

# Gambling-Related Harms Health Needs Assessment 2025

DARLINGTON BOROUGH COUNCIL (DBC)

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## 1. Introduction

It is estimated that 0.4% of people in England are experiencing harm from problem-gambling, and a further 3.8% are at moderate risk of harm (1). Gambling related harms (GRH) are complex. Financial difficulties and severe debt often lead to interconnected mental health, emotional, relationship and employment-related harms. These harms are wide-reaching, and can affect the sufferer's family, friends, employers and colleagues, and result in legacy harm to both children and communities. These people are referred to as affected others. Gambling harm can be so severe that some sufferers take their own life, with between 117 and 496 suicides a year thought to be gambling-related in England (2). The wider economic and societal costs of gambling related harms are staggering, with the combined annual cost to the UK government and society estimated to be between £1.05 and £1.77 billion (3). This is in the context of a booming British gambling industry, which had a Gross Gambling Yield in 2023-2024 of £15.6 billion (3). Effectively preventing GRH will require a similar public health approach to that taken with the tobacco and alcohol industries (4), needing both stronger national legislation and local innovation to counter the powerful tactics used by the gambling industry to promote their interests.

### Terminology and definitions

Gambling is addictive (5), and gambling addiction (sometimes called gambling disorder, or pathological gambling) is now classified clinically alongside substance addictions in the International Classification of Diseases 11 (6). In research, gambling behaviour is often categorised using the Problem Gambling Severity Index (PGSI) (7). This tool stratifies people according to the level of harm or risk of harm suffered, with a score of 3-7 suggesting that someone is at moderate risk of harm, and 8+ suggesting that the individual is experiencing harms from gambling. Stigmatising terms such as 'problem gambler' shift the blame for harms away from industries which supply harmful products and onto individuals, and should be avoided (8). In this report the term gambling disorder is preferentially used, and 'problem gambling' is used when referring to the results of studies which have used the PGSI.

### Gambling-Related Harms

A comprehensive evidence review examining GRH was carried out by Public Health England in 2021 (1). Both quantitative studies (where numerical data is collected and analysed using statistics) and qualitative studies (where non-numerical data is collected which helps us to understand the 'why' and 'how' questions) were examined. This section briefly summarises the key findings of that review, with some references to noteworthy individual studies provided.

#### **Health**

People with gambling disorder are more likely to die than the general population from any cause, and they have a substantially increased risk of death from suicide (1). One high-quality study

conducted in Sweden found those aged 20-74 years old with gambling disorder had a 1.8-fold increase in mortality, and a 15-fold increase in suicide mortality compared to the general population (9). Gambling disorder causes severe psychological and emotional harm, with qualitative studies repeatedly showing it can lead to depression and anxiety. Fear, stress, emotional breakdown and despair, as well as feelings of guilt, shame, loss of self-esteem, and loneliness are frequently experienced by people with gambling disorder. Sleep problems, and self-neglect have also been reported. Quantitative studies have not consistently found a clear causal relationship between gambling and harmful use of alcohol, tobacco or drugs, likely due to the complexity of the interaction (1).

### **Financial**

Severe financial difficulty and debt are the most prominent financial harms of gambling disorder, including the use of 'kite flying'<sup>1</sup>, payday loans, and loan sharks. This can lead to erosion/exhaustion of savings or pensions, foregoing basic necessities, bankruptcy, and loss of homes/homelessness. Financial harms can be passed on to close relations and family members, who may have to take on additional employment, may be stolen from or exploited for money, or have loans and credit taken out in their names. One high-quality quantitative study in Australia found that for each electronic gaming machine venue which opened in a local area, 1.44 additional personal bankruptcies occurred in that area per year (10).

### **Relationship disruption, conflict or breakdown**

Moderate-risk and problem gambling significantly predicts lower levels of family functioning and support (11), and is associated with an increased risk of intimate partner violence (12). Studies have also highlighted conflict and relationship breakdown between the person who gambles and their intimate partner or family and friends. These relationship harms often arise from severe financial difficulty, or dishonesty used to hide gambling behaviour or financial loss.

### **Employment and education**

Qualitative studies have shown that people who gamble lost jobs, and were demoted, or resigned due to gambling. Gambling was an obstacle to employment, and a lack of money to buy food or afford transport was associated with an inability to engage with work. Furthermore, some businesses where people suffering from GRH were employed, experience financial and reputational harm. Children who gamble have reported concentration problems, and GRH can lead to withdrawal from education.

### **Crime**

Qualitative studies have also shown that gambling can lead to crime. People with gambling disorder have reported that their financial difficulty has led them to commit fraud, theft from friends and family, or embezzlement. There is also an association between gambling and

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<sup>1</sup> The use of credit cards to pay off other credit cards.

violence. One large study of UK men found that problem gambling was associated with increased violence, including the use of weapons and perpetration of intimate partner violence (13).

### **Affected others and societal harms**

Qualitative studies have reported emotional, verbal, physical and financial abuse of the intimate partners of gamblers. In addition, children can be exposed to family arguments, family breakdown, and neglect. Gamblers and their families can also experience social isolation, exclusion and stigmatisation.

### **Risk factors, Vulnerable groups and Inequalities**

The 2021 Public Health England Gambling Harms review found those engaging in higher risk or harmful gambling in England were typically male and in younger age groups (1). There is also evidence to suggest that the following groups are particularly vulnerable to GRH:

- People who are unemployed
- People living in more deprived areas
- People with substance use issues
- Migrants
- Homeless people
- People with learning difficulties
- For children and young people impulsivity, substance use, being male, and having depression are risk factors for harmful gambling.

### **Children and young people**

In 2024, just over a quarter of 11 - 17 year olds surveyed by the Gambling Commission had spent their own money on gambling in the previous 3 months, most commonly playing arcade game machines, or placing bets/playing cards with family or friends (14). 1.5% of 11-18 years olds surveyed were experiencing problem gambling, and 1.9% were experiencing 'at-risk' gambling. There has also been increasing concern about the inclusion of gambling-like products in children's games. Although not legally considered a gambling product, loot boxes and similar products such as FIFA packs, encourage gambling-like behaviour, and are now ubiquitous in online gaming and mobile phone game apps (15). Worryingly, there is evidence to suggest that engagement with loot boxes is associated with the development of gambling disorder (16) (17).

## Legislative Background

The Gambling Act 2005 (sometimes referred to as the Act in the remainder of this report), regulates gambling in the UK (18). The Act regulates both land-based and remote/online gambling, and mandates that licensing authorities must **aim to permit gambling**, whilst ensuring that just three licencing objectives are met (Figure 1). It also established the Gambling Commission, which grants operator licences to gambling businesses, and acts as the primary regulator for the gambling sector at the national and regional level. District councils and unitary authorities act as licencing authorities for individual premises, and are responsible for issuing, reviewing and revoking licences, setting the local approach to gambling through a statement of principles, and local enforcement activities (Box 1).

