

Gambling-related Harms in Southampton Health Needs Assessment

December 2024

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1. Gambling-related harms in Southampton

Concerns over the negative repercussions of gambling are increasing. Gambling is associated with a broad range of serious and wide-reaching harms (including financial, relationship, health, employment, educational and criminal behaviour), negatively affecting the health and wellbeing of gambling individuals, their families, communities and society.

The gambling-related harms health needs assessment brings together local and national information applying it to the Southampton population. Some of the findings in this document are based on estimates applied to the local population and may demonstrate a wider cohort of people that could be involved in gambling-related harms.

Although there is limited local data on the numbers affected by gambling-related harms, the estimates presented in this document suggest that there could be significant numbers of adults experiencing harmful gambling or affected by someone else's gambling in Southampton.

It is hoped that the findings in the needs assessment will increase understanding and awareness of harmful gambling in Southampton, contribute to national prevention strategies, help inform priorities for local action and ultimately to reduce the level of gambling-related harm in the city and beyond.

This aim of the gambling-related harms needs assessment is to:

- Understand the scale of need in relation to those experiencing, or affected by, harmful gambling in Southampton
- Examine what is currently being done to address those needs
- Identify any gaps between local action and current best practice, including the scientific evidence-base, to help inform local recommendations.

[Gambling-related harms health needs assessment document added here](#)

2. Defining gambling-related harms

The [Gambling Commission](#) defines gambling-related harms as the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. These harms impact on people's resources, relationships and health. Negative effects can include loss of employment, debt, crime, breakdown of relationships and deterioration of physical and mental health. At its worst, gambling can contribute to loss of life through suicide. Harms can be experienced by those who gamble themselves, but can also affect their children, partners, wider families and social networks, employers, communities and society.

In this needs assessment harmful gambling is defined as any frequency of gambling that results in people experiencing harm, problems or distress, corresponding to a Problem Gambling Severity

Index (PGSI) score of 1 or more. The Problem Gambling Severity Index is used by the Gambling Commission in the Gambling Survey for Great Britain (GSGB) and consists of 9 items and each item is assessed on a four-point scale: 'never' to 'almost always'. More information on the [PGSI](#) is available on the Gambling Commission website.

[Gambling-related harms health needs assessment document added here](#)

3. People affected by gambling-related harm

Harmful gambling affects many more individuals than those classed as 'problem gamblers' (i.e. those with a PGSI score of 8+) who have traditionally been the focus of treatment services.

Harmful gambling is characterised by high frequency participation in multiple gambling activities, especially:

- Bingo
- Casino games
- Betting
- Use of electronic gaming machines (EGMs)
- Online gambling

Online gambling participation amongst those experiencing harmful gambling is more than twice that of the general population.

Those at greatest risk of experiencing harmful gambling include:

- Younger age groups (especially younger men)
- People who are unemployed
- People living in areas of high deprivation
- People from lower socioeconomic backgrounds
- People with mental health problems
- People with co-occurring substance use problems (especially higher levels of alcohol consumption)
- Military veterans
- Students
- People who are homeless
- People from other ethnic groups

There is also evidence to suggest that living near gambling venues may increase the risk of gambling-related harm.

Given the wide reach of gambling-related harms and the more numerous individuals bearing the burden of harm (compared to the smaller group of PGSI-classified 'problem gamblers'), harmful

