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A health impact assessment of the effect of gambling on Guernsey in 2019

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About this Report

The Public Health Institute, Liverpool John Moores University, was commissioned to carry out a Health Impact Assessment to assess the needs of the Guernsey population in relation to problem gambling, and to obtain more precise information on gambling in general. Alderney were also invited to participate in the research but declined. The research was carried out between September 2019 and February 2020 and findings should be considered in light of this.

Ethical approval for the research was granted by the Liverpool John Moores University Research Ethics Committee (**19/PHI/044**).

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Summary

Background

Gambling has been identified as a UK public health concern, with the Gambling Association advocating a public health approach across the continuum of risk (from those 'at risk' through to problem gamblers). Recreational gamblers are more likely to report poor physical and mental health and increased risk of health risk behaviours such as nicotine dependence, alcohol use disorder, and substance use. Other health related harms of gambling include financial crisis, family problems, difficulties in education or employment and criminal or legal problems.

A range of online and offline gambling activities are available to the residents of Guernsey including licensed bookmakers and The Channel Islands lottery (the oldest lottery in the British Isles) which generated £10.8 million of sales in 2017. The 1973 Gambling (Guernsey) Law prohibits all forms of gambling unless authorised via permit by the Office *of the* Committee for Home Affairs (OC*f*HA). This has been followed by two policy letters (in 2007 and 2015) which aimed to modernise the existing framework with measures including an increased control of commercial gambling, a more proportionate system for low-risk activities (for example at charitable events) and addressing the introduction of fixed-odds betting terminals.

In 2014, the States of Guernsey Culture and Leisure department were directed to work with the Home Department to consider initiatives to support people with gambling problems, with the Policy & Resources Committee given authority to fund relevant initiatives. Further evidence is needed on the prevalence and types of gambling in Guernsey to assess the impacts on health and wellbeing and support available for at-risk and problem gamblers. In light of this, the Public Health Institute at Liverpool John Moores University was commissioned to carry out a Health Impact Assessment (HIA) to assess the needs of the Guernsey population in relation to gambling.[1] The research was carried out between September 2019 and February 2020 and findings should be considered in light of this.

HIA Methods

The four key procedures recommended by the World Health Organization for HIA were followed:

- **Scoping:** the HIA scope was defined by a steering group of relevant stakeholders and included gambling prevalence, the impact of gambling on the population's health and wellbeing, stakeholder perspectives on gambling in Guernsey, and an appraisal of current services
- **Appraisal:** evidence was gathered using a range of methods: 1) a prevalence survey using standardised methods to measure gambling prevalence, attitudes, wellbeing, and alcohol use in two phases (a representative sample and open to all members of the public) between October and November 2019; 2) in-depth interviews with 14 stakeholders who could influence support for problem gamblers; 3) a stakeholder event attended by 22 people from relevant services in Guernsey.
- **Reporting:** conclusions have been triangulated from the survey and qualitative stakeholder data to produce a Theory of Change and recommendations for developing a whole systems approach to gambling in Guernsey.

[1] An invitation to participate in this HIA was extended to the (then) Chief Executive for the States of Alderney, however they did not wish to participate.

- **Monitoring:** we assessed the types of evidence currently collected and assessed gaps to provide recommendations on data which could be collected in the future to monitor the outcomes of gambling-related interventions.

Findings

Survey data are reported for the year ending November 2019 and have been adjusted to match the Guernsey population demographics (gender and age) unless otherwise stated.

Gambling prevalence

Overall prevalence of any gambling activity was higher than comparable surveys from the Isle of Man and Great Britain. Almost four in five (79.9%) of adults had participated in one or more gambling activities in the past 12 months with 67.5% having participated in the Guernsey Christmas Lottery. The prevalence of any gambling excluding lotteries was 60.5%. The second highest gambling activity was the purchase of scratch cards (46.3%). In person gambling was more common than online for the majority of gambling activities (with the exception of sports events, horse/dog race and spread betting), with 16.5% of participants having gambled online. The highest prevalence of weekly gambling was among those who participated in spread-betting (24.0%) or sports events (22.5%).

Overall gambling prevalence was higher among females (81.2%) than males (78.5%), but when Lottery participation was excluded, this was higher among males (61.4% vs 59.7%). Over 90% of adults aged 45-54 years had gambled in the past year, with 18–24-year-olds reporting the lowest prevalence (51.3%).

Participating stakeholders described how gambling prevalence in Guernsey was facilitated by availability, accessibility, and culture. Stakeholders described how gambling was often normalised amongst families, social groups and society, and perpetuated by the mainstream media: "*It's very difficult when you're getting those sorts of psychological nudges to not say it's socially acceptable to be gambling"* (Prison service). In particular, stakeholders commented how online gambling had reduced some of the physical and psychological barriers to gambling: "*there's a lot of social barriers that you have to climb to actually walk into a bookies and now they've gone. You can access it via your phone"* (Prison service).

Scratch Cards

The second highest gambling activity was the purchase of scratch cards with almost half (46.3%) of adults purchasing them in the past 12 months. Past 12 month prevalence was significantly higher amongst Guernsey adults compared to Isle of Man adults (29.3%) and Great Britain adults (21%), with prevalence almost double amongst Guernsey adults compared to their counterparts. Furthermore, analysis of scratch card revenue for Guernsey and Jersey demonstrates that sales of scratch cards in Guernsey were higher than Jersey every year since 2013 (data to 2021). A large proportion of stakeholders felt scratch cards were particularly problematic in Guernsey and that this was facilitated by easy availability and accessibility. They also felt the high levels of scratch card use encourages gambling behaviours and that these activities could normalise gambling amongst families, social groups and society. This conclusion is supported with the finding that place of birth was significantly associated with scratch card use, and was higher amongst adults born in Guernsey compared to those born elsewhere. Critically, analysis of scratch card revenue suggests a year-on-year increase in scratch card sales since 2013 (data to 2021). Further exploration of whether site of sale is a factor in higher scratch card use in Guernsey compared to other jurisdictions is needed. These findings suggest the need for initiatives to provide early intervention and prevention, enabling people to acknowledge and address the potential harms associated with gambling in Guernsey. Examination of demographic

associations with scratch card use can provide information for targeting of screening, prevention and intervention efforts. Specifically, prevalence of scratch card use was significantly associated with gender, age, employment status, home ownership status, and place of birth with prevalence highest amongst females, those aged 35-44 years, those who were employed, those who don't own their home, and those who were born in Guernsey. Critically, more than any other type of gambling activity, scratch card use was significantly associated with a range of poor health indicators including poor general health, low mental wellbeing, being overweight or obese, regular GP visits, mental health/counselling service attendance, poor diet, daily tobacco smoking, financial problems, and violence perpetration. Whilst these are cross-sectional associations and thus causation cannot be established they have some crucial implications for policy and practice. Specifically, the associations with health service use may provide opportunities for screening for scratch card use and provide opportunities for support and intervention. This is important due to the range of poor health and social outcomes associated with scratch card use, some of which may be a direct factor associated with use (e.g. financial problems), whilst others may represent an indirect association (financial problems mediating link to mental health problems).

Gambling risk and outcomes

Adults who had participated in any form of gambling in the past 12 months reported significantly higher prevalence of overweight and obesity (62.3%), regular GP visits (49.5%), violence victimisation (32.4%), violence perpetration (27.4%), binge drinking (17.2%) and tobacco smoking (7.1%) compared with non-gamblers.

Problem gambling is typically defined as the degree to which gambling compromises, disrupts, or damages family, personal or recreational pursuits. At risk gamblers are those who show some signs of problematic gambling but remain below the threshold of problem gambling. Two screening tools were used to identify gambling problems in the survey – the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and Problem Gambling Severity Index (PGSI). Amongst Guernsey adults, 6.7% were identified as at risk gamblers and 0.9% as problem gamblers. Prevalence of at risk gambling was higher among males (9.0%) than females (4.5%) and amongst 18-24 year olds (18.9%) with prevalence decreasing with age. The prevalence of poor health indicators increased with the severity of gambling, with problem gamblers reporting higher poor general health, low mental wellbeing and higher emergency department attendance, higher mental health/counselling services access, higher risk drinking, financial problems, violence victimisation and violence perpetration than non-problem gamblers.

Stakeholders reported increased awareness of the problems associated with gambling in Guernsey in recent years. Stakeholders agreed that problem gambling caused negative impacts on a person's quality of life and ability to carry out daily activities with many identifying cyclical associations between gambling, mental health, alcohol, substance use and offending behaviour. Poor mental health was the most frequently described impact of gambling including anxiety, depression and suicidality. Stakeholders described how "*the guilt and shame that comes with problem gambling are very difficult emotions to work with"* (OT) which could prevent individuals from seeking help and have negative financial and relationship impacts on individuals and their friends and family.

Attitudes towards gambling

Overall, 80.8% of adults had a negative attitude towards gambling with 74.6% agreeing there were too many opportunities for gambling in modern life and 58.5% agreeing gambling should be discouraged. Males and younger adults were more likely to have positive attitudes towards gambling with over one third (34.0%) of 18-24 year olds reporting positive views. Just over one in ten (12.7%)

had a partner or other relative who had gambled regularly in the past 12 months and 6.1% had advised a family member, friend or acquaintance to gamble less in the past 12 months. Among those who had a partner or other relative who gambled regularly, 19.9% had experienced some sort of harm as a result of this gambling.

Young people's gambling

Among 16-17 year olds, 32.9% had gambled in the past 12 months including 15.7% who had participated in the National Lottery and/or Guernsey Christmas lottery and 3.2% of young people were classed as at risk of having gambling problems. Data was also collected on loot boxes which are randomised items in video games that can be bought and traded for real world money. Over a quarter (27.3%) of young people had purchased loot boxes in the past 12 months with a significantly higher prevalence among males (49.4%) than females (4.8%). Only males reported exchanging loot boxes for their real monetary value. The majority of young people had a negative attitude towards gambling, with 54.6% believing gambling should be discouraged.

In line with the survey results, stakeholders discussed young people's online gaming and in-game purchasing which they felt young people did not always associate with gambling. Some stakeholders also described concerns about young people's use of scratch cards. Stakeholders described this as more hidden than traditional forms of gambling. Stakeholders had experienced a number of impacts from online gaming and gambling including low mood, anger problems, heightened levels of stress, poor attainment and disengagement with friendship groups. Stakeholders felt early intervention to prevent future problem gambling among young people was key and required education for young people, school staff and parents. Gambling support for young people was largely provided through education programmes as part of Personal, Social, Health and Economic Education (PSHE) support but this was dependent on individual school engagement with these programmes. Existing youth support services such as the Youth Commission described observing some gambling support needs among young people and felt more formalised support was needed in the future.

Current service provision

Stakeholders identified a number of services providing support for problem gamblers in Guernsey. Only one specialist support service (Guernsey Gamblers Support Group, GGSG) was identified, with several other services providing some support for problem gambling as part of their wider provision of support. Stakeholder awareness of these services was varied with only three stakeholders aware of the GGSG.

- **Guernsey Gamblers Support Group (GGSG)** is a registered charity which was set up to address the gap in provision for those experiencing problem gambling. The group takes self-referrals from individuals and their families and has signposting links with GPs and States Insurance services. The group provides both group and one-to-one sessions which provide both practical (for example, guidance on how to self-exclude from gambling sites) and emotional support. When considering the future sustainability of the service, the group leader hoped they could retain a support role on the gambling care pathway but be able to refer to more formal support through the In-Dependence service.
- **In-Dependence** was initially created to support people affected by drug and alcohol problems but extended its remit to gambling-related problems in 2019. In-Dependence follows the SMART recovery model and staff recently undertook training with GamCare on how to support problem gamblers. Gambling is included on their initial assessment procedures and between May 2019 and February 2020, the service has provided problem gambling support to five people. In-Dependence is the only service currently collecting any monitoring data on gambling prevalence

(PGSI scores). When considering the future sustainability of the service, stakeholders felt greater promotion of the available gambling support was required.

- **The Recovery and Wellbeing** service is part of the adult community and mental health service. They do not provide specific support for individuals with gambling problems but would provide the same toolbox of support (including CBT) to all participants recovering from addictions.
- **Support for people in prison:** stakeholders described a link between problem gambling and criminal behaviour and as a result gambling is included in assessments undertaken in probation and custody. Support for gambling sits within a suite of interventions provided by a psychotherapist within the prison.
- **GP support:** the participating GP felt that problematic gambling would not always be identified in general practice due to individuals presenting with other co-occurring issues such as mental health problems. The participating GP stated they would refer to a relevant psychology service (e.g. Healthy Minds) who would assess and signpost the patient as necessary.
- **Citizens Advice Bureau (CAB)** reported eight cases of people who had engaged with CAB due to their own or family member's problem gambling in 2019. Individuals could self-refer but CAB also received referrals from GPs, social work, housing and police. Support could include generalist advice about housing, wellbeing and relationships and more specialist advice around debt management.

When asked about future provision, stakeholders emphasised the importance of person-centred support for individuals with problematic gamblers and their families that was built on a trusting relationship between the individual and health professional. All stakeholders felt awareness raising of current service provisions was needed to assist those seeking support. Individuals who had used the GGSG felt independent peer support from those who had a similar experience could help address some of the stigma and shame associated with accessing support for problem gambling.

Recommendations for future provision

Individual level action

10.2.1 Improve screening for at risk and problem gambling across the system by providing training to frontline staff.

10.2.2 Enhance the current support available for at risk and problem gamblers in Guernsey including sustaining and promoting the GGSG and support provided by In-Dependence.

10.2.3 Raise awareness about the support available for people at risk of experiencing problem gambling in Guernsey to enable all front line staff to make appropriate referrals.

Family and social networks

10.2.4 Explore the need for school-based education to raise awareness about the risks of problem gambling including targeted work with young people regarding Lottery participation, scratch card use, and loot boxes.

10.2.5 Educate parents about the risk of problem gambling, using schools as a vehicle to provide parental support.

Community

10.2.6 Deliver targeted interventions in the places most frequented by at-risk groups.

10.2.7 Ensure gambling services and support are accessible and equitable to meet a range of gambling behaviours, and support formats and needs for all age groups.

10.2.8 Develop clear pathways of support to accredited agencies for gambling support services.

Policy and legislation

10.2.9 Review gambling legislation in Guernsey including availability and accessibility of scratch cards, ensure enforcement of age restrictions, and work in collaboration with multi-agency stakeholders.

10.2.10 Review the environments in which gambling is advertised in Guernsey, including how and where these may influence vulnerable groups. In particular, consider the placement of scratch cards at checkout counters and if and how this differs from other jurisdictions.

A health impact assessment of the effect of gambling on Guernsey

Gambling participation

79.9% gambled in the past 12 months

67.5% gambled on the Guernsey Christmas Lottery

16.5% gambled online

46.3% used scratch cards

Any gambling activity was higher amongst Guernsey residents compared to Isle of Man or Great Britain

For the majority of gambling activities, gambling in person was more common than online

The highest prevalence of weekly gambling was amongst those who partook in spread-betting or bet on sports events

Prevalence of any form of gambling by demographics

Males 78.5%

Female 81.2%

18-24 Years 51.3%

25-34 years 79.3%

35-44 years 89.5%

45-54 years 91.2%

55-64 years 85.3%

65+ years 73.6%

Income <£20,000 80.2%

£20,000-£79,999 82.6%

£80,000+ 83.9%

In a relationship 83.3%

Single 74.4%

Qualifications 80.1%

No qualifications 82.6%

Employed 85.5%

Unemployed 69.3%

Owns home 82.5%

Doesn't own home 73.2%

Born in Guernsey 85.5%

Born elsewhere 69.3%

Prevalence of a range of factors amongst those who gambling in the past year

Poor general health	Low mental wellbeing	Overweight or obese	Regular GP visits	Emergency department (ED) attendance	Overnight stay in hospital	Attended counselling	Poor diet
13.6%	16.8%	62.3%^	49.5%^	17.2%	7.7%	9.0%	8.4%
1.60X*	NA	1.45x*	2.08x*	1.51x*	NA	NA	2.23x*

Low physical activity	Tobacco smoking	Binge drinking	At risk drinking	Poor social support	Financial problems	Violence victimisation	Violence perpetration
33.7%	7.1%^	17.2%^	45.1%	7.5%	8.4%	32.4%^	27.4%^
NA	NA	2.08x*	1.48x*	NA	NA	1.55x*	1.62x*

^Indicates prevalence is significantly higher compared to non-gamblers.

*Multivariate analysis, (after controlling for age, gender and income) the odds of experiencing each factor for gamblers compared to non-gamblers; NA= No association.

Prevalence of at-risk and problem gambling amongst the Guernsey adult population

At-risk gamblers are those who show some signs of problematic gambling but remain below the threshold for problem gambling. Such individuals may still experience gambling related negative outcomes and may be at risk of developing further problems in the future.

6.7% at-risk gamblers

Problem gambling is typically defined as gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits. Two different screening tools are used to identify gambling problems; the DSM-IV and PGSI.

0.9% problem gamblers

Male

At-risk: **9.0%**
Problem: **1.3%**

Female

At-risk: **4.5%**
Problem: **0.7%**

18-24 Years

At-risk: **18.9%**
Problem: **2.7%**

25-34 years

At-risk: **12.2%**
Problem: **1.2%**

35-44 years

At-risk: **9.4%**
Problem: **0.6%**

45-54 years

At-risk: **4.7%**
Problem: **0.9%**

55-64 years

At-risk: **1.6%**
Problem: **0.5%**

65+ years

At-risk: **1.8%**
Problem: **0.4%**

Prevalence of health indicators, health risk behaviours, and social and financial outcomes amongst at-risk and problem gamblers

Poor general health

At-risk: **19.2%**
Problem: **36.4%**
NA*

Low mental wellbeing

At-risk: **28.3%**
Problem: **54.5%**
12%*

Overweight or obese

At-risk: **62.3%**
Problem: **72.7%**
NA*

Regular GP visits

At-risk: **44.2%**
Problem: **54.5%**
NA*

Attending ED

At-risk: **30.8%**
Problem: **45.5%**
NA*

Overnight stay in hospital

At-risk: **5.8%**
Problem: **2.4%**
NA*

Attended counselling

At-risk: **19.6%**
Problem: **18.2%**
NA*

Poor diet

At-risk: **22.6%**
Problem: **30.0%**
NA*

Low physical exercise

At-risk: **39.6%**
Problem: **40.0%**
NA*

Daily smoking

At-risk: **17.0%**
Problem: **18.2%**
NA*

Binge drinking

At-risk: **21.3%**
Problem: **50.0%**
NA*

At risk drinking

At-risk: **60.9%**
Problem: **62.5%**
NA*

Poor social support

At-risk: **10.6%**
Problem: **20.0%**
NA*

Financial problems

At-risk: **26.9%**
Problem: **60.0%**
17%*

Violence victimisation

At-risk: **43.4%**
Problem: **70.0%**
NA*

Violence perpetration

At-risk: **39.2%**
Problem: **50.0%**
NA*

*Multivariate analysis, (after controlling for age, gender and income) representing the percentage increase in odds of experiencing each factor for each one point increase in score on the PGSI; NA= No association.

Glossary

ATGS-8: Attitudes Towards Gambling Scale

AUDIT-C: The Alcohol Use Disorder Identification Tool

DSM-IV: Diagnostic and Statistical Manual of the American Psychiatric Association

HIA: Health Impact Assessment

IOM: Isle of Man

PGSI: Problem Gambling Severity Index

SPSS: Statistical Package for Social Science

SWEMWBS: The Short Warwick-Edinburgh Mental Well-Being Scale

WHO: World Health Organization

A Health Impact Assessment of the Effect of Gambling on Guernsey

1 Background

Problem gambling has been defined as 'gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits' [1] and has been identified as a UK public health concern [2]. Evidence suggests that a public health approach to gambling is needed [2] and that this should be considered across a continuum of risk [3], with those who are 'at risk' being of equal concern to problem gamblers [4].

Studies have shown that recreational gamblers are more likely to report poor physical and mental health than non-gamblers [5-6], and there is evidence to suggest that gambling is associated with substance use and smoking [5,7-8]. Problem or pathological[2] gamblers have been cited as being at increased risk of health and health risk behaviours such as nicotine dependence, alcohol use disorder, and illicit drug and substance abuse [9-10]. It is also important to acknowledge that genetic, environmental and social factors may influence the co-development and maintenance of substance-related and addictive disorders [11].

As well as identifying physical and mental health related harms of gambling, other gambling-related harms have been identified such as financial crisis, family problems (e.g. impact to partners, children, and friends), difficulties in educational or vocational roles and criminal or legal problems [3, 12].

The Gambling Commission 2018 [13] specifically highlights the need for a public health approach to gambling to address the effects and impacts of gambling upon young people and those who are vulnerable. It acknowledges that a different approach to reducing gambling-related harm is needed to that in adults (such as lower threshold interventions and ability to address other, co-occurring problematic behaviours) and that they should be targeted before they have engaged in gambling activity.

1.1 Gambling in Guernsey: Current Context

In Guernsey, there are a range of gambling activities available to residents, with several betting shops and bookmakers available on the island. The Channel Islands Lottery is the oldest lottery in the British Isles, beginning in 1975. Scratch cards were introduced in 2011 and are widely available at supermarkets and smaller shops across Guernsey and are often available at the counter as opposed to a separate specific salepoint. People can also access gambling activities such as charity lotteries, raffles, online gambling and game websites (such as online bingo).

Revenue from the Channel Islands Lottery is spent on a range of events and resources in Guernsey, including charities, Island Games, and the Beau Sejour Leisure Centre.

[2] Pathological gambling is defined as a distinct disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and has been found to be highly comorbid with other DSM-IV disorders. Gambling disorder is defined in the DSM-V under the substance-related and addictive disorders criteria, reflecting evidence that gambling behaviours activate similar reward systems to drugs and produces behaviours comparable to those associated with substance use disorders (American Psychological Association 2013).

In 2017, the Channel Islands Lottery generated £10.8m of sales in Guernsey. Lottery revenues have increased due to scratch card popularity; between 2011 and 2017 sales increased significantly following the introduction of scratch cards with values of £2, £5, and £10. In 2017, scratch card sales totalled £9.6m; the equivalent of £150 per person. In comparison, Christmas Lottery ticket sales totalled £1.1m; the equivalent of £17 per person. The distribution of Christmas Lottery revenues between Guernsey and Jersey broadly reflects the relative size of the Islands' populations. However, scratch card revenues in Guernsey in 2017 were 32% higher than those in Jersey, despite Guernsey's smaller population.

1.2 Context: Current Governance and Legislation[3]

Legislation, set in 1973, prohibits all forms of gambling unless authorised by the office via the permit system. Permits and licenses are available for five different forms of gambling that include:

- The Lottery (for charitable purposes only): The Office *of the* Committee for Home Affairs (OC*f*HA) do not regulate the lottery but is required to follow up those conducting gambling activities without a permit; asking them to apply for a permit or reporting them to the Police as an infringement (although the OC*f*HA representative stated that this had never happened). High profile lotteries, where there are large stakes involved, are required to go to board for authorisation to ensure the correct information and processes are in place for issues such as insurance liability.
- Raffles and Tombola: A permit is required for any event where raffle tickets are sold or a Tombola will be available other than at the event itself
- Crown and Anchor Board Game: The OC*f*HA licence Crown and Anchor operators and permit Crown and Anchor tables at specific outdoor and cultural activities, such as horticultural events and fetes. The operators are licensed and have to write to the Police to have checks completed. Event organisers are required to apply to get a table at an event. Licences are restricted; renewals take place in December and there are only seven licenses available for operators on the Island.
- Cinema Racing: Permits are required if a cinema wishes to purchase a video of horse racing and play this to an audience who will bet on the races (a dinner and dance may also be included). The OC*f*HA do not receive many applications for these.
- Licensed Bookmakers: Bookmakers are required to complete forms and Police vetting in order to apply for a license. The OC*f*HA then authorise betting offices and locations with strict specifications, for example, advertising is not allowed on the ground floor of the premises. There are currently seven of these licenses available in Guernsey with three people currently holding a licence. A bookmaker is only allowed to have one operating license and one bookmakers shop.

There is currently no cohesive policy approach for gambling in Guernsey. The Home Department (now the Committee *for* Home Affairs) submitted two policy letters concerning the regulation of gambling and its aims in carrying out this regulation (the Committee for Home Affairs is responsible for the Gambling [Guernsey] Law, 1973 and all subordinate legislation).The policy letters were submitted in 2007 (following a full review of the Island's gambling legislation and engagement with the industry) and in 2015 (to report on the progress of 2007 proposals and to request a change in the approach to legislative update).

[3] A representative from the OCHA and a representative from the Policy and Resources Committee/Central Strategy and Policy Team provided details about the current gambling governance and legislation in Guernsey.

1.2.1 2007 Review of Gambling Legislation[4]

This Policy Letter recommended a range of regulatory provisions based on the key aims and principles laid out by the Department. Its key aims were:

- Keeping gambling crime free and ensuring that gambling operators are subject to rules on money laundering and financial probity;
- Ensuring gambling is fair and transparent; and
- Protecting children and vulnerable adults.

There were also a number of underlying principles, which included:

- Increasing regulation and scrutiny of commercial gambling and betting activities;
- Reducing bureaucracy and costs for charitable (not for profit) gaming, lotteries, and raffles;
- Ensuring fees reflect the commercial value of the licence; and
- Providing support for those affected by gambling addiction, debt etc.

1.2.2 2015 Review of Gambling Legislation[5]

This supplementary report rescinded and amended a number of the original resolutions and proposed a number of new resolutions to modernise the framework for gambling for charitable purposes. The report recognised the impact that Internet gambling had had on local trade and the need for a pragmatic approach to regulation and to legislative updates. Significantly, the report resolved to amend existing legislation rather than repeal and replace all of the Island's gambling legislation (as was proposed in 2007).

The proposals set out in the 2007 and 2015 reports have not yet been delivered, largely as a result of resourcing pressures and other high priority projects in Home Affairs. Whilst most of these resolutions were intended to tighten up controls or provide a more proportionate system for low-risk activities (such as at charitable events), the introduction of fixed-odds betting terminals was recognised as a potential contributor to problem gambling, but this was retained in the 2015 report. A full description of the outstanding 2007/2015 gambling resolutions are provided in the Appendix to this report.

In 2014, the Culture and Leisure Department published a policy letter in relation to the Channel Islands Lottery.[6] The Lottery is now operated by the States Trading and Supervisory Board, whilst the governing legislation belongs to the Committee for Home Affairs. In 2020, the Social Investment Fund[7] was introduced. This included changes to the allocation of lottery proceeds, allowing the Policy and Resources Committee to allocate funding to the Social Investment Fund and to support individuals experiencing gambling problems locally.

1.3 Developing the Evidence Base

The States of Guernsey recognises the need to understand gambling activities on the Island. In 2014, the Culture and Leisure Department was directed to work together with the Home Department to consider initiatives to support people with gambling problems.[8] In 2018, authority was delegated to

[4] https://gov.gg/CHttpHandler.ashx?id=3846&p=0 – Review of Gambling Legislation, Billet d 'État XXII, 2007 (page 2084)

[5] https://gov.gg/CHttpHandler.ashx?id=98392&p=0 – Review of Gambling Legislation – Supplemental States Report, Billet d'État XIV, 2015 (Volume 2) (page 1689)

[6] https://gov.gg/CHttpHandler.ashx?id=90590&p=0 – Channel Islands Lottery – Administration Arrangements, Forfeited Prize Account and 2011-2013 Reports and Accounts, Billet d'Etat, XX, Volume 2, 2014, page 2189.

[7] https://gov.gg/CHttpHandler.ashx?id=123375&p=0, Establishment of the Social Investment Fund

[8] States of Deliberation in Resolution 8, Billet d'Etat No XX of 2014

the Policy and Resources Committee to use Lottery revenue to fund initiatives to support people with gambling problems.[9] Further evidence is needed on the prevalence and type of gambling in Guernsey, and to assess the impact of this on health and wellbeing. In particular, research is needed to explore the impact of local sales of scratch cards. Information is also required about the current support services available for at-risk and problem gamblers.

In light of the need to develop the evidence-base, the Public Health Institute, LJMU, was commissioned to carry out a Health Impact Assessment (HIA) to assess the needs of the Guernsey population in relation to problem gambling, and to obtain more precise information on gambling in general.

[9] Billet d'État XXIV of 2018

2 Conducting a Health Impact Assessment

This Health Impact Assessment (HIA) followed the recommended methodology outlined by the World Health Organization (WHO). This methodology provides a framework to improve the quality of policy-related decision making through an evaluation of current data and recommendations to *improve positive health impacts and mitigate negative ones.* In line with WHO recommendations, this HIA was carried out to inform the implementation of a public health response to support problem gamblers and preventative initiatives. The WHO HIA places central importance on the need to engage with a wide range of stakeholders and explore issues relating to the social determinants of health, with consideration of equity and sustainability.

2.1 Procedures

This HIA followed the four key procedures set out by the WHO[10]: Scoping, Appraisal, Reporting and Monitoring.

Scoping: The WHO recommend that the scoping phase of a HIA identifies the key health issues and public concerns that should be considered in the assessment. Health determinants that may be included within the scope of the review are factors such as the social and physical environment (i.e. housing quality, crime rates, and social networks), personal or family circumstances (i.e. diet, exercise, risk-taking behaviour, and employment), and access to public services.

The scope of this HIA was defined with the steering group members (this included representation from the Director of Public Health, Public Health, and Health Intelligence) and included:

- An estimation of gambling prevalence and type through a population-based survey;
- An assessment of the impact of gambling on the health and wellbeing of local gamblers, with a focus on problem gambling;
- A comparison of gambling patterns locally to those in similar jurisdictions, for example the Isle of Man;
- A collation of qualitative information obtained from stakeholders including from gambling support services and gamblers themselves in Guernsey;
- A consideration of the effect of problem gambling on family members in Guernsey;
- An appraisal of current services available and identification of service gaps in Guernsey;
- A specific consideration of the health impact of the different forms of gambling in Guernsey;
- Recommendations on how to mitigate or reduce the harmful effects of gambling; and
- Provision of an evidence-base for future service provision to support gamblers experiencing problems and for the development of any regulatory or policy measures that may be required.

Appraisal: The WHO recommend that, during the appraisal phase of a HIA, available evidence is gathered and used to estimate the scale of the problem/issue being explored. The WHO recommend that considerations should include an assessment of current population health status in the areas defined as determinants, along with an assessment of the population who would be affected by proposed policy intervention. Predictions should be made about likely changes in health status as a result of the intervention and potential strategies to mitigate environmental and health impacts. Evidence for this HIA was gathered using a range of methods:

[10] World Health Organization: Health Impact Assessment https://www.who.int/hia/en/

A Prevalence Survey: The Guernsey Lifestyle and Recreation Survey 2019

A survey was conducted primarily online with a paper version available upon request. The survey was conducted in two phases, phase 1 was an invited representative sample of the Guernsey population (n=7,000), while phase 2 was open to all members of the public who wished to respond. Responses were collected over approximately six weeks between October and November 2019.

2.1.1 Questionnaire design

The Guernsey Lifestyle and Recreation Survey 2019 included a range of questions for identifying, measuring and understanding gambling participation and attitudes towards gambling. The survey also recorded basic demographic information on participants including gender, age, ethnicity, relationship status, income level, educational attainment, employment, and housing status. Questions on health, social, behavioural, and financial outcomes were based on standardised measures and/or previous research [2, 14-16]. Validated measures included:

Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV)

The DSM-IV problem gambling screen was adapted from clinical diagnostic questions designed to identify pathological gambling in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) for use in the British Gambling Prevalence Survey 1999 [17]. The DSM-IV is designed to identify pathological gambling and consists of ten statements, with four response options, ranging from 'never' to 'very often'. The total score ranges from zero to 10. A diagnosis of pathological gambling is given when an individual meets five out of the 10 criteria. However, this cut-off is not generally used in large-scale epidemiological surveys as pathological gamblers would be statistically insignificant in the population and therefore difficult to analyse. Instead, an individual is classified as a problem gambler if they meet three out of the 10 DSM-IV criteria. The table below provides the items and the response for each item, which were coded as positive.

Table 1: DSM-IV items and scoring

Item	Responses coded as positive
Chasing losses	Fairly often/very often
A preoccupation with gambling	Fairly often/very often
A need to gamble with increasing amounts of money	Fairly often/very often
Being restless or irritable when trying to stop gambling	Fairly often/very often
Gambling as escapism	Fairly often/very often
Lying to people to conceal the extent of gambling	Fairly often/very often
Having tried but failed to control/cut back/stop gambling	Fairly often/very often
Having committed a crime to finance gambling	Occasionally/fairly often/very often
Having risked or lost a relationship/job/educational/work opportunity because of gambling	Occasionally/fairly often/very often
Having asked others to provide money because of a financial crisis caused by gambling	Occasionally/fairly often/very often

Problem Gambling Severity Index (PGSI)

The second screen used to measure problem gambling was the Problem Gambling Severity Index (PGSI [18]). The PGSI consists of nine items, with four response codes: 'never' (scored 0); 'occasionally'

(scored 1); 'fairly often' (scored 2); and 'very often' (scored 3).[11] The total score on the PGSI ranges from 0 to 27. A total score of 0 is classed as a non-problem gambler, 1-2 a low risk gambler, 3-7 moderate risk gambler and a score of 8 or more as a problem gambler. For reporting purposes low risk and moderate risk classifications are collapsed to form the 'at-risk' classification (scores 1-7).

Attitudes Towards Gambling Scale (ATGS-8)

Perceptions of gambling are measured using the Attitudes Towards Gambling Scale (ATGS-8). The ATGS-8 consists of eight statements, each expressing an attitude towards gambling, with five response options, scored on a Likert scale, from 'strongly agree' to 'strongly disagree'. For items phrased in a negative way towards gambling, response codes were scored 1 for 'strongly agree', 2 for 'agree', 3 for 'neither agree nor disagree', 4 for 'disagree', and 5 for 'strongly disagree'. The scoring is reversed for those statements expressing a positive attitude towards gambling, from a score of 5 for 'strongly agree' through to a score of 1 for 'strongly disagree'. The total score ranges from 8 to 40, with a score of 24 representing an overall neutral opinion towards gambling. Scores above 24 are considered a more positive overall attitude towards gambling, while scores below 24 represent a negative perception of gambling.

The Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS)

The Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) is used as a measurement of mental wellbeing. The SWEMWBS uses 7 statements about an individual's current mental wellbeing, with five response options, including 'none of the time' (scored 1), 'rarely' (scored 2), 'some of the time' (scored 3), 'often' (scored 4) and 'all of the time' (scored 5). The total score on the SWEMWBS ranges from 7 to 35. Raw scores are then converted to metric scores using a standard conversion table [19]. Scores were dichotomised to indicate low mental wellbeing as >1 standard deviation (4.36) below the mean (24.51) thus low mental wellbeing was operationalised as scores >20.15.

The Alcohol Use Disorder Identification Tool (AUDIT-C)

The Alcohol Use Disorder Identification Tool (AUDIT-C) is used as a brief screening test for heavy drinking. The AUDIT-C consists of three items about an individual's alcohol consumption. The total score on the AUDIT-C ranges from zero to 12, with a score of five or more indicating high risk drinking.

2.1.2 Sample Design

The Guernsey Lifestyle and Recreation Survey 2019 was conducted in two phases, phase 1 was an invited representative sample of the island's population and phase 2 was open access to all members of the public. For phase 1, the sample of 7,000 was taken from the Corporate Address File as at September 2019, provided by the Data and Analysis Unit. The address file was adjusted for sampling by removing hotels, multi-occupancies, and self-catering, and adding in addresses for Herm and Jethou. A random sample[12] was then selected based on two steps of stratification, by parish and social/non-social housing. The latter was done to enable a 200% boost factor to be applied to the number of social houses sampled. This was to counteract a lower response rate anticipated for this subgroup based on data from the 2018 Wellbeing Survey. Alderney declined an invitation to participate.

[11] Response codes differ in wording from previous surveys using the PGSI (e.g. GBGB 2016 survey) which use 'never', 'sometimes', 'most of time' and 'almost always'. As both are on a four-point Likert scale, response codes in the Guernsey survey are scored in the same way.

[12] Used rand() function in excel to assign each address a random number. Selected the addresses with the lowest n random numbers from each subgroup where n is the appropriate number to be sampled from that subgroup.

For phase 2, the questionnaire was promoted as 'open access' through media channels and anyone who wished to do so could complete the questionnaire.

2.1.3 Survey Fieldwork

In total 1,234 responses were received which equates to 2.4% of the population (aged 16 years and over).

2.1.4 Data Analyses

Data from the Online Surveys website used to host the electronic survey was downloaded to Statistical Package for Social Science (SPSS) v22 for data cleaning, recoding, and analyses. Analyses presented in this report were undertaken using frequencies and cross-tabulations to examine findings by socio-demographic and other factors. Binary logistic regression techniques (using the enter method) were used to examine whether relationships which were significant at bivariate level remained significant after controlling for sociodemographics (age, gender and income).

2.1.5 Data Weighting

The characteristics of the participants who completed the survey did not correspond to the characteristics of the Guernsey population (Table A1 and A2). To account for these differences it was necessary to weight the sample by age and gender to align it with the Guernsey population.[13] The weights were based on results from the Guernsey Electronic census 2018. Separate weighting was conducted for the adult (18+ years) and young people (16 and 17 year olds) analyses. The demographic information used from this Census is listed below. All figures given in the report are based on weighted data, unless otherwise stated. Full data tables, including sample level and weighted data tables are available in the Data Annex.

Guernsey census information 2018
Resident population: 62,307
Number of residents over the age of 16: 53,627
Age (years) and gender breakdown:

	16-17	18-24	25-34	35-44	45-54	55-64	65+	Total
Male	642	3,275	3,989	3,861	4,730	4,260	5,603	26,360
Female	623	3,065	3,795	3,848	4,989	4,261	6,686	27,267
Total	1,265	6,340	7,784	7,709	9,719	8,521	12,289	53,627

2.1.6 Reporting Conventions

The following caveats and conventions should be considered when interpreting the findings in this report.

- The data are based on valid responses, with non-responses excluded from the reported figures, therefore bases may vary between analyses.
- Data should be interpreted with caution due to the small base sizes involved for some activities and outcome measures. Sample base sizes can be found in the annex.
- Rows may not sum to 100% due to rounding.
- All figures presented in the main body of the report are weighted data, unless otherwise stated. Where significant differences are reported in bivariate and multivariate analyses,

[13] The population may have differed from the sample on more than these two characteristics.

these are based on unweighted data.[14] Full data tables of weighted and unweighted data are presented in the annex accompanying this report.

- Findings represent an association only and do not imply causation in any direction.
- Weighting strategies may differ for Guernsey, Isle of Man and Great Britain surveys, thus differences in prevalence figures between countries should be interpreted with this in mind.

2.2 Qualitative Research to Assess Knowledge, Perceptions and Attitudes Towards Problem Gambling in Guernsey

2.2.1 In-depth Stakeholder Interviews

In-depth interviews were carried out with 14 people who were identified as key people who either influence (or could influence) the support available for problem gamblers in Guernsey. These interviews enabled the research team to assess and understand the impact of problem gambling for people living in Guernsey and to consider how best to respond to local assets and needs.

In-depth stakeholder interviewees

- Service User; Mother of Problem Gambler
- Youth Commission
- Prison Services
- Channel Island Lottery
- Citizen's Advice Bureau
- GP
- Policy Officer
- Education Services (PSHCE Advisor)
- Office of the Committee for Home Affairs
- Occupational Therapist (Recovery and Wellbeing Services)
- Ex-service user Head of Guernsey Gamblers Support Group
- Addiction Service (In-Dependence)
- Public Health Business Manager (Health Promotion)
- Head of Health Intelligence (Public Health Services)

[14] With the exception of the bivariate comparisons with the Great Britain and Isle of Man gambling surveys which was done with weighted data to match the weighted data reported in these surveys.

