

***An Investigation of the Social  
Impact of Problem Gambling in  
Wales***

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## 1.0 Executive Summary

- The University of South Wales and a consortium of 5 Assembly Members jointly funded an investigation of the social impact of problem gambling in Wales. The research consisted of 4 elements: an online survey to quantify the broader base of gambling in Wales; interviews with service providers; interviews with service users; and an evaluation of local density and availability of gambling outlets, including fixed odds machines. The findings from the 4 elements of this research corroborate and strengthen the observed patterns.
  
- The negative social and health impacts of gambling are clear from the many personal accounts provided. These include personal struggles and despair, family breakdown, poverty and growing up with the threat of homelessness.
  
- Gambling is a hidden problem in a number of ways:
  - It carries stigma for both gambler and family, in a similar way to alcohol addiction, and certainly how the latter was viewed in the recent past. Individuals are very reluctant to admit to gambling problems
  - The majority of people gamble alone, and the exponential increase in access to gambling via internet websites and phone and tablet apps increases the solitary nature of gambling, and the difficulties in computing actual prevalence. Alcohol consumption appears to exacerbate these factors.
  - The lack of specialist services means that there are no databases of individuals with problem and dependent gambling. Proxy services where these individuals may present (e.g. debt and addiction services) do not, for the most part, screen for gambling problems, and there is no systematic identification of need.

- Particular types of gambling behaviour are of specific high risk for impaired control and problem gambling. These are using FOBTs at LBOs, and using internet and App gambling sites for both virtual gaming and sports event gambling.
- FOBT issues are well documented, but internet and app platforms are increasing access to gambling due to the exponential increase in smart phone and tablet computers across Wales. These technological changes are leading to change in social regulation of gambling as a public behaviour, as well as facilitating targeted and unregulated advertising to potentially vulnerable individuals. Trends indicate that these may include older adults and underage children.
- The gambling industry appears to target the vulnerable. The location of LBO clusters in relation to deprived geographical areas is clear. Aspirational advertising that creates false hope could be disproportionately effective in these parts of Wales. The importance of coping as a motivation to gamble identified in the current study lends support to this.
- There are a number of parallels with the Alcohol Industry:
  - As a legal activity, where there appears to be a continuum from 'normal' or harm free use to addiction and dependence, and where establishing the line of 'potential harm' can be difficult;
  - As a condition which attracts feelings of stigma for both user and loved ones, which is a barrier to seeking support
  - As a behaviour where those with problems present at proxy services (e.g. alcohol problems at A&E departments; gambling problems in Debt Agencies), and where there is resistance by professionals to rolling out formal screening due to skill and resource considerations

- A number of areas of future research are identified:
  - Additional research is needed to establish if the trends in this preliminary study reflect an actual increase in gambling risk behaviour, and whether there is a relationship between any changing patterns and increasing access to internet and smart phone gambling opportunities in the Welsh population.
  - A wider systematic study of online gambling, the impact of technology and the effect personalised advertising on Apps and tablets is needed.
  - There are a number of important and related questions in relation to harm prevention and treatment development, including the potential for systematic screening for gambling problems in proxy services, and the development of early interventions to prevent and reduce gambling harm
  - There are important questions raised as to the effects of the density and availability of LGOs on the local and wider community.

## 2.0 Introduction/background rationale

Problem gambling has been highlighted as an emerging public health issues in recent years (Dowling et al., 2016. Cowlshaw et al., 2017. Lloyd et al., 2010). Gambling activity has also been linked to several issues such as higher instances of substance use (Cowlshaw, Merkouris, Chapman & Radermacher, 2014), greater likelihood of perpetrating domestic violence (Afifi, Brownridge, MacMillan & Sareen, 2010. Dowling et al., 2016), greater risk of homelessness (Lipmann, Mirabelli & Rota-Bartelink, 2004. Holdsworth & Tiyce, 2012), and psychological disorders, specifically anxiety and depression (Suomi, Dowling & Jackson, 2014). In addition to this, research has shown that individuals who experience gambling issues accompanied by alcohol use disorders tend to be young men who are more likely to use certain types of drugs (Suomi, Dowling & Jackson, 2014). There is a growing body of evidence that would suggest that problem gambling and gambling disorder tends to cluster with alcohol abuse, certain types of psychological disorders as well as impulsivity (Petry, 2005. Stewart, Zack, Collins & Klein, 2008). So much so that within the literature gambling disorder is often a strong predictor for poor health (mental and physical)

The Gambling Commission report (2015) indicated that the prevalence for problem gambling in Wales is relatively low sitting at 1.1%. England (0.5%) and Scotland (0.7%) show similarly low instances (Gambling Commissions, 2015). Wales has the highest rates of both gambling and alcohol use in the UK (Welsh Government 2015). In addition to this Wales has high rates of drug misuse which is especially evident in individuals aged 16 to 25 (Home Office, 2016), a group that has been identified in the literature as being more at risk of alcohol misuse and gambling (Blinn-Pike, Worthy & Jonkman, 2006).

### 2.1 Problem gambling in Wales

The Gambling Commission identifies Wales as the Home Nation with the highest level of problem gambling. The Welsh Gambling Behaviour survey (2016) reports that in 2015, 61.3% of adults had gambled on at least one occasion, 44% if national lottery gambling is excluded. Aside from the lottery, other types of gambling are all higher in the younger age groups (16-24, 25-34, 35-44). This is particularly the case with online gambling activity. Risk of problem gambling is highest in the 2 youngest categories for

men (15% if all levels of risk included together); in women it is the 35-44 age group, with around 5% at risk.

The UK Gambling Commission report (November 2016) identifies an increase in online gambling prevalence, which now accounts for 33% of all gambling in Britain, making this the largest gambling sector by revenue. Online gambling is currently lower in Wales. Poorer distribution of high speed internet connections is suggested as a possible reason for this regional difference.

## **2.2 Working definitions of gambling and harm**

There are both qualitative and quantitative differences between gambling disorder and gambling related harm (e.g Abbot et al 2013). There is clearly some sort of continuum (as with problem drinking and alcohol related harm), and broadening the base of what constitutes 'harm' or 'potential harm' will facilitate more accurate identification of trends. Harm usually refers to consequences of the behaviour rather than the actual behaviour itself, and should include wider harm, other than solely to the individual. Gambling behaviours don't usually occur in isolation, with likely comorbidity with other health risks including alcohol, other drugs, depression, anxiety etc. This is also important in attempting to identify drivers for gambling related harm, in that there are probably complex underpinning issues, rather than simple causal pathways.

Langham et al (2016) set out an interesting commentary on the definitions and scope of harm. They suggest that "the absence of a detailed and explicit definition, with an accompanying conceptual model, makes it difficult to operationalize the concept and thereby measure the impacts or severity of harm experienced, and this deficit separates gambling from other public health issues to its detriment" (p.2)

Other public health issues, such as alcohol related harm, utilise summary measures (e.g. consumption) to quantify the impact on population health. There are some potentially useful considerations here regarding the measurement of harm, including the actual utility or usefulness of 'proxy measures' such as gambling expenditure.

## **2.3 Outlined objectives:**

To conduct an online survey to quantify the broader base of gambling in Wales. This will facilitate identification of prevalence in gambling behaviour, potential predictors of harm, specific impacts of changes in behaviour related to new technologies and access (Study 1).

To conduct interviews with service providers in each of the 4 identified constituencies (Study 2).

To conduct Interviews and/or focus groups with service users identified and recruited via above providers of services (Study 3).

To conduct and evaluation of local density and availability of gambling outlets, including fixed odds machines (Study 4).

## 3.0 Research Methodology

Reflecting the wider definition of harm as a continuum, a multimethod approach was utilised to gather data both relating to individuals presenting in treatment and other services, and to broader 'under the radar' gambling patterns that will inform an evaluation of future trends. The research was divided into 4 studies.

### 3.1 Study 1 - An Investigation of the Prevalence and Patterns of Gambling behaviour in Wales

The aim of study 1 was to investigate:

- The prevalence and patterns of gambling behaviour within Wales.
- The co-occurrence of drinking/drug misuse and gambling behaviour, and any dose-response relationship i.e. does the amount of alcohol and drug misuse influence gambling behaviour?
- The role motivation plays on gambling severity
- The trends in gambling behaviour. i.e. what is the most common method of gambling in Wales?
- Whether certain types of gambling (fixed odds betting terminals, sports betting, bingo etc) are associated with levels of gambling severity. i.e. Is certain types of gambling more popular among problem gamblers than non-problem gamblers?
- Any noticeable trends/differences based on demographic data (gender, age, marital status) in gambling behaviours.

Design:

The study was a survey consisting of 6 measures looking at alcohol and drug misuse, gambling behaviours, motivations to gamble and frequency and types of gambling. The study also collected demographic data on the following: age, gender, occupation, marital status, highest qualification, year of graduation, income and whether the participant has children.

Measures:

- The Fast Alcohol Screening tool (Hodgson, Alwyn, John, Thom & Smith, 2002)
- The Problem Gambling Severity index (Ferris & Wynne, 2001) is a 9-item measure of problem gambling
- 12 item drug use measure
- Frequency of drinking and drug use in relation to gambling will be measured using 6 items adapted from the Gambling Commission Measure (2016).
- Frequency and type of gambling behaviour will be measured using an adapted version of the Gambling Commission measure (2016).
- The Gambling Motives Questionnaire (Stewart & Zack, 2008) is a 15-item measure of motives for gambling

Respondents to the survey were given the opportunity to further expand on their own experiences of gambling related harm, and the wider impact of gambling on themselves, their family and friends or the broader community. This was facilitated by a free text box with no word limit.

Materials for Study 1 can be found in Appendices 1-10

Participants:

The target population consisted of residents in Wales living within one of the 5 designated locations (Rhondda Cynon Taf, the Vale of Glamorgan, Llandudno, Wrexham and Newport) who were over 18 years, had any experience of gambling, and were able to complete self-report questionnaires. These locations broadly reflected the constituency areas of the Assembly Members who jointly funded this research. A web-link link to the survey was distributed using Facebook and twitter. The nature of the distribution method led to responses from outside of the targeted areas being collected. All responses from individuals indicating a Welsh residential postcode were included in the study.

### **3.2 Study 2 - Identifying Service providers working with Problem Gamblers in Wales**

The aims of study 2 were:

- To identify support services working with gambling populations across Wales
- To interview stakeholders about the landscape of gambling trends in the populations they work with.
- Understand how these organisations interact with individuals who display gambling behaviour (referrals, signposting).
- Gauge the general feeling towards problem gambling throughout Wales. Do these service providers see it as an issue?

Design:

This study took a qualitative approach. Data was collected using a semi-structured questionnaire with service providers operating in the relevant organisations. The study also collected demographic data on participants. This included gender, age and their role within the service.

Materials:

The study used a semi-structured questionnaire which was completed by respondents.

Materials for Study 2 can be found in Appendices 11-14

Participants:

The target group of participants were service providers working for an organisation that deals with one of the following areas: Homelessness, Drug and alcohol use, Domestic abuse, financial debt services.

### **3.3 Study 3 - An investigation of service user perspectives on problem gambling and support services**

The aims of study 3 were:

- To develop an understanding of how problem gamblers interact with available support services
- To explore the trajectories of gambling behaviour based on the testimonies of the participants (how does it begin? Why does the behaviour continue? What made it get better/worse or stay the same over time? How similar are individual experiences?)
- To gain a better understanding of the impact problem gambling has on individual health and well-being
- To investigate help seeking behaviour and motivations to change

Design:

This study took a qualitative approach. Data was collected using semi-structured interviews with service users of relevant organisations. Interviews were recorded and transcribed verbatim. The study also collected demographic data on participants. This included gender, age and their role within the service.

Materials:

The study used a semi-structured interview schedule to guide the interviews.

Materials for Study 3 can be found in Appendices 15-18

Participants:

The target group of participants were service users of an organisation that deals with one of the following areas: Homelessness, Drug and alcohol use, Domestic abuse, financial debt services.

### 3.4 Study 4 – An investigation of local density & availability of gambling outlets

The aims of study 4 were to:

- Quantify the localised availability, promotion and density of Licensed Gambling Outlets (LGOs) across 5 areas in Wales.
- Highlight the socio-economic characteristics of the areas in which LGOs are located.

Design:

The study took a quantitative approach and consisted of two stages. The first was to obtain data regarding the availability and density of LGOs permitted to hold Fixed Odds Betting Terminals (FOBTs)<sup>1</sup> within the five fieldwork sites of Llangollen, Newport, Pontypridd, Vale of Glamorgan and Wrexham. LGOs permitted to hold FOBTs include Bookmakers, Adult Gaming Centres (AGCs) and Bingo halls.

Freedom of Information acts (FOIs) were sent to the relevant licensing authorities<sup>2</sup> requesting the postcodes of LGOs in each fieldwork location. On return, data were geocoded in 'Doogal', a Geographic Information System (GIS) that allows postcodes to be mapped visually. The software also enabled the density of LGOs within each town centre to be mapped. This was achieved by locating the number of LGOs within a 400m radius. Although there is no standard definition for what constitutes 'high density', we have followed previous research that indicates a 400m (0.25 miles) radius around a LGO represents an accessible distance for anyone to move between outlets located within this radius (Wardle, Keily, Astbury, & Reith, 2014). Moreover, 400m equates to approximately a 5-minute journey by foot and can be considered a 'walkable' distance.

The second stage was to highlight the socio-economic characteristics of the areas in which the LGOs were located. This was established by matching the postcode of the LGO location to its respective Lower Super Output Area (LSOA). LSOAs are small geographic areas that are consistent in population size (unlike wards) and are therefore easier to compare. In Wales, 1909 LSOAs exist. Each LSOA is scored on eight measures of deprivation (Income, Employment, Housing, Health, Education, Housing, Crime and Living Environment) and ranked from 1 -1909 (1 being the most deprived) on the Welsh Index of Multiple Deprivation score (WIMD). The WIMD is

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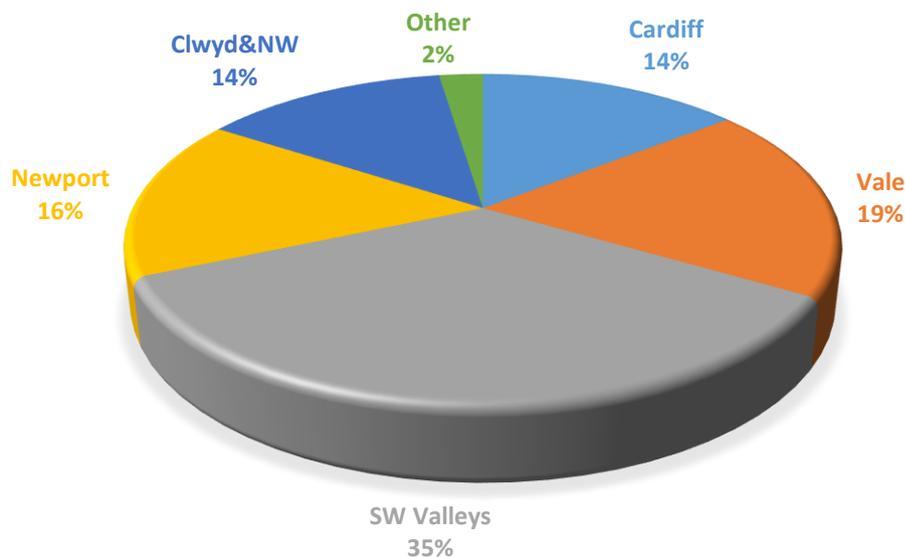
<sup>1</sup> FOBTs are categorised as either B2 or B3 machines under the 2005 Gambling Act.

