



**Liverpool  
Public Health  
Observatory**

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Liverpool Public Health Observatory

**FIXED ODDS BETTING TERMINAL USE AND PROBLEM GAMBLING ACROSS THE LIVERPOOL  
CITY REGION**

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**PROVIDING INTELLIGENCE FOR THE PUBLIC HEALTH**



**Liverpool  
Public Health  
Observatory**

Liverpool Public Health Observatory (LPHO) was founded in 1990. It provides public health research and intelligence for the Liverpool City Region local authorities: Halton, Knowsley, Liverpool, St. Helens, Sefton and Wirral.

LPHO is situated within the University of Liverpool's Division of Public Health and Policy.

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## Contents

Executive Summary .....	1
Introduction. ....	4
Section 1 - Policy and Guidance .....	6
Section 2 – Literature Review .....	7
2.1 Gambling prevalence .....	7
2.2 Problem gambling .....	8
2.3 Machine gambling and Fixed Odds Betting Terminal use .....	10
2.4 Licensed Betting Offices. ....	13
2.5 Gambling and health .....	14
2.6 Gambling and deprivation .....	15
Section 3 – Local issues and evidence .....	17
Section 4 – Service provision in the Liverpool City Region .....	19
Section 5 – Data collection.....	21
5.1 Postcode data .....	21
5.2. Data requested from Licensed Betting Offices and via a Freedom of Information request... ..	24
5.3 Licensing Officer visits .....	26
5.4 Online survey for local authority staff on FOBT use .....	28
5.5 Interviews with people who have had problems with gambling, and with staff who support them. ....	32
Section 6 – Discussion.....	41
Section 7 –Recommendations .....	44
Section 8- Conclusion .....	46
Section 9 - References.....	47
Appendix 1 - Pro forma for Licensed Betting Offices.....	48
Appendix 2- The Freedom of Information request .....	49
Appendix 3 – Licensing Officer Visits.....	50
Appendix 4 - Interviews with people who are using services for those with problem gambling, and the staff who work with them.....	61
Appendix 5 – Online Survey for Local Authority Staff on FOBT use .....	62
Appendix 6 – Ethical approval and other approval .....	64
Appendix 7: Portfolio Briefing, Knowsley .....	65
Appendix 8 – suggested questions for providers (e.g. drug and alcohol service providers), to ask about gambling on admission .....	76

## Executive Summary

### Introduction.

Liverpool Public Health Observatory was commissioned by Merseyside Directors of Public Health to conduct a project on problem gambling in general, with a focus on Fixed Odds Betting Terminals (FOBTs). FOBTs are the electronic, roulette / fruit machine units, also known as Category B2 machines, that are found in most betting shops and amusement arcades.

### Aims

- To develop a local evidence base in relation to Fixed Odds Betting Terminal (FOBT) use and problem gambling, reasons for excess gambling and wider related issues across the Liverpool City Region.
- To recommend local action by Licensing Teams which will help regulate betting shops and numbers of FOBTs.
- To investigate the availability and adequacy of local support services for problem gamblers, and recommend ways to improve and integrate provision.

### Objectives

- To investigate use of FOBTs across the Liverpool City Region by establishing;
  - Levels of spend within betting shops
  - Percentage of betting shop revenue from FOBTs and traditional betting
- To investigate numbers of problem gamblers across the Liverpool City Region by establishing;
  - Numbers of gamblers self-excluding from betting shops
  - Numbers of problem gamblers presenting to local support services
- To investigate influences on and reasons for problem gambling by seeking;
  - Views of local service providers
  - Views of local service users
- To investigate the provision of local support services for problem gamblers by identifying;
  - Local support services for problem gamblers and related issues e.g. debt, mental health problems etc
  - Available services and take up of these
  - Gaps in current service provision

### Key findings

- National surveys show that 68% of men and 61% of women aged 16 and over gamble. However, only 0.8% of men and 0.2% of women are estimated to be problem gamblers.
- Although national data is available, obtaining local data on gambling in Licensed Betting Offices is problematic.
- According to estimates based on the 2012 Health Survey for England, there are a total of 5857 problem gamblers across the Liverpool City Region, 4610 male, and 1247 female. It is estimated that there are 1479 male problem gamblers in Liverpool, 832 in Sefton, 955 on the Wirral, 423 in Knowsley, 543 in St Helens, and 378 in Halton. There would be 383 female gamblers in Liverpool, 232 in Sefton, 266 on the Wirral, 122 in Knowsley, 143 in St Helens, and 101 in Halton.
- There are around 55 betting shops per 100,000 population in Liverpool, 29 in Sefton, 25 on the Wirral, 37 in Knowsley, 25 in St Helens, and 27 in Halton.
- National research conducted by the Campaign for Fairer Gambling shows that Licensed Betting Offices are far more likely to be in areas of high socio-economic deprivation. The study suggests £118m was inserted into 570 machines in Liverpool, the most deprived borough in the survey, compared to just seven betting shops, with an estimated two dozen machines, in the least deprived, the Hart District in Hampshire.
- Respondents across the Liverpool City Region who were interviewed reported a wide range of impacts from problem gambling, including impact on family life, relationships and employment, as well as financial impacts. Gambling took respondents' time away from relationships, as well as their money, and they led to mistrust and arguments within the family, or with friends. Problem gambling can lead to problems with sleep, due to anxiety, and has a 'ripple' effect, as one person's gambling problems can impact upon a lot of people. Staff

who worked with people who had problems with gambling reported that their families were at risk of anxiety and depression.

- Some respondents felt that there was a lack of services for problem gamblers, compared to services for those with drug and alcohol problems. Other respondents felt that there was a lack of easily accessible, face to face services for problem gamblers.

## **Recommendations**

The following recommendations have been produced based upon the national and local evidence, as well as best practice of what is effective in tackling problem gambling.

### Recommendations for local government

- Provide/promote education on problem gambling in schools through Personal, Social and Health education (PSHE)
- Include problem gambling in suicide action plans
- Evaluate the local impact of Gambling Protection and Controls, launched April 2014
- Ensure enforcement of revised codes of practice (LCCP) launched March 2014
- Explore the possibility of commissioning brief intervention training for front line professionals, across health, housing, one stop shops, social care etc.
- Ensure clear referral pathways are in place to other agencies, including the voluntary sector, and explore links between gambling and other issues such as domestic violence
- Lobby national Government to;
  - Introduce a membership scheme for people who use Licensed Betting Offices, similar to those used in casinos.
  - Decrease the maximum stake on FOBTs
  - Evaluate the impact of Gambling Protection and Controls, launched April 2014, and the impact of changes to consumer credit introduced in April 2014
  - Introduce uniform national policies such as policies on vulnerable adults and positioning of responsible gambling materials
  - Commission an independent review on the impact of advertising gambling
  - Decrease the maximum stake on scratchcards
  - Increase the age that scratchcards can be purchased from 16 to 18
  - Ensure problem gambling is included in the curriculum for those undergoing medical training, nurse training and allied health professional training

### Recommendations for commissioners/NHS Trusts

- Explore the provision of holistic, easily accessible, local services for people who have problems with gambling, including face to face support
- Consider provision of regional problem gambling clinics
- Commission or provide screening brief interventions for people who have gambling problems, and brief intervention training for front line professionals across health, housing, one stop shops, social care etc.
- Health and Wellbeing Boards to allocate a lead on problem gambling
- Commission or provide screening and
- Ensure clear referral pathways are in place to other relevant agencies, including the voluntary sector.

#### Recommendations for Public Health England Cheshire and Merseyside

- Establish advertising campaigns to raise awareness about problem gambling and of warning signs, and about where local residents can go to for support

#### Recommendations for drug and alcohol service providers, NHS Trusts and other relevant service providers

- Ask about gambling issues during initial assessment, or on admission, as well as subsequent assessments – see suggested questions in Appendix 8
- Record numbers of people who have problems with gambling, in order to obtain a clearer picture of people at risk from gambling locally
- Offer brief interventions for people who have problems with gambling, or refer to other support agencies as appropriate

#### Recommendations for the gambling industry.

- Identify measures to make it easier for people to self-exclude, e.g. by ensuring that if someone self-excludes from one branch of a betting shop, they cannot use other betting shops within the same chain
- Ensure that literature on GamCare (including contact numbers) and other support material is in clear view of clients
- Display the time that someone has been playing for on FOBTs
- Ensure that all incidents of crime or violence in connection with FOBT use are recorded
- Industry to share available data on gambling behaviour, in order for researchers and health professionals to assess the impact of gambling on health
- Through the Responsible Gambling Trust, provide easily accessible local services for people who have problems with gambling, including face to face support
- Evaluate the impact of the Association of British Bookmakers' Code of Conduct, published March 2014, of LCCP amendments, and of the regulations launched on April 30<sup>th</sup> 2014

#### Recommendations for further research

- Conduct interviews with primary care staff on problem gambling and FOBT use
- Conduct research specifically into gambling on the internet, including smart phone applications
- Ensure that robust research is available on the amount currently being spent on FOBTs in each local authority area, and the groups/communities who are most at risk from harm from FOBT use
- Collect contextual data on Licensed Betting Offices, in addition to data on financial transactions – including layout of the shop, demographics of the local area, or time of day that they are used more frequently, in order to see how this influences gambling behaviour
- Carry out further research on the needs of gamblers who are still functioning in their daily lives, and will not be seen by services, but are playing to excess
- Conduct further work into gambling as 'normalised' in the culture of England

#### **Conclusion**

In conclusion, reasons for problem gambling are often multi-factorial, and are very varied. Tackling problem gambling and problematic FOBT use requires a co-ordinated response from local and national government, from the NHS, and from the gambling industry, as well as commissioners and those who provide support services. It is also important to ensure that appropriate services are in place for those who have problems with gambling.

## Introduction.

Liverpool Public Health Observatory was commissioned by Merseyside Directors of Public Health to conduct a project on problem gambling in general, with a focus on Fixed Odds Betting Terminals (FOBTs). FOBTs are the touch-screen, electronic gaming machines that are found in betting shops and amusement arcades across the United Kingdom. A variety of games can be played on FOBTs, ranging from casino games such as Roulette, Poker and Black Jack, to electronic slot games and virtual racing<sup>1</sup>. FOBTs were categorised as B2 Gaming Machines in the 2005 Gambling Act<sup>1</sup>. A maximum stake of £100 can be placed on FOBTs at any one time, and Licensed Betting Offices can have a maximum of 4 of them in each shop. The focus of the project is adults over the age of 18. There is not one single, clear cut definition of gambling, but it is usually agreed that<sup>2</sup>;

- Two or more people agree to take part in the activity (usually an operator and the person who wishes to gamble)
- Normally money (the 'stake') is paid by the loser to the winner
- The outcome is uncertain
- The result is determined at least partly by chance

'Problem gambling' is defined as "gambling to a degree that disrupts or damages personal, family or recreational pursuits"<sup>3</sup>. Many different instruments exist to measure problem gambling, but there is no single 'gold standard' instrument.

A working group was established, in order to inform the research, and ensure that the aims and objectives of the project were achieved. The project focussed primarily on forms of gambling that are most amenable to intervention by the Local Authority, for example use of betting shops. Online gambling was not a major focus of this work<sup>4</sup>. The aim of the project was to start to develop a local evidence base in relation to FOBT use and problem gambling, and to examine local support services for problem gamblers.

## Aims

- To develop a local evidence base in relation to FOBT use and problem gambling, reasons for excess gambling and wider related issues across the Liverpool City Region.
- To recommend local action by Licensing Teams which will help regulate betting shops and numbers of FOBTs.
- To investigate the availability and adequacy of local support services for problem gamblers, and recommend ways to improve and integrate provision.

## Objectives

- To investigate use of FOBTs across the Liverpool City Region by establishing;
  - Levels of spend within betting shops
  - Percentage of betting shop revenue from FOBTs and traditional betting
- To investigate numbers of problem gamblers across the Liverpool City Region by establishing;
  - Numbers of gamblers self-excluding from betting shops
  - Numbers of problem gamblers presenting to local support services
- To investigate influences on and reasons for problem gambling by seeking;
  - Views of local service providers

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<sup>1</sup> [www.legislation.gov.uk/ukpga/2005/19/contents](http://www.legislation.gov.uk/ukpga/2005/19/contents)

<sup>2</sup> <http://www.gamcare.org.uk/pages/gamblinghistory.html>

<sup>3</sup> Lesieur HR, Rosenthal MD. Pathological gambling: a review of the literature (prepared for the American Psychiatric Association Task Force on DSM-IV Committee on disorders of impulse control not elsewhere classified) *J Gambling Stud.* 1991;7:5–40.

<sup>4</sup> 81% of gamblers who were surveyed as part of the 2010 British Gambling Prevalence Survey had gambled 'in-person' only in the last year, which included all offline methods, such as placing a bet in a betting shop, visiting a casino or bingo hall, buying lottery tickets or scratchcards in a shop and so on. 17% of past year gamblers had gambled both online and in-person. Only 2% of past year gamblers had gambled 'online only'

<http://www.gamblingcommission.gov.uk/PDF/British%20Gambling%20Prevalence%20Survey%202010.pdf>

Views of local service users

- To investigate the provision of local support services for problem gamblers by identifying;  
Local support services for problem gamblers and related issues e.g. debt, mental health problems etc  
Available services and take up of these



## Section 1 - Policy and Guidance

The way that people gamble in Britain has changed in the last decade, due to the growth of online gambling, as well as the implementation of the UK Gambling Act 2005<sup>5</sup>. Prior to the 2005 Gambling Act, Magistrates could take into account demand in the area for a betting shop. Under the Gambling Act 2005 this “demand test” was removed. The Gambling Act 2005 currently limits the number of Fixed Odds Betting Terminals (FOBTs), to four per shop. There is some suggestion that this is contributing to increasing numbers of betting shops and in July 2012, the Culture Media and Sport Select Committee called for the lifting of this limit. The Department for Culture, Media and Sport has since rejected this and has committed to undertake a review of the evidence around Fixed Odds Betting Terminals and problem gambling, and consultation on this is currently open<sup>6</sup>.

The Association of British Bookmakers (ABB) launched a new Code of Conduct in March 2014, which allows gamblers to set limits on how much time and money they will spend on high-speed gaming machines<sup>7</sup>. Betting shop staff will also be trained to identify problem gamblers and offer support. The technology to enable this is being installed on 33,000 machines across England and Wales, although it will take up to six months to introduce. The Responsible Gambling Trust also said that it had been asked by the ABB to commission an independent and systematic review of the ABB's new code of practice<sup>8</sup>.

On March 31<sup>st</sup>, the Gambling Commission<sup>9</sup> published the first part of its proposed amendments to licence conditions and codes of practice (LCCP) for all operators – the final part of this document is due to be published in August 2014<sup>10</sup>. One of the issues highlighted was that the gambling industry has recently increased the marketing of free bets and bonuses as an incentive to attract new customers to their products. The Commission has expressed concern about the way in which some of these offers are being marketed to customers, particularly in relation to potentially misleading or unfair terms and conditions. The Gambling Advertising Monitoring Unit (GAMU), a forum comprising the Gambling Commission, DCMS, the Committee of Advertising Practice (CAP), the Broadcast Committee of Advertising Practice (BCAP), the Advertising Standards Authority (ASA), Ofcom and PhonepayPlus committed to consider this issue in detail.

Until April 30<sup>th</sup> 2014, the grounds on which a local authority could refuse a license for a betting shop were very limited. Only very strong concerns about demonstrable impact on crime and disorder, damage to children or gambling criminality can be grounds for refusing an application, giving local authorities little defence against unreasonable proliferation. In addition, the planning system allowed units which once contained banks and building societies to be converted into betting shops without any planning permission. However, under new regulations launched in April 2014<sup>11</sup>, betting shops will be subject to a separate planning class. In addition, players who want to bet more than £50 at once will have to pay over the counter before they do so, which means that they will have to interact with betting shop staff, and this will allow for intervention if necessary. Large bookies will have to offer customers accounts so that activity can be tracked and monitored. However, the Government did not lower the maximum amount players can stake in one go, which remains at £100. It will be necessary to evaluate the impact of the recent changes, to examine their effectiveness in tackling problem gambling<sup>12</sup>.

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<sup>5</sup> [www.legislation.gov.uk/ukpga/2005/19/contents](http://www.legislation.gov.uk/ukpga/2005/19/contents)

<sup>6</sup> [http://www.culture.gov.uk/news/news\\_stories/9671.aspx](http://www.culture.gov.uk/news/news_stories/9671.aspx) (accessed 18<sup>th</sup> Feb 2013)

<sup>7</sup> <http://www.theguardian.com/society/2014/feb/28/gamblers-set-own-limits-high-stakes-betting-terminals>;  
<http://www.gamblingcommission.gov.uk/pdf/Gambling%20codes%20of%20practice%20-%20Consolidated%20for%20all%20forms%20of%20gambling%20-%20March%202013.pdf>

<sup>8</sup> <http://www.theguardian.com/society/2014/feb/28/gamblers-set-own-limits-high-stakes-betting-terminals>

<sup>9</sup> <http://www.gamblingcommission.gov.uk/>. The Gambling Commission was set up under the Gambling Act 2005 to regulate commercial gambling in Great Britain. There is also a Responsible Gambling Strategy Board (RGSB), which was set up in 2008 to advise the Gambling Commission and, in turn, the Department for Culture, Media and Sport, on research, education and treatment programmes needed to support a national responsible gambling strategy and associated funding requirements

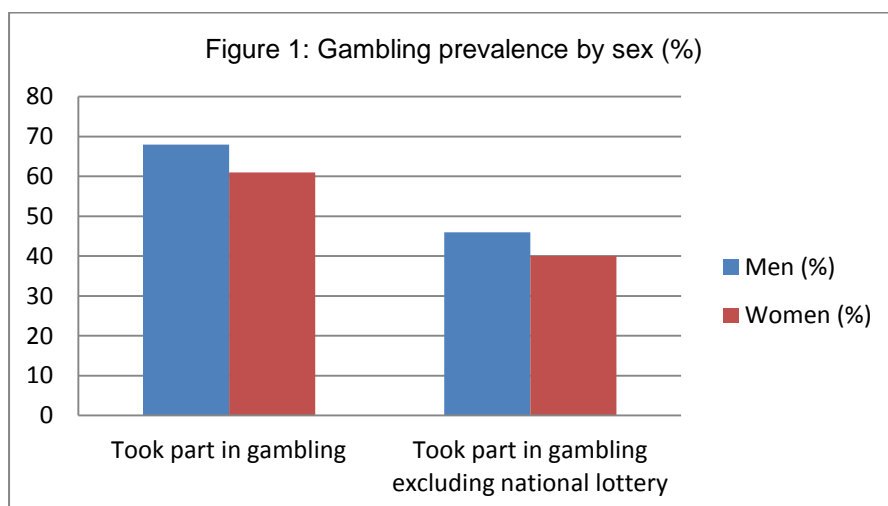
<sup>10</sup> <http://www.gamblingcommission.gov.uk/pdf/Proposed%20amendments%20to%20LCCP%20for%20all%20operators%20response%20part%20one.pdf>

<sup>11</sup> [https://www.gov.uk/government/news/gambling-protections-and-controls-published?utm\\_source=rss&utm\\_medium=rss&utm\\_campaign=news-story-gambling-protections-and-controls-published](https://www.gov.uk/government/news/gambling-protections-and-controls-published?utm_source=rss&utm_medium=rss&utm_campaign=news-story-gambling-protections-and-controls-published)

## Section 2 – Literature Review

### 2.1 Gambling prevalence

To replace the British Gambling Prevalence Survey (BPGS)<sup>13</sup>, a national study on gambling prevalence, the last of which was published in 2011, the Gambling Commission commissioned a chapter in the 2012 Health Survey for England (HSE)<sup>14</sup>. This cannot be compared directly to the BPGS, as the methodology used was different. Figure 1 below shows that, according to the HSE, 68% of men and 61% of women (aged 16 and over) participated in some form of gambling in the past year. When the National Lottery was excluded from this, 46% of men and 40% of women had gambled on some other activity in the last 12 months.



Source: HSE 2012

The final BPGS reported an increasing trend in both overall gambling and problem gambling between 2007 and 2010<sup>15</sup>. Among both men and women, prevalence of gambling in the last year varied by age, with prevalence being highest among the middle age groups (those aged 25-64) and lowest among the very young or very old.

81% of gamblers who were surveyed as part of the 2010 British Gambling Prevalence Survey had gambled 'in-person' only in the last year, which included all offline methods, such as placing a bet in a betting shop, visiting a casino or bingo hall, buying lottery tickets or scratchcards in a shop and so on. 17% of past year gamblers had gambled both online and in-person. Only 2% of past year gamblers had gambled 'online only'<sup>16</sup>.

Figure 2 below shows that, according to the 2012 Health Survey for England, the most popular forms of gambling among both men and women were buying National Lottery tickets (men 56%, women 49%); buying scratchcards (19% and 20%); participation in other lotteries (14% for both men and women); and betting on horse racing (12% and 8%). Among men, the next most popular forms of gambling were playing on slot machines (10%); private betting (9%); online betting with a bookmaker (8%); and sports events (8%). Among women, the next most popular activity was bingo (7%). 5% of men used machines in a bookmakers, rising to 12% for men aged 16-24.

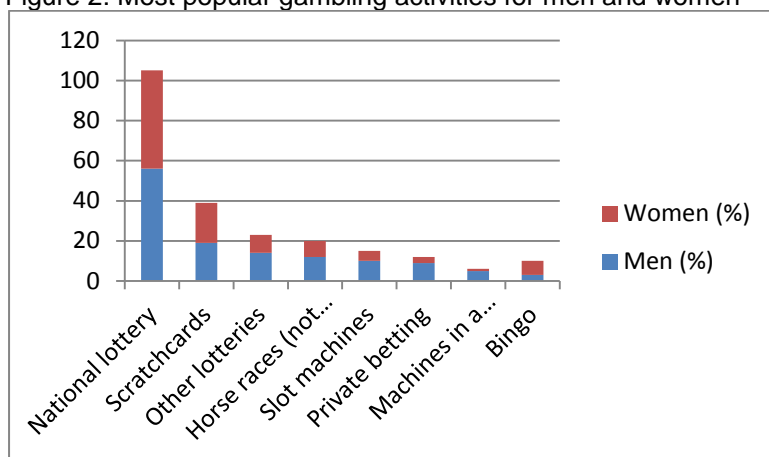
<sup>13</sup> Wardle, H. et al. British Gambling Prevalence Survey: 2010. National Centre for Social Research. Prepared for The Gambling Commission. 2011 The Stationery Office. Available at <http://bit.ly/1gwGjq2>

<sup>14</sup> Wardle H, Seabury C. Gambling behaviour. Health Survey for England: 2012. Health and Social Care Information Centre; 2013. ch.7; p. 1-33. Available at <http://bit.ly/1jO8Slr>

<sup>15</sup> Wardle, H. et al. British Gambling Prevalence Survey: 2010. National Centre for Social Research. Prepared for The Gambling Commission. 2011 The Stationery Office. Available at <http://bit.ly/1gwGjq2>

<sup>16</sup> <http://www.gamblingcommission.gov.uk/PDF/British%20Gambling%20Prevalence%20Survey%202010.pdf>

Figure 2: Most popular gambling activities for men and women



Source: Health Survey for England 2012

## 2.2 Problem gambling

70% of people gamble, but only 0.6% engage in 'problem gambling' defined as "gambling to a degree that disrupts or damages personal, family or recreational pursuits"<sup>17</sup>. A definition of problem gamblers that is commonly used is "gambling to a degree that disrupts or damages personal, family or recreational pursuits"<sup>18</sup>. The British Gambling Prevalence Survey 2010 and 2007 used problem gambling screens based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), a manual used by mental health clinicians' DSM-IV criteria<sup>19</sup> and the Problem Gambling Severity Index (PGSI)<sup>20</sup>. Among clinicians, a diagnosis of pathological gambling is made if a person meets five out of the criteria. Many surveys, including the BGPS, when adapting the DSM-IV criteria into a screening instrument for use within a general population survey, have included a further category of 'problem gambler' for those who meet at least three of the DSM-IV criteria. In 2013, the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) was published. The condition previously named pathological gambling was renamed gambling disorder and classified in the category "Substance-Related and Addictive Disorders." Prior to the publication of the DSM-5, the condition was categorised as an impulse control disorder<sup>21</sup>.

