

# Gambling and Problem Gambling in Milton Keynes

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## 1. Glossary

**FOBTs:** Fixed Odds Betting Terminals

**Loot boxes:** Items in video games, which allow players, can buy with real-world money or in game a chance to win something of an unknown value.

**Lie/ Bet Questionnaire:** The Lie/Bet Questionnaire is a two-question screening tool for pathological gambling. The questions are:

1. Have you ever had to lie to people important to you about how much you gambled?
2. Have you ever felt the need to bet more and more money?

**Problem gambling:** an excessive gambling behaviour that causes harm to the individual, their family and friends or to the wider community.

**The Gambling Commission:** An independent non-departmental public body (NDPB) sponsored by the Department for Digital, Culture, Media and Sport (DCMS).

## 2. Executive Summary

In Milton Keynes, it is estimated that around 95,000 people will have gambled in the last four weeks and that approximately 1,500 adults have a problem with gambling. A further 7,300 are at low or moderate risk of gambling-related harm. The risk to individuals is not evenly distributed across the population and those who have mental health issues, are unemployed or employed in routine and manual jobs, are homeless or have substance misuse issues are most likely to be affected by problem gambling. Gambling premises and gambling machines are disproportionately located in the more deprived areas of Milton Keynes, increasing access for those who are already at heightened risk.

Gambling and problem gambling affects young people too, with 11% of young people nationally participating in gambling in the previous week (equivalent to around 2,300 in Milton Keynes); this is greater than the proportions using e-cigarettes, smoking or taking illegal drugs. An estimated 1.7% of 11-16-year-olds have problem gambling, or around 325 young people in Milton Keynes. This emphasises the importance of prevention and early intervention work in schools.

Gambling and problem gambling can cause significant harm to the individual and their friends and family, including causing strain on relationships, financial issues, stress and poor wellbeing, and can cause issues with employers. Problem gamblers may also experience issues such as substance misuse and mental health issues, although it is not possible to tell which came first.

Prevention of gambling and problem gambling can focus on the whole population (with interventions such as raising awareness of gambling and its harm, and relevant services including in schools) or those who are at risk such as routine use of a screening tool and brief interventions. Treatment for problem gambling is available from some national providers (e.g. Gambling Anonymous or GamCare), and from April 2020 there will be specialist gambling support for Milton Keynes residents.

A survey was conducted with services that have face to face contact with the public and found that although some do ask about gambling behaviours, the majority do not use a screening tool to identify problem gambling and data is rarely collected routinely. Most organisations are keen to receive training to help them identify problem gamblers, as they recognise some of their service users are likely to experience problem gambling. The majority of organisations had not undertaken any public awareness or prevention campaigns, and only around half were aware of any places they could refer people who were experiencing problem gambling to.

This report recommends that training is provided for frontline staff and the Lie/Bet screening tool is used regularly. Prevention and early intervention strategies should be developed and promoted, local partnerships strengthened and a multi-agency referral pathway created. Finally, the new treatment and support services should be evaluated.

### 3. What do we know about gambling in the UK?

#### 3.1. What is gambling and problem gambling?

Gambling is a recreational activity and can be defined as betting, gaming or participating in a lottery. Gambling includes arcades, betting, bingo, casino, lotteries and gaming machines. Gambling can escalate to problem gambling which is an excessive gambling behaviour that causes harm to the individual, their family and friends or to the wider community (Jones et al., 2015).

#### 3.2. What is the size of the issue and who is at risk?

##### 3.2.1. Problem gambling

Nationally, approximately 0.7% of the adult population (c360,000 adults) have a gambling problem (Gambling Commission, 2019a).

Evidence shows that some groups of people are more vulnerable to problem gambling than others. Those aged 25 to 34 are the most likely age group to be classified as problem gamblers, with nearly double the proportion (1.3%) compared to the total population (0.7%) (Gambling Commission, 2019a). Additionally, those with mental health issues, who are unemployed or homeless, or have substance misuse issues are among those at particular risk (Gambling Commission, 2018d) See Figure 1 for more details.

The Health Survey for England (2018) highlighted that problem gambling affects those living in the most deprived parts of our communities 9 times more than those living in the least deprived areas.

Problem gambling is more common among those who are unemployed (1.9%) than those who are employed (0.7%), and among those who are in routine and manual households (0.9%) compared to those in either managerial & professional (0.3%) or intermediate (0.3%) households. Compared to those who are White/White British (0.5%), problem gambling is nearly three times more common among those who are Asian/Asian British (1.3%) and twice as common among those who are Black/Black British (0.9%).

**Figure 1: The factors that may make people vulnerable to problem gambling.**

Source: Problem Gambling in Leeds Research Report for Leeds City Council - [Leeds Beckett Repository](#), Kenyon et al., 2016

Demographics	Socio-economic	Poor Judgement/Impairment	Other
Children and young people	Unemployed	Low IQ	Poor mental health
Ethnic groups	Deprivation	Under influence/alcohol drugs	Substance abuse/misuse
Students	Financial difficulties/debt	Personality traits	Problem gamblers
	Homelessness	Learning disabilities	
	Imprisonment/Probation		
	Immigrants/asylum seekers		

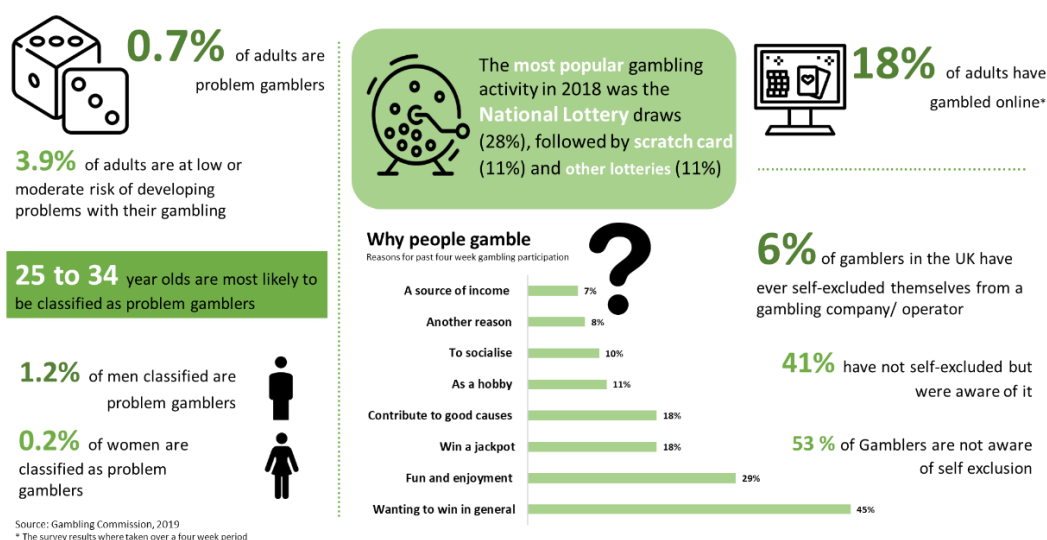
### 3.2.2. Gambling among the whole population

The Gambling Commission regularly produces estimates of gambling behaviour in Great Britain and for 2019a found that:

- 46% of adults participated in gambling in the last 4 weeks (including the National Lottery)
- 32% of adults participated in gambling in the last 4 weeks, when the National Lottery was excluded
- 52% of gamblers gamble at least once a week
- 0.7% of adults are problem gamblers
- 2.4 % of gamblers are at low risk and 1.1% at moderate risk of problem gambling

**Figure 2: National data on gambling**

Source: Gambling participation in 2018: behaviour, awareness and attitudes ([Gambling Commission, 2019a](#))



Gambling participation is affected by gender and age:

- Gambling is more common among men (51% had gambled in the last 4 weeks, compared to 41% of women)
- Those aged 55-64 gambled most (55% of the population), while young people gambled least (36% of the population)
- When the National Lottery is excluded, the 25-34 age group had the most gambling participation (40%) (Participation in the National Lottery is more common in the older age groups).

