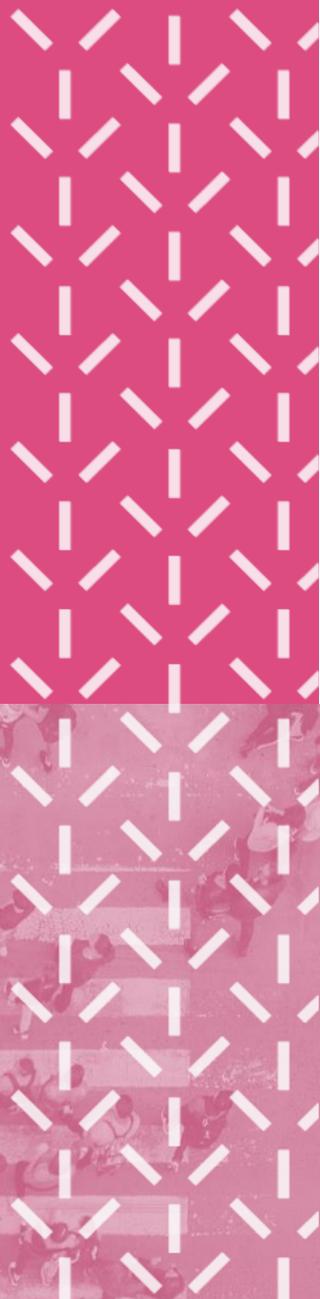
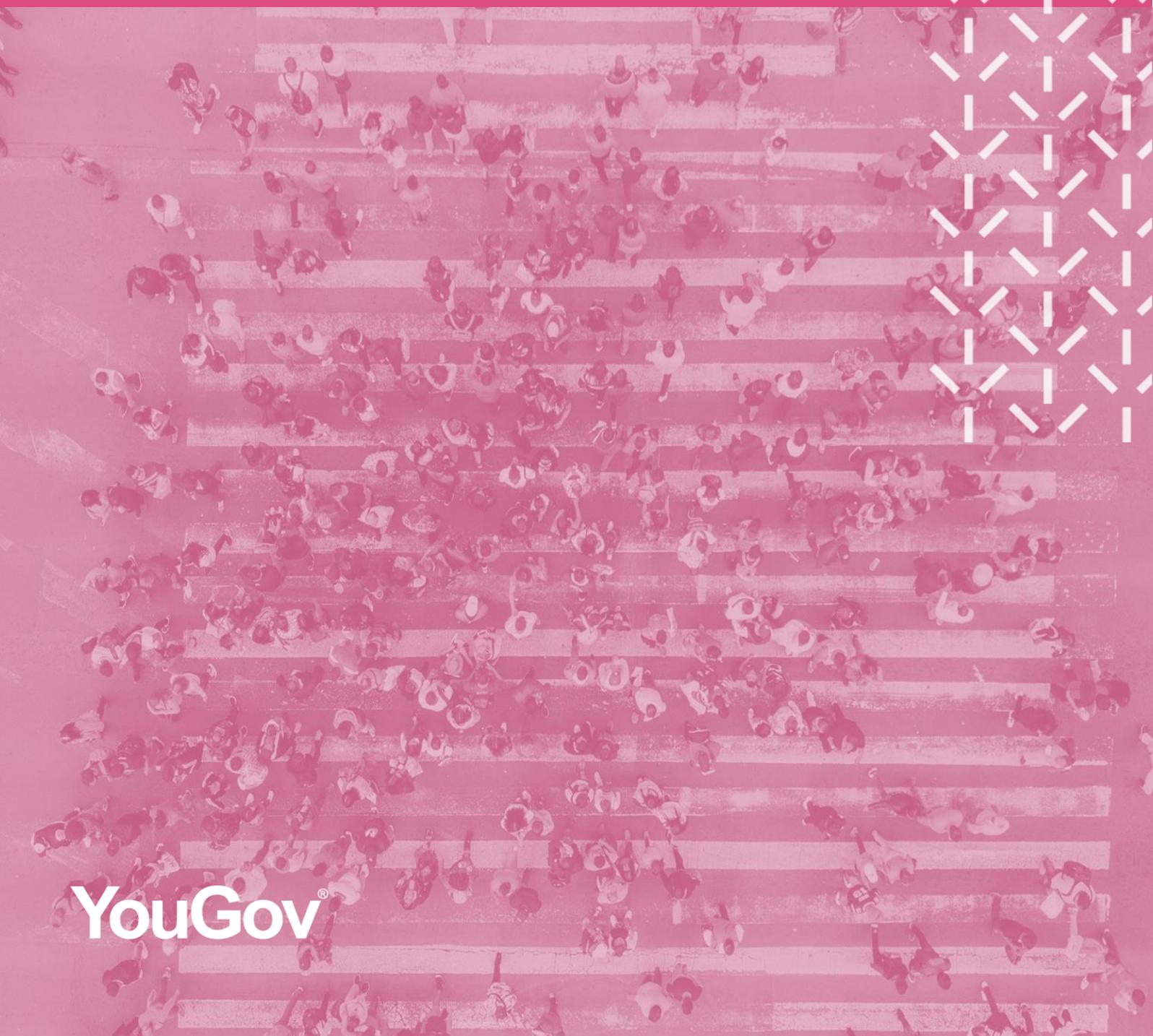


The impact of the COVID-19 lockdown on gambling behaviour, harms and demand for treatment and support

On behalf of GambleAware

October 2020

Briony Gunstone, Kate Gosschalk, Olivia Joyner, Alexandra
Diaconu and Mehraj Sheikh



YouGov[®]

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1 Key Findings

This report outlines the key findings of a study to explore the potential impacts of the COVID-19 pandemic and lockdown on gambling behaviour and gambling harm. The first wave of the study was conducted in two phases in October 2019, and explored usage of and demand for treatment, advice or support, among gamblers and affected others. In Phase 1, YouGov surveyed a nationally representative sample of 12,161 adults in Great Britain. Phase 2 comprised a survey of 3,001 gamblers and affected others which was weighted to match the group of PGSI 1+ gamblers and affected others found in Phase 1.

In May 2020, the same respondents were re-contacted with the aim of exploring changes to gambling behaviour over time, in the context of the COVID-19 pandemic and lockdown. Whilst some of the changes in gambling behaviour are directly related to lockdown, other external factors could have also influenced behaviour, meaning that not all changes can be attributed to lockdown specifically.

Gambling participation

There was a significant reduction in gambling activity between the two surveys¹: 39% reported participating in any activity in the last four weeks in May 2020, compared with 49% in October 2019. Virtually all individual activities show a significant reduction, including sports betting, fruit or slot machines, casino gambling and gaming machines in bookmakers. Participation in the National Lottery and scratchcards also dropped significantly, suggesting that many participants did not replace previous in-person purchasing with online participation, once the lockdown began. The exception to this general trend is participation in online casino games, which significantly increased from 1.5% in October 2019 to 2.3% in May 2020.

¹ The October 2019 Phase 1 survey (12,161 GB adults) and the May 2020 Gambling Behaviour and Lockdown Recontact survey (9,067 GB adults)

Gambling motivations

There were some small shifts in reported reasons for gambling, which are likely to relate to the changes in activities participated in. In May 2020, gamblers were slightly less likely than in October 2019 to say they gambled to make money, or due to concerns about not winning if they don't play. They were more likely to report gambling for fun or for relaxation. The most notable change was in gambling 'to escape boredom or fill my time', which increased from 26% in October 2019 to 29% in May 2020.

PGSI classification

Overall, there was a slight reduction in the proportion of the sample that qualified as a PGSI 1+ gambler, from 13% in October 2019 to 12% in May 2020. However, this modest change at headline level obscures significant shift between categories by individuals.

Results were analysed by the following PGSI categories: non-problem gamblers (PGSI score of 0), low-risk gamblers (1-2), moderate-risk gamblers (3-7) and problem gamblers (8+). Among all those with a previous PGSI score of 1+, just 38% remained in the same PGSI category as previously. Over half (54%) had decreased their category, including 45% who had either gone down to a score of 0, or stopped gambling, and 7% had increased their category. Seven percent of gamblers with a previous score of 0 had moved into the 1+ category, and 14% of previous non-gamblers had started gambling.

Based on individual PGSI scores rather than categories, two-thirds (67%) of previous 1+ gamblers showed a reduction in score over the six-month period, while 18% had increased their score. Those in the 8+ category were most likely to show an increase in score (27%). It is important to bear in mind that we cannot be certain any changes are the result of the lockdown, and some natural shift would be expected anyway over a six-month period.

Gambling during lockdown

Around half of gamblers said that compared to normal, they gambled about the same amount (52%) or less (41%) during lockdown. Only four percent said they gambled more. Gamblers with higher PGSI scores in May 2020, who were experiencing higher levels of harm from their gambling, were more likely than those with lower scores to say that they gambled more. One in five (20%) problem gamblers (PGSI score 8+) reported this, higher than the proportion of moderate gamblers (PGSI score 3-7) (12%), low level gamblers (PGSI score 1-2) (9%) and non-problem gamblers (PGSI score 0) (2%).

Reflecting the fact that most gamblers said that they gambled the same amount or less during lockdown, the reported frequency of gambling has decreased. Before lockdown, over two in five (45%) reported gambling at least once a week, whereas during lockdown this figure decreased (37%).

Reasons for gambling less during lockdown

Among gamblers that said they gambled less during lockdown, the most common reasons given for this were not having a desire to gamble (30%), only gambling on occasion (28%) or liking different types of gambling (for example live sports or preferring to gamble in person) (28%). A smaller proportion mentioned having less disposable income (11%) due to work related reasons (e.g. due to being furloughed, made redundant, or loss of business/work opportunities) or increased other costs during lockdown.

Male gamblers were more likely than female gamblers to say that they gambled less during lockdown because they only liked betting on events, such as sport, which were generally cancelled at the time (34% vs. 11%) or that they preferred physically gambling (e.g. in a betting shop) (8% vs. 5%).

Reasons for gambling more during lockdown

Among the small number of gamblers that said that they gambled more during lockdown, this tended to be to relieve boredom or for something to do (52%), followed by the prospect of winning big money (48%). A quarter (26%) mentioned having more disposable income to spend due to lower spending on other categories and having more time to gamble, whilst a much lower proportion (4%) said that they gambled more as it is something they do with friends and family e.g. virtual poker night.

Usage of safer gambling tools during lockdown

Overall, five percent of gamblers said that they had used a safer gambling tool (including safer gambling tools provided by online gambling companies, self-exclusion etc.) during lockdown. Gamblers experiencing higher levels of harm from their gambling were more likely to have used a safer gambling tool during lockdown. Three in five (63%) problem gamblers (PGSI score 8+) in May 2020 reported this, higher than the proportion of moderate gamblers (PGSI score 3-7) (22%), low level gamblers (PGSI score 1-2) (6%) and non-problem gamblers (PGSI score 0) (2%).

Black, Asian and Minority Ethnic (BAME) gamblers and younger gamblers (18-34 year olds) were more likely than average to say that they have used a safer gambling tool during lockdown, likely due to these demographic groups having higher PGSI scores on average.

Usage of treatment, advice and support

Reported usage of treatment, advice and support in the previous 12 months (e.g. speaking to a GP, accessing mental health services, speaking to family and friends etc.) in attempt to cut down one's gambling has remained largely unchanged since October 2019. Overall, 16% of gamblers experiencing some harm from their gambling (PGSI score of 1+) had used either treatment and/or support/advice in the 12 months prior to May 2020 (comparable with 17% in October 2019).

BAME gamblers and female gamblers were more likely to report having used books, leaflets or other printed materials to help them to cut down their gambling in May 2020 compared to October 2019. This was particularly the case for BAME problem gamblers (PGSI score 8+), with one in five (20%) saying that they used these materials in May 2020 (compared to 5% in October 2019).

Current demand for treatment, advice and support

Demand for treatment, advice and support has also remained broadly unchanged since October 2019. Overall, 16% of gamblers with a PGSI score of 1+ said that they currently would want some form of treatment, advice or support in May 2020 (comparable with 17% in October 2019). Among each PGSI category demand for treatment, advice and support has remained broadly unchanged.

Demand for support from their employers among BAME gamblers with a PGSI score of 1+ has increased, from one percent in October 2019 to five percent in May 2020.

Lifestyle habits and health

AUDIT-C score identifies at-risk drinkers, categorising people into low risk, including non-drinkers (a score of 0-4), increasing risk (a score of 5-7) and higher risk (a score of 8-12). Overall, gamblers with a PGSI score of 1+ in October 2019 were no more or less likely to be drinking at increasing or higher risk levels (an AUDIT-C score of 5-12) in the May 2020 survey.

Younger problem gamblers aged 18-34 were more likely to be drinking at higher risk levels in May 2020 compared to October 2019. Three in ten (31%) were drinking at higher risk levels in May 2020, higher than the proportion in October 2019 (20%). Additionally, BAME gamblers with a PGSI score of 1+ were more likely to be drinking at higher risk levels in May 2020 compared to October 2019 (20% vs. 10%).

Gamblers with a PGSI score of 1+ in October 2019 were no more or less likely to be smokers or psychologically distressed in the May 2020 survey.

2 Introduction

This report presents the findings of a study to explore the potential impacts of the COVID-19 pandemic and lockdown on gambling behaviour and gambling harm. The research was conducted by YouGov on behalf of GambleAware.

2.1 Background

GambleAware Treatment and Support study (October 2019)

In 2019, GambleAware commissioned YouGov to undertake a two-stage study to 1) identify gamblers with a PGSI score of 1+ (gamblers experiencing some level of harm from their gambling, as well as affected others, and their overall usage of and demand for treatment, advice or support, and 2) explore the views and experiences of gamblers and affected others regarding seeking treatment/support, motivations and barriers. This formed part of a wider research initiative to examine gaps and needs that exist within all forms of treatment and support services for those experiencing gambling harms and those affected by gambling related harm.

GambleAware wished to estimate the proportion of the gambling population that has received, and that wants to receive, any form of treatment or support in relation to their gambling, and to explore the geographical distribution of this demand across Great Britain. The aims of the research were to enable better targeting of treatment and support, identify current capacity issues, and support the strategic development of future treatment services to continue to reduce gambling-related harm.

Additionally, the study was intended to investigate affected others (those who have been negatively affected by another's gambling), exploring behaviour, needs, and impacts experienced by this group. Current prevalence estimates do not generally take into consideration the effects that gambling can have on those other than the gambler. More recent thinking has focused on measuring gambling-related harms, and it is now understood that harms may affect not only the individual gambler but also their family, friends, communities and broader society.

Gambling Behaviour and Lockdown Recontact study (May 2020)

Following the onset of the COVID-19 pandemic and the resulting lockdown in the UK, it was recognised that the unusual circumstances might affect gambling behaviour and gambling harms in a variety of ways. Live sports, games and events were not operating, and bookmakers, casinos, and many gambling retail outlets were closed, creating reduced opportunities for certain types of gambling. Conversely, the lockdown, and its impacts on mental health, family life and social life may bring increased opportunities and appetite for online gambling. It was also possible that boredom, loneliness, loss of income or increased income instability, and a change to normal routines may have affected gambling behaviour for some individuals. While there were various hypotheses, there was little firm evidence on how gambling behaviour has changed since the beginning of the lockdown.

Treatment and support for those experiencing gambling harms remained available, but like other services had to adapt due to the lockdown, for example face to face support having to be delivered online. As a key commissioner of treatment and support services for gambling harms, GambleAware wanted to understand the current level of demand, whether this had changed (given the changes in supply), and whether overall demand had increased or decreased as a result of the pandemic and lockdown.

The existing Treatment and Support study from October 2019 provided an opportune baseline of key behavioural metrics from before the pandemic began. It was therefore decided to recontact participants from that study.