As stated above, the final 2010 British Gambling Prevalence Survey<sup>22</sup> used two measures of problem gambling, used two widely-used methods of measuring problem and at risk gambling, the Diagnostic and Statistics Manual-IV (DSM-IV) screening tool, and the Problem Gambling Severity Index (PGSI)<sup>23</sup>,

<sup>17</sup> Lesieur HR, Rosenthal MD. Pathological gambling: a review of the literature (prepared for the American Psychiatric Association Task Force on DSM-IV Committee on disorders of impulse control not elsewhere classified) *J Gambling Stud.* 1991;7:5–40.

<sup>18</sup> Lesieur HR, Rosenthal MD. Pathological gambling: a review of the literature (prepared for the American Psychiatric Association Task Force on DSM-IV Committee on disorders of impulse control not elsewhere classified) *J Gambling Stud.* 1991;7:5–40.

<sup>19</sup> American Psychiatric Association (1993). *Diagnostic and statistical manual of mental disorders, 4th edition.* Washington DC: American Psychiatric Association.

<sup>20</sup> Ferris, J & Wynne H. (2001). *The Canadian Problem Gambling Index: Final Report.* Canada: The Canadian Centre on Substance Abuse.

<sup>21</sup> <http://knowtheodds.org/blog/defining-gambling-disorder-in-the-dsm-5>

<sup>22</sup> <http://www.gamblingcommission.gov.uk/pdf/British%20Gambling%20Prevalence%20Survey%202010%20-%20Executive%20summary.pdf>

<sup>23</sup> It is common practice in Great Britain to include two different screening instruments in population-based surveys of gambling behaviour. As the instruments tend to capture different types of people, using both together, better reflects the broader range of issues associated with problematic gambling. The first of these is based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV) and the second, the Problem Gambling Severity Index (PGSI),<sup>3</sup> was developed in Canada specifically for use in population based studies. Both instruments have been widely used internationally and were the instruments of choice for the 2007 and 2010 British Problem Gambling Survey. <http://www.scotland.gov.uk/Resource/0043/00434590.pdf>

DSM-IV problem gambling prevalence was higher in 2010 (0.9%) than in 2007 and 1999 (0.6% for both years). Problem gambling prevalence rates as measured by the PGSI did not increase significantly between survey years. The researchers concluded that further surveys were needed to examine if this is evidence of an upward trend in problem gambling prevalence, or simply random fluctuation in the data. However, this was the final BGPS, and direct comparisons with the Health Survey for England 2012, which also examined prevalence of gambling and problem gambling, were not possible, as methodology used was different.

The Health Survey for England<sup>24</sup> also used the Diagnostic and Statistics Manual-IV (DSM-IV) screening tool, and the Problem Gambling Severity Index (PGSI)<sup>25</sup>, to calculate percentages of problem gamblers and 'at risk' gamblers for different age groups. Using DSM-IV scores, the problem gambling rate was 0.8% in men, and 0.2% in women. Using PGSI scores, the problem gambling rate was 0.6% in men, and 0.1% in women. According to the PGSI, a further 1.7% of men were at moderate risk from gambling harm, and 4.8% at low risk of harm. 0.4% of women were at moderate risk, and 1.6% at low risk. In total, 7.1% of men and 2.1% women were identified as at risk of harm from their gambling behaviour in the last 12 months. Estimates for the number of problem gamblers in local authorities across the Liverpool City Region are provided in Section 3..

According to the survey, problem gambling rates varied according to age in men. Rates were higher in younger men, and decreased with age. For men aged 16-24, the DSM-IV rate was 2.2%, 1.0% in men aged 25-34<sup>26</sup>, 0.8% in those aged 45-54, 0.4% in those aged 55-64 and 65-74, 0.3% for those aged 75 and over. For women, rates are highest in those aged 35-44.

Table 2.2: Percentages of problem gamblers by age and sex according to DSM-IV

Age group	Problem gambling rate	
	Men %	Women
16-24	2.2	0.3
25-34	1.0	-
35-44	-	0.5
45-54	0.8	0.1
55-64	0.4	-
65-74	0.4	0.2
75 +	0.3	-
Total	0.8	0.2

Source: Health Survey for England 2012. Where a dash is shown, there were no observations in that age group in the sample used in the HSE. However, this does not mean that there would be no problem gamblers in this age group at a population level.

LaPlante et al (2009) conducted secondary data analysis of the British Gambling Prevalence Survey (2007) and found that when controlling for gambling involvement (the number of types of gambling for which an individual reports being involved in during the previous 12 months) gambling on virtual gaming machines/FOBTs (for example, virtual bingo or virtual roulette) was the only type of gambling that remained positively and significantly associated with disordered gambling.<sup>27</sup> In addition, a

<sup>24</sup> <http://www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch7-Gambling-behaviour.pdf>

<sup>25</sup> It is common practice in Great Britain to include two different screening instruments in population-based surveys of gambling behaviour. As the instruments tend to capture different types of people, using both together, better reflects the broader range of issues associated with problematic gambling. The first of these is based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV) and the second, the Problem Gambling Severity Index (PGSI),<sup>3</sup> was developed in Canada specifically for use in population based studies. Both instruments have been widely used internationally and were the instruments of choice for the 2007 and 2010 British Problem Gambling Survey. <http://www.scotland.gov.uk/Resource/0043/00434590.pdf>

<sup>26</sup> Rate for those aged 35-44 was suppressed due to small numbers

<sup>27</sup> <http://www.basisonline.org/2010/06/the-wager-vol-155-the-2007-british-gambling-prevalence-survey-considering-gambling-involvement.html>

relatively high percentage of those who reported playing FOBTs within in the last 12 months answered questions about problems related to their gambling which put them above the internationally recognised threshold for 'problem gambling' (9% compared to, for example, 1% for lotteries, between 2 and 3% for scratchcards and bingo, and 4% for other kinds of gambling machine). For those reporting playing FOBTs at least monthly, problem gambling prevalence rose to 13%. However, some suggest that these figures still underestimate the amount of FOBT gambling which constitutes problem gambling, with secondary analysis showing that approximately 23% of all takings from FOBTs (stakes minus payouts) are contributed by people who are above the problem gambling threshold<sup>28</sup>. Figures from the National Problem Gambling Clinic, and NHS clinic based in London, showed that in the year 2012-13, 61% of clients had gambled on FOBTs in bookmakers in the last year, 44% had bet on sports in bookmakers in the last year, 40% had gambled on the internet in the last year – this had doubled from the previous year -16% had gambled on sports via mobile phone in the last year, and 27% had gambled on casinos in the past year<sup>29</sup>.

The number of 18 to 35-year-olds contacting GamCare, the UK's leading gambling advice service, rose for a third consecutive year in 2012. 60% of calls to GamCare in 2012 were from that age group. It says smart phone and online betting are playing a big part in the rise of young people developing gambling problems. A total of 8,813 people contacted GamCare for help in 2012, a rise of 8.1% compared to 2011. Although the total number of callers stayed the same for 2012, there has been a rise each year in the 18 to 35-year-old category<sup>30</sup>.

It is further estimated that 6.5% of the population is at varying degrees of risk from developing a gambling problem. In primary care settings in the UK, most problem gamblers go unrecognised and their health needs arising from their problem go unaddressed. This may be for various reasons such as reluctance to disclose the role of gambling in contributing to negative health impacts.<sup>31</sup> It has been argued<sup>32</sup> that current provision for problem gambling tends to focus on looking at individuals who have had problems with gambling - responsibility for gambling problems is transferred to end users rather than those profiting from gambling

### 2.3 Machine gambling and Fixed Odds Betting Terminal use

The most recent highly published study of FOBT data was undertaken in December 2013, by NatCen on behalf of the Responsible Gambling Trust<sup>33</sup>. The researchers scoped the available information produced by FOBTs and were asked to produce recommendations on how data would be best collected and subsequently used. They held interviews with 13 gambling industry operators/machine suppliers to map the types of data they generate, the size of the data and what the potential benefits or limitations may be of the data. The most common type of data was 'transactional data' a type of financial accounting data to see what money is paid into the machine and what it pays out. It is not possible to link player experience with subsequent bet and stake size. Player tracking data is linked to records data for individual players (like loyalty cards in other arenas) but uptake to loyalty cards is very low. This would be useful in focused research in casinos where uptake of these schemes is

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<sup>28</sup> <http://www.gamblingwatchuk.org/about-gambling-watch-uk/mission-aims/78-uk-news/106-government-fails-to-deal-with-fixed-odds-betting-terminals-on-high-street> (accessed 13<sup>th</sup> Feb 2013)

<sup>29</sup> Taken from a presentation given by Dr. Henrietta Bowden-Jones at the Public Policy Exchange event on 26<sup>th</sup> February 2014: Reducing the Harm Associated with Problem Gambling: The Role of Local Government. Data was taken from 420 assessments conducted in 2012-13.

<sup>30</sup> <http://www.bbc.co.uk/newsbeat/24455559>

<sup>31</sup> George Sanju, Clare Gerada, Br J Gen Pract. 2011 April 1; 61(585): 248–249. doi: 10.3399/bjgp11X567027

<sup>32</sup> <http://theconversation.com/responsible-gambling-and-the-spectacle-of-the-problem-gambler-13579>

<sup>33</sup> <http://www.natcen.ac.uk/media/205543/industry-data-scoping-final.pdf>. The Responsible Gambling Trust (RGT)<sup>33</sup> is an independent<sup>33</sup> national charity, funded by donations from the gambling industry. The RGT funds education, prevention and treatment services and commissions research to broaden public understanding of gambling-related harm. The aim is to stop people getting into problems with their gambling, and ensure that those that do develop problems receive fast and effective treatment and support. The Trust raises a minimum of £5million each year from the gambling industry operating in Britain within a voluntary (donation based) system and funds research, education, prevention and treatment services. Funding priorities are guided by the national strategy advised by the Responsible Gambling Strategy Board (RGSB) and endorsed by the Gambling Commission.

about 30-60%. Finally, there is proxy session data but the levels of accuracy in determining whether two sessions of play are linked is unknown. They concluded that the information collected by FOBTs was “data rich; information light”; there is a vast amount of data available but largely related to financial transactions, and no other meaningful issues - it does not provide information about what happens during the game, meaning reactions to game play cannot be investigated and there is no demographic information about the players (with the exception of casino data). There is also no contextual background held - the location of the venue, the layout of the shop, the demographics of the local area or the time of day they are used most frequently. These conclusions provide opportunities; ways in which the collection of data can be altered to create less of a knowledge gap and more of an opportunity to further knowledge about the use of FOBTs.

One of the aims of this NatCen report was to look at how machine play had changed over time. The report looked at both slot machine use, which excluded any machine played in a bookmakers, and also machines in bookmakers offices. The Gambling Prevalence Survey series has also excluded slot machine use since 2007<sup>34</sup>. NatCen found that, since 1999, prevalence of past year participation on slot machines had decreased among men, but increased among women. The sharpest decrease was in men aged 16-34, from 12% in 1999, to 5% in 2010. In 2010, slot machine players were older than in 1999, and tended to be in lower income groups. Slot machine players were also more engaged in gambling generally – 15% of slot machine players gambled more than once a week in 2007, compared to 21% in 2010 - and in machine gambling more than previously.

In line with the BGPS, the authors of the NatCen survey looked at playing on machines in bookmakers as a separate category, regardless of which machines were used. Prevalence of participation on bookmakers’ machines increased between 2007 and 2010 – the greatest increase was in men aged 16-34, where prevalence increased from 9% in 2007 to 14% in 2010. The profile of people playing on machines in bookmakers remained similar in 2007 and 2010, although the gap between men and women widened. In both survey years, those who played machines in bookmakers were very engaged in both gambling generally and in machine gambling.

The Responsible Gambling Trust plan to commission NatCen to again produce a report by late 2014, this time into FOBT use. When contacted in January 2013 to gather information on what the report may include, NatCen replied that they were still finalising the scope for this piece of work, but that it is likely to be exploratory in nature, attempting to increase understanding of basic patterns of play on machines<sup>35</sup>. The RGT are also likely to commission concurrent primary research, which they aim to complete by Autumn 2014, which will immediately examine areas of interest in the gaming machine research agenda, including evaluating harm minimisation approaches and exploring the impact of stakes, prizes, game speed, accessibility and game features.

Secondary analysis of data from all three British Gambling Prevalence Surveys is being used to inform the Department for Culture Media and Sport’s triennial review of stakes and prizes and the Responsible Gambling Strategy Board’s input to that consultation. Evidence submitted during the consultation included a qualitative study of machine gamblers conducted on behalf of the Gambling Commission<sup>36</sup>. The Gambling Commission commissioned GfK NOP Social Research, working in partnership with Professor Mark Griffiths of Nottingham Trent University, to conduct qualitative research with British machine gamblers. The researchers carried out interviews, observations and focus groups with a range of machine gamblers and venue managers. The sample of gamblers

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<sup>34</sup> In 1999, the questionnaire asked about play of slot/fruit machines in any venue, including bookmakers, as this was prior to the introduction of what was (then) called ‘fixed odd betting terminals’. In 2007 and 2010, the questionnaire was updated and information about playing machines in bookmakers was collected separately to playing on slot machines in other venues.

<sup>35</sup> The next step in the research programme, to be conducted by NatCen, will follow three strands:

1. Exploring use of player account data in the licensed betting office (LBO) and casino sectors
2. Interrogating transactional level data and providing basic overviews of volume of play
3. Exploring within session play and patterns of behaviour using proxy session data from LBOs

<sup>36</sup> <http://www.gamblingcommission.gov.uk/pdf/GfK%20NOP%20Qualitative%20study%20into%20machine%20gamblers%20-%20October%202009.pdf>

included regular, at risk and current, and recovering problem gamblers in locations across Great Britain. The research looked at gamblers' play patterns, behaviours, and motivations to gamble, use and views of gaming machine features such as speed of play, size of stake and prize, as well as how players access gaming machines and the importance of the gambling venue and environment, and their views on and use of a range of social responsibility measures. The researchers found that machine gambling behaviour was affected by a range of personal, structural and situational factors – the characteristics interact and are not mutually exclusive. Personal factors included characteristics of the individual gambler, including social relationships and financial circumstances. Structural factors include features of machines, such as speed of play, whilst situational characteristics include access to gaming machines, their prevalence, etc.

The researchers found a number of differences between problem gamblers and regular gamblers. Problem gamblers were likely to see gambling as an exciting activity, whilst regular gamblers used gambling as a way to escape from everyday life. Problem gamblers were more likely to talk about trying to win the jackpot compared to regular gamblers, and would fantasise about how to spend their winnings. Whilst regular gamblers tended to discuss the social aspects of playing on machines, and saw it as an important part of their social life, or part of a night out, problem gamblers were more likely to see gambling as a solitary experience, and tended to gamble alone. Regular gamblers were more likely to gamble at familiar venues, where they felt more comfortable. The researchers did not find that problem gambling was related to jackpot size – available funds for gambling was more likely to dictate the category of machine that was played on.

GamCare is a national organisation providing support, information and advice to anyone suffering through a gambling problem<sup>37</sup>. In their published statistics for 2012/13 they report that 32% of the callers reported using FOBTs, with FOBTs being the most popular form of gambling in all categories under 35 years old, and almost the same as betting and fruit/slot machines across older age groups (around 30% of callers to GamCare use FOBTs). 15% of all callers are from the North West area (the same figure as London) a figure that has more than doubled since 2011/2012 data were published.

2CV<sup>38</sup> conducted 501 interviews near betting shops within the London Borough of Newham. Respondents were recruited at random on leaving betting shops in the borough, between 24<sup>th</sup> May and 3<sup>rd</sup> June 2013. Participants were asked to take part in a 7 minute survey on awareness and usage of betting shops, with a focus on FOBTs. The researchers found that usage of FOBTs was high, with 59% of people surveyed saying that they played FOBT, with 51% saying that they played regularly (63% played once per week) and 39% saying that they only use these machines, and do not use any other services in betting shops. They found that younger gamblers aged 18-24 and those from lower socio-economic groups were more likely to be using FOBTs regularly. The average amount inserted into a FOBT was £55 a session. 53% of gamblers regularly end up losing, 33% win about as much as they lose, 13% felt they ended up winning regularly. 77% of respondents said that they sometimes gamble for longer than they had planned, and 62% had gambled until all their money had gone. Players may have several sessions per day or week – so costing is not straightforward. In addition, some FOBT users gamble on more than one machine and in more than one shop per day, with those from lower socio-economic groups gambling at more shops. FOBT users gamble on average £17 per spin, although those in lower socio-economic groups gamble around £19 per spin.

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<sup>37</sup> <http://www.gamcare.org.uk/>

<sup>38</sup> Campaign for Fairer Gambling, Fixed Odds Betting Terminal Research, 7<sup>th</sup> June 2013.

## 2.4 Licensed Betting Offices.

Recent evidence shows that the number of betting shops on Britain's high streets has risen by 15 per cent over the past three years<sup>39</sup>. This rise in numbers of outlets, along with changing forms of gambling e.g. online and use of Fixed Odds Betting Terminals, is felt to be contributing to increased problem gambling. Evidence suggests that there may be as many as 450,000 problem gamblers in the UK<sup>40</sup>.

The Gambling Commission bi yearly statistics (Nov 2013) for the period April 2010-March 2013<sup>41</sup> reported that the gross gambling yield for FOBTs machines in betting shops was over £1.5 billion, an increase of 7% or £100 million on the previous year, despite a small increase in the numbers of B2 machines. The Gambling Commission, using data provided by bookmakers, estimated there were 33,284 FOBTs in betting shops located across the UK in 2012. The declared gross profit from these machines was £1.42bn last year, meaning the average weekly profit per machine was £825, up from £760 in 2011<sup>42</sup>. William Hill declared £293m profit from a turnover of £1.3bn in 2013. It was reported in the Guardian in January 2014 that Ladbrokes makes almost half its UK retail profits from FOBTs.<sup>43</sup>

In December 2013, HMRC also published statistics on how much the government earns from betting taxes. The figures are considerable – in 2012-13, the government received £1.7bn in betting and gaming duties, representing 0.4% of all HMRC revenue. For comparison, HMRC earns £26.6bn from fuel duty and £41bn from corporation tax during the same period. £831m comes from lottery duties and £75m from bingo – but the total government revenue from machine games is currently nil. A tax on these machines was not introduced until 1 February 2013, so no revenues have yet been recorded from this mode of gaming. The tax on FOBTs was raised to 25% in the budget on 19<sup>th</sup> March, 2014<sup>44</sup>. However, this was criticised by the Campaign for Fairer Gambling as none of this additional revenue will be used for research, education or treatment for problem gamblers. In addition, the increase in taxation is unlikely to result in a higher cost of using FOBTs, so is unlikely to act as a deterrent.<sup>45</sup> On 10th Jan 2014, an article<sup>46</sup> was published in The Guardian about how the police are, on average, called out to bookmakers approximately 165 times per week and also how there are concerns about the risk of money laundering happening in the betting shops due to the way the FOBT machines work.

Betfred, one of the market leaders in LBO provision, have hit the headlines by restructuring their pay scale so that staff are paid according to the profit that is made from FOBTs. On 12th December 2013, the Guardian<sup>47</sup> reported that Tom Watson, the MP who has led a parliamentary campaign against FOBTs, said: "They have transformed bookmakers into digital casinos. Now the staff are being told the week before Christmas they are going to be paid according to the profits from FOBTs while monitoring the growing criminality they cause. What does this say about our country?" Andy Parkinson of the Campaign for Fairer Gambling said: "The proposed Betfred restructure is aimed at incentivising shop staff to drive more customers onto addictive fixed-odds betting terminals. At a time when there is increasing concern about the issues these machines are creating, it is incredible that Fred Done (the Managing Director) thinks this is socially responsible behaviour".

Recently, Newham Council, in East London, were taken to court by bookmaker Paddy Power, after the Council refused Paddy Power a license to open a betting shop in the area. Newham Council argued that there are about 80 betting shops in Newham, the third highest number in any London borough. They argued the branch of Paddy Power planned in East Ham would attract crime and anti-

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<sup>39</sup> Sarah Townsend (Friday, 01 July 2011) *Haringey seeks control over bookie numbers*, from

[http://www.planningresource.co.uk/Development\\_Control/article/1078150/haringey-seeks-control-bookie-numbers/](http://www.planningresource.co.uk/Development_Control/article/1078150/haringey-seeks-control-bookie-numbers/)

<sup>40</sup> <http://www.guardian.co.uk/money/2012/apr/20/gambling-hell-betting-addiction-debt> (accessed 5th March 2013)

<sup>41</sup> [http://www.gamblingcommission.gov.uk/research\\_evidence/statistics-1.aspx](http://www.gamblingcommission.gov.uk/research_evidence/statistics-1.aspx)

<sup>42</sup> <http://www.theguardian.com/news/datablog/2014/jan/08/uks-gambling-habits-whats-really-happening>

<sup>43</sup> <http://www.theguardian.com/business/nils-pratley-on-finance/2014/jan/10/roulette-machines-high-street-bookmakers>

<sup>44</sup> <http://www.bbc.co.uk/news/business-26644767>

<sup>45</sup> <http://fairergambling.org/reaction-to-25-fobt-tax-rate-in-2014-budget/>

<sup>46</sup> <http://www.theguardian.com/uk-news/2013/nov/08/police-callouts-bookmakers-gambling-suspicious>

<sup>47</sup> <http://www.theguardian.com/society/2013/dec/12/betfred-staff-wages-linked-fixed-odds-terminal-profits>



social behaviour and so would be in breach of the 2005 Gambling Act. However, the Council lost its appeal. Giving his judgement, District Judge Paul Goldspring said: "It has not been proved that the granting of the licence would not be reasonably consistent with [the] objective of preventing crime and disorder..." Councillor Ian Corbett, executive member for environment, said: "If nothing else, this case has exposed a serious problem and woken up the rest of the country to the fact that the current laws will not prevent the march of the high street bookmakers... Ministers fail to understand how the legislation is toothless in dealing with the clustering of betting shops and the proliferation of high stakes gaming machines."<sup>48</sup>

## 2.5 Gambling and health

Problem gambling is associated with poor mental health and problematic alcohol use. The odds of being a problem gambler were 5.6 times higher among those with a GHQ<sup>49</sup>12 score of 4 or more than those with a score of zero – a GHQ12 score of 4 or more is indicative of a possible psychiatric disorder, whereas a score of zero can be considered as indicative of psychological wellbeing. The odds of an adult who displayed signs of possible alcohol dependence (Alcohol Users Disorders Identification Test, or AUDIT, score of 20 or more) being a problem gambler were 7.1 times higher than for those with an AUDIT score of zero (low risk drinkers or abstinent).

The negative impacts associated with problem gambling are wide ranging. Problem gamblers have high rates of physical and psychiatric co morbidity, which are often the reasons for presentation to GPs - problems can include various stress-related symptoms and conditions and psychiatric co morbidity includes depression, anxiety related disorders, substance misuse and personality disorders<sup>50</sup>.

