

Gambling rapid needs assessment

Publication Year: 2025

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- Thank you to the South Gloucestershire Council Licencing Team for providing a list of betting premises in South Gloucestershire
- Thank you to the South Gloucestershire Evidence, Population Health and Intelligence (EPI) team for mapping the locations of South Gloucestershire betting premises against local Index of Multiple Deprivation (IMD) decile, and for providing the accompanying analysis
- Thank you to the South Gloucestershire EPI team and the South Gloucestershire Healthy Foundations Team for providing data from the South Gloucestershire 2023 Health and Wellbeing Online Pupil Survey, and for providing the accompanying analysis

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Table of Acronyms

ADPH	Association of Directors of Public Health
DCMS	Department for Digital, Culture, Media and Sport
DHSC	Department of Health & Social Care
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, fourth version
FOBTs	Fixed Odds Betting Terminals
GSGB	Gambling Survey for Great Britain
HMRC	HM Revenue & Customs
HSE	Health Survey for England
IMD	Index of Multiple Deprivation
LAs	Local Authorities
LGA	Local Government Association
LSOAs	Lower Super Output Areas
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
OPS	Online Pupil Survey
PGSI	Problem Gambling Severity Index
PHE	Public Health England
UK	United Kingdom

Introduction

The Gambling Act 2005 defines gambling as: “gaming ... betting ... and ... participating in a lottery” (GOV.UK, Unknown):

- The Act defines gaming as: “playing a game of chance for a prize”
- and betting as: “making or accepting a bet on - (a) the outcome of a race, competition or other event or process, (b) the likelihood of anything occurring or not occurring, or (c) whether anything is or is not true”

The United Kingdom (UK) has one of the largest gambling markets globally (Office for Health Improvement & Disparities, 2023), with annual profits reaching £15.1 billion in 2023 (£10.9 billion excluding lotteries) (Gambling Commission, 2024). It has been estimated that “60% of [industry] profits come from the 5% [of the population] who are already problem gamblers, or are at risk of becoming so” (Parliament.uk, 2020). UK gambling legislation is underpinned by the Gambling Act 2005 (Local Government Association, 2023). It has been argued that the Act “significantly liberalised the gambling regime, for example, by enabling gambling operators to advertise across all media platforms and creating an ‘aim to permit’ new gambling premises”.

There have been significant changes to the gambling landscape since the Gambling Act 2005 (Department for Culture, Media and Sport, 2023). The proliferation of smartphones and other technologies, coupled with the rapid expansion of online gambling products, means that much of the UK population can now gamble from anywhere, at any time. According to the 2021 Health Survey for England, 50% of adults had gambled in the past year (36% if the National Lottery was excluded), 2.8% of adults were experiencing at-risk or ‘problem gambling’, and 0.3% of adults were experiencing ‘problem gambling’ (NHS England, 2023).

The gambling industry in Great Britain has been estimated to spend over £1.5 billion annually on advertising and marketing, to ensure its products are visible to, and used by, as many consumers as possible (Parliament.uk, 2020). An analysis of the coverage of the 2023 Premier League opening weekend identified “a total of 10,999 gambling messages [...] during the weekend across various media channels” (Woodhouse, 2024). There is particular concern around the impact of advertising on vulnerable populations, including children and young people.

Gambling harms

‘Harmful gambling’ is “an umbrella term to describe any frequency of gambling that results in people experiencing harm” (Local Government Association, 2023). The overall combined annual cost to the government and society of harmful gambling in England has been estimated to be between £1.05 billion and £1.77 billion (Office for Health Improvement & Disparities, 2023). Gambling harms may include harms related to finances, relationships, mental health, physical health, and employment (Office for Health Improvement & Disparities, 2023). Gambling harms can impact both the person who gambles, and the people close to them, for example their partners, children, and parents. The term ‘affected others’ is often used to describe people who have been negatively impacted by someone else’s gambling (YouGov, 2023). The 2023 Office for Health

Improvement and Disparities (OHID) report on gambling treatment prevalence estimates estimated that 912,805 children in England live with an adult who may benefit from gambling treatment or support (Office for Health Improvement and Disparities, 2023). YouGov/GambleAware's 2023 'Gambling Treatment and Support' survey found that, of the 18,178 adults surveyed in Great Britain, 7% reported being an 'affected other' (YouGov, 2023).

