



LEICESTER CITY GAMBLING HARMS NEEDS ASSESSMENT

Leicester City Council Division of Public Health, 2024

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EXECUTIVE SUMMARY

Aim: Describe health needs related to gambling harms in Leicester, services that are in place to address these needs, and recommendations for further actions to meet this health need.

Methods: We present: 1) A short summary of relevant literature; 2) A profile of Leicester describing population characteristics relevant to gambling harms; 3) Data from GambleAware service users living in Leicester City and areas comparable to Leicester; 4) Mapping of Leicester to identify areas where access to gambling outlets or risk of gambling harm is likely to be highest; and 5) Identification of stakeholders using the information presented in prior sections of the report.

Findings:

- 1. Summary of literature:** It is estimated that around 54% of the general population take part in gambling at least once in a year (when not including the national lottery, this figure drops to 40%). Problem gambling (gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits) is estimated to be experienced by 0.4% of the population; At-risk gambling (gambling that leads to less severe negative consequences) by 3.8%; and around 7% are negatively affected by someone else's gambling ('affected others'). If these estimates were accurate for Leicester's 368,600 population (1), this would suggest there to be around 1,500 experiencing problem gambling, 14,000 experiencing at-risk gambling, and 26,000 affected others. Problem gambling is associated with worsened mental health, alcohol and substance use and higher risk of suicide; people aged 20-49 who experience problem gambling are 19 times more likely than average to die by suicide.
- 2. Local profile related to gambling:** Population demographics of Leicester have several characteristics associated with an increased risk of problem gambling, including having a larger-than-average proportion compared to England who are: aged between 16 and 34 years; living in a deprived area; or unemployed. Leicester also has a higher-than-average proportion of people of Asian or Asian British ethnicity. National survey data indicate that people of this ethnicity are generally less likely to gamble, but more likely to experience problem gambling than other ethnic groups. We do not know of reliable evidence investigating gambling behaviours within more specific ethnicity categories.

- 3. Data from GambleAware (2015-22):** Data for 166 Leicester clients was received. Eighty percent were male, 63% were of White British ethnicity and 22% were of Asian or Asian British ethnicity. Over 70% were employed. Around 90% were referred because of personally experiencing problem gambling, and the remainder were referred due to being affected by someone else's gambling. Almost 9% had lost a job and around 30% had lost a relationship due to gambling. Over a quarter had a gambling debt of over £5,000. The commonest type of reported gambling activity was online gambling, at 78%.
- 4. Mapping:** Accessibility of Leicester gambling outlets is highest in the central shopping area and is high in many areas with high deprivation. Data from a YouGov survey performed on behalf of GambleAware suggests (with a low level of certainty due to small numbers of participants) that Leicester City is in the lowest quintile for prevalence of non-problem gambling, but in the highest quintile for problem and moderate-risk gambling. The survey results also predicted Leicester to be in the lowest quintile for demand and uptake of treatment and support by those experiencing problem gambling.
- 5. Treatment and support services:** There are three services providing treatment for gambling harms in Leicester City: the NHS East Midlands Gambling Service (which launched in July 2023), which is based in Derby and accepts referrals from across the East Midlands; Gamblers Anonymous, which is a national organisation, with a local branch that holds meetings in Leicester; and GamCare East Midlands, which delivers structured treatment online.
- 6. Stakeholders:** Given the risks associated with gambling harms, and the populations particularly vulnerable to these harms, the following stakeholders were identified: those working in suicide prevention, mental health, primary care, children and young people, substance misuse or homelessness services; the police and criminal justice system; alcohol harm reduction charities; those whose work involves licensing of gambling premises; those with previous or current experience of high risk or problem gambling, of who have been negatively affected by someone else's gambling.

Summary of recommendations:

- A strategy to address gambling harms in Leicester City will be developed and implemented, based on the themes of:
- **Collaboration:** Working with the stakeholders identified above (Section 6); influencing organisations and political colleagues to protect people of Leicester from gambling harms; and will determine how to work with industry-funded organisations.
- **Data collection:** Improving gambling data collection and screening people at risk.
- **Training and education:** Implementing staff training on signposting and advice provision; and educating for children and families on avoiding harms.
- **Influencing advertising and licensing** and promoting regulation of licensing to protect people from harmful exposure to gambling promotion.

1

BACKGROUND

1.1 AIM

The aim of this report is to describe:

- I. Health needs related to gambling harms in Leicester.
- II. Services that are in place to address these needs.
- III. Recommendations for further actions to meet these needs.

1.2 RATIONALE

Gambling is a commonly conducted activity in the United Kingdom (UK), with around 40% of the population having participated in a gambling activity other than the National Lottery in 2018 (2). Although many engage in gambling behaviour that is not associated with significant adverse effects, there are some for whom gambling behaviour can involve taking considerable risks and experiencing substantial harms (1). Problem gambling describes gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits (9), and this is estimated to affect 0.4% of the UK population (2). Problem gambling is associated with a multitude of harms including worsened mental health, alcohol and substance use and higher risk of suicide (3; 4). 'At-risk gambling' refers to gambling behaviours that lead to problems and negative consequences that are less severe and more controlled than those associated with problem gambling; it is estimated that 3.8% of the population experience at risk gambling (2). One person's negative consequences from gambling may lead to multiple others being adversely affected, and it is estimated that this applies to 7% of the United Kingdom adult population (5).

A recent Office for Health Improvement and Disparities (OHID) rapid assessment of gambling related harms in the Midlands identified evidence of gambling having adverse impacts affecting populations across the region, including in Leicester (6). There is evidence for the existence of a paradox of gambling harm in Leicester, with the city being in the bottom quintile for prevalence of gambling generally, but in the top quintile for problem gambling; furthermore, it is also in the bottom quintile for demand for, or uptake of, treatment or support for problem gambling (7). This

indicates a substantial population health need and a requirement for support to those who experience problem gambling and those who are adversely affected by the gambling of others.

Recommendations of the OHID needs assessment included for respective Midlands local authorities to conduct gambling needs assessments and develop strategies to prevent gambling-related harm and ensure access to relevant treatment and support (6).

The present needs assessment will thereby seek to outline gambling related harms, and the extent to which these may be affecting the population of Leicester. Currently available gambling support services will also be described. The findings of the present report may then be used to develop a strategy to address Leicester gambling harms.

1.3 METHODS

To address our aims, we completed:

- 1) A brief summary of literature relevant to gambling harms (Section 2)
- 2) A profile of the characteristics of the population of Leicester that are relevant to gambling harms (Section 3)
- 3) A summary of quantitative data received from GambleAware about clients who reside in Leicester (Section 4)
- 4) Mapping exercises to identify areas of Leicester where access to gambling outlets or risk of gambling harm is likely to be highest. Some of these data are informed by a YouGov survey carried out by GambleAware. We also describe locations of treatment for gambling harm that can be accessed (Section 5).
- 5) Identification of stakeholders for a future strategy to address local gambling harms (Section 6).

2.1 RELEVANT DIAGNOSTIC CRITERIA AND DEFINITIONS

2.1.1 PROBLEM GAMBLING SEVERITY INDEX

The Canadian Problem Gambling Severity Index (PGSI) is commonly used to quantify the risk a person's gambling may have of causing harm (8). The scale comprises 9 items (see Table 1); low risk is indicated by 1-2 criteria being met, moderate risk by 3-7 being met, and problem gambling by 8-9 being met (1).

Table 1: Problem Gambling Severity Index items (8)

In the past 12 months, how often ...
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 excitement?
3. ... have you gone back to try to win back the money you'd 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. ... have you felt that gambling has caused you any health problems, including stress or anxiety?
7. ... have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?
8. ... have you felt your gambling has caused financial problems for you or your household?
9. ... have you felt guilty about the way you gamble or what happens when you gamble?

2.1.2 DIAGNOSTIC CRITERIA FOR GAMBLING DISORDER

Gambling Disorder is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) V as ‘persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following [see Table 2] in a 12-month period’ (9). To meet the definition, the gambling behaviour must not be better explained by a manic episode. Severity is deemed mild if 4–5 criteria are met, moderate if 6–7 criteria are met, or severe if 8–9 criteria are met.

Table 1: DSM V Gambling Disorder criteria

1. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
3. Has repeated unsuccessful efforts to control, cut back, or stop gambling
4. Is restless or irritable when attempting to cut down or stop gambling
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
9. Relies on others to provide money to relieve a desperate financial situation caused by gambling

2.1.3 DEFINITIONS RELEVANT TO THIS REPORT

Please see Table 3 for a list of definitions of terms used in this report and note our aim to use person-centred language throughout the report, which is described in the table footnote.

Table 2: Definitions of terms used in this report

Term	Definition	Source
Affected other	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.	Yougov (5)
Betting	Making or accepting a bet on: <ol style="list-style-type: none"> I. the outcome of a race, competition or other event or process II. the likelihood of anything occurring or not occurring, or III. whether anything is or is not true. 	Gambling Act 2005 (10)
Gambling	Gaming, betting or participating in a lottery	Gambling Act 2005 (10)
Gaming	Playing a 'game of chance' for a prize of money or 'money's worth'. Games of chance include the following (and does not include sport). <ol style="list-style-type: none"> I. a game that involves both an element of chance and an element of skill, II. a game that involves an element of chance that can be eliminated by superlative skill, and III. a game that is presented as involving an element of chance 	Gambling Act 2005 (10)
Low risk gambler*	Gamblers who experience a low level of problems with few or no identified negative consequences.	Gambling Commission (11)
Moderate risk gambler*	Gamblers who experience a moderate level of problems leading to some negative consequences.	Gambling Commission (11)
Problem gambler*	Gamblers who gamble with negative consequences and a possible loss of control.	Gambling Commission (11)
Problem gambling	Gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits.	Gambling Commission (11)

**In this report, we will adopt person-centred language that emphasises the need to support the individual. Therefore, rather than referring to low risk, moderate risk, or problem gamblers, we will refer to individuals experiencing low risk, moderate risk, or problem gambling. This also recognises that an individual’s gambling behaviour is affected by external factors (12).*

2.2 PREVALENCE OF GAMBLING IN THE UNITED KINGDOM

See Table 4 for a summary of the prevalence of gambling behaviour and risky gambling behaviour in the United Kingdom.

Table 3: Prevalence of gambling in the UK in 2018 (2)

Activity	Proportion
Engaged in any gambling activity, including the National Lottery*	54.0%
Engaged in any gambling activity, not including the National Lottery*	40.2%
Engaged in any online gambling activity, not including the National Lottery*	9.4%
Proportion who engaged in non-problem gambling (including those who do not gamble) **	95.7%
Proportion defined as ‘at risk’ (PGSI score between 1 and 7) **	3.8%
Proportion who experienced problem gambling**	0.4%

*In 2018 only

**In 2012, 2015, 2016, and 2018

2.3 LEGISLATION

Prior to 2023, the most recent UK legislation that specified controls on gambling was The Gambling Act (2005) (10). The stated objectives of the act are: “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”, and “Protecting children and other vulnerable persons from being harmed or exploited by gambling”. The act outlined that Local Authorities or Scottish Licensing boards have authority to license gambling and permits gambling

to be advertised on television and radio (10). In 2023, the UK government issued a white paper on gambling (13). New proposed policies included affordability checks for gamblers; a stake limit for online slots games; and restrictions on bonuses and direct marketing (at the time of writing, consultations on the nature of multiple proposed policies are ongoing) (13).

2.4 TYPES OF GAMBLING

See Table 5 for prevalence of types of gambling for the general population and those who experience at-risk gambling. A notable recent trend is the increase in prevalence of online gambling, from 6% in 2012 to 9% in 2018; this type of gambling is generally most popular amongst younger age groups (2). There has also been an increase in the proportion taking part in online gambling for those taking part in gambling treatment, from 57% to 69% between 2015 and 2019 and a concurrent decrease in the proportion using bookmakers (56% to 36%) (2).