<sup>2</sup> The licensing authorities for each site are: Rhondda Cynon Taff County Borough Council, Wrexham County Borough Council, Newport City Council, Vale of Glamorgan Council and Denbighshire County Council.

the official measure of relative deprivation in Wales. The location of each LGO and their respective LSOA can be found in Appendix X.

## 4.0 Results of Study 1 - An Investigation of the Prevalence and Patterns of Gambling behaviour in Wales. Quantitative data.

Figure 1: Indicative Locations of survey responders



The objectives were to assess gambling behaviours and related risks in the general population, and not individuals who are presenting with specific gambling problems. We wanted to explore trends in gambling behaviour in these areas of Wales; the types, patterns and prevalence of gambling, reasons for gambling, relationships with other risk behaviours, potential predictors of future harm, and the possible effect of changing technologies on any of these factors.

### 4.1 What we measured

In order to meet the stated objectives, a number of relevant variables were included in the survey. As well as collecting a range of demographic data, we measured:

Frequency and type of gambling behaviour; context for gambling; motives/reasons for gambling (the 3 motivations on this well used, validated measure are: gambling for enhancement/excitement, gambling for social reasons, and gambling as a coping strategy); a measure of risk gambling and impaired gambling control (dependence); patterns of alcohol consumption and other drug use; intoxication while gambling; gambling brand recall.

## 4.2 Analysis

Data were analysed using the Statistical Package for Social Sciences (SPSS) software. Descriptive and inferential analyses were used as appropriate.

## 4.3 The sample

248 participants

The response is representative in age and gender terms. Approximately 60% female; 40% male; mean age 46, range 18-77, median 47. Approximately 30% of the population has a first degree, 25% a higher degree, 30% have GCSE or A levels, and 5% have no academic qualifications.

## 4.4 Gambling prevalence and patterns

There appear to be discrepancies in how people define what constitutes a 'gambler' or identify their personal relationship to gambling: 26% do not consider themselves to be gamblers, but 99% report engaging in gambling activities of some sort. This may be important when considering harm reduction messages in relation to gambling.

The most common gambling activities in terms of frequency are the National Lottery; slot machines; and online betting on sports and other events. Least common are bingo in bingo halls; and table games (poker, roulette, etc.) in casinos. Individuals with the highest incidence of gambling engage via phone apps (11%), betting shops (11%) and gambling websites (11%). These figures are possibly higher, as a number of individuals simply stated that they gamble 'at home', which probably means on phone apps or internet websites. Over 50% of respondents state that they gamble alone. The vast majority of respondents were able to name a wide range of gambling organisations or 'brands', the mean being 4, but some individuals listed up to 16 different gambling brands. In terms of drinking patterns, approximately 40% of the sample are classified on the FAST Alcohol Screening Test as drinking at hazardous levels. The majority of drinking happens at home. There were few cases of other drug use reported, and these were for the most part cannabis.

On a standard validated measure of risk of problem gambling and impaired gambling control (PGSI), 27% of respondents report some risk indicators: 15% low risk, 7% medium risk and 5% high risk.

#### **4.5 Comparisons to the Wales Gambling Commission report of 2015 (published 2016)**

This was a large scale, highly resourced survey of gambling behaviour, designed to be representative of the whole adult population of Wales, and as such, comparisons with the current study need to be treated with caution. It is also possible that the data collection methods in the current study produced a more 'self-selecting sample' who are disproportionally engaged in gambling activities. However, whilst accepting these caveats, it is worth noting that the trends in gambling prevalence and patterns observed in the current study suggest higher levels of gambling risk as measured on the PGSI. Overall gambling participation levels are similar in both studies, but the percentages of respondents identified as low, moderate or high-risk gamblers is higher in the current study (27% compared to 5%). A further observation is that online gambling is much higher in the current study (11% compared to 5%). Both of these figures are below the UK rate as a whole in 2015 (16%), with lower network coverage across Wales being originally seen as a possible reason for this. Accessibility and the increase in phone apps could have changed over the past three years. FOBT gambling is also higher in the current study (11% compared to 8%). It would seem that additional research is needed to establish whether these are indeed real trends of increasing internet and FOBT gambling, and whether there is a relationship between these increases and increasing levels of risk.

#### **4.6 Relationships between key variables**

There are strong positive relationships between all the key gambling and harm behaviours measured. Risk of problem gambling and impaired control of one's gambling is highly correlated with: frequency of gambling behaviour, gambling brands recognition, hazardous drinking, intoxicated gambling, and motivation to gamble (especially gambling for excitement and gambling as a coping strategy). Individuals who drink at hazardous and harmful levels gamble more frequently, have less control of their gambling, and high motivation to gamble.

Age is significant in a number of behaviours. Younger people have higher levels of drinking, are more likely to gamble when intoxicated and have a higher risk of problem gambling. Age seems to impact less on people's motives for gambling, but the data suggest that for young people the strongest motive is enhancement or excitement, whereas gambling as a coping strategy is more consistent across age groups.

## 4.7 Gender and gambling

Analysis of variance calculations were undertaken to establish possible gender differences in behaviour. Women gamble less frequently than men in all gambling behaviours apart from the National Lottery, and playing bingo in bingo halls, where there are no gender differences. Women are less likely to report gambling whilst intoxicated and have lower overall hazardous drinking levels.

## 4.8 Risks and predictors of gambling harm and impaired control

In order to explore specific drivers or predictors of harm, a series of regression analyses were performed. These investigated:

1. Which types of gambling behaviour are the highest risk in terms of impaired control?
  2. Which risk behaviours are most likely to predict impaired control?
  3. Which risk behaviours are most likely to predict higher levels of gambling?
- 
1. In terms of the types of gambling that lead to impaired control, all types of gambling measured were included as possible predictors. The analysis shows that the unequivocal answer is that Fixed Odds Betting terminals (FOBTs) in Licensed Betting Outlets (LBOs), and online betting on sports events are the two gambling behaviours that predict levels of gambling dependence. These were the only significant behaviours in the model, and together contribute 80% of the risk of impaired gambling control. Individuals who engage in these types of gambling are much more likely to have impaired control of their gambling behaviour.
  2. In terms of the risks behaviours that lead to impaired control, we included drinking patterns, motives for gambling, intoxicated gambling, and overall gambling frequency. The most significant factor was the motive of gambling as a coping strategy, with frequency of gambling an additional predictor, together accounting for nearly 70% of the risk of impaired gambling control. The other risk behaviours were not significant. This finding suggests that using gambling as a means of coping with negative issues in one's life is a highly risky strategy, and likely to lead to problematic gambling behaviour.

3. In terms of the risk behaviours that lead to higher levels of gambling behaviour, the same variables were included as 2 above. The significant predictors of gambling frequency are the three motives for gambling: enhancement/excitement, social and coping reasons. Together these account for 65% of the risk of frequent gambling. Interestingly, age, drinking patterns and intoxicated gambling did not contribute to the model. However, it would be sensible to explore possible moderating effects within this model.

#### **4.9 Discussion of Quantitative data**

In summary, the data present an interesting insight into the prevailing trends, behaviours and drivers of gambling patterns and concomitant risk behaviours. It is relevant that there are such strong relationships between the majority of the risk behaviours measured. There are fairly high levels of risky gambling behaviour when compared to an earlier national audit. Alcohol and drinking patterns appears to play a part in impaired control of drinking, and motivational drivers, particularly gambling as a coping strategy, are clearly significant. The predominant forms of gambling behaviour are, perhaps not surprisingly given ease of access, internet/phone app based, along with FOBT gaming machines in LBOs. The levels of these are higher than reported in earlier studies. FOBT machines and internet sports' event gambling are clearly identified as major factors in harmful gambling behaviour.

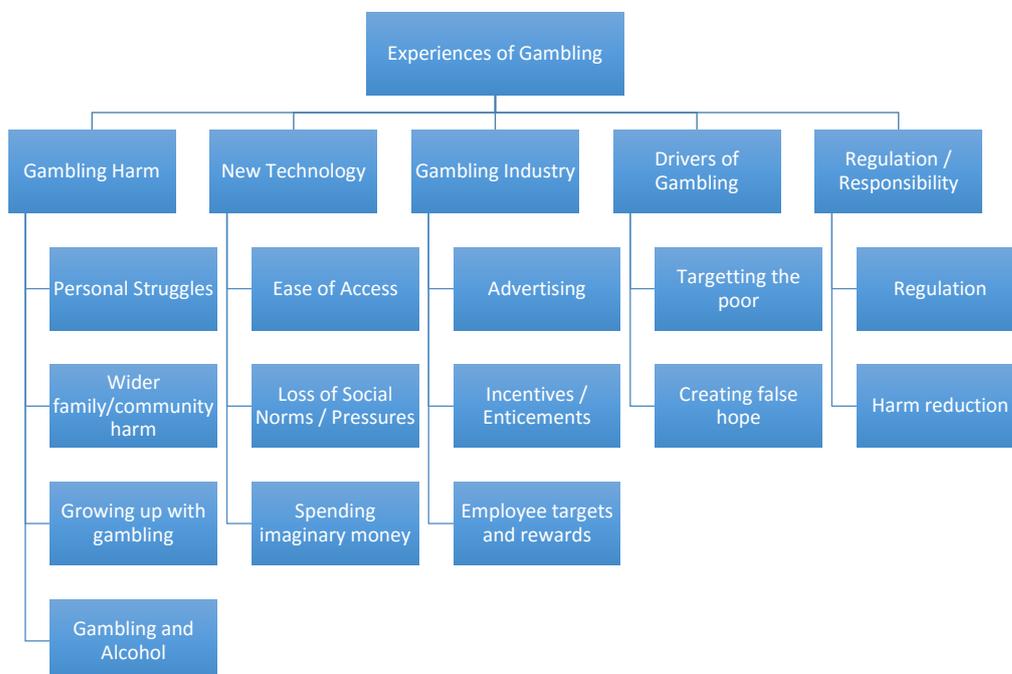
The nature and direction of these relationships, and possible moderating and mediating factors clearly warrant further investigation.

## 5.0 Results of Study 1 - Qualitative data.

Respondents to the survey were given the opportunity to further expand on their own experiences of gambling related harm, and the wider impact of gambling on themselves, their family and friends or the broader community. This was facilitated by a free text box with no word limit. Ninety-six people shared their perspectives, many in great detail. These include personal stories of gambling addiction, debt and bankruptcy; family discord including the threat of homelessness; and growing up in a gambling household. The impact of technological changes in the gambling industry; and the particular impact on online gaming and betting were also documented. People also shared their views on the motives of both the gambling industry and the gambling public. Finally, many people put forward views on harm reduction strategies, including the potential role of regulation.

The qualitative data recorded in this part of the study relate to individual accounts of lived experiences, thus a thematic analysis of the data was conducted, with the objective of establishing patterns within the narratives. Five overarching themes were identified, although there is inevitable overlap at times:

**Gambling Harm; New Technology; Gambling industry; Drivers of gambling; Regulation and Responsibility.**



## 5.1 Gambling Related Harm

Many respondents shared detailed accounts of their personal experiences of harm caused by gambling. Some related to the individual's own struggle with gambling addiction, others to that of a family member, friend or colleague, or of growing up in a household with gamblers. All of these narratives give clear examples of the social, financial and emotional hardships caused by out of control gambling.

### 5.1.1 Personal struggles

Individuals are very clear about the addictive nature of their gambling behaviour, and the struggle with controlling this. ***'I am a gambling addict and trying to beat it. Having counselling currently as it potentially is ruining my life and future'***. Another individual talks about experiencing bankruptcy as a result of gambling, ***'I used to gamble quite heavily - as did my father and my two brothers - though never together. I have often thought it to be a "genetic defect"'***. Further harmful consequences are illustrated by this contributor: ***'its a sad and expensive addiction - we have just had to sack someone who was addicted to gambling, he was stealing off the charity and colleagues'***

The nature of the gambling activity is significant, with FOBT machines frequently mentioned by different respondents as causing particular harm: ***'The fixed-odds terminals became my addiction for a time - and i would bet to the maximum £100 per spin quite regularly - often with a good result. I could be quite disciplined and come away with x10 stake money on many occasions – my downfall was going back too soon/too often'***, and ***'When I have gambled and won, I tend to pump all my money back into the machine until I lose. Not enough is being done on gambling to protect people'***. The desperate situation for some is summed up by this individual ***'Fobt gambling drove me to attempt suicide a few years ago. I cannot control my gambling when online or playing Fobt machines'***.

### 5.1.2 Wider family and community harm

There are many accounts of the problems that gambling causes for the families, friends and wider community. A common conclusion is that gambling destroys people's lives, and has huge effects on wider family members. The following comments represent the experiences documented in relation to this.

***'I have had family and acquaintances who has had problems with gambling and it has destroyed their lives'***

***'I have first hand experience of how it can ruin families.'***

***'It kills families. And it's one that's hidden, and usually not helped. And, nowadays, it's too easy....on phones, online, in shops, they should be covered in black just like the cigarettes.'***

***'A friend of mine spends £60-80 weekly with her gf going to bingo and I feel like that's pretty negative when she's rattling her brain trying to figure out how to get more money for the weekend'***

***'I have a neighbour who has lost all his wages on payday in the betting shop'***

### **5.1.3 Growing up with gamblers**

A number of people described the effects of having parents with gambling problems, including financial hardship and living with the threat of homelessness, and also early initiation into the gambling world.

***'I've been gambling on horses since I was four years old'***

***'My dad was a gambler and it was drummed into me from early childhood what a destructive addiction it is'***

***'I have a parent who gambled excessively for 25 years I had to help them out financially to stop them losing their home.'***

***'my mothers habits were straining the household for around a year. I also have an aunt who sends scratch cards in birthday cards.'***

***'my father nearly lost us our home and we had visits from bailiffs'***

***'Both parents gambled and I feel that we children suffered because of it'.***

### 5.1.4 Gambling and alcohol

There are additional negative effects when gambling and alcohol are co morbid problems, and the harm experienced is perceived as greater. A number of people shared their experiences of coping with a gambling addiction and alcohol dependence. These included awareness of personal risk issues

***‘ it could be a problem for me when I’ve been drinking. I try to make sure I don’t drink and bet’.***

***‘My ex husband was a prolific gambler & alcoholic. It was a terrible time as although he was a functioning alcoholic with a job, he used to steal money to fund both habits.***

***‘I know how closely linked drinking and gambling is as have had a close family member suffer. It has a huge effect on the near family and alienates many people. It’s also a quiet destroyer as consequences don’t appear until another family member notices a lack of money in the bank or irrational behaviour over the simplest thing. It can be hidden until it gets out of hand.’***

### 5.2 The effects of new technology - *‘it’s so easy to gamble on the go’*

Many respondents cite online and phone app gambling sites as a major issue. The problems identified can be loosely grouped under three main headings: Ease of access; the loss of social norms and pressures; and the buffer of spending money via credit cards

#### 5.2.1 Ease of access

It is possible to have instant access to gambling websites at any time and in any situation, and many people believe that this is increasing frequency of gambling behaviour, and the numbers of people who gamble. ***‘I believe there are a ridiculous amount of online outlets for gambling with table games/slots... the sheer number of them operating obviously shows a massive market with high profit’.*** Whilst internet gambling is increasingly popular with gamblers, ***‘I now gamble mostly online as it’s more convenient’***, many respondents talk more about phone apps in this context. One individual states that ***‘Gambling in the UK is quite a normal thing to do, and is becoming more easily accessible with online apps meaning that you can easily gamble on the go’.*** Another points out that ***‘When it was just in the shops or casinos at least it was more of an effort’*** to go

there. There is concern that it is impossible to gauge the amount of gambling taking place, ***'there are more addicts playing online than we know'***.

