

## **Submission to the London Assembly Health Committee's call for evidence: Health impacts of gambling in London**

### **About the Howard League for Penal Reform**

Founded in 1866, the Howard League is the oldest penal reform charity in the world. The Howard League has around 7,500 members and 14,500 supporters, including prisoners and their families, lawyers, criminal justice professionals and academics. The Howard League has consultative status with both the United Nations and the Council of Europe. It is an independent charity and accepts no grant funding from government.

### **About the Commission on Crime and Gambling Related Harms**

The Commission on Crime and Gambling Related Harms – originally called the Commission on Crime and Problem Gambling – was launched by the Howard League for Penal Reform in June 2019. It was tasked with answering the following three questions:

- What are the links between gambling-related harms and crime?
- What impact do these links have on communities and society?
- What should be done?

The Commission began with a review of the existing literature and a call for evidence, followed by oral evidence sessions with a range of stakeholders, policy makers and people with lived experience. The Commission then conducted a programme of research exploring evidence gaps. The Commission concluded in 2023 with a final report.

You can find more about the Commission's work here:

<https://howardleague.org/commission-on-crime-and-problem-gambling/>

### **Introduction**

There is a growing call to recognise the role and impact of gambling related harms and addiction within the criminal justice system. Gambling behaviour, and harm, exists on a spectrum ranging from recreational activity to addiction. Gambling addiction is defined as a behavioural addiction (DSM-V American Psychiatric Association, 2013). Gambling harm is described as 'varied and diffuse' (Langham et al, 2016), extending beyond addiction to wider, negative consequences in all aspects of life (immediate and longer-term impacts on finances, relationships, emotional/psychological wellbeing, health, culture, employment, education, and criminal activity). In fact, the widespread impact of gambling harms is increasingly being recognised as a public health issue (The Lancet, 2021; Public Health England, 2021).

The Commission on Crime and Gambling Related Harms, focused on England and Wales, was concerned with crime as a recognised gambling related harm, and the

direct relationship between gambling addiction (also termed problem, pathological, or disordered gambling) and resultant criminal activity. It was concerned with the ways in which broader gambling harms can link to and impact on the criminal justice system. The Commission explored the ways in which gambling harms might exist as both a causal, contributing, and/or contextual factor to criminal activity. Despite some examples of good practice, the Commission identified an overarching lack of awareness and understanding of the nature and relationship between crime, gambling harms and addiction across the criminal justice system (Commission on Crime and Gambling Related Harms, 2021). Alongside these findings, the complex and extensive impact of gambling on people's health became abundantly clear. Moreover, the need for greater collaboration between health, social, and criminal justice agencies was evident, in facilitating early identification, intervention and appropriate treatment and support.

The Commission undertook four research projects which detailed people's lived experience.<sup>1</sup> Participants were based across England and Wales, with a number based in London and the Southeast. Stakeholders were typically London-based due to practical constraints. We are especially grateful to these individuals with lived experience of gambling and crime who spoke to us about their stories.

### **How can a problematic relationship to gambling affect someone's health?**

The lived experiences of research participants illustrated a complex link with mental health. Mental health concerns appeared to be causal, contextual and resulting factors to gambling addiction and harm. Gambling itself has a significant detrimental impact on mental health due to the development of isolating behaviours both to engage in gambling and to keep activity hidden (Commission on Crime and Gambling Related Harms, 2023). Participants also spoke of feelings of guilt and shame, arising from gambling harms (Smith, 2022). Conversely, existing mental health concerns, for some participants, had been a factor in the engagement with gambling activity and the development of a gambling addiction (Smith, 2022; Trebilcock, 2023; Brown et al, 2023). Boredom and isolation also factored in the development of gambling addiction. Our research illustrated that the impact of gambling harm and addiction can be so severe that it can lead to suicidal ideation and for some, active suicide attempts. Some people had been able to work to improve their mental health over time but there was evidence of the long-term impact on mental health, even after recovery from addiction (Smith, 2022). The impact on the mental health of family members was also highlighted (See also: Banks et al., 2018; Gunstone and Gosschalk, 2020). Drug and alcohol use also featured alongside gambling addiction. For some, this was recreational, but for others there was evidence of alcohol or drug dependency. However, the presence of dual addictions was not the case for most participants (Smith, 2022).

While less prevalent, there was also evidence of a significant impact on physical health (such as reported digestive or cardiovascular problems) for people directly

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<sup>1</sup> Further information about the projects and the research reports are available on the following webpages: ["Surviving, not living": Lived experiences of crime and gambling](#); [Holding it all together and picking up the pieces: Women's experiences of gambling and crime](#); [Lived experiences of gambling, gambling-related harms, and crime within ethnic minority communities](#); and [Exploring gambling and its role within prison culture: "You can be flying high, then fighting"](#)

impacted by harms arising from gambling and crime, and this extended to family members (Smith, 2022). There was also evidence of gambling harm and addiction developing because of or in response to poor physical health, and/or as a co-morbidity with existing health concerns (Trebilcock, 2023. See also: Riley, 2021b; Collard et al., 2022).