For more information about the age, gender and national lottery participation over time, please see Appendix 1.

People gamble on a range of activities. In order of the most common, these include:

- The National Lottery (28% of adults)
- Scratch cards (11%)
- Other lotteries (11%)
- Sports betting (7%)
- Private better (6%)
- Horse races (3.8%)
- Fruit or slot machines (3.7%)
- Bingo (2.6%)

- Casino (1.6%)

### 3.2.3. Gambling among young people

Young gamblers may be particularly vulnerable to developing a gambling addiction later in life. The adolescent stage has many emotional and behavioural changes making young people susceptible to the development of addictive behaviours (Rizeanu, 2018).

The Gambling Commission conduct research into young people (aged 11-16) and gambling through schools. In 2019, this found that:

- 1.7% were classified as problem gamblers, affecting more boys (2%) than girls (0.7%)
- 2.7% were classified as 'at risk' of problem gambling
- 11% of young people spent their own money on gambling activities in the previous seven days, spending £17 each, on average
- 5% had placed a bet with their friends for money in the past seven days, with a further 3% playing cards for money with friends, and 4% playing on slot machines or fruit machines

The proportion of young people gambling is lower than those drinking alcohol (16%) but higher than using e-cigarettes (7%), smoking (6%) or taking illegal drugs (5%).

Parents and guardians have an important role in young people's gambling. Parents/guardians are typically present when 67% of young people gamble and are often young people's first port of call for help if they have issues. Most young people (57%) say their family would discourage them from gambling if they started/found out they gambled. Almost a quarter of young people reported their parents/guardians set rules about gambling.

These findings suggest that among young people, gambling is more common than other harmful behaviours and that parent have an important role to play in the prevention and monitoring of gambling behaviours. It would be helpful to understand more about the role schools play in the prevention and identification of young people with gambling issues.

See section 3.4.2 for more information about online gambling in young people.

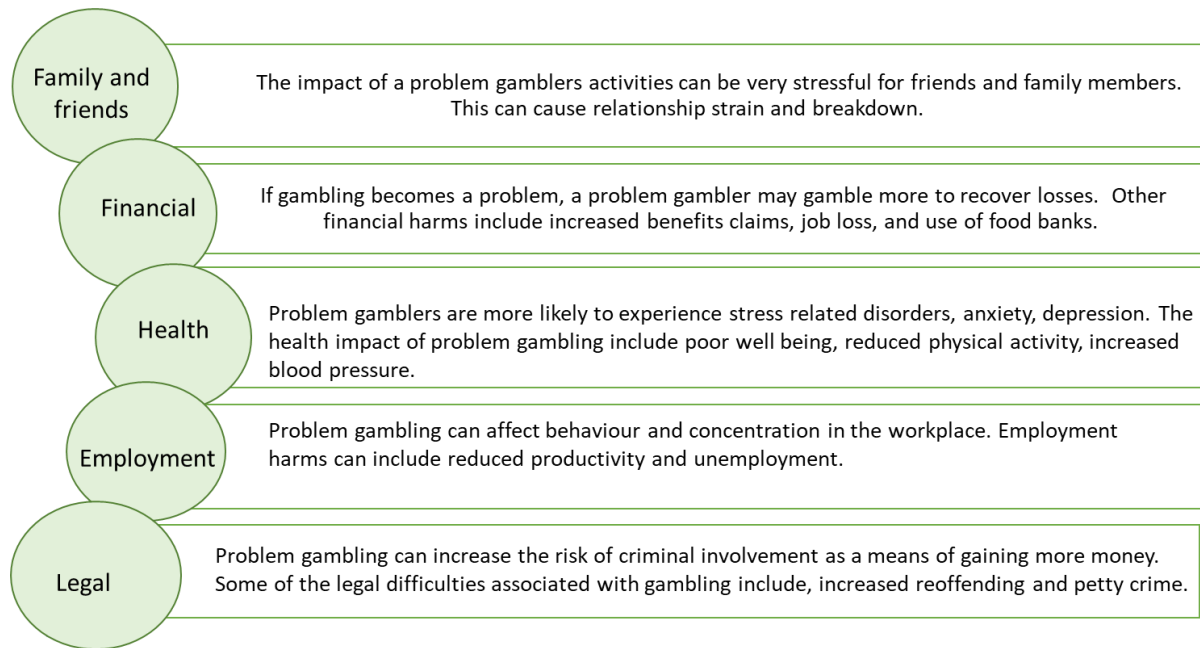
## 3.3. Gambling related harms

### 3.3.1. Impact on the individual

The harms of problem gambling are varied and may include higher levels of poor health and mental illness, financial problems and substance misuse (Langham et al., 2016) (See figure 3). Gambling-related harm may present in children and young people differently from adults, for example involving bullying or school exclusions.

### Figure 3: Impacts of problem gambling

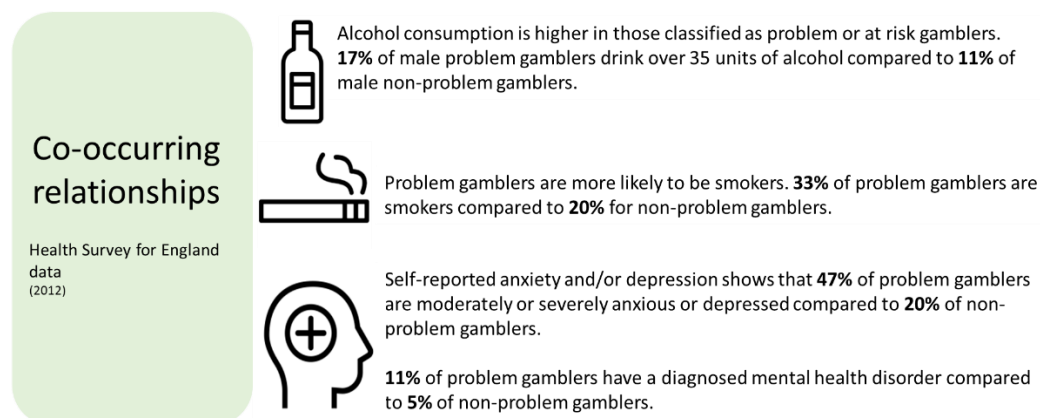
Source: adapted from Understanding Gambling Related Harm: A proposed definition, conceptual framework, and taxonomy of harms (Langham et al., 2016).