A number of respondents stated that they need help in controlling impulses to gamble, and that these are not helped by having access on their phones 24 hours a day. One individual said ***'I would gamble much less if it was easier to ban gambling websites from my phone. Fobt gambling drove me to attempt suicide a few years ago. I cannot control my gambling when online or playing Fobt machines'***. Another commented ***'I would gamble much less if it was easier to ban gambling websites from my phone'***. There were suggestions that a mechanism of ***'blanket self-exclusion online'*** would help gamblers self-regulate.

### 5.2.2 Loss of social norms and pressures

Online gambling alters the social context in a number of ways. It turns people into lone gamblers, rather than having social benefits as a central part of the gambling experience, such as going to traditional bingo venues: ***'Bingo in a community hall is a social activity, whereas bingo online is an addictive activity that feeds gamblers - it's dangerous'*** and ***'online bingo is just as serious a problem as the casino websites, but doesn't seem to get anywhere near the moral backlash'***.

Further, there is a sense that being able to gamble online removes the ***'stigma effect'*** of being seen coming out of the bookies, which might invoke the negative stereotype of a ***'lonely old man in the betting shop – on line betting using apps is portrayed as "cool"'***. Another respondent observed that ***'when people are home alone there is no pressure on them, not like being seen coming out of bookies. Very, very dangerous'***.

### 5.2.3 The buffer effect of spending money via credit cards – spending "imaginary money"

Another danger of online gambling platforms was pointed out by a respondent who identified as a Debt Counsellor, amongst others: ***'On line – people don't realise how much they are spending' (on card withdrawals etc)***. The options of preloaded credit, which can be added to mobile phone bills is seen by many to divorce individuals from the amount they are actually spending. This is summed up by one contributor as ***'people are getting caught up in the wild west of online casino vendors where the reality of parting with physical cash is removed and makes people more prone to spending "imaginary money"'***.

### 5.3 The Gambling Industry

There are many criticisms of the gambling industry and how its behaviour is seen as irresponsible, out of control and contributing to much harm. The overwhelming concern is around advertising, but also in relation to incentives and enticements for gamblers, and targets and rewards for employees in Licenced Betting Outlets.

#### 5.3.1 Advertising

Many contributors believe that gambling industry advertising in all media is overwhelming, particularly on televised sporting events, and pop up internet app adds, and should be reduced, with a sizeable number of contributors saying there should be no advertisements at all, in line with the tobacco industry constraints. Typical comments include: ***'I am horrified by the amount of TV advertising which gambling companies are allowed to buy.'*** Another individual says ***'It's insidious. It's on every sporting event. You can't escape it. Sporting stars and teams wear sponsorship. You can't get away from it'***. Newspapers are seen as adding to the problem: ***'The Sun has gone from advertising bookies to joining them by creating SunBets, etc'***

The messages portrayed in gambling advertisements also cause concern: ***'the way betting companies market it as a fun exciting activity is dangerous.'*** and ***'a lot of advertising for betting online [is] being portrayed as an attractive past time and fun thing to participate in, rather than gambling. There should be far tighter controls on advertising gambling sites'***.

#### 5.3.2 Incentives and enticements

The distribution of incentives to gamblers by gambling companies is seen as both cynical and dangerous. The comments below reflect the contributions on this.

***'The growth of online gambling makes it much easier to gamble and I do so much more often. They also offer bonuses and incentives regularly to bring customers back'***

***'I see people putting £20 note after £20 note into the slot machines, that's one thing I keep off, however if you give the bookies your email address/phone number they will send you quite regularly a free £2/3/5bet to use on machines within 24hours, fortunately i can do that and walk away, but a lot can't. I regularly see people asking to add £50/ £100 on machines via their card, it upsets me to know families could be struggling'***

***'We get 'free £5s' on an online betting app in my mother's magazine'***

***'There are far too many gambling sites and adverts, all offering dubious incentives to deposit money which people are unlikely to get back'***

***'I have personally known people to lose a vast amount of money in online bingo, and while that is anecdotal, the website features encourage spending with big bonuses for depositing and automated purchasing features'***

### **5.3.3 Employee target and reward schemes**

Industry sales incentives to staff in Licenced Betting Outlets is seen as in direct contradiction to preventing gamblers from harm:

***'In my favourite bookies which i visit almost daily they were recently encouraged and had targets on how many scratchcards they had to sell per day/week/month, i commented on this one day as there are signs up saying "only bet what you can afford" "know when to stop" etc, but when you go there to do a certain bet you were then being asked to gamble more to boost the shops targets'***

***'The comments in gambling shop windows 'when it's no longer fun stop 'is totally ridiculous and there to product the gambling industry and not the individual. We need to change the image of gambling. And stop glamorising it'.***

## **5.4 Additional drivers of gambling in Wales**

A number of contributors reflected on what they believe drives the increasing prevalence of gambling in Wales. These include industry strategies (over and above those described in the earlier theme relating to industry behaviour). There were a number of common strands in relation to exploitation, manipulation and false hope, and anger was expressed at what is seen as a deliberate targeting of the poor both in making gambling accessible, and in creating false hope through aspirational advertising.

### **5.4.1 Targeting the poor**

***'I think betting shops are exploiting people, especially those with the least to spare. This is shown by the high numbers of these shops in deprived areas.'***

***'It worries me that betting shops and other gambling establishments are often in more deprived areas. This seems exploitative.'***

***'I don't like to see betting shops they remind me that we live in a poor area'.***

***'Online betting apps have been taking advantage of Facebooks targeted advertising. Like the betting shops they are targeting low earners and vulnerable people'.***

***'A problem of the poor and an indicator of poverty'***

#### **5.4.2 Creating false hope**

***'Gambling is a scourge on the working classes and thrives on envy and false aspirations.'***

***'Gambling is a terrible way for rich people to take even more advantage of poor people'***

***'It strikes me as a chance for someone without hope to have a little hope. I don't think gambling is rational.'***

***'gambling and drug taking is an issue amongst young men who see it as living the high life akin to a footballer's lifestyle unfortunately most can't afford it.'***

***'I think people in Wales mainly gamble to try and get out of poverty. I think its a no win situation and you end up losing more than you win. But when your desperate I can see why its tempting'***

#### **5.5 Regulation/responsible behaviour**

The final theme that we identified relates to views on regulation and control of gambling behaviour. The opinions expressed on this range from clear regulation of the industry to teaching children about the dangers of gambling, to leaving it to the

individual to self-regulate, although the latter was very much a minority opinion. As documented earlier, there is fairly universal consensus on banning or curtailing adverts for gambling.

### **5.5.1 Regulation**

***‘online sites should notify people how much they have spent each month each time they log on’***

***‘councils shouldn’t allow betting shops in towns’***

***I don't think the bookmakers do enough to stop excessive gambling. I'm unaware of their policies, but perhaps it should be like serving alcohol, where those who are drunk are turned away***

***‘I don’t think regulation should cater to the lowest common denominator by clamping down on gambling too harshly, or taking a moral high ground against those who do gamble as it is an exciting pastime to many people. However I do think that changes need to be made such as sensible daily limits imposed in bookmakers which could be tracked by the card system already introduced in many high street bookmakers’***

***‘Tax it to oblivion ensure any offshore gambling havens on the internet have to pay through the nose to get access to people then use the money wisely to support those left over after this has ruined everything’***

***‘Overall in Wales, gambling is all around us and I don’t think there is enough awareness around how to gamble safely’***

### **5.5.2 Harm reduction**

***‘I have children and they need to learn to be responsible. when I take my children down to Llandudno pier, (only once a summer) there is an arcade there, and I make it clear when we take a bag of loose change that A) that is all***

***there is B) even when you 'win' you always end up putting the winnings back in the machine. So we looked at it as paid for entertainment'***

***I started playing online poker (instead of FOBTS) but only for points, no cash games. I enjoyed the buzz - it made me realise that cash was just token - and i actually gave up cash gambling for years.***

***'Some forms of gambling can allow the player a mathematical edge (namely poker in my case) where over a long period of time it is profitable. I along with many people I know have profit from playing Poker'***

## 6.0 Results of Study 2 - Identifying Service providers working with Problem Gamblers in Wales

Completed questionnaires and interviews were returned by a total of 20 individuals based at 11 organisations across Wales:

Given the lack of specialist gambling services in Wales, we contacted a range of 'proxy services' where research literature suggests that individuals with gambling problems will often present. These included:

- 3 Regional Citizen advise centres (2 South Wales; 1 North Wales)
- A charity working with older people (Wales-wide, office based in Cardiff)
- 2 charities working with individuals with drug and alcohol problems and behavioural addictions (RCT/Cardiff)
- An organisation that works with problem gamblers (Newport)
- A charity that works with Veterans (Powys)
- An organisation that promotes healthy behaviours in older adults (RCT)
- An Addiction recovery organisation that operates across South Wales
- Student Finance Services

Respondents ranged from a CEO and an Operations Officer to Counsellors, Debt Advisors and Caseworkers.

A content analysis was conducted as the most appropriate method for synthesising this structured interview data. Themes were identified using a number of processes. Audi tapes were transcribed verbatim. Participant responses were read and reread and coded based on their content. Codes were then grouped together within overarching themes. These are set out below with verbatim quotes contextually illustrating the narratives.

Overarching themes:

- Low number of service users identified as gamblers
- Most organisations do not screen for gambling issues
- Barriers to screening for gambling issues
  - Training and resources
  - Absence of services for signposting and referral

- Specific populations
  - Older Adults and gambling risk
  - Students
- Greater financial support from gambling industry
- Stricter regulations

### 6.1 Low number of service users identified as gamblers

With the exception of services that deal exclusively with gambling issues, the overwhelming majority of the service providers noted that they very rarely came in to contact with a service users with an apparent gambling issue. This was even true for debt services; research has noted that gamblers are most likely to be found in debt services due to financial trouble. However even within citizens' advice groups (with the exception of Newport) gamblers made up a very small percent of the client base. This has been consistent over time; however, some services (gambling specific services) noted an increase in women taking part in gambling. The one recovery organisation with a specific intervention service for gamblers described setting this up after conducting a scoping exercise on the extent of the problem, which they described as like lifting a *scab* on the *huge hidden problem in Wales*.

### 6.2 Most organisations do not screen for problem gambling

The majority of services do not formally screen for problem gambling, or indeed raise the issue informally with clients. Citizen's Advice groups and Student Finance Offices do identify gambling transactions as part of their debt management services.

Service users very rarely disclose about problem gambling. *it is extremely rare that a client will say their debts are as a result of gambling.*

*Clients rarely bring up gambling problems for various reasons ranging from embarrassment to not realising there are any problems with their behaviour.*

*Gambling is a hidden addiction, as alcohol was in the 1950s and 1960s.*

Service providers tend to pick up on gambling problems ‘intuitively’ rather than systematically. These come to light when discussing individuals’ budgeting plans, and when discrepancies can be seen between income, outgoings and debt problems. They become aware of disposable income discrepancies, request for food vouchers, etc.

For the most part service providers report that they do not ask directly about gambling behaviours. There are mixed views on whether this would be a sensible strategy for a number of reasons:

*It would be useful to ask these questions as many people may not realise that they have any issues with gambling or even that they are gambling.*

*People not knowing there is help, many are resigned to living like that*

*Yes. However, someone with a gambling addiction can be very closed off about the subject and may not even be able to admit they have a problem to themselves.*

*Possibly – it could be good if we were able to provide some information on organisations that offer help/support for the client if they want*

## **6.3 Barriers to asking about gambling issues**

### **6.3.1 Training and resources**

The vast majority of Service Providers are reluctant to screen for gambling problems in their clients, and cite a number of reasons. These include raising expectations of help by misleading service users into believing that that specific service could provide treatment for this issue. Service Providers believe that they do not have the expertise or resources to provide help for problem gambling. The quotes below illustrate these concerns

*We need the resources to deal with gambling issues – often people do not have the means to travel for face to face counselling/advice*

*training would be required on how to deal with people who do disclose*

*I do feel that questions regarding problem gambling should only be asked if there is immediate support that can be offered to the client in regards to this.*

*I also feel that this could lead to confusion for the service users, as they may believe that we are able to offer support sessions around their gambling.*

### **6.3.2 Absence of services for signposting and referral**

There is a clear lack of appropriate services for individuals experiencing severe issues with gambling in Wales, which is a further barrier to professionals in proxy services where gamblers may present actually asking about gambling problems. The majority of respondents said they were unaware of many, if any, services in Wales to treat problem gamblers.

If they do come across gambling issues in their clients, the range of options for referral and signposting are limited

*I generally signpost people to gamble aware UK or Gamblers Anonymous as the services for gamblers in Wales are very difficult to find, or non-existent.*

*Gambling Anonymous advice line and meetings. Self exclusion schemes in local betting shops*

*Other than gamble aware I am not personally aware of any other services in Wales*

*We would likely refer them to organisations found through a Google search*

## **6.4 Specific populations**

### **6.4.1 Older Adults and gambling risk**

A contributor from a service working with older adults gave interesting insights into potential future risks for the elderly in relation to gambling, particularly in the context of developing technologies, and the evidence that older adults experience increased risk of susceptibility to scammers and on-line fraud. This individual suggest that similar processes could make older adults highly susceptible to aggressive gambling advertising:

*We have anecdotal evidence that older people are susceptible to gambling promotions that may help them feel engaged and important at times of vulnerability and loneliness. As an increasing number of older people engage with social media then they will become increasingly open to invitations to join gambling sites. Equally, older people are relatively large consumers of daytime TV and radio which may feature advertisements to join gambling sites and games. We also have evidence that lonely older people like to engage with postal offers for gambling simply to receive mail through their letter box*

### **6.4.2 Students**

Students also appear to be a potentially vulnerable population. Workers in Student Finance services report that they pick up on gambling problems when students present with hardship fund applications. They believe that they have seen more gambling problems in recent years, *this year we have had 500 hardship applications, 40 with gambling transactions, but probably 20 are problem gamblers.* Much of this is online gambling and gaming: *a lot of students use that form of gambling. It seems that it is a much more socially acceptable form of gambling, and you can do it on*

*your own. These services do not formally screen for gambling issues, but as students present for financial and debt support, they have to share their bank statements. We look for gaming app references there...and that's when we start to see patterns.*

One university service works closely with a local CAB that has a gambling project. They have had some training, and with students they suspect of gambling problems, they use a brief screening tool, and can then refer on to the CAB group. This has been a positive development for the Student Finance workers, *we are more aware and more confident. We're not specialists, we are student money advisors but this is a stepping stone to confidence to ask about gambling behaviour.*

This service identifies two broad groups of students that their experience suggests are particularly susceptible to developing gambling problems. These are students studying for sports qualifications and students who struggle socially, and have difficulty developing friendship groups.

The observation is made that sports students tend to bet more on sporting events: *I have noticed that Sports students are particularly at risk. A lot of ads are target them, we've noticed it's quite prolific in sports students.*

*I've noticed football coaching in particular, it's part of the culture in football isn't it?*

The Finance workers also note that *students with fewer friends, who may be a bit introverted are often struggling and vulnerable.* They suggest a pattern of online gambling with these students using friendship and gaming sites such as "Stardolls" which *these isolated students are using for friendship. Some of these sites have chat functionality and people use them for friendship too.*

One worker also mentions another student group, mature students who may *put the kids to bed and then go on the Bingo sites for a couple of hours.*

There is a belief that intervention is necessary, and that the university induction period for new students and the Students' Union should all be involved in a prevention partnership *to raise awareness on a wider scale*

## **6.5 Greater Financial Support from the Gambling Industry**

A number of service providers called for greater funding to gambling charities or other services so that they can adequately address these issues. There are some concerns regarding the potential conflict of interest in how such funds are distributed for treatment and research

*I would be far happier for an arm's length means of using gambling money [for treatment etc.]. Australia have a good model, an independent body distributes money from the gambling industry.*

## **6.6 Stricter regulations**

A number of the interviewees talked about having far stricter regulations around gambling and how it is advertised. This includes banning adverts, raising the legal age of gambling, harsher regulations on FOBTs or their banning altogether, more education highlighting the issue of problem gambling, offering support groups and therapy at gambling industry venues, bet limiting and online safeguards.

