



## Southampton City

Friday 8<sup>th</sup> March 2013

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Dear Richard

### Southampton Large Casino Evaluation Criteria Procedure Note Consultation

I am grateful to have had the opportunity to discuss with you the Council's proposal to award a license for a large casino and my concerns about the potential impact on public health. You have advised that the consultation on the evaluation criteria would be the appropriate time to set out my concerns.

Problem gambling has negative individual and societal impacts. Given that research has shown that a high prevalence of problem gamblers is associated with casinos, this development is a cause for concern with regards to the health of the public.

Attached to this letter is my response to the Southampton Large Casino Evaluation Criteria Procedure Note Consultation. I have enclosed a briefing paper on the public health implications of casinos, which sets out recent research on this issue and indicates the potential range and magnitude of harm to Southampton residents.

The paper also contains a range of recommendations and mitigations. I acknowledge that the casino industry is heavily regulated so many of our recommendations are consistent with the Gambling Commission's own Conditions and Codes of Practice; in particular their ordinary code provisions which describe best practice. Our recommendations also reflect and develop on sections in Southampton City Council's Statement of Principles 2013-2016.

I would ask that our response to the consultation and the mitigations described in the briefing paper are fully considered during the design and conduct of the application process to ensure that any large casino in Southampton is operated with appropriately high levels of social responsibility, and with the maximum possible measures in place to mitigate negative impacts on health and well-being.

Yours sincerely,

**Dr Andrew Mortimore**

GMC No. 2442515

Director of Public Health, Southampton City





## **Southampton Large Casino Evaluation Criteria and Procedure Note Consultation**

The Gambling Act 2005 provides the Council with the opportunity to grant a Large Casino Premises Licence. It is the only authority in the South of England (outside London) to be able to do so.

Before a large casino licence can be granted, the Council must produce an application pack. This pack must include a procedure note which describes the process the Council proposes to follow, and evaluation criteria against which applications will be scored.

The draft procedure note and evaluation criteria are available for download from [www.southampton.gov.uk/casino](http://www.southampton.gov.uk/casino)

The draft evaluation criteria comprise 3 main scored criteria, which can be summarised as follows:

1. Regenerative Impact – points are awarded to applications that best demonstrate deliverable regeneration to the City, including physical regeneration, tourism, and employment opportunities.
2. Problem gambling – applicants are expected to demonstrate that they have adequate policies and programmes in place to deal with problem gambling and vulnerable people. This criteria awards points to applicants who exceed basic legal requirements by proposing innovative and proactive measures.
3. Financial – the opportunity for an applicant to offer an annual financial contribution as a percentage of gross gambling value.

The draft procedure note and evaluation criteria have been considered by Council, and will now be consulted upon with members of the public and potential applicants. The consultation results and final documents will go back to Council in March for final approval.

This consultation will run from Monday 11th February to Sunday 10th March 2013. Interested Parties and applicants will have an opportunity to make specific representations in relation to the grant of a large casino licence in due course. This consultation is only in relation to the 2 draft documents described.

**Please give us your views on the draft procedure note and evaluation criteria**

This consultation response from the Director of Public Health, Southampton, considers the public health implications of the development and the licencing process.

Draft procedure note:

It is important that the initial application is detailed enough to make a decision. If there is only one applicant, the second stage of the application process is not activated, which means that the extra detail required for this stage is not received. This may make it more difficult to assess the quality of the application and negotiate for improvements or mitigations.

Evaluation criteria:

"Problem gambling" has only been allocated 125 points out of 1000 in the scoring matrix. This means an applicant may win the bid with the legal bare minimum of mitigating measures.

We agree that meeting the minimum criteria according to the Gambling Commission's conditions and codes of practice should not merit points and that a wide range of exemplary practice should.

We agree that the applicant should commit to collaborate with local and national gambling groups but there should be a wider definition of potential collaborators.

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**Please detail any specific amendments you believe should be made to the draft documents, and the reasons for these amendments**

Draft procedure note:

Section 5.4 it should stipulate that the applicants have to evidence the benefits that their proposed application would give, if granted.