Table 4: Prevalence of gambling behaviours for those who participate in at-risk gambling and for the general population (table from Public Health England review of gambling harms (2))

	At-risk gamblers among those who participate in gambling (%)	Total sample of Health Survey for England respondents (%)
Lotteries and related products		
National Lottery	6.8	36.0
Scratchcards	11.9	17.9
Other lotteries	8.0	14.4
Machines and games		
Football pools	29.1	2.9
Bingo (not online)	12.9	4.5
Slot (electronic gaming) machines	25.7	5.7
Machines in a bookmakers	46.4	2.2

Casino table games (not online)	31.5	2.6
Poker played in pubs or clubs	45.6	0.7
Online gambling on slots, casino or bingo games	44.2	3.0
Betting activities		
Online betting with a bookmaker	26.3	7.8
Betting exchange	44.0	1.1
Horse races (not online)	15.6	8.1
Dog races (not online)	26.6	1.7
Sports events (not online)	30.5	4.0
Other events or sports (not online)	43.6	1.5
Spread-betting	52.0	0.5
Private betting	25.0	3.8
Other gambling activity		
Any other gambling	33.8	1.2

2.5 DEMOGRAPHIC AND ECONOMIC FACTORS ASSOCIATED WITH GAMBLING

2.5.1 AGE AND GENDER

- 57.4% of men reported to have gambled within the past year compared to 50.7% of women (2).
- Prevalence of problem gambling is 0.8% for men and 0.3% for women, with problem and at-risk gambling being most likely to affect men of younger age groups (2).
- Gambling is commonest amongst between the ages of 25 and 64 years at around 60%, and least common amongst those aged 16 to 24, with 39% of this age group gambling (2)
- Problem gambling is most prevalent in those aged between 16 and 34, with 0.8% of this age group experiencing problem gambling; the remaining age categories have a prevalence no higher than 0.5% (2)

2.5.2 ETHNICITY

- Participation in gambling activity is highest in White ethnic groups (60.8%) (2)
- Gambling activity prevalence is lowest for those of Asian and Asian British (2) ethnicity group (31.2%), but problem gambling is higher within this group (1.0%) than within the White and White British ethnic group (0.4%), indicating a paradox of harm (2)

2.5.3 DEPRIVATION AND EMPLOYMENT

- Compared to those who are employed, unemployed people are generally less likely to participate in gambling (92.5% compared to 95.0%), but are more likely to experience at-risk (6.1%, compared to 4.4%) and problem (1.4%, compared to 0.5%) gambling (2).
- Participation in gambling activity was similar across English Index of Multiple Deprivation (IMD) quintiles; there is evidence, however, that problem gambling is more likely to occur amongst people from more deprived areas, though deprivation (like employment) is a weaker predictive factor than demographic factors such as age and gender (2; 6)

2.6 HARMS ASSOCIATED WITH EXPERIENCE OF PROBLEM GAMBLING

There are numerous harms associated with experiencing problem gambling including suicide, homelessness, increased use of health services, mental health symptoms and alcohol and substance use (see Table 6). *Table 5: Harms associated with experience of problem gambling (6; 3; 4)*

Event associated with experience of problem gambling	How many times likelier this applies to someone with experience of problem gambling compared to the general population*
Die by suicide, for those aged 20-49 years	19.3
Die by suicide, for those aged 50-74 years	9.6
Access homelessness services	8.7
Access mental health services	8.5
Having been hospital inpatient in previous 3 months	5.5
Be in prison	4.4
Have a lifetime suicide attempt	3.3
Have presented to their GP with a mental health issue within the previous year	2.7
Claim Jobseeker's Allowance	2.7
Be alcohol dependent	2.2
Report illicit drug use	2.0

**Information presented in a recent Midlands Gambling Needs Assessment (6); findings are from published research (3; 4).*

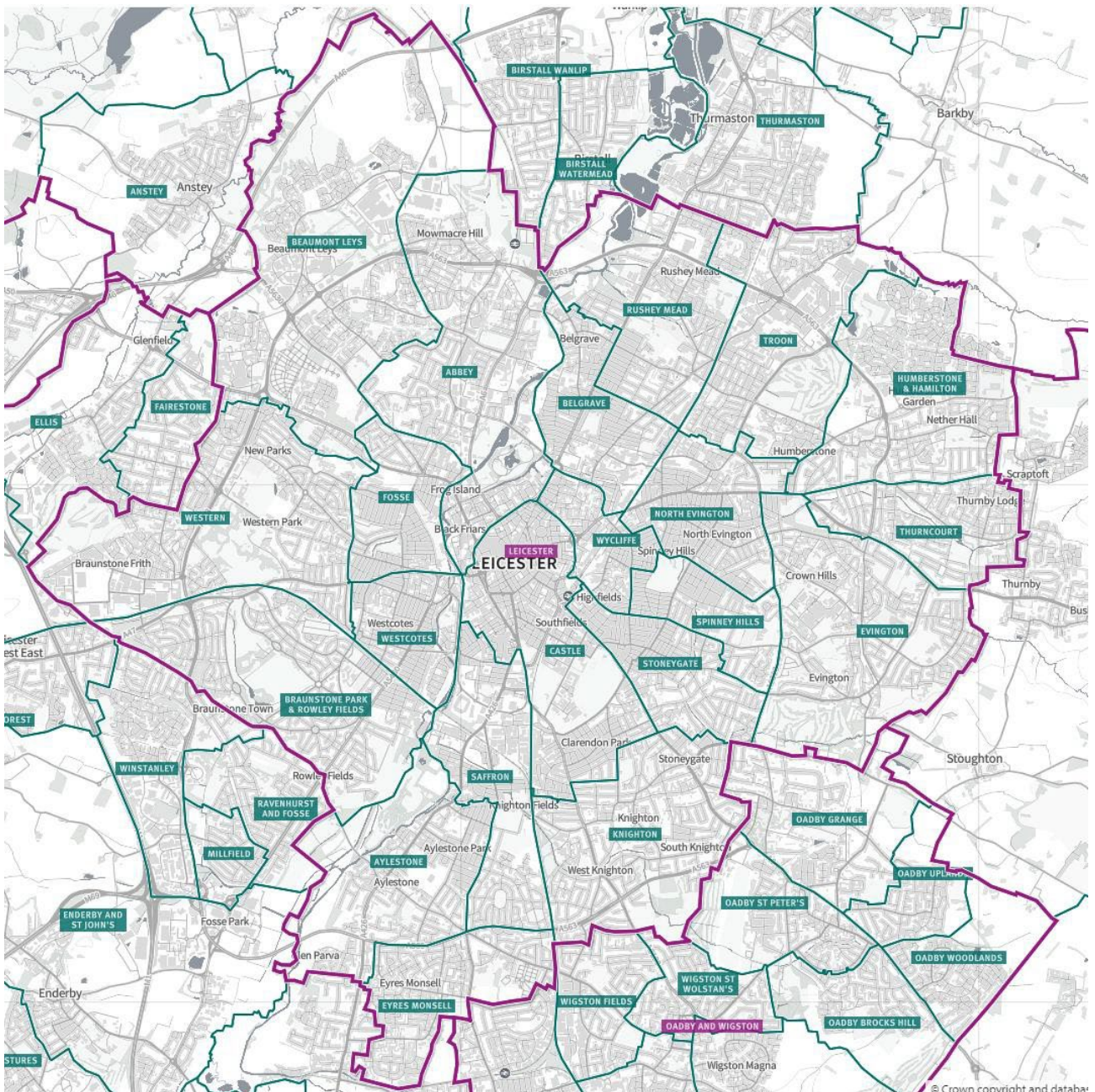
2.7 AFFECTED OTHERS

An 'affected other' is a person who feels they have experienced negative consequences due to someone who they know experiencing problem gambling (5). It has been estimated that around 7% of the general population are 'affected others', and the severity of the impact appears to often be greatest for partners or close family members of those who gamble (5). Affected others are more likely to be female than male – possible due to many being partners of people who experience problem gambling, of whom many are heterosexual men – and are more likely than average to have a PGSI score that indicates they also experience problem gambling (5).

3 LOCAL POPULATION PROFILE

Leicester is the most densely populated local authority in the East Midlands and the 2021 census indicated a population of 368,600, which had increased by 11.8% since 2011 (1). If the estimated national prevalence of experiencing problem gambling (0.4%) and at-risk gambling (3.8%) and being an affected other (7.0%) were accurate for Leicester, this would suggest that 1,500 experience problem gambling, 14,000 experience at-risk gambling, and 26,000 are affected others. Leicester's population differs from the national population in several important ways and these proportions may be inaccurate, and indeed may be significant underestimations (see 3.5).

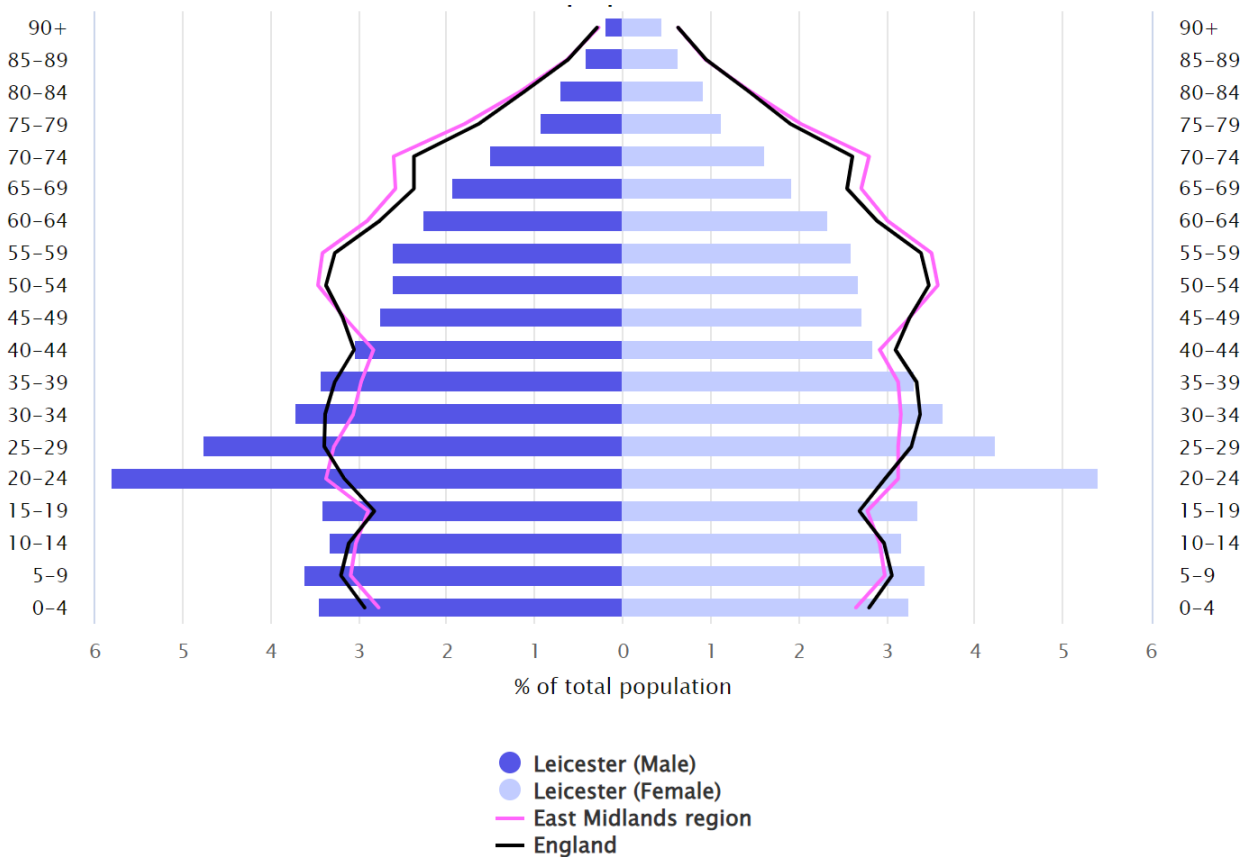
Figure 1: Leicester City Local Authority, and ward boundaries (Image taken from SHAPE atlas (14))



3.1 AGE

Leicester has a young population compared to the average for England and the East Midlands. The city contains two large universities and there are far more adults aged 20-29 years than average, and substantially fewer than average for all age bands above 45 years (Figure 2).

