

14. Any other comments on prevention:

What other actions should be considered? How could these actions be taken forward and which organisations should be involved?

Whole system approach

We fully support a whole system approach in tackling and preventing gambling related harms. All partners should work together both nationally and at local level.

At a national level this would include ensuring all the main public health agencies and other organisations with an interest in gambling are involved including the Royal Society for Public Health. As the leading independent membership, education and campaigning body for those working in public health we are keen to play a role, supporting key agencies such as Public Health England in their role as national public health campaign leaders.

RSPH has recently (with the support of GambleAware) announced the formation of a national Gambling and Health Alliance which will bring together organisations and individuals, specifically policy makers, who have a shared interest in reducing the damage caused to health and wellbeing from gambling. The Alliance will mobilise different organisations and co-ordinate their activities to strengthen prevention efforts and ultimately improve access to treatment for people with gambling problems. support policy-making and policy makers to address the social, economic and cultural factors that contribute to gambling harm and the inequalities in health caused by it. It will engage with the health community but also the wider corporate and government agencies who have a role to play in reducing gambling related harm.

The alliance will seek to:

- Highlight the rising levels of gambling related harm
- Engage and influence policy makers, Government, NGOs and public health community in order to encourage positive action
- Promote evidence so it can be translated into practical steps

We support the ambitions contained in the Gambling Commission strategy to develop a public health model for prevention and education, underpinned by a solid evidence base, as part of a system-wide approach. We therefore back the forthcoming evidence review by PHE, the call for evidence by NIHR and the referral to NICE to consider treatment options as well as the recommendations in the NHS 10 Year Forward Plan. We believe that a systemwide integrated plan

which prevents harm, especially to children , provides early warning of problems as well as timely treatment an support in all sectors needs to be developed.

In addition to a joined up national approach we support the need for the development and implementation of local health plans. It is important to ensure that there is consistency across Local Authorities in dealing with gambling related harms, and where appropriate this could be written into Joint Strategic Needs Assessments (JSNAs) and welcome guidance such as was provided by PHE and LGA in 2018.

We also welcome the progression of a framework to measure gambling related harms. As is demonstrated in the Gambling Framework for Action, and from our previous work on the related subject of high cost credit, we recognise that this is also a health inequalities issue and those with lowest socio-economic status (SES) are most at risk. It is therefore important that we better understand who is at risk from developing gambling related harms.

As is outlined in the Gambling Framework it is vital that we understand the social costs associated with gambling harms and welcome the development of metrics to attribute social costs to gambling related harms. In our report, Life On Debt Row, RSPH examined the harms caused by high cost credit and these may be similar in nature to some of the impacts gambling has not just on health and wellbeing, but broader areas of life. Based on our findings on this campaign, we would want to ensure that the harms measured include mental and social wellbeing (such as social isolation); the link with other behaviours (such as alcohol and substance misuse) and wider determinants of health (such as how gambling related harms influence an individual's housing situation, education, employment or ability to access healthcare).

Workforce

The wider public health workforce has a vital role in implementing national plans around prevention. The wider workforce is composed of some 15 million people in paid employment and 5 million unpaid carers. This workforce can provide brief interventions and signposting to more specialised support services, for those at risk or who may be affected by problem gambling, using a Making Every Contact Count (MECC) approach. There are a range of tools such as the Brief Intervention Guide, developed by GambleAware, which is a resource to assist workers to provide brief intervention to address risks and harms related to problematic gambling.

To ensure that gambling related harms are recognised by those in the healthcare and public health workforce it is important that additional resources, which are developed for other risk factors such

as smoking and alcohol are also created to recognise gambling related harms. For example, PHE and RSPH have developed a framework for Healthcare Professionals to better measure their public health impact in a uniform and comparable way – this has been developed for priorities such as obesity, tobacco and mental health; initiatives such as this should be adopted for gambling. We also understand that there is significant demand from healthcare professionals, such as Allied Health Professionals to better understanding what support is available for those at risk of gambling related harm, which in turn can be used for initiatives such as social prescribing.

Education

Education is a critical strand in prevention. The effect of gambling on young people's health and wellbeing is a subject of increasing research and investigation in the UK. The 2018 annual report published by the Gambling Commission from 2018 indicates that approximately 14% of 11-16 year olds had spent their own money on gambling in the seven days prior to completing the survey. This is up from 12% in 2017 and compares to 13% who had drunk alcohol in the past week, 4% who had smoked cigarettes and 2% who had taken illegal drugs. Given the numbers of young people who are exposed to gambling – through advertising and promotional activities, we fully support further work to increase prevention efforts particularly around education. Just as we support education to young people on the risks of many long standing risk factors such as smoking, alcohol and substance misuse, we would also support increased education for young people in schools and informal education on the health harms associated with gambling. As with other risk factors we would want to ensure that educational activities that are provided are evaluated to ensure that they are not counter-productive. We would advocate that PSHE Education may provide a suitable platform in which to discuss gambling related harms. However, population-wide education through universal PSHE should also be complemented by specific interventions targeted at particularly high risk of gambling-related harms.