

Problem gambling and gambling-related harm – a public health issue?

14 September 2015

Responsible Gambling Trust Position Paper

The Responsible Gambling Trust (RGT) convened a summit to discuss whether problem gambling and gambling-related harm constitute public health issues.

Attendees included representatives from Public Health England, Public Health Wales, the British Medical Association, the Department of Culture, Media and Sport, the Gambling Commission, the Responsible Gambling Strategy Board, the Local Government Association, the Royal College of Psychiatrists, the Royal Society of Public Health, local authorities as well as frontline treatment practitioners.

Chairman of the RGT, Neil Goulden outlined three main questions for the participants to consider:

1. Is problem gambling a mental health / public health issue and therefore a responsibility of the state?
2. If so, how should we engage to get problem gambling on the commissioning agenda?
3. What model would best address the issue, and how best can RGT participate in that?

The seminar heard presentations from three leading global experts:

- Professor Alex Blaszczynski, the Director of the Gambling Treatment Clinic and the Responsible Gambling Research Group at the University of Sydney, began by outlining the epidemiology of problem gambling and gambling-related harm. His overview of international research focused on the potential harmful impacts of gambling.
- Dr Heather Wardle, recently appointed to the Responsible Gambling Strategy Board, then provided a summary of what we know, and what we don't know about problem gambling in Great Britain.
- The final presentation was from Professor Sir Ian Gilmore of the University of Liverpool, who used his expertise in the related field of problem drinking to draw parallels with problem gambling.

There then followed a wide-ranging round table discussion, chaired by Sir Ian, which informed the Responsible Gambling Trust's initial position on this issue:

Investment in public health is about maximising information through epidemiological research (the scale of the problem) and research into effective interventions (the solutions). Public health has an important horizon-scanning role. Given the major changes in the gambling environment since the

Gambling Act and the rapid march of technological change, the public health community should be watchful, and very alert to possible dis-benefits to the population.

The nature, extent and causal relationship between gambling and gambling-related harm, taking into account the role of co-morbid mental health issues, is not yet well enough established in Great Britain to provide the compelling argument required for the commitment of public health resources to supplement the investment the gambling industry itself already makes via the RGT in research, education and treatment of problem gambling and its harmful effects.

Relatively low and stable rates of prevalence of problem gambling compared to other issues in public health may undermine the case for public health investment, particularly in the absence of more sophisticated evidence of the direction of causality of harm or reliable projections of increased problems for the future. An alternative is a more sophisticated approach, not restricted to the blunt instrument of prevalence, but rather looking at the wider impact of gambling related harm – but the evidence base for this measure is currently limited.

We need to look beyond problem gamblers to understand the specific harm problem gambling can do to the population as a whole. A public health approach would aim to reduce the overall number of problem gamblers, in addition to supporting the provision of treatment services for those already suffering the effects of their addiction. Harms are different from problems and we need to think about how to approach dealing with harms (i.e., what kind of response is appropriate?).

There is substantial evidence of co-morbidity with other problems which are already accepted as public health issues, such as depression, substance abuse and homelessness, but we may never have a clear view of the direction of causality e.g. “Am I gambling to relieve my depression, or does my gambling depress me?” There are vulnerable people who are already engaging with the NHS/public health/safeguarding teams for which understanding and dealing with issues also relating to gambling may be beneficial.

This lack of evidence does not advocate a ‘do nothing’ approach. Treatment services funded by the Responsible Gambling Trust are under continued pressure. Whilst our treatment services cover up to 95% of Great Britain geographically, care for those with the most complex clinical presentations, including psychiatric co-morbidity, is not available locally for much of the population.

The wider public health workforce needs both training and to feel it has permission to ask questions about gambling so it becomes less well hidden. Many health workers do not ask about problem gambling, do not know how to help sufferers themselves and do not know how to direct them towards appropriate help and/or resources. We need to do more to raise awareness of GambleAware™ and the National Gambling Helpline, and through these channels enable professionals in other fields to refer those in need to trusted sources of information, advice and treatment.

The RGT remains fully committed to funding frontline support for problem gamblers and those affected by problem gambling, through the National Gambling Helpline, online support and brief

interventions by trained advisors. When the problem requires clinical intervention, the RGT believes this will be more effectively delivered in partnership with the wider public health system. The full range of treatment services need to be better integrated, irrespective of who provides them.

Next Steps

The RGT Chair, Neil Goulden, announced at the close of the summit that the Trust will be allocating £300,000 seed funding for projects over the next two years which take forward the consideration of gambling-related harm as a public health and social care issue. Details of a tender process will be announced by the Trust shortly.

The RGT has also issued an invitation to tender for practical projects to provide a definition of gambling-related harm that it hopes will become a recognised standard.

Notes

The Responsible Gambling Trust is an independent national charity committed to minimising gambling-related harm by funding effective harm prevention strategies and ensuring that those individuals that do develop problems receive fast and effective treatment and support. Working in collaboration with the Gambling Commission and its independent advisers, the Responsible Gambling Strategy Board (RGSB), and funded by donations from the gambling industry, RGT is the only funder of education, harm-prevention, brief intervention and treatment services including the National Gambling Helpline.

The summit took place at the King's Fund, London on 14 September 2015.

About the speakers

Professor Alex Blaszczynski is a Professor of Clinical Psychology, and Director of the University of Sydney's Gambling Treatment Clinic and the Responsible Gambling Research Group. He has evaluated randomized treatment outcomes studies using behavioural interventions, assessed the prevalence of depression and suicidality, determined the relationship between crime and gambling, and highlighted the role of impulsivity in pathological gamblers.

He developed a conceptual pathways model explaining the aetiology of pathological gamblers, and has reviewed responsible gambling and harm minimisation strategies.

He was chairman of the Working Party for the Australian Psychological Society and committee member of the Australian Medical Association's position papers on problem gambling. He is the editor-in-chief of International Gambling Studies. In 1995, Professor Blaszczynski received the American Council of Problem Gambling Directors Award; in 2004, the National Centre for Responsible Gambling senior investigator's research award; and in 2013, the NSW Government's Responsible Gambling Fund's excellence award for contributions to gambling. He has received research funding and consultancies from government, industry and non-government/non-industry sources.

Dr. Heather Wardle is an experienced social researcher who has specialised in the design and delivery of some of Britain's most complex social surveys. She worked in NatCen's health and wellbeing team, leading projects like the Health Survey for England (2006-2008) and the National Survey of Sexual Attitudes and Lifestyles (2008-2009).

She is a substantive expert in gambling studies and completed her PhD in sociology focusing on female gambling behaviour. She is interested in how technology is changing health, lifestyles and wellbeing, with particular focus on youth.

Related to this, she is interested in methodology, for example how big data and gambling industry transactional records can be used for policy purposes. She also has a keen interest in spatial analysis and has worked with leading geographers to explore the spatial relationship between gambling venues and local areas.

She is currently collaborating with Geofutures, leading their Gambling & Place Research Hub exploring local area vulnerability to gambling-related harm.

Professor Sir Ian Gilmore is an honorary consultant physician at the Royal Liverpool University Hospital and holds an honorary chair at the University of Liverpool. After training in Cambridge, London and the USA, he moved to Liverpool as a consultant physician and gastroenterologist with particular interest in liver disease in 1980.

He is a past-president of the Royal College of Physicians (RCP) and the British Society of Gastroenterology, and is chairman of Liverpool Health Partners, created to promote an Academic Health Science System in the city. He chairs the UK Alcohol Health Alliance, is President of Alcohol Concern and is a member of the Climate and Health Council. He is a deputy Lord-Lieutenant of Merseyside.