
GAMBLING IN BAME

WRITTEN BY KISHAN PATEL

TALKGEN LTD

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GAMBLING EDUCATION NETWORK

KISHAN@TALKGEN.CO.UK
KISHAN.PATEL16@IMPERIAL.AC.UK

EXECUTIVE SUMMARY

Scope of work.

In a study by Clearview research, 89% of young BAME participants said that there was a difference between how gambling is seen in minority ethnic cultures when compared to white cultures.

This is the first review to collect, collate, and analyze the evidence on the prevalence of gambling disorder, the associated risk factors, and the perceptions of problem-gambling, within BAME populations.

The need.

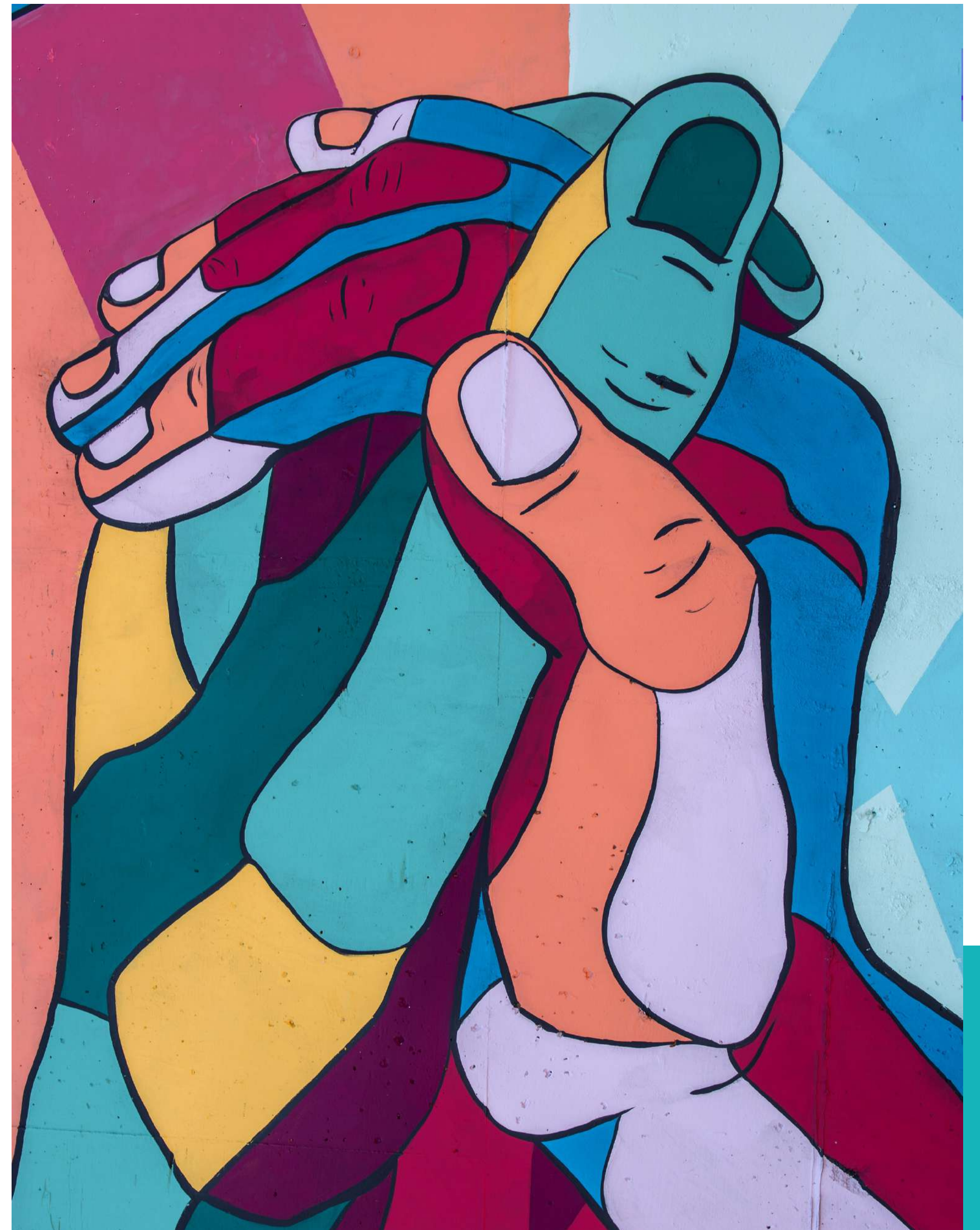
There is extremely limited research on gambling in BAME communities. In fact, there has only been a single specific qualitative study and there are no dedicated quantitative studies.

Prevalence studies that aim to represent the levels of low-risk (LR), moderate-risk (MR) and problem-gambling (PG) harm in the population, have repeatedly reflected that BAME individuals suffer disproportionate harm.