*Far more regulation is needed. They have to take more responsibility. They say gamble responsibly which means it's your fault if you don't.*

*Only two industries no responsible for cleaning up the mess they cause in society...gambling and alcohol.*

## **6.7 Summary of Service Provider contributions**

With some exceptions, the majority of service providers in those services where research evidence suggests many clients will have gambling problems, report very few contacts with this group. Reasons for this anomaly appear to include that clients are not asked about gambling issues, mainly because the service providers do not believe that they have the skills or resources to be able to help if a gambling problem is identified. Further, the fact that very few gambling treatment services exist in Wales is an additional barrier, as signposting and referring on is not possible.

Potential future risks to older adults in relation to TV and on-line gambling advertisements are highlighted by an agency working with this population.

Student populations are also identified as being potentially at high risk. There are specific issues with this group, in that due to the way that student maintenance loans are paid, students have deposits of large sums of money at their disposal every three months or so.

It would appear that there are no systematic statistics available in relation to dependent or pathological gambling behaviour in Wales. Most of the service providers who contributed believe that the extent and problem of gambling risk and dependence throughout Wales is very much hidden.

Changes in industry behaviour are seen as essential, particularly with regard to advertising and accessibility. There is also a call for greater contributions from the industry to support charities and other organisations dealing with the problems caused by gambling. It is further suggested that there should be an independent body that arbitrates such funds.

## **7.0 Results of Study 3 - An investigation of service user perspectives on problem gambling and support services**

In-depth interviews were conducted with individuals who have sought help for their gambling from specific services. A semi-structured interview schedule was developed, in order to have overall consistency in the areas explored, but to have the flexibility for individual narratives to be recounted. As the qualitative data recorded in this part of the study relate to individual accounts of lived experiences, thematic analysis of the data was conducted, with the objective of establishing patterns within the narratives, and identifying and extracting emerging themes.

Interviews with five gamblers who have sought help are reported here.

This has been the most challenging element of the overall study. The lack of coherent services for problem gambling means that identifying service user/gamblers who have sought help is fraught with difficulties. Initially we assumed that providers of proxy services (such as debt counselling and drug and alcohol services) would be able to identify and refer appropriate participants. However, a lack of screening for gambling problems in these services has also been identified. These are important findings, and will be reported and commented on in the report conclusions.

### **Participant 1**

This individual received support from a peer mentoring service for veterans delivered by veterans. They deliver support at drop-in locations across Wales.

### **Participant 2**

This individual received support an organisation that provides support for problem gamblers over the phone, on-line and in face to face counselling sessions.

### **Participant 3**

This individual received support from a regional Citizen's Advice Bureau with a specific gambling advice service.

### **Participant 4**

This individual received support from a regional Citizen's Advice Bureau with a specific gambling advice service.

### **Participant 5**

This individual received support from Gamblers Anonymous and then a specialist recovery service serving South Wales

There were three prominent themes identified in the text, although to some extent these overlap in the context of developing problems and harm. Within these themes it is also possible to identify the underlying motives that appear to drive the development of gambling related harm. The three prominent themes were:

- Social influences and friends
- Financial influences
- Negative outcomes and harm

## **7.1 Social influences and friends**

Friendship and family network groups appear to be important in both facilitating gambling problems and in facilitating change.

### **7.1.1 Facilitating gambling problems**

Participant 1 noted that he first began gambling as a social activity with friends. He mentioned that during his time in the army he gambled regularly after his shift had ended and that it was a common practice among his friends. Even once he left the army his close friends continued to gamble. Gambling for social reasons, as part of the perceived demands of a friendship group is a common driver of gambling.

***“First time I went with my friend, in to the bookies, I was in the army”.***

***“He had been before but it was my first time”***

Participant 2 reflected that watching his friends win large amounts of money was one of the things he initially found appealing about gambling. He sees that his gambling behaviour became financially motivated overtime, but the initial motivation was to fit in with his team mates.

***“.. it was a combination of the financial and the fitting in. I don’t want to single out one...”***

When describing his gambling behaviours, Participant 2’s friends and social groups figure very prominently in what he did and when. He explained that he would gamble on a daily basis when he was with his teammates, although he mentions there was no single pattern of gambling.

***“..Most days we’d finish training at 1 o’clock and we would either go to the casino, the race track, the bookies and um, just something to do..”***

He states that as time went on this pattern changed slightly. After he changed employment and had different work colleagues, his gambling patterns changed also.

He notes that he was working a regular job and as such would gamble after work as a way to socialise with different friend groups.

***“I was working nine (un)til five, so, its sounds bad, but I didn’t have the free time to fill with gambling. So my gambling changed then more...towards cards in the instance of been able to have gatherings with people. Sit down and have a card night...”***

Interestingly, Participant 2 was using his social networks as a means of concealing the fact that he was gambling substantial amounts, as he would spread his gambling among a number of social circles, meaning no one group knew how much he was gambling.

Participant 3 discussed in detail how his social circle and friendship groups influenced his gambling. He believes that he first began gambling because it was something his friends did and he would only rarely gamble alone. When he began university a number of his friends were gambling at betting shops and on online apps. Over time he found himself moving from relatively low risk gambling (football accumulators) to more high stakes betting (roulette), and he attributes this increase to his friends who introduced him to the games.

***“So when I was at uni..... my mates they would go to do football (accumulators) but they would go on to these roulette machines. I didn’t understand the machines but when I was with them I would see them make quite a lot of money”***

Participant 5 was introduced to gambling whilst playing snooker with friends at the age of 16, and very quickly was spending more money than them on the fruit machines in the snooker hall, ***“twenty pounds a time, that was a lot of money back then”***

Participant 4’s introduction to gambling was not related to friends’ influences: ***I gambled alone, so I’ve always gambled alone. It was always virtual though – I’ve never gone over to bookies or even events.*** However, he explained that his brother had also experienced gambling problems, and that ***“My dad’s always gambled, but like I said, in very small amounts and now and then”.***

### **7.1.2 Friends facilitating change**

Participant 1 believes that his social circle also had a positive effect in helping him reflect on the problems he was experiencing because of his gambling. He noted how a close friend of his who also gambled had been working with Change Step (a veteran’s charity) and that this interaction had helped him limit his gambling. Contact with this organisation led to the participant managing his debt and self-excluding from the local gambling establishment.

***“One of my friends had an issue with the gambling, or something like that, so he met with the (support worker) and he said to me to go meet with the (support worker) and the (support worker) is helping with the problem”***

Participant 3 also noted that his social circle played an important role in him deciding to quit gambling. Both he and his friend were experiencing serious negative outcome (Losses exceeding £1000) and decided to quite gambling together. The participant noted that their shared negative experiences of gambling helped them make the decision to stop.

***“He was selling his phone and stuff...”***

***“Me and my mate sat down and just said that its fun, it is fun maybe casino when your drunk with the lads twenty, thirty quid, but anything over twenty or thirty quid is not fun at all”***

Participant 5 believes that the main driver for him acknowledging that he had a gambling problem was when ***“my best mate [of 40 years] said ‘you’ve got a problem with those machines’. I just sort of dismissed it at the time, but I thought about it later and I thought maybe he’s right. It was then I started going to GA meetings”***. He also said that at this time he had many friends who were also gamblers, and in order to engage with change, ***“I had to distance myself from them when I started to get help”***

## **7.2 Financial influences**

### **7.2.1 Financial factors in the development of problems**

Financial factors appear to be complex in relation to facilitating the development of gambling problems in the first instance, and in maintaining and exacerbating gambling problems later on.

Participant 1 noted that his reason for gambling was initially financially motivated. He explained that he had received a large win and this spurred him on to continue gambling. This motivation also affected how he responded to losses. He described how he was unable to stop gambling whether he had won or lost. He would always believe that he could win more or win back what he had lost. He realised that this was different to the way his friends gambled:

***“...like my friends, they are really good, they think my limit is £100 or £200 and when they lose they stop the gambling. But myself, I’m not (laughs) not like that because if I lost the money I will think maybe I’ll win it back”***

Participant 2 discussed the role financial factors had played in the development of his gambling problems. He recalls the effect of watching his friends win large sums when gambling: ***“..see them bet £1000 pound on a horse at eight to one and get £8000 back, and you sort of think wow!”***

He also experienced a big win early in his gambling career winning £22000 on a single bet; he notes that this was very influential and encouraged him to keep gambling.

Participant 3 explains very clearly how his personal gambling journey moved through enjoying initial low level wins, to relying on gambling as an essential income for paying bills etc. He noted that his initial motivation to gamble was for pure enjoyment. This was reflected in his small bets (£1) and winnings (£10-20). However, when he began university he was presented with the realisation that he would be living on a fairly modest budget each month. Because of this he would go to the bookmakers to raise funds to pay for a number of essential things (Train tickets and food, for example) so that he wouldn't have to spend his own money. This would often result in him losing all his money

***“..I was going in there for stupid reasons, I wanted a train ticket to Swansea and didn't want to spend my own money and go in there (betting shop) to quickly raise it”***

***“..let me just raise a hundred quid so I can survive the month, but I end up losing all of it”***

As time went on he would require larger pay outs before he feel satisfied and leave the betting shop. As a result, he would often lose the money he had won; his motivation to continue gambling was then driven by the want to win back his losses.

***“...at the time I obviously couldn't control when to leave and I kept losing”***

Participant 4 said that his initial motivation to gamble was ***“Part of it, the logical side, was in desperation for money..... I wanted more, I needed more money”***. He also believes that his exclusive use of virtual sites contributed to this ***“I'd be more aware of my actions if I was in a bookies' and I was physically handing over money”***. ***“When you lost it all, then that's when I started chasing the money and then after that it just became a real issue”***.

Participant 5 spoke of a familiar pattern; some quite large wins to start with, then beginning to lose, and changing over time to higher stake behaviour ***“I switched to FOBTs over time, I'd have a few wins, then you lose a bit and I was definitely spending more money on a regular basis”***. ***“At the time I thought if I could just get that win it would sort the situation [money]”***.

### **7.2.2 Financial factors in facilitating change**

It seems that financial factors can also play a role in recovery. Participant 1 stated that in the past he was unable to do simple things like pay for holidays or go shopping for his wife. When he began to limit his gambling he found that he had more time to spend with his family but also more money in his bank account and that this freedom helped him stop gambling.

***“..so now I am giving some time to my kids and playing with them. So I am now like a happy person”***

***“.. Money wise, I have now more money in my bank account so I can go shopping because I have money”***

Participant 3 observed that at the time he was gambling heavily, he had come to view his student loan as disposable, he reasoned that had he ‘worked’ for his money, he wouldn’t have been so quick to gamble it. It appears that after he began employed work, he has realised that position:

***“I definitely think that if I had a job I would not go gambling, because you know, it’s true. Since I’ve worked shifts, you work 8 hours in a factory you’re not going to spend it on a spin”***

### **7.3 Negative outcomes and harm**

The most prominent theme present in the text was that of the negative outcomes of gambling. Each of the negative outcomes discussed by participants suggest potentially very serious implications for themselves and their families.

Participant 1 notes that he experienced a number of negative outcomes that came as a result of gambling regularly. The first and most impactful was his lack of money; he mentioned that he would sometimes gamble away a month salary on the same day it was paid in to his bank account.

***“maybe some month all of them (wages)”***

He also discussed how he and a close friend fell out of touch because of his gambling behaviour.

***“I had my best mate in the army, I didn’t often go to see him, because he didn’t gamble, he doesn’t want to gamble, he isn’t a gambler like me”***

***“He said stop gambling and I didn’t listen to him....and lost my best mate”***

Participant 2 described how his involvement with gambling led him to be introduced to individuals he describes as criminals:

***“When I started playing cards, I was introduced to people you probably shouldn’t know, so the....gambling environment I was involved in was um....well some of them were criminals”***

He goes on to discuss that he later found himself in significant debt to one of these individuals and members of his family were threatened. This would lead him to steal money from his company to pay the debt.

***“..i got in £20,000 worth of debt, it was like you got to pay this back or there will be repercussions. Um threats were inadvertently made on my family but not, and through that I fraudulently moved money at work to cover the debt...”***

On a number of occasions during the text participant 3 notes his negative feeling towards the gambling industry and its practices, and their contribution to the harm caused by gambling. He noted that the betting shop in the town of his residence is located on a central street; as such students departing the university must walk past it to reach the local supermarket.

***“more should be done, that (betting shop) is right there.....it’s just there so most of the time I wouldn’t even want to go there, I’m going to Tesco to do some shopping but you see it on your left”***

***“they’re just targeting people and they end up not having money”***

He also stated that there need to be more safe guards in place at betting shops. He explained that he believes that the staff will allow customers to lose large amounts of money without intervening.

***“if they (staff at betting shops) saw someone lose £2000 pounds they will still let them come in the next day, you know. They know that he’s lost that and, from working there they can tell if someone’s got the money and someone who’s not. I feel that if someone has lost a certain amount a week there must be a kind of limit.”***

Participant 5 recounted the harm that gambling has caused him, to his relationships and materially: ***“I covered it up for a long time [from his wife], but one day it came to a head. I was fed up of lying to her and covering my traces”***. He said that gambling ***“took me down the road of being kicked out of my flat because I couldn’t afford to pay the rent, and then it caused problems with me and my***

***wife and issues over money***". This participant also felt strongly about more needing to be done to help gamblers in Wales, such as fewer LBOs. ***"you could walk down this road and there are 11 or 12 bookies that you'd pass"***.

#### **7.4 Summary of Service User contributions**

The five individuals who were prepared to be interviewed for this study are all currently engaged in treatment or other support services. There are many similarities in their stories in relation to how they were initiated into gambling, and their journeys from there to problems and addiction, and to recognising the need to change. There are also differences, illustrating that this is a complex issue, and it is impossible to say categorically to what extent these respondents are representative of all problem gamblers, currently or in relation to future trends. A common experience was difficulty in finding appropriate help once they had acknowledged that they had a problem. Searching on line seemed to be a common starting point, and for two, helpline advice was the extent of the help received. Two respondents were receiving one-to-one counselling with trained therapists (from two separate services), and both felt that this sort of intervention was making a big difference to their recovery and relapse control.

## 8.0 Results of Study 4 – An investigation of local density & availability of gambling outlets

### 8.1 Number of Licensed Gambling Outlets by Location (Licensing Authority)

Table 1 presents an overview of the number of LGOs permitted to hold FOBTs within each LA. Rhondda Cynon Taff (RCT) had the highest number of LGOs, followed by Denbighshire<sup>3</sup>, Newport, Vale of Glamorgan and Wrexham. The LGOs in Denbighshire and RCT were found to be widely dispersed across their LAs. Per capita, Denbighshire had the highest number of LGOs per 10,000 people (3.2), followed by RCT (2.0), Newport (1.8), Vale of Glamorgan (1.7) and Wrexham (2.0) (see table 2). A possible explanation for this is the low population density of Denbighshire compared with the other LAs explored in this study<sup>4</sup>.

