

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 7 December 2022

Subject: Gambling Related Harms

Report of: Interim Deputy Director of Public Health

Summary

Gambling is perceived to be an enjoyable leisure activity for many. However, some people can experience harm. Gambling related harm caused by gambling can be wide ranging, not only to individual gamblers, but to their families, close associates, and wider society. Types of harms experienced may be financial, harm to mental health, physical health, personal and family relationships, employment and education. Anyone can gamble, but evidence suggests that some people are more likely to experience gambling harms than others. Gambling can exacerbate existing health and social inequalities. The current “cost of living crisis” may make some of our communities more vulnerable to gambling related harms.

The report includes a summary of key findings from the Public Health England (PHE) Gambling-related harms Evidence Review (1) and the recently published Greater Manchester (GM) Strategic Needs Assessment (SNA) on Gambling Related Harms (2). The report will provide an overview of work taking place in Manchester, some of which is delivered in collaboration with the Greater Manchester Gambling Related Harms programme. This work spans the wider determinants of gambling in our communities, as well as prevention work and treatment options.

The Committee is asked to consider approval to develop a Manchester Gambling Related Harms Plan in response to the reports outlined above. This plan will inform our programme of work and will be aligned to the priorities set out in Making Manchester Fairer (2022-27).

Recommendations

The Committee is asked to note the contents of the report and support the development of a Manchester Gambling Related Harms Plan.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

None

Equality, Diversity, and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

Harms from gambling can affect anyone within the community. However, those living in our most deprived areas are more likely to experience greater harms from gambling. The distribution of harm within areas is not only related to deprivation; evidence suggests that people with other addictions, mental health issues, people with learning disabilities and communities which face racial inequalities bear a disproportionate impact.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Working with key stakeholders to support and ensure statutory licensing objectives are upheld whilst permitting compliant businesses to operate.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Manchester residents may be employed by the above businesses. My protecting Manchester residents from gambling related harms, residents of all ages can fulfil their potential.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The gambling related harms plan will seek to prevent and reduce the harms from gambling to individuals and 'affected others,' ensuring appropriate interventions or support is in place to enable people to make healthy choices and continue to make a positive contribution in their communities.
A liveable and low carbon city: a destination of choice to live, visit, work	The programme will work with communities and licensed operators to better understand that issues impacting at a local level and respond appropriately.
A connected city: world class infrastructure and connectivity to drive growth	

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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.

Public Health England Gambling Harms Evidence Review (September 2021)
<https://www.gov.uk/government/publications/gambling-related-harms-evidence-review> (1)

Greater Manchester Strategic Needs Assessment (May 2022)
[Gambling Harms in Greater Manchester – Strategic Needs Assessment \(greatermanchester-ca.gov.uk\)](https://www.greatermanchester-ca.gov.uk/gambling-harms-in-greater-manchester-strategic-needs-assessment) (2)

Manchester City Council – Gambling Policy revision report (November 2021)
[Gambling Policy Revision report Nov.pdf \(manchester.gov.uk\)](https://www.manchester.gov.uk/gambling-policy-revision-report-nov) (3)

Manchester City Council – Gambling Policy
[Gambling policy statement | Manchester City Council](https://www.manchester.gov.uk/gambling-policy-statement) (3)

Manchester city council – Statement licensing policy (2021-26)
[Licensing policy | Manchester City Council](https://www.manchester.gov.uk/licensing-policy) (3)

Gambling Related Harms Report – Health and Wellbeing Board (November 2022)
[Gambling Related Harms Report November 2022 \(manchester.gov.uk\)](https://www.manchester.gov.uk/gambling-related-harms-report-november-2022)

1.0 Introduction

- 1.1 In 2017 the Gambling Commission described ‘problem gambling’ as a ‘Public Health concern’. The term “problem gambling” may be defined as “repetitive gambling behaviour despite harm and negative consequences”.
- 1.2 Subsequently, the Public Health England Gambling-Related Harms Evidence Review (2021) suggested that gambling should be considered a matter of public health concern because of the possible impact on the health of individuals, their families, close associates and wider society.
- 1.3 In May 2022, Greater Manchester Combined Authority (GMCA) published its first Greater Manchester (GM) Strategic Needs assessment (SNA) on Gambling Harms. This brought together the best available local and national evidence in order to describe the extent and impact of gambling related harms in our region and crucially, to better understand how partners and services could support the needs of residents.
- 1.4 This paper summarises the key findings from the GM SNA, how this applies to Manchester and a suggested response.