2.2.2 Stakeholder Engagement

Stakeholder Engagement Event Attendees

- GP
- Psychiatrist
- Psychologist
- Social Worker (Adult Team)
- In-Dependence (Addiction Service)
- Guernsey Gamblers Support Group (x2)
- Guernsey Prison (x2)
- Probation Service
- Police
- Youth Commission
- Head of Inclusion, Education Services
- Justice Strategy Review
- Channel Islands Lottery
- Senior Policy Officer
- Health Intelligence (x2)
- Director of Public Health
- Public Health Business Manager
- Citizen's Advice Bureau
- Public Health Work Placement Student

A stakeholder engagement event took place to gather information about the current gambling support services available to people in Guernsey, and to explore gaps and barriers in provision. The information collected at the event was used to inform future service provision and develop a Theory of Change for gambling in Guernsey. The research steering group identified 31 stakeholders to invite to the event, representing a wide range of key groups and organisations. A total of 22 stakeholders attended the event (see the box to the right). During the event, stakeholders shared information about the gambling support services that they offer and/or could contribute to, along with their views about what outcomes a gambling support system should achieve. Stakeholders provided details of any data they collect through their services that could be used to evidence outcomes. Stakeholders shared their views and experiences through facilitated table and group discussions and information was collected using post-it notes and notes taken by researchers throughout the day. This information was used to develop a Theory of Change of the potential system. In the case of identifying the outcomes, participants were asked to use the dot democracy activity (this is based on the dotmocracy or voting with dots method[15]) to identify what they considered to be the most important outcomes. These outcomes are highlighted in yellow on the Theory of Change. Ethical approval for the research was granted by the Liverpool John Moores University Research Ethics Committee (19/PHI/044 (gambling survey) and 19/PHI/047 (qualitative)).

Reporting: The WHO recommends that the evidence collected through the HIA be comprehensively analysed and used to inform recommendations. For the purposes of this HIA, conclusions are drawn from the quantitative (survey) data and the qualitative (interview and engagement) data. Recommendations have been made for the provision of actions and interventions that may remove or mitigate negative impacts of problem gambling on environment and health. We have produced a Theory of Change that provides recommendations for developing a whole systems approach to gambling in Guernsey (page 96).

Monitoring: The WHO recommends that a HIA includes recommendations to monitor the actual impacts on health of the intervention and to enhance the existing evidence base regarding the impact. We collected information about the types of evidence currently collected about gambling in Guernsey and assessed the gaps. We have provided recommendations about the types of data that could be collected in future, in order to monitor the outcomes of gambling-related interventions.

[15] Participants from the stakeholder events were able to pick the outcomes they considered to be most important using a limited number of dot stickers (in this case three per person) to provide a form of cumulative voting that identified key outcomes across the groups.
http://www.innovationmanagement.se/imtool-articles/group-brainstorming-dot-voting-with-a-difference/
http://dotmocracy.org/steps/

3 The Guernsey Lifestyle and Recreation Survey: Gambling Extent and Nature

3.1 Gambling participation

This section includes findings on the prevalence and characteristics (including methods and frequency) of gambling participation by adults (aged 18+ years) in the year ending November 2019. It also compares the prevalence of each gambling activity to prevalence rates from the Isle of Man 2017 Gambling Survey [14] and the combined findings for Great Britain for 2016 from surveys in England, Scotland and Wales [20]. This section also includes findings on the prevalence of loot box purchases.[16] All data in this section are adjusted to match the Guernsey population demographics of adults (on age and sex), unless otherwise stated.

79.9% of adults participated in gambling in the past 12 months

67.5% participated in the Guernsey Christmas Lottery

16.5% gambled online

The purchase of scratch cards had the second highest prevalence of all gambling activities (46.3%)

Participation in any gambling activity was higher amongst Guernsey residents compared to Isle of Man or Great Britain residents

For the majority of gambling activities, gambling in person was more common than gambling online

The highest prevalence of weekly gambling was amongst those who participated in spread-betting or bet on sports events

[16] Loot boxes are virtual items in video games that contain randomised contents but can be paid for with real-world money https://doi.org/10.1371/journal.pone.0213194

3.2 Overall gambling prevalence (past 12 months)

Overall, almost four in every five (79.9%) adults had participated in one or more gambling activities in the past 12 months. Participation in Lottery draws had the highest prevalence of all individual gambling activities, with almost three quarters of adults (72.0%) reporting taking part in National Lottery draws and/or the Guernsey Christmas Lottery in the past 12 months. Participation in the Guernsey Christmas Lottery was over double the rate of participation in National Lottery draws (67.5% v. 30.1%). Of those who purchased tickets for the Guernsey Christmas Lottery, the average number of tickets purchased was 16 (range: 1-200). When individuals who participated in Lottery draws only were excluded, the prevalence of participation in at least one form of gambling was 60.5% (Table 2). Excluding Lottery draws, less than one fifth of adults (16.5%) gambled online in the past 12 months. Excluding Lottery draws, the most popular gambling activities were scratch cards (46.3%) and private betting (17.5%). The prevalence of participation in all other forms of gambling activities in the past 12 months was less than 10% (Table 2).

Table 2: Participation in gambling activities in the past 12 months

	%
Lotteries and related products	75.1
National Lottery draws	30.1
Guernsey Christmas Lottery	67.5
Scratch cards	46.3
Machines/games	14.5
Bingo (not online)[1]	3.1
Slot machines	5.3
Machines in a bookmakers	3.8
Roulette, cards or dice (not online) [1]	3.6
Poker (not online) [1]	2.8
Online gambling on slots, casino or bingo games	4.5
Betting activities	26.5
Horse/dog races (not online) [1]	8.2
Virtual dog or horse races	1.5
Sports events (not online) [1]	2.6
Other events (not online) [1]	1.7
Spread-betting	2.4
Private betting	17.5
Any other gambling	7.0
Summary	
Any gambling activity	79.9
Any gambling (excluding Lottery draws)[2]	60.5
Any online gambling (excluding Lottery draws)[2]	16.5
No gambling in past 12 months	20.1

[1]Excludes gamblers who gambled online only.

[2]Excludes gamblers who only participated in the National Lottery and Guernsey Christmas Lottery draws and not in any other gambling activities.

3.3 Gambling prevalence: comparisons with Isle of Man 2017 Gambling Survey

Overall, significantly more adults (aged 18 years and over) participated in at least one gambling activity in the past 12 months in the Guernsey 2019 survey compared to the IoM 2017 survey (79.9% v. 75.9%; p<0.01), however when participation in Lottery draws was excluded, there was no significant difference in participation rates between the two islands (Table 3). Participation in National Lottery draws in the past 12 months was significantly lower amongst Guernsey adults compared to IoM adults (30.1% v. 56.9%; p<0.001). Significantly more adults from Guernsey purchased scratch cards in the past 12 months compared to IoM adults (46.3% v. 29.3%; p<0.001). With the exception of poker, the prevalence of participation in other machines or games gambling activities were either lower amongst Guernsey adults compared to IoM adults, or did not significantly differ (Table 3). There was a significantly higher prevalence of participation in all betting activities amongst Guernsey 2019 adults compared to IoM 2017 adults (Table 3). Participation in online gambling was significantly lower amongst Guernsey adults compared to IoM adults (16.5% v. 18.5%; p<0.01).

Table 3: Comparison of Guernsey 2019 gambling prevalence to IoM 2017[1]

	Guernsey 2019	IoM 2017	
	%	%	Sig.
Lotteries and related products			
National Lottery draws	30.1	56.9	<0.001
Scratch cards	46.3	29.3	<0.001
Machines/games			
Bingo (not online)	3.1	6.2	<0.001
Slot machines	5.3	5.3	NS
Machines in a bookmakers	3.8	2.6	NS
Poker (not online)	2.8	0.8	<0.001
Online gambling on slots, casino or bingo games	4.5	11.3	<0.001
Betting activities			
Sports events (not online)	2.6	1.3	<0.001
Other events (not online)	1.7	0.3	<0.001
Spread-betting	2.4	0.7	<0.001
Private betting	17.5	7.4	<0.001
Summary			
Any gambling activity	79.9	75.9	<0.01
Any gambling (excluding Lottery draws)[2]	60.5	61.0	NS
Any online gambling (excluding Lottery draws)[2]	16.5	18.5	<0.01

[1]Sampling, weighting and survey items differed slightly across surveys, thus findings should be interpreted with caution. Adults aged 18+ years only. Sig. = significant level. NS = not significantly different at the 95% confidence level.

[2]Excludes gamblers who only participated in the National Lottery and Guernsey Christmas Lottery draws and not in any other gambling activities.

3.4 Gambling prevalence: comparisons with Great Britain 2016 gambling surveys

Overall, significantly more adults (aged 16 years and over) participated in any gambling activity in the past 12 months in the Guernsey 2019 survey compared to the GBGB 2016 survey (78% v. 57%; p<0.001) (Table 4). When individuals who participated in Lottery draws only were excluded, the prevalence of participation in at least one form of gambling was still significantly higher amongst Guernsey 2019 adults than GBGB 2016 adults (59% v. 42%; p<0.001). There was also a significantly higher prevalence of online gambling amongst Guernsey 2019 adults compared to GBGB 2016 adults (16% v. 9%; p<0.001). Participation in National Lottery draws was significantly lower amongst Guernsey adults compared to adults from the GBGB 2016 survey (30% v. 41%; p<0.001), however, significantly more adults from Guernsey had purchased scratch cards in the past 12 months compared with GBGB 2016 adults (46% v. 21%; p<0.001). Compared to GBGB 2016 adults, significantly more Guernsey 2019 adults had gambled on: machines in a bookmakers (4% v. 3%; p<0.001); poker (3% v. 1%; p<0.001); other events (2% v. 1%; p<0.001); spread-betting (2% v. 1%; p<0.001) and private betting (17% v. 4%; p<0.001). However, significantly less Guernsey 2019 adults participated in bingo (3% v. 5%; p<0.001) or gambled on sports events (3% v. 5%; p<0.001), compared to GBGB 2016 adults.

Table 4: Comparison of Guernsey 2019 gambling prevalence to GBGB 2016[1]

	Guernsey 2019	GBGB 2016	
	%	%	Sig.
Lotteries and related products			
National Lottery draws	30	41	<0.001
Scratch cards	46	21	<0.001
Machines/games			
Bingo (not online)	3	5	<0.001
Slot machines	5	6	NS
Machines in a bookmakers	4	3	<0.001
Poker (not online)	3	1	<0.001
Online gambling on slots, casino or bingo games	4	3	<0.001
Betting activities			
Sports events (not online)	3	5	<0.001
Other events (not online)	2	1	<0.001
Spread-betting	2	1	<0.001
Private betting	17	4	<0.001
Summary			
Any gambling activity	78	57	<0.001
Any gambling (excluding Lottery draws only)[2]	59	42	<0.001
Any online gambling (excluding Lottery draws)[2]	16	9	<0.001

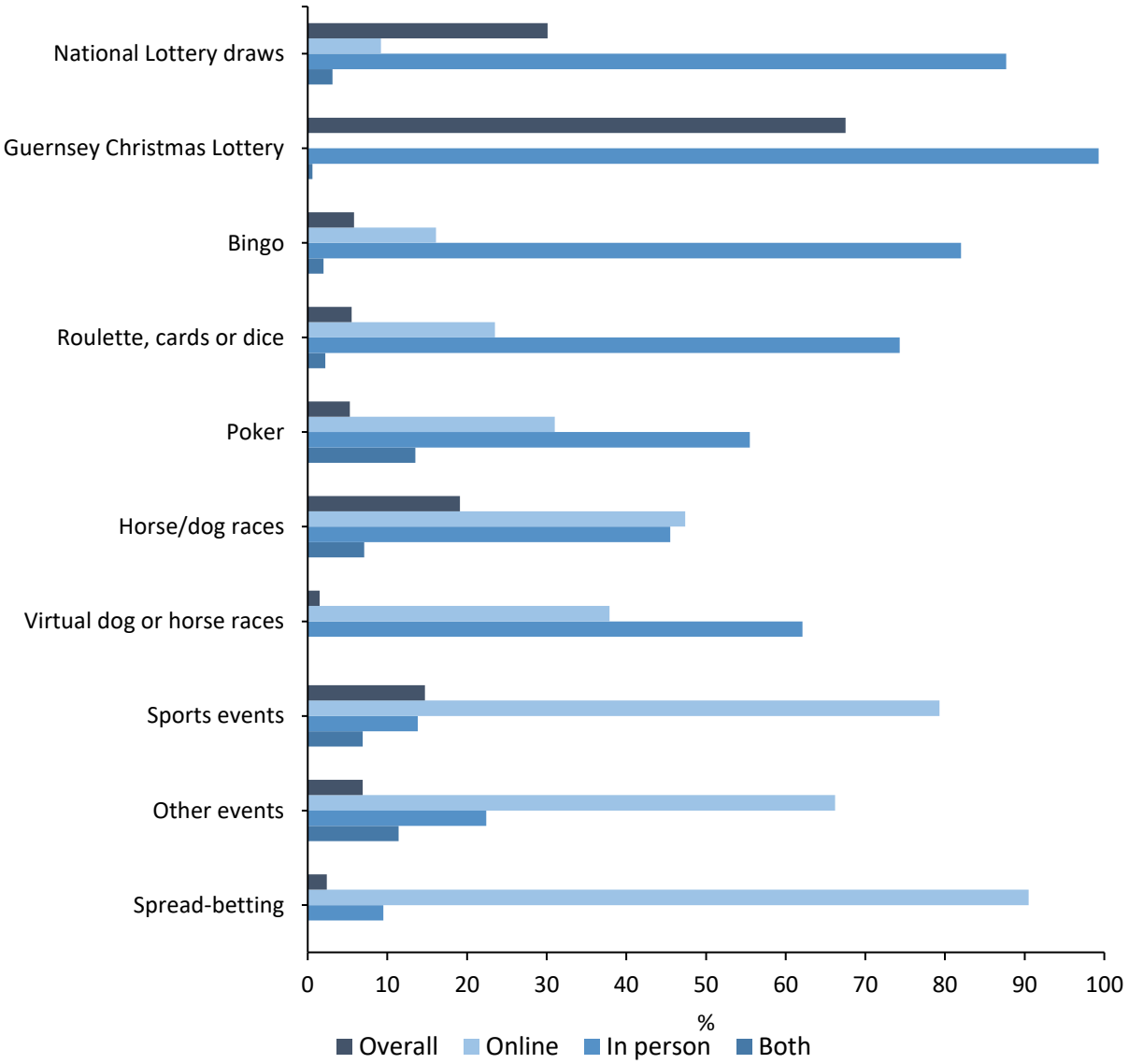
[1]Sampling, weighting and survey items differed slightly across surveys, thus findings should be interpreted with caution. Individuals aged 16+ years. Figures rounded to nearest whole number to match GBGB figures. Sig. = significant level. NS = not significantly different at the 95% confidence level.

[2]Excludes gamblers who only participated in the National Lottery and Guernsey Christmas Lottery draws and not in any other gambling activities.

3.5 Gambling methods

For each individual gambling activity, adults were asked to indicate whether they had participated in that activity online, in-person only, or both in-person and online. Figure 1 shows the overall prevalence of participation in each activity, and, of those who had participated, the prevalence of each method. A higher proportion of individuals gambled in-person than online on: National Lottery draws; Guernsey Christmas Lottery[17]; bingo; roulette, cards or dice; poker; and virtual dog or horse races. Gambling online was more prevalent than gambling in-person amongst individuals who gambled on: horse/dog races; sports events; other events; and spread-betting (Table A3).

Figure 1: Methods of gambling for each gambling activity

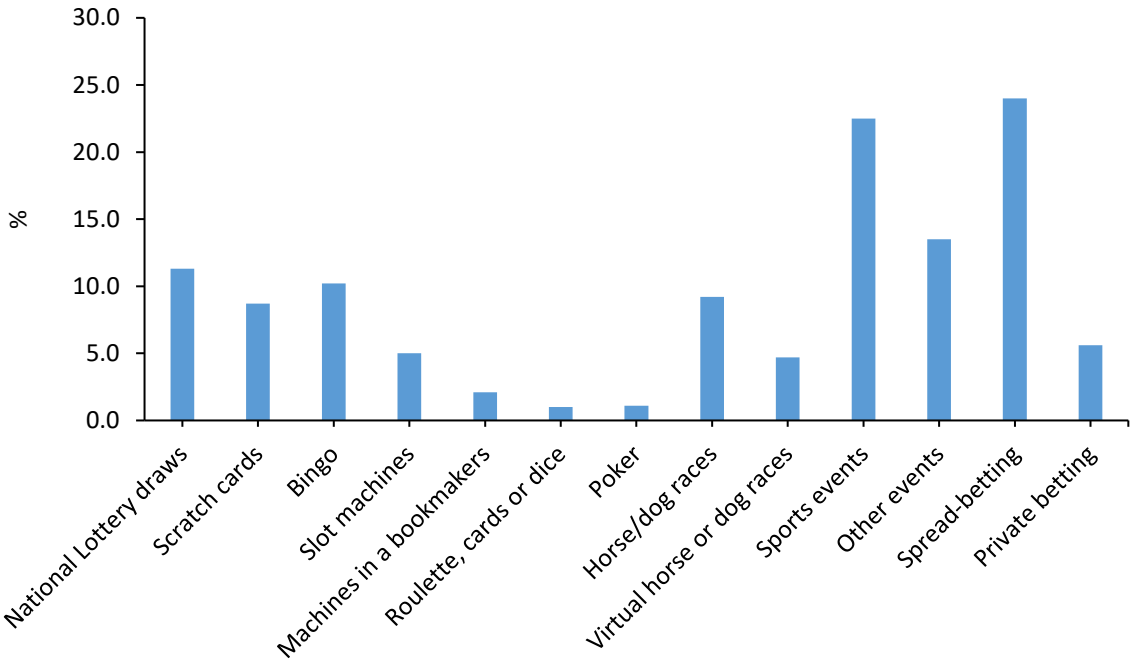


[17] Tickets for the Guernsey Christmas Lottery can only be purchased in person.

3.6 Gambling frequency

Adults who participated in each individual gambling activity, were asked how often they participated in that activity. Figure 2 shows the proportion of individuals who gambled at least once a week for each gambling activity. The highest prevalence of weekly gambling was amongst those who participated in spread-betting (24.0%) and bet on sports events (22.5%; Figure 2; Table A4).

Figure 2: Prevalence of weekly participation for individuals who engage in each activity



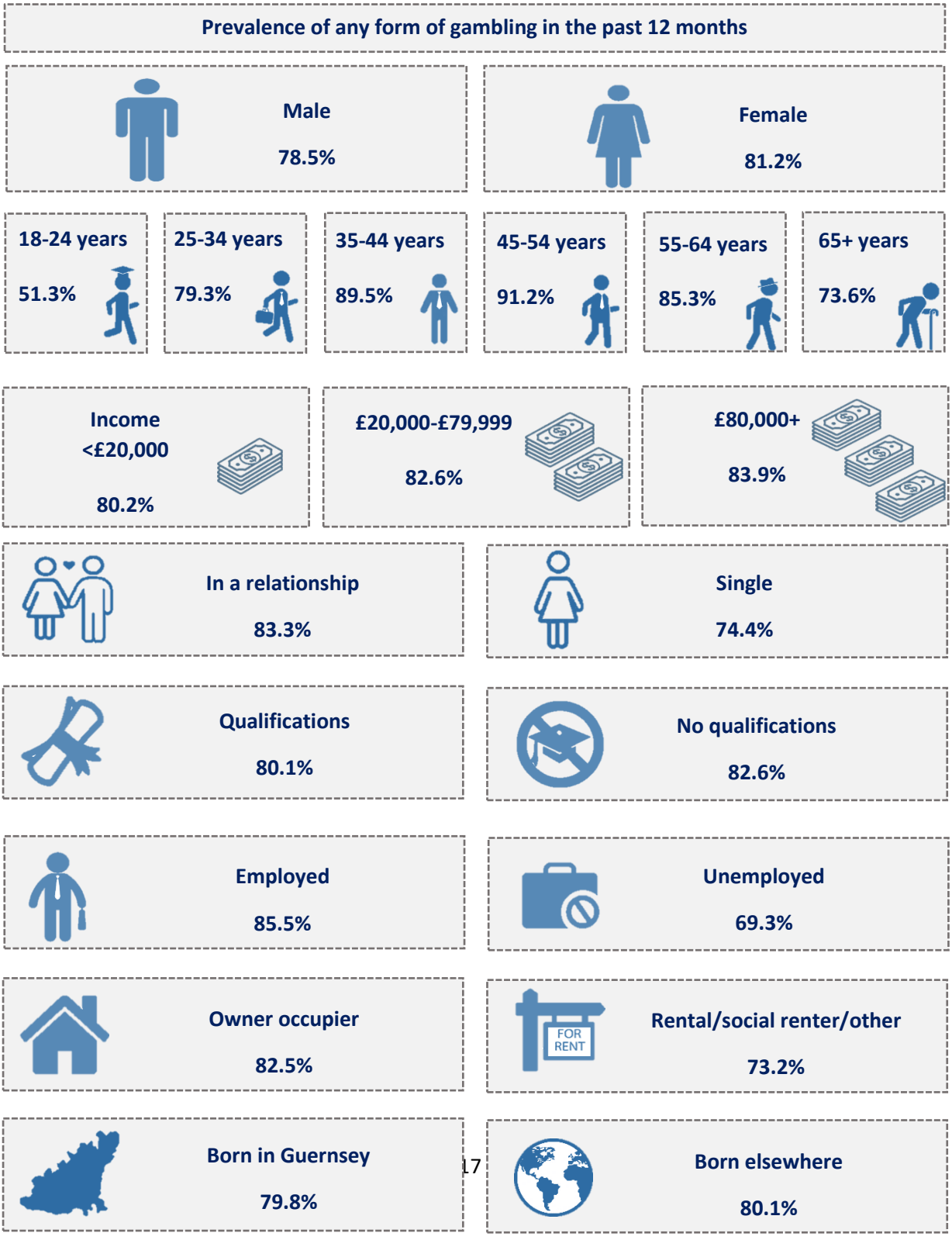
3.7 Loot boxes

Loot boxes are items in video games, which can be bought with real world money which contain randomised items [21] (see section 8.2). They are similar to gambling as individuals risk the loss of real world money for the chance of obtaining a valuable reward [22], however they are not currently considered a form of gambling in a legislative sense [23]. Loot boxes can be traded or exchanged for money or money's worth outside the video game on some third-party websites; when they can acquire monetary value in this context, they are considered a form of gambling [23].

Overall, fewer than one in twenty (4.6%) adults had purchased in-game loot boxes in the past 12 months. Of those who had purchased loot boxes, approximately one in ten (9.5%) reported exchanging the contents of a loot box with someone else for real money value. The prevalence of loot box purchases was higher amongst males (5.4%) compared to females (4.0%). Further, of those who had purchased loot boxes, only males (16.7%) had exchanged the contents of the box for real money value. In sample unweighted analyses, loot box purchase was not significantly associated with gender.

4 The Guernsey Lifestyle and Recreation Survey: Gambling Participation and Sociodemographics

This section includes findings on the prevalence of gambling by sociodemographics including gender, age, income level, relationship status, qualification level, employment status, home ownership status and place of birth. All data in this section are adjusted to match the Guernsey population demographics of adults (on age and gender), unless otherwise stated.



Prevalence of any form of gambling (excluding Lottery draws) in the past 12 months

Male

61.4%

Female

59.7%

18-24 years

51.3%

25-34 years

67.6%

35-44 years

75.0%

45-54 years

69.1%

55-64 years

61.1%

65+ years

43.4%

Income <£20,000

55.6%

£20,000-£79,999

62.4%

£80,000+

66.3%

In a relationship

63.4%

Single

55.2%

Qualifications

61.7%

No qualifications

54.7%

Employed

49.2%

Unemployed

43.5%

Owner occupier

59.3%

Rental/social renter/other

64.2%

Born in Guernsey

63.5%

Born elsewhere

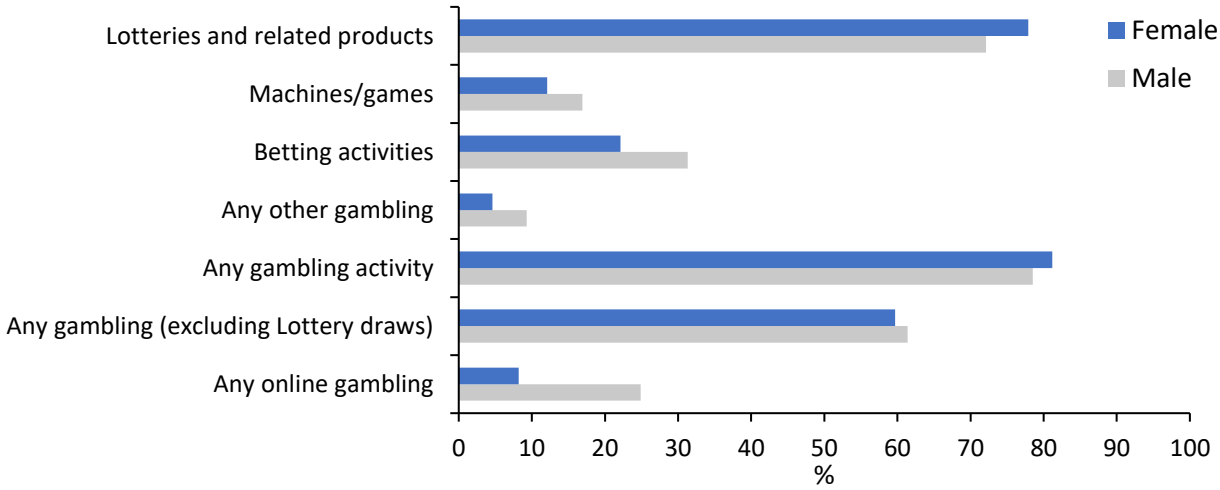
56.8%

4.1 Gambling participation by gender

There was a higher prevalence of participating in any form of gambling in the past 12 months amongst females (81.2%) compared to males (78.5%; Figure 3). However, when those participating in Lottery draws only were excluded, there was a higher prevalence of gambling participation amongst males (61.4%) compared to females (59.7%; Figure 3). A higher proportion of males (24.9%) also participated in online gambling compared to females (8.2%; Figure 3). Participation in lotteries and related products was higher amongst females (77.9%) compared to males (72.1%; Figure 3). A higher proportion of males compared to females gambled on machines/games (16.9% v. 12.1%), betting activities (31.3% v. 22.1%) and another form of gambling (9.3% v. 4.6%; Figure 3). More males than females also participated in: National Lottery draws (31.7% v. 28.5%); slot machines (7.4% v. 3.3%); machines in a bookmakers (5.7% v. 1.9%); roulette, cards or dice (not online) (4.9% v. 2.3%); poker (not online) (5.1% v. 0.5%); online gambling on slots, casino or bingo games (6.4% v. 2.5%); sports events (not online) (4.6% v. 0.7%); other events (not online) (2.2% v. 1.2%); spread-betting (4.5% v. 0.2%) and private betting (21.5% v. 13.6%). However, a higher proportion of females compared to males participated in: Guernsey Christmas Lottery (71.6% v. 63.3%); scratch cards (49.0% v. 43.5%); bingo (not online) (5.0% v. 1.1%); horse/dog races (not online) (8.6% v. 7.6%); and virtual horse or dog races (1.9% v. 1.3%) (Table A5).

In sample (unweighted) analyses there was a significant association between gender and participation in: any online gambling (excluding Lottery draws); lotteries and related products; Guernsey Christmas Lottery; scratch cards; bingo (not online); machines in bookmakers; poker (not online); sports events (not online); other event; spread-betting; and any other gambling (Table A5).

Figure 3: Prevalence of gambling activity groupings by gender

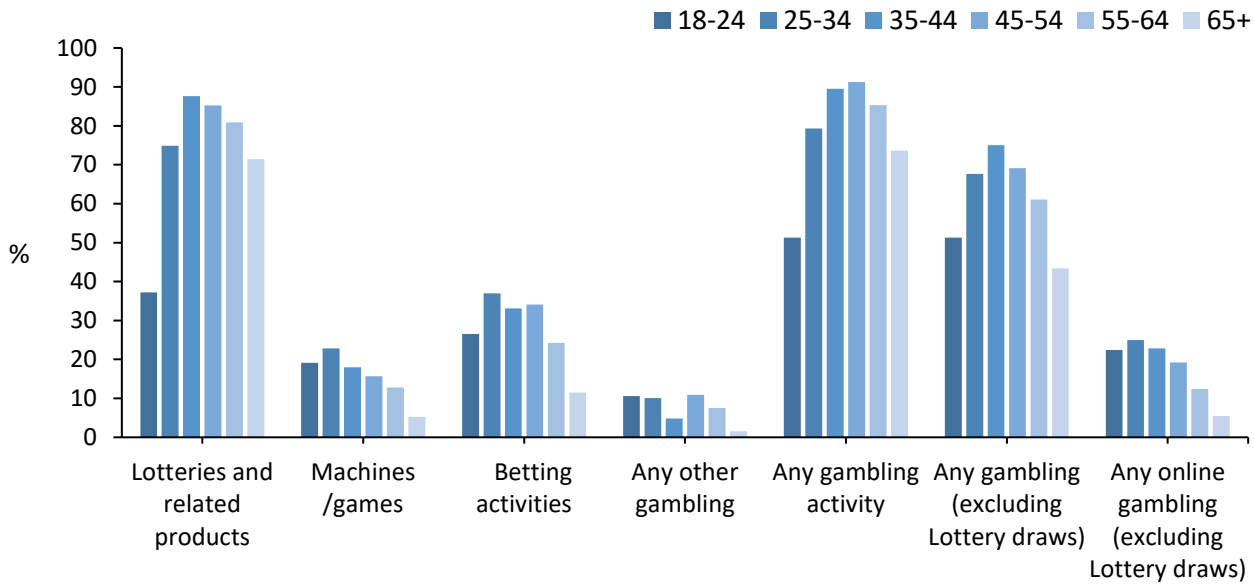


4.2 Gambling participation by age group

The highest prevalence of participation in any form of gambling was amongst adults aged 45-54 years, with over 90% having gambled in the past year (Figure 4). The lowest prevalence of gambling in the past year was amongst 18-24 year olds, however, when adults who gambled on Lottery draws only were excluded, the lowest prevalence was amongst adults aged over 65 years (Figure 4). The prevalence of participation in online gambling was highest amongst those aged 25-34 years (25.0%) but more generally showed a decrease as the age group increased (Figure 4; Table A6). Fewer than four in ten (37.2%) adults aged 18-24 years participated in Lotteries and related products, compared to a prevalence of >70% in older age groups (Figure 4; Table A6). Gambling on machines/games and betting activities was highest amongst adults aged 25-34 years and lowest amongst those aged 65 years and over (Figure 4; Table A6).

In sample (unweighted) analyses there was a significant association between age and participation in: any gambling activity; any gambling (excluding Lottery draws only); any online gambling; lotteries and related products; National Lottery draws; Guernsey Christmas Lottery; scratch cards; machines/games; slot machines; machines in a bookmakers; roulette, cards or dice (not online); poker (not online); online gambling on slots, casino or bingo games; betting activities; horse/dog races (not online); private betting and any other gambling activity.

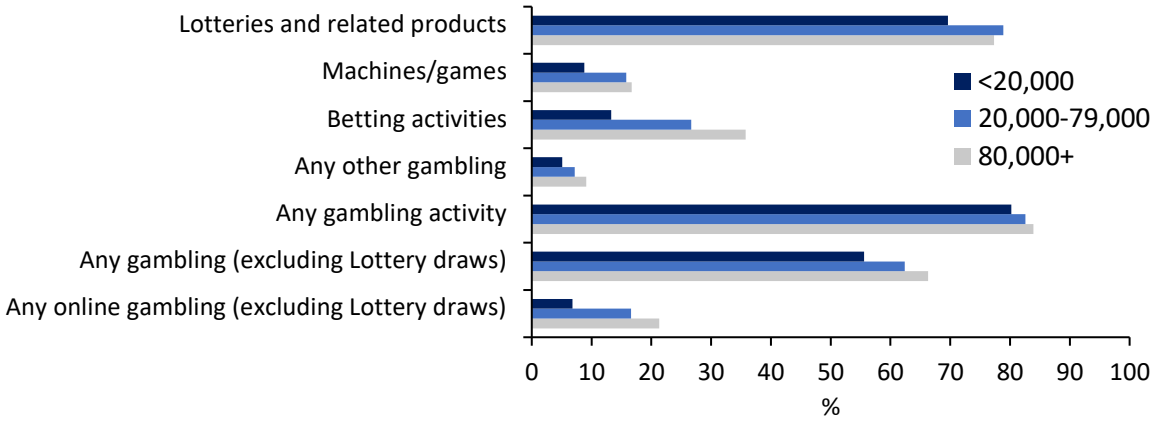
Figure 4: Prevalence of gambling activity groupings by age group (years)



4.3 Gambling participation by income level

The prevalence of participation in any form of gambling activity in the past 12 months was generally consistent across income levels (Figure 5; Table A7). When participation in Lottery draws only was excluded, adults with an income of <£20,000 had the lowest level of gambling participation (Figure 5; Table A7). The prevalence of online gambling showed an increase with each increase in income category (Figure 5; Table A7). A similar pattern was found for participation in lotteries and related products, machines/games, and betting activities (Figure 5; Table A7). In sample (unweighted) analyses there was a significant association between income level and participation in: any online gambling (excluding Lottery draws); National Lottery draws; slot machines; roulette, cards or dice (not online); betting activities; other events (not online); and private betting.

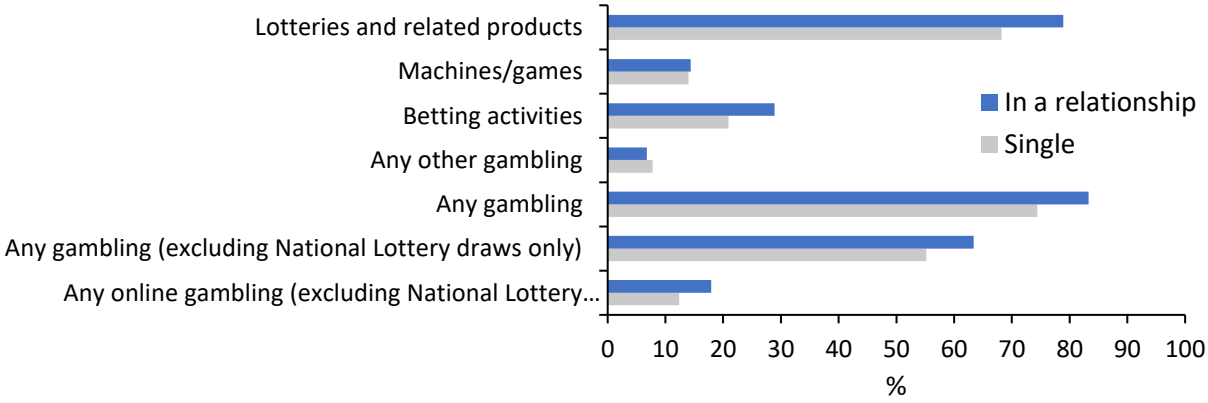
Figure 5: Prevalence of gambling activity groupings by income level



4.4 Gambling participation by relationship status

Overall, a higher proportion of adults in a relationship participated in at least one form of gambling activity in the past 12 months than single adults (83.3% v. 74.4%; Figure 6). A higher proportion of adults in a relationship also participated in online gambling, lotteries and related products, machines/games and betting activities than single adults (Figure 6; Table A8). In sample (unweighted) analyses there was a significant association between relationship status and participation in National Lottery draws (Table A8).

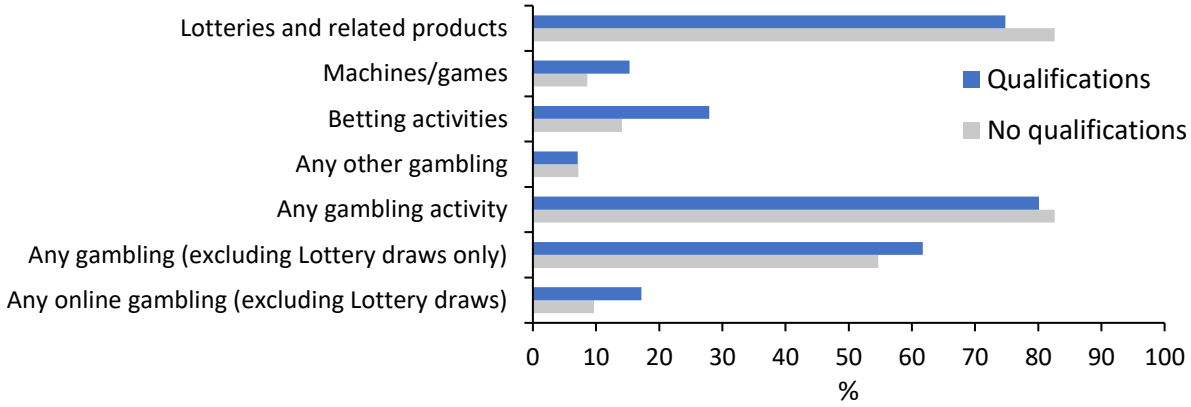
Figure 6: Prevalence of gambling activity groupings by relationship status



4.5 Gambling participation by qualification level

There was a higher prevalence of gambling in the past 12 months amongst adults who did not have qualifications compared to those who did, however, when adults who participated in Lottery draws only were excluded, the highest prevalence of any gambling activity and any online gambling activity was amongst those who did have qualifications (Figure 7; Table A9). In sample (unweighted) analyses only, participation in betting activities and private betting were significantly associated with qualification level (Table A9).

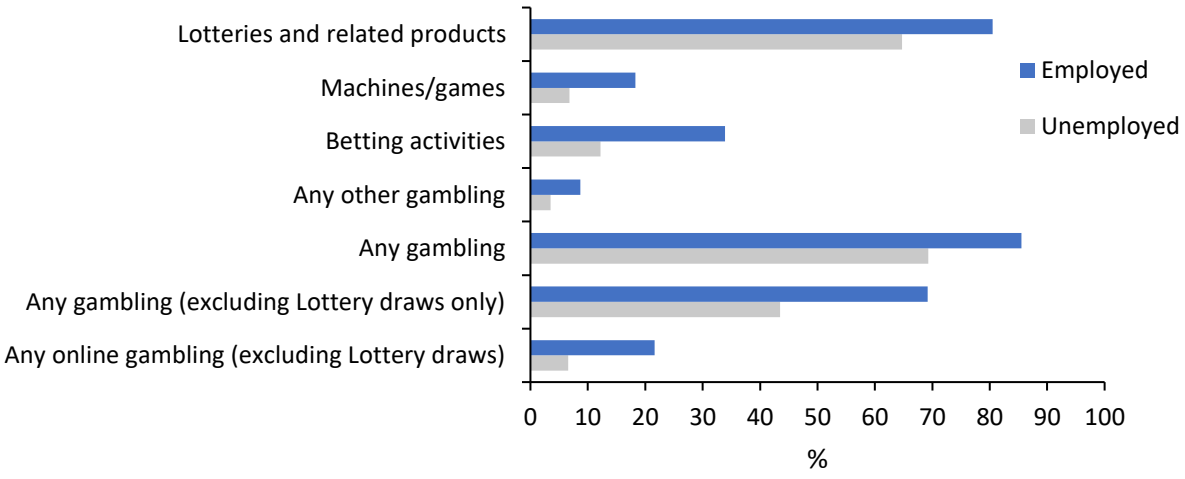
Figure 7: Prevalence of gambling activity groupings by qualification level



4.6 Gambling participation by employment status

Overall, there was a higher prevalence of all gambling activity groupings amongst adults who were employed compared to those who were unemployed (Figure 8; Table A10). In sample (unweighted) analyses there was a significant association between employment status and participation in: any gambling activity; any gambling (excluding Lottery draws); any online gambling (excluding Lottery draws); lotteries and related products; National Lottery draws; Guernsey Christmas Lottery; scratch cards; machines/games; slot machines; roulette, cards or dice (not online); poker (not online); betting activities; horse/dog races (not online); spread-betting; private betting and any other gambling activity (Table A10).

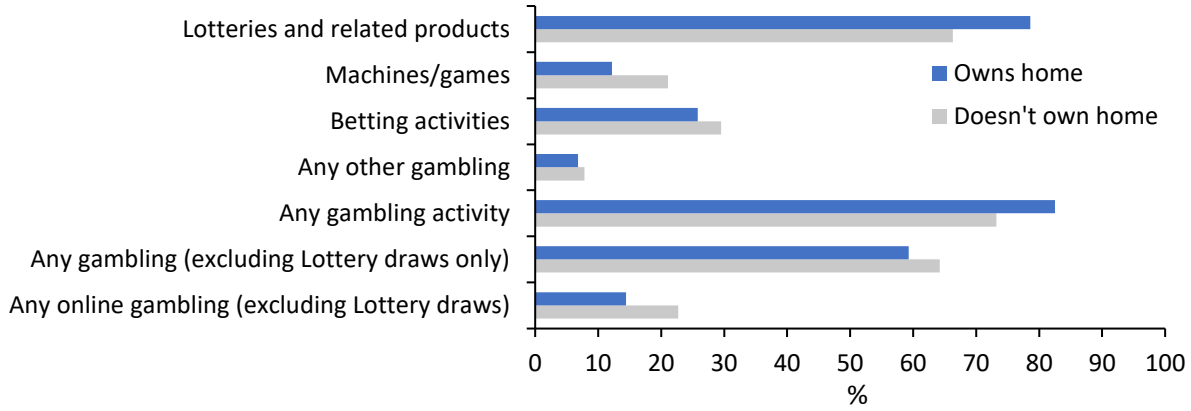
Figure 8: Prevalence of gambling activity groupings by employment status



4.7 Gambling participation by home ownership status

There was a higher prevalence of gambling in the past 12 months amongst adults who owned their own home compared to those who did not, however, when adults who participated in Lottery draws only were excluded, the highest prevalence of any gambling activity and any online gambling activity was amongst those who did not own their own home (Figure 9; Table A11). In sample (unweighted) analyses there was a significant association between home ownership and participation in: any gambling; any gambling (excluding Lottery draws); any online gambling (excluding Lottery draws); Guernsey Christmas Lottery; scratch cards; machines/games; bingo (not online); machines in a bookmakers; and online gambling on slots, casino or bingo games (Table A11).

