

GambleAware[®]

Gambling regulation and reducing gambling related harm

LGA conference, 10 February 2021

Research update

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Today's presentation

1. About GambleAware: organisation objectives and core areas of activity
2. Measuring the demand for treatment and support to prevent and reduce gambling harms – approach & methods
3. Key findings from the research – demographics, demand, geography.



1.
About
GambleAware

Charitable objectives

The advancement of education aimed at **preventing gambling harms** for the benefit of the public in Great Britain, in particular **young people and those who are most vulnerable**, by carrying out research, by providing advice and information, by raising awareness, and by making grants.

Working to keep people in Great Britain safe from gambling harms through the application of a public health model based on **three levels of prevention**: primary - universal promotion of a safer environment; secondary – selective intervention for those who may be 'at risk'; and, tertiary – direct support for those directly or indirectly affected by gambling disorder, by carrying out research, by providing advice and information, by raising awareness, and by making grants for the provision of effective treatment, interventions and support.

Three levels of prevention

- **Universal – promotion of a safer environment**
We produce public health campaigns on a national scale to support local services and to lead on awareness and behaviour change campaigns, such as **Bet Regret**
- **Secondary – selective intervention for those who may be ‘at risk’**
We commission organisations such as **Citizens Advice** to train debt advisers and other frontline workers across GB; and agencies such as **Parent Zone** to develop resources for teachers, parents and carers
- **Tertiary – direct support for those directly or indirectly affected by gambling disorder**
We commission treatment services in the context of a whole system approach to reducing and preventing gambling harms (partnerships and collaboration across the statutory, voluntary & private sectors)
- **Evidence based** – supported by research and evaluation and other sources of knowledge including lived experiences of gambling harms

Help and support

- Advice and information for gamblers, friends and family
<https://www.begambleaware.org/>
- National Gambling Help Line: free, confidential, 24 hours
0800 8020 133
- Research Library, resources and tools for professionals
<https://www.begambleaware.org/for-professionals>



**2.
Measuring
demand for
treatment &
support**

Gambling Harms

- *Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.*
- *These harms are diverse, affecting **resources, relationships and health**, and may reflect an interplay between individual, family and community processes.*
- *The harmful effects from gambling may be short-lived but can persist, having longer term and enduring consequences that can exacerbate existing inequalities.*

Measuring gambling-related harms, A framework for action

<https://www.begambleaware.org/sites/default/files/2020-12/measuring-gambling-related-harms-10-july-2018.pdf>

Gambling Harms

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Tools: The Problem Gambling Severity Index (PGSI)

- 1 Have you bet more than you could really afford to lose?
- 2 Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
- 3 When you gambled, did you go back another day to try to win back the money you lost?
- 4 Have you borrowed money or sold anything to get money to gamble?
- 5 Have you felt that you might have a problem with gambling?
- 6 Has gambling caused you any health problems, including stress or anxiety?
- 7 Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- 8 Has your gambling caused any financial problems for you or your household?
- 9 Have you felt guilty about the way you gamble or what happens when you gamble?



3.
**Key research
findings**

Treatment Needs & Gap Analysis research

Previous research provided data on numbers of people experiencing gambling harms within the general population

- But little (if any) research on the size and characteristics of those seeking, accessing or needing treatment and support for gambling harms
- Very little research on 'affected others' – impacts on them and their need for treatment and support

In 2018, GambleAware commissioned a programme of studies to:

- Review the current need for, demand and use of gambling treatment and support in Great Britain
- Identify the barriers and facilitators for people in accessing treatment and support

Key findings

Based on an online survey of 12,000 adults across GB, during September to November 2019

<https://www.begambleaware.org/sites/default/files/2020-12/treatment-needs-and-gap-analysis-in-great-britain-a-synthesis-of-findings1.pdf>