2.0 Background

- 2.1 The Gambling Act (2005) describes gambling as ‘any kind of betting, gaming, or playing lotteries’ and sets out how regulation of casinos, bingo, gaming machines, lotteries, betting, and remote gambling (including online gambling) are regulated in the United Kingdom.
- 2.2 The Gambling Act places a statutory duty on Manchester City Council as a statutory 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 (3), and reasonably consistent with the below objectives of the Gambling Act, i.e:
 - Preventing gambling from being a source of crime or disorder, being associated with crime, or disorder 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.
- 2.3 In practice, this limits the powers available to Manchester City Council to refuse applications for new gambling licences across the city. However, where appropriate, some concerns may be addressed through the imposition of licence “conditions”.
- 2.4 There are 97 licensed gambling premises across Manchester. In general, there are a higher proportion of licensed gambling premises located within Manchester’s most deprived wards. A clear cluster can also be seen in the city centre where there are numerous “betting shops” and casinos. See Appendix 1.

- 2.5 Nationally, revenues from *online* gambling have grown by 62% in the past five years. Online gambling websites have made gambling more accessible for people to gamble, often taking place privately and without scrutiny from others. Gambling alongside sport is normalised; for example many football clubs are sponsored by gambling companies, gambling and the actual game of football in “real time” go “hand in hand” for many fans and celebrities and even footballers endorse gambling, for example in television adverts. All of the above can be seen by children and young people.
- 2.6 Regulation of online gambling activity is the responsibility of the Gambling Commission, which means that local authorities cannot intervene or regulate this activity. The growth of this type of gambling is a concern to Public Health bodies and treatment services.
- 2.7 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.

3.0 Preventing and Reducing Harm in Greater Manchester

- 3.1 The Greater Manchester Gambling Related Harms Board began informally in 2018 and Manchester’s Public Health and Licensing team have been core members since then. Since 2019, the board has been funded via a regulatory settlement from the Gambling Commission and has the following priorities:
- Developing 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 current harm reduction programme is driven by the Greater Manchester Gambling Harm Reduction Board which has representatives from Public Health teams across Greater Manchester and includes individuals with lived experience, Voluntary and Community Sector (VCS) organisations and gambling treatment and support providers. The Board was responsible for commissioning the GM SNA on gambling related harms which was published in May 2022.

4.0 Epidemiology of Gambling and Associated Harms

4.1 Participation in Gambling

- 4.1.1 Identification of gambling participation and prevalence is done through analysis of nationally available data from Health Survey for England (HSE) and various other gambling data sources which are referenced in the Public Health England Gambling Evidence Review and the Greater Manchester Strategic Needs Assessment (GM SNA).

- 4.1.2 The Greater Manchester Strategic Needs Assessment (2) suggests that over half (55%) of the adult population in Greater Manchester have participated in some form of gambling in the past year. Although 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.
- 4.1.3 Residents of Greater Manchester are more likely to report gambling using products considered to be ‘most harmful’ (such as online gambling, electronic gaming and slot machines and casinos), which suggests they are more likely to experience higher harms than the general population. 5.5% reported that they participated in five or more different gambling activities.
- 4.1.4 In Greater Manchester, men gamble more than women, men take part in more gambling activities and gamble more frequently- which is similar to the national pattern. Anecdotal reports suggest women’s participation in gambling may be increasing, but this is not yet reflected in prevalence data. Lived experiences can be severe for women as well as men however, even though the type of gambling may differ.
- 4.1.5 Although most gambling products have a legal use age of 18 (except for football pools, society lotteries and “category D” gaming machines). Further information on children and young people and gambling is included in section 4.4.
- 4.1.6 Some analysis to understand the impact on gambling behaviour during the Covid-19 pandemic, suggested an overall reduction in gambling activity during the first “lockdown” (March - July 2020). However, “frequent gamblers” tended to gamble the same amount, or more during lockdown. Those who increased their gambling activity were more likely to be participating in harmful gambling, gamblers were more likely to be male and younger in age. This trend may mean that pre-existing health and financial inequalities relating to gambling, deepened. Longitudinal studies are needed to better understand the lasting impact of the Covid-19 pandemic on gambling behaviour and gambling related harms.