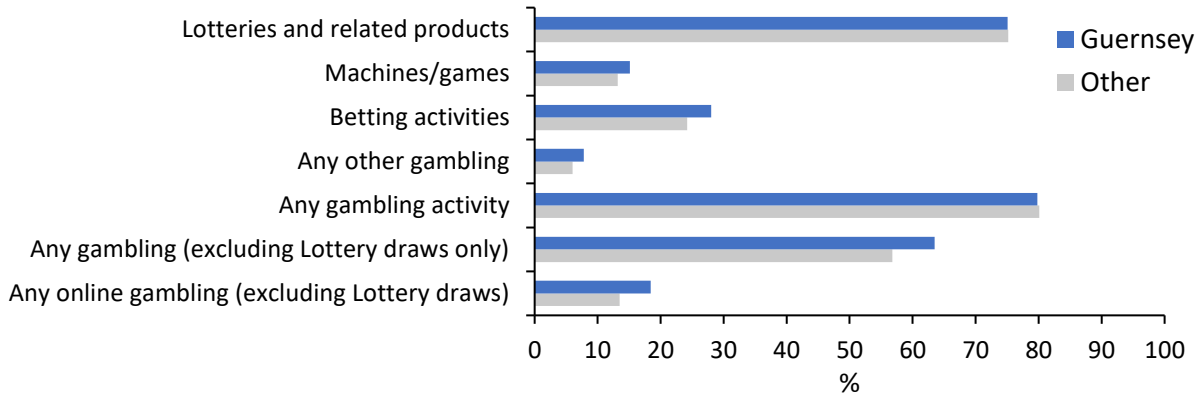
Figure 9: Prevalence of gambling activity groupings by home ownership



4.8 Gambling participation by place of birth

There was a higher prevalence of gambling in the past 12 months amongst adults who were not born in Guernsey compared to those who were, however, when adults who participated in Lottery draws only were excluded, the highest prevalence of any gambling activity and any online gambling activity was amongst those who were born in Guernsey (Figure 10; Table A12). In sample (unweighted) analyses there was a significant association between place of birth and participation in: any gambling (excluding Lottery draws); National Lottery draws; Guernsey Christmas Lottery; and scratch cards (Table A12).

Figure 10: Prevalence of gambling activity groupings by place of birth



5 The Guernsey Lifestyle and Recreation Survey: Gambling Participation and Outcomes

This section includes findings on the association between gambling activities and health indicators, health service use, health risk behaviours, and social and financial outcomes. For each outcome, bivariate associations between each gambling activity and the outcome of interest are presented. Findings from multivariate analysis (controlling for age, gender, and income) are then presented for all relationships which are significant at bivariate level. All data in this section are based on sample unweighted data, unless otherwise stated.

Prevalence of health indicators, risk behaviours, and social and financial outcomes, amongst those who participated in any form of gambling in the past 12 months
(* indicates prevalence is significantly higher compared to non-gamblers)

Poor general health 13.6%	**Low mental wellbeing** 16.8%	**Overweight or obese** 62.3%*	**Regular GP visits** 49.5%*
Emergency department (ED) attendance 17.2%	**Overnight stay in hospital** 7.7%	**Mental health/counselling service attendance** 9.0%	**Poor diet** 8.4%
Low physical activity 33.7%	**Tobacco smoking** 7.1%*	**Binge drinking** 17.2%*	**High risk drinking** 45.1%
Poor social support 7.5%	**Financial problems** 8.4%	**Violence victimisation** 32.4%*	**Violence perpetration** 27.4%*

5.1 Poor general health

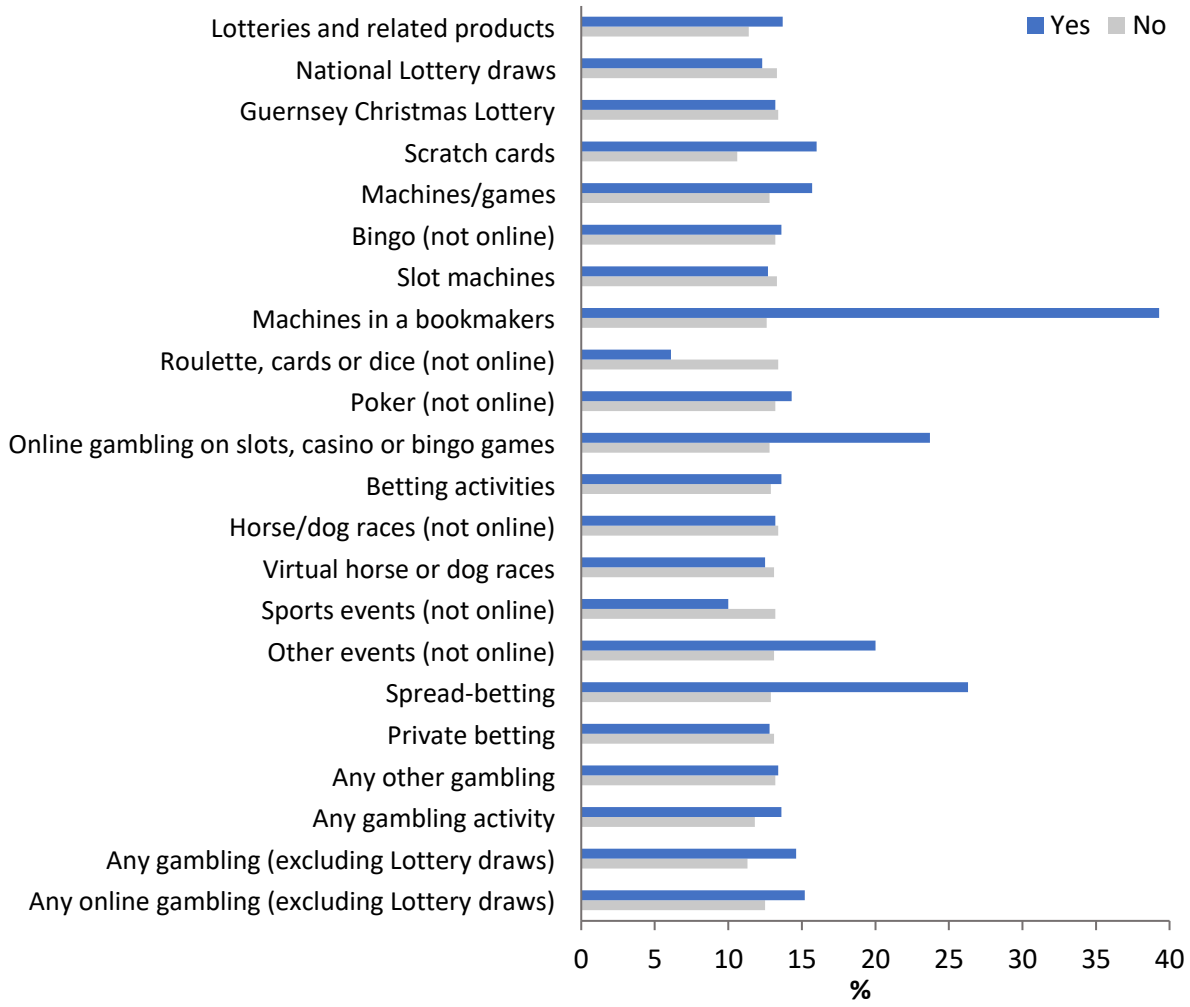
Scores <5.6 on a self-reported measure of health today

14.1% of adults have poor general health[18]

There was no significant difference in the prevalence of poor general health amongst those who reported participating in at least one type of gambling activity in the past 12 months and those who had not (13.6% v. 12.8%; NS; Figure 11; Table A13). Compared to those who did not participate, the prevalence of poor general health was significantly higher amongst those who gambled on scratch cards (16.0% v. 10.6%; p<0.01) and machines in a bookmakers (39.3% v. 12.6%; p<0.001; Figure 11; Table A13).

In multivariate analysis, (after controlling for age, gender and income) the odds of having poor health were 1.6 (Confidence Intervals (CIs): 1.09 - 2.40; p<0.05) times higher amongst those who reported gambling on scratch cards compared to those who did not gamble. There was no longer a significant association between gambling on machines in a bookmakers and poor general health, after controlling for socio-demographics.

Figure 11: Prevalence of poor general health by gambling activity participation



[18] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A14 for associations between health indicators and sociodemographics.

5.2 Low mental wellbeing

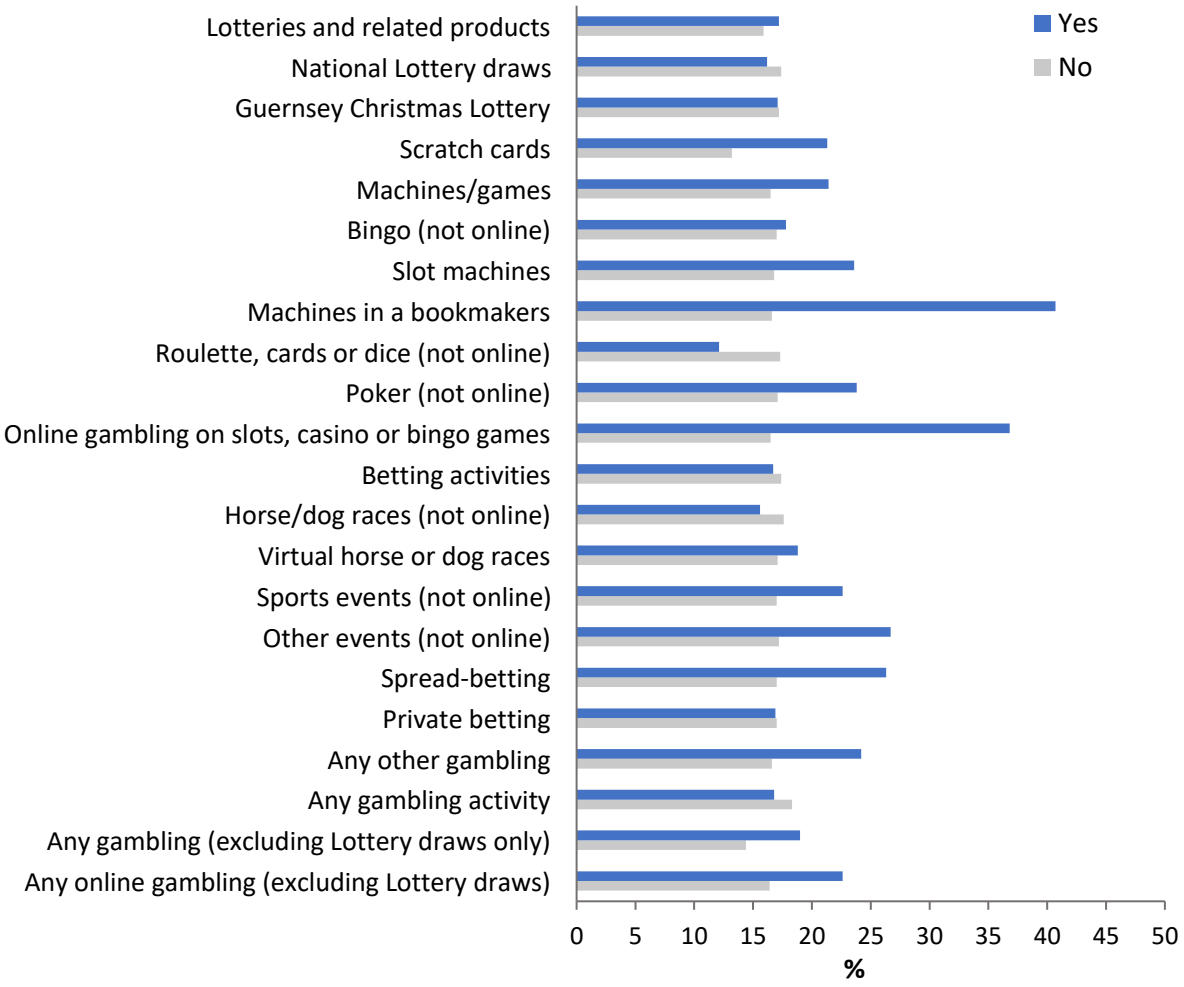
SWEMWBS scores of <21

18.8% of adults reported low mental wellbeing[19]

There was no significant difference in the prevalence of low mental wellbeing amongst those who reported participating in at least one type of gambling activity in the past 12 months and those who had not (16.8% v. 18.3%; NS; Figure 13; Table A13). Compared to those who did not participate, the prevalence of low mental wellbeing was significantly higher amongst those who gambled on: scratch cards (21.3% v. 13.2%; p<0.001); machines in bookmakers (40.7% v. 16.6%; p<0.01); and online gambling on slots, casino or bingo games (36.8% v. 16.5%; p<0.01; Figure 13; Table A13).

In multivariate analysis, (after controlling for age, gender and income) the odds of having low mental wellbeing were 1.61 (CIs: 1.13-2.31; p<0.01) times higher amongst those who reported gambling on scratch cards compared to those who did not gamble. There was no longer a significant association between gambling on machines in a bookmakers or online gambling on slots, casino or bingo games and low mental wellbeing after controlling for sociodemographics.

Figure 13: Prevalence of low mental wellbeing by gambling activity participation



[19] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A14 for associations between health indicators and sociodemographics.

5.3 Overweight or obese

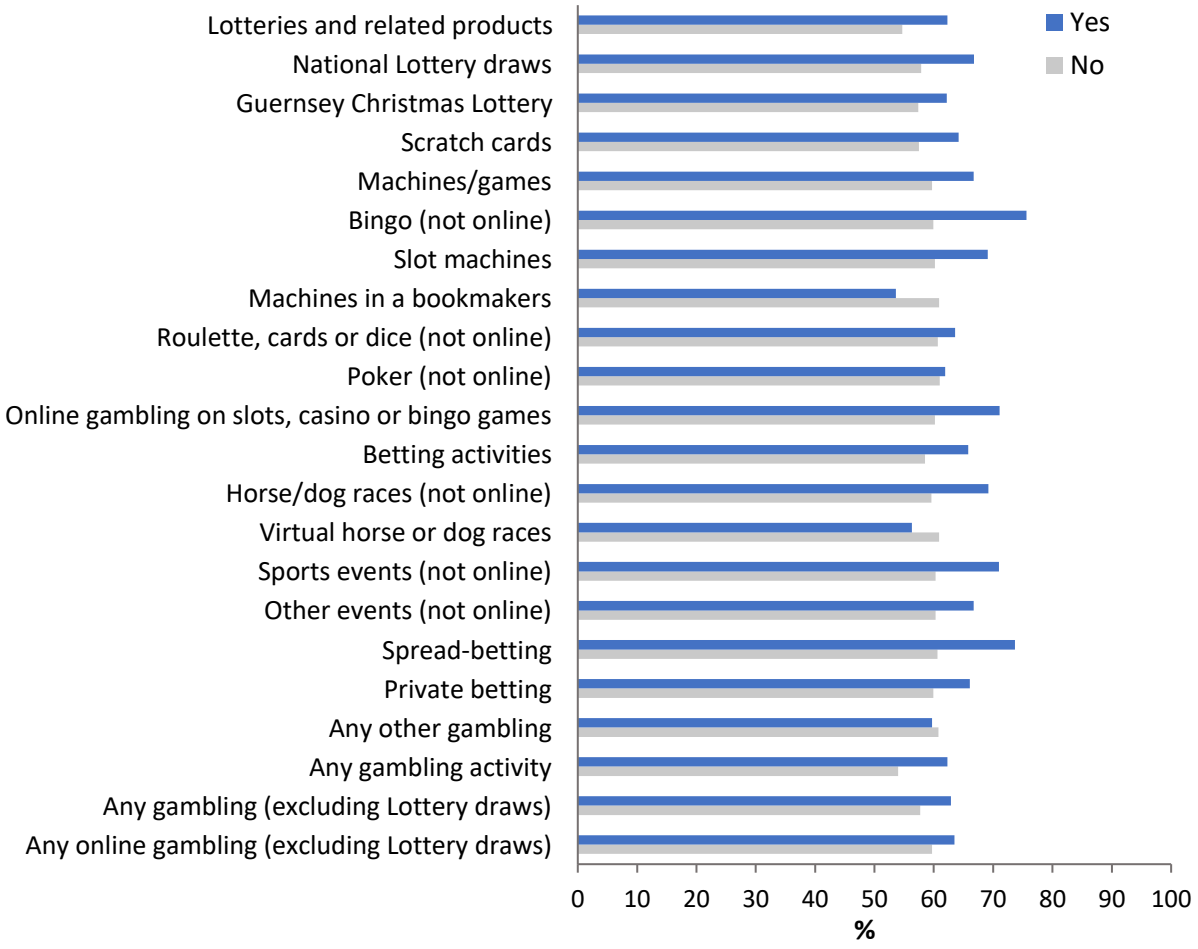
Body Mass Index (BMI) of 25 or more

58.3% of adults were classified as being overweight or obese[20]

Significantly more individuals who reported participating in at least one type of gambling activity in the past 12 months were overweight or obese compared to those who had not gambled (62.3% v. 54.0%; p<0.05; Figure 15; Table A13). Compared to those who did not participate, the prevalence of overweight or obese individuals was significantly higher amongst those who gambled on: lotteries and related products (62.3% v. 54.7%; p<0.05); National Lottery draws (66.8% v. 57.9%; p<0.01); scratch cards (64.2% v. 57.5%; p<0.05); and betting activities (65.8% v. 58.5%; p<0.05; Figure 15; Table A13).

In multivariate analysis, (after controlling for age, gender, and income), the odds of being overweight or obese were 1.45 (CIs: 1.02-2.06; p<0.05) times higher amongst those who reported any gambling compared to those who did not gamble. The odds of being overweight or obese were 1.35 (CIs: 1.01-1.80; p<0.05) and 1.43 (CIs: 1.09-1.87; p<0.05) times higher amongst those who gambled on National Lottery draws and scratch cards respectively compared to those that did not. After controlling for sociodemographics, there was no longer a significant association between gambling on betting activities or lotteries and related products and being overweight or obese.

Figure 15: Prevalence of being overweight or obese by gambling activity participation



[20] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A14 for associations between health indicators and sociodemographics.

5.4 Regular General Practitioner (GP) visits

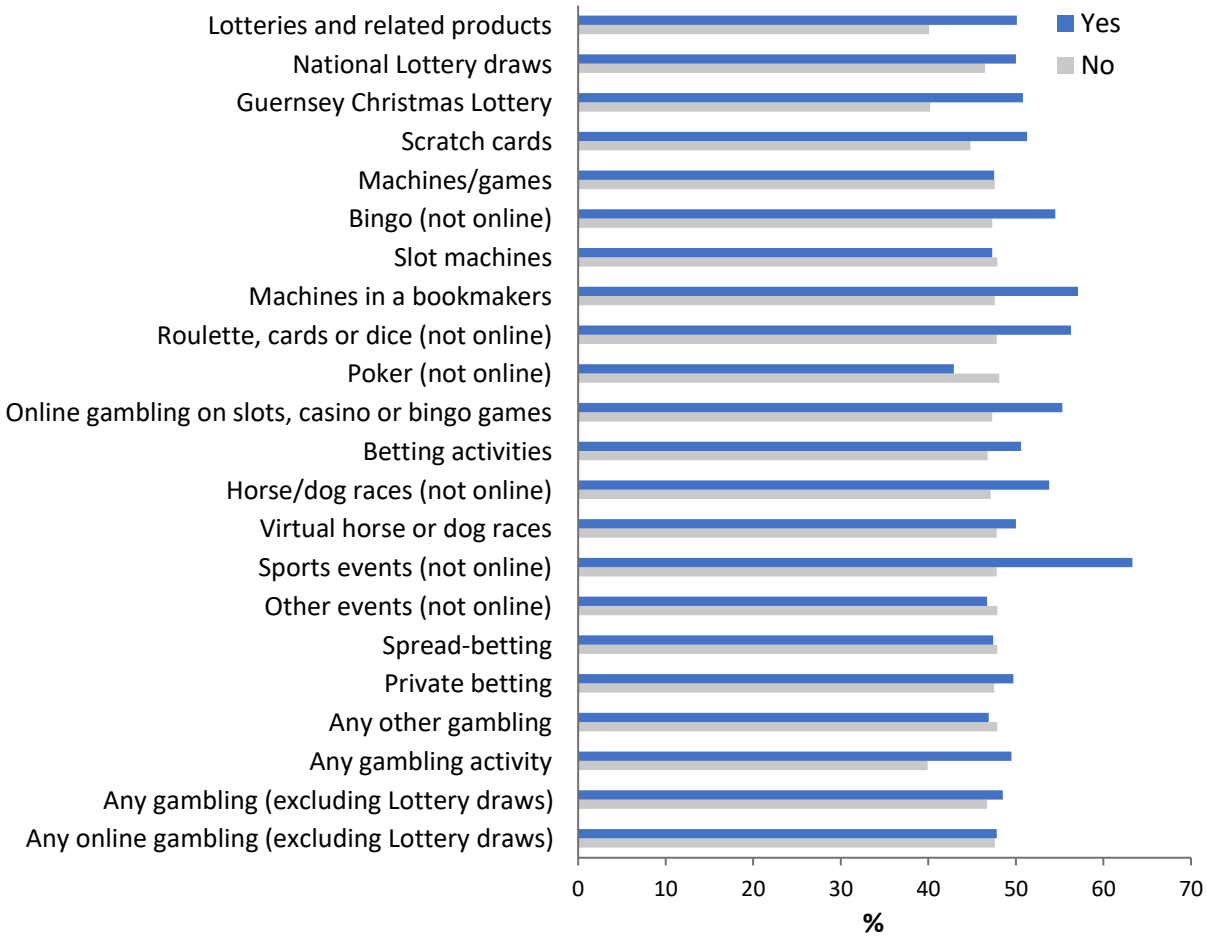
Having visited a GP >3 times in the last 12 months (excluding for reasons relating to pregnancy)

44.9% of adults had regularly visited a GP in the last 12 months[21]

Significantly more individuals who reported participating in at least one type of gambling activity had regularly visited their GP in the past 12 months compared to those who had not gambled (49.5% v. 39.9%; p<0.05; Figure 17; Table A15). Compared to those who did not participate, the prevalence of regular GP visits was significantly higher amongst those who gambled on: lotteries and related products (50.1% v. 40.1%; p<0.01); Guernsey Christmas Lottery (50.8% v. 40.2%; p<0.01); and scratch cards (51.3% v. 44.8%; p<0.05; Figure 17; Table A15).

In multivariate analysis, (after controlling for age, gender and income) the odds of regular GP visits were 2.08 (CIs: 1.44-3.00; p<0.001) times higher amongst those who reported any gambling compared to those who did not gamble. After controlling for sociodemographics, the odds of regular GP visits were 1.99 (CIs: 1.42-2.78; p<0.001) times higher amongst those who reported gambling on lotteries and related products compared to those who did not. The odds of regular GP visits were 1.97 (CIs: 1.46-2.66; p<0.001) and 1.53 (CIs: 1.17-1.99; p<0.01) times higher amongst those who gambled on the Guernsey Christmas Lottery or scratch cards respectively, compared to those that had not gambled on these activities.

Figure 17: Prevalence of regular GP visits by gambling activity participation



[21] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A16 for associations between health service use and sociodemographics.

5.5 Emergency Department (ED) attendance

Having visited the ED on one or more occasion in the last 12 months (excluding for reasons relating to pregnancy).

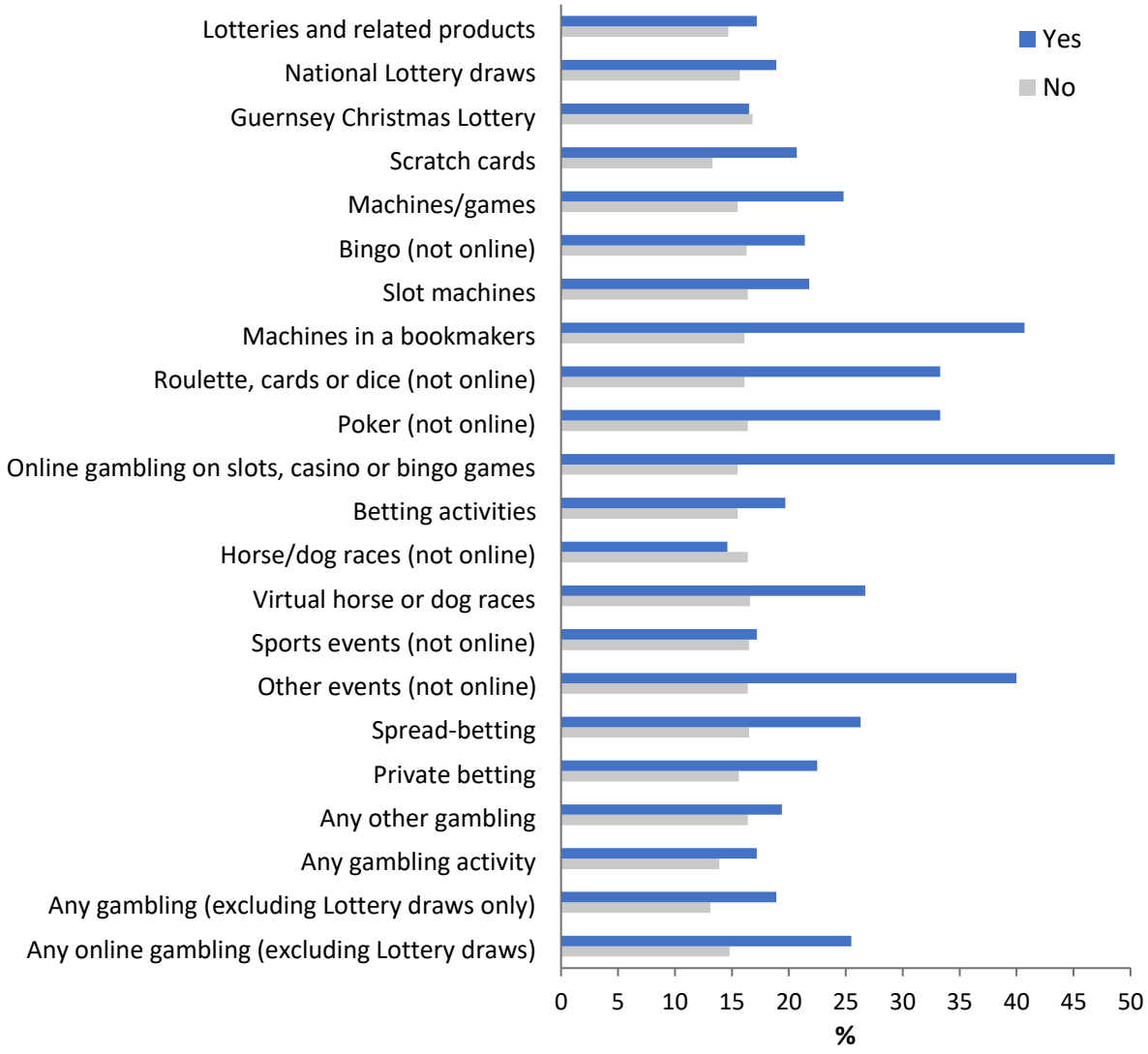
17.3% of adults had attended the ED in the last 12 months[22]

There was no significant difference in the prevalence of ED attendance in the past 12 months amongst those who reported participating in at least one type of gambling activity and those who had not (17.2% v. 13.9%; NS; Figure 19; Table A15). However, when individuals who participated in Lottery draws only were excluded, significantly more individuals who had gambled had attended the ED in the past 12 months compared to those who had not gambled (18.9% v. 13.1%; $p<0.05$; Figure 19; Table A15). Similarly, excluding individuals who gambled on lottery draws only, significantly more individuals who had gambled online had attended the ED in the past 12 months compared to those who had not gambled online (25.5% v. 14.8%; $p<0.01$). Compared to those who did not participate, the prevalence of ED attendance in the past 12 months was significantly higher amongst those who gambled on: scratch cards (20.7% v. 13.3%; $p<0.01$); machines/games (24.8% v. 15.5%; $p<0.01$); machines in a bookmakers (40.7% v. 16.1%; $p<0.01$); roulette, cards or dice (not online) (33.3% v. 16.1%; $p<0.05$); online gambling on slots, casino or bingo games (48.6% v. 15.5%; $p<0.001$); other events (not online) (40.0% v. 16.4%; $p<0.05$); and private betting (22.5% v. 15.6%; $p<0.05$; Figure 19; Table A15).

In multivariate analysis, (after controlling for age, gender, and income) the odds of Emergency Department (ED) attendance was 1.51 (CIs: 1.03 – 2.20; $p<0.05$) and 1.86 (CIs: 1.15 – 3.00; $p<0.05$) times higher amongst those who reported any gambling (excluding Lottery draws) or any online gambling (excluding Lottery draws) respectively, compared to those who did not gamble. After controlling for sociodemographics, the odds of ED attendance was 1.74 (CIs: 1.09 - 2.76; $p<0.05$) times higher amongst those who gambled on machines/games compared to those who did not. The odds of ED attendance was 2.56 (CIs: 1.04 – 6.32; $p<0.05$) and 4.85 (CIs: 2.32 – 10.15; $p<0.001$) times higher amongst those who gambled on the machines in a bookmakers or online gambling on slots, casino, or bingo games respectively, compared to those that had not gambled on these activities. After controlling for sociodemographics, there was no longer a significant association between gambling on roulette, cards or dice, other events (not online) or private betting and ED attendance.

[22] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A16 for associations between health service use and sociodemographics.

Figure 19: Prevalence of ED attendance by gambling activity participation



5.6 Overnight stay in hospital

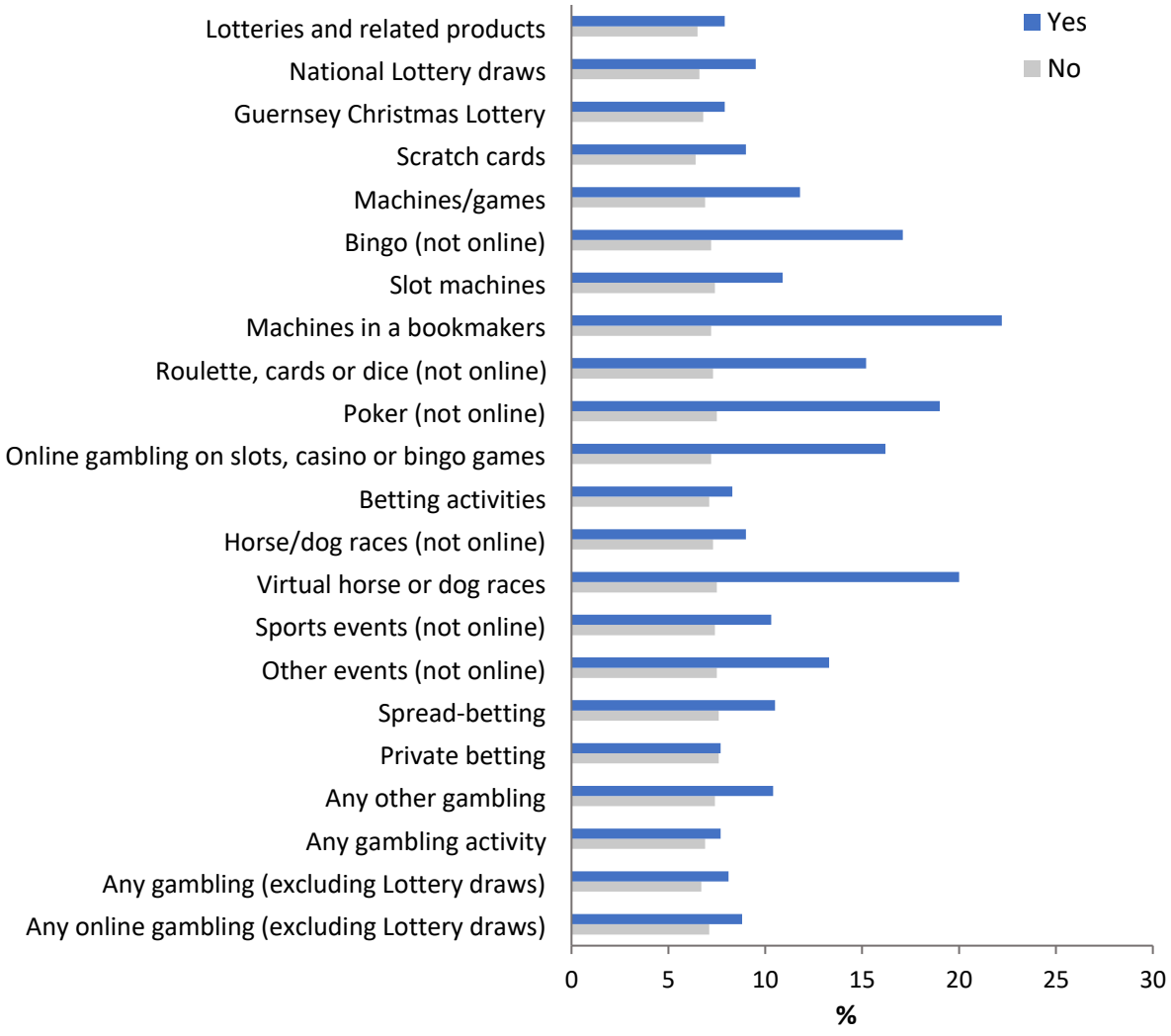
Having stayed overnight in hospital on one or more occasion in the last 12 months (excluding for reasons relating to pregnancy).

6.5% of adults had stayed overnight in hospital in the last 12 months[23]

There was no significant difference in the proportion of individuals who had stayed overnight in hospital in the past 12 months amongst those who reported participating in at least one type of gambling activity and those who had not (7.7% v. 6.9%; NS; Figure 21; Table A15). Compared to those who did not participate, the proportion of individuals who had stayed overnight in hospital was significantly higher amongst those who gambled on: bingo (not online) (17.1% v. 7.2%; $p<0.05$); and machines in a bookmakers (22.2% v. 7.2%; $p<0.05$; Figure 21; Table A15).

In multivariate analysis (after controlling for age, gender, and income), there was no longer a significant association between gambling on bingo (not online) or machines in a bookmakers and overnight stay in a hospital.

Figure 21: Prevalence of overnight stay in hospital by gambling activity participation



[23] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A16 for associations between health service use and sociodemographics.

5.7 Mental health/counselling service attendance

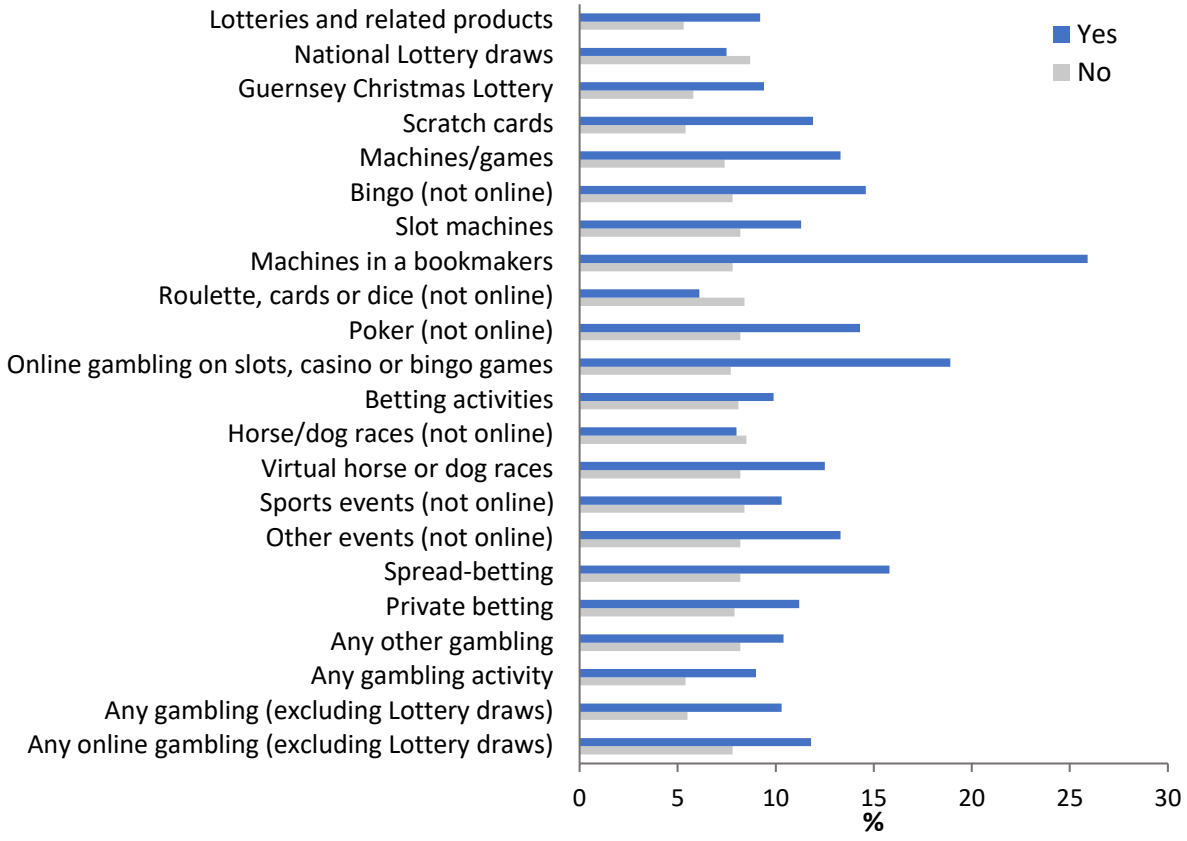
Attended a mental health/counselling service on one or more occasion in the last 12 months

9.3% of adults had attended a mental health/counselling service in the last 12 months[24]

There was no significant difference in the prevalence of mental health/counselling service attendance in the past 12 months amongst those who reported participating in at least one type of gambling activity and those who had not (9.0% v. 5.4%; NS; Figure 23; Table A15). However, when individuals who participated in Lottery draws only were excluded, significantly more individuals who had gambled had attended a mental health/counselling service in the past 12 months compared to those who had not gambled (10.3% v. 5.5%; p<0.01; Figure 23; Table A15). Compared to those who did not participate, the prevalence of mental health/counselling service attendance in the past 12 months was significantly higher amongst those who gambled on: scratch cards (11.9% v. 5.4%; p<0.001); machines/games (13.3% v. 7.4%; p<0.05); machines in a bookmakers (25.9% v. 7.8%; p<0.01); and online gambling on slots, casino or bingo games (18.9% v. 7.7%; p<0.05; Figure 23; Table A15).

In multivariate analysis, (after controlling for age, gender, and income), the odds of mental health/counselling service attendance was 2.05 (Cis: 1.24 – 3.40; p<0.01) times higher amongst those who gambled on scratch cards compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between gambling on any gambling activity (excluding Lottery draws), machines/games, machines in a bookmakers, or online gambling on slots, casino, or bingo games, and mental health/counselling service attendance.

Figure 23: Prevalence of mental health/counselling service attendance by gambling activity



[24] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A16 for associations between health service use and sociodemographics.