Table 1. Number of LGOs by LA

<b>Type of LGO</b>				
	Bookmakers	AGCs	Bingo Halls	Total
<b>RCT</b>	39	6	3	48
<b>Denbighshire*</b>	18	6	7	31
<b>Newport</b>	22	4	1	27
<b>VoG</b>	10	12	-	22
<b>Wrexham</b>	16	3	1	20

\*Data obtained from the Gambling Commission.

Table 2. Number of LGOs Per Capita

<b>Location</b>	<b>Number of LGOs</b>	<b>Population</b>	<b>LGO rate per 10,000 in population</b>

<sup>3</sup> Data for Denbighshire were obtained from the Gambling Commission. Although not as accurate as data from licensing authorities, the database is updated by the gambling commission monthly. Data obtained from Denbighshire County Council only confirmed the number of LGOs in the fieldwork area, Llangollen (1).

<sup>4</sup> According to ONS population estimates (2017), RCT has a population of 238 300, Newport 149 100, Wrexham 136,700, Vale of Glamorgan 128 500 and Denbighshire 94 800

<b>Denbighshire</b>	31	94, 800	3.2
<b>Rhondda Cynon Taff</b>	48	238, 300	2.0
<b>Newport</b>	27	149, 100	1.8
<b>Vale of Glamorgan</b>	22	128, 500	1.7
<b>Wrexham</b>	20	136, 700	1.4

### 8.1.1 Number of LGOs by Location (Town Centre)

Wrexham, Newport and Pontypridd were found to have high numbers of LGOs within their town centres. In Wrexham, there were twelve LGOs made up of eight bookmakers, three AGCs and one bingo hall. In Newport town centre, there were eleven LGOs (six bookmakers and four AGCs). Pontypridd had six LGOs within its town centre (4 bookmakers and two AGCs). Only one LGO was found in Llangollen.

Vale of Glamorgan had a high number of LGOs, although these were split between the two major towns in the area, Barry and Penarth. A contributing factor here is Barry's location as a seaside resort and high number of amusement arcades and AGCs offering B3/B4 machines. Cardiff International Airport is also located in Vale of Glamorgan, where two AGCs were located. As such, the number of AGCs in Vale of Glamorgan is higher than the number of bookmakers in the area. This is the only area in which this finding occurred.

Table 3. Number of LGOs in fieldwork sites in each LA

<b>Town Centre</b>	<b>Number of LGOs</b>
<b>Wrexham</b>	12
<b>Newport</b>	11
<b>Pontypridd</b>	6
<b>Barry</b>	15*
<b>Penarth</b>	4
<b>Llangollen</b>	1

\*9 of these were amusement arcades with licenses for category B machines. Only 6 of the 15 LGO in Barry were Bookmakers.

## 8.2 Density of Licensed Gambling Outlets in Fieldwork Sites

Newport, Wrexham and Pontypridd town centres had clusters of LGOs in their town centres that could be considered 'high density'. Although there is no standard definition for what constitutes 'high density', for the purpose of this research any area where there was five or more LGOs within a 400m radius was defined as a 'high-density LGO area'. This is based on previous research that suggests a boundary of 400m around a LGO is considered an accessible distance for anyone wishing to visit an outlet within this radius (Wardle, Keily, Thurstain-Goodwin, & Astbury, 2011).

The findings found that:

In Newport, there were eleven LGOs within a 400m radius offering B2 and B3 games. This cluster was made up of six bookmakers, four AGCs and one bingo venue.

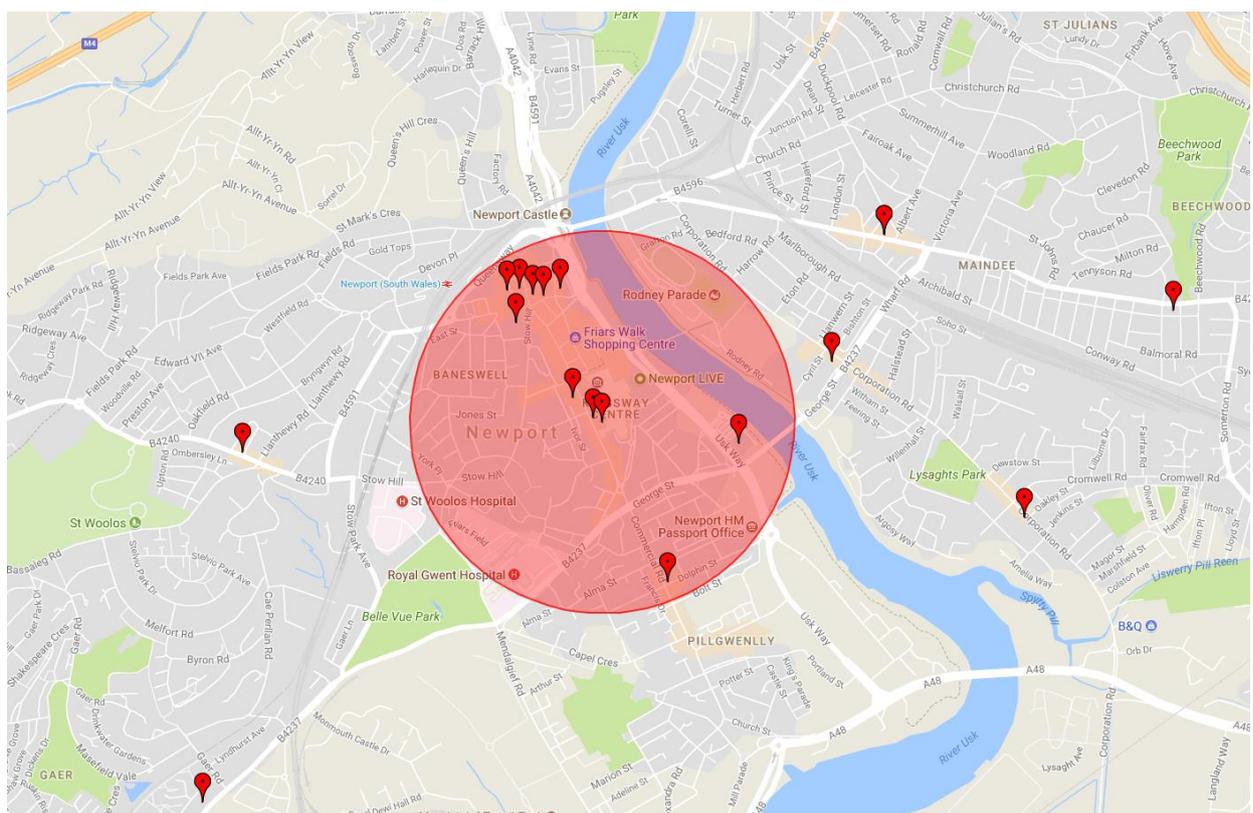


Figure 2. Newport town centre and LGOs

In Wrexham, there were twelve LGOs within a 400m radius offering B2 and B3 games. This cluster was made up of eight bookmakers, three AGCs and one bingo venue.

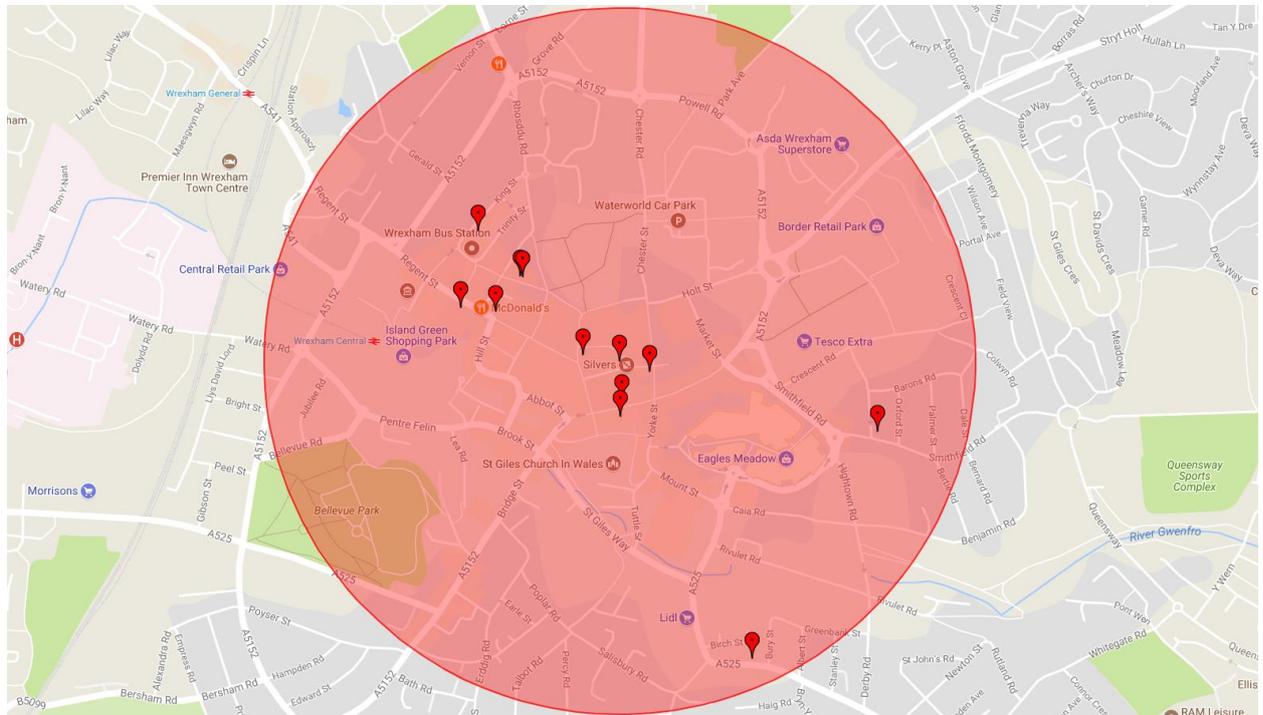


Figure 3. Wrexham town centre and LGOs.

In Pontypridd, there were six LGOs within a 400m radius offering B2 and B3 games. This cluster consisted of six bookmakers and two AGCs.

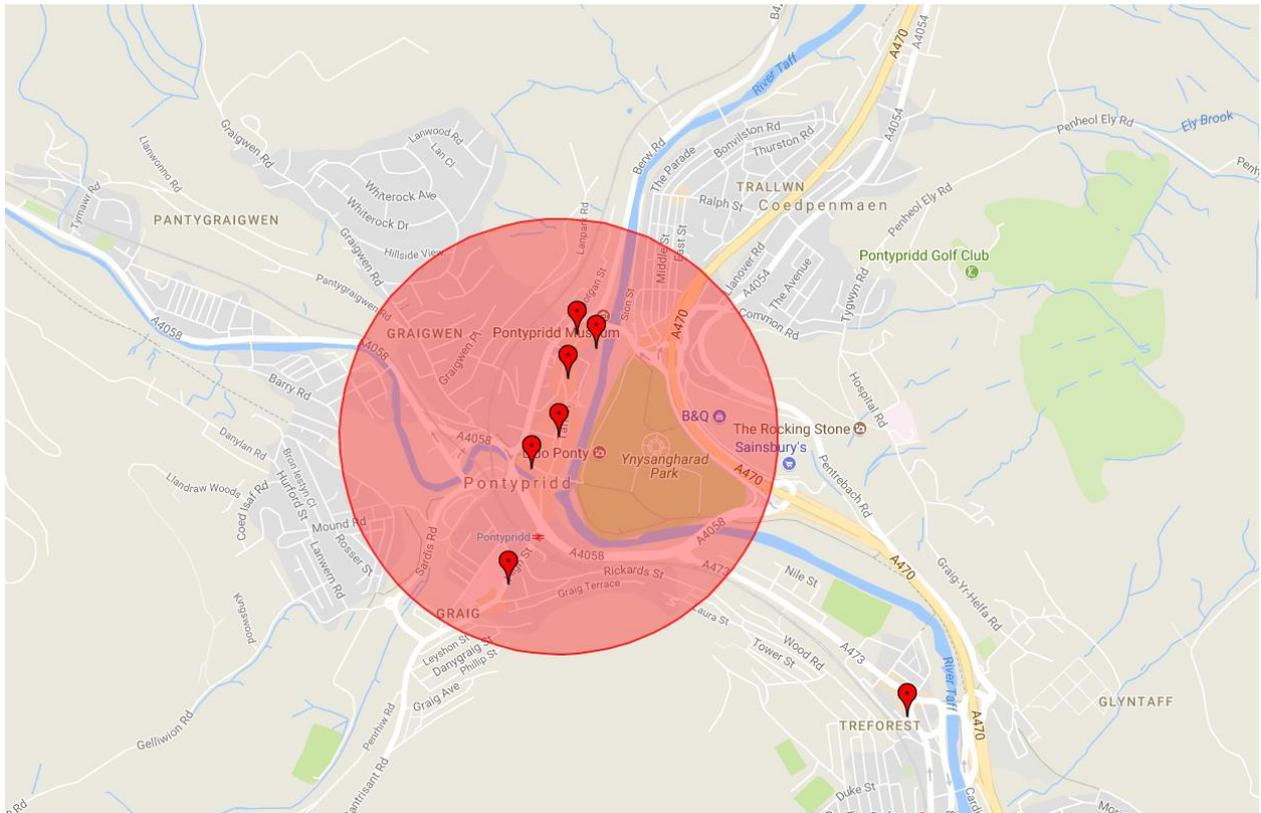


Figure 4. Pontypridd Town Centre and LGOs.

Both Barry and Penarth town centres had smaller clusters of LGOs within a 400m radius that we do not consider high density (both had three LGOs within a 400m radius). Barry Island had a cluster of four LGOs located next to one another. However, this cluster comprised of amusement arcades in the Pleasure Park area. We have therefore not classified this as a ‘high-density’ area.

Llangollen was found to have only one LGO in the town and is therefore also not classified as a ‘high-density’ area.

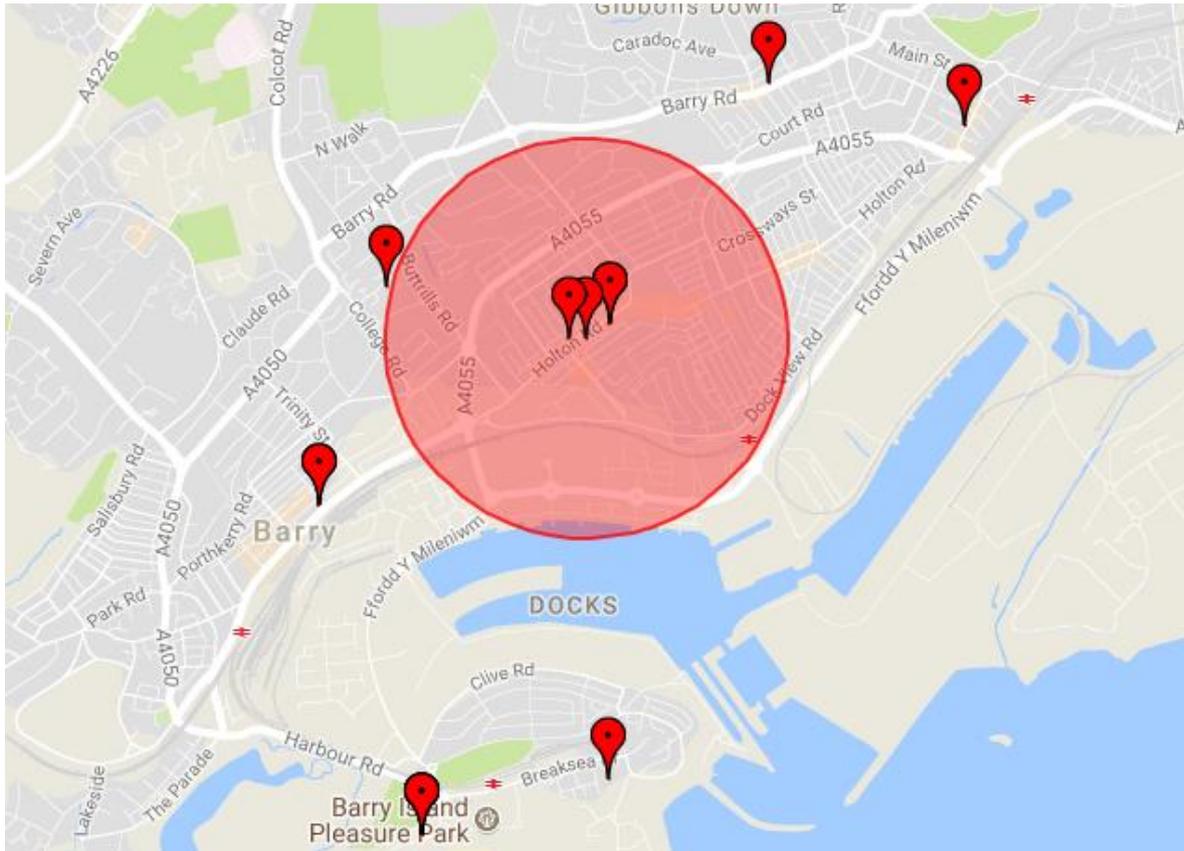


Figure 5. Barry Town Centre and LGOs.