4.2 Current Gambling Prevalence

- 4.2.1 The estimated prevalence of ‘problem gambling’ within the adult population is 0.5% in the United Kingdom (UK). This increases to 0.8% in Greater Manchester i.e., 18,100 adults. This rate is 1.5 times higher than the national average. GM residents are more likely to experience ‘problem gambling’ which may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products. The average Problem Gambling Severity Index (PGSI) score among people accessing specialist treatment services in Greater Manchester is 24 (out of a maximum 27). This suggests that only the most severely affected individuals are actively seeking support. Early intervention and prevention is therefore not possible in many cases.

- 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) for GM residents, with 3.5% classified at 'low' risk and 0.8% at '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 residents) report experiencing harms as a direct result of their gambling. (A perhaps useful comparison, is that 1.7% of GM residents experience alcohol dependency). Men (5.9%), have higher rates of gambling harms than women (0.7%), with 1 in 20 men who gamble, reporting that they experience harm as a direct result of their participation in gambling.
- 4.2.4 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 comparable 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 **GM SNA analysis suggests that the gambling prevalence in Manchester is:**

- **0.8% (3,500 adults) experiencing 'problem gambling',**
- **4.3% (23,900 adults) 'at risk'; and**
- **6.7% (35,300 people) experiencing gambling related harms**

This is likely to be a conservative estimate of true prevalence. Although based statistically robust samples, this analysis is reliant upon self-reported data and excludes some population groups (e.g., students and those experiencing housing instability). Furthermore, we know that services which interact with people who may be experiencing gambling related harms are unlikely to ask questions or report whether gambling could have been a contributing factor in a presenting issue, for example, housing providers, health services, police and probation services.

4.3 Impact of gambling harms on communities

- 4.3.1 Possible reasons for gambling are thought to include:

- 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 Evidence Review highlights the fact 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. Further investigation is urgently needed.
- 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.
- 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.
- 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 severity of harm. More detailed analysis is needed to understand the specific reasons for this; but differences in cultural beliefs may be one of the reasons, particularly where participation in gambling may be considered "taboo" and result in shame, stigma, and social exclusion. Work is already underway in Manchester to better understand how to appropriately engage and support affected individuals from communities experiencing racial inequality.
- 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.
- 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 from gambling which may be being experienced with our student communities. In 2019, the National Union of Students (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 suggest this has increased to 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 system, however there is limited data to demonstrate a causal 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 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 Currently, the proportion of children aged 11–16 years who participate in gambling is estimated to be 11%. 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 in Greater Manchester who report that they have 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 got older there was 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 thereby normalising gambling behaviour within games more frequently played by young people.

4.4.3 Professionals working with children and young people report a possible link between gambling and “Adverse Childhood Experiences” (ACES). A child living in a home where adults gamble may experience periods of financial difficulty, domestic abuse, emotional neglect and these experiences can be inconsistent and unpredictable, as the mood and domestic situation may reflect adults gambling activity and whether gambling adults had “won” or “lost”.

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: The most commonly reported harm which includes debt (including issues with loan sharks etc), asset loses, bankruptcy, financial hardship including debt which causes homelessness. Frequently will impact family members.

Mental and physical health harms: The second most commonly reported harm, including 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. Section 4.6 includes additional information.

Relationship harm: This can include relationship disruption, conflict or breakdown, loss of trust, neglect of responsibilities, violence and other forms of domestic abuse.

Criminal activity: Crimes associated with gambling may include theft, damage to property in licensed premises, threatening behaviour and fraud.

Employment and education: Gambling can lead to reduced performance at work or in education and can result in increased absenteeism, stress, underachievement, theft and fraud.