5.8 Poor diet

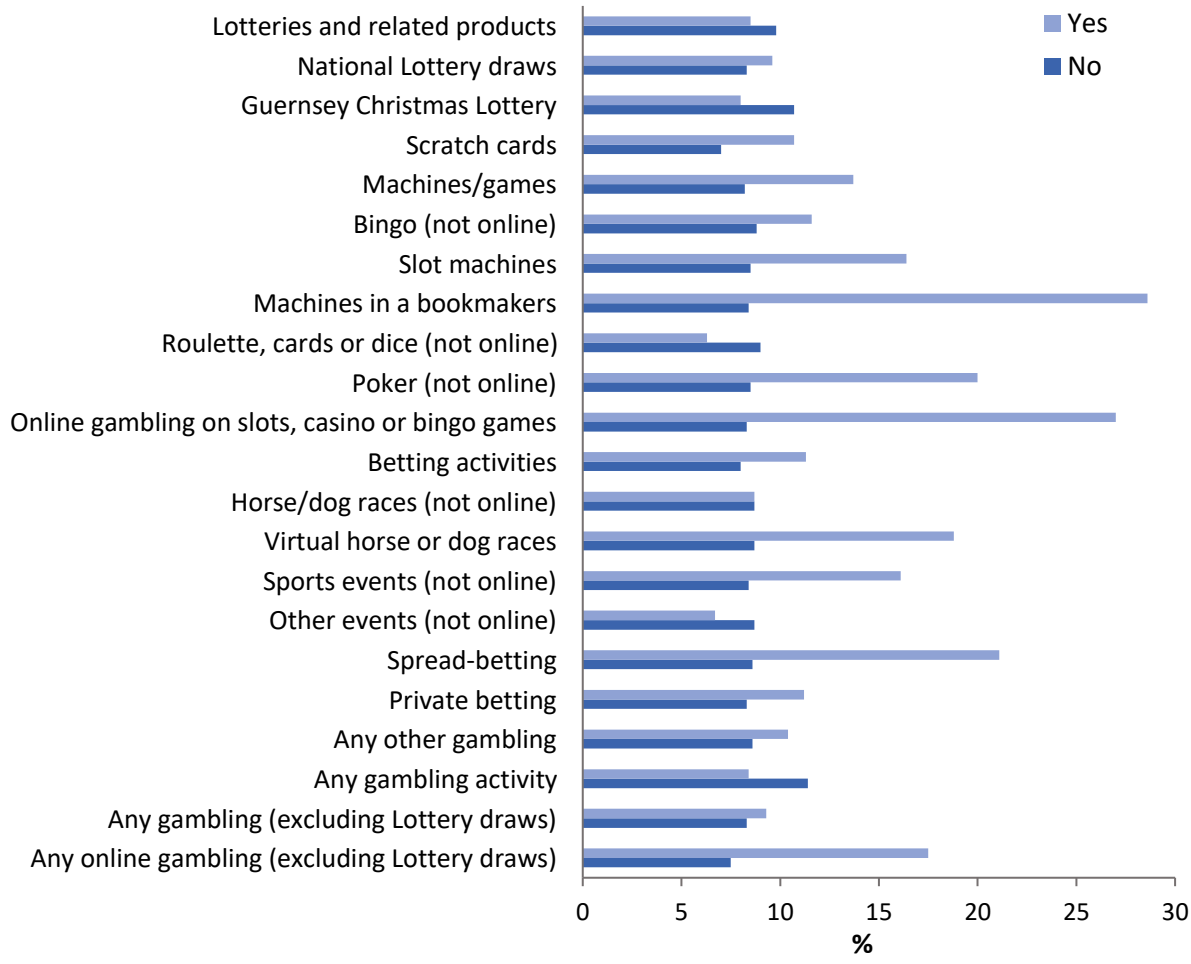
Eating less than two portions of fruit and vegetables (excluding potatoes) a day.

10.8% of adults had a poor diet[25]

Significantly more individuals who had gambled online in the past 12 months had a poor diet compared to those who had not gambled (17.5% v. 7.5%; p<0.001). Compared to those who did not participate, the prevalence of having a poor diet was significantly higher amongst those who gambled on: scratch cards (10.7% v. 7.0%; p<0.05); machines/games (13.7% v. 8.2%; p<0.05); machines in a bookmakers (28.6% v. 8.4%; p<0.01); and online gambling on slots, casino or bingo games (27.0% v. 8.3%; p<0.001; Figure 25; Table A17).

In multivariate analysis, (after controlling for age, gender, and income) the odds of having a poor diet was 2.23 (CIs: 1.22 – 4.08; p<0.01) times higher amongst those who reported any online gambling (excluding Lottery draws), compared to those who did not gamble. After controlling for sociodemographics, the odds of a poor diet was 1.74 (CIs: 1.06 – 2.87; p<0.05) and 2.82 (CIs: 1.16 – 6.84; p<0.05) times higher amongst those who gambled scratch cards and online on slots, casino, or bingo games, respectively, compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between gambling on machines/games or machines in a bookmakers and poor diet.

Figure 25: Prevalence of poor diet by gambling activity participation



[25] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A18 for associations between poor health and sociodemographics.

5.9 Low physical activity

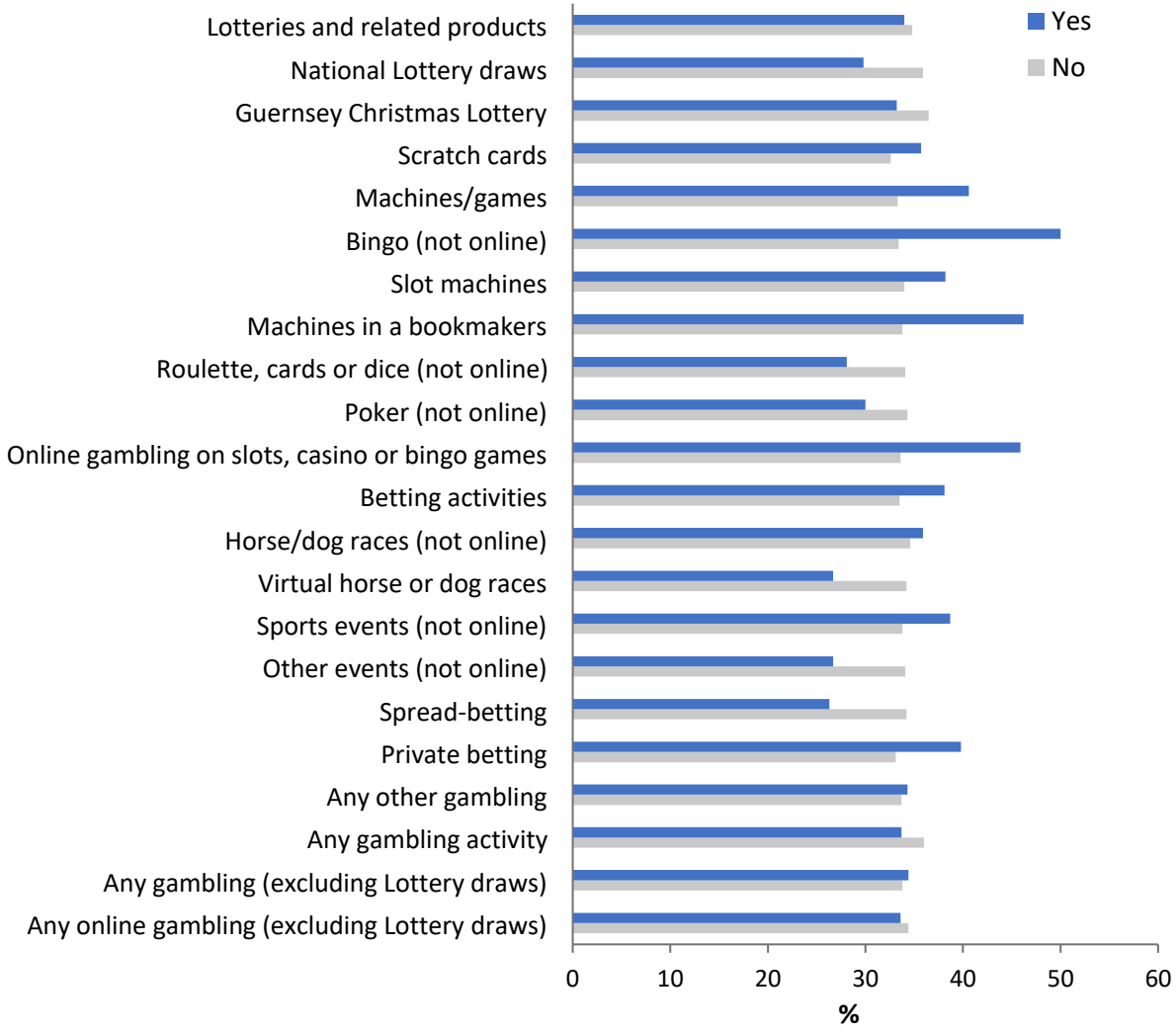
Taking part in at least 30 minutes of physical activity (e.g. walking quickly, cycling, sports or exercise) less than three days in the past week.

33.7% of adults had low levels of physical activity[26]

There was no significant difference in the proportion of individuals who had low levels of physical activity amongst those who reported participating in at least one type of gambling activity and those who had not (32.7% v. 32.7%; NS; Figure 27; Table A17). There was a significantly lower prevalence of low physical activity amongst those who had gambled on bingo (not online) compared to those who had not gambled on these activities (50.0% v. 33.4%; Figure 27; Table A17).

In multivariate analysis, (after controlling for age, gender, and income) there was no longer a significant association between gambling on bingo (not online) and low physical exercise.

Figure 27: Prevalence of low physical activity by gambling activity participation



[26] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A18 for associations between poor health and sociodemographics.

5.10 Tobacco smoking

Current smoking of tobacco on a daily basis

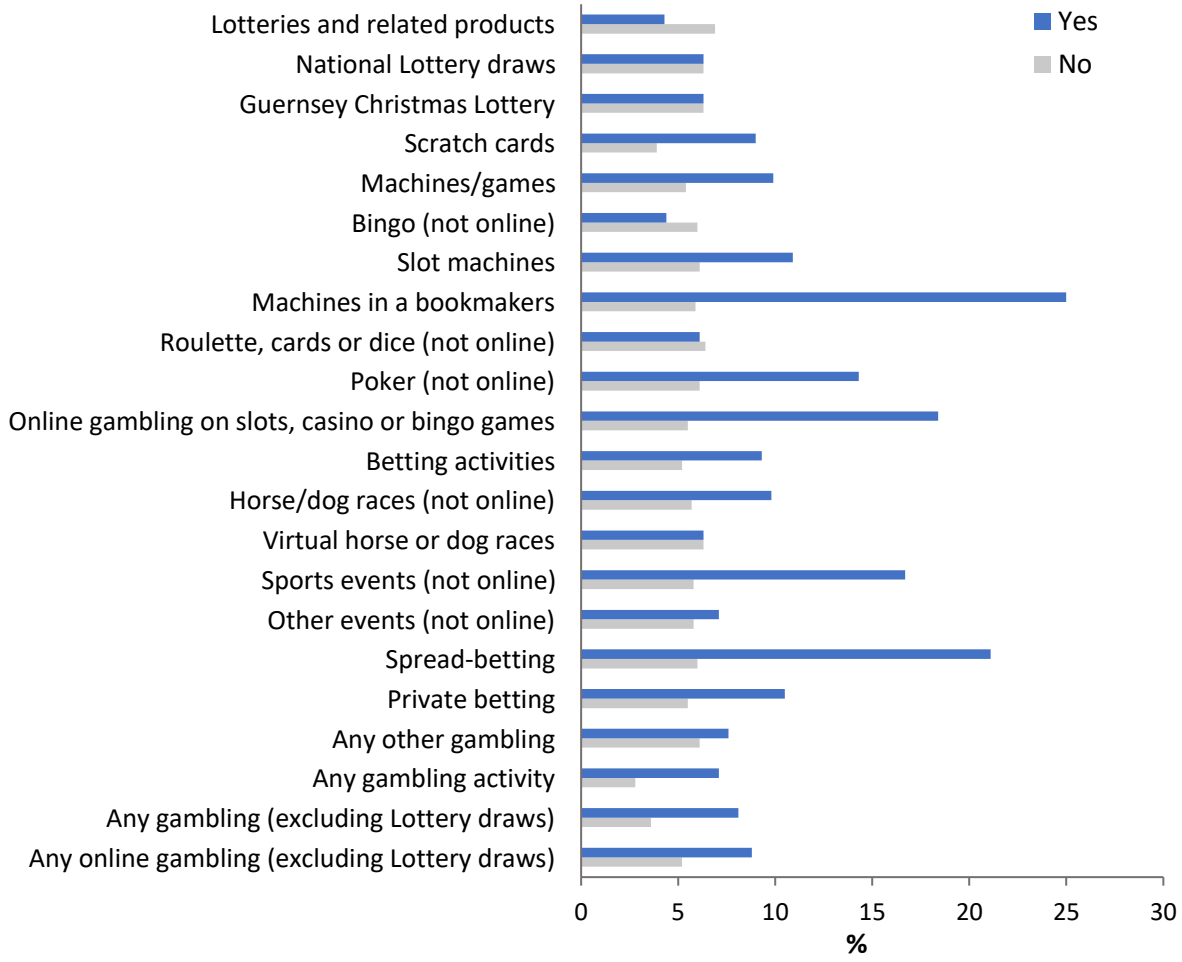
8.0% of adults smoked tobacco on a daily basis[27]

Significantly more individuals who reported participating in at least one type of gambling activity in the past 12 months smoked tobacco on a daily basis compared to those who had not gambled (7.1% v. 2.8%; $p<0.05$; Figure 29; Table A17). When individuals who only gambled on Lottery draws were excluded, there was also a higher prevalence of daily smoking amongst individuals who had gambled compared to those who had not (8.1% v. 3.6%; $p<0.01$; Figure 29; Table A17). Compared to those who did not participate, the prevalence of daily smoking was significantly higher amongst those who gambled on: scratch cards (9.0% v. 3.9%; $p<0.01$); machines in a bookmakers (25.0% v. 5.9%; $p<0.001$); online gambling on slots, casino or bingo games (18.4% v. 5.5%; $p<0.01$); betting activities (9.3% v. 5.2%; $p<0.05$); spread-betting (21.1% v. 6.0%; $p<0.05$) and private betting (10.5% v. 5.5%; $p<0.05$; Figure 29; Table A17).

In multivariate analysis, (after controlling for age, gender, and income) the odds of daily smoking was 2.25 (Cis: 1.24 – 4.08; $p<0.01$) times higher amongst those who gambled on scratch cards in the past 12 months, compared to those who did not gamble. After controlling for sociodemographics, the odds of a daily smoking was 1.74 (Cis: 1.06 – 2.87; $p<0.05$) and 2.82 (Cis: 1.16 – 6.84; $p<0.05$) times higher amongst those who gambled scratch cards and online on slots, casino, or bingo games, respectively, compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between any gambling in the past 12 months or any gambling activity (excluding Lottery draws) and daily smoking. There also was no longer a significant association between gambling on machines in a bookmakers, online gambling on slots, casino, or bingo games, betting activities, spread-betting or private betting and daily smoking.

[27] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A18 for associations between poor health and sociodemographics.

Figure 29: Prevalence of daily tobacco smoking by gambling activity participation



5.11 Alcohol use – binge drinking

Drinking six or more standard alcoholic drinks on one occasion, at least once a week.

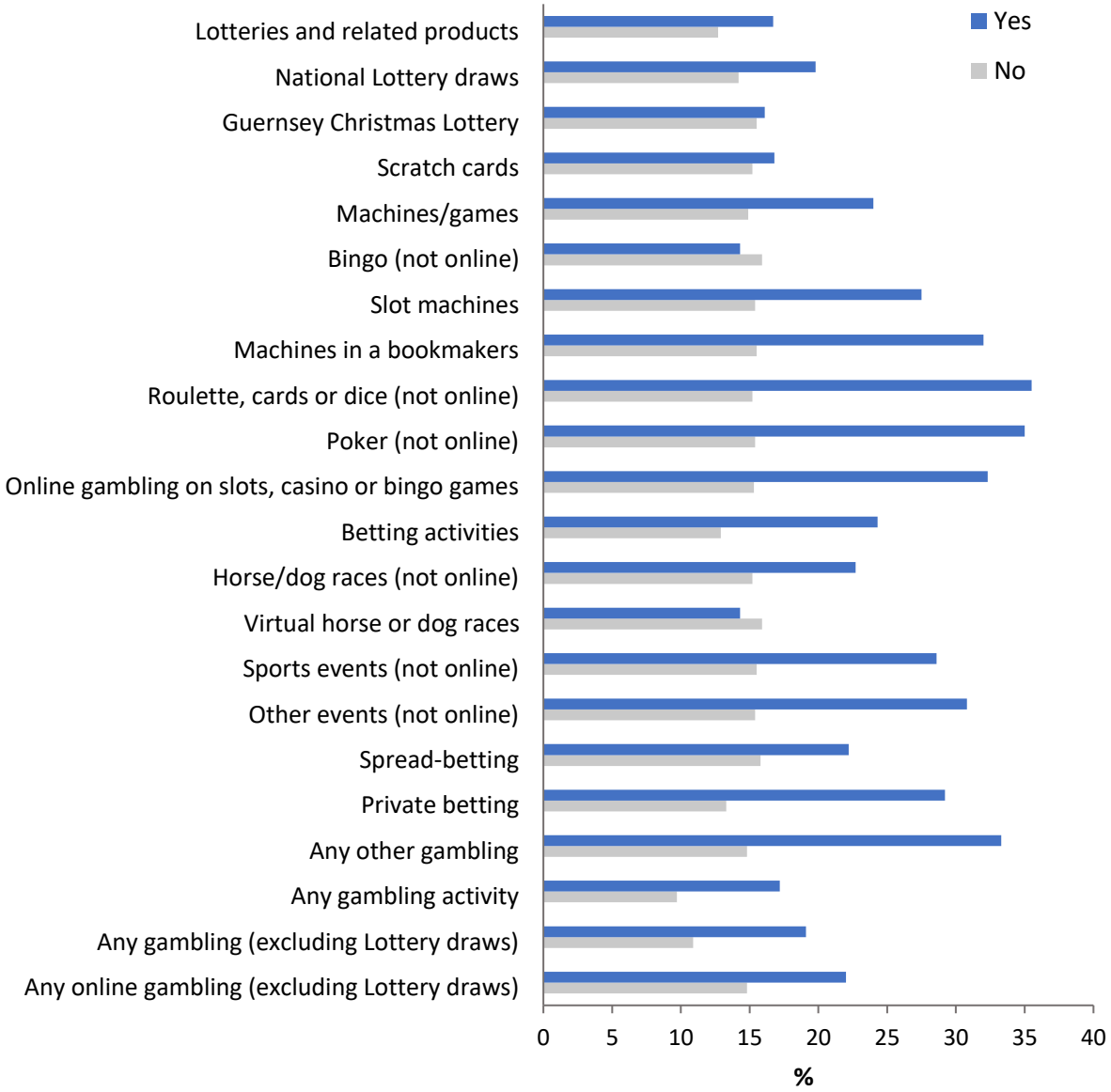
16.8% of adults were classified as binge drinkers[28]

Significantly more individuals who reported participating in at least one type of gambling activity in the past 12 months were classified as binge drinkers compared to those who had not gambled (17.2% v. 9.7%; p<0.05; Figure 31; Table A17). When individuals who only gambled on Lottery draws were excluded, there was also a higher prevalence of binge drinking amongst individuals who had gambled compared to those who had not (19.1% v. 10.9%; p<0.01; Figure 31; Table A17). Compared to those who did not participate, the prevalence of binge drinking was significantly higher amongst those who gambled on: National Lottery draws (19.8% v. 14.2%; p<0.05); machines/games (24.0% v. 14.9%; p<0.05); slot machines (27.5% v. 15.4%; p<0.05); roulette, cards or dice (not online) (35.5% v. 15.2%; p<0.01); poker (not online) (35.0% v. 15.4%; p<0.05); online gambling on slots, casino, or bingo games (32.3% v. 15.3%; p<0.05); betting activities (24.3% v. 12.9%; p<0.001); private betting (29.2% v. 13.3%; p<0.001); and any other gambling activity (33.3% v. 14.8%; p<0.001; Figure 31; Table A17).

In multivariate analysis, (after controlling for age, gender, and income) the odds of binge drinking was 2.00 (CIs: 1.05 – 3.81; p<0.05) times higher amongst those who reported gambling in the past 12 months compared to those who did not gamble. When individuals who only gambled on Lottery draws were excluded, those who had gambled on any other activity in the past 12 months were 1.97 (CIs: 1.28 – 3.03; p<0.01) times more likely to binge drink compared to those who did not gamble. After controlling for sociodemographics, the odds of binge drinking was 1.77 (CIs: 1.18 – 2.66; p<0.01), 2.16 (1.39 – 3.36; p<0.01) and 2.32 (CIs: 1.25 – 4.29; p<0.01) times higher amongst those who gambled on betting activities, private betting, and another form of gambling, respectively, compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between gambling on National Lottery draws, machines/games, slot machines, roulette, cards or dice (not online), poker (not online), or online gambling on slots, casino, or bingo games and binge drinking.

[28] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A18 for associations between poor health and sociodemographics.

Figure 31: Prevalence of binge drinking by gambling activity participation



5.12 Alcohol use – at risk drinking

Individuals with a score of five or over on the Alcohol Use Disorder Identification Test (AUDIT-C)

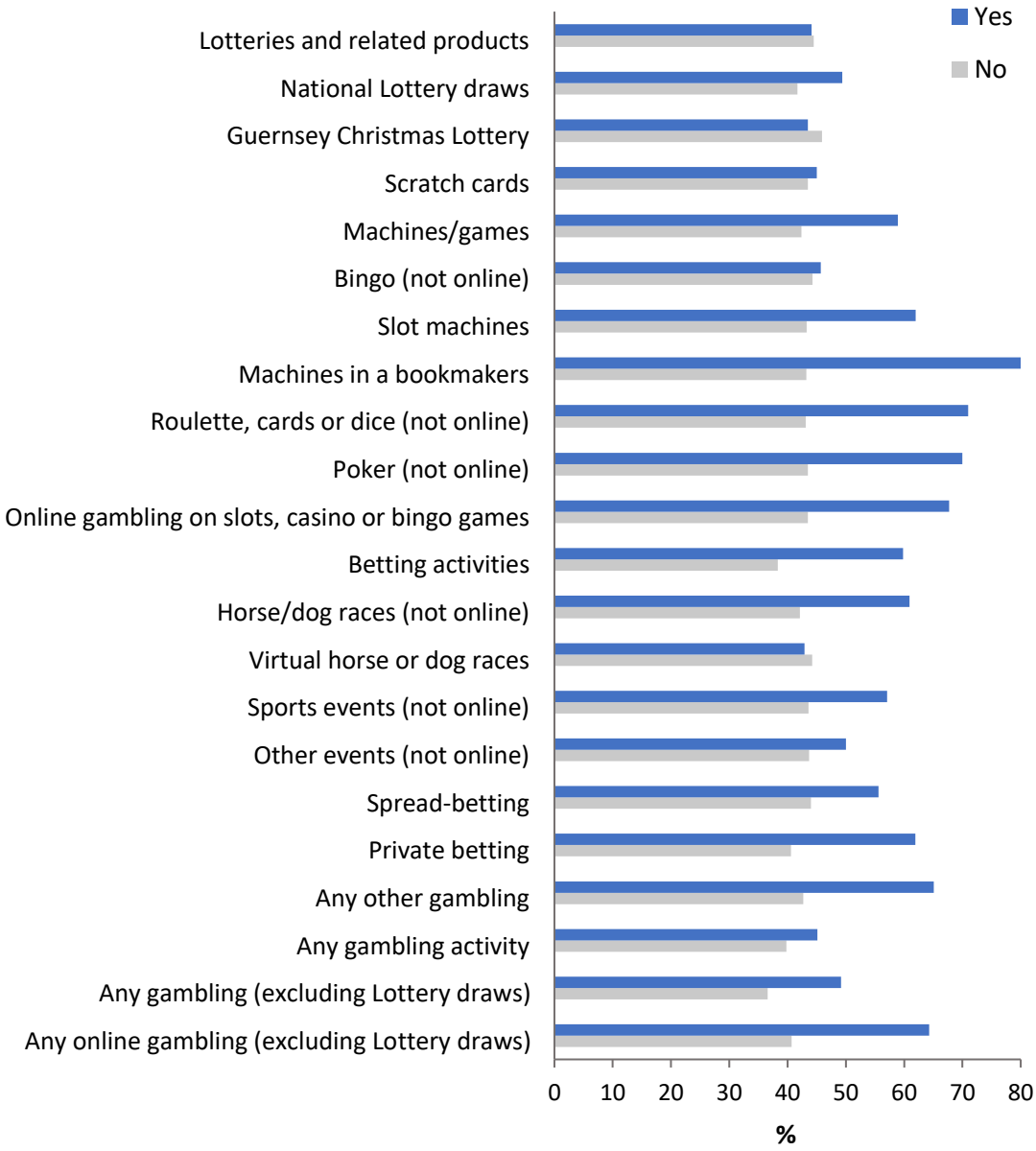
46.6% of adults were classified as at risk drinkers[29]

There was no significant difference in the prevalence of high risk drinking amongst those who reported participating in at least one type of gambling activity and those who had not (45.1% v. 39.8%; NS; Figure 33; Table A17). However, when individuals who participated in Lottery draws only were excluded, significantly more individuals who had gambled were classified as high risk drinkers compared to those who had not gambled (49.2% v. 36.6%; p<0.001; Figure 33; Table A17). Similarly, excluding individuals who gambled on lottery draws only, significantly more individuals who had gambled online were high risk drinkers compared to those who had not gambled online (64.3% v. 40.7%; p<0.001). Compared to those who did not participate, the prevalence of high risk drinking was significantly higher amongst those who gambled on: National Lottery draws (49.4% v. 41.7%; p<0.05); machines/games (58.9% v. 42.4%; p<0.01); slot machines (62.0% v. 43.3%; p<0.05); machines in a bookmakers (80.0% v. 43.2%; p<0.01); roulette, cards or dice (not online) (71.0% v. 43.1%; p<0.01); poker (not online) (70.0% v. 43.5%; p<0.05); online gambling on slots, casino or bingo games (67.7% v. 43.5%; p<0.05); betting activities (59.8% v. 38.3%; p<0.001); horse/dog races (not online) (60.9% v. 42.1%; p<0.001); private betting (61.9% v. 40.6%; p<0.001); and any other gambling activity (65.1% v. 42.7%; p<0.01; Figure 33; Table A17).

In multivariate analysis, (after controlling for age, gender, and income) the odds of higher risk drinking was 1.48 (CIs: 1.10 – 1.99; p<0.01) and 1.79 (CIs: 1.16 – 2.78; p<0.01) times higher amongst those who reported any gambling (excluding Lottery draws) or any online gambling (excluding Lottery draws) respectively, in the past 12 months compared to those who did not gamble. After controlling for sociodemographics, the odds of higher risk drinking was 3.36 (CIs: 1.17 – 9.59; p<0.05), 1.90 (CIs: 1.37 – 2.64; p<0.001), and 1.90 (CIs: 1.16 – 3.11; p<0.05) times higher amongst those who gambled on machines in a bookmakers, betting activities, and horse or dog races (not online), respectively, compared to those who did not. The odds of higher risk drinking was 1.91 (CIs: 1.30 – 2.79; p<0.01) and 2.21 (CIs: 1.21 – 4.04; p<0.05) times higher amongst those who participated in private betting and another form of gambling, respectively, compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between gambling on National Lottery draws, machines/games, slot machines, roulette, cards or dice (not online), poker (not online), or online gambling on slots, casino, or bingo games, and higher risk drinking.

[29] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A18 for associations between poor health and sociodemographics.

Figure 33: Prevalence of high risk drinking by gambling activity participation



5.13 Poor social support

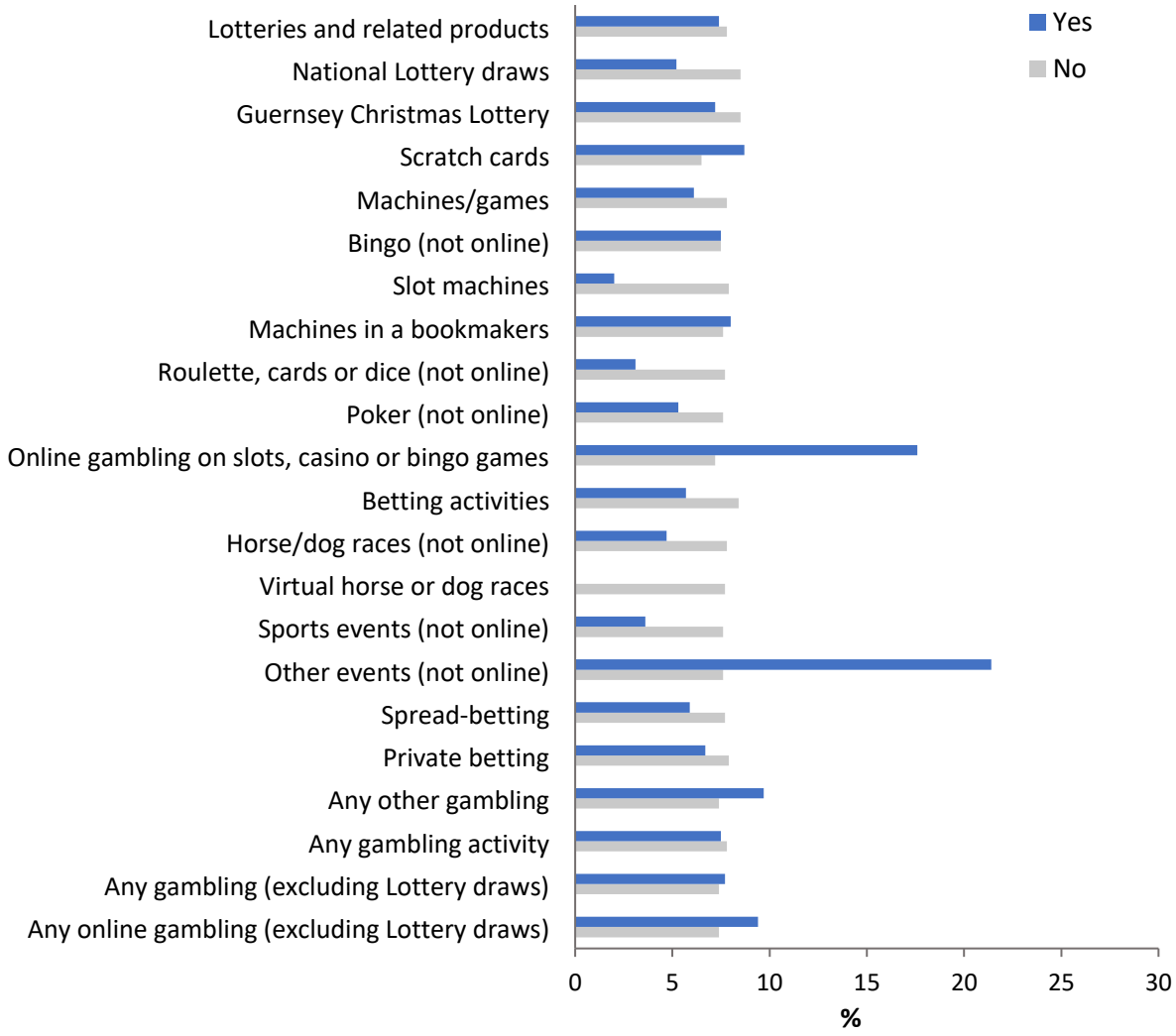
Feel close to less people, including family and friends, than other individuals on average

7.5% of adults had poor social support[30]

There was no significant difference in the proportion of individuals who had poor social support amongst those who reported participating in at least one type of gambling activity and those who had not (7.5% v. 7.8%; NS; Figure 35; Table A19). There was also no significant association between poor social support and any of the individual gambling activities (Figure 35; Table A19).

Multivariate analyses was not performed as social support was not significantly associated with any gambling activity.

Figure 35: Prevalence of poor social support by gambling activity participation



[30] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A20 for associations between poor health and sociodemographics.

5.14 Financial problems

Been behind on payments for expenses such as rent, utilities, mortgage repayment, taxes etc. in the past 12 months.

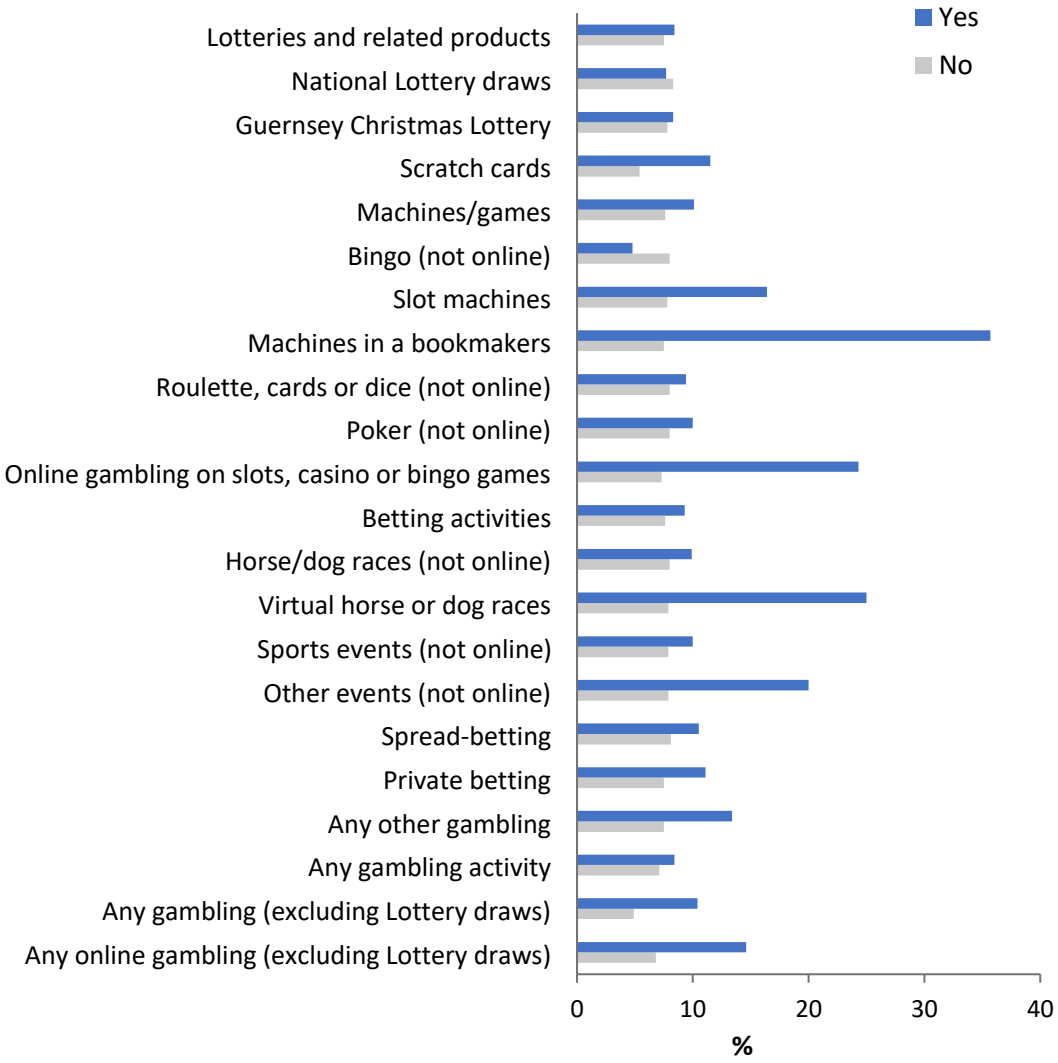
9.8% of all adults had financial problems[31]

There was no significant difference in the prevalence of financial problems amongst those who reported participating in at least one type of gambling activity and those who had not (8.4% v. 7.1%; NS; Figure 36; Table A19). However, when individuals who participated in Lottery draws only were excluded, significantly more individuals who had gambled had financial problems compared to those who had not gambled (10.4% v. 4.9%; p<0.01; Figure 36; Table A19). Similarly, excluding individuals who gambled on lottery draws only, significantly more individuals who had gambled online had financial problems compared to those who had not gambled online (14.6% v. 6.8%; p<0.01). Compared to those who did not participate, the prevalence of financial problems was significantly higher amongst those who gambled on: scratch cards (11.5% v. 5.4%; p<0.001); slot machines (16.4% v. 7.8%; p<0.05); machines in a bookmakers (35.7% v. 7.5%; p<0.001); online gambling on slots, casino or bingo games (24.3% v. 7.3%; p<0.01); and virtual dog or horse races (25.0% v. 7.9%; p<0.05; Figure 36; Table A19).

In multivariate analysis, (after controlling for age, gender, and income) the odds of financial problems was 2.10 (CIs: 1.08 – 4.08; p<0.05) times higher amongst those who reported any online gambling (excluding Lottery draws) in the past 12 months compared to those who did not gamble. After controlling for sociodemographics, the odds of financial problems was 1.87 (CIs: 1.10 – 3.19; p<0.05) and 4.27 (CIs: 1.56 – 11.63; p<0.01) times higher amongst those who gambled on scratch cards and machines in a bookmakers respectively, compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between any gambling (excluding Lottery draws) in the past 12 months and financial problems. There also was no longer a significant association between gambling on slot machines, online gambling on slots, casino, or bingo games, or virtual horse or dog races and financial problems.

[31] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A20 for associations between poor health and sociodemographics.

Figure 36: Prevalence of financial problems by gambling activity participation



5.15 Violence victimisation

Been a victim of violence (since age 16 years)

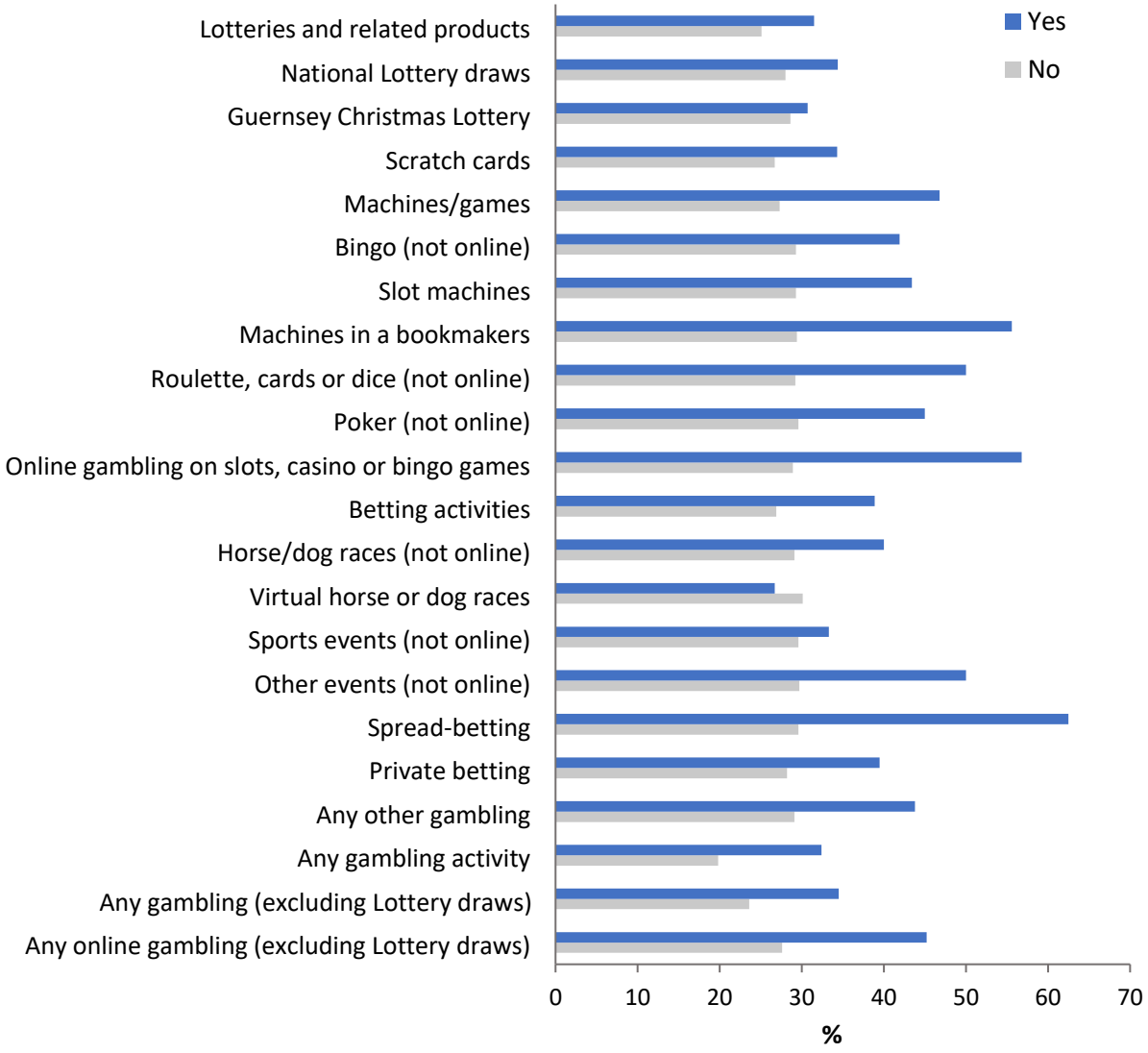
33.8% of adults had been a victim of violence[32]

Significantly more individuals who reported participating in at least one type of gambling activity in the past 12 months had been a victim of violence on one or more occasion during their lifetime compared to those who had not gambled (32.4% v. 19.8%; p<0.01; Figure 38; Table A19). When individuals who only gambled on Lottery draws were excluded, there was also a higher prevalence of violence victimisation amongst individuals who had gambled compared to those who had not (34.5% v. 23.6%; p<0.001; Figure 38; Table A19). Similarly, excluding individuals who gambled on lottery draws only, significantly more individuals who had gambled online had been victims of violence compared to those who had not gambled online (45.2% v. 27.6%; p<0.001). Compared to those who did not participate, the prevalence of violence victimisation was significantly higher amongst those who gambled on: National Lottery draws (34.4% v. 28.0%; p<0.05); scratch cards (34.3% v. 26.7%; p<0.01); machines/games (46.8% v. 27.3%; p<0.001); slot machines (43.4% v. 29.3%; p<0.05); machines in a bookmakers (55.6% v. 29.4%; p<0.01); roulette, cards or dice (not online) (50.0% v. 29.2%; p<0.05); online gambling on slots, casino or bingo games (56.8% v. 28.9%; p<0.01); betting activities (38.9% v. 26.9%; p<0.001); horse/dog races (not online) (40.0% v. 29.1%; p<0.05); spread-betting (62.5% v. 292.6%; p<0.05); private betting (39.5% v. 28.2%; p<0.01); and any other gambling activity (43.8% v. 29.1%; p<0.05; Figure 38; Table A19).