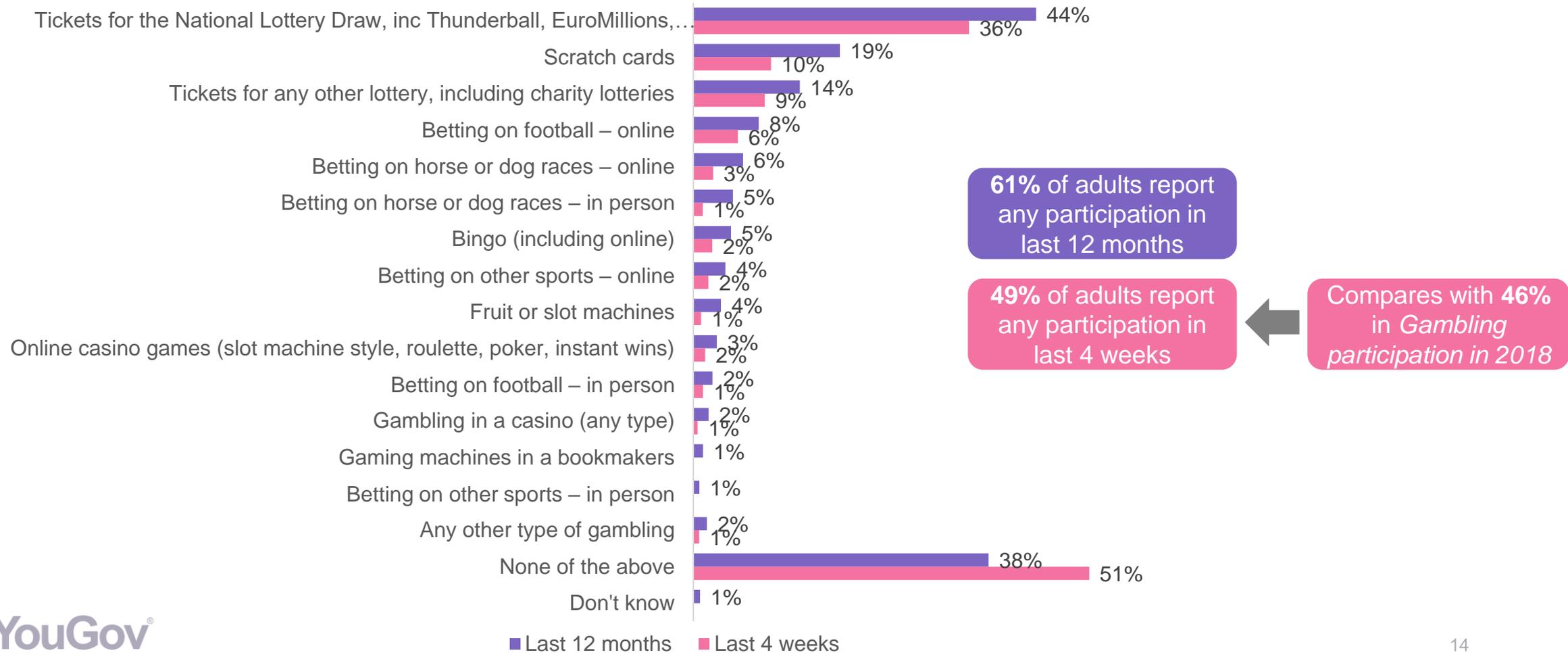
With secondary data analysis to investigate gambling harms and engagement with treatment and support amongst women

<https://www.begambleaware.org/sites/default/files/2020-12/women-in-focus-report.pdf>

And within minority ethnic communities

<https://www.begambleaware.org/sites/default/files/2020-12/2020-12-09-gambling-among-adults-from-black-asian-and-minority-ethnic-communities-report.pdf>

Gambling participation recorded in the survey is roughly in line with national stats



Headline findings

- **Men, younger adults (aged 18-34), adults from BAME communities and from lower socioeconomic background** were more likely to be classified as gamblers with some level of harm (PGSI 1+)
- **The proportion of all gamblers (PGSI 1+)** across Great Britain **using any type of treatment and support** is 17%, although this increases to 54% for those who are PGSI 8+
- **Lack of awareness and/or reluctance to admit problematic behaviour** was a particularly salient **barrier**, often associated with the **stigma** attached to gambling problems and seeking treatment and support.
- **Sociodemographic differences** in reported barriers also highlighted a concern that **the needs of specific groups** (e.g. women, BAME and people from lower socioeconomic background) are not adequately met.
- **A significant number of people across Britain identified as an affected other** with women, people from BAME communities and from a lower socioeconomic background being affected the most. A significant number of affected others also reported experiencing gambling harms themselves (PGSI 1+).