Cultural harms: Gambling is considered to be unacceptable in some cultures and communities and is a 'taboo' subject. Therefore, gamblers and their close associates may experience additional harm related to shame, stigma, isolation which may make it difficult for them to seek help. Conversely, gambling may be 'normalised' in some communities/families and the associated harms can be intergenerational.

4.6 Gambling and Co-morbidities

4.6.1 The PHE Evidence(1) 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 be considered where gambling harms are identified.

4.6.3 In Manchester, gamblers can access support and treatment through the Greater Manchester NHS Gambling Treatment Service and Beacon Counselling. Those providers report the need to refer and link to other services as follows:

- **During treatment:**
 - Mental health services e.g. Community Mental Health Team, Attention Deficit Hyperactivity Disorder (ADHD) and Autism services, Improving Access to Psychological Therapies (IAPT) team
 - Debt and financial advice services
 - Substance and alcohol misuse services

- **Post treatment:**
 - Services which encourage social and physical activity e.g. community-based projects such as Men’s Sheds, Andy’s Man Club, voluntary work
 - Mental health services
 - Debt and financial advice services
 - Services that support individuals with employment/legal support/welfare support.
 - Substance and alcohol misuse services
 - Housing providers who provide safe high quality sustainable accommodation and support to secure longer-term options.

4.7 Gambling Treatment and Support

- 4.7.1 Local authorities are not currently responsible for commissioning gambling treatment and support services. NHS England funds a regional clinic (NHS Northern Gambling Service). 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.
- 4.7.2 The NHS Northern Gambling Service (NGS) provides specialist addiction therapy and recovery to people affected by gambling addiction, as well as those with mental health problems such as depression, anxiety, trauma, and suicidal feelings. They also provide help to people close to those with gambling addiction, such as family, partners, and carers. The service includes a clinical team made up of psychologists, therapists, psychiatrists, and mental health nurses and includes experts by experience – people who have recovered from gambling addiction. NGS has three clinics located in Leeds, Sunderland and Salford (the latter serving all of Greater Manchester). The service monitors treatment outcomes from start to 3- and 12-month follow-ups points. Referrals are received from individuals and professionals (50/50), with some originating from other gambling treatment providers. Discharge plans are developed with a service user, and clients are signposted to debt management support early in their treatment journey. A Peer Support Worker is available throughout treatment to “build recovery capital”, e.g., linking a service user with volunteering opportunities. Discharge letters are provided for a clients’ GP, which would include recommendations for follow-up treatment.
- 4.7.3 Beacon Counselling Trust (BCT) is a GM/regional treatment and support service commissioned by GambleAware, providing advice, information, and support for clients who generally are experience a lower severity of harm. Cross referral between Beacon and the NGS takes place. In March 2022 BCT opened a new gambling treatment and support clinic in Manchester city centre. This space was provided free of charge by Change, Grow, Live who also provide Manchester’s Substance Misuse Service and Manchester’s community Stop Smoking Service. The Manchester physical facility is part time and is something Manchester City Council and GM partners would like

to extend. However, Beacon can treat Manchester residents virtually, or elsewhere throughout the week.

- 4.7.4 Data from Beacon Counselling Trust (April 2016-March 2021) shows that on average, approximately 72 Manchester residents 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. Voluntary Community and Social Enterprise, or Job Centre Plus).
- 4.7.5 Gordon Moody is a charity set up to support families and communities affected by gambling related harms. It provides residential rehabilitation services for gambling support and has opened a new facility in Greater Manchester in 2022. Approximately 80% of referrals to its services are self-referrals. The service has partnered with Adeferiad, who provide support for individuals with higher complexity of need or who may be experiencing co-occurring conditions.
- 4.7.6 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. This leads us to speculate that more work is needed to raise awareness of gambling related harms and the treatment and support services available amongst professionals and communities.
- 4.7.7 There are a growing number of peer support services available for people experiencing or in recovery from gambling related harms in GM.
- 4.7.8 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 Estimated economic burden of gambling

- 4.8.1 PHE Gambling Evidence Review estimated the excess economic burden as a result of gambling harms in the UK was £1.27 billion in 2019-20. In Manchester this figure is estimated to be £15.3 million in 2022. This does not include the cost of treatment and support.