Additionally, high-quality studies have repeatedly demonstrated that younger age groups are significantly more likely to suffer problem gambling harm than older age groups. Problem gambling is most prevalent amongst 16-24-year-olds, then 25-34-year-olds, then 35-44-year-olds and so forth.

Although there is no data directly representing BAME by age groups or by gender, or even data on young BAME individuals, it is highly likely that the most vulnerable age/sex/ethnic combination to problem gambling is 16-24-years old, male, and of minority ethnic background.

Despite this consistent picture, studies have yet to appropriate larger sampling sizes towards BAME groups. A lack of appropriate research study designs is compounded by the lack of clarity in reporting in the existing literature.



The last decade.

Following the British Gambling Prevalence Survey (BGPS) 2010 and until 2015/16, funding for prevalence studies in Great Britain was severely cut.

As a result of this funding cut, Great Britain's seminal studies on gambling, the BGPS, were stopped.

Since 2010, data on problem gambling has been gathered with self-completion forms that have been included in health care surveys. Hence, efforts to understand and measure gambling-related harms have been notably limited since 2010.

Research evaluated.

Data from BGPS 2007, BGPS 2010, NHS Health Survey 2012, and NHS Health Survey 2016 was used for quantitative analysis of problem gambling prevalence.

The BGPS 2010, being the last high-quality study in Great Britain, was further used to give insights into motivations and factors towards gambling.

Locations were analysed using the public register of betting shops with the latest ONS (Office for National Statistics) data.

Perspectives were analysed using qualitative research in the young BAME perspective by Clearview research.

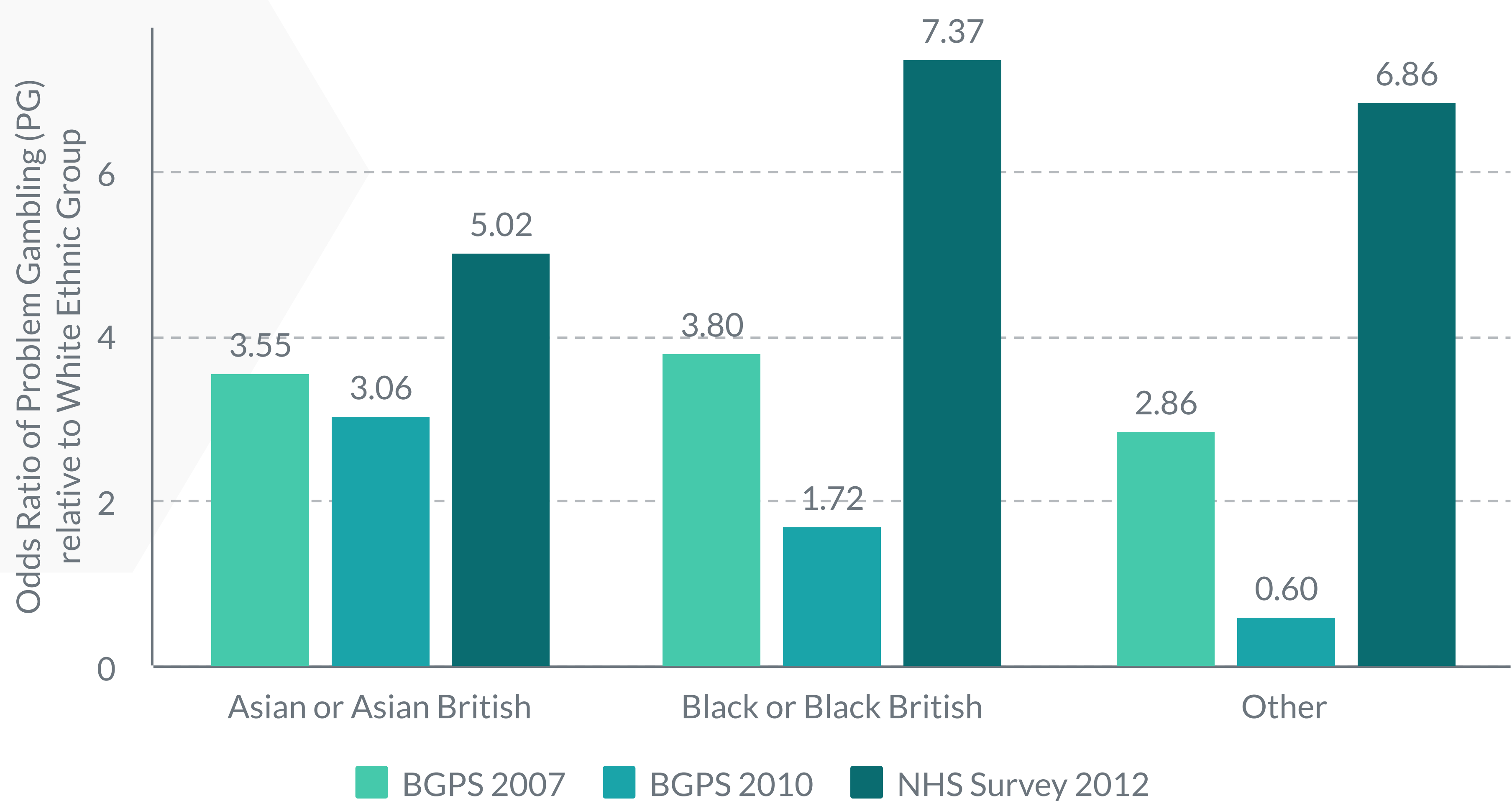
Nota bene.