Many gambling addicts are also addicted to alcohol and more than half of problem gamblers have co-morbid mental health conditions including substance misuse, mood disorders and anxiety. Problem gambling can contribute to loss of work productivity and potential unemployment<sup>51</sup>, family and relationship breakdown, and child neglect as a result of the debts accrued or a parent's preoccupation with their habit<sup>52</sup>. There are also concerns about violence against betting shop staff, with one man, originally from the Merseyside area, recently jailed in Scotland after attacking staff after losing a large amount of money<sup>53</sup>. In addition, the increasing numbers of betting shops within the high street can also undermine the vibrancy of already struggling shopping areas<sup>54</sup>, having a negative effect on local jobs and growth.

There are also parallels between problem gambling and alcohol use<sup>55</sup>. A report that was jointly published by the Alcohol Concern Cymru and the Royal College of Psychiatrists (RCPsych) in Wales argues that both are significant public health issues, the rules governing both industries have been liberalised in the UK in recent years, and there has been an increase in female targeted marketing. The report also includes the findings of a small snapshot survey of substance misuse services users in Wales. One in six respondents who had sought help for alcohol misuse admitted that they had experienced problems with gambling, and 94 per cent agreed that addiction treatment services should consider providing treatment for gambling addiction. Dr Raman Sahkuja, Chair of the RCPsych in Wales' Faculty of Addictions, also argues that pathological gambling shares symptom similarities with

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<sup>48</sup> <http://www.gamblingcommission.gov.uk/PDF/Indicators%20of%20betting%20as%20primary%20gambling%20activity%20-%20November%202011.pdf>

<sup>49</sup> General Health Questionnaire

<sup>50</sup> Petry NM, Stinson FS, Grant BF. Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiat*. 2005;66:564–574

<sup>51</sup> Barnes, S. (January 2013), 'The Real Cost of Casinos: A Health Equity Impact Assessment', The Wesley Institute, p. 3

<sup>52</sup> GamCare 'Why should we care?' [http://www.gamcare.org.uk/data/files/Why\\_should\\_we\\_care.pdf](http://www.gamcare.org.uk/data/files/Why_should_we_care.pdf), accessed 13<sup>th</sup> Feb 2013

<sup>53</sup> <http://www.bbc.co.uk/news/uk-scotland-edinburgh-east-fife-22854272>

<sup>54</sup> *Planning Portal* (19th April 2012) 'Clustering' campaign gathers momentum, accessed from

[http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412\\_4](http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412_4) (accessed 26th Oct 2012)

<sup>55</sup> <http://www.alcoholconcern.org.uk/projects/alcohol-concern-cymru/news/gambling-field-must-learn-from-alcohol-research-says-new-report>

addiction - research shows that people with gambling addiction have a much higher activation of the reward areas in the brain than those without, and these are similar to the areas of the brain that are involved in alcohol use disorders. However, whilst there has been a wealth of research in recent decades that provides evidence of potential solutions to reducing alcohol misuse, gambling research is much further behind. The report argues those who specialise in problematic gambling could learn lessons from approaches adopted in the alcohol field.

## 2.6 Gambling and deprivation

The link between problem gambling and deprivation is not straightforward. The Scottish Health Survey, for example, found that problem gambling and deprivation were linked, whilst the 2012 Health Survey for England linked problem gambling only to health, and not to deprivation.

The 2012 Health Survey for England, which included questions about gambling for the first time<sup>56</sup>, found that gambling prevalence was highest in the top quintiles of equivalised household income, and lowest among the lowest income households. Exceptions to this general pattern were bingo and scratchcards, where those in lower income households were more likely than higher income households to participate. There was no overall variation in participation in gambling according to area deprivation as measured by the Index of Multiple Deprivation (IMD).

Evidence from the 2007 British Gambling Prevalence Survey suggests that deprivation is related to frequency and volume of gambling<sup>57</sup>. The study found that household social position was more important than area deprivation in predicting the percentage of problem or moderate risk gamblers, but that area deprivation was a more important predictor of volume of gambling. This supports Welte et al's findings in the US<sup>58</sup> that neighbourhood deprivation was significantly associated with both frequency of gambling and problem gambling<sup>59</sup>. It also correlates with a Swedish study, which notes that the groups most at risk for gambling problems in Sweden are people disadvantaged or marginalised by international economic changes and the dismantling of the Swedish welfare system<sup>60</sup>. The 2010 British Gambling Prevalence Survey found that at-risk gambling and problem gambling were associated with area deprivation, educational qualifications and ethnicity. A review undertaken in Scotland noted that disadvantaged social groups who experience poverty, unemployment, low levels of education and household income are most likely to suffer the adverse consequences of increased gambling. Although individuals from these groups may not spend more on gambling in absolute terms, they do spend a higher proportion of their incomes than wealthier players<sup>61</sup>.

The Scottish Health Survey, published by the Scottish Government in September 2013<sup>62</sup>, included a chapter on gambling for the first time. The Survey showed that 70% of adults in Scotland had gambled in the past year, equating to around 3 million adults participating in some form of gambling. The problem gambling rate for past year gamblers only was 1.0% according to the Diagnostic and Statistics Manual-IV (DSM-IV) screening tool, and 1.1% according to the Problem Gambling Severity Index (PGSI)<sup>63</sup>. The odds of being a problem gambler were 11.6 times higher for men than women.

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<sup>56</sup> [http://healthsurvey.hscic.gov.uk/media/1026/chpt-7\\_gambling.pdf](http://healthsurvey.hscic.gov.uk/media/1026/chpt-7_gambling.pdf)

<sup>57</sup> Orford J et al. The role of social factors in gambling: evidence from the 2007 British Gambling Prevalence Survey. *Community Work and Family* 2010;13(3):257-71. Available at <http://bit.ly/Jjs1Lb>

<sup>58</sup> Welte J W et al. The relationship of ecological and geographic factors to gambling behaviour and pathology. *Journal of Gambling Studies*; 2004;20(4):405-23. Available at <http://dx.doi.org/10.1007/s10899-004-4582-y>

<sup>59</sup> Orford J et al. The role of social factors in gambling: evidence from the 2007 British Gambling Prevalence Survey. *Community Work and Family* 2010;13(3):257-71. Available at <http://bit.ly/Jjs1Lb>

<sup>60</sup> Volberg R A et al. Prevalence and risks of pathological gambling in Sweden. *Acta Psychiatr Scand* 2001;104:250-56.

<sup>61</sup> [https://www.academia.edu/2570334/Health\\_evidence\\_base\\_for\\_emerging\\_policy\\_concerning\\_retail\\_provision](https://www.academia.edu/2570334/Health_evidence_base_for_emerging_policy_concerning_retail_provision)

<sup>62</sup> <http://www.scotland.gov.uk/Resource/0043/00434590.pdf>

<sup>63</sup> It is common practice in Great Britain to include two different screening instruments in population-based surveys of gambling behaviour. As the instruments tend to capture different types of people, using both together, better reflects the broader range of issues associated with problematic gambling. The first of these is based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV) and the second, the Problem Gambling Severity Index (PGSI),<sup>3</sup> was developed in Canada specifically for use in population based studies. Both

Unlike the Health Survey for England, the Scottish Health Survey found that those living in Scotland's most deprived areas (SIMD quintile 1) were around 7 times more likely to be a problem gambler than those in the least deprived areas (SIMD quintile 5). Adult parents that lived with their child/ren (under 16) were more likely to be problem gamblers than adults who were not parents (odds ratio of 2.6).

In February 2014, The Campaign for Fairer Gambling<sup>64</sup>, estimated that than £13bn was gambled on high-speed, high-stakes gambling machines by the poorest quarter of England's population – double the amount staked in the richest areas. In 2013, in the 55 most deprived boroughs of the country – overwhelmingly concentrated in northern cities and urban London – there were 2,691 betting shops, compared to 1,258 bookmakers in the 115 richest districts, containing the same population. In Liverpool, the most deprived council, the study suggests that £118m was inserted into 570 machines, leading to £636m being placed in bets. The gambling industry acknowledges that the distribution of shops mapped by the Campaign for Fairer Gambling is correct, although the Association of British Bookmakers points out that the earnings are estimates, based on averages.

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instruments have been widely used internationally and were the instruments of choice for the 2007 and 2010 British Problem Gambling Survey. <http://www.scotland.gov.uk/Resource/0043/00434590.pdf>

<sup>64</sup> <http://www.theguardian.com/society/2014/feb/28/englands-poorest-spend-gambling-machines#channel=f2314a8a562f3a&origin=http%3A%2F%2Fwww.theguardian.com>

## Section 3 – Local issues and evidence

Whilst there is little local information on actual FOBT use, numbers of problem gamblers and the wider impact on problem gambling within the Liverpool City Region (LCR), numbers of Licensed Betting Offices (LBOs) across the LCR are available. On 26<sup>th</sup> June 2013 there were 208 Licensed Betting Offices in Liverpool, 42 in Knowsley, 64 in Sefton, 64 on Wirral, and 35 in St Helens. On 12<sup>th</sup> Feb 2014, there were 27 LBOs in Halton. Using population estimates for 2013 from the Office for National Statistics (ONS) <sup>65</sup>, this equates to 55.3 LBOs per 100,000 population aged 18 and over in Liverpool, which is significantly higher than the other local authority areas within the LCR. There were 29.0 LBOs per 100,000 population in Sefton, 25.3 in Wirral, 36.8 in Knowsley, 25.0 in St Helens, and 27.5 in Halton – see table 5.1.1

According to the Health Survey for England 2012<sup>66</sup>, 68% of men and 61% of women (aged 16 and over) participated in some form of gambling in the past year. The Health Survey for England 2012 estimates that 0.8% of men and 0.2% of women<sup>67</sup> engage in ‘problem gambling’ – see section 2 for a fuller explanation of problem gambling. Using ONS population estimates for those aged 18 and over for 2012 <sup>68</sup>, Table 3.1 below shows the numbers of problem gamblers that this would equate to in the local authorities across the Liverpool City Region. Therefore there would be a total of 4610 male problem gamblers, and 1247 female problem gamblers, across the Liverpool City Region. The Health Survey for England showed that problem gambling rates were highest in men aged 16-24, and decreased with age, although the pattern for female gamblers by age was not as clear.

Table 3.1 Problem gambling estimates for local authorities across the Liverpool City Region.

	Estimate of number of male problem gamblers	Estimate of number of female problem gamblers	Estimate of total number of problem gamblers
Liverpool	1479	383	1862
Sefton	832	232	1064
Wirral	955	266	1221
Knowsley	423	122	545
St Helens	543	143	686
Halton	378	101	479
Totals	4610	1247	5857

Source: Health Survey for England 2012 and Office for National Statistics projection estimates

The Campaign for Fairer Gambling have attempted to estimate spend based on applying national figures to numbers of betting shops<sup>69</sup>. They estimated, for example, that in Liverpool, the most deprived council, £118m was inserted into 570 machines, leading to the bookmakers taking £23m in profit, compared to just seven betting shops, with an estimated two dozen machines in the least

<sup>65</sup> The figures are based on the latest population estimates data published on 25 September, which take into account results from the 2011 Census. [www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html](http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html)

<sup>66</sup> Wardle H, Seabury C. Gambling behaviour. Health Survey for England: 2012. Health and Social Care Information Centre; 2013. ch.7; p. 1-33. Available at <http://bit.ly/1jO8Slr>

<sup>67</sup> The Health Survey for England estimates that in 2012, 0.8% of men and 0.2% of women were identified as problem gamblers according to the Diagnostic and Statistic Manual of Mental Disorders IV (DSM-IV) the 95% confidence interval for men was 0.4% to 1.4% and for women was 0.1% to 0.4%. This means there is a 95% probability that the true estimates for men and women lie between these values.

<sup>68</sup> The figures are based on the latest population estimates data published on 25 September, which take into account results from the 2011 Census. [www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html](http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html)

<sup>69</sup> <http://www.theguardian.com/society/2014/feb/28/englands-poorest-spend-gambling-machines#channel=f2314a8a562f3a&origin=http%3A%2F%2Fwww.theguardian.com>

deprived, the Hart District in Hampshire However, these numbers are estimates, based on national average machine takings.

The research team involved in this project contacted Licensed Betting Offices, The Association of British Bookmakers, the Responsible Gambling Trust and the Gambling Commission to try to establish actual figures on profit from FOBTs locally – please see section 5. However, the team were unable to obtain this information.

Many local authorities, both in the LCR and elsewhere<sup>70</sup>, are concerned about increasing levels of betting shops on local high streets. On 6<sup>th</sup> November 2013, Liverpool City Council voted unanimously in favour of Councillor Nick Small's motion calling on the national government to either ban FOBTs, or to give local councils the power to restrict how many betting shops can open in certain areas<sup>71</sup>. Councillors voted unanimously in favour of Mr Small's motion at a full council meeting<sup>72</sup>. On 12th March 2014, Knowsley Council issued a Council Motion relating to Fixed Odds Betting Terminals. In essence the motion is to demand urgent action from the Government against Fixed Odds Betting Terminals with such action to include the introduction of legislation to reduce the maximum stake and slow the speed of play for Fixed Odds Betting Terminals.

There is evidence to support the existence of some negative impacts as a result of gambling and prevalence of betting shops within the Borough of Knowsley – see Appendix 7. There is very little information surrounding the extent of problem gambling in Knowsley. However, there is evidence to support the existence of other negative health impacts of betting shops within the Borough.

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<sup>70</sup> At a Council meeting on 4<sup>th</sup> March 2014, Sandwell Metropolitan Borough Council agreed to This Council agrees to:-write to the Secretary of State for Culture, Media and Sport to outline the terms of this motion and demand urgent action against Fixed Odds Betting Terminals by the Government, and to request that the use of the Sustainable Communities Act as a means to reduce the maximum stake on Fixed Odds Betting Terminals to £2 per spin is explored.

<sup>71</sup> <http://www.bbc.co.uk/news/uk-england-merseyside-24805849>

<sup>72</sup> <http://www.bbc.co.uk/news/uk-england-merseyside-24805849>; <http://councillors.liverpool.gov.uk/mgAi.aspx?ID=96614>

## Section 4 – Service provision in the Liverpool City Region

One of the aims of this project was to investigate the availability and adequacy of local support services for problem gamblers, and recommend ways to improve and integrate provision. Current provision is described below.

- **Gamblers Anonymous.** Gamblers Anonymous (GA) is a “fellowship of men and women who have joined together to do something about their own gambling problem, and to help other compulsive gamblers to do the same”<sup>73</sup>. It is a national organisation, and provides support across the whole of the Liverpool City Region. 7 meetings are held in the Liverpool City Region per week, the majority of which are in Liverpool. In addition, GA in Liverpool (and Wirral?) provide access to a telephone helpline. Gamblers go through a 12 step recovery programme<sup>74</sup>. The GA website, in addition to providing information on gambling that can be downloaded, also provides a forum and a ‘live chat’ facility.
- **The Gordon Moody Association.** The Association provide advice, education and therapeutic support to problem gamblers and those affected by problem gambling, through residential, online and outreach services<sup>75</sup>. The Charity offers a unique and intensive residential treatment programme in the UK for those gamblers most severely addicted, as well as online support and advice to problem gamblers outside the UK. There are no direct costs for treatment for those who are unable to pay, although applicants usually need to be eligible for UK state benefits if they wish their accommodation costs to be paid.
- **Beacon Counselling Trust** Counselling Support service. In April 2014, the trust, a Liverpool based charity<sup>76</sup>, in association with GamCare, launched a free one-to-one counselling service for problem gamblers and their families across the North West.
- **The Priory Group.** The Priory Group<sup>77</sup> of companies deliver both private and public health care, including care for people who have addictions. 85% of services provided by the Priory Group of Companies are publicly funded.
- **Central and North West London National Problem Gambling Clinic.** The NHS clinic, in London, is the only NHS clinic in the county. It provides specialist treatment and aftercare to problem gamblers, and to their families. The clinic is also involved in data collection, research and knowledge dissemination. Referrals can be received from the problem gambler themselves, from their families or carers, or from any professionals or carers involved - the majority of clients self-refer<sup>78</sup>. In the financial year from 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013, 536 problem gamblers and 50 family/carers were assessed for treatment. In the financial year of 2012-2013 the clinic received 18 referrals from the 'North West'. This included five from the Liverpool City Region/Merseyside area. If clients are unable to visit the clinic, clients can also access treatment remotely, either online or over the phone. The clinic also liaises with GamCare, and with a range of relevant health professionals, in order to provide treatment.
- **Other NHS provision.** None of the NHS Trusts in the Liverpool City Region currently offer specific services for problem gamblers. However, the NHS Choices website provides a search facility for services available in each area of the Liverpool City Region<sup>79</sup>: The Lists Inclusion Matters<sup>80</sup> website allows Liverpool residents to search for support services to improve mental health and well-being. In addition, drug and alcohol agencies will refer to

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<sup>73</sup> <http://www.gamblersanonymous.org.uk/>

<sup>74</sup> <http://www.gamblersanonymous.org.uk/~wwwgambli/index.php/about-ga>

<sup>75</sup> <http://www.gordonmoody.org.uk/Default.aspx.html>

<sup>76</sup> <http://beaconcounsellingtrust.co.uk/>

<sup>77</sup> <http://www.priorygroup.com/about-the-priory-group/fees-and-funding>

<sup>78</sup> For more information about the clinic, please contact: Dr. Neil Smith, Principal Clinical Psychologist & Acting Service Manager, National Problem Gambling Clinic, Central and North West London NHS Foundation trust, 4th floor, Soho Centre for Health and Care, 1 Frith Street, London, W1D 3HZ. <http://www.cnwl.nhs.uk/gambling.html>

<sup>79</sup> <http://www.nhs.uk/Livewell/addiction/Pages/gamblingaddiction.aspx>

<sup>80</sup> <http://inclusion-matters-liverpool.org.uk/>

appropriate organisations such as Gamblers Anonymous. Crime Reduction Initiatives (CRI), who operate in Knowsley and Halton, will ask during initial assessment if clients have issues other than the ones they have presented with. However, gambling is not something that CRI ask about specifically during initial assessment.

➤ **GamCare**

GamCare is a national organisation providing support, information and advice to anyone suffering through a gambling problem<sup>81</sup>. The majority of GamCare's funding is raised through the Gambling Industry, and is distributed by the Responsible Gambling Trust<sup>82</sup>. GamCare provide face to face counselling in some areas, although Liverpool is not currently covered. GamCare also provides online counselling, primarily in areas where face to face counselling is not available. They also provide telephone helplines and online helplines (NetLine). GamCare also operates the Big Deal website ([www.bigdeal.org.uk](http://www.bigdeal.org.uk)), offering information and advice for young people aged 12-18.

GamCare Trade Services is a company wholly owned by the charity GamCare. GamCare Trade services provide training and materials to the gaming industry to help improve social responsibility and player protection<sup>83</sup>. GamCare Trade Services also provide support to betting shop staff who have problems with gambling<sup>84</sup>

➤ **Gamble Aware** is administered and funded by the Responsible Gambling Trust<sup>85</sup>. Gamble Aware state that they help people to find out more about gambling and what responsible gambling means, to understand and recognise problem gambling, and provide signposting to further help and support.

➤ Gaming organisations may include links to support agencies on their website, e.g. <http://keepitfun.rank.com/ways-to-help/support-agencies/>

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<sup>81</sup> **Contact details:** GamCare, 2nd Floor, 7-11 St John's Hill, London, SW11 1TR  
Tel: 020 7801 7000. Email: [info@gamcare.org.uk](mailto:info@gamcare.org.uk)  
Website: <http://www.gamcare.org.uk>

<sup>82</sup> The Responsible Gambling Trust is a national charity that is funded by donations from the Gambling Industry  
<http://www.responsiblegamblingtrust.org.uk/>

<sup>83</sup> [http://www.gamcaretradeservices.com/pages/about\\_us.html](http://www.gamcaretradeservices.com/pages/about_us.html)

<sup>84</sup> <http://www.gamcaretradeservices.co.uk/data/files/leaflet3.pdf>

<sup>85</sup> <http://www.gambleaware.co.uk/about-us>

## Section 5 – Data collection

**5.1 Postcode data** was collected for each Licensed Betting Office (LBO) for each district across the Liverpool City Region. The data received showed that, on 26<sup>th</sup> June 2013, there were 208 Licensed Betting Offices in Liverpool, 42 in Knowsley, 64 in Sefton, 64 on Wirral, and 35 in St Helens. On 12<sup>th</sup> Feb 2014, there were 27 LBOs in Halton. Figure 5.1.1 below shows the number of Licensed Betting Offices in each local authority area, per 100,000 population aged over 18<sup>86</sup>. Population figures are based on population estimates for 2013 from the Office for National Statistics. The table shows that Liverpool has almost double the number of LBOs that Sefton has per 100,000 population, and slightly more than double that of Wirral, St Helens and Halton. Knowsley has the second highest number of LBOs per 100,000 population in the region, with 36.8.

Table 5.1.1 shows Licensed Betting Offices across the Liverpool City Region per 100,000 population

<b>Local authority</b>	<b>No. of Licensed Betting Offices</b>	<b>No. of Licensed Betting Offices per 100,000 population</b>
Liverpool	208	55.3
Sefton	64	29.0
Wirral	64	25.3
Knowsley	42	36.8
St Helens	35	25.0
Halton	27	27.5

Source: Data on LBOs provided by Licensing Teams. Population data from Office for National Statistics estimates for 2013.

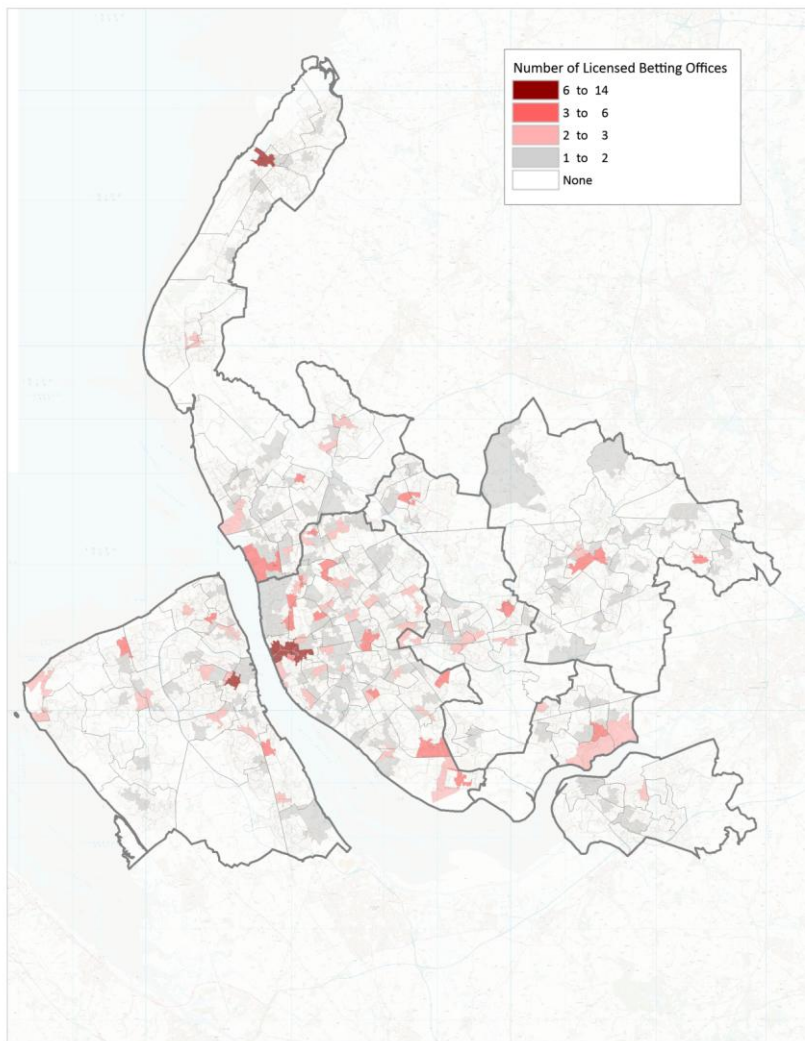
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<sup>86</sup> The figures are based on the latest population estimates data published on 25 September, which take into account results from the 2011 Census. [www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html](http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html)



5.1.2. As well as demonstrating the high number of betting shops in the Liverpool area compared to the other regions, figure 5.1.3 below shows that the highest density of betting shops are in the urban centres, including Liverpool centre, Birkenhead and Southport. There are also pockets of betting shops scattered across the Liverpool City Region. The data was then mapped with IMD data - figure 5.1.4 shows that betting shops are more likely to be in the areas of highest deprivation.

