Office for Health Improvement & Disparities

Gambling Related Harm in the Midlands: A Rapid Health Needs Assessment 2022

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Contents

Foreword

The design, marketing and accessibility of gambling products have advanced in recent decades, and the UK gambling industry is now a highly profitable and powerful industry having profound implications for people's lives, their health, and public policy making. Any harms caused by gambling products are portrayed as only affecting an atypical minority, rejecting upstream determinants of harm.

The risk of harm from gambling products is very poorly communicated to the public. There are diverse impacts on individual and community health and wellbeing – from financial and material loss, to relationship breakdown, abusive relationships, neglect of others, debt / poverty, crime and suicide. The harms of gambling are inherently interconnected with many comorbid health issues – including those affecting mental health (suicide, depression and anxiety, personality and bipolar disorder), and dependence on substances such as alcohol, drugs and tobacco. The gambling industry downplay the risks and the scale of the harm caused by gambling products and practices.

Furthermore, funds that are raised from gambling activities represent an unstable form of funding that is often derived from those who can least afford it or are experiencing harm, which directly conflicts with government commitments to the strengthening of the UK's resilience post COVID-19 and to "levelling up". Acceptance of gambling proceeds leads to a situation where government and other organisations become dependent on the gambling industry, creating conflicts of interest that undermine policymaking and taking action to prevent harms as such action threatens this funding stream. These dependencies and conflicts of interest represent major public health challenges.

A public health framework to gambling is clearly warranted, and needs to recognise the harmful nature of the gambling industry, and the threat posed by conflicts of interest to research, education, treatment and policy making. Action to prevent harm is required across the whole population, providing protection before harm occurs, in addition to support existing harm. Transformational changes in how we understand gambling and regulate the industry are needed if the public's health is to be prioritised.

A public health approach to gambling harm must be guided by a vision that prioritises the public's health, and that is based on core values and principles, such as human rights, equity, and collective responsibility. Gambling harms already reflect social and health inequalities; with potential to affect anyone but with greater harm where there is increasing vulnerability in terms of mental health and income deprivation. Anyone may be vulnerable to gambling harms at some point in their lives. A comprehensive framework approach is necessary to create an environment in which no one is predisposed towards harmful gambling, whatever their circumstances, and to ensure protection for all people, preferably before harm occurs, in addition to support for existing harm.

With the UK Government's review of the Gambling Act 2005, and local review of policy there is a window of opportunity to change the gambling policy system. The UK has one of the most liberal gambling markets in the world, supervised by a regulatory system that oversight bodies fear does not have the capacity or the data to regulate the industry in the public interest. This policy system has promoted self-regulation and industry-regulator partnerships as standard.

The nature of the market has shifted substantially in the last decade or so – more products, more addictive products, more marketing across more forms of media, sponsorship, shift to online. Accordingly, the level of concern from clinicians and documented harm has also shifted with the nature of the market. We don't know how gambling products will change over coming years, but they have changed massively over the last decade and more harm has come from this. It is a reasonably safe assumption that trend will continue.

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Executive summary

Gambling is a legal activity that is participated in by half of the UK adult population. For some people, gambling can be a source of serious harm, and there is inequity in the distribution of this harm, which has led to demands for action to protect public health.

In 2018, 0.5% of the English population experienced problem gambling, and 3.8% of the adult population were found to be gambling at levels of elevated risk meaning they may experience some level of negative consequences due to their gambling.

When combining the Health Surveys for England conducted between 2012 and 2018, the prevalence of problem gambling for the East Midlands was 0.5%, and for the West Midlands it was 0.7%. There are approximately 6.5 million people in the Midlands who gamble, and approximately 414,000 of these people are participating in harmful gambling. It is estimated that for every person experiencing harmful gambling, on average, between six and ten additional people are directly affected by it, which equates to approximately 2.5 to 4.1 million people in the Midlands.

Problematic gambling is more prevalent in areas of greater deprivation. The Midlands has higher levels of deprivation compared to England. Of the 6,261 lower super output areas (LSOA) in the Midlands in 2020, over 26% of the population lived in LSOAs that were among the top 20% most deprived areas nationally. Younger men (between the ages of 16 and 34 years old) are also most likely to experience harmful gambling. The Midlands has a slightly higher prevalence of younger males compared to the England average.

Participation in any gambling activity is most common in White and White British ethnic groups and least common in Asian and Asian British ethnic groups, however there is a paradox of harm regarding the Asian and Asian British group, as they are more likely to experience problematic gambling than the White and White British group. There are approximately 1.12m adults from ethnic minorities in the Midlands, and there are higher proportions of ethnic minority populations in regions of higher deprivation (Leicester, Birmingham, Sandwell, Wolverhampton, Nottingham and Coventry).

A paradox of harm also exists in relation to unemployment, in that those who are unemployed are less likely to participate in gambling, but more likely to experience at-risk or problematic gambling compared to those in employment or training. In the Midlands there is a higher rate of unemployment compared to the England average. The link between deprivation, employment, and ethnicity suggests that harmful gambling is related to health inequalities.

The NHS Long Term Plan has committed to up to 14 problem gambling clinics by 2024/25. One of these is in Stoke-on-Trent, which opened in May 2022. Other services available in the Midlands include Gam Care East Midlands, Aquarius (a Gam Care partner in the West Midlands), Gamblers Anonymous, a Gambling rehabilitation Centre in Dudley, and local support that may be available from GPs, substance misuse services, Young People services, housing, or Citizens advice and debt management services.

In the Midlands, there are a number of projects and intervention activities happening. Birmingham City Council are leading a two year project to identify how tenants of council housing with gambling related harm can be better supported and offered treatment to prevent tenancy loss and avoid people losing their homes. The results will lead to the development of

a suitable toolkit for Birmingham City Council which could potentially be rolled out in other areas.

A gambling related harm screening and diversion pathway developed by the Beacon Counselling Trust is now embedded within ten police force areas, including the West Midlands. Work is also happening within some Midlands prisons. The West Midlands prison group, with support from Gam Care, is looking to develop an intervention to provide 1:1 treatment for prisoners with gambling related harm. Some prisons within Lincolnshire have enabled their staff to receive training to deliver brief interventions for gambling related harm.

A summary of recommendations that have come from this report for action from local authorities are to:

- Undertake their own gambling related needs assessment and develop their own comprehensive gambling strategy.

- Focus on raising awareness on gambling related harms and consider targeted campaigns to prevent gambling related harm.

- Ensure licensing teams undertake mapping exercises to identify areas where there may be a greater risk of gambling related harm in the community.

- Identify if existing front line services (e.g. housing, substance misuse, mental health, etc) screen for gambling related harm, using validated screening tools, as part of their assessment processes, including within the criminal justice system.

- Map where there is gambling treatment and support services to signpost people to, and understand how these services are being used and the barriers and facilitators to access, in order to strengthen the capacity of services.

- Collect data to measure harmful gambling prevalence locally, including in children and young people, and monitor data on the number of licenses granted.

- Train staff across organisations to understand gambling related harm.

- Implement diversion pathways for individuals in the Criminal Justice System identified with gambling related harm.

- Understand the lived experience of different population groups, and what gambling related harm actually means to the individual, the community and the family, and whether what we are doing is making a real difference.

1. Introduction

Gambling is a legal activity, and the harms associated with it are now recognised as a public health issue that warrants prioritisation. The UK has one of the largest gambling markets in the world, generating a profit of £14.1 billion in 2019-2020[1].

What is gambling?

> *"Gambling is betting, gaming or participating in a lottery, where gaming means playing a game of chance for a prize and a prize is defined as money or 'money's worth'." (The Gambling Act 2005)*

Gambling takes place using a variety of means, including betting on sports events, using fruit or slot machines, fixed odds betting terminals (FOBT), games (e.g. poker or casino games) and bingo. An increasing proportion of gambling takes place online, with a sharp increase in online gambling since the inception of the COVID-19 pandemic in 2020[2].

The legal age for placing a bet with a gambling operator, gambling at a casino or using a FOBT or gaming machine is 18 years. The minimum age for buying a scratchcard or a National Lottery ticket was raised from 16 to 18 years on 22nd April 2021. There is no minimum age for players of category D machines (e.g. crane grab or penny-push machine)[3].

Gambling can be a source of serious harm, and there is inequity in the distribution of this harm, which has led to demands for action to protect public health. The harm caused by gambling is increasingly being identified as a public health problem which requires a broad response[4].

To help prevent and reduce gambling-related harm (GRH), lessons can be learnt from other unhealthy commodities where public health gains have been achieved. A public health whole systems approach that includes affected others, needs to be emphasised, and to bring together multiple complementary interventions spanning across:

- *1. Primary prevention* (to prevent harm before it happens, such as gambling legislation to limit the number of gambling venues, education).
- *2. Secondary prevention* (to identify and reduce the impact of harm once it has occurred, such as increased screening programmes in GP surgeries, mental health services and drug and alcohol services to identify GRH, as well as other front line services such as housing or debt management).
- *3. Tertiary prevention* (to reduce harm that has lasting effects, such as government funded treatment for clinically diagnosed problem gambling).

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[1] Gambling Commission. (2022). Gambling behaviour in 2021: Findings from the quarterly telephone survey. Available from http://www.gamblingcommission.gov.uk/statistics-and-research/publication/gambling-behaviour-in-2021-findings-from-the-quarterly-telephone-survey

[2] Alan Emond, Agnes Nairn, Sharon Collard, Linda Hollén. Gambling by Young Adults in the UK During COVID-19 Lockdown. *Journal of Gambling Studies*, 2021; DOI: 10.1007/s10899-021-10029-y

[3] Gambling Commission. What is Gambling? Birmingham UK: Gambling Commission; 2018. Available from: http://www.gamblingcommission.gov.uk/for-the-public/What-is-gambling.aspx

[4] Wardle, Heather, et al. "Gambling and public health: we need policy action to prevent harm." *Bmj* 365 (2019).

- *4. Wider determinants of health* (social, economic, or environmental factors affecting GRH, such as housing, employment, education, location of gambling premises).

Aims of this needs assessment

Despite this, at both a national and regional level, relatively little is known about the extent of gambling and GRH. The aims of this Midlands-wide rapid health needs assessment are to:

- Identify how many people in the Midlands are gambling and experiencing GRH.
- Scope the scale and cost of GRH in the Midlands.
- Highlight areas of the Midlands with a higher number of individuals at risk of GRH.
- Outline services in the Midlands available to support people with GRH.
- Describe practice in prevention activities in the Midlands, particularly in relation to the most vulnerable groups including children and young people.
- Recommend further action required across partners at national, regional, and local levels to address and mitigate impacts of GRH in the Midlands.

2. Regulatory context

In Great Britain, Gambling policy sits within the Department of Culture, Media and Sport, and the Department of Health and Social Care currently only hold responsibility for treatment. There is no government led health strategy that includes gambling, but there is a Gambling Commission led strategy around gambling related harms.

Gambling is regulated by the Gambling Commission to ensure gambling is conducted in a fair and open way; children and other vulnerable people are protected from being harmed or exploited by gambling; and assistance is made available to people who are, or may be, affected by problems related to gambling. The functions of the Gambling Commission are:

- Licensing operators and key personnel
- Setting appropriate licence conditions and codes of practice
- Enforcement and prosecution work
- Carrying out compliance activities
- Providing advice

Local authorities have a statutory role in regulating local gambling premises. Licensing teams can use a range of tools to support the prevention of GRH. This includes mapping exercises to understand local risks, developing policies to set expectations of gambling businesses, and undertaking compliance visits[5].

The Gambling Act 2005[6] requires local authorities to publish a 'Statement of Principles' relating to gambling. A Local Area Profile (LAP) can also help identify areas where there may be a greater or specific risks of GRH. A LAP is not a mandatory requirement, but all licensing authorities are encouraged by the Gambling Commission and LGA to produce one, to understand the harm from gambling on the community.

All Gambling operators are required to make a donation towards research, education and treatment of GRH, most of which goes to GambleAware[5]. The amount gambling operators are required to donate is not specified. The Public Health Grant does not cover gambling, so local authorities do not have a specific responsibility to provide treatment for GRH, although many council services will likely come into contact with people who experience GRH, e.g. housing and social care. Public health teams can play a role in collecting and sharing data to inform commissioning of prevention and treatment services.

A UK Government white paper review of the Gambling Act 2005 is due out soon, having been delayed since expected publication in Spring 2022. Many have called for stricter rules to be introduced to the gambling regulatory system, and gambling rules should be suitable for the digital age and the future. It is imperative that customer protection is at the heart of the regulations.