Problem gambling may not be easily recognised or diagnosed due to co-occurring difficulties such as substance misuse issues. Alcohol consumption is higher in those classified as problem gamblers (Health Survey for England, 2012) and problem gamblers also tend to be heavy smokers and are more likely to have a diagnosed mental health disorder (Dowling et al, 2015). Finally, it is estimated that around 23% of those in substance misuse treatment also demonstrate problematic gambling behaviours (Cowlshaw et al 2014). While problem gamblers present with multiple co-occurring issues it is not always clear whether the gambling is a cause or an effect. For example, excessive alcohol assumption may be associated with a later onset of gambling problems, or vice versa. This suggests that treatment for gambling should have strong links with mental health services and substance misuse services.

### Figure 4: Problem gambling and co-occurring relationships

Source: NHS Digital: [Health Survey for England \(2012\) https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2012-trend-tables](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2012-trend-tables).



### 3.3.2. Wider impacts of problem gambling

The Citizens Advice Bureau estimates that for every harmful gambler, between 6 and 10 individuals such as friends and family may be indirectly affected. The impact of gambling losses may result in stress, anger or a financial strain, which may lead to violence by the gambler against family or friends (Dowling et al., 2014).

Problem gambling also has a financial cost implication for central and local government. Combining health, housing, welfare and employment costs, the Institute for Public Policy Research (IPPR) estimated that in 2016 the direct cost of problem gambling was between £260 million and £1.2 billion per year (IPPR, 2018). This highlights the wider impacts of problem gambling.

## 3.4. Online Gambling

### 3.4.1. Estimates of online gambling

Online gambling has become increasingly popular and accessible in the UK, with a wide range of options; this may increase the risk of gambling-related harm. The different forms of online gambling include mobile gaming, poker, casino, sports betting, bingo and lotteries.

The Gambling Commission (2019a) estimate that:

- 40% of adults had gambled online in the last 4 weeks
- 82% of respondents who has gambled in person had also gambled online
- Among online gamblers, laptops (45%) and mobile phones (44%) are the most popular methods of accessing online gambling.
- Mobile phone use for gambling purposes has increased to 44% (an increase of 5% from 2017).

Gambling companies have a strong media and social media presence, which means that people are seeing many gambling-related advertisements. The Gambling Commission (2019a) estimated that:

- 26% of online gamblers follow at least one gambling company on social media with rates highest among 18-24-year-olds
- 53% of respondents have seen a gambling advert on the television in the past week
- Almost half of online gamblers were prompted to spend money on a gambling activity due to advertising
- Facebook remains the most popular social media platform which online gamblers follow gambling companies.

### 3.4.2. Online gambling behaviour in children and young people

The Gambling Commission's (2019b) report into gambling in children and young people found that compared to in-person gambling, young people are participating in online gambling less. 3% of young people (11-16) have spent their own money gambling online in the past seven days, compared to 7% of young people who have spent their own money gambling in total. This represents a slight increase from the previous year.

Of all young people, 12% have ever played an online gambling-style game, with this behaviour more common among boys (16%) than girls (8%) have, and with the likelihood increasing with age. Of those who have ever played online gambling games, fruit or slot machine games are most commonly reported (30%) followed by casino games (26%).

Over half have heard of in-game items, and around a quarter have paid money to open loot boxes to get in-game items. Mainly, the money used for in-game items comes from pocket money or birthday or Christmas gifts.

Parents and guardians may sometimes facilitate gambling: while 93% have never gambled using their parents/guardians' accounts, 5% have played National Lottery games using their parents/guardians accounts with their permission, and a further 1% without permission.

Young people in the UK are increasingly exposed to gambling advertising through a range of media and advertisements. More than 10% of 11-16-year-olds follow gambling companies on social media and 7% of children who had viewed gambling advertisements or sponsorship were prompted to gamble.

A partial ban on television advertisements during live sport has been supported in the UK. This could help to reduce exposure to online gambling. Different approaches to regulate all forms of advertising, including promotion and sponsorship may be useful in reducing exposure to vulnerable groups (Djohari et al., 2018). In addition, involving parents and schools in prevention strategies for gambling-related harm may be effective in engaging and protecting young people.

### 3.5. Prevention of gambling and gambling related harm

Prevention approaches can target both high-risk groups and the general population. The Responsible Gambling Board have developed a framework for prevention, which includes indicated, selective and universal prevention activities (Gambling Commission, 2019c).

#### 3.5.1. Indicated prevention

Indicated prevention activities are those that focus on the most vulnerable groups at high risk of gambling-related harm. At a local government level, indicated prevention can involve raising awareness of gambling-related harms among frontline line staff, health, social care and services providers (e.g. Citizen Advice Bureau or money management services) (Gambling Commission, 2019c).

Self-exclusion schemes and voluntary agreements between the customer and operator is another indicated prevention strategy. Gaming operators can limit access to those who have self-excluded, or can limit the amount gamblers may deposit on their gambling account each week. Limitations of self-exclusion includes that it relies on the individual to identify that they wish to self-exclude, and that gambling operators can only monitor the frequency of gambling visits and not gambling behaviour (Haefeli, Lischer and Schwarz, 2011; Gambling Commission, 2019c)

#### 3.5.2. Selected prevention

Selected prevention activities are those that focus on groups or communities likely to be at risk of gambling-related harms. Selective prevention can include targeted programmes or brief interventions. Following the use of a screening tool, a brief intervention is a non-confrontational, personalised approach to encourage behaviour change, educate on gambling risks and provide tools to help mitigate harms (RSPH, 2019).

Education among children and young people can help prevent gambling and problem gambling, and can involve developing resilience, making decisions under pressure, and dealing with peer pressure.

Programmes can also encourage parents to be more aware of children's online activity (see section 3.4.1) (Gambling Commission, 2019c).

### 3.5.3. Universal prevention

Universal prevention activities focus on the whole population. The aim of these activities is to reach gamblers and non-gamblers. Universal prevention can include public health campaigns aimed at raising awareness of gambling-related harm. This could help to counteract some of the barriers such as stigma and shame to seeking treatment.

Most of the universal prevention mechanisms are outside of the control of local government, but include things such as product safety tests, restricting advertising and marketing of gambling products and restrictions on certain features or products.

### 3.6. Identification of problem gambling

A screening process helps to identify whether individuals may have problem gambling. There is a range of screening tools for the identification of problem gambling. The Lie/Bet gambling tool is the one Public Health would recommend as it is very straightforward, is based on predictors of problematic gambling, and asks just two questions:

1. Have you ever had to lie to people important to you about how much you gambled?
2. Have you ever felt the need to bet more and more money?

If the participant answers 'yes' to either question, they require a further assessment and should be referred to services able to support them.

### 3.7. Treatment for problem gambling

Problem gambling is an addiction, and can be treated successfully in the same way as other addictions, such as to alcohol or other substances. Cognitive behavioural therapy (CBT) can be effective, and there are local support groups who offer the 12-step recovery approach used by Alcoholics Anonymous. Other organisations offering support include GamCare who offer free information, support and counselling, and the Gordon Moody Association who offers residential courses.

