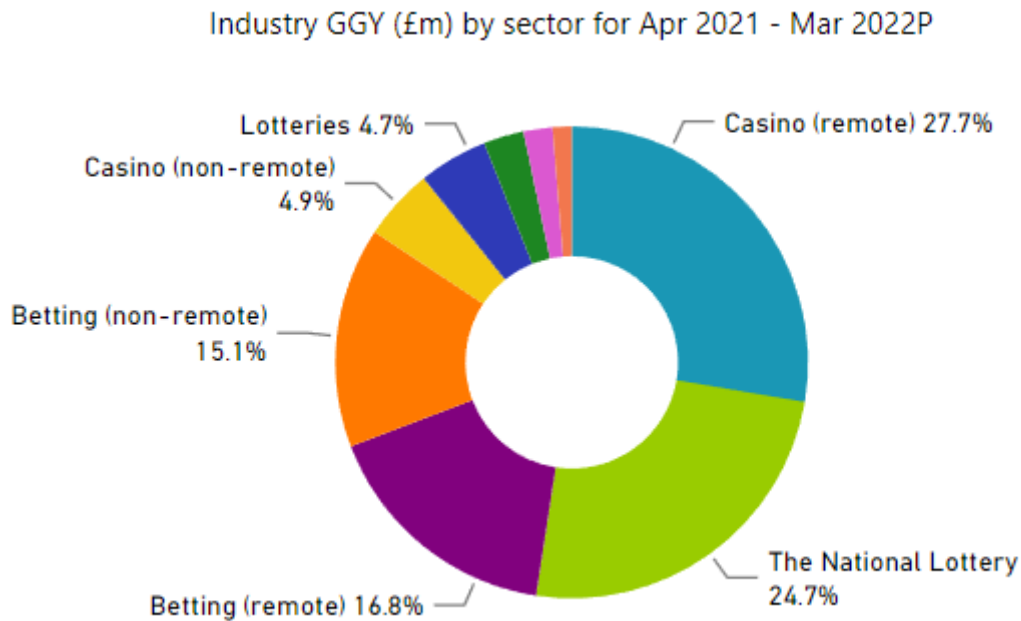


Figure 11: Gross gambling yield by industry in Great Britain. Source: Gambling Commission (2022).

Table 2 shows the percentage of GGY by sector in 2011/12, 2016/17, and 2021/22, highlighting the changes over a 10- and 5-year period.

Table 2: GGY by sector in 2011/12, 2016/17 and 2021/22. Source: Gambling Commission (2022).

Gambling sector	% of GGY in 2011/12	% of GGY in 2016/17	% of GGY in 2021/22
Casino (remote)	Data not available	20.3%	27.7%
The National Lottery	34.6%	20.9%	24.7%
Betting (remote)	7.6%	15.6%	16.8%
Betting (non-remote)	33.6%	22.7%	15.1%
Casino (non-remote)	9.7%	8.2%	4.9%
Bingo (non-remote)	7.5%	4.7%	Data not available

Over a 5-year period (2016/17 – 2021/22), the percentage of the GGY in Great Britain attributable to non-remote betting and casino activity has decreased from 30.9% to 20%, whilst GGY from remote betting and casino activity has increased from 35.9% to 44.5%. This data is reflective of the increase in online activity shown in the sections above.

Yield from online gambling

Gambling business data from the largest online operators is collated by the Gambling Commission and is estimated to cover 80% of the online gambling market in Great Britain. Figure 12 shows the GGY from each vertical within the online gambling market, from March 2019 to

December 2022. Betting (real event) and slots generate the largest gross yield. In November 2022, slots generated £188,678,488 and betting (real event) generated £195,862,812.

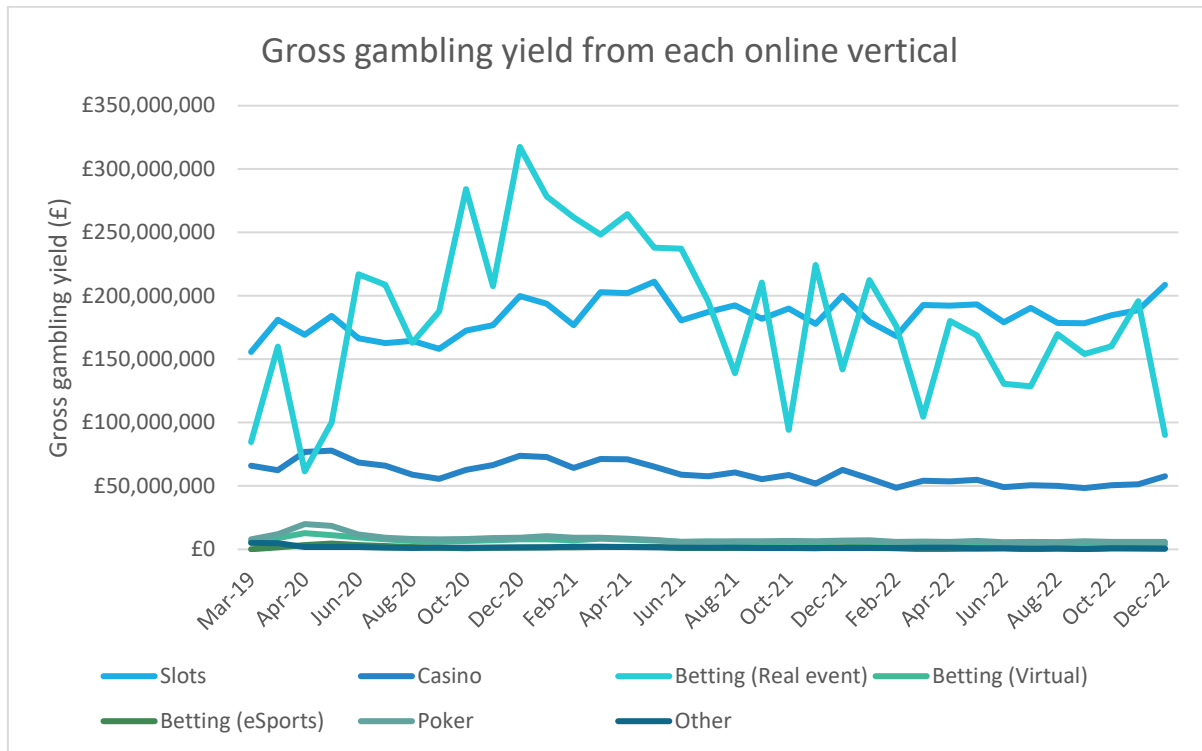


Figure 12: GGY from online gambling verticals in Great Britain. Source: Gambling Commission (2023).

Service users in Newcastle highlighted the difference in spending between online and in-person gambling. Whilst it was acknowledged that gamblers do not necessarily spend more money in each online transaction, they are able to spend small amounts of money more often, thus contributing to overall greater spending.

Yield from licensed betting offices

As above, the Gambling Commission collects data from licensed betting operators (LBOs) in Great Britain, which are estimated to cover 85% of the retail betting market. Figure 13 shows the GGY for the largest LBOs; machines generated the highest GGY, at £97,357,501 in December 2022, compared to £44,619,961 for over-the-counter betting and £22,341,163 for self-service betting terminals.

Note, the large decreases in GGY for LBOs at the end of 2020 and start of 2021 may be associated with COVID-19 restrictions.