Evaluation criteria:

We would strongly recommend that point allocation in the scoring matrix is changed. We propose that the Regenerative Impact score is allocated a maximum of 600 points, the Problem gambling score a maximum of 275 and the Financial Score a maximum of 125 points. This will help ensure that mitigating factors for problem gambling are given due consideration in the application procedure, while still recognising the importance of economic development and regeneration.

We would strongly recommend that the Gambling Commission's Conditions and Codes of Practice applicable to non-remote casino licences is used as a key reference. We would recommend that the

Ordinary Code provisions (which do not have the status of licence conditions but are recognised as good practice) are specifically addressed in the application. The applicants should be asked to give justification for not including measures described in the ordinary code provisions in their application. This is to ensure that applicants who apply a wide range of mitigating measures across the ordinary code provisions will be given higher points, but also that they will not be penalised if it is not practicable to apply some of these measures.

We would also specify under point 2 that the casino provider should also share data relating to the exclusion scheme. We note that this data forms part of the monthly return casinos must make to the Gambling Commission.

We would specify that the collaboration proposed under point 2 should be extended to include "stakeholders including healthcare providers and public health"

Alongside the consultation on the documents above, the following comments and recommendations are made regarding Southampton City Council's Statement of Principles 2013-2016.

**Section 9.5.6:** Contributions from casino operators collected under section 9.5.6 of the revised Statement of Principles should be provided to NHS commissioners to ensure that local healthcare/third sector staff are adequately trained in evidence-based interventions to support problem gamblers and their families. This fund could also be used for research relating to problem gambling.

**Section 9.5.7:** Put in place a formal system for the collection and regular review of the data listed in section 9.5.7 of the revised Statement of Principles and agree thresholds for action and a clearly defined pathway for managing those with problem gambling. This could include a standard letter being sent to primary care when someone self-excludes, although this would have to be agreed with the individual

**Section 15.24:** The applicant should demonstrate their "greatest benefit" with evidence.

**Section 15.34:** The menu should contain healthy options and calorie counts.

**Section 15.43:** This section should specify Public Health in Southampton Local Authority.

**Section 15.47:** "The Policy is likely to set out how advice and support will be provided to those engaged in or affected by problem gambling" should be replaced by "The Policy must set out how advice and support will be provided to those engaged in or affected by problem gambling".

**The Policy should include details on self exclusion policies, i.e. the management and application of such an intervention.**  
**Section 15.53: The non gambling refuge should have a visible clock on the wall and natural light. The facility to phone a national helpline should be free of charge. Leaflets and promotional material should be published in languages reflective of the ethnic diversity in Southampton.**

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# Public health impacts of gambling: a summary of the evidence

Helen Cruickshank and Dr Marie Casey, March 2013.

## 1. Purpose

The purpose of this paper is to provide an updated overview of the evidence of the public health impact of gambling, specifically with reference to large casinos. Structured searches were undertaken on Medline, Embase and Psychinfo, but in the absence of relevant systematic reviews in the academic literature, evidence has also been taken from other sources.

## 2. Definitions

Gambling can be defined as risking money or valuables on the outcome of a game, contest or other event in the hope of winning additional money or material goods (1). In the UK, problem gambling is described by the Royal College of Psychiatrists as gambling that disrupts or damages personal, family or recreational pursuits (2). Problem gambling can be assessed using different screening tools, such as the Diagnostic and Statistical Manual of Mental Disorders, fourth edition for pathological gambling (DSM-IV) (3) or the Problem Gambling Severity Index (PGSI) (4). These are criteria-based tools which can be used in a clinical setting as well as for prevalence studies.