#### 3.7.1. Treatment Barriers

There can be barriers to treatment for individuals who need support with problem gambling. These barriers include a lack of awareness of the support available to people, and stigma or shame may deter people from admitting to having problems or seeking treatment. Stigma may be a particular barrier for those who are homeless or in receipt of benefits (Gambling Commission, 2019c).

## 4. What do we know about gambling in Milton Keynes?

### 4.1. How many people does gambling affect?

There is limited information about the extent of gambling and problem gambling for Milton Keynes specifically, so the best way to estimate this is from assuming that the proportions found nationally would apply to Milton Keynes. (See section 3.2 and 3.4.2 for the national proportions for problem gambling and gambling in adults, and children and young people respectively).

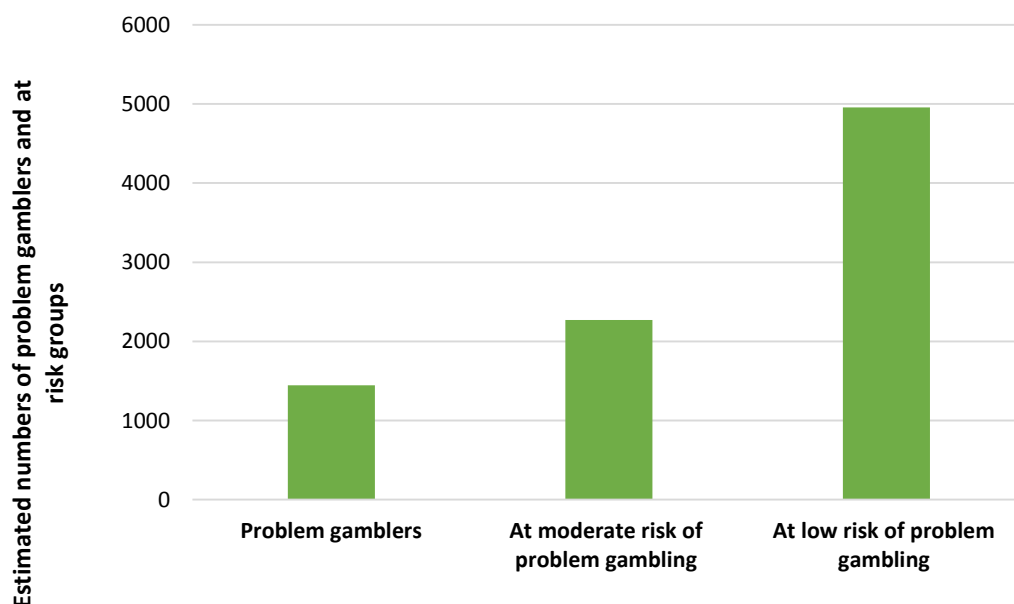
In total, it is estimated that 95,000 adults in Milton Keynes will have gambled in the last 4 weeks, or 66,100 when excluding the National Lottery.

There are likely to be approximately 1,400 adults who may have a problem with gambling. In addition, a further 2,300 people may be at moderate risk, and 5,000 at low risk of problem gambling (Figure 5).

In total, it is estimated that there are 320 young people (11-16 years) in Milton Keynes who may have a problem with gambling and a further 560 may be at risk of developing a problem with gambling. Nationally, 11% of young people spent their own money on gambling activities in the past seven days, which equates to approximately 2,300 young people in Milton Keynes.

**Figure 5: Estimated numbers of adults who may have a problem with gambling or be at risk of developing gambling in Milton Keynes.**

Source: Gambling participation in 2018: behaviour, awareness and attitudes (Gambling Commission, 2019a ONS population estimates).



The 2018 Milton Keynes Retail Capacity and Leisure study found that the most popular gambling venues in Milton Keynes were The Casino MK and Gala Bingo on Midsummer Boulevard. Bingo halls, casinos and/or bookmakers were not a major leisure activity for the

majority of respondents living within the core Council area. In this study 6.5% of respondents stated that they visited these facilities, a third of respondents from the core council area visited once every two months and a fifth visit once a month (Milton Keynes Council, 2018).

#### 4.2. What gambling premises are there in Milton Keynes?

It estimated that there are a total of 625 gambling machines and 30 licensed gambling premises in Milton Keynes. This includes which includes 23 betting premises, six gaming centres, one casino and one bingo centre. The Casino MK is the largest casino in the UK outside of London and provides live table games, slot machines and fruit machines, bingo, poker tournaments and all-round entertainment.

A majority of these premises are located within the wards of Bletchley Park (8), Central Milton Keynes (7) and Wolverton (4). The Casino MK is based in Central Milton Keynes. (See table 1).

**Table 1: Number of Gambling premises and machines by ward, Milton Keynes.**

Source: Public registers and the licensing team's data (Milton Keynes Council, 2019)

<https://www.milton-keynes.gov.uk/environmental-health-and-trading-standards/licensing/gambling/gambling-act-applications-and-licences>

	Estimated number of gambling machines	Number of machine licences	Number of premise licences
Central Milton Keynes	173*	14	7
Bletchley Park	101	10	8
Wolverton	60	12	4
Newport Pagnell North & Hanslope	53	9	2
Newport Pagnell South	33	11	1
Stony Stratford	23	9	1
Bletchley East	23	8	1
Broughton	22	6	1
Stantonbury	17	4	1
Bletchley West	16	3	1
Monkston	16	4	1
Loughton & Shenley	15	3	1
Campbell Park & Old Woughton	14	6	0
Olney	13	6	0
Bradwell	11	5	0
Woughton & Fishermead	10	2	1
Shenley Brook End	9	4	0
Tattenhoe	9	2	1
Danesborough & Walton	7	3	0
<b>Total</b>	<b>625</b>	<b>121</b>	<b>31</b>

\*This includes The Casino MK, which currently has 84 machines

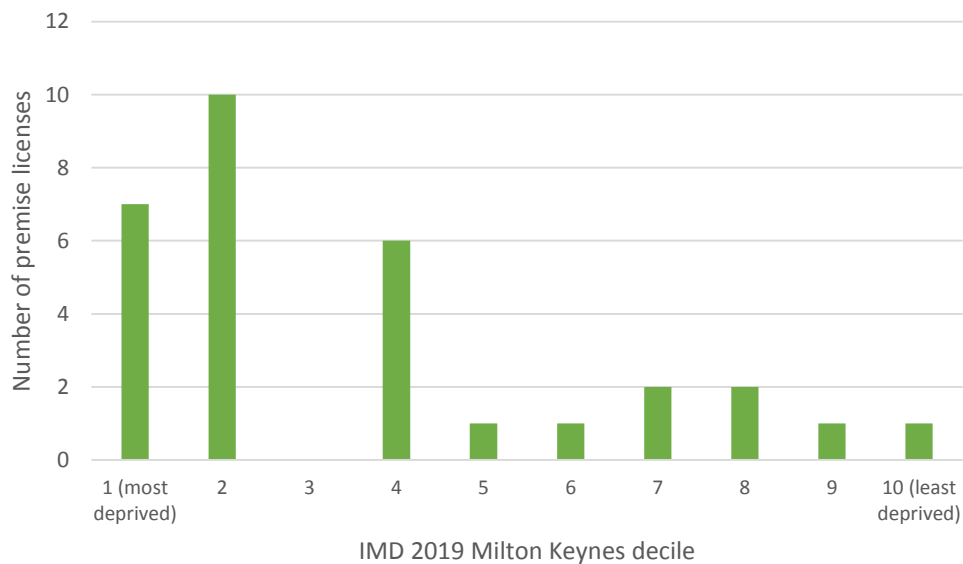
The location of premises can be examined according to the level of deprivation of different wards. The spread of gambling premises licenses and gambling machines are not distributed equally throughout Milton Keynes. Rather, over 75% of the premises licenses (24/31) and over 65% of machines are in the more deprived parts of Milton Keynes (See Figure 6).