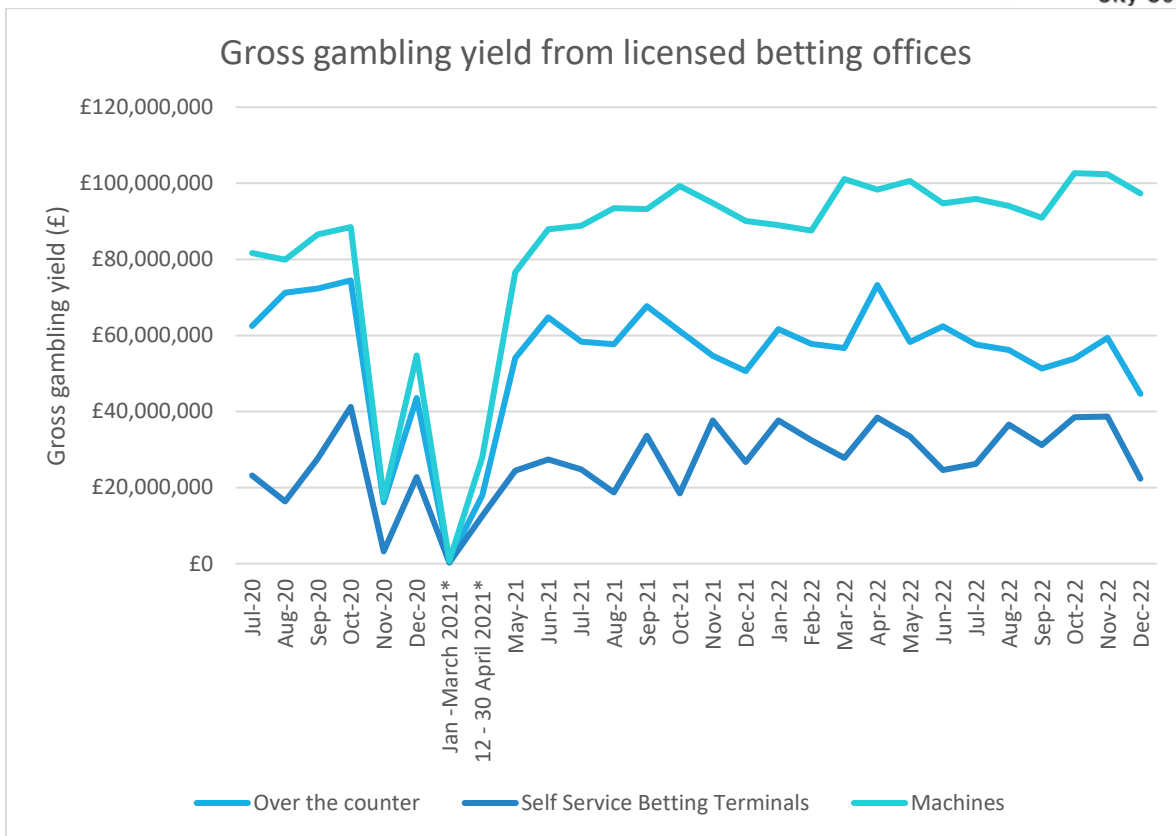


Figure 13: GGY from LBOs in Great Britain. Source: Gambling Commission (2023).

*Date fields marked with an asterisk indicate an atypical reporting period

Gambler Profile

There are insufficient data to produce a local gambler profile for Newcastle. The following section considers the national profile of those who gamble and uses local data to estimate how these may be applied to the Newcastle population.

Overall, men are more likely to participate in gambling activities, with the exception of buying scratch cards and taking part in bingo (HSE, 2021). Gambling activity is most common in those aged 45-54 years (61% of 45-54 years population estimated to participate), and least common in those aged 16-24 years (39% of 16-24 years population estimated to participate). Figure 14 shows a population pyramid for Newcastle (Census 2021 data), highlighting a large proportion of young adults. This is likely due to the presence of two universities within the city. Accounting for Newcastle's population structure, it can be inferred that the city has a population who are less likely to be involved in gambling. Please note, this refers to all gambling activity; problematic gambling behaviours are likely to impact a different cohort of the population.

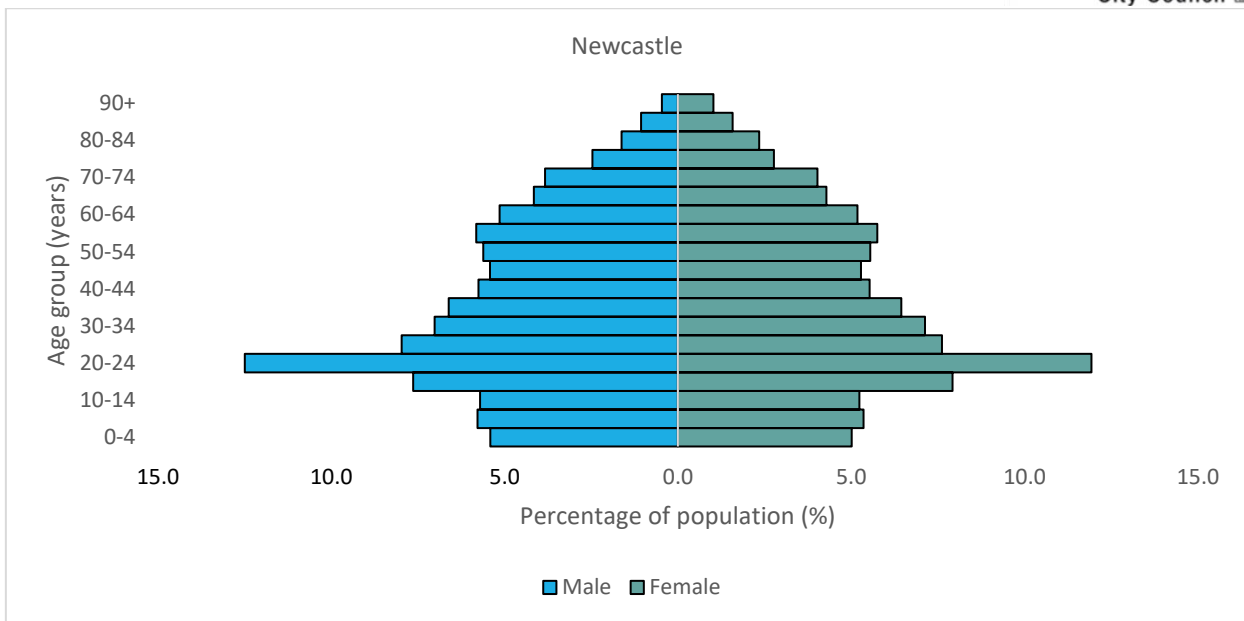


Figure 14: Population pyramid for Newcastle. Source: Population and Household estimates, England and Wales, ONS (2022).

Service users described the initial reasons why they thought people may gamble on a regular basis. Particular emphasis was placed upon children and young people’s engagement with gambling, and how it becomes embedded in culture:

“From a young age, gambling is not perceived as having harms.”

“More goes on at school that we don’t know about.”

“It’s culture, in everything we do.”

Given that the older population are more likely to gamble than the younger population, the quotes above suggest that young people may engage in behaviours which they do not consider to be gambling. Alternatively, young people may be introduced at gambling-like behaviours at a young age, but start to engage more frequently later in life.

GAMBLING AND OTHER ADDICTIVE BEHAVIOURS

Newcastle has higher rates of problematic alcohol consumption than the national average. In 2021/22, the directly standardised rate of hospital admissions for alcohol-specific conditions (primary or secondary diagnoses which are wholly attributable to alcohol) was 1,023 per 100,000, compared to a national rate of 626 per 100,000¹⁸. Similarly, the rate of alcohol-specific mortality was 16.9 per 100,000, compared to a national rate of 10.9 per 100,000.

Nationally, there is a clear association between increased participation in gambling and increased number of alcohol units consumed per week¹⁹. This trend was seen across all types of gambling activity. Of those who had never drunk alcohol/have not drunk in the last 12 months, 35% had engaged in gambling. Of those who drank 50+ units per week, 74% had engaged in gambling. This can be seen below in Figure 15.