## 3. Size of the issue

The Gambling Commission has commissioned three national prevalence surveys in Great Britain since 1999. The most recent, in 2010, surveyed 7,756 people (5). Key findings included:

- 73% of the adult population (age 16 and over) participated in some form of gambling in the past year (approximately 35.5 million adults). This was an increase from the last survey in 2007 (68%) but similar to 1999 (72%).
- The most popular gambling activity was the National Lottery, but excluding those who had only gambled on the National Lottery, 56% of adults participated in some other form of gambling.
- There was an increase from the previous surveys in some forms of gambling, eg buying scratchcards, online gambling (poker, bingo and slot machine games) and fixed odds betting terminals. The biggest decrease has been football pools.
- Men were more likely to gamble in the past year than women (75% vs 71%) and participation was highest in the 44 – 64 age group.
- The level of participation in casino games in the past year has remained constant at 4% in 2007 and 2010.

- Problem gambling (all forms) was estimated at 0.9% of the adult population (confidence interval 0.7 – 1.2) using the DSM-IV criteria and 0.7% (confidence interval 0.5 – 1) using the PGSI criteria. In Southampton, a crude estimate of problem gambling in adults based on this prevalence data is between 979 and 2,349 people. (Note that this has been calculated using Hampshire County Environment Department's 2010 Based Small Area Population Forecasts for Southampton for those aged 15 and over)
- There was a significant increase in problem gambling in 2010 (0.9%) from both 1999 and 2007 (0.6% in both years). This needs to be monitored in future years to establish whether there is an upward trend in problem gambling or whether this was a temporary fluctuation.

When an individual has a gambling problem, it can also adversely affect their friends and family (for example through relationship breakdown or outstanding debts). The potential impact may be wide ranging and is difficult to quantify, but using the data from the prevalence survey, if it is assumed that a minimum of two others are significantly affected by an individual's gambling problem, it can be estimated that between 3,000 and 7,000 people in Southampton may be adversely affected by problem gambling overall.

#### **4. Inequalities and problem gambling**

In the 2010 prevalence survey, the highest rates of problem gambling were seen in young males, aged 16-24. There was a higher prevalence of problem gambling in those of Asian/Asian British ethnic origin (2.8%) compared to White/White British (0.8%). Problem gambling was higher among those who live in more deprived areas (1.8% for IMD quintile 4) and lowest among those in the more affluent areas (0.6% for quintile 1). In terms of employment status, unemployed people had a higher prevalence of problem gambling (3.3%) and retired people had the lowest (0.1%).

#### **5. Casinos and problem gambling**

Of those playing casino games<sup>1</sup> regularly (at least once a month), the 2010 prevalence survey found that 13.9% were problem gamblers (as defined by DSM-IV). This compares to 1.5% who regularly participate in the National Lottery and 20.3% who regularly play poker in a pub or club. Figure 1 shows that amongst the different types of gambling activity, casino games are associated with one of the highest levels of problem gambling.

Although the confidence intervals are relatively wide in figure 1 (due to the number sampled), the finding that people attending casinos regularly have relatively high levels of problem gambling is supported by other research in the UK. The 2007 Great Britain prevalence survey<sup>2</sup> found that 14.9% of people who had played casino games in the past

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<sup>1</sup> Including on-line casino games

<sup>2</sup> Classified regular gambling as past week instead of past month and did not include online casino games



week were problem gamblers, using DSM-IV criteria. In 2009, this estimate was as high as 25.8% (although based on a small sample size). In 2000, Fisher undertook a study (6) of over one thousand patrons attending 40 UK casinos and found that 14.8% of those who attended regularly (at least once a week) were problem gamblers. These studies together suggest that among those who regularly attend a casino, up to one in seven may have a gambling problem (based on an estimate of 14% problem gambling prevalence).