Figure 5.1.3 Gambling premises in Liverpool City Region with index of deprivation national rank



**Licensed Betting Offices across Liverpool City Region**

Date created: April 2014

Liverpool City Council | Millennium House | Victoria Street | Liverpool L1 6JD

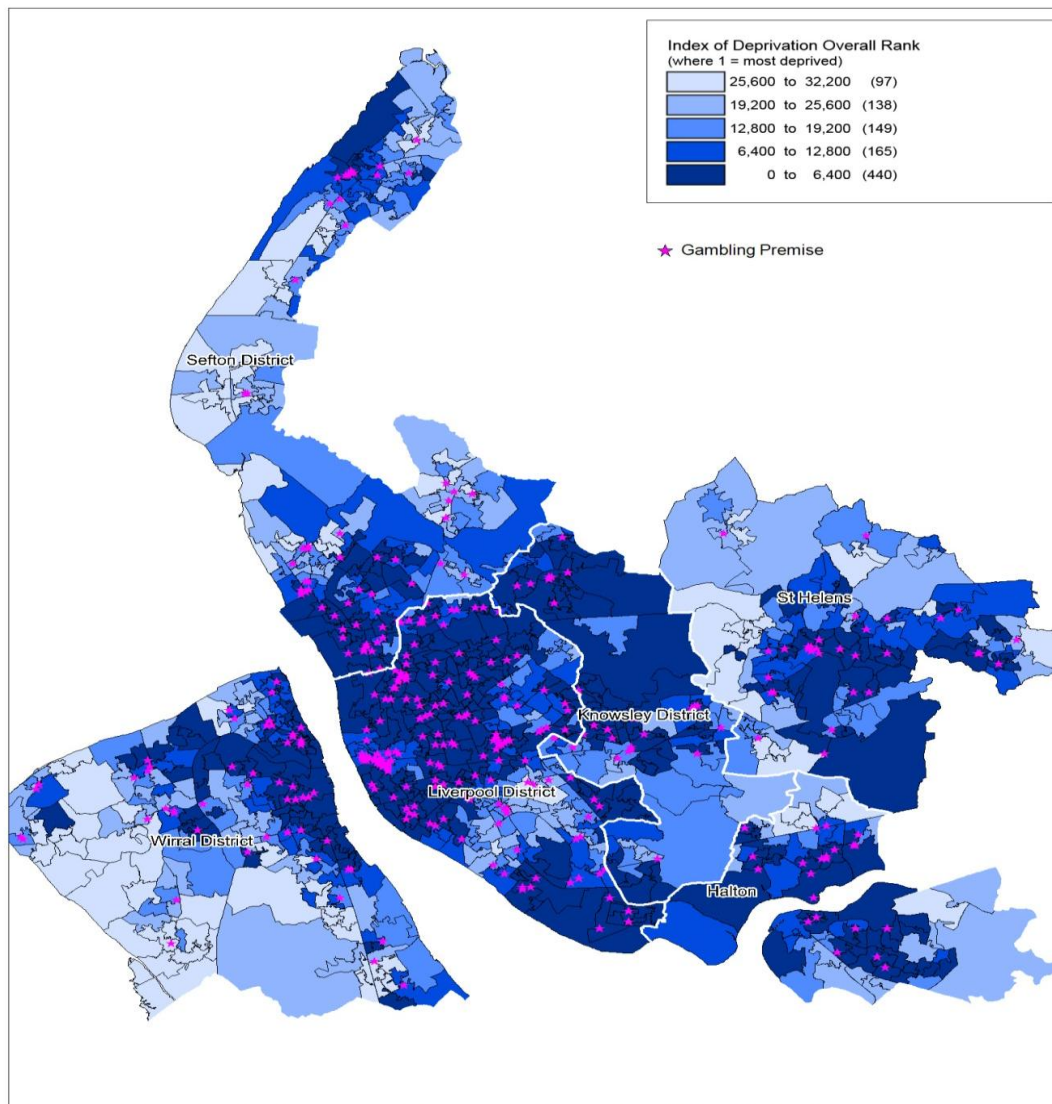
Public Health Liverpool | E: [chris.williamson@liverpool.gov.uk](mailto:chris.williamson@liverpool.gov.uk)

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Source: Data collected by Licensing teams as described in 5.1 above, and mapped by Liverpool City Council.

Figure 5.1.4: Gambling premises in Liverpool City Region with index of deprivation national rank



**Gambling Premises in Merseyside with Index of Deprivation National Rank  
(where a rank of 1=most deprived)**

Date created: 28/02/2014

Liverpool City Council | Millennium House | Victoria Street | Liverpool L1 6JD

Liverpool Public Health Epidemiology Team | E: richard.jones@liverpool.gov.uk

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Source: Data collected by Licensing teams as described in 5.1 above, and mapped by Liverpool City Council.

## **5.2. Data requested from Licensed Betting Offices and via a Freedom of Information request**

### **5.2.1 Data requested from Licensed Betting Offices**

The following data was requested from the main 6 operators, and also from independent licensed betting offices, across the Liverpool City Region. Data was requested for each LA area from each organisation where possible. This was sent out mid September 2013 for Liverpool, Sefton, Knowsley and Wirral, asking for data to be returned by the end of October 2013. A reminder was sent out in October 2013.<sup>87</sup>

*Please provide information for your organisation, collated for Liverpool, Sefton, Knowsley, Halton, St Helens, Wirral. Please provide information for financial years 2010-11, 2011-12, 2012-13 if possible.*

*Name of organisation.....*

*Total Gross Gambling Yield for each LA area?*

*Total Gross Gambling Yield on Fixed Odds Betting Terminals for each LA area?*

*Total Gross Gambling Yield on Over the Counter betting for each LA area?*

*Numbers of gamblers self-excluding in each LA area?*

*How does your organisation identify problem gamblers?*

*Do your organisation have a written policy on problem gamblers?*

*Does your organisation have any literature that can be given out to problem gamblers?*

*Do the staff in betting shops have any training around problem gambling? Please provide information about this, e.g. type of training offered, numbers of staff attending in financial year 2010-11, 2011-12, 2012-13 etc.*

No data was returned, although Paddy Power referred us to the RGT, who are also carrying out research – the RGT research is due to be published in Autumn 2014. The project working group had originally intended to request the information above under the Gambling Act 2005. However, this was not possible under the Act<sup>88</sup>, therefore the researchers requested the information on a voluntary basis.

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<sup>87</sup> Book makers were contacted by email where possible, asking for data for each district as a whole. Public Affairs Managers at these large companies (generally with >5 offices in Liverpool City Region) were contacted where possible. Smaller/independent book makers may not have a head office, but they were also contacted to ask for the same data. By 21<sup>st</sup> November 2013, the researchers had received a response from Paddy Power suggesting we contact Responsible Gambling Trust, who are also collecting this. Working group members to meet with RGT 26<sup>th</sup> Nov 2013. Response from Rank to say that they only have a very small number of FOBTs (6 across entire estate) so not able to help. Response from Liverpool FC to say that, due to high volume, they are unable to respond to every request with individual answers providing the level of detail required. 8 letters returned to sender from smaller bookmakers as undelivered.

<sup>88</sup> ActS305 of the Gambling Act states that an officer may undertake activities for the purpose of assessing a) Compliance with the act b) Whether an offence is being committed under or by virtue of this act. Unless it is suspected that the use of the FOBTs are in some way breaching the Act or that a gambling offence is being committed the Licensing Authority is not entitled to ask for this information under s305 and no offence would be committed if the licence holder refused to provide the information. The Authority could not in effect force the provision of the information

**5.2.2 A Freedom of Information request** was also submitted to the Gambling Commission on 11<sup>th</sup> September 2013, asking for similar information –please see Appendix 2. However, the Gambling Commission only hold National Statistics for larger bookmakers, and the researchers were advised that data for smaller bookmakers could not be disclosed as it is commercially sensitive.

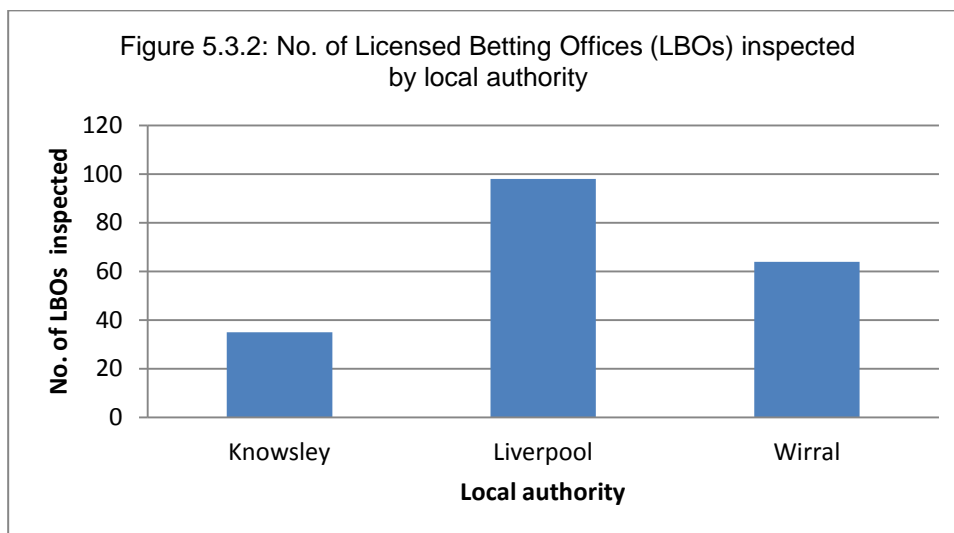
5.2.3 A pro forma was also sent to the Association of British Bookmakers (<http://www.abb.uk.com/>), requesting the same information. The ABB referred us to the RGT research, which is due to be published in Autumn 2014. As mentioned above, the project working group had originally intended to request the information above under the Gambling Act 2005. However, this was not possible under the Act<sup>89</sup>, therefore the researchers requested the information on a voluntary basis.

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<sup>89</sup> ActS305 of the Gambling Act states that an officer may undertake activities for the purpose of assessing a) Compliance with the act b) Whether an offence is being committed under or by virtue of this act. Unless it is suspected that the use of the FOBT's are in some way breaching the Act or that a gambling offence is being committed the Licensing Authority is not entitled to ask for this information under s305 and no offence would be committed if the licence holder refused to provide the information. The Authority could not in effect force the provision of the information

### 5.3 Licensing Officer visits

As detailed in Appendix 3, Licensing Officers in Liverpool, Wirral and Knowsley visited a total of 198 Licensed Betting Offices (LBOs) in Autumn 2013, and asked staff questions in order to complete an agreed pro forma. This was to check the compliance of licensed betting offices to the current legislation. 5.3.3 below shows that all LBOs in the Wirral (n=64), the majority of LBOs in Knowsley (n=35) areas were visited, and around 50% of premises in Liverpool (around 98) were visited. The pro forma that was completed covered mandatory requirements, with additional questions added to this for the purpose of the project. There was a high level of compliance with the visits. In general, LBOs did have policies and procedures in place to deal with problem gambling, and appropriate training was in place for staff.



Source: Data provided by Licensing teams in Knowsley, Liverpool and Sefton as described in 5.3 above.

Figure 5.3.3 below shows data that was collected by Licensing Officers across Liverpool, Wirral and Knowsley. LBO staff were asked if they were aware of customers who may have gambling problems. 56% of staff asked said no, and 44% said yes. Staff were then asked what sort of betting these customers usually undertake. It was not possible to encapsulate this information to database for analysis, due to varied answers. However, manual analysis suggested that gaming machines/roulette and counter bets were the most common. Staff were also asked if they had experienced problems in relation to these customers – 59% said no, and 29% said yes, with staff replying that these customers could become aggressive and abusive.

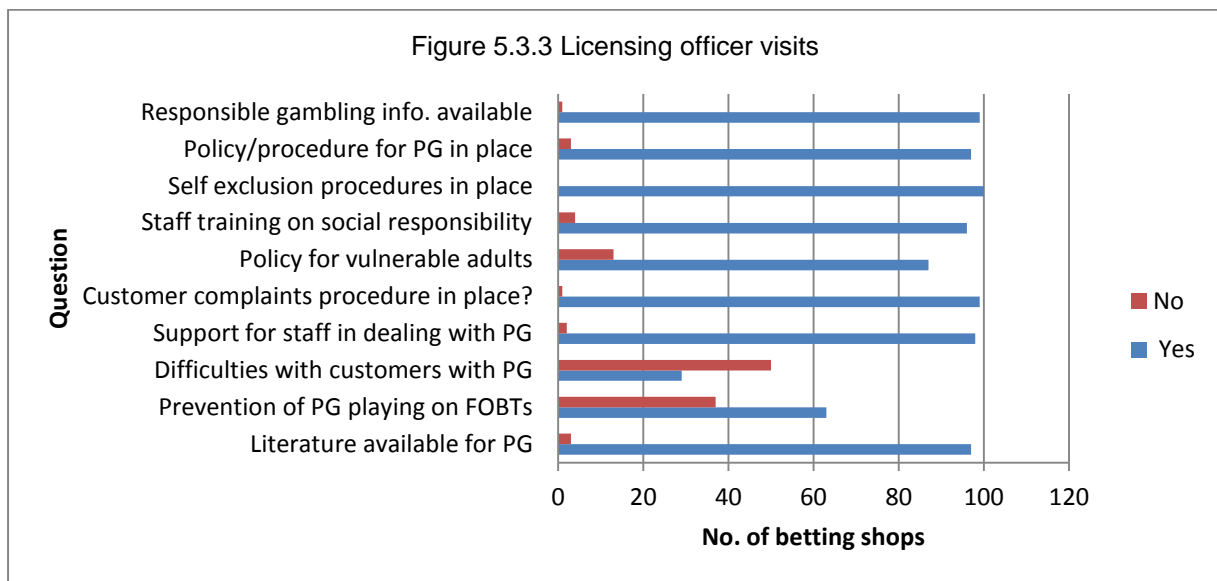
LBO staff were asked if they had stopped a customer from placing bets on FOBTs. 63% said no, and 37% said yes – again, customers could become aggressive or abusive if prevented from placing bets or playing on FOBTs. Staff were asked if information was readily available to customers on how to gamble responsibly, and seek help in respect of problem gambling. 99% said yes, and 1% said no. Most information available was via leaflets and posters.

LBO staff were asked if the licensee had put in place policies and procedures for customer interaction, where they have concerns that a customer's behaviour may indicate problem gambling. 97% said yes, with only 3% saying no. Training was likely to occur every 3-6 months. 100% of LBOs said that they had a self-exclusion policy, for people who felt that they had problems with gambling. Staff were asked if the business held a policy on vulnerable adults. 87% had a policy for vulnerable adults, whilst 13% did not. They were also asked if they had a vulnerable adult barring register – most LBOs did not have this register.

Staff were asked if the licensee could evidence a commitment to, and a contribution towards, research, education and treatment related to problem gambling. 78% said yes, and 22% said no. A

number of staff who were asked about this were not sure about this question, so a 'no' answer was recorded. Staff were asked if the licensee had ensured that employees involved in the provision of facilities for gambling are made aware of advice on socially responsible gambling and where to get help should their own gambling become hard to control. 97% said yes, and 3% said no. Staff were asked if the premises employees had been sufficiently trained in the social responsibility code provisions and was any such training evidenced via logs/records? 96% said yes, and 4% said no. Staff were asked if staff received support to deal with customers who had problems with gambling – 99% said yes, and 1% said no.

100% of the Licensed Betting Offices inspected said that they did not permit under 18s to gamble, and that they had procedures in place to prevent underage gambling. None of the LBOs inspected employed any staff who were under the age of 18.



Source: Data collected by Licensing Officers on problem gambling as described in section 5.3. PG refers to problem gambling or problem gamblers.

## 5.4 Online survey for local authority staff on FOBT use

An online survey for Local Authority staff on FOBT use was conducted in Knowsley, Liverpool, Sefton and Wirral and between February and April 2014<sup>90</sup>. The survey was accessible via each local authority's intranet for a minimum of 2 weeks. **The full list of survey questions is provided in Appendix 5.** Data was collected using SelectSurvey, provided by the University of Liverpool's Computing Services Department. Agreed questions for the online survey were distributed to Local Authorities via Directors of Public Health. The maximum number of responses to any question was 266. If less than 5 people chose an option, data was suppressed.

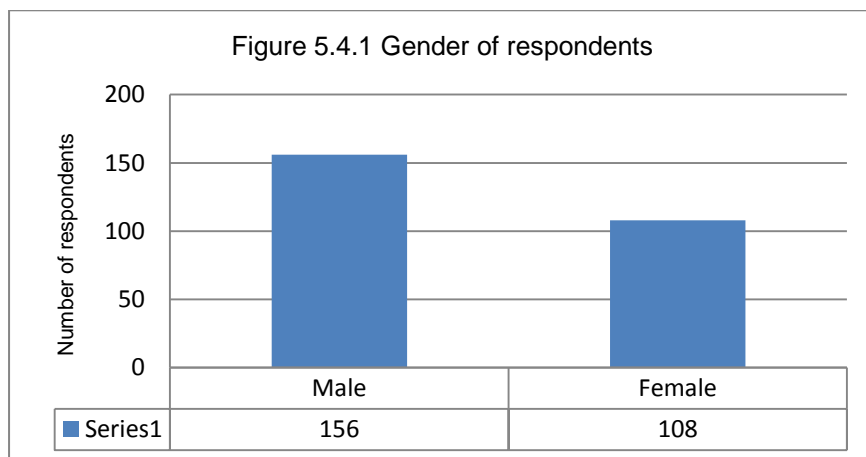
Local authority staff were chosen because they provide a cross-section of staff at different grades. The survey was conducted in order to enhance the research team's understanding of FOBT use, but is not intended to be representative of FOBT use across the region. There were limitations in collecting the data in this way – only people who were employed were included in the survey, meaning that people who are not employed were excluded. In addition, local authority staff who do not regularly use the intranet are likely to be under-represented in the findings.

### Key findings

- 30% of people who responded had used FOBTs, and 70% had not.
- 26% of people wanted to cut down their FOBT use, whilst 74% did not.
- 69% of people spent less than £10 per week on average on FOBTs.
- 264 people answered both Q1 on gender, and Q3, asking if they had used FOBTs. Out of these, 78 people had used FOBTs. 21.8% (n=17) of these 78 people were female, and 78.2% (61) were male.

### Question 1: What is your gender?

156 (59%) of people who completed the survey were male, and 108 (41%) were female – see 5.4.1 below.

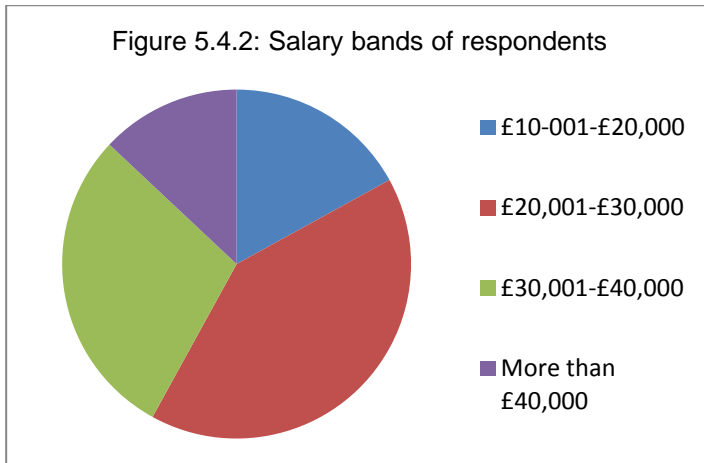


Source: LPHO online survey of local authority employees in Liverpool, Sefton, Wirral and Knowsley

<sup>90</sup> St Helens and Halton did not take part in this aspect of the research

Question 2: What is your annual pro-rata salary, before tax?

16.5% (n=44) of people who completed the online survey said that they earned between £10,001 and £20,000, pro-rata after tax, with 40.6% (108) of respondents saying that they earned between £20,001 and £30,000, 29.3% (78) saying that they earned between £30,001 and £40,000, and 12.8% (34) saying that they earned more than £40,000 per year. Numbers of respondents earning under £10,000 per year were too small to be reported.



Source: LPHO online survey of local authority employees in Liverpool, Sefton, Wirral and Knowsley

227 people answered both Q2 on salary, and Q3 asking if they had used FOBTs. 78 of these respondents had used FOBTs. Numbers of respondents earning under £10,000 per year were too small to be reported. 20.5% (n=16) of these 78 said that their annual salary was between £10,001 and £20,000, which was slightly higher than the proportion in those who completed the survey overall, which was 16.5%. 41.0% (32) of these 78 said that their salary was between £20,001 and £30,000, with 29.5% (23) earning between £30,001 and £40,000, pro rata after tax – both these were similar to the proportions of those completing the survey overall. 9.0% (7) said that they earned more than £40,000, slightly less than the 12.8% who completed the survey overall.

Question 3: Do you use, or have you ever used, Fixed Odds Betting Terminals?

30% (n=79) of people who completed the survey had used FOBTs, whilst 70% (n=187) had not.

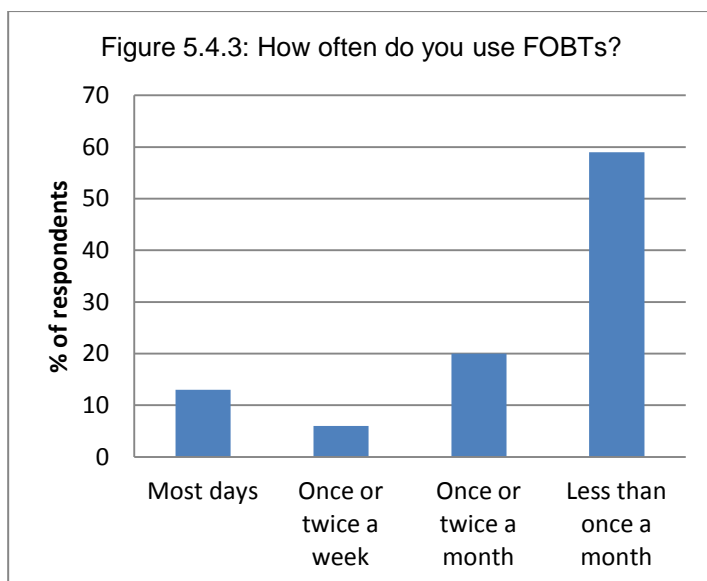
Question 4: If YES, which games did you play?

24% (n= 64) of people who answered this question said that they played roulette, with 12% (31) of respondents playing REEL games. Other responses were too small to report.

Question 5: If YES, how often do you use FOBTs?