Secondary data analysis

Women (*N.B. SUB GROUPS*)

- **10% of women** scored one or higher on the PGSI scale, lower than the proportion of men (17%)
- For female gamblers, PGSI score of 1+, there is a **strong relationship between age, ethnic background and lower social grade** and levels of gambling harm.
- **35% of female gamblers** experiencing high levels of harm from gambling (a PGSI score of 8+) were from a BAME background compared with the broader female sample (12%)

Minority ethnic communities 20% of adults from BAME communities scored one or higher on the PGSI scale, compared with **12% of white adults**

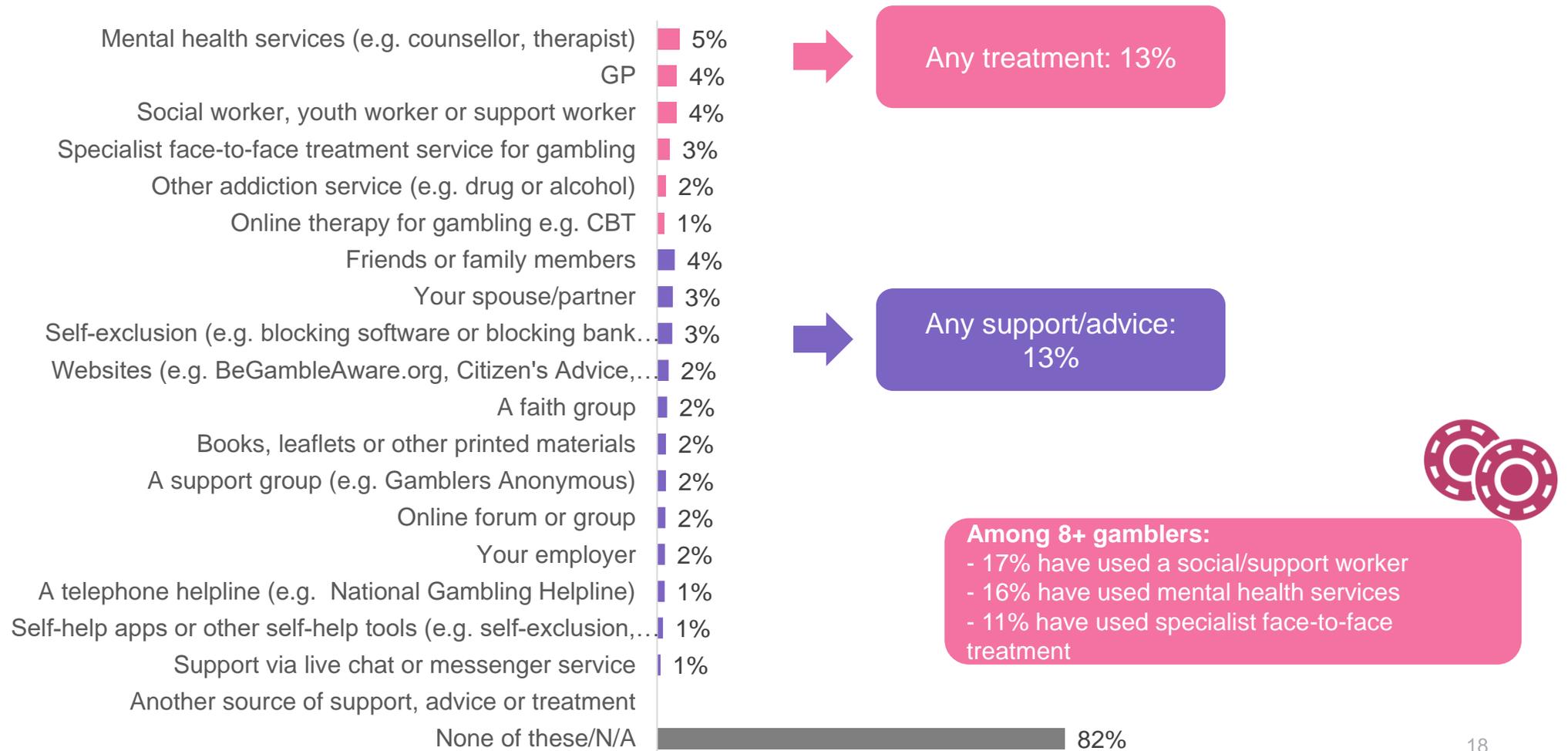
- **Higher reported demand for and usage of treatment and support** among gamblers from BAME communities in comparison to their white counterparts (31% vs. 15%)

Use of treatment, advice and support

17% of 1+ gamblers have used treatment, support or advice in the last 12 months. Treatment in particular is mainly used by those with a score of 8+.