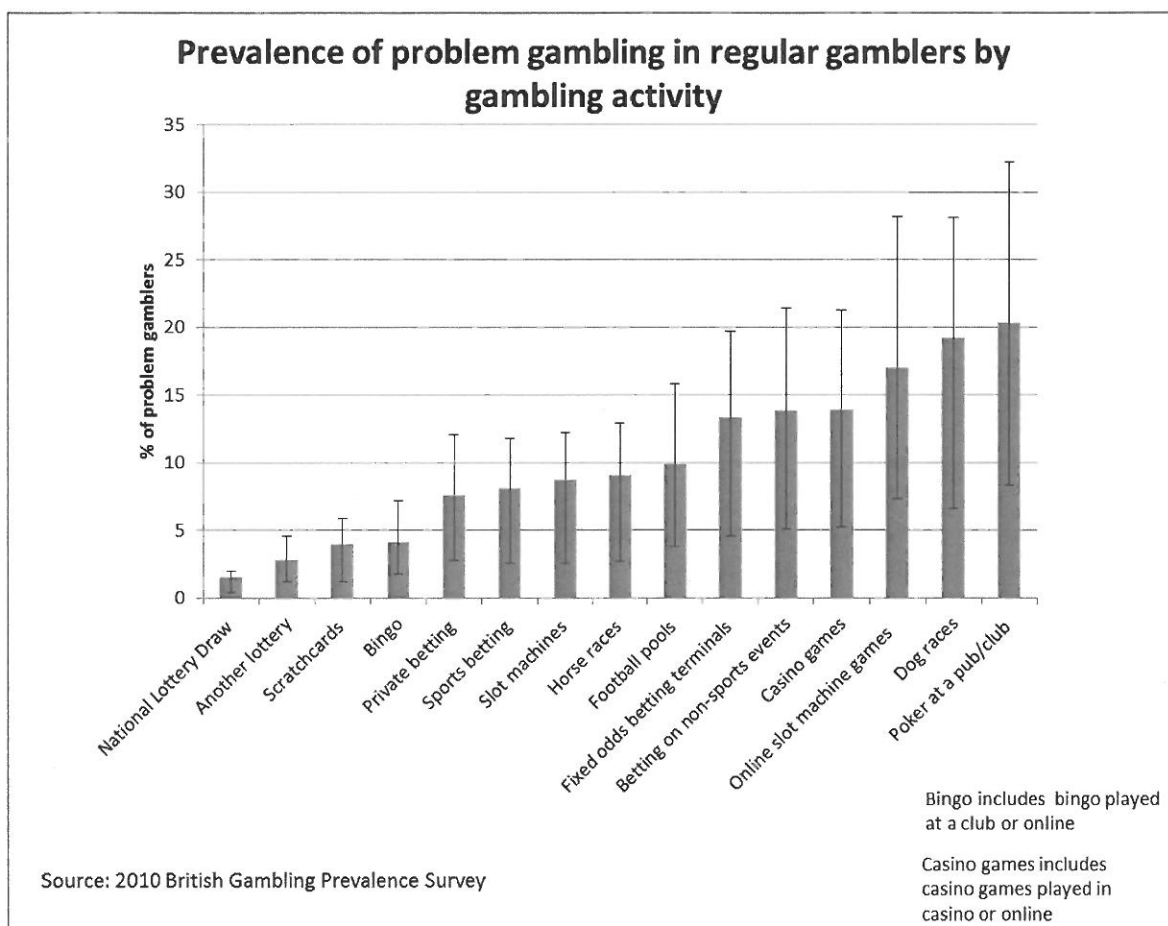


Figure 1

## 6. Public health impact

As demonstrated by the prevalence survey, the overall number of problem gamblers in the population is low. However, for these people and their families, there may be multiple health and social consequences of gambling.

Although many studies have been carried out on the effects of gambling on individuals and the wider communities, there have been wide-ranging differences in the variables investigated (e.g. the form of gambling, type of population, regulatory approach of the country). Perhaps as a result of this, there is a shortage of systematic reviews to provide overall conclusions, particularly relating to casino development in the UK. However, a

comprehensive review of the impact of casinos was commissioned by the Department of Culture, Media and Sport in 2007 (7). This report assessed international evidence for the impact of casinos on crime, the economy, public health and the community. The main findings are summarised below.