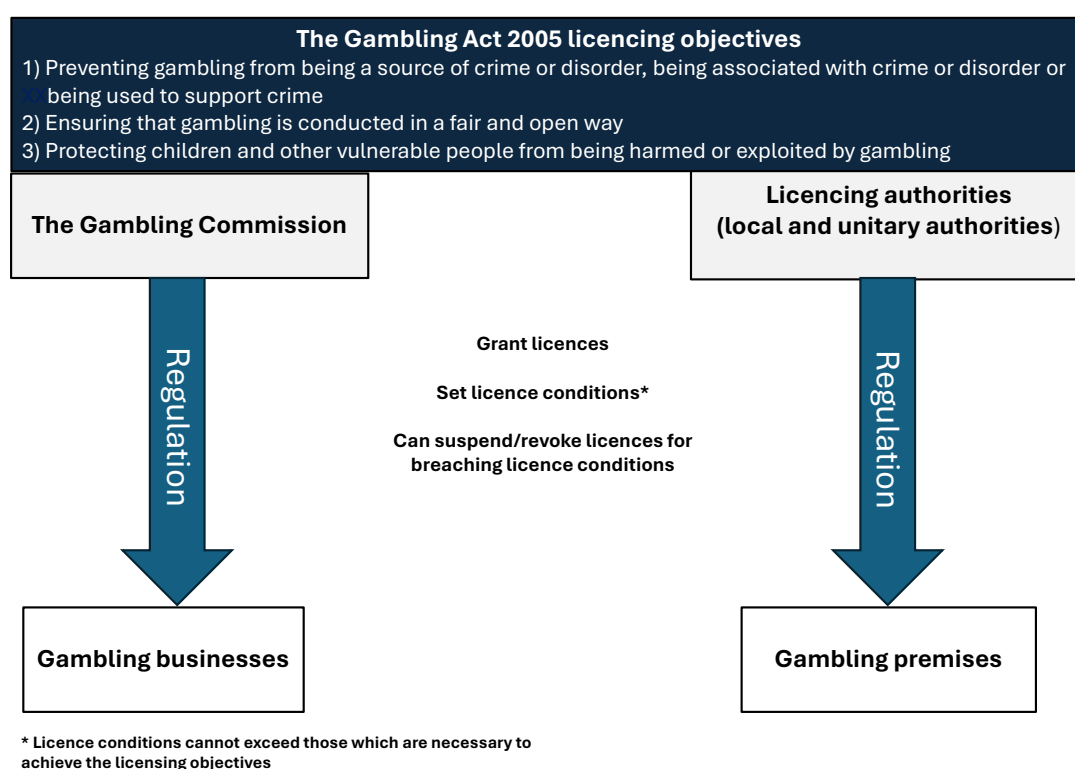


Figure 1. Regulation of gambling in the UK.

### Box 1: Licensing authority tools to regulate gambling access

- **Statement of principles:** Outlines the local authorities' approach to gambling, and should define vulnerable groups and high risk zones.
- **Local area profile:** Maps local 'high risk zones' or 'Gambling Vulnerability Zones' due to proximity to at-risk groups.
- **Cumulative impact assessment (CIAs):** Can be used as part of a Local Plan to deny planning permission to a new gambling premises where there is already an over-concentration (see below). They may soon be legally supported for use in the premises licencing process.
- **Local Plan:** Can be used to define the concentration of gambling premises deemed appropriate in an area using a CIA approach.

## Commercial Context

### Marketing and Advertising

The gambling industry spends £1.5 billion a year on advertising in the UK (19). The pervasive nature of gambling advertising on radio, television and online means that vulnerable groups are constantly exposed to messaging which encourages gambling behaviour, and these marketing campaigns are particularly effective at encouraging people with gambling disorder to gamble (20). The current regulations in place to protect children from marketing are failing. In the 2024 annual Young People and Gambling Survey, 62% of school children reported seeing gambling advertisements online, and 64% offline (14). Industry-led initiatives such as the whistle-to-whistle ban during live televised sporting events, or industry safer gambling adverts are at best ineffective (21), and at worst actively encourage gambling behaviour (22).

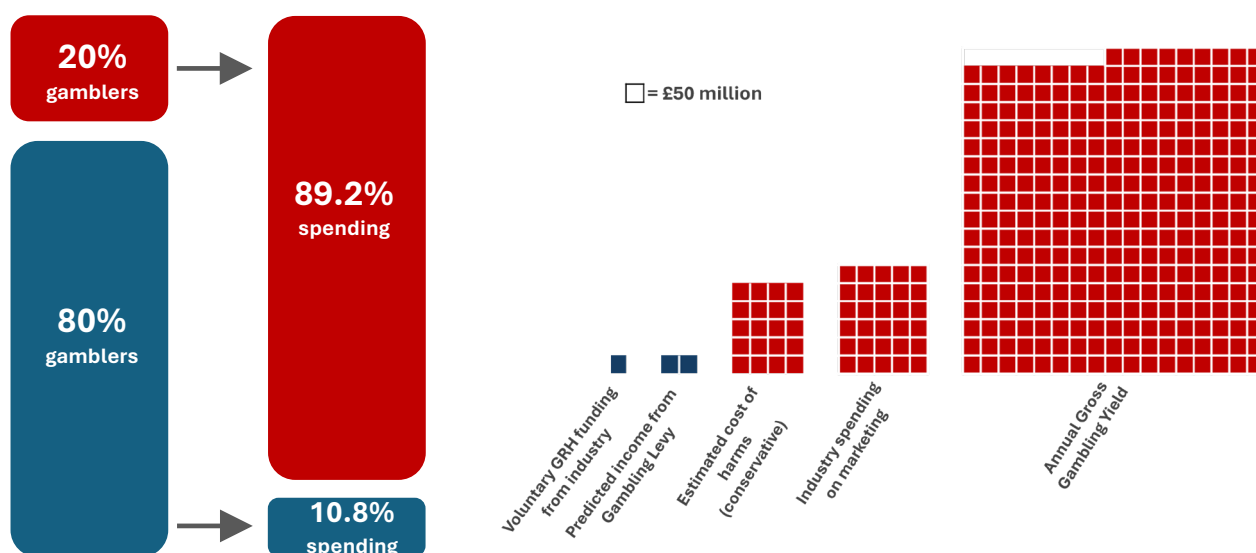
### Online Gambling and Game design

There has been a significant and ongoing shift in recent years away from land-based gambling, and into online gambling. The development of a large online industry has made it possible for almost anyone who has a smartphone to gamble anywhere, at any time. In the 2023 Gambling Survey for Great Britain, 37% of people had gambled online compared to 29% in person (23). Those who gambled online tended to be younger, and were five times more likely to have a PGSI score of 8+ (indicating problem gambling). Online games are designed to be rapid and intensive to maximise their addictive nature, and online casino or slot games in particular are associated with a high level of harm (24). Both gambling legislation and regulation have failed to keep pace with changes in the commercial landscape, leaving the gambling industry free to design increasingly addictive and harmful products. In response, in 2023 the government published a policy paper, *High stakes: gambling reform for the digital age* (25), but the recommendations from this paper are only just now working their way into law.