	<i>% of total population</i>	All 1+ gamblers	Score 1-2	Score 3-7	Score 8+
Used any treatment	2%	12%	2%	9%	43%
Used any support/advice	2%	13%	2%	14%	39%
Used any treatment/ support/advice	2%	17%	3%	17%	54%
Have not used any	98%	83%	97%	83%	46%

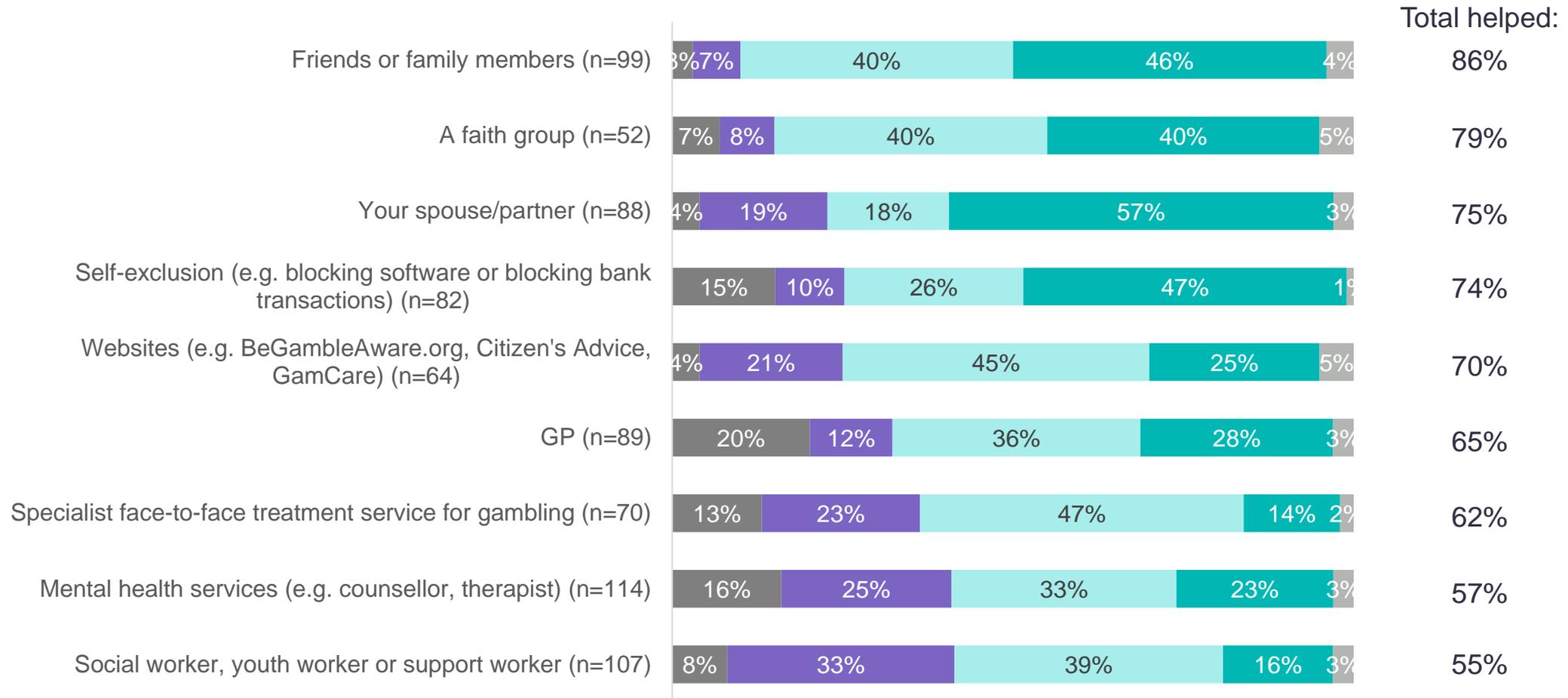
Among individual sources, mental health services have most commonly been approached for treatment, and friends/ family for support/ advice