2.2 Method

A notable challenge with the Treatment and Support (2019) study was to reach a large enough sample of the general population to produce robust data on the geographical distribution of the target populations, while also reaching adequate numbers of gamblers and those affected by another's gambling to interview in more detail about their experiences. To meet this challenge, we utilised a two-phase approach.

The purpose of the Phase 1 study was to identify gamblers experiencing some level of harm from their gambling (a score of 1+ on the PGSI scale) in the sample, as well as for affected others, and the overall usage of and demand for treatment, advice or support among these groups.

For Phase 2 we conducted a linked but separate study which targeted gamblers experiencing some level of harm (a score of 1+ on the PGSI scale) and affected others only, with the objective of exploring their views and experiences in more detail, including experiences of seeking treatment/support, motivations and barriers.

The Gambling Behaviour and Lockdown recontact study included respondents from both the Phase 1 and Phase 2 studies and aimed to explore changes to gambling behaviour over time, in the context of the pandemic and lockdown. This study also included a qualitative element, comprising eight telephone depth interviews. Further details of all three surveys, and the qualitative interviews, are provided below.

Treatment and Support Phase 1 (nationally representative)

The original Phase 1 fieldwork was carried out between 24th September and 13th October 2019. Interviews were conducted online using YouGov's online research panel. In total, 12,161 adults in Great Britain were surveyed, including 6,190 women and 5,971 men. Results were weighted to be representative of the GB adult population according to age, gender, region, socio-economic group and ethnic group.

Table 1. Phase 1 sample breakdown (nationally representative)

Category	Unweighted n	Weighted n
Men	5,971	5,948
Women	6,190	6,213
18-34	3,462	3,415
35-54	4,078	4,073
55+	4,621	4,674
ABC1	6,535	6,504
C2DE	5,626	5,657
White	10,778	10,723
BAME	1,383	1,438
North East	466	504
North West	1,407	1,366
Yorkshire and the Humber	1,059	1,030
East Midlands	948	914
West Midlands	1,105	1,103
East of England	1,204	1,166
London	1,491	1,639
South East	1,698	1,713
South West	1,121	1,072
Wales	621	596
Scotland	1,041	1,058

Treatment and Support Phase 2 (targeted sample)

Phase 2 comprised a targeted online survey of gamblers experiencing some level of harm (a PGSI score of 1+), and ‘affected others’ (anyone who feels they have been affected by another’s gambling). Respondents could qualify as both a gambler and affected other, if relevant.

It was permitted (but not required) for respondents to take part in both phases. Some respondents for Phase 2 were recruited via their participation in the Phase 1 survey, while others were identified via screening of YouGov’s wider panel. In total, 3,001 gamblers and affected others, were interviewed between 23rd October and 12th November 2019.

The Phase 2 data was weighted to match the group of PGSI 1+ gamblers and affected others found in the nationally representative Phase 1 survey, according to demographics, gambler/affected other status and PGSI score category.

Table 2. Phase 2 sample breakdown (PGSI 1+ gamblers and affected others)

Category	Unweighted n	Weighted n
Men	1,594	1,678
Women	1,407	1,323
18-34	903	1,065
35-54	1,238	1,155
55+	860	780
ABC1	1,697	1,485
C2DE	1,304	1,516
White	2,711	2,679
BAME	279	312
North East	151	126
North West	348	393
Yorkshire and the Humber	306	309
East Midlands	210	225
West Midlands	232	282
East of England	290	264
London	381	411
South East	415	399
South West	239	228
Wales	144	123
Scotland	285	240

Gambling Behaviour and Lockdown Recontact study

For the recontact study, all 12,161 respondents in the original Treatment and Support Phase 1 study were invited, including non-gamblers and those with a PGSI score of 0. This was in order to pick up any changes in behaviour, including non-gamblers who may have started gambling or those who may have increased their PGSI score.

In total, 9,067 respondents from Phase 1 took part in the recontact study, making a response rate of 75% to the follow-up invitation. The data were weighted by the same demographic targets as used in the original Phase 1 study, and additionally by PGSI score category (as recorded in Phase 1) to match the distribution seen in the original study. This was to account for any variations in response rate among different groups within the sample, and to ensure that the final data is comparable with that from October.

Table 3: Recontact study (main dataset) – sample breakdown

Category	Unweighted n	Weighted n
Men	4,400	4,435
Women	4,667	4,632
18-34	1,966	2,546
35-54	3,142	3,037
55+	3,959	3,484
ABC1	5,156	4,849
C2DE	3,911	4,218
White	8,088	7,995
BAME	979	1,072
North East	345	376
North West	1,040	1,018
Yorkshire and the Humber	781	768
East Midlands	693	682
West Midlands	846	823
East of England	903	870
London	1,070	1,222
South East	1,288	1,277
South West	839	799
Wales	477	444
Scotland	784	789

Additionally, 1,485 respondents from the original Treatment and Support Phase 2 study, (who did not take part in Phase 1 and who were classified as PGSI 1+ gamblers), were invited to the recontact study. The purpose of this was to enable analysis of several questions that were asked in Phase 2 and not in Phase 1. In total, 1,030 of the additional Phase 2 respondents took part, making a response rate of 69%.

To avoid compromising the nationally representative status of the main part of the study (i.e. the Phase 1 recontact), the respondents for the Phase 2 comparison were treated in a separate dataset, rather than being combined with the main dataset. Respondents who took part in both Phase 1 and 2 (and who were PGSI 1+ gamblers) were also added to this dataset, meaning that these respondents appear in both final datasets. Including this pool of respondents, the total sample for this dataset was 1,686 PGSI 1+ gamblers and affected others.

The additional dataset was weighted to match the group of PGSI 1+ gamblers and affected others found in the original Phase 2 study, according to age, gender, social grade, region, gambler/affected other status and PGSI score category.

Table 4: Recontact study (additional ‘Phase 2 comparison’ dataset) – sample breakdown

Category	Unweighted n	Weighted n
Men	987	942
Women	699	744
18-34	444	599
35-54	750	649
55+	492	438
ABC1	922	834
C2DE	764	852
White	1512	1511
BAME	174	175
North East	90	71
North West	219	221
Yorkshire and the Humber	168	174
East Midlands	120	126
West Midlands	142	158
East of England	160	148
London	206	231
South East	220	224
South West	123	128
Wales	80	69
Scotland	157	135

Qualitative interviews

YouGov’s Qualitative team invited eight respondents, selected from the quantitative survey, to take part in a 30 – 45 minute telephone interview to further understand why their gambling behaviour had changed since October 2019, whether COVID-19 and the UK lockdown had any impact on their behaviour, and if so why it had. The interviews also explored the impact of the changes in their gambling behaviour on gamblers and their families, as well as any enablers and barriers to accessing support and guidance.

The sample criteria included a 50:50 split of those who had significantly increased or decreased their gambling behaviour (based on their PGSI scores and their open-ended answers in the survey; hence PGSI score may not always reflect actual change in behaviour) since October 2019).

Across the eight interviews, there was also a mix of:

- Region
- Age
- Gender
- Social grade (ABC1s - higher social grade and C2DEs - lower social grade)
- Gambling activities (including online and offline, products)

The discussion guide was designed in partnership with GambleAware and covered the key topics from the survey in greater depth.

In line with the MRS Code of Conduct the respondents were incentivised for their time. Signposting to relevant support services was provided to the respondents at the end of the interview.

2.3 Standardised tools

The following standardised tools were included in the survey and analysis process:

Problem Gambling Severity Index (PGSI)

The study utilised the full (9-item) Problem Gambling Severity Index (PGSI) to measure levels of gambling behaviour which may cause harm to the gambler. The PGSI² consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling'. Each item is assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item are given the following scores: never = 0; sometimes = 1; most of the time = 2; almost always = 3.

When scores to each item are summed, a total score ranging from 0 to 27 is possible. A PGSI score of 8 or more represents a problem gambler. This is the threshold recommended by the developers of the PGSI and the threshold used in this and previous reports.

² Gambling behaviour in Great Britain in 2016, NatCen: <http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>

The 9 items are listed below:

- Have you bet more than you could really afford to lose?
- Have you needed to gamble with larger amounts of money to get the same excitement?
- When you gambled, did you go back another day to try and win back the money you lost?
- Have you borrowed money or sold anything to get money to gamble?
- Have you felt that you might have a problem with gambling?
- Has gambling caused you any mental health problems, including stress or anxiety?
- Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- Has your gambling caused any financial problems for you or your household?
- Have you felt guilty about the way you gamble or what happens when you gamble?

Respondents were placed into the following categories, according to their score on the PGSI measure. The report often refers to gamblers with a score of 1+; this term encompasses low-risk (PGSI score 1-2), moderate-risk (3-7) and problem (8+) gamblers.

Table 5. PGSI score categories

Category	PGSI score
Non-problem gambler	0
Low-risk (gamblers who experience a low level of problems with few or no identified negative consequences)	1-2
Moderate-risk (gamblers who experience a moderate level of problems leading to some negative consequences)	3-7
Problem gambler (gamblers who gamble with negative consequences and a possible loss of control)	8+

Social Grade

Social grade is a classification system that is based on occupation. Developed by the National Readership Survey (NRS), it has been the research industry’s source of social-economic classification for over 50 years. The categories can be found below. For analysis purposes, these have been grouped together into ABC1 and C2DE; comparisons between these groups have been made throughout the report. The brackets ‘ABC1’ and ‘C2DE’ are commonly used to describe the ‘middle class’ and ‘working class’ respectively.

Table 6. NRS Social Grade categories

		% of population (NRS Jan- Dec 2016)
A	Higher managerial, administrative and professional	4
B	Intermediate managerial, administrative and professional	23
C1	Supervisory, clerical and junior managerial, administrative and professional	28
C2	Skilled manual workers	20
D	Semi-skilled and unskilled manual workers<	15
E	State pensioners, casual and lowest grade workers, unemployed with state benefits only	10

Alcohol Use Disorder Identification Test – Consumption (AUDIT-C)

The Alcohol Use Disorder Identification Test – Consumption provides a composite measure of alcohol consumption levels, incorporating: frequency of drinking, units consumed on a typical occasion, and frequency of drinking six units or more (for women) or eight units or more (for men). These three questions each carry a score of 0-4, depending on the answer given. This gives each individual an AUDIT-C score between 0 and 12. Scores have been grouped as shown in the table below.

Table 7. AUDIT-C categories

Category	AUDIT-C score
Low risk	0-4
Increasing risk	5-7
Higher risk	8-12

Kessler Psychological Distress Scale (K10)

The Kessler Psychological Distress Scale (K10) is a measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure is intended to be used as a brief screen to identify levels of distress. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

For analysis purposes we have classified respondents as '10-19' (likely to be well) and '20 or higher' (likely to have some level of distress).

2.4 Notes for interpretation

The findings throughout are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant at an alpha level of 0.05 unless otherwise indicated.

Where percentages do not sum up to 100, this may be due to rounding, the exclusion of 'don't know' and 'prefer not to say' responses, or because respondents could give multiple answers.

In charts and tables, statistically significant differences between the May 2020 and October 2019 surveys, or between other relevant datapoints, are indicated with green (significantly higher) and red (significantly lower) text.

3 Gambling behaviour and PGSI classification

3.1 Gambling participation

The survey asked whether respondents had participated in a range of gambling activities in the last 12 months and in the last four weeks. Overall, 57% of adults reported participating in any activity in the last 12 months in May 2020, a drop from the 61% that was recorded in October 2019. The last four weeks measure, which covered the lockdown period only, shows a starker reduction: 39% reported participating in any activity in the last four weeks in May 2020, compared with 49% in October 2019.

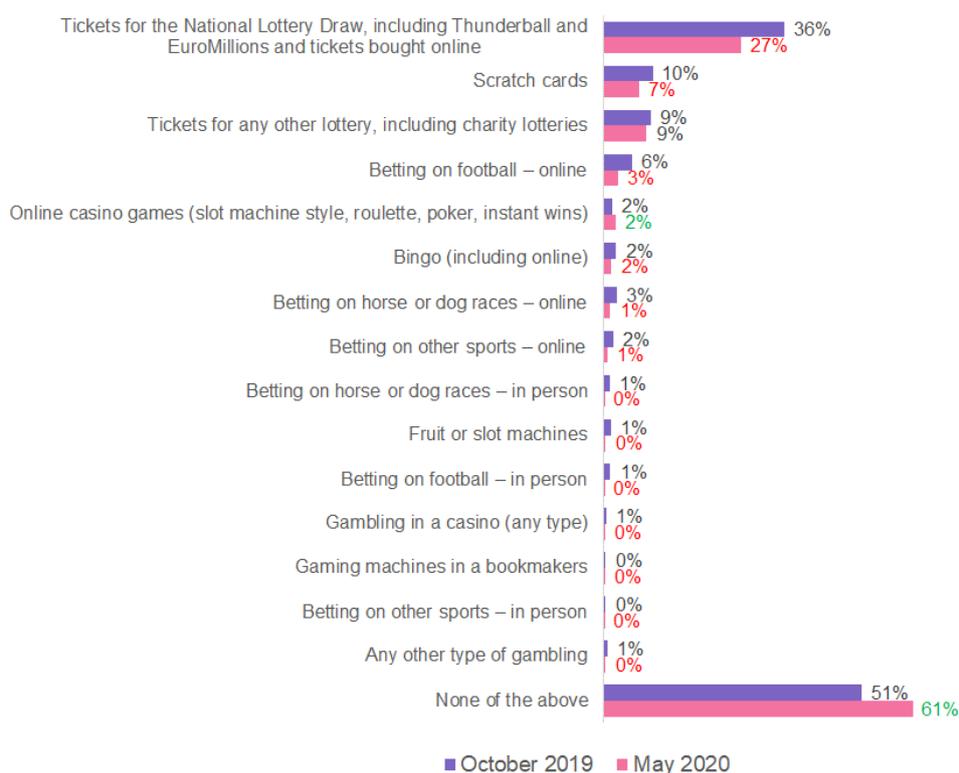
Virtually all individual activities showed a significant reduction. Unsurprisingly, there was a notable drop in sports betting: four percent reported participating in any type of sports betting in May 2020, compared with eight percent in October 2019. In-person activities such as fruit or slot machines, casino gambling and gaming machines in bookmakers also showed significant decreases.

It is also notable that National Lottery and scratchcard participation dropped significantly (from 36% to 27% in the case of National Lottery and from 10% to 7% for scratchcards), suggesting that many participants did not replace previous in-person purchasing with online participation, once the lockdown began. This effect was also described by some qualitative participants.

“I tended to go to the supermarket every other day just to pick up the odd bits and I'd be at the counter and just get a scratch card....But because I haven't been out that much, I haven't been in a shop for 4 months, I've done it less.” (Female, 40, Oct – May PGSI score: 3 - 6)

Online casino games stand out from the general pattern as the only activity which increased over the study period: 1.5% reported participation in such games in the last four weeks in October 2019, which rose to 2.3% in May 2020. This may reflect the impact of the lockdown (with such games unaffected by the situation, in contrast to most other types of gambling), but may also reflect a longer-term trend in the popularity of this activity, which has been observed elsewhere by the Gambling Commission.³

Figure 1: Gambling participation in last 4 weeks



Base: October 2019 (Phase 1): all adults (n=12,161); May 2020: all adults (n=9,067)

Generally, the same pattern is evident among both men and women. For online casino games, the increase is statistically significant among men and not among women, while for casino gambling and gaming machines in a bookmakers, there is minimal change among women since the proportion participating was so low to start with. For other activities, a similar pattern of reduction can be seen among both men and women.

