



Developing a population approach to gambling: Health issues

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The Institute of Public Health in Ireland (IPH) has developed this briefing paper to inform reviews of gambling legislation in Northern Ireland and the Republic of Ireland. The paper presents key points highlighting links between gambling and health and potential harm associated with problem gambling. It provides suggestions on the policy approach and practice change required to minimise potential harm from gambling.

Key messages

1. There is little information on the prevalence of gambling and problem gambling across the island of Ireland.
2. Estimated figures suggest between 0.6 and 1 per cent of the population experience problems related to gambling.
3. Participation in gambling appears to be increasing.
4. Participation in gambling can be seen as a continuum from those who do not participate at all to those who are addicted.
5. Gambling can negatively affect significant areas of a person's life, including mental and physical health, employment, finances and relationships with others.
6. Only a small proportion of those who gamble run into difficulty but for those who do there is a ripple effect with implications for family and community health and wellbeing.
7. Adopting a population based screening tool for gambling can help to understand and determine the extent of gambling in society.
8. A population approach is required to understand the prevalence of problem gambling, minimise harm including potential social costs and protect vulnerable groups.
9. Adolescent gambling is thought to be 2-3 times the rate of adults.
10. From an economic perspective, evidence suggests that the health and social costs of problem gambling exceed government revenue gained from gambling taxes and businesses.

Gambling is defined as placing something of value e.g. money, on an event with an uncertain outcome with the intent of gaining something of greater value (1). Gambling has been practised for centuries in many forms but it is recognised current legislation in both jurisdictions is not robust enough to deal with the many forms of modern gambling activity such as readily available on-line, TV and mobile phone gaming activities and this is now subject to reform. In the Republic of Ireland the Department of Justice and Law Reform announced a review of gambling legislation in 2009 which aims to develop a modern, responsive code of practice (2). The Department for Social Development (DSD), Northern Ireland is undertaking a strategic review of gambling policy, practice and law in 2010 (3).

The key messages outlined above are explored in more detail below and areas for action to support the legislative reviews and minimise health risks associated with gambling are also presented.

1. Across the island of Ireland there is little information on gambling prevalence in society and almost none on the levels of harm done by gambling. However enough is known from elsewhere to suggest cause for concern about the mental, physical and economic effects associated with problem gambling. Across Europe, the treatment of problem gambling is still in its infancy. Limited research is available on treatments for problem gambling however it is identified that effective treatments are available but little is known about the relative effectiveness of these (4). There is also little research currently being directed at identified high risk groups such as adolescents (5).
2. Gambling prevalence rates are based on estimates as no data is collected at regional level in either jurisdiction. Applying the British Gambling Prevalence Survey which gives a figure of 0.6 percent of the population as being problem gamblers to Northern Ireland would indicate that there are approximately 8,364 people (based on 1.394m population aged 16+) who have a problem (6). No prevalence data is available for the Republic of Ireland but use of international data from similar countries suggests approximately one per cent of the population experiences problem gambling which would represent approximately 40,000 individuals in the Republic of Ireland (7).
3. It is difficult to place a value on the overall gambling market across the island of Ireland however participation in gambling appears to be increasing. Total betting figures in the Republic of Ireland show gambling has expanded substantially from €1.6bn in 2001 to over €3.6bn in 2006 (7). Share prices in companies associated with gambling have also continued to grow in recent times demonstrating a confidence in the sector (8). In 2008/09, National Lottery games revenue in the UK also increased (9).
4. In relation to participation, gambling is a continuum from those who do not participate at all to those who are addicted. For many people participating in a gambling activity is not a problem and often used for enjoyment and entertainment purposes, with those involved making an informed choice based on the probability of winning. This involvement can have positive impacts on health ranging from benefits gained from social recreation and leisure, to the wider effects from increased employment opportunities and contribution to the economy. There are others who may experience moderate difficulty with their gambling and some may experience more severe problems. This is referred to as problem gambling, although this is difficult to define. For this report problem

gambling will be defined as gambling which is ‘characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community’ (10).