Gamblers who sought treatment/support were most often prompted to do so by their own concerns, followed by recognition of financial impacts

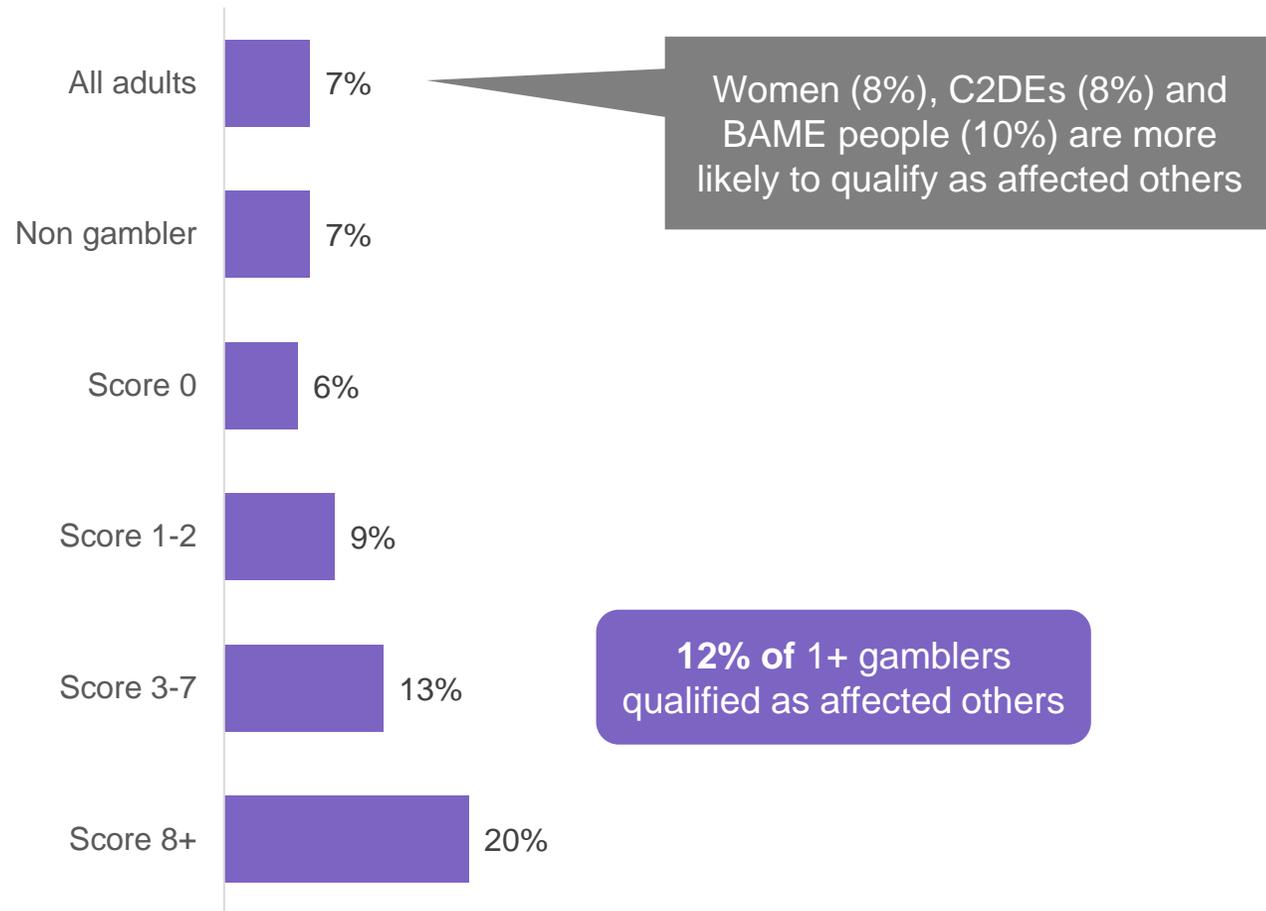


Most sources had a positive impact for a majority of those using them, but generally the formal treatment sources have lower ratings

