Hertfordshire Gambling-related Harms Strategy

2025-2030

Contents

1. Introduction

This first gambling harms strategy for Hertfordshire County Council outlines our approach to tackling problem gambling and the harms it can cause to gamblers and affected others (people affected by other people's gambling) by offering prevention and support strategies. It also seeks to highlight the harms of problem gambling to those living and working in Hertfordshire. There is a longer-term goal to destigmatise gambling harms and influence the licensing and regulatory environment.

Main Priorities

Influencing the licensing and regulatory environment

Increased awareness and identification for public and professionals

Protecting vulnerable groups from gambling harms

Increased data and evaluation

Effective treatment and support

Our Vision

Our vision is to minimise the harms of gambling for our residents, through prevention, early intervention, education, comprehensive treatment, and support.

Problem gambling has emerged as an area that Hertfordshire County Council seeks to address from a public health perspective. The harms of gambling are becoming increasingly well researched and recent national attention has been given to addressing this with the release of evidence and proposals to update the Gambling Act 2005 (Department for Culture, Media & Sport , 2023). To better inform our direction, this gambling harms strategy was produced in partnership and in consultation with the newly formed Hertfordshire Gambling

Harms Alliance[1] and other interested parties across Hertfordshire, including local authority members, service providers, NHS clinicians, and people with lived experience. It was informed by the Hertfordshire Gambling-related harms Joint Strategic Needs Assessment (Hertfordshire Public Health: Evidence and Intelligence, 2022), the national gambling-related harms evidence review (Office for Health Improvement and Disparities, 2023) and the LGA publication on Tackling gambling related harm: A whole council approach (Local Government Association, 2023). We have also incorporated the findings from focus groups we held in collaboration with Healthwatch Hertfordshire and Viewpoint into the strategy to reflect the views of those with lived experience. This final version of the strategy has been through a twelve-week public consultation process and edits have been made to include learnings from this process.

Our Vision continued

We have aligned this strategy with the Public Health strategy 2022-2027 (Hertfordshire County Council). This includes contributing towards corporate ambitions and priorities such as sustainable responsible growth in our county and healthy and fulfilling lives for our residents. Improving the health of the workforce and reducing inequalities contributes to growth while tackling the harms caused by problem gambling will allow us to support more residents to live healthy independent lives. This is also aligned with the Hertfordshire and West Essex Integrated Care Strategy (Hertfordshire and West Essex Integrated Care System, 2023), including priority 3 which is to support our residents to maintain healthy lifestyles, specifically tackling addictions. This will also align with the new cross-sector suicide prevention strategy in England (Department of Health and Social Care, 2023), and the new local suicide prevention strategy being developed in Hertfordshire (Appendix 1) for which tackling the impact of gambling harms will be a priority area.

[1] The Hertfordshire Gambling Harms Alliance first convened in June 2023 and currently has representatives from Hertfordshire County Council (Community Protection: Mental Health, Children & Young People, Healthy Places & Communities, Trading Standards, and Adult Care Services), Local Authorities (Licencing), Hertfordshire Police, Voluntary, Community, Faith and Social Enterprise organisations, and gambling support services.

2. Impact of Gambling

Gambling is one of the biggest markets in the UK with a profit of £14.2 billion in 2020 (Office for Health Improvement and Disparities, 2023).

While many forms of gambling can be considered leisure activities and most individuals can enjoy these activities safely, the harms associated with problem gambling are also wide-ranging. These include not only harms to the individual gambler at high risk of harm but their children, their families, and their communities. The total financial costs are approximated at £1.05 to £1.77 billion in 2023 nationally (Office for Health Improvement and Disparities, 2023).

Gambling harms include the following main types (Office for Health Improvement and Disparities, 2023):

Financial harms: This is the most direct form of harm gamblers experience, and often also impacts their close associates like intimate partners. The amount of money gamblers spend could result in severe debt, bankruptcy, children in the family experiencing child poverty, and statutory homelessness.

Mental and physical health harms: While it is easy to link gambling to direct financial harms, people experiencing gambling harms also face an array of physical and mental health harms that might be more hidden. People with gambling disorder have an increased risk of dying from any cause during a given time period (Office for Health Improvement and Disparities, 2023). Depression, anxiety and sleep problems were commonly reported mental health impacts by both gamblers and their close associates. Many affected by problem gambling also reported co-occurring alcohol and illicit drug use (Office for Health Improvement and Disparities, 2023). This association may work both ways, as individuals with adverse life experiences might be at higher risk of experiencing gambling harm.