- Problem gamblers are estimated to lose 5 years of healthy life for every 10 years of lifespan. This is similar to the harm that smoking 65 cigarettes a day would have.
- Moderate risk gamblers are estimated to lose 4 years of healthy life for every 10 years of lifespan This is similar to the harm that smoking 44 cigarettes a day would have.
- Low risk gamblers are estimated to lose 2 years of healthy life for every 10 years of lifespan. This is similar to the harm that smoking 22 cigarettes a day would have.

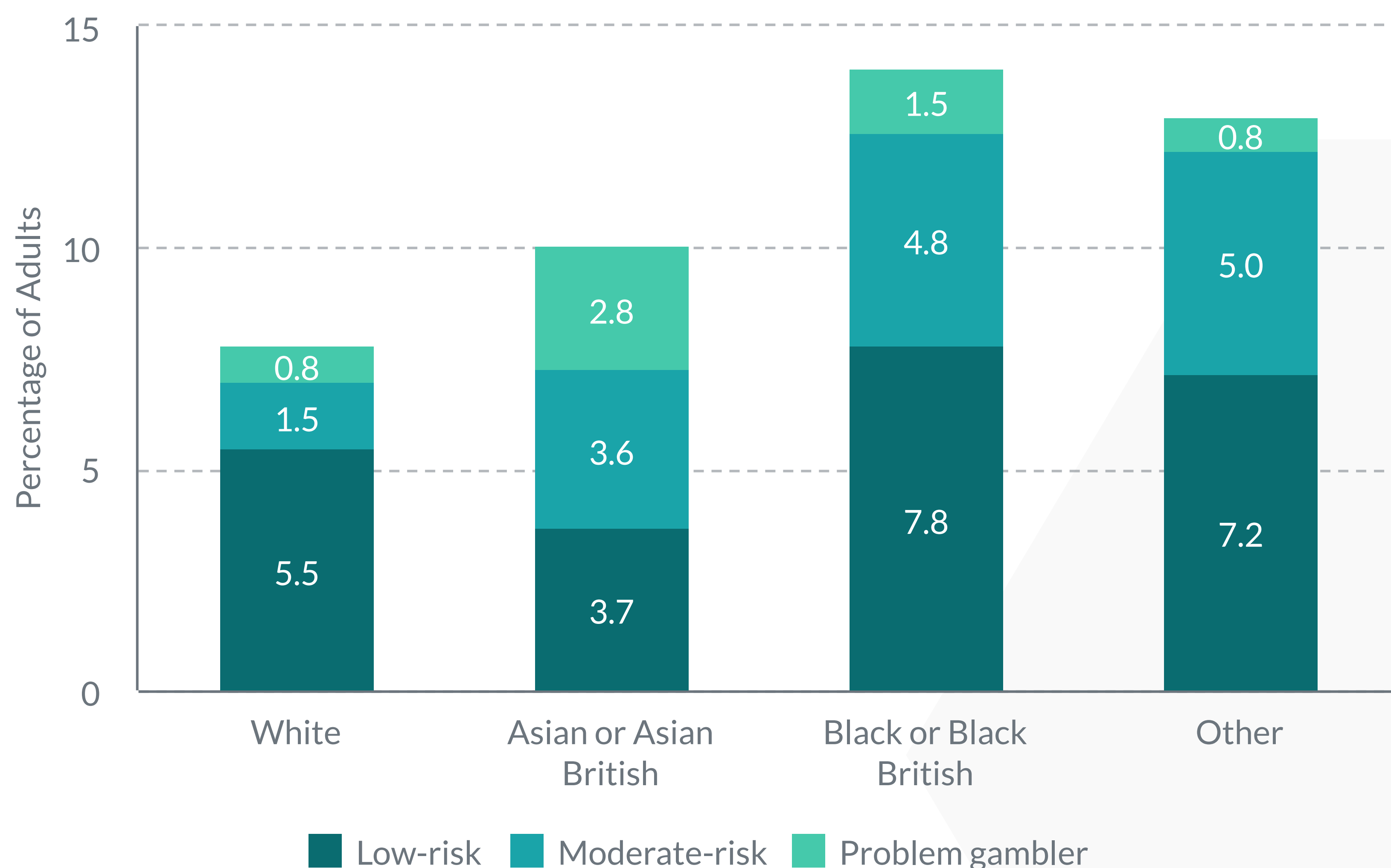


GAMBLING PREVALENCE SURVEYS

The last well-designed gambling prevalence surveys, BGPS 2007 and BGPS 2010 found that Asian and Black ethnic groups led to a significantly higher chance of problem gambling. In 2012, the NHS Survey Data found this relationship again, but also a significant relationship for other ethnic groups too. The primary limitation of the studies is the small sample sizes of people from minority backgrounds, hence the confidence intervals (95% CI) are wide and thus the estimates (shown below) lack precision.

