

Problem gambling in Leeds

Research report for Leeds City Council

Executive Report

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FOREWORD

Leeds aspires to be the best city in the UK, one that is compassionate with a strong economy. As a thriving cosmopolitan city Leeds has a diverse gambling sector which for the majority of people is a safe, sociable and enjoyable leisure activity. However, we know that for some people gambling can be addictive and cause harm for both themselves and their families.

As one of the largest licensing authorities in the country we welcome this study into the prevalence of problem gambling in Leeds, which lifts the veil on an addiction which is often considered to be a 'hidden addiction'. This is because problem gambling issues are complex and are rarely the only difficulty that individuals face. This research has highlighted that although gambling related harm can impact on anyone at any time, there are groups of people and particularly those who are most vulnerable in society where the prevalence of problem gambling is more acute.

The findings of the study not only raise our understanding and awareness of the issue in the city, but crucially we hope that it will be the catalyst for action to better support those suffering from gambling related harm. Nationally the rates of problem gambling are less than 1% of the population, this study has delved deeper into the statistics and shows that problem gambling rates in large metropolitan areas are likely to be higher. This is perhaps unsurprising given the higher population density and increased availability of land based gambling. However, this does mean that as a city we need to better recognise the issue.

In 2016 the gambling industry in Great Britain is worth an estimated £12.6bn (total gross gambling yield). Annually around £7 million pounds is raised from voluntary contribution from the industry to help fund research, education and treatment services on gambling related harm across the country. I would encourage the industry to take note of the findings of this report and work with us to address problem gambling, as although gambling addiction is experienced by only a small minority of leisure gamblers, its impacts on lives and livelihoods can be devastating.

Leeds is a well-connected city, with many successful partnerships between the public, private and third sectors, and we are very fortunate to have well established and integrated organisations offering a wide range of advice and support to those in need. We need to harness the good practice to better integrate the support for people with gambling addictions. Leeds is a city that strives to be the best city in the UK, to help achieve this we need to use this research as a call for action to bring about real change in the way we deliver services and support individuals and families affected by this issue.

Councillor Debra Coupar
Executive Member for Communities

Executive Summary

In May 2013, Leeds City Council, the Council, granted a licence to Global Gaming Ventures (GGV) to develop a large casino as part of the Victoria Gate development scheme in the city centre. This casino will be the fourth largest casino in Britain, and it is expected to open later in 2016. Licensing followed a public consultation which raised some concerns that there may be an increase in the rates of problem gambling, and in April 2016 the Council commissioned a team from Leeds Beckett University (LBU) to conduct a study of the prevalence of problem gambling in Leeds.

The four-month study aimed to provide an in-depth understanding of problem gambling in Leeds, in order to guide the Council and partners in determining effective initiatives and support mechanisms to help citizens experiencing problems resulting from their gambling behaviour. The study, therefore, includes the following:

- a review of national evidence to assess the comparative position of Leeds
- national data on problem and at risk gambling
- detailed discussions with key stakeholders in Leeds; together with corporate and local managers of gambling operations in the city
- an analysis and review of support services (dedicated to problem gambling and more generic)
- and a small cross-section of interviews with Leeds-based leisure gamblers and gamblers in treatment

A full description of the methodology is provided in the main report and annexes. Findings from across these different strands of research are summarised below and provided in detail within the report.

Gambling operations and problem gambling support in Leeds

Gambling opportunities in Leeds are widespread, mixing gambling, gaming and social and leisure activities in diverse and widely distributed premises. In summary, the research shows that:

- Gambling provision in Leeds is mature and highly competitive mixing social, leisure and mainstream gambling activities. Operators report spare capacity in many of the longer established premises due in part to oversupply of land-based establishments and online operators. Licensed operator numbers have seen long-standing contraction in some sectors and have fallen in all since 2013-14.
- Development in the last five years has seen some consolidation of the offer across the previously very differently focussed land-based segments i.e., casinos, bingo centres, licensed book-making offices (LBOs) and adult gaming centres (AGCs)
- Most of the recent developments, market and gambling trends in Leeds, are shared with other large metropolitan areas, and corporate managers, in particular, felt that there were few very distinctive features in the Leeds gambling market.