2. Impact of Gambling continued

Relationship harms: Fights and arguments commonly occur between people experiencing gambling harms and those close to them. Others have reported feelings of isolation, loneliness, and separations as a result of gambling problems. Gamblers can also become neglectful to family and problem gambling is linked to domestic/family abuse. Often the impact of gambling ripples outwards, also affecting broader networks including the extended family, friends, co-workers and the wider community (Office for Health Improvement and Disparities, 2023).

Employment and education harms: Studies suggest that gamblers also face difficulties in their work, reporting loss of concentration on work activities, showing up late, not turning up for work and turning up after no sleep. Some gamblers have also reported unemployment or demotions at work due to their problem gambling. Close associates of gamblers and work colleagues were also negatively affected.

Child gamblers and children of gamblers also faced difficulties at school due to a chaotic homelife and could face withdrawal from education and reduced educational attainment. These issues represent societal harms (Office for Health Improvement and Disparities, 2023).

Criminal activity: Some people experiencing gambling harms may commit offences associated with their gambling habits, like thefts from family and friends, selling drugs, fraud and taking out loans in other people's names. These affect those closely associated with people who are harmed by gambling, as well as the community at large.

Suicide: There is a higher likelihood of suicide attempts among those with higher Problem Gambling Severity Index (PGSI) scores (Office for Health Improvement and Disparities, 2023), and gambling harms has been selected as a key area of focus in the county council's new suicide prevention strategy.

3. Gambling in Hertfordshire

The UK has a very accessible gambling market with 54% of adults above 16 years of age participating in some form of gambling in the past year (NHS Digital, 2019). Data from the 2018 Health Survey for England (NHS Digital, 2019) applied to Hertfordshire means 0.5% of the population (n= 4,720) can be considered people experiencing gambling harms and 3.8% (n=35,876) of people could be classified as at-risk gamblers, 7% (n= 66,080) are negatively affected by other people's gambling (Hertfordshire Public Health: Evidence and Intelligence, 2023).

Gambling rates for districts in Hertfordshire

Data has been collected by GambleAware for local authorities to have a clearer view on how the rates of gambling affected their population and how this compares nationally. The Problem Gambling Severity Index (PGSI) is a frequently used tool that helps to identify people experiencing problems or negative consequences from their gambling (problem & at-risk gamblers). This tool was specifically developed to be used in the general population rather than a clinical context. It has 9 questions and a possible score range of 0 to 27. A PGSI score of eight or more represents a person who is gambling at risky levels and is set as a common threshold for clinical diagnosis. Scores between three and seven represent 'moderate risk' gambling and a score of one or two represents 'low risk' gambling. For the 10 districts in Hertfordshire, the estimates are as the following from their Annual GB Treatment and Support Survey 2023 (YouGov, 2023) (table 1):

3. Gambling in Hertfordshire continued

Table 1: Estimates of prevalence of gambling behaviour, fiscal costs and % of people seeking help

District	Prevalence of gambling behaviour			Estimated Fiscal Cost	% of people seeking help		
	PGSI1+	PGSI3+	PGSI8+		PGSI1+	PGSI3+	PGSI8+
National	13.4%	5.9%	2.9%	NA	14.8%	32.1%	65.5%
Broxbourne	14.4%	6.3%	4.0%	£2.1 million	15.1%	32.7%	66.0%
Dacorum	13.7%	6.1%	3.3%	£3.6 million	14.1%	31.5%	61.0%
East Herts	12.0%	4.8%	2.1%	£2.2 million	12.2%	29.0%	63.8%
Hertsmere	13.0%	5.8%	2.6%	£1.9 million	14.6%	31.0%	66.6%
North Herts	12.5%	5.2%	2.5%	£2.2 million	14.3%	33.3%	68.4%
St Albans	12.1%	5.2%	2.4%	£2.5 million	13.3%	29.5%	64.0%
Stevenage	15.1%	6.3%	3.2%	£2.0 million	14.8%	32.9%	65.0%
Three Rivers	12.8%	5.5%	2.5%	£1.6 million	14.0%	30.8%	65.8%
Watford	15.1%	7.4%	3.9%	£2.6 million	19.6%	38.5%	71.4%
Welwyn Hatfield	13.8%	6.0%	3.0%	£2.6 million	15.8%	34.1%	66.0%

The data shows a total estimated fiscal cost of £23.3 million for Hertfordshire according to National Institute of Economic and Social Research (NIESR) for problem gambling (PGSI 8+) in 2023.