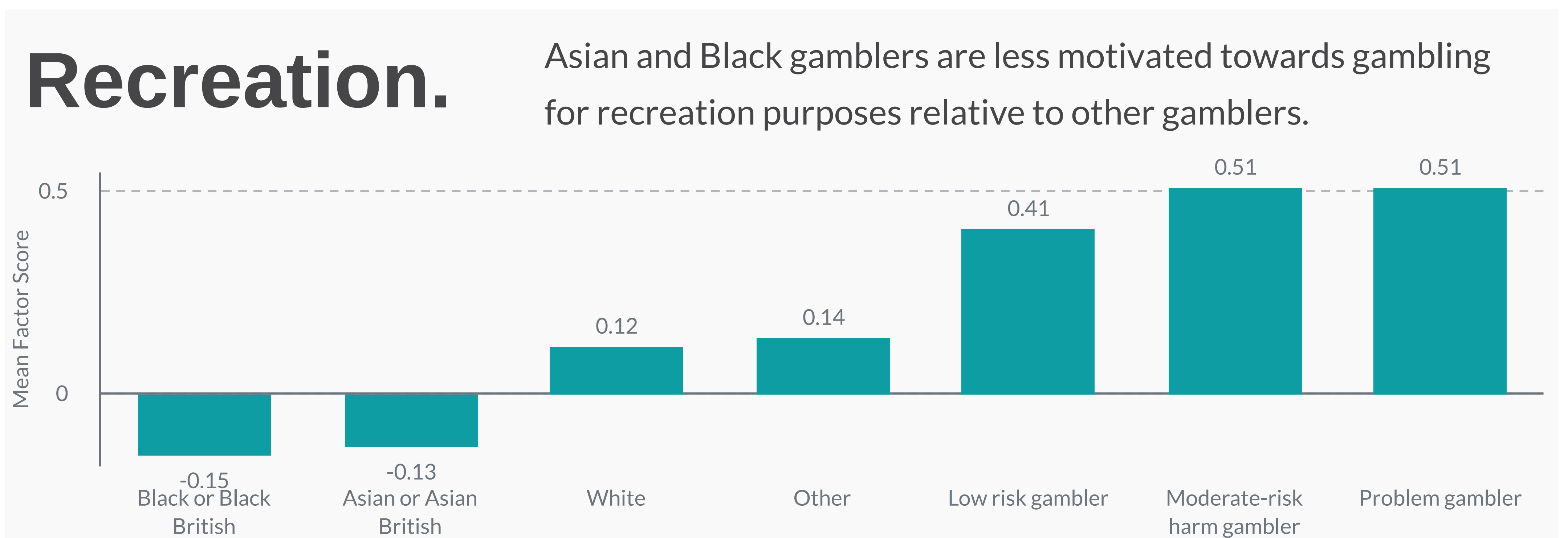
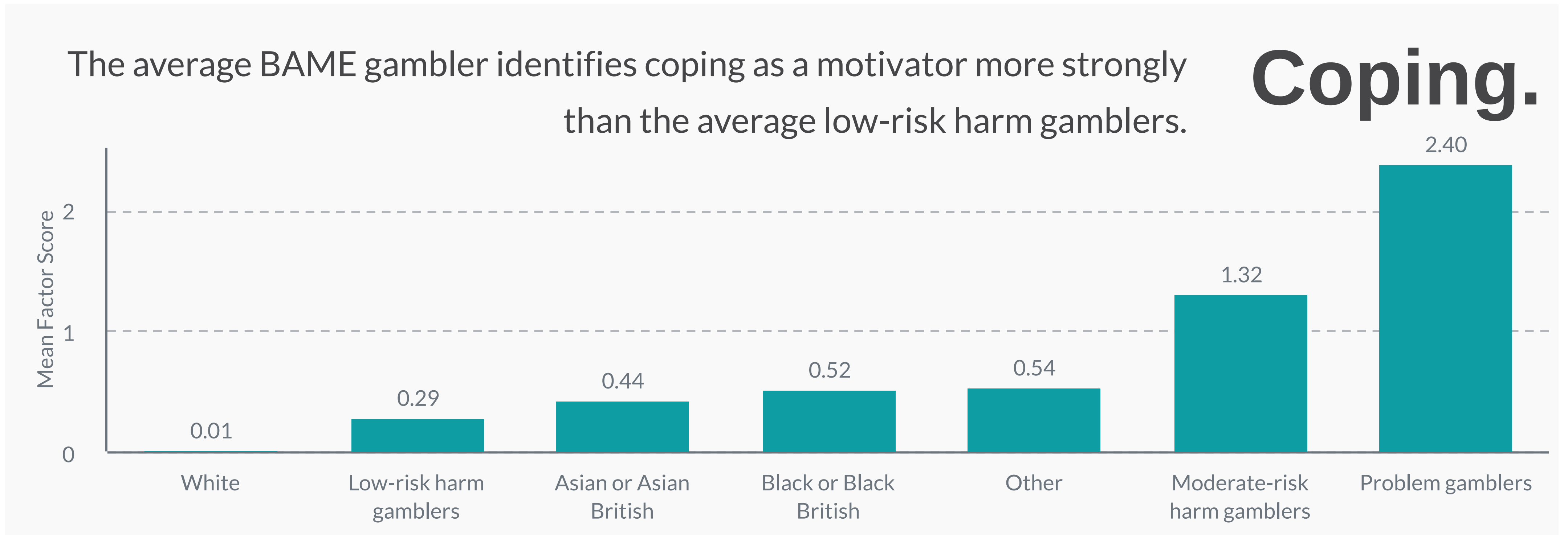