Figure 2: Age profile for Leicester (resident population 2020, from OHID population health profiles (15))

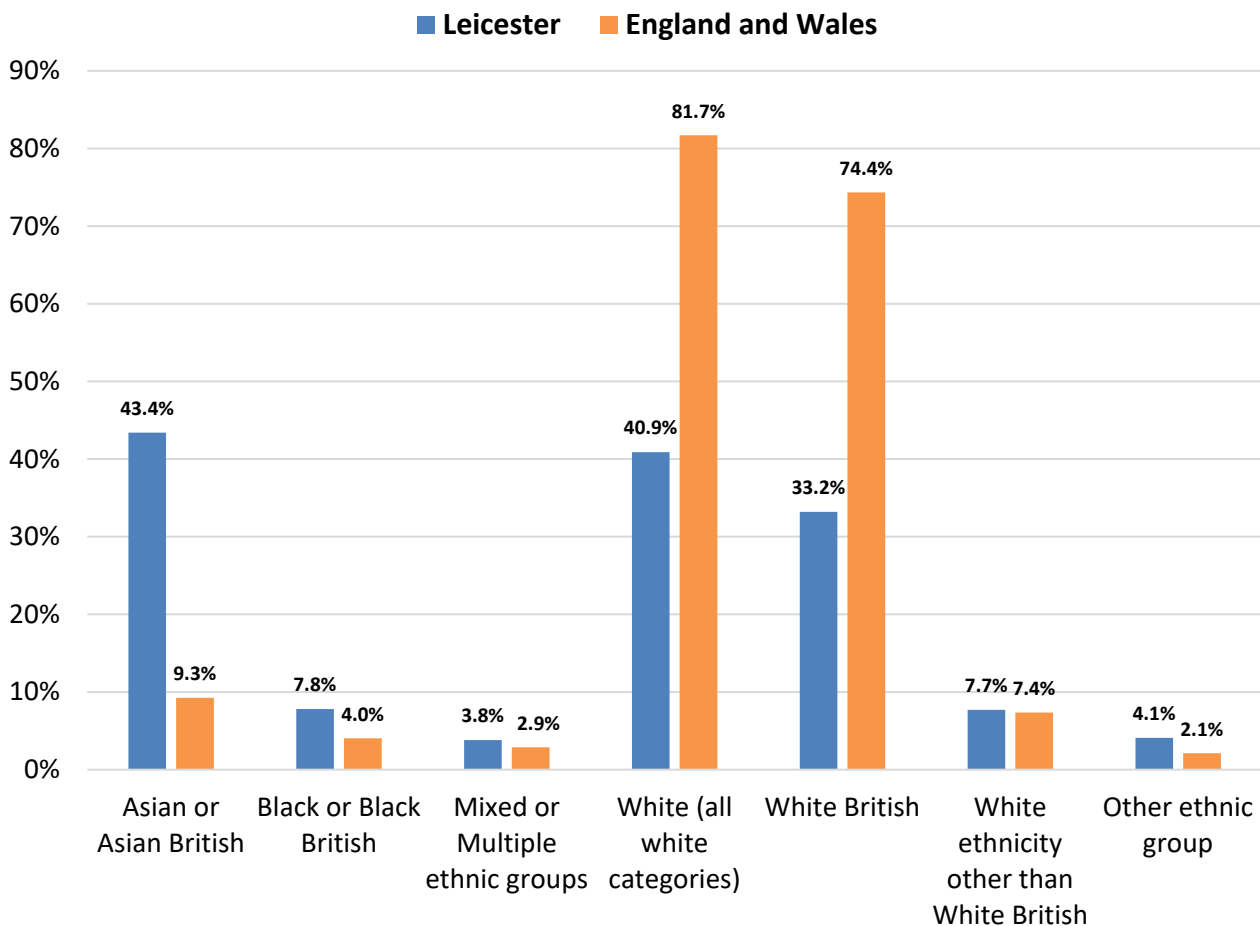


3.2 ETHNICITY

Leicester has an ethnically diverse population with around four times as high a proportion of those from an Asian, or Asian British background than the average for England and Wales and around twice

as high a proportion of people from a Black, Black British, Caribbean or African background (see Figure 3). The 2021 census data indicates that the major ethnic group comprising the highest proportion of the population were from an Asian, Asian British, or Asian Welsh background at 43.4%. The second largest was White Ethnicities at 40.9%, most of whom were White British (a third of the Leicester population), and 7.7% of the population were from a white ethnic background other than British. Black, Black British, Black Welsh of African background comprised 7.8% of the Leicester population, Mixed or multiple ethnic groups comprised 3.8% and those describing themselves as from an 'Other' group comprised 4.1% (16; 17).

Figure 3: Leicester ethnicity (from 2021 Census data (16))



3.3 DEPRIVATION

Of local authorities, Leicester is in the quintile with the highest deprivation (15), in contrast to its bordering local authorities which are all in the two least deprived quintiles (see Figure 4). Within Leicester, a greater proportion of the population live in Lower Superior Output Areas (LSOAs) in the four most deprived deciles, and fewer live in the least deprived deciles than the average for England (see Figure 5). Figure 6 shows the Leicester LSOAs in the bottom quintile for Index of Multiple Deprivation. These make up a considerable proportion of the area of Leicester City and are spread across all areas of the local authority.

Figure 4: Map of deprivation quintiles (taken from GambleAware GB maps (7))

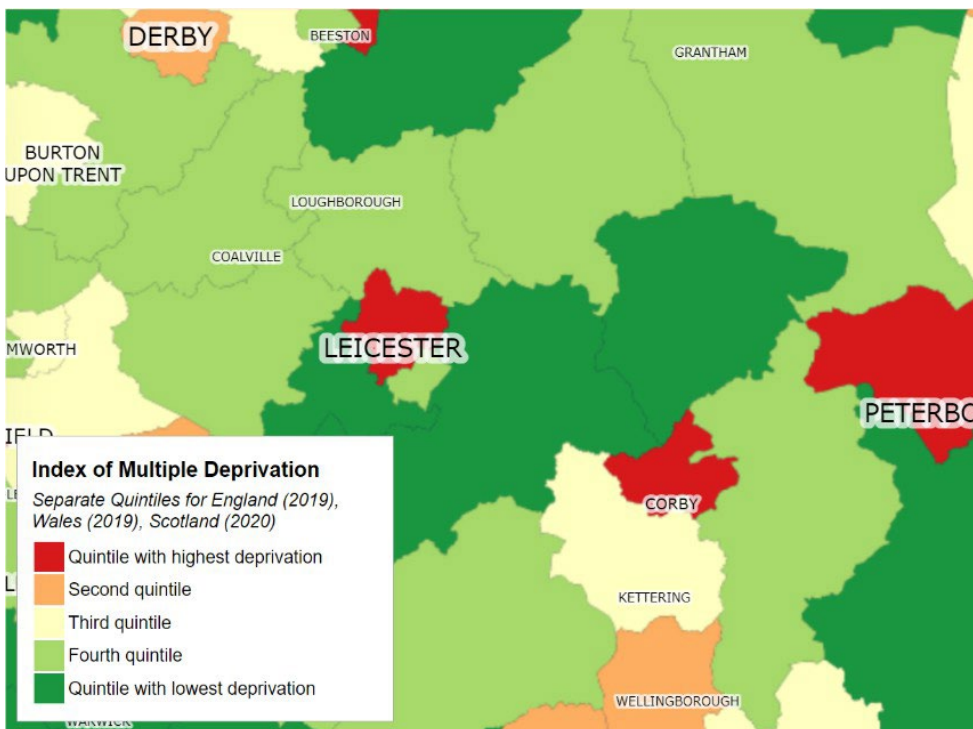


Figure 5: Leicester population distribution by index of multiple deprivation decile

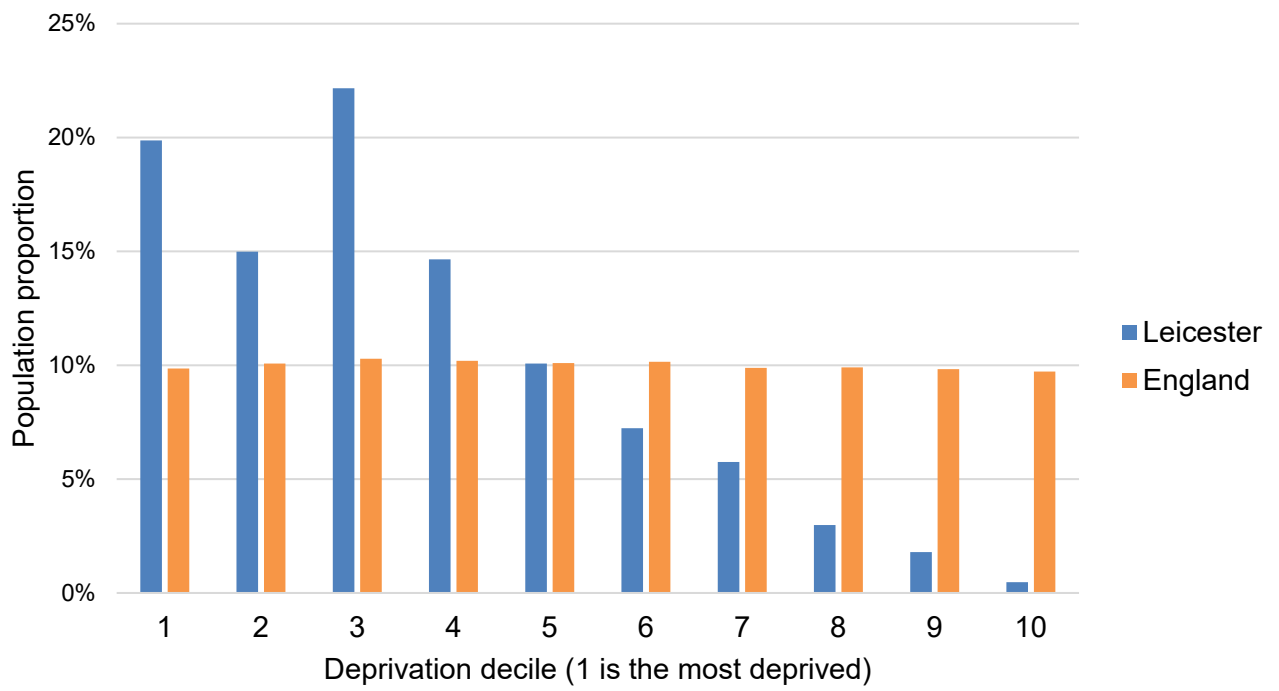
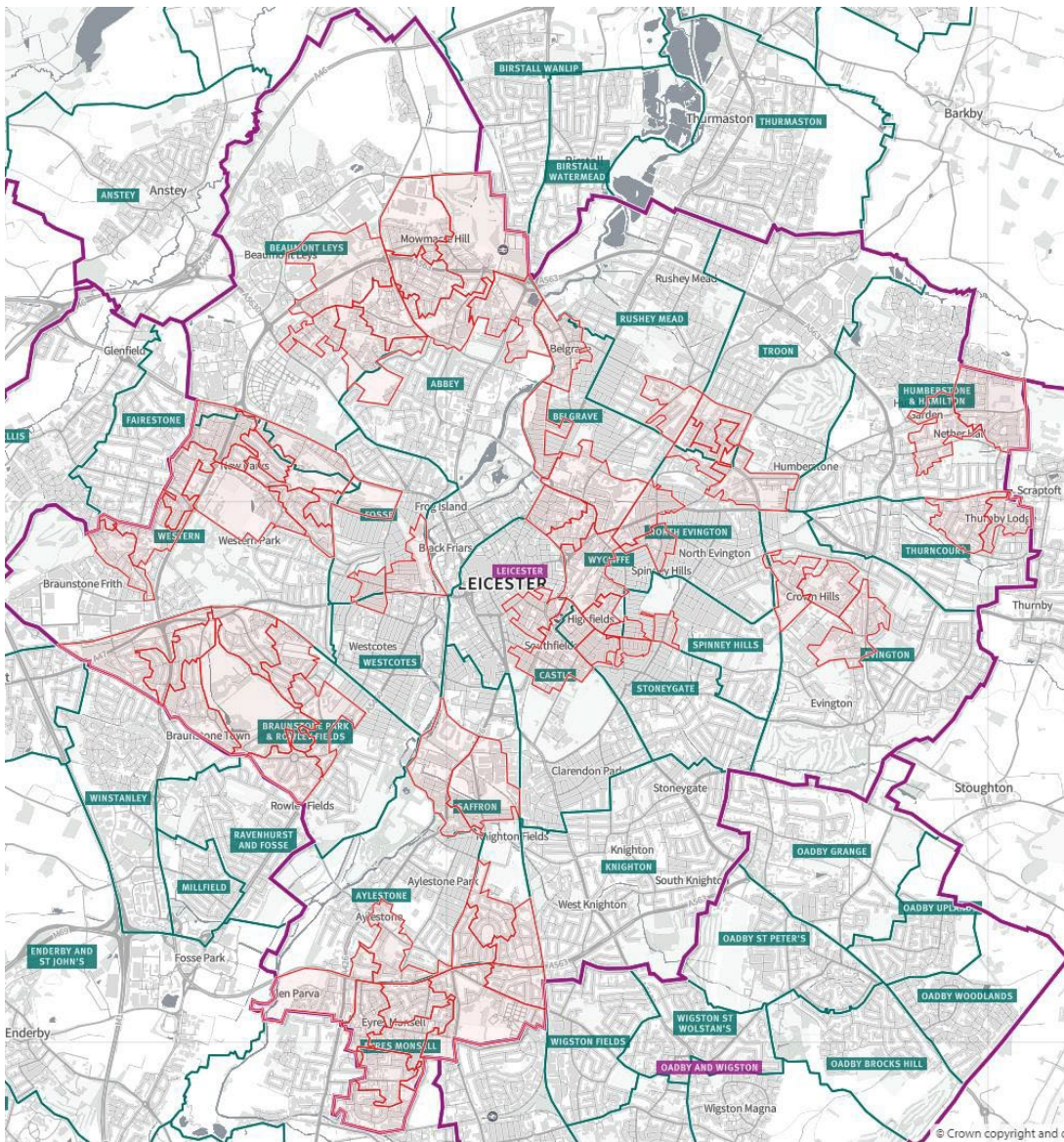


Figure 6: Leicester map with LSOAs in most deprived quintile highlighted (taken from SHAPE (14))



3.3.1 EMPLOYMENT

From July 2021 to June 2022, 70% (171,100) of the Leicester population were economically active, which is lower than the proportion for the East Midlands (77.6%) and for Great Britain (78.6%). Similarly, a low proportion (66.6%) were in employment compared to the East Midlands (75.1%) or Great Britain 75.5%) (18). Of the economically active people in Leicester, 8,000 (4.7%) were unemployed; this figure is a little higher of that for the East Midlands (3.1%) and Great Britain (3.8%) (18).