Numbers of people using FOBTs more than once a day were too small to be reported. 13% of respondents (n= 10) who used FOBTs said that they used them most days, with 6% (5) saying that they used them once or twice a week, 20% (16) saying that they used them once or twice per month, and 59% of people (47) saying that they used FOBTs less than once a month.





Source: LPHO online survey of local authority employees in Liverpool, Sefton, Wirral and Knowsley

Question 6: If YES, what time of day do you use FOBTs?

35% (n=27) of respondents said that they used FOBTs in the morning, with 47% (37) respondents saying that they used FOBTs in the evening after 6pm. 14% (11) answered 'Don't know' to this question, with other responses being too small to be reported.

Question 7: How much do you spend per week on average on FOBTs?

69% (n=51) of people who answered this question said that they spent less than £10 per week playing FOBTs. 11% (8) said that they spent between £11 and £30, and 14% (10) saying that they spent more than £90 per week playing FOBTs. Other responses were too small to be reported.

Question 8: What is the most that you have ever won on FOBTs in one session?

Responses to this question, which was answered by 76 people, ranged from zero to £4000. 10.5% of people who answered this question (n=8) reported winning £1,000 or more, whilst 59.2% (45) reported winning £100 or less.

Question 9: What is the most that you have ever lost on FOBTs in one session?

Responses to this question, which was answered by 76 people, ranged from zero to £11,000. 7.9% of people who answered this question (n=6) had lost £1,000 or more, and 76.3% (58) had lost £100 or less.

Question 10: Do you want to reduce the amount that you spend on FOBTs?

26% of people who answered this question (20) said that they wanted to reduce the amount that they spent on FOBTs, whilst 64% of people (49) said that they didn't. 10% of respondents (8) said that the question did not apply to them.

Question 11: Has your FOBT use ever had any impact on...(click all that apply)

2% of respondents (n=6) said that their FOBT use had had an impact on job/career, with 4% of respondents (11) saying that it had had an impact on family/relationships, and 21% of respondents saying that their FOBT use had not had any impact on jobs/careers, training/education, housing, or family/relationships.

Question 12: Have you ever had to use any of the following as a result of your FOBT use (click all that apply)

6% of respondents (n=15) had used overdrafts as a result of their FOBT use. 2% of respondents (6) had used payday loans, 4% (10) had used loans from friends, 2% (5) had used pawn brokers. Numbers that had used cheque cashing services or loans from family were too small to be reported.

Questions 13, 14 and 15: Have you ever used services in order to help you reduce your FOBT use?

Question 14: If you have used services (e.g. Gamblers Anonymous...)in connection with your FOBT use, how easy did you find them to access? Question 15: If you have used services in connection with your FOBT use, how well did they meet your needs?

Only 9 people who had used FOBTs had used services (e.g. Gamblers Anonymous, Citizens Advice Bureau, NHS mental health services) in connection with their FOBT use.

## 5.5 Interviews with people who have had problems with gambling, and with staff who support them.

Between January and March 2014, interviews were carried out with people who have had problems with gambling, and staff working with them. A total of 33 interviews were carried out. Of these 6 were with staff (including volunteers) and 27 were with people who have had problems with gambling. Of the latter, 16 were male, and 11 were female. Respondents were recruited through a range of organisations, and included people who were attending drug and alcohol agencies, NHS staff, and people recruited through an advert that was placed in the local press, as well as word of mouth. Please see Appendix 4 for a full list of interview questions.

### 5.5.1 Why do people gamble?

Reasons for gambling given by those who had had problems were very varied. Several respondents mentioned that parents were gamblers, or that their siblings were gamblers, and had grown up to see gambling as 'normal', joining in with bingo or playing on the slot machines in arcades etc. Other respondents mentioned that parents were problem gamblers, while other respondents said that they were the only one in their family who had had any problems, and reported having a happy and secure childhood. A minority of respondents mentioned that they now had children who were problem gamblers. Similarly, staff who had worked with people who had problems with gambling felt that reasons for starting were varied and multi-factorial: they included genetic loading and impulsivity, as well as parental influences, early life experiences, and issues such as money problems, where people were gambling to try to pay off debts. Many respondents said that they had started gambling to 'escape' from problems, or as a coping mechanism in response to problems.

Several respondents mentioned that there were 'constant' adverts on TV. 'Every advert is for gambling'. 'You couldn't watch TV if you had gambling problems'. Gambling advertised at every football match. One respondent suggested replacing these with warning/ health information adverts on TV, as has been done with other health issues.

Gambling in a difficult economic climate. Several respondents said that they felt that they did not have enough money, so were trying to win it on FOBTs etc. However, several respondents mentioned that money won on gambling was rarely spent on anything else but more gambling. People may gamble to try and forget about their problems, but gambling makes problems worse. "Gambling starts off as a thrill, but actually makes people's lives worse" (male respondent in his 50s).

Use of incentives by the gambling industry. Several respondents felt that TV adverts for gambling were on constantly. "If you were a gambler, you would not be able to watch TV" (male respondent, in his 50s). Respondents said that they had seen links between gambling and companies who sell food such as Iceland offering a 'free' £10 food voucher for signing up. "Gambling is dangled in people's faces". "Gambling industry are getting richer and everyone else is getting poorer" (male respondent in his 30s). As a related issue, respondents felt that there were also lots of adverts for money lending. In a recession, several respondents commented that LBOs seem to be offering extra incentives to get people to spend money, e.g. if you go into a casino, you are encouraged to sign-up online. Spend £10 and get a 'free' £10 incentives etc.

Respondents felt that Licensed Betting Offices were now nice places to go, which was an incentive to go there – one female respondent in her 50s commented that "They make it so lovely", and mentioning nice surroundings with thick carpets. Gambling world "living off people's misery" (female respondent in her 50s). Several respondents mentioned that this had changed since LBOs used to have to have blacked out windows etc, which might have discouraged them from entering. Free/tea coffee etc is given out, which makes people feel welcome. Incentives also include days out etc, e.g. a day out at the races. People are encouraged to spend money in order to receive 'free' money. Or, they may receive vouchers etc to play, but when they have spent these they end up spending their own money.

On football match days, respondents said that bookmakers offered clients the chance to take part in 'competitions, such as how many 'keepy uppies' they can do with a football, with the prize being a £10 voucher for FOBTs. Certain communities are encouraged – e.g. Casinos have Chinese night, where they get chefs from China Town to come and cook. Casinos hold 'disco' nights on a Friday and Saturday, to encourage young people to get involved. Possibly, as older customers who used betting shops/casinos 'die off', they are not being replaced by younger ones. Casinos have full licenses, which provides an extra incentive for customers to come in and spend money.

Some people are seeking a thrill, and want to make sure that they try every form of gambling. Clever programming of machines, use of lights etc, also played a part in encouraging people to gamble.

### **5.5.2 Do some forms of gambling cause more difficulties than others?**

Of the interview respondents, younger people, who had grown up using technology, were more likely to bet online, perhaps on their phones, with older respondents using venues such as betting shops. More men than women had used FOBTs, with women more likely to have used slot machines, or gambled online.

Many of the respondents who had had problems with gambling had used FOBTs. Many respondents saw FOBTs as harmful, as people can spend large amounts of money very quickly on them. Someone reported seeing friends getting their benefit payments out of the cash machine at 12 midnight, when they were paid in, and having spent them by 12.30 a.m. Many respondents mentioned that LBOs are too accessible, in the centre of town, and felt that there were too many of them - 4/5 amusement outlets, even in a small town. A small number of casinos are now open for 24 hours a day.

FOBTs have the potential to cause arguments and lead to crime or violence – people may put £100 or £200 in, then someone comes along and wins £300, which may cause a fight. Interview respondents mentioned being unwilling to leave FOBTs that they had put significant amounts of money in, even to attend to basic needs such as eating, or going to the toilet.

One respondent reported 'seeing grown men boxing' over issues caused by using FOBTs. One participant mentioned that gambling is supposed to be fun – FOBTs take money very quickly, and they are not fun – a couple of people mentioned not getting any 'buzz'. Many respondents mentioned that the aim of LBOs etc was to make money from people as quickly as possible.

Scratchcards are also very accessible – several respondents said they are instant, exciting and it is possible to spend a lot of money on them, although it does take longer to spend money on them than on FOBTs. Several respondents felt that £10 scratchcards were too expensive. Several people reported buying scratchcards instead when not using drugs/alcohol. Virtual racing is available now – more frequent and more instantly accessible, which may lead to problems for some people.

Online gambling may be dangerous because it is easy to access, and it is possible to gamble very frequently – unlike racing/football etc, which may only be once per week. Respondents felt that online gambling may be difficult to regulate, because operators may be based outside the UK. However, several respondents with very little spare income mentioned that they did not have access to the internet, apart from in libraries or support agencies such as CRI etc, where access to betting shops/National Lottery etc is banned. In addition, when you have self-excluded from online gambling, it is often harder to carry on gambling, although respondents reported that this varied between gambling companies. This was in contrast to people who had self-excluded from betting shops, where respondents reported staff sometimes not recognising them, and still allowing them to gamble.

### *5.5.2 Links between gambling and other addictions*

Several respondents mentioned swapping one addiction for another one. Many respondents mentioned the idea of having an ‘addictive personality’, although this is not a medically recognised term.

Respondents mentioned that gambling behaviour might be fuelled by alcohol use. Several respondents mentioned that they had cut down on gambling since stopping drug/alcohol use, although a smaller number did not feel that they could tackle all their addictions at once, and were still gambling having stopped drinking etc.

Many respondents said that, unlike other addictions, you can’t tell if someone has a gambling problem just by looking at them. One respondent said that gambling is worse than heroin, and others felt that it had a similar impact on life to heroin. Many respondents felt that there was less support for people who had gambling problems than for those who had other addictions such as drug and alcohol addictions. The majority of respondents who were recruited through organisations such as CRI felt that a similar facility, offering holistic care, should be available for people with gambling problems. Several respondents suggested that gambling should be illegal, like drugs are - it is much easier to spend money on gambling than it is on drugs.

### *5.5.3 Impact of gambling.*

Impacts on individuals, family and community were reported. There was a great variation in the impact that gambling had had on people’s lives.

Financial impacts. Respondents reported a wide range of financial impacts. Spending money on gambling may mean that people have less money to spend on grandchildren and ‘help out’ children, or to spend on holidays, or on families at Christmas. People reported limiting the amount of money that they spent on items such as clothes, or on house maintenance, in order to spend more on gambling.

Respondents had used money to gamble that was originally intended to be used to pay bills, or to pay towards gas and electricity – many clients reported being on pre-paid meters for gas and electricity, which they could not use if they did not have money to put in the meter. Several people reported borrowing money from relatives to pay for fuel, and several reported selling jewellery and other valuables in order to pay for gambling.

Some respondents said that they had no money to give to their spouse for ‘housekeeping’, or to give to parents for ‘keep’, which often led to arguments. People had borrowed money from parents for gambling, or to pay back debts caused by gambling, which had then led to resentment from, and strained relationships with, siblings. A minority of respondents had taken money from partners without permission, leading to court proceedings being taken against them.

Several people mentioned debts running into tens of thousands of pounds. People initially got loans etc, but found that they couldn’t get credit so ended up borrowing from family etc, taking payday loans, borrowing from loan sharks, and ending up on Debt Recovery Plans or Debt Relief Orders. People reported ‘juggling’ money, making minimum payment on credit cards etc, with a large proportion of salary going on repaying debts. Figures from the NPGC also show that the average debt for patients seen is around £15,000<sup>91</sup>.

People reported systematically trying to win money back to repay debts etc. Several respondents felt that irresponsible lending should be tackled – lenders should ensure that clients can afford to pay money back.

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<sup>91</sup> Taken from a presentation given by Dr. Henrietta Bowden-Jones at the Public Policy Exchange event on 26<sup>th</sup> February 2014: Reducing the Harm Associated with Problem Gambling: The Role of Local Government.

People may have their benefits sanctioned because they do not turn up for appointments. However, people who have addictions are often quite chaotic, and this may mean that they do miss appointments, as their addiction comes before everything else, and they then have a lack of money to live on.

Several people who had played on FOBTs reported 'chasing losses', i.e. trying to win back what they had spent. They may start off with a plan about how much they were going to spend - however, as soon as they were in betting shops they ended up chasing losses. Several respondents mentioned that they had spent more than they intended, or spent until they did not have any money left – they would have to leave betting shops, to go home or to the cash machine for more money. Several respondents said that if they won a significant amount, they would often put most of it back in, sometimes over the course of the next few days. One client mentioned being £3,000 'up' at one point, but leaving with nothing. Several people said that, if they won large amounts of money on FOBTs, they would put the vast majority back into the machine – sometimes over the next few days.

Many people reported using cash to play on FOBTs, as they did not have a bank account. Several respondents reported that they did not gamble online, as they did not have the internet at home, and did not have phones that had internet access.

Impact on accommodation. One respondent reported that his parents had asked him to leave because he had spent the money that he should have been giving them on gambling. Someone reported parents paying off debts that ran into tens of thousands of pounds. However, once the 'slate had been wiped clean' and debts paid off, people may start gambling again. Several respondents had been homeless, at least in part due to gambling problems.

Impact on employment. One respondent reported losing his job because of stealing to pay back money that had been spent on gambling. Respondents mentioned gambling on breaks from work, and taking longer than they planned on lunch breaks, as they were trying to win money back. Similarly, figures from the NPGC showed that 18% of clients seen had lost a job because of gambling problems<sup>92</sup>.

Impact on mental health. People reported feeling guilty/frustrated/angry if they lose, and said that they felt that addiction was always with them, 24 hours a day. Many respondents said that they had felt anxious, withdrawn, or desperate, and several people who had had severe problems with gambling said that they had had suicidal thoughts.

Impact on family and relationships. Many respondents who had had problems with gambling mentioned impact on their families. As well as taking respondents' money, gambling people reported that gambling took away time: many respondents said that, while they were gambling, they had less time to spend with spouses/families. Gambling issues affected relationships – they led to mistrust, and caused arguments within the family, or with friends. Friends and family are reluctant to leave money lying around. One respondent said that his wife had described FOBTs as being like 'the other woman'. Gambling caused problems with respondents' families when they spent all night on the fruit machine, ignoring family etc. People may have to borrow money from family members, or try and cover up where money has gone to. Gambling can lead to problems with sleep, due to anxiety, or to people being distracted whilst trying to carry out other tasks. Addicts sometimes feel that family look down on them. Gambling has a 'ripple' effect, and one person's gambling problems can impact upon a lot of people. This was echoed by staff who worked with people who had problems with gambling, who had found that families were at risk of anxiety and depression.

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<sup>92</sup> Taken from a presentation given by Dr. Henrietta Bowden-Jones at the Public Policy Exchange event on 26<sup>th</sup> February 2014: Reducing the Harm Associated with Problem Gambling: The Role of Local Government.

People who had problems with gambling were also more likely to mention that they had parents who had gambling problems themselves, so additional support was needed to stop this cycle. Similarly, information collated by the NPGC showed that 30% of clients seen by the clinic had a parent who was or is a problem gambler<sup>93</sup>. Although outside the remit of this project, there may also be a need to look at support for people under the age of 18 who have problems with gambling.

Respondents mentioned losing partners because of gambling – similarly, the NPGC reported that 51% of clients that they had seen had lost a partner because of problem gambling<sup>94</sup>. Other respondents had deliberately avoided serious relationships, because they did not want to subject other people to the problems caused by their gambling. People also described gambling as an isolating experience “you have to isolate yourself to gamble”, and reported not answering phones to family/friends whilst gambling.

Parents mentioned having less time and money to spend on children and grand-children – the former is particularly pertinent in the light of findings from the Scottish Health Survey 2013<sup>95</sup>, which found that adult parents that lived with their child/ren (under 16) were more likely to be problem gamblers than adults who were not parents. People who had now stopped gambling reported leaving children outside in the car, while they went into LBOs, whilst others neglected cleaning or maintaining their houses in order to spend time gambling. However, several respondents mentioned being unable to stop gambling because of the impact on friends and family, without support from other organisations such as GA, however much they wanted to.

Conversely, people who had stopped gambling talked about the positive effect that stopping had had on their family life – one respondent, for example, mentioned that he was now working 50 hours instead of 80 as he was no longer gambling, giving him time to spend with his family. He was now taking a more active part in family life, and had attended parents’ evenings for the first time.

Costs to the criminal justice system and health service – people reported punching walls etc on the way home from Licensed Betting Offices after significant losses.

Impact on staff in LBOs - staff may be young, and may be one person working alone who is reluctant to get involved. If people lose more than they intended, they may ‘take it out’ on staff. Respondents reported seeing people kicking FOBTs, with staff taking little action apart from possibly shouting at them to stop. If police are called, perpetrators have often left by the time the police arrive. Several respondents felt that staff were told not to call police. Several respondents who had spent more than they intended felt that staff were very reluctant to intervene if someone was spending more than they could afford.

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<sup>93</sup> Taken from a presentation given by Dr. Henrietta Bowden-Jones at the Public Policy Exchange event on 26<sup>th</sup> February 2014: Reducing the Harm Associated with Problem Gambling: The Role of Local Government.

<sup>94</sup> Taken from a presentation given by Dr. Henrietta Bowden-Jones at the Public Policy Exchange event on 26<sup>th</sup> February 2014: Reducing the Harm Associated with Problem Gambling: The Role of Local Government.

<sup>95</sup> <http://www.scotland.gov.uk/Resource/0043/00434590.pdf>

#### *5.5.4 Support for people who have problems with gambling.*

Many respondents felt that, although contact numbers for support agencies such as GamCare might be available in Licensed Betting Offices, they were not displayed prominently enough. Customers may be focussed on betting, and not be aware of them. Other respondents said a leaflet is insufficient to deal with a powerful addiction. Others felt that support should be available in betting shops themselves. Many respondents were not aware what support was available for problem gamblers, and felt that it should be advertised more. Several respondents suggested that numbers for support organisations should be displayed in other locations, e.g. shops, or adverts placed in local papers such as the Liverpool Echo, or on television. Respondents also felt that there should be education about gambling and the problems it can cause in schools.

Respondents who had used Gamblers Anonymous (GA) rated it highly. Respondents who had attended GA appreciated the support they received, and the feeling that others understood what they were going through. People are free to attend meetings without actually going through the 12 step Recovery Programme<sup>96</sup>. GA was described as 'for everyone, not just for successful abstainers'. Many people reported going to GA when they had hit 'rock bottom', although the definition of this varied between individuals.

GA relies on donations from members, so meetings are run in areas where there is capacity to run them. The majority of GA meetings in the LCR are held in Liverpool, with one on the Wirral, which may not be convenient for residents living in other areas of the Liverpool City Region.

GamCare offer face to face counselling at offices in Manchester and Salford, which several respondents felt was a long way to travel for some people. Other support services may make their facilities available in order for clients to access online counselling that is provided by GamCare. However, not all people who have problems with gambling use other services, or want to have online counselling – several people mentioned that they would prefer face-to-face counselling, at a convenient venue. Several respondents said that more people gamble in deprived areas, such as Liverpool, and the impact of gambling may be greater in more deprived areas, and felt that face-to-face services such as GamCare should be located in these areas. There are lots of betting shops in LCR but not as much support. Several respondents said that every town/city should have access to face-to-face services, especially those where there is a high proliferation of betting shops.

Several respondents said that there is still a stigma in visiting GP, or in accessing other support, due to gambling problems, which means that people may keep problems with gambling to themselves, and fail to access support. Parents may be reluctant to ask for help in case their children are taken away from them, or in case it impacts upon employment prospects, especially in the current economic climate. Family support appeared to be a protective factor in dealing with issues caused by gambling, with several respondents reporting that they could not have got through their problems/stopped without the support of their partner or families. However, other respondents said that they could not stop for their families, however much they wanted to, without support from other organisations.

Many interview respondents said that they felt that there is a lack of treatment for gambling problems, compared to other addictions. One respondent commented that there is an "AA on every corner", but there was a perception that the same support was not available for those who had gambling problems. Another example used by interview respondents was that, if you have a heroin problem you can have methadone, but there is a perception that there is no equivalent for gambling.

Respondents felt that awareness should be raised that gambling is an addiction in the same way that drug/alcohol problems are – currently, people may write off a day's gambling as bad luck. If someone

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<sup>96</sup> There are no publicly available statistics on the amount of people who achieve recovery through GA. For details on the 12 step recovery programme see <http://www.gamblersanonymous.org/ga/content/recovery-program>



is an alcoholic, for example, it is more obvious to other people as you may be able to smell alcohol on someone's breath, but gambling problems may be harder to see

Several interview respondents were recruited through Crime Reduction Initiatives (CRI) in Huyton, Kirkby and Halton<sup>97</sup>. CRI is a charity who work with people who have had problems with substance misuse. Many of these clients suggested that there should be something similar for people with gambling addictions. The aspects of CRI that clients appreciated most, and that respondents felt would be most beneficial to people who had problems with gambling, were the fact that it was accessible - people can just walk in off the street – and staff had a non-judgemental attitude, so that people felt that they could be themselves. Attending CRI also provided structure to the day - people could come and use the computers, and get support with this, or get involved in the activities or groups. A range of services were offered under one roof, which clients felt made them more likely to access the services. As well as one to one counselling and group therapy, clients were also able to access health care including nurses, blood-borne virus (BBV) testing, Chlamydia testing and treatment, Hep vaccination, boosters, smoking cessation, as well as a range of social activities including guitar lessons etc. People could come in and get breakfast, and fruit is available throughout the day – respondents mentioned not being able to afford fruit on benefits.

A variety of other support services are housed under the same roof as CRI services, making them easier to access for clients. However, there were no GA meetings held in Huyton, Kirkby or Widnes, although AA or Narcotics Anonymous (NA) meetings were held either on the same site, or close to these sites. In Liverpool, many different groups operate within the Community Recovery Centre, which is run by Action on Addiction<sup>98</sup> - if people wish to access AA as well as GA, for example, they are able to do this within the same building.

Several interviewees mentioned spending time in prison. For some respondents, this had been an opportunity to focus on getting support with addictions. However, several respondents perceived there to be less frequent support for addictions inside prison than outside, with groups etc being held once a week, rather than several times a week (CRI provided a range of support that was available for most of the day from 9am-5pm).

Interviewees mentioned a lack of support when they came out of prison, e.g. in finding somewhere appropriate to live etc, so they may end up living somewhere where there is more access to drugs/alcohol/gambling etc. Clients felt that they were less likely to be allocated housing in an area that they were originally from, but this meant that they had to go back to areas where they had lived before, where they may be more access to drugs or alcohol or to gambling, and more peer pressure to join in. Interviewees also mentioned a lack of employment and training opportunities when they came out of prison. They may have been offered initial training opportunities, e.g. at Timpson, who have a partnership with the prison service, but only a minority of people were offered a job at the end of their training period. Worklessness led to a lack of structure to their days, and respondents were then more likely to gamble because they were bored.

Some respondents felt that more support for parents and carers of problem gamblers was needed. Some GA offer meetings for family, whilst others do not, depending on available resources.

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<sup>97</sup> CRI stands for Crime Reduction Initiatives – it is a social care and health charity working with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse and antisocial behaviour. <http://www.cri.org.uk/>. CRI encourages and empowers people to regain control of their lives and motivate them to tackle their problems. Interviews were carried out at CRI in Huyton, Kirkby and Widnes.

<sup>98</sup> <http://www.actiononaddiction.org.uk/Treatment/Sharp-Liverpool.aspx>

Several people who had stopped gambling mentioned stopping through willpower, rather than any support that they had been able to access. Others mentioned support that they had had from 12 step recovery programmes. People may access support services and find them useful, but may not necessarily recover from their addiction – people mentioned receiving support for weeks or months, before recovering.