Figure 1: 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

4.8.2 It is fair to suggest that the investment in addressing gambling related harm is not being matched to reflect the economic burden,

5.0 Delivery of Gambling Related Harms work

5.1 Work has been taking place to support the strategic development of the gambling related harms programme both locally and at a GM level through the GM Gambling Harm Reduction Board. Key activities to date include:

- Local Authority baselines activity review
- Shared response to Gambling Act review
- New Gambling Treatment clinic opened in Manchester city centre
- Greater Manchester Strategic Needs Assessment on Gambling related harms published.
- Gambling Harms discussion sessions with communities experiencing racial
- Inequalities in Manchester
- Engagement with Gambling Treatment and Support Providers to better understand and promote service offers.
- Delivery of Communities Against Gambling Harms (CAGH) projects. E.g., “Against The Odds” sports charter launched
- Commissioning research on student population to raise awareness of
- gambling harms and increase our understanding of the impact of gambling within the student population
- Training package for GP’s and other health professionals currently in development
- 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 GM recently launched a campaign to raise awareness of the harms linked to gambling. The campaign [Odds Are: They Win](#) highlights some of the tactics used by the gambling industry to and to remind gamblers that the odds of them winning money are not in the gamblers favour’. It is hoped that the campaign, which will be shared through a range of communications platforms, will enable people to have open discussions around gambling harms. Examples of some of the campaign messaging is included in appendix 2.

6.0 Developing and Implementing a Manchester Gambling Related Harms plan

6.1 Much of what we know, as outlined above, pertains to a Greater Manchester footprint and is thanks to the GM SNA. The next step must be to formulate a local response which results in those communities and people who are most at risk from gambling related harm in Manchester, being helped to either stop, or at least reduce, the gambling behaviour which causes them harm.

6.2 'Making Manchester Fairer (MMF) tackling health inequalities in Manchester 2022-27' is the city's new action plan to tackle the preventable gaps between people with the worse health and people with the best (health inequalities). There are eight themes within the MMF plan:

- Giving children and young people the best start in life
- Lifting low-income households out of poverty and debt
- Cutting unemployment and creating good jobs
- Preventing illness and early death through killers like heart and lung disease diabetes and cancer
- Improving housing and creating safe, warm, and affordable homes
- Improving our surroundings, the environment where we live, transport and climate change
- Fighting systemic and structural discrimination and racism
- Community power and social connections

6.3 Gambling related harms work cuts across a number of these thematic areas, and it is important that any local Gambling Related Harms plan should align.

6.4 The cost-of-living crisis means that harms from gambling is an increased risk for everyone; however, those living in more deprived neighbourhoods will be at greater risk as some people will gamble in an attempt to alleviate debt. The council's webpage [Help with the cost of living crisis](#) has recently been updated to include additional resources across a range of topics, this includes information on gambling treatment and support services.

6.5 Links between poverty and gambling harms will need to be monitored more closely to fully understand the impact locally.

7.0 Summary

7.1 There is a range of evidence to support the view that gambling can be a health harming activity, with the impact to individuals and/or their families varying significantly depending on their circumstances. We know that some communities are disproportionately affected by gambling related harms and that those living in more deprived communities are at greater risk of harm from gambling. Harmful gambling can make existing health and social inequalities worse. The location of gambling premises in Manchester suggests that the industry targets some communities. Harmful products are targeted at populations vulnerable to harm in some cases.

- 7.2 Gambling related harm is often a hidden harm for adults and can also cause Adverse Childhood Experiences. Manchester's response should not be a campaign against all forms of gambling, but rather, a response which reduces the unfair impact of gambling harm on vulnerable people and communities, so as to reduce the inequalities caused.
- 7.3 A Manchester Gambling Related Harms plan would be developed within the context and approach of City's Making Manchester Fairer Plan.

8.0 Recommendations

- 8.1 The Committee is asked to note the contents of the report and support the development of a Manchester Gambling Related Harms Plan.

9.0 Appendices

Appendix 1- Licensed Gambling Premises in Manchester

Appendix 2- Odds are They Win" GM social marketing campaign