

Good afternoon

Derbyshire Public Health would like the attachment (word document) included in the Statement of Principles.

In addition, under 20.0 Local risk assessments: in areas where there is a high proportion of people who do not have English as their first language, can there be consideration for the provision of gambling aware literature/risk assessments to be made available in other languages.

Go raibh maith agat (thank you)

Victoria

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Adult Social Care and Health|Derbyshire County Council

The attachment to the above Email is detailed here:

Derbyshire County Council Public Health Statement of Policy/Position Statement

Gambling-related Harm

Gambling-related harm (GRH) is the adverse impact from gambling on the health and wellbeing of individuals, families, communities, and society. Harms associated with gambling are varied, and includes financial hardship, relationship breakdown, employment issues, increases in crime, and negative effects on mental (ill) health. Gambling-related harm is disproportionate, with negative consequences due to gambling felt by those living in deprived areas and experiencing the highest levels of health inequalities.

Risk Factors & Drivers

There are several risk factors and drivers which may contribute to the development of gambling-related harms, or exacerbate existing harms associated with gambling. Those experiencing gambling problems are seven times more likely to use gambling products as a way of alleviating money pressures, demonstrating the link between gambling, financial exclusion, and the wider determinants of health. Co-morbidity is common in persons experiencing GRH, for instance those experiencing alcohol, tobacco and cannabis harms. Rather than considering gambling as a standalone entity, a perspective of GRH when adhering to other licensed functions and policies (such as the 2003 Licensing Act), is essential to mitigating overlapping harms and health impacts.

Mental ill health can be a driver of elevated levels of harms associated with gambling, as well as the gambling being a cause of future mental health problems. Derbyshire Public Health's JSNA chapter on gambling-related harm emphasises the relationship between levels of depression, and higher levels of gambling harms: <https://Joint Strategic Needs Assessment - Adult Mental Health> and <https://Joint Strategic Needs Assessment - Gambling>

The environment in which we live, socialise and work in can contribute to increased exposure to gambling products. There is an overwhelming link between areas of high deprivation, and harms associated with gambling. Although those with smaller amounts of disposable income are less likely to participate in gambling, the harms experienced in these groups are significantly greater. In contrast, gambling frequency is greater in more affluent areas, despite the manifestation of harms being less severe.

Exposure in the form of aggressive marketing and advertising, and the cluster of gambling outlets in deprived areas, can contribute to greater gambling problems. Groups experiencing severe multiple disadvantages, such as those facing homelessness, can experience the most devastating consequences of GRH.

Gateway products, such as those classed as gaming, can increase exposure to gambling in young person cohorts. The emergence of online (virtual/remote) gambling and the diversity of products has resulted in a clear shift towards people being able to gamble freely, with 24-7 accessibility, in a solitary environment such as their own home, or amongst friends in a social setting. Online gambling is more prevalent amongst the male population, although vast expenditure and harms are pervasive in all groups. The speed and frequency of play in online casino-style games (as well as land-based fixed odds betting terminals) can reinforce the brain's reward system and subsequent dopamine cycle, which occurs regardless of a win or a loss. Therefore, it is the participation that matters. Cognitive distortions – often referred to as the gambler's fallacy – occurs when there is an expectation to win after successive losses. All these combined can increase harms experienced by our residents across Derbyshire, and the role required by a licensing authority when approving/rejecting applications based on the proportion and density of existing outlets, and proximity to other key sites such as schools and licensed premises. GRH can have negative repercussions on entire communities; Gordon Moody highlight that for every single harmful gambler, between 6-10 others are directly impacted.

Statutory functions

The statutory licensing objectives for gambling – as set out by the Gambling Commission – include:

- ensuring that gambling is conducted in a fair and open way;
- prevent gambling from being a source of crime and disorder;
- protecting children and other vulnerable persons from harm and exploitation.

Although gambling licensing policies are not required to address public health concerns, and Public Health are not a responsible authority, (as they are for alcohol licensing under the 2003 Licensing Act), the Gambling Commission has recognised the benefits of a public health whole population approach (February 2018), particularly with the latter objective around protecting those that are vulnerable. In addition, the Gambling Act 2005 identifies responsible authorities including the Gambling Commission, Police, Fire and Rescue, Planning authority, Environmental Health and 'anybody' competent to advise about the protection of children from harm, which may include public health representatives.

General Population

Applying the Gambling Survey for Great Britain (2023/2024) to a Derbyshire context, between 14,500 – 23,800 people in Derbyshire are either directly or indirectly impacted by harms associated with gambling. Similarly, the Office for Health Improvement and Disparities study which applied Health Survey for England data in 2028 indicates that almost 19,000 (18,755) could benefit from some treatment or support for harms associated with gambling.

Children and Young People

The Gambling Commission's 2024 Young People and Gambling statistics indicate that 27% of children had spent their own money on some form of gambling. This means that approximately 38,750 children in Derbyshire have done so, concerning that all forms of gambling – including scratchcards and the lottery – are age restricted for over 18s.

The Office for Health Improvement and Disparities also used national data to assess the prevalence of young people living with an adult who would benefit from treatment. In Derbyshire, approximately 12,000 young people (11,713) do so and could be exposed to harms.

One of the key challenges is the lack of local data. Often, national survey data is applied to census populations, and as a result, it is unclear what the true extent of the problem is locally.

Public Health framework to reduce harms associated with gambling

- Even though the Gambling Commission list the 'aim to permit' directive, a public health lens is crucial to ensure that gambling outlets are not clustered in deprived neighbourhoods and subsequently impact health in a disproportionate way.
- Utilise public health intelligence in local plans and supplementary planning documents and apply GRH to indices of deprivation and other interlinking topics, such as alcohol. Good practice

example from Sheffield City Council: [Licensing Appeal for Adult Gaming Centre Dismissed | FTB Chambers](#)

- Continue undertaking test purchasing in both gambling outlets and licensed premises that contain gaming machines as part of their permit.
- Public health promotion of reducing harms, as opposed to the responsible message and individual-centred messaging that is often delivered by the industry and operators.
- Ensure that all licensed operators have knowledge of local specialist treatment services, such as the East Midlands NHS Gambling Harms Service: [About us: East Midlands Gambling Harms Service](#)