Many respondents felt that more should be put in place to address problem gambling, although several respondents also felt that stopping gambling was their own responsibility, and said that if people were blaming the gambling industry for their problems, they were unlikely to stop gambling.

There is a lack of places other than gambling venues for people to meet friends – some forms of gambling were seen as a sociable activity. Bingo, and sometimes casinos, were seen as more sociable, while people tended to use FOBTs alone, and mentioned having to isolate themselves in order to gamble. Respondents mentioned gambling because they were bored.

#### **5.5.5 Access to betting shops/regulation**

Many respondents who had had problems with FOBTs would like them to be banned, although many respondents felt that this was very unlikely. Several people suggested that lowering the stake to £2 per spin. This would not prevent people who were on low incomes spending more than they could afford - £100 could still be perhaps half of someone's weekly income. However, it would mean that it would take longer to spend money, and may have more of an impact on those with slightly more disposable cash.

Many people suggested having membership cards, as when someone joins a casino – this would also have the advantage of allowing staff to monitor usage, spending patterns etc, in order to track problem gamblers, and would avoid cashiers/betting shop staff having to challenge people directly.

ID is not always checked to make sure that somebody is over the age of 18. In addition, young people can get false ID easily over the internet. In addition, a minority of respondents mentioned that vulnerable adults, such as those with learning disabilities, are not prevented from spending large amounts of money. One respondent reported watching betting shop staff show an elderly man, who had come in to bet on the horses, how to use FOBTs. One respondent mentioned that LBOs are not supposed to take money of customers that they know have consumed alcohol, but felt that this was not the case in practice. Several respondents suggested that the age at which people can gamble should be raised to 21, particularly for scratchcards which are easily accessible.

Many respondents felt that FOBTs should not be on the high street, as they were too accessible-addicts find it hard to walk past betting shops. Several respondents also suggested that betting shops should not be near off licences. Several respondents said that the amount of betting shops should be limited, particularly as they felt that there is little in town centres apart from betting shops and payday loans shops. Several respondents said that opening hours of betting shops should be restricted, and 24 hour opening should be prevented. If people self-exclude from LBOs, different staff in the same betting shop may not know that someone has self-excluded, and may let them in, possibly due to high staff turnover. People may also just bet somewhere else instead, perhaps with another company.

A small number of respondents who started gambling many years ago said that the whole culture of gambling had changed while they had been gambling, with LBOs now open until late at night, and only closed on Christmas Day – previously they had also been closed on Sundays and Bank Holidays, and they were now easier to access. However, people who were compulsive gamblers pointed out that they would eventually have spent all their money anyway, it would just have taken them a bit longer.

Whilst some respondents felt that users of FOBTs should be able to set limits on how much they wish to spend, which is now possible, others felt that once they have to set a limit, they already have a

problem - compulsive gamblers would be unable to stick to a limit, as they were unable to control their compulsion. Limits set may not be low enough to prevent problems. One respondent compared it to an alcoholic, asking if an alcoholic chose how long to stay in the pub. In addition, if someone had spent more than they wanted to, they may just go to another betting shop to chase losses. Several respondents felt that players in LBOs should be monitored to see how much they are spending.

## Section 6 – Discussion

As discussed earlier in this report, the way that people gamble in Britain has changed in the last decade, due to the growth of online gambling, and of electronic gambling such as FOBT use, as well as the implementation of the UK Gambling Act 2005. There is some evidence that problem gambling is increasing - the final 2010 British Gambling Prevalence Survey<sup>99</sup> used two widely-used methods of measuring problem and at risk gambling, the Diagnostic and Statistics Manual-IV (DSM-IV) screening tool, and the Problem Gambling Severity Index (PGSI)<sup>100</sup>. DSM-IV problem gambling prevalence was higher in 2010 (0.9%) than in 2007 and 1999 (0.6% for both years), although gambling prevalence rates as measured by the PGSI did not increase significantly between survey years.

In addition, gambling and problem gambling prevalence varies according to age, particularly for men, and sex, as well as health, although the links to deprivation are less clear. The Health Survey for England, for example, found that problem gambling prevalence according to DSM-IV was 0.8% for men, but only 0.2% for women. Problem gambling prevalence was highest in younger men (2.2% in men aged 16-24), and decreased with age – the rate was 0.3% in men aged 75+. The number of 18 to 35-year-olds contacting GamCare, the UK's leading gambling advice service, rose for a third consecutive year in 2012. 60% of calls to GamCare in 2012 were from that age group, with smart phone and online betting are playing a big part in the rise of young people developing gambling problems. A total of 8,813 people contacted GamCare for help in 2012, a rise of 8.1% compared to 2011. Although the total number of callers stayed the same for 2012, there has been a rise each year in the 18 to 35-year-old category<sup>101</sup>. Sports betting seems to be a growing area, which may warrant more focussed research.

Whilst national data is available on changing patterns of gambling, including spending on FOBTs, local data is more difficult to access. As part of this research, attempts were made to access local information and data on the use of FOBTs from a number of agencies, including betting companies, the Association of British Bookmakers (ABB), the Gambling Commission, and the Responsible Gambling Trust. Unfortunately, it proved difficult to obtain local data in relation to use of these machines. It was not possible to obtain data from the Gambling Commission, as they primarily held national data. The Gambling Commission did hold local data for smaller betting operators, but this data could not be disclosed as the Commission felt that it was commercially sensitive. The ABB, as well as one of the gambling companies, suggested that we should wait for the research that is being commissioned by the Responsible Gambling Trust. This research is due to be published in Autumn 2014. In order to assess the true impact on the health and well-being of FOBT users, it is important that this information is made available.

The interview and survey findings of this research, along with other local and national evidence, demonstrate that tackling problem gambling requires a co-ordinated response from local and national government, and from the gambling industry, as well as from the NHS, from commissioners and those who provide support services. National Government can minimise harm by reducing the stake that can be placed on FOBTs, amongst other measures. Local Government can lobby National Government in order to make this happen. There is also a need to raise awareness of the warning signs of problem gambling, and of where to go for support, through local and national advertising campaigns, as well as through education in schools. There is also a need to examine the impact of

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<sup>99</sup> <http://www.gamblingcommission.gov.uk/pdf/British%20Gambling%20Prevalence%20Survey%202010%20-%20Executive%20summary.pdf>

<sup>100</sup> It is common practice in Great Britain to include two different screening instruments in population-based surveys of gambling behaviour. As the instruments tend to capture different types of people, using both together, better reflects the broader range of issues associated with problematic gambling. The first of these is based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV) and the second, the Problem Gambling Severity Index (PGSI),<sup>3</sup> was developed in Canada specifically for use in population based studies. Both instruments have been widely used internationally and were the instruments of choice for the 2007 and 2010 British Problem Gambling Survey. <http://www.scotland.gov.uk/Resource/0043/00434590.pdf>

<sup>101</sup> <http://www.bbc.co.uk/newsbeat/24455559>

advertising gambling, and of aggressive marketing campaigns to encourage people to play on FOBTs.

Many interview respondents felt that FOBT use was more harmful than other forms of gambling. The reasons for this were that FOBTs were easily accessible, and that large amounts of money could be spent very quickly on them. However, other respondents also felt that problem gamblers would continue to gamble until they had no money left to spend. Many respondents who had had problems had tried many different forms of gambling.

It is also important to ensure that appropriate services are in place for those who have problems with gambling. Currently, GamCare provide online counselling for residents in the Liverpool City Region, with face to face counselling available in Manchester/Salford. The National Problem Gambling Clinic (NPGC), in London, also provides online support for those who find this more convenient than travelling to London. Several interview respondents said that there was a need for local, easily accessible, face-to-face counselling available locally, and that they would be more likely to access this than online counselling. In April 2014, as this report was going to press, Beacon Counselling Trust<sup>102</sup>, a Liverpool based registered charity, launched a free one to one counselling service for problem gamblers and their families in the North West, in association with GamCare. Due to the timing of this, it was not possible to conduct interviews with staff or gamblers at this organisation, although there is a need for GamCare, or for relevant public health professionals, to evaluate its impact.

The NPGC is currently the only NHS facility offering specific services for problem gamblers, but perhaps there is a role for local Mental Health Trusts to also offer support.

In addition, support that respondents had received from Gamblers Anonymous was rated positively. However, because Gamblers Anonymous is run by volunteers, meetings are held in areas where volunteers are available to do this, and in areas where an appropriate venue is available. Whilst meetings are held 7 nights a week in the Liverpool City Region, the majority of these are held in the Liverpool area, rather than in other districts. In addition, support for families of gamblers was only available where GA had the capacity to do this. Several respondents felt that they would be more likely to ask for support from someone in a paid role, rather than volunteers who were juggling supporting other members with a full time job elsewhere. Although GA are unable to take donations from the public, it was suggested that GA could possibly use NHS premises to run groups, which would cut down on accommodation costs.

Many interview respondents, both problem gamblers and staff, mentioned the impact of problem gambling on families and carers of the person who had gambling problems. Therefore, support for families is also an important priority. Although some support for families already exists, e.g. through GamCare, NPGC and at some GA meetings, there is still a need to ensure that easily accessible support for families is available, and that face to face counselling is available if families would prefer it. The NPGC are hoping to launch a manual on treatment and support for the families and carers of problem gamblers later in 2014. Although only a relatively small number of local authority employees who completed the online survey reported an impact on family life, job, training/education or housing, almost half of these (n=11) also reported an impact on family life.

The data collected by the Licensing Offices (section 5.2) appears to show that the gambling industry are putting procedures in place to tackle problem gambling. For example, LBO staff were asked if the licensee had put in place policies and procedures for customer interaction, where they have concerns that a customer's behaviour may indicate problem gambling. 97% said yes, with only 3% saying no, although data was not collected on what these policies and procedures were. In addition, interview respondents felt that that there may be a difference between these procedures being in place, and staff actually feeling able to tackle customers about problem gambling in practice, particularly young

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<sup>102</sup> <http://beaconcounsellingtrust.co.uk/>

staff, who may be working alone. Similarly, 99% of staff said that information (usually leaflets or posters) was readily available to customers on how to gamble responsibly, and seek help in respect of problem gambling. However, interview respondents who had had problems had not always been aware of this information, with several respondents saying that it should be displayed more prominently.

Interview respondents reported a wide range of financial impacts due to gambling. Several people mentioned debts running into tens of thousands of pounds. People initially got loans etc, but found that they couldn't get credit so ended up borrowing from family etc, taking payday loans, borrowing from loan sharks, and ending up on Debt Recovery Plans or Debt Relief Orders. People reported 'juggling' money, making minimum payment on credit cards etc, with a large proportion of salary going on repaying debts. Figures from the NPGC also show that the average debt for patients seen is around £15,000<sup>103</sup>. Several respondents felt that tighter regulation of money lending may be necessary, in order to prevent people from borrowing more than they can afford to pay back. From 1<sup>st</sup> April 2014, the Financial Conduct Authority (FCA) takes over regulation of consumer credit<sup>104</sup>, and will have stronger powers than its predecessor, the Office of Fair Trading. The impact of this change on gambling debts should be evaluated.

During the course of the research, the working group identified other areas where further interviews would enhance understanding, e.g. interviews with primary care staff<sup>105</sup>, interviews with families of problem gamblers. It was not possible to increase the scope of our project due to time constraints, but future research in this area would be beneficial.

As this report was about to be published in April 2014, the Government announced a number of safeguards around FOBT use<sup>106</sup>. Under the new regulations, betting shops will be subject to a separate planning class. Players who want to bet more than £50 at once will have to pay over the counter before they do so, which means that they will have to interact with betting shop staff, and this will allow for intervention if necessary. Large bookies will have to offer customers accounts so that activity can be tracked and monitored. However the Government did not lower the maximum amount players can stake in one go, which remains at £100. It will be necessary to evaluate the impact of any changes, to examine their effectiveness in tackling problem gambling<sup>107</sup>.

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<sup>103</sup> Taken from a presentation given by Dr. Henrietta Bowden-Jones at the Public Policy Exchange event on 26<sup>th</sup> February 2014: Reducing the Harm Associated with Problem Gambling: The Role of Local Government.

<sup>104</sup> <http://www.bbc.co.uk/news/business-26382481>

<sup>105</sup> GP's can screen those people deemed as high risk (such as those presenting with psychosomatic symptoms, other psychiatric disorders including substance misuse, depression and anxiety spectrum disorders and those reporting financial problems) for problem gambling, using a variety of tools, to signpost them to the appropriate services (discussed more in this paper by Sanju & Gerada 2011)<sup>105</sup>

<sup>106</sup> [www.legislation.gov.uk/ukpga/2005/19/contents](http://www.legislation.gov.uk/ukpga/2005/19/contents)

<sup>107</sup> <http://www.telegraph.co.uk/finance/newsbysector/retailandconsumer/leisure/10798552/Paddy-Power-hits-out-at-Government-curbs-on-betting-shops.html>

## Section 7 –Recommendations

The following recommendations have been produced based upon the national and local evidence, as well as best practice of what is effective in tackling problem gambling.

### 7.1 Recommendations for local government

- Provide/promote education on problem gambling in schools through Personal, Social and Health education (PHSE)
- Include problem gambling in suicide action plans
- Evaluate the local impact of Gambling Protection and Controls, launched April 2014
- Ensure enforcement of revised codes of practice (LCCP) launched March 2014
- Explore the possibility of commissioning brief intervention training for front line professionals, across health, housing, one stop shops, social care etc.
- Ensure clear referral pathways are in place to other agencies, including the voluntary sector, and explore links between gambling and other issues such as domestic violence
- Lobby national Government to;
  - Introduce a membership scheme for people who use Licensed Betting Offices, similar to those used in casinos.
  - Decrease the maximum stake on FOBTs
  - Evaluate the impact of Gambling Protection and Controls, launched April 2014, and the impact of changes to consumer credit introduced in April 2014
  - Introduce uniform national policies such as policies on vulnerable adults and positioning of responsible gambling materials
  - Commission an independent review on the impact of advertising gambling
  - Decrease the maximum stake on scratchcards
  - Increase the age that scratchcards can be purchased from 16 to 18
  - Ensure problem gambling is included in the curriculum for those undergoing medical training, nurse training and allied health professional training

### 7.2 Recommendations for commissioners/NHS Trusts

- Explore the provision of holistic, easily accessible, local services for people who have problems with gambling, including face to face support
- Consider provision of regional problem gambling clinics
- Commission or provide screening brief interventions for people who have gambling problems, and brief intervention training for front line professionals across health, housing, one stop shops, social care etc.
- Health and Wellbeing Boards to allocate a lead on problem gambling
- Commission or provide screening and
- Ensure clear referral pathways are in place to other relevant agencies, including the voluntary sector.

### Recommendations for Public Health England Cheshire and Merseyside

- Establish advertising campaigns to raise awareness about problem gambling and of warning signs, and about where local residents can go to for support

### Recommendations for drug and alcohol service providers, NHS Trusts and other relevant service providers

- Ask about gambling issues during initial assessment, or on admission, as well as subsequent assessments – see suggested questions in Appendix 8
- Record numbers of people who have problems with gambling, in order to obtain a clearer picture of people at risk from gambling locally
- Offer brief interventions for people who have problems with gambling, or refer to other support agencies as appropriate

### 7.3 Recommendations for the gambling industry.

- Identify measures to make it easier for people to self-exclude, e.g. by ensuring that if someone self-excludes from one branch of a betting shop, they cannot use other betting shops within the same chain
- Ensure that literature on GamCare (including contact numbers) and other support material is in clear view of clients
- Display the time that someone has been playing for on FOBTs
- Ensure that all incidents of crime or violence in connection with FOBT use are recorded
- Industry to share available data on gambling behaviour, in order for researchers and health professionals to assess the impact of gambling on health
- Through the Responsible Gambling Trust, provide easily accessible local services for people who have problems with gambling, including face to face support
- Evaluate the impact of the Association of British Bookmakers' Code of Conduct, published March 2014, of LCCP amendments, and of the regulations launched on April 30<sup>th</sup> 2014

### 7.4 Recommendations for further research

- Conduct interviews with primary care staff on problem gambling and FOBT use
- Conduct research specifically into gambling on the internet, including smart phone applications
- Ensure that robust research is available on the amount currently being spent on FOBTs in each local authority area, and the groups/communities who are most at risk from harm from FOBT use
- Collect contextual data on Licensed Betting Offices, in addition to data on financial transactions – including layout of the shop, demographics of the local area, or time of day that they are used more frequently, in order to see how this influences gambling behaviour
- Carry out further research on the needs of gamblers who are still functioning in their daily lives, and will not be seen by services, but are playing to excess
- Conduct further work into gambling as 'normalised' in the culture of England



## **Section 8- Conclusion**

In conclusion, reasons for problem gambling are often multi-factorial, and are very varied. Tackling problem gambling and problematic FOBT use requires a co-ordinated response from local and national government, from the NHS, and from the gambling industry, as well as commissioners and those who provide support services. It is also important to ensure that appropriate services are in place for those who have problems with gambling.

## Section 9 - References

The Gambling Commission: <http://www.gamblingcommission.gov.uk/default.aspx>

Gambling commission report (referred to in the PID)

<http://www.gamblingcommission.gov.uk/pdf/LCCP%20consolidated%20version%20-%20December%202011.pdf>

## Appendix 1 - Pro forma for Licensed Betting Offices\*

A FOI request was also submitted to the Gambling Commission on 11<sup>th</sup> Sept. 2013, requesting the same information. However, the Gambling Commission only hold National Statistics for larger bookmakers, and information for smaller bookmakers can't be disclosed as it is commercially sensitive.

Please provide information for your organisation, collated for Liverpool, Sefton, Knowsley, Halton, St Helens, Wirral. Please provide information for financial years 2010-11, 2011-12, 2012-13 if possible.

Name of organisation.....

Total Gross Gambling Yield for each LA area?

Total Gross Gambling Yield on Fixed Odds Betting Terminals for each LA area?

Total Gross Gambling Yield on Over the Counter betting for each LA area?

Numbers of gamblers self-excluding in each LA area?

How does your organisation identify problem gamblers?

Do your organisation have a written policy on problem gamblers?

Does your organisation have any literature that can be given out to problem gamblers?

Do the staff in betting shops have any training around problem gambling? Please provide information about this, e.g. type of training offered, numbers of staff attending in financial year 2010-11, 2011-12, 2012-13 etc.

**Thank you for your time.**

## Appendix 2- The Freedom of Information request

The Freedom of Information request returned the following information on 3rd October 2013:

- 1. Please state the Gross Gambling Yield from B2 gaming machines / over the counter for each betting shop** The largest five betting operators account for approximately 85% of the betting market in Great Britain. They report Gross Gambling Yield (GGY) for gaming machines and over the counter betting but they do so for their entire estate. We do not hold the data broken down to a premises level. Licensing Authorities are responsible for maintaining accurate and up to date information on licensed premises. Given our reliance on Licensing Authorities to provide information on licensed premises, we cannot guarantee the accuracy of this data. This register provides the premises that we have been notified of as being active within different Licensing Authorities. As of 27/9/13 there were 244 licensed betting premises on the database which relate to the geographical areas you are interested in, 198 of which are operated by the largest five betting operators so we would be unable to provide any figures for these premises. Of the remaining 46, there are 18 operators, 13 of which operate a single site. We only provide aggregated figures around GGY as this information is commercially sensitive and is submitted to the Commission in confidence. Given the small number of operators and premises, we would not be able to provide these figures in an anonymised format and it will therefore not be provided. This information is exempt from disclosure under sections 41 and 43 of the Freedom of information Act 2000 (FOIA). This is explained in the attached document.
- 2. Please state numbers of gamblers self-excluding within each of these areas: Liverpool, Sefton, Knowsley, Halton, St Helens, and, Wirral, in 2010-11, 2011-12, 2012-13.** Given the nature of the data we hold, we are unable to provide any accurate figures for self-exclusions by geographical areas as we do not collect the data on a premises level but in relation to an operator's entire estate.
- 3. Does the Gambling Commission provide any training for bookmakers or betting shops around problem gambling? If so, please state what training is provided. Please state number of courses, type of courses, and how many people attended courses in the financial years 2010-11, 2011-12, 2012-13.** The Commission does not provide training directly to operators around problem gambling. Operators are required to have and put into effect policies and procedures intended to promote socially responsible gambling. Compliance with this licence condition is monitored by the Commission.
- 4. In the calendar years 2010-11, 2011-12, 2012-13, how many premises within Liverpool, Sefton, Knowsley, Halton, St Helens, and, Wirral, operated Fixed Odds Betting Terminals (FOBTs).** The Commission does not hold this breakdown. Operators report the average numbers of machines they make available during a reporting period. Again, this is provided for an operators whole estate rather than on a premises level. The average number of gaming machines made available in the betting sector is available in the Commission's Industry Statistics document.

## Appendix 3 – Licensing Officer Visits

Additional questions were added to a pro forma covering mandatory requirements.

### Inspection Record Betting Premises

Premises name and address	
Premises person(s) present	
Position	
Authorised Officer(s)	
Signature of Authorised Officer(s)	
Date and time of the assessment	

	Premises licence condition	Correct	Incorrect	Evidence
1	Summary of the terms and conditions of the premises licence shall be displayed in a prominent place within the premises (mandatory condition – SI 2007 / 1409).			
2	The layout of the premises shall be maintained in accordance with the plan (mandatory condition - SI 2007 / 1409).			
3	The premises shall not be used for the sale of tickets in a private lottery or customer lottery or the sale of tickets in any other lottery (the National Lottery) in respect of which the sale of tickets on the premises is otherwise prohibited (mandatory condition -			

	<b>Premises licence condition</b>	<b>Correct</b>	<b>Incorrect</b>	<b>Evidence</b>
	SI 2007 / 1409).			
4	A notice stating that no person under the age of 18 is permitted to enter the premises shall be displayed in a prominent place at every entrance to the premises (mandatory condition - SI 2007 / 1409).			
5	Access to the premises shall be from a street or from other premises with a betting premises licence. Apart from this there must be no direct access between the premises and other premises which are used for the retail sale of merchandise or services (mandatory condition - SI 2007 / 1409).			
6	The premises shall not be used for any purpose other than for providing facilities for betting apart from anything permitted under the Gambling Act 2005 and having an ATM, permitted visual/sound apparatus and permitted publications (mandatory condition - SI 2007 / 1409).			
7	Any ATM made available for use on the premises shall be located in a place that requires any customer who wishes to use it to cease gambling at any gaming machine in order to do so (mandatory condition - SI 2007 / 1409).			
8	No apparatus for making information or other material available in the form of sounds or visual images may be used on			

	<b>Premises licence condition</b>	<b>Correct</b>	<b>Incorrect</b>	<b>Evidence</b>
	<p>the premises, except for apparatus used for the following purposes:</p> <p>a) Communicating information about, or coverage of, sporting events, including -</p> <p>(i) information relating to betting on such an event; and</p> <p>(ii) any other matter of information, including an advertisement, which is incidental to such an event;</p> <p>b) Communicating information relating to betting on any event (including the result of an event) in connection with which betting transactions may be or have been effected on the premises</p> <p>(mandatory condition - SI 2007 / 1409).</p>			
9	<p>No publications, other than racing periodicals or specialist betting publications, may be sold or offered for sale on the premises (mandatory condition - SI 2007 / 1409).</p>			
10	<p>No music, dancing or other entertainment shall be provided or permitted on the premises, save for entertainment provided via the sound / visual apparatus referred to above (mandatory condition - SI 2007 / 1409).</p>			
11	<p>No alcohol shall be permitted to be consumed on the premises at any time during which facilities for gambling are being provided on the premises. A notice to this effect shall be displayed at every entrance to the premises in a prominent place (mandatory condition - SI 2007 /</p>			

	<b>Premises licence condition</b>	<b>Correct</b>	<b>Incorrect</b>	<b>Evidence</b>
	1409).			
12	A notice setting out the terms on which customers are invited to bet on the premises shall be displayed in a prominent place on the premises to which customers have unrestricted access (mandatory condition - SI 2007 / 1409).			
13	Hours of operation – No facilities for gambling shall be provided on the premises between the hours of 10pm on one day and 7am on the next day (default condition - SI 2007 / 1409).			
14	Additional premises licence conditions attached by the licensing authority:  Note: where a condition is attached to a premises licence to require door supervisors, if the Private Security and Industry Act 2001 means that they must be SIA registered then that also becomes a condition of the premises licence (GA05 Section 178).			