[5] Local Government Association, (2018). Tackling gambling related harm: A whole council approach

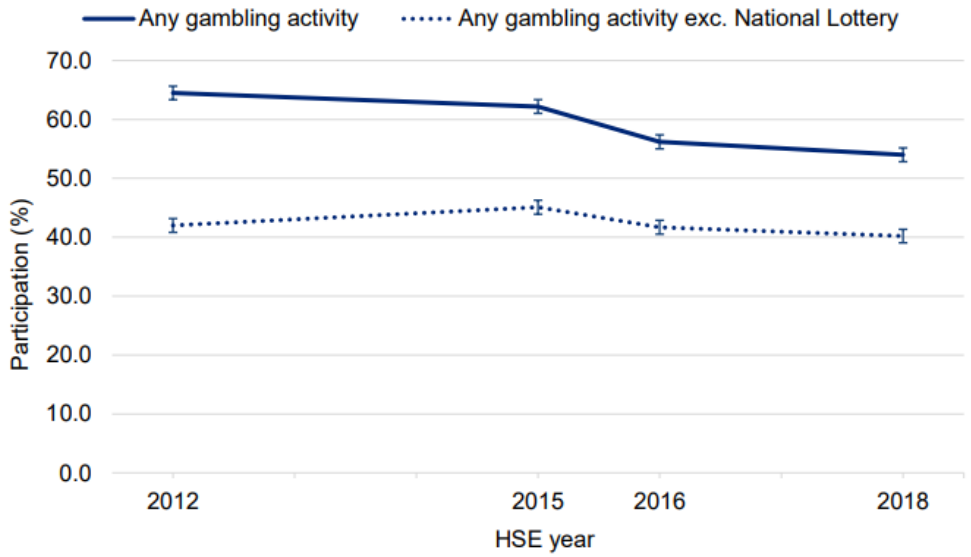
[6] UK Government. Gambling Act 2005. Gov.UK [online]. 2005. Available from: http://www.legislation.gov.uk/ukpga/2005/19/content

3. Gambling profile nationally

Overall prevalence of gambling

The PHE review used data from the Health Survey for England (HSE), a nationally representative cross-sectional survey of people aged 16 years and over, combining data from the 2012; 2015; 2016 and 2018 surveys. Figure 1 shows the percentage of overall gambling participation in England between 2012 and 2018. Since 2012, participation in any gambling activity has reduced significantly in the England population by over 10 percent (from 64.5% to 54.0%), although this appears to almost entirely be driven by reduction in participation in the National Lottery year on year. The only form of gambling to increase is online gambling. The 2021 report by the Gambling Commission[7] into participation in gambling found that 43% of people aged 16+ in England had spent money on a gambling activity in the past 12 months, not including those that exclusively play the National Lottery.

Figure 1. Overall gambling participation, England 2012 to 2018



Source: HSE 2012, 2015, 2016, 2018

At-risk and problem gambling

The screening tools that are most commonly used for gambling are the Diagnostic and Statistical Manual of Mental Disorders, 4th version (DSM-IV) and the Problem Gambling Severity Index (PGSI). The questions asked in these tools can be found in the appendix. The PGSI defines levels of gambling as:

- Non-problem gambler: Gamblers who gamble with no negative consequences.
- Low-risk gambler: Gamblers who experience a low level of problems with few or no identified negative consequences.

[7] Gambling Commission. (2022). Gambling behaviour in 2021: Findings from the quarterly telephone survey. Available from http://www.gamblingcommission.gov.uk/statistics-and-research/publication/gambling-behaviour-in-2021-findings-from-the-quarterly-telephone-survey

- Moderate risk: Gamblers who experience a moderate level of problems leading to some negative consequences.
- Problem gambler: Gambling with negative consequences and a possible loss of control.

In 2018, 0.5% (approximately 245,600) of the English population experienced problem gambling. This has remained relatively stable since 2012. Overall, 3.8% of the adult population (approximately 1.8 million) were found to be gambling at levels of elevated risk. These includes those categorised as low- or moderate-risk gamblers by the screening tools, meaning they may experience some level of negative consequences due to their gambling. This figure has seen a slight increase since 2016.

4. Harms associated with gambling

Gambling can have many impacts on an individual's physical and mental health, relationships, and finances. Awareness is growing about gambling related harm and its impact on families and local communities. Harm caused by gambling is a broad concept that impacts a wide range of people including families, colleagues and those within the wider community who may not have been involved in gambling themselves (for example, victims of theft to finance gambling). It is estimated that for every problem gambler, on average, up to ten additional people are directly affected by it[8].

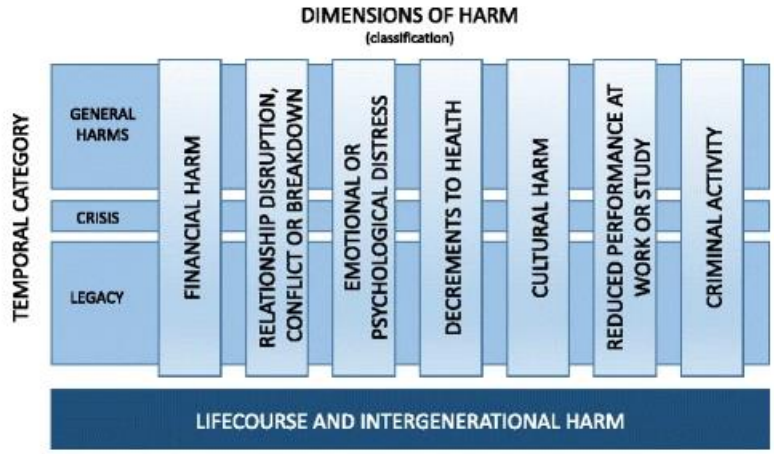
> *"Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society." (Gambling Commission)*

There is no definitive, internationally agreed definition of gambling-related harms, but Langham and others[9]' have developed a framework of gambling-related harm to conceptualise the different dimensions of harm (Figure 2). The conceptual framework separates harms into types and temporality. The types of harms are:

- Financial
- Relationship disruption, conflict or breakdown
- Emotional or psychological distress
- Cultural
- Reduced performance at work or study
- Criminal activity
- Detrements to health

Temporality refers to the notion that a harm can occur at the first single engagement with gambling and continue even after a person has stopped. These are: General; Crisis; Legacy.

Figure 2: Langham et al (2015) Conceptual framework of gambling related harm



The harmful effects from gambling may be short-lived but can persist, having longer term and enduring consequences that can exacerbate inequalities. Individuals experiencing GRH rarely

[8] Nash, E. K., MacAndrews, N., and Bradford, S.E. (2018). "Out of luck: An exploration of the causes and impacts of problem gambling." *Citizens Advice, UK*: 1579794447-1077034827.
[9] Langham, E, et al. "Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms." *BMC public health* 16.1 (2015): 1-23.

present to health or social care services with problem gambling as their presenting condition. According to research[10,11], a person who has a problem with gambling is:

- 19.3 times and 9.6 times more likely to die by suicide compared to the general population in younger (20-49 years) and older (50-74 years) age groups, respectively.
- 8.7 times more likely to access homelessness services.
- 8.5 times more likely to be accessing mental health services.
- 5.5 times more likely to have been a hospital inpatient within the last 3 months.
- 4.4 times more likely to be in prison.
- 3.3 times more likely to have lifetime suicide attempts
- 2.7 times more likely to have visited their GP in the last 12 months with a mental health issue.
- 2.7 times more likely to be claiming Jobseeker's Allowance.
- 2.2 times more likely to be alcohol dependent.
- 1.95 times more likely to report illicit drug use.

Criminal activity

"The impact on society of people committing crimes to fund their gambling is far reaching. Stealing to support gambling is a key public concern and is a serious consequence of gambling more than people can afford to lose. The potential of harm to individuals, businesses and society is real. Family members and friends who become victims of gambling associated fraud or theft may experience financial problems as well as mental health issues and damaged relationships including family breakdown. Organisations defrauded of money may suffer financial difficulties, leading in some cases to job losses and bankruptcies impacting on the wider economy." (Gambling Commission 2020)

The Commission on Crime and Problem Gambling was launched by the Howard League for Penal Reform in June 2019 in order to identify what the links are between problem gambling and crime, the impact these links have on communities and society, and what can be done about it.

To support this work the Howard League is commissioning research to focus on:

1. Sentencers' understanding and treatment of problem gamblers. Available here.
2. Exploring people's experience of crime and problem gambling. Available here.
3. The lived experience of women, through life course analysis of people who have been sent to prison self-reporting as problem gamblers. Available here.
4. The lived experience of people from Black, Asian and Minority Ethnic communities, crime and problem gambling. Available here.

[10] Thorley, C., Stirling, A., and Huynh, E. (2016). "Cards on the table: the cost to government associated with people who are problem gamblers in Britain." *London: Institute for Public Policy Research*.
[11] Public Health England (2021). Gambling-related harms evidence review: the economic and social cost of harms. Accessed at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1022208/Gambling-evidence-review_economic-costs.pdf

Hospital admissions

The number of gambling related hospital admissions has more than doubled in the last six years. In 2018-2019 there were 375 admissions to hospital in England where gambling was a primary or secondary diagnosis. This is likely to be a conservative measure as classification codes are not used consistently.

Table 1: Number of Finished Admission Episodes (FAEs) with a primary or secondary diagnosis relating to gambling by age group, England, between 2016 to 2017 and 2018 to 2019

Age group	2016 to 2017	2017 to 2018	2018 to 2019
<20	<10	<10	<10
20 to 29	75	90	115
30 to 39	70	105	120
40 to 49	60	50	60
50 to 59	40	50	55
60+	20	25	20
Total (will not sum due to rounding)	260	325	375

Source: Hospital episode statistics (HES), NHS Digital, 2020

Estimated cost of gambling

The PHE Evidence Review provides estimates of the potential economic and social costs of GRH experienced by the English population classified as at-risk and as problem gamblers.

For England, the estimated excess cost of harm associated with gambling in 2019 to 2020 is £1.27 billion. This includes £647 million direct cost to government associated with at-risk and problem gamblers and £619.2 million excess cost to wider society. This is a conservative estimate because not all harms could be costed.

Table 2: Estimated excess cost of harm associated with gambling, by type of harm and type of cost (£ millions, 2019 to 2020 prices)

Type of harm			Central estimates		
			Government costs	Wider societal costs	All costs (£ millions)
Domain	Sub-domain	Cohort	Direct costs (£ millions)	Intangible costs (£ millions)	
Financial	Statutory homelessness	Adults	62.8	N/A	62.8
Health	Total health harms		342.2	619.2	961.3
	Deaths from suicide	Adults	N/A	619.2	619.2
	Depression	Adults	335.5	N/A	335.5
	Alcohol dependence	Adults	4.7	N/A	4.7
	Illicit drug use	17 to 24 years	£.0	N/A	2.0
Employment and education	Unemployment benefits	Adults	79.5	N/A	79.5
Criminal activity	Imprisonment	Adults	162.5	N/A	162.5
Excess cost (£ millions)			**647.0**	**619.2**	**1,266.1**

Notes: Figures may not sum due to independent rounding. Where N/A is indicated, analysis was not undertaken.
Source: PHE analysis.

5. Gambling behaviour

Type of activity

The national lottery is the gambling activity with the highest level of participation in England[12].

Table 3: Overall gambling participation, and at-risk gamblers among those who participate in gambling, by type of activity in England, using HSE data from 2012, 2015, 2016, 2018

	Overall gambling participation (%)	At-risk gamblers among those who participate in gambling (%)
Lotteries and related products		
National Lottery	43.7	6.8
Scratchcards	19.8	11.9
Other lotteries	14.5	8.0
Machines and games		
Football pools	2.6	29.1
Bingo (not online)	5.3	12.9
Slot machines	6.3	25.7
FOBT	2.7	46.4
Casino table games (not online)	3.0	31.5
Poker played in pubs or clubs	0.9	45.6
Online gambling on slots, casino or bingo	3.2	44.2
Betting activities		
Online betting with bookmaker	6.7	26.3
Betting exchange	1.0	44.0
Horse races (not online)	9.7	15.6
Dog races (not online)	2.3	26.6
Sports events (not online)	4.5	30.5
Other events or sports (not online	1.3	43.6
Spread-betting	0.6	52.0
Private betting	4.4	25.0
Other gambling activity		
Any other gambling	1.4	33.8
Summary		
Any gambling activity	59.2	7.4

Source: Public Health England (2021). Gambling-related harms evidence review.

After lotteries, the most common types of gambling activity were horse racing (not online); online betting with a bookmaker; slot (electronic gaming) machines; and bingo (not online). In contrast, participation in the National Lottery was very low among at-risk gamblers compared to the general population.

[12] Public Health England (2021). Gambling-related harms evidence review. Accessed at Gambling-related harms: evidence review - GOV.UK (www.gov.uk)

While at-risk gamblers accounted for 7.4% of all gambling activity, they were significantly overrepresented for: spread betting; FOBT; poker played in pubs or clubs; online gambling on slots, casino or bingo games; and betting exchanges. At-risk gamblers also account for 52.7% of those participating in 7 or more different gambling activities over the last 12 months.

Table 4: number of gambling activities participated in among at-risk gamblers

No. of different gambling activities over the past 12 months	At-risk gamblers among those who participate (%)
1 activity	1.8
2 to 3 activities	5.2
4 to 6 activities	19.7
7 or more activities	52.7
Total (any gambling activity)	7.4

Source: Public Health England (2021). Gambling-related harms evidence review.

Online gambling

Online gambling has increased from 6.6% in 2012 and has remained consistent at 9.4% since 2015. This type of gambling is more common with younger people, and males are more likely to gamble online (14.7%) compared to females (4.3%). Smartphones are now the most popular method of accessing online gambling with 50% of all online gamblers using their device for this purpose. In 2018 overall participation in online gambling for at-risk gamblers was more than double (23.4%) that of the general population (9.4%).

Online gambling is associated with a higher risk of harms. Those who gamble online are more likely than those who gamble offline to have a low to moderate risk of GRH (24% vs 6%) or to be classed as a problem gambler (3.5% vs 1.2%). These figures are even higher when only considering online slots, casino or bingo (low/moderate: 36% vs 6%, high: 9.2% vs 1.2%)[13]. A recent meta-analysis[14] of problem gambling risk factors in the adult general population found the highest risk factor was for online gambling, with od

In terms of those seeking treatment or support, 84% of all calls to the National Gambling Helpline in 2020/2021[15] related to online gambling, and 79% of those accessing the National Gambling Treatment Service were using online gambling.