¹⁸ [Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](https://phe.org.uk/)

¹⁹ [Gambling-related harms evidence review: quantitative analysis of gambling involvement and gambling-related harms among the general population in England \(publishing.service.gov.uk\).](https://publishing.service.gov.uk/)

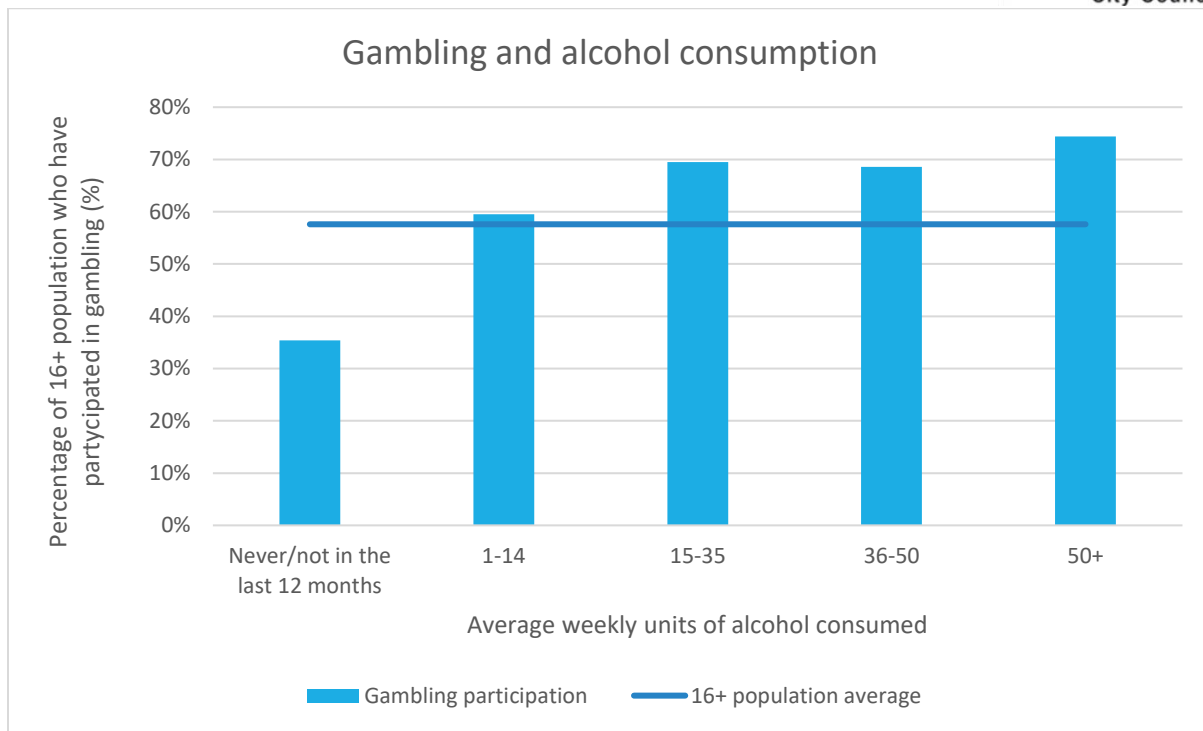


Figure 15: Gambling participation by alcohol consumption, measured by units consumed per week. Source: HSE (2012, 2015, 2016, 2018).

Furthermore, the figure above shows a clear pattern of increased at-risk gambling as the number of alcohol units consumed per week increased. For those who have never drunk/not drunk within the last 12 months, the prevalence of at-risk gambling was estimated to be 1.6%, compared to 10% for people who consume 50+ units of alcohol per week.

Accounting for both data sets above, it can be inferred that, due to high levels of alcohol consumption in Newcastle, there may be higher rates of at-risk and problem gamblers in Newcastle than the national average. That said, other environmental factors (such as income, deprivation, employment, etc.) can significantly impact gambling prevalence rates, so this relationship cannot be confirmed without local data.

In addition to alcohol, gambling may be linked to other addictive behaviours, such as drug-taking or smoking. Service users highlighted this link, from what they see in their partner's behaviours:

"It's the guilt and crap feelings that gambling puts on them that drives them to do other things."

Service users considered the causal link, if any, between gambling and other addictive behaviours. Within the support group, there was debate regarding gambling leading to other problematic behaviours, or vice versa:

"It's hard to know whether they use one to try and escape the other. It's like a chicken and egg scenario."

A notable point was made by service users in relation to substance use (alcohol, drugs, cigarettes) as a coping mechanism when attempting to quit gambling. This problem can also occur in reverse, with users who access treatment and reduce illicit use or become abstinent from substances may be likely to pick up gambling behaviours. One dependence can be replaced by another. Whilst there is no local quantitative data to support this, this data is important insofar as highlighting the potential need for multiple addiction services in the city:

"My partner started taking drugs after quitting gambling. Drugs made him feel like everything would be alright."

“When they stop getting that dopamine high from gambling and hit a low, they need something else to fill that gap.”

Football

The gambling industry was the most heavily represented sponsorship industry in 2022/23 for Newcastle United Football Club, with three large contracts in place. Given that football has such a large presence within the city, it can be assumed that the gambling sponsors, and their related adverts, have a large reach across the population, including children and young people.

Football broadcasts offer gambling companies a ‘loophole’ to avoid watershed restrictions on advertising, in addition to providing an opportunity to engage children and young people in gambling. A critical review of gambling sponsorship and football concluded that the marketing of gambling at football matches contributes to the overall ‘amount’ of gambling in society²⁰. In turn, this may contribute to an increase in the prevalence of problem gambling and the associated harms.

GAMBLING AND DEPRIVATION

Overall gambling activity showed little variation between deprivation quintiles in England, but some activities had significantly different participation rates between quintiles²¹. Participation in scratch cards and bingo (not online) was significantly higher in the most deprived quintile. At-risk and harmful gambling is associated with people who live in more deprived areas; there is a statistically significant gradient between at-risk gambling prevalence (according to the PGSI) and deprivation quintiles; 3% in the least deprived and 5.3% in the most deprived.

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation in England, and broadly defines deprivation to encompass a wide range of an individual’s living conditions. Nationally, deprivation quintiles can be used to categorise relative deprivation, meaning the population is split into five equal groups based on deprivation scores.

The HSE (2021) produced data on IMD and gambling activity. According to this data, 50% of those in the least deprived quintile had gambled at least once in the 12 months prior to the survey, compared to 47% in the lowest income quintile.

According to the 2019 IMD²², Newcastle ranked 32 out of 151 upper tier local authorities within England for average deprivation score, with rank one having the highest score (most deprived) and 151 the lowest score (least deprived). 26% of lower super output areas (LSOAs) within Newcastle were within the most deprived 10% of LSOAs nationally. For this measure, Newcastle ranked 19th of all upper tier local authorities. Figure 16 shows the location of licensed premises in relation to the deprivation decile of the lower super output area (LSOA). Except for the city centre, premises are more concentrated in areas of higher deprivation (shown as darker areas on the map). Across areas of lower deprivation (for example North and South Jesmond, Gosforth, Ouseburn), there are fewer licensed premises. These findings correspond to the national prevalence findings stated above.

²⁰ [Gambling Sponsorship and Advertising in British Football: A Critical Account: Sport, Ethics and Philosophy: Vol 14, No 2 \(tandfonline.com\)](#)

²¹ [Gambling-related harms evidence review: quantitative analysis of gambling involvement and gambling-related harms among the general population in England \(publishing.service.gov.uk\)](#)

²² [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](#)