Gambling among children and young people

There is also particular concern that children and young people are experiencing increasing exposure to gambling products and gambling harms (Association of Directors of Public Health, 2024). The Gambling Commission's 2023 'Young People and Gambling Survey' of 11- to 17-year-olds in Great Britain found that, of the 3,453 respondents, 1.5% were identified as at-risk gamblers and 0.7% were identified as 'problem gamblers' (Gambling Commission, 2023).

Gambling harms and health inequalities

There are notable differences in the characteristics associated with higher gambling participation and the characteristics associated with harmful, at-risk, and 'problem gambling' (Office for Health Improvement & Disparities, 2023). General gambling participation is higher among people who are relatively less deprived, have higher academic qualifications, are employed, have better psychological health, and have higher life satisfaction. Whereas, 'harmful gambling' is associated with unemployment and living in a more deprived area, and the prevalence of at-risk and 'problem gambling' is higher among people with poorer health, lower life satisfaction, and lower wellbeing (Office for Health Improvement & Disparities, 2023). Certain population groups may also be more vulnerable to gambling harms due to increased exposure and more likely to be negatively impacted by someone else's gambling (Local Government Association, 2023) (YouGov, 2023).

OHID's 'Gambling-related harms evidence review' found that while "people who are classified as gambling at elevated risk levels and experiencing problem gambling [were] typically male and in younger age groups", affected others were more likely to be women (Office for Health Improvement & Disparities, 2023). The Gambling Commission have also emphasized the need to understand differences in how women may experience gambling and gambling harms (The Gambling Commission (Communications), 2023).

YouGov/GambleAware's 2023 'Gambling Treatment and Support' survey of 18,178 adults in Great Britain found that people from minority ethnic backgrounds were more likely to have a PGSI score of ≥ 1 and more likely to have a PGSI score higher up the PGSI scale (YouGov, 2023).

Industry influence

There is significant concern around how the gambling industry influence the evidence of, discussion around, and approach to, gambling harms. The Association of Directors of Public Health (ADPH) has noted that "the industry sponsor education programmes, lobby

parliament, [and] give political donations” (Association of Directors of Public Health, 2024). The gambling industry tends to “frame gambling as being a harmless leisure activity” that people choose to participate in and shift the emphasis away from industry regulation and towards individual responsibility (Local Government Association, 2023). This can lead to narratives whereby the individual experiencing harm is framed as ‘the problem’, and the gambling products themselves are framed as harmless if ‘used responsibly’. These narratives may in turn create stigma and present a barrier to help-seeking (Local Government Association, 2023). This means that gambling harms may be hidden, underreported, and underestimated.

The Gambling Commission and GambleAware

The Gambling Commission was established in accordance with the Gambling Act 2005 as a regulatory non-departmental public body for commercial gambling in Great Britain (GOV.UK, Unknown). The commission is funded by fees charged to the gambling industry as per the Department for Digital, Culture, Media & Sport (DCMS) (Gambling Commission, 2023). In accordance with the commission’s Licence Conditions and Codes of Practice: “licensees must make an annual financial contribution to one or more organisation(s) which are approved by the Gambling Commission, and which between them deliver or support research into the prevention and treatment of gambling-related harms, harm prevention approaches and treatment for those harmed by gambling” (Gambling Commission, Unknown). One such organisation is GambleAware.

GambleAware is described as “the leading independent charity and strategic commissioner of gambling harm education, prevention, early intervention, and treatment across Great Britain” (GambleAware, 2024). Although GambleAware is described as an independent organisation, because of their “role in distributing voluntary industry donations, some stakeholders have expressed concern about potential conflicts of interest due to the potential influence of the gambling industry” (Local Government Association, 2023). NHS gambling services were historically co-funded by GambleAware (Office for Health Improvement & Disparities, 2024). However, the NHS stopped receiving GambleAware funding in March 2022 following a letter from the National Mental Health Director to the CEO of GambleAware (Murdoch, 2022). The letter highlighted concerns from both patients and clinicians around industry funding and potential conflicts of interest.

GambleAware is the main funder of GamCare (GamCare, Unknown), which is described as “the leading provider of information, advice and support for anyone affected by gambling harms” (GamCare, 2024).