In multivariate analysis, (after controlling for age, gender, and income) the odds of violence victimisation was 1.55 (CIs: 1.04 – 2.93; p<0.05) times higher amongst those who reported gambling in the past 12 months compared to those who did not gamble. After controlling for sociodemographics, the odds of violence victimisation was 1.87 (CIs: 1.04 – 3.35; p<0.05) and 1.89 (CIs: 1.31 – 2.73; p<0.01) times higher amongst those who gambled on slot machines or machines or games respectively, compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between gambling on any activity (excluding Lottery draws), online (excluding Lottery draws), National Lottery draws, scratch cards, machines in a bookmakers, roulette, cards or dice, betting activities, horse/dog races (not online), spread-betting, private betting or another form of gambling and violence victimisation.

[32] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A20 for associations between poor health and sociodemographics.

Figure 38: Prevalence of violence victimisation by gambling activity participation



5.16 Violence perpetration

Been a perpetrator of violence (since age 16 years)

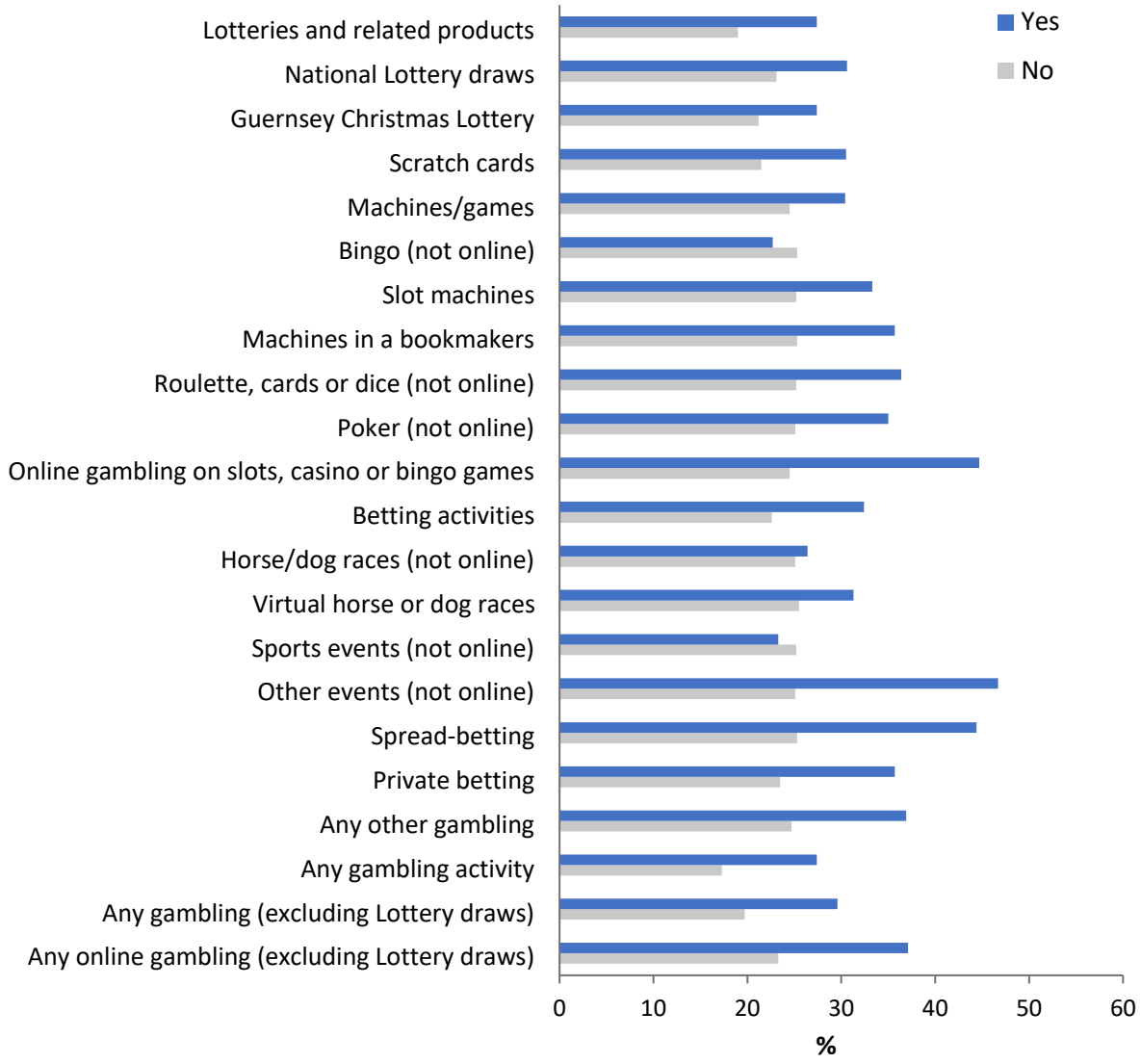
27.0% of adults had been a perpetrator of violence[33]

Significantly more individuals who reported participating in at least one type of gambling activity in the past 12 months had been a perpetrator of violence on one or occasion during their lifetime compared to those who had not gambled (27.4% v. 17.3%; p<0.01; Figure 40; Table A19). When individuals who only gambled on Lottery draws were excluded, there was also a higher prevalence of violence perpetration amongst individuals who had gambled compared to those who had not (29.6% v. 19.7%; p<0.05; Figure 40; Table A19). Similarly, excluding individuals who gambled on lottery draws only, significantly more individuals who had gambled online had perpetrated violence compared to those who had not gambled online (37.1% v. 23.3%; p<0.01). Compared to those who did not participate, the prevalence of violence perpetration was significantly higher amongst those who gambled on: lotteries and related products (27.4% v. 19.0%; p<0.01); National Lottery draws (30.6% v. 23.1%; p<0.05); scratch cards (30.5% v. 21.5%; p<0.01); online gambling on slots, casino or bingo games (44.7% v. 24.5%; p<0.01); betting activities (32.4% v. 22.6%; p<0.01); private betting (35.7% v. 23.5%; p<0.01); and any other gambling activity (36.9% v. 24.7%; p<0.05; Figure 40; Table A19).

In multivariate analysis, (after controlling for age, gender, and income) the odds of violence perpetration was 1.62 (CIs: 1.06 – 2.48; p<0.05) times higher amongst those who reported gambling in the past 12 months compared to those who did not gamble. When individuals who only gambled on Lottery draws were excluded, those who had gambled on any activity in the past 12 months were 1.46 (CIs: 1.07 – 2.00; p<0.05) times more likely to have perpetrated violence compared to those who did not gamble. After controlling for sociodemographics, the odds of violence perpetration was 1.64 (CIs: 1.22 – 2.20; p<0.01) and 1.68 (CIs: 1.15 – 2.47; p<0.01) times higher amongst those who gambled on scratch cards or lotteries and related products respectively, compared to those who did not. After controlling for sociodemographics, there was no longer a significant association between gambling online (excluding Lottery draws), National Lottery draws, online gambling on slots, casino, or bingo games, betting activities, private betting or another form of gambling and violence perpetration.

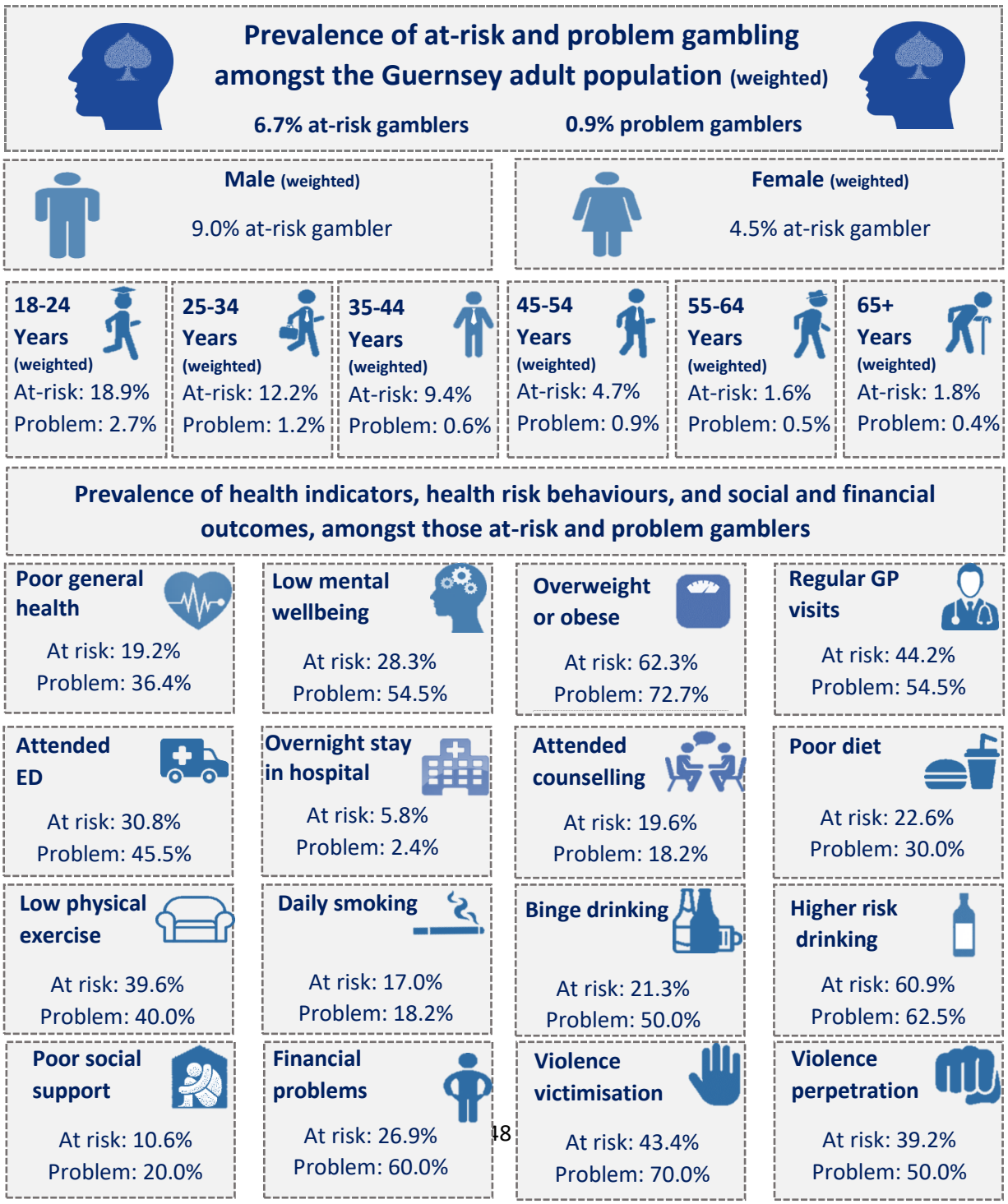
[33] Adjusted data to match Guernsey population demographics on age and gender. See Data Annex, Table A20 for associations between poor health and sociodemographics.

Figure 40: Prevalence of violence perpetration by gambling activity participation



6 The Guernsey Lifestyle and Recreation Survey: At-risk and Problem Gambling

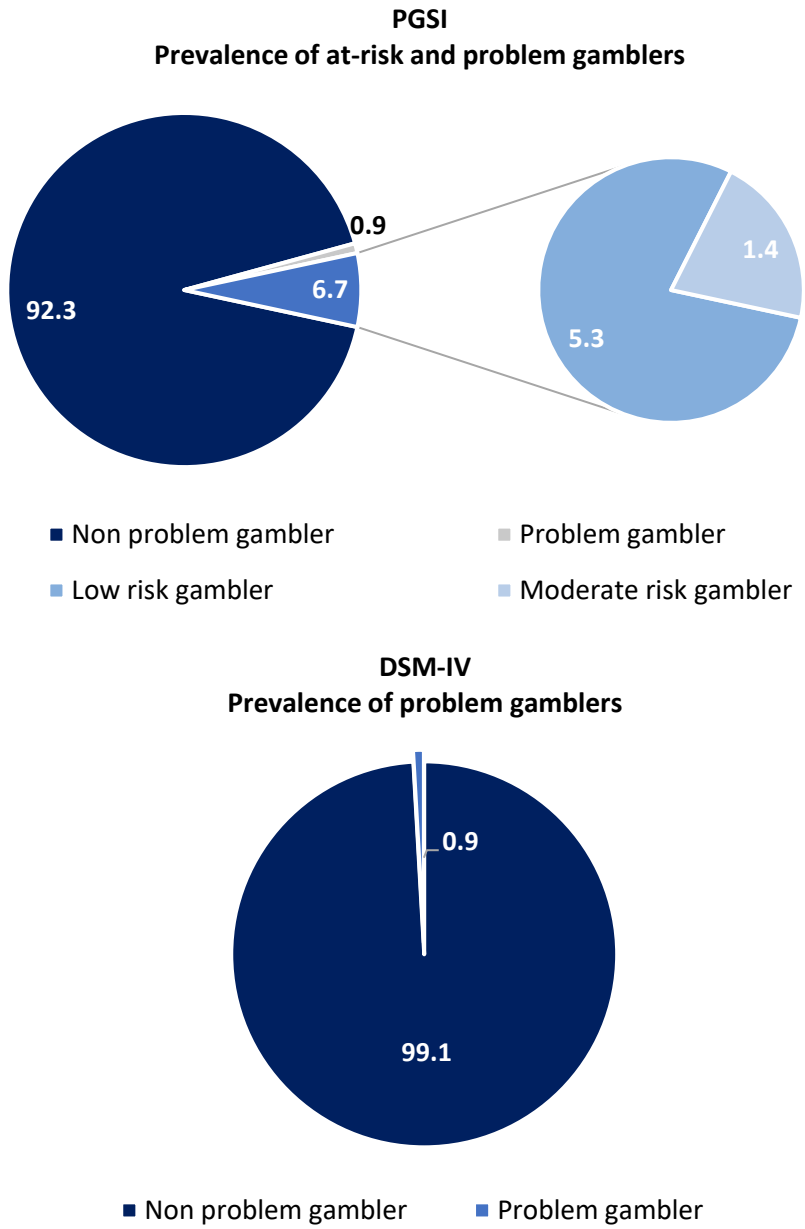
This section identifies the proportion of individuals in Guernsey whose experiences and behaviours indicate that they are at-risk of developing gambling-related problems and the proportion of individuals who are classified as problem gamblers. At-risk gamblers are those who show some signs of problematic gambling but remain below the threshold for problem gambling. Such individuals may still experience gambling-related negative outcomes and may be at risk of developing further problems in the future. Problem gambling is typically defined as gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits [24]. Two different screening tools are used to identify gambling problems; the DSM-IV and PGSI. All data in this section are based on sample unweighted data, unless otherwise stated.



6.1 Prevalence of at-risk and problem gambling

When data was adjusted to match the Guernsey population demographics (on age and sex), on both the DSM-IV and the PGSI screens, non-problematic gamblers make up the vast majority (>90%) of the general population of Guernsey. Overall, according to the PGSI, 6.7% of adults were classed as at-risk gamblers (PGSI score 1-7). This consisted of 5.3% of individuals who were classed as low risk gamblers (PGSI score 1 or 2) and 1.4% classed as moderate risk gamblers (PGSI score 3-7). Less than one percent of the population (0.9%) were classed as problem gamblers on the PGSI screen (Figure 42), or on the DSM-IV screen (0.9%; Figure 42). As each screen captures a slightly different range of individuals and their behaviours, it is also helpful to estimate the prevalence of problem gambling in the population according to either the DSM-IV or the PGSI. Problem gambling as measured by either the DSM-IV or the PGSI was 1.2%.

Figure 42: Prevalence of at-risk and problem gambling



6.2 Prevalence of at-risk and problem gambling: comparisons with GBGB 2016 and IoM 2017

Using the DSM-IV screen, there was no significant difference in the prevalence of problem gamblers in Guernsey (0.9%) compared to the IoM 2017 (0.6%; Table 5) or GBGB 2016 (0.6%; Table 5) sample equivalents.[34]

Using the PGSI screen, there was a significantly higher prevalence of at-risk and problem gamblers in the Guernsey sample than the GBGB 2016 sample equivalent, with 6.7% and 0.9% of adults classified as at-risk and problem gamblers respectively, compared to 3.5% and 0.5% of adults from the GBGB 2016 survey.[34] There was also a significant difference in prevalence of problem gambling between the Guernsey sample and the IoM 2017 sample equivalent, with a higher proportion of non-problem gamblers in Guernsey compared to IoM (92.3% v. 90.8%).[34] This difference was driven by a lower prevalence of at-risk gamblers in Guernsey compared to the Isle of Man (6.7% v. 8.5%; Table 5), however the prevalence of problem gamblers (as defined by the PGSI) was higher in Guernsey than the IoM (0.9% v. 0.7%; Table 5).[34]

Table 5: Prevalence of problem gambling: comparisons with GBGB 2016 and IoM 2017 surveys[34]

	Guernsey 2019	IoM 2017		GBGB 2016	
	%	%	Sig.	%	Sig.
DSM-IV					
Non-problem gambler	99.1	99.4		99.4	
Problem gambler	0.9	0.6	NS	0.6	NS
PGSI					
Non-problem gambler	92.3	90.8		95.9	
At-risk gambler	6.7	8.5		3.5	
Problem gambler	0.9	0.7	<0.01	0.5	<0.001

6.3 Gambling activity prevalence by at-risk and problem gambler classification

In general, more at-risk and problem gamblers participated in each of the groupings of gambling activities, than non-problem gamblers (Figure 43 and 44). Further, at-risk and problem gamblers were also more likely to have participated in most of the individual gambling activities than non-problem gamblers (Table A21 and A22). Using the PGSI screen, in general, there was an incremental increase in the prevalence of each individual gambling activity or gambling activity grouping, with the highest prevalence amongst problem gamblers, followed by at-risk gamblers, and the lowest amongst non-problem gamblers (Figure 43; Table A21). These differences were statistically significant for all gambling activity groups and for all individual gambling activities with the exception of bingo (not online) and other events (not online) (Table A21). Using the DSM-IV screen the prevalence of all gambling activity groups and individual activities was generally higher amongst problem gamblers compared to non-problem gamblers. Statistically significant differences in prevalence were observed for the following groupings and individual activities: National Lottery draws, machines/games, bingo (not online), slot machines, machines in a bookmakers, roulette, cards or dice (not online), poker (not online), online gambling on slots, casino, or bingo games, betting activities, private betting, any other gambling, and any online gambling (excluding Lottery draws).

[34] Based on weighted data from all surveys. Differences in prevalence should be considered in light of potential differences in weighting methods.

Figure 43: Prevalence of gambling activities groupings by PGSI gambler classification

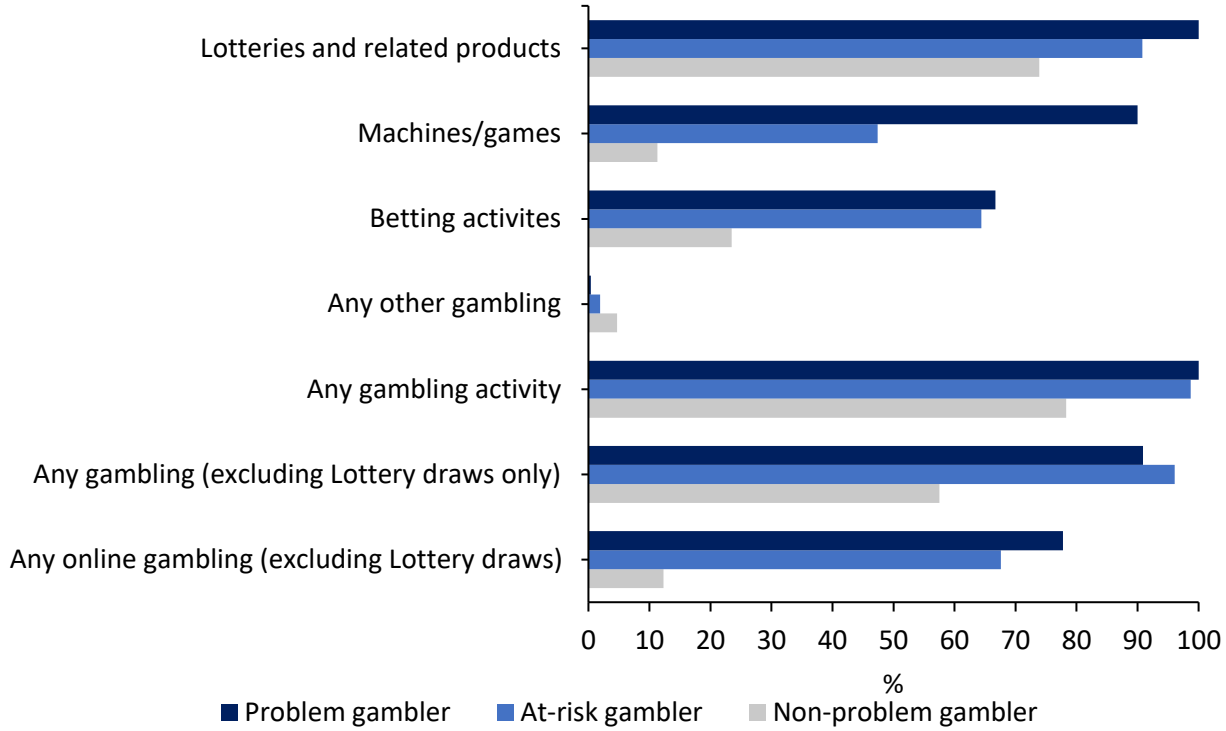
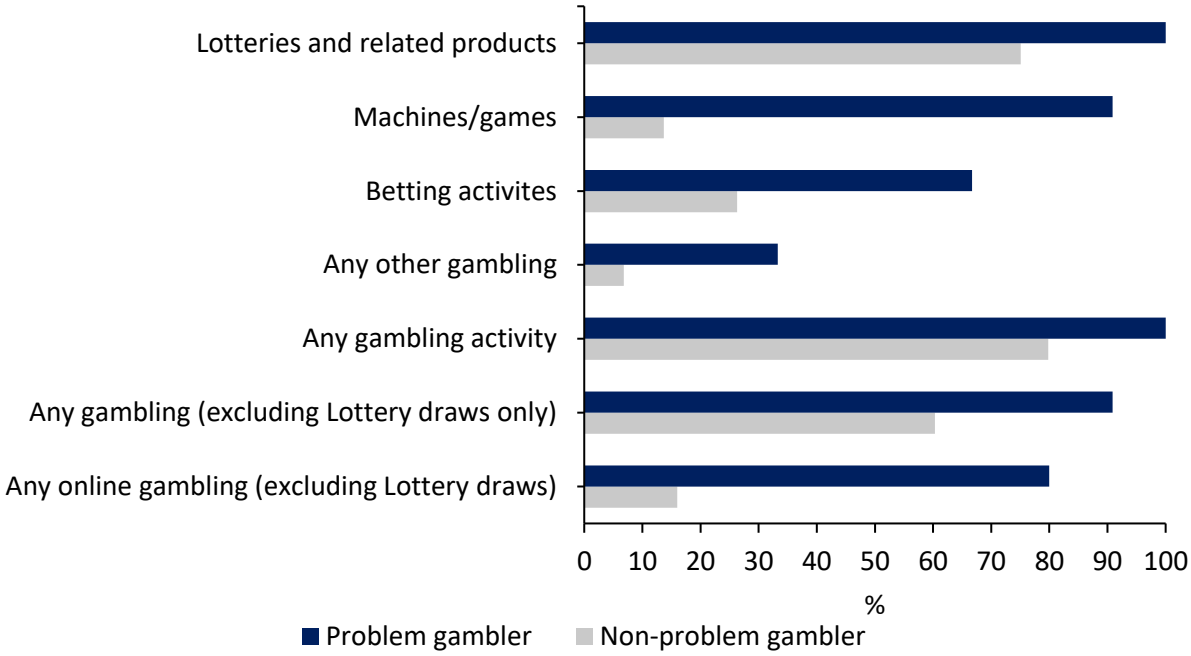


Figure 44: Prevalence of gambling activities groupings by DSM-IV gambler classification



6.4 At-risk and problem gambling prevalence and socio-demographics

When data was adjusted to match the Guernsey population demographics (on age and sex), at-risk gambling prevalence was highest amongst those aged 18-24 years, using the PGSI screen, and showed a proportionate decrease with each increase in age group (Figure 45; Table A23). Similar patterns were observed for males and females separately (Figure 45). Prevalence of problem gambling varied by age group and gender, however, overall, and for males only, those aged 18-24 years had the higher prevalence of problem gambling (Figure 46; Table A23). The highest prevalence amongst females was in those aged 25-34 years (Figure 46). Using the DSM-IV, overall, and for males only, those aged 18-24 years also had the higher prevalence of problem gambling (Figure 47; Table A24). Amongst females, prevalence peaked in those aged 35-44 years (Figure 47). In sample (unweighted) data analyses, using the PGSI screen, there was a significant association between gambler classification and age group and home ownership (Table A23). Using the DSM-IV, there was a significant association between gambler classification and age group, income level and home ownership (Table A24).

Figure 45: PGSI at-risk gambler prevalence by age group (years) and gender

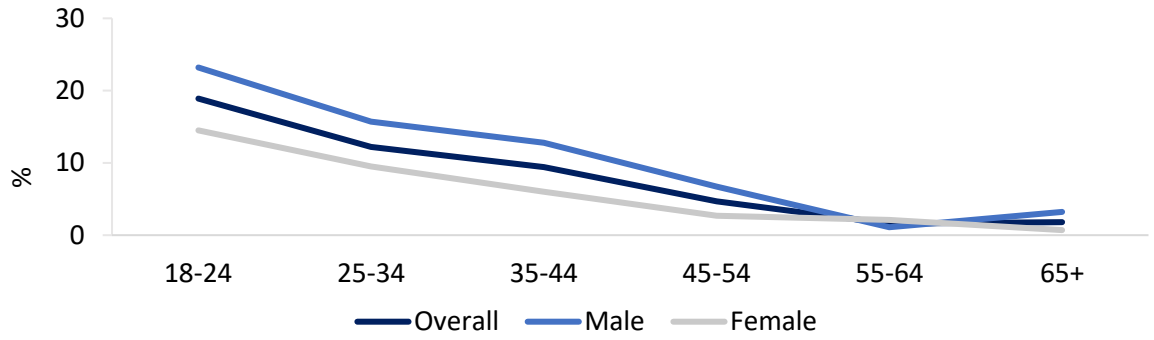


Figure 46: PGSI problem gambler prevalence by age group (years) and gender

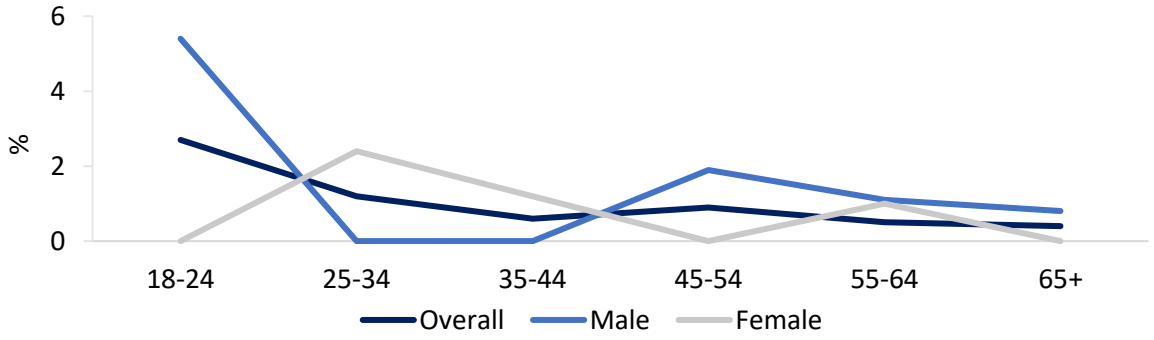
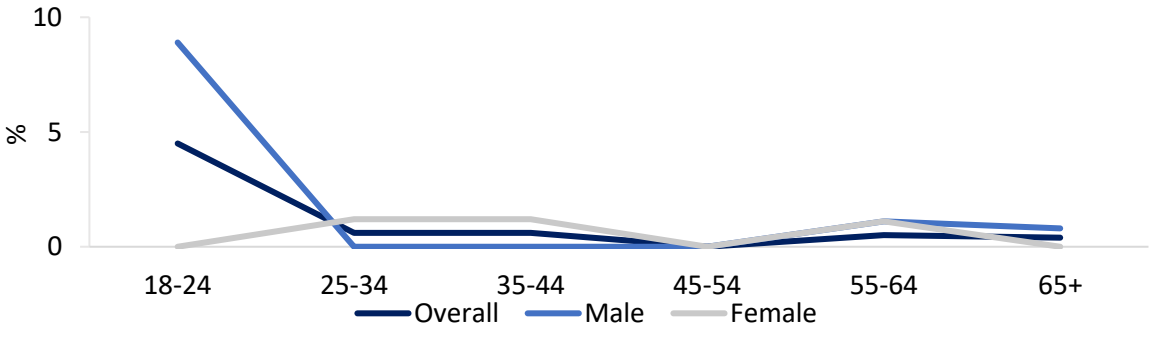


Figure 47: DSM-IV problem gambler prevalence by age group (years) and gender



6.5 At-risk and problem gamblers and health indicators

Using both the PGSI and DSM-IV screens, in general there was an incremental increase in the prevalence of poor health indicators with an increase in the severity of gambling problems (Figure 48 and 49; Table A25 and A26). Both the PGSI and DSM-IV gambler classifications were significantly associated with poor general health and low mental wellbeing (Table A25 and A26).

In multivariate analyses (controlling for age, gender, and income level), using the PGSI screen, low mental wellbeing was significantly associated with PGSI gambling severity score. Specifically, for each one point increase in PGSI score the odds of low mental wellbeing increased by 12% (AOR: 1.117; CIs: 1.03 – 1.22; $p<0.05$). After controlling for sociodemographics there was no longer a significant association between PGSI score and general health or being overweight or obese.

Figure 48: Prevalence of poor health indicators by PGSI gambler classification

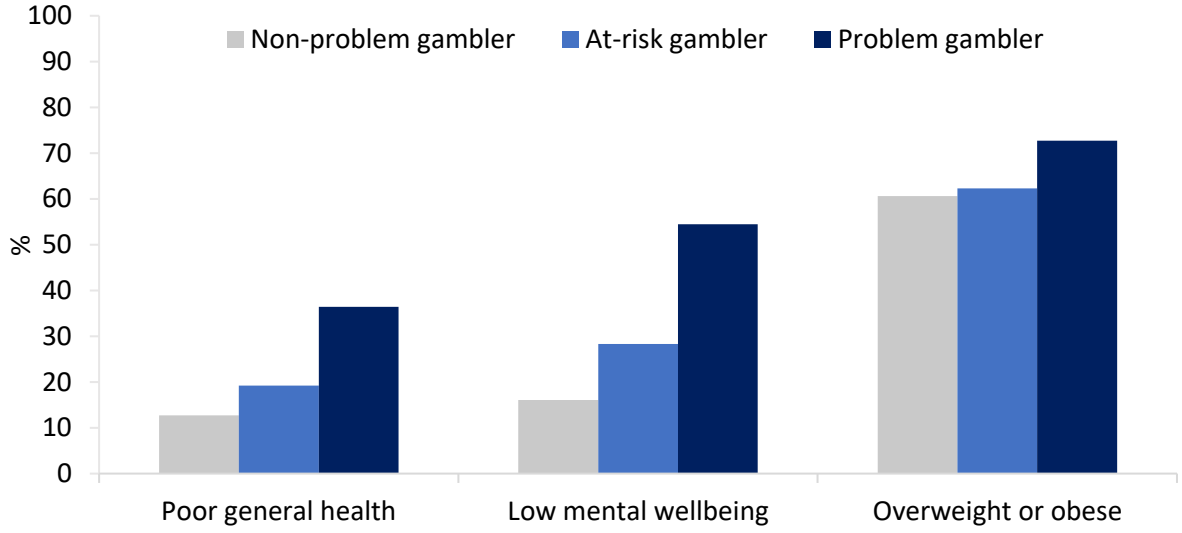
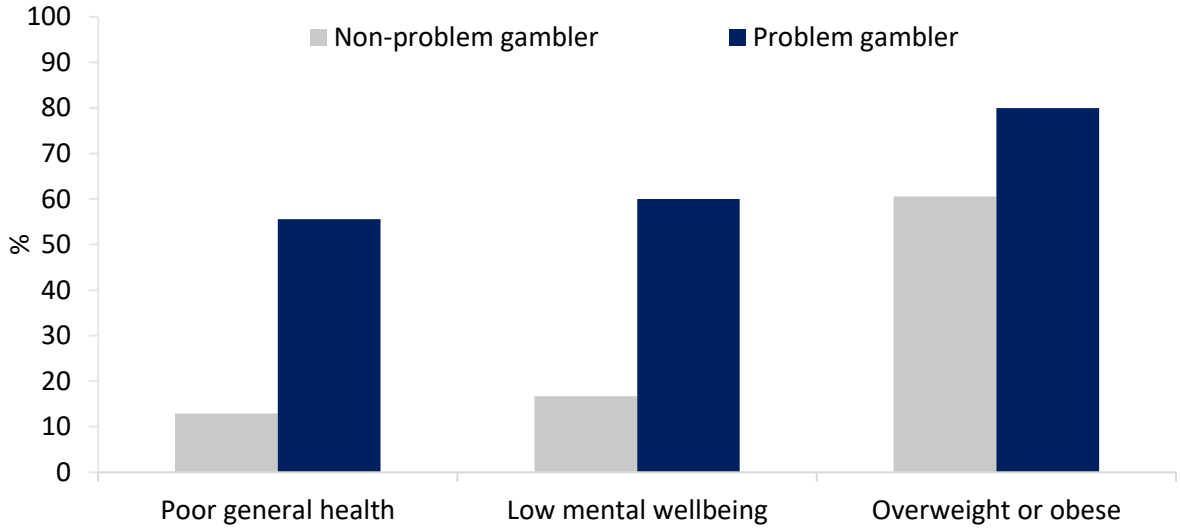


Figure 49: Prevalence of poor health indicators by DSM-IV gambler classification



6.6 At-risk and problem gamblers and health service use

Using the PGSI screen, prevalence of regular GP visits and ED attendance was highest amongst problem gamblers, whilst prevalence of mental health/counselling service attendance was over twice as high in at-risk and problem gamblers, compared to non-problem gamblers (Figure 50; Table A25). Using the DSM-IV screens, in general the prevalence of health service use was higher amongst problem gamblers compared to non-problem gamblers (Figure 51; Table A26). Both the PGSI and DSM-IV gambler classifications were significantly associated with attendance at the emergency department and a mental health/counselling service (Table A25 and A26).

In multivariate analyses (controlling for age, gender, and income level), using the PGSI screen, there was no significant association between PGSI score and regular GP visits, ED attendance, overnight stay in hospital, or mental health/counselling service attendance.

Figure 50: Prevalence of health service use by PGSI gambler classification

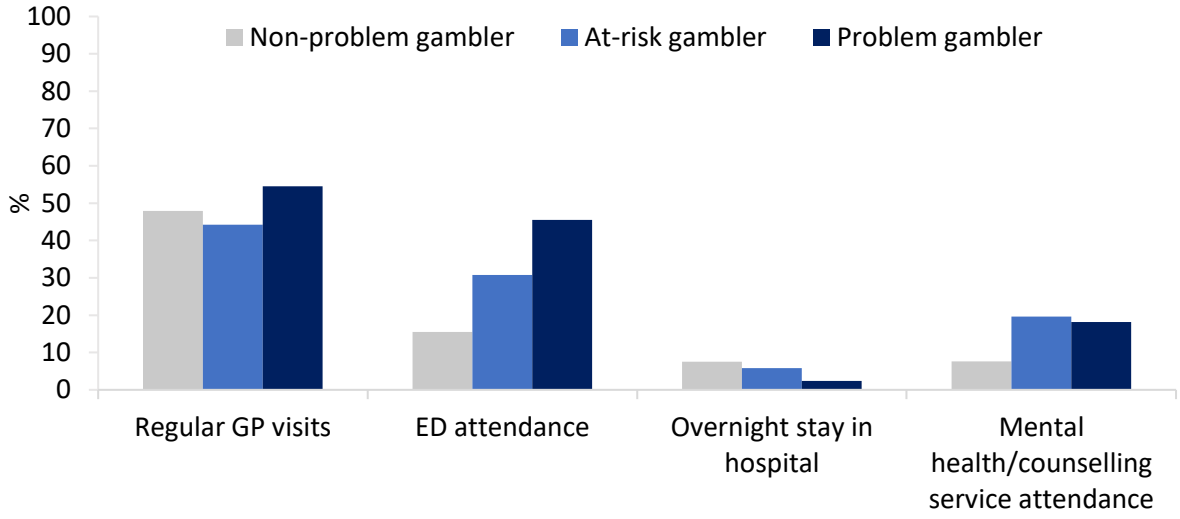
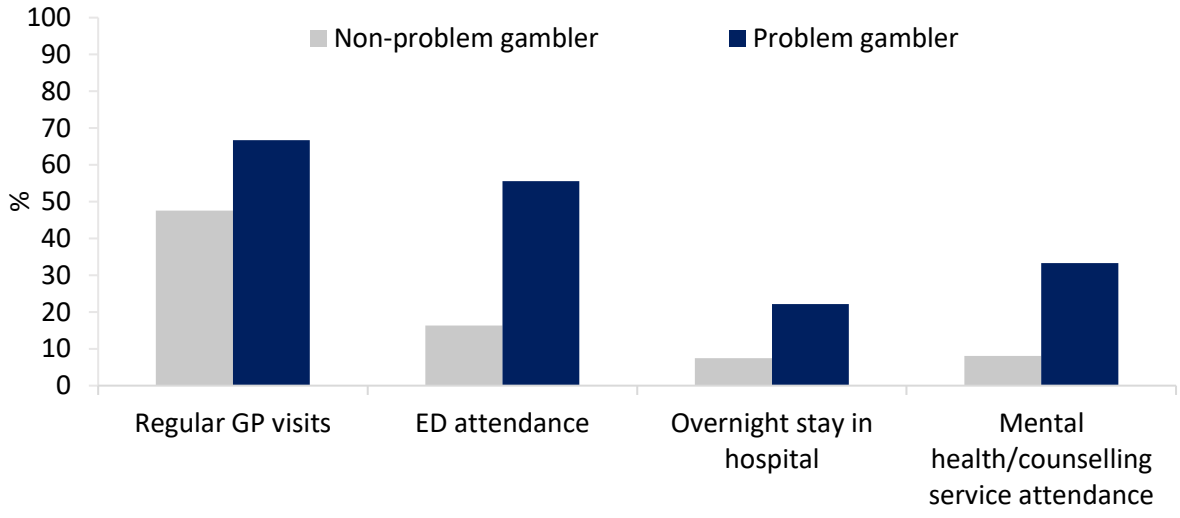


Figure 51: Prevalence of health service use by DSM-IV gambler classification



6.7 At-risk and problem gamblers and health risk behaviours

Using both the PGSI and DSM-IV screens, in general there was an incremental increase in the prevalence of health risk behaviours with an increase in the severity of gambling problems (Figure 52 and 53; Table A25 and A26). Both the PGSI and DSM-IV gambler classifications were significantly associated with poor diet and daily smoking, whilst the PGSI classifications were also significantly associated with binge and higher risk drinking (Table A25 and A26).