The BGPS 2010 showed that gambling is less common amongst BAME than in White ethnic groups, with approximately $\frac{1}{2}$ of all BAME individuals gamble in some form. In contrast, it is almost $\frac{3}{4}$ of White ethnicity individuals that gamble. **In summary, approximately 1 in 2 BAME individuals gamble, 1 in 4 BAME gamblers suffer significant harm, and 1 in 15 BAME gamblers suffer the most severe form of harm.**



MOTIVATIONS TOWARDS GAMBLING

The British Gambling Prevalence Survey in 2010 also explored the different factors that motivate an individual to gamble. In this research, significant differences were seen between BAME gamblers and White gamblers, and particularly on the factors of 'coping', 'recreation', and 'money', as shown below.



FACTORS

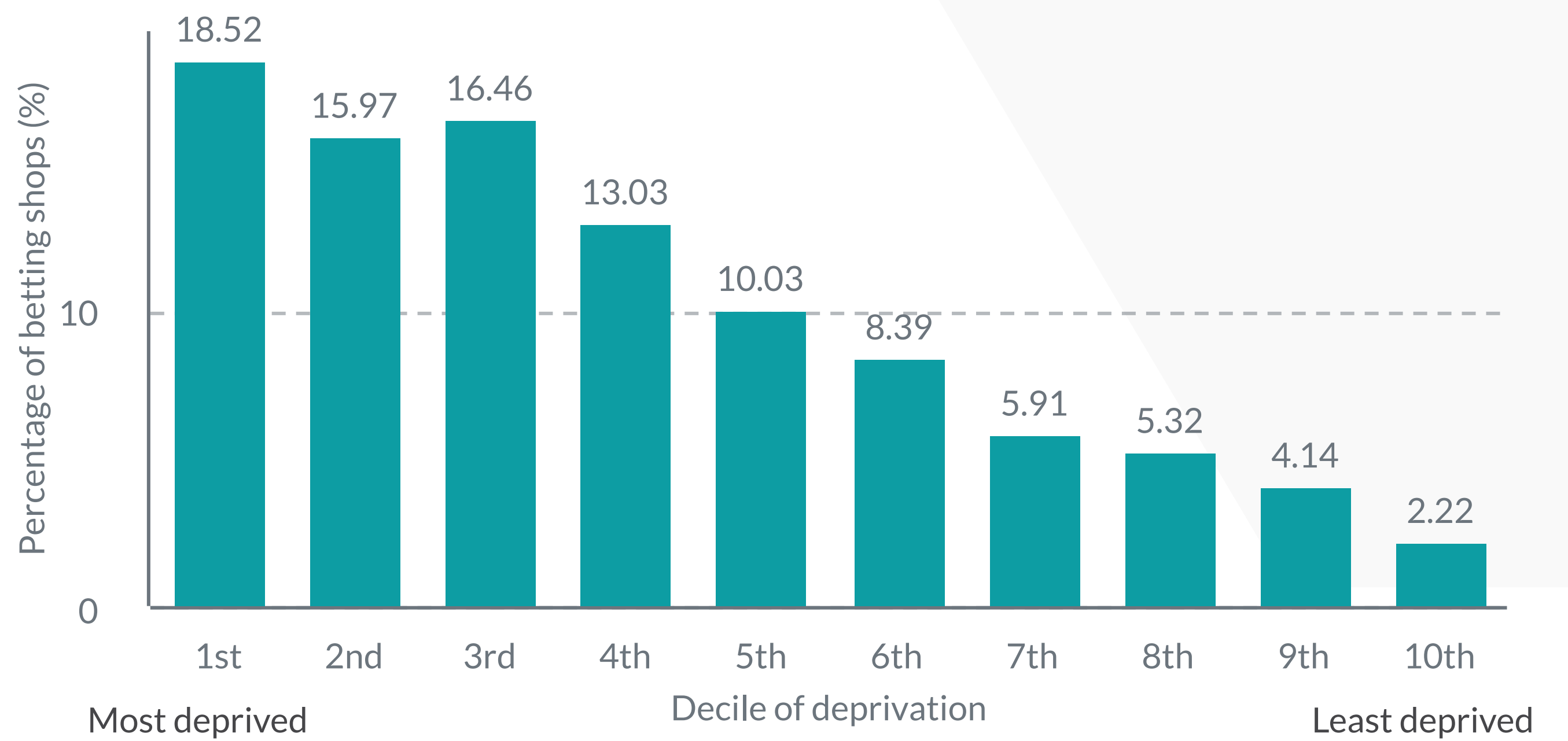
Locations.