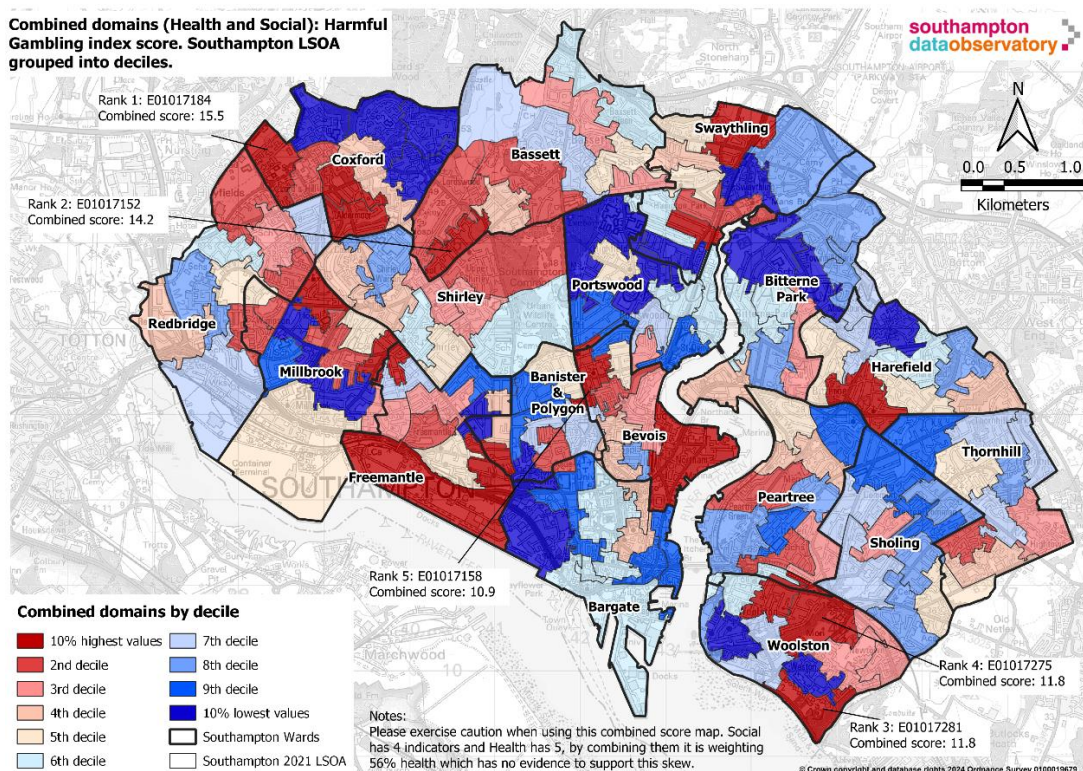
gambling is increasingly recognised by policy-makers, academics and healthcare professionals alike as a ‘serious and worsening’ public health issue in Great Britain, requiring a broad population level strategy centred on prevention and ‘upstream action’ (the latter referring to community and place-based action). This suggests the need for community and societal level interventions alongside individual treatment and support. Sole focus on an individual level approach is unlikely to reduce the incidence of harmful gambling in the population; individual level interventions may instead increase health inequalities due to differing engagement abilities between groups.

[Gambling-related harms health needs assessment document added here](#)

4. Who is at risk in Southampton

Based on prevalence data for England, it is estimated that the number of adults (aged 16 years and over) who could be experiencing harmful gambling in Southampton may be between 6,160 and 31,900. An estimated 15,053 adults (aged 18 years and over) in Southampton could be adversely affected by someone else’s gambling. The total excess cost associated with gambling-related harm in Southampton is estimated to be in the range £4.7m to £7.9m.

A decile map of harmful-gambling risk scores for Southampton indicates that the wards of Coxford, Woolston, Bevois, Millbrook and Swaythling contain the highest numbers of neighbourhoods at greatest risk of harmful gambling in the city.



Analysis by distribution of gambling premises suggests there could be a correlation between gambling premises density and deprivation. The wards with the highest densities of premises (namely Bargate, Banister & Polygon, Freemantle, Portswood and Shirley) contain at least one area at increased risk of harm (based on risk score).

More information on gambling-related harms can be found in the needs assessment and the gambling harm risk index below or in the resources section below.