³ Gambling Participation in 2019, Gambling Commission (2019):

<https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-participation-in-2019-behaviour-awareness-and-attitudes.pdf>

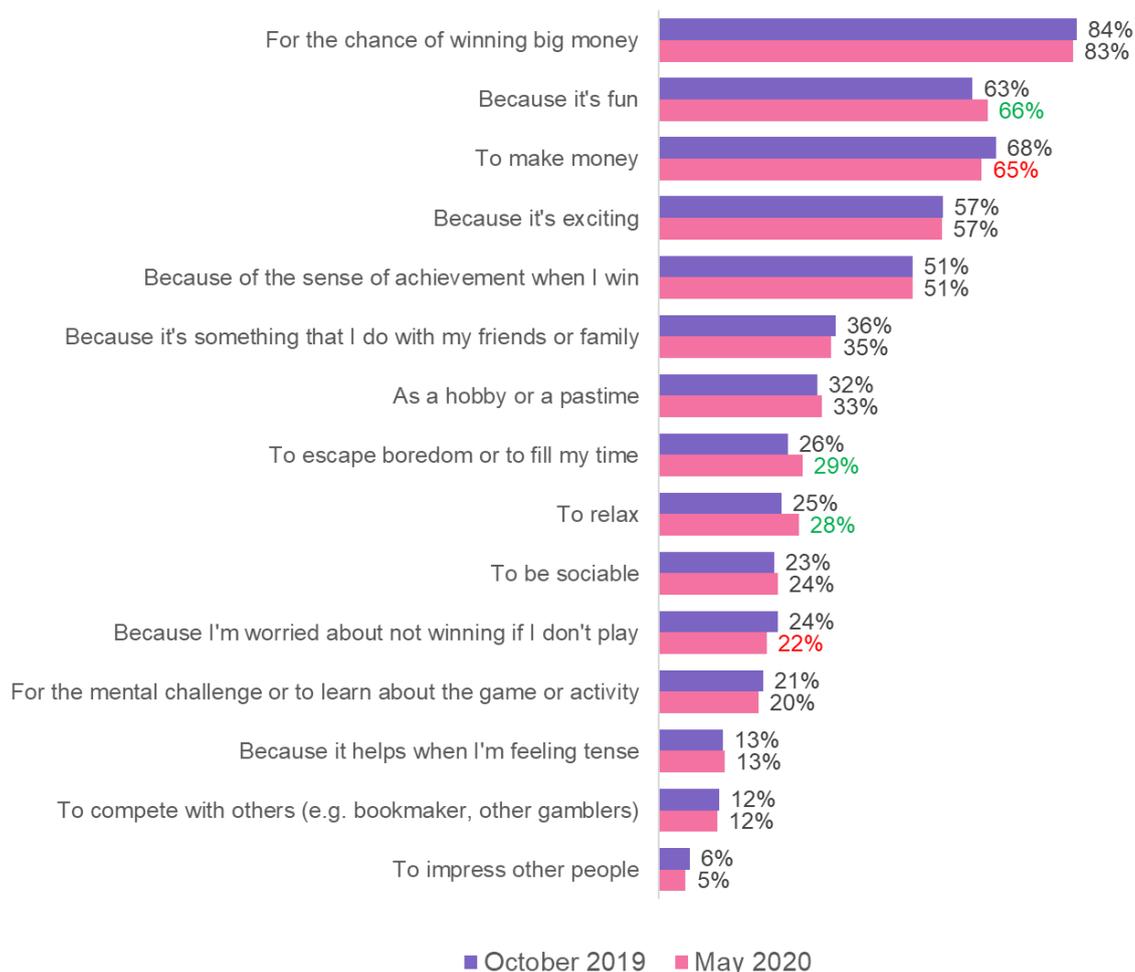
Table 8: Gambling participation in last 4 weeks – by sex

	Men		Women	
	Oct 2019 (n=5,971)	May 2020 (n=4,401)	Oct 2019 (n=6,190)	May 2020 (n=4,667)
Tickets for the National Lottery Draw, inc. Thunderball, EuroMillions, tickets bought online	39.0%	30.7%	32.1%	23.8%
Tickets for any other lottery, including charity lotteries	8.6%	7.6%	9.8%	9.3%
Scratch cards	9.3%	6.8%	10.2%	7.3%
Sports betting (combined)	14.0%	6.4%	3.5%	1.2%
Online casino games (slot machine style, roulette, poker, instant wins)	2.0%	3.2%	1.1%	1.5%
Bingo (including online)	1.6%	1.0%	3.3%	2.1%
Fruit or slot machines	1.9%	0.4%	1.0%	0.4%
Gambling in a casino (any type)	0.8%	0.2%	0.3%	0.1%
Gaming machines in a bookmakers	0.7%	0.3%	0.1%	0.1%
Any other type of gambling	0.9%	0.6%	0.6%	0.3%
None of these	46.6%	57.5%	55.4%	64.5%

3.2 Gambling motivations

There were some small shifts in reported reasons for gambling, which are likely to relate to the changes in activities participated in. In May 2020, gamblers were slightly less likely than in October 2019 to say they gambled to make money (65% vs. 68% in October 2019) or due to concerns about not winning if they don't play (22% vs. 24%) They were more likely to report gambling for fun (66% vs. 63%) and relaxation (28% vs. 25%). One notable change is in 'to escape boredom or fill my time', which increased from 26% in October 2019 to 29% in May 2020.

Figure 2: Reasons for gambling (ever)



Base: October 2019 (Phase 1): all gamblers (n=7,415); May 2020: all gamblers (n=5,329)

Some of these overall changes are driven predominantly by those in higher PGSI categories, and others by those in lower categories. Among problem gamblers in May 2020 (PGSI score 8+), there was a significant reduction in those saying they gambled for the chance of winning big money (62% 'always' or 'often' gambled for this reason in May 2020 compared with 70% in October 2019). The same pattern can be seen among gamblers with a PGSI score of 3-7 (59% compared with 66%) but does not apply to low risk gamblers (PGSI score 1-2).

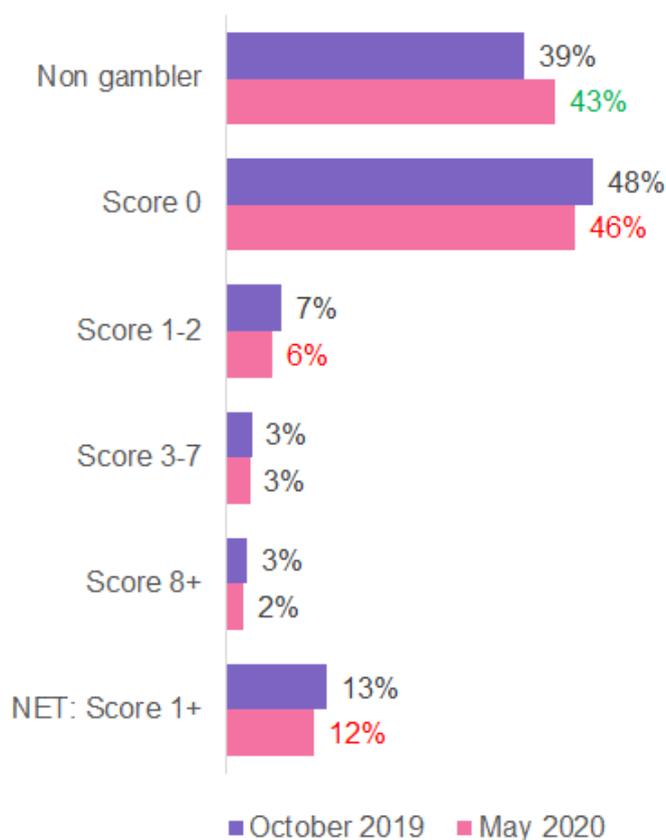
Gamblers in the moderate-risk (PGSI score 3-7) category were less likely in May 2020 to say they 'always' or 'often' gambled for several reasons, compared with October 2019. These include: concern about not winning if you don't play (11% vs. 18%); to help when feeling tense (13% vs. 18%), and because it's something they do with friends or family (10% vs. 20%). These changes were not apparent among the other PGSI categories.

Low-risk gamblers (PGSI score 1-2) were more likely to say they gambled to escape boredom or fill their time (52% said in May 2020 they ever gambled for this reason, compared with 46% in October 2019). They were also more likely to mention gambling for relaxation (48% vs. 39%).

3.3 PGSI classification

PGSI scores in May 2020 were compared with those recorded in October 2019. Overall, there was a slight reduction in the proportion of the sample that qualified as a PGSI 1+ gambler, from 13% in October 2019 to 12% in May 2020. There was also an increase in the non-gambler category (from 39% to 43%), in line with the lower participation discussed in Section 3.1, and a corresponding decrease in the non-problem gambler (score 0) category (from 48% to 46%). It is important to bear in mind that we cannot be certain any changes are the result of the lockdown, and some natural shifts would be expected over a six-month period.

Figure 3: PGSI category among all adults

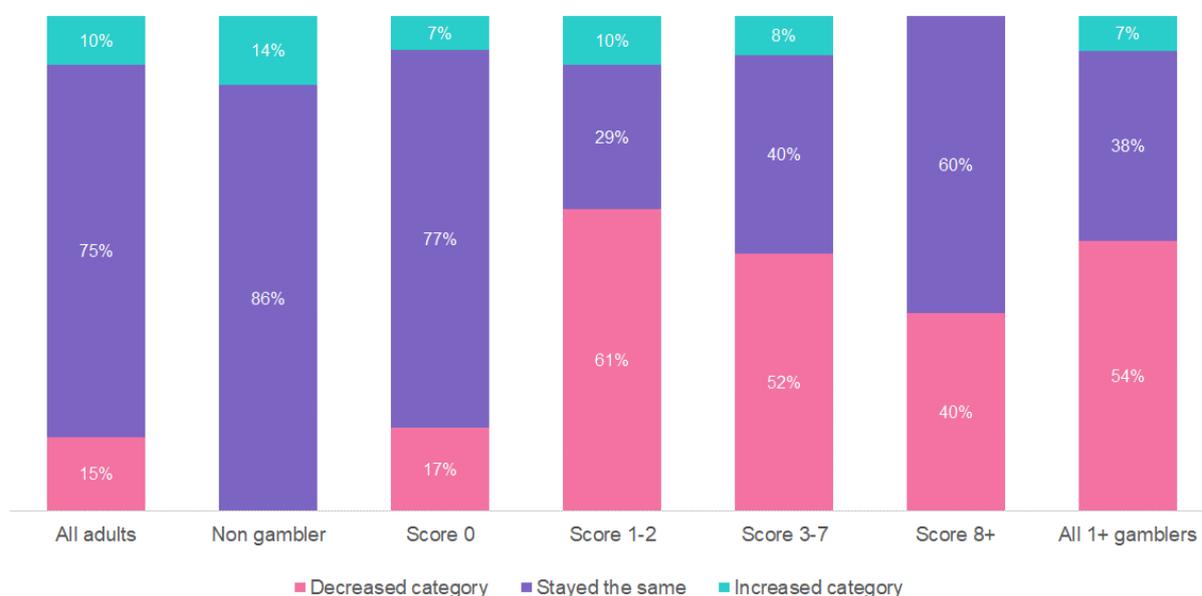


Base: October 2019 (Phase 1): all adults (n=12,161); May 2020: all adults (n=9,067)

While at an overall level the changes in PGSI category are fairly modest, there is considerable shift between PGSI categories. Overall, 10% of adults had increased their category between the two surveys (including previous non-gamblers who had started gambling), 15% had decreased their category (including stopping gambling) and 75% had remained in the same PGSI category.

Among all gamblers with a previous PGSI score of 1+, just 38% remained in the same category, while 54% had decreased their category (including stopping gambling) and 7% had increased their category. Seven percent of gamblers with a previous score of 0 had moved into the 1+ category, and 14% of previous non-gamblers had started gambling.

Figure 4: Change in PGSI category from Oct 2019 – May 2020 (by October PGSI category)



Base: October 2019 (Phase 1) and May 2020, all adults (n=9,067); non-gambler (n=3,483); Score 0 (n=4,462); Score 1-2 (n=633); Score 3-7 (n=257); Score 8+ (n=232)

The group most likely to have switched were previous low-risk (PGSI score 1-2) gamblers: just 29% remained in this category, while three in five (61%) had either gone down to a score of 0 or stopped gambling, and 10% had increased their category.

There was also substantial category switching among the moderate-risk (PGSI score 3-7) group, of whom only 40% remained in the same category as previously. Most of the remainder had reduced their category or stopped gambling (52%), but eight percent had moved into the problem gambler (PGSI score 8+) category.

Those with a previous score of 8+ (problem gamblers) were the most likely to still be found in this category (60%). This partly reflects the fact that there is no higher category available to move into, but it is also notable that just 40% of problem gamblers (PGSI score 8+) had decreased their category, compared with 52% of the 3-7 group and 61% of low risk (score 1-2) gamblers. This may suggest that those gambling at higher levels are more entrenched in their behaviour.

Table 9 shows the comparison between PGSI category from October 2019 and as recorded in May 2020. It is notable that 45% of previous 1+ gamblers had either reduced to a score of 0 or stopped gambling entirely. This was the case for 61% of low-risk (score 1-2) gamblers, 32% of moderate-risk (score 3-7) and 17% of problem gamblers (score 8+).

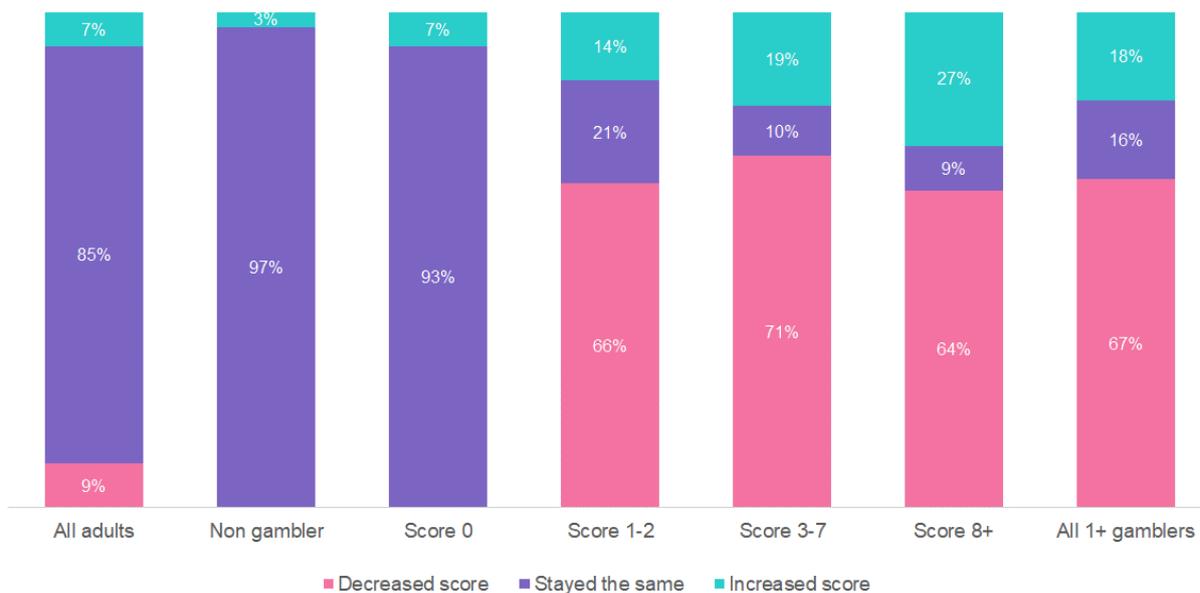
Table 9: Changes in PGSI category from October 2019 to May 2020

		October 2019 PGSI category					
		Non gambler (n=3,483)	Score 0 (n=4,462)	Score 1-2 (n=633)	Score 3-7 (n=257)	Score 8+ (n=232)	All 1+ (n=1,122)
May 2020 PGSI category	Non-gambler	86%	17%	13%	12%	10%	12%
	Score 0	12%	77%	48%	20%	7%	33%
	Score 1-2	1%	5%	29%	20%	7%	23%
	Score 3-7	1%	1%	9%	40%	16%	18%
	Score 8+	-	-	1%	8%	60%	15%

Analysis of individual PGSI scores, as opposed to categories, provides further insight into the level of change taking place over this time period. Figure 5 shows the proportion in each category who increased or decreased their PGSI score, between the October 2019 and May 2020 surveys. For the purpose of this analysis, non-gamblers have been assigned a score of 0 as well as those who do gamble but scored 0 on the PGSI measure.