In multivariate analyses (controlling for age, gender, and income level), using the PGSI screen, there was no significant association between PGSI score and poor diet, low physical exercise, daily smoking, binge drinking, or higher risk drinking.

Figure 52: Prevalence of health risk behaviours by PGSI gambler classification

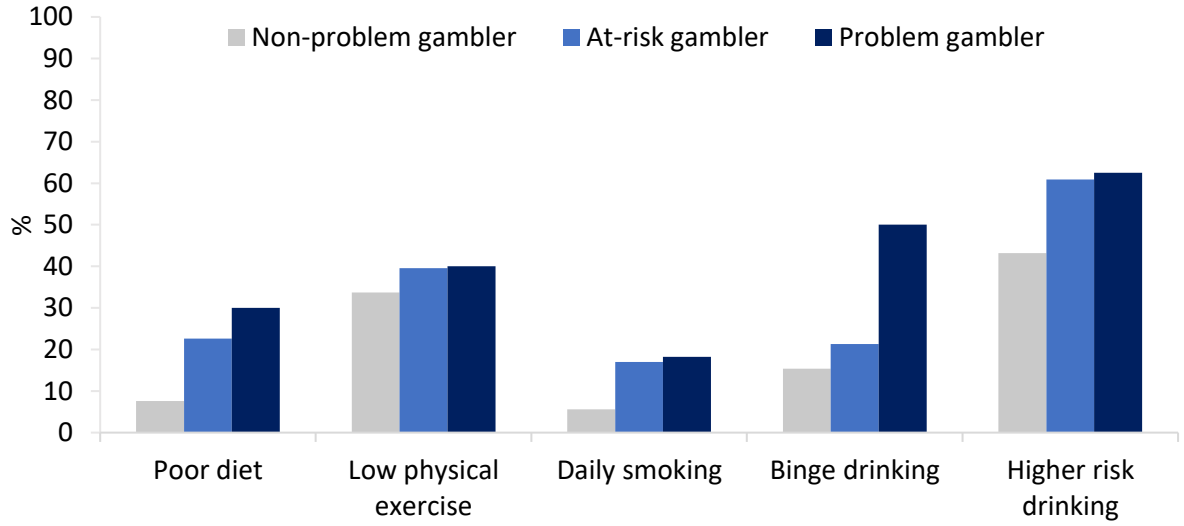
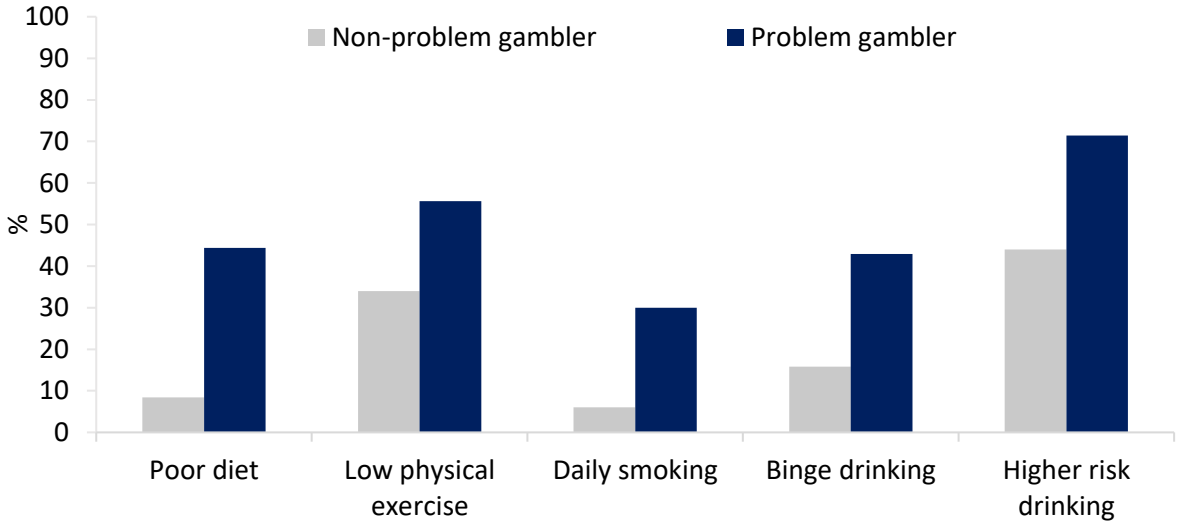


Figure 53: Prevalence of health risk behaviours by DSM-IV gambler classification



6.8 At-risk and problem gamblers and social and financial indicators

Using both the PGSI and DSM-IV screens, in general there was an incremental increase in the prevalence of social and financial indicators with an increase in the severity of gambling problems (Figure 54 and 55; Table A25 and A26). Both the PGSI and DSM-IV gambler classifications were significantly associated with financial problems, violence victimisation and violence perpetration (Table A25 and A26).

In multivariate analyses (controlling for age, gender, and income level), using the PGSI screen, financial problems were significantly associated with PGSI gambling severity score. Specifically, each one point increase in PGSI score meant the odds of financial problems increased by 17% (AOR: 1.172; CIs: 1.07 – 1.28; p<0.01). After controlling for sociodemographics there was no significant association between PGSI score and poor social support, violence victimisation or violence perpetration.

Figure 54: Prevalence of social and financial indicators by PGSI gambler classification

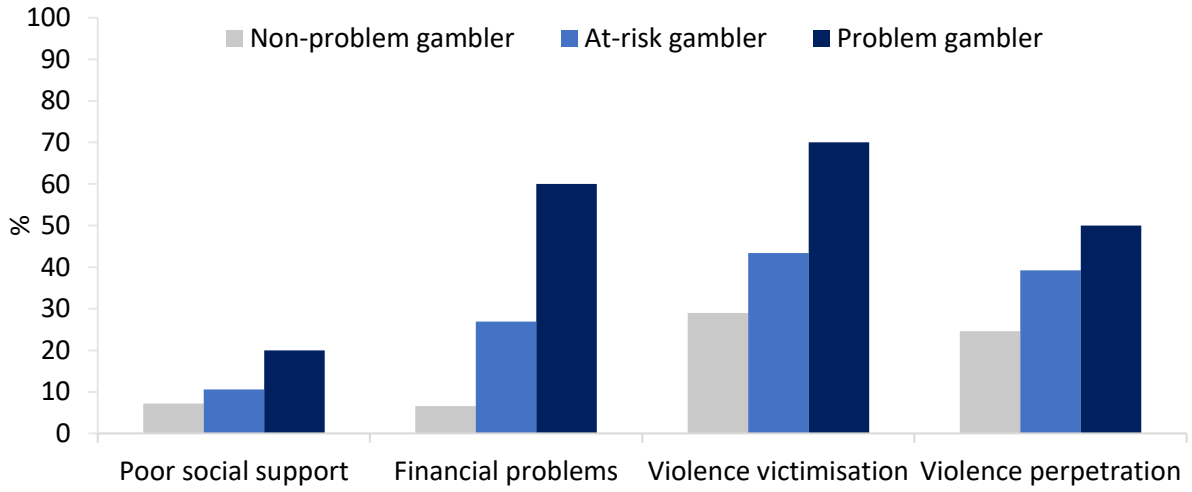
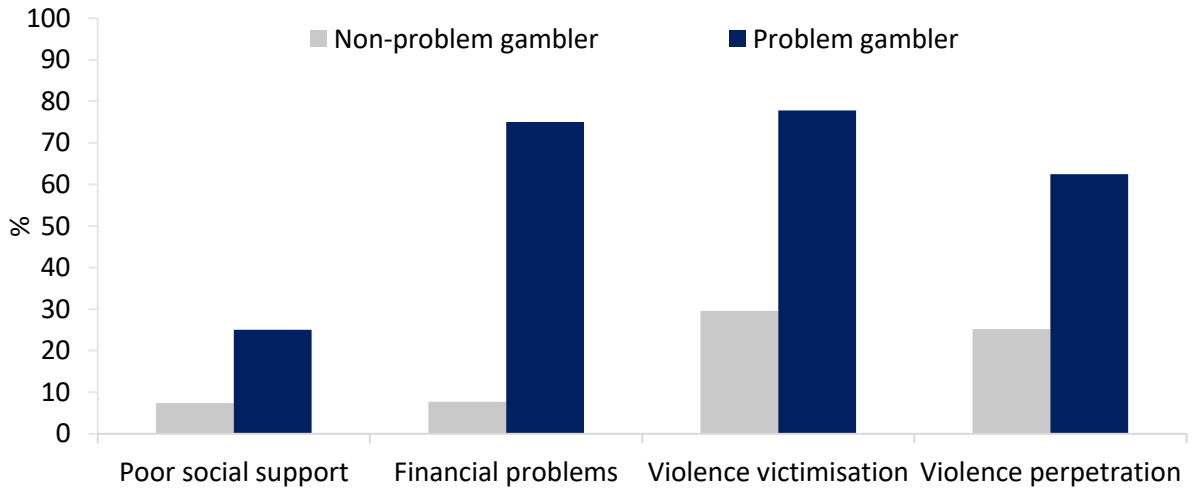


Figure 55: Prevalence of social and financial indicators by PGSI gambler classification



7 The Guernsey Lifestyle and Recreation Survey: Attitudes Towards Gambling and Family Gambling and Associated Harms and Advice Provision

This section includes findings about public attitudes and opinions towards gambling, the prevalence of individuals affected by a partner or relative's gambling, experience of harm as a result of someone else's gambling, and the provision of advice about reducing gambling to others.

80.8% of adults had a negative attitude towards gambling

12.7% of adults had a partner or other relative who had gambled regularly in the past 12 months

19.9% of those who had a partner or relative who gambled regularly, had experienced some type of harm as a result of their gambling

6.1% adults had advised a family member, friend or acquaintance to gamble less in the past 12 months

7.1 Attitudes towards gambling

When data was adjusted to match the Guernsey population demographics (on age and sex), overall**,** the majority of adults (80.8%) had a negative attitude towards gambling. Three quarters of adults (74.6%) agreed[35] that there are too many opportunities for gambling nowadays (Table A27). More than half of all adults agreed that gambling is dangerous for family life (63.5%) and that gambling should be discouraged (58.5%). Four in ten adults (40.4%) disagreed[36] that most people who gamble do so sensibly. Over half of all adults disagreed that gambling livens up life (54.6%) and that on balance gambling is good for society (66.0%). Less than one in five participants (18.6%) agreed however, that it would be better if gambling was banned altogether. Further, one third of adults (33.7%) agreed that people should have the right to gamble whenever they wanted.

Attitudes towards gambling and sociodemographics

When data was adjusted to match the Guernsey population demographics (on age and sex), there was a higher prevalence of positive attitudes towards gambling amongst males compared to females (Figure 56; Table A28). Attitudes towards gambling varied by age but there was typically a higher prevalence of positive attitudes towards gambling amongst younger age groups, decreasing as age increased (Figure 56; Table A28). The highest prevalence of positive attitudes towards gambling was amongst the 18–24-year-old age group, with over one third (34.0%) indicating a positive attitude towards gambling (Figure 56). In the sample (unweighted) data analyses, there was a significant association between gambling attitude and gender, age group, and employment status.

Attitudes towards gambling and gambling activities

In general, there was a higher prevalence of positive attitudes towards gambling amongst individuals who had participated in each of the individual gambling activities (Figure 57). In the sample (unweighted) data analyses, across all categories of gambling activity, a higher proportion of those engaged in the activity had a positive attitude towards gambling. Differences were significant for all activities except for lotteries and related products, National Lottery draws, Guernsey Christmas Lottery, bingo (not online), virtual horse or dog races, sports events (not online) and any other gambling.

[35] Strongly agree or agree

[36] Strongly disagree or disagree

Figure 56: Prevalence of positive attitudes towards gambling by age group (years) and gender

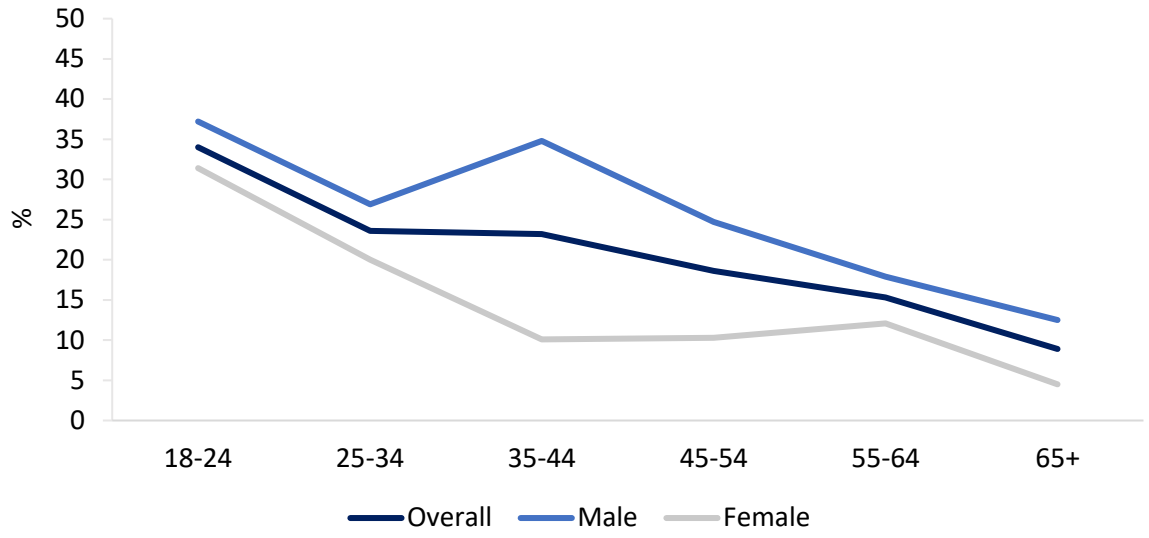
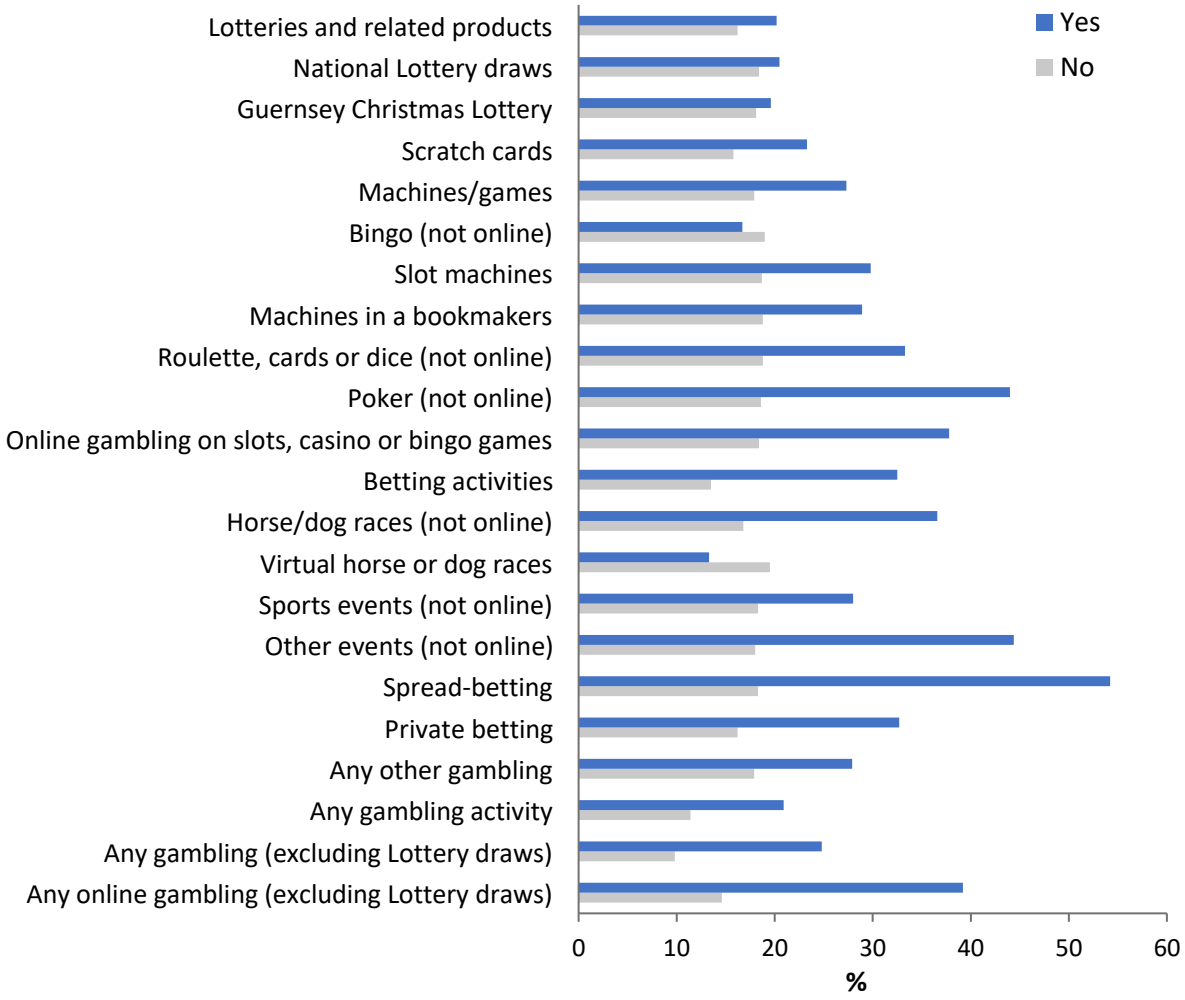


Figure 57: Prevalence of positive attitudes towards gambling by gambling activity participation



7.2 Family gambling

When data was adjusted to match the Guernsey population demographics (on age and sex), more than one in ten (12.7%) adults reported having a partner or relative who had been gambling regularly in the past 12 months. Of those who reported having a partner or relative who gambled regularly in the past 12 months, one third reported it was a partner/spouse, 16.2% a sibling, 11.0% a parent, 28.9% another relative and 10.5% multiple relatives.

Family gambling and sociodemographics

When data was adjusted to match the Guernsey population demographics (on age and sex), overall, a higher proportion of females (13.4%) than males (12.1%) reported a partner or other relative gambling regularly in the past 12 months (Figure 58; Table A30). The highest prevalence of family gambling was amongst 18–24-year-olds, with over one quarter (26.9%) reporting that a partner or other relative gambled regularly in the past 12 months (Figure 58; Table A30). Prevalence of family gambling decreased as age group increased (Figure 58; Table A30).

In the sample (unweighted) data analyses, having a partner or relative who gambled regularly was significantly associated with age, qualification level, place of birth, and home ownership.

Family gambling and gambling activities

When data was adjusted to match the Guernsey population demographics (on age and sex), in general, there was a higher prevalence of having a partner or other relative who regularly gambled amongst individuals who had participated in each of the individual gambling activities (Figure 59; Table A31).

In the sample (unweighted) data analyses, a significantly higher proportion of respondents who reported any gambling (12.4% v. 6.2%; $p<0.05$) reported having a partner or relative who gambled regularly compared to those who did not gamble (Table A31). There was also a significantly higher prevalence of partner or relative regularly gambling amongst respondents who participated in any gambling (excluding Lottery draws), any online gambling (excluding Lottery draws), scratch cards, machines/games, machines in a bookmakers, online gambling on slots, casino, or bingo games, betting activities, sports events (not online), other events (not online, private betting, compared to those who did not (Table A31).

Figure 58: Prevalence of having been affected by a family member's gambling by age group (years) and gender

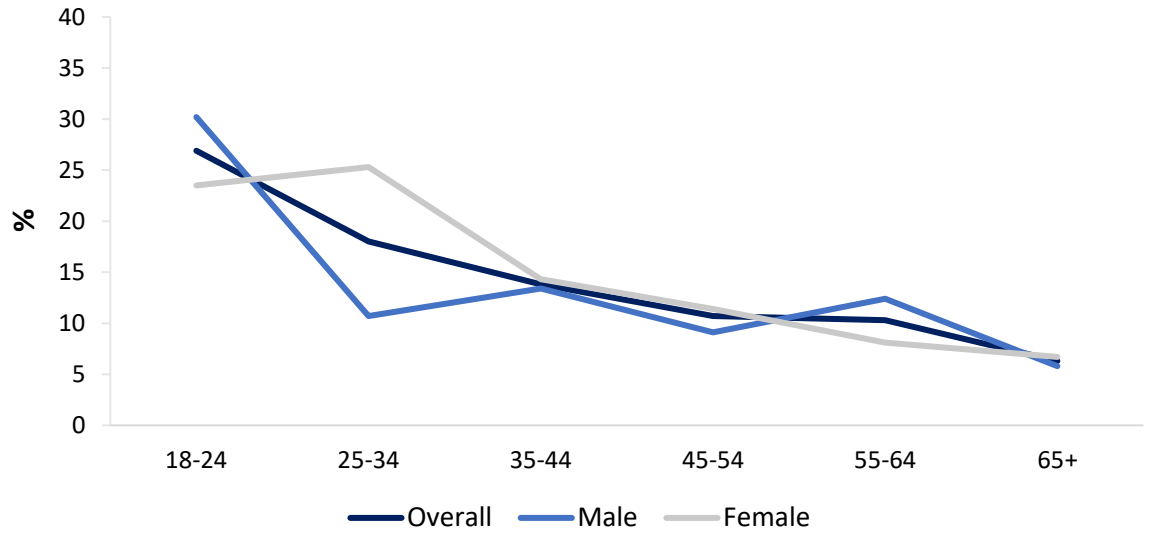
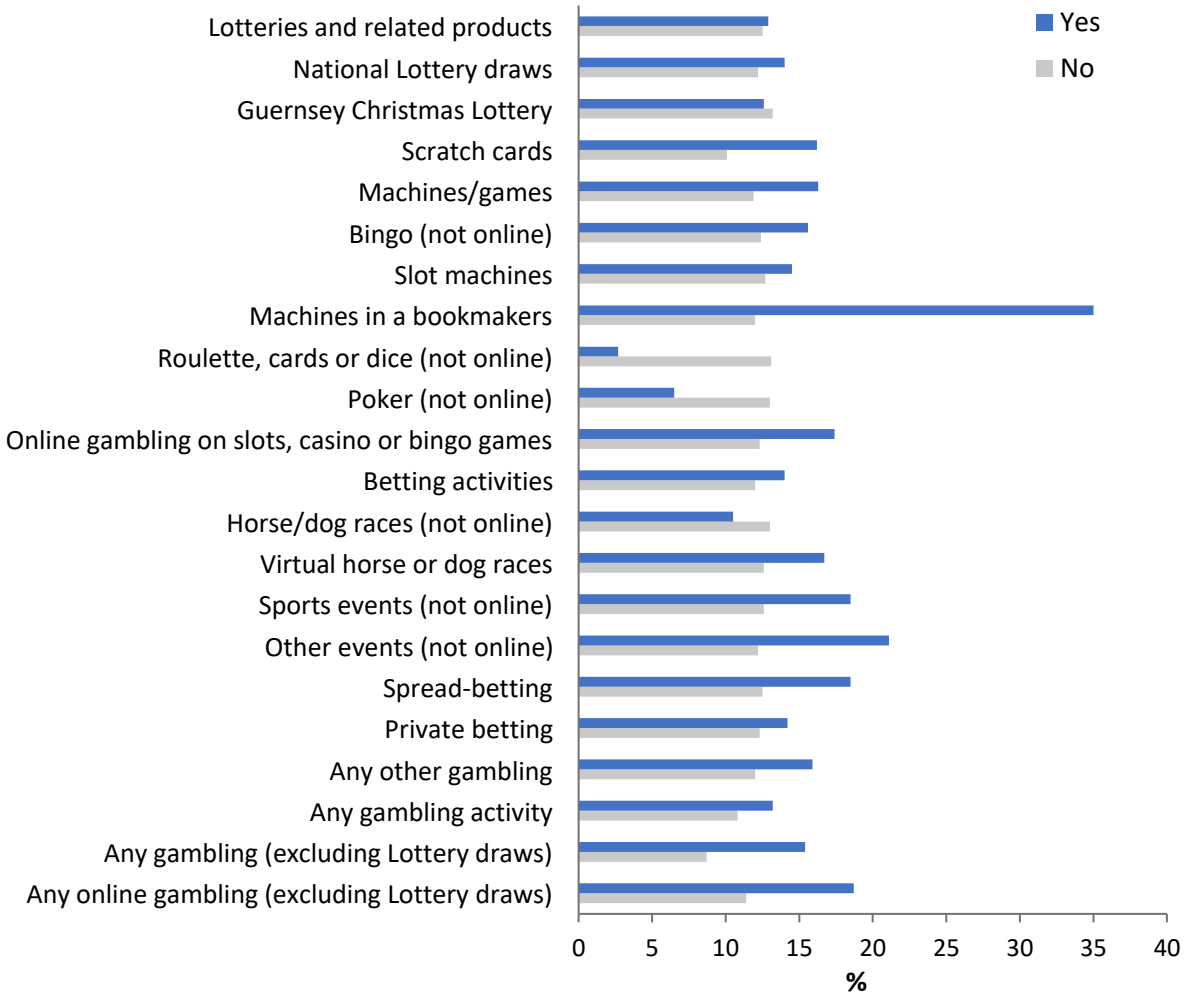


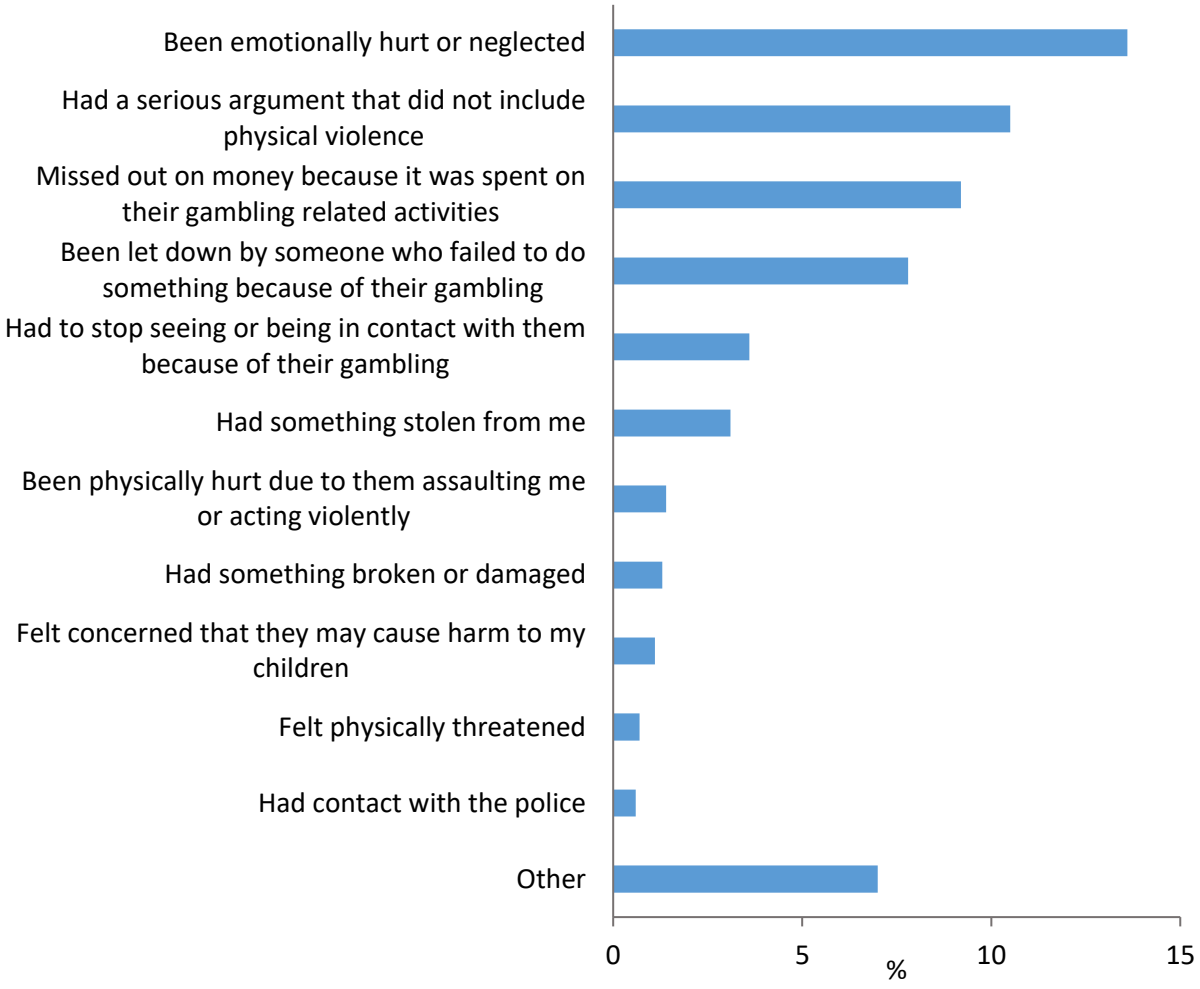
Figure 59: Prevalence of having been affected by a family member's gambling by gambling activity participation



7.3 Harms from family member's gambling

When data was adjusted to match the Guernsey population demographics (on age and sex), approximately one in five (19.9%) adults who reported having a partner or relative who gambled regularly, had experienced at least one harm from their gambling behaviour in the past 12 months. The most frequently reported harms from a partner or relative's gambling were being emotionally hurt or neglected (13.6%) and having a serious argument that did not include physical violence (10.5%). Prevalence of other harms was > 10% (Figure 60).

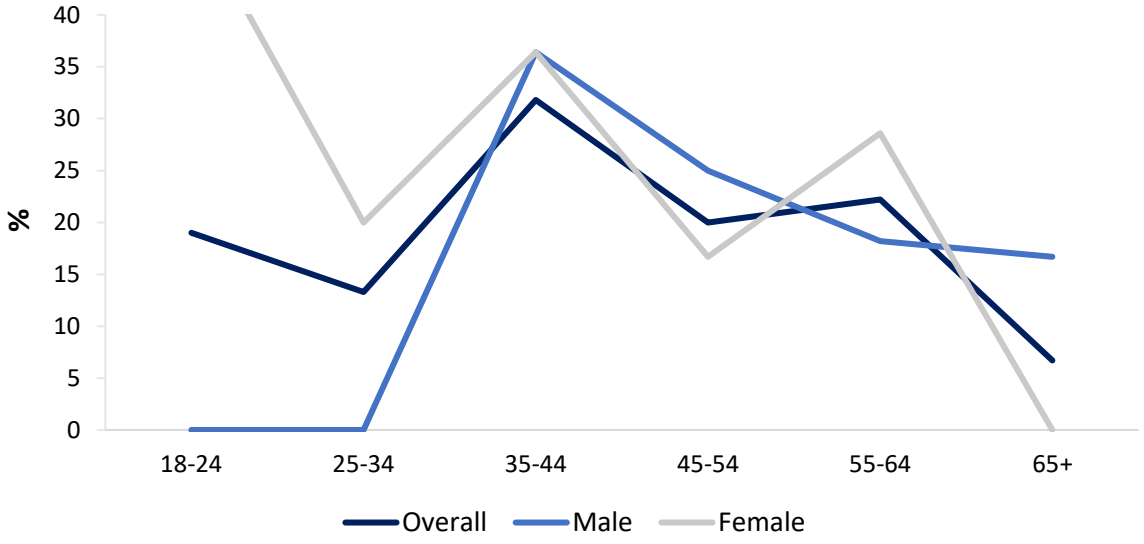
Figure 60: Prevalence of harms from a family member's gambling



Harms from family member's gambling and sociodemographics

When data was adjusted to match the Guernsey population demographics (on age and sex), a higher proportion of females (23.9%), than males (15.3%), who reported having a partner or relative who gambled regularly, had experienced at least one harm from their gambling behaviour in the past 12 months. The highest prevalence (31.8%) of harm from a partner or relative's gambling was amongst the 35-44 years age group (Figure 61; Table A30). In the sample (unweighted) data analyses, there was no significant association between experiencing harm from a family member's gambling and sociodemographics (Table A30).

Figure 61: Prevalence of experiencing harm from a family member's gambling by age group (years) and gender



7.4 Gambling advice provision

When data was adjusted to match the Guernsey population demographics (on age and sex), approximately one in twenty (6.1%) adults had advised any family members, friends or acquaintances to gamble less in the past 12 months.

Provision of gambling advice and sociodemographics

When data was adjusted to match the Guernsey population demographics (on age and sex), overall, a higher proportion of females (6.8%) than males (5.4%) had provided advice to a significant other in the past 12 months. The highest proportion (11.5%) of gambling advice provision was amongst the 18-24 years age group, with proportions then generally decreasing with each increase in age group (Figure 62; Table A30). In the sample (unweighted) data analyses, gambling advice provision was significantly associated with age.

Gambling activities and gambling advice provision

When data was adjusted to match the Guernsey population demographics (on age and sex), there was a higher prevalence of advising a significant other to gamble less amongst individuals who had participated in any gambling activity in the past 12 months (Figure 63; Table A30).

In the sample (unweighted) data analyses, a significantly higher proportion of respondents who reported any gambling (excluding Lottery draws) had advised a significant other to gamble less in the past 12 months (Table A30). There was also a significantly higher prevalence of advice provision amongst respondents who participated in: machines in a bookmakers and private betting compared to those who did not (Table A30).

Figure 62: Prevalence of gambling advice provision by age group (years) and gender

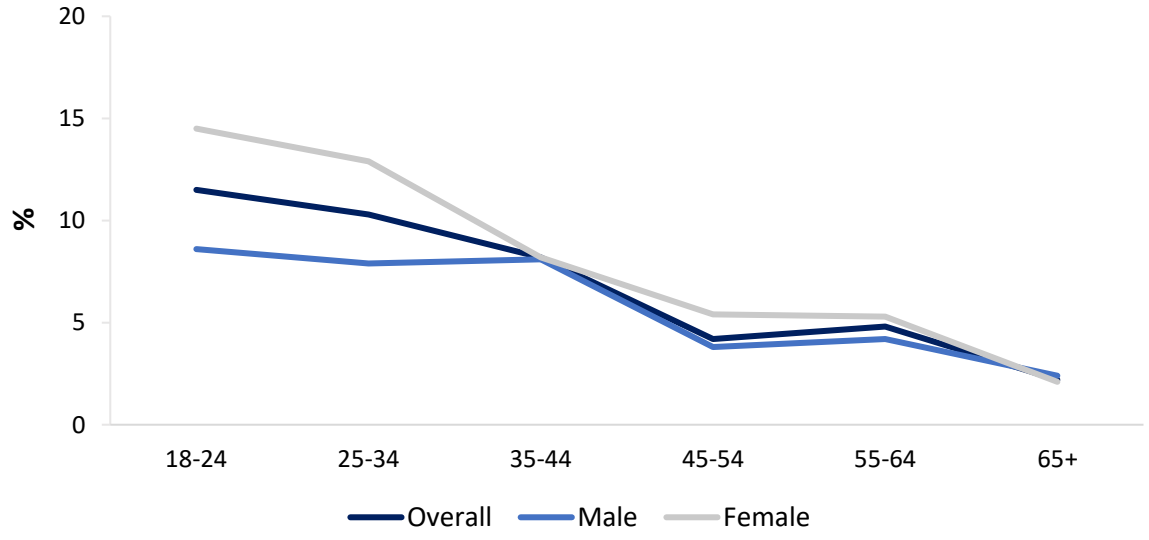
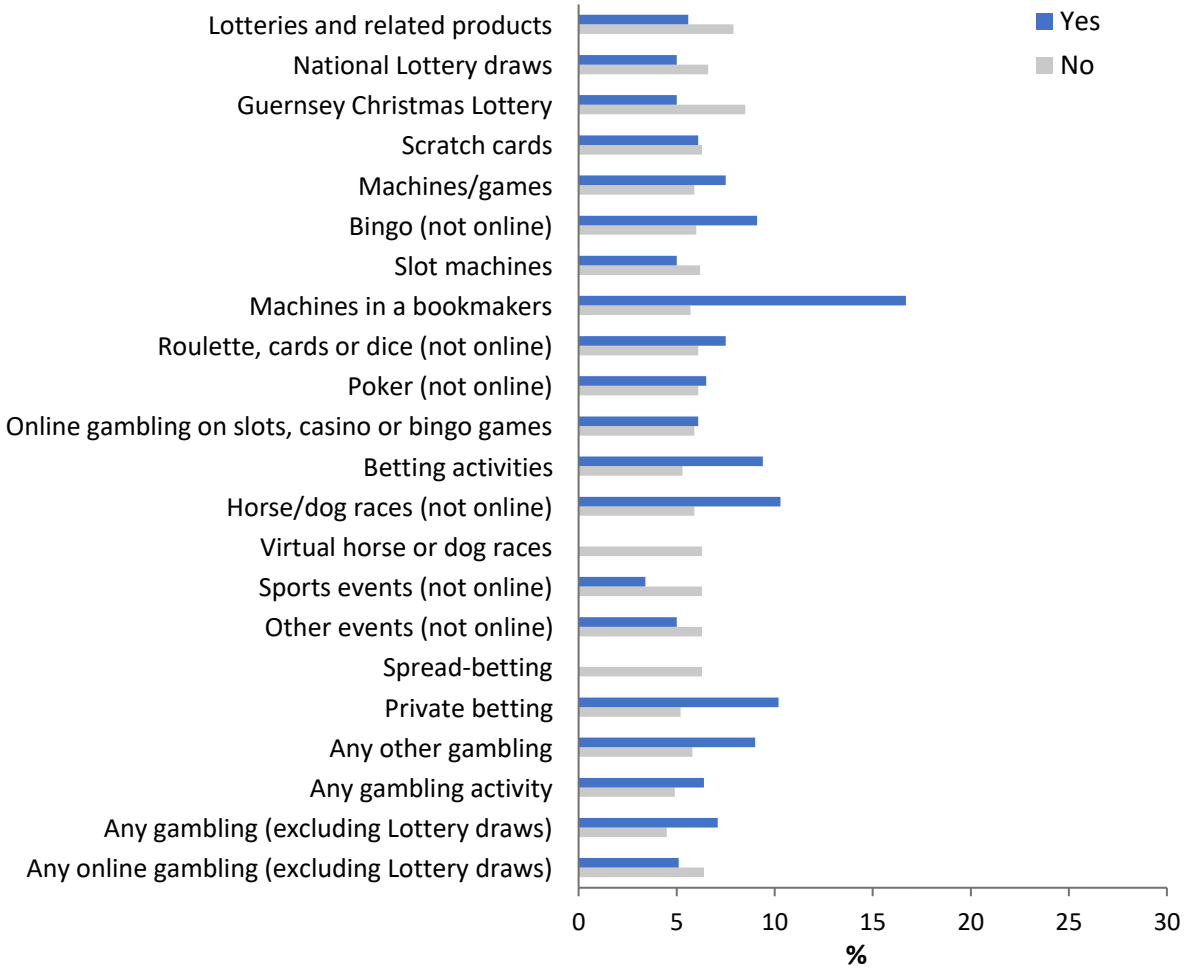


Figure 63: Prevalence of providing gambling advice by gambling activity participation



7.5 Association between attitudes towards gambling and family members' gambling, harms from others gambling, and provision of gambling advice

In sample (unweighted) data analyses, there was a significant association between attitudes towards gambling and having a partner or relative who gambled regularly, with a higher prevalence of positive attitudes towards gambling amongst individuals who had a family member who gambled regularly. There was no significant association between providing advice to someone to gamble less or experiencing harms from someone else's gambling and attitudes towards gambling (Table 6).

Table 6: Bivariate relationship between family gambling, gambling advice provision and positive attitude towards gambling (unweighted data)

Past 12 months:		Positive attitude (%)	Sig.
Partner or relative gambled regularly	Yes	27.9	<0.001
	No	13.9	
Advised someone to gamble less	Yes	7.7	NS
	No	16.6	
Experienced harm from someone else's gambling	Yes	32.1	NS
	No	13.0	

8 Young people's gambling

This section includes findings on the prevalence and characteristics of gambling participation by young people (aged 16-17 years) in the year ending November 2019. It also includes the prevalence of at risk and problem gambling amongst young people and their attitudes towards gambling. All data in this section are adjusted to match the Guernsey population demographics of young people (on age and sex), unless otherwise stated.

