

BY EMAIL

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Dear Sir/Madam

BETTING, GAMING, LOTTERIES AND AMUSEMENTS (AMENDMENT) BILL

As Chief Executive of the Public Health Agency, I am pleased to provide our submission in response to the Committee's call for evidence on the Betting, Gaming, Lotteries and Amusements (Amendment) Bill.

The Public Health Agency (PHA) was established in April 2009 as part of the reforms to Health and Social Care (HSC) in Northern Ireland. The PHA is the major regional organisation for health protection and health and social wellbeing improvement. Our role also commits us to addressing the causes and associated inequalities of preventable ill-health and lack of wellbeing.

The Public Health Agency welcomes the introduction of the Betting, Gaming, Lotteries and Amusements (Amendment) Bill.

This Bill provides an opportunity to consider regulation of gambling in NI within the context of emerging research highlighting concerns about gambling-related harm at a population-level. This includes the recently published Hodkins and Stephens 'Meta-analysis of problem gambling risk factors in the general population 2021' [The impact of COVID-19 on gambling and gambling disorder: emerging data \(nih.gov\)](https://www.nih.gov)

This study reviewed 17 published studies internationally and highlights that during the Pandemic Lockdown period the studies correlate increased problem severity gambling among younger age groups and mainly young males.

Based on the Department for Communities' '2017 Gambling prevalence survey' Northern Ireland has the highest estimated rate of problem gambling at 2.3% compared to other regions in the United Kingdom (1.1% in Wales, 0.7% in

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Scotland and 0.5% in England) and one of the highest rates when compared internationally with countries which used similar surveys.

Northern Ireland has the highest prevalence of mental illness in the UK, which may make the population particularly vulnerable to problem gambling.

According to the National Institute of Health and Care Evidence (NICE) in 2018, participation in gambling was reported by 57% of men and 51% of women, and estimates of the number of people in the UK who participate in harmful gambling vary widely from 300,000 to 1.4 million (NI equivalent estimates- 9,000 to 42,000). Only a small proportion of people who participate in harmful gambling (approximately 3% in England, Scotland and Wales) are in treatment at any time and in NI as there are no existing Health and Social Care treatment services this number will be limited to GamCare (Gambling Industry funded) Young People Gambling Support Service (YoungPeopleService@gamcare.org.uk) and UK wide Gamblers Helpline.

Gambling disorder, problem gambling and pathological gambling are all terms used to describe gambling that causes harms, problems or distress for the individual and those around them (also referred to as 'affected others'). 'Harmful gambling' is used as an umbrella term to describe any frequency of gambling that results in people experiencing harm.

People who participate in harmful gambling may present with both physical and psychiatric comorbidities (in particular, depression and suicidal ideation).

Compulsive gambling, also called gambling disorder, is the uncontrollable urge to keep gambling despite the toll it takes on your life. Gambling means that you're willing to risk something you value in the hope of getting something of even greater value.

Gambling can stimulate the brain's reward system much like drugs or alcohol can, leading to addiction.

In consideration of the Betting, Gaming, Lotteries and Amusements (Amendment) Bill the Committee of the Department for Communities should take account that the NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) has been asked by the Department of Health in England to develop new clinical guidelines on harmful gambling including identification, diagnosis and management. These Guidelines, once complete, will inform UK wide Addiction services commissioning. (NICE guideline: Gambling identification, diagnosis & management draft scope for consultation December 2021).

Currently in NI there is no coordinated system of early identification and intervention with problem gamblers; primary and secondary healthcare services do not routinely identify or refer gamblers for treatment.

Treatment of harmful gambling is an emerging field, with ongoing research. PHA notes the current relative absence of NI data on problem gambling and gambling related harms. Further data and local research is welcomed to inform policy and commissioning of services.

Complementary information on NI Financial Hardship during Covid Pandemic

Statistics from Family Support Hubs (referral process for families in need of support) show the following;

- 2019/2020 – 7,590 referrals – main reason for referral 403 for financial support = 5%
- 2020/2021 – 8,405 referrals – main reason for referral for financial support 2,299 = 27%

There was an increase of 22% from previous year for referral for families for financial support mainly in relation to food/fuel poverty; food parcels & Christmas presents. There was no specific evidence of financial hardship in relation to gambling within the referrals. (Health and Social Care Board).

However increased opening hours within the proposed draft Bill could exacerbate financial pressures for families which include those with problem gambling.

PHA response to specific Clauses within the draft Bill

Clause 2 - Opening of licensed offices on Sunday and Good Friday.

PHA would highlight concerns that increased availability of gambling through additional opening hours may exacerbate existing harms.

Weekend opening will increase the accessibility of gambling to a wider proportion of society, such as working-age adults, children and young people.

Clause 14 – Industry Levy

In England, 'The Gambling Act 2005' contains a provision in Section 123 for a levy on gambling operators to fund projects to reduce gambling harms.

Successive governments have not made use of this provision. In the absence of a mandatory levy, the Gambling Commission requires operators (through the Licence Conditions & Code of Practice) to donate to fund research, education and treatment to reduce gambling harms. The 3-year National Strategy to Reduce Gambling Harms, published by the Gambling Commission in April

2019, refers to the work of GambleAware in commissioning most specialist services for those affected by gambling harms across the UK. The PHA concurs with The Institute of Public Health on the introduction of an industry levy and recommends that this levy is placed on a statutory footing in NI. We agree that the statement relating to a requirement for government to engage with the gambling industry on the levy is removed from the legislation. A levy, uncoupled from the Gambling Industry could be used to fund prevention and treatment service to treat and support people who experience problem gambling in NI independently from the Gambling Industry. Research into gambling Harms in NI should be a priority and could be subject of investment from the Levy.

Clause 15 - Codes of Practice

The PHA also concurs with the Institute of Public Health in proposing that Clause 15 –to give the Department of Communities power to create Codes of Practice, that these Codes should be mandatory and legally enforceable. These should prioritise public health, focus on reducing gambling-related health inequalities and seek to protect children, young people, and vulnerable individuals. From a public health perspective, legislation provides stronger protection to the individual, family, and community.

PHA can confirm it is comfortable for this written evidence submission to be made publicly available by the Assembly Committee.

Yours sincerely



Aidan Dawson
Chief Executive