Gambling-related harms health needs assessment document and risk index to be added here

5. Treatment and support

There are numerous treatment and support services available to people living in Southampton, either directly or indirectly linked to harmful gambling/gambling-related harms. Accessible services are a mixture of local and national, provided by the NHS and other providers (including the voluntary sector), funded independently or directly/indirectly by the gambling industry. An ICB-commissioned regional specialist service is also in place (the [Southern Gambling Service](#)). However, there is a general lack of clarity around signposting and support pathways, with service provider data suggesting significant unmet need based on low usage/uptake compared to estimated numbers of people experiencing or affected by harmful gambling in Southampton.

In contrast to data on local need, there is sizable evidence in relation to measures for preventing or reducing gambling-related harm. Primary prevention is taking action to prevent the onset of harmful gambling/gambling-related harm, through whole population measures or those targeting vulnerable groups. The evidence for this type of prevention is strongest for local regulatory action, e.g. around advertising policy and supply restriction (such as restricted licensing conditions and reduced venue availability /accessibility). Primary prevention education programmes and public awareness-raising campaigns have mixed evidence, the latter requiring significant community involvement in design to avoid stigma or other negative impacts.

Secondary prevention looks at early identification of those who have recently started experiencing harmful gambling/gambling-related harm, to prevent escalation of (and ideally reduce) harm. Approaches include awareness raising through safer-gambling health promotion messaging can also have unintended negative consequences if messages are not appropriately designed and should ideally be co-produced by people with lived experience. Early identification is possible and tools exist for populations at-risk of gambling-related harm, but there is limited evidence and availability of early interventions to reduce harmful gambling behaviour (especially over the longer term).

Regarding tertiary prevention approaches which are measures to lessen the impact on those already experiencing harmful gambling/gambling-related harm; there is mixed evidence around gambling venue harm-reduction measures. Harm-minimisation tools (also known as ‘responsible gambling’

tools) may be effective, with increased effectiveness linked to self-exclusion periods of at least 6 months; universal, irreversible and compulsory limit setting; self-appraisal or high threat pop-up messages; forced breaks of around 60 minutes; and reduced speed of play.

Tertiary treatment approaches (as highlighted in the [draft NICE guidance](#)) include improved early identification, addressing wider needs through integrated working; using peer models alongside other effective treatment options; involvement of a family member or close friend; and rapid re-access in case of relapse.

More information on gambling-related harms can be found in the needs assessment below or in the resources section below.

[Gambling-related harms health needs assessment document added here](#)

6. Areas of concern and recommendations

The main areas of concern emerging from the gambling-related harm needs assessment are include:

- The high densities of gambling premises either adjacent to, or located in, areas of high deprivation and/or areas at elevated risk of harmful gambling
- The small proportion of people experiencing harmful gambling/gambling-related harms in Southampton accessing treatment and support

Recommendations for Southampton include:

- Local policy development (regarding licensing, planning and advertising) to make best use of any regulatory opportunities to reduce gambling supply/exposure and lessen the impact of gambling-related harm
- Youth education and awareness-raising to reduce the uptake of gambling
- Improved support for those experiencing gambling-related harms through early identification and signposting (e.g. through increased use of the 'make every contact count' approach) and increased access to treatment.
- Simultaneous advocacy for national action (in relation to regulation, taxation, advertising and marketing, and funding of appropriate services at sufficient scale to meet local need) is also recommended to ensure that the widest (i.e. societal) impact of gambling-related harms has been addressed.

More information on gambling-related harms can be found in the needs assessment in the resources section below.

7. Resources

- [Gambling-related harms health needs assessment](#) (November 2024)
- [Harmful gambling risk index](#)

- [Harmful gambling risk index combined score map](#)

National resources

- Gambling Commission - [Problem gambling and gambling related harms](#)
- Gambling Commission - [Problem Gambling Severity Index \(PGSI\)](#)
- Gambling Commission – [Organisations that can help](#)
- NICE – [Gambling-related harms: identification, assessment and management \(draft\)](#)
- NHS Hampshire and Isle of Wight Healthcare – [Southern gambling service](#)
- GamCare – [Gambling help support](#)
- NHS England – [Help for problems with gambling](#)
- GambleAware – [Support and advice](#)