There are variable numbers of gambling premises in each district (table 2) and analysis in the Joint Strategic Needs Assessment (JSNA) Briefing (Gambling–related harms) showed that gambling premises clustered around areas with greater levels of deprivation (Hertfordshire Public Health, 2023). A commonly used unit of comparison is Lower Super Output Area (LSOA) which comprises between 400 and 1,200 households and usually have a resident population between 1,000 and 3,000 persons. In Hertfordshire, 41.0% of gambling premises were in LSOAs in the most deprived quintile of Hertfordshire whereas 2.56% of gambling premises were in LSOAs in the least deprived quintile of Hertfordshire.

3. Gambling in Hertfordshire continued

Table 2: Type and total gambling premises by Hertfordshire district and rate of gambling premises per 100,000 adults aged 18 years and older by Hertfordshire district, September 2023 with National comparison from March 2023

District	Adult Gaming Centre	Betting Shop	Bingo	Total gambling premises	Premises per 100,000 adults aged 18+
National (Mar 2023)	1348	5995	650	8301	15.7
Broxbourne	1	15	0	16	19.5
Dacorum	2	11	0	13	10.8
East Herts	0	13	0	13	11.1
Hertsmere	4	12	1	17	20.4
North Herts	1	9	0	10	9.5
St Albans	0	5	1	6	5.4
Stevenage	3	10	1	14	20.2
Three Rivers	0	6	0	6	8.3
Watford	1	15	2	18	22.9
Welwyn Hatfield	0	11	0	11	11.6
Hertfordshire	11	112	5	128	13.7

(Office for Health Improvement and Disparities, 2023); (Gambling Commission, 2023); (Office for National Statistics, 2024)

# 3. Gambling in Hertfordshire continued

Groups at high risk

From the data collected nationally, the JSNA, and stakeholder consultations, there are a few groups we would like to address specifically:

- **Children and Young People:** In the [Young People and Gambling Survey (2022)](#) the estimated prevalence of problem gambling was 0.9% and a further 2.4% were identified as at-risk gamblers among the 11–16-year-olds surveyed. There is further concern about the newer forms of gambling that are not age-restricted such as loot boxes in online games that children and young people often pay for. The gambling commission reports a quarter (24%) of 11-16-year-olds surveyed had paid to open loot boxes to get in-game items.

- **Affected Others:** During the consultation process, stakeholders have brought up affected others as a group of people who require further support and are at high risk of the negative effects of problem gambling, for example increased incidences of domestic violence when big sports matches are playing.

- **Substance Use:** There is a significant correlation between number of alcohol units consumed per week and increased problem gambling. Addictions are often overlapping, as suggested by service providers who see service users with multiple addictions and whose primary issues lie in drugs or alcohol addiction.

- **Minority Ethnic Groups:** Although the Asian and Asian British ethnic group had the lowest prevalence of at-risk gambling by ethnicity group, they had the highest prevalence of problem gambling (1.1% compared to 0.5% for White/White British ethnicity group). According to [the British Gambling Prevalence Survey 2010](#), Asian and Asian British individuals were over 3 times more likely to suffer gambling related harms, and Black or Black British individuals were nearly 2 times more likely than White individuals.