3.4 OTHER HEALTH AND LIFESTYLE INDICATORS

In Leicester, life expectancy is statistically significantly (i.e., if there was no true difference, then probability of a difference of this strength being observed would be lower than 5%) lower than the average for England and the area has a high rate of mortality amongst under 75s, children in low-income families, and hospital admissions for alcohol-related conditions (see Figure 7).

3.5 RELEVANCE OF LEICESTER'S DEMOGRAPHIC PROFILE TO GAMBLING HARMS

- Leicester has a relatively young population, and problem gambling is most prevalent in those aged between 16 and 34; it may be, therefore, that Leicester's age profile represents a greater-than-average proportion of people who experience problem gambling than the national average (2)
- In Leicester, the proportion who are of White ethnicity is around half, and the proportion of Asian or Asian British ethnicity is around 4 times, the proportion represented in the general population of England and Wales. The literature review indicated that whilst gambling is commoner amongst White ethnic groups than those of Asian and Asian British ethnicity, the opposite trend for problem gambling (2).
- Leicester has a higher proportion of people living in deprived areas (see Figure 5), and a slightly higher proportion of people who are unemployed (18) than the national average; deprivation and unemployment are both associated with an increased likelihood of problem gambling, but the relationship is less strong than other demographic predictors such as age and gender (2)

Figure 7: Selected Public Health England Leicester Health Profile Indicators (Image and data from Fingertips (19))

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑ Increasing / Getting worse	↑ Increasing / Getting better
Not significantly different	Significantly higher	↓ Decreasing / Getting worse	↓ Decreasing / Getting better
Significantly better	Significance not tested	↑ Increasing	↓ Decreasing
		↑ Increasing (not significant)	↓ Decreasing (not significant)
		— Could not be calculated	→ No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
Life expectancy at birth (male)	All ages	2016 - 18	n/a	77.2	79.4	79.6	↑
Life expectancy at birth (female)	All ages	2016 - 18	n/a	81.9	82.9	83.2	↑
Under 75 mortality rate from all causes	<75 yrs	2016 - 18	2848	412.6	334.4	330.5	↓

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
Emergency hospital admission rate for intentional self-harm	All ages	2018/19	455	121.2	200.8	193.4	↓

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	35	13.9	26.3	31.6	↓
Hospital admission rate for alcohol-related conditions	All ages	2018/19	2014	700.3	699.5	663.7	↓
Smoking prevalence in adults	18+ yrs	2018	47014	17.3	15.8	14.4	↓

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
Deprivation score (IMD 2015)	All ages	2015	n/a	33.1	-	21.8	—
Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	24.7	26.2	25.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
Percentage of children in low income families	<16 yrs	2016	17725	23.0	16.6	17.0	↑
Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	177353	42.9	45.8	46.9	↓
Percentage of people in employment	16-64 yrs	2018/19	155500	66.2	75.2	75.6	↑
Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	37	0.28	0.43	0.79	↓
Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	585	48.6	37.2	44.9	↓

4

GAMBLEAWARE DATA FOR LEICESTER

We received data from GambleAware, a charity whose stated aim is to keep people safe from gambling harms (20), which is presented in this section. This data provides information on clients of services supported by GambleAware. Most clients were referred due to their own gambling behaviours, and some were referred due to being an 'affected other'.

In this section, the data is presented in two sections. In the first section, the data for Leicester City is presented, and in the following section, data for Leicester and areas which have similarities in terms of population demographics are presented.

4.1 CAVEATS

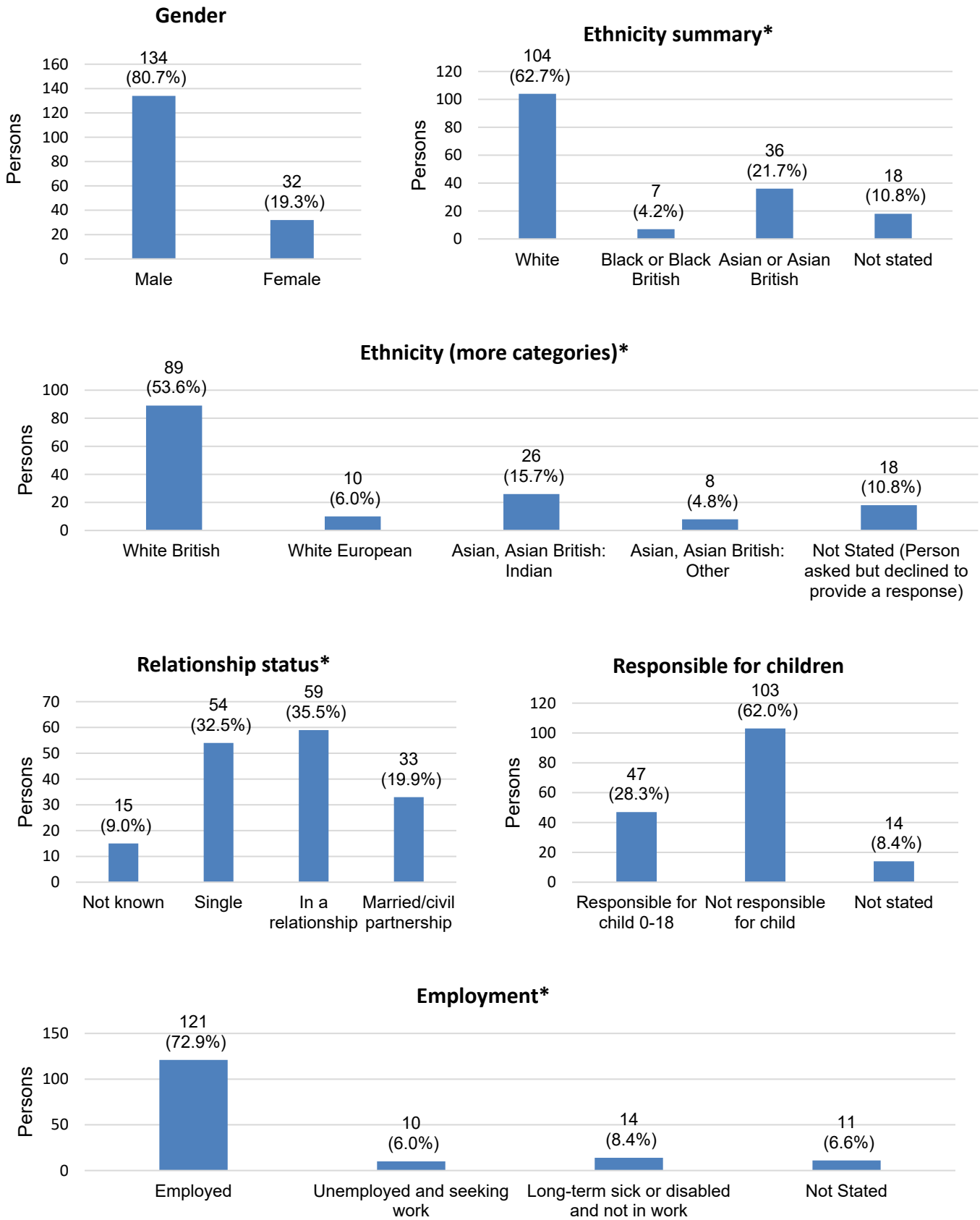
Much GambleAware data is missing local authority code information. The only other data that provides information about where a person lives is the first half of the postcode, but these areas are not coterminous with local authority districts. Therefore, only data with local authority area information is presented here. This represents, however, an incomplete perspective.

4.2 OUTCOMES FOR LEICESTER CITY AND COMPARISON AREAS.

Figures 8-10 below show the main outcomes from GambleAware for those living in Leicester City between 2015 and 2022 (total persons: 166). Clients were more commonly male than female, were most often of White British ethnicity (63%) and 22% were of Asian or Asian British ethnicity. Over 70% were employed. Around 90% were referred because of personally experiencing problem gambling, and the remainder were referred due to being affected by someone else's gambling. Almost 9% had lost a job and around 30% had lost a relationship due to gambling. Over a quarter had a debt greater than £5,000 due to gambling. By far the commonest way that gambling was accessed was online with 78% reporting this. Most treatments received were structured psychosocial interventions delivered at an individual level.

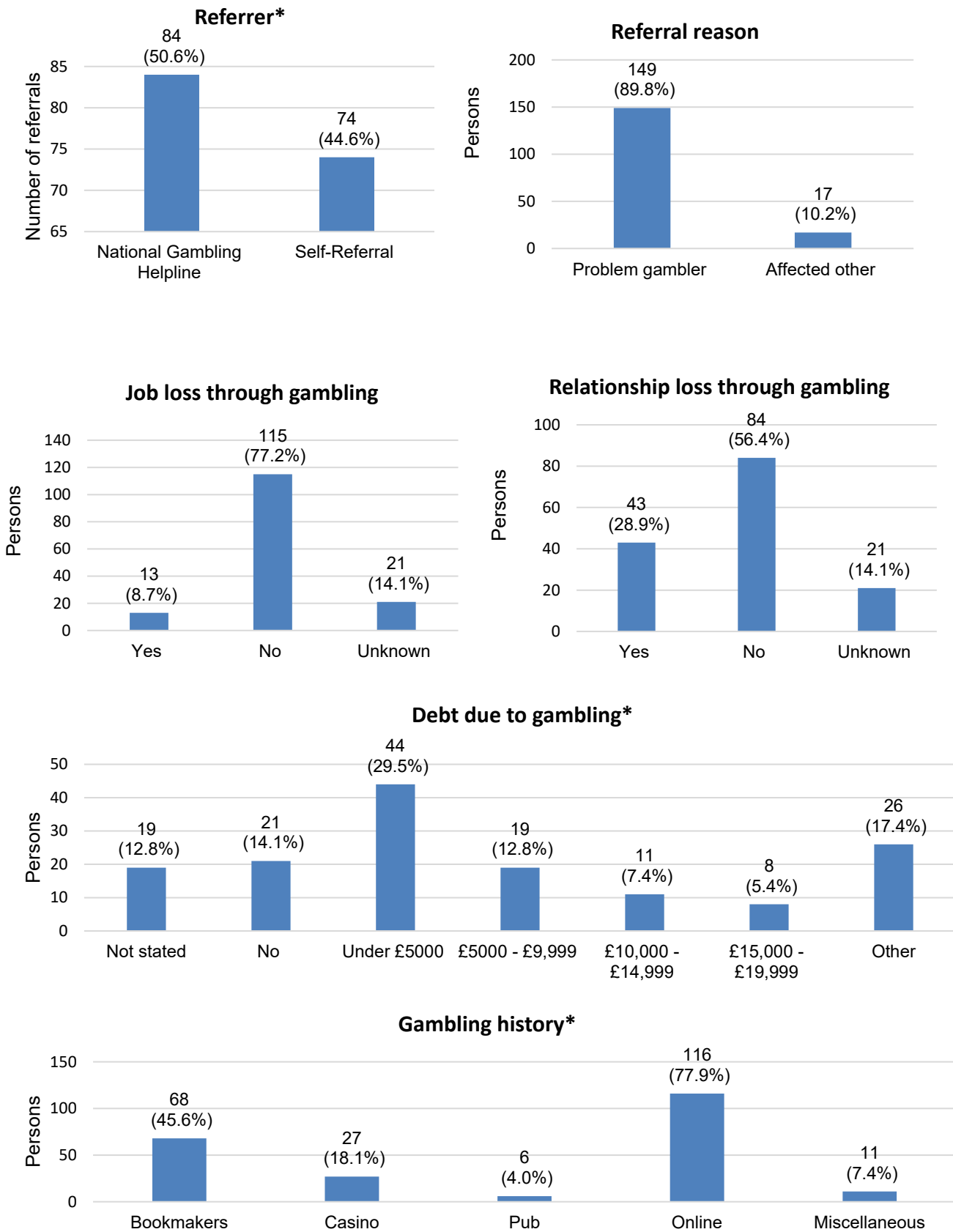
Figures 11-13 show how Leicester City compares with similar areas in England and show Leicester to generally have similar scores with these areas. Leicester respondents were least likely to report having lost a job but were most likely to report relationship loss due to gambling. They were least likely to answer 'no' to having debt due to gambling; least likely to state the debt amount; and were least likely to report visiting bookmakers.