- Gaming machines, notably B3 category machines¹, together with the rise of multiple-accessed on-line gambling, have raised concerns in Leeds and elsewhere

The study suggests that GGV's development will be a major change in the gambling opportunities available, thus changing the gambling landscape of Leeds city centre. Current operators are concerned about increased competition from GGV but operators are also concerned about the impact of on-line offers and increased opportunities for remote access. While the 'supply' side of gambling opportunities is well developed in Leeds, the study suggests that the provision for support services for those at risk of gambling related harm is under-developed and fragmented. The study shows:

- Leeds has a plethora of services and at least 13 different suppliers able to provide some advice and guidance. The services cut across generic advisory services, specialist addictions and recovery services and a single supplier of gambling specialist services – NECA² working as the GamCare³ support agent for Leeds
- Many of these services have some exposure to clients affected by gambling related harm, usually when co-morbid⁴ with more mainstream demands on debt management, alcohol or drug addiction and recovery support. Most service agencies are keen to offer further help but universally lack any screening or assessment tools which can distinguish gambling related harm; unless self-declared by clients, which remains uncommon
- With a few exceptions these services are not connected, cross-referral pathways (for problem gamblers) are at best informal and those 'in need' held back by a lack of understanding about 'who does what?' and capacity constraints
- NECA is the sole agent at present for specialist support to identified problem gamblers, focussing on integrative counselling geared at (largely) self-referred clients and with referral pathways mostly linked to the GamCare national helpline (also the major focus for external signposting to help by the industry). Funded by GamCare through the Responsible Gambling Trust (RGT) NECA has been operating in Leeds since 2008 but with extending waiting lists (4-6 weeks) capacity falls short of need. Actions to increase capacity have so far had no effect on shortening waiting lists⁵.

The study concludes that although providing valuable support to some gamblers, NECA operates in almost total isolation in Leeds. Waiting lists are well above GamCare expectations of responsiveness, and act as a brake on NECA profile raising and relationship building with other Leeds agencies.

¹ Machine categorisation and stake/prize limitations vary across machine types (A, B1-4, C and D and Appendix to Annex B) and by operator licence. For further details see: <http://www.gamblingcommission.gov.uk/Gambling-sectors/Gaming-machines/About-gaming-machines/Gaming-machine-categories/Gaming-machine-categories.aspx>

² NECA are the largest regional charity in Britain working in substance use/misuse; established in 1974 as the North East Council on Alcoholism it now works across drugs and solvents and other abuse and addictions.

³ In addition to GamCare's nationally accessed helpline and Netline (and on-line Fora) they have a network of 11 'agents', of which NECA is one, providing support in specific localities and regions through Great Britain together with two foreign language support services (Chinese and Turkish).

⁴ Two or more disorders or illnesses occur in the same person, simultaneously or sequentially, they are described as co-morbid and See Glossary of Terms

⁵ Update- subsequent to the completion of the research there has been some movement on waiting times as part of an ongoing review of service provision in Leeds

Gambling behaviour and vulnerable groups

The study has shown how gambling behaviour, and problem gambling, is not equally distributed across England. Rates are higher across Britain for those living in more northern areas (and London), major urban areas, urban areas which are more densely populated, English Metropolitan boroughs, London boroughs, those living in wards classified as industrial, traditional manufacturing, prosperous and multi-cultural. The study shows many of these higher prevalence areas describe the Leeds Metropolitan district, and strongly suggests rates of problem gambling in Leeds should be expected to be higher than national averages. More specifically the research shows:

- Our estimate, from aggregated national data, shows problem gambling rates in Leeds and areas like Leeds are broadly twice the national average. Nationally the rate is 0.9%; in Leeds and areas like Leeds estimates suggest problem gambling rates to be closer to 1.8%. This is consistent across all three ways to measure problem gambling
- A similar analysis of rates of at risk gambling, nationally about five times the level of problem gambling, for Leeds and areas like Leeds appear to be broadly similar to national estimates (5%-6%)
- Overall, the study suggests an aggregate measure of 7-8 per cent of people in Leeds and areas like Leeds are either problem or at risk gamblers. This is slightly higher than the national average of c.5-6%

These estimates are based on the most up to date available national survey. However, this is itself over four years old and we encourage the Council to take advantage of new (2015) data likely to be available in 2017 to *sense check* these estimates.

Problem gambling in Britain

The national evidence shows that problem gambling can affect anyone at any time. Nonetheless, rates of problem gambling among all adults in Britain tends to be low although there are some groups who are more likely to experience problems. At risk 'vulnerable' groups include:

- Younger people (including students)
- Adults living in constrained economic circumstances; particularly, those on very low incomes and benefits
- People from certain minority ethnic groups
- Homeless people and those living in areas of greater deprivation
- Adults with mental health issues and substance abuse/misuse disorders
- People with poorer intellectual functioning and learning disabilities
- Offenders and ex-offenders, (including those on probation and some custodial circumstances)
- Immigrants

The groups listed above are also more likely to be vulnerable to debt and other problems, although little is known about why these groups are more vulnerable. However, the study

suggests the Council is well placed to work with many of these groupings to assess local challenges through its existing relationships with support and community groups.