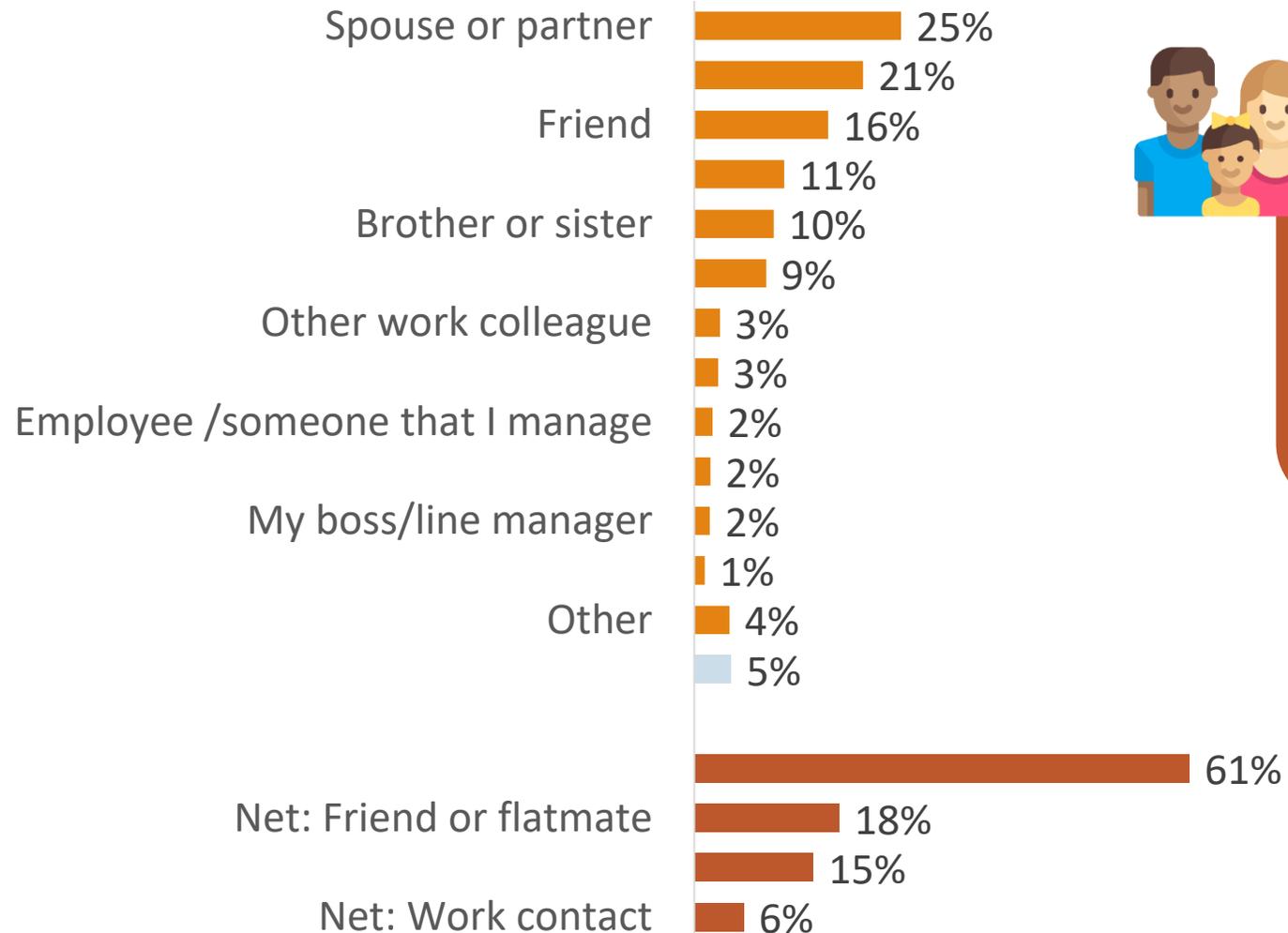


7% of the population qualify as 'affected others'. This proportion increases with PGSI score, showing the inter-relationship between gamblers and affected others.