### **Who in London is most likely to experience gambling-related health harms and how are people impacted differently by problematic gambling?**

Gambling is prevalent across Great Britain with 24 per cent of people reporting having gambled online in the past four weeks (Gambling Commission, 2021a). Research published by Public Health England (now the UK Health Security Agency) last September estimated that around 0.5 per cent of the adult population, around 246,000 people, are likely to have some form of gambling addiction with around 2.2 million people either problem gamblers or at risk of addiction (NHS, 2022). The research found that:

*People who are classified as gambling at elevated risk levels and experiencing problem gambling are typically male and in younger age groups. The socio-demographic profile of gamblers appears to change as gambling risk increases, with harmful gambling associated with people who are unemployed and among people living in more deprived areas. This suggests harmful gambling is related to health inequalities. (PHE, 2019)*

Monitoring data from gambling treatment providers suggested that around 30 per cent of people who access their services are women, and it has been estimated that up to one million women are at risk of gambling-related harms (Commission on Crime and Gambling Related Harms, 2023. See also: GambleAware, undated and The Guardian, 2022). There is also some evidence to suggest that individuals from ethnic minority communities are over-represented in residential treatment or incarcerated groups, and despite gambling less frequently than their white counterparts they may experience more severe levels of gambling-related harm (Commission on Crime and Gambling Related Harms, 2023. See also: Gunstone and Gosschalk, 2020). Structural factors—such as income levels, social inequalities and experience of discrimination—have also been demonstrated to be associated with higher levels of gambling harm (See: Smith, 2022; Trebilcock, 2023; Brown et al, 2023; GambleAware, 2023b)

Any consideration of gambling related harm should take an intersectional approach. The Commission found that both gendered experiences and religious beliefs intersect with cultural experiences and expectations, and that these affect how gambling is viewed, and how support for gambling-related harms may be sought. The Commission heard that for some ethnic minority communities, gambling is a culturally accepted 'norm', whereas for others, there is a cultural expectation of abstinence because gambling is forbidden. Many of the women involved in the Commission's research placed gambling behaviour within the context of different (sometimes gendered) stresses and traumas in their lives which had become overwhelming. Awareness and understanding of gambling harm and addiction must account for diversity of experience. It is also essential that treatment and support services reflect this diversity, in order to reflect and respond to people's differing

experiences and needs. A 'one-size-fits-all' approach is not sufficient (Commission on Crime and Gambling Related Harms, 2023).

### **Does the NHS offer sufficient support for people in London experiencing gambling related health harms?**

The Commission identified a lack of awareness and support about gambling related harm and addiction among agencies enabling treatment, including health services and the criminal justice system. Indeed, a lack of appropriate NHS treatment and support provision was found to be intertwined with problematic criminal justice responses and appropriate interventions (or lack thereof). There are significant gaps in support and treatment for gambling-related harms, including gambling disorder, and clearer care pathways are needed both within and via the criminal justice system (Commission on Crime and Gambling Related Harms, 2021d). Not least, gambling harm and addiction should be included in the national Liaison and Diversion specification eligibility criteria. Whilst awareness and understanding has increased among criminal justice agencies, there is still no national policy or coordination with other services (namely health and social care) which would provide consistent and comprehensive delivery.

While people in London are served by a dedicated gambling clinic (one of just six across the country), barriers to access remain.<sup>2</sup> There needs to be a greater awareness of gambling harms amongst primary healthcare providers, with a particular focus on GPs. Given the challenges in identifying gambling harm and addiction (through its hidden nature, reliance on self-reporting for diagnosis, and lack of physical signs), the issue needs wider visibility to enable people and practitioners alike to pick up on it. Signposting to services is reliant on knowledge and understanding of gambling disorder and wider gambling-related harms among health and justice professionals and advice charities. Clear referral pathways should be available to GPs, with supporting NICE guidance (Commission on Crime and Gambling Related Harms, 2023. See also: Smith, 2022).<sup>3</sup>

The experiences of those living with gambling addiction and harm highlighted practical challenges in the accessibility of treatment, including poor experiences of engaging with GPs and counselling services which typically offered generic support (Commission on Crime and Gambling Related Harms, 2023). This was also borne out in criminal justice proceedings, where criminal justice agencies did not have clear avenues for support. Further issues identified included the limited geographical coverage of dedicated services which do exist and the timeliness of access (Smith, 2022). Treatment opportunities were also shown to be time-limited and self-funded, limiting equitable or long-term access. Participants highlighted the ways in which gambling disorder is distinct from drug and alcohol addictions, thus requiring distinct services. The Commission's research highlighted the importance of people with lived experience being involved in treatment and support, with services created by and involving those who have experienced gambling harm and addiction. The inclusion of

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<sup>2</sup> Details of NHS gambling clinics available here: <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>

<sup>3</sup> NICE guidance for gambling identification, diagnosis and management is in development (NICE, 2021) but this is not expected to be published until 2024. It is recommended that this timescale be reviewed and interim guidance be published.

people with lived experience should also be central to policy making across the board (Smith, 2022; Page, 2020; Churcher, 2022. See also: GambleAware, undated).