### The Industry Playbook

Gambling companies profit directly from gambler's losses, and multiple studies suggest that most industry income is derived from a small number of individuals (26) (27) (28) (29) (Figure 2). Therefore, the gambling industry has a vested interest in maintaining the engagement of people who gamble in high volume. It uses many of the tactics used by both the tobacco and alcohol industry to control public and professional framing of gambling-related harm, and subvert public health interventions (30). Industry funded organisations often claim to work to reduce GRH, but they tend to maintain focus on 'problem individuals' rather than 'problem industry', directing attention away from effective population-level interventions.

The industry also widely publicises its voluntary contributions to gambling disorder treatment and GRH. These sums (on average roughly £43 million a year between 2020-2024 (31)), are derisory when compared to the annual cost of GRH to the economy and society (upwards of £1 billion, Figure 2). The newly introduced mandatory gambling levy is predicted to raise £100 million annually to combat GRH (32), however, this levy will not raise anywhere near the amount of money that GRH costs society, and is dwarfed by an annual industry yield of £15 billion (Figure 3).

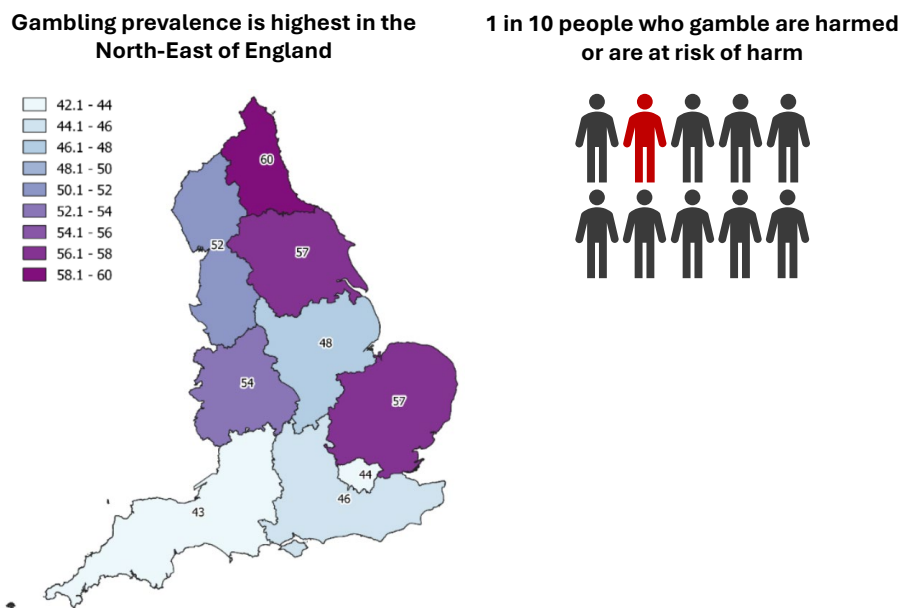


**Figure 2. The Commercial Context. Left, pictogram of spending distribution of online gamblers in UK as found in a UK study (27). Right, comparisons of annual industry spending. Blue = industry-derived funding to reduce GRH. Red = industry harms and annual gambling yield.**

### Levels of National and Regional Gambling-related Harm

The Gambling Commissions’ 2023 Gambling Survey found that 63% of male respondents and 58% of female respondents in Great Britain had gambled in the last 12 months. Just over 10% of people who had gambled in the 12 months prior to the survey were either at moderate-risk of GRH, or currently experiencing problem gambling. Population estimates for the prevalence of problem gambling overall range from 0.5% to 2.9% (1) (23) (33), with 0.5% thought to be an underestimate.

The North East has the highest overall participation in gambling in England (Figure 3). The North East is also thought to have the highest prevalence of moderate-risk gamblers, estimated to be 1.3% of the adult population (1). To the best of our knowledge, there is currently no publicly available, high-quality data which estimates the prevalence of participation in online gambling, problem gambling, or quantifies the extent of GRH in the North East. However, lived experience testimony collected as part of the 2024 Association of Directors of Public Health (ADPH) North East gambling-related harms regional health needs assessment (HNA), has demonstrated extensive unmet regional need (34).



**Figure 3. Gambling in England and the North East. Left, adult gambling prevalence (%) by region in England reproduced from the *Gambling Harms in the North East: Regional Health Needs Assessment* (34). Right, just over 10% of adults who had gambled in the previous 12 months were at moderate risk of harm or experiencing problem gambling (23).**

A comprehensive effort to map land-based gambling premises was also undertaken as part of the North East regional HNA. In May 2024, there were 375 open gambling premises, which clustered in areas of higher deprivation (34). This number does not include places where you can purchase scratch cards or gaming machines in other premises such as public houses, so is an underestimate of the number of opportunities for land-based gambling.

### Aims and Objectives of this Health Needs Assessment

This health needs assessment (HNA) aims to estimate the extent of gambling and gambling related harms in Darlington borough, and inform the development of a local, borough-specific approach to reduce these harms. It also aims to raise the profile of GRH locally.

#### Objectives

- Present the available data for gambling access, participation, and GRH in Darlington.
- Identify data gaps.
- Describe local public health interventions to prevent GRH, and services to support those suffering from GRH, in Darlington.
- Provide evidence-based recommendations for local Public Health action.

## 2. Gambling-related harm in Darlington

### Estimated figures from national and regional data

We do not currently have access to good-quality data on the prevalence of problem gambling or GRH in Darlington. However, national and regional statistics (1) can be applied to the Darlington population to estimate the expected need (Table 1). It should be noted that we have used the lowest commonly cited national estimate for problem gambling prevalence in adults (0.5%), and that gambling and risky gambling are more common in the North East compared to the rest of England. This means that the figures below are likely underestimates. The figures are also not age-standardised (where the age distribution of the local population is used to adjust the result), and therefore should not be used in direct comparisons with other regions where data has been adjusted for population age structure. They only serve to demonstrate that there are likely hundreds of people in Darlington Borough at risk of, or experiencing, GRH.

Group	Published statistics	Estimated no. of people
Adults experiencing moderate-risk gambling (PGSI 3-7)	1.3% in the North East (1)	1166
Adults experiencing problem gambling (PGSI 8+)	0.5% nationally (1)	449
Children and young people experiencing problem gambling (11-18 years old)	1.5% nationally (14)	165
Affected others (adults and children)	7% nationally (1)	7874

**Table 1. Conservative estimates of number of people adversely affected by gambling in Darlington borough. Numbers are rounded to the nearest whole number. The total population of Darlington Borough is estimated to be 112,489 people, the adult population (18 years and older) 89,718 people, and the number of people aged 11-18 years old 10,976 (35).**

The industry-funded charity GambleAware uses national survey data applied to local demographic profiles to estimate the rates of problem gambling at local authority level. They estimate that 2.5% of the Darlington borough population suffers from problem gambling, and 4.2% engage in moderate-risk gambling (36). These estimates, which are substantially higher than those used in Table 1, further highlight that the presented numbers are likely underestimates. GambleAware also estimate that the cost of GRH in Darlington is currently £2,009,777 annually (36).