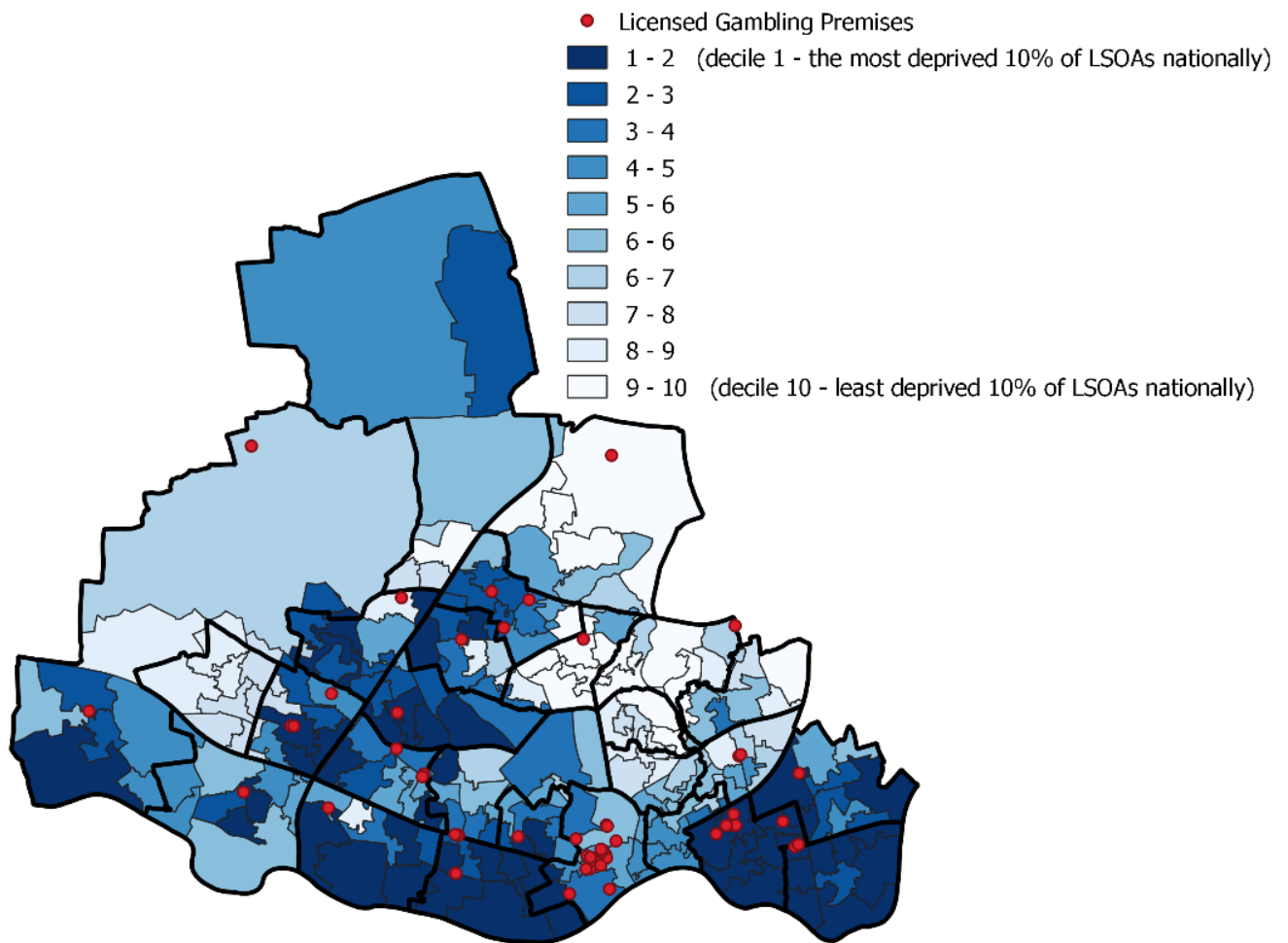


Figure 16: Licensed gambling premises in Newcastle, overlaid onto a map showing indices of multiple deprivation across the city. Source: Newcastle City Council Licensing Authority (2023); Ministry of Housing, Communities and Local Government (2019).

Whilst Figure 16 is useful insofar as highlighting the distribution of in-person gambling sites across the city in relation to deprivation levels, this does not account for online gambling activity. Data above suggests that Newcastle, as a whole, has high levels of deprivation compared to other local authorities in England, which may be linked to increased prevalence of at-risk and harmful gambling activities.

GAMBLING AND ETHNICITY

By broad ethnic groups (White/White British, Asian/Asian British, Black/Black British, Mixed/Other), overall participation in any gambling activity is most common in the White/White British ethnic group, and least common in the Asian/Asian British ethnic group²³. Figure 17 shows how participation varies between broad ethnic groups across England.

²³ [Gambling-related harms evidence review: quantitative analysis of gambling involvement and gambling-related harms among the general population in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/gambling-related-harms-among-the-general-population-in-england)

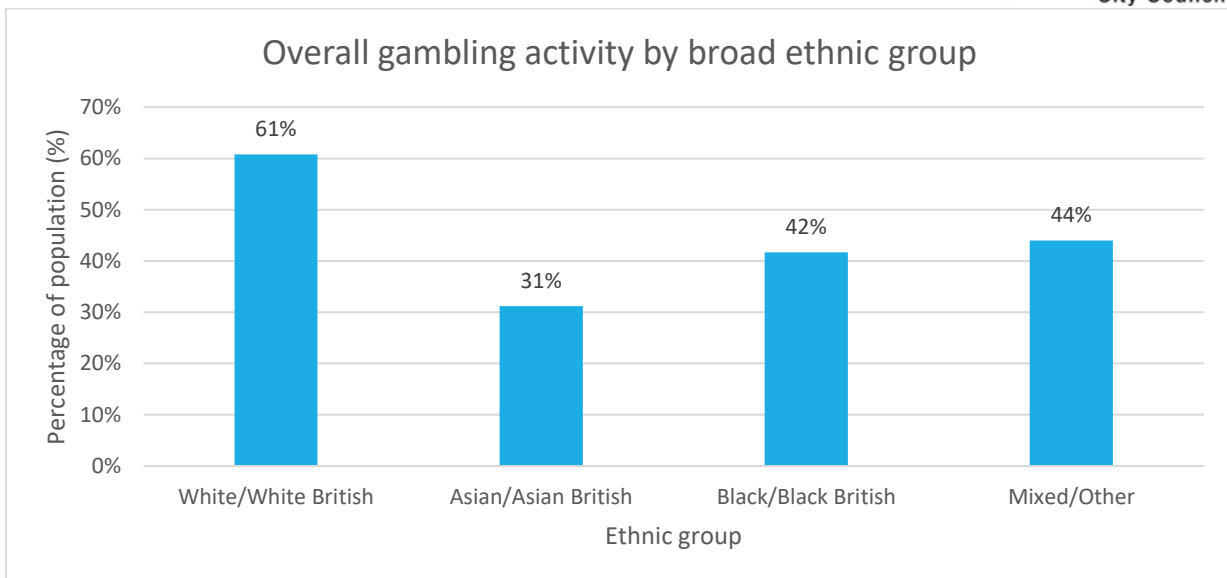


Figure 17: Overall participation in gambling, by broad ethnic groups in England. Source: HSE (2012, 2015, 2016, 2018).

Data for at-risk and problem gambling rates follows similar patterns to those shown above, with the Asian/Asian British ethnic group recording significantly lower prevalence rates than those who are White/White British (2% and 4% respectively).

In Newcastle, 80% of the population identify as White/White British²⁴, which is similar to the prevalence of 82% seen across English and Wales. Additionally, 11.4% of Newcastle's population identify as Asian/Asian British, compared to an English/national figure of 9.3%. Given the similar patterns of ethnic diversity (please note, these are broad classifications, there may still be differences between the populations), it is unlikely that the Newcastle gambler profile will differ to the national pictures based on ethnicity alone.

COST OF LIVING CRISIS

In August 2022, Opinium conducted an online survey on behalf of GambleAware and Freuds²⁵. The survey sample included 1,606 women aged 18-49 years who had gambled within the last month. Findings from the study showed that 25% of participants expected to gamble more during the cost-of-living crisis, whilst 12% had already gambled (at the time of the survey) to supplement household income.

Some service users agreed with these statistics, recognising that financial pressures may cause people to increase their gambling activity:

"I think it would massively push people to do it more. It's that pressure of 'I'm going to have no money'."

"Anyone can be drawn in to win money as it's a quick fix."

In contrast, one service user highlighted how, for those already addicted to gambling, financial pressures are less of a driver, and more of an excuse:

"They can't blame the financial crisis. Whether they do or do not have the money, it's in their heads. It would be an excuse."

²⁴ [Ethnic group, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

²⁵ [Women's Prevention Campaign - Opinium](https://www.opinium.com)

Gambling Related Harms

Figure 18 provides an overview of the harms that can be associated with gambling, highlighting the varied impacts that can occur²⁶.



Figure 18: Overview of gambling related harms. Source: Gambling Commission (2018).

IN-PERSON VS. ONLINE GAMBLING HARMS

The harms associated with gambling can vary depending on gambling method, i.e. online or in-person. When asked about this topic, service users perceived the harms from online gambling to be greater than those from in-person gambling. This was particularly related to ease of access:

“Online gambling is worse than other addictions because of the accessibility to continue. It’s so easy. This makes it trickier than other addictions.”

“The sheer volume of sites that can be accessed. They can be blocked from one but find more to get around the exclusion.”

“Phones are easily accessible, and gamblers do not need an excuse to go on their phones, unlike in-person gambling.”

MENTAL HEALTH

Gambling (especially problematic gambling) can affect an individual’s mental health and wellbeing. This can lead to other harmful behaviours, and those diagnosed with a gambling disorder are more likely to have a shorter life expectancy²⁷.

Gambling can have an adverse effect on mental health, with prolonged/large amounts of involvement increasingly likely to lead to poorer mental health. If engagement is prolonged or

²⁶ [McDaid_Gambling-Related_harms_Published.pdf \(lse.ac.uk\)](#)

²⁷ <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2>

occurs regularly, gambling can become an addictive behaviour²⁸. Problematic gambling is particularly prevalent among those with mental health problems (such as anxiety and depression)²⁹. As a result, poor mental health may be associated with problematic gambling. This was further supported by service users:

“If you have mental health problems, it’s very easy to escape into that [gambling]. That’s what takes it from being fun.”