4. Main Priorities for 2025-2030

In Hertfordshire, we want to address the harms caused by problem gambling through prevention, early intervention, education, comprehensive treatment, and support. We need to take a pro-active whole systems approach in Hertfordshire focused on prevention of gambling-related harm. We do not wish to stop people from gambling, but need to support residents at higher risks of harm. This will start with influencing the larger regulatory and enforcement environment as well as awareness and outreach campaigns to professionals, vulnerable groups and all Hertfordshire residents. We will also work on more connected data and evidence to monitor and evaluate our actions and improve our referral and support system for those already facing gambling harms and link them with the right services.
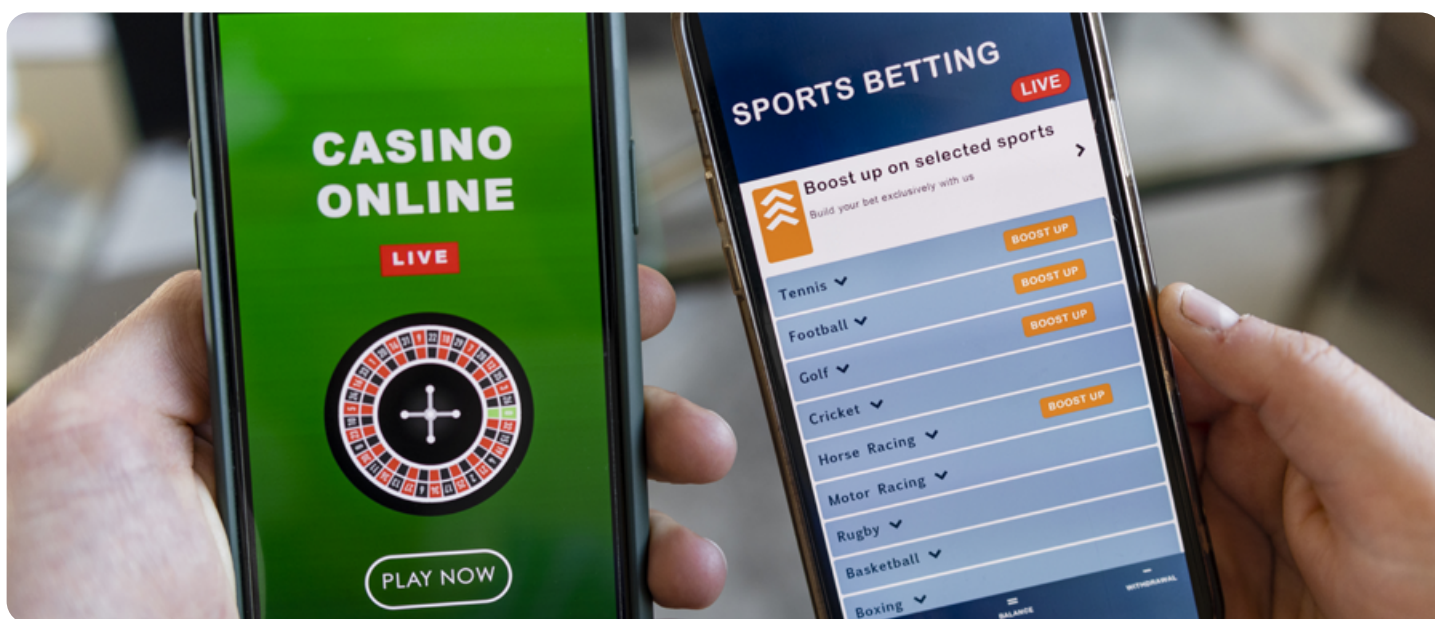
Priority 1: Influencing the licencing and regulatory environment

Action 1.1 Ensure enforcement of responsible practices including age restrictions

Enforcement of current limits on gambling including age restrictions are extremely important to limit the harms of gambling, especially on children and young people. An international Delphi consensus on policies and interventions to reduce problem gambling (Regan, et al., 2022) has concluded that enforcing age limits in physical and online gambling sites will be effective in limiting gambling harms. Other non-mandatory responsible practices that are effective include limiting of hours gambling premises may remain open, internet providers limiting access to unregulated websites and banks limiting fund transfers to unregulated operators. These will not all be achievable from the get-go but ensuring that age-regulations are enforced is an important part of limiting the harms of gambling to young people.

We will work towards ensuring robust age verification systems for gambling in Hertfordshire. This would include policing of online gambling platforms, which have their own enforcement systems.

4. Main Priorities for 2025-2030 continued

Priority 1: Influencing the licencing and regulatory environment

Action 1.2 Limit licensing of new gambling premises in Hertfordshire

Limiting of new licenses and a review of licensing has been a big topic for local authorities. In the Local Government Association's publication on the whole government approach to tackling gambling harms (Local Government Association, 2023), there is a strong emphasis on the local authority (LA) developing an overarching set of principles towards licensing and this should include how to follow the Gambling Act's objectives, which includes protecting children and other vulnerable people from being harmed or exploited by gambling. Authorities can draw on some of the existing research to identify groups with higher levels of vulnerabilities and combine this with current knowledge about local areas and existing premises. This can help

identify additional measures or protections that may need to be applied in those areas. The updated Gambling Act review also mentioned that cumulative impact assessments may be introduced at some point. Gambling operators should be asked to fully assess the associated risk of their gambling operation, which includes the premises, the gambling activity and its location, and LA licensing teams should scrutinise each request for possible harms in the area of operation and challenge accordingly.