32.9% of young people have participated in gambling in the past 12 months

15.7% participated in the National Lottery draws and/or Guernsey Christmas Lottery

27.3% had purchased loot boxes

3.2% were classed as at risk of having gambling problems

85.9% had a negative attitude towards gambling

8.1 Overall gambling prevalence (past 12 months)

Overall, almost one third (32.9%) of young people had participated in one or more gambling activities in the past 12 months. Participation in Lottery draws had the highest prevalence of all individual gambling activities, with 15.7% of young people reporting taking part in National Lottery draws (1.3%) and/or the Guernsey Christmas Lottery[37] (14.9%) in the past 12 months. Of those who purchased tickets for the Guernsey Christmas Lottery, the mean number of tickets purchased was 5 (range: 1-45). When individuals who participated in Lottery draws only were excluded, the prevalence of participation in at least one form of gambling was 23.9% (Table 7). Excluding Lottery draws, less than one in ten (8.5%) young people gambled online in the past 12 months. Besides Lottery draws, the most popular gambling activities were private betting (11.7%) and machines in a bookmakers (6.6%).

Table 7: Participation in gambling activities in the past 12 months

	%
Lotteries and related products	16.9
National Lottery draws	1.3
Guernsey Christmas Lottery	14.9
Scratch cards	5.5
Machines/games	10.2
Bingo (not online)[1]	0.0
Slot machines	3.9
Machines in a bookmakers	6.6
Roulette, cards, or dice (not online)[1]	3.0
Poker (not online)[1]	2.5
Online gambling on slots, casino or bingo games	1.6
Betting activities	13.6
Horse/dog races (not online)[1]	4.6
Virtual dog or horse races	1.5
Sports events (not online)[1]	3.3
Other events (not online)[1]	2.2
Spread-betting	0.6
Private betting	11.7
Any other gambling	2.5
Summary	
Any gambling activity	32.9
Any gambling (excluding Lottery draws)[2]	23.9
Any online gambling (excluding Lottery draws)[2]	8.5
No gambling in past 12 months	67.1

[1]Excludes gamblers who gambled online only.

[2]Excludes gamblers who only participated in the National Lottery and Guernsey Christmas Lottery draws and not in any other gambling activities.

[37] Guernsey Christmas Lottery draws should only be sold to individuals aged 18+ years.

8.2 Loot boxes

Loot boxes are items in video games which can be bought with real world money which contain randomised items [21] (see section 3.7). They are similar to gambling as individuals risk the loss of real world money for the chance of obtaining a valuable reward [22], however, they are not currently considered a form of gambling in a legislative sense [23]. Loot boxes can be traded or exchanged for money or money's worth outside the video game on some third-party websites; when they can acquire monetary value in this context, they are considered a form of gambling [23].

Overall, over one quarter (27.3%) of young people had purchased in-game loot boxes in the past 12 months. Of those who had purchased loot boxes, almost one fifth (17.8%) reported exchanging the contents of a loot box with someone else for real money value. The prevalence of loot box purchases was higher amongst males (49.4%) compared to females (4.8%). Further, of those who had purchased loot boxes, only males (19.5%) had exchanged the contents of the box for real money value (females 0.0%). In sample unweighted analyses, loot box purchase was significantly associated with gender.

8.3 At-risk and problem gambling

On both the DSM-IV and the PGSI screens, non-problematic gamblers make up the vast majority (>95%) of the population of young people in Guernsey. Overall, according to the PGSI, 3.2% of young people were classed as at-risk gamblers (PGSI score 1-7). This consisted of 2.5% of individuals who were classed as low risk gamblers (PGSI score 1 or 2) and 0.7% classed as moderate risk gamblers (PGSI score 3-7). No young people were classed as problem gamblers as measured by either the DSM-IV or the PGSI.

8.4 Attitudes towards gambling

Overall**,** the majority of young people (85.9%) had a negative attitude towards gambling. Seven in ten (71.5%) young people agreed[38] that gambling is dangerous for family life. More than half of young people agreed that there are too many opportunities for gambling nowadays (55.4%) and that gambling should be discouraged (54.6%). Approximately one third (32.4%) of young people disagreed[39] that most people who gamble do so sensibly. Approximately four in ten young people disagreed that gambling livens up life (42.6%) and that on balance gambling is good for society (49.9%). However only approximately one in ten young people agreed that it would be better if gambling was banned altogether (13.3%), and that people should have the right to gamble whenever they wanted (9.5%).

[38] Strongly agree or agree
[39] Strongly disagree or disagree

9 Stakeholder Knowledge, Perceptions and Attitudes towards Problem Gambling in Guernsey

9.1 Stakeholder Perceptions of Problem Gambling

Almost all of the stakeholders agreed that problem gambling was any type of gambling behaviour that causes a negative impact on a person's quality of life, and on their ability to carry out day-to-day activities. Many stakeholders went on to identify the associations between problem gambling, mental health and other addictive behaviours, such as alcohol and drugs.

"I suppose it's anything that causes a negative impact on the quality of your life really. So that might be in terms of getting you into financial difficulty, but it might be causing you mental health problems or problems with your relationships be it that with family or friends or colleagues, so just having a negative impact on your life really." (Education advisor)

"I think first it's where it starts impacting on your day-to-day functioning of a young person's life. So as an example, an online person can be playing online gaming and some of the similar gambling that you take part within that, that comes from that, is often linked to the gaming side of it rather than the gambling side of it. We get young people playing FIFA Ultimate Team Card Gamble and this can go from an hour in the evening to impacting upon their day-to-day schooling, impacting on their engagement with their social circles. I guess very similar to when we see drug dependency and alcohol dependency…it's that not functioning well." (Youth Commission)

"[Gambling] becomes a problem when it impacts upon someone's functioning, much like in some of the addiction models that we see. So if it's a mild interest in gambling and it's not affecting day to day life, relationships, work, leisure, self-care, those kinds of things, then that wouldn't be deemed as a problem or as an addiction, but if it does start affecting someone then we'd see that impact on their day-to-day lives." (Occupational Therapist)

"Problem gambling its addictive…And when you're addicted to gambling like everything else, like drugs, like alcohol, you can't stop. No matter how much you want to stop, you can't. The first time you touch a laptop to go online, to go in the bookies, to buy a scratch card it will continue and continue and continue. That is problem gambling." (Ex-Problem Gambler, GGSG)

One stakeholder felt that it was difficult to define what problem gambling was because there was *"no evidence to back up what the elements of gambling might be that are causing the issues."* (CAB)

A GP commented that discussion was needed around whether gambling was a 'social problem' or a 'psychiatric illness':

"It's where gambling impacts upon a patient's health and finances and the knock-on effect on their families…there's a discussion about how much of this is a psychiatric illness and how much of it is a social problem." (GP)

One stakeholder explained how they view gambling as a root cause of offending behaviour:

"*We identify gambling with the context of offender management."* (Employee, prison service)

A mother whose son had experienced problem gambling described the impact this had on his life and their family.

"It affects the whole family so much, it's not just the person gambling, it's everybody involved with that and the secrets and the lies, it's just a dreadful thing to go through, it really is." (Service User; Mother of Problem Gambler)

Some stakeholders described their perceptions of problem gambling with specific reference to Guernsey.

"…until fairly recently I'd say there was fairly limited discussion around it. It wasn't an area that attracted particular attention or was perceived as a particular problem, rightly or wrongly." (Policy and Resources Committee/Central Strategy and Policy Team)

"If you have a propensity to gamble whether that's online or scratch cards that really is the impact it has on the household. So, would I consider myself to have a problem if I bet on the Grand National or the occasional football game, no I wouldn't, but if I'm doing it on a weekly basis, the industry would call you either an enthusiast or a VIP whereas we would call them addicts. I think the reality is that Guernsey in my view is that problem gambling is something on the Island that we're just not aware of because there hasn't been a great deal of publicity around the services provided." (States of Guernsey Department for Trading Assets)

9.2 Problem Gambling in Adults

Many of the stakeholders described their knowledge, attitudes and perceptions of problem gambling amongst adults. These issues have been themed and are presented within this section.

9.2.1 Impact of Problem Gambling

Stakeholders were asked to describe their experiences and understandings about the consequences of gambling on health. All were able to articulate negative health implications associated with problem gambling, including anxiety and depression. Some stakeholders acknowledged the cyclical nature of poor mental health and problem gambling, whereby one can be a precursor to the other.

"It's a complicated issue because it's possible you'll turn to gambling, if you've already got [mental health issues], you know it's a vicious circle if you start with some problems and maybe gambling makes you feel better and then it makes you worse. There are lots of inter-related issues." (Policy and Resources Committee/Central Strategy and Policy Team)

One interviewee felt that problem gambling was a 'mental health issue' and that gambling and poor mental health went hand in hand.

"Gambling is a mental health issue. It's a quick fix if you're feeling fed up 'oh I'll just go and put five pounds on, I'll go and get a scratch card or something'. It's part of a wider mental health issue really and it needs to be addressed as that really." (CAB)

"It's very rare that any client…that people don't have more than one issue and particularly with something like that [gambling] they will have a mental health issue alongside a gambling addiction." (CAB)

A second interviewee, who had experienced problem gambling, described the biggest health consequence of gambling as being to mental health, linking this to anxiety, depression and suicidality.

"*Mental health is the biggest one because people get so desperate…they've spent all their money. They're way behind on their rent. They haven't got money for food. And if they've got children…if they haven't got the money and nowhere to produce it from. Some people do steal. Not a lot."* (GGSG)

All stakeholders described how the negative health implications of problem gambling also extends to family and friends. For example, stakeholders described the impact of problem gambling on the mental health of individuals, friends and family:

"The guilt and shame that comes with problem gambling are very difficult emotions to work with because of the very nature of them and that tends to prevent people from coming forward and asking for help so it can be quite a secretive presentation I think. People can function reasonably well on the outside, but on the inside things are crumbling and pretty much falling apart." (OT)

"…mental health, the consequences to family and friends…often the income from this particular person is frittered away…leaving the family without money for basics, food, clothes, seeing GPs, dentists etc." (GP)

"…this gambling addiction is putting them into debt and mucking up their lives and their wellbeing. It's not just the mental wellbeing of the gamblers, it's the mental wellbeing of the impact that has on their family or their partner, the household." (CAB)

9.2.2 Gambling Culture: Accessibility and Behaviour

Themes surrounding culture and behaviours are strongly inter-related. Stakeholders described the different types of gambling activities that appeared to be most predominant in Guernsey; these activities were often described with specific reference to the availability, accessibility and culture surrounding gambling.

9.2.2.1 Culture

Many of the stakeholders agreed that gambling activities were often normalised amongst families, social groups, and society, and that this could be perceived to encourage gambling behaviours. One stakeholder described how some people do not even realise that the activities they engaged with were actually gambling-related, such as taking part in the Christmas Lottery. Someone who had experienced problem gambling spoke about how, whilst there is supposed to be no gambling in Guernsey, they still have bookmakers, although slot machines are not allowed.

The mother of someone who had experienced problem gambling described the pressures of life contributing to the mental health problems that they feel contribute to problem gambling.

"We're not well equipped to deal with the pressures of everyday life, life nowadays is much harder for young people because of the Internet because they've got instant access to be able to gamble" (Service User; Mother of Problem Gambler)

The representative from Guernsey Prison described how gambling leads to a destructive lifestyle and explained how gambling is part of a number of other habits, ingrained in our culture to become normalised.

"[Gambling is] physically destructive, it's drinking, mild drug use. It's within that culture. You've got to look at the culture. The way in which the media promote gambling. The adverts are around football stadiums, it's around pubs… what we find is it's part of a complex system of other issues. So quite often you'll find somebody with substance misuse problems or domestic issues, gambling is a part of that whole dysfunctional lifestyle. It is quite often coupled with other issues…The media on gambling is an all-out assault on an individual. It's everywhere you look, every advert is sponsored by some sort of gambling outlet. It's aimed at young men…Looking at kids wearing football shirts with Bet Fred written on them. It's very difficult when you're getting those sorts of psychological nudges not to say it's socially acceptable to be gambling." (Employee, prison service)

This person went on to explain the relationships between gambling and criminality, and from their experiences people go from being involved in gambling, to problem gambling and then on to illegal gambling activities.

"I think the trouble with it is because it places so much financial pressure upon the individual on their family in the wider context it has a whole host of implications for everybody involved with that individual on a social level. It undermines the family unit, definitely. Once the credit has run out it leads to all sorts of other criminality… Gambling is seen by some as a legitimate form of extra income to support alcohol habits, to support drug habits, some people see it as a second job." (Employee, prison service)

9.2.2.2 Gambling-Related Behaviours

Stakeholders were asked about their perceptions of gambling behaviours and whether there were any specific types of gambling activities that were felt to be problematic in Guernsey. Here, scratch cards and online gambling were identified over and above any other types of gambling activity. The cost of the scratch cards (£2, £5, and £10) was also discussed, specifically relating to the UK removing the £10 Camelot scratch cards from sale.

"I'm very aware in Guernsey particularly, the whole scratch card thing is more of a problem. We don't have any Casinos on Island. We don't have any sort of gambling machines. The law is different around that." (OT)

One interviewee explained how there is a £13 million revenue from the Channel Islands lottery, which was describing as having the highest spend per capita in Europe. It was suggested that this was, in part, due to Guernsey residents not really having access to other forms of gambling, but also due to the fact that it has the highest prize pay-out in Europe with 72% of the revenue going to prizes: "*Now does that encourage gambling addiction, quite possibly, hence the conversations that we're having now*."

"The main propensity to gamble is scratch cards or online, there's nothing else really in between." (States of Guernsey Department of Trading Assets)

One participant acknowledged the potential issues with scratch cards but queried whether this was a whole population issue or just applicable to a specific sub-set of the population in Guernsey.

"Scratch cards are always raised as an issue due to the numbers sold but I don't know if that's because they're easily available and people…it depends who's buying them whether it's the whole population or just a sub-set as to whether that's an issue or not. In terms of more generally…[there are] issues with online gambling problems that people have had, and ease of access." (Policy and Resources Committee/Central Strategy and Policy Team)

Another stated that they felt that the majority of those using scratch cards did so responsibly, but that for a small proportion of the population, where this became an addictive behaviour, there was also the propensity to lead on to 'harder' gambling behaviours such as online gambling, which was more difficult to monitor because it was 'unseen'.

"There are scratch cards, which are very popular and I would say there is probably a very small percentage that are addicted and possibly should be considered as a harmful practice. I would say the vast majority play responsibly. I think if you were to talk to social service, they may have a different opinion, but the evidence that's been presented to me I would suggest it's not as harmful as we possibly perceive… I think online gambling, if you have a scratch card habit, they're almost the

foundation to harder addictions then going into online gaming and online gambling it is a problem I think. I think it's a societal problem." (States of Guernsey Department of Trading Assets)

Someone who had experienced problem gambling felt that the availability of scratch cards and the Channel Island Lottery encourages problematic gambling; as does online gambling, explaining "*that's the worst part, you can't see it [online gambling]"* (GGSG). Many stakeholders agreed, describing how online gaming was a particular problem, as it was easy to access, easy to hide from family and friends and often difficult to self-exclude from; particularly for those people who are trying to seek help for problem gambling but relapse.

"I was lucky, [my son] was quite sensible in the end, [he] did self-exclude himself from some of the sites and [GGSG] explained all this to us, how you could go in and self-exclude so we did all that and that worked; the trouble is there's so many different ones popping up they self-exclude from one then when they get the urge they just go onto a different one. At home we made it so we put blocks on our Internet but if they're gonna go on they can go on on their phone and on different ways." (Service User; Mother of Problem Gambler)

"It's the access that's improved. Once upon a time you had to walk into a bookies to put a bet on. There's a lot of social barriers that you have to climb to actually walk into a bookies and now they're gone. You can access it via your phone... The access to it has improved so much that it's caused particular problems." (Employee, prison service)

"The fact it's just open Internet, you can get whatever you want. Whatever we do to try and stop people, they will always do something to try and get round it...The risk is that…all of the perceived to be good-ish regulated gambling companies 'well I can't use any more of those so I'm going to go to this one, which is dodgy'. The risk is that it's going to actually be perpetuating the system, making it worse, because they're not actually accessing regulated, if you can even call them that, online services. It's like loans isn't it, like going to a loan shark." (OCHA)

9.2.3 Current Service Provision for Adults

Stakeholders were asked to describe their knowledge and awareness of support that was available to problem gamblers in Guernsey. Representatives from a number of organisations described the service that they provide to support problem gamblers in Guernsey, this included the Guernsey Gambling Support Group, In-Dependence, Recovery and Wellbeing Service and gambling-related support for people in Prison. Stakeholders were also asked to describe their awareness of any other gambling-related support available for people.

9.2.3.1 Guernsey Gamblers Support Group

Guernsey Gamblers Support Group (GGSG) provide support for people and families affected by problem gambling. GGSG was initially set-up four years ago by someone who had experienced problem gambling. An interview with this person explored this in more depth; here, they explained how they had developed the GGSG in response to a gap in service provision. They described how they had been discharged from a psychiatric ward after having been there for a few hours and, after talking about their gambling, had been given *"a few pieces of paper that had been printed off the computer with information about GamCare and that was it because there was nothing in Guernsey."* GamCare is internet based in the UK but is for mainland UK only, "*so the piece of paper, it's worth nothing because they won't deal with you."* (GGSG)

The participant decided to set up the support group and described how they had used the television and newspapers to promote the service to those who may need it. The participant approached the Office of the Committee for Home Affairs who said they were able to provide money to help with

publicity, but only if the support group became a charity; and the group became a charity two or three years ago.

9.2.3.2 Accessibility

The GGSG is used by people experiencing problem gambling, as well as their family members and other people close to them.

> *"It encompasses everybody. I mean we've had people been in high powered jobs…and literally because they've had more money, spent more money. I've had girlfriends phone me up. Husbands phone me up. Wives phone me up. Grandmothers phone me up. It's not just the person themselves. Nine times out of ten it'll be a relative, because the relatives are at their wit's end and just don't know what to do."* (GGSG)

People self-refer into the GGSG or are signposted from their GP or the States Insurance. People can also access the group through Facebook; if someone leaves a message then the service will respond within an hour. Details of the GGSG are also available from the Mind Centre, where a pathway booklet provides details of where people can access help. The Mind Centre is used as the venue where GGSG meetings and group sessions are held, although (at the time of the interview) the group sessions were not currently running, as no-one was coming back. The participant said: "*I'm not sure if that's a good thing or a bad thing."* Much of the work that the participant does is on a one-to-one basis that may be carried out at a person's home or somewhere in the community:

> *"If people want to I will meet up with them in an informal place…for a chat and they can say what's on their mind and we can do that as many times as they want."* (GGSG)

9.2.3.3 Types of Provision

The GGSG described the range of support that they provide to people in need and the amount of resource and time that they invest into helping people. The fact that people access support and then move on was seen as a challenge.

> *"My biggest problem is when we have people come through who want to talk, we will go out of our way to help them. We've written letters to courts to people who have stolen scratch cards through work to try and get them, not off, but to get them community service rather than a sentence. I don't believe with it being an illness, which I think it is, they shouldn't be in prison for it. The problem is, is that when you help somebody, the last person we helped, I introduced them to our Chairperson, we sat and talked for hours on end. I went to the doctors with them. Explained to the doctor what was going on. Got them medication. And in the end the estates department decided not to prosecute because it was gonna be fraud…she's never come back to the group. She sort of like no I haven't got a problem. That'll be until the next time. Something always brings you back. You'd be very very lucky if you don't go back to it."* (GGSG)

The participant described the practical advice that they can provide to people, such as self-exclusion from bookmakers and gambling sites to restrict gambling activity. The participant also described how they try to do Cognitive Behavioural Therapy (CBT) with people, as this helps people to deal with their thoughts, feelings and behaviours associated with gambling and gambling-related activity. They did, however, highlight that they were not trained to deliver CBT, but that because of their personal experience of using CBT, 'they might as well be'.

> *"It's all about your thoughts, feelings and behaviours. After every thought there's a behaviour and after every behaviour there's a feeling or vice versa, but you need to break the cycle. So instead of*

saying I'm going to win at the bookies, you say, 'well I may not win at the bookies so I'm not going to go.' So I won't go." (GGSG)

9.2.3.4 Sustainability

As a service user, the participant said that they would access In-Dependence if they required any help. They described how they would 'take a step back' from GGSG if they were experiencing a problem themselves and 'not do anything'.

This participant described the future of the GGSG, particularly in terms of the group support that they currently provide. GGSG explained that they had been in discussions with In-Dependence about possibly referring people into their service to do an eight-week course. The participant felt that GGSG had a place in the problem gambling support pathway, but that it may look different to what it is now; they felt GGSG could be promoters for gambling support and still hold meetings, but not in a professional manner, explaining:

"It never has been…but then again I think that's better because you're actually speaking to someone who's going through the same thing." (GGSG)

It was felt that the GGSG could potentially act as the contact point for people to then be referred on to In-Dependence for more tailored, strategy building work, and then come back to GGSG for more longer-term recovery support.

9.2.4 In-Dependence

The remit of In-Dependence was to initially provide support for people affected by drug and alcohol problems; this was extended to include gambling-related problems in May 2019. An interview with a representative from In-Dependence described how they use the SMART recovery model and are licensed to use SMART recovery in groups out in the community. These groups are delivered in partnership with the probation service (although probation officers do not facilitate the groups). Those who engage with the groups are normally prisoners released on parole who have a requirement to attend recovery work, along with people who are arrested and have drug or alcohol issues and for whom attending the group is part of their conditions. These individuals are also subject to drug and/or alcohol testing. The participant highlighted that this provision is not expected to be extended to incorporate people with problem gambling.

The participant described how they carried out training with GamCare[40] before undertaking work with problem gamblers; they described how this was very similar to the work they were doing already using CBT and Rational Emotional Behaviour Therapy (REBT). At the time of interviewing, this work was being delivered by two qualified counsellors, with another staff member in the penultimate year of gaining their counselling qualification.

Clients attending In-Dependence go through an initial structured core assessment that includes the PGSI. The participant highlighted that sometimes this may be more formal in structure, explaining: *"If the client prefers to be asked questions we have an assessment form and I'll ask questions"*, whereas other times the client may lead the conversation. Assessments are followed initially by lower threshold work such as motivational interviewing or recovery work and then if there are counselling needs, they will receive further therapeutic support. They also have a CBT therapist who they contract out to, who was described as being *"pretty keen to do the gambling work as well."* In-Dependence also provide support for affected family members; this support is provided by a volunteer counsellor.

[40] https://www.gamcare.org.uk

In-Dependence also provide the 'Inside Out' programme in prison with individuals and groups; this includes motivational interviewing and relapse prevention and use of the pre-cursors model of change to look at how likely it is for people to change based on these pre-cursors and identify areas where scoring may be low and further work is required.

9.2.4.1 Accessibility and Awareness

Individuals predominantly self-refer to the service over the telephone, by e-mail or through a link on the services website, where an appointment would then be made. The representative from In-Dependence highlighted that "*we don't offer a drop in because we have a finite resource so it's by appointment only."* They also highlighted that they will take referrals from anywhere: "*If our client thinks it's an issue then we'll make an appointment for them."*

The participant described receiving referrals from organisations such as the Prison, the Community Drug and Alcohol Team (where most referrals come from), Guernsey Care for Ex-Offenders, Children's Services and Family Partnership Advisory Services. This person also spoke about a new pathway that they had created whereby they could receive referrals from the hospital's Emergency Department:

"This year we created a pathway with the Accident and Emergency department, so if someone ends up in A&E and there's drugs, alcohol and gambling now identified as a problem the ED form will automatically be e-mailed to us and we will contact the client." (In-Dependence)

The representative from In-Dependence described that it was too early to tell whether the service was working well, described how they had only been providing support to people experiencing problem gambling since May 2019 and had seen five people[41] thus far:

"It feels like it's too early to tell and I think we've only had about five people come forward, so I'm really reluctant to answer that with great confidence. I suppose the fact that we're easily accessible has to be one of the main things, but one of the things that we don't do so well is about raising the profile, but that's purely financially driven." (In-Dependence)

Accessibility and awareness were viewed as the key to success for the service. It was felt that people knew about the service generally through word of mouth, especially from professionals. They were, however, aware that in the case of the gambling support they offered, further awareness raising was needed and that this was integral to increasing client numbers:

"We acknowledge, specifically with gambling that we need to do an awareness campaign, so we're about to put in a funding bid so that we can do that. I know HSC are doing this exercise with you to look at the need and the numbers, but unless people know the services are there, they're not going to come forward. So that's what we're basing our funding application on so we can contribute to the data but people know that the service is there." (In-Dependence)

The participant spoke about a previous PR campaign they had launched when they had rebranded and how this had resulted in increased referrals and they were interested to see if a PR campaign around their gambling support provision would provide the same results:

"I'm quite interested if we do an awareness campaign around gambling to look at the data over that time and a month after to see if there's been an increase in referrals." (In-Dependence)

[41] By February 2020.

9.2.5 Recovery and Wellbeing Service

A representative from the Recovery and Wellbeing Service described that they are part of the Adult Community Mental Health service. This service engages with people aged 18 years and above, who meet the criteria for secondary mental health care; where their presentation is severe, enduring, and acute and there are additional risk factors. The service does not provide specific support for people with gambling problems; an individual would be referred (usually by their GP) as a result of mental health problems affecting day-to-day functioning. Any problems with gambling would be identified through conversation once an individual has engaged with the service, however, the GP may include gambling as a contributing/causal factor to their mental health within their onward referral notes.

A team of people work within the service, including Occupational Therapy Assistants, nurses, and STAR (Support Time Recovery) Workers. The service offers a range of individual and group sessions based on the recovery model. They run a programme of 23 different types of groups over the week most of which are based within the mental health unit in the grounds of the hospital, and some are in the community setting.

Anyone referred to the Recovery and Wellbeing Service would receive support using mental health tools to help individuals to manage their health symptoms. The tools for recovery, regardless of whether recovering from drug addiction, alcohol addiction, gambling addiction, are all from the same toolbox:

"We'd be looking at them learning mindfulness techniques, exposing them to cognitive behavioural therapy approaches; we'd be helping them with very practical tasks. Our STAR workers support people to go to CAB to look at budgeting so linking in with third sector and outside agencies as well." (OT)

The representative from the Recovery and Wellbeing Service was aware that In-Dependence had recently begun to incorporate the provision of gambling support now as well as support for drug and alcohol use issues. They also spoke about Guernsey Gamblers Support Group:

"We've got a gamblers support group in Guernsey, which meet weekly and that's an independent charity set up by service users for service users. They offer guidance and support from secondary services as well as and when they need." (OT)

9.2.6 Support for People in Prison

A representative from Guernsey Prison described how problem gambling is often a root cause of criminal behaviour. The prison representative described how a number of their service leads have a responsibility to identify people in prison who are problematic through destructive behaviour, which includes problem gambling. People with problem gambling are predominantly identified through assessments and discussions:

"Within Guernsey there are lots of people within the system known to Social Services so they come to the prison with a well-established resume of offending behaviour. They do come into custody with quite a comprehensive social enquiry report compiled by the probation service, that is done by way of interview with the individual where they sit down and have a frank conversation about what they see as being the problem that has led them down the criminality route." (Employee, prison service)

The prison representative described the importance of identifying and supporting problem gamblers as quickly as possible, explaining:

"It [gambling] can manifest itself within the prison. Gambling is against the rules in prison, we can identify those who try to engage with it quite quickly. Gambling in the prison is not a good thing on a

number of different levels it leads to bullying, violence, all sorts of other things, pressure being placed on families to pay off debt." (Employee, prison service)

The Prison provides support for problem gamblers. This support sits within a suite of interventions that are delivered to address offending behaviour.

"We have a psychotherapist who does family related work and the gambling stuff comes off the back of that. We have got interventions in here that are peer-based in their nature and that's the type of stuff that we use in here. We can make referrals if we think there is an acute need to relevant professionals on the island that we tend to use a much more collective approach to do the inward gambling…Support is offered as part of offending behaviour." (Employee, prison service)

The Prison also work with families and provide a programme called Hidden Sentence, through a programme called Choices and Chances; an intervention run by a psychotherapist. The Prison also provide family therapy, where a family member will come into the Prison and talk together with the individual in prison. The Prison will refer to external services if specific support is required (the representative could not remember the name of the service they most often refer in to).

9.2.7 GP Support

Patients with problem gambling may be signposted or self-refer to the GP. It was, however, identified by a GP that in their experience, it was unlikely that a patient would come to see them and say that they had a gambling problem, but that other issues such as anxiety and depression would be identified.

"I've never had a patient come and say I've got a problem with gambling. I've never elicited it in my discussion, whether that's because I've never asked the question but there's always been other reasons as a rule as to why patients are anxious, depressed or whatever they've presented with and maybe I've accepted that on its face, when perhaps I should have dug deeper, maybe, maybe not I don't know. I'm not sure personally if I've had anyone signposted to me with a gambling problem." (GP)

The GP also highlighted that they have a regular patient list and therefore wouldn't necessarily see people with problem gambling.

"...being an established GP most of the appointments are booked up with regular patients and sometimes these people are a little bit chaotic in their lifestyle and they ring and they want to see a doctor that day because they've plucked up the courage to talk about it and they come in and see some of the newer doctors, some of the assistant doctors who've got more gaps on the day." (GP)

Where a mental health issue may be identified, the GP stated that they would establish at the consultation whether there was an underlying cause that the GP could help with, and if not they would be signposted to Healthy Minds, which is a psychology service offered by the States of Guernsey that is free at the point of access. An assessment would be given at Healthy Minds where patients would then be signposted on to other services where necessary.

9.2.8 Citizens Advice Bureau (CAB)

The CAB were seen to provide support to both problem gamblers and their relatives. It was stated that they do not have many clients who engage due to problem gambling; in 2019 there had been eight recorded cases of people who had engaged with the CAB about problem gambling (six of these had been relatives and two had been problem gamblers). Individuals could self-refer to the CAB but were also referred via other organisations such as doctors, social workers, housing, and police.

Support that individuals may receive through the CAB included: generalist advice about different elements such as housing, wellbeing and relationship breakdowns and then more specialist advice around debt management and working with individuals to develop a negotiation package that can be presented to creditors, that includes a financial statement that allocates money to 'priority' and 'non-priority' debts. It was, however, highlighted that this can be difficult in the case of those with problem gambling and that this can then impact upon their housing and ability to maintain their employment.

"We can provide just walk in advice generally, but very often with the gambling side of things it's because the person is in debt…and if someone is in debt and needs money advice they will have a case worker, whereas the other people are able to see anybody; but the difficulty with money advice to a gambler is that you can't really draw together a very good negotiation package for the creditors if this person has got this addiction, because as long as he's gambling, he's going to use the money that is available, or not, to pay his addiction rather than to pay for the creditors." (CAB)

"…some may say their husband is taking all their money and they want to leave him so [we] help with process of what they need to do, working through [the] relationship that's going to separate." (CAB)

9.2.9 General Awareness of Service Provision

All stakeholders were asked about their knowledge and perceptions about services available to problem gamblers in Guernsey. Views here were mixed; the GP we spoke to had not heard of any specific support available. Some had heard of In-Dependence but did not always know about the gambling support they offered here.

"Either there aren't any [available services] or I'm just not aware." (GP)

"We now signpost to In-Dependence whereas before we didn't have anywhere to signpost so we would literally signpost to the Citizens Advice and UK place (online)." (OCfHA)

"I know that In-Dependence who used to be our Drug Concern people they provide a service now for gambling addiction, I don't know much about it but I know it's a fairly new service that's been set up." (Education advisor)

"I actually wasn't [aware] until we started doing all this because it's not something that I'd really had to think about. I always knew there were helplines from the UK that people could tap into and I was sort of aware that there was some sort of charity support but now I know there is definitely a Facebook group, I don't know how active it is…the charity that was Drug Concern, is now In-Dependence because they are now looking at supporting people with gambling issues, but that's very recent and I don't know how many people they actually see." (Public Health)

"There is a gambling strategy on the island under the banner of Health and Social Care and someone there has responsibility for minimising the impact of problem gambling on the island." (Employee, prison service)

"…before (In-Dependence) really the only availability was I think sometimes the AA would help gambling addiction, but now we've got this In-Dependence we've got more, and there's also UK online things that you can signpost people to, but it's not as good." (CAB)

"My awareness is quite low other than Drug Concern did something around it. So it's been a general picking up of knowledge rather than a specific awareness." (Policy and Resources Committee/Central Strategy and Policy Team)

When talking about engaging with In-Dependence, one of the interviewees felt the service lead at In-Dependence to be very proactive and practical in their approach to tackling problem gambling.

"She's very proactive in talking to us. She doesn't sensationalise, she has a very practical approach to the challenges that we face in terms of problem gambling, because reputationally, we do not want to be seen as an arbiter of doom. The money that we raise goes to very good causes and there are obvious contracts in place with game makers that are looked at every five years and any changes that are made as a result of this assessment will cost the Island a significant amount of money."
(States of Guernsey Department of Trading Assets)

Three stakeholders described their awareness of the GGSG. Someone who had used this service described how their GP did not know about it.

"I don't know how widely it is known about her group because my Dr certainly didn't know about it…We went to the GP to get immediate help with medication but the GP obviously wasn't aware of [GGSG] so she gave us the best advice she could, it's only through word of mouth, saying I've heard of this lady why don't you get in touch with her, here's her number. This particular lady works as an advocate so she'd come across it through her work I presume. If she hadn't of told us about [GGSG] we wouldn't have known about it. It wasn't something that is advertised and I don't know where the failings of that is because X did say that all the Doctors were aware of the group but the Doctors aren't passing it on to their GPs. My Doctor's amazing, I see her, she's amazing, such a helpful compassionate lady so if there was something she knew about she would have passed that on."
(Service User; Mother of Problem Gambler)

This person was also unaware of any other support available in Guernsey:

I don't know if there is anything to be honest, I've not heard. I don't know if there is anything, there certainly should be, it's certainly not well publicised if there is anything else going on over here.
(Service User; Mother of Problem Gambler)

Another provider from a different service who had heard about GGSG was unclear about their remit, explaining: *"I'm not sure they're fully, clearly defined about what they're providing."* (Quote left anonymous).

The OCHA described how they had sometimes been contacted by people who want more information about gambling regulations, particularly those with concerns about bookmakers and gambling activities.

"We have had contact from people trying to help other people, by people themselves, by people wanting to find out whether bookmakers can do certain things…so complaints about bookmakers and about gambling in general." (OCHA)

One interviewee felt that there was a general lack of awareness of the services available and that there was a broader piece of work to be done around increasing individuals' awareness of whether they have an addiction or not.

"There should be a general awareness of, for example, if you're gambling more than twice a week you should be contacting a service provider to seek help." (States of Guernsey Department of Trading Assets)

9.3 Problem Gambling in Young People

Some of the stakeholders who took part in this HIA had specific responsibility for working with young people and described their views and perceptions of problem gambling within this population. Other stakeholders with a broader remit also often spoke specifically about gambling and young people. This section presents these findings.

9.3.1 Impact of Problem Gambling on Young People

A representative with experience of working with young people experiencing problem gambling described the negative physical and mental health consequences of this behaviour, including low mood, anger problems, heightened levels of stress, poor attainment, and disengagement with friendship groups. The time spent on gambling and the displacement of positive activities was also highlighted.

"What we see with a lot of our young people who are gaming is a lack of engagement with full time education. That tiredness before school, that stress, that wanting to be anywhere but the classroom because all they want to do is be on their games." (YC)

"I would imagine…the consequences for a younger gambler who's gambling on their phone or something. I would think that for me, it's more the kind of, the imposition on your time of being addicted to social media or gaming or whatever it is and the distraction and potential displacement of other health positive behaviours from having your time so wrapped up in these activities." (HI)

9.3.2 Gambling Behaviours

Stakeholders with experience of working with young people described an association between gambling and online gaming. However, it was felt that young people do not necessarily associate activities such as online gaming and in-gaming purchasing with gambling; suggesting that under-18s who engage with these behaviours may not necessarily recognise they have a problem.

"We get young people playing FIFA ultimate team card gamble and this can go from an hour in the evening to impacting upon their day to day schooling, impacting on their engagement with their social circles. I guess very similar to when we see drug dependency and alcohol dependency. It's that not functioning well." (YC)

"The use of in-game gambling by young people is something that I think is not really…I think people sometimes type cast gamblers as those people scratching away or betting on horse racing or whatever, and I think that quantifying different types of gambling which anyone over the age of 25 probably isn't going to know what young people are doing on their phones is something I feel we need to get better at trying to look at." (HI)

A representative from the Youth Commission described the differences in gambling behaviour between Guernsey and the UK, explaining how gambling activities in Guernsey tend not to be as visible or noticeable as in the UK, and described the challenges this presents from a service provision perspective.

"We don't have the slot machines. We don't have the big Ladbrokes…I think what we see here starts very much in the way of they're gambling on a FIFA pack…they've got some points. That very quickly moves onto scratch cards and online gambling. Whereas I guess in the UK you think about young people and gambling and are they going into Ladbrokes under age. Here I compare the gambling shops more I guess to porn shops in the UK. They're in the alley way, they're a bit dark. We don't know many young people that actually gamble within those more traditional forms of gambling." (YC)

"If you're of an age where you're drinking in a pub, it's very easy to put a bet on. They'll just ring the bookies for you and you can do it there and then; so I think that more traditional form of gambling comes back in once you're in the 18 kind of age ranges. Whereas I guess for our young people they won't be in bars to have access to that. I think for young people it's very different here…I guess our issues are, what we see here are that very early start. It's not uncommon that we see young people

getting quite angry and upset about the fact they've spent 20 quid on a gun on Modern Warfare, but the box they picked didn't give the gun they wanted. That really low level introduction to gambling that I think, young people don't make that assumption that if you're paying for a mystery box you don't know what you're going to get, but you've got to pay to get it, so that is a form of gambling." (YC)

The representative from the Youth Commission also described an issue with scratch cards, suggesting there was "*quite a big problem with it*". This person also described how, despite the fact that the legal age to purchase scratch cards was 18, young people seemed to overcome this barrier.

"We know young people that have blown their wages in a day on scratch cards…that's not uncommon." (YC)

This representative also described how the impact of the Christmas lottery scratch cards and how they felt young people were carrying on this behaviour throughout the year.

"We'd expect that three years ago the majority of our conversations at this time of year [would be] talking about gambling through scratch cards in our Universal services. What we've seen is actually that start to filter through to our one-to-one support team and that problem spilling beyond that Christmas lottery period. I think that actually we know that young people are gambling throughout the year, mainly through scratch cards, mainly through apps and games and also online technological stuff." (YC)

9.3.3 Current Provision for Young People

Interviewees described how Guernsey provides support for young people within a range of health and wellbeing issues, including mental health, drug and alcohol education, alcohol support and youth homelessness. One stakeholder, an education advisor, described how there are up to twenty agencies visiting schools in Guernsey to deliver lessons in areas such as drugs and alcohol and sexual health. However, participation is not prescriptive; the schools can decide individually whether they would like agencies to visit their schools, meaning that information may be being delivered inconsistently across schools.

Other organisations, including the Youth Commission, Action for Children and Child and Adolescent Mental Health Services [CAMHS] were mentioned. A representative from the Youth Commission described this service as providing "*either a step before CAMHS or a step down approach after CAMHS"* (YC). This person described how they provide support for young people aged 8-18 years, providing five core services; these included one-to-one support for emotional wellbeing, advocacy, education, networking and activities including youth clubs. The Youth Commission receive referrals from a range of services, including self-referrals (particularly through their universal provision) and from schools and social services. Young people under the age of 13 require parental consent.

The representative from the Youth Commission described their experiences of working with young people with gambling problems.

"We see everything right from that initial conversation where they kind of paid a bit of money to buy something online or gambled on a scratch card, that low level gambling we see that on a very regular basis through our centres. Whereas then when you hit that problem gambling that's where we'd expect that to be coming through your 1-2-1 team if we can support that. I guess we see all levels really across the service." (YC)

The Youth Commission described how cases of young people experiencing problem gambling are *"few and far between",* but, explained the need for investment in education approaches to prevent problem gambling becoming a crisis in the near future.

"The lack of education with this stuff, we're potentially facing a crisis in the next 5 years, rather than where we can start delivering something now." (YC)

An education advisor explained that the Youth Commission were available to provide gambling support for young people.