However, those with poorer mental health are also less likely to report gambling issues³⁰, suggesting that its effect is underestimated. Whilst the individualised harms of gambling are not monitored at a local level, public health data can be used to estimate the impact that gambling has on the local population.

In Newcastle, there has been an increase in those self-reporting higher levels of anxiety during the period of 2019/20 compared to previous years³¹. There was a rapid decline in prevalence rates for the periods of 2020/21 and 2021/22 (Figure 19), which may be associated with COVID-19 restrictions and a subsequent reduction in those reporting mental health problems. This is supported by the national COVID-19 mental health and wellbeing report, which reported that the North East had one of the largest drops of mental wellbeing³².

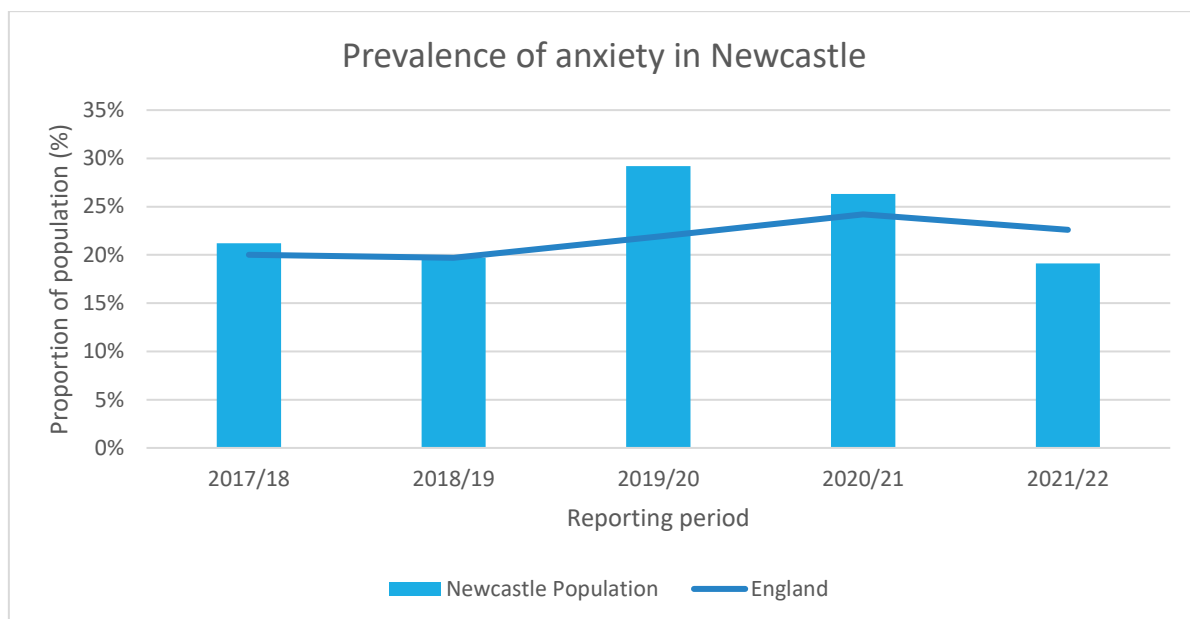


Figure 19: Self-reported anxiety scores in Newcastle. Source: ONS (2021).

In contrast, the number of diagnoses for depression has continued to increase year on year, with the prevalence of cases now observed in 11% of the Newcastle population (Figure 20).

²⁸ <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/gambling-and-mental-health#:~:text=Gambling%20can%20cause%20low%20self,our%20brain%20that%20releases%20dopamine.>

²⁹ <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/gambling-and-mental-health#:~:text=Gambling%20can%20cause%20low%20self,our%20brain%20that%20releases%20dopamine.>

³⁰ [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/gambling-related-harms-evidence-review-summary)

³¹ Annual Population survey Data, Office for National Statistics

³² <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-spotlights>

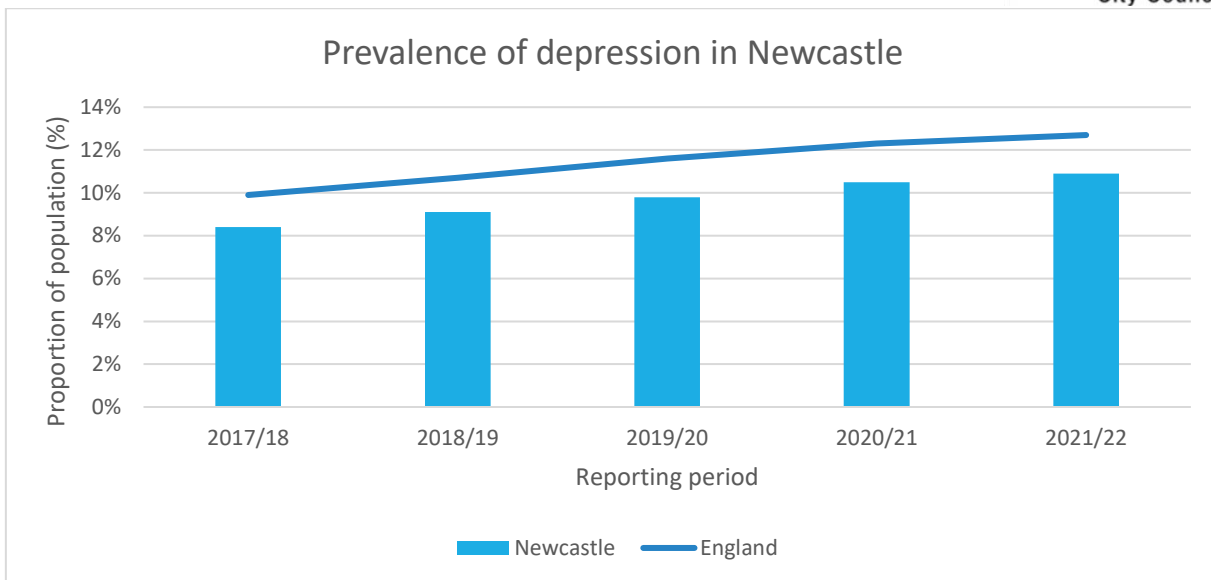


Figure 20: Prevalence of depression in Newcastle. Source: Quality outcomes framework (2023).

In addition to problematic gambling being linked to poor mental health, the relationship may be reversed. Service users indicated that gambling impacted the mental health of those participating, regardless of previous mental health issues:

“It makes them feel worthless, the guilt and the shame that they carry.”

“They become isolated and think no one is like them.”

SELF-HARM AND SUICIDE

Gambling has also been found to be related to increased occurrence of self-harm³³. In Newcastle, emergency hospital admissions for self-harm have decreased over the period of 2019/20 to 2021/22 (Figure 21). This reduction, however, may be due to the impact of COVID-19 restrictions on access to hospital.

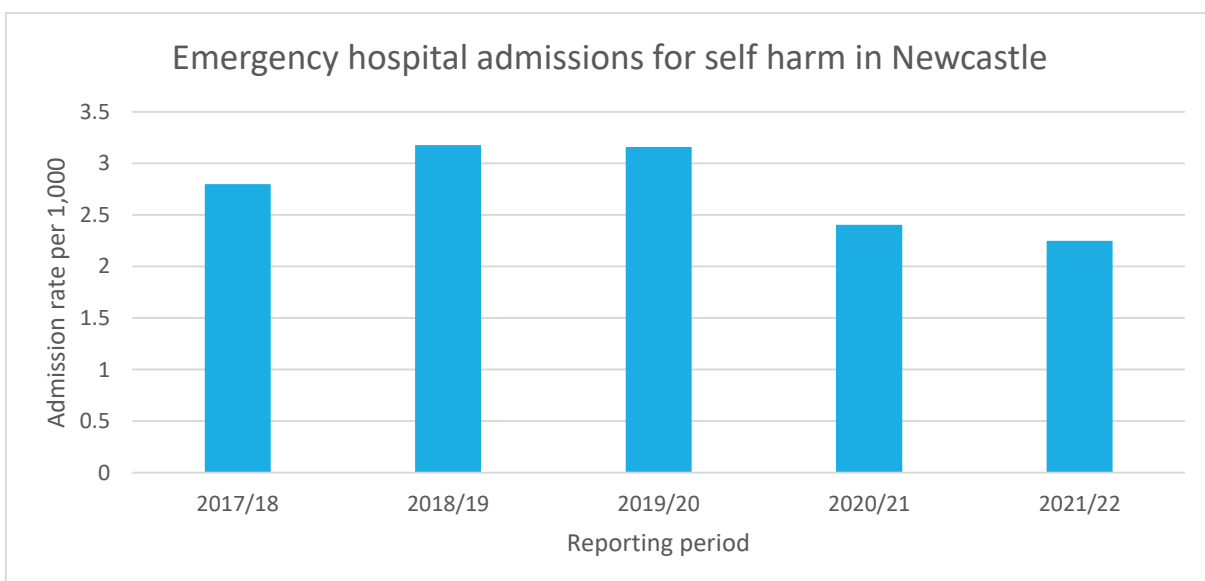


Figure 21: The number of emergency hospital admissions for self-harm in Newcastle. Source: Hospital Episode Statistics (2023).