We will work with the licensing team to work towards enforcing licensing requirements for gambling establishments, to limit the harms of gambling these premises cost, keeping up with new government policies.

Action 1.3 Lobby the government and changing the attitude towards gambling

In the international Delphi consensus on the most effective policies and interventions to reduce gambling harms (Regan, et al., 2022), many of the consensus policies and interventions are regulatory and can only be enacted by the government. This includes tighter restrictions on advertisements, including advertisements that might be reaching or even targeting children and young people, such as on television during programmes they watch, and in videogames and e-sports. It also includes tighter regulation of gambling operator strategies to increase profit, such as in-play betting, spread-betting, free spins, allowing multiple accounts, automatic bets and betting promotions inducing a sense of urgency in bettors. There are difficulties in

self-exclusion that could be improved including the lack of knowledge of these tools. This also includes unlicensed betting products such as loot-boxes in video games.

The Gambling Harms Alliance will lobby the government, gambling operators and organisations to develop responsible comprehensive gambling measures, including self-exclusion programs, spending limits, limitations of media and advertisements, and limiting the possibility of auto-betting and spread betting.

4. Main Priorities for 2025-2030 continued

Priority 2: Increased awareness and identification for public and professionals

Action 2.1 Awareness campaign

Gambling is a new area of work for many upper-tier local authorities and is only recently being viewed as a problem that should be tackled with a public health approach (Rae & Fell, 2022). There is still a lot of stigma surrounding gambling, especially with a problematic public narrative that portrays gambling as a recreational activity and suggests that individuals should be able to stop when they should (e.g. Stop when the fun stops campaign). This can be improved with a change in the narrative surrounding gambling, promoting it to the general public as a public health issue and breaking down stereotypes and stigma. A spot the signs campaign has been suggested by residents with lived experiences during the consultation process, to increase the public awareness of gambling-related harms.

We will improve public communications surrounding the risks associated with gambling, drawing attention to gambling as a public health issue, and highlighting available support services, such as self-exclusion tools, telephone and in-person support. These communications will be targeted, accessible and culturally competent and aimed at both people with gambling addictions and affected others.

Action 2.2 Increased training for professionals

Professionals delivering front-line services have not been formally trained to understand the issues surrounding problem gambling and currently do not have the training to ask about and refer service users who might be facing gambling harms. During the consultation process, we have been encouraged to consider provision for Making Every Contact Count (MECC) training. There is also a request for primary care practitioners to be more educated and proactive in providing support and referrals for those facing gambling-related harms as they might be the first point-of-contact for many residents, especially those with co-existing mental health concerns.

We will provide training and resources for healthcare professionals, educators, social workers, and other relevant personnel to help them identify, screen and support individuals affected by gambling harms.

4. Main Priorities for 2025-2030 continued

Priority 3: Protecting vulnerable groups from gambling harms

Action 3.1 School programmes

As described in the background, children and young people are exposed to and are even able to participate in gambling activities before the legal age limit of 18. Lived experience we have gathered also suggest that many of those suffering from gambling harms were exposed to gambling at a young age, including to advertisements and marketing, and were not equipped with the information to understand the harms that might occur. Currently the provisions for supporting young people with gambling services are national, with the National Problem Gambling Clinic in London offering NHS funded support for those above 13-years-old and Gam Care's Big Deal providing support for those from 11 years onwards.

We will partner with organisations to deliver educational programs in schools to raise awareness amongst students and parents about the potential risks of gambling, including the impact on mental health and financial well-being.

Action 3.2 Community engagement with those from different communities

From the gambling harms JSNA (Hertfordshire Public Health: Evidence and Intelligence, 2023), we identified that trends between overall gambling and problem gambling were reversed for several indices, suggesting a paradox of harm whereby certain groups suffer disproportionately high rates of problem gambling, specifically those of Asian, Asian British and Black ethnicities. The Scrutiny Report from the Gambling Harms Topic Group (Hertfordshire County Council, 2022) also suggested we need to further understand how problem gambling impacts minority ethnic communities, how to better engage with these groups, and which interventions should be developed to reduce the harm gambling poses to these groups. There are also other identified vulnerable groups through the public consultation, which included middle-aged men and women whose children have grown up and left the household. Those with other addiction issues were also identified as a particularly vulnerable group, as well as those who are veterans, experiencing homelessness or are already in more economically deprived settings.