Proportion qualifying as affected others



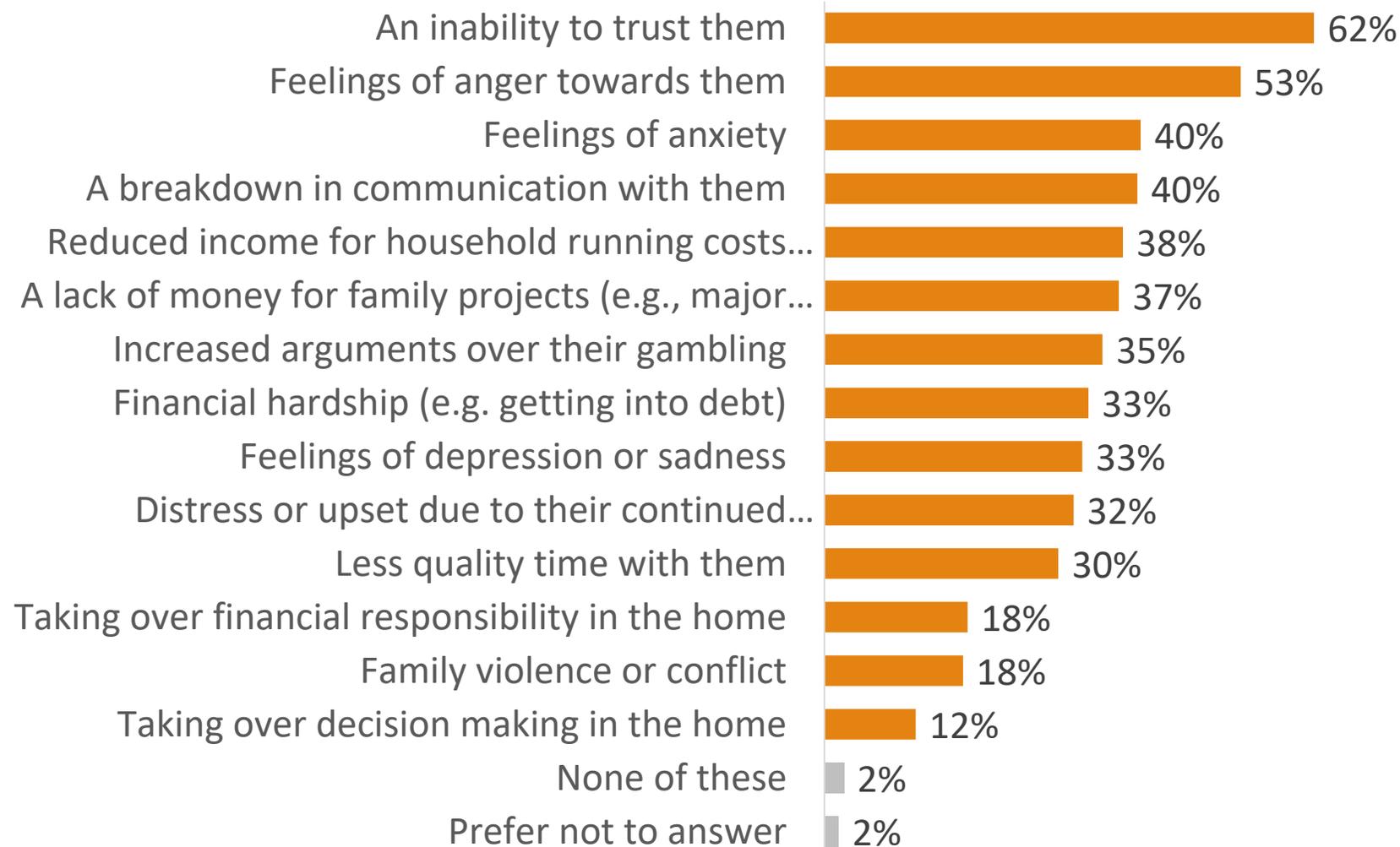
Affected others are most likely to be negatively affected by a gambling problem of someone in their immediate family



Women are more likely to be negatively affected by someone in their immediate family (71% vs. 44%), and particularly more likely to be affected by a spouse/partner (35% vs. 9%).

Men are more likely to be affected by a work contact (11% vs. 3%), or friend or flatmate (33% vs. 9%).