	<b>Gambling Act 2005 legislation (GA05)</b>	<b>Correct</b>	<b>Incorrect</b>	<b>Evidence</b>
15	Gaming machines permitted: total of 4 gaming machines which can be Category B2, B3, B4, C and D (i.e. 4 of either Category or a mix up to a total of 4) (GA05 Section 172 and SI 2007 / 2158).  Category B2 = £100 stake / £500 money prize  Category B3 = £2 stake / £500			



	<b>Gambling Act 2005 legislation (GA05)</b>	<b>Correct</b>	<b>Incorrect</b>	<b>Evidence</b>
	<p>money prize</p> <p>Category B4 = £1 stake / £250 money prize</p> <p>Category C = £1 stake / £70 money prize</p> <p>Category D = 10p stake / £5 money prize or 30p stake / £8 non-money prize or 10p stake / £8 prize of which £5 maximum is money.</p> <p>Note: stakes may be paid by cash or non-cash forms of payment, except that credit cards cannot be used directly or indirectly to pay for any gaming machine use and debit cards may only be used as an indirect form of payment e.g. to purchase a token or smart card that is subsequently put in the machine</p> <p>(SI 2007 / 2158 and SI 2007 / 2319).</p> <p>Licensing Officers may also wish to familiarise themselves with SI 2007 / 2319 and SI 2007 / 2320 which include requirements that gaming machines display:</p> <ul style="list-style-type: none"> <li>• what category it is?</li> <li>• the name and telephone number for assistance with problem gambling</li> <li>• that the machine is not to be used by child / young person unless it is a category D</li> <li>• the % return to player.</li> </ul>			
16	<p>Premises licence shall be kept on the premises and available on request by police, enforcement officer or authorised local authority officer (GA05 Section 185).</p>			

	<b>Protection of Children &amp; Young Persons</b>	<b>Correct</b>	<b>Incorrect</b>	<b>Evidence</b>
17	<p><b>Protection of Children &amp; Young Persons</b> - Offence if invite, causes or permit a person under 18 to gamble (GA05 Section 46).</p> <p>Offence if invites or permit a person under 18 from entering premises where the premises licence has effect (GA05 Section 47).</p>			
18	<p>Does the licensee have and put into effect policies and procedures designed to prevent underage gambling? (SRCP 2.2). Things to consider and evidence:</p> <ul style="list-style-type: none"> <li>• Are checks of age carried out on apparently underage customers?</li> <li>• Is service refused to adults accompanied by a child or young person?</li> <li>• Is only suitable ID accepted?</li> <li>• Is there an awareness of the legal requirements on returning stakes and not paying prizes to underage customers?</li> <li>• Does the licensee undertake internal "test purchase" exercises?</li> </ul>			
	<b>Protection of Children &amp; Young Persons</b>	<b>Correct</b>	<b>Incorrect</b>	<b>Evidence</b>
19	<p>Offence if employ:</p> <ul style="list-style-type: none"> <li>• a person under 18 to provide facilities for gambling (GA05 Section 51)</li> <li>• a person under 18 to perform any function on the premises</li> </ul>			

	<p>where gaming machines are sited or in connection with a gaming machine (GA05 Section 54)</p> <ul style="list-style-type: none"> <li>a person under 18 to perform any function on the premises where a betting premises licence has effect and where the gambling activity is being carried on (GA05 Section 55).</li> </ul>			
	<b>Social Responsibility Code Provisions (SRCP)</b>	<b>Yes</b>	<b>No</b>	<b>Evidence</b>
20	Licensees may only accept credit cards for gambling where the payment is made into a customer account and funds are only made available for gambling when the card issuer has approved the transaction (SRCP 2.7).			
21	<p>Does the Licensee have full rules available that set out the core elements for the acceptance and settlement of bets? (SRCP 3). Things to consider and evidence:</p> <ul style="list-style-type: none"> <li>Within the rules is prominence given to voiding, late bets and maximum payouts?</li> </ul> <p>Are customers issued with a betting slip that includes the licensee's name and contact details?</p>			
22	Are the terms and conditions of any customer incentive or reward schemes clearly set out and readily available to customers? (SRCP 4).			
23	Are you aware of any customers that may have gambling problems?			
24	If yes, what type of betting do these customers usually undertake? Please specify.			
25	Have you ever experienced problems in relation to these customers?			

26	Have you ever stopped a customer/problem gambler from placing bets or using Fixed Odds Betting Terminals?			
	<b>Social Responsibility Code Provisions (SRCP)</b>	<b>Yes</b>	<b>No</b>	<b>Evidence</b>
27	Does your organisation have any literature that can be given out to problem gamblers?			
28	<p>Is information readily available to customers on how to gamble responsibly and seek help in respect of problem gambling? (SRCP 2.3). Things to consider and evidence:</p> <ul style="list-style-type: none"> <li>• Is information displayed prominently on posters appropriate to the size and layout of the premises?</li> <li>• Is information contained in leaflets that may be taken away?</li> <li>• Can information be obtained by customers discreetly?</li> </ul>			
29	<p>Has the licensee put into effect policies and procedures for customer interaction where they have concerns that a customer's behaviour may indicate problem gambling? (SRCP 2.4). Things to consider and evidence:</p> <ul style="list-style-type: none"> <li>• Are employees trained in recognising types of behaviour that may be indicative of problem gambling and who is designated to deal with problem gambling issues?</li> <li>• Is the licensee able to evidence that customer interaction has been undertaken in appropriate circumstances?</li> </ul>			

30	<p>Does the licensee have and put into effect procedures for self-exclusion? (SRCP 2.5). These procedures must include:</p> <ul style="list-style-type: none"><li>• Employee training to ensure the system is enforced</li><li>• A register of those excluded with appropriate records (i.e. name, address)</li><li>• Photo ID (where available and if enforcement of the system is dependent upon it) and a signature</li><li>• The removal of those persons found on the premises.</li></ul>			

	<b>Social Responsibility Code Provisions (SRCP)</b>	<b>Yes</b>	<b>No</b>	<b>Evidence</b>
31	Has the licensee ensured that employees involved in the provision of facilities for gambling are made aware of advice on socially responsible gambling and where to get help should their own gambling become hard to control? (SRCP 6)002E			
32	Have the premises employees been sufficiently trained in the social responsibility code provisions and was any such training evidenced via logs/records?			
33	Does the business hold a policy on vulnerable adults?  Please evidence.  Does the premises hold a vulnerable adult barring register?  If yes, please evidence.  How often is the register used?  Officer inspection.			
34	Can the licensee evidence a commitment to and contribution towards research, education and treatment related to problem gamblers? (SRCP 2.1). For national/regional operators, compliance may be evidence via communication at a corporate level.			
35	Has the licensee put into effect a written procedure for handling customer complaints and disputes? (SRCP 5) Things to consider and evidence:			

	<ul style="list-style-type: none"> <li>• Are customers told the name and status of the person to contact with a complaint?</li> <li>• Are customers given a copy of the procedure on request or on making a complaint?</li> <li>• Does the licensee have arrangements in place for disputes to be referred to an independent third party?</li> </ul>			
36	Based on the above inspection is the officer satisfied that there is adequate support for management and staff to deal with customers identified as having potential gambling problems, e.g. literature, information, code of practice, other?			

## **Appendix 4 - Interviews with people who are using services for those with problem gambling, and the staff who work with them**

*Interviews lasting 30-45 minutes*

### **Interviews with staff who provide services for those who have problems with gambling**

What services does your organisation provide?

Who is the service aimed at?

Where are referrals taken from/what areas do you cover?

What do you think the reasons for problem gambling are?

What impact, if any, do you think that gambling has had on the family life/relationships/ employment/ education and training opportunities/accommodation of the people who you work with?

What sort of support is most useful for people who have problems with gambling?

Do you think that some forms of gambling cause more difficulties than others?

What additional support do you think needs to be in place for people who have problems with

gambling? Do you think there is sufficient support for LBO staff who have problems with gambling?

What additional measures need to be in place to prevent gambling becoming a problem (e.g. limiting amount of betting shops etc).

### **Interviews with people who are using services for those with problem gambling**

What difficulties have you had with gambling (participants' lived experiences)

Do you think that some forms of gambling cause more difficulties than others?

What brought you to this organisation?

What sort of support have you had from this organisation?

Do you receive any other support from other organisations?

What support has been the most useful?

What additional support would have helped you?

What impact, if any, do you think gambling has had on your family life/relationships/ employment/ education and training opportunities/accommodation?

What additional measures need to be in place to prevent gambling becoming a problem (e.g. limiting amount of betting shops etc).



## Appendix 5 – Online Survey for Local Authority Staff on FOBT use

Merseyside Directors of Public Health have asked the University of Liverpool to find out more about Fixed Odds Betting Terminal (FOBT) use in the Liverpool City Region. These are the electronic, roulette/fruit machine units that are in most betting shops/arcades etc. We would be very grateful if you would complete this survey, which will take less than 10 minutes to complete. Results will be anonymised, so nobody will know who gave which answer. Thank you for your time.



1. Gender      Male  
                    Female

2. What is your annual pro-rata salary, before tax?

Less than £10,000  
£10,001-£20,000  
£20,001-£30,000  
£30,001-£40,000  
More than £40,000

3. Do you use, or have you ever used, Fixed Odds Betting Terminals? (FOBTs)?

Yes  
No

If NO, there are no further questions- please click the button that says 'Done' at the bottom of the page. Thanks you for your time.

If YES please go to questions 4.

4. If YES, which games did you play?

Roulette  
REEL games  
Bagatelle  
Other – please state

5. If YES, how often do you use FOBTs?

More than once a day  
Most days  
Once or twice per week  
Once or twice per month  
Less than once a month

6. If YES, what time of day do you use FOBTs?

Morning  
Afternoon  
Evening (after 6)  
Don't know

7. If YES, how much do you spend per week, on average, on FOBT use?

Less than £10  
£11-£30  
£31-50  
£51-70  
£71-90  
More than £90

8. If YES, what is the largest amount that you have won on FOBTs in one session?

9. If YES, what is the largest amount that you have lost on FOBTs in one session?

10. Do you want to reduce the amount that you use FOBTs?

Yes

No, I am happy with my current use

N/A - I don't use FOBTs

11. Has your FOBT use ever had any negative impact on the following (click all that apply)?

Relationships with partner/family

Jobs/career

Training/education

Housing

Family/relationships

Other (please state)

No

12. Have you ever had to use any of the following as a result of your FOBT use?

Overdraft

Payday loans

Loan from friends

Pawn brokers,

Cheque cashing services

Family/relationships

None of the above

Other - please specify.

13. Have you ever used any services to help you reduce your FOBT use?

Gamblers Anonymous,

CAB,

Debt Advice Agencies,

NHS mental health services

Other NHS services

None of the above

Other, please specify

14. If you have used services in connection with your FOBT use, how easy did you find them to access- with 5 being easy to access and 1 being very difficult to access. Please leave blank if you never used any services in connection with your FOBT use.

1

2

3

4

5

15. If you have used services to help with FOBT use, how well did you find that they met your needs, with 1 being very well, and 5 being not at all? Please leave blank if you never used any services in connection with your FOBT use.

1

2

3

4

5

If you feel that you need help with issues relating to problem gambling, please visit [www.gamblersanonymous.org.uk](http://www.gamblersanonymous.org.uk) to find details of support groups in your area. Alternatively, a referral to your local Occupational Health Team can be made through your line manager.

## **Appendix 6 – Ethical approval and other approval**

Sponsorship from the University of Liverpool was obtained. The project was approved by Lancaster NHS REC. The project was approved by Cheshire and Wirral Partnership NHS Foundation Trust, who are the lead NHS Trust for the project. The NHS sites approved for recruitment were Cheshire and Wirral NHS Partnership Trust, and the National Problem Gambling Clinic in London. Non-NHS sites included a range of support organisations, including CAB, debt advice agencies etc – written permission was obtained from organisations who were involved in recruiting participants for interviews, and for the online survey. Participants were also recruited via an advert in the Liverpool Echo, as well as word of mouth. Agreed questions for the online survey were distributed to Local Authorities via Directors of Public Health.

## Appendix 7: Portfolio Briefing, Knowsley

Cath Taylor, Health and Regeneration Officer, Stuart Barnes, Head of Planning

Cath Taylor, as Health and Regeneration Officer for Knowsley, and Stuart Barnes, Head of Planning, produced a portfolio briefing on betting shops and gambling in Knowsley.

Date: 30 October 2012

### Betting shops and gambling in Knowsley

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#### 1. Introduction

1.1 Following the Gambling Act 2005<sup>108</sup>, Local Authorities have had reduced powers to reject applications for new betting shops on local high streets. There is concern around the increasing numbers of outlets opening, particularly in poorer areas, which is potentially fuelling problem gambling and associated problems. This concern was also raised by Elected Members in Knowsley at a recent Overview and Scrutiny Board meeting. This briefing note provides information in relation to: -

- Issues and evidence associated with betting shops and gambling
- Numbers of betting shops in Knowsley and evidence of impact
- Potential strategies to tackle issues raised by betting shops

#### 2. Issues and evidence

2.1 Recent evidence shows that the number of betting shops on Britain's high streets has risen by 15 per cent over the past three years<sup>109</sup>. This rise in numbers of outlets, along with online forms of gambling, is felt to be contributing to increased problem gambling. Evidence suggests that there may be as many as 250,000 problem gamblers in the UK<sup>110</sup>. In addition, there is increasing concern that betting shops are taking advantage of low rents and opening new outlets in some of the poorest communities, encouraging gambling by those who can least afford to spend<sup>111</sup> and undermining the vibrancy of high streets<sup>112</sup>. Prior to the 2005 Gambling Act, Magistrates could take into account demand in the area for a betting shop. Under the Gambling Act 2005 this "demand test" was removed. This means that there are very limited grounds on which a local authority can refuse a license. Only very strong concerns about demonstrable impact on crime and disorder, damage to children or gambling criminality can be grounds for refusing an application. This gives local authorities no defence against unreasonable proliferation.

#### Using the Sustainable Communities Act 2007 (from Hackney briefing document)

The Act enables local authorities to put forward proposals which they consider would contribute to promoting the sustainability of local communities. Proposals are put to the Local Government Association by 31 July 2009 and it acts as the 'Selector', producing the short list to go to central government for agreement. The Secretary of State then decides which proposals will be implemented and produces an action plan. The expectation is that the Act could be used to address perceived deficiencies relating to 'local consideration' which exists within the local authority's licensing and planning regulatory framework. New powers under the Act could maximise the opportunity for greater local control over place shaping and could serve to limit any negative impact caused by an over concentration of, for example, betting shops in a particular area. The tests for proposals under the Act

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<sup>108</sup> HM Government of Great Britain. Gambling Act. 2005. Available at <http://www.legislation.gov.uk/ukpga/2005/19/contents>

<sup>109</sup> Sarah Townsend (Friday, 01 July 2011) *Haringey seeks control over bookie numbers*, from [http://www.planningresource.co.uk/Development\\_Control/article/1078150/haringey-seeks-control-bookie-numbers/](http://www.planningresource.co.uk/Development_Control/article/1078150/haringey-seeks-control-bookie-numbers/)

<sup>110</sup> NHS (2011) *Gambling addiction*, from <http://www.nhs.uk/Livewell/addiction/Pages/gamblingaddiction.aspx> (accessed 13th Oct 2011)

<sup>111</sup> Local Government Association (2008) <http://www.lga.gov.uk/lga/core/page.do?pagelid=1083651> (accessed 13<sup>th</sup> Oct 2011)

<sup>112</sup> Planning Portal (19th April 2012) 'Clustering' campaign gathers momentum, accessed from [http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412\\_4](http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412_4) (accessed 26th Oct 2012)

will include the quality of the consultation carried out, the impact on sustainability and whether the proposal is outside of existing powers or requires action by government (e.g. can barriers at a national level be overcome or can the proposal be achieved with existing powers?). The test also requires applicants to demonstrate that the proposal is viable and that there would be evidence of local benefits. The guidance states that the Department will be looking for proposals which promote sustainability and are specific about what barriers need to be removed. The proposals also need to clarify that the Act is not being used as a route to seek additional resources.

2.2 Betting shops have changed their format over recent years with many featuring Fixed Odds Betting Terminals (FOBTs). Research suggests that these are a highly addictive; 'more risky' form of gambling, which is attracting a different type of person, mainly young males from ethnic minority groups<sup>113</sup>.

2.3 In addition to issues with gambling addiction, betting shops are also associated with a number of other environmental, social and health issues. Many gambling addicts are also addicted to alcohol, and suffer higher rates of depression and attempted suicide (double the national average). Addiction can lead to criminal activity, most likely theft and fraud, and can force consumers to approach illegal money lenders, loan sharks and unregulated debt management companies.

2.4 Issues associated with betting shops are summarised below:

- Encourage higher levels of gambling and addiction in some cases.
- Location of betting shops within deprived<sup>114</sup> areas encourages gambling by those who can least afford it.
- Newer forms of gambling within betting shops target vulnerable groups e.g. young people
- Increases risk of associated problems;
  - Alcohol addiction
  - Debt and therefore the use of illegal money lenders
  - Criminal activity e.g. theft and fraud
  - Poor mental health e.g. depression and suicide
- High prevalence of violence against staff within premises.

### 3. Issues in Knowsley

3.1 There are currently 45 betting shops in Knowsley. 39 of these were in existence when the Gambling Act 2005 came into force in 2007. Since then there have been 6 new applications, including 2 in 2012 (1 in vacant premises in Kirkby Town Centre and 1 in the new Halewood Shopping Centre).

3.2 There is very little information surrounding the extent of problem gambling in Knowsley. However, there is evidence to support the existence of other negative health impacts of betting shops within the Borough. The Work Retail Violence Initiative is run by Knowsley and Merseyside Police who work with a number of betting shops to reduce the number of armed robberies and incidents of violence to staff and customers. Officers provide advice to the businesses and if necessary can serve improvement notices through the Health and Safety at Work Act where they are not fulfilling their duty of care to ensure employee safety.

3.3 The Licensing Enforcement Team also work with representatives from the Gambling Commission to ensure there are no unlicensed gaming machines in the Borough. Licensing Enforcement also feed intelligence into the North West Loan Shark / Illegal Money Lending team, who collate intelligence on the use of illegal money lenders, loan sharks and unregulated debt management companies by consumers.

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<sup>113</sup> British Physiological Society (2011) <http://www.bps.org.uk/news/betting-machines-could-lead-gambling-addiction> (accessed 13<sup>th</sup> Oct 2011)

<sup>114</sup> See email from Alex – Ben Wheeler – NZ has excess of FOBTs in deprived areas

#### **4. Potential strategies to tackle issues raised by betting shops**

- 4.1 Many local authorities are concerned about increasing levels of betting shops on local high streets. In addition, there has been recent media coverage of the issues more locally in Sefton, where three betting shops have opened in Marian Square, Netherton. However, despite this concern there is limited evidence of effective measures to tackle this issue. Planning related tools, which could *theoretically* be used to limit betting shops are described below.

##### *Supplementary Planning Document (SPD)*

- 4.2 An SPD would control permission for the planning Use Class A2 Financial and Professional Services (which includes Betting shops) in certain parts or all of the Borough. However, this particular Use Class also covers banks, building societies, estate agencies and other uses, which would be considered acceptable within shopping areas, and so the SPD would also limit these uses. This would not be a desirable outcome given that such uses are an intrinsic element of many local, district and town centre parades.
- 4.3 In addition, use classes allow a number of permitted changes both within the particular use class (e.g. bank to betting shops), and also between other use classes (e.g. hot food takeaway to betting shops). An SPD could potentially stop a new permission for a betting shop but not a 'permitted' change from another use, thus the SPD would be easy to circumvent and would offer limited control.
- 4.4 Developing an SPD would require evidence gathering around problems with betting shops, and how this is a planning issue i.e. visual impacts, or amenity impacts. There is limited existing evidence to support at present and these impacts are not widely recognised in planning appeal decisions. In addition the resource implications of gathering evidence, developing the SPD and any potential appeals as a result of the SPD should also be considered.
- 4.5 There is no evidence that any SPDs to control betting shops have been adopted or drafted as yet by other Councils.

##### *Article 4 Direction*

- 4.6 Article 4 directions should be used only in exceptional circumstances where evidence suggests that the exercise of permitted development rights would harm local amenity or the proper planning of the area. The order removes permitted development rights, requiring a planning application to be made. In deciding whether an Article 4 direction would be appropriate, local planning authorities would need to identify clearly the potential harm that the direction is intended to address. There is limited evidence within Knowsley that would assist this process and help meet the legal tests to proceed.
- 4.7 In a recent House of Commons Briefing this approach was advocated by Government as a means to tackling issues relating to betting shops<sup>115</sup>. Whilst several areas have considered this, there is no evidence that this has been achieved as yet.

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<sup>115</sup> Barclay, C. (12<sup>th</sup> July 2012) *Planning Use Class Orders*, House of Commons Library, from [www.parliament.uk/briefing-papers/SN01301.pdf](http://www.parliament.uk/briefing-papers/SN01301.pdf), accessed 26th Oct 2012

- 4.8 Similar to an SPD, an Article 4 direction would not just limit bookmakers but limit all A2 uses in an area. The Council would also be required to conduct consultations in each of the areas affected by the order, and may also be liable to pay compensation to businesses whose permitted development rights have been withdrawn and where planning permission is refused for development which previously would not have required planning permission.
- 4.9 In addition, an Article 4 is not designed to prevent a particular use, but to require a planning application for a development that would otherwise be 'permitted development'. Any planning applications for A2 Uses within these areas would still have to be dealt with in line with policy and any decision justified with evidence. There is no policy within the existing UDP which would support this approach to controlling A2 uses and bookmakers in particular, nor is it advocated within the emerging Local Plan. For those planning applications refused the subsequent appeal process and potential award of costs should be considered as a significant risk.

#### *Use-classes Consultation*

- 4.10 The use of both the above measures are dictated to some extent by the Use-classes Order. The Government has recently consulted on proposed changes to this system, and proposed changes designed to allow more flexibility, reducing the requirement for planning permission in order to promote economic growth. Whilst the outcome of this process is not yet known, it is likely that the controls currently in place would be reduced further. This is in direct contrast to one of the recommendations from the recent Portas Review which advocated for betting shops to have their own use class similar to hot food takeaways<sup>116</sup>, making the implementation of control measures much easier.

#### *Planning Appeals*

- 4.11 Some anecdotal evidence from other authorities in relation to planning appeals for betting shops suggests Planning Inspectors gave limited weight to the negative impacts and perceptions of betting shops, and even within town centre primary retail frontages (where policy restricted the number of non-retail uses). However, Inspectors did consider the potential for these betting shops to draw custom and footfall for longer opening hours and therefore recognised their potential positive value. On each occasion the appeals were allowed.
- 4.12 On a local level, this issue was discussed at the October 2012 meeting of the Local City Region District Planning Officers. Although it was recognised that the extent of the issue varied within each area, no authorities were proposing any action from a planning perspective. In particular, Sefton confirmed that whilst this issue had been discussed in detail with the Chair of Planning, there was no intention to take this further in the form of policy or enforcement given the difficulties identified above.