Views and perspectives on problem gambling and support services in Leeds

The views from 21 organisations across the statutory, charitable and voluntary sectors, referred to as stakeholders, were invited to contribute to the research, with 17 organisations being able to do so. Not all local stakeholders engaged in the study had direct experience of helping individuals with gambling problems within their mainstream client interest, but all stated that they would be able to provide assistance; although sometimes limited to signposting or referral to more specialist help. The study also shows:

- All of the stakeholders reported difficulties in accurately identifying problem gamblers among their mainstream client groupings. This was due to low levels of self-reporting, and what some regarded as avoidance or shame about the causes of gambling related harms such as debt and/or relationship breakdown
- All the interviewed stakeholders also lacked assessment or screening tools which could objectively assess problem or at risk gambling behaviours and associated recording deficiencies within their organisations. However, some were open to trialling such tools as part of a more integrative approach to help with wider social problems and to tackling challenges of co-morbid behaviours including problem gambling
- Where stakeholders were engaged with (self-declared) problem gamblers, support was found to be centred on the first issue presented or issues related to their gambling behaviour (e.g. debt, family, health issues). This was notably the case among diverse local agencies working with the homeless and emerging communities
- Dedicated support for problem and at risk gambling in Leeds was seen to lag behind the otherwise comprehensive and integrated approach taken in the city to address other addiction issues, poverty and homelessness. Many were unaware of the NECA service, those that were, reported few or no working relationships in contrast to cross-agency working in other areas.

Stakeholders nonetheless felt the experience of collaboration and referral across agencies of other addiction and social issues support provided a good foundation on which to develop more integrated support for problem gambling.

Residents' experiences of problem gambling

The study was supplemented by a small cross-section of interviews with problem gamblers, those at risk and others post-treatment, drawn from a range of activities and circumstances. Experiences were, inevitably, one sided, and focussed on the nature of problem gambling seen from gamblers perspectives and did not seek to look at the extensive social and leisure value gained from those who gamble in a responsible and sustainable manner. These in-depth profiles, exploring behaviours and experiences of harm on a one to one basis provided a number of common themes:

- Three in four participants interviewed started gambling early; often very early having been socialised into gambling environments and practice through other family members who gambled. This is similar to wider research demonstrating the *family legacy affect* where children exposed to gambling early in life take-up gambling

independently in later life. Some of the participants of this study first gambled, using their own money, when under the legal age for gambling

- Participants typically engaged in different gambling activities during their lifetime; although the diversity of gambling experiences was not necessarily an indicator of the levels of harm experienced. For many this diversity was a feature of current behaviours with multiple engagement often across different segments of the land-based gambling market; combining online gambling with land-based operations was common place
- Motivations to gamble were highly varied. Social factors and socialising were important common influences, intensification of other interests were also involved e.g. betting on sporting events, and, for some, escaping boredom. Some also regarded city centre 'social' gambling as a safe and inexpensive leisure activity
- Impacts of problem gambling across the participants, and those around them, were equally diverse but also relative. Losses were funded through overdrafts, family loans and informal borrowing, and, for one individual, a loan shark
- Gambling behaviour commonly affected relationships amongst friends and family, and for some was seen to have underpinned relationship breakdowns. Some of the participants reported health and wellbeing impacts, often with depression associated with an inability to cope, anxiety and shame

Some of these gamblers felt that more could be done locally and nationally to improve support for gamblers; including more intensive or accessible Gamble Responsibly notification in venues and on line, notifications and advice sheets in different languages, 24hour free help-lines, television advertisements about the downsides of gambling, and machine and on-line 'pop-ups' for time and money spent. Some called for a more robust self-exclusion mechanism which accommodated all AGCs and casinos (betting shops were not mentioned) so that a single branch exclusion affected all premises. Among those who had experience of treatment and specialist counselling it was felt that a more flexible approach, and aftercare, would better support those with more intensive needs with the option for more counselling sessions.

Issues and implications for the Council

The research proposes a number of areas for the Council and partners to underpin harm minimisation in Leeds focused on: better information to help with targeting of actions; raising awareness both among professionals and at risk gamblers; and increasing support capacity(s) within a more integrated system alongside actions to increase co-operation and partnership working. More specifically it suggests:

Data Collection

- Action to build comparative data collation from 'first contact' assessment data drawn from local agencies
- Action to encourage collection of more systematic and reliable information on client distribution, behaviours and harms on problem gamblers from NECA
- A project aimed at building a more differentiated needs assessment focused on level of need, advice 'supply' and accessibility, and any distinctive behaviours or harms affecting vulnerable groupings