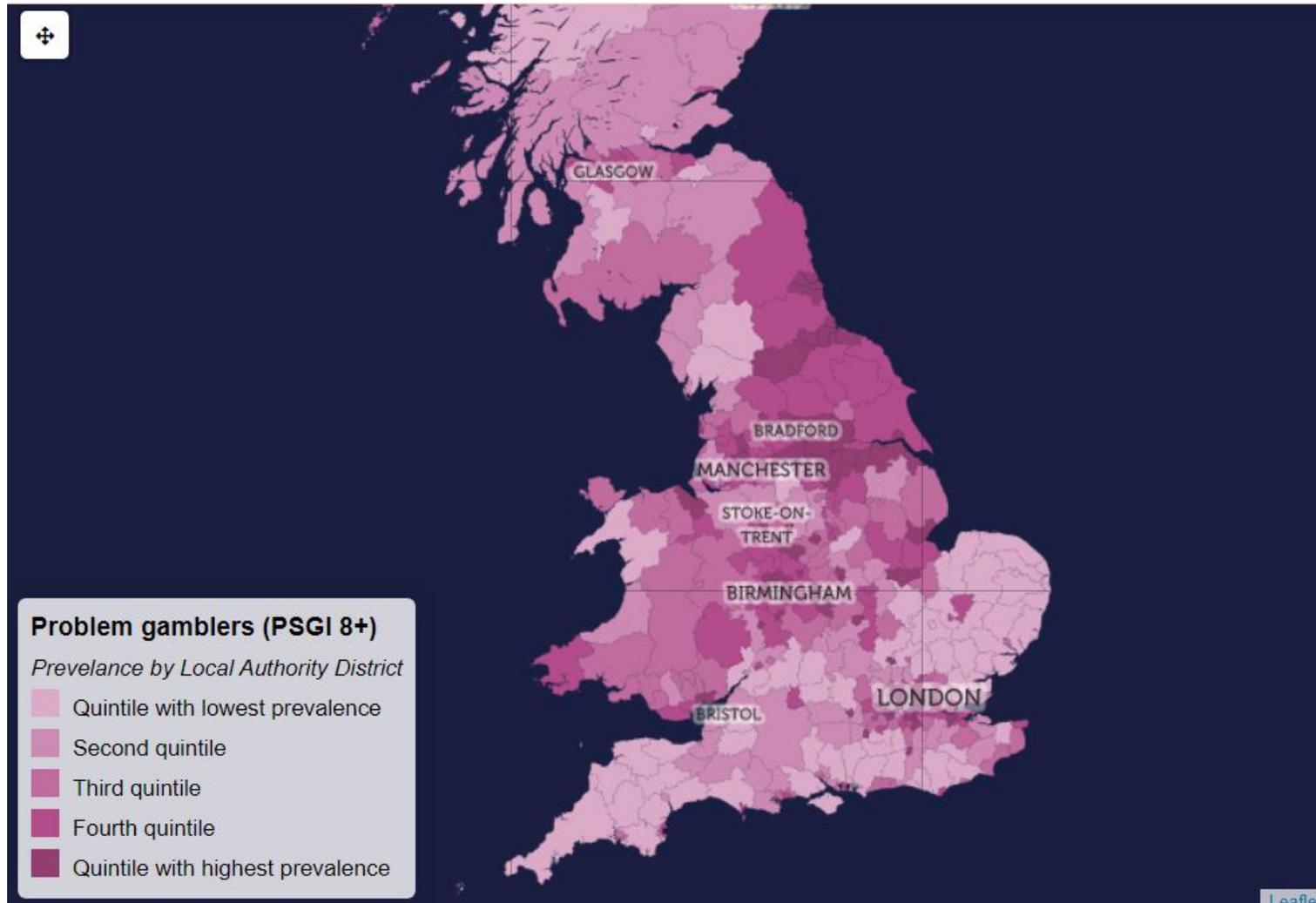
Negative Impacts experienced by an Affected Other



Women, who are more likely to be affected by a spouse or partner's gambling, are more likely than men to report experiencing almost all of these

Young people aged 18-24, who are more likely to be affected by their parent's gambling problem, are more likely to say they spend less quality time with someone as a result of their gambling (41% vs. 30% average)

Mapping gambling severity across GB



<https://www.begambleaware.org/mapping-problem-gambling-severity>

Thank You

www.begambleaware.org/

www.begambleaware.org/for-professionals