### 8.3 Deprivation

Nationally available indices of socio-economic and demographic status has allowed us to uncover the socio-economic features of the areas in which LGOs are located.

Clusters of LGOs in Newport and Wrexham were found to be located in the most socio-economically deprived LSOAs in the towns.

Ten of the eleven outlets in Newport were located across two LSOAs (Stow Hill 1 and 3). These LSOAs are the 31<sup>st</sup> and 12<sup>th</sup> most deprived areas in Newport (out of 92), placing them within approximately the 30% most deprived areas in the town. They are also the 156<sup>th</sup> (top 10% most deprived) and 427<sup>th</sup> (top 30%) most deprived areas in Wales (out of 1909). The one other LGO that made up this cluster was located in a bordering LSOA (Pilgwenlly 3). This LSOA is the 8<sup>th</sup> most deprived in Newport and the 93<sup>rd</sup> most deprived in Wales, positioning it within the top 10% most deprived areas in Wales. Essentially, these findings suggest that the 'high-density'

cluster of LGOs in Newport is located in areas within the 30% most deprived in the town.

Similarly, eight of the twelve outlets that make up the cluster of LGOs in Wrexham were located in an LSOA (Grosvenor 2) that is the 17<sup>th</sup> (out of 85) most deprived in Wrexham and the 461<sup>st</sup> most deprived in Wales (top 30%). The majority of LGOs were therefore located in an area that is in the 20% most deprived in the town. The four other LGOs that made up this cluster were located in bordering LSOAs (Smithfield 2, Smithfield 3 and Brynyffnon 2) that are the 19<sup>th</sup>, 6<sup>th</sup> and 50<sup>th</sup> most deprived areas in Wrexham respectively.

In contrast, evidence from Pontypridd suggested that the cluster of six outlets were *not* located in an area of significant deprivation. This is perhaps due to Pontypridd comprising the largest town in the LA but ranking considerably lower on the WIMD when compared with surrounding LSOAs in RCT. The cluster of LGOs in Pontypridd were located in an LSOA that is the 123<sup>rd</sup> (out of 154) in the LA, placing it outside of the 70% most deprived areas in RCT.

## 8.4 Discussion

This section has uncovered two main findings. First, there is evidence that 'high-density' clusters of Licensed Gambling Outlets exist in Newport, Wrexham and Pontypridd. In each location, there are six or more Licensed Gambling Outlets within a 400m radius. Smaller clusters of Licensed Gambling Outlets were found in Barry and Penarth that we do not consider to be high density. The evidence aligns itself with existing research suggesting Licensed Gambling Outlets containing Fixed Odds Betting Terminals are located in the main population and regional centres (Wardle et al., 2011). Hence, whereas once this type of play was restricted to regulated casinos, the introduction of B2 and B3 machines to Licensed Gambling Outlets has increased both the accessibility and availability of high-risk gambling play to the public.

We recognise that a high density of Licensed Gambling Outlets within town centres is unavoidable: due to the availability of commercial space and property and the accessibility of town centres to the general population, it is not commercially viable to locate the majority of Licensed Gambling Outlets outside of these zones (Wardle et al., 2011). Indeed, existing research has highlighted the lack of Licensed Gambling Outlets in rural areas (Wardle et al., 2011); this research has found a smaller trend in that Llangollen was found to have only one Licensed Gambling Outlet. However, the major implication of locating the majority of outlets in urban town centres is if Licensed Gambling Outlet density is more elevated in areas of socio-economic deprivation (Wardle et al., 2014), or, if high densities of Licensed Gambling Outlets

contribute to significant social harm amongst the local population. It is anticipated that the qualitative sections of this report will explore the latter issue.

In summary, this stage of the research has found that Newport, Wrexham and Pontypridd have high-density clusters of Licensed Gambling Outlets offering Fixed Odds Betting Terminal play within their centres.

Second, there is some evidence from these areas consistent with that of international research indicating that clusters of Licensed Gambling Outlets are disproportionately located in areas of social-economic deprivation (Gilliland & Ross, 2005; Marshall & Baker, 2002; Wardle et al., 2014; Wheeler, Rigby, & Huriwai, 2006). In both Wrexham and Newport, clusters of Licensed Gambling Outlets were located in the most deprived neighbourhoods in the Local Authority (as measured on the Welsh Index of Multiple Deprivation). These outlets are therefore located close to populations that have poorer socio-economic indicators. This includes a large proportion of the population more likely to be economically inactive or have lower income levels, experience ill health and lack access to basic services, including food shops, GP surgeries and pharmacies (WIMD, 2014). Unequally distributing outlets in areas of socio-economic deprivation therefore presents a significant risk to vulnerable populations and those most at-risk of gambling related harm (Wheeler et al., 2006).

However, this pattern *was not* replicated in Pontypridd Town Centre where the cluster of outlets were concentrated in a Lower Super Output Area outside of the 70% most deprived in Rhondda Cynon Taff. A possible explanation for this is that Licensed Gambling Outlets are likely to be concentrated within or close to town centres (Kenyon, Ormerod, Parsons, & Wardle, 2016) or in main population centres (Wardle et al., 2011). Pontypridd is the most populous town in Rhondda Cynon Taff and is therefore most likely to attract provision for gambling. However, Rhondda Cynon Taff is comprised of a number of Lower Super Output Areas that rank highly (most deprived) on the Welsh Index of Multiple Deprivation in comparison to those within Pontypridd. Further research is required at local level to uncover the development of high density clusters in 'least deprived' areas (Wardle et al., 2011) and the various catchment areas from where consumers of Licensed Gambling Outlets in these areas are drawn.

This research is largely exploratory and seeks to highlight to policy makers and local planners the contextual issues that influence problem gambling behaviour (Wardle et al., 2014). This includes the social and geographical patterning of Licensed Gambling Outlets offering Fixed Odds Betting Terminal play. Here, a better understanding of the spatial distribution of Licensed Gambling Outlets and economic diversity of the areas in which they are located can address existing problems of

Licensed Gambling Outlets disproportionately clustered in lower socio-economic areas (Gilliland & Ross, 2005; Wardle et al., 2014; Wardle et al., 2011; Wheeler et al., 2006).

If the local population are experiencing gambling-related harm caused by the availability and clustering of Licensed Gambling Outlets, there is a need to conduct risk assessments of the local area, and/or exert regulatory control over the development and density of existing or future venues. Before this occurs, however, there is a need to understand both the local context in which gambling exists. This includes an understanding of who is making use of Licensed Gambling Outlets, the catchment areas they come from, how increased availability of Licensed Gambling Outlets impacts on potential users and whether the local economy is able to support other forms of commercial activity in place of Licensed Gambling Outlets (Wardle et al., 2011).

## 9.0 Conclusions

The current investigation into the social impact of problem gambling in Wales utilised a multimethod approach to gather data both relating to individuals presenting in treatment and other services, and to broader ‘under the radar’ gambling patterns to inform an evaluation of future trends, as well as density of and access to gambling outlets. We were thus able to triangulate data from the four arms of the study. It is evident that the findings overlap and corroborate, strengthening the emerging narrative on the social and health harms associated with problem gambling.

### 9.1 Patterns and trends

There are discrepancies in how people define ‘gamblers’, in that 26% of survey respondents do not consider themselves to be gamblers, but 99% report engaging in some gambling activity. This is confirmed by service provider data, which suggests that individuals often do not recognise that they might have a gambling problem, or even that they are ‘gamblers’.

The most common gambling activities in terms of frequency are the National Lottery; slot machines; and online betting on sports events. Individuals with the highest incidence of gambling engage via phone apps, betting shops and gambling websites. The majority of people gamble alone, and the increase in access to gambling via internet websites and phone and tablet apps increases the solitary nature of gambling, and the difficulties in computing actual prevalence. These technological changes are leading to change in social regulation of gambling as a public behaviour, as well as facilitating targeted and unregulated advertising to potentially vulnerable individuals. Trends indicate that these may include older adults and underage children.

Individuals who drink at hazardous and harmful levels gamble more frequently, have less control of their gambling, and high motivation to gamble. Age is a relevant factor here, with young people more likely to say they gamble when intoxicated. Men gamble more frequently than women in all behaviours apart from the National lottery and bingo, where there are no gender differences.

Particular types of gambling behaviour are of specific high risk for impaired control and problem gambling. These are using FOBTs at LBOs, and using internet and App gambling sites for both virtual gaming and sports event gambling. Individual accounts confirm the despair caused by the addictive nature and ease of access of these means of gambling. Density data further demonstrate that FOBTs are present in high-density clusters, and in some constituencies in the most deprived neighbourhoods.

## **9.2 Social and other harms caused by gambling**

The negative impact of gambling is clear from the many personal accounts provided. These include personal struggles and despair, family breakdown, poverty and growing up with the threat of homelessness. The themes identified support the quantitative data analysis; new technologies, levels of maximum stakes, ease of access, and avoidance of 'social regulators' being cited as the biggest causes of impaired control and addiction.

## **9.3 Growing up with gambling**

A number of respondents referred specifically to their experiences of growing up in households where at least one adult was a regular gambler. The negative effects and harms included financial hardships, living with the threat of bailiffs coming to the house and possible eviction. Some individuals recounted that as young adults they had to take responsibility for household bills as a result of parental gambling. Others who have experienced problem gambling themselves believe that early exposure as children played its part in their own behaviour.

## **9.4 Identifying need, screening and treatment**

The intention in the current study was to recruit individuals who have experienced gambling problems via 'proxy services' such as debt and addiction services. The research literature suggests that in the absence of specialist gambling services, gamblers needing help often surface in these alternative agencies. This proved to be challenging, and is an important finding in itself. With the exception of services that deal exclusively with gambling issues, the majority of the service providers noted that they very rarely came in to contact with service users with apparent gambling issues. There are very few specialist gambling services in Wales, and other services do not screen for or ask directly about gambling problems, thus creating a circular problem. Some inroads are being made in Student Finance Services in developing screening and referral initiatives. One regional CAB service has been developing specific gambling services, and appears to be developing a useful model for intervention.

A number of the service providers interviewed confirm that people are reluctant to admit to problem gambling, and that Wales potentially has a significant hidden problem. However, there appear to be a number of barriers to these organisations identifying gambling issues in their clients. These include concern about lack of skills and knowledge in treating gambling problems, and a lack of specialist services in

Wales (for signposting and referral) in the event of an individual disclosing gambling issues. One service provider said they 'google' gambling services if they need to refer.

There are interesting parallels here with alcohol services (and the alcohol industry) a few decades ago, which were identified by some service providers. There is stigma around gambling which may make individuals resistant to discuss it openly; a lack of specialist training and services to refer to are barriers to a hard-pressed worker raising the issue (as with A&E staff in relation to alcohol screening in the past, (John et al, 2002)). Timely screening at point of contact with debt or other services could pre-empt further harm if appropriate help were available.

## **9.5 Industry**

Industry behaviour is seen as cynical and irresponsible by people who have been exposed to gambling harm. There is some evidence, consistent with that of international research, indicating that clusters of Licensed Gambling Outlets are disproportionately located in areas of social-economic deprivation. In Newport and Wrexham these clusters were found to be located in the most socio-economically deprived LSOAs in the towns. These findings confirm the views of respondents that the Industry is targeting the most vulnerable populations. Within a Welsh context, this perceived deliberate targeting of the poor involved making gambling accessible and creating false hope through aspirational advertising. Regulation is called for in many areas, particularly in relation to: aspirational and saturation advertising; online/app platforms; the targeting of low SE areas; the use of incentive payments to both gamblers and employees in Licenced Betting Outlets; the targeting of potentially vulnerable individuals and groups.

## 10.0 Future Directions

Research will inevitably raise more questions than it answers. The current study is no exception. A number of immediate and important questions that need to be investigated include:

- The prevalence data in the current study suggest that online and FOBT gambling is higher than in an earlier Welsh population study. Further, higher percentages of respondents in the current study were identified as having some level of risk in their gambling behaviour patterns. Additional research is needed to establish if the trends in this preliminary study reflect an actual increase in gambling risk behaviour, and whether there is a relationship between any changing patterns and increasing access to internet and smart phone gambling opportunities in the Welsh population.
- A wider systematic study of online gambling and the impact of technology in the form of Apps and tablets is required. These include an investigation of the changing demographics being targeted by the gambling industry (Bingo players, older adults, sports students) and the implications of exposure to increasing and individually tailored pop up advertising.
- There are a number of important and related questions in relation to harm prevention and treatment development. What is the potential for routine screening for gambling problems in proxy services? How can the identified barriers to screening be reduced? Would this facilitate the development of treatment pathways through systematic identification of actual need in the Welsh population? To what extent can technology inform and underpin early interventions to prevent and reduce gambling harm?

- There are important questions raised as to the effects of the density and availability of LGOs on the local and wider community. How does this affect gambling play (e.g. does exposure to a high density of outlets = increased play amongst the local population)? What are the catchment areas of high-density gambling areas (e.g. where do users come from/how far do they travel – essentially, what is the ‘reach’ of these zones compared to low-density areas)? What about the development of high-density gambling areas in ‘least deprived areas’ (e.g. Pontypridd) and their catchment areas (e.g. do they attract problem gamblers beyond the local population)?

## 11.0 Acknowledgment

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**Prof Bev John** co-led this study. She is Professor of Addictions and Health Psychology at the University of South Wales and a HCPC-registered Health Psychologist. Prof John has worked in the field of psychological health for many years, in research, teaching and treatment delivery, developing and evaluating health related interventions. She has also delivered psychological therapies. Her main focus is applied research in psychological health, in particular promoting positive behaviour change in mental and physical health and substance misuse; and the development and evaluation of psychological interventions. She has developed assessment and screening instruments that are now recommended in NICE guidelines (e.g. FAST alcohol screening test). She has extensive expertise in a wide range of research methodologies, including quantitative, qualitative and desk based approaches. She has contributed to policy developments and the public debate on alcohol interventions; and has published widely in peer reviewed journals and other relevant media.

**Prof Katy Holloway** is Professor of Criminology at the University of South Wales. Prof Holloway's research has focused on a wide range of drug-related issues including: drug use among arrestees, the causal connection between drug use and crime among prisoners, the effectiveness of drug treatment, the use of Take-Home Naloxone among opiate users, the implementation of the Welsh Substance Misuse Strategy, and the characteristics of opiate overdose events. Prof Holloway was co-opted onto a sub-group of the Advisory Panel on Substance Misuse to investigate the potential benefits of introducing safer injecting facilities in Wales and is also on the Executive Boards of Gwent Drug and Alcohol Service (GDAS), Dyfed Drug and Alcohol Service (DDAS) and Dyfodol.