³³ <https://www.tandfonline.com/doi/abs/10.1080/16066359.2020.1784881?journalCode=iart20>

Those with gambling disorders are also more likely to commit suicide³⁴. This may be linked with factors such as poorer mental health, increased stress and lower self-esteem. The number of suicides in Newcastle has increased gradually since 2016/18 from 10.6 per 100,000 to 11.6 per 100,000 in 2019/21 (Figure 22).

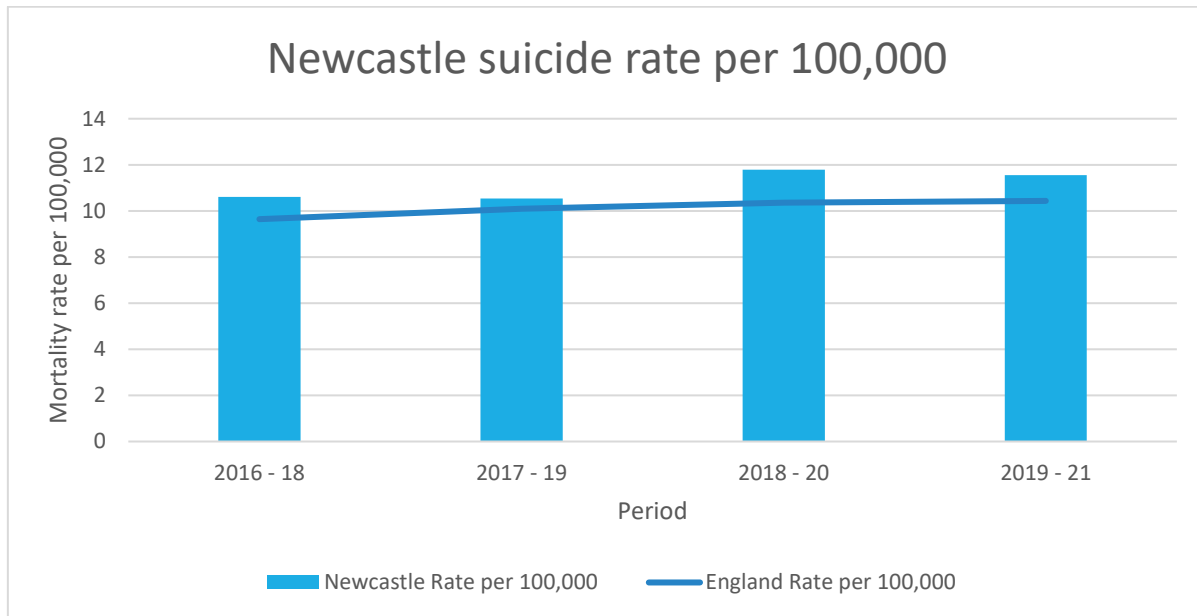


Figure 22: Suicide rate per 100,000 in Newcastle. Source: ONS (2022).

FINANCIAL HARMS

The Government's Gambling-related harms evidence review³⁵, which examined 31 financial harm studies, found that the excess financial cost associated with harmful gambling directly to the Government (2021-2022) was £413 million. Additionally, the societal value of health impacts was estimated to be between £635 and £3135.5 million, meaning that the combined overall economic burden of gambling in the UK was approximately £1.05 to £1.77 billion. These figures are likely to be an underestimate due to a lack of evidence and data.

Research by the National Institute of Economic and Social Research³⁶ found that the average fiscal cost, meaning cost to tax payers and the Government, per problem gambler is £3700 per year compared to people experiencing at-risk gambling behaviours. Based on an estimate of 380,000 people experiencing problem gambling nationally, this equates to a total fiscal cost of \$1.4 billion per year. This includes increased financial burden placed on healthcare service, criminal justice service and hopelessness support.

Cost to the individual

In their 2023 report of the economic and social cost associated with gambling in England³⁷, OHID state that, in extreme cases, some people who gamble may lose the ability to meet their basic needs such as food, children's school items, medication, and transport costs. This means that they must live a lower quality life as a result of losing large sums of money from gambling. To

³⁴ Gambling-related suicides and suicidality: A systematic review of qualitative evidence. [Gambling-related suicides and suicidality: A systematic review of qualitative evidence - PMC \(nih.gov\)](#)

³⁵ [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](#)

³⁶ [The-Fiscal-Costs-and-Benefits-of-Problem-Gambling.pdf \(niesr.ac.uk\)](#)

³⁷ [The economic cost of gambling-related harm in England: evidence update 2023 \(publishing.service.gov.uk\)](#)

meet their needs in the long-term, people may opt out of their pension scheme, take a second job or sell possessions.

From a sample of 102,195 Lloyds bank customers in 2018³⁸, data of their financial activity consistently conveyed that higher gambling expenditure was associated with the worse financial outcomes. Analysis shows that a 10% increase in absolute gambling spend was associated with:

- an increase in payday loan uptake by 51.5%
- an increase in credit card use by 11.2%
- the likelihood of missing a mortgage payment was by 97.5%.

Furthermore, higher gambling activity is associated with people spending less on insurance, mortgage repayments and smaller pension contributions. This means that gambling activity can be associated with poor financial planning and financial distress.

Gamble Aware’s national gambling treatment service statistics for 2020 to 2021³⁹ show that, out of a sample of 7,726 English residents who were treated within gambling services, 63% had debts due to gambling, 23% had debts up to £5,000 related to gambling and 40% had debts over £5,000, were bankrupt or in an Individual Voluntary Arrangement (a special arrangement to pay back debts). This data can be seen in Figure 23.

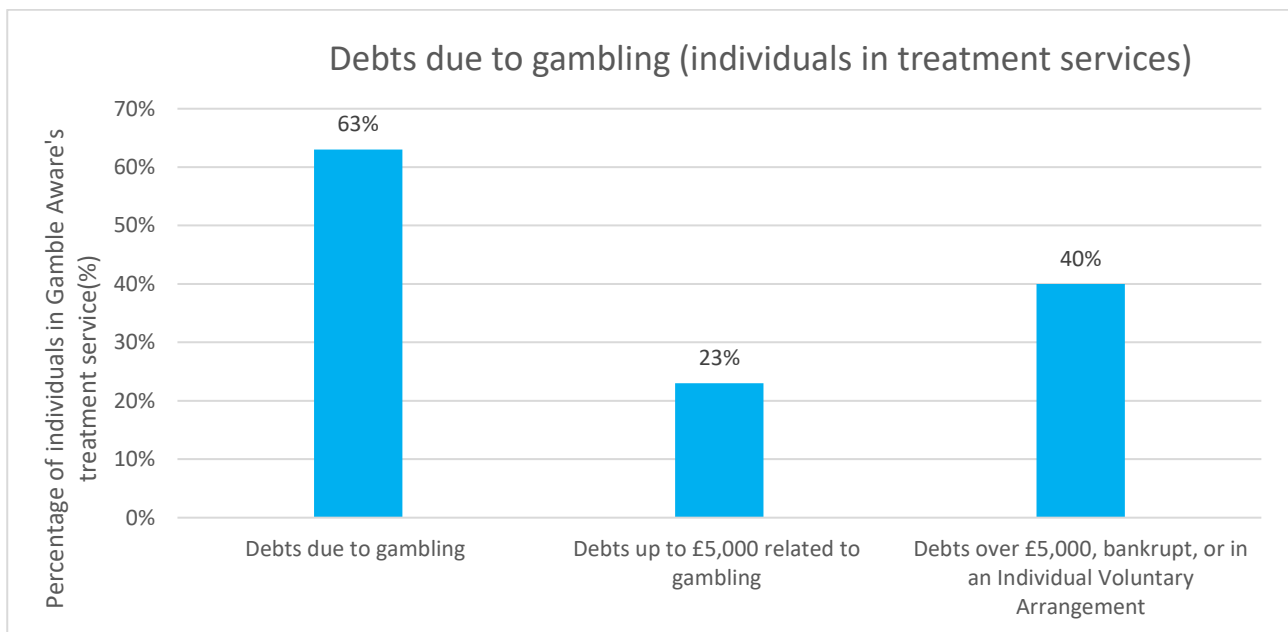


Figure 23: Percentage of individuals accessing Gamble Aware’s National Treatment Service who are in debt due to gambling (2020-2021). Be Gamble Aware