[13] Conolly, A., Davies, B., Fuller, E., Heinze, N., & Wardel, H. (2018). Gambling behaviour in Great Britain in 2016. Evidence from England, Scotland and Wales. London: NatCen Social Research.
[14] Allami, Y, et al. "A meta-analysis of problem gambling risk factors in the general adult population." *Addiction* 116.11 (2021): 2968-2977.
[15] GamCare Helpline Data Summary 2020/2021. Available at: https://issuu.com/tgdh/docs/gamcare_helpline_data_summary_issuu

6. Population groups

It is well documented that males, particularly younger males, are more likely to be classed as an at-risk or problem gambler. Being male appears to be more significant in predicting problematic gambling behaviour than economic factors such as income, employment, and relative deprivation. However there are other population groups that warrant attention due to the harms that gambling can cause.

Women

Women's experiences of gambling and gambling-related harms has not received much focus in terms of research, policy and practice. However, the number of women gambling continues to grow, and the rate of growth almost tripled during the pandemic with an increase of 13% between 2017 to 2019 and 36% between 2019 to 2021. Furthermore, the rate of growth in women gambling online exceeds the rate of growth in men (54% increase between 2017 and 2021 versus 28% increase for men during the same period[16]).

Gambling advertising on TV is heavily promoted to women, with women exposed to an average of 18.5 ads per week (up from 15.7 in 2019) vs 15.9 ads per week for men (13.3 in 2019), and this figure excludes TV programme sponsorships with high female viewership[17].

There are differences in why men and women gamble, how they gamble and the harms they experience as a result of gambling[18]. Therefore different approaches are crucial in the prevention of gambling harms.

Children and young people

The proportion of children and young people who reported participating in any gambling in the last 7 days has reduced from 23% in 2011 to 11% in 2019[19]. This equates to approximately 350,000 11–16-year olds in England, Scotland, and Wales. The proportion reporting any gambling in the last 12 months reduced from 39% in 2018 to 36% in 2019.

Boys were more likely to report participating in any gambling activity in the past 7 days (13%), compared to girls (7%). Electronic gaming (fruit and slot) machines were often identified as the first experiences of gambling among children and young people, however National Lottery, scratch cards, and placing private bets with friends were the most common forms of gambling reported. As young people got older there was a significant increase in online gambling among boys.

[16] Gambling Commission 2021; all data based on years ending September. https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problemgambling-for-the-year-to-september
[17] Analysis conducted by Goodstuff media; Data was gathered from Broadcasters Audience Research Board; the definitive source of UK TV viewing behaviours, continuous measurement based on a large nationally representative panel of UK adults; figures based on 30 second equivalents, all gambling categories. Data is not publicly available for this analysis
[18] McCarthy, S., et al., (2019). Women's gambling behaviour, product preferences, and perceptions of product harm: differences by age and gambling risk status, Harm Reduction Journal 16: 18
[19] UK Gambling Commission. (2019). Young people and gambling survey 2019: A research study among 11–16 year olds in Great Britain. *London: Great Britain*.

The rate of gambling among children and young people is lower than drinking alcohol but higher than using e-cigarettes, smoking tobacco cigarettes, or taking illegal drugs[20]. There may also be a relationship between these other harmful activities and gambling. Compared with children who have not gambled, those who have spent their own money on gambling are more likely to have consumed alcohol, taken drugs, or smoked either a tobacco cigarette or an e-cigarette.

Young people consider gambling to be an increasingly normalised presence in their lives, with gambling harms associated with a significantly increased risk of health issues such as depression and anxiety, and risk factors for harmful gambling among children and young people include[20]:

- Impulsivity
- Substance use (alcohol, tobacco, cannabis, and other illegal drugs)
- Being male
- Having depression
- Number of gambling activities participated in
- Already experiencing levels of problem gambling severity
- Anti-social behaviour
- Violence
- Poor academic performance
- Having peers who gamble.

Gaming

The Gambling Act 2005 defines gaming as only constituting gambling, if this activity includes an "element of chance and an element of skill", in an attempt to win a prize of money or something of a fixed monetary value. This definition does not include loot boxes or skin betting.

Loot boxes are Items that can be bought through mobile and video games containing a random selection of virtual goods. These can be functional such as items that give players an advantage in playing the game, or cosmetic, such as 'skins' that can change the appearance of an in-game character. The global loot box market is estimated to be worth £20 billion, with the UK market alone valued at £700 million[21]

Skin betting: Skins can also be used as virtual poker chips, allowing gamers to bet on the outcome of real or virtual events. These skins can then be sold on third party websites, for real-life money.

A survey of young people[22] across the UK aged between 11 and 24 found that loot boxes are purchased by nearly half (40%) of young gamers. A majority of young people see skin betting (60%) and purchasing loot boxes (58%) as forms of highly addictive gambling, and 85% said that gambling harms increased the risk of a young person experiencing depression. The Royal

[20] Public Health England (2021). Gambling-related harms evidence review. Accessed at Gambling-related harms: evidence review - GOV.UK (www.gov.uk)
[21] Wright, M. Video games will be spending $50 billion on 'gamblinglike' loot box features by 2022, according to analysts. The Telegraph [online]. 2018 April 18. Available from: https://www.telegraph.co.uk/ technology/2018/04/17/video-gamers-will-spending-50-billiongambling-like-loot-box/
[22] Royal Society for Public Health. (2019). Skins in the Game. A high-stakes relationship between gambling and young people's health and wellbeing. Available at: https://www.rsph.org.uk/our-work/policy/gambling/skins-in-the-game.html

Society of Public Health are calling for loot boxes and skin betting to be recognised as forms of gambling.

Homeless populations

There is growing concern internationally about co-occurring gambling and homelessness. The link between gambling and homelessness is complex and no causal association has been established. The relationship is likely to be bi-directional; gambling could be a pathway to homelessness; and gambling could be triggered by the cycle of homelessness. A recent systematic review[23] found that participation in gambling in homeless populations is low compared to the general population, however, harmful gambling prevalence in homeless populations is high. The percentage of households in temporary accommodation in 2020/21 in the Midlands is slightly lower than the England average, at 0.9% and 2.1% for the East and West Midlands respectively[24].

There is some evidence that homeless populations are more likely to gamble on fixed odds betting terminals, slot machines, or sports/horse betting (available in high street betting shops), but less likely to gamble online (likely due to lack of access to internet)[25,26]. Those working locally on homelessness could consider screening for gambling related harm.

[23] Vandenberg, B, et al. "Gambling and homelessness: A systematic review and meta-analysis of prevalence." *Addictive Behaviors* 125 (2022): 107151.

[24] Public Health England, 2020. Public Health Profiles. Fingertips.phe.org.uk. Available at: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133042/pat/15/ati/6/are/E12000004/iid/92313/age/204/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 [Accessed 06 July 2022].

[25] L. Wieczorek, J. Stokwiszewski, J.I. Klingemann., (2019). Screening of problem gambling among a homeless population in Warsaw. Nordic Studies on Alcohol and Drugs, 36 (6), pp. 542-555.

[26] S. Sharman, J. Dreyer, M. Aitkin, L. Clark, H. Bowden-Jones. (2015). Rates of problematic gambling in a British homeless sample: A preliminary study**.** Journal of Gambling Studies, 31 (2), pp. 525-532

7. Comorbidities

Studies have found links between harmful gambling, poor mental health, substance misuse problems and suicidality[27].

Mental health problems

Studies[28] have shown that those with psychological disturbance or mental ill health were less likely to participate in gambling, but the reverse pattern was seen for at-risk and problem gambling, i.e. those with mental ill health had the highest rates of at-risk and problem gambling. People reporting low life satisfaction were found to have a higher prevalence of at-risk gambling compared to those with high life satisfaction.

Compared to gamblers not experiencing harm, people classed as 'problem gamblers' were around two and a half times more likely to report anxiety and depression and twice as likely to have a diagnosed mental health disorder[29].

There is substantial research showing a robust and consistent link between gambling and high rates of suicidal ideation, suicide attempts and completed suicides, even after controlling for sociodemographic variables. There is a lack of accurate data collected on gambling related suicides in the UK, but it has been estimated that there may be approximately 250 to 650 gambling related suicides per year in the UK, which equates to 4-11% of total suicides[30,31,32].

One study[33] looked at predictors of suicide attempts in male UK gamblers, and out of 20 variables examined, five were significant. These were loss of family relationships, loss of home, prior depression, prior suicidal thoughts, and medication use. Gambling severity was not necessarily associated with suicidality, what's more important is deterioration of individuals mental health, rather than financial loss.

Recent research into the impact of lockdown on behaviour suggests potential problem gamblers had significantly higher baseline levels of depression, anxiety and stress than other groups during lockdown[34]. Almost one in ten (9%) of gamblers calling the Gambling National Helpline reported having suicidal thoughts/ideations in 2020/21[35]. Local Authorities should be considering gambling when developing their Suicide Prevention Plans.

Substance misuse

In the Midlands, the prevalence estimates of opiate and crack cocaine use is similar to the England average (8.85%) at 8.93%. However, some areas of the Midlands have significantly

[27] Cowlishaw, Sean, and David Kessler. "Problem gambling in the UK: Implications for health, psychosocial adjustment and health care utilization." *European Addiction Research* 22.2 (2016): 90-98.
[28] Public Health England (2021). Gambling-related harms evidence review. Accessed at Gambling-related harms: evidence review - GOV.UK (www.gov.uk)
[29] Craig, R., Mindell, J., & Hirani, V. (2013). Health survey for England. *Health and Social Care Information Centre*.
[30] Appleby, L. et al. (2017). Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester 2.
[31] Wong, P.W.C. et al. (2010) A psychological autopsy study of pathological gamblers who died by suicide. Journal of Affective Disorders 120, 213-216 3.
[32] Karlsson, A., & Hakansson, A. (2018). Gambling Disorder, increased mortality, suicidality and associated comorbidity: A longitudinal nationwide register study. Journal of Behavioural Addiction 7(4), 1091-1099
[33] Sharman, S, et al. "Predictors of suicide attempts in male UK gamblers seeking residential treatment." *Addictive behaviors* 126 (2022): 107171.
[34] Sharman, S, et al. "Gambling in COVID-19 lockdown in the UK: Depression, stress, and anxiety." *Frontiers in Psychiatry* (2021): 1.
[35] GamCare Helpline Data Summary 2020/2021. Available at: https://issuu.com/tgdh/docs/gamcare_helpline_data_summary_issuu

higher prevalence estimates (Birmingham, Dudley, Sandwell, Stoke-on-Trent, Walsall, Wolverhampton, Derby, Leicester and Nottingham)[36].

Prevalence of problem gambling in patients with a substance misuse disorder are higher than the general population with reported ranges from 20.5% to 55%[37,38].

The recent PHE Gambling evidence review[39] found that there was a clear pattern of increased participation in gambling, at-risk gambling, and problem gambling, as the number of alcohol units consumed per week increased, being most noticeable at the extremes, with 74.4% of those consuming over 50 units a week participating in gambling and 11.4% at-risk or problem gamblers (compared to 35.4% and 2.1% of non-drinkers respectively). There was little difference in overall gambling participation between smokers and non-smokers, but current smokers had a higher prevalence of at-risk and problem gambling (8.5%) compared to non-smokers (1.9%).

An audit of a local drug and alcohol service to assess the extent the service enquires about and records problem gambling in its patient cohort, found that 0% of patients were asked about gambling at their initial assessment[40]. Across multiple appointments, only 3.5% had discussed gambling and for the majority of patients this was just once, suggesting that a mention of gambling was not followed up in a systematic fashion.

If patients are not being appropriately assessed for GRH then they cannot be identified and referred appropriately. The study authors recommend that a brief screening tool that has been validated in a clinical population, such as lie/bet[41] is used in other services that are likely to have patients experiencing GRH. The tool contains only two questions, and a positive response to one can trigger a further assessment with a longer tool.

[36] Opiate and crack cocaine use: Prevalence estimates by local area 2016/2017. Accessed at: https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

[37] Denis, C., et al. (2012) 'Analyses related to the development of DSM-5 criteria for substance use related disorders: An assessment of pathological gambling criteria', Drug and Alcohol Dependence, 122: 22-27.

[38] Petry, N., et al. (2013) 'An empirical evaluation of proposed changes for gambling diagnosis in the DSM-5', Addiction, 108: 575-581.

[39] Public Health England (2021). Gambling-related harms evidence review. Accessed at Gambling-related harms: evidence review - GOV.UK (www.gov.uk)

[40] Barker, J, et al. (2021). "Co-morbid gambling disorder in a local drug and alcohol service: an audit to determine prevalence." *BJPsych Open* 7.S1: S175-S175.

[41] Johnson, E. et al. (1988). 'The lie/bet questionnaire for screening pathological gamblers', Psychological Reports, 80: 83-88.

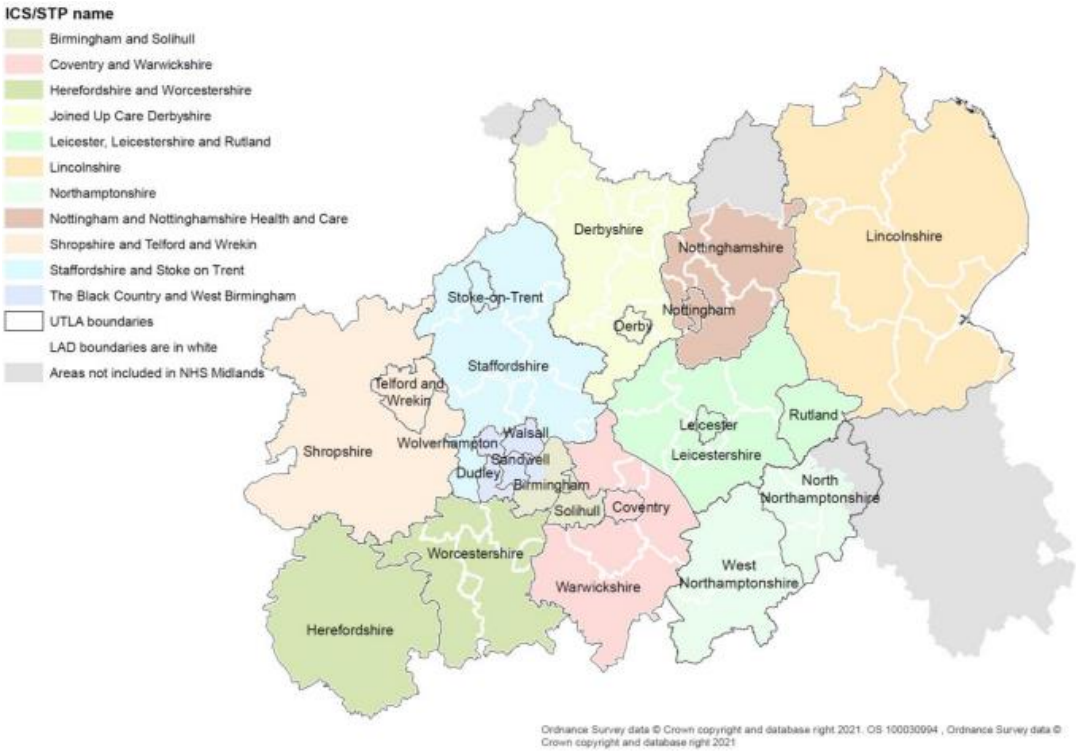
8. Gambling profile in the Midlands

Population profile: Midlands

The Midlands has a large and diverse population, with an estimated population of 10.9 million in 2020. This means that it is home to almost one in five (19.2%) people in England. It is the largest region in England and continues to grow[42]. There are a range of overlapping administrative geographies in the Midlands, including:

- 24 upper tier (county and unitary) local authorities (UTLAs)
- 65 local authority districts (LAD)
- 11 integrated care systems (ICSs)
- West Midlands Combined Authority and other emergent devolution deals

Figure 3: Map of the Midlands showing NHS and local authority boundaries



It is estimated that the Midlands population will increase to 12.2 million by 2043, an increase of 11% since 2018[43].

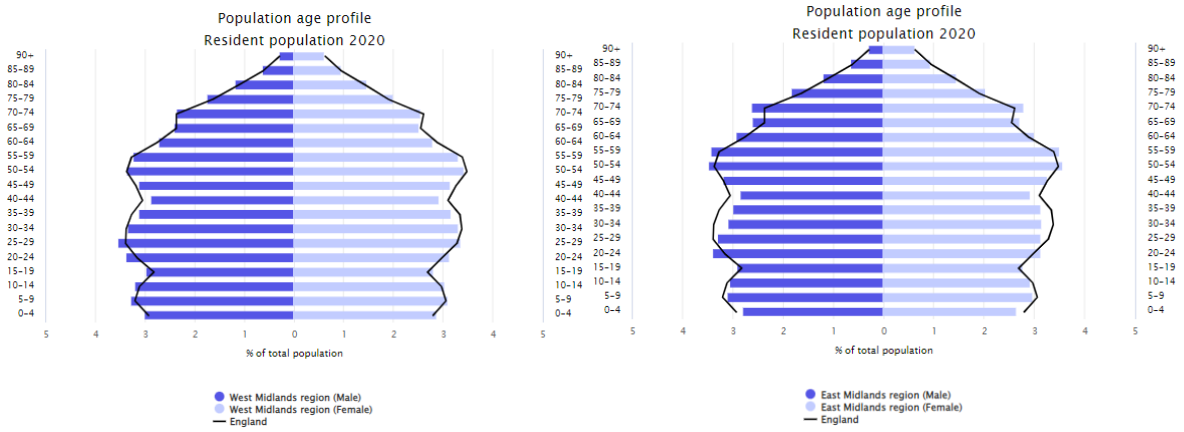
Age and Sex

The Gambling Evidence Review[44] found that participation in any gambling activity was most common among those aged 45 to 64 years (60.4%) and least common in those aged 16 to 24 years (39%). The National Lottery was the most common type of gambling across all age groups, except younger people where scratch cards were more common. If lotteries are

[42] Office for National Statistics. (2021). Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2020.
[43] Office for National Statistics. (2020). Subnational population projections for England: 2018.
[44] Public Health England (2021). Gambling-related harms evidence review. Accessed at Gambling-related harms: evidence review - GOV.UK (www.gov.uk)

excluded, then gambling was more common in younger age groups for many activities. Online gambling is more common among younger people. Men were more likely than women to have participated in any gambling activity in the past 12 months (57.4% versus 50.7%). Men in the younger age groups were most likely to experience both problem and at-risk gambling, e.g., 11.7% of men aged 16 to 24 and 10.1% of men aged 25 to 34 were participating in at-risk gambling compared to 3.1% and 2.7% of women respectively. According to either DSM-IV or PGSI, the prevalence of problem gambling for men in 2018 was 0.8% and for women 0.3%.

Figure 4: Population age profile – Resident population 2020 for West and East Midlands

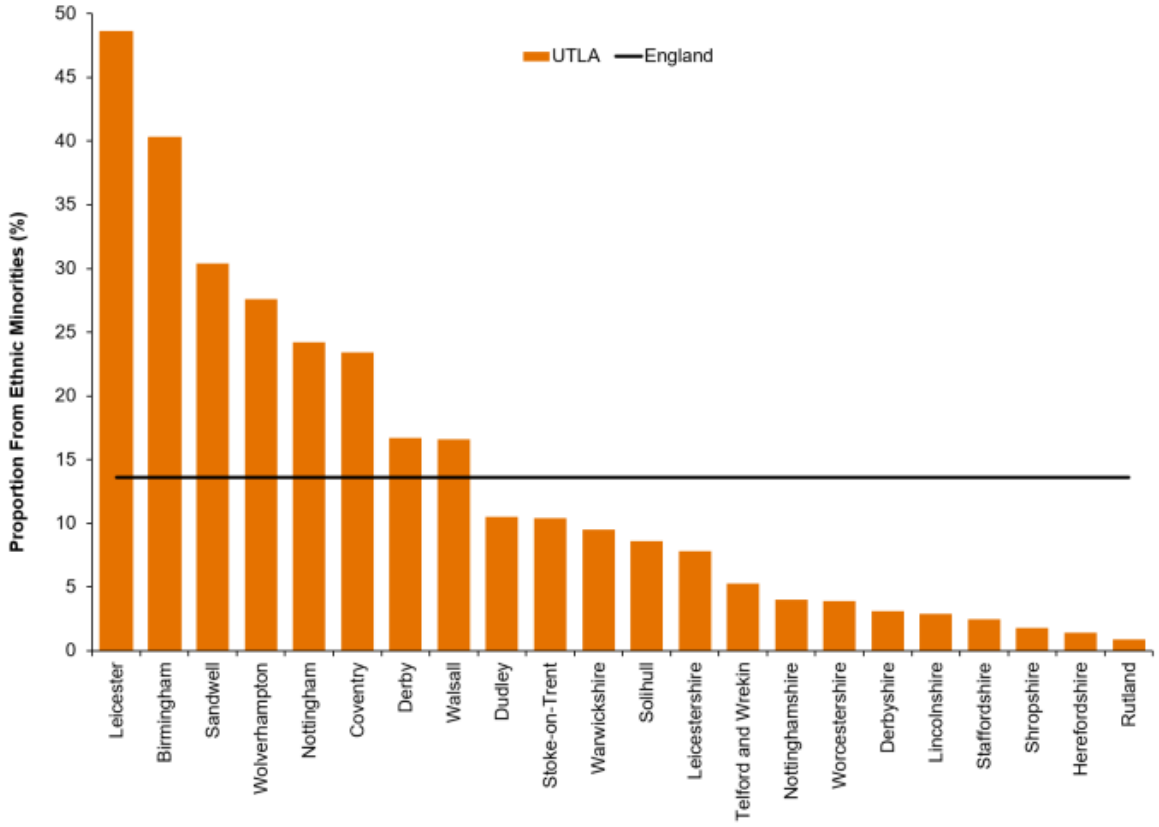


The age profile for 15-19 year olds in the West and East Midlands is similar to the England average for males and females. In the West and East Midlands, there is a higher prevalence of 20-24 year old males and females compared to the England average, and in the West Midlands there is also a higher prevalence of 25-29 year old males, compared to the England average. Therefore, there may be a higher number of young males gambling at levels of elevated risk in the Midlands, particularly in the West Midlands.

Ethnicity

The Midlands is an ethnically diverse region. Data from the Annual Population Survey (APS) suggests that there were 1,120,700 adults from ethnic minorities in the Midlands in 2016. This equates to 13.3% of the total Midlands population, which is similar to the England average of 13.6%. The Midlands has higher proportions of ethnic minority populations in regions of high deprivation (Leicester, Birmingham, Sandwell, Wolverhampton, Nottingham, and Coventry). There is a large degree of variation in ethnic minority populations across the Midlands, ranging from 48.6% of the adult population in Leicester to 0.9% in Rutland.

Figure 5: Proportion of population from an ethnic minority background in the Midlands by UTLA (2016):



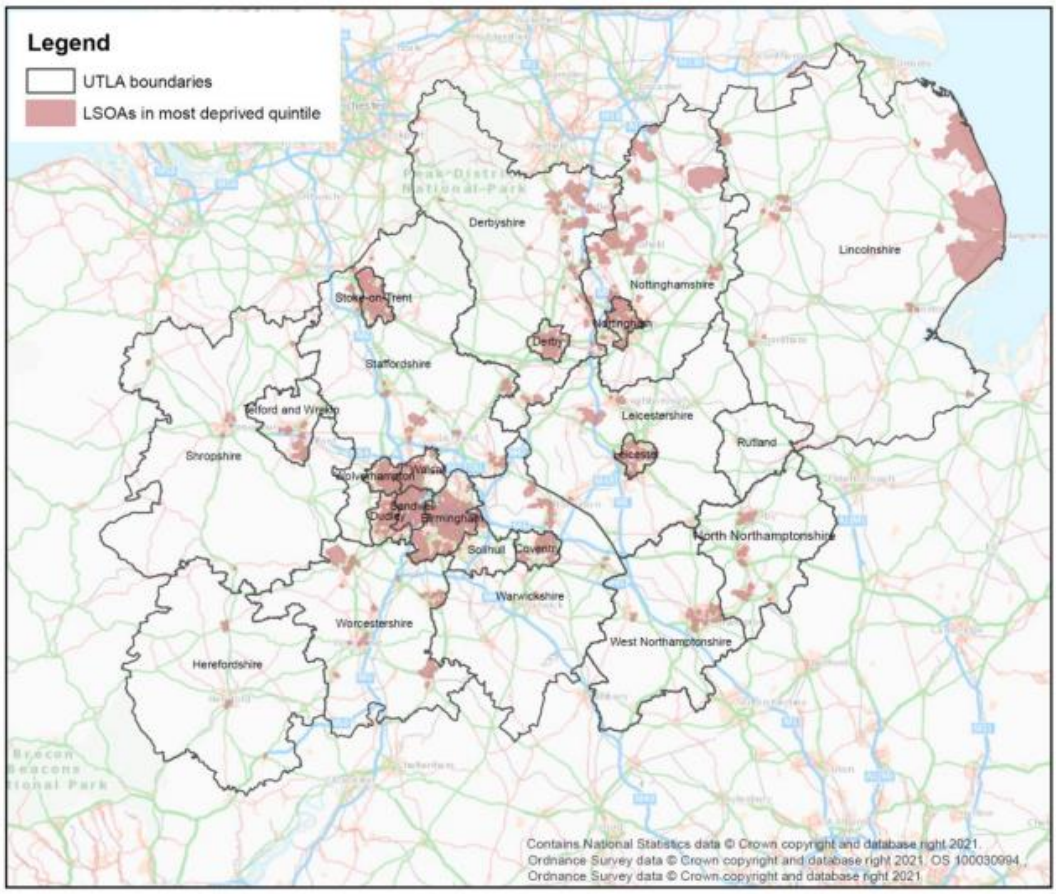
The PHE Gambling Evidence Review[45] found that overall participation in any gambling activity was found to be most common in the White and White British ethnic group (60.8%) and least common in the Asian and Asian British ethnic group (31.2%). However, the data suggests a paradox of harm regarding the Asian and Asian British group. This ethnic group is less likely to take part in gambling than the White and White British group (both overall participation and at-risk gambling), but more likely to experience problematic gambling (1.1%) than the White and White British group (0.5%).

Deprivation

When compared to England, deprivation is higher in the Midlands. Inequalities are particularly high among urban, industrial, rural, and coastal communities. Of the 6,261 lower super output areas (LSOA) in the Midlands in 2020, over 26% of the population lived in LSOAs that were among the top 20% most deprived areas nationally (the most deprived quintile), while 19.5% lived in the least deprived quintile. Areas in the most deprived IMD quintile are highlighted in red in Figure 6. The LSOAs with higher levels of deprivation are found in the urban areas of Nottingham, Birmingham, Leicester, Sandwell, and Stoke-on-Trent, but also in coastal areas of Lincolnshire and other pockets throughout the Midlands. In 2019-20, 458,520 children aged under 16 lived in relative low-income families (i.e less than 60% of the UK average income before housing costs), equating to 22.2% of children in the Midlands; England average is 19.1%. Variation within the Midlands is large, ranging from 36.9% in Birmingham to 9.8% in Rutland.

Figure 6: Index of multiple deprivation (2019) in the Midlands by LSOA:

[45] Public Health England (2021). Gambling-related harms evidence review. Accessed at Gambling-related harms: evidence review - GOV.UK (www.gov.uk)



The PHE Gambling Evidence Review[46] found that overall participation in any gambling activity was similar across all Index of Multiple Deprivation (IMD) quintiles in England. However, for at-risk gambling, and problem gambling prevalence increased across quintiles from least deprived (3.0% for at-risk, 0.2% for problem gambler) to most deprived (5.3% for at-risk, 1.2% for problem gambler).

Employment

Looking at economic activity, the PHE Gambling Evidence Review[46] found that participation in any gambling activity was most common in those who were 'employed, self-employed or in training' (64.7%), and least likely among those who were 'unemployed' (50.4%). However, the reverse is true for at-risk gambling and problem gambling. At-risk gambling (6.1%), and problem gambling (2.1%) was most common in the unemployed category. Data from 2020 shows that the West Midlands and East Midlands had a higher rate of unemployment at 5.3% and 4.9% respectively, compared to the England average (4.7%)[47].

[46] Public Health England (2021). Gambling-related harms evidence review. Accessed at Gambling-related harms: evidence review - GOV.UK (www.gov.uk)
[47] Public Health England, 2020. Public Health Profiles. Fingertips.phe.org.uk. Available at: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133042/pat/15/ati/6/are/E12000004/iid/92313/age/204/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 [Accessed 06 July 2022].

In the East Midlands, the prevalence of gambling participation was 61.1% based on surveys conducted in 2012, 2015, 2016 and 2018. For the West Midlands, this was 57.8%. This equates to approximately 6.48m people in the Midlands.

Table 5. Overall gambling participation by region, England 2012, 2015, 2016, 2018[48]

	North East (%)	North West (%)	Yorkshire and the Humber (%)	East Midlands (%)	West Midlands (%)	East of England (%)	London (%)	South East (%)	South West (%)	Total (%)
Spent money on at least one gambling activity	64.7	58.7	60.8	61.1	57.8	61.1	48.0	56.8	57.8	57.6
Base	1,329	3,592	2,699	2,332	2,838	3,013	4,115	4,442	2,803	27,164

Source: HSE 2012, 2015, 2016, 201

The HSE uses the Problem Gambling Severity Index (PGSI) and the Diagnostic and Statistical Manual of Mental Disorders 4th Version (DSM-IV) to measure problems due to gambling. Even when multiple HSE years are combined, numbers are small and confidence intervals overlap when looking at problem gambling by region. It was not possible to produce meaningful local authority analysis for at-risk gambling or problem gambling due to the small number of counts for these questions at local authority level.

Table 6: Problem gambling according to either DSM-IV or PGSI by region, England 2012, 2015, 2016, 2018[48]

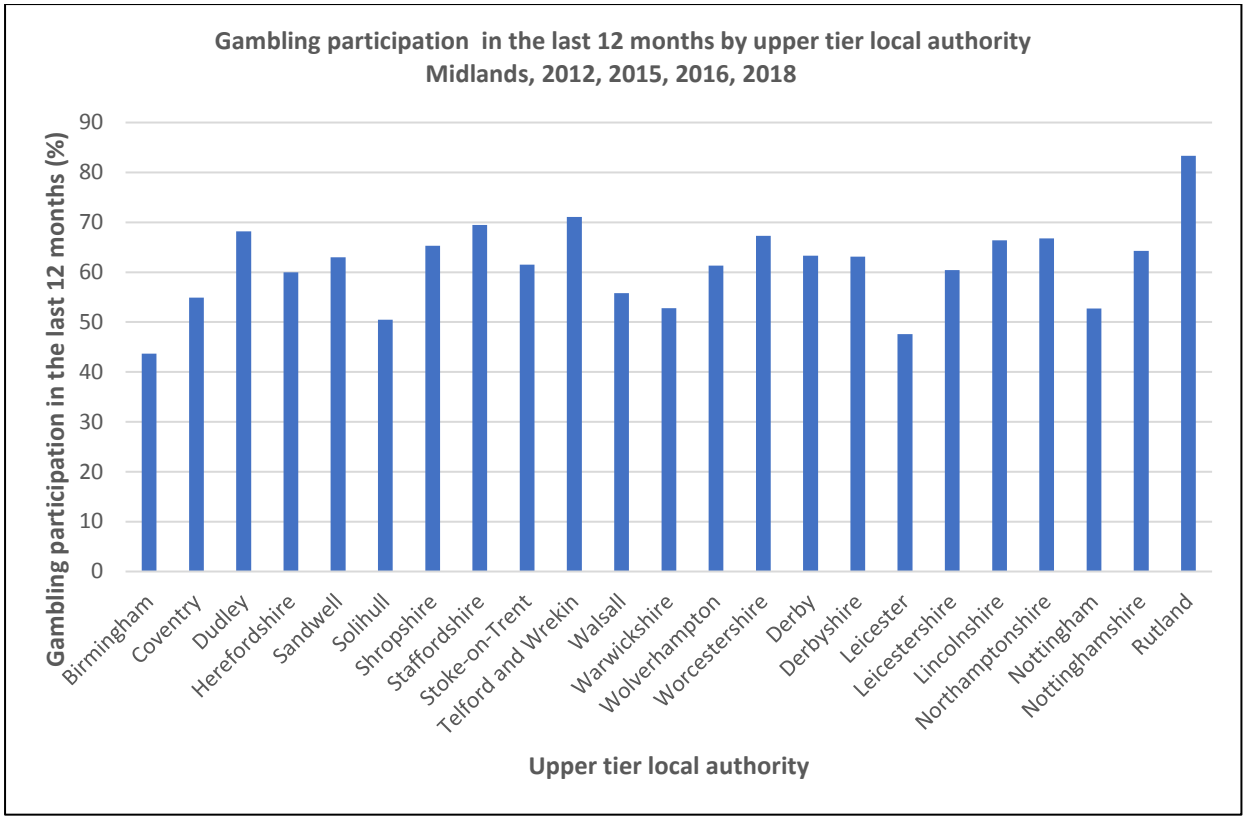
	North East (%)	North West (%)	Yorkshire & the Humber (%)	East Midlands (%)	West Midlands (%)	East of England (%)	London (%)	South East (%)	South West (%)	Total (%)
Non-problem gambler (including people not participating in any gambling activity)	99.0	99.4	99.0	99.5	99.3	99.5	98.8	99.6	99.7	9.3
Problem gambler according to either DSM-IV or PGSI	1.0	0.6	1.0	0.5	0.7	0.5	1.2	0.4	0.3	0.7
Base	1,329	3,598	2,655	2,341	2,843	3,067	4,022	4,451	2,820	27,164

Overall gambling participation by local authority in the Midlands

Figure 7 shows the prevalence of overall gambling participation in the last 12 months by upper tier local authority (UTLA). It was not possible to produce meaningful local authority analysis for at-risk gambling or problem gambling due to the small number of counts for these questions at local authority level. The confidence intervals were too wide to show any useful evidence of variability.

Figure 7: Gambling participation in the last 12 months by upper tier local authority for 16 yrs + in the Midlands, 2012, 2015, 2016, 2018

[48] Public Health England (2021). Gambling-related harms evidence review: Quantitative analysis of gambling involvement and gambling-related harms among the general population in England. Accessed at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020883/Gambling_evidence_review_quantitative_report.pdf



None of the Midlands UTLAs were included in the top five with the highest levels of gambling participation in England. However, Birmingham and Leicester were included in the five UTLAs with the lowest levels of gambling participation.

Based on a national prevalence of 3.8% thought to be at risk of experiencing GRH, in the Midlands approximately 414,200 people are at risk of GRH. In addition, it is estimated that six to ten people are directly affected by one problem gambler (LGA, 2018, p.3), suggesting that the number of those affected by problem gambling in the Midlands could be between 2,485,200 and 4,142,200.

GambleAware GB Maps

Using data collected as part of the Annual Great Britain Treatment and Support Survey, GambleAware, in collaboration with University College London, have produced maps of Great Britain which show the prevalence of problem gambling severity in each Local Authority and ward area, as well as usage of and reported demand for treatment and support for GRH.

Map 1: Gambling prevalence based on PGSI scores

Map 1 has the ability to look at the prevalence of non-problem gamblers (PGSI 0); low-risk (PGSI 1-2); moderate-risk (PGSI 3-7) and problem gamblers (PGSI 8+) by Local Authority area or ward area.

Figure 8: Problem gamblers by local authority area in Great Britain

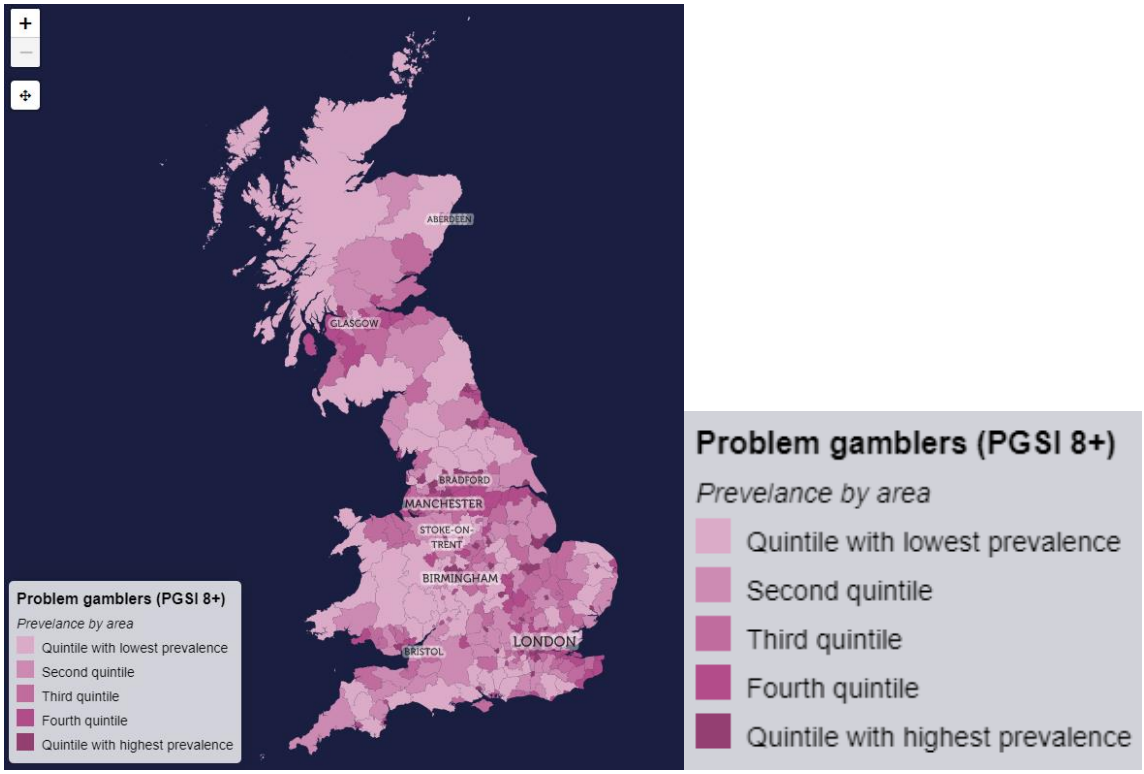
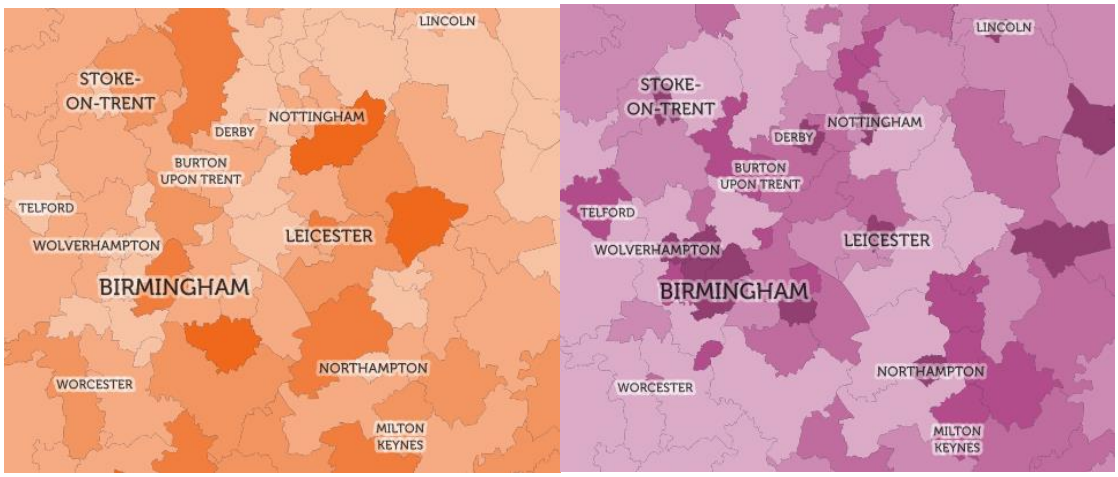


Figure 9: Map 1 zoomed in on the Midlands. Orange shows the prevalence of non-problem gamblers, and purple shows the prevalence of problem gamblers



The darker areas show the highest prevalence and the lighter areas show the lowest prevalence. Problem gambling tends to be more concentrated in urban areas, while non-problem gambling tends to be seen in more rural areas.

Figure 10: Map 2 – Reported usage and reported demand of treatment and support for gambling harms at local authority level

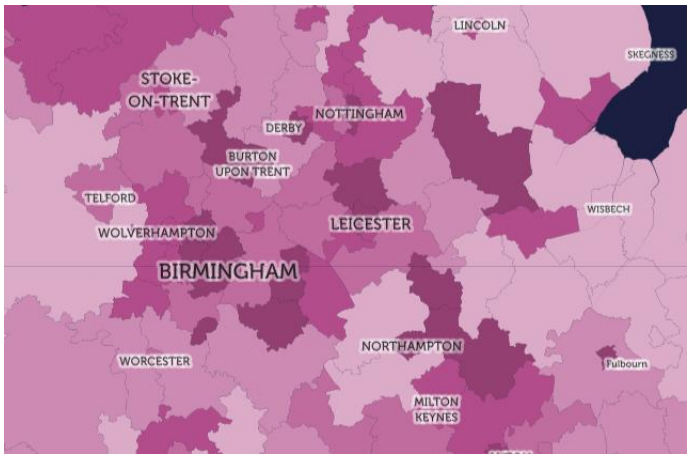


Figure 10a: Reported demand for treatment and support for problem gamblers

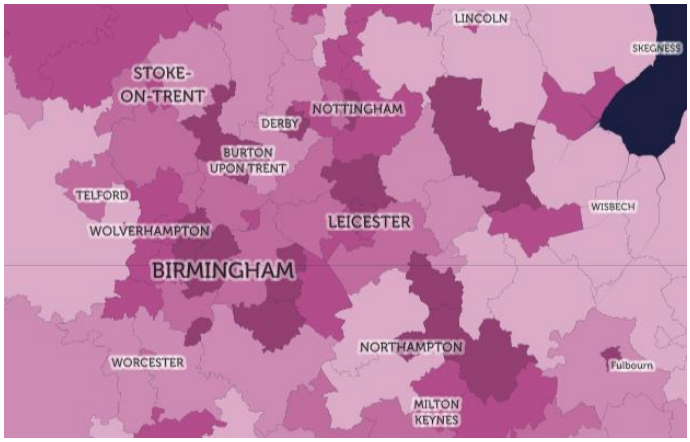


Figure 10b: Reported usage for treatment and support for problem gamblers

Figure 11: Map 3 – Relative usage and reported demand for treatment and support based on PGSI scores (i.e. where there is more or less usage and reported demand for treatment and support based on PGSI categories).

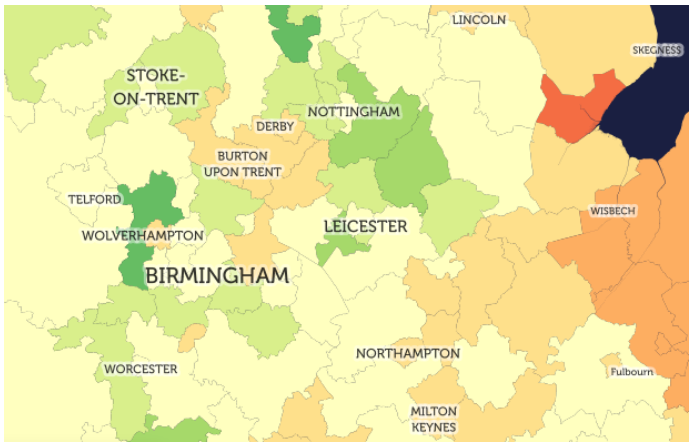


Figure 11a: Relative reported demand for treatment and support for problem gamblers

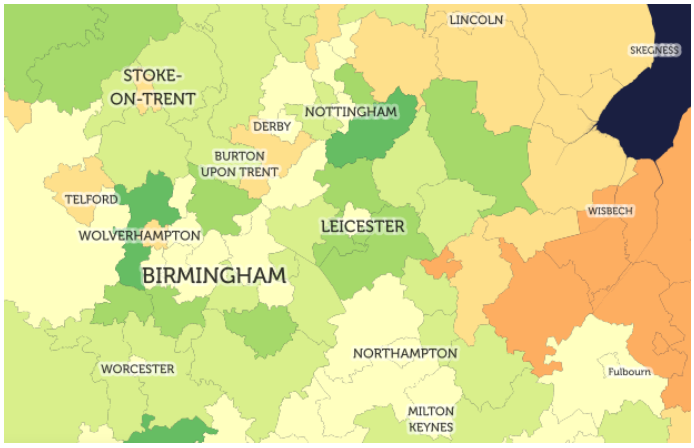


Figure 11b: Relative usage for treatment and support for problem gamblers

These three maps represent a starting point in understanding some of the differences at ward and local authority level. It is anticipated that they will be useful to national and local public health teams and healthcare commissioners in building their understanding of gambling in their local authority area.

The maps have been created by grouping the data into five equal categories known as quintiles. This means that a scale has been created to show the quintile with the lowest prevalence, usage of, and reported demand for treatment and support through to the quintile with the highest prevalence within each local authority and ward area in England, Scotland, and Wales.

The data were collected at the end of 2020 and a note on the data analysis and methodology used can be found here. It is important to note that this analysis produces rough estimates only. The data modelling is not intended to produce an accurate figure for each locality, but rather to give indicative estimates that then provide a sense of how prevalence and usage/demand is spread across the country in relative terms. Due to the sample size, ward level estimates should only be used as indicators and not exact results.

9. Treatment and support

Over 400,000 people in England experience problem gambling. Furthermore, another two million people are at risk, but less than 3% will seek treatment. This is more than the 270,705 adults in contact with drug and alcohol services between April 2019 and March 2020 as highlighted in the latest statistics, yet treatment for gambling addiction is much more limited.

GambleAware commission a network of services providing therapeutic/counselling support in the community, as well as residential treatment and support. However the current capacity and coverage is not well defined. Most people who end up in gambling treatment services self-refer directly into them, when they are already experiencing severe gambling related harms, and treatment statistics from GambleAware show that at the point of presentation to services, individuals had been experiencing issues with their gambling on average for 10 years[49].

In 2019 the NHS Long Term Plan committed to investing in expanding NHS specialist clinics to help more people with serious gambling problems, with up to 14 problem gambling clinics across England. Specialist face-to-face NHS treatment for gambling addiction has been available in London at the National Problem Gambling Clinic, since 2008. The NHS Northern Gambling Service, has clinics in Leeds (since 2019), Manchester (since 2020), and Sunderland (since 2020). There is also a National Children and Young Persons pilot clinic (since 2019). Two new clinics based in Southampton, and Stoke-on-Trent will open from May 2022. Further gambling clinics will be rolled out following evaluation of these sites.

The Office for Health Improvement and Disparities (OHID) are currently carrying out a health needs assessment to assess the strengths and weaknesses of the current treatment system for adult gamblers in England who are experiencing gambling related harm. This work will complement the development of NICE clinical guidelines for gambling treatment (due 2024), and research being completed by The University of Sheffield to establish treatment thresholds for harmful gambling, and the level of treatment need and demand in England, both nationally and at a local level (due 2023).

Current treatment services and support available at a national level and regional level are highlighted in Tables 7 and 8 respectively.

Table 7: Services available nationally for GRH treatment and support

Service	Description	Contact
The National Centre for Behavioural Addictions		
The National Problem Gambling Clinic	If you live in England or Wales, are aged 16 or over and have problems related to gambling, you can refer yourself. See the criteria for self-referral.	gambling.cnwl@nhs.net 020 7381 7722.
The National Centre for Gaming Disorders	If you live in England or Wales, are aged 13 or over and have problems related to gaming, you can refer yourself.	

[49] GambleAware (2021) Annual Statistics from the National Gambling Treatment Service: 1st April 2020 to 31st March 2021

GamCare		
Therapeutic support	One-to-one in person, online and telephone therapeutic support and treatment for people with gambling problems, as well as affected others. It offers group-based recovery courses delivered face-to-face or online, and it also provides information and advice via their website.	Website
National Gambling Helpline	Run by GamCare. Advisers are available one-to-one, 24/7 on the phone or on live chat. An online group chatroom is also available where gamblers can talk to other people in similar situations. There are different types of chatrooms, including one for women only, and one for family and friends affected by a loved one's gambling.	0808 802 0133 group chatroom
Gordon Moody Association		
Residential courses	Offers residential courses for men and women who have problems with gambling. They also offer specialist relapse prevention housing for people who have completed treatment programmes but need additional recovery support.	help@gordonmoody.org.uk 01384 241292
Gambling Therapy Website	Gordon Moody runs the Gambling Therapy website, which offers online support to problem gamblers and their friends and family.	Gambling Therapy website
Gamblers Anonymous UK	local support groups that use the same 12-step approach to recovery from addiction as Alcoholics Anonymous.	Website 0330 094 0322 info@gamblersanonymous. org.uk
GamLearn	A lived experience and recovery network. It supports those who have experienced GRH and provides opportunities for them to build a better future. It provides structured education and training to enable members to have the best opportunity to return to work and society.	No website yet. Contact them through Twitter @GamLearn
Citizens Advice	Offers help with gambling problems. Many gamblers will be experiencing financial difficulty and Citizens Advice can help with debt management as well as support to stop gambling.	Website
Self exclusion		
GamCare Gamstop Betting shops multi operator self exclusion scheme	Self-exclusion is a process when you can ask a gambling operator to exclude you from gambling with them for a set length of time – usually between six months and five years. In practice, it means you will be refused service in the venues where you have self-excluded. By law, this must be provided as an option by gambling operators in the UK. This is normally irreversible for the set time. You	Website Website Website

The Bingo Industry Self-Exclusion Scheme	can self-exclude in-person at the venue, some offer online schemes, and also telephone schemes too.	Website
Casinos Voluntary Self Exclusion: SENSE		Website
Arcades Bacta Self-Exclusion Scheme		Website
GamBan		Website

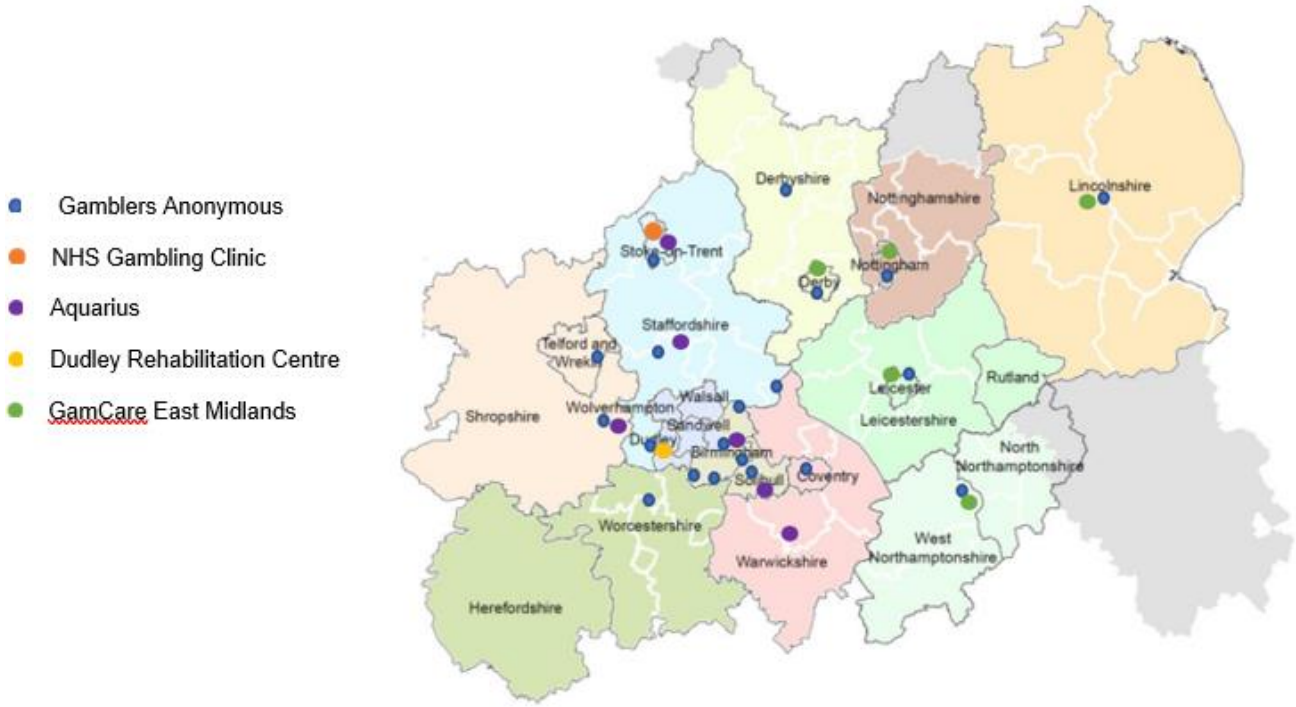
What services are available in the Midlands?

Table 8: Services available in the Midlands for GRH treatment and support

Service	Description	Contact
NHS Gambling Clinics		
Northern Gambling Service	Provides specialist addiction therapy in the north of England, including the north Midlands, with clinics in Leeds, Sunderland and Manchester.	referral.ngs@nhs.net 0300 300 1490.
Stoke-on-Trent Gambling Clinic	Due to open in May 2022 as part of the NHS Long Term Plan and the commitment to expand NHS specialist clinics to help more people with serious gambling problems. Further gambling clinics will be rolled out following evaluation of the five current pilot sites and these locations are yet to be determined.	
GamCare East Midlands	Provides a range of free, flexible services to support anyone affected by gambling problems across the East Midlands. The East Midlands team offers services to anyone in the following areas: • Lincolnshire • Peterborough • Nottingham • Derby • Leicester • Northampton	0152 227 4880.
Aquarius	Aquarius are a GamCare partner in the Midlands. They provide support, information, and advice to anyone over 16 suffering with a gambling problem, as well as to family members and friends affected by someone else's gambling. Their service is available in the following areas: • Birmingham • Solihull • Staffordshire • Stoke-on-Trent • Warwickshire	gambling@aquarius.org.uk 0300 456 4293 Website

	• Wolverhampton	
Gamblers Anonymous	GA have local meetings across the country. Tables 1 and 2 in the Appendix provide details of the meetings that are held across the Midlands.	Website
Gambling Rehabilitation Centre	Based in Dudley, offers support, at a cost, for people wanting to stop gambling.	Website
Krysallis	Working in partnership with GamCare providing free information, advice and support for anyone affected by gambling. Based in Yorkshire and Humber, but they provide a weekly drop-in session in Chesterfield.	Website
Other local services (GPs, Substance misuse services, Young peoples services)	GRH can impact on a wide range of mental health conditions and is often linked to other addictions. It is essential that other organisations have the tools and information at hand to screen for, and advise people, on their options for support with the gambling problem. The Citizens Advice service is well-placed to spot the signs and impact of problem gambling.	

Figure 12: Map of gambling services available in the Midlands



GamCare national helpline data

In 2020/21, GamCare[50] received 41,000 target calls, a 9% increase on the previous year, and over 27,000 were unique callers (i.e. some people called more than once). Gamblers made up the majority of these callers (78%), and 17% were an affected other.

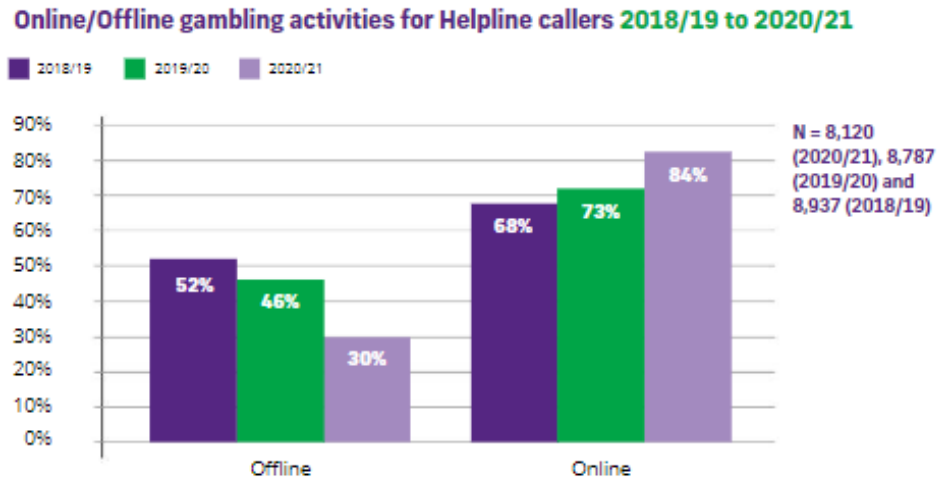
When compared to the general adult population in each region the proportion of callers using the Helpline were generally consistent

Table 9: Region of home postcode of Helpline callers 2020/21

	Helpline callers	% of adult population
East Midlands	8%	7%
East of England	9%	9%
London	13%	13%
North East	5%	4%
North West	13%	11%
Northern Ireland	1%	3%
Scotland	6%	8%
South East	13%	14%
South West	8%	8%
Wales	4%	5%
West Midlands	9%	9%
Yorkshire and The Humber	9%	8%
N=	9,252	66,796,807

Calls to the Helpline relating to online gambling have been steadily increasing over the last three years, while calls relating to offline gambling have declined, likely caused, at least in part by UK lockdowns due to COVID-19.

Figure 13: Online/offline gambling activities for helpline callers

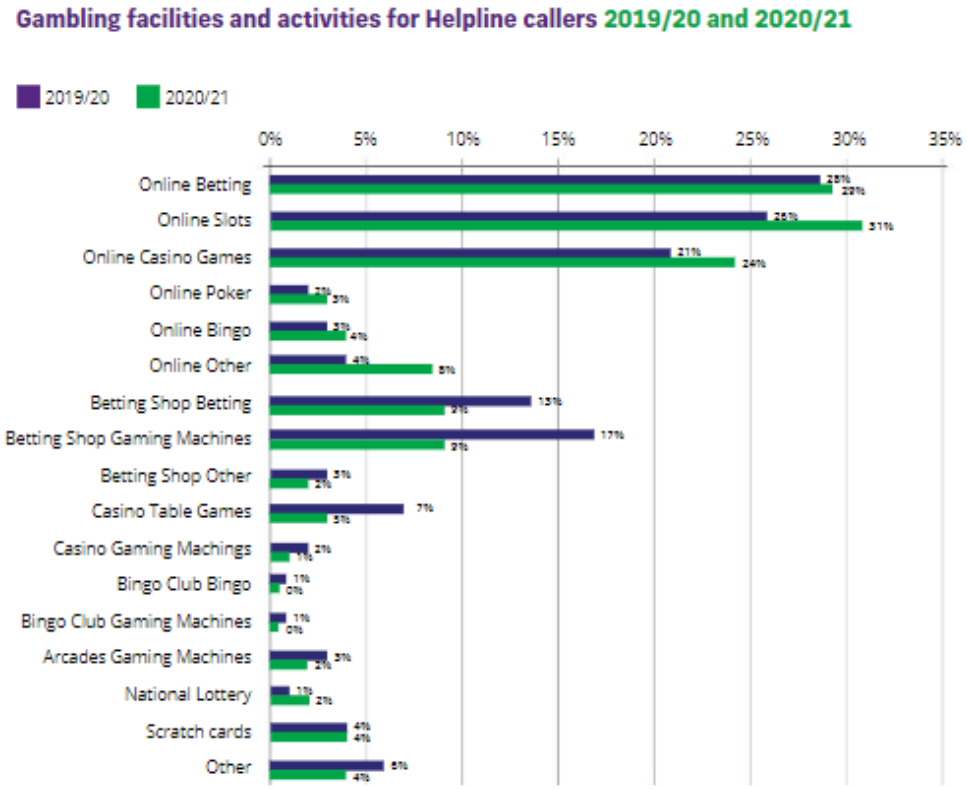


Source: Gamcare helpline Data Summary 2020/2021

[50] GamCare Helpline Data Summary 2020/2021. Available at: https://issuu.com/tgdh/docs/gamcare_helpline_data_summary_issuu

The activities most likely to be problematic online were slots, betting and casino games, while offline activities most likely to be problematic were betting shop betting and betting shop gaming machines.

Figure 14: Gambling facilities and activities for Helpline callers



Source: Gamcare helpline Data Summary 2020/2021

Affected others

> *"…people that know someone who has had a problem with gambling (either currently, or in their past) and feel they have personally experienced negative effects from this person (or people's) gambling behaviour. This could include family members, friends, and work colleagues, among others, with the negative effects ranging from financial to emotional or practical impacts". (YouGov)*

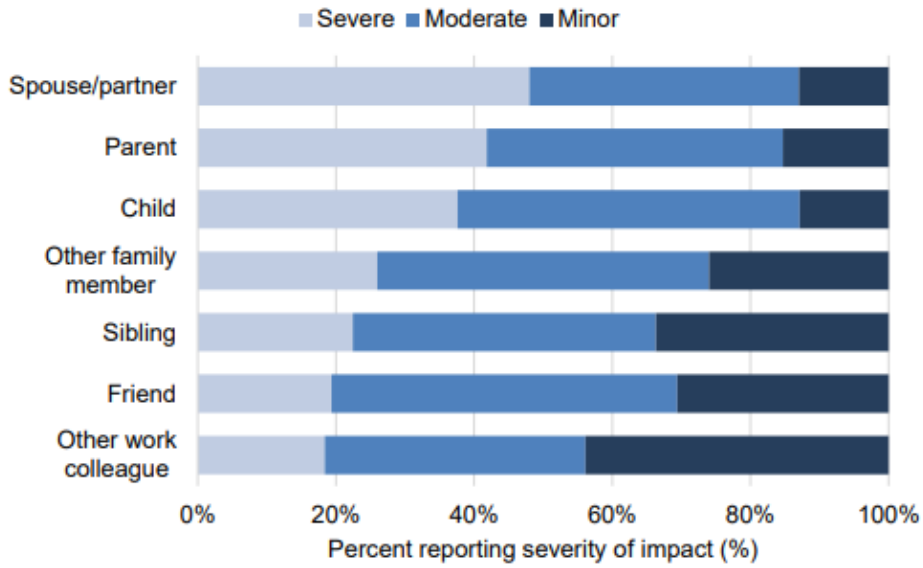
Around 7% of the population of Great Britain (adults and children) were found to be negatively affected by someone else's gambling according to evidence from YouGov.

Among gamblers, 20% of problem gamblers were 'affected others' compared to 13% of moderate risk gamblers, and 9% of low risk gamblers, thus highlighting the complex relationship between a person's own gambling and other people's issues with gambling.

Affected others are more likely to be women. The most severe impacts of problem gambling were felt most by immediate family members. Almost half (48%) of people who were affected by a spouse or partner's gambling reported a severe negative impact. This was followed by people affected by the gambling of a parent (41%) and the gambling of a child (38%). The

type and closeness of the relationship plays an important role in determining the severity of the negative impact experienced by affected others.

Figure 15: Severity of impact by type of affected other, Great Britain 2019



Source: Gambling treatment and support, YouGov, 2019

Support for affected others

There are GamAnon support groups for friends and family which run in person at selected locations across the country, and on Zoom. GamCare offers support and information for partners, friends and family of people who gamble compulsively.

10. Interventions and support

Education for children and young people

Gambling with Lives is a charity set up by the family and friends of young people who have taken their own lives as a direct result of gambling. They have launched a new education programme to alert school children to the dangers of addiction. The awareness-raising initiative is being piloted in schools in Northern Ireland and England ahead of a planned rollout across the rest of the UK.

> *"Children are taught about the dangers of alcohol, drugs and smoking, they are told about road safety and sexual predators, but no-one tells them about the gambling industry and its most dangerous products, or the harm that they can so easily inflict,"*

The programme has been specially designed to raise awareness in young people of the harm that gambling can cause, opening the door for conversations with them as opposed to just waiting for the harm to occur.

A similar programme, developed by The University of Edinburgh, is being piloted in some Glasgow schools, looking at early intervention and education of young people to understand the harms that can be caused by gambling.

The PSHE curriculum[51] introduced from September 2020 states that secondary schools will need to 'teach about the risks related to online gambling including the accumulation of debt'.

Beacon Counselling Trust – Gambling in the Asian Community

In partnership with Addiction Recovery Agency (ARA), the Beacon Counselling Trust have developed the 'Breaking the Sharam' project which seeks to engage with and support the most vulnerable members of Asian Communities in addressing GRH.

Gambling related harms screening and diversion pathway

A wide variety of crimes are committed as a result of harmful gambling, such as theft and fraud, but also serious and organised crime, and there is evidence of domestic abuse and child neglect linked to harmful gambling. Despite harmful gambling being recognised as a mental health disorder, the criminal justice system is not responding to related offending in an appropriate way. Historically there has been little work done to address harmful gambling within the UKs criminal justice system. There is a danger that responses to harmful gambling and crime can lead to inappropriate up-tariffing, such as replacing fines with more punitive community orders and treatment requirements. The emphasis should be on diversion from the criminal justice system wherever possible.

As a result, a gambling screening pilot within Cheshire police was developed by the Beacon Counselling Trust. Following the pilot in Cheshire, 13% of those arrested and screened fall

[51] DfE. (2019). Relationships: Education, relationships and sex education (RSE) and health education.

under the harmful gambling category. This is much higher than the 0.5–1% of the UK population estimated to have problematic gambling.

Cheshire police created the opportunity for a person presenting with a GRH to have access to an alternative criminal justice diversion programme via community resolutions and conditional cautions. The gambling screening is now an embedded practice, reflecting its success. On the back of the success of the pilot in Cheshire, ten police force areas have now developed and embedded free at point of service gambling screening, diversion and treatment care pathway. This includes one police force in the Midlands, the West Midlands PCC. Embedding this pathway in practice requires engagement from all partners in the system, and all staff involved in the custody process must receive appropriate free accredited training.

The Beacon Counselling Trust are keen to roll this out further across other police forces. If you would like to know more about this please contact Brian Faint (Brian.Faint@beaconcounsellingtrust.co.uk).

11. What work is happening in the Midlands to address gambling related harm?

Identifying gambling related activity and support in the Midlands: results from a survey

A short survey was shared with all Directors of Public Health and Drug and Alcohol commissioners in the Midlands, to gather local data and information on GRH and activities to address GRH, in September 2021. Of the 14 local authority areas in the West Midlands, and eight in the East Midlands, five and four responded respectively. A summary of the responses is included in the table below. We understand some areas may have picked up gambling since the survey was carried out and are developing a gambling strategy.

Is gambling recognised as a public health issue?
Two areas said it is not presently included in any public health portfolios of work. In five other areas it was covered under addictions, licensing, financial inclusion, wider determinants, or mental health.
Do your services already use identified pathways into local gambling support services?
Three areas said they do not sign post to treatment. Two said they signpost to national support. Two said they were in early stages of developing pathways. Two areas said they signpost to local support and national support.
Programmes of work
Three areas said there are no programmes of work. One area has included gambling in annual Safeguarding Training following a Domestic Homicide Review. One area contributed to the review of the local Licensing Gambling policy. Another area intends to incorporate it in wider mental health and wellbeing programmes. Another area is at the planning stage. Another area has a detailed programme of work, including running local campaigns, promoting national campaigns, highlighting gambling support; creating a podcast to normalise discussions around gambling; engaging with internal teams; staff training; developing screening and brief intervention processes; engaging with Public health gambling harm networks (e.g. Gambling Commission event; Yorkshire and Humber; Greater Manchester)
Local data or intelligence on the extent of gambling harm
Eight areas said they do not have information at a local level, with some saying they rely on national data; one area has requested it is recorded in substance misuse services; and another area has a planned evaluation. One area does have some limited local data – they have mapped areas where land-based gambling outlets are present alongside areas of deprivation, and they appear to be clustered in the most deprived neighbourhoods. Little is known about online gambling. They have also requested information from GamCare regarding caller information (e.g. volume of callers, severity of issues disclosed).

Ability to contribute and participate in improving pathways as a result of the NHS Long Term Plan to extend the number of problem gambling clinics in England
All areas said yes, but two were cautious about capacity to do this.
What can the regional team do?
When asked what they would like from the Regional team to help with addressing GRH in their local area, suggestions included local data on prevalence, and advice on evidence informed interventions, and long-term harms. Two areas also mentioned needing additional funding and resources to develop the agenda and local support services, and to fund pilot interventions. One area said they would welcome a comprehensive list of things they can or should be doing as a starting point.

Examples of work from local authorities

Screening council housing tenants for gambling related harm

Birmingham City Council are leading a two-year project (commenced December 2021) to identify how tenants of council housing with GRH can be better supported and offered treatment. First of all, the project will involve characterising what harmful gambling looks like in Birmingham and how individuals with GRH harm are currently identified and referred for treatment. The second part of the project will involve a survey of approximately 60,000 tenants in Birmingham, and finally a sub sample of those identified as having GRH will be followed up for 12-18 months to see how they are supported with GRH, and the impact of those interventions.

The hypothesis is that if tenants of council housing with GRH, (or significant others who have been affected) are identified early on and provided with appropriate support and treatment, then this could prevent tenancy loss and avoid people losing their homes. The results will lead to the development of a suitable toolkit for Birmingham City Council, which could potentially be rolled out in other cities. The study is being led by Andy Lymer, Research Lead (a.lymer@aston.ac.uk); and Helen Shervington BCC Lead (Helen.Shervington@birmingham.gov.uk).

Derbyshire Gambling Support service

The Gambling Support Service, which was a project based at a local Citizens Advice office in South Derbyshire (CA Mid Mercia) and funded by GambleAware, delivered county-wide training to frontline staff; some of which were workers at Derbyshire County Council Public Health. As part of the training, the GambleAware Screening Tool (GAST) was explored, alongside brief intervention and a pathway for local and national support. This included: a direct referral to a specialist partner, which at the time was Aquarius, or a signpost to the National Gambling Helpline operated by Gamcare. Teams at DCC who received the training include locality workers, Adult Social Care workers, Live Life Better Derbyshire Health Improvement Advisers, and assessors for the Derbyshire Discretionary Fund. Unfortunately, this project ceased in May 2021 due to funding issues.

Gambling support within prisons

Lincolnshire

We Are With You (substance misuse provider for North Sea Camp and Lincoln) are currently working with Gamcare to increase the provision around GRH in Lincolnshire Prisons. A Needs Assessment was conducted in both HMP Lincoln and HMP North Sea Camp in Autumn 2021. HMP Lincoln We Are With You staff have received training to deliver brief interventions and the plan is also for more in-depth interventions to be provided by Gamcare with We Are With You facilitating referrals. This training will be extended to We Are With You staff at HMP North Sea Camp.

Warwickshire

HMP Onley substance misuse provider Phoenix Futures report that Pre-Covid they had experienced sporadic occasions where prisoners told them that they had gambling addictions which was raised with the NHS commissioner, however gambling is not covered by the service specification therefore there is a clear gap in provision. Where HMP Onley encounter prisoners who have gambling addictions they offer GAMCARE materials. If gambling is part of a Phoenix service users lifestyle linked with their drug use they will address it 121 but if not they have to defer the prisoner to the self-help materials and ask them to discuss it with their prison Key worker. They have changed the reception screening process to include gambling but currently only have 6 prisoners who have identified it as an issue for them when they entered Onley. However, this is likely to be a big underestimation and they may have a lot of prisoners who's gambling is more problematic than they realise.

West Midlands prison group

The West Midlands prison group has recently set up a gambling harms task and finish group, with the support of GamCare, to establish identification and treatment of GRH, where it sits, and what more can be done.

12. Recommendations

There is an elevated risk of GRH among vulnerable communities experiencing multiple deprivation, thus further exacerbating inequalities. We need to develop our understanding of who is experiencing GRH, how it is experienced and what our communities and public services can do to prevent and reduce harm.

Strategy

- Local authorities should undertake their own gambling related needs assessment.
- Local authorities should develop their own comprehensive gambling strategy to prevent harm from arising, and to ensure that individuals, families, and communities have access to the right treatment and support.

Prevention

- Licensing teams should undertake mapping exercises and develop a Local Area Profile to identify areas where there may be a greater risk of GRH in the community, and specific population groups that may be at greater risk.
- Targeted campaigns to prevent GRH (women, BAME, CYP).
- Awareness raising and education, including in schools.

Identification

- Identify if existing services screen for GRH as part of their assessment processes, e.g. substance misuse services, housing, CAMHS, mental health services, etc.
- Validated screening tools should be used for identification of GRH at point of contact.

Services

- Services should be integrated around people, places, and their needs, focusing on prevention, developing new models of support, and sharing information to design and deliver better services.
- Working across disciplines to provide the skills to understand GRH, recognise it and signpost to specialists where required.
- Understand how services are being used and who accesses them. What are the barriers and facilitators to accessing support?
- Strengthen the capacity of services to appropriately detect and respond to gambling issues that are often hidden.
- Raise awareness of problem gambling support services and referral routes.

Training staff

- Training staff across organisations to understand GRH, to aid identification and where to signpost for support, treatment or advice.

Data

- Local authorities should collect local data and research to measure problem gambling prevalence locally, including in children and young people.
- GamCare can provide local data on calls to the helpline. Local Authorities may wish to request this from GamCare.
- Monitor data on the number of licenses granted by the Licensing team, to support identification of trends and patterns.

Comorbidities

- Many people with GRH present to healthcare services with others as their primary concern. GPs are in a prime position to provide brief intervention, signpost patients to treatment services, therefore screening for GRH should be routine if a patient presents with substance misuse or mental health concerns.
- Screening for GRH should be routinely embedded in other services, e.g. within substance misuse, smoking, mental health, housing, and debt management due to the higher prevalence of GRH in these populations. This should be alongside support to access treatment.

Criminal justice system

- Implement diversion pathways for individuals in the CJS identified with GRH.
- Strive to achieve gambling screening as an embedded practice across the criminal justice system.

Lived experience

- Really important that we hear from individuals with lived experience. What does it actually mean to the individual, the community, the family? Is what we are doing making a real difference?
- Affected others or legacy harms – those still in recovery or those growing up around gambling.
- Understand the lived experience of different population groups, e.g. women, young people, homeless population, BAME individuals, those with substance misuse etc., so that we can understand the differences.

Networking

- There has been some interest in a Midlands GRH Working Group, adopting a similar model to the successful Yorkshire and Humber GRH Working Group which was set up by the Association of Directors of Public Health for Yorkshire and Humber. If you would be interested in attending a Midlands group, please contact Abby Hunter abby.hunter@dhsc.gov.uk who can monitor interest.

Appendix

Problem Gambling Severity Index (PGSI)
The PGSI consists of nine items and each item is assessed on a four-point scale: never (=0), sometimes (=1), most of the time (=2), almost always (=3). A total score ranging from 0 to 27 is possible. The PGSI classification categories are:

- Non-problem gambler = PGSI score 0
- Low-risk gambler = PGSI score 1-2
- Moderate risk gambler = PGSI score 3-7
- Problem gambler = PGSI score 8+

Respondents are asked: *"Thinking about the last 12 months…"*

1. *Have you bet more than you could really afford to lose?*
2. *Have you needed to gamble with larger amounts of money to get the same feeling of excitement?*
3. *When you gambled, did you go back another day to try to win back the money you lost?*
4. *Have you borrowed money or sold anything to get money to gamble?*
5. *Have you felt that you might have a problem with gambling?*
6. *Has gambling caused you any health problems, including stress or anxiety?*
7. *Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?*
8. *Has your gambling caused any financial problems for you or your household?*
9. *Have you felt guilty about the way you gamble or what happens when you gamble?*

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V)
Each DSM-IV item is assessed on a four-point scale, ranging from 'never' to 'very often'. Responses can either be dichotomised to show whether a person meets the criteria or not or a total score is produced. Respondents are asked whether they:

1. *Are preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping, or planning the next venture, or thinking of ways to get money with which to gamble)*
2. *Need to gamble with increasing amounts of money in order to achieve the desired excitement*
3. *Have repeated unsuccessful efforts to control, cut back, or stop gambling*
4. *Are restless or irritable when attempting to cut down or stop gambling*
5. *Gamble as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression.*
6. *After losing money gambling, often return another day in order to get even ("chasing" one's losses)*
7. *Lie to family members, therapist, or others to conceal the extent of involvement with gambling*
8. *Have committed illegal acts, such as forgery, fraud, theft, or embezzlement, in order to finance gambling*

9. *Have jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling Rely on others to provide money to relieve a desperate financial situation caused by gambling*

Table 1: Gamblers Anonymous meetings in the West Midlands

Region	Day / Time	Address	Contact
Birmingham			
Quinborne	Monday 19:00-21:00	Quinborne Community Centre, 98 Ridgacre Road, Birmingham, B322TW	0330 094 0322 Quinborne.g.a@gmail.com
Colmore Circus	Tuesday 19:00-21:00	The Priory Rooms, 40 Bull Street, Birmingham, B4 6AF	0330 094 0322 gatuesdays@hotmail.co.uk
Kings Heath (Gam-Anon)	Thursday 19:30-21:30	All Saints, 2 Vicarage Road, King's Heath, Birmingham, B14 7RA	0330 094 0322
South Yardley	Saturday 10:00-11:30	South Yardley Methodist Church, Broadyates Road, Birmingham, B25 8JF	0330 094 0322
Sutton Coldfield	Wednesday 19:30-21:30	Sutton Coldfield Methodist Church, 16 South Parade, Sutton Coldfield, B72 1QY	0330 094 0322 Suttonga2019@outlook.com
Coventry			
Coventry	Sunday 19:00-21:00	The Great Meeting House Unitarian Church, 116 Holyhead Road, Coventry, CV1 3AE	0330 094 0322 Ga.coventry@outlook.com
Coventry (Gam-Anon)	Thursday 19:30-21:20	The Great Meeting House Unitarian Church, 116 Holyhead Road, Coventry, CV1 3AE	0330 094 0322 Ga.coventry@outlook.com
Dudley	Friday 19:30-21:30	Central Methodist Church, Cross Street, Dudley, DY1 1RW	0330 094 0322
Solihull	Tuesday 20:00-22:00	Solihull Methodist Church, Blossomfield Road, Solihull, B91 1LG	0330 094 0322
Staffordshire			
Staffordshire	Thursday 19:00-21:00	Bevan Lee Community Centre, 28 Bevan Lee Road, Cannock, WS11 4PS	CannockGA@outlook.com
Tamworth	Monday 19:30-21:00	St John the Baptist Church, 8 St john Street, Tamworth, B79 7EX	0330 094 0322 tamworthga@hotmail.com
Stoke-on-Trent	Wednesday 20:00-21:30	Meir Holy Trinity Church, Watchfield Close, Meir, Stoke-on-Trent, ST3 5PY	07974 668 999 Nw.info@gamblersanonymous.org.uk
Telford (Gam-Anon)	Tuesday 19:15-21:15	The Salvation Army, Lion Street, Telford, TF2 6AQ	0330 094 0322 telfordga@gmail.com
Wolverhampton *Gam-Anon meetings are 2nd and last Wednesday of each month			
Wolverhampton	Wednesday* 19:00-21:00	The Good Shepherd Church, 14A Windmill Lane, Wolverhampton, WV3 8HJ	0330 094 0322 g.a.wolverhampton@gmail.com
	Sunday 19:30-21:00	The Good Shepherd Church, 14A Windmill Lane, Wolverhampton, WV3 8HJ	0330 094 0322 g.a.wolverhampton@gmail.com
Worcestershire	Thursday 19:30-21:00	Bromsgrove Methodist Church Centre, 19 Stratford Road, Bromsgrove, B60 1AS	0330 094 0322 bromsgrovega@gmail.com

Table 2: Gamblers Anonymous meetings in the East Midlands

Region	Day and Time	Address	Contact
Derby	Monday 19:00-21:00	The Salvation Army, 32 Osmaston Road, Derby, DE1 2JA	0330 094 0322 derbyGA@outlook.com
Derbyshire (Gam-Anon)	Monday 19:15-21:15	Chesterfield Community Centre, Tontine Road, Chesterfield, S40 1QU	07771 427 429 Ne.info@gamblersanonymous.org.uk
Leicester			
Leicester	Monday 20:00-22:00	St Albans Church Hall, 39 Weymouth Street, Leicester, LE4 6FP	0330 094 0322 leicestergamblersanonymous@outlook.com
Leicester	Wednesday 20:00-22:00	Church of the Resurrection, Weymouth Street, Leicester, LE4 6FN	0330 094 0322
Lincoln	Wednesday 19:00-21:00	Croft Street Community Centre, Baggholme Road, Lincoln, LN2 5AX	07771 427 429 lincolnga@gamblersanonymous.org.uk
Northampton	Friday 20:00-21:30	Old School Rooms, Dallington Green Road, Dallington, Northampton, NN5 7HW	0330 094 0322
Nottingham			
Nottingham	Sunday 19:30-21:30	Nottingham Royal Naval Association Club, 22 Church Street, Lenton, Nottingham, NG7 1SJ	0330 094 0322 nottsgasunday@gmail.com
Nottingham	Wednesday 19:45-21:45	Nottingham Royal Naval Association Club, 22 Church Street, Lenton, Nottingham, NG7 1SJ	0330 094 0322