**Nyle Davies** is a Research Assistant in Addiction Psychology and a part-time Lecturer in Psychology at the University of South Wales. He graduated from USW with an MSc in Health Psychology in 2016 and is about to commence studying for a PhD.

**Dr Tom May** is a Research Fellow at the University of South Wales, Centre for Criminology. His main research focus is in the area of substance misuse and drug-related issues. He is currently working on a number of substance-misuse related projects with Professor Holloway, including the misuse of prescribed only and over-the-counter medications in Wales, the diversion of opioid substitution medication and the effectiveness of Medically Supervised Injecting Centres. Dr May has recently been co-opted onto a sub-group of the Welsh Government's Advisory Panel on Substance Misuse to explore the potential benefits of introducing MSICs in Wales.

**Marian Buhociu** is a Research Assistant in Criminology at the University of South Wales. Marian is a former senior Romanian drugs investigator (between 2005-2010) and is now in the final stages of his PhD in the misuse of new psychoactive substances among problematic drug users in South Wales. His other areas of interest are: drugs policing, drugs policy and substance misuse among university students.

**Dr Gareth Roderique-Davies** co-led this study. He is Reader in Psychology at the University of South Wales and a HCPC-registered Health Psychologist. Dr Roderique-Davies has developed expertise in substance misuse, behavioural addiction and craving and the long-term effects of recreational drug use. In addition, Dr Roderique-Davies was until recently a non-executive director of the Pobl Group - a third sector organisation that provides a broad range of social care and homelessness services for people who are vulnerable, homeless or at risk of homelessness, including accommodation, support, advice, education, training and employment.

### Study 1 appendix

Appendix 1 Survey information sheet

Appendix 2: Demographic sheet

Appendix three: Fast alcohol screening tool

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Appendix 5 gambling patterns and frequency questionnaire

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### Study 2 appendix

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## **Study 1 Appendix**

## Appendix 1 Survey information sheet



### Information sheet

#### **Study title:**

An Investigation of the Prevalence and Patterns of Gambling behaviour in Wales

#### **Invitation paragraph:**

You are invited to take part in our research investigating the prevalence and social impact of gambling. Before you decide to take part, you need to understand what is being asked of you. Please take time to read the following information carefully. Take time to decide whether you wish to take part in the study.

#### **What is the purpose of the study?**

The purpose of this study is to investigate patterns of gambling behaviour throughout Wales. The study will consist of a questionnaire asking about alcohol/drug consumption, gambling behaviours and motivations. The purpose of this survey is to gain a better understanding of the breadth and severity of the gambling issues in Wales, with the goal being to reduce problem gambling in the long run.

#### **Why have I been invited?**

You have been asked to take part as a member of the Welsh public. We are interested in finding out about the experiences of as many people as possible with regards to gambling behaviour.

#### **Do I have to take part?**

It is up to you to decide whether to take part.. If you do decide to take part, please note that you are free to change your mind and withdraw from the study at any time without giving a reason as to why. However, submitting your completed questionnaires will be taken as consent for us to use your data.

### **What will happen to me if I take part?**

This research will require you to answer a series of questions. These will include demographic details relating to gender, age and occupation. The remainder of the questions are about gambling, alcohol consumption and drug use. The entire survey should take no longer than 40 minutes to complete. Once you have finished, please hand the questionnaire back to the researcher

### **Expenses and payments**

You do not receive payment or money towards expenses for taking part in this study.

### **What will I have to do?**

To take part in this study you will be asked to complete a questionnaire. This should take no longer than 40 minutes to complete. The questionnaire is easy to understand and is not timed so do not feel as though you should rush. You will be asked some questions about you (for example your age) and some questions related to drinking and gambling.

### **What are the possible disadvantages and risks of taking part?**

Our research will involve questions about drinking alcohol, drug misuse and gambling, which you may find sensitive. Remember that you are free to stop at any time without having to provide a reason why. Information regarding useful helplines and websites will be provided at the end of the questionnaire, should you feel that you would like further information or advice.

### **What are the possible benefits of taking part?**

The study will not likely benefit you personally, however, the information provided will enable the researchers to develop a better understanding of gambling behaviours within Wales and the extent to which they relate to drugs and alcohol

### **What if there is a problem?**

If at any time during or after your participation in our study you have concerns or any complaints, then you may contact the researchers' academic supervisors: Prof Bev John (bev.john@southwales.ac.uk) or Dr Gareth Roderique-Davies (gareth.rdavies@southwales.ac.uk)

If you remain unhappy and wish to complain formally you can do this through the University of South Wales' Research Governance Office Mr Jonathan Sinfield who can be contacted on 01443 484518 or emailing jonathan.sinfield@southwales.ac.uk.

### **Will my taking part in the study be kept confidential?**

All the information obtained from the research will be strictly anonymous and it will not be possible to identify individual contributions or contributors.

### **What will happen if I don't carry on with the study?**

You can stop at any point up to submitting your data. After this, it will not be possible to remove your data as there will be nothing to identify you on the questionnaire.

### **What will happen to the results of the research study?**

A researcher will write up the results of the study in to a report which will be presented to the members of the Welsh Assembly that commissioned the research. The research findings may also be published in an academic journal.

### **Who is organising or sponsoring the research?**

The researchers and supervisors of the study at the University of South Wales will be working in collaboration with members of the Welsh Assembly.

## **Appendix 2: Demographic sheet**

Age:

Gender:

Occupation:

Marital status:

First 4 digits of post code (for identifying Assembly constituency)

Highest qualifications: [Options]

Year of graduation (if applicable):

Monthly earnings:

Number of children:

### Appendix 3: Fast alcohol screening tool

This is one unit of alcohol

And each one of these is more than one unit



Questions	Scoring system					Your Score
	0	1	2	3	4	
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often do you have 8 units (men)/ 6 units (women) or more on one occasion						
If you scored zero above, then you may move on to the next section. If you scored 1-4 then carry on						
How often in the last year have you not been able to remember what happened when drinking the night before?						
How often in the last year have you failed to do what was expected of you because of drinking?						

Has a relative/friend/doctor/ health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	
--	----	--	---	--	---------------------------------------	--

**Appendix 4: gambling circumstance questions**

In the last 12 month ....

**Please circle**

How often are you  
intoxicated/ high on drugs  
while gambling?

Never Sometimes Often Always

**Please circle**

Where are you most likely to  
gamble?

Betting  
shop  
In  
the  
pub

Casino

Gambling  
website

Phone  
apps

Other

(Other) Please specify

---

---

---

**Please circle**

Where are you most likely to be  
when you are drinking?

Betting  
shop

In the  
pub

Casino

Home

Other

(Other) Please specify

---

---

---

**Please circle**

Where are you most likely to be  
when you are using drugs?

Betting  
shop

In the  
pub

Casino

Home

Other

---

---

---

**Please circle**

Who are you most likely to be with when you gamble?

Friends   Family   Alone   Other

(Other) Please specify

---

---

---

**Please circle**

Who are you most likely to be with when you are drinking?

Friends   Family   Alone   Other

(Other) Please specify

---

---

---

(Other) Please specify

**Please circle**

Who are you most likely to be with when you are using drugs?

Friends   Family   Alone   Other

---

---

---

## **Appendix 5 gambling patterns and frequency questionnaire**

*In the past 12 months how often have you spent money in any of the following activities?*

Tickets for the National Lottery Draw, including Thunderball and Euromillions, and tickets bought online

Never	Less than monthly	Monthly	Weekly
Daily or almost daily			

The football pools

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
-------	-------------------	---------	--------	-----------------------

Bingo in a bingo hall or other physical venue

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
-------	-------------------	---------	--------	-----------------------

Fruit or slot machines in pubs or other physical venues

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
-------	-------------------	---------	--------	-----------------------

Virtual gaming machines in a bookmakers (to bet on virtual games such as poker, blackjack, etc)

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
-------	-------------------	---------	--------	-----------------------

Actual table games in a casino (such as poker, roulette, blackjack)

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
-------	-------------------	---------	--------	-----------------------

Any sort of Online/internet games gambling (e.g. roulette, poker, bingo, slot machine, video game betting)

Never almost daily	Less than monthly	Monthly	Weekly	Daily or
-----------------------	-------------------	---------	--------	----------

*Online/internet betting with a bookmaker on any event or sport*

Never almost daily	Less than monthly	Monthly	Weekly	Daily or
-----------------------	-------------------	---------	--------	----------

Betting with a bookmaker on any event or sport *at the venue or by phone*

Never almost daily	Less than monthly	Monthly	Weekly	Daily or
-----------------------	-------------------	---------	--------	----------

Any other form of gambling (please specify)

Never almost daily	Less than monthly	Monthly	Weekly	Daily or
-----------------------	-------------------	---------	--------	----------

**Appendix 6: gambling brand recognition**

Could you write down the names of as many gambling/betting companies that you can think of? (This includes shops, online websites and gambling apps)

**Appendix 7: gambling motivation questionnaire**

**How often do you gamble.....**

**As a way to celebrate**

*Never*      *sometimes*      *often*      *always*

**To relax**

*Never*      *sometimes*      *often*      *always*

**Because you like the feeling**

*Never*      *sometimes*      *often*      *always*

**Because it's what most of your friends do when you get together**

*Never*      *sometimes*      *often*      *always*

**To forget your worries**

*Never*      *sometimes*      *often*      *always*

**Because it's exciting**

*Never*      *sometimes*      *often*      *always*

**To be sociable**

*Never*      *sometimes*      *often*      *always*

**Because you feel more self-confident or sure of yourself**

*Never*      *sometimes*      *often*      *always*

**To get a 'high' feeling or 'buzz'**

*Never*      *sometimes*      *often*      *always*

**Because it is something you do on special occasions**

*Never*      *sometimes*      *often*      *always*

**Because it helps you when you feel nervous or depressed**

*Never*      *sometimes*      *often*      *always*

**Because it's fun**

*Never*      *sometimes*      *often*      *always*

**Because it makes a social gathering more enjoyable**

*Never*      *sometimes*      *often*      *always*

**To cheer you up when you're in a bad mood**

*Never*      *sometimes*      *often*      *always*

**Because it makes you feel good**

*Never*      *sometimes*      *often*      *always*

**Appendix 8: Problem gambling severity index**

**When you think of the past 12 months, have you bet more than you could really afford to lose?**

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

**Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feelings of excitement?**

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

**When you gambled, did you go back another day and try to win back the money lost?**

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

**Have you borrowed money or sold anything to get money to gamble?**

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

**Have you felt you might have a problem with gambling?**

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

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

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

**Have people criticized you're betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?**

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

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

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

**Have you felt guilty about the way you gamble or what happens when you gamble?**

0. Never  
Almost always
1. Sometimes
2. Most of the time
- 3.

## **Appendix 9: Drug use items**

Do you use Illegal Drugs? (Yes/No)

If you answered Yes to Q48 please name the illegal drugs you use [text box]

How often do you use these drugs (Less than monthly/ Monthly/ Weekly/ Daily or almost daily)

Do you use prescription drugs other than as directed by your doctor or health professional? (Yes/ No)

If you answered yes to Q51, which prescription drugs do you use? (remember to only list the drugs that you are not using under the direction of your doctor or other health professional) [text box]

How often do you use these prescription drugs? (Less than monthly/Monthly/ Weekly/ Daily almost daily)

## **Appendix 10: Debrief sheet**

### **STUDY DEBRIEF SHEET**

Thank you for taking the time to complete this study

Although many experts regard gambling as a public health issue there is a lack of evidence in this area. The goal of this study was to increase our understanding of gambling behaviour throughout Wales and how its relates to alcohol and drug misuse. We also explored the motivations or reasons why people engage in gambling behaviour and investigated which methods of gambling are most popular.

This survey will allow us to develop a much clearer understanding of the prevalence of problem gambling and how it manifest in Wales.

Gambling activities, alcohol consumption and drug misuse often occur together. There are many possible explanations for this, such as that alcohol consumption increases risk taking such as gambling (Young and Markham, 2014); and they both can help people escape from everyday reality. Whilst most people who drink alcohol and/or gamble do so as a social activity with no problem for themselves or others, some individuals develop problems or addictions, and the potential for harm and dependency may be worse when alcohol and gambling are combined. Understanding these behaviours more clearly may help us to develop interventions to prevent harm in the future

If you have any queries about this study, then please feel free to contact the researchers or supervisors.

If you have any concerns raised by the questions asked, the following organizations can help:

**Drinkline - a free, confidential service if you are worried about your own or someone else's drinking on 0300 123 1110 (weekdays 9am – 8pm, weekends 11am – 4pm).**

**Dan24/7 a free, confidential service. If you are worried about your own or someone else's drug misuse call 0808 808 2234 or text DAN to 81066 (available 24/7, 365 days a year)**

**Gamcare a free confidential service if you are worried about your own or someone else's gambling behaviour. freephone helpline on 0808 8020133 (8am – midnight, 7 days a week)**

Thank you very much for your participation.

Nyle Davies (Researcher) – [nyle.davies@southwales.ac.uk](mailto:nyle.davies@southwales.ac.uk)

Prof Bev John (Supervisor)- [Bev.john@southwales.ac.uk](mailto:Bev.john@southwales.ac.uk)

Dr Gareth Roderique-Davies (Supervisor)- [gareth.rdavies@southwales.ac.uk](mailto:gareth.rdavies@southwales.ac.uk)

## **Study 2 appendices**

### **Appendix 11 information sheet**



University of  
South Wales  
Prifysgol  
De Cymru

#### **Information sheet**

##### **Study title:**

**Identifying Service providers working with Problem Gamblers in Wales**

##### **Invitation paragraph:**

You are invited to take part in our research investigating the prevalence and social impact of gambling. Before you decide to take part, you need to understand what is being asked of you. Please take time to read the following information carefully. Take time to decide whether you wish to take part in the study.

##### **What is the purpose of the study?**

The purpose of this study is to investigate the prevalence of gambling behaviour throughout Wales. The study will consist of a brief interview asking about your experience with gambling behaviours amongst service users. The purpose of this interview is to gain a better understanding of the unique experiences of those affected by gambling issues and the services that come into contact with them.

##### **Why have I been invited?**

You have been invited to take part in this study because you work within an area that has been identified as having higher instances of gambling behaviour. We are interested in hearing your opinion on the issue of gambling behaviour.

##### **Do I have to take part?**

It is up to you to decide whether to take part. You will be asked to sign a consent form to show that you agree to take part. You may withdraw from the interview at any time without giving a reason as to why and any information collected from you will be destroyed. You may also choose to withdraw from the study for any reason up to one week after the interview has taken place by contacting the researcher. After one week withdrawal from the study may not be possible, as the interviews will have been transcribed for the purposes of writing up a report. You will not be personally identifiable in the report.

### **What will happen to me if I take part?**

This research will ask you a series of questions. These questions will focus on your experiences with gambling and your thoughts towards them. The interview will be recorded (audio-taped) so that it may be accurately written up (transcribed). In the final transcript you will be referred to only in terms of your role. For example “Drug and Alcohol Service Support Worker 1”. No personally identifiable information (name, age and gender) will be used. We will record your age and gender but only to be able to describe the whole sample (for example, “*28 support workers were interviewed (14 male; 14 female average age 37)*”). Once the interview has been transcribed the recording will be destroyed, and your contribution will be anonymised.

### **Expenses and payments**

You do not receive payment or money towards expenses for taking part in this study.