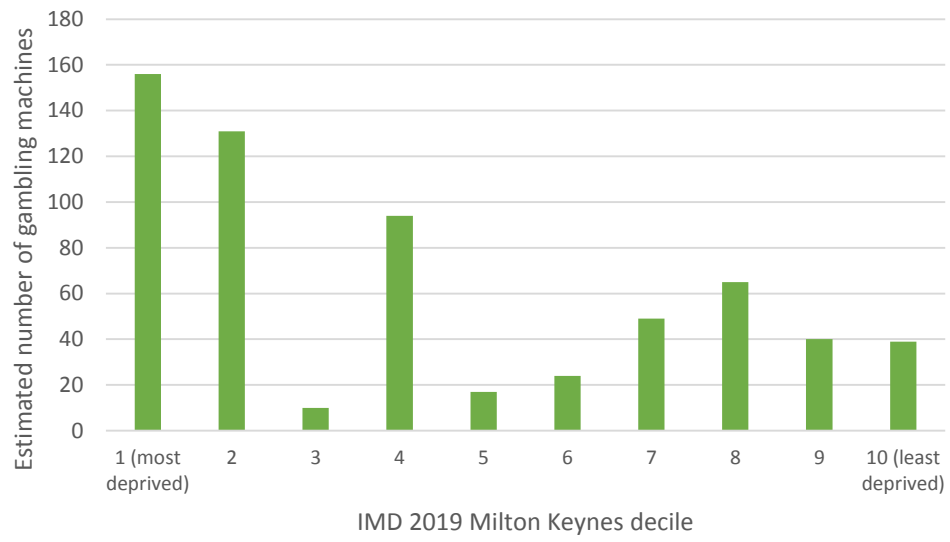
The reason that the spread of gambling machines and licenses is important is because those who are particularly vulnerable to problem gambling (such as the unemployed, individuals with low incomes and certain ethnic groups) are more likely to live in more deprived areas of Milton Keynes.

The graphs (Figure 6) and map (Figure 7) below shows the estimated number of gambling machines at all licenced locations by deprivation decile. Deprivation deciles are a way of classifying the levels of deprivation in an area. Deprivation decile 1 means that ward is among the 10% most deprived areas in England, and decile 10 means an area is among the 10% least deprived areas in a country. Figure 6 suggests that there is an association between the level of deprivation and density of gambling machines, with more machines in the places which are more deprived.

**Figure 6: Count of gambling premises and gambling machines by IMD 2019 decile within Milton Keynes**

Source: [Index of multiple deprivation, 2019](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019> ; Public registers ([Milton Keynes council, 2019](https://www.milton-keynes.gov.uk/environmental-health-and-trading-standards/licensing/gambling/gambling-act-applications-and-licences)) <https://www.milton-keynes.gov.uk/environmental-health-and-trading-standards/licensing/gambling/gambling-act-applications-and-licences>

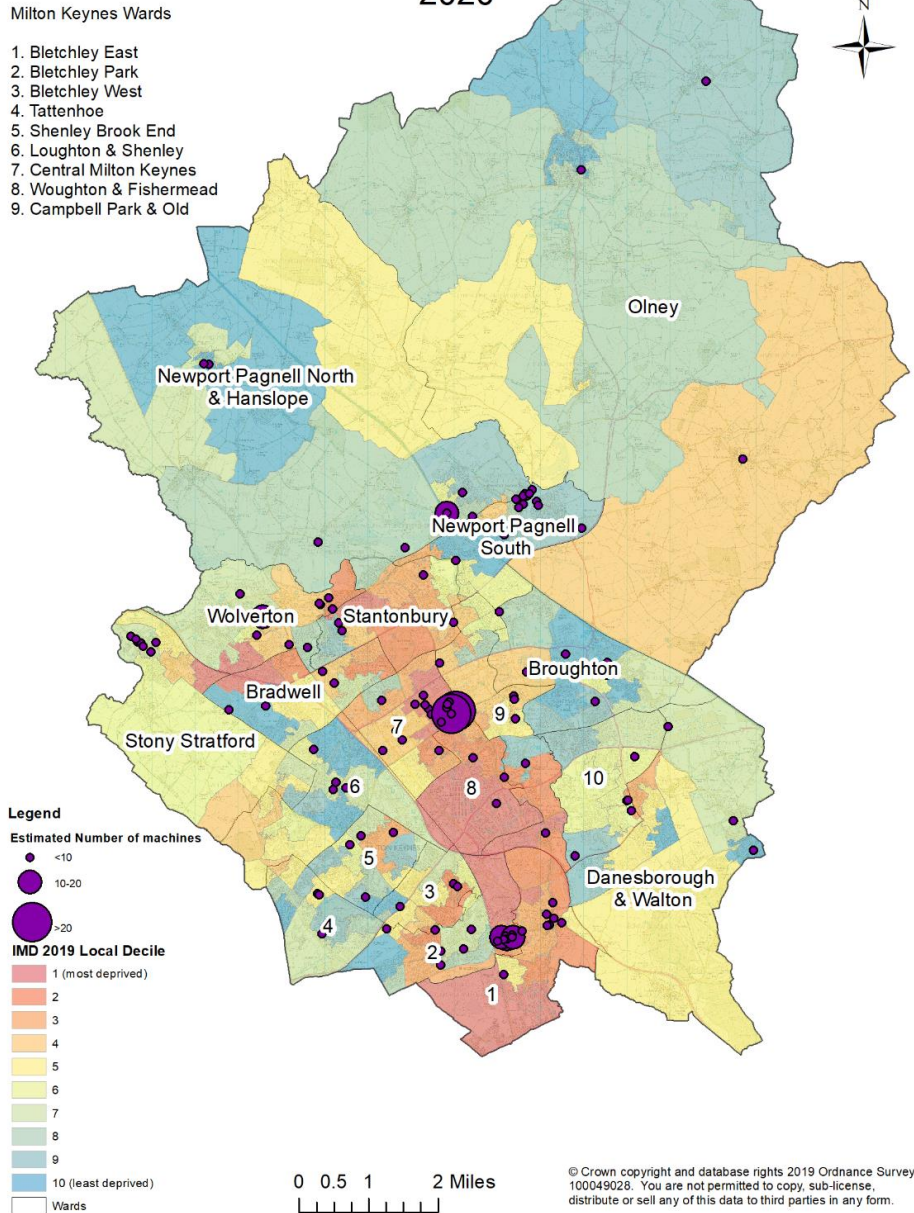




**Figure 7: Premises with a gambling licence across Milton Keynes, November 2019**

Source: [Index of multiple deprivation](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019), 2019 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019> ; Public registers ([Milton Keynes council, 2019](https://www.milton-keynes.gov.uk/environmental-health-and-trading-standards/licensing/gambling/gambling-act-applications-and-licences)) <https://www.milton-keynes.gov.uk/environmental-health-and-trading-standards/licensing/gambling/gambling-act-applications-and-licences>

**Milton Keynes - Gambling Machines and Premise Licenses, 2020**



**4.3. Casino attendances & self-exclusions**

It is estimated that The Casino MK has around 30,000 visits per month.

The Casino MK is part of the national self-exclusion scheme, which allows people to exclude themselves from all UK casinos. This is similar to the arrangement of the betting and adult gaming operators. People can express their wish to stop gambling for at least six months. People who exclude themselves from one premises can potentially exclude from other premises of the same operator or sector. The self-exclusion figures for The Casino MK show there are approximately 23 enrolments into the scheme per quarter.

#### 4.4. Gambling support in Milton Keynes

In early 2020, an Adult Drug & Alcohol Treatment Service was commissioned by Milton Keynes Council that also would deliver treatment to those experiencing problem gambling. Central and North West London NHS Foundation Trust (CNWL) were awarded the contract CNWL have experience of this provision through the their National Problem Gambling Service, and their offer proposed a satellite of this service as part of their delivery in Milton Keynes, substance misuse service launch in April 2020.

In addition, a peer Support, Advice, Mentoring, and Advocacy Service (SAMAS) has been commissioned by Milton Keynes Council from April 2020 and the contract was awarded to Community Led Initiatives (CLI) SAMAS support recovery through mentoring, group activities, community building and co-production to remove barriers to community inclusion for people who are socially excluded, facing complex issues such as drug and alcohol misuse and those who are experiencing issues with gambling.

They are also other services that individuals who require gambling support in Milton Keynes can access:

- Gamblers Anonymous meet on Tuesdays at the Quaker Centre and Fridays at Monkston Park.
- The National Gambling helpline and online chat support is provided by GamCare across the UK.
- Citizen Advice Bureau can provide support for financial difficulties

## 5. Milton Keynes Gambling Survey

In order to understand more about problem gambling identification and support in Milton Keynes, a gambling survey was conducted that looked at whether organisations/services are equipped to identify, treat or refer problem gamblers.

### 5.1. Methodology

The public health team identified organisations or services that may support those who may be at risk of problem gambling. A survey was adapted from on the Sheffield City Council's problem gambling survey. Milton Keynes based organisations/services were invited to complete the survey between October 2019 and February 2019. Types of organisations/services that were invited to participate included local authority services, criminal justice, health services, education and the third sector.

### 5.2. Findings

31 organisations responded to the gambling survey, of which 27 local organisations were identified by name and can be grouped as:

- Health sector (10)
- Third sector (8)
- Criminal justice (4)
- Local authority (2)
- Other services (2)
- Other public sector and commissioned services (1)

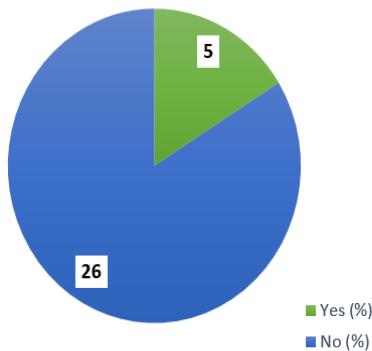
Schools were invited to participate but were not able to complete the survey by the time of writing. The findings of the report will be updated after schools have been able to complete the survey.

The key findings were:

- Over half (17/30) of respondent organisations ask about problems with gambling, but also reported that problem gambling is hard to identify and often missed or undiagnosed within service users
- 60% of organisations reported that problem gambling features for their service users 'very often' or 'sometimes'
- No organisation reported using a standardised screening tool for identifying problem gambling
- The majority of organisations (26/31) have not received training about problem gambling and so may not have the tools to identify problem gamblers, but they were keen to receive required training and tools to help identify problem gamblers
- Over half of the organisations (16/31) reported that they knew where to refer to problem gamblers, and the providers that were stated were appropriate
- 4 services reported offering treatment for gambling issues: CNWL (MK's mental health provider), KOOTH, YIS (youth counselling) and MIND
- The vast majority of organisations (93%) do not routinely collect data on problem gambling.

Below is a complete list of all of the questions asked, and the responses.

## Training

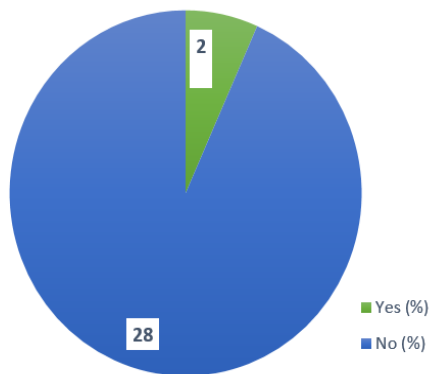


**In the past 12 months, has your service/organisation received any information or training (online, face to face, fact-sheets) about problem gambling?**

5 (16%) in 31 respondents had received any information or training in the 12 months.

A respondent stated,

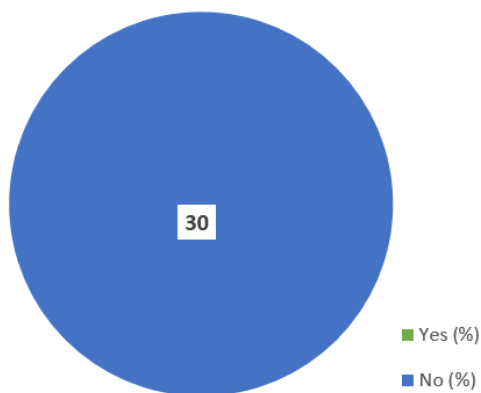
"I have no experience in this, but would be eager to have some face to face training as I do recognise that this is an issue that affects many lives".



**In the past 12 months, has your service/organisation conducted any problem gambling public awareness and prevention activities?**

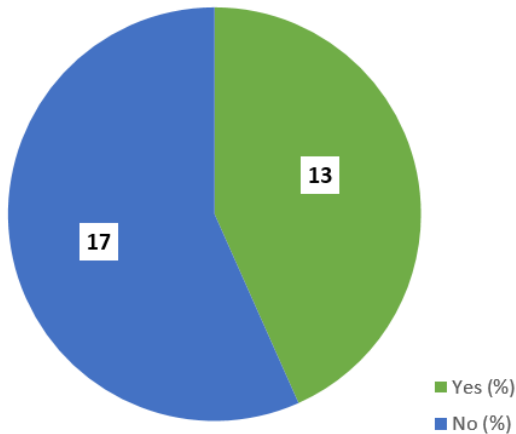
Only 2 (7%) out of 30 respondents had conducted any problem gambling public awareness and prevention activities.

## Identification of people with problem gambling



**Does your service/organisation use a recognised screening tool to identify and/or assess the severity of problem gambling e.g. Bet/Lie, GA-20, PGSI?**

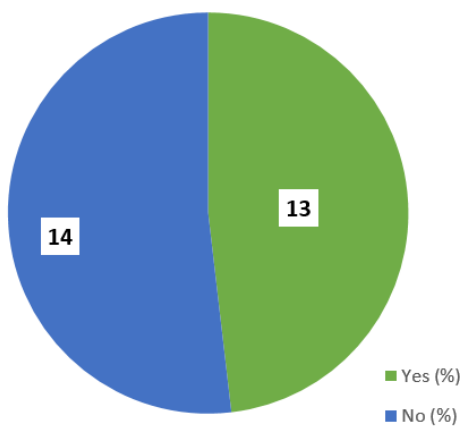
No respondents used a recognised screening tool to identify and/or assess the severity of problem gambling.



**Does your service/organisation ask questions about gambling habits?**

13 (43%) out of 30 of respondents indicated they asked about gambling habits.

**Referrals and treatment**

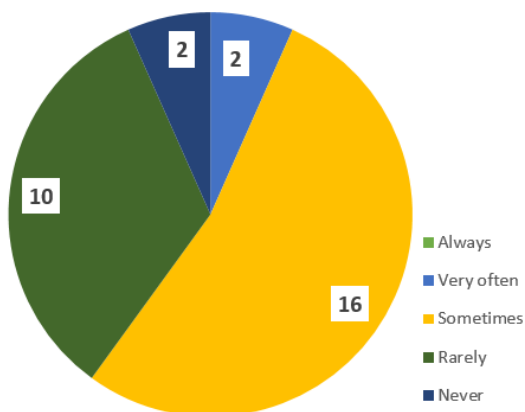


**Does your service/organisation know where to refer problem gamblers for effective treatment, debt advice or peer support? If yes, please specify.**

13 (48%) out of 27 respondents knew where to refer problem gamblers. The most frequently mentioned providers were Citizen Advice Bureau (4 respondents) Gamblers Anonymous (3 respondents) and Gamcare (3 respondents).

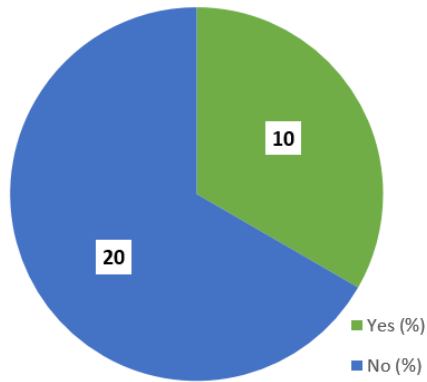
Only 1 respondent said they would refer to IAPT, the commissioned provider for is a free, confidential NHS mental health service

Most of the respondents did not have specialist skills, knowledge or training in problem gambling and would have to refer problem gamblers.



**To what extent does problem-gambling feature among your service users/organisation? (Always, very often, sometimes, rarely, never).**

2 (7%) respondents answered "very often", 16 (53%) respondents answered "sometimes" and 10 (33%) respondents "rarely".



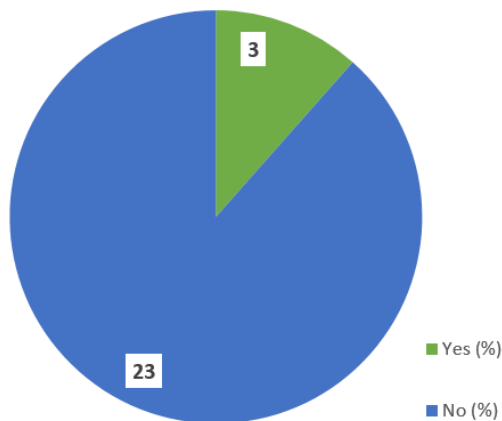
**Does your service/organisation offer treatment for problem gambling e.g. Cognitive Behavioural Therapy (CBT)?**

**10 (33%)** out of 30 respondents offer treatment for problem gambling.

Most of the positive (yes) responses were from GP/Health services (6).

*(GPs mainly deliver treatment through the internal Improving Access to Psychological Therapies (IAPT) referral)*

## Data collection



**Does your service/organisation collect data on problem gambling? If yes, please specify.**

Only **3 (12%)** out of 26 organisations collect data on problem gambling.

### 5.3. Survey conclusions

Although some organisation in Milton Keynes ask their service users about gambling habits, they do not use a standardised screening tool, and problem gambling may continue often be missed or undiagnosed within some service users. Organisations believe problem gambling is hard to identify amongst the other complex issues a service user may have, but also that some of their service users are likely to have gambling-related issues. This highlights the need for the consistent, regular use of a simple screening tool for problem gambling across all of the relevant services in Milton Keynes.

About half of survey respondents stated they knew where to refer problem gamblers, and many reported appropriate services. However, this means that about half of the survey respondents did not know where to refer problem gamblers, which suggests that not all organisations are aware of problem gambling support and gamblers may not get referred or signposted accordingly.

Most organisations have not received training about problem gambling, but were keen to receive such training to enable them to identify or support problem gamblers.

The vast majority of organisations do not routinely collect data on how many of their services users have problems with gambling. Routine data collection would enable a better understanding of the groups vulnerable to problem gambling in Milton Keynes, gambling behaviour, and enable better evaluation of gambling treatment services.

## 6. Report conclusions & recommendations

In Milton Keynes, around 1,500 adults and around 325 young people will have a problem with gambling. Gambling and problem gambling affects more young people than smoking or use e-cigarettes, emphasising the importance of prevention and early intervention for both the whole population and young people. Gambling and problem gambling is likely to disproportionately affect those with mental health issues, are unemployed or employed in routine and manual jobs, are homeless or have substance misuse issues. Gambling premises and machines are disproportionately located in the more deprived areas of Milton Keynes, increasing access for those who are already at heightened risk.

Those experiencing problem gambling may also experience concurrent issues such as substance misuse and mental health issues, which is why the newly commissioned gambling service is well placed, as it will be provided by the substance misuse treatment system.

Services that have face to face contact with residents in Milton Keynes do not routinely use a screening tool to identify problem gambling and data is rarely routinely collected, despite services believing that some of their service users are likely to experience problem gambling. Most organisations had no received training in the past year and only around half were aware of any places they could refer people who were experiencing problem gambling to.

Below are some recommendations based on the findings of this report.

Theme	Findings	Recommendations	
Prevention	More than half of the population gamble, and around 1,500 residents in Milton Keynes are estimated to have a problem with gambling. Stigma and shame are barriers to people seeking support or services.	1	Promote awareness of problem gambling, self-help options, peer support, the national self-exclusion scheme, and highlight that recovery is attainable for individuals with problem gambling.
	Gambling is relatively common among young people, with more reporting having gambled in the past week than had smoked, used an e-cigarette or recreational drugs. 1.7% of 11-16 year olds met the criteria for problem gambling.	2	Develop universal prevention strategies such as working with youth organisations and schools/colleges to raise awareness among staff and pupils, and ensure that staff can recognise problem gambling and are aware of the referral routes for support
	Gambling disproportionately affects those in our society who are already vulnerable (e.g. those who are unemployed or work in routine and manual jobs) and the gambling machines and premises are disproportionately distributed in areas of deprivation in Milton Keynes	3	<b>Recommendation to be confirmed with Licensing, Planning and Regeneration</b>
Early intervention	None of the services surveyed used a systematic screening tool for identifying people who may have a problem with gambling	4	Encourage use of the Lie/Bet screening tool for all frontline services
	The majority of services surveyed reported they had not received gambling-specific training, that there was a need for it, and that it would be welcomed.	5	Promote awareness and specialist or technical training for frontline staff, key organisations and gambling operators on gambling problems, symptoms, safeguarding and referral.
Treatment	Half of organisations surveyed were not aware of which other organisations they could refer individuals to for support, and those that were aware did not know the extent of the services that could support someone.	6	Promote referrals to new problem gambling support services through local partners who see those affected.
	A new service has recently been commissioned.	7	Evaluate the new gambling support service

	Those with problem gambling are more likely to also have issues with substance misuse or their mental health	8	The new gambling support service should have strong links with substance misuse services (or be able to treat both simultaneously) and mental health services
Data and monitoring	The vast majority of services surveyed did not routinely collect information about service users that have problems with gambling.	9	Encourage services to routinely collect information on the number of their service users that are problem gamblers

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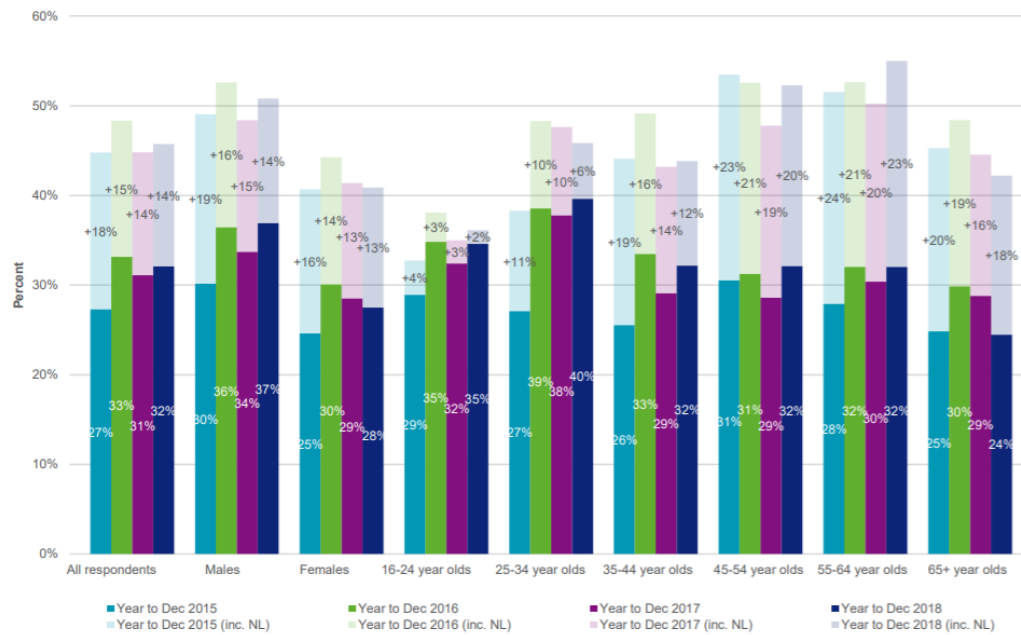
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## 8. Appendices

### 8.1. Appendix 1: Gambling Participation

National gambling participation estimates in the past four weeks, including and excluding participation in National Lottery draws, by gender and age (n=4,009), 2015-2018.

Source: [Gambling participation in 2018: behaviour, awareness and attitudes](#)



## 8.2. Appendix 2: Screening tools for problem gambling

There is a range of screening tools for problem gambling available. The Lie/Bet tool is the one Public Health would recommend as it is very straightforward, is based on predictors of problematic gambling, and asks just two questions:

1. Have you ever had to lie to people important to you about how much you gambled?
2. Have you ever felt the need to bet more and more money?

If the participant answers 'yes' to either question, they require a further assessment and should be referred to services able to support them.

There are, however, other screening tools available. Two further are detailed below, the Gamble Aware General Screening Tool (GAST-G) and the Problem Gambling Severity Index (PGSI). For more information, please see below.

### 8.2.1. Gamble Aware General Screening Tool (GAST-G)

Questions are divided into basic questions (Q1-4), dependence (Q5-7) and risked relationships (Q8-9) to assess gambling behaviour of the individual and effects on others (Gam care 2019; Gambling anonymous, 2020; National Council on Problem Gambling, 2020).

1. Is gambling affecting you or someone close to you?" (Yes/No) If yes, we would like to know how gambling is affecting you or someone close to you. Please specify.
2. Do you gamble regularly? (Yes/No)
3. Do you often gamble more than you can afford to? (Yes/No)
4. Have you ever felt remorse after gambling? (Yes/No)
5. Have you ever gambled to escape worry, trouble, boredom, loneliness, grief or loss? (Yes/No)
6. During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down gambling? (Yes/No)
7. Have you sought out support for problems with gambling? (Yes/No)
8. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? (Yes/No)
9. During the past 12 months, have you had financial trouble because of your gambling that you had to get help with living expenses from family, friends or welfare? (Yes/No)

### 8.2.2. Problem Gambling Severity Index (PGSI)

The PGSI quiz asks participants to self-assess their gambling behaviour over the past 12 months by scoring themselves against nine questions:

1. Have you bet more than you could really afford to lose?
  - Never
  - Sometimes
  - Most of the time
  - Always
2. Have you needed to gamble with larger amounts of money to get the same feeling of excitement?
  - Never
  - Sometimes
  - Most of the time
  - Always
3. Have you gone back on another day to try to win back the money you lost?
  - Never
  - Sometimes
  - Most of the time
  - Always
4. Have you borrowed money or sold anything to gamble?
  - Never
  - Sometimes
  - Most of the time
  - Always
5. Have you felt that you might have a problem with gambling?
  - Never
  - Sometimes
  - Most of the time
  - Always
6. Have people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?
  - Never
  - Sometimes
  - Most of the time
  - Always
7. Have you felt guilty about the way you gamble or what happens when you gamble?
  - Never
  - Sometimes
  - Most of the time
  - Always

8. Has gambling caused you any health problems, including stress or anxiety?

- Never
- Sometimes
- Most of the time
- Always

9. Has your gambling caused any financial problems for you or your household?

- Never
- Sometimes
- Most of the time
- Always

### **Interpreting the score**

Scores can be determined by scoring one point for a “yes” each question that and adding the total points.

0: No problem with gambling

1-4: Some problems with gambling

5- 9: Possible problem gambler