We will engage with local communities, faith groups, and charities to foster dialogue and raise awareness about gambling harms, whilst also encouraging the development of community-led, support initiatives. We will also focus on vulnerable groups such as ethnic minorities and engage with them on how to better support them.

4. Main Priorities for 2025-2030 continued

Priority 4: Increased data and evaluation

Action 4.1: Data sharing agreement

The quality and availability of data about gambling has been an ongoing issue for the gambling work in Hertfordshire and elsewhere in the country. There is national evidence from the Health Survey for England (2021) and the Young People and Gambling Survey (2022), however local area estimates were hard to obtain. GambleAware does collect data from its clients and also has used its Annual GB Treatment and Support Survey (YouGov, 2023) to inform local authority level estimates for rates of gambling harm and fiscal costs compared to a national average.

We will further work on producing quality data that is specific to Hertfordshire including initiating collection and sharing of information among treatment support organisations operating in Hertfordshire, and the drafting of a data-sharing agreement. This will be done with the support of the Public Health Evidence and Intelligence team and service providers operating in Hertfordshire.

Action 4.2: Evaluation and review

Evaluation and review of all actions in this strategy should be performed to assess our progress and will allow us to adjust targets and measures. We need to collect data to establish a baseline of key indicators such as referral numbers and treatment rates and consistently review this throughout the strategy period. There will also be a formal review of the strategy at the end of the 5-year period to allow for new priorities to be set.

We will regularly evaluate the effectiveness of implemented strategies, monitoring key indicators such as rates of gambling addiction, treatment uptake, awareness levels, and relapse rates.

4. Main Priorities for 2025-2030 continued

Priority 5: Effective treatment and support

Action 5.1 Ensure comprehensive support services are present

Part of the progress made in the formation of the Gambling Harms Alliance is to map out and link-up all the support services present in Hertfordshire to support residents who face gambling harms. We have already made headway on identifying the NHS and voluntary organisations that are offering support and will have a better framework to refer residents who need help. This needs to be constantly evaluated and reviewed as new services have been set up in 2023 and there is still a lot to be done to identify residents who might need referrals due to the current stigma surrounding gambling. There is also a need to inform professionals of the services they can refer residents to and to provide a directory of information for professionals to reference. Gambling not only affects those who gamble, but also their loved ones, friends, and family members (affected others). Comprehensive support services also need to include supporting affected others and long-term support post initial treatment.

We will aim to enhance and promote local and national support services for gambling addiction, ensuring easy access to counselling, helplines, and treatment centres for individuals struggling with gambling-related problems and affected others.

Action 5.2 Financial support for those suffering from gambling harm

Financial support is extremely important for both those facing problem gambling and affected others. This is compounded by the rising interest rates, mortgage rates and inflation in 2023. There is a need to provide appropriate assistance to residents and ensure that financial harms of problem gambling do not lead to other harms such as relationship harms or even suicide.

This also includes providing support for affected others who might need financial advice on how to best protect themselves financially.

We will work with partners to ensure there are financial counselling services that can address gambling-related debt, providing those at high risk of gambling harms and affected others with the necessary tools and resources to manage their finances effectively.

5. Outcomes

To measure the outcome and evaluate the effectiveness of our strategy, we will need to collect evidence. As mentioned in priority 3, the current data we have collected and have access to is very limited. The local data we have is also largely reliant on national data and national providers who do not necessarily have the granularity in data that we desire. The need to evaluate measures and monitor outcomes has been embedded into priority 3 and we will continue to update appropriate outcome measures in action plans. We also aim to speak to different communities including those with lived experiences to understand what measures are the most relevant and appropriate to them.

For the top-level outcome measure, we hope to see a reduction in the estimated prevalence

rate of gambling behaviour and increases in the percentage of people seeking help across all PGSIs in each of the 10 Local Authority areas of Hertfordshire (Table 1) from the national data gathered by GambleAware.

6. Governance

The Gambling Harms Alliance has played a large part in the design of our strategy and will continue to support the delivery of this strategy. The 5-year period of this strategy is set to reflect the length of time it will take to plan, deliver and monitor the activities we have set to achieve our strategic priorities. We will also produce an action plan to support this strategy which will include details at a task and activity level to support our identified priorities.