Betting shops in England and Wales are in postcode districts where the population is on average disproportionately composed of individuals from BAME ethnicity groups. In postcode district where there are 10 or more betting shops, the population is even more disproportionately composed of all minority ethnic groups except for those under other.

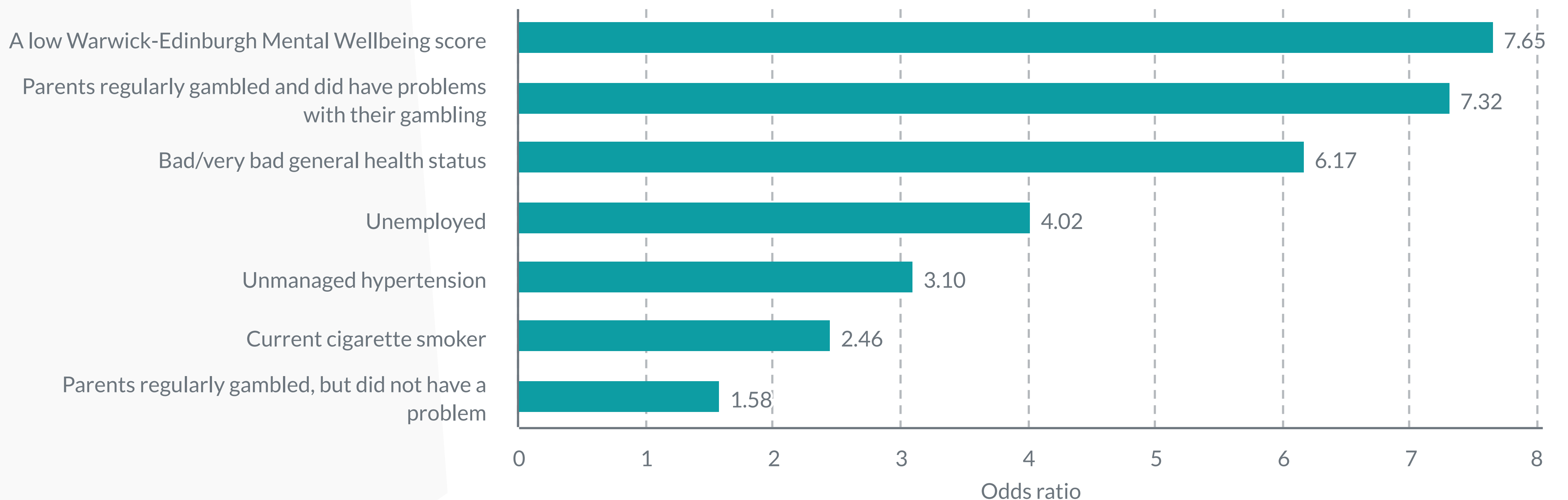


Deprivation.

Furthermore, the locations of 6518 betting shops in England are overwhelmingly in deprived areas according to 2019 Office for National Statistics Deprivation data.



Other Factors.



Cultural Stigma.

- *“... in our culture or community, gambling has a bad reputation and so if you gamble you have a bad name.”*
- *“... yeah, our community is harsh... people have harsh opinions about people... so if you are doing anything that is seen as bad you are seen as bad.”*
- *“Yeah, people don’t speak a thing about gambling.”*
- *“All the bookies are in the hood and you see a lot of yardies (translation: Jamaicans) in them.”*

Health Awareness.

- *“...like on the packages it says smoking kills, so you know what you are getting into, but I don’t see anything like that with gambling at all.”*
- *“Oh yeah, it’s treated different; even when it becomes a problem - for white people it’s like ‘they need help’ whereas for us, it’s treated like it’s a sickness.” “Black and Asian communities they are more strict about gambling and they think it’s a mental illness.”*

Getting help.

- *None of the 65 participants confidently knew where to get help. One participant whose gambling had become a problem stated that “No, I didn’t know at all... my mental health suffered, I was in 15 grand of debt... I was in a bad place man.”*
- *Nearly nine in 10 (89%) participants said there is difference between how gambling is seen in ethnic and white cultures.*

Motivations to gambling.

- *“I feel like Black people see gambling as a glimpse of a way out but for white people it just for bants.”*
 - *“White people go into the bookies for banter, whereas people from my culture go to actually make money.”*
-

CONCLUSION

Gambling has a worse impact on those from a BAME background, and this is in part due to differences in cultural attitudes and associated stigmas.