"Although the Youth Commission haven't got anything specific set up, I'd say if a young person went to them with a problem like that they would be able to help them and at least signpost them as to where to go." (Education Advisor)

An education advisor also explained that gambling-specific resources were available for schools to use at Key Stage (KS) 2, with Parentzone (primary school PSHE coordinators have received training on this in October 2019) and at KS4, with GambleAware (that KS4 teachers have had for two years). However, it is up to each school individually to decide if and how they wish to use these resources: *"they decide whether it's relevant for their students and whether they want to use that resource"* (Education Advisor). This person also highlighted that they had previously used a resource called Online 50, delivered by the Youth Commission, but that funding for this was no longer available. Online 50 was an initiative that focused on Internet safety and was identified as a gap by teachers who struggled to deliver this information themselves. It was felt this initiative would include online gambling:

"If we still had them it would have been something that would have been on their radar now really." (Education Advisor)

9.4 Future Provision for Problem Gambling in Guernsey

9.4.1 Legislation

Some stakeholders described the need to review the current gambling legislation in Guernsey, explaining how advancements in gambling technologies had changed dramatically since the legislation was initially developed in the 1970s, so the regulations need to change.

"There is a requirement for further regulation. I'm extremely worried… We need to make some decisions based on solid research and hopefully that will inform Government about making the right types of choices as far as legislation. What we have now does not look like gambling did 10 years ago." (Employee, Prison Service)

The representative from the OC*f*HA explained that they have carried out a review [into problem gambling] and are developing codes of practice to be displayed in bookmakers and Crown and Anchor operators. It is hoped this Code of Practice will provide more clarity about the gambling regulations.

The representative from the Policy & Resources Committee spoke about the role of the Central Strategy and Policy Team to ensure that there is a coordination of policy across the different estates in Guernsey. They went on to explain that because gambling activity has a cross-committee impact it is regulated by Home Affairs, with Health and Social Care providing support for any issues or impacts to individuals because of gambling activity.

"We're here to try and make sure things line up and everything that needs to be there is there." (Policy and Resources Committee)

9.4.2 Stakeholder Views on Future Provision for Adults

The stakeholders described their views towards the future provision for problem gambling in Guernsey. Only one participant did not feel that there were any gaps in service provision for problem gambling *"not that I've seen"* (Recovery and Wellbeing Service).

Representatives from the GGSG and the Prison explained the importance of having services that focused on building trust and relationships. These were identified as important factors in enabling positive behaviour change and should be incorporated into all future service provision.

"I think our close working relationship with the prisoner is the biggest thing. Developing relationships helps them to change behaviour, tackle root causes for reoffending, building rapport with prisoners. It's about rehabilitation, if the person does not want this you cannot force this." (Employee, Prison Service)

This finding was further echoed by the mother who had experienced the GGSG, who explained the importance of having a person-centred approach and the value of receiving support from someone who has been through the same experience:

"There needs to be more [GGSG provision], people who want to help others from the experience they've been through…[GGSG] was really good, because [they've] been through the experience [themselves], that really helped because we were speaking to somebody who knew what X was going through not could only guess what he was going through…I think it makes a massive difference, I really do because we can all empathise as much as we like but unless you've been through a certain situation you just really don't know." (Service User; Mother of Problem Gambler)

The value of family support was also highlighted by the Prison representative and by the mother of someone who has experienced problem gambling. Here, the role of the GGSG was described, with particular focus on the importance of having an independent listening ear.

"We could then go and speak about everything, we could all give our honest opinions in a very controlled environment which is important because your emotions get on top of you, it's very difficult to say what you mean without it coming across wrong, whereas if you've got that independent person sat with you who understands what you're going through you feel like you can talk about it more. It made us band together more as a family so we could deal with it head on rather than just skirting around it all the time. We skirted around it so much and that made us think." (Service User; Mother of Problem Gambler)

From an awareness perspective, many stakeholders identified the importance of raising awareness about the types of support that are available for people experiencing problem gambling in Guernsey. It was recognised as being important to ensure that all professionals who come into contact with problem gamblers know where to refer to, and where families can go for support.

"Just to make sure that everybody knows…where to send them for help because I don't think at the moment people do and I guess In-Dependence is such a new service that people may be unaware of it." (Education advisor)

"Awareness raising around what is available on Guernsey at the moment is needed." (Policy & Resources Committee/Central Strategy and Policy Team)

"Awareness raising is needed amongst the public so that they're aware that help is available and amongst doctors to know where to signpost them. I'm not sure the psychiatry services accept referrals for gambling addiction." (GP)

The Education advisor spoke about the lack of awareness to signposting services and felt that *"everybody needs to know where to signpost".* This person went on to give an example of a man who was arrested by the Police because he had stolen some scratch cards. The man was signposted to their GP and told to tell them that he had an addiction to scratch cards, but the participant queried whether the GP would then know where to signpost him to get the support that was needed/required, explaining *"I'm sure they would, but I don't know."*

GPs were highlighted as having a particularly important role to play in identifying and referring people for support, with mental health services engaging with people when needing acute, mental health-specific support. Health Visitors were also viewed to be a potentially important source of support because 'they have good contact with families' due to size of caseloads (which are smaller than in the UK) and that they could possibly be used "*if we feel like we've got a big problem [with gambling] then that will be something they need to look at."* (PH)

In-Dependence described how they were keen to explore how they could work with a new charity, Guernsey Community Finance, who are set up to help people with their finances, such as setting up a bank account.

The representative from the CAB described the need to ensure that bookmakers were also aware of the policy and strategic endeavours to address gambling problems and support those at risk. This person described issues associated with self-exclusion, where people have gone into a bookmakers and asked to be self-excluded but that this has not always been followed through.

9.4.3 Stakeholder Views on Future Provision for Young People

Many stakeholders described the importance of delivering activities to prevent problem gambling and described how support for young people would be an important aspect of this.

9.4.3.1 Education and Awareness Raising: Schools

The relationship between online gaming and gambling amongst young people was an important theme and stakeholders recognised the potential role of the school in identifying these issues.

"It's all the stuff on the phones. I was absolutely shocked when I heard about it and how easy it is to just get in to that 'I'll just add on that. I'll just add on that. I'll just add on that' and how it's getting them into that frame of that it's ok to do. I don't know how you deal with that really other than going into schools." (OCfHA)

Stakeholders acknowledged that it may be difficult for a teacher to identify an issue around gambling but that teachers know about children who game online; it would therefore be pertinent to raise awareness about online gaming, gambling and where to access help.

"They [school] might not have identified a problem with the in-game gambling, but they all know that they're gaming. So it would seem logical that they need to address the in-game gambling aspect of it because they know that the children are all gaming." (Education advisor)

Representatives from the Youth Commission and an education advisor described how they had recently submitted a bid to the Guernsey Charitable Lottery Fund to fund a new role to provide early intervention, prevention and education around problem gambling. This provision would include awareness raising in schools about problem gambling for young people in Year 6 (aged 11-12 years) with a specific focus on online gaming and rationalising this behaviour *"they're gambling on a chance and there's a financial cost to that whether that's from your parents credit card or you've earned some points along the way. That's an introduction to gambling…feeling of winning, of losing"* (YC). This provision would also include work with young people aged 13-15 years around peer pressure, the

gambling industry and where to access support when this is needed *"actually this is the age where they're going to start doing these kind of things and that they know where to turn in crisis."* The sessions would also include training for professionals and community awareness sessions for parents, businesses and the wider community.

9.4.3.2 Education and Awareness Raising: Parents

An education advisor and the representative from the Youth Commission described the need to ensure parents could receive support and advice about problem gambling, should they need it. Parents need to be equipped to identify if their child is experiencing problem gambling and to know where to go for support. These stakeholders described how parental support formed a key part of the bid they had submitted to the Charitable Lottery Fund.

"Parents must have that single point of contact where they can pick up a phone and get some advice." (YC)

"That's a really big area. We want the parents to be educated and involved in this, because unless they know what their young people are doing they're not going to be able to help or look out for things." (Education advisor)

9.4.4 Stakeholder Perceptions of Challenges to Future Provision

9.4.4.1 Types of services available

A number of stakeholders acknowledged that services for young people and adults will be different and should reflect the types of gambling behaviours that these populations tend to engage with. It was also acknowledged that young people may wish to access support in different ways than adults. The importance of ensuring equitable, easy, and open access was raised, with cost being a key factor here. Participants highlighted that it was most likely that individuals would need to access their GP initially (at a cost) in order to access any support.

"I think for young people, certainly barriers we've seen in the past have been cost, so it must be free. It must be accessible in a way that young people want to access it. Not necessarily at a place where they've got to physically go and turn up. So it might be that online provision is best, or telephone or text or messaging service or something like that. I think we'd have to think really broadly about what would actually get people using it." (HI)

The type of support offered was also raised by the mother of someone who had experienced problem gambling. They described how, as a family, they had valued the opportunity to attend the discussion groups offered by the GGSG, but that their son did not like this approach.

"We did persuade him to go. His girlfriend also came along as well so that helped as well. I think his initial thought was 'oh I don't want to do that', especially with the group sessions, it was like 'I don't wanna go, I don't want people to know who I am' but then he was very brave actually, he went with it… We didn't go to too many of those, because X felt a bit uncomfortable with that but that's the depression and anxiety...We could have gone without X if we felt we needed…I certainly think that if someone hasn't got the family support that we've got then that would be a really good thing for them to attend." (Service User; Mother of Problem Gambler)

9.4.4.2 Funding and resources

Despite recognising the importance of providing support for problem gambling, many of the stakeholders recognised the challenge of obtaining the resources required when the numbers of service users may only be small.

"Providing breadth of service is always an issue for a small number. One of the plusses would perhaps be that people could be directed into the services that we do have and I suspect that they might miss on at that at the moment. We do have services for people if there is domestic abuse, that sort of thing, but do people know about them and do they get directed in the right direction?" (PH)

"Without the support it would be a very dark dark place, that's where you need the [GGSG]…It's getting the funding and the word out there is difficult. Something needs to be done cos I can see it's only gonna get worse life is just so stressful specifically for youngsters these days." (Service User; Mother of Problem Gambler)

"Lack of resources is always a concern, it's a numbers game at the end of the day, it's about the return on the investment. If you were to say to me 'I'm giving you £45,000 to spend in prison', it's doubtful, because of the numbers involved, that it would go on gambling. There are other priorities." (Employee, Prison Service)

The representative from the GGSG went on to explain how a Narcotics Anonymous (NA) group had struggled to become established and that they felt the GGSG may experience similar challenges:

"NA has struggled constantly to establish itself over here. I don't know if it's because it's a small community, because AA functions really well over here…on the whole people are in a very different place. People aren't necessarily as motivated to change as they are over in the UK. We're looking at very small numbers. I know when we tried for two years to get a community SMART group running that wasn't a compulsory attendance, every week for three sessions a week a staff member turned up at different times and we only ever had two people attend." (GGSG)

9.5 Monitoring and Evaluation of Problem Gambling

In order to inform recommendations about measuring the impact of interventions to prevent and support problem gambling, service representatives were asked about the data they collect and the tools they use. A summary of this information is provided here and has been used to inform recommendations for routine monitoring.

Youth Commission: Do not currently map referrals for problem gambling as they focus on the consequential behaviour, such as support managing emotions, anxiety, low mood.

Prison: Do not collect information on the numbers of people experiencing problem gambling because it is not of any benefit to them. An individual will not have been put into prison for gambling because it is not against the law. The Prison collect statistics on the offence they have been brought in for, not the gambling.

Occupational Therapist: Use the Outcomes Star to explore 10 areas of recovery:

"The model is about realising that people who present with mental health [issues] can live a purposeful, meaningful life despite their symptoms. The goal might be to live without symptoms, to live without medication, and that might happen, but we recognise that people can have purposeful lives even with symptoms. We strive to work fairly holistically." (OT)

Health Intelligence: Public Health do not routinely collect any data around problem gambling. Health surveys are conducted that would include questions on health topics and wider determinants, but this does not include anything about gambling activity.

In-Dependence: Measure PGSI scores, wellbeing, functioning and risk/risk taking behaviours. The service asks clients about what they want to see change and see whether those goals have been met.

This is built into 'CORE', where they have a goal therapy form where clients can identify up to four goals they want to achieve. In-Dependence have adapted this so that it asks about what clients want to achieve from their recovery work so "they're a little bit more intentional about why they're coming". These goals included reducing cravings and coping with triggers.

The potential wider impacts around improved finances and improved family relationships were acknowledged, but not something the service would necessarily be measuring.

"We wouldn't necessarily be measuring that, but I would imagine improved relationships would be one if you've got children in families. If finances aren't as strapped and relationships aren't as stressed then I would imagine the children are going to be having a better experience in the family. But that's not something we would be measuring." (In-Dependence)

The representative from In-Dependence described how it is sometimes difficult to capture evidence of outcomes because individuals engage with the service when they are in need and then drop out. The participant highlighted the importance of having the right measurement tools in place:

"I think that's inherent in this work isn't it, DNAs…that's why we shifted to the CORE because we were using this as part of the Drug and Alcohol Strategy. They said 'we'll use the Drug and Alcohol Star', which is fine if you've got a captive audience who are going to engage for 6 months, but that's not drug and alcohol users on the whole. But with CORE, if they attend every week, you get the CORE 10 but you still can't explain why they've engaged. We've had a discussion about this in team when people drop out and it's a fine line between harassing people and preventing them from coming back. What we agreed is that we'll give a phone call or an e-mail or a text and just say if there was anything that was unhelpful about the work or if you would have preferred another worker but felt unable to say so, then please contact us and we'll arrange that. Other than that I think it's really difficult to find out." (In-Dependence)

Case Study: A Mother's Journey

Now:

"It [GGSG] put us back together…It was a massive impact, that was the turning point without a doubt. We were lucky that it happened quite quickly for us, from what I gather from the groups a lot of people have been in the system for a long long time. I honestly believe if we hadn't found [name] when we did we would have been in the system for a long long time. He would have carried on, ***I don't think we'd have got him out of it, I really don't.*** *That's scary to think about,* ***it was destroying all of us*** *but* ***specifically destroying him****. I think he'd of ended up doing something very silly."*

"I just happened to speak to [someone] who sent a message saying I've heard of this support group run by [name]. She gave me the number, I phoned [name] on the Sunday morning, she phoned me back immediately... I have to say that was the best phone call I've ever made…"

"She met me for coffee, I met her within 10 minutes…The immediate response was amazing…I immediately just burst into tears and she was like 'do you want to meet, I can meet you now' and she just dropped everything to come."

"I went to my Dr who was very very helpful but there was nowhere she could send us as far as she was concerned, there was nobody here who dealt specifically with gambling."

"She gave lots of good advice…I literally got him to go to the bank and got him to sign all his stuff over to me and that was at [name]'s advice, I didn't realise I could do that… [name] explained how you could go in and self-exclude so we did all that."

"[name] was really good, because she's been through the experience herself. That really helped because we were speaking to somebody who knew what [we] were going through…It was having someone to reiterate what we were saying, [it's] really important. If someone external says 'I've been there and this is how it was for me', it made him feel better that he wasn't a freak, this weird person getting himself into all this trouble. It was nice for him to know he wasn't the only one."

Life Before:

"My son got involved in online gambling and kept it a secret for some considerable time. [He'd] won up to ***£15,000 but then lost it all*** *then he was* ***chasing it, chasing it, chasing it*** *and then you get the guilt of 'oh my God* ***I've lost all that money****, if I didn't do that then I'd have had all that money so then you continue to chase'…* ***This led to [my son] just wanting to end his life.****"*

"[We attended] a drop-in where you just went at 6pm on a certain night and people drop in and you just chat between yourselves over coffee… It's useful to discuss with others so you know you're not the only one"

10 Developing a Whole Systems Public Health Approach to Gambling in Guernsey

This section presents a summary of key findings from the prevalence survey and the qualitative interviews, recommendations for the development of gambling services in Guernsey and a Theory of Change. The research was carried out between September 2019 and February 2020 and findings should be considered in light of this.

10.1 Summary of Key HIA Findings

10.1.1 Gambling Behaviours and health-related outcomes

Almost four in five (79.9%) of adults had participated in one or more gambling activities in the past 12 months. Overall gambling prevalence was higher among females (81.2%) than males (78.5%), but when Lottery participation was excluded, this was higher among males (61.4% vs 59.7%). Over 90% of adults aged 45-54 years had gambled in the past year, with 18–24-year-olds reporting the lowest prevalence (51.3%). Overall prevalence of any gambling activity was higher than comparable surveys from the Isle of Man and Great Britain. However, there were differences in the type of gambling activities Guernsey residents engaged in compared to their counterparts (see below).

The survey identified that the Lottery and scratch cards were the main gambling activities that the general population participated in. Almost three quarters of adults reported taking part in National Lottery draws and/or the Guernsey Christmas Lottery in the past 12 months. Whilst stakeholders perceived that the high prevalence of Lottery use could contribute to normalisation of gambling, gambling on the National Lottery in the past 12 months was significantly lower amongst Guernsey adults compared to Isle of Man adults and Great Britain adults. Much of the participation in lotteries was driven by participation in the annual Guernsey Christmas Lottery, with prevalence over double the rate of participation in National Lottery draws. Participation in an annual lottery rather than a weekly lottery draw is likely to result in less harm. Furthermore, analysis of Guernsey Christmas Lottery revenue suggests sales may be falling. After controlling for sociodemographics, gambling on either National Lottery draws or Guernsey Christmas Lottery was not significantly associated with most poor health related outcomes, with the exception of being overweight or obese and regular GP visits.

The second highest gambling activity was the purchase of scratch cards with almost half of adults purchasing them in the past 12 months. Past 12 month prevalence was significantly higher amongst Guernsey adults compared to Isle of Man adults and Great Britain adults, with prevalence almost double amongst Guernsey adults compared to their counterparts. Furthermore, analysis of scratch card revenue for Guernsey and Jersey demonstrates that sales of scratch cards in Guernsey were higher than Jersey every year since 2013 (data to 2021). A large proportion of stakeholders felt scratch cards were particularly problematic in Guernsey and that this was facilitated by easy availability and accessibility. They also felt the high levels of scratch card use encourages gambling behaviours and that these activities could normalise gambling amongst families, social groups and society. This conclusion is supported with the finding that place of birth was significantly associated with scratch card use and was higher amongst adults born in Guernsey compared to those born elsewhere. Critically, analysis of scratch card revenue suggests a year-on-year increase in scratch card sales since 2013 (data to 2021). Further exploration of whether site of sale is a factor in higher scratch card use in Guernsey compared to other jurisdictions is needed.

These findings suggest the need for initiatives to provide early intervention and prevention, enabling people to acknowledge and address the potential harms associated with gambling in Guernsey. Examination of demographic associations with scratch card use can provide information for targeting of screening, prevention and intervention efforts. Specifically, prevalence of scratch card use was significantly associated with gender, age, employment status, home ownership status, and place of birth with prevalence highest amongst females, those aged 35-44 years, those who were employed, those who don't own their home, and those who were born in Guernsey. Critically, more than any other type of gambling activity, scratch card use was significantly associated with a range of poor health indicators including poor general health, low mental wellbeing, being overweight or obese, regular GP visits, mental health/counselling service attendance, poor diet, daily tobacco smoking, financial problems, and violence perpetration. Whilst these are cross-sectional associations and thus causation cannot be established, they have some crucial implications for policy and practice. Specifically, the associations with health service use may provide opportunities for screening for scratch card use and provide opportunities for support and intervention. This is important due to the range of poor health and social outcomes associated with scratch card use, some of which may be a direct factor associated with use (e.g. financial problems), whilst others may represent an indirect association (financial problems mediating link to mental health problems).

Similar to perceived problems around scratch cards, many stakeholders perceived online gambling as particularly problematic, because of its accessibility and availability, and associated cultural norms. In particular, stakeholders commented how online gambling had reduced some of the physical and psychological barriers to gambling: "*there's a lot of social barriers that you have to climb to actually walk into a bookies and now they've gone. You can access it via your phone"*. However, in person gambling was more common than online for the majority of gambling activities (with the exception of sports event, horse/dog race and spread betting), with 16.5% of participants having gambled online. This finding is also in contrast to prevalence of online gambling in the Isle of Man which is far higher than the prevalence of online gambling for Guernsey adults, despite both being an island. Further work is required to determine whether this is a cultural factor (i.e. Guernsey residents prefer in person gambling), or an availability and accessibility factor (i.e. more in person gambling opportunities in Guernsey compared to Isle of Man). Many features of internet gaming (see below on loot boxes) have similarities to gambling drivers and behaviours, and the blurring of the line between gambling and gaming is leading to a review of legislation in many jurisdictions, (e.g. the UK), whilst they have been banned in others (e.g. Belgium).

In addition to the health implications associated with scratch cards in particular, the survey also found that gambling in general was often associated with poor health outcomes. For example, there were significant associations between gambling and being overweight and obese, smoking tobacco and binge drinking. Further associations were found between gambling activities and financial problems (when Lottery participation was excluded from analysis) and violence. The mental health implications of gambling in general were raised during the both the survey and the interviews with stakeholders. In addition to scratch cards, the survey identified that people who gambled on machines in a bookmakers and online gambling on slots, casino or bingo games were more likely to have significantly lower mental wellbeing than those who did not. When Lottery draws only were excluded, significantly more individuals who had gambled had attended a mental health/counselling service in the past 12 months compared to those who had not gambled. Many of the stakeholders we interviewed identified the mental health problems associated with problem gambling, the often cyclical nature of this association, and the need to ensure that appropriate provision is available for people to receive support. The associations between gambling in general and health-related outcomes are similar to those identified in previous cross-sectional research [25].

On both the DSM-IV and the PGSI screens, non-problematic gamblers make up the vast majority (>90%) of the general population of Guernsey. However, the survey found that 6.7% of the Guernsey population were classified as 'at-risk' and 1.2% as 'problem gamblers', with males aged 18-24 years being more likely to be identified within these categories. Using the PGSI screen, there was a significantly higher prevalence of at-risk and problem gamblers in the Guernsey sample than the GBGB 2016 sample equivalent, with 6.7% and 0.9% of adults classified as at-risk and problem gamblers respectively, compared to 3.5% and 0.5% of adults from the GBGB 2016 survey. There was also a significant difference in prevalence of problem gambling between the Guernsey sample and the IoM 2017 sample equivalent, with a higher proportion of non-problem gamblers in Guernsey compared to IoM (92.3% v. 90.8%). This difference was driven by a lower prevalence of at-risk gamblers in Guernsey compared to Isle of Man (6.7% v. 8.5%), however the prevalence of problem gamblers was higher in Guernsey than IoM (0.9% v. 0.7%).

There were also significant associations between problem gambling and low mental wellbeing and financial problems. Specifically, after controlling for demographics, for each one-point increase in PGSI score the odds of low mental wellbeing increased by 12%. After controlling for demographics, each one point increase in PGSI score the odds of financial problems increased by 17%. Whilst at-risk and problem gamblers represent a small proportion of the population, they are an important group to target for intervention due to the severity of their problems, and for at-risk gamblers the potential for problems to worsen over time without adequate support.

Health service use amongst problem gamblers was high, with the problem gamblers having higher prevalence of regular GP visits and Emergency Department attendance. The problem gambling screening tools identified an incremental increase in the prevalence of health risk behaviours with an increase in the severity of gambling problems. This finding is particularly pertinent, given that our qualitative findings suggest that GP knowledge about gambling services appears to be limited, and that GPs do not routinely enquire about gambling when discussing mental health problems. The fact that problem gamblers do appear to be engaging with services suggest that initiatives should be implemented to intercept and support problem gamblers at an earlier stage before their gambling becomes problematic.

The results highlight the importance of taking a whole systems public health approach to tackling problem gambling in Guernsey, where gambling interventions are embedded into all relevant policies and practices. GPs and health-care professionals have been identified as best placed to offer support/signposting to problem gamblers; the British Medical Association [26] has called for "vigilance for gambling problems in health services and training for GPs in diagnosis, treatment and referral" [2]. Furthermore, the majority of adults had a negative view of gambling, whilst almost one in five adults who had a partner who gambled regularly had experienced some type of harm as a result of their gambling. This suggests policies to tackle gambling and gambling-related harms, and routine screening at health services may be well received and welcomed.

10.1.2 Gambling in Young People

The survey found that almost one third of young people (aged 16 and 17 years) had participated in gambling activities in the last 12 months. Participation in the Lottery had the highest prevalence of all individual gambling activities amongst this population. However, findings from the qualitative interviews suggest that online gambling may be a particular problem amongst young people, with accessibility acting as a gateway to gambling. During the interviews, many of the stakeholders described the impact of online gambling on the culture, behaviours and prevalence of at-risk and problem gambling in Guernsey, particularly in terms of young people. The accessibility and availability

of online gambling and the potential for people to hide these behaviours were felt to be specific contributors to harmful gambling.

The survey found that over a quarter of young people had purchased in-game loot boxes in the past 12 months. Of those who had purchased loot boxes, almost one fifth reported exchanging the contents of a loot box with someone else for real money value. The prevalence of loot box purchases was a lot higher amongst males (49.4%) compared to females (4.8%). From a legislative perspective, loot boxes are not currently considered to be a form of gambling. During the interviews, some stakeholders highlighted how young people (aged 18 years and under) may not recognise that activities such as online gaming and in-game purchasing are types of gambling behaviours. Zendle and Cairns [21] conducted a large-scale online survey of gamers in 2018 (n=7,422), analysis of findings from this survey highlighted that there is a link between spending on loot boxes and the severity of problem gambling. It was highlighted that whilst it is unclear from the findings whether buying loot boxes acts as a gateway to problem gambling, or whether spending large amounts of money on loot boxes appeals more to problem gamblers, the results suggest that there may be good reason to regulate loot boxes in games [21]. The implications of these findings are important from an intervention perspective, in terms of targeting education and awareness about gambling activities specifically to young males.

10.1.3 Resources and Infrastructure

Despite recognising the importance of providing gambling-related services, many stakeholders recognised that securing the resources to deliver these will be a challenge, when the potential numbers of service users may be low. Findings from the survey add weight to these concerns, with only a small proportion of the population identified as problem gamblers. However, the survey findings suggest associations between gambling and a number of health risk behaviours (e.g. binge drinking), harms (e.g. violence, financial problems) and health issues (e.g. low mental health), and crucially that many issues are not limited to gamblers with the highest severity of problems. Further, findings from the interviews demonstrate the wider impacts of problem gambling on family members, friends and the community. Survey data support this, showing that approximately one in five adults who reported having a partner or relative who gambled regularly, had experienced at least one harm from their gambling behaviour in the past 12 months. Combined, these findings suggests that support does need to be available for people in Guernsey, and that gambling should be considered across a broad range of public health policies and strategies.

The Theory of Change highlights the wide range of activities that are currently available in Guernsey that could be further enhanced without the need for specific alternative provision. For example, the provision of awareness/education activities amongst health and social care professionals in Guernsey [including third sector/community-based services] to ensure that professionals are equipped to identify those who may be in need of support and where to signpost them to.

10.2 Recommendations for Future Provision

Findings from this HIA identify a number of recommendations to reduce gambling-related harm in Guernsey. These recommendations have been developed with reference to those set out by the UK Gambling Commission [13] for treating gambling-related harm and have been mapped onto the socioecological model (SEM), as recommended by Wardleet al [27] in their 'Framework for Action' report. Here, the SEM provides a framework to highlight how gambling-related harms are experienced by individuals, families, communities, and the wider society, and acknowledges the need for interventions to be delivered at each level in order for this action to be effective [27].

Individual-Level Action

Providing support for individuals that addresses negative motivations for gambling and engagement in other risk behaviours that increase the risk of harm.

10.2.1 Improve screening for at risk and problem gambling across the system (frontline staff)

- **All professionals in key stakeholder organisations (health, education, finances, police, prison [in relation to violence/offending behaviour]) should be trained to identify and discuss the harms associated with gambling.** For example, GPs and professionals (any frontline staff) could screen for problem gambling if someone is a high risk drinker, overweight or obese, a smoker, experiencing financial problems and/or involved with violence.

10.2.2 Enhance the current support that is available for at risk and problem gamblers in Guernsey

- The HIA found that the **GGSG provide a high quality peer-led service for individuals and their families who are affected by problem gambling. This resource should be sustained in Guernsey and more widely promoted amongst GPs and all relevant professionals**. Clinically focused mental health (and gambling addiction-related) support should continue to be provided by In-Dependence. **GGSG should be viewed as a step-up/step-down service**.

10.2.3 Raise awareness about the support that is available for people at risk of and experiencing problem gambling in Guernsey

- All stakeholders identified the importance of raising awareness about the types of support that are available for people experiencing problem gambling in Guernsey. **All professionals who come into contact with problem gamblers should know where to refer to, and where families can go for support.** GPs and professionals (any frontline staff) should provide clear and consistent advice about where to access support (e.g. GGSG/In-Dependence).

Family and Social Networks

Addressing the culture of gambling amongst families and peer groups.

10.2.4 Provide school-based education and awareness raising about the risks of problem gambling

- **Provide education and awareness raising activities** to prevent people becoming engaged in gambling activities that may lead to problem behaviour (such as online gaming amongst young people). Evidence recognises the need to put interventions in place before people become

engaged in gambling activities, so they recognise the activities that constitute gambling and can identify if this develops into a problem.

- **Carry out targeted work with young people as a part of an educational approach regarding participation in the Lottery, scratch card use and loot boxes**. Education and awareness raising in schools should be provided in schools as part of PSHCE. It is also important for anyone working with this population to consider that young people may not recognise these activities as gambling. Stakeholders recognised the potential role of the school in addressing the culture of gambling amongst young people, particularly in identifying online gaming and gambling. Stakeholders acknowledged that it may be difficult for a teacher to identify an issue around gambling but that teachers know about children who game online; it would therefore be pertinent to **raise awareness about online gaming, gambling and where to access help**.

10.2.5 Educate parents about the risks of problem gambling

- **Consider the role of schools in acting as a vehicle to provide support for parents** to be equipped to identify if their child is experiencing problem gambling and to know where to go for support.

Community

Addressing the access and availability of gambling locally. Ensuring access to services is equitable. Targeting specific environments that may influence experience of harm.

10.2.7 Deliver targeted interventions

- **Consider the places where those who are at-risk go and provide messages about how to recognise problem gambling and where to go for support** (e.g. workplaces and nightlife environments). This approach will ensure that the awareness and education interventions will be most likely to reach those who need them most. This approach is imperative in ensuring equitable services across the population.

10.2.8 Ensure gambling services and support are accessible and equitable

- **Services for young people and adults should be tailored to meet a range of needs**. A range of one-to-one and group-based individual/family support must be available.
- **Services should ensure that they can provide support that reflect the range** of gambling behaviours that people in Guernsey engage in.
- **The provision of support should be equitable, easy and free to access** for all individuals and their families (irrespective of age).
- People **should be able to self-refer** for support.

10.2.9 Pathways

- Develop clear pathways of support to accredited agencies for gambling support services. Ensure all pathways are clearly understood by all organisations.

Societal

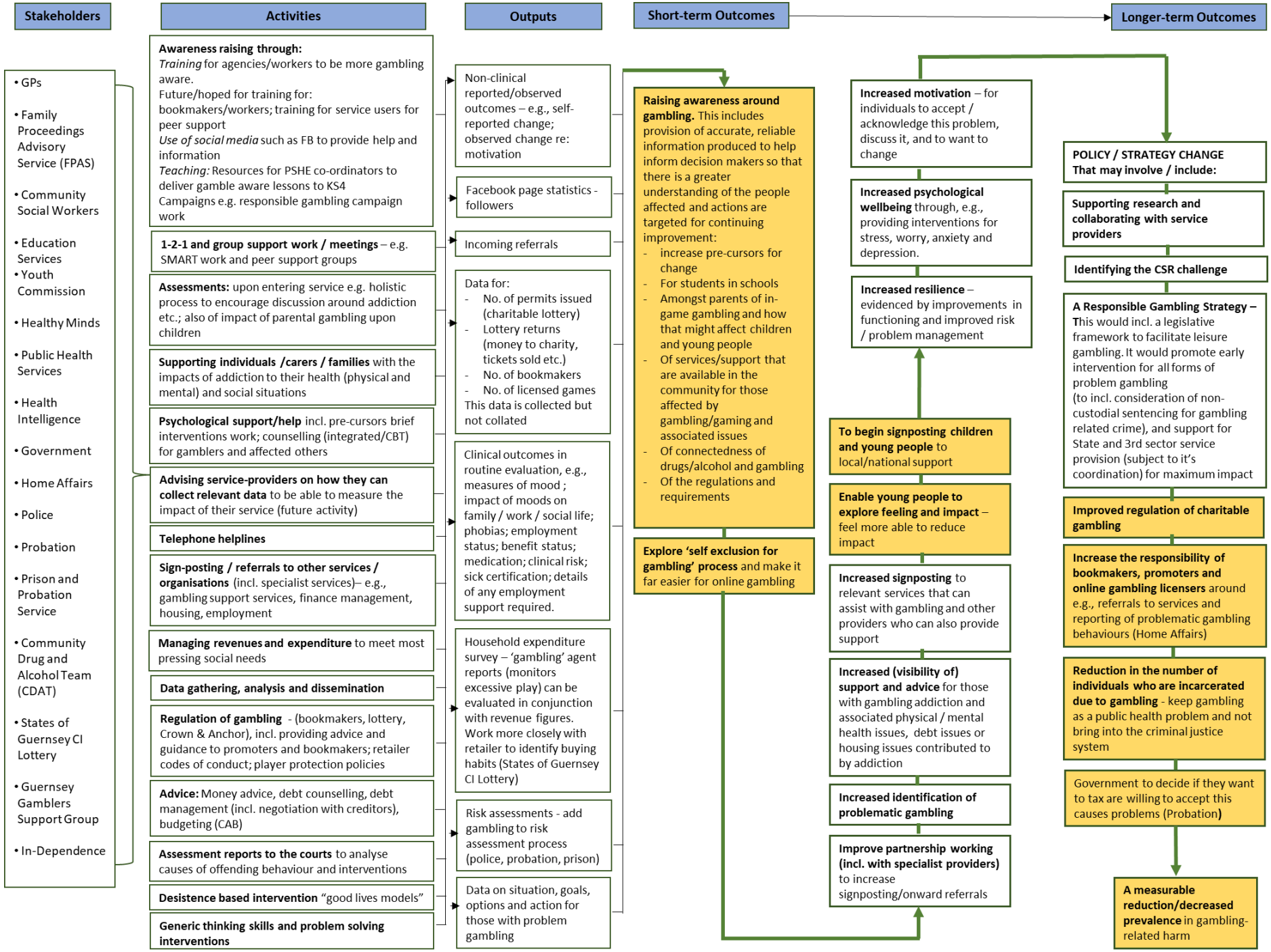
Addressing policy and legislation. Considering advertising environments or gambling availability that increases the risk of harm.

10.2.10 Review Policy and Legislation

- Review legislation on, and availability and accessibility of, scratch cards and consider reducing the value of the highest value scratch cards on sale (as arranged elsewhere for Fixed Odds Betting Terminals).
- Review gambling legislation in Guernsey and ensure age restrictions for gambling activities are enforced (e.g. no under 18s).
- Consider a review of loot boxes and similar gaming features and whether they should be regulated under current gambling regulations.
- Review the environments in which gambling is advertised in Guernsey, including how and where these may influence vulnerable groups. In particular, consider the placement of scratch cards at checkout counters and if and how this differs from other jurisdictions.
- Given the multiple and interrelated areas of interest it is recommended that public health works with stakeholders (including local Safeguarding Boards and Child Protection Committees) to maximise delivery (as recommended by the UK Gambling Commission in 2018 [13]).

11 Theory of Change

A summary of the whole systems approach, with roles and responsibilities for stakeholders and recommendations for data collection is provided below. This model provides a Theory of Change for gambling in Guernsey; this model represents the key stakeholders and activities that, if delivered comprehensively across the system, could result in a measurable reduction/decreased prevalence in the gambling-related harms in Guernsey. Stakeholders attending the stakeholder engagement event identified those outcomes that are highlighted in yellow on the Theory of Change as priority outcomes (using the dotmocracy exercise, see Section 2.2.2).


Stakeholders
Activities
Outputs
Short-term Outcomes
Longer-term Outcomes
• GPs
• Family Proceedings Advisory Service (FPAS)
• Community Social Workers
• Education Services
• Youth Commission
• Healthy Minds
• Public Health Services
• Health Intelligence
• Government
• Home Affairs
• Police
• Probation
• Prison and Probation Service
• Community Drug and Alcohol Team (CDAT)
• States of Guernsey CI Lottery
• Guernsey Gamblers Support Group
• In-Dependence
Awareness raising through:
Training for agencies/workers to be more gambling aware.
Future/hoped for training for: bookmakers/workers; training for service users for peer support
Use of social media such as FB to provide help and information
Teaching: Resources for PSHE co-ordinators to deliver gamble aware lessons to KS4
Campaigns e.g. responsible gambling campaign work
1-2-1 and group support work / meetings – e.g. SMART work and peer support groups
Assessments: upon entering service e.g. holistic process to encourage discussion around addiction etc.; also of impact of parental gambling upon children
Supporting individuals /carers / families with the impacts of addiction to their health (physical and mental) and social situations
Psychological support/help incl. pre-cursors brief interventions work; counselling (integrated/CBT) for gamblers and affected others
Advising service-providers on how they can collect relevant data to be able to measure the impact of their service (future activity)
Telephone helplines
Sign-posting / referrals to other services / organisations (incl. specialist services)– e.g., gambling support services, finance management, housing, employment
Managing revenues and expenditure to meet most pressing social needs
Data gathering, analysis and dissemination
Regulation of gambling - (bookmakers, lottery, Crown & Anchor), incl. providing advice and guidance to promoters and bookmakers; retailer codes of conduct; player protection policies
Advice: Money advice, debt counselling, debt management (incl. negotiation with creditors), budgeting (CAB)
Assessment reports to the courts to analyse causes of offending behaviour and interventions
Desistence based intervention "good lives models"
Generic thinking skills and problem solving interventions
Non-clinical reported/observed outcomes – e.g., self-reported change; observed change re: motivation
Facebook page statistics - followers
Incoming referrals
Data for:
- No. of permits issued (charitable lottery)
- Lottery returns (money to charity, tickets sold etc.)
- No. of bookmakers
- No. of licensed games
This data is collected but not collated
Clinical outcomes in routine evaluation, e.g., measures of mood ; impact of moods on family / work / social life; phobias; employment status; benefit status; medication; clinical risk; sick certification; details of any employment support required.
Household expenditure survey – 'gambling' agent reports (monitors excessive play) can be evaluated in conjunction with revenue figures. Work more closely with retailer to identify buying habits (States of Guernsey CI Lottery)
Risk assessments - add gambling to risk assessment process (police, probation, prison)
Data on situation, goals, options and action for those with problem gambling
Raising awareness around gambling. This includes provision of accurate, reliable information produced to help inform decision makers so that there is a greater understanding of the people affected and actions are targeted for continuing improvement:
- increase pre-cursors for change
- For students in schools
- Amongst parents of in-game gambling and how that might affect children and young people
- Of services/support that are available in the community for those affected by gambling/gaming and associated issues
- Of connectedness of drugs/alcohol and gambling
- Of the regulations and requirements
Explore 'self exclusion for gambling' process and make it far easier for online gambling
Increased motivation – for individuals to accept / acknowledge this problem, discuss it, and to want to change
Increased psychological wellbeing through, e.g., providing interventions for stress, worry, anxiety and depression.
Increased resilience – evidenced by improvements in functioning and improved risk / problem management
To begin signposting children and young people to local/national support
Enable young people to explore feeling and impact – feel more able to reduce impact
Increased signposting to relevant services that can assist with gambling and other providers who can also provide support
Increased (visibility of) support and advice for those with gambling addiction and associated physical / mental health issues, debt issues or housing issues contributed to by addiction
Increased identification of problematic gambling
Improve partnership working (incl. with specialist providers) to increase signposting/onward referrals
POLICY / STRATEGY CHANGE That may involve / include:
Supporting research and collaborating with service providers
Identifying the CSR challenge
A Responsible Gambling Strategy – This would incl. a legislative framework to facilitate leisure gambling. It would promote early intervention for all forms of problem gambling (to incl. consideration of non-custodial sentencing for gambling related crime), and support for State and 3rd sector service provision (subject to it's coordination) for maximum impact
Improved regulation of charitable gambling
Increase the responsibility of bookmakers, promoters and online gambling licensers around e.g., referrals to services and reporting of problematic gambling behaviours (Home Affairs)
Reduction in the number of individuals who are incarcerated due to gambling - keep gambling as a public health problem and not bring into the criminal justice system
Government to decide if they want to tax are willing to accept this causes problems (Probation)
A measurable reduction/decreased prevalence in gambling-related harm

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