The Gambling Harms Alliance will continue to meet regularly to work together reviewing and discussing the progress we have made on our strategy and give input to action plans that are likely to include stakeholders directly and involve their participation and as well as input.

The Gambling Harms Alliance will continue to be chaired by Hertfordshire County Council Public Health team, and any updates to the strategy and action plan will be reported to the Hertfordshire County Council Health and Wellbeing Board.

7. References

Department for Culture, Media & Sport . (2023, April 27). *Policy paper: High stakes: gambling reform for the digital age.* Retrieved from Gov.uk:

https://www.gov.uk/government/publications/high-stakes-gambling-reform-for-the-digital-age/high-stakes-gambling-reform-for-the-digital-age

Department of Health and Social Care. (2023, September 11). *Suicide prevention in England: 5-year cross-sector strategy.* Retrieved from Gov.uk:

https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy#foreword-professor-sir-louis-appleby

Gambling Commission. (2023, November 30). *Industry Statistics - November 2023 - Superseded: Official statistics.* Retrieved from Gambling Commission:

https://www.gamblingcommission.gov.uk/statistics-and-research/publication/industry-statistics-november-2023#:~:text=Non%2Dremote%20Gambling&text=Total%20numbers%20of%20betting%20premises,the%20pre%2Dlockdown%20period).

Hertfordshire and West Essex Intergrated Care System. (2023). *Hertfordshire and West Essex Integrated Care Strategy.* Retrieved from Hertfordshire and West Essex Intergrated Care System:

https://hertsandwestessexics.org.uk/integrated-care-partnership-icp/hertfordshire-west-essex-integrated-care-strategy/3#:~:text=The%20plan%20includes%20four%20priorities,that%20are%20accessible%20for%20all.

Hertfordshire County Council. (n.d.). *Healthy and fulfilling lives for our residents: Public health strategy 2022– 2027.* Retrieved 12 15, 2023, from Hertfordshire County Council:

https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/public-health-strategy-2022-2027.pdf

Hertfordshire Public Health: Evidence and Intelligence. (2022, September). *JSNA Briefing: Gambling-related harms.* Retrieved from Herfordshire: Joint Strategic Needs Assessment:

https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/gambling-related-harms-jsna-briefing-2022.pdf

Local Government Association. (2023, October 19). *Local Governement Association.* Retrieved from Tackling gambling related harm: A whole council approach:

https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach

NHS Digital. (2019). *Health Survey for England 2018 Adult's health-related behaviours, on behalf of NHS Digital.* Retrieved from NHS Digital

https:// HSE18-Adult-Health-Related-Behaviours-rep-v3.pdf

7. References continued

Office for Health Improvement and Disparities. (2023, Jan 11). *Gov.uk.* **Retrieved from Research and analysis: Gambling-related harms evidence review: summary:** https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-relat-ed-harms-evidence-review-summary--2

Office for National Statistics. (2024, October 08). *Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland.* **Retrieved from Office for National Statistics:** https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/pulationestimatesforukenglandandwalesscotlandandnorthernireland

Rae, M., & Fell, G. (2022, June 14). *Protecting the public from being harmed or exploited by gambling and the gambling industry.* **Retrieved from Faculty of Public Health:** https://www.fph.org.uk/news/protecting-the-public-from-being-harmed-or-exploited-by-gambling-and-the-gambling-industry/

Regan, M., Smolar, M., Burton, R., Clarke, Z., Sharpe, C., Henn, C., & Marsden, J. (2022). Policies and interventions to reduce harmful gambling: an international Delphi consensus and implementation rating study. *Lancet Public Health,* **7: e705–17.**