### Gambling premises in Darlington

Mapping of gambling premises in Darlington, including scratchcard outlets and lottery terminals, has also recently been undertaken by the ADPH North East Gambling Harms Programme, with the data collection method described in Appendix 1. This found 248 premises with active licences to provide land-based gambling in Darlington borough (Table 2). The vast majority

(61/67) of the gaming machine licences in the borough are held by public houses or bars, whilst convenience stores are the most common location for both scratchcard and lottery terminals (42 out of 80 scratchcard and 41 out of 84 lottery terminals respectively). When machine permits, lottery terminals and scratchcards are excluded, there are 15.1 gambling premises per 100,000 people in Darlington, higher than the national average of 12.9 (37). This places Darlington in the top third of districts and unitary authorities in England for land-based gambling premises per capita.

As is the case nationally, premises cluster in socioeconomically deprived areas, with 66 premises in the most deprived Darlington ward Park East, compared to 5 in the least deprived, Mowden (Figure 4). This pattern persists when scratchcards and lottery terminals are excluded, with 37 premises in Park East, and 3 in Mowden.

Gambling format	No. premises
Adult gaming centre	4
Betting shop	12
Bingo	1
Licenced premises gaming machine permit	67
Lottery terminals	84
Scratchcards	80
<b>Total</b>	<b>248</b>

Table 2. Opportunities for land-based gambling in Darlington borough (number of active licences).

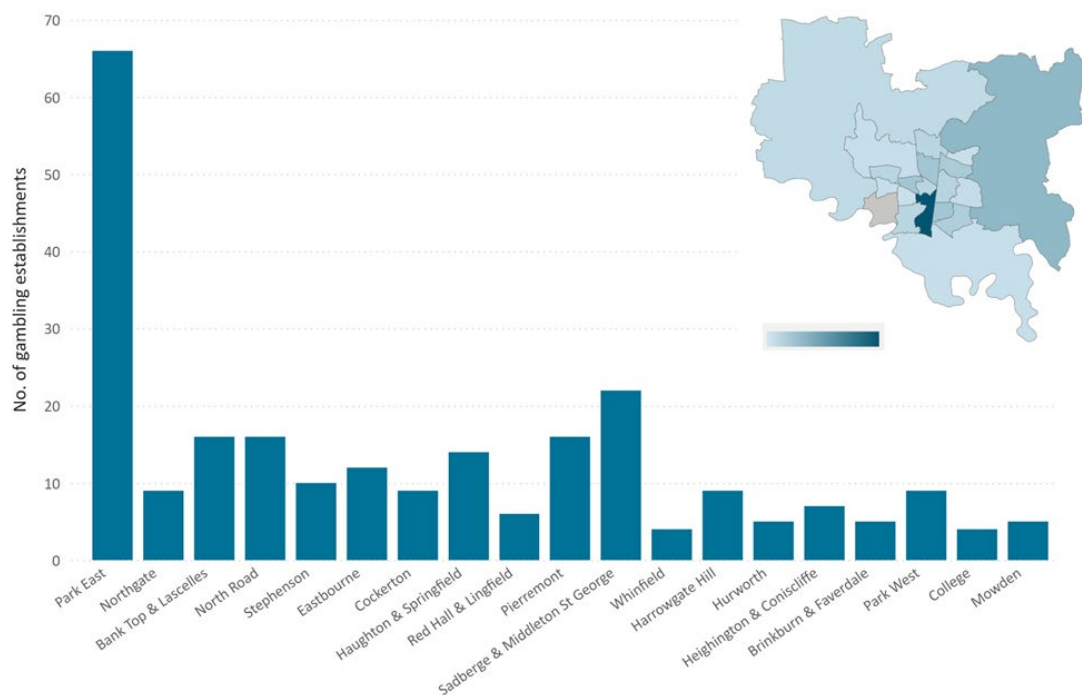
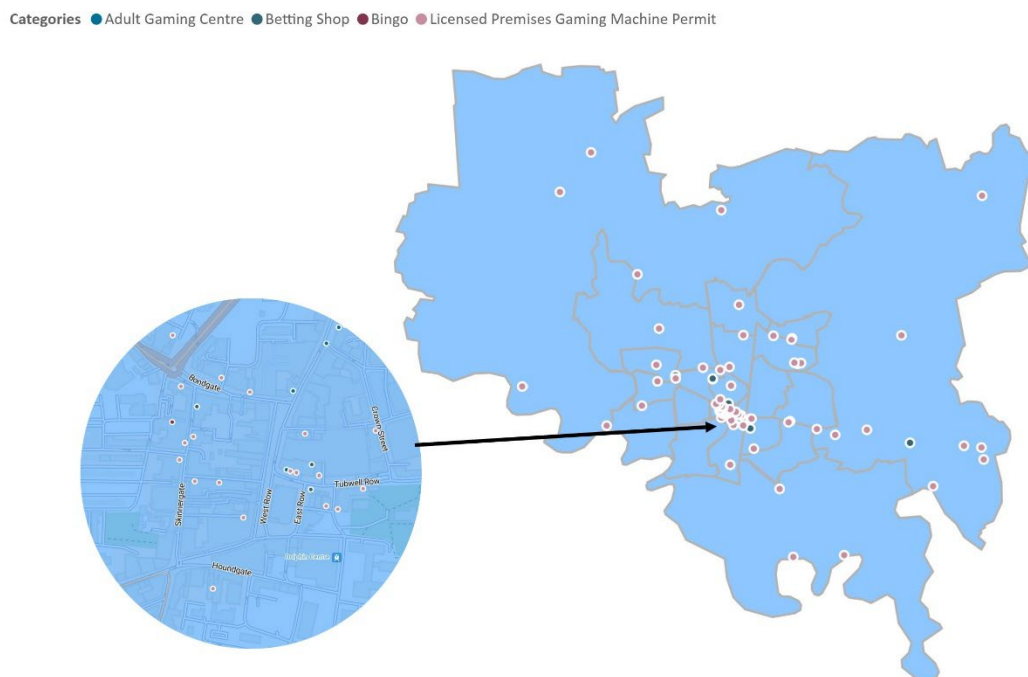


Figure 4. Bar chart showing concentration of premises which provide land-based gambling opportunities in Darlington borough, including scratchcards and lottery terminals. A heat map of concentration of gambling premises divided by ward is overlaid in the top right corner with a colour scale (no. of premises).