Betting shops are overwhelmingly crammed into areas where there are higher percentages of BAME individuals and in areas of deprivation.

Education professionals and treatment providers should look to rapidly develop and expand consideration for gambling-harm in BAME communities.

You can reach me at:



kishan@talkgen.co.uk

kishan.patel16@imperial.ac.uk

WWW

www.allbetsareoff.co.uk

www.talkgen.co.uk



www.linkedin.com/in/kishpat/

www.linkedin.com/company/talkgen-ltd/



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REFERENCES

1. GAMBLING: the young BAME perspective 2. [Online] [Accessed: 10th August 2020]. Available from: <https://bit.ly/2RvXcKo>
2. Wardle H, Sproston K, Orford J, Erens B, Griffiths M, Constantine R, et al. *British Gambling Prevalence Survey 2007*. 2007.
3. Wardle H, Moody A, Spence S, Orford J, Volberg R, Jotangia D, et al. *British Gambling Prevalence Survey 2010 Prepared for: The Gambling Commission*.
4. Seabury C, Wardle H. Gambling behaviour in England & Scotland Headline findings from the Health Survey for England 2012 and Scottish Health Survey 2012. 2014.
5. Conolly A, Davies B, Fuller E, Heinze N, Wardle H. *Gambling behaviour in Great Britain in 2016 Evidence from England, Scotland and Wales*. [Online] 2018 [Accessed: 25th March 2020]. Available from: www.natcen.ac.uk [Accessed: 25th March 2020]
6. *Gambling participation in 2018: behaviour, awareness and attitudes*. [Online] [Accessed: 25th March 2020]. Available from: <https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2018-behaviour-awareness-and-attitudes.pdf> [Accessed: 25th March 2020]
7. Rawat V, Browne M, Bellringer M, Greer N, Kolandai-Matchett K, Rockloff M, et al. A tale of two countries: comparing disability weights for gambling problems in New Zealand and Australia. *Quality of Life Research*. [Online] Springer International



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APPENDIX 1: GAMBLING PREVALENCE SURVEYS

BGPS 2007

Ethnic Group	Odds Ratio	95% CI
White	1	
Asian or Asian British	3.55	[1.20 – 10.52]
Black or Black British	3.80	[1.05 – 13.78]
Other	2.86	[0.83 – 9.89]

BGPS 2010

Ethnic Group	Odds Ratio	95% CI
White	1	
Asian or Asian British	3.06	[1.50 – 6.23]
Black or Black British	1.72	[0.38 – 7.79]
Other	0.60	[0.07 – 5.22]

NHS Survey 2012

Ethnic Group	Odds Ratio	95% CI
White	1	
Asian or Asian British	5.02	[1.85 – 13.60]
Black or Black British	7.37	[2.32 – 23.38]
Other	6.86	[1.52 – 31.01]

NHS Survey 2016

Ethnic Group	Problem Gambler (%)
White	0.6
Asian or Asian British	0.4
Black or Black British	2.8
Other	1.2

BGPS 2010

Ethnic Group	Low risk (%)	Moderate risk (%)	Problem gambler (%)	Total (%)
White	5.5	1.5	0.8	7.8
Asian or Asian British	3.7	3.6	2.8	10.1
Black or Black British	7.8	4.8	1.5	14.1
Other	7.2	5.0	0.8	13.0

To indicate how problem gambling may affect ethnic minority groups, odds ratio relationships were calculated in 2007, 2010, and 2012.

Subsequent studies did not continue to calculate this relationship.

Care should be taken when interpreting these findings individually as each study is composed of small numbers of ethnic minority individuals.

APPENDIX 2: MOTIVATIONS TOWARDS GAMBLING

“Gambling is similar to smoking... there are two types of smokers; a social smoker who only smokes with friends or every once in a while, and an addicted smoker who can't stop smoking even if they tried. However, the thing is there is a third type no one realises or notices - the addicted social smoker.”

Recreation.

Mean Factor Score (SE of mean)

- White, 0.12 (0.02)
- Asian, -0.13 (0.10)
- Black, -0.15 (0.17)
- Other, 0.14 (0.16)

“When I was working in the betting shops - it was depressing seeing the same vulnerable people day-in and day-out waste their time and their money...”

“I feel like Black people see gambling as a glimpse of a way out but for white people it just for bants.” “White people go into the bookies for banter, whereas people from my culture go to actually make money.”

Coping.

Mean Factor Score (SE of mean)

- White, 0.01 (0.02)
- Asian, 0.44 (0.17)
- Black, 0.52 (0.34)
- Other, 0.54 (0.24)

Money.

Mean Factor Score (SE of mean)

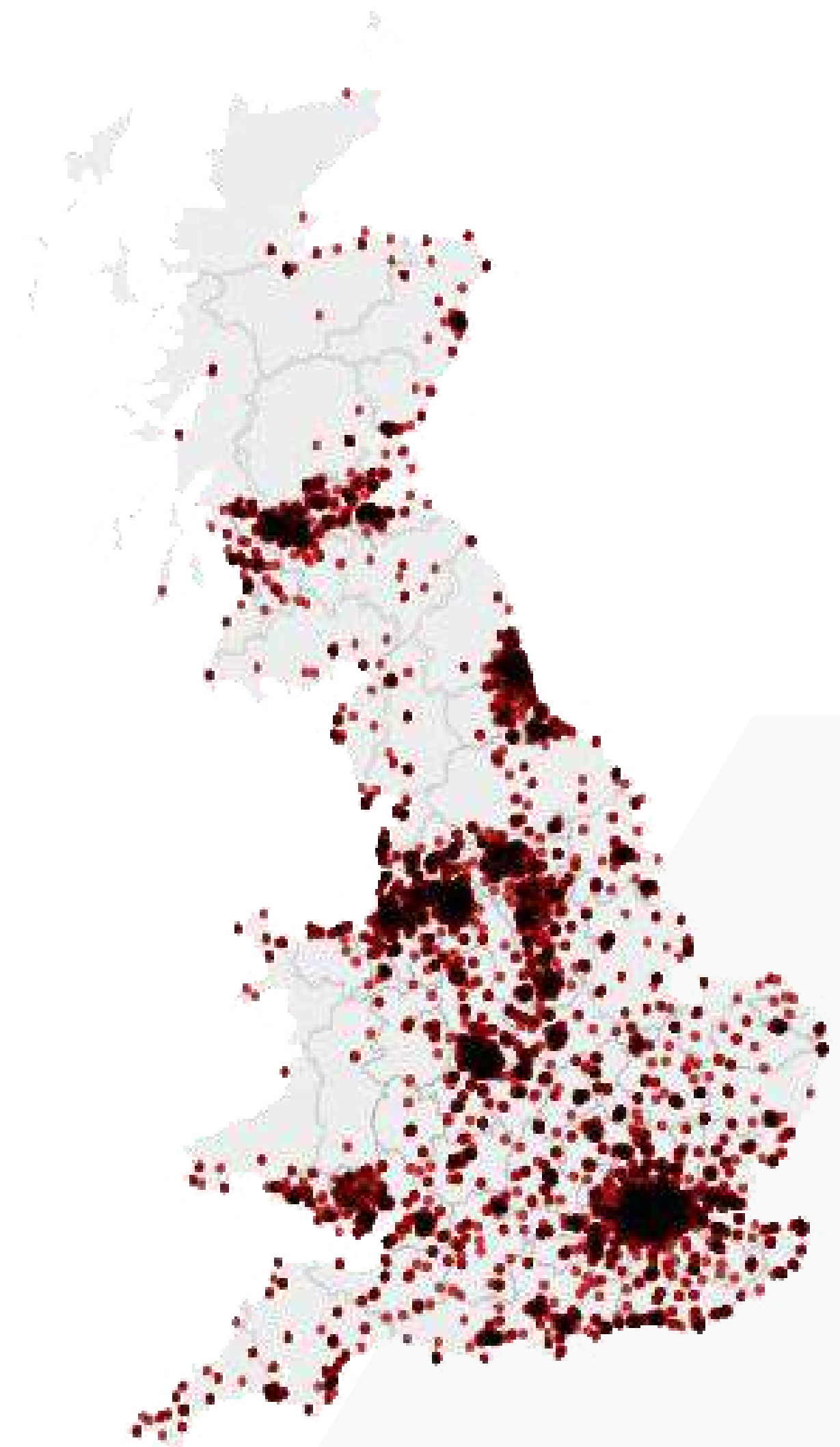
- White, 0.17 (0.02)
 - Asian, 0.22 (0.16)
 - Black, 0.53 (0.09)
 - Other, -0.15 (0.14)
-

APPENDIX 3: FACTORS

Locations.

Interactive map of betting shops in England, Wales, and Scotland

Click on the map on the right to see where betting shops are concentrated.



Deprivation.

Furthermore, the locations of 6518 betting shops in England are overwhelmingly in deprived areas according to 2019 Office for National Statistics Deprivation data.

- 29% of all betting shops are in the top 10% of most deprived postcodes by crime
- 20% of all betting shops are in the top 10% of most deprived postcodes by health

Other Factors.

A low Warwick-Edinburgh Mental Wellbeing score, 7.65 [2.87 - 20.42]

Parents regularly gambled and did have problems with their gambling, 7.32 [3.43 - 15.61]

Bad/very bad general health status, 6.17 [2.38 - 15.99]

Unemployed, 4.02 [1.22 - 13.21]

Unmanaged hypertension, 3.10 [1.40 - 6.84]

Current cigarette smoker, 2.46 [1.43 - 4.25]

Parents regularly gambled, but did not have a problem, 1.58 [0.79 - 3.15]
