

Written evidence submitted by London South Bank University (PHS0595)

Summary

National government in England has been notably slow to legislate for the growing problem of Gambling-Related Harm (GRH) with three delays to the long-awaited review of the Gambling Act (2005). We recommend that the Health and Social Care Committee focus on GRH and urge that effective industry regulations are introduced along with enhanced roles for the DHSC and the NHS. A comprehensive public health strategy will, however, require the input of diverse public, private and voluntary sectors with community organisations having unique capability to prevent GRH through upstream activities such as education and social support (Johnstone and Regan, 2020). PHIRST South Bank have been working with our partners, Greater Manchester Combined Authority (GMCA) and the charity Gambling with Lives, on community responses to GRH. Our research has revealed considerable local expertise within community organisations, many led by people with Lived Experience of GRH, which has developed in the absence of a national GRH strategy.

We therefore recommend that the Committee consider the contribution of community organisations to a national GRH prevention strategy, and to utilise the expertise in the sector to establish what works. For, greater understanding of innovations within the community sector would allow for their effective utilisation at scale. Our recommendations reflect international trends to enhanced roles for community organisations in preventative healthcare (PHE, 2015; NCHS, 2020) that we expect to continue in future.

Why should the Health and Social Care Committee consider GRH as part of its Prevention inquiry?

GRH does not have the attention it requires. Although we know available data has significant gaps, evidence is growing of the extent and nature of GRH, including individual health impacts, debt, suicide, relationship breakdown and social cost: a recent OHID report estimated that the total social cost in England is £1.77bn (OHID, 2023). The issue has been approached, until recently, as a problem of identifying and treating ‘problem gamblers’ who develop addiction. This approach has failed because it doesn’t account for the multifaceted nature of GRH and how GRH exists on a continuum, with people who gamble sometimes very quickly getting into trouble (Browne et al., 2016). Furthermore, up to 17 people are harmed for every ‘problem gambler’ (Sulkunen et al., 2018) while marginalised and vulnerable groups are most affected (Raybould et al., 2021). A public health, preventative approach is therefore urgently required.

Why should the contribution of community organisations to GRH strategy be considered?

Community organisations are already playing a major, if largely unsupported role in GRH prevention. Community approaches derive their potential from a capacity to modify upstream determinants and risk factors for harm (PHE, 2015). Leading, international GRH researchers also highlight the potential of Lived Experience involvement in GRH reduction activities, including educational initiatives and peer support (Livingstone, 2019). This is significant because there is a burgeoning Lived Experience community in England with many Lived Experience-led charities and GRH reduction organisations (Nyemcsok et al., 2022).

Our work with GMCA and Gambling with Lives

We are working with GMCA and Gambling with Lives to develop and evaluate a community response to GRH. This involves delivery of 13 community projects across the Greater Manchester region with extensive Lived Experience involvement. These projects are engaged in efforts to raise awareness of GRH, breakdown stigma, connect with underserved communities and support and signpost people

into treatment. Our research is contributing to the evidence base on preventive, public health interventions and we are developing proposals for how local and regional governments can build on the GMCA experience to implement a community response in other areas. Yet, this is an emerging and historically neglected field. The evidence-base in public health interventions contains considerable gaps (Gibson et al., 2020). A Committee focus here would galvanise attention with potentially significant impact as the Gambling Act review, once published, will likely stimulate local, regional and national interest in how GRH may be prevented.

References

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