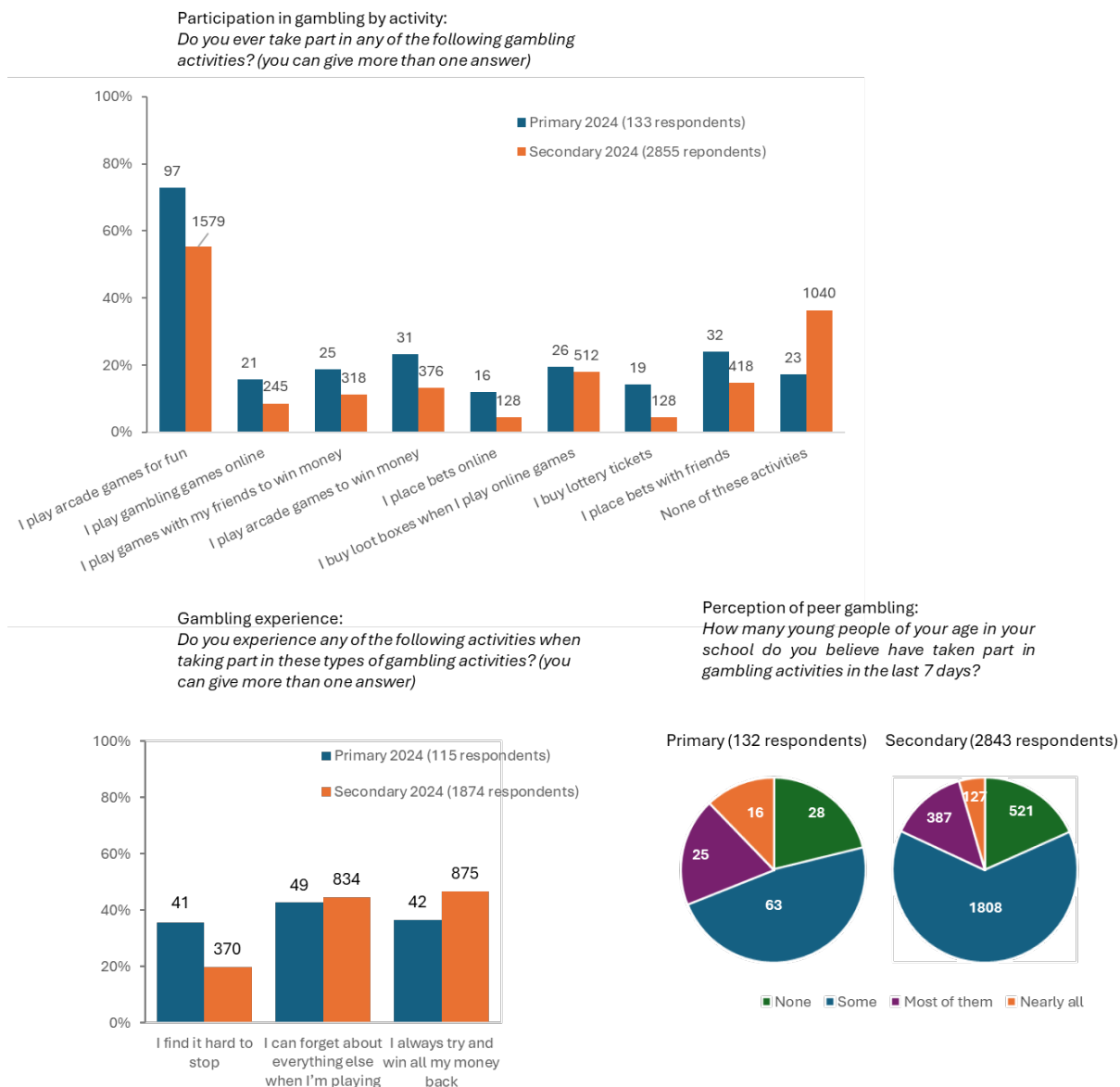
The maps below show the geographical distribution of access to land-based gambling in Darlington (Figure 5). Due to their abundance, scratchcards and lottery terminals have been excluded for clarity. These maps demonstrate clustering of premises around Darlington town center.



**Figure 5. Location of gambling premises in Darlington borough, excluding scratchcards and lottery terminals. The bottom left map shows a magnified view of the town centre.**

### Children and young people

The Healthy Lifestyles Survey collects data from school-aged children and young people in Darlington annually. In 2024, questions on gambling behaviour were included for the first time. Response rates (whether children chose to answer or skip the questions about gambling) were excellent for the 3197 secondary school children surveyed, but poor for the 1482 primary school children surveyed (Figure 6).



**Figure 6. The 2024 Healthy Lives Survey: results from gambling-related questions. Due to the small number of respondents in primary school-aged children, raw data (numbers of children) are provided above bars or within pie segments. The total numbers of respondents is also given.**

Of the activities asked about, arcade games had the highest participation, with 73% of primary and 55% of secondary school aged children reporting playing arcade games for fun. Notably, 18% of secondary school children reported buying loot boxes, 15% placing bets with friends, and 9% reported gambling online. Worryingly, 20% of secondary school students and 36% of the primary school children surveyed indicated that they found it difficult to stop gambling. Thirty one percent of primary school children and 18% of secondary school aged children who responded believed that most or nearly all of their peers had taken part in a gambling activity in the last 7 days. This demonstrates the extent to which gambling participation is normalised amongst children in Darlington.

## Data from voluntary self-exclusion schemes

Voluntary self-exclusion (VSE) schemes will bar an individual from accessing a website or entering a specific gambling premises (or group of premises) for a defined time period. We do not currently have a good understanding of the prevalence of gambling disorder and moderate-risk gambling amongst those enrolled in self-exclusion schemes in the UK, however, the prevalence of pathological gambling amongst land-based exclusions schemes may be as high as between 61- 95% (38). Distinct VSE schemes cover different gambling formats (Box 3). We approached one major online VSE scheme and four major land-based VSE schemes for local data. Two of the four land-based VSE schemes did not respond to requests for data (BACTA and SmartExclusion). Where we received a response, the data are described below.

### Box 2: VSE schemes which provided local data

**GamStop**: provides exclusion from all online gambling websites based in the UK.

**MOSES** (Multi-Operator Self Exclusion Scheme): provides exclusion from bookmakers and betting shops.

**SENSE** (Self Enrolment National Self-Exclusion): provides exclusion from UK casinos.

- MOSES provided data on the number of active exclusions and number of bookmakers/betting shops across DL1-DL3 in September 2025 (Table 3) (39). They were unable to provide borough-specific, or more detailed data. MOSES service users usually exclude from multiple premises, so the number of overall exclusions is likely to be higher than the number of people with exclusions.
- SENSE provided summary data on the number of exclusions in DL1-DL3 between 2016 (month not provided) and August 2022 (Table 3) (40). There are no casinos in Darlington, which is reflected in the small number of people with SENSE exclusions.