Based on individual PGSI scores, two in three (67%) previous 1+ gamblers showed a reduction in score over the six-month period. This was relatively consistent among groups: 66% of previous low risk (1-2) gamblers, 71% of the 3-7 group and 64% of problem gamblers (score 8+) reduced their score. However, those in the 8+ category were more likely to show an increase in scores (27%, compared with 14% in the 1-2 category and 19% in the 3-7 category).

Figure 5: change in individual PGSI score, by October 2019 PGSI category



Base: October 2019 (Phase 1) and May 2020, all adults (n=9,067); non-gambler (n=3,483); Score 0 (n=4,462); Score 1-2 (n=633); Score 3-7 (n=257); Score 8+ (n=232)

Table 10 shows the amount of change (in individual points on the PGSI scale) that took place among each category. Naturally, those previously in the problem gambler (PGSI score 8+) category had the most scope for downwards change, and 18% of this group had reduced their score by 10 points or more, while a further 20% had reduced it by 6-9 points. Where scores had increased among this group, this was likely to be by 1-5 points (11%), but five percent had increased by 6 points or more.

Gamblers in the moderate-risk (PGSI score 3-7) category in October 2019 were most likely to have reduced their score by 3-5 points (37%) or 1-2 points (27%). Among those who had increased their score, 12% did so by 1-2 points and 7% by 3 points or more.

As previously noted, two in three (66%) of those previously categorised as low-risk (PGSI score 1-2) gamblers reduced their score. Where an increase had taken place, this was most likely to be by 1-2 points (10%), while four percent showed an increase of three points or more.

Table 10: Extent of change in PGSI score, by October 2019 PGSI category

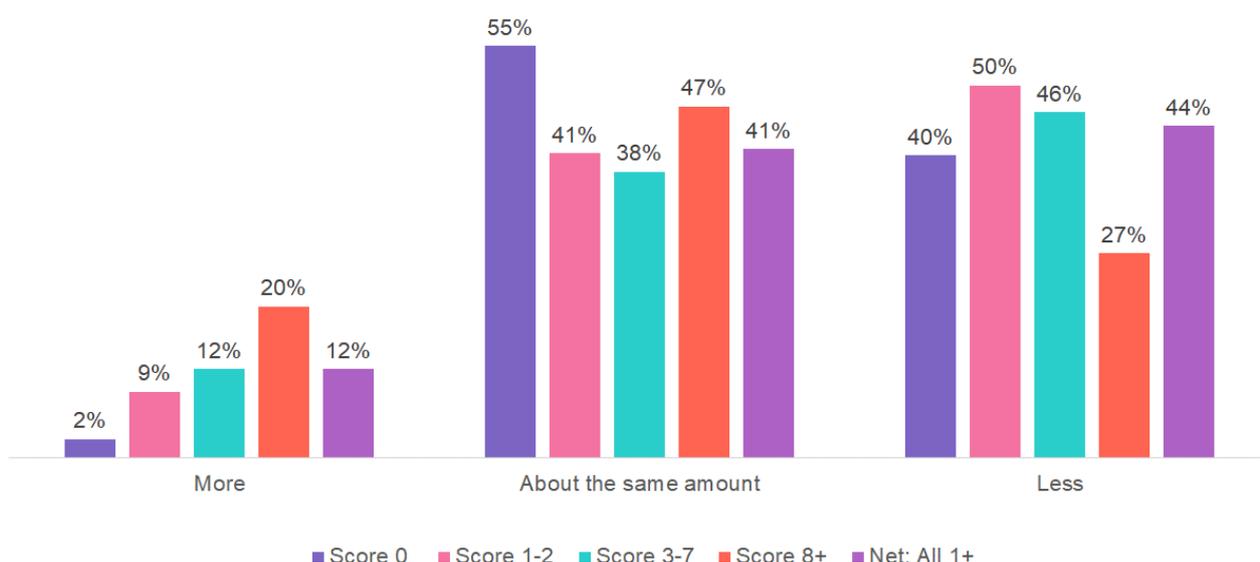
		October 2019 PGSI category				
		Non gambler (n=3,483)	Score 0 (n=4,462)	Score 1-2 (n=633)	Score 3-7 (n=257)	Score 8+ (n=232)
Those decreasing	-10 points or more	-	-	-	-	18%
	-6 to -9 points	-	-	-	7%	20%
	-3 to -5 points	-	-	-	37%	12%
	-1 to -2 points	-	-	66%	27%	14%
<i>No change</i>		97%	93%	21%	10%	9%
Those increasing	+1 to +2 points	1%	5%	10%	12%	11%
	+3 to +5 points	1%	1%	3%	6%	11%
	+6 to +9 points	-	-	-	-	4%
	+10 points or more	-	-	1%	1%	1%

4 Gambling and lockdown

4.1 Frequency and gambling spend during lockdown

Most gamblers said that compared to normal, they gambled about the same amount (52%) or less (41%) during lockdown. Only four percent reported gambling more than usual.

Figure 6. Frequency of gambling during lockdown compared to normal, by PGSI category



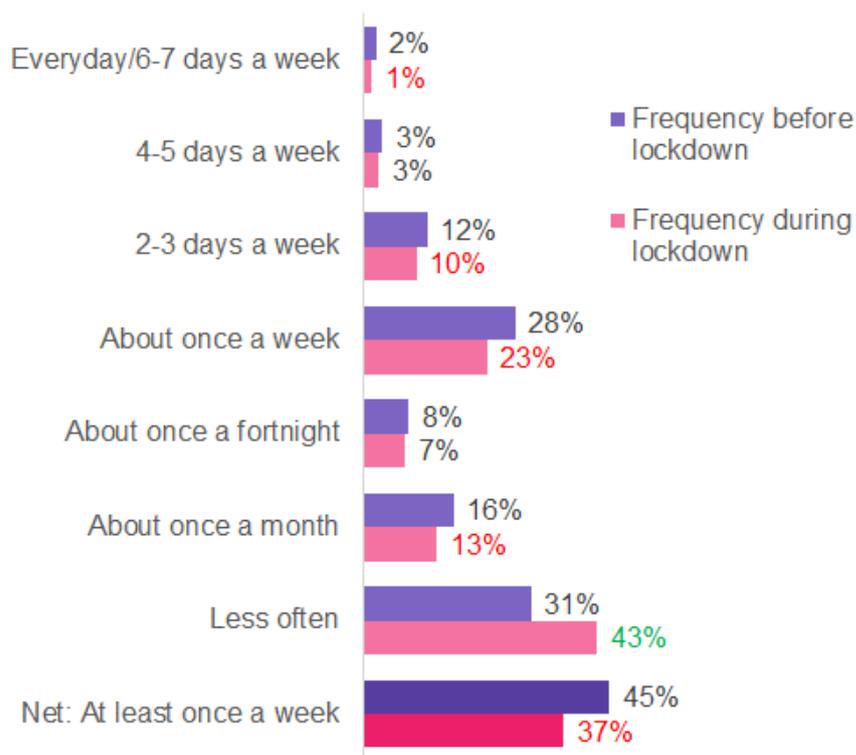
Base: May 2020, all gamblers (n=5,329)

As might be expected, gamblers with higher PGSI scores were more likely than those with lower scores to say that they gambled more during lockdown. One in five (20%) problem gamblers (PGSI score 8+) reported this, higher than the proportion of moderate-risk gamblers (score 3-7) (12%), low-risk gamblers (score 1-2) (9%) and non-problem gamblers (score 0) (2%). Overall, one in eight (12%) gamblers with a PGSI score of 1+ reported gambling more during lockdown compared to normal.

Younger gamblers (aged 18-34), who tend to have higher PGSI scores on average, were more likely than older age groups to say that they gambled more during lockdown (7% vs. 5% 35-54 and 2% 55+). However, there were no differences in increased reported gambling frequency by gender, social grade or ethnicity.

Reflecting that most said that they gambled the same amount or less during lockdown, reported frequency of gambling has decreased. Before lockdown, over two in five (45%) reported gambling at least once a week, whereas during lockdown this figure decreased (37%). In turn, the proportion of gamblers that said they gambled less often than once a month has increased (31% before lockdown to 43% during lockdown).

Figure 7. Frequency of gambling before and during lockdown



Base: May 2020, all gamblers (n=5,329)

Among gamblers with a PGSI score of 1+, the proportion saying they gambled at least once a week decreased during lockdown (from 60% before lockdown to 49% during lockdown). There were further decreases in reported gambling frequency during lockdown in each PGSI category.

Among both male and female gamblers, the proportion reporting gambling at least once a week has decreased (53% to 41% for men; 36% to 31% for women). However, the decrease among male gamblers is much starker (53% before lockdown to 41% during lockdown), likely due to the type of gambling they are more likely to participate in, with men more likely to bet on events such as sports, which were cancelled.

This was also reflected in the findings of the qualitative research. Male respondents often mentioned that sports betting accounted for a large amount of their gambling, and therefore their gambling during lockdown had decreased with the absence of live sports.

“I do enjoy the excitement of watching a horse race, football results coming out. That’s 99% of what I would bet on.” (Male, 62, Oct – May PGSI score: 9 - 1)

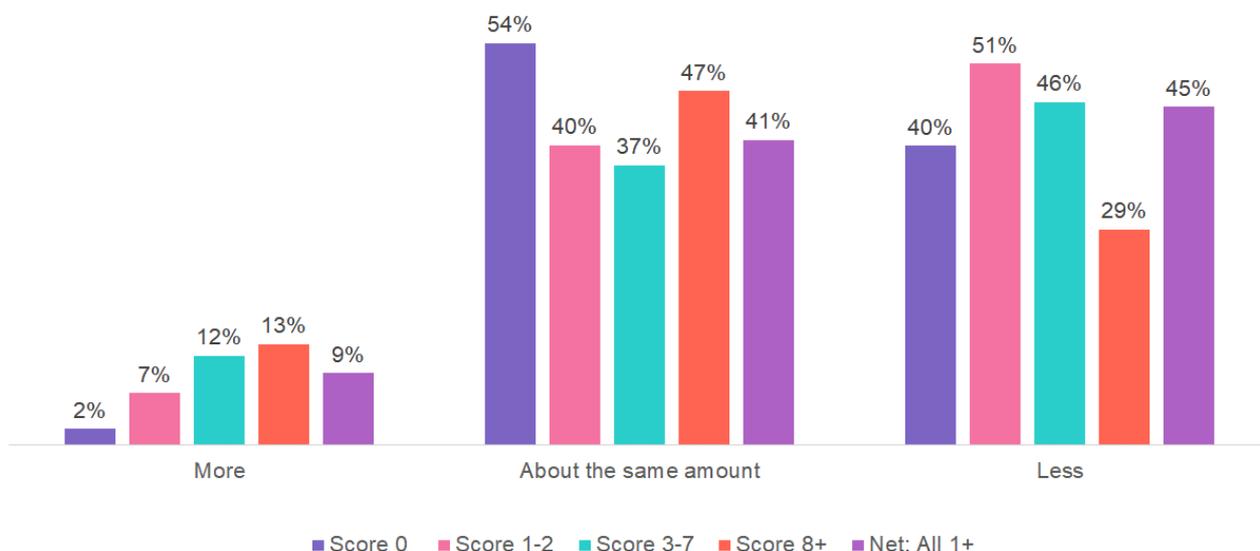
“Betting shops are shut so you can’t put a bet on. The amount of betting I did beforehand was dependent on how often races/sports was on the TV.” (Male, 39, Oct – May PGSI score: 0 - 0)

“I can’t obviously place bets on sport at the moment as that’s obviously not been on.” (Male, 33, Oct – May PGSI score: 4 - 0)

“I love sport, so if you combine the sport plus betting, it just gives another element to it” (Male, 54, Oct – May PGSI score: 7 - 6)

The amount of money spent during lockdown mirrors the amount of time spent gambling, with most spending about the same amount (51%) or less (41%) on gambling during lockdown. In line with the proportion saying they gambled more, four percent said that they spent more on gambling during lockdown.

Figure 8. Gambling spend during lockdown, by PGSI category



Base: May 2020, all gamblers (n=5,329)

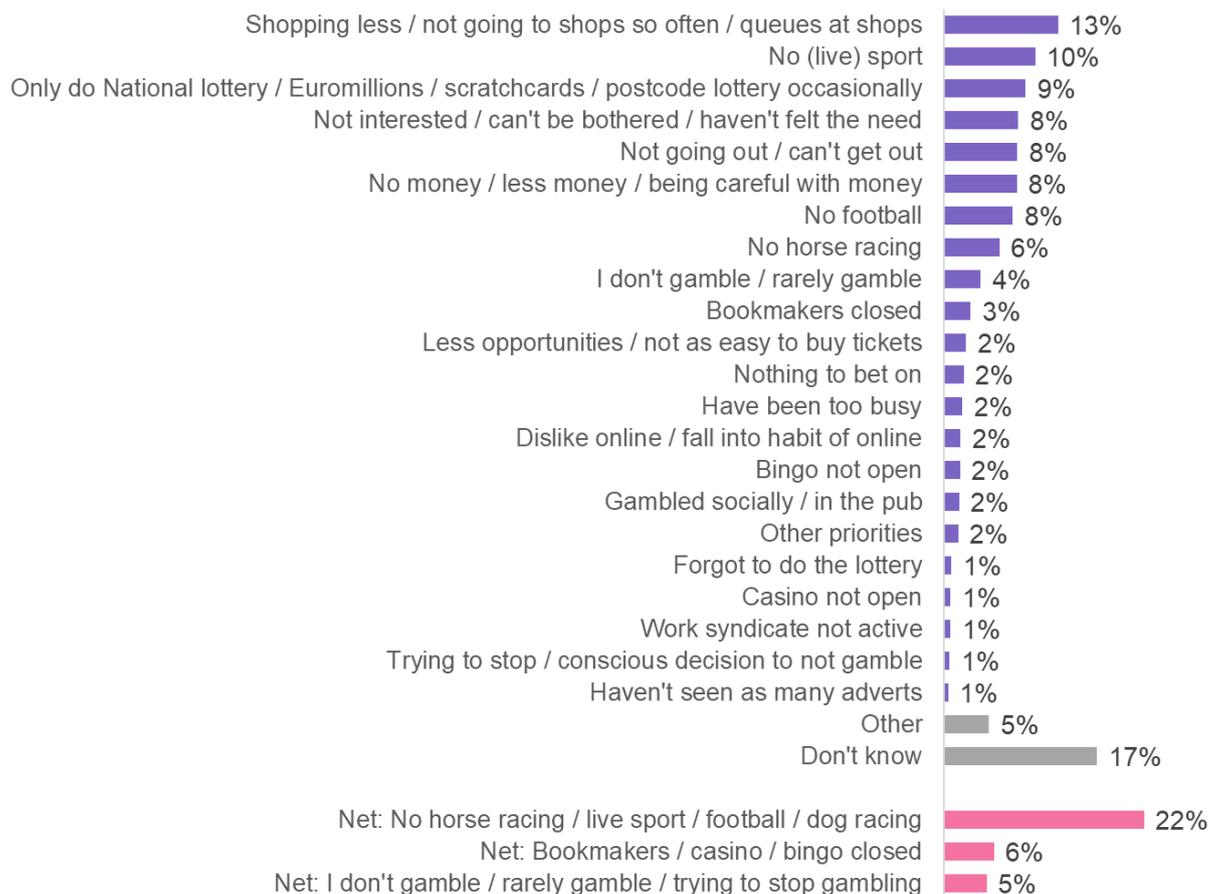
Again, gamblers with higher PGSI scores were more likely than those with lower scores to say that they spent more on gambling during lockdown, mirroring frequency patterns. One in eight (13%) problem gamblers (PGSI score 8+) reported this, higher than the proportion of moderate-risk gamblers (PGSI score 3-7) (12%), low-risk gamblers (PGSI score 1-2) (7%) and non-problem gamblers (PGSI score 0) (2%). Overall, 9% of gamblers with a PGSI score of 1+ reported gambling spending more on gambling during lockdown compared to normal.