### **What will I have to do?**

To take part in this study you will be asked to take part in an interview. This should take no longer than 40 minutes to complete. The questions are clear and not designed to catch you out, we are interested in hearing about your experiences. You will be asked some demographic information (for example your age). The interview will be recorded for the purpose of transcription. Once transcribed the recordings will be deleted.

### **What are the possible disadvantages and risks of taking part?**

This research is exploring issues related to problem gambling behaviour, and you may find some of the questions sensitive. Remember that you are free to stop at any

time without having to provide a reason why, you are also free to ask the interviewer to move on if a certain topic is sensitive. Information regarding useful helplines and websites will be provided at the end of the questionnaire, should you feel that you would like further information or advice.

If any information suggestive of illegal, unprofessional or activity which can either directly or indirectly result in harm to an individual is declared by you, we are bound to report this to the appropriate authorities.

### **What are the possible benefits of taking part?**

The study will not likely benefit you personally; however, the information provided will enable the researchers to develop a better understanding of gambling behaviours within Wales.

### **What if there is a problem?**

If at any time during or after your participation in our study you have concerns or any complaints, then you may contact the lead researchers: Prof Bev John (bev.john@southwales.ac.uk) or Dr Gareth Roderique-Davies (gareth.rdavies@southwales.ac.uk)

If you remain unhappy and wish to complain formally you can do this through the University of South Wales' Research Governance Office Mr Jonathan Sinfield who can be contacted on 01443 484518 or emailing jonathan.sinfield@southwales.ac.uk.

### **Will my taking part in the study be kept confidential?**

All the information obtained from the research will be strictly anonymous. Your name will not be recorded other than on the consent form. The consent forms will be stored separately from the other study materials. Your name will not be noted during the interview and in the event that any identifiable information is recorded during the interview it will not be transcribed. For example if during the interview you said "*My clients often say to me, John your advice is always very helpful*", this would be transcribed as "*My clients often say to me, {redacted} your advice is always very helpful*". It will not be possible to identify individual contributions or contributors.

### **What will happen if I don't carry on with the study?**

During the interview and immediately after you are free to stop for any reason. You may also choose to withdraw from the study for any reason up to one week after the interview has taken place by contacting the researcher. After one week withdrawal from the study may not be possible, as the interviews will have been transcribed for the purposes of writing up a report. You will not be personally identifiable in the report.

### **What will happen to the results of the research study?**

A researcher will write up the results of the study in to a report which will be presented to the members of the Welsh Assembly that commissioned the research. The research findings may also be published in an academic journal.

### **Who is organising or sponsoring the research?**

The researchers of the study at the University of South Wales will be working in collaboration with members of the Welsh Assembly.

If any other information is required, and if you have any questions in which you would like to ask, then you may contact the researcher at any point to discuss them.

[nyle.davies@southwales.ac.uk](mailto:nyle.davies@southwales.ac.uk)

**Appendix 12: consent form and demographic sheet**

**STUDY CONSENT FORM**

Title of Project: **Identifying Service providers working with Problem Gamblers in Wales**

Name of Researcher: Nyle Davies

Lead researchers: Prof Bev John and Dr Gareth Roderique-Davies

Please initial all boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself.
  
3. I agree to the interview will be audi-taped and understand that once it has been transcribed the recording will be destroyed.
  
4. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals.
  
5. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_

Name of person -

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Taking consent.

### Demographic information

Age:

Gender:

Organisation:

Role at organisation:

Length of time worked at organisation

### **Appendix 13: Service provider interview schedule**

Brief introduction to the study

1. What does the term problem gambling mean to you?

[Prompts, e.g., potential harms, who do you think are most vulnerable groups?]

2. To what extent does gambling feature as a problem among your service users?

[Amount of cases/ percentage]

3. In what way (if any) has this changed over recent years?

[Prompts, e.g., are there increases/ decreases? Demographic changes, etc]

4. Do service users bring up gambling behaviours when they discuss their problems/ reasons for coming to the service?
5. In what ways do you become aware of possible gambling issues in your service users?

[Noticeable trends/ commonalities/ self reporting]

6. Do you use formal assessments/ screening in this service? Could you elaborate on how this works, and the sort of information you record.
7. Do you think it would be useful to ask service users about gambling issues?

[Probe: why?]

8. If you identified a person with a gambling issue how do you help them?

[Referrals and signposting]

[How familiar are you with the gambling support services in Wales?]

9. What do you think should/ could be done to prevent individuals developing serious gambling problems?
10. Anything you would like to add based on your experience in XXXX service?

## **Appendix 14 study 2 debrief sheet**

### **STUDY DEBRIEF SHEET**

Thank you for taking the time to complete this study

Although many experts regard gambling as a public health issue there is a lack of evidence in this area. The goal of this study was to increase our understanding of gambling behaviour throughout Wales and how problem gamblers interact with other related support services.

As there is no NHS funded gambling treatment in Wales many problem gamblers are likely to initially present in other services with other more apparent issues (e.g., debt issues, alcohol issues). As a result when looking at the issue of problem gambling it is important to look in to these services as not doing so would exclude a large portion of problem gamblers. The study's goal is to develop a more complete understanding of the landscape of support services used by those with gambling issues.

The purpose is to develop a more complete understanding of how problem gamblers interact with the various support services throughout Wales, and how these services deal with these individuals. This interview will allow us to develop a much clearer understanding of the prevalence of problem gambling and how it manifests in Wales. Further, it will allow us to develop a better picture of the experiences faced by gamblers and those working with gamblers.

If you have any queries about this study, then please feel free to contact the researchers or supervisors.

If you have any concerns raised by the questions asked, the following organizations can help:

**Gamcare a free confidential service if you are worried about your own or someone else's gambling behaviour. freephone helpline on 0808 8020133 (8am – midnight, 7 days a week)**

**Drinkline - a free, confidential service if you are worried about your own or someone else's drinking on 0300 123 1110 (weekdays 9am – 8pm, weekends 11am – 4pm).**

**Dan24/7 a free, confidential service. If you are worried about your own or someone else's drug misuse call 0808 808 2234 or text DAN to 81066 (available 24/7, 365 days a year)**

Thank you very much for your participation.

Nyle Davies (Researcher) – [nyle.davies@southwales.ac.uk](mailto:nyle.davies@southwales.ac.uk)

Prof Bev John (Lead researcher)- [Bev.john@southwales.ac.uk](mailto:Bev.john@southwales.ac.uk)

Dr Gareth Roderique-Davies (Lead researcher)- [gareth.rdavies@southwales.ac.uk](mailto:gareth.rdavies@southwales.ac.uk)

### **Study 3 appendices**

#### **Appendix 15: participant information sheet**

## Information sheet

### **Study title:**

An investigation of service user perspectives on problem gambling and support services

### **Invitation paragraph:**

You are being invited to take part in this study that is investigating problems experienced by people who gamble. Although some research has been done about the different types of gambling, not as much is known about how people deal with gambling on a personal level. The focus of this research is to learn about the experiences of individuals who take part in gambling behaviours. Before you decide to take part, you need to understand what is being asked of you. Please take time to read the following information carefully. Take time to decide whether you wish to take part in the study.

### **What is the purpose of the study?**

The purpose of this study is to investigate the experiences of people in Wales who have or have had experiences with gambling in the past. This study is part of a series of studies exploring gambling behaviour, patterns of gambling and the gambling industry in Wales. The information you share with us will be combined with the information from the other studies. The study will consist of a brief interview asking about your personal experience with gambling and how it has affected your life. The purpose of this interview is to gain a better understanding of the personal experiences of those affected by gambling issues.

### **Why have I been invited?**

You have been invited to take part in this study because you are (or have) received help from a support service where people asking for help sometimes have problems with gambling issues. We are interested in hearing about your personal experiences and thoughts about gambling and how it impacted your life.

### **Do I have to take part?**

It is up to you to decide whether to take part. You will be asked to sign a consent form to show that you agree to take part. You may withdraw from the interview at any time without giving a reason as to why and any information collected from you will be destroyed.

### **What will happen to me if I take part?**

The researcher will ask you a series of questions. These questions will focus on your experiences with gambling and your thoughts about it. The interview will be recorded (audio-taped) so that it may be accurately written up (transcribed). In the final transcript your name will be changed and you will be referred to using a false name, so that you cannot be accidentally identified. No personally identifiable information (name, age and gender) will be used. We will record your age and gender but only to be able to describe the whole sample (for example, “28 people were interviewed (14 male; 14 female average age 37)”). Once the interview has been transcribed the recording will be destroyed, and your contribution will be anonymised.

### **Expenses and payments**

You do not receive payment or money towards expenses for taking part in this study.

### **What will I have to do?**

To take part in this study you will be asked to take part in an interview. This should take no longer than 40 minutes to complete. The questions are clear and not designed to catch you out, we are interested in hearing about your experiences. You will be asked some information about yourself (for example your age). The interview will be recorded for the purpose of transcription. Once transcribed the recordings will be deleted.

### **What are the possible disadvantages and risks of taking part?**

This research is exploring issues related to problem gambling behaviour, and you may find some of the questions sensitive or uncomfortable to answer. Remember that you are free to stop at any time without having to provide a reason why. You are in control of what happens, if a subject is difficult to talk about you are free to skip it and move on to the next question. Information about useful helplines and websites will be provided at the end of the questionnaire, if you feel that you would like further information or advice.

However, if any information suggestive of illegal, unprofessional or activity which can either directly or indirectly result in harm to an individual is declared by you, we are bound to report this to the appropriate authorities.

### **What are the possible benefits of taking part?**

The study will not likely benefit you personally; however, the information provided will enable the researchers to develop a better understanding of gambling behaviours within Wales. More importantly it will allow us to get a better understanding of how individuals deal with gambling on a personal level.

### **What if there is a problem?**

If at any time during or after your participation in our study you have concerns or any complaints, then you may contact the lead researchers: Prof Bev John (bev.john@southwales.ac.uk) or Dr Gareth Roderique-Davies (gareth.rdavies@southwales.ac.uk)

If you remain unhappy and wish to complain formally you can do this through the University of South Wales' Research Governance Office Mr Jonathan Sinfield who can be contacted on 01443 484518 or emailing jonathan.sinfield@southwales.ac.uk.

### **Will my taking part in the study be kept confidential?**

All the information obtained from the research will be strictly anonymous. Your name will not be recorded other than on the consent form. The consent forms will be stored separately from the other study materials. Your name will not be noted during the interview and in the event that any identifiable information is recorded during the interview it will not be written down. For example if during the interview you said "*My friends say to me, John you are a strong person*", this would be written as "*My friends say to me, {XXXX} you are a strong person*". It will not be possible to identify individual contributions or contributors. If you mention personal addresses or other

places you visit regularly these will also be changed in the same way to protect your anonymity.

### **What will happen if I don't carry on with the study?**

During the interview and immediately after you are free to stop for any reason with no questions asked. You will not be personally identifiable in the report.

### **What will happen to the results of the research study?**

A researcher will write up the results of the study into a report which will be presented to the members of the Welsh Assembly that commissioned the research. The research findings may also be published in an academic journal but your contribution will be completely anonymous

### **Who is organising or sponsoring the research?**

The researchers of the study at the University of South Wales will be working in collaboration with members of the Welsh Assembly.

### **Is there a deadline after which it is not possible to participate in this research?**

The final deadline for taking part in the research is October 15<sup>th</sup> 2017. After this time it will be no longer possible.

If any other information is required, and if you have any questions in which you would like to ask, then you may contact the researcher or Lead Investigators at any point to discuss them:

Nyle Davies: [nyle.davies@southwales.ac.uk](mailto:nyle.davies@southwales.ac.uk)

Prof Bev John: [bev.john@southwales.ac.uk](mailto:bev.john@southwales.ac.uk)

Dr Gareth Roderique-Davies: [gareth.rdavies@southwales.ac.uk](mailto:gareth.rdavies@southwales.ac.uk)

### **Appendix 16: consent and demographic sheet**

## STUDY CONSENT FORM

**Title of Project:** An investigation of service user perspectives on problem gambling and support services

**Name of Researcher:** Nyle Davies

**Lead researchers:** Prof Bev John and Dr Gareth Roderique-Davies

Please initial all boxes

6. I confirm that I have read and understand the information sheet for the above study (Version 2.0, August 21<sup>st</sup> 2017).
7. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
8. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself.
9. I agree to the interview will be audi-taped and understand that once it has been transcribed the recording will be destroyed.
10. I agree to my anonymised data being combined with other data collected as part of the other studies in this project
11. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals.

12. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of person -                      Date                      Signature  
Taking consent.

Demographic information

Age:

Gender:

Ethnicity

Marital Status:

Children:

Support service:

Length of time at support service:

**Appendix 17: Service user interview schedule**

[optional prompt questions in red]

1) Can you tell me about your first experience with gambling?

[Who was that with?]

[When? What type of gambling?]

2) What was it about gambling that appealed to you?

3) What type of gambling do you take part in?

4) When did you start gambling regularly?

[How often? How much money did you spend/ win/ lose?]

[With whom?]

5) Over time, has your gambling behaviour changed? In what ways?

[Types and frequency]

6) In what way (if any) did your gambling behaviour affect other aspects of your life?

[e.g., Relationships, occupation, education]

[What motivated you to keep gambling?]

7) Do you think you have (or ever have had) a problem with gambling?

[What made you think that?]

8) Have you ever tried to limit or stop your gambling?

[How did that go?]

9) Did you try to seek help?

[Why?]

[Did you do anything to try and control your gambling?]

[Support services]

10) What kind of help have you received?

11) Is there anything you would like to add?

## **Appendix 18: Debrief sheet**



### **STUDY DEBRIEF SHEET**

Thank you for taking the time to complete this study

Although many experts regard gambling as a public health issue there is a lack of evidence in this area. As there is no NHS funded gambling treatment in Wales, many problem gamblers are likely to go to other support services with more visible problems (e.g., debt issues, alcohol issues). As a result, when looking at the issue of problem gambling it is important to look to these services as not doing so would exclude a large portion of problem gamblers.

In addition to this gambling behaviour is often kept secret as disclosing the issues to family and friends can be distressing. Because of this it's important to develop a better understanding of how people experience and deal with gambling issues. We are interested in building a better understanding of how gambling behaviours start, how they are maintained and how they are addressed by the individual.

The purpose of this study is to develop a more complete understanding of the challenges faced by individuals with gambling issues throughout Wales. This interview will allow us to develop a much clearer understanding of the extent of



problems people have with gambling. Further, it will allow us to develop a better picture of the experiences faced by gamblers and those affected by gambling behaviour.

If you have any queries about this study, then please feel free to contact the researchers or supervisors.

If you have any concerns raised by the questions asked, the following organizations can help:

**Gamcare a free confidential service if you are worried about your own or someone else's gambling behaviour. freephone helpline on 0808 8020133 (8am – midnight, 7 days a week)**

**Drinkline - a free, confidential service if you are worried about your own or someone else's drinking on 0300 123 1110 (weekdays 9am – 8pm, weekends 11am – 4pm).**

**Dan24/7 a free, confidential service. If you are worried about your own or someone else's drug misuse call 0808 808 2234 or text DAN to 81066 (available 24/7, 365 days a year)**

Thank you very much for your participation.

Nyle Davies (Researcher) – [nyle.davies@southwales.ac.uk](mailto:nyle.davies@southwales.ac.uk)

Prof Bev John (Lead researcher)- [Bev.john@southwales.ac.uk](mailto:Bev.john@southwales.ac.uk)

Dr Gareth Roderique-Davies (Lead researcher)- [gareth.rdavies@southwales.ac.uk](mailto:gareth.rdavies@southwales.ac.uk)