#### *Cumulative Impact policy*

- 4.13 Currently local authorities can use licensing powers to limit the numbers of licenses for alcohol in a specified area under a Cumulative Impact Policy or Zone. There is discussion in some areas that a similar process could be applied to betting shops however, at present the Gambling Act does not allow this<sup>117</sup>. In August 2012, Liverpool City Council announced they

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<sup>116</sup>DLGC (December 2011) The Portas Review: An independent review into the future of our high streets, from <http://www.communities.gov.uk/publications/regeneration/portasreview>, (accessed 26<sup>th</sup> Oct 2012)

<sup>117</sup>The Royal Borough of Kingston upon Thames (Thursday 10 May 2012) *Agenda and minutes - Licensing Committee*, from

would develop a Cumulative Impact Policy to control betting shops in certain areas of the city if legislation was tightened to allow this<sup>118</sup>.

## 5. Conclusion and Recommendations

- 5.1 Despite increasing concern relating to the impact of betting shops on the viability of local high streets, local authorities are currently unable to use the planning or licensing system effectively to control this. There is no evidence of a local authority which has implemented any effective measures to control betting shops as yet.
- 5.2 Despite the above situation, following a 2011/12 Scrutiny Review into the Management of the Council's own shopping parades Cabinet agreed to impose a total ban on any new betting shops in any Council owned shop units.
- 5.3 There is increasing pressure on the Government by a number of organisations to make changes to the Article 4 Direction regime in a bid for more control over betting shops. This includes the Local Government Association which has undertaken an extensive survey of Council Officer and Member views and found over 75% of responders in favour of increased controls<sup>119</sup>. However, this may be in opposition to the Governments plans to increase flexibility within the Use-classes system, the consultation results of which are due out shortly.
- 5.4 If legislative changes were made to allow controlling of betting shops, local evidence would be needed to justify any approach. Potential evidence required may include numbers of outlets and any clustering, evidence of crime or ASB resulting from betting shops and evidence of problem gambling in Knowsley. As mentioned above, this currently does not exist in sufficient detail.
- 5.4 It is proposed that officers: -
- Contact the LGA for an update on the work that it has been undertaking in this area
  - Contact Liverpool City Council with regard to their work on potentially introducing a Cumulative Impact Policy or Zone with a view to assessing the benefits of adopting a City Region approach
  - Continue to monitor changes to planning and other legislation with respect to betting shops
  - Continue to monitor any best practice undertaken by other local authorities
  - Collate relevant local evidence in relation to betting shops which may support future policy changes.

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[http://www.kingston.gov.uk/council\\_and\\_democracy/committeeminutes/moderngov.htm?mgl=ieListDocuments.aspx&Clid=294&Mid=6700](http://www.kingston.gov.uk/council_and_democracy/committeeminutes/moderngov.htm?mgl=ieListDocuments.aspx&Clid=294&Mid=6700) (accessed 26th October 2012)

<sup>118</sup> Liverpool Echo (12<sup>th</sup> August 2012) *Is Liverpool city council's plan to limit the number of betting shops a sensible one? You bet*, from <http://www.liverpoolecho.co.uk/views/our-view/2012/08/22/is-liverpool-city-council-s-plan-to-limit-the-number-of-betting-shops-a-sensible-one-you-bet-100252-31669893/#ixzz2APBCFaJ1> (accessed 26th Oct 2012)

<sup>119</sup> Planning Portal (19th April 2012) 'Clustering' campaign gathers momentum, accessed from [http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412\\_4](http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412_4) (accessed 26th Oct 2012)



**The impact of problem gambling and fixed odds betting terminals in Knowsley : Draft options report. February 2013**

**1. Introduction**

- 1.1 There is growing national concern about the numbers of betting shops on local high streets and the increasing opportunities for gambling within wider. In particular use of Fixed Odds Betting Terminals - a recently developed and highly addictive form of gambling - raises concerns about problem gambling within communities which may already be disadvantaged. Wider concerns involve links to alcohol consumption and addiction, crime and debt.
- 1.2 This report will explore the extent of problem gambling and use of Fixed Odds Betting Terminal (FOBTs) nationally and within Knowsley. It will also consider what other areas have done to tackle this issue, with the aim of establishing similar opportunities for Knowsley Council and partners such as local support services.
- 1.3 It should be noted that this report follows a recent briefing paper prepared by the Public Health Team and DRES (October 2012) in relation to numbers of betting shops within the borough. The briefing explored a number of potential ways to limit new outlets through the use of planning and licensing regulations but concluded that these would currently be ineffective without the introduction of further national legislation. Among other things, the report proposed that officers: -
- Continue to monitor any best practice undertaken by other local authorities
  - Collate relevant local evidence which may support future policy changes.

**2. National issues, evidence and policy**

- 2.1 Recent evidence shows that the number of betting shops on Britain's high streets has risen by 15 per cent over the past three years<sup>120</sup>. This rise in numbers of outlets, along with changing forms of gambling e.g. online and use of Fixed Odds Betting Terminals, is felt to be contributing to increased problem gambling. Evidence suggests that there may be as many as 250,000 problem gamblers in the UK<sup>121</sup>.
- 2.2 The use of Fixed Odds Betting Terminals (FOBTs) are of increasing concern, bringing high speed, high risk, casino-style forms of betting to the high street. These allow players to stake up to £100 on a 20-second spin of the wheel, using payment by cash, credit or debit cards<sup>122</sup>. In January 2013, the Guardian reported that over £5bn was gambled on FOBTs in the 50 areas of the country with the highest unemployment<sup>123</sup>. The figures, produced for Fairer Gambling – a non-profit organisation which campaigns against problem betting – appear to illustrate that bookmakers are targeting the most vulnerable and deprived communities, encouraging gambling by those who can least afford to spend<sup>124</sup>.

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<sup>120</sup> Sarah Townsend (Friday, 01 July 2011) *Haringey seeks control over bookie numbers*, from

[http://www.planningresource.co.uk/Development\\_Control/article/1078150/haringey-seeks-control-bookie-numbers/](http://www.planningresource.co.uk/Development_Control/article/1078150/haringey-seeks-control-bookie-numbers/)

<sup>121</sup> NHS (2011) *Gambling addiction*, from <http://www.nhs.uk/Livewell/addiction/Pages/gamblingaddiction.aspx> (accessed 13th Oct 2011)

<sup>122</sup> <http://www.guardian.co.uk/uk/2013/jan/04/fixed-odds-betting-terminals-poorest-communities?INTCMP=SRCH> (accessed 13<sup>th</sup> Feb 2013)

<sup>123</sup> <http://www.guardian.co.uk/uk/2013/jan/04/fixed-odds-betting-terminals-poorest-communities?INTCMP=SRCH> (accessed 13<sup>th</sup> Feb 2013)

<sup>124</sup> Local Government Association (2008) <http://www.lga.gov.uk/lga/core/page.do?pagelId=1083651> (accessed 13<sup>th</sup> Oct 2011)

- 2.3 The results of the 2010 British Gambling Prevalence Survey showed that adult prevalence of problem gambling had increased in the previous three years<sup>125</sup>. In addition, a relatively high percentage of those who reported playing FOBTs within the last 12 months answered questions about problems related to their gambling which put them above the internationally recognised threshold for 'problem gambling' (9% compared to, for example, 1% for lotteries, between 2% and 3% for scratchcards and bingo, and 4% for other kinds of gambling machine). For those reporting playing FOBTs at least monthly, problem gambling prevalence rose to 13%. However, some suggest that these figures still underestimate the amount of FOBT gambling which constitutes problem gambling, with secondary analysis showing that approximately 23% of all takings from FOBTs (stakes minus payouts) are contributed by people who are above the problem gambling threshold<sup>126</sup>.
- 2.4 Further research shows that gambling machines are largely concentrated in areas where there are more people in lower status occupations and on relatively low incomes, where the population is relatively young (under the age of 35), and where there are higher proportions of ethnic minority groups<sup>127 128</sup>.
- 2.5 The negative impacts associated with problem gambling are wide ranging. Many gambling addicts are also addicted to alcohol and more than half of problem gamblers have co-morbid mental health conditions including substance misuse, mood disorders and anxiety. Problem gambling can contribute to loss of work productivity and potential unemployment<sup>129</sup>, family and relationship breakdown, and child neglect as a result of the debts accrued or a parent's preoccupation with their habit<sup>130</sup>. It can also lead criminal activity - most likely theft and fraud - and can force consumers to approach illegal money lenders, loan sharks and unregulated debt management companies.
- 2.6 In addition, the increasing numbers of betting shops within the high street can also undermine the vibrancy of already struggling shopping areas<sup>131</sup>, having a negative effect on local jobs and growth.
- 2.7 The Gambling Act 2005, which came into force in 2007, currently limits the number of FOBTs to four per shop. There is some suggestion that this is contributing to increasing numbers of betting shops and in July 2012, the Culture Media and Sport Select Committee called for the lifting of this limit. The Department for Culture, Media and Sport has since rejected this and has committed to undertake a review of the evidence around fixed odds betting terminals and problem gambling, and consultation on this is currently open<sup>132</sup>. Organisations such as Gambling Watch UK and Fairer Gambling would like the government to go further by banning

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<sup>125</sup> <http://www.gamblingwatchuk.org/research-new/73-geographical-location-of-gambling-machines> (accessed 13<sup>th</sup> Feb 2013)

<sup>126</sup> <http://www.gamblingwatchuk.org/about-gambling-watch-uk/mission-aims/78-uk-news/106-government-fails-to-deal-with-fixed-odds-betting-terminals-on-high-street> (accessed 13<sup>th</sup> Feb 2013)

<sup>127</sup> <http://www.gamblingwatchuk.org/research-new/73-geographical-location-of-gambling-machines> (accessed 13<sup>th</sup> Feb 2013)

<sup>128</sup> British Psychological Society (2011) <http://www.bps.org.uk/news/betting-machines-could-lead-gambling-addiction> (accessed 13<sup>th</sup> Oct 2011)

<sup>129</sup> Barnes, S. (January 2013), 'The Real Cost of Casinos: A Health Equity Impact Assessment', The Wesley Institute, p. 3

<sup>130</sup> GamCare 'Why should we care?' [http://www.gamcare.org.uk/data/files/Why\\_should\\_we\\_care.pdf](http://www.gamcare.org.uk/data/files/Why_should_we_care.pdf), accessed 13<sup>th</sup> Feb 2013

<sup>131</sup> Planning Portal (19th April 2012) 'Clustering' campaign gathers momentum, accessed from [http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412\\_4](http://www.planningportal.gov.uk/general/news/stories/2012/apr12/190412/190412_4) (accessed 26th Oct 2012)

<sup>132</sup> [http://www.culture.gov.uk/news/news\\_stories/9671.aspx](http://www.culture.gov.uk/news/news_stories/9671.aspx) (accessed 18<sup>th</sup> Feb 2013)

FOBTs from high street betting shops altogether, or reducing the maximum stakes allowed when playing such machines<sup>133</sup>.

- 2.8 In addition the current planning system allows units which once contained banks and building societies to be converted into betting shops without any planning permission. Documents such as the Portas Review calls for planning policy to be tightened to ensure every prospective bookmaker would have to apply for planning permission<sup>134</sup>.

### **3. Knowsley issues and evidence**

- 3.1 Recent evidence collected by Knowsley Environment Health and Consumer Protection Service shows that there are currently 41 betting shops operating in Knowsley. Within these outlets there are at least 137 Fixed Odds Betting Terminals in operation, on which an estimated £147,357,028 was spent between April 2011 and March 2012. In addition it is estimated that gamblers in the borough lost over £4.5m during this period, of which around £1.1m was lost by problem gamblers<sup>135</sup>. Out of the 632 parliamentary consistencies in the UK, the figures compiled by Fairer Gambling show that only 10 other areas have more betting shops than Knowsley and only 31 have higher estimated spending on FOBTs.

- 3.2 There is very little information surrounding the impact of problem gambling in Knowsley.

- 3.3 There is evidence to support the existence of some negative impacts as a result of gambling and prevalence of betting shops within the Borough. The Work Retail Violence Initiative is run by Knowsley Council and Merseyside Police who work with a number of betting shops to reduce the number of armed robberies and incidents of violence to staff and customers. Officers provide advice to the businesses and if necessary can serve improvement notices through the Health and Safety at Work Act where they are not fulfilling their duty of care to ensure employee safety. Since the project started, the number of crimes associated with betting shops have reduced by significantly across the borough.

- 3.4 The Licensing Enforcement Team also work with representatives from the Gambling Commission to ensure there are no unlicensed gaming machines in the Borough. Licensing Enforcement also feed intelligence into the North West Loan Shark / Illegal Money Lending team, who collate intelligence on the use of illegal money lenders, loan sharks and unregulated debt management companies by consumers.

### **4. Tackling issues with FTBOs**

- 4.1 As can be seen above in paragraphs 2.7 and 2.8, there are a number of organisations which are lobbying the government to introduce more stringent controls over betting shops and Fixed Odds Betting Terminals in particular. It is considered that this would be the most effective means of controlling betting shops and tackling the issue of problem gambling<sup>13 14</sup>.

- 4.2 There are some examples of local action to tackle issues with betting shops in general, although these mainly focus around issues of staff safety and as mentioned above, the Knowsley Retail Violence Project is currently running and has seen reductions in local crime relating to betting shops. Other similar schemes include the Safe Bet Alliance which is a

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<sup>133</sup> <http://www.gamblingwatchuk.org/about-gambling-watch-uk/mission-aims/78-uk-news/106-government-fails-to-deal-with-fixed-odds-betting-terminals-on-high-street> (accessed 13<sup>th</sup> Feb 2013)

<sup>134</sup> DLGC (December 2011) The Portas Review: An independent review into the future of our high streets, from <http://www.communities.gov.uk/publications/regeneration/portasreview>, (accessed 26<sup>th</sup> Oct 2012)

<sup>135</sup> Info provided via email from Adrian Parkinson, Fairer Gambling on 15<sup>th</sup> Feb 2013 – following correction to data originally published in the Guardian on 5<sup>th</sup> Jan 2013

collaborative initiative including the Association of British Bookmakers (ABB), Metropolitan Police and Community Union, which has launched a Voluntary Code of Safety & Security National Standards for Bookmakers – the first single national standard for betting shop safety and security. Over 12 months from April 2010 to March 2011 the code helped to reduce betting shop robberies in the London area by 46%<sup>136</sup>.

- 4.3 There is little evidence of other areas which have tackled issues specifically relating to FOBTs. However, earlier this month Medway Council announced that it was to meet with the Gambling Commission to try and tackle the problem of FOBTs through a voluntary code, drawn up by local licensed gaming premises such as betting shops, bingo halls and amusement arcades, to draw up a voluntary code on gambling<sup>137</sup>.

## 5. Options for Knowsley

- 5.1 As shown through the evidence provided above, problem gambling has the potential to negatively impact on the residents of Knowsley. There are very high numbers of betting shops within the Borough and also high levels of estimated spending on gambling. However, there is limited actual evidence around the impact of gambling within the borough on levels of debt and wider social consequences.
- 5.2 In addition there is limited evidence of other Local Authorities implementing initiatives aimed at tackling FOBTs, apart from Medway Council, with most national support groups advocating for national change.
- 5.3 With this in mind, options for Knowsley to collect further data around FOBTs and potential for local action are explored below. A combination of these options may be appropriate and ‘do nothing’ options, along with an indication of cost, have been considered.

### Collection of further data in relation to FOBT use and impact

- 5.4 *Option 1: Knowsley Tracker Survey* – The current Knowsley Tracker survey is undertaken by 1200 local residents on a quarterly basis and could be used to investigate levels of gambling and FOBT use within the borough, particularly as a means for residents accessing emergency funds. However, the survey is currently being re-commissioned and therefore additional questions may be limited to 1 or 2, and only give us limited scope to investigate the issues fully. Low cost.
- 5.5 *Option 2: Externally commissioned research* – A separate piece of research could be commissioned to investigate the issues more fully and be used to ascertain levels of debt attributable to gambling and wider social consequences as a result. Questions from the Gambling Prevalence Survey 2010 undertaken by the Gambling Commission could be used as a basis for Knowsley research, although, it should be noted that the 2010 survey was very long and complex<sup>138</sup>. In addition to undertaking quantitative elements of research, the commission could also include an element of qualitative research using local support groups and case studies to consider the potential wider consequences of gambling. The cost of undertaking this work may be approximately £25,000 – 35,000. Medium/high cost.

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<sup>136</sup> <http://www.abb.uk.com/press/betting-shop-robberies-down-46-as-safe-bet-alliance-celebrates-f/> (accessed 15<sup>th</sup> Feb 2013)

<sup>137</sup> <http://www.themedwire.co.uk/2013/02/05/medway-council-joins-forces-with-gambling-commission/> (accessed 15<sup>th</sup> Feb 2013)

<sup>138</sup> <http://www.gamblingcommission.gov.uk/PDF/British%20Gambling%20Prevalence%20Survey%202010.pdf> (accessed 18<sup>th</sup> February 2013)

- 5.6 *Option 3: Undertake no further research* – It could be considered that the information provided by Fairer Gambling<sup>139</sup> in relation to numbers of betting shops and estimated spend on FTBOs, in conjunction with evidence which confirms that rates of gambling are more likely to be higher in deprived areas, gives enough basis for local action.

Options for future actions

- 5.7 *Option A: Response to consultation on Proposals for Changes to Maximum Stake and Prize Limits for Category B, C and D Gaming Machines* - The Government is currently consulting on a package of measures changing the maximum stake and prize limits for a range of gaming machines situated in arcades, bingo premises, casinos and pubs and clubs in Britain and in addition, the impact of FOBTs (B2 gaming machines)<sup>140</sup>. It may be appropriate for Knowsley Council to consider developing a response to the consultation, which closes on 9<sup>th</sup> April 2013. Low cost.
- 5.8 *Option B: Lobbying* – As mentioned above there are a number of organisations which consider that the only effective action to be taken towards tackling FOBTs would be through changes to national legislation. These organisations are continuing to lobbying the Government for a ban on FOBTs from high street betting shops altogether, or reducing the maximum stakes allowed when playing such machines to take action in relation to FOBTs. Knowsley could work with local partners and these organisations to produce a letter to this effect which could be sent to the Department for Culture, Media and Sport and the Gambling Commission. Low cost.
- 5.9 *Option C: Investigate introduction of local bye-laws* – Similar to the Merseyside proposal to introduce a local minimum unit price for alcohol, Knowsley could work with neighbouring authorities to develop a bye-law to introduce local licensing restrictions on FOBTs. However, there is no evidence of this being undertaken elsewhere and feasibility would have to be considered. Medium cost.
- 5.10 *Option D: Local voluntary code of practice* – Similar to that proposed by Medway Council, the Local Authority could work with partners to develop a voluntary code of practice to be encouraged by local betting shops. This may include displaying of materials to raise awareness of problem gambling and local support services. This could be informed by the quantitative research described above. Low/medium cost
- 5.11 *Option E: Awareness raising* – A campaign to raise awareness of problem gambling could be undertaken locally, including a combination of press releases, information materials and awareness raising sessions. This could be targeted around those groups who are most likely to gamble as identified by the Gambling Prevalence Survey 2010 e.g. young males, problem drinkers and smokers, and also could be informed by the quantitative research described above. Medium/high cost.
- 5.12 *Option D: Do nothing* – There is evidence to suggest that lobbying work is already underway on a national basis and that evidence relating to the problem of FOBTs is growing. On this basis Knowsley Council could choose to take no action at present or to wait until the results of the national consultation described above is released before choosing a course of action. No cost.

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<sup>139</sup> <http://www.guardian.co.uk/uk/2013/jan/04/fixed-odds-betting-terminals-poorest-communities?INTCMP=SRCH> (accessed 13<sup>th</sup> Feb 2013)

<sup>140</sup> <http://www.culture.gov.uk/consultations/9656.aspx> (accessed 18<sup>th</sup> February 2013)

A report was published by Hackney's Overview and Scrutiny Board in 2009<sup>141</sup>.

The report included input from the **National Problem Gambling Clinic** in Soho, which is the first multi-disciplinary NHS clinic to treat problem gamblers in the UK, as detailed earlier in this report. The Clinic made a submission to the Hackney review. In their submission the Clinic stated that their clients frequently reported having had a gambling problem for many years which had quickly spiralled out of control after starting to use FOBTs. The attractiveness of FOBTs included the instant buzz created by the speed in which bets can be placed and the speed in which you can lose or win large amounts of money at high stakes. Their data also revealed a trend that problem gamblers often have a parent or other close relative with a gambling problem and they themselves have often experienced the impact of problem gambling on their own family's financial and emotional welfare. They also stated that pre-disposition for problem gambling may include genetic factors but also early loss of important emotional attachments and other childhood traumas. These are all factors which tend to be over-represented in lower socio-economic areas and could therefore act to increase a person's vulnerability to developing a gambling problem upon exposure to gambling.

The NPGC suggested a number of actions which could be taken by local betting shops including:

- Ensuring that the age limits enforced by staff also include the individuals accompanying the gambler
- More control over who enters betting shops e.g. swipe card systems which could also allow self-exclusion
- Increased advertising about help for problem gamblers
- They also suggested that it would be helpful to increase awareness amongst GPs about problem gambling and introducing a screening tool which they could use with patients who present with mental health difficulties.
- Lead Clinician at the Clinic Dr Henrietta Bowden-Jones talked about the profile of users of the clinic. It was obvious that increased exposure to gambling made it more acceptable and this was a factor for policy makers in terms of the proliferation of gambling opportunities. In terms of socio-economic background of clients she stated that many users "used to be middle class", in other words, most will have lost everything by the time they come to the Clinic. She asked if local authorities could assist in promoting the existence of the clinic in whatever ways possible. The programme of treatment at the clinic involves providing a typical client with 12 sessions of cognitive behavioural therapy with a clinical psychologist. They also provided cognitive behavioural therapy groups, family therapy and debt counselling. The aim was to keep clients on the programme for six months. The cognitive behavioural therapy was very specific and focused on replacing negative behaviours and looking at desensitisation. She explained that a challenge for the Clinic was to develop new funding streams to support the work and one aspect of this would be providing expert witness reports for the courts on defendants in criminal cases who are problem gamblers.

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<sup>141</sup> Scrutiny inquiry on The Concentration and Social Inclusion of Betting Shops in Hackney. Conducted by the Community Safety and Social Inclusion Scrutiny Commission. 16 July 2009.

## Appendix 8 – suggested questions for providers (e.g. drug and alcohol service providers), to ask about gambling on admission

### Problem Gambling Screening Questions

Do you ever <i>bet using/use</i> the following.....	Yes/No/Don't know/No answer	Frequency: More than once a day Most days (3-6 times a week) Once or twice a week Once or twice a month Less than once a month Never	Time of day: Morning (before 12noon) Afternoon (12noon – 6pm) Evening (after 6pm)	Spend: (Per week or visit)
National Lottery draws or scratchcards				
Fruit or slot machines				
Virtual gaming machines in a bookmaker's				
Betting on horse or dog races or other sporting events				
Betting on virtual dog or horse races or other sporting events				
Bingo, including bingo played online				
The football pools				
Online betting				
Casinos				
Playing poker in a pub tournament/league, or at a club				
Private betting (sweepstakes, bets between friends, family or colleagues)				
Another form of gambling activity				

2. Do you think that you have a problem with gambling? Y/N

3. Do you want to reduce the amount that you gamble? Y/N

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