5. Problem gambling can negatively affect significant areas of a person’s life, including their mental and physical health, employment, finances and relationships with others (11). The pressure of sustaining a gambling habit by hiding the addiction or finding funds to maintain it affects stress and anxiety levels impacting on mental health (12). Gambling also affects physical functioning by interfering with eating and sleeping patterns (13). Households on already low incomes can suffer financial stress with less to spend on essentials such as heat and food which can lead to fuel and food poverty. There is more likely to be a history of alcohol use and nicotine dependency with problem gamblers. It is recognised as an addiction that can destroy families as it impacts on relationships due to spending less time with others and potentially leading to physical abuse with partners and children (12) (14) (15).
6. Only a small proportion of those who gamble run into difficulty but for those who do there is a ripple effect with implications for family and community health and wellbeing. The wider public health effects of gambling in the population are hidden but potentially damaging and ‘anything that makes poor people poorer especially if they do not derive benefits in kind, will damage their health, further increasing inequality in health’ (11). Recent work in this area supports a public health approach for problem gambling in that it is more cost-effective to prevent people from developing gambling problems (16).
7. To determine the extent of problem gambling, various gambling screening tools have been developed. For example the Canadian Problem Gaming Severity Index which is used in Canada, USA and Australia measures the extent of the problem in general population surveys, and makes a distinction between non problem gambling, those at risk and those with serious, moderate or severe problems (14). To balance individual freedom of choice, promote protection and inform debate we need to understand the extent of problem gambling.
8. A population approach sets out to reduce the prevalence of problem gambling and minimise associated potential social costs and harm. Different gambling practices are evident across socio-economic groups and also between men and women. Lower socio-economic groups spending the same amount on gambling as those in higher social classes will spend a higher proportion of disposable income on gambling (17). It is therefore not surprising that some reports suggest that there is a consistent relationship between low income and problem gambling (18).
9. Adolescent gambling is thought to be 2-3 times the rate of adults which can be attributed to participation on electronic gaming machines (19) (20). Different laws exist to protect adolescents for example in Northern Ireland the National Lottery age limit is 16 years. In the Republic of Ireland the minimum gambling age is 18.
10. Gambling impacts directly on the economy through revenue derived from taxing gambling activities and by providing substantial employment. It creates societal economic costs in areas such as crime (fraud and burglary), health service costs for treating depression, dealing with suicide and domestic violence as well lost productivity costs. In the Republic of Ireland, which has the lowest betting tax in the European Union, the betting industry contributes €104 million in local and national taxation (21), (22). In 2009, remote gambling was estimated at €797m with online sports betting valued at €558 million whilst telephone sports betting

was valued at €239 million (23). A gambling duty cannot be disaggregated at NI level but in the UK, the gambling industry files financial reports with the Gambling Commission who reported that the gambling industry had an estimated turnover of over £84.2 billion in 2006/07. It is estimated that the National Lottery generates 25% of the gross gambling yield¹ which is valued at £9.9bn (24). The cost-benefit ratio for problem gambling has been calculated in the United States as \$3:\$1 highlighting that costs far outweigh benefits. Recent work conducted by the Department of Health, England, attempted to quantify adverse health and wellbeing impacts related to the liberalisation of electronic gaming machines. The cost per additional problem gambler per person per year was calculated as £1,706 (25).

¹ Amount retained by operators after payment of winnings and before deduction of costs of operation

Action for change

Understanding the links between gambling and health is a prerequisite to effective policy making. To ensure the reviews of gambling legislation lead to responsible approaches to gambling for the whole population we ask for the following to be considered:

a. Develop knowledge and information

Development of baseline data is essential as a starting point to contribute to identifying the extent of problem gambling. Reviewing internationally used methods to estimate prevalence would be a first step and there may be opportunities to include internationally accepted questions in Census data or other more regular surveys such as the Survey of Lifestyle, Attitudes and Nutrition (SLAN) and the Northern Ireland Health and Social Well Being Survey. The UK Gambling Commission has developed a range of questions for inclusion in such surveys. These include consideration of participation in all gambling activities (including remote forms of gambling) and also public perceptions of gambling which would provide a basis for inclusion in Irish surveys (26). The British Gambling Prevalence Surveys represent a large-scale nationally representative survey of participation in gambling and the prevalence of problem gambling in Great Britain. Three have been conducted to date (2000, 2007 and 2010) and provide statistically robust data on adult participation in gambling plus an estimate of the prevalence of problem gambling. IPH welcome the approach by DSD to undertake the Northern Ireland Gambling Prevalence Survey to obtain clearer data on the extent of the problem. IPH recommend that the Department of Justice and Law Reform establish a similar survey to provide a more accurate picture of problem gambling in Ireland and also allow for comparison with Northern Ireland.

b. Increase public awareness and education

Promote a greater understanding of the relationship between gambling and the potential risks to health and provide guidance on available help and support.

c. Promote responsible gambling environments

To minimise the likelihood of recreational gamblers developing problem gambling behaviours there needs to be an emphasis on the general protection and promotion of wellbeing in the community. A central premise of minimising harm means taking into account the individual, community, the gambling environment and the gambling opportunity. Consideration needs to be given to how to protect people from the potential harm done by ready availability of increased access to on-line gambling opportunities.

d. Provide support services

Across Ireland a range of support services exist for problem gamblers which are generally provided on a voluntary basis. Some of these are community self-support organisations such as Gamblers Anonymous² whilst others such as Gamcare³ receive

² Gamblers Anonymous operates in both Northern Ireland and the Republic of Ireland and is a fellowship organisation run solely by its members and is self-supporting through contributions. The organisation aims to stop gambling and assist others compulsive gamblers to also give up the practice.

funds donated indirectly by the gambling industry within a framework determined by the Gambling Commission.

Consideration should be given to initiatives including financial initiatives, which enhance services designed to help those who suffer the harmful effects of gambling. Services need to be effective and accessible to all. The idea of setting up special funds using the profits made by the gambling sector to provide support should be considered. Such schemes already exist in New Zealand, Australia and in the UK through the Responsible Gambling Strategy Board.

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³ Gamcare provides support, information and advice to anyone suffering through a gambling problem. Available across the island of Ireland, the national telephone and online helplines provide support and 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.

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