Gamblers aged 18-34 are more likely than older gamblers to say they have spent more on gambling during lockdown (5% vs. 2% 55+), consistent with them reporting that they gambled more. There were no differences in increased reported gambling spend by gender, social grade or ethnicity.

4.2 Reasons for gambling less during lockdown

Gamblers that said they gambled less during lockdown were asked to expand on this in their own words. Most commonly, gamblers mentioned that they gambled less due to live sporting events (including horse racing, football, dog racing) being cancelled (22%). Approximately one in eight (13%) said that it was because they were shopping less or due to queues at shops. Others said that they only did the National Lottery, other lotteries or scratchcards occasionally (9%), that they were not interested or hadn't felt the need to gamble (8%), that they weren't going out (8%) or having less money / being careful with money (8%).

Figure 9. Reasons for gambling less during lockdown – open ended answers (coded)



Base: May 2020, all gamblers that said they gambled less during lockdown (n=2,130)

Reflecting the types of gambling activities they tend to participate in, men were more likely than women to report no live sport as reasons for gambling less during lockdown (33% vs. 10%). This was also the case for younger gamblers (28% of 18-34 year olds vs. 23% 35-54 and 18% 55+). Women were more likely than men to cite shopping less or queues at shops (17% vs. 9%), reflecting their higher participation in the Lottery/scratchcards relative to other gambling activities. They were also more likely to say that they gambled less due to the bingo not being open (3% vs. 1%).

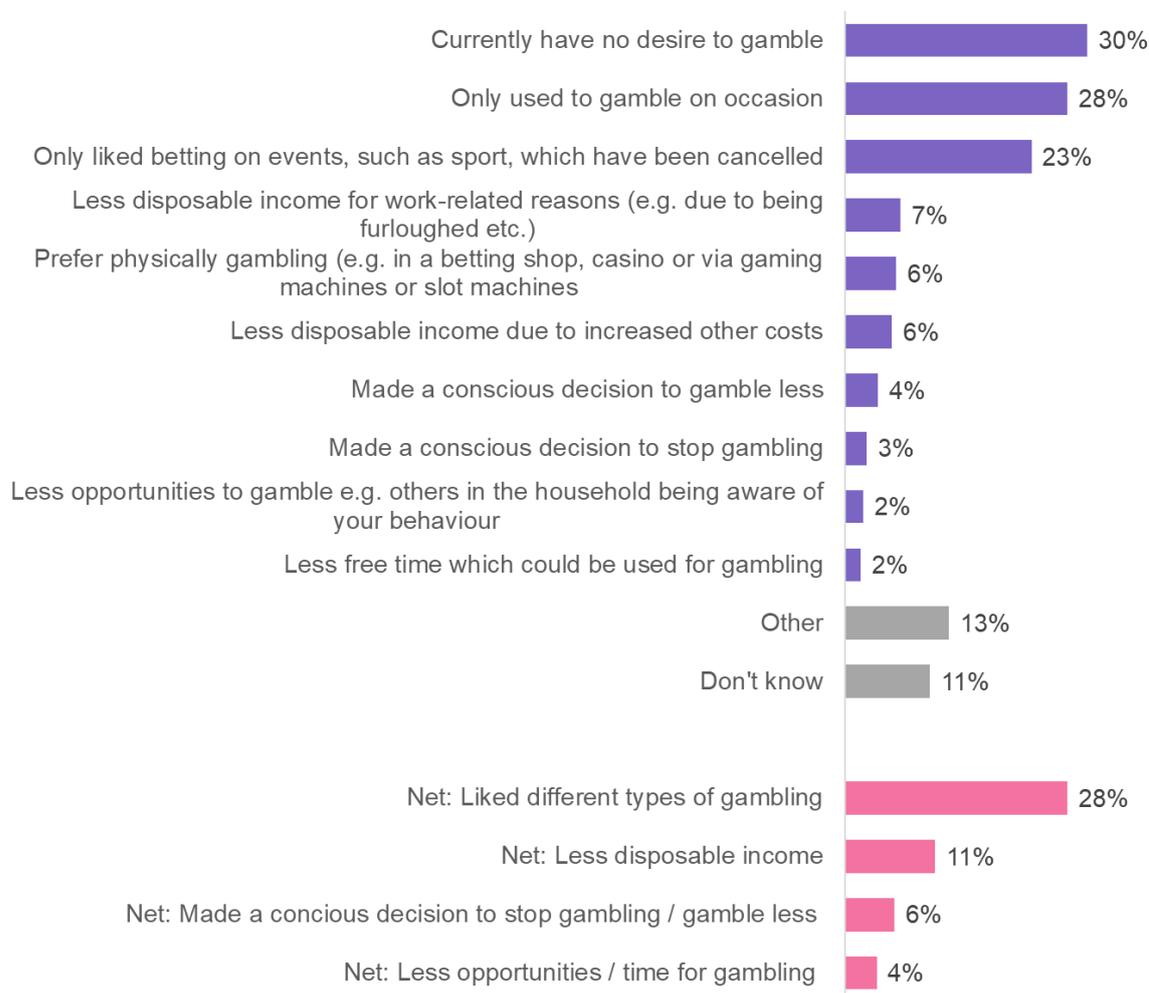
Gamblers from social grades C2DE were more likely than those from social grades ABC1 to say that they gambled less as a result of having less money or being careful with money (9% vs. 7%), in addition to not going out (10% vs. 7%).

BAME gamblers were also more likely to report having less money or being careful with money as a reason for gambling less (13% vs. 8%), whilst white gamblers were more likely to say they were gambling less due to shopping less or there being queues at shops (13% vs. 7%) and no horse racing (7% vs. 2%). They were also more likely than BAME gamblers to say that they gambled less during lockdown because the bookmakers / casino / bingo was closed (6% vs. 0%). Having less money or being careful with money was also a key reason among those who were not working (18%) or unemployed (13%).

Among gamblers with a PGSI score of 1+, the reasons for gambling less during lockdown were broadly similar. A slightly higher proportion (32%) mentioned no live sport, whilst one in ten (11%) said they gambled less due to having less money or being careful with money. Following this they cited the bookmakers / casino / bingo being closed or shopping less or queues at shops (both 7%). Problem gamblers (PGSI score 8+) were considerably more likely to cite the bookmakers being closed (13%) as a reason for gambling less during lockdown.

In addition to being asked to explain in their own words the reasons for gambling less, gamblers were asked to select the reasons for this from the list of reasons given in figure 10. The most common reasons were not having a desire to gamble (30%), that they only gambled on occasion (28%) liking different types of gambling (for example sports or preferring to physically gamble) (28%). A smaller proportion mentioned having less disposable income (11%) due to work related reasons (e.g. due to being furloughed, made redundant, or loss of business/work opportunities) or increased other costs during lockdown. It is important to recognise that whilst some of the reasons for gambling less (e.g. sport being cancelled, less money due to being furloughed) are directly related to lockdown, other external factors could have influenced someone's decision to reduce their gambling therefore it is harder to attribute these change to lockdown specifically.

Figure 10. Reasons for gambling less during lockdown



Base: May 2020, all gamblers that said they gambled less during lockdown (n=2,130)

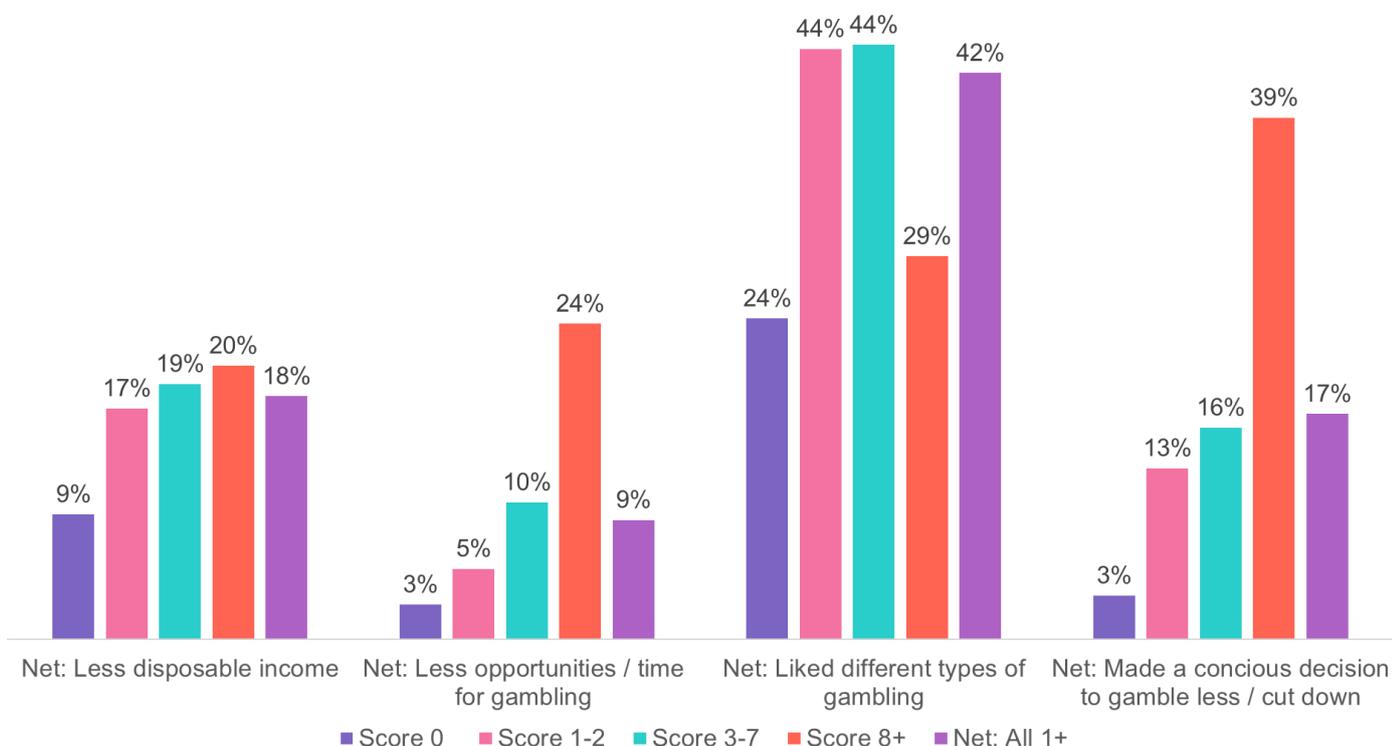
Male gamblers were more likely than female gamblers to say that they gambled less during lockdown because they only liked betting on events, such as sport, which were generally cancelled at the time (34% vs. 11%) or that they preferred physically gambling (e.g. in a betting shop) (8% vs. 5%). This was particularly the case for gamblers experiencing some level of harm from their gambling. Two in five (42%) male gamblers with a PGSI score of 1+ say that they gambled less because they only liked betting on events, such as sport, which were generally cancelled at the time, again much higher than the proportion of women that reported this (17%). By contrast, female gamblers, who tend to have lower PGSI scores on average and gamble less frequently, were more likely than men to say that they gambled less during lockdown as they only used to gamble on occasion (34% vs. 22%).

Younger gamblers aged 18-34, who are more likely to be of working age, were more likely than older gamblers to say that they gambled less due to less disposable income for work related reasons (e.g. due to being furloughed, made redundant, or loss of business/work opportunities) (11% vs. 3% 55+). This pattern is particularly prominent among younger gamblers with a PGSI score of 1+ (16% vs. 5%). BAME gamblers, who tend to be younger on average, were also more likely to say that they gambled less due to disposable income for work-related reasons (12% vs. 6%).

Gamblers with higher PGSI scores were more likely than those with lower scores to report gambling less as a result of many of the reasons listed. For example, approximately two in five (39%) problem gamblers (PGSI score 8+) in May 2020 said that they made a conscious decision to stop gambling or to gamble less (compared to 6% overall).

Gamblers with higher PGSI scores in October 2019 were also more likely to report this (33%). Whilst only two percent of gamblers overall said that they gambled less due as there were less opportunities to gamble (e.g. others in the household being aware of their behaviour) this rises to one in seven (15%) problem gamblers.

Figure 11. Reasons for gambling less during lockdown, by PGSI category



Base: May 2020, all gamblers that said they gambled less during lockdown (n=2,130)

Gamblers with a lower household income (<£20,000 a year) were more likely than those earning £40,000+ to say that they gambled less as they had less disposable income due to increased other costs (9% vs. 4%).

The decrease in sports betting and betting shops being shut were often mentioned by qualitative respondents as reasons for gambling less, for example not all enjoy online betting so their overall interest in gambling decreased. The interviews also found that another key reason for gambling less during lockdown was the decrease in social occasions and interactions, as some previously liked to gamble with friends (e.g. at the horse races).