Figure 8: GambleAware Data for Leicester City 2015-22: Demographics



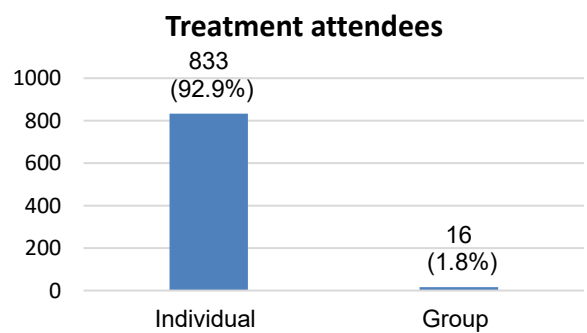
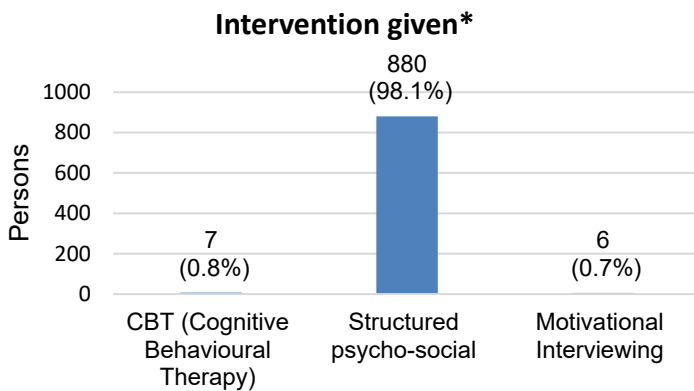
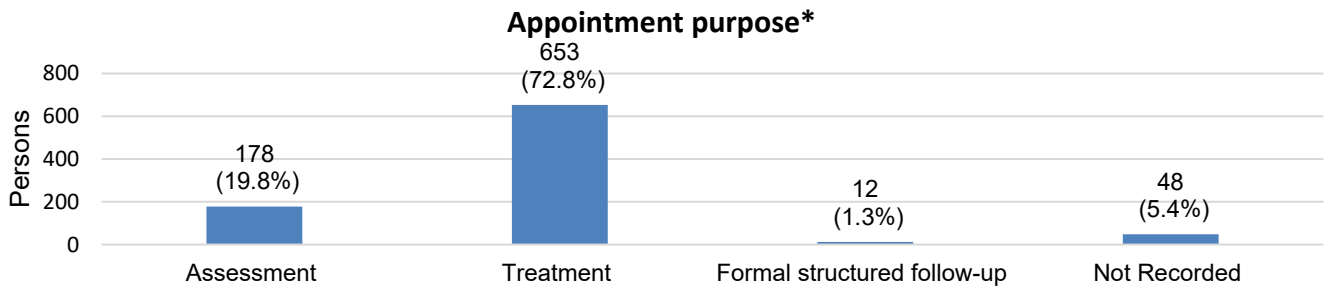
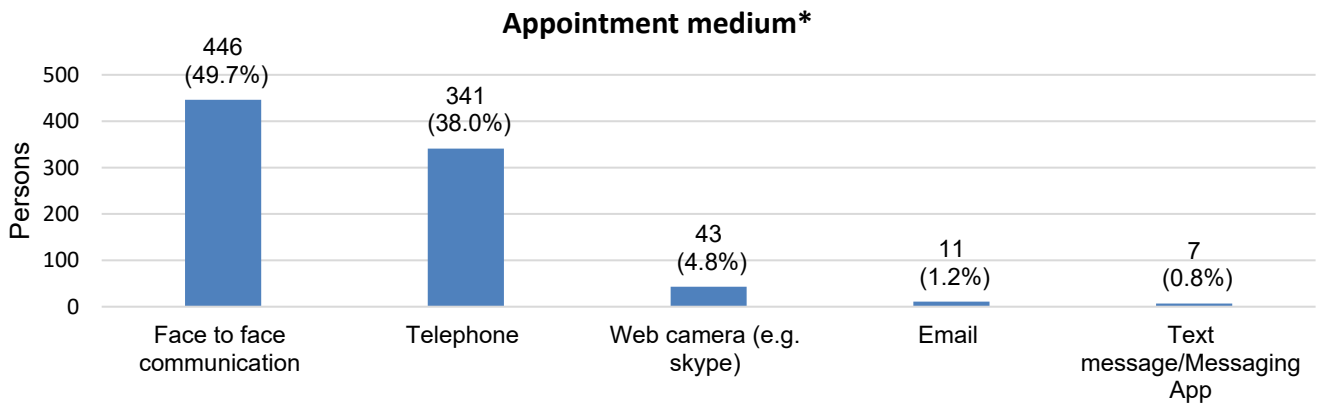
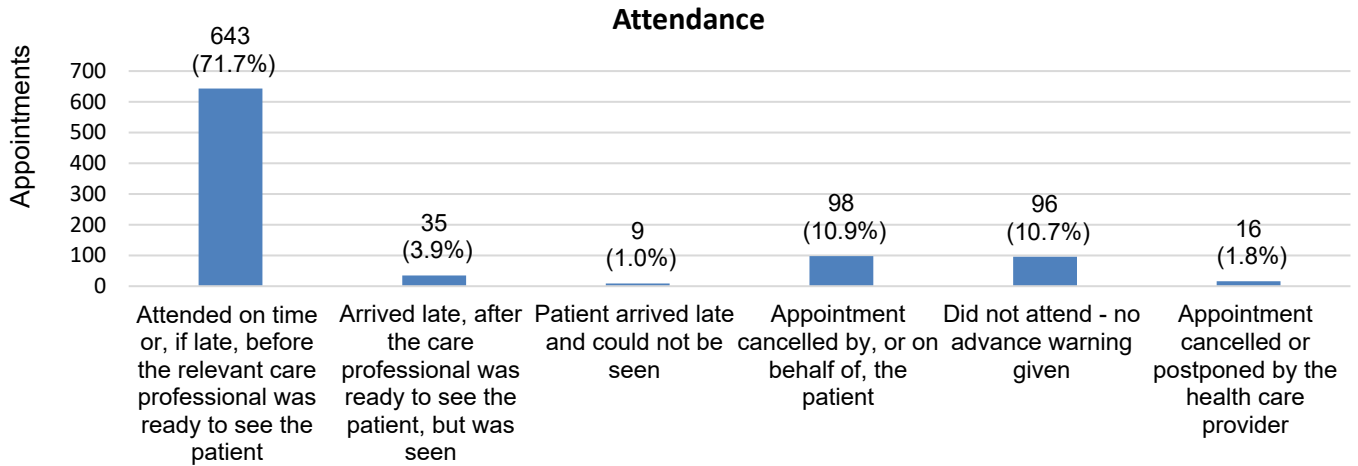
*Categories with values of 5 or fewer have been suppressed

Figure 9: GambleAware Data for Leicester 2015-22: referrals, impact of gambling and gambling history



*Categories with values of 5 or fewer have been suppressed

Figure 10: GambleAware Data for Leicester City 2015-22: Treatment data



*Categories with values of 5 or fewer have been suppressed

Figure 11: GambleAware Data for Leicester City and comparison areas 2015-22: Demographics

Leicester Birmingham Bradford Luton Coventry Nottingham

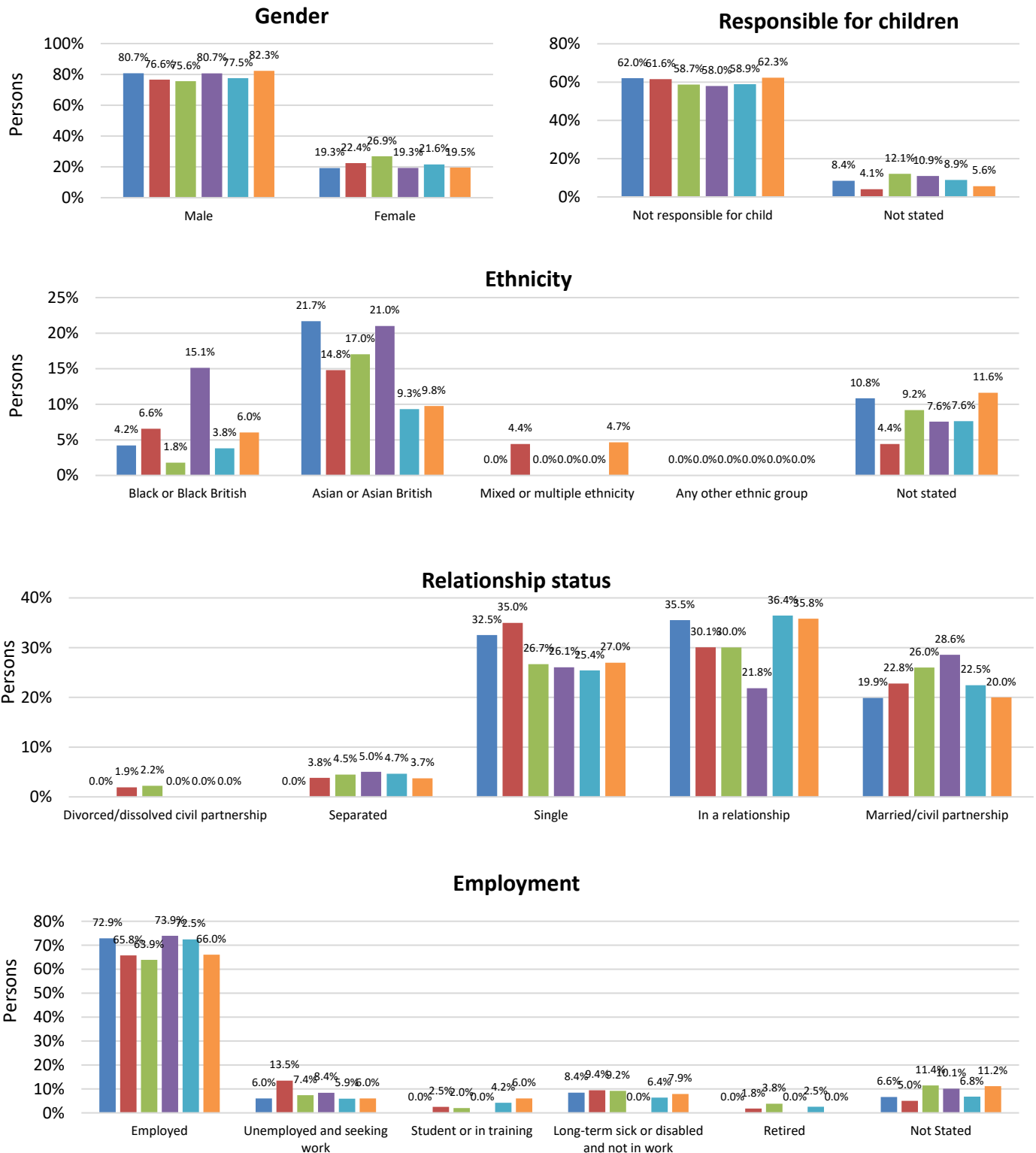


Figure 12: GambleAware Data for Leicester and comparison areas 2015-22: referrals, impact of gambling and gambling history