Postcode	No. active MOSES exclusions (no. bookmakers/betting shops in postcode)	No. of SENSE exclusions 2016- Aug 2022
DL1	311 (8)	3
DL2	0 (0)	1
DL3	113 (3)	3

**Table 3. Number of people with voluntary self-exclusions by postcode and scheme for land-based gambling.**

- GamStop provided data on the proportion of registrants (those who have ever registered with GamStop for an online exclusion) with their service in the DL postcode area (41). They were unable to provide data specific to Darlington borough local authority boundaries. The DL postcode area has an above-average percentage of GamStop registrants compared to the rest of the UK (1.18% vs 0.88%). DL1 had the highest proportion of registrants of all DL postcodes, at 1.71% of the population. The proportion for DL2 was 0.87%, and for DL3 was 1.06%.

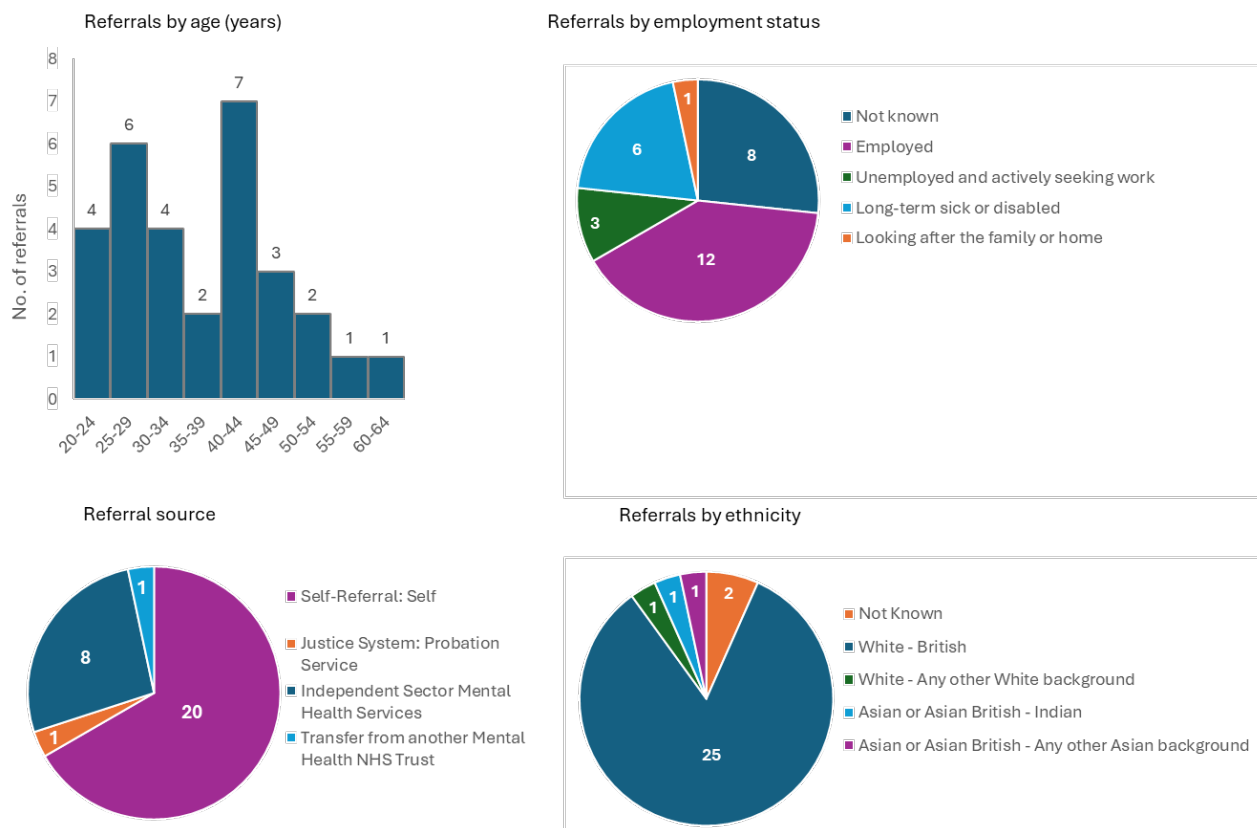
## Data from treatment services

Referrals to regional support services can be used to identify referral trends, and are likely to represent the ‘tip of the iceberg’ in terms of the number of people affected by GRH. They cannot be used as a proxy for prevalence of GRH, but do demonstrate the presence of GRH in the local community. They also allow comparisons between overall predicted need and service access, and importantly can highlight under-representation of disadvantaged populations in service access.

The NHS Northern Gambling treatment service is the specialist clinical service which covers Darlington borough. Darlington referral and demographic data for the years 2019-2023 by financial year, taken from the Gambling Harms North East Regional Health Needs Assessment (34), are shown in Table 4 and Figure 7. It has not been possible to obtain updated demographic data for 2024-2025 due to data anonymisation requirements necessitating the data be suppressed due to small numbers of patients (42). The demographic data shows that the majority of referrals in 2019-2023 were male (25/30), most were self-referrals (20/30), and the majority were for people of white British Ethnicity (25/30).

	2019-20	2020-21	2021-22	2022-23	2023-24
Referrals received	2	3	4	11	10
No. people who accessed service	0	4	2	7	8

**Table 4. The NHS Northern Gambling treatment service: number of referrals and people who accessed treatment from Darlington by financial year.**



**Figure 7. Referral numbers, referral source, and demographic data from the NHS Northern Treatment service for the 2019-2023 financial years. Due to the small number of people represented, all raw data (number of people) is provided above bars or within pie segments.**

NECA, the community treatment provider in the North East, also provides treatment and support for gambling disorder and harms in Darlington borough. They received between 17 and 30 referrals per year for Darlington residents between the 2019/20 and 2023/24 financial years (34). These referrals were predominantly for men of white British ethnicity, aged 25-45 years, who had either been referred via the National Gambling Helpline, or had self-referred (34) (Figure 8). NECA declined to provide detailed data to DBC for the financial year 2024/25, however they did confirm that they received 62 referrals in total between 01/04/24 and 22/09/25 (a roughly 17 month period), 30 of which were self-referrals, and 27 of which were from the National Gambling Helpline (43).