Homelessness

A study in the 2023 report of the economic and social cost of harms associated with gambling in England⁴⁰ reviewed a sample of 72 participants from homeless centres in Westminster, exploring the proportion of gamblers entering homelessness services. Findings showed that 61.5% of at-risk gamblers and 82.4% of problem gamblers participated in gambling activities before becoming homeless. This shows that gambling portrays significant harm to an individual and their family as they can be left homeless.

³⁸ [Gambling research: The ‘fun’ can stop with unemployment, ill-health and even death | University of Oxford](#)

³⁹ [GambleAware publishes 2020/21 National Gambling Treatment Service Annual Statistics | BeGambleAware](#)

⁴⁰ [The economic cost of gambling-related harm in England: evidence update 2023 \(publishing.service.gov.uk\)](#)

OTHER HARMS

The large revenues of gambling companies, as highlighted above, mean that regular gamblers are likely to be placed under financial pressures. Whilst this can vary based on an individual's economic situation, service users highlighted the possible financial risk that regular gambling can pose:

“The financial pit becomes so unmanageable, and the only way you see out of it is to continue. What’s the harm in continuing because of the massive pit of debt you’re already in.”

Additionally, a key theme that emerged from service users in relation to their partners/family members' gambling habits and the associated harms was stigma. Gamblers were reported to be perceived as “idiotic”:

“The stigma is that it’s [gambling] so stupid to do. You’re labelled as an idiot.”

The stigma, and its associated harms, linked with gambling were mentioned in relation to other addictions. Service users highlighted how the ‘internal’ nature of a gambling addiction can worsen the stigma:

“Drugs and alcohol are out there. People see it and get it. Gambling is a very hidden addiction and people don’t get it.”

HARM TO OTHERS

Gambling can have adverse effects on families, carers and loved ones. In 2021, Adfam produced a report titled ‘[Overlooked](#)’ in which it was estimated that 2% of the adult population in the UK are negatively affected by someone else’s gambling. This equates to approximately 1 million people.

If this figure is applied to the 18+ population in Newcastle using data from the 2021 Census (n=242,549), approximately 5000 people aged 18+ years are negatively impacted by a loved one’s gambling. This is likely to be an underestimate due to higher prevalence of gambling risk factors (such as deprivation and alcohol) in Newcastle.

Service users, who were the partners/families of problem gamblers, described how they try to help their partners:

“You want to try and give them more money to get out of it, but that doesn’t help. It’s the worst thing you can do because it pushes them into it.”

Service users highlighted how their partner’s/family member’s gambling habits could lead to a lack of trust and cases of domestic violence. Additionally, they described the negative impacts on their mental health:

“When I first found out, I felt like I was going mad and didn’t know where to turn. No one could give me the right advice. I felt like I was begging everyone on where I could get help. I felt like I was having a breakdown. It felt overwhelming. I was trying to go through the doctor, GP, school. I was trying to go everywhere that was related to him. At the same time, it was my mental health that was deteriorating. I felt hopeless.”

The quote above refers to a young person’s gambling habits affecting older family members, however it is important to note that young people can be affected by others’ gambling behaviours too. The Gambling Commission’s young people survey⁴¹ found that 28% of young people had seen a family member that they live with gamble, 7% of which indicated that it had resulted in tension or arguments at home. 11% of these young people reported that a family member’s gambling had helped to pay for things at home, for example clubs or holidays.

⁴¹ [Young People and Gambling 2022 \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk/young-people-and-gambling-2022)

One study reported that people engaging in moderate-risk or problem gambling experienced lower levels of family functioning and social support⁴². Gambling directly causes problems in relationships, affecting both the gambler and their close associates, often children. Examples of harm include arguments, strain within relationships and domestic abuse. The impact of gambling negatively affects wider family and friendship networks. Especially due to financial insecurity, gamblers may vent out frustrations on their family which can lead to family breakdowns.

Crime and disorder

We do not know the extent of the relationship between problem gambling and crime and disorder in Newcastle. Recorded crime data does not identify gambling as a factor in the way it does for issues like alcohol (e.g. domestic abuse, acquisitive crime etc). Additionally, there is an intelligence gap around links to organised criminality (e.g. money laundering, loan sharks, etc).

Prevention and help

NATIONAL INITIATIVES

Campaigns and self-exclusions

The Gambling Commission is responsible for regulating gambling in accordance with the Gambling Act 2005. There have been several national campaigns to address gambling related harms, such as the Bet Regret campaign. In 2015, the Gambling Commission launched the “When the fun stops, stop” campaign which was followed, in 2021, by the national campaign “Take time to think”. This campaign was to highlight the number of self-help and exclusion tools available to address gambling behaviours. Tools such as GAMSTOP allow for self-exclusions criteria to be applied for using gambling websites and apps run by companies licensed in Great Britain, for a period of an individual’s choosing.

Whilst self-exclusions are widely promoted by the gambling industry as a means of reducing the possible harms of online gambling, service users were critical of their effectiveness:

“It’s very easy to get around restrictions online.”

“Self help is too easy to convince people that you are getting help. It’s just a smoke screen.”

“You can press the toggle switch and within two or three days it’s back. It does not help.”

The above quotes highlight the need for interventions which place less emphasis on individual behaviours. Whilst self-exclusions are promoted by gambling companies as a useful aid to reduce problematic engagement in gambling, the efficacy of such tools was thought to be poor.

Advertising campaigns and sponsorship

The advertising of gambling products and services must comply with UK Advertising Codes issued by the Committees of Advertising Practice and administered by the Advertising Standards Authority⁴³. These codes aim to ensure that gambling adverts do not portray, condone or encourage gambling behaviour that is socially irresponsible or could lead to financial, social or emotional harm.

Gambling companies may sponsor sports and recreational activities. As of April 2023, eight premier league clubs had gambling companies as shirt-front sponsors, with an estimated value of £60 million each year⁴⁴. A ban on gambling companies is due to be implemented from summer

⁴² [Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/gambling-related-harms-evidence-review-summary.pdf)

⁴³ [Advertising and marketing rules and regulations \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk/advertising-and-marketing-rules-and-regulations)

⁴⁴ [Premier League bans gambling sponsorship on front of club shirts | UK News | Sky News](https://www.sky.com/news/sports/premier-league-bans-gambling-sponsorship-on-front-of-club-shirts)

2026, however only applies to front-of-shirt sponsorship deals. Pitch-side gambling sponsorship will still be allowed.

Credit cards bans

In April 2020, the Gambling Commission brought into effect a ban on gambling businesses allowing consumers in Great Britain to use credit cards to gamble. The ban aimed to reduce harm by apply 'friction' for those who may have been using borrowed funds.

Gordon Moody Association

Gordon Moody offers residential courses for people who have problems with gambling. It also runs the Gambling Therapy website, which offers online support to people who have problems with gambling and their friends and family.

LOCAL INITIATIVES

Nort East Gambling Commission Funding

The Association of Directors of Public Health (ADPH) for the North East has successfully bid for £750,000 from the Gambling Commission's Regulatory Settlements Fund to develop a regional three-year pilot programme dedicated to exploring effective ways to reduce the harm caused by gambling.

The funding will be used to develop new ways of supporting those affected, working with key target groups, including those already living in poor health, with low life-satisfaction, pre-existing mental health conditions and history of substance misuse. The funding will be used to implement and evaluate co-produced interventions with practice partners and experts by experience across primary, secondary, and tertiary prevention.