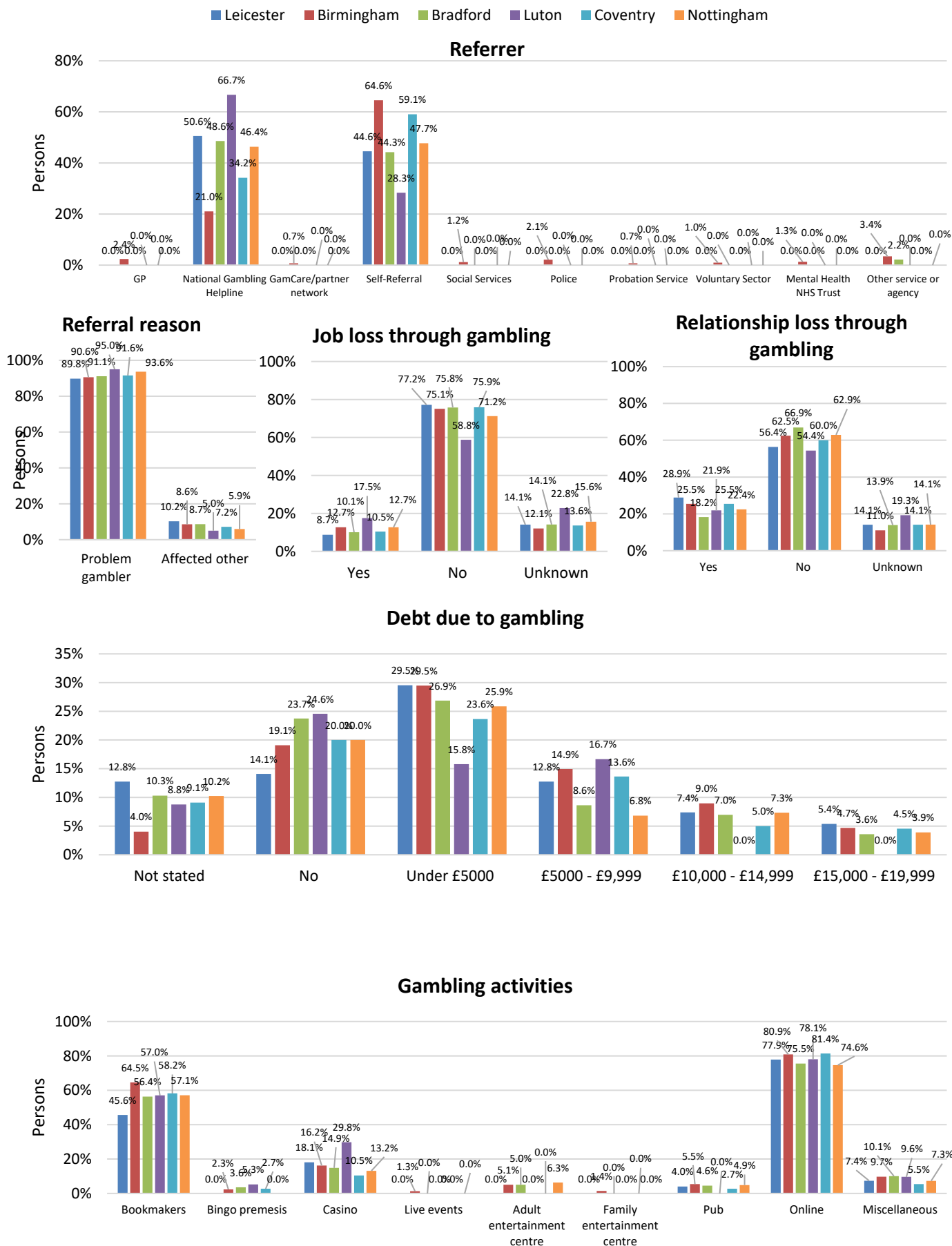
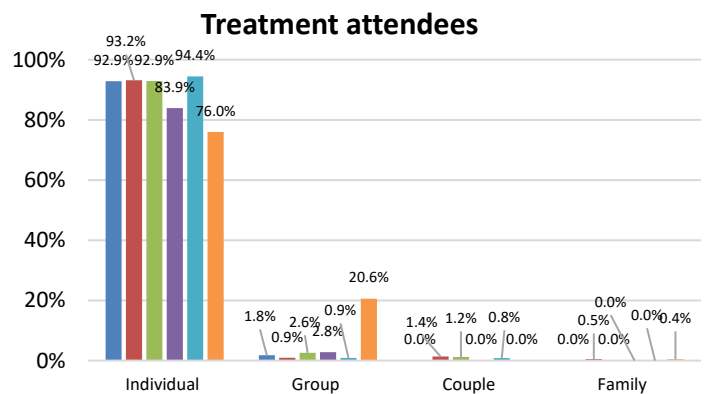
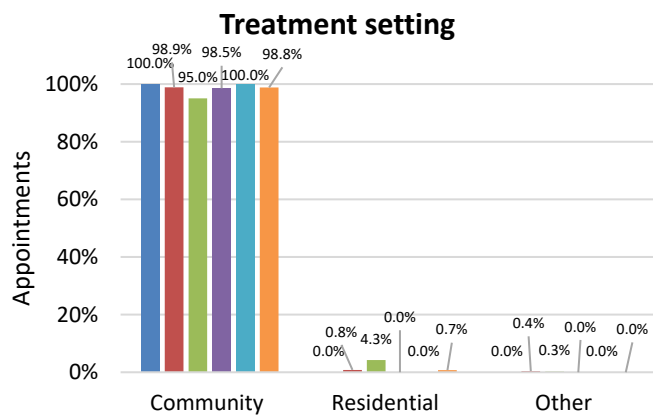
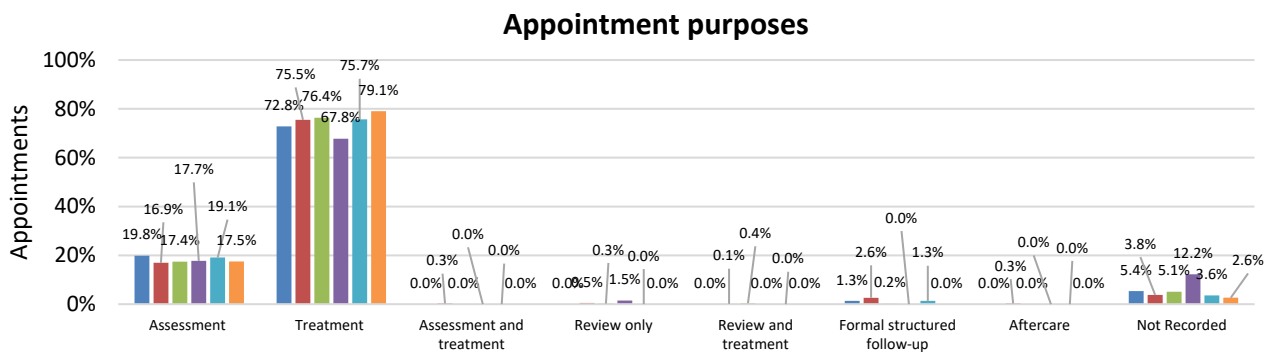
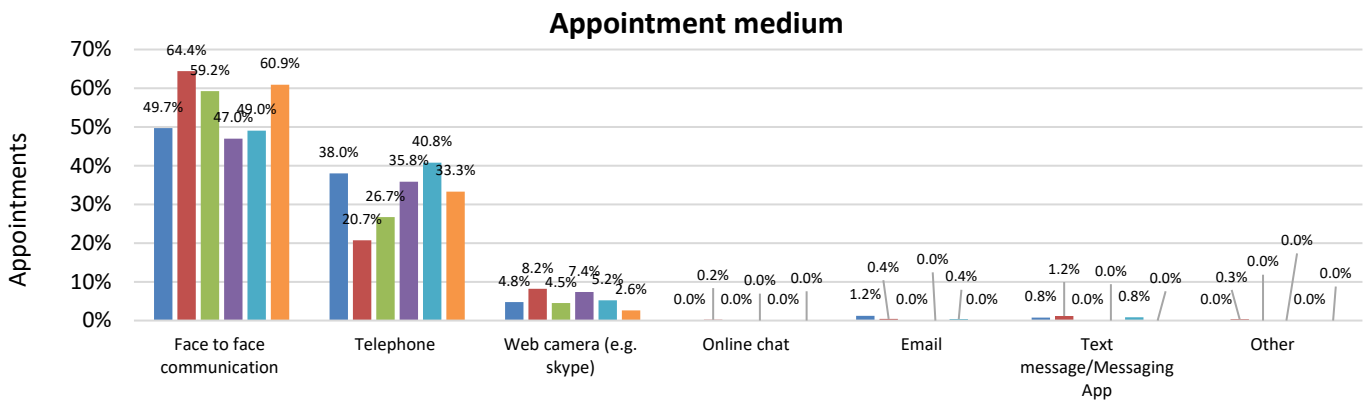
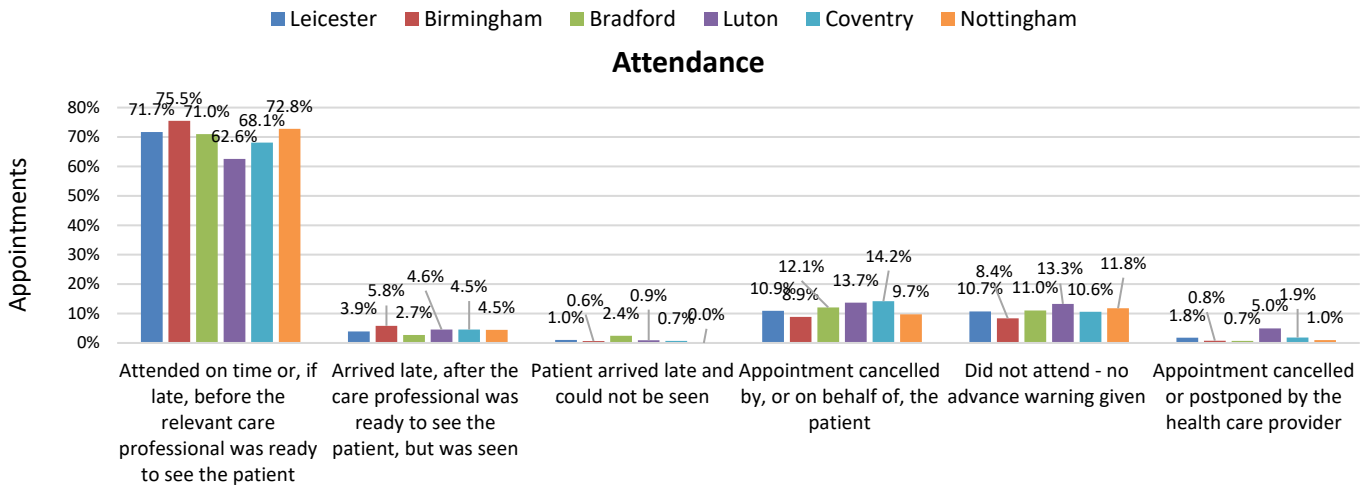


Figure 13: GambleAware Data for Leicester City and comparison areas 2015-22: Treatment data



5.1 PREVALENCE OF GAMBLING IN LEICESTER

A 2020 survey performed by YouGov on behalf of GambleAware (21) (which has findings associated with low a low level of certainty due to relatively small numbers) indicated that although Leicester is in the lowest quintile for non-problem gambling prevalence, it is in the highest quintile for prevalence of problem and moderate risk gambling (See Figure 14, column A). Furthermore, it is also in the lowest quintiles for demand and uptake of treatment and support by those experiencing problem gambling (See Figure 14, columns B and C).