## Data limitations

The lack of up-to-date data on gambling harms in Darlington borough means that accurately estimating the scale of need for prevention and treatment is challenging. At present Darlington borough specific data is not available in the following key areas:

- Gambling participation and prevalence in adults, in particular within vulnerable populations.
- Prevalence of moderate-risk gambling and gambling disorder.
- Prevalence of gambling related harms.
- Geographical distribution of people experiencing gambling disorder and GRH.
- Gambling formats in Darlington most frequently associated with harm to residents.
- Relapse rates after treatment for gambling disorder.
- Number of people who die by suicide each year while suffering from gambling disorder.<sup>2</sup>

As part of the process of developing this HNA two opportunities were provided for those with lived experience of GRH to attend a lived experience forum in Darlington in Autumn 2025, to discuss local experiences. Gamblers Anonymous, NECA, the local drugs and alcohol service (STRIDE), and the charity Recovery Connections (which has strong regional links) were approached to invite their service users to participate, but did not have any individuals come forward. GRH remains highly stigmatised, and it is therefore possible that this was a significant barrier to attendance. As a result, this HNA lacks qualitative insight into the drivers and effects of GRH in Darlington.

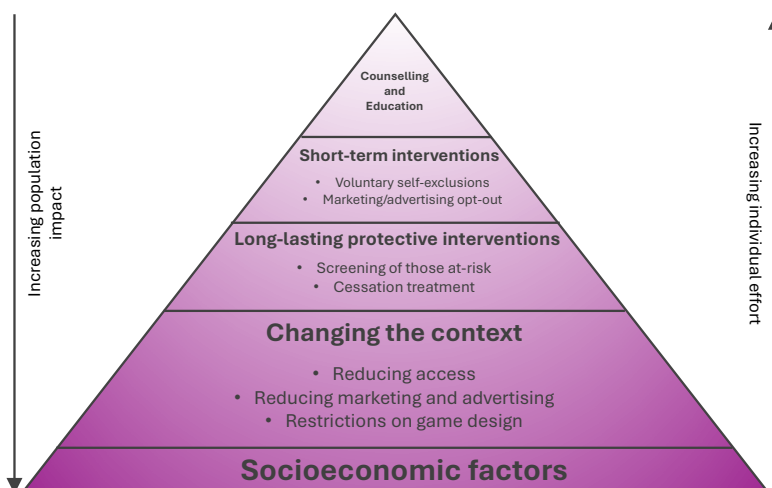
## 3. Interventions to reduce gambling related harms

The recognition of GRH as a public health issue is relatively new, and more evidence is needed to determine which interventions are most effective at preventing harm (45). Therefore, DBC have used a health impact pyramid to structure discussion of interventions<sup>3</sup> (46), shown in Figure 9. This is a well-established public health approach to harm prevention, where interventions are grouped from those predicted to be most effective at a population level (addressing socioeconomic factors), to those which are likely to be least effective (counselling and education).

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<sup>2</sup> It is worth noting here that Darlington's suicide rate is substantially higher than the England average, and higher than the average in the North East (67).

<sup>3</sup> We have substituted the traditional 'clinical interventions' category with a more gambling-appropriate category 'short-term interventions'



**Figure 9. Health impact pyramid of approaches to reducing GRH.**

### Socioeconomic factors

Gambling-related harm is linked to socioeconomic deprivation (47) (48). In England in 2025, gambling premises per 100,000 population were 3 times higher in the most deprived lower-tier local authorities than in the least deprived (18.0 per 100,000 population vs 6.1 respectively) (49). GRH directly perpetuates socioeconomic disadvantage, driving a cycle of deprivation, ongoing vulnerability to GRH, and poor health outcomes. The number of gambling premises per 100,000 population has recently been included in the governments' Wider Determinants of Health Profile<sup>4</sup>, indicating a paradigm shift in the way that GRH is viewed.

### Changing the context

#### Access to land-based gambling

The Gambling Act provides very few safeguards for adults. A small number of mandatory regulations are attached to premises licences, but the inclusion of any substantial regulation is at the discretion of the licencing authority. This means that the local authority can reduce gambling-related harms by:

- i) Declining a premises licence when the premises would likely cause local GRH
- ii) Attaching conditions to a licence which aim to reduce inappropriate access (for example by restricting opening hours).

<sup>4</sup> a government collated set of statistics used to inform plans to improve population health

Unfortunately, efforts to reduce GRH by reducing access have been severely frustrated by the Gambling Acts mandate to **aim to permit gambling**. Licencing authorities can only deny a licence or apply restrictions if demonstrated necessary to meet the licencing objectives (Box 1), one of which is to protect vulnerable people from harm. As vulnerable people are broadly defined by the Gambling Commission (Box 2) this should give licencing authorities sufficient power to deny inappropriate applications as long as they have good-quality local data on the prevalence of GRH, a robust statement of principles defining vulnerable groups, and an up-to-date local area profile which geographically identifies high-risk zones (see Box 1).

### **Box 2: Vulnerable people**

*'(A) dynamic approach to vulnerability is required which means placing a greater focus on vulnerable people, who due to their personal circumstances are especially susceptible to detriment, particularly where a business is not acting with appropriate levels of care.'* (The Gambling Commission's Strategy Plan: 2018 - 2021 (66))

The Gambling Commission states that this includes but is not limited to (64):

- people who spend more money and/or time gambling than they want to
- people who gamble beyond their means
- people who may not be able to make informed or balanced decisions about gambling, for example because of health problems, learning disability, or substance misuse relating to alcohol or drugs.

Local authority planning departments have been similarly limited in their ability to prevent new gambling premises opening (50). Having a Local Plan which includes restrictions on gambling premises concentration can support refusal of inappropriate new planning applications. However, to include such restrictions in the Local Plan, they need to be underpinned by a good evidence base demonstrating local harms (50).

The legislative landscape is currently undergoing significant change, with a trend towards greater protections for people who gamble. The government white paper *High Stakes: Gambling Reform for the Digital Age* recommended the use of Cumulative Impact Assessments (CIAs) when considering licensing applications (25). This would allow authorities to decline applications where there were a large number of gambling premises already clustered in the proposed locality, but the use of these assessments is yet to be written into law.

Darlington borough council approved an updated Statement of Principles in November 2024. This statement does not define vulnerable groups in detail, and there is no accompanying local profile. The Safeguarding Children Board was consulted in the development of the statement, and the statement requires the Darlington Safeguarding Partnership to be notified of any new applications for gambling premises licences to allow representations to protect children and

young people. There was no consultation with the public health team, who would be well placed to advocate for the need to protect vulnerable adults.

### **Access to online gambling**

There are very few safeguards in place to protect people when gambling online. Recently, companies have been required to perform so-called financial vulnerability checks for people gambling over a certain threshold, however these only identify people registered as bankrupt, or those who are under a debt relief order and similar legal instruments indicative of extreme financial difficulty (51). Local authorities cannot regulate access to online gambling, and are reliant on national legislation and the Gambling Commission to regulate the online market. Black market online gambling, that targets both those who have self-excluded and children, also poses a risk. However, there is little published research independent of the gambling industry which estimates the scale of the problem.

### **Advertising and marketing restrictions**

The Gambling Commission and The Committee of Advertising Practice (CAP) both place some restrictions on industry advertising to try to protect children, those who are vulnerable, and those with voluntary self-exclusions (51) (52). For example, topflight footballers can no longer appear in Gambling advertising, as they are very likely to appeal to those under 18. At the local level, Darlington council currently does not allow any gambling-related advertising on council property.