YouGov. (2023, October 19). *Annual GB Treatment and Support Survey 2022, on behalf of GambleAware.* **Retrieved from GambleAware:** https://gambleaware-treatment-and-support-report-july-2022.pdf
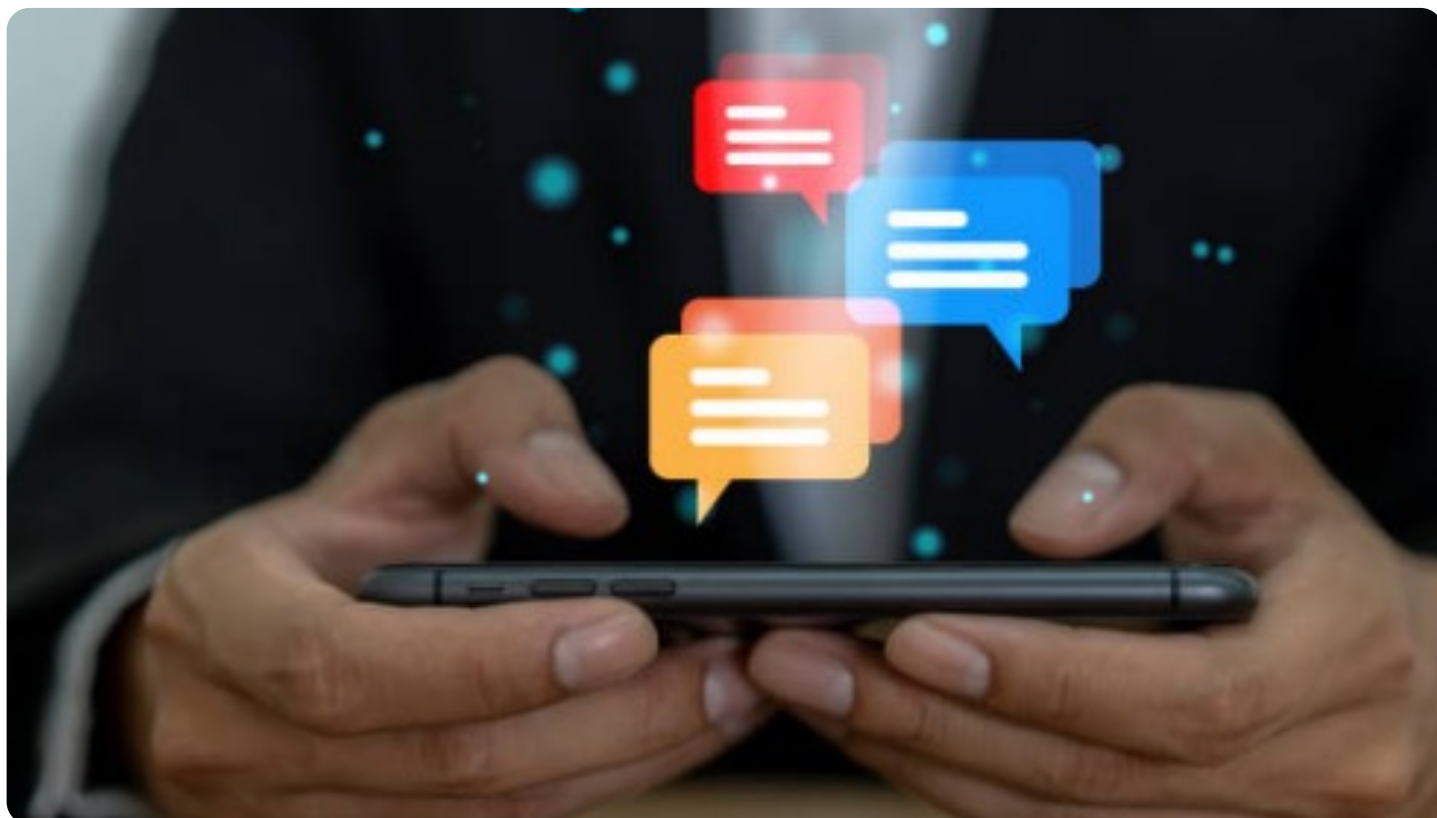
8. Appendix 1

Suicide Prevention Action Plan (from HCC Draft Suicide Prevention Strategy)

Note : The HCC Suicide Prevention Strategy is due to be published in 2025. This action plan may change following public consultation.

Actions	Responsible Body	Date
Consult on the design and scope of a statutory levy paid by gambling operators and collected by the Gambling Commission to fund research, education and treatment of gambling harms, which will lead to further opportunities to take action	Department of Culture, Media and Sport (DCMS)	2023
Consider insights from the Adult Psychiatric Morbidity Survey, including insights relating to groups such as carers and those with experience of prison, gambling and domestic abuse	Department of Health and Social Care and other government departments	Ongoing
Strengthen informational messaging, including on risks associated with gambling, and continue to work to further strengthen evidence on how to reduce gambling-related harms	DCMS, Gambling Commission	2023

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