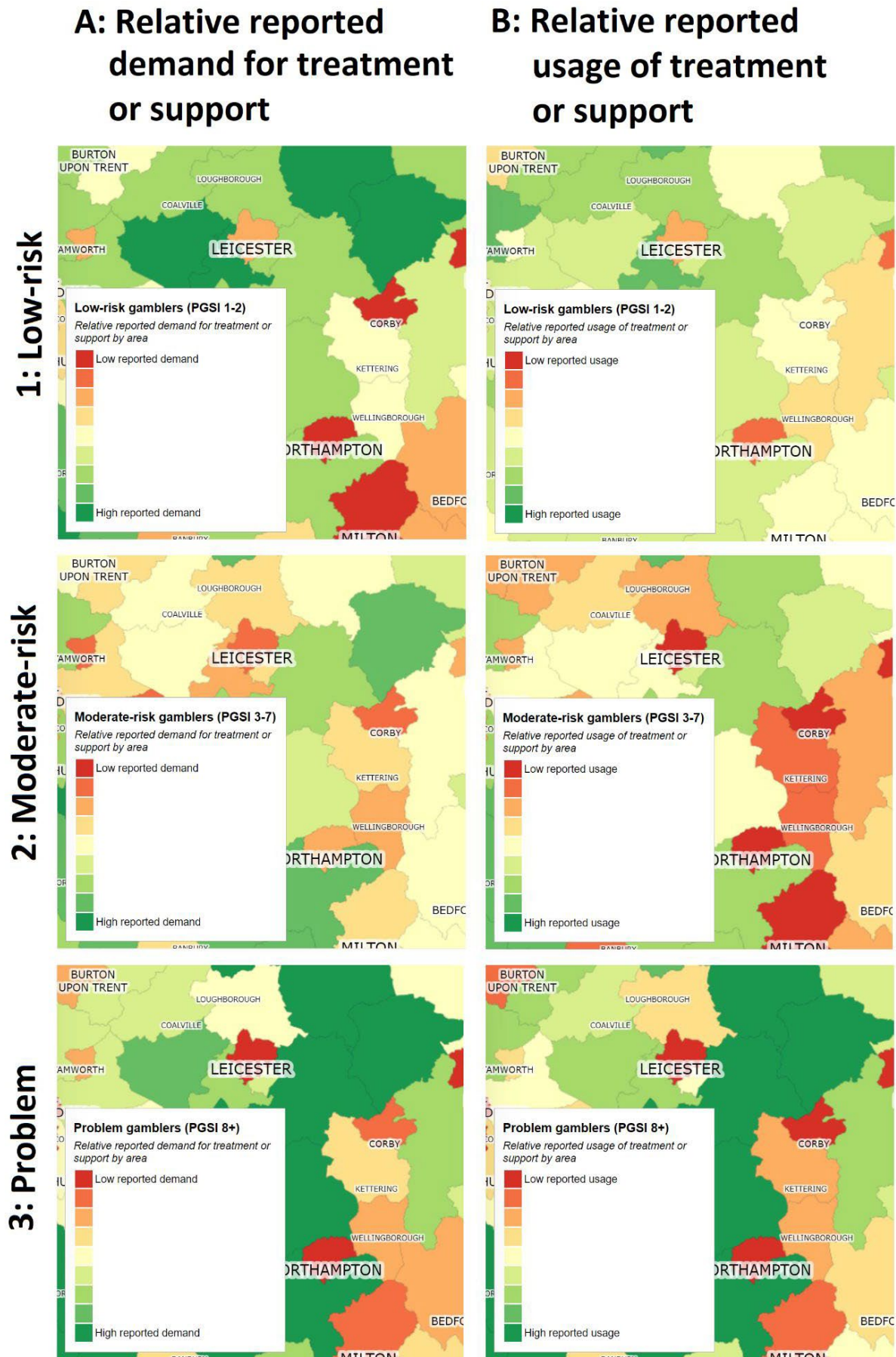
GambleAware conducted further mapping analyses wherein scores were calculated that conveyed local demand and use of gambling support services relative to predicted local prevalence of low-risk, moderate-risk, and problem gambling (7). This indicated that Leicester was in the Lowest decile for reported demand (Figure 15 column A) and reported use (Figure 15 column B) of treatment and support relative to prevalence of problem gambling.

Taken together this suggests that there is evidence that although there may be a low prevalence of gambling generally in Leicester, the gambling that does take place might often be associated with high levels of harm, therefore indicating a potential paradox of harm.

Figure 14: Prevalence and treatment demand and uptake in Leicester (taken from GambleAware GB maps (7))



Figure 15: Maps of reported demand and usage of gambling support services relative to the prevalence of low-risk, moderate-risk, and problem gambling (taken from GambleAware GB maps (7))



5.2 GAMBLING OUTLETS IN LEICESTER

Figure 16 displays gambling outlet accessibility in Leicester. It shows that much of the local authority district of Leicester is associated with high access to gambling outlets, except for the areas furthest to the east and west of the district.

Figure 16: Map of gambling outlet accessibility (taken from *Access to Healthy Assets & Hazards mapping (22)*)

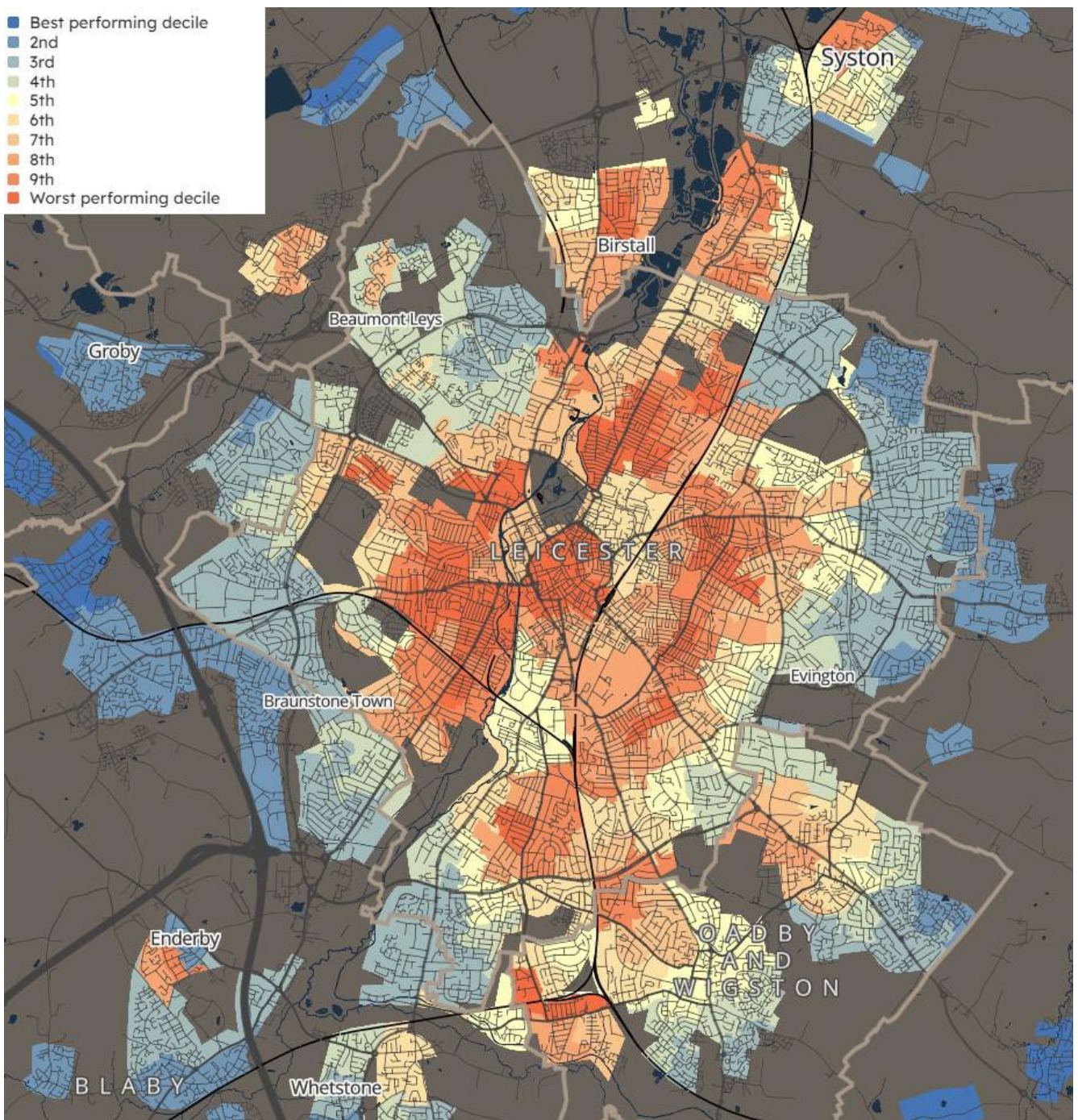


Figure 17 shows the premises in Leicester with a gambling license and Figure 18 shows this information with index of multiple deprivation (IMD) decile by lower super output area (LSOA). The area near to the central shopping area has the greatest density of outlets, and there are also numerous outlets outside of this area, which are often in areas of high IMD (see Figure 18).

Figure 17: Map of premises in Leicester with a gambling license (taken from Leicester City Maps Gambling Local Area Profile (23))

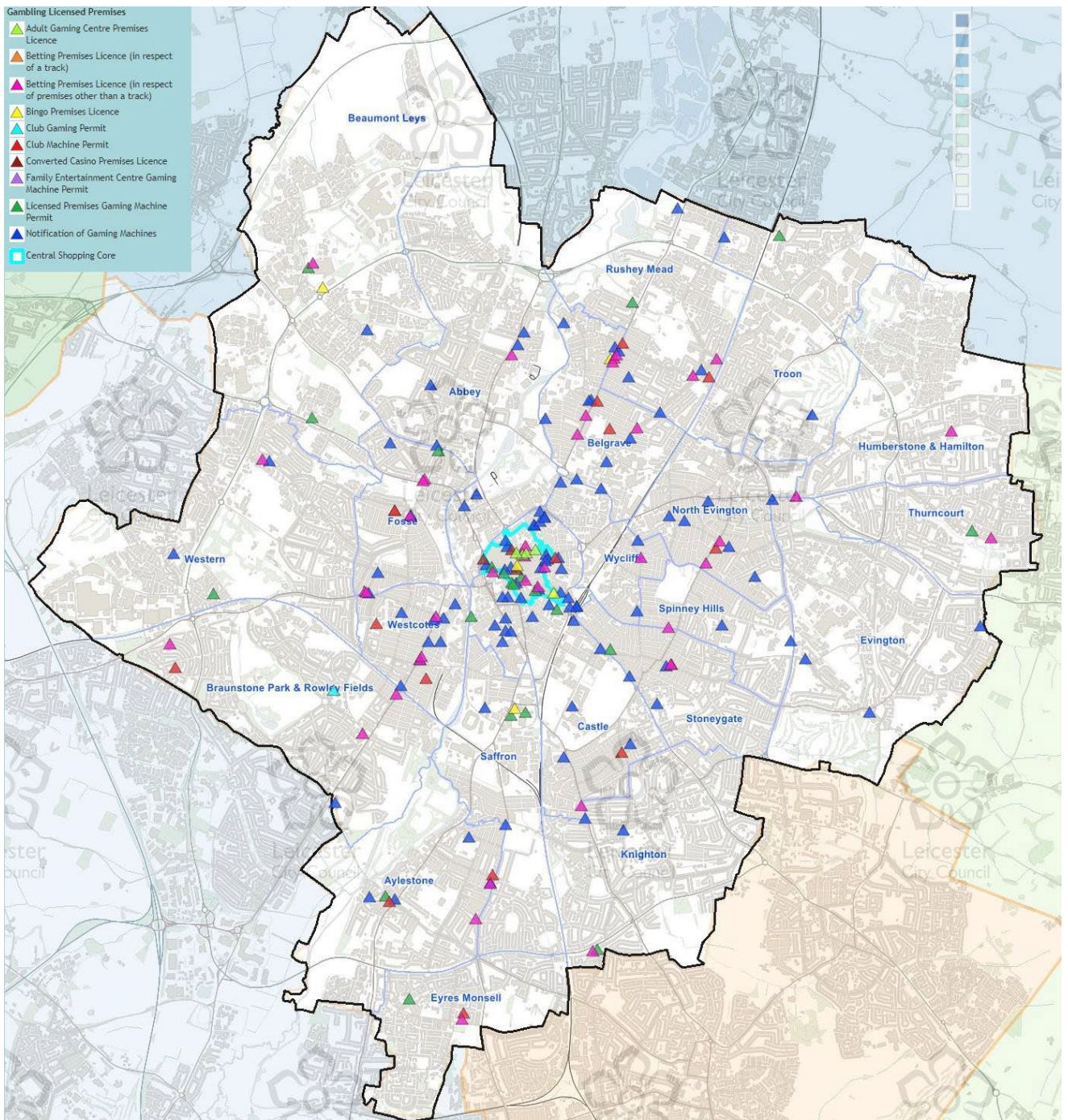
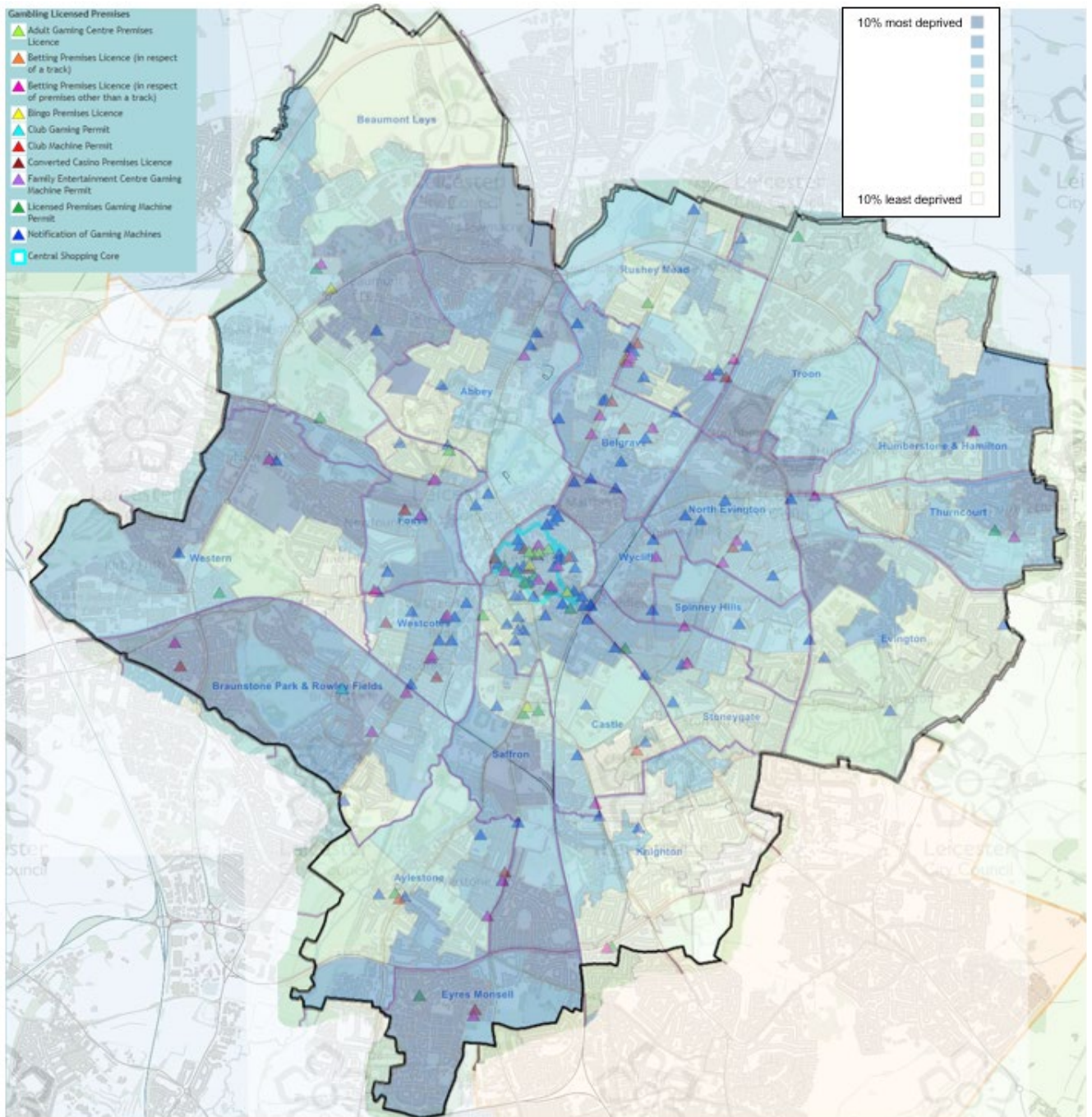