Interest in gambling harms

There has been growing interest in gambling harms in recent years. The National Health Service (NHS) Long Term Plan committed to investing “in expanding NHS specialist clinics to help more people with serious gambling problems” (NHS, 2019). The 2018 reduction of “the maximum stake on Fixed Odds Betting Terminals (FOBTs) from £100 to £2” was voted one of the ‘Top 20 public health achievements of the 21st century’ (Royal Society for Public Health, 2023). In 2019, Public Health England (PHE) published the ‘Gambling-related harms evidence review’ (Office for Health Improvement & Disparities,

2023). In 2023, the Department of Health & Social Care (DHSC) 'Suicide prevention strategy: action plan' called to "encourage public health teams to consider the potential links between their work on suicide prevention and harmful gambling" (Department of Health & Social Care, 2023). The Local Government Association (LGA) published 'Tackling gambling-related harm: A whole council approach', the National Institute for Health and Care Excellence (NICE) published draft guidance on 'harmful gambling', the DCMS published the white paper 'High stakes: gambling reform for the digital age', and the Premier League announced that they had "collectively agreed to withdraw gambling sponsorship from the front of clubs' matchday shirts" (Premier League, 2023). In 2024, OHID published the report 'Gambling treatment: assessing the current system in England' (Office for Health Improvement & Disparities, 2024).

However, there are still growing calls for gambling to be given greater recognition as a public health issue, for the adoption of a public health approach to addressing gambling harms, and for a robust national strategy (Association of Directors of Public Health, 2024) (Local Government Association, 2023).

Purpose/structure of this rapid needs assessment

The purpose of this rapid needs assessment is to provide insight into gambling behaviours and gambling harms in South Gloucestershire and to make recommendations for the reduction of gambling harms in the local population.

This needs assessment includes the following sections:

- Tools used to measure gambling behaviours
- The importance of language
- Sources of South Gloucestershire-specific data
- Overview of some national publications/data sources
- Affected others
- Gambling among children and young people
- Gambling harms and health inequalities
- Regulation and licencing in South Gloucestershire
- South West picture
- South Gloucestershire picture
- Gambling support - national services
- Gambling support - local services
- Summary
- Recommendations

Tools used to measure gambling behaviours: the PGSI and the DSM-IV screening instrument

The Problem Gambling Severity Index (PGSI) and the Diagnostic and Statistical Manual of Mental Disorders, fourth version (DSM-IV) screening instrument are two tools commonly used to measure gambling behaviours (NHS England, 2023). The Health Survey for England (HSE) utilises both tools in its questions around gambling experiences. The HSE defines 'problem gambling' as a PGSI score ≥ 8 or a DSM-IV score ≥ 3 (NHS England, 2023). The PGSI was developed as a population screening tool. Whereas the DSM-IV was originally developed as a clinical diagnostic tool but later adapted for use as a population screening tool (NHS England, 2023). Items and scoring systems for both the PGSI and DSM-IV are provided in Appendix 1.

The importance of language

In February 2024, the Greater Manchester Combined Authority, ADPH Yorkshire and Humber and ADPH North East published a language guide for gambling harms titled 'Words can hurt' (Greater Manchester Combined Authority, ADPH Yorkshire and Humber and ADPH North East, 2024). Much of the language historically used around gambling harms has been influenced by the gambling industry, may be stigmatising, and may add to harm. The guide was created to help increase understanding, reduce stigma, and facilitate help-seeking (Greater Manchester Combined Authority, ADPH Yorkshire and Humber and ADPH North East, 2024). Of note the guide advises against the use of the terms 'problem gambler', 'problem gambling', and 'harmful gambling', terms used in much of the literature and by many of the data sources around gambling harms. For the purposes of clarity, this needs assessment will use the terms 'problem gambler', 'problem gambling', and 'harmful gambling' when these terms have been used in the primary source being cited.

Sources of South Gloucestershire-specific data for this needs assessment

South Gloucestershire-specific data was gathered from the following sources:

- The South Gloucestershire Council Licencing Team – provided a list of betting premises in South Gloucestershire as of 08 April 2024 – the locations of these were then mapped against local IMD decile
- Gambling treatment need and support: prevalence estimates – OHID report – published 7 December 2023 (Office for Health Improvement and Disparities, 2023)
- South Gloucestershire 2023 Health and Wellbