

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Gambling Related Harms

Report of: Director of Public Health

Summary

This report provides an update on the national, regional, and local context of Gambling Related Harms. This includes a summary of the key findings from the Public Health England (PHE) Gambling-related harms evidence review and the recently published Greater Manchester (GM) Strategic Needs Assessment on Gambling Related Harms.

The report provides an overview of some of the activities that have been taking place to support the strategic development of the gambling related harms programme both locally and sub-regionally.

The report is seeking approval for the development of a local gambling related harms plan which will be aligned to the priorities set out in the GM 'Preventing and Reducing Gambling Related Harms Programme'. It will aim to respond to the findings from GM Strategic Needs Assessment and prioritise the delivery of key activities over the next 12 months.

Recommendations

The Board is asked to:

1. Acknowledge the Greater Manchester Strategic Needs Assessment on Gambling Harms.
 2. Support the development of a local Gambling Related Harms plan in line with the GM Preventing and Reducing Gambling Harms Programme priorities.
 3. Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan.
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Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The development of a local gambling - related harms plan will consider a whole system approach to preventing and reducing gambling related harms. The plan
Improving people's mental health and wellbeing	

Bringing people into employment and ensuring good work for all	will seek to address the impact on individuals and their families from harms associated with gambling which include but are not limited to; financial; mental and physical health; relationship, employment, and education. By addressing these harms, we will positively contribute to the priorities set out in the Health and Wellbeing Strategy.
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Greater Manchester Strategic Needs Assessment (May 2022)
[Gambling Harms in Greater Manchester – Strategic Needs Assessment \(greatermanchester-ca.gov.uk\)](http://greatermanchester-ca.gov.uk)

Public Health England Gambling Harms Evidence Review (September 2021)
[Gambling-related harms evidence review: summary - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Manchester City Council – Gambling Policy revision report \(November 2021\)](#)

[Gambling Policy Revision report Nov.pdf \(manchester.gov.uk\)](#)
[Manchester City Council – Gambling Policy](#)
[Gambling policy statement | Manchester City Council](#)

[Manchester city council – Statement licensing policy \(2021-26\)](#)
[Licensing policy | Manchester City Council](#)

1.0 Introduction

- 1.1 In December 2020, The Department for Digital, Culture, Media, and Sport (DCMS) launched a review of gambling laws (Gambling Act 2005) to ensure they are fit for the digital age. The much-anticipated Gambling White Paper has been delayed several times but is expected to be published soon.
- 1.2 In September 2021, Public Health England (PHE) published a Gambling-related harms evidence review. The review was commissioned in response to increasing concern in harms associated with gambling; the need to fully understand the extent to which gambling is a public health issue, for whom it is a problem, and the extent of the possible harms.
- 1.3 In May 2022, Greater Manchester Combined Authority (GMCA) published the first Greater Manchester (GM) Strategic Needs Assessment on Gambling Related Harms. This brings together the best available local and national evidence to describe the extent and impact of gambling related harms, and better understand how partners and services support the needs of GM residents.
- 1.4 This paper summarises key findings from the reports mentioned above; along with outlining the current and proposed activity locally in response to addressing Gambling Related Harms.

2.0 Background

- 2.1 The Gambling Act 2005 sets out how regulation of casinos, bingo, gaming machines, lotteries, betting, and remote gambling (including online gambling) are regulated in the United Kingdom. The Gambling Act 2005 describes Gambling as 'any kind of betting, gaming, or playing lotteries. The responsibility for regulating gambling is shared between the Gambling Commission and local authorities.
- 2.2 The Gambling Commission (GC) is a non-departmental public body which has responsibility for advising both central and local government on issues relating to gambling. The GC issues Operating Licences to organisations and individuals, which are required by businesses to enable them to operate licensed premises, and Personal Functional Licence, which are required by individuals to operate certain roles and responsibilities in gambling businesses.
- 2.3 The Council has responsibilities under the Act to issue premises licences, permits and temporary use notices in respect of premises where it is proposed that gambling should take place along with responsibility for the registration of Small Society Lotteries.
- 2.4 As a Licensing Authority, the Council is required to develop, consult, and publish its statement of licensing policy every three years with regards to the principles they propose to apply in exercising functions under the Gambling

Act 2005. The policy statement was recently updated and is effective from 2022-2025.

2.5 The Gambling Act places a statutory duty on the Council as the licensing authority to “aim to permit” gambling, providing doing so is in line with the Gambling Commission’s codes of practice, the Council’s gambling policy, and reasonably consistent with the below objectives of the Gambling Act:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime.
- Ensuring that gambling is conducted in a fair and open way
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

In practice, this limits a licensing authority’s ability to refuse applications for new licences across the city. However, where appropriate, concerns are frequently addressed through the imposition of licence conditions.

2.6 Licence applicants and holders will be expected to show how they are actively protecting the local population from gambling harms with their processes and operations, and consider how the location, opening hours and promotion of their activities can minimise opportunities for harm to the vulnerable groups. The gambling policy highlights some of the standards licence holders are expected to meet to minimise harm to customers and local residents.

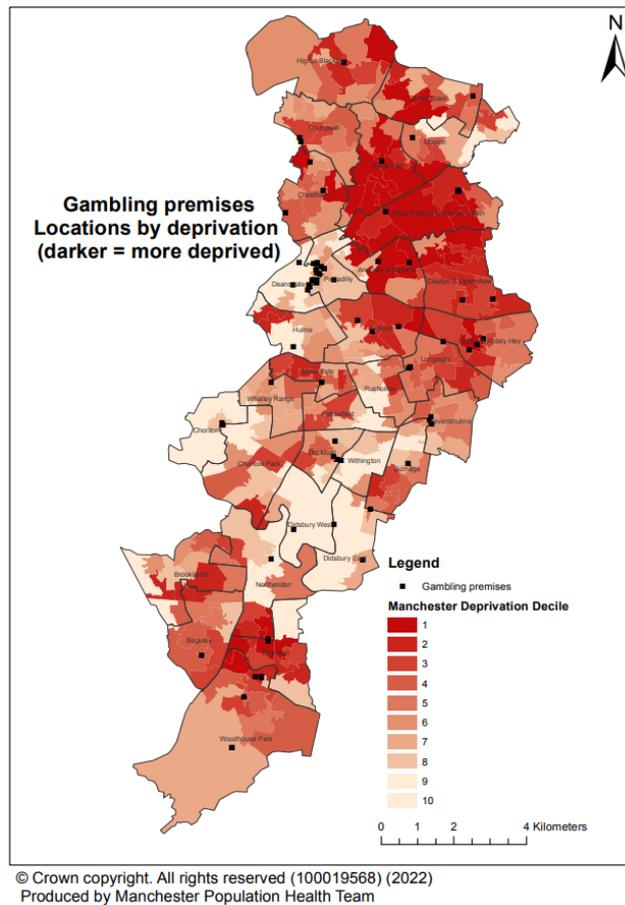
2.7 Responsible Authorities are notified of licence applications and are entitled to make representations against applications if it is felt that they undermine the licensing objectives mentioned above. Public Health are not a responsible authority under the Gambling Act 2005. However, in Manchester, the licensing authority will consult the Director of Public Health on all premises licence applications.

2.8 The Council has an enforcement role under the Gambling Act to ensure compliance with the conditions of the premises licence and legal requirements in respect of other permissions the licensing authority regulates, through a risk-based inspection and enforcement programme. In addition, any unlicensed premises which are operating illegally will be dealt with appropriately to ensure compliance.

2.9 The Council does not have any control around online gambling activity, as this is the responsibility of the Gambling Commission. However, we are becoming increasingly aware of the severe harms that can be caused by online gambling and will continue to raise awareness and signpost to support.

2.10 There are 97 licensed premises within Manchester. Figure 1 shows the distributions of these premises at ward level against Index of Multiple Deprivation score.

Figure 1: Licensed gambling premises in Manchester



3.0 Preventing and Reducing harms in Greater Manchester

3.1 The GM gambling related harms programme aims to prevent and reduce the harms caused by gambling to the population. The programme has the following priorities.

- Developing our understanding of gambling related harms
- Improving access to high quality treatment and support
- Supporting intervention to prevent gambling harms
- Engaging with people and communities to co-design our work

3.2 The programme is driven by the GM Gambling Harms Board which includes representatives from Public Health within each of the ten local authority areas, along with input from individuals with lived experience, Voluntary and Community Sector (VCS) organisations and gambling treatment and support providers.

3.3 The GM programme is supported by the GC as part of the National Strategy to Reduce Gambling Harms. The programme is funded by a regulatory settlement with an industry operator.

3.4 Funds from the programme have been used to deliver community-led initiatives across GM along with commissioning the GM Strategic Needs Assessment on gambling related harms which was published in May 2022.

4.0 Key findings from recent reports

4.1 Participation in Gambling

- 4.1.1 Identification of gambling participation and prevalence is through analysis of nationally available data from Health Survey for England (HSE) and various other gambling data sources which are referenced in the PHE Gambling-related harms evidence review and the GM Strategic Needs Assessment.
- 4.1.2 While gambling is perceived to be an enjoyable leisure activity for many, previous research has shown that harms associated with gambling are wide-ranging. Harmful gambling is 'any frequency of gambling that results in people experiencing harms.' In 2017 the Gambling Commission described 'problem gambling' as a 'Public Health concern'. This is supported by research which has evidenced that harms associated with gambling are wide ranging, not only to individual gamblers but their families, close associates, and wider society.
- 4.1.3 People experiencing gambling related harms, refers to a broader group of people across the spectrum of harm such as those experiencing harmful gambling and includes those who are affected indirectly due to another person's gambling (also referred to as 'affected other').
- 4.1.4 Greater Manchester residents who gamble, spend on average 3.7% of their financial outgoings annually on gambling, which is approximately £1,345 per individual and equates to £2.1bn estimated spend in GM.
- 4.1.5 Over half (55%) of the adult population in GM have participated in some form of gambling in the past year. Although this is lower than the national average, those who do gamble in GM take part in a greater number of activities, gamble more frequently and are more likely to gamble online than the national average.
- 4.1.6 Greater Manchester residents are more likely to report gambling on products considered to be 'most harmful' (such as online gambling, electronic gaming and slot machines and casino), which suggests they are more likely to experience higher harms than the general population. Additionally, 5.5% of residents reported that they participated in five or more different gambling activities
- 4.1.7 In GM, men gamble more than women, taking part in more gambling activities and gamble more frequently, which is a similar picture nationally. Anecdotal reports suggest women's participation in gambling may be increasing but this is not yet reflected in prevalence data.
- 4.1.8 Although most gambling products have a legal age of 18 (except for football pools, society lotteries and category D gaming machines) 11% of children

aged 11-16 reported to have spent their own money on gambling in the past week. Further information on children and young people and gambling is included in section 4.4.

- 4.1.9 Participation in all forms of gambling remained stable (2012-2018) except for lottery, decreasing by 10%; and online gambling increasing from 6% to 9%. Revenues from online gambling have grown by 62% in the past five years, indicating a significant growth in the use of gambling products which research has identified to be associated with harms. The proportion of people experiencing problem gambling has remained stable over time, however recent data suggest that the proportion of 'low risk' gamblers may be growing.
- 4.1.10 Some analysis to understand the impact on gambling behaviour due to covid-19 found an overall reduction in gambling in the first lockdown (March 2020). However frequent gamblers tended to gamble the same amount or more during lockdown; and those who increased their gambling activity were more likely to be participating in harmful gambling; more likely to be male and younger in age. Longitudinal studies are needed to better understand the lasting impact of COVID-19 on gambling behaviour and gambling related harms.

4.2 Gambling Prevalence

- 4.2.1 The estimated prevalence of 'problem gambling' within the adult population is 0.5% in the UK. This increases to 0.8% in GM, which is the equivalent of 18,100 adults. This is 1.5 times higher than the national average. GM residents are more likely to experience 'problem gambling' and harms from gambling. This may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products.
- 4.2.2 In the UK, 3.8% of the adult population are identified as 'at-risk' gamblers, meaning they experience some level of negative consequences due to their gambling. This figure increases to 4.3% (97,400 GM residents) of which 3.5% are classed as 'low risk' and 0.8% 'moderate risk. Young people aged 16-24 years have the highest prevalence of 'at risk' gambling despite having the lowest participation in gambling.
- 4.2.3 When indicators of harm are used, 1.7% of the GM population (38,500 resident) report experiencing harms as a direct result of their gambling. This is similar to another health harming activity i.e., 1.7% GM residents experience alcohol dependency. Men have higher rates of gambling harms than women, with 1 in 20 men who gamble, reporting that they experience harms as a direct result of their participation in gambling.
- 4.2.4 It is estimated that approximately 7% of the population in the UK is affected negatively by someone else's gambling. For every individual person directly affected by their own gambling, an average of six others are indirectly affected. This may be children, partners, parents, friends, or colleagues who experience harms in a similar way to the person who gambles. Locally, this

means that 1 in 15 GM residents are experiencing the harmful impacts of gambling.

4.2.5 The gambling prevalence in Manchester, which is based on the GM analysis estimates that there are 0.8% (3,500 adults) thought to be experiencing 'problem gambling', 4.3% (23,900 adults) who gamble classified as 'at risk'; and 6.7% (35,300 people) experiencing gambling related harms which includes 'affected others. These are conservative estimates of true prevalence as although they are based on the most statistically robust samples, they are reliant upon self-reported data and exclude some population groups (e.g., students and those experiencing housing instability).

4.3 Impact of gambling harms on communities

4.3.1 The reasons for which people gamble will vary and can overlap. The list below provides a breakdown of some of the most common reasons GM residents are engaging in gambling:

- Quick route to wealth
- Psychological triggers used in design of gambling products
- Advertising and marketing
- Engraining of gambling in culture
- Normalisation of gambling in sport
- A social activity and source of entertainment
- Age- related milestone and life events
- Limited enforcement
- Proximity to gambling venues

4.3.2 The PHE Gambling-related harms evidence review mentions that people at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems. There was some evidence that particular populations, such as migrant communities and people with learning disabilities are at more risk of harm.

4.3.3 Research suggests that people living in the most deprived communities are nearly twice as likely to participate in gambling; and are seven times more likely to experience problem gambling, compared with those living in the least deprived communities. They are also more likely to gamble using scratch cards, bingo and some of the more harmful gambling products such as machines in bookmakers and online games.

4.3.4 Greater Manchester residents who participate in gambling are three times more likely to need to use a foodbank, with a quarter of those who gamble reporting they go without food because of a lack money. Approximately 1 in 5 residents who gamble reported borrowing money, compared to 13% who do not gamble.

4.3.5 Participation in gambling by people from communities' experiencing racial discrimination is lower; however, evidence suggests they bear a

disproportionate burden of harms and rates of addiction. They are underrepresented among people seeking treatment for gambling related harms, and those that do seek treatment are more likely to be experiencing a greater severity of harms. More detailed analysis is needed to understand the specific reasons for this; however, it is recognised that there are differences in cultural beliefs which may mean that their participation in gambling is considered a taboo, resulting in shame, stigma, and social exclusion for individuals who may be affected by gambling related harms.

- 4.3.6 Prevalence of gambling is higher among members of the armed forces community, with military veterans ten times more likely to experience a gambling disorder or addiction. It is worth noting that gambling is currently not included in routine mental health assessment after deployment.
- 4.3.7 Students residing in halls are excluded from gambling prevalence statistics. Given that Manchester has a significant student population, it is important that we do not discount the potential harms which may be being experienced with student communities as result of their gambling. In 2019, a NUS survey found three in five students reported to have gambled in the last 12 months with 16% of students who gamble identified as experiencing harms or addiction. A recent survey conducted by census wide in 2022 found 4 in 5 students (80%) reported to have gambled, with 41% admitting that gambling has had a negative impact on their university experience. More than 1 in 3 university students who gamble, are using borrowed money to help fund their gambling, with just over 1 in 5 using their student loan to gamble.
- 4.3.8 Surveys suggest that there is a higher prevalence of gambling disorder among people who are in contact with the criminal justice, however there is limited data to demonstrate a cause-effect relationship. Although gambling is identified as one of the top six support needs by custody and probation service users, screening is not systematically embedded across GM and/or the criminal justice system.
- 4.3.9 Anyone who gambles is at risk of harm; however, if they are experiencing multiple disadvantages such as homelessness, poor mental health, unemployment etc they are more likely to experience the harmful impacts of gambling. Gambling may not be the sole cause of harm but can make existing inequalities and disadvantages worse.

4.4 Children and young people

- 4.4.1 The proportion of children and young people (11–16-year-old) who participated in any gambling in the past week was 11% (2019). Although lower than those drinking alcohol (16%), it is higher than smoking tobacco cigarettes (6%) or taking illegal drugs (5%). The proportion of children and young people reporting they had gambled in the last 12 months was 36%. Participation in gambling is higher among older children (14–16-year-olds), and boys are twice more likely to gamble than girls.

4.4.2 Electronic gaming (fruit and slot) machines were often identified as the first experiences of gambling among children and young people. National Lottery, scratch cards, and placing private bets with friends were the most common forms of gambling reported. As young people get older, there is a significant increase in online gambling among boys. There is a growing link between gaming and gambling with features such as loot boxes and in-game trading normalising gambling behaviour within games more frequently played by young people.

4.4.3 Risk factors for harmful gambling in children and young people are identified as follows:

- impulsivity
- substance use (alcohol, tobacco, cannabis, and other illegal drugs)
- being male
- depression
- number of gambling activities participated in
- already experiencing levels of problem gambling severity
- anti-social behaviour
- violence
- poor academic performance
- peer influence

4.5 Harms associated with gambling

4.5.1 Gambling related harms are complex and will be experienced differently dependent upon individual circumstances. Gambling may be the sole cause of harms or make existing inequalities and disadvantages worse. The types of harms associated with gambling are listed below, and although they are categorised individually, they are frequently interlinked.

Financial Harms—This is the most common harm mentioned from gambling and includes debt, loans, asset loses, bankruptcy, inability to save, financial hardship which can lead to other harms, and negatively impacts ‘affected others. Housing problems, insecurity or homelessness are also reported as a result of gambling. Nearly two thirds of GM residents accessing specialist treatment support report being in some level of debt because of their gambling, with most reporting average spend on gambling of £200-£500 in the month prior to the referral.

Mental and physical health harms – These are the second most common harms from gambling and include addictive and compulsive behaviours, depression and anxiety, stress, sleep deprivation and exhaustion. The relationship between gambling and mental health is complex and is linked to suicide and suicide ideation. *See section 4.6 for additional information.*

Relationship harms- At risk’ or ‘problem gamblers’ experience lower levels of family functioning and social support compared to low risk or non-gamblers. Gambling directly causes relationship problems affecting the gambler and their close associates, including children. This can include

relationship disruption, conflict or breakdown, loss of trust, neglect of responsibilities, violence, and domestic abuse.

Criminal activity-crimes associated with gambling include theft, damage to property in licensed premises, threatening behaviour, and fraud. Qualitative studies showed that gambling led to some gamblers engaging in crime and often impacted close family and friends where gamblers took out loans in other people's names, stole from friends and family, committing fraud etc.

Employment and education-Gambling can lead to reduced performance at work or towards educational commitments. Examples include, increase absenteeism, potential theft and fraud from businesses, lower productivity.

Cultural harms- Gambling may be considered as 'taboo' in some communities and therefore gamblers and their close associates may experience additional harm such as shame, stigma, isolation which could make it difficult for them to seek help. Alternatively, gambling may be 'normalised' in some communities/families with harms being passed onto the next generation.

4.6 Gambling and co-morbidities

- 4.6.1 Gambling is a health harming activity and has a strong relationship with mental health and wellbeing and substance use. Studies reported mixed findings on the link between gambling and various measures of alcohol, smoking and drug use. The PHE Gambling-related harms evidence review found a clear association between gambling at all levels of harm and increased alcohol consumption, which was greater for 'at risk' and 'problem gambling'.
- 4.6.2 There is an established link between gambling addiction and suicide attempts and ideation. Suicidal events are at least twice as likely among adults experiencing problems with gambling. Greater Manchester Police (GMP) respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated with gambling. It is estimated that between 240 -700 people take their own life every year in England related to gambling, however gambling is not currently recorded as a relevant factor to deaths by suicide by coroners. Suicide risk and suicide prevention should also be considered where gambling harms are identified.
- 4.6.3 It is important that services that are supporting individuals with these health issues consider potential harms linked to gambling, and where treatment support is provided for gambling related harms, similar consideration is given to the health issues highlighted above.

4.7 Estimated economic burden of gambling

- 4.7.1 The PHE Gambling-related harms evidence review estimated that the excess economic burden as a result of gambling harms in the UK was £1.27 billion in 2019-20. Economic modelling, following a similar approach to PHE,

estimated that the excess economic burden of gambling across the city region in 2022 to be at least £80m. These figures are likely to be an underestimate as they do not take account of the full range of harms experienced.

- 4.7.2 Using the GM economic analysis, the economic burden of gambling in Manchester is estimated at £15.3m in 2022. This figure comprises £9.59m in direct costs plus £5.71m in further societal costs (reflecting instances of premature deaths associated with gambling). The table (figure 2) below provides a breakdown of these costs, noting that these do not include the cost of treatment and support provision.

Figure 2: estimated economic burden of gambling in Manchester

Domain	Sub-domain	Cohort	Fiscal Costs	Wider (economic / social) costs	Total
Financial	Statutory homelessness	Adults	£1,370,000		£1,370,000
Health	Deaths from suicide	Adults		£5,710,000	£5,710,000
Health	Depression	Adults	£4,390,000		£4,390,000
Health	Alcohol dependence	Adults	£90,000		£90,000
Health	Illicit drug use	17-24 years	£40,000		£40,000
Employment and education	Unemployment benefits	Adults	£1,500,000		£1,500,000
Criminal activity	Imprisonment	Adults	£2,200,000		£2,200,000
All modelled excess costs			£9,590,000	£5,710,000	£15,300,000

- 4.7.3 Given the estimated personal and economic impact and costs associated with gambling related harms in the UK, it is fair to say that the investment in addressing gambling related harm is not being matched to reflect this, and more is needed to raise awareness of gambling related harms and the impact this can have on individuals and families.

4.8 Gambling referrals, treatment, and support

- 4.8.1 Local authorities are not currently responsible for commissioning gambling treatment and support service. NHS England funds a Northwest regional clinic (NHS Northern Gambling Service) which is based in Salford. All other specialist treatment and support services for people experiencing gambling harms are commissioned on a regional basis by GambleAware, using funding primarily sourced from gambling operators (including the National Gambling Helpline). Although free to access, they are not accountable to local health governance structures.
- 4.8.2 Beacon Counselling Trust (BCT) is the GM/regional treatment and support service commissioned by GambleAware, providing advice, information, and support. In March 2022 BCT opened a new gambling treatment and support clinic in the city centre, which is co-located with Manchester substance misuse services (Phoenix Mill) for GM residents. Gordon Moody (a charity set up to support families and communities affected by gambling related harms) provides residential rehabilitation services for gambling support and has recently opened a new facility in Greater Manchester this year. There is also a growing number of peer support services available for people experiencing or in recovery from gambling related harms in GM. Help and Support

Manchester includes further information on gambling support services which can be accessed via this link [Gambling | Help & Support Manchester](#) . GMCA website also includes information on treatment and support services and can be accessed via this link. [GMCA Gambling treatment and support](#) .

- 4.8.3 Data from Beacon Counselling Trust (April 2016-March 2021) shows that on average 470 people access specialist gambling support each year in GM, with just over 95% service users being male. In Manchester, 72 people access gambling treatment support each year of which 91% are self-referrals, 4% health and social care referred, 1% police, probation, and courts service and 4% referred by other service or agency (e.g., VCS or Job Centre Plus).
- 4.8.4 The proportion of self-referrals are particularly high for gambling treatment and support. In contrast, 61% of referrals to specialist drug and alcohol services come from self-referrals and 21% from health and social care settings. More work is needed to raise awareness of gambling related harms and the treatment and support services available amongst professionals and communities to ensure more people have access to the appropriate information advice and support for themselves or to support others.
- 4.8.5 The Problem Gambling Severity Index (PGSI) and Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) are assessment tools which can be used to measure harmful gambling. The average PGSI score among people accessing specialist treatment services in Greater Manchester is 24 (out of a maximum 27). This suggests that only the most severe cases are actively seeking support, with potential unmet need within the population particularly where early preventative interventions could have the greatest impact.

4.9 Summary

- 4.9.1 There is a range of evidence to support that gambling can be a health harming activity, with the impact to individuals and/or their families varying significantly dependent on their circumstances. We know that some communities are disproportionately affected by gambling related harms than others, and that those living in more deprived communities are at greater risk of harm from gambling. Harmful gambling can make existing health inequalities worse. Particular groups and/or communities have been identified to be more at risk of experiencing gambling harms, although there is limited data available to fully understand the extent of this.
- 4.9.2 Since the publication of these reports, there is now a cost-of-living crisis. This means that harms from gambling are an increased risk for everyone; however, those living in more deprived neighbourhoods will be at greater risk. Sadly, some people may see gambling as a way out to alleviate their financial difficulties, whilst others may be in financial difficulties because of their gambling. The council's webpage signposting residents to a library of debt and money advice has recently been updated to include additional resources across a range of topics that residents affected by the cost-of-living crisis are

experiencing. This includes information on gambling treatment and support services which can be viewed via the following link [Helping Hands](#). Links between poverty and gambling harms will need to be monitored more closely to fully understand the impact locally.

- 4.9.3 Gambling related harms is still perceived as a hidden harm and therefore greater awareness and understanding is needed, with a whole system public health response to reducing existing harms and preventing future generations from experiencing further harms. It is vital that we focus efforts towards a preventive and early identification and intervention approach, given the complexity of harms which can be experienced, along with acknowledgement that we are acutely aware that individuals who are seeking treatment are predominantly those experiencing greater severity of gambling harms.

5.0 Delivery of Gambling Related Harms work

- 5.1 As mentioned earlier, the delivery of preventing and reducing gambling harms is driven by Greater Manchester Gambling Harms Board. Work has been taking place to support the strategic development of the gambling related harms programme both locally and at a GM level. Key activities include:

- Further development of the Greater Manchester Gambling Harms Programme within the ten localities.
- Greater Manchester Strategic Needs Assessment on Gambling related harms.
- New Gambling Treatment clinic opened in Manchester city centre.
- Gambling Harms discussion sessions with communities experiencing racial inequalities.
- Engagement with Gambling Treatment and Support Providers to better understand and promote service offers.
- Delivery of Communities Against Gambling Harms (CAGH) projects.
- Commissioning research with student population to raise awareness of gambling harms and increase our understanding of the impact of gambling within the student population.

- 5.2 It is proposed that a local Gambling Related Harms Plan is developed which respond to the key findings from reports mentioned earlier, considers local intelligence and information on gambling related harms and importantly, encompasses lived experience. The plan will be aligned to the priorities set out in the Greater Manchester Gambling Harms programme and will include the following activities:

- Developing our understanding of gambling related harms
 - Promote a comprehensive training offer for front line staff, Voluntary Community Faith, and Social Enterprise (VCFSE) primary care professionals and partner agencies to; increase awareness and understanding of gambling related harms and support services available to effectively signpost.
 - Improving data and intelligence on gambling harms locally.
 - Develop an information/resource hub on gambling related harms

- Improving access to high quality treatment and support.
 - Work with existing treatment and support providers to improve information on pathways, referrals, and accessibility to these services.
- Supporting intervention to prevent gambling harms
 - Explore options to consider gambling screening tools and/or gambling discussions within key services to support early identification of gambling related harms
 - Working with licensed operators to ensure appropriate measures are in place in line with the gambling policy; including staff trained on identification of risks associated to gambling/harmful gambling products.
 - Explore options for organisations to support staff who may be experiencing gambling related harms.
- Engaging with people and communities to co-design our work
 - Communications and key messaging on gambling related harms for communities; signposting to appropriate support services.
 - Exploration of potential community projects in Manchester to complement the GM Community Against Gambling Harms Programme.

6.0 Recommendations

6.1 The Health and Wellbeing Board is asked to note the report and provide feedback on the following:

- Acknowledge the Greater Manchester Strategic Needs Assessment on Gambling Harms
- Support the development of a local Gambling Harms plan in line with the GM Preventing and Reducing Gambling Harms Programme priorities
- Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan.

7.0 Appendices

Appendix 1: Gambling Related Harms