North East Counselling on Addictions

The North East Council of Addictions (NECA), in partnership with Gamble Aware (industry funded), provides a range of free gambling support, gambling advice and gambling treatment options for gamblers, as well as friends and family who are affected. A list of possible treatments can be found on their website: [NECA Gambling - Neca](#).

In 2022/23, NECA received 77 referrals from Newcastle residents, a decrease from the previous year in which there were 125 referrals. In 2022/23, the main source of referrals was via the helpline, and 68% (approximately two in three) of those accessing the service were male. The most common age range was 26-35 years, followed by 36-45 and 18-25 years, with the majority (84%) of service users identifying as White British.

Data is collated on service user's first, second and third priority when accessing the service. The most common first priority (primary reason for accessing the service) in 2022/23 was 'casino (slots) – online. This data matches up with Figure 11, which highlights the largest GGY in Great Britain in 2021/22 was from 'Casino (remote)'. Of the 77 service users accessing NECA in 2022/23, 26 cited at least two priorities with the service, and six service users cited three priorities.

NHS Northern Gambling Service

Anyone in Newcastle can access the NHS Gambling Service, which has recently relocated to Newcastle in April 2023. This service includes psychologists, therapists, psychiatrists and mental health nurses who work to deliver specialist addiction therapy and recovery to those affected by gambling addiction.

In 2022/23, there were 16 referrals into this service who resided in a Newcastle-based postcode. The low referral numbers may be reflective of the previous location of this service (Sunderland), in addition to the presence of NECA within the city. NECA are more likely to deal with low-level gambling concerns than the NHS service.

Of the 16 referrals, the majority were males. The most common age group for those referred into the service was 21-30 years, however referrals were spread across all age categories from 16-60 years. Byker was the most common ward in which those who were referred to the service would reside.

Gamblers Anonymous Mutual Aid

Gamblers Anonymous runs local support groups that use the same 12-step approach to recovery from addiction as Alcoholics Anonymous. There are currently 3 gamblers anonymous sessions held on a weekly basis in Newcastle.

FINDING SUPPORT

The services highlighted above are available for all people in Newcastle, however service users raised issues with ease of access. They agreed that it was difficult for their partners/family members (with gambling problems) to find appropriate support

"It's not easy to find online. It is mainly forums of people giving opinions, not facts. The NHS website is so vague and very matter of fact."

"My husband won't go on calls like these. He will only do one-to-one"

Partner/family support

The service users who provided data for this report were accessing NECA's Affected Others gambling group, an online call with a gambling practitioner aimed at providing support and advice for those affected by a loved one's gambling problem. Service users provided positive reviews of the group:

"I found this by chance, and it's the best thing I've ever done."

Outside of the group, there appeared to be a lack of services for those affected by a loved one's gambling problem. Data highlights a gap in service provision, particularly in relation to advice given to partners/family members:

"Services are not for partners, they're just for the gamblers in question."

"There is no information on how to handle the situation with your partner. As a partner, you have to take on the controlling mother role, and you don't want to do that. There is no one telling you how to do it."

Service users highlighted the need for services to offer a holistic approach, targeting both the gambler and others affected by their gambling:

"If public health are going to put money into gambling, it needs to be a holistic approach. If you're only going to put money into the gambler, you may as well give us [partners/family members] a designer handbag."

What More Can Be Done?

Whilst the number of service users who attended the Affected Others gambling group was small, they provide valuable insight into possible methods of reducing gambling related harms in the city. Early intervention, particularly around education of children and young people, was highlighted as important.

"We need to get younger ones in before it becomes a problem."

"People are at their final straw by the time that they access services. We need to take away the stigma and get help before it gets too bad. People need to understand that they have a problem sooner."

In addition to educating individuals about personable gambling experiences, it was recognised that education of professionals, for example practitioners and teachers, would be useful:

"If professionals are aware, they can pick up on the signs and need to know how to help."

"The more people that we have educated, the more people are going to pick up the signs. It needs to be educated that it's [gambling] not uncommon, and they are not alone. It can be anyone."

As highlighted previously, the stigma associated with gambling can negatively affect the wellbeing of gamblers, and can act as a barrier to speaking help and accessing services. Service users suggested that videos of people with lived experiences, from a range of backgrounds, would be useful to educate others about gambling addiction and normalise accessing support services:

“We need clips of lived experiences on websites.”

“Tell people that its just as bad as every other addiction and its not bad to seek help.”

Furthermore, a clear point raised by service users was the lack of multiple-addiction services in the city. Gambling addiction was thought be closely linked with other addictions, such as alcohol or drugs, yet there was a clear gap in free service provision:

“There is not a service available for multiple addictions, unless you are paying for rehab.”

Conclusion

Nationally, overall gambling rates have decreased over the last 2 years and are yet to recover to pre-pandemic levels. When broken down by gambling type, in-person gambling is decreasing in popularity whilst online forms of gambling are increasing. The harms from online gambling may be greater, or are likely to occur more often, than those from in-person gambling. Both adults and young people gamble, and gambling rates are higher in the North East of England compared to other regions. The number of licensed gambling premises in Newcastle has decreased over time and is continuing to decline each year. This trend is also reflected in national data. Within Newcastle, a large proportion of the licensed premises are concentrated within the city centre and areas of higher deprivation.

Nationally, gambling is most commonly seen amongst males aged 45-64 years. Gamblers can be classified as low-risk, moderate-risk or problem gamblers, and problem gambling is associated with alcohol consumption, deprivation and poorer mental health. Additionally, the lives of those close to someone who gambles can be negatively impacted by the habit.

Education, particularly amongst young people and professionals (practitioners, teachers, etc.), is important in reducing the stigma associated with problem gambling and promoting early intervention. Gambling services need to be made more accessible, for both gamblers and those affected by their gambling habits, and cater for multiple addictions.

GAP ANALYSIS

1. Local prevalence - National data shows prevalence rates of gambling, trends over time and demographics of those most likely to gamble. Whilst this data can be applied to the Newcastle population, it is noted that the city's demographics are substantially different to those nationally. As a result, accurate figures for the prevalence of gambling in Newcastle cannot be given. Given the rise in popularity of online gambling, city-level data and an understanding of local-level harms linked to gambling is increasingly difficult to obtain.
2. Problem gambling rates across the city - Intelligence gaps are evident around the profile of gamblers across the city, particularly those classified as moderate-risk or problem gamblers. This is especially important for Newcastle given higher rates of deprivation and substance than the national average, both of which are known risk factors for problem gambling.
3. Reasons underpinning local gambling rates - Whilst the North East has the highest rates of gambling across England, Newcastle has the lowest rates within the North East. The reasons underpinning this data are a clear intelligence gap.
4. The relationship between gambling and those recovering from drug and alcohol addictions are unknown, both nationally and locally. This will inform the potential need for multiple-addiction services.

5. Local initiatives – The public health team lack of data around the impacts, scale and reach of current gambling prevention measures in the city. Whilst a small number of Newcastle residents are accessing gambling services, the data does not highlight levels of unmet need in the city or possible barriers to accessing the services.
6. Links with criminality – the relationship between problem gambling and crime is not understood at a local level. Additionally, there is an intelligence gap around links to organised criminality and gambling (e.g. money laundering).

RECOMMENDATIONS

1. Work with gambling treatment services to identify the profile of gamblers, particularly problem gamblers across the city. This data can inform targeted work, delivery planning and funding.
2. Understand the scale and harms of online gambling across the city.
3. Develop a clear pathway for those impacted by gambling, both personally and through a loved one, to seek adequate support. Work towards reducing the stigma associated with gambling and accessing support services.
4. Educate and inform organisations and individuals on the harms associated with gambling. Train practitioners to recognise the signs of problematic gambling and ensure they are equipped to signpost and help appropriately.
5. Work with local drug and alcohol treatment services to better understand, identify and combat the use of gambling alongside substance misuse recovery.
6. Increase awareness of the impact of gambling through communication campaigns.
7. Collaborate in partnership across the region to ensure a training and awareness package is developed.
8. Support the work of the regional gambling harms network and continue to build relationships with other areas to learn and share good practice.
9. Share needs assessment with Northumbria Police, with the aim of obtaining a better understanding of the links between crime and gambling.
10. Use learning from the newly released gambling white paper - High stakes: gambling reform for the digital age – to develop delivery planning.