**i. Health and social impacts**

- Problem gamblers have a significantly higher risk of psychiatric disorders, alcohol and drug misuse and smoking compared to non-gamblers.
- Families of problem gamblers may experience emotional distress, financial problems and health problems.
- There are higher rates of separation and divorce among problem gamblers compared to the general population.
- Children of problem gamblers are at risk of drug misuse, eating disorders and mental ill health.
- There is a lack of research on the social impact of casino developments on the local community.

**ii. Economy**

- There are potential economic benefits in terms of job creation, attracting visitors to the area and improved infrastructure.
- Problem gambling is associated with issues at work including lateness, absences, poor concentration and inefficiency.

**iii. Crime**

- Problem gamblers who have sought help are involved in more criminal activity than non-gamblers.
- There is a lack of reporting and research about criminal activity within casinos themselves ('in-house' crime eg involving staff).
- There is comorbidity of gambling with alcohol and substance misuse which may also be linked with criminal activity.
- There is no consensus from the evidence on whether the arrival of a new casino leads to an increase in crime, due partly to variations in how crime is reported and how data is recorded.
- The overall evidence on the association between casinos and crime is inconclusive but this is likely to be due to the variations in the complex interplay of factors for each locality – for example population size, demographic profile, economic prosperity.
- In July 2012, the Culture, Media and Sport Select Committee published a report into the impact of the 2005 Gambling Act (8). The report found from the evidence submitted that

the Act had not led to any significant changes in the levels of crime and disorder associated with the gambling industry.

## 7. Mitigation measures

Steps to minimise the potential harm of a casino development are outlined in Southampton City Council's revised Statement of Licensing Principles (draft September 2012). In addition to these steps, the following measures are recommended to reduce the public health impact if a large casino is built in the city.

- Identify existing local organisations and services that have the necessary skills to support people with gambling problems and establish clear pathways between the casino and services for identification and referral of individuals.
- Stipulate that contributions from casino operators collected under section 9.5.6 of the revised Statement of Principles are provided to NHS commissioners to ensure that local healthcare/third sector staff are adequately trained in evidence-based interventions to support problem gamblers and their families. This fund should also be available to support research relating to problem gambling.
- Promote a healthy environment within the casino including no alcohol promotions, availability of healthy food options with calorie counts and access to rest/outside areas away from the casino games.
- Put in place a formal system for the collection and regular review of the data listed in section 9.5.7 of the revised Statement of Principles and agree thresholds for action and a clearly defined pathway for managing those with problem gambling. This could include a standard letter being sent to primary healthcare providers when someone self-excludes, although this would have to be agreed with the individual.
- Develop a city-wide self exclusion policy across all premises licensed for gambling. This should facilitate the voluntary exclusion of individuals from *all* specified locations to prevent someone who has requested exclusion from one premises (for example a casino) to enter another premises (such as a betting shop) run by a different operator.
- In recognition of falling wages in Southampton, and the knowledge that problem gambling disproportionately affects certain groups in the population, the casino operator should avoid any targeting of socially disadvantaged groups.
- As significant proportion of regular casino gamblers are problem gamblers, the casino operator should be encouraged to proactively identify all customers who are attending one or more times per month, and target them with information, advice and sign-posting to interventions.

## **8. Conclusion**

The level of problem gambling in Great Britain is estimated at just below 1% of the population. This represents a small proportion of the population but can be roughly estimated as 400,000 people nationwide or approximately 1762 people in Southampton. Research shows that people who attend casinos regularly have an increased risk of being problem gamblers. There is evidence that problem gamblers and their families are at risk of significant health and social problems such as mental illness, drug and alcohol misuse, relationship breakdown, criminal activity and financial difficulties. The development of a new large casino will increase access to gambling opportunities for those at risk of problem gambling and measures should be put in place to minimise that risk and support those seeking help.

The evidence around the wider impacts of casino development at a community level is less clear. There is clear potential for economic benefits from job creation and increasing visitors to the city, but it is important that if a casino development goes ahead, data relating to negative impacts should be carefully defined, collected and monitored.

## 9. References

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