Support

- Action to increase capacity and responsiveness of specialist support including NECA and/or others to bring waiting lists down to under 10 days
- Action to make more effective use of the existing, or enhanced, capacity to NECA through fast track initial assessment and referral mechanisms
- Action and capacity by NECA to work within this strategy to support and sustain pro-activity with a wider network of support agencies and possibly operators

Co-operation

- Action through a co-ordinated working group to raise agency and professional awareness across Leeds-based generic and other addiction support agencies
- Co-operation across Leeds agencies to provide materials and appropriate pathways to raise awareness among those at risk
- Increase collaboration and co-operation between Leeds support agencies, including NECA, to optimise opportunities for early identification and referral

We have also identified the potential for some of these developments to be supported by RGT perhaps as pilot or trial actions within their new five year harm minimisation and treatment strategy nationally. We see these proposed actions as part of a co-ordinated campaign to harm minimisation in Leeds, and where successful action would place Leeds at the forefront of development for integrated local solutions which might be transferable to other similar localities.

Glossary of terms

Co-morbidity

Co-morbidity describes the presence of one or more additional diseases or disorders which occurs alongside a primary disease or disorder. An example would be people who are problem gamblers also having other mental health conditions.

Leeds comparison areas

To understand the likely rates of problem gambling in Leeds, analysis was carried out through combining survey samples from BGPS 2010 and HSE 2012. The Comparison Areas are a combined sample of survey results from Leeds, Sheffield, Liverpool, Newcastle and Birmingham. They represent Leeds and areas like Leeds.

ONS Ward Classifications

The Office for National Statistics classifies wards in Great Britain into different types based on a range of census statistics and dimensions. These include demographic structure, household composition, housing, socio-economic, employment and industry sector. At the highest level, these ward classifications are categorised as super-groups, with further differentiation within each super-group. It is the super-group classification that has been used in this report, with wards classified as follows:

- Industrial hinterlands
- Traditional manufacturing
- Built-up areas
- Prospering metropolitan
- Student communities
- Multi-cultural metropolitan
- Suburbs and small towns
- Coastal and countryside
- Accessible countryside

Problem Gambling definitions

- **Problem gambling** - Problem gambling is defined as “gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits”. In their Diagnostics and Statistics Manual 5 (DSM), the American Psychological Association classifies ‘disordered gambling’ as a behavioural addiction and it is classified as an impulse control disorder according to the International Classification of Diseases-10.
- **At risk gambling** - At risk gambling is a term used to describe people who are experiencing some problems, difficulties or negative consequences from their gambling behaviour but who are not categorised as problem gamblers.
- **Gambling related harm** - The concept of *gambling related harm* is broader than that of *problem gambling*. There is an increasing expectation that policy makers, nationally and locally, industry regulators and operators in the industry consider this broader perspective and develop strategies to mitigate gambling related harm. The nature and extent of gambling related harms have not been quantified and there are no accepted standard measures. However, the nearest approximation to harm is consideration of those who are *at risk* of gambling problems where screening tools are more useful. At risk generally refers to people who are experiencing some difficulties with their gambling behaviour but are not considered to be problem gamblers.

Problem gambling screens

- **DSM-IV** -This is a set of questions which when taken together measures problem gambling. The questions are based on the clinical criteria set out in the American Psychological Association's Diagnostic and Statistics Manual (DSM) IV.
- **PGSI problem gambling screen** -The Problem Gambling Severity Index (PGSI) is a set of nine questions which when taken together measures problem, moderate risk and low risk gambling. The questions measure common problems associated with gambling but also ask about the harms that gambling causes (such as harm to health).

Problem Gambling Support

- **Responsible Gambling Trust (RGT)** - RGT (now known as GambleAware) is an independent national charity funded by a voluntary levy on the gambling industry. RGT funds education, prevention and treatment services and commissions research to broaden public understanding of gambling-related harm.
- **GamCare** - Commissioned by RGT; GamCare is the national provider of information, advice, support and free counselling for the prevention and treatment of problem gambling. They operate the National Gambling Helpline, provide treatment for problem gamblers and their families, create awareness about responsible gambling and treatment, and encourage an effective approach to responsible gambling within the gambling industry.
- **North East Council for Addictions (NECA)** - Commissioned by GamCare; NECA is the regional provider of specialist advice counselling services related to gambling related harm and problem gamblers. NECA holds the contract for Leeds (together with York, Scarborough and Whitby) on behalf of GamCare, for referrals, advice and treatment.

Problem Gambling Surveys

- **BGPS 2010** - The British Gambling Prevalence Survey (BGPS) 2010 was a national survey of gambling behaviour in Britain.
- **HSE 2012** - The Health Survey for England (HSE) is an annual survey of the health and lifestyles of people living in England.