### **Game design restrictions**

Some stake limit and game format restrictions, (such as recently introduced limits on speed-of-play) are in place for both land-based and online gambling (53) (54). The aim of these regulations is to reduce the addictiveness of harmful gambling formats, and reduce the number of people experiencing severe financial harm.

## **Long-lasting protective interventions**

### **Screening and referral**

Recently published NICE Guidelines (55), suggest that healthcare professionals and social care practitioners should consider asking about gambling when taking alcohol, smoking and substance use histories. They also recommend screening at-risk groups, such as people presenting with mental health problems, those with substance use issues, and those in contact with the criminal justice system. To the best of our knowledge, it is not currently common practice to screen people for GRH when they come into contact with public services, either nationally or in Darlington, however, the NHS Northern Gambling service does offer training to NHS front-line staff. There is also a new regional approach with a Making Every Contact Count (MECC) Gambling Harms Module that encourages gambling harm questions to be asked, and for brief interventions to take place.

### **Cessation treatment**

For cessation treatment in gambling disorder the NICE guidelines recommend cognitive behavioural therapy (CBT), with the addition of naltrexone (an opioid receptor antagonist) in cases where CBT alone has failed (55). At present NHS-commissioned gambling clinics provide this specialist service, with the NHS Northern Gambling service which has a clinic in Newcastle covering Darlington. Community-based and voluntary sector gambling treatment services also exist, with the charity NECA providing motivational interviewing and CBT (alongside support services) for those with gambling disorder in the North East. The nearest NECA office to Darlington is located in Middlesbrough.

### Short-term interventions

#### **Voluntary self-exclusion schemes**

Evidence suggests that longer exclusions are likely to be more effective than shorter exclusions (56) (57), but more research is needed to determine how effective VSEs are, and the best way to implement them. Local authorities are responsible for ensuring that land-based gambling premises are signed up to, and properly enforce, voluntary exclusion schemes.

#### **Individualised advertising blocks**

There is no way to block all gambling-related advertising on a web browser, however it is possible to opt-out of marketing emails from each company, and block advertising on a website-by-website basis. This takes substantial effort on behalf of the individual, and gambling companies are known to have breached licence conditions by sending targeted marketing material to people with active voluntary self-exclusions (58).

### Counselling and education

There are a number of free-to-access national organisations which provide information, advice and support for those experiencing gambling harms. The online regional signposting tool MECC (59) has a comprehensive gambling section, including signposting to NECA and to Gamblers Anonymous (which runs bi-monthly meetings in two locations in Darlington).

### Barriers to access

NICE has estimated that as few as 10% of people who experience GRH access support or treatment (60), and the data presented in this report indicates this percentage may be even lower in Darlington. Lack of awareness that gambling can be harmful or that treatment is available, stigma, worries about confidentiality, and worry that treatment may be expensive are some of the many barriers identified by a NICE evidence review (60).

## 4. Recommendations

In 2023 the Association of Directors of Public Health launched the North East Gambling-Related Harms Programme, which aims to develop a regional approach to prevent GRH. This means that now is a great time for Darlington to put gambling harm on the local agenda. Close work with the North East GRH Programme will ensure efficient and effective local action, and the recommendations below should be coordinated with the regional effort wherever possible.

### High priority recommendations

#### Data collection:

- Embed systems to collect local data on gambling prevalence and GRH within public services in Darlington, or facilitate communication of statistics to the public health team where data collection is already undertaken, from the following populations using partnership with local service providers:

Population	Proposed partner/data collection strategy
Children and young people	Public health team annual Healthy Lifestyles Survey
Those with alcohol and drug use issues	Drug and alcohol services (STRIDE) using the Illy Care Path data management system
Those involved in crime	Office of the police and crime commissioner
Those in financial hardship	Citizens Advice Bureau, First Stop Darlington, and local food banks
People experiencing homelessness	Homeless link
The local Roma and travelling community	To be assessed as part of a broader health needs assessment
Those accessing local, regional and national gambling treatment and support services	North East GRH Programme <sup>5</sup> (accurate local breakdown of the data by providing services with borough-specific post codes during data collection is essential)
Those who have died by suicide	Durham and Darlington coroner's office

The nature of the data collected should be coordinated regionally to support comparisons across local authorities and to build a regional picture. It should also reflect the changing commercial landscape, and support licensing/planning decisions.

- Work with the ADPH NE GRH Programme to deliver a local survey to collect insights into GRH in the borough.

#### Advocacy, Licencing and Planning:

- Raise the profile of GRH within the council by signposting to this HNA at the Darlington Health and Wellbeing Board.

<sup>5</sup> We experienced significant difficulty collecting informative data from services for this HNA, and a regional approach with local data break-down is likely to be more effective.

- Public health to work with the local authority licencing department to develop a local area profile and explore the implementation of an online dashboard-based approach, where the postcodes of prospective new licences/premises can be mapped against risk-stratified zones.
- Public health team to provide input into the development and updating of the councils gambling Statement of Principles in relation to the Gambling Act 2005 when due for renewal, to ensure consideration of risks to all vulnerable groups.
- When new gambling premises licensing applications are made, public health to provide health-related insights to the licensing authority department which are relevant to that application. This will support the licencing objective to protect vulnerable groups.
- Respond to future national consultation opportunities to advocate for inclusion of public health considerations in future amendments to the Gambling Act 2005 and relevant planning and licencing laws.
- Work with the local planning department to include a statement in the councils' Local Plan strengthening the ability to limit the concentration of gambling premises in high-risk zones.

## Additional recommendations

### **Screening and referral:**

- Partner with GP practices, STRIDE, Homeless link, local debt advice services and Darlington Memorial Hospital to encourage inclusion of screening for GRH in their services, and promote signposting to the MECC gambling webpage.

### **Counselling and Education**

- Partner with local secondary schools to promote the inclusion of GRH in the PSHE syllabus, raise awareness of the need to exclude industry-funded organisations from education and explore opportunities to educate parents on the risks associated with loot boxes.
- Locally distribute resources for health and social care professionals which aim to raise awareness of GRH and associated referral pathways (these are currently being developed by the North East GRH Programme).

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## Appendix 1: Collection of gambling licence data

Data was collected by Dr Andrew Richardson (Newcastle University), as part of the Association of Directors of Public Health North East Gambling Harms Programme using the sources described in the table below. The existence of premises was verified where possible using google maps.

Gambling formats	Data source
Betting shops, bingo halls and casinos	Gambling Commission Register, checked against individual gambling company search engines
Adult gaming centres, family entertainment centres, horse racing, greyhound racing	Gambling Commission Register
Scratchcards and lottery terminals	Freedom of Information request to the Gambling Commission
Class C and D Terminal (gaming machines)	Freedom of Information request to Darlington borough councils