Figure 18: Map of premises in Leicester with a gambling license, with Index of Multiple Deprivation (IMD) layer added (original map taken from Leicester City Maps Gambling Local Area Profile (22); IMD taken from gov.uk IMD maps (24))



5.3 TREATMENT AND SUPPORT SERVICES

Table 7 shows providers of treatment for gambling harm in Leicester City. Gamblers Anonymous have meetings that are held in Leicester. GamCare is a national organisation who sometimes work with external partners who deliver treatment. At the time of writing GamCare East Midlands did not have a face-to-face service operating in Leicester but do have an office in Leicester that is involved in the remote delivery of treatment for gambling harms (GamCare is supported by GambleAware who receive gambling industry funding (25)). In addition, an NHS East Midlands gambling clinic based in Derbyshire launched in July 2023 and accepts referrals (including self- referrals) from across the region, including from Leicester City.

Treatment and support delivered by GamCare can be delivered at varying intensity: Tier 2 treatment typically involves 1-3 sessions that are delivered according to cognitive behavioural therapy or motivational interviewing principles; Tier 3 treatment comprises a comprehensive assessment followed by 6-12 structured sessions; and Tier 4 involves residential care (26).

Table 6: National Gambling Treatment Service provision in Leicester (7)

Provider name
<p>GamCare East Midlands</p> <p>Online: https://www.gamcare.org.uk/get-support/find-local-treatment/eastmidlands/ Phone: 01522 274880</p> <p>Postcode: LE2 0QB</p>
<p>Gamblers anonymous (National organisation but have meetings that are held in Leicester) Online: https://www.gamblersanonymous.org.uk/</p> <p>Phone: 0330 094 0322</p> <p>Postcodes: LE4 6FN, and LE4 6FP</p>

NHS East Midlands Gambling Service Phone:

0300 013 2330

Online www.eastmidlandsgambling.nhs.uk

Postcode: DE1 2SX

Given the types of harm from which people who experience problem gambling are at greater risk (See Table 6), we recommend that stakeholders from the following organisations will be important to engage with:

- Suicide prevention services
- Mental health services
- Primary care services
- Homelessness services
- Substance misuse services
- The police and criminal justice system
- Alcohol harm reduction charities
- Those who work in licensing of gambling premises
- Those working with children and young people
- Those with previous or current experience of high risk or problem gambling, and those who are 'affected others'

Given the above, we propose an approach wherein we collaborate both with colleagues based at Leicester City Council and external partners working at a local, regional and national level.

Our aim of reducing gambling-associated harm is consistent with some objectives of the Leicester City Council's gambling licensing policy (27), which have a focus on protecting children and other vulnerable persons from being harmed or exploited by gambling. Licensing of remote gambling, however, is not the responsibility of licensing authorities (27). Online gambling was by far the commonest way that gambling was accessed for clients GambleAware living in Leicester and comparison areas at 74-to-81%, compared to bookmakers which was the second commonest at 45-to-57%. It is therefore important that we adopt an approach to reducing gambling harms which is beyond the scope of the licensing policy.

We will also adopt an approach that is consistent with the recently published Local Government Association (28). This includes a proposal that "Councils should ensure that frontline staff are provided with training so they can have conversations about gambling harms, raise awareness and support people to access help such as the NHS gambling treatment clinics."

For many people who gamble, this activity is not associated with significant adverse consequences, but for some, it is associated with widespread and serious harms. We lack complete, precise and reliable information about the extent to which these harms are affecting people living in Leicester. We can infer from the information we do have, however, that gambling is likely to be having pervasive negative consequences for many within the local population, which may be explored further and addressed through holistic action.

There is strong evidence that indicates the specific associations of gambling harms (5; 2; 3), but we lack complete, high-quality information about local-level incidence and prevalence of gambling harms. Much of the data presented in the present report is from GambleAware, who receive most of their funding from the gambling industry (25). In addition to consideration of the risk of bias due to industry funding, there is a further caveat that much of the data is missing the information necessary to determine the local authority district in which the person resides. Therefore, even for the relatively little data that is available, a significant proportion could not be presented in this report due to uncertainties relating to residence. Nevertheless, it seems possible to infer from the available information that whilst gambling prevalence in Leicester is relatively low, prevalence of harmful gambling is high (7), and that many have suffered due to problems including debt and job or relationship loss. Our recommendations will seek to improve our understanding of why this is.

The more deprived parts of Leicester tend to be those with the largest number of gambling premises, and access to these is generally easiest in the most central parts of the city. Gambling activities amongst Leicester GambleAware clients, however, appear to be most commonly conducted online. To reduce inequalities, it will be important to ensure that actions to reduce gambling harms are effective in geographies where they are most required – which may include deprived areas with numerous licensed premises. They will also need to reach those who only experience problem gambling online.

The nature of possible future collaborations between Leicester City Council and organisations supported by, or operating within, the gambling industry is yet to be determined. At the time of writing, the extent of this is limited to our having recently received data from an industry-funded organisation (GambleAware). Some UK public health organisations, such as the Royal Society of Public Health, have collaborated with GambleAware to produce free e-learning resources that inform how to provide brief interventions to 'address risks and harms related to gambling disorders'

(29). It is notable (but perhaps not unexpected) that these resources do not seem to recognise the impact that wider determinants may have upon the likelihood of someone being affected by harmful gambling, but rather focus on the idea that harms are specifically due to 'gambling disorder'. The resources also refer to 'problem gamblers', which is inconsistent with recommendations about use of person-centred language (12). The lack of mention of environmental influences upon program gambling appears to have led to risk factors for problem gambling including deprivation, homelessness, unemployment not being conveyed in the resources (2). Our recommendations will include:

8

RECOMMENDATIONS

As recommended by the OHID Midlands Gambling Harms Needs Assessment (6), a strategy to address gambling harms in Leicester City will be developed and implemented. The recommendations are presented within the following themes:

8.1 COLLABORATION

- Work with our Lead Member to influence national and local policies, organisations and institutions (e.g., MPs, businesses, sports clubs and educational settings) to protect vulnerable adults and children in Leicester City Council by seeking a commitment to reduce gambling-associated harms by reducing exposure of gambling promotional materials to children and vulnerable adults who may be at risk.
- Those involved in delivering the strategy should include representatives from partner organisations listed above in Section 6 who support individuals who may be at higher-than-average risk from gambling harms.
- Leicester City should identify the extent to which collaboration with organisations funded by the gambling industry may occur when delivering the strategy.

8.2 DATA COLLECTION

- Screen those who we know to be at risk from gambling harms (e.g., young adults, people living in deprived areas, those who use drugs and alcohol or are homeless or in contact with the criminal justice system) to enable data collection on the extent of gambling harms in Leicester and the signposting of affected individuals to services who may help (e.g., East Midlands gambling harms service, GP, Gamblers Anonymous).
- Improve data collection by systematically recording when someone is encountered by one of our services (e.g., after screening as described above) and is identified as experiencing problem gambling or being negatively affected by someone else's gambling, to improve our knowledge and awareness of gambling harms in Leicester.
- Investigate the reasons for Leicester having low reported demand for gambling harm support services and the barriers to accessing support or treatment by collecting qualitative interview data with individuals who have been affected, or know others who have been affected, by gambling harms.

8.3 TRAINING AND EDUCATION

- As is recommended by the Local Government Association, support the training of frontline staff in providing, or signposting towards, advice and treatments for those affected by gambling harms. This may be achieved by creation of an e-learning resource. Local Making Every Contact Count (MECC) training will be amended to highlight how gambling harms could be discussed and how appropriate support can be signposted. This will enable both internal (Adult Social Care; Housing) and external (connection, voluntary care sector organisations, healthcare workers) colleagues to acquire skills to help those affected by harms.
- Children may be at risk of gambling harms due to a risk of their accessing online gambling and gaming software. We will therefore provide information and support to local families and will explore how we can work with schools to deliver educational activities, to help to increase their knowledge of gambling harms to children and how these may be reduced.

8.4 INFLUENCE ADVERTISING AND LICENSING TO PROTECT PEOPLE FROM HARMFUL EXPOSURE TO GAMBLING PROMOTION.

- Explore how Leicester City Council - potentially in collaboration with local partners, businesses or sports teams - can influence advertising spaces (such as on public transport vehicles and stations) to limit the negative impact of exposure to gambling promotion materials to those at risk from gambling harms.
- Work with the Leicester City Licensing team to ensure that regulatory and legislative powers are used to ensure that advertising and licensing practices are followed by the gambling industry.
- Work with the Leicester City Suicide Prevention Team to investigate how suicide surveillance data may be able to estimate incidence of suicides for which gambling harms were a risk factor, in accordance with the aim of the LLR suicide prevention strategy to collect and use suicide data better.

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