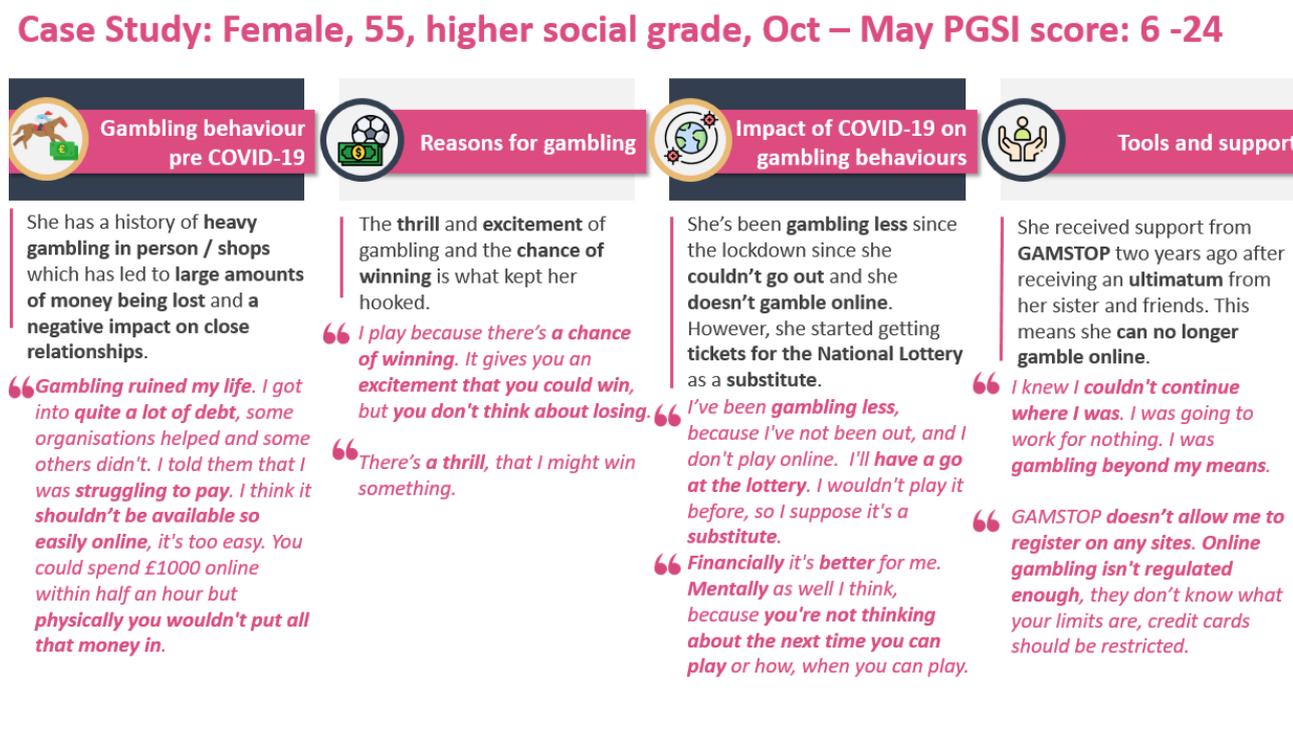
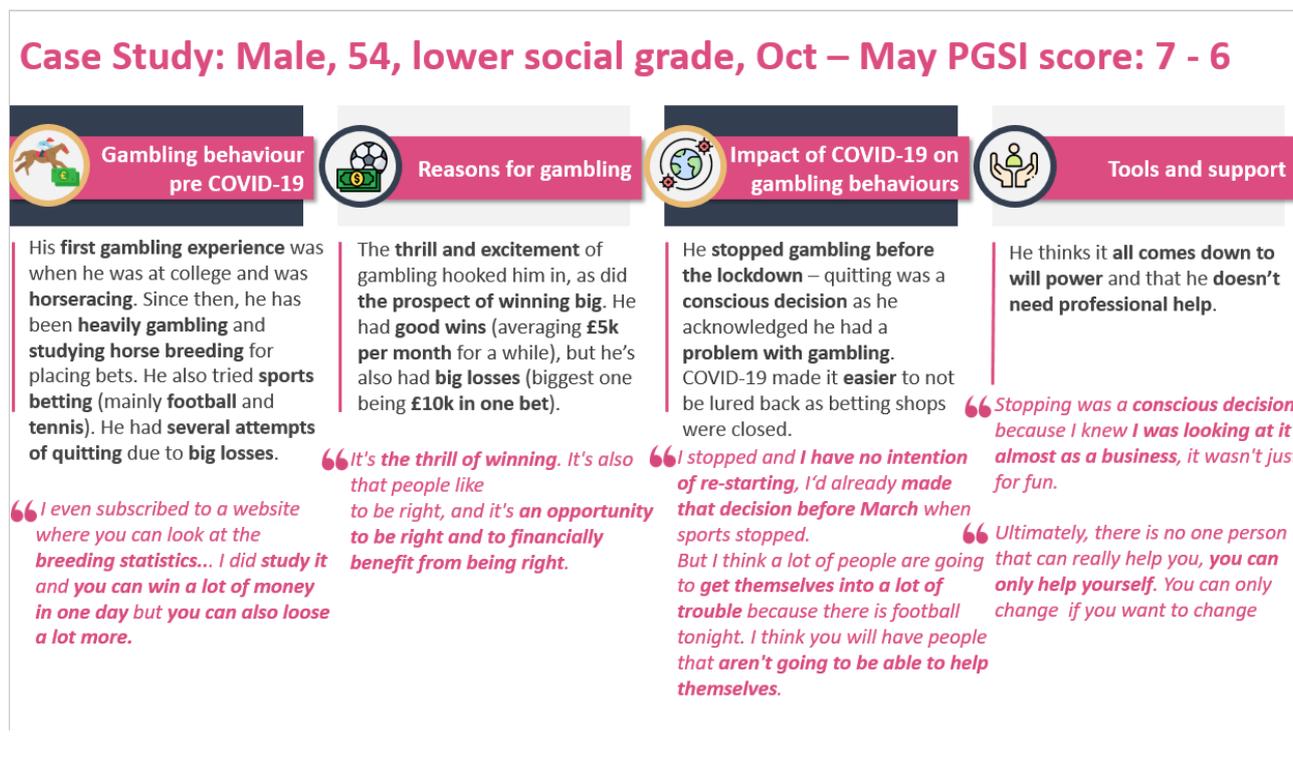
“For me, I think it's more of a social thing. I've never done it online before. The thought of doing it on my own, online or something, it feels like it could be a slippery slope.” (Female, 40, Oct – May PGSI score: 3 - 6)

[Decreased] “Mostly because you don't have the live events on, you can't see and watch it....Before lockdown, I used to have a look at my accounts every day, now it's been a few weeks since I've been on it. I think my interest just went down.” (Male, 62, Oct – May PGSI score: 9 - 1)

“I won't do online gambling, it's just there all the time. It's too much of a temptation to put on a bet when you can't afford it, it's too easy to lose money...If I can't go into the shop and put on what I can afford to lose, I just don't do it.” (Male, 39, Oct – May PGSI score: 0 - 0)

Below are two case studies of respondents who decreased their gambling activities during lockdown.

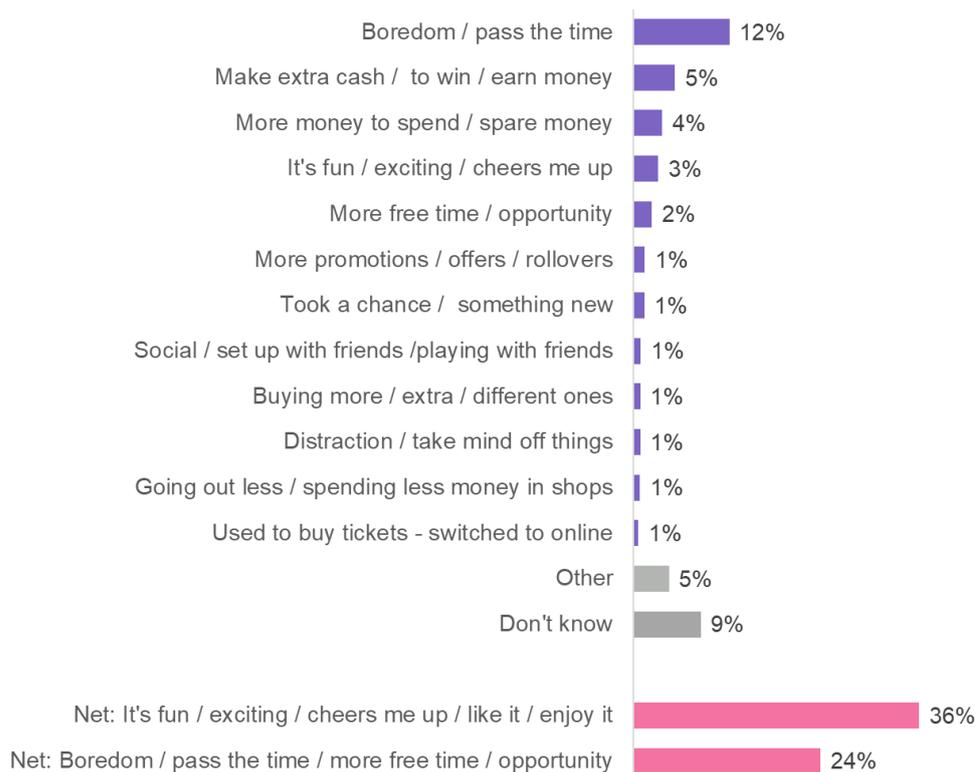
Figure 12: Case studies (those gambling less)



4.3 Reasons for gambling more during lockdown

Gamblers that said they gambled more during lockdown were asked to expand on this in their own words. Most commonly, gamblers mentioned that it's fun, exciting or cheers them up (36%), followed by boredom, more free time or opportunity (24%).

Figure 13. Reasons for gambling more during lockdown - open ended answers (coded)

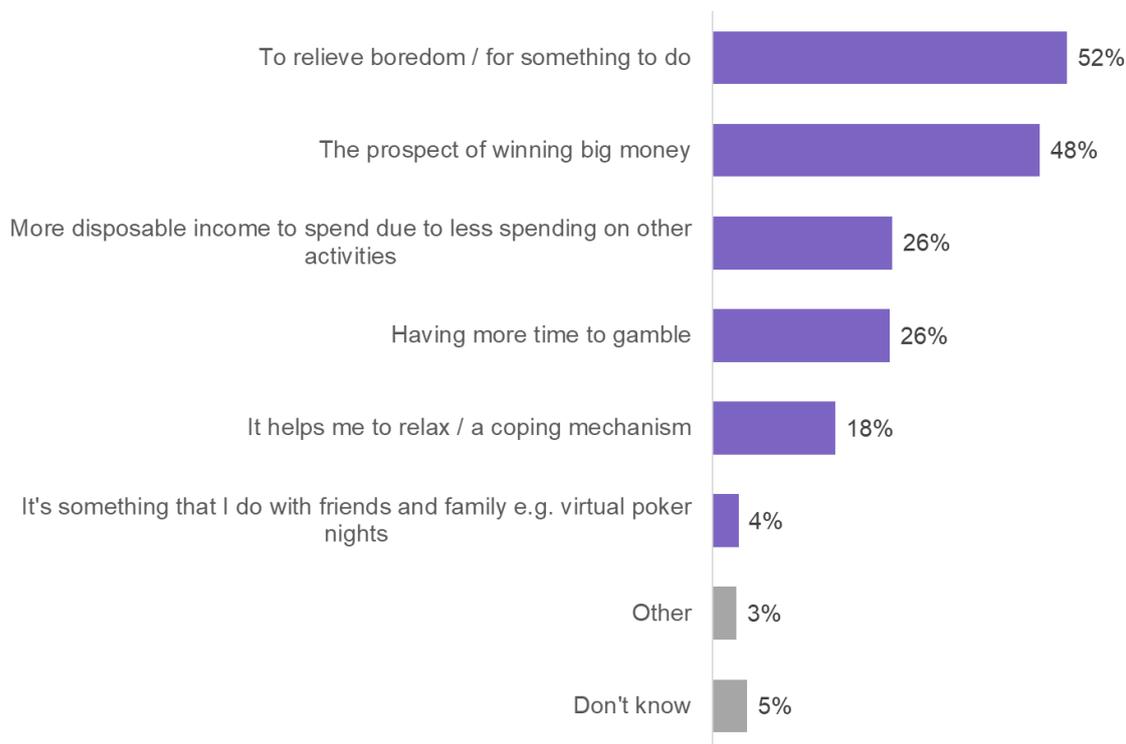


Base: May 2020, all gamblers that said they gambled more during lockdown (n=549)

Male gamblers were more likely than female gamblers to say that they gambled more due to boredom, more free time or opportunity (29% vs. 18%), as were older gamblers aged 55+ (36% vs. 19% 18-34 and 17% 35-54).

In addition to being asked to explain in their own words the reasons for gambling more, gamblers were asked to select the reasons for this from the list given in figure 14. Reflecting findings from the open-ended question, most said that they gambled more to relieve boredom or for something to do (52%), followed by the prospect of winning big money (48%). A quarter (26%) mentioned having more disposable income due to less spending and having more time to gamble over lockdown. Only four percent said that they gambled more as it is something they do with friends and family e.g. virtual poker nights.

Figure 14. Reasons for gambling more during lockdown



Base: May 2020, all gamblers that said they gambled more during lockdown (n=218)

These reasons were largely reflected in the qualitative interviews; relieving boredom and stress, and the prospect of winning big, were the most notable.

“I have more time on my hands, on the internet more now. I’m more laid back now – I think I might as well.” (Female, 23, Oct – May PGSI score: 0 - 0)

“I know rationally that the odds are very low, but there’s always that bit of hope and it would make an incredible difference to my life.” (Female, 40, Oct – May PGSI score: 3 - 6)

“I am doing it more because I feel a loss of control on other things in the world, it’s something to do which might change your world. I think it’s a slight coping thing, as you think you might wake up the next day in a better situation.” (Female, 34, Oct – May PGSI score: 5 - 9)

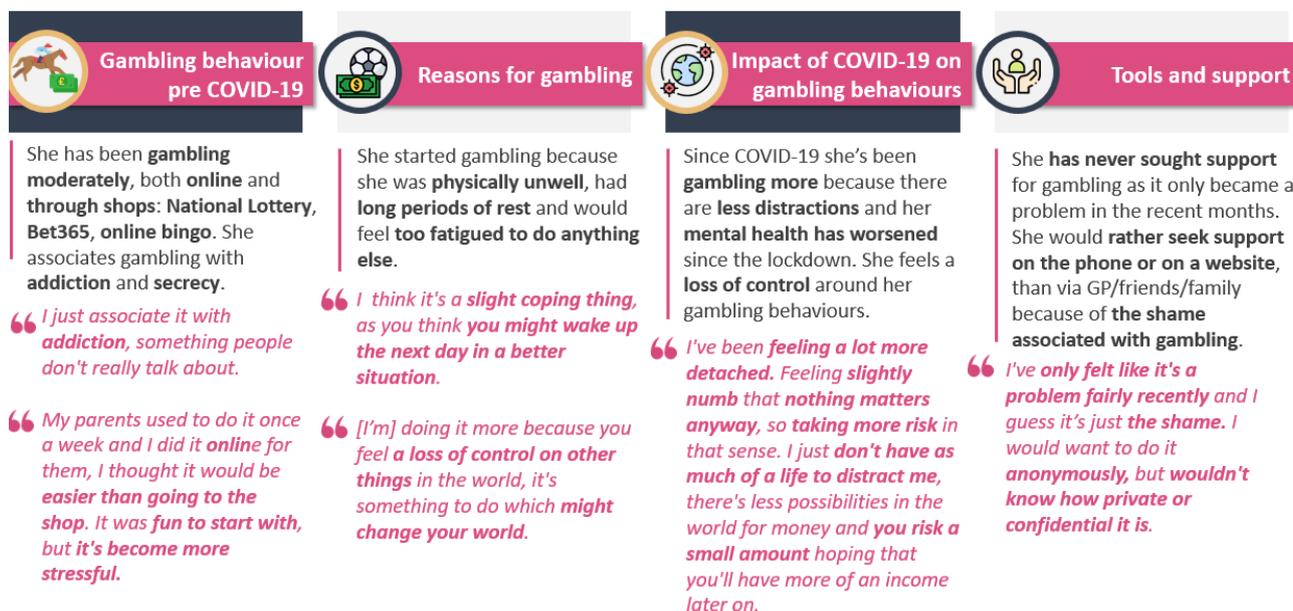
The qualitative interviews found that, for a few, the increase in online gambling advertisements during lockdown (and being on social media platforms more if working from home to see them), had prompted them to gamble more often.

“Since lockdown [I’m] entering more raffles. They have Facebook pages on it, for example, tickets for £12 for a chance to win a car. It’s a better chance than the lottery.” (Female, 23, Oct – May PGSI score: 0 - 0)

Below are two case studies of respondents who increased their gambling activities during lockdown.

Figure 15: Case studies (those gambling more)

Case Study: Female, 34, lower social grade, Oct – May PGSI score: 5 - 9



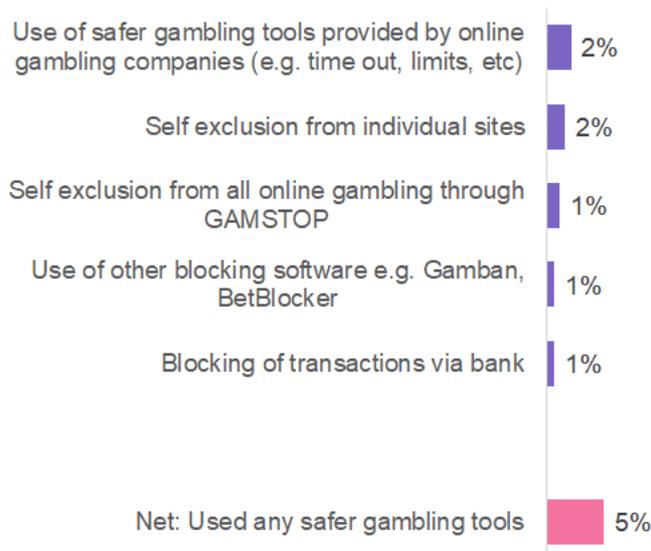
Case Study: Male, 64, lower social grade, Oct – May PGSI score: 22 - 26

 Gambling behaviour pre COVID-19	 Reasons for gambling	 Impact of COVID-19 on gambling behaviours	 Tools and support
<p>He associates gambling with suicide. Since getting cancer and being stuck at home he's spent over £200,000 on gambling websites; the debt has made him contemplate suicide.</p> <p>“ I was very low, very down, very vulnerable. I lost probably £200,000 over a period of 4 years.</p> <p>“ I wanted to stop, I maxed out my credit cards. The debt agencies were ringing, and I actually thought about suicide at that time.</p>	<p>He initially started gambling after being diagnosed with cancer and receiving a large sum of money from work. Loneliness, boredom, excitement and ease of access all played a role in the increase in his gambling behaviours.</p> <p>“ I think a lot of people have turned to online and online is lethal. The bookies close at midnight so you have to come away, but online you can gamble 24/7.</p>	<p>Lockdown made him start gambling again after stopping for 5 years. Boredom, TV ads and excitement triggered his relapse. He feels a loss of control over his gambling and he is angry at himself for falling prey to it again.</p> <p>“ I've never known as much advertising for gambling, I think they've amplified it because of the lockdown. I've joined up to 4 sites now. It's getting out of hand again.</p>	<p>He doesn't feel comfortable disclosing his gambling addiction to his son or friends because of the stigma associated to it. He's been considering reaching out to GAMSTOP and he's been discussing his issues with his oncology psychologist.</p> <p>“ I think what I might have to do is try GAMSTOP. You can exclude yourself from all gambling, so even if you try to sign up to a site it won't let you.</p> <p>“ I think there's a stigma attached to it because people don't want to admit it, like any addiction. I think people don't want to confront it.</p>

4.4 Usage of safer gambling tools during lockdown

Overall, five percent of gamblers said that they had used some type of safer gambling tool (including safer gambling tools provided by online gambling companies, self-exclusion etc.) during lockdown. Most commonly they used safer gambling tools provided by online gambling companies (e.g. time out, limits) or self-exclusion from individual sites (both 2%).

Figure 16. Usage of safer gambling tools during lockdown



Base: May 2020, all gamblers (n=5,329)

Among gamblers with a PGSI score of 1+, overall usage of safer gambling tools rises to one in five (22%), with nine percent reporting using safer gambling tools provided by online gambling companies during lockdown, and eight percent having self-excluded from individual sites. Gamblers with higher PGSI scores were more likely to have used a safer gambling tool during lockdown: three in five (63%) problem gamblers (score 8+) reported this in May 2020, higher than the proportion of moderate-risk (score 3-7) gamblers (22%), low-risk (score 1-2) gamblers (6%) and non-problem gamblers (score 0) (2%).

This was also the case among gamblers who had recorded higher PGSI scores in October 2019. Over half (54%) of problem gamblers (score 8+) from October reported using some type of safer gambling tool during lockdown, higher than the proportion of moderate-risk (18%), low-risk (6%) and non-problem gamblers (1%).

Certain more comprehensive safer gambling tools were predominantly used by problem gamblers, who are more likely to need help cutting down their gambling, with a very small proportion of gamblers with lower scores reporting having used them. For example, one in five (22%) problem gamblers reported self-excluding from all online gambling through GAMSTOP (vs. 2% moderate-risk gamblers; 2% low-risk gamblers; 0% non-problem gamblers). This was also the case for other blocking software e.g. Gamban, BetBlocker (15% vs. 2% moderate-risk; 0% low-risk gamblers; 0% non-problem gamblers).

Table 11: Usage of safer gambling tools during lockdown, by PGSI score category and demographics

	All (5,239)	Men (2,702)	Women (2,537)	18-34 (915)	35-54 (1,997)	55+ (2,327)	ABC1 (2,938)	C2DE (2,301)	White (4,755)	BAME (469)
Score 0	1%	1%	1%	1%	1%	1%	0%	1%	1%	2%
Score 1-2	6%	5%	7%	11%	4%	3%	6%	5%	4%	13%
Score 3-7	22%	21%	24%	27%	23%	16%	20%	24%	22%	23%
Score 8+	63%	65%	59%	71%	60%	14%	73%	52%	59%	74%
All gamblers	5%	6%	4%	11%	5%	1%	5%	5%	4%	14%
All 1+ gamblers	22%	21%	22%	33%	20%	7%	23%	20%	19%	34%

BAME gamblers, who tended to have higher PGSI scores on average than white gamblers, were more likely to report having used a safer gambling tool during lockdown. This pattern is evident for gamblers in each PGSI category (except for moderate-risk gamblers). Among gamblers with a PGSI score of 1+, one in three (34%) BAME gamblers said that they had used a safer gambling tool, higher than their white counterparts (19%). Among problem gamblers (PGSI score 8+), approximately three in four (74%) BAME gamblers reported having used one (compared to 59% of white problem gamblers).

Younger gamblers aged 18-34 (11%) (who tend to have higher PGSI scores on average) were more likely than those aged 35-54 (5%) and 55+ (1%) to say they used safer gambling tools during lockdown. This was also the case among gamblers with a PGSI score of 1+ (33% 18-34 vs. 7% 55+) and in particular for problem gamblers (PGSI score 8+). Among young problem gamblers, seven in ten (71%) reported having used one – (note that this group overlaps with BAME respondents who tend to be younger).

Among gamblers overall, a slightly higher proportion of men (6%) than women (4%) reported having used a tool for safer gambling, which stems from them having higher PGSI scores overall. However, among gamblers with a PGSI score of 1+, men (21%) and women (22%) were equally likely to have used safer gambling tools during lockdown.

5 Gamblers' usage and demand for treatment, advice and support

This chapter will discuss engagement of treatment, advice and support by gamblers experiencing some level of harm. Results reported throughout this section are based on those with a PGSI score of 1+ only (in May 2020).

5.1 Usage of treatment, advice and support in the last 12 months

Usage of treatment, advice and support in the last 12 months (e.g. speaking to a GP, accessing mental health services, speaking to family and friends etc.) in an attempt to cut down gambling has remained largely unchanged since October 2019. Among gamblers with a PGSI score of 1+, 12% reported having used any type of treatment (such as mental health services, their GP, or specialist face-to-face treatment) in May 2020 – the same proportion as in October 2019. A comparable proportion indicated that they had used any form of less formal support or advice (such as from family and friends, support groups, websites or books) in both May 2020 and October 2019 (12% vs. 13%). Overall, 16% had used either treatment and/or support/advice in the last 12 months in May 2020 (comparable to 17% in October 2019).

Table 12: Usage of treatment, advice and support in the last 12 months by PGSI category

	All 1+ gamblers		Score 1-2		Score 3-7		Score 8+	
	Oct 19 (n=1605)	May 20 (n=991)	Oct 19 (n=876)	May 20 (n=539)	Oct 19 (n=398)	May 20 (n=262)	Oct 19 (n=331)	May 20 (n=190)
Used any treatment	12%	12%	2%	2%	9%	5%	43%	49%
Used any support/advice	13%	12%	2%	2%	14%	11%	39%	39%
Used any treatment/ support/advice	17%	16%	3%	3%	17%	13%	54%	57%
Have not used any	83%	84%	97%	97%	83%	87%	46%	43%

As shown in Table 12, among each PGSI category usage of treatment, advice and support has remained broadly unchanged. However, moderate-risk gamblers (PGSI score 3-7) are less likely to report having used formal treatment in comparison to October 2019 (9% vs. 5% May 2020). It is important to note the timeframe applicable to the question: respondents were asked to think about the last 12 months, which for the May 2020 survey incorporates months where the UK was in lockdown, but also at least three-quarters of the year before COVID-19 had impacted day-to-day life.

Female problem gamblers (PGSI score 8+) were more likely to report having used books, leaflets or other printed materials to help them to cut down their gambling in May 2020 compared with October 2019 (12% vs. 2%). Male gamblers were slightly less likely to have used a GP (5% in October 2019 vs. 2% in May 2020).

BAME gamblers were also more likely to report having used books, leaflets or other printed materials to help them to cut down their gambling (6% in May 2020 vs. 2% in October 2019). Among BAME problem gamblers (PGSI score 8+), the difference in using these materials was even more pronounced, rising to one in five (20%) in May 2020 (vs. 5% in October 2019). However, BAME problem gamblers were less likely to report having used a social worker, youth worker or support worker than in October 2019 (10% vs. 23%).

Gamblers from social grades C2DE were less likely to report having used a social worker, youth worker or support worker than in October 2019 (3% vs. 1%). The decrease is even starker among problem gamblers (PGSI score 8+), with 4% having used this type of support in May 2020 compared with 13% in October 2019.

The qualitative research revealed low to moderate levels of awareness of online professional support and, as discussed further in the next chapter, a preference for online treatment and support services in order to preserve anonymity. Additional perceived benefits of online solutions for treatment, advice and support included: ease of access; a larger range of tools and communities available, and remote access during COVID-19.

“I am aware of Gamble Anonymous. I think they help, support, advise how to quit gambling.” (Male, 39, Oct – May PGSI score: 0 - 0)

“For the Lottery you can put a spend limit or they have a phone number at the bottom of the page, maybe the website for GambleAware. (Female, 34, Oct – May PGSI score: 5 - 9)

“One good thing that's really helped since the lockdown are online resources and online forums and recovery coaches. Instagram it can be really inspiring and really helpful.”

(Female, 40, Oct – May PGSI score: 3 - 6)

“I think it would be easy enough (to find support) you could go online, social media.” (Male,

62, Oct – May PGSI score: 9 - 1)

“I think what I might have to do but it'll be difficult to try GAMSTOP. You can exclude yourself from all gambling, so even if you try to sign up to a site it won't let you - I've read

up about it.” (Male, 64, Oct – May PGSI score: 22 - 26)

5.2 Current demand for treatment, advice and support

Table 13 summarises current demand for treatment services and less formal support and advice, by gamblers experiencing some level of harm (a PGSI score of 1+). Current demand has remained broadly unchanged since October 2019. Overall, 16% of these gamblers said they currently would want some form of treatment, advice or support in May 2020. Among gamblers with a PGSI score of 1+, 14% reported wanting any type of treatment (such as mental health services, their GP, or specialist face-to-face treatment) in May 2020 – a comparable proportion to October 2019. A comparable proportion (13%) said that they wanted any form of less formal support or advice (such as from family and friends, support groups, websites or books) in both May 2020 and October 2019.

Table 13: Current demand for treatment, advice and support by PGSI category

	All 1+ gamblers		Score 1-2		Score 3-7		Score 8+	
	Oct 19	May 20	Oct 19	May 20	Oct 19	May 20	Oct 19	May 20
	(n=1605)	(n=991)	(n=876)	(n=539)	(n=398)	(n=262)	(n=331)	(n=190)
Would like any treatment	13%	14%	2%	1%	8%	8%	48%	54%
Would like any support/advice	13%	13%	3%	1%	12%	9%	41%	49%
Would like any treatment/ support/advice	17%	16%	4%	2%	15%	12%	57%	62%
Do not want any	83%	84%	96%	98%	85%	88%	43%	38%

As shown in Table 13, among each PGSI category demand for treatment, advice and support has remained broadly unchanged. However, problem gamblers (PGSI score 8+) category are more likely to have a demand for self-help apps or other self-help tools (e.g. self-exclusion, blocking software and blocking bank transaction). Twelve percent said they wanted support from self-help tools in order to cut down their gambling, higher than the proportion in October 2019 (7%).

BAME gamblers with a PGSI score of 1+ were more likely than in October 2019 to say that they wanted support in cutting down their gambling from their employer (rising from 1% to 5% in May 2020). However, they were less likely to report a demand for online therapy for gambling e.g. CBT (5% vs. 1% in May 2020).

The qualitative interviews revealed several barriers in seeking treatment: lack of awareness of options available; the stigma attached to problem gambling; a reduction in number of appointments available with a mental health professional due to COVID-19, and no face-to-face options during lockdown.

“I have not used any tools during lockdown. I’ve only felt like it’s a problem fairly recently and I guess just the shame. I suppose I haven’t talked about it before, but in the future I might seek support.” (Female, 34, Oct – May PGSI score: 5 - 9)

“GAMSTOP, I’ve looked at the site, but I thought I wouldn’t do it just now. It makes me feel nervous, in a way I’d be elated that I’d been able to do it, but I’d be sad as well.” (Male, 64, Oct – May PGSI score: 22 - 26)

Furthermore, not all deemed it necessary to reach out for professional help as they trusted their own power of self-control or / and didn't think they had an issue with their gambling.

"I think me and my family are probably the occasional gamblers. I never knew it to be a problem for anyone close to me. It's never impacted my life negatively. And if money was any tighter, I just wouldn't spend money on gambling." (Female, 24, Oct – May PGSI score: 0 - 0)

"Tools and support are not for me. I know myself and wouldn't get to that point. I don't need it." (Female, 24, Oct – May PGSI score: 0 - 0)

"Ultimately, there is no one person that can really help you, you can only help yourself. If you go and get counselling, they're getting you to talk about yourself. Ultimately, you can only change if you want to change. You can only fix a problem if you recognise you've got a problem." (Male, 54, Oct – May PGSI score: 7 - 6)

Additionally, there was a level of scepticism towards mental health professionals and the extent to which they can help, especially if one does not wish to stop gambling.

Reassurance around support being confidential is necessary to increase take-up.

"I would want to do it anonymously but wouldn't know how private or confidential it is." (Female, 34, Oct – May PGSI score: 5 - 9)

Informal support (i.e. reaching out to family or friends) was not a preferred option for all; some respondents were apprehensive of disclosing their gambling problems because of the perceived shame and stigma associated with problem gambling, and for fear of worrying their loved ones.

"I'd be so embarrassed to talk to my son, not in a million years. He cares a lot about me, he thinks a lot about me, it'll upset his lifestyle worrying about me. I shouldn't put that on him." (Male, 64, Oct – May PGSI score: 22 - 26)

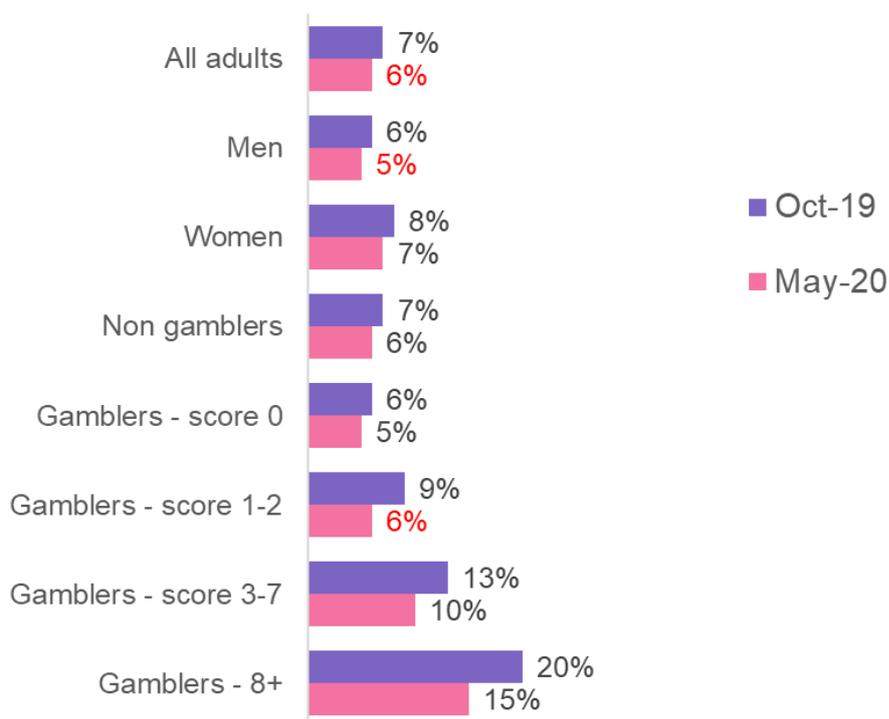
"I would seek support on the phone or on a website, not via GP or my friends or family because of the shame." (Female, 34, Oct – May PGSI score: 5 - 9)

6 Affected others

Gambling is a widespread issue that can have a profoundly negative impact, not just on those gambling, but on those close to them. ‘Affected others’ are people that know someone who has had a problem with gambling (either currently, or in their past) and feel they have personally experienced negative effects as a result of a person’s/people’s gambling behaviour. This could include family members, friends and work colleagues, amongst others, with the negative effects ranging from financial to emotional or practical impacts.

People are slightly less likely to say that they know and have been affected by someone with a gambling problem in May 2020 compared to the previous study. In October 2019, seven percent of the population qualified as ‘affected others’, compared to six percent in May 2020. This can be attributed to a slightly decrease in men qualifying as affected others (six percent vs. five percent).

Figure 17. Proportion qualifying as affected others



Base: October 2019 (Phase 1): all adults (n=12,161); May 2020: all adults (n=9,067)

Among those who have been negatively affected by a gambling problem of someone else in the last 12 months, there is no significant change in the proportion reporting having used any form of treatment, advice or support overall, either on behalf of themselves or the gambler (45% in October 2019 and 39% in May 2020). The proportion reporting that they sought treatment, advice or support from a professional treatment service (such as mental health services or a GP) also remains unchanged (21% in October 2019 and 23% in May 2020). Similarly, the proportion having sought less formal types of support (such as advice from a friend or family member) also remains broadly comparable (36% in October 2019 and 31% in May 2020).

Demand for treatment, advice and support among affected others, whether it be for themselves or on behalf of their partner, family member, friend or colleague, has remained unchanged since October 2019. Overall, around two in five (45%) affected others say that they want treatment, advice or support in some form in May 2020, comparable with October 2019 (46%).

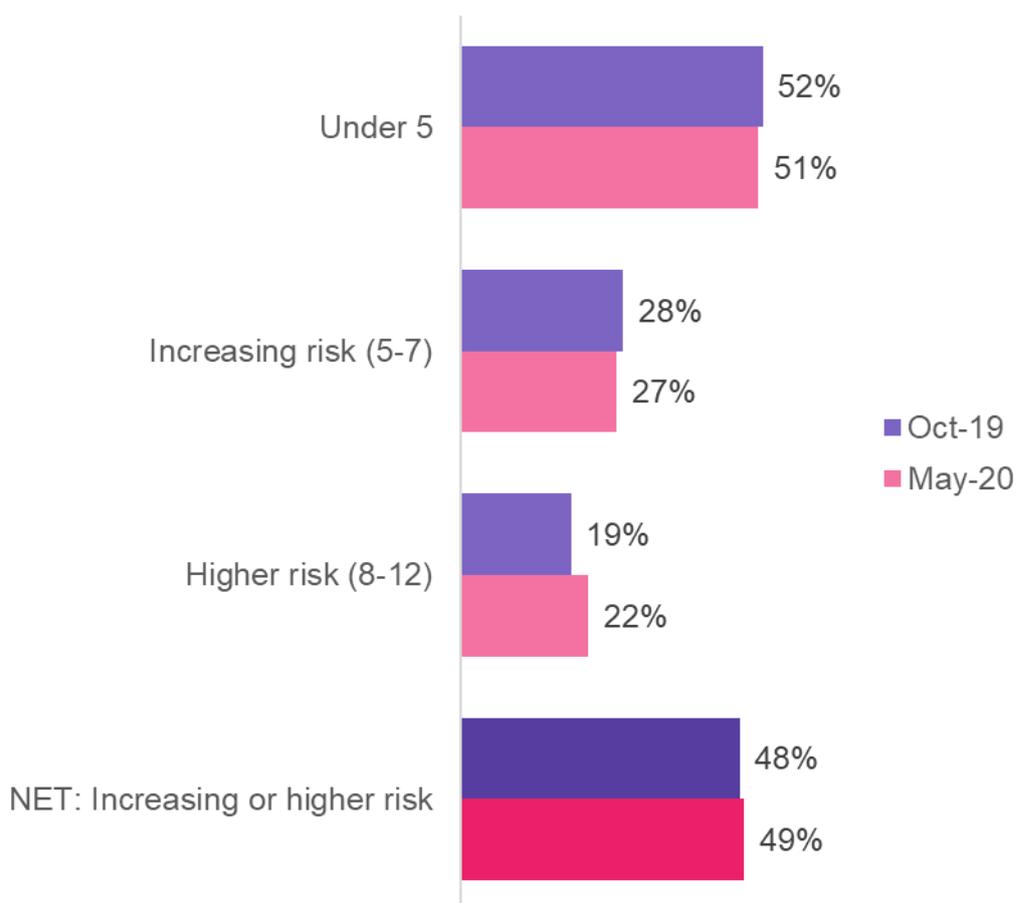
7 Lifestyle habits and health

This chapter will discuss aspects of lifestyle habits and health, exploring any changes between October 2019 (Phase 2) and May 2020.

7.1 AUDIT-C score

AUDIT-C score identifies at-risk drinkers, categorising people into low risk, including non-drinkers (a score of 0-4), increasing risk (a score of 5-7) and higher risk (a score of 8-12). Among gamblers experiencing some level of harm from their gambling (PGSI score of 1+) in May 2020, approximately half (49%) were drinking at increasing or higher risk levels (a score of 5-12), consistent with October 2019.

Figure 18. AUDIT-C score among gamblers with a PGSI score of 1+



Base: October 2019 (Phase 2): all gamblers with a PGSI score of 1+ (n=1,960); May 2020: all gamblers with a PGSI score of 1+ (n=1,039)

The qualitative research also highlighted the link between gambling harms and drinking, with a couple mentioning increased risk taking while gambling under the influence.

“Spending limits and time limits are a really good idea as you may be drunk and lose control.” (Female, 23, Oct – May PGSI score: 0 - 0)

“I've had to make rules with myself, the same with smoking and drinking, I know if I started I would just not stop. There're certain things that I think it's better not to go there.” (Female, 40, Oct – May PGSI score: 3 - 6)

Younger problem gamblers aged 18-34 were more likely to be drinking at higher risk levels in May 2020 compared to October 2019. Three in ten (31%) were drinking at higher risk levels in May 2020, higher than the proportion in October 2019 (20%).

BAME gamblers with a PGSI score of 1+ were more likely to be drinking at higher risk levels in May 2020 compared to October 2019 (20% vs. 10%).

7.2 Smoking status

Smoking status has remained unchanged since October 2019. One in four (25%) gamblers with a PGSI score of 1+ were classified as smokers in May 2020, comparable to October 2019 (26%). There were no changes in smoking status by gender, age, social grade or ethnicity.

7.3 K-10 psychological distress

The K-10 psychological distress scale is widely used to measure distress, which can be used to identify those in need of assessment for anxiety and depression. Among gamblers with a PGSI score of 1+, over half (57%) had a score of 20+ (experiencing high levels of distress) in both May 2020 and October 2019. BAME gamblers with a PGSI score of 1+ were more likely to be experiencing high levels of distress in May 2020 than in October 2019 (69% vs. 57%). There were no changes in psychological distress by gender, age or social grade.

Whilst in the survey, the proportion of gamblers experiencing distress was unchanged, the qualitative research suggested that lockdown had caused increased mental health concerns for respondents and for a few, this subsequently increased their gambling.

“It's more the mental health, you're just sat in the house on your own - nothing to do. You think 'I'll phone a friend', but what am I going to talk about?” (Male, 39, Oct – May PGSI score: 0 - 0)

“I've been feeling a lot more detached and not thinking clearly. Feeling slightly numb that nothing matters anyway, so I'm taking more risk in that sense.” (Female, 34, Oct – May PGSI score: 5 - 9)

Gambling at high levels appeared to accompany a co-occurring psychological issue (e.g. depression, anxiety, suicidal ideation or eating disorders) for a couple of respondents.

*“In a way I very much relate to someone who could easily get addicted to gambling. Sometimes I have to completely pull myself back from getting another one because it's a slippery slope. I think what holds me back is that I already have so many issues with my mental health, that I don't want to add to that. I have really bad OCD, suicidal ideations, 6 years of anxiety and anorexia and all sorts of things, so I don't want to add to that.”
(Female, 40, Oct – May PGSI score: 3 - 6)*

“I'm already on anti-depressants...I've not sleeping until 2 in the morning, on the laptop gambling. I am playing every day.” (Male, 64, Oct – May PGSI score: 22 - 26)

*“I maxed out my credit cards and was in debt. I once won £27,000, but you don't actually see the money. I thought I could re-coup my losses but then it started again so I lost all that. The debt agencies were ringing, and I actually thought about suicide at that time.
(Male, 64, Oct – May PGSI score: 22 - 26)*

8 Conclusions

The study showed an overall pattern of a reduction in gambling between October 2019 and May 2020. Participation in virtually all activities was significantly lower in the May 2020 survey. There was a modest reduction in the overall proportion qualifying as a PGSI 1+ gambler, but also considerable change between scores and categories among individuals. Close to half of previous 1+ gamblers had gone down to a score of 0 or stopped gambling, and two thirds showed some reduction in their PGSI score. However, there was change in both directions: some gamblers with a previous score of 0 had moved into the 1+ category, and some non-gamblers had started gambling.

These changes cannot be definitively linked to the lockdown since some natural change would anyway be expected over a six-month period. Further research could beneficially explore the extent and patterns of change in PGSI scores over time in normal conditions, outside the context of the lockdown. However, when taken in conjunction with the findings specifically pertaining to lockdown, which also suggest an overall decrease, it is reasonable to conclude that some of the changes observed are the direct result of the COVID-19 pandemic and lockdown.

Most gamblers said that compared to normal, they gambled about the same amount or less during lockdown. For many gamblers this decrease was situational, with many attributing the decrease in their gambling frequency to liking different types of gambling which were not possible during lockdown e.g. sports betting or preferring to physically gamble in betting shops. Therefore, the decrease will not necessarily be sustained. A much smaller proportion of gamblers reported gambling more during lockdown, and among this group, most said this was due to relieving boredom or for something to do, followed by the prospect of winning big money. Repeating a study of this nature in the future could give insight into the impact of easing lockdown restrictions on gambling behaviour or explore the impact of stricter restrictions (e.g. a potential second lockdown).

Some gamblers mentioned that they gambled less due to having less disposable income due to work-related reasons (e.g. due to being furloughed, made redundant, or loss of business/work opportunities) or increased other costs during lockdown. Given the uncertainty surrounding both national and personal economic circumstances, it would be interesting to consider whether this becomes a greater factor in gambling behaviour going forwards.

9 Technical appendix

9.1 Further details of data weighting

Gambling Behaviour and Lockdown Recontact Study – main dataset

As set out in Chapter 2, all 12,161 respondents to the original Treatment and Support Phase 1 study were invited to the Gambling Behaviour and Lockdown Recontact Study, and 9,067 took part (a response rate of 75%).

It was necessary to apply weighting to ensure that the final data was representative of the overall population, and also that it was entirely comparable with the data collected in the October study. After considering possible approaches, the decision was reached to:

1. Weight the data by the same demographic targets as used in the original Phase 1 study (age, gender, social grade, region, ethnicity)
2. Additionally apply weighting by PGSI score category (as recorded in Phase 1) to match the distribution seen in the original study. This was to account for any variations in response rate among different groups within the sample (for example, more frequent gamblers responding at higher rates).

Table 14: Weighted sample comparison – Phase 1 and recontact study

Category	Phase 1 study		Recontact study	
	Weighted n	Weighted %	Weighted n	Weighted %
Men	5,948	49%	4,435	49%
Women	6,213	51%	4,632	51%
18-34	3,415	28%	2,546	28%
35-54	4,073	34%	3,037	33%
55+	4,674	38%	3,484	38%
ABC1	6,504	53%	4,849	53%
C2DE	5,657	47%	4,218	47%
White	10,723	88%	7,995	88%
BAME	1,438	12%	1,072	12%
North East	504	4%	376	4%
North West	1,366	11%	1,018	11%
Yorkshire and the Humber	1,030	8%	768	8%
East Midlands	914	8%	682	8%
West Midlands	1,103	9%	823	9%
East of England	1,166	10%	870	10%
London	1,639	13%	1,222	13%
South East	1,713	14%	1,277	14%
South West	1,072	9%	799	9%
Wales	596	5%	444	5%
Scotland	1,058	9%	789	9%
Non gambler	4,731	39%	3,528	39%
Score 0	5,826	48%	4,344	48%
Score 1-2	873	7%	651	7%
Score 3-7	399	3%	297	3%
Score 8+	331	3%	247	3%

Gambling Behaviour and Lockdown Recontact Study – secondary dataset

As set out in Chapter 2, 1,485 respondents from the original Treatment and Support Phase 2 study, (who did not take part in Phase 1 and who were classified as PGSI 1+ gamblers), were invited to the Recontact study. In total, 1,030 of the additional Phase 2 respondents took part (a response rate of 69%).

These additional respondents, along with respondents who took part in both Phase 1 and Phase 2 (and who were PGSI 1+ gamblers) were added to a separate dataset. Including The total sample for this dataset was 1,686 PGSI 1+ gamblers and affected others.

The additional dataset was weighted to match the group of PGSI 1+ gamblers and affected others found in the original Phase 2 study, according to age, gender, social grade, region, gambler/affected other status and PGSI score category.

Table 15: Weighted sample comparison – Phase 2 and recontact study

Category	Phase 2 study		Recontact study	
	Weighted n	Weighted %	Weighted n	Weighted %
Men	1,678	56%	942	56%
Women	1,323	44%	744	44%
18-34	1,065	36%	599	36%
35-54	1,155	38%	649	38%
55+	780	26%	438	26%
ABC1	1,485	49%	834	49%
C2DE	1,516	51%	852	51%
White	2,679	90%	1511	90%
BAME	312	10%	175	10%
North East	126	4%	71	4%
North West	393	13%	221	13%
Yorkshire and the Humber	309	10%	174	10%
East Midlands	225	8%	126	7%
West Midlands	282	9%	158	9%
East of England	264	9%	148	9%
London	411	14%	231	14%
South East	399	13%	224	13%
South West	228	8%	128	8%
Wales	123	4%	69	4%
Scotland	240	8%	135	8%
Gambler only: score 1-2	1,056	35%	593	35%
Gambler only: score 3-7	456	15%	256	15%
Gambler only: score 8+	348	12%	195	12%
Gambler and affected other: score 1-2	105	4%	59	4%
Gambler and affected other: score 3-7	75	3%	43	3%
Gambler and affected other: score 8+	90	3%	51	3%
Affected other only	870	29%	489	29%