*I went to my GP, and they said they couldn't do anything for me, and I said – Well I've just tried to commit suicide, I have committed crimes. And he said – Are you telling me you've got a gambling problem or have you got mental health problems? And I said they're both the same thing. He said that they can refer me for mental health problems, but they don't do anything for gambling addiction; and I don't believe it's changed that much these days, that's the really worrying thing, if people are presenting themselves to GPs, it's really important that they're sign posted to the right places. (Paul, research participant. Quoted in Smith, 2022).*

*When I reached out for help through a GP, I presented with depression, not gambling addiction. So, we're not making it easy for people to work it out ... my experience of talking to GPs is they just don't get it, they are not interested because it is just another thing that they have got to learn about, or they are not interested in. So, they are not asking the question anyway. (Nadine, research participant. Quoted in Trebilcock, 2023)*

### **London-based initiatives**

Although the Commission's evidence suggests that a streamlined and systematic approach is needed, there are examples of good practice and support and treatment opportunities based in London. As mentioned, Londoners are served by a dedicated NHS service, the National Problem Gambling Clinic. A multi-agency primary care service, The Primary Care Gambling Service, is also available. In 2021, the Metropolitan Police piloted a screening and referral programme in partnership with GamCare in six busy London custody suites. Londoners can also access treatment and support through a number of voluntary organisations, including Gambler's Anonymous (at around 50 locations in and around Greater London) and BetKnowMore, though these organisations are primarily national in focus. Residential treatment services (provided by Gordon Moody) are based mainly in the West Midlands. Recognition about gambling-related harm in London is growing – recently, Islington Council rejected a bookmaker's licence application on public health grounds (Islington Tribune, 2023). Councillor John Woolf stated:

*Gambling is a public health issue. Anyone can be vulnerable to addictive gambling, and this health-harming activity can bring potentially devastating consequences for individuals, families, and communities.*

*There is a clear correlation between deprivation and higher numbers of gambling premises, and we take our licensing responsibility incredibly seriously and work closely with partners to promote gambling awareness. (Ibid.)*

## Conclusions

The Commission's evidence on the breadth of gambling-related harms demonstrates the need for responses to gambling-related harm and addiction to be part of a cross-government approach which integrates social policy and public health policy responses in addition to criminal justice policy responses. Importantly, there is significant scope for the interplay between gambling and crime, including domestic abuse, to be better recognised amongst health, social care and criminal justice agencies as well as voluntary sector services working in each of these fields. Support and treatment services should be community-led and offer avenues for practical and social support and the development of social networks to support recovery in settings which feel safe. Measures to understand and address the under-representation of ethnic minority communities and women in contact with support and treatment services are required, including proactive approaches to engagement and staff who can be appropriately responsive to gender, religious and cultural needs (Commission on Crime and Gambling Related Harms, 2023).

Gambling harm and addiction can and should be considered by the London Assembly. It already forms part of the London Health Inequalities Strategy, which considers gambling harm and addiction, and criminal justice involvement, as markers of health inequalities and barriers to healthy living (Greater London Authority, 2018). The strategy also highlights the links between mental health, addiction, and crime. Lip service is paid to gambling harm and addiction in the Health Inequalities Strategy Implementation Plan Commitments 2021-24, but the mechanisms through which gambling harm and addiction might be reduced are not elucidated (London Assembly, undated).

The need for increased awareness of and response to gambling harm and addiction also has great relevance to MOPAC's Police and Crime Plan. The Commission's research has shown how gambling harm and addiction must be better understood as a causal and contextual factor to crime, leading to a range of criminal activities, and thus something which may impact on Londoners' safety in a number of ways (see for example: Churcher, 2022). The Commission has also shown how gambling relates to and should be considered when addressing multiple needs and vulnerabilities and exploring opportunities for diversion, areas that the Metropolitan Police Service is committed to recognising and acting on (see Churcher, 2022; Smith, 2022; Trebilcock, 2023; Brown et al, 2023).

The Commission's nationwide recommendations stand relevant to London. Awareness and understanding of gambling harms should be promoted and embedded throughout services across the board, from GP surgeries to police custody suites. Timely identification and intervention will help people to access the support they need and reduce the chances of the development of more serious issues, which at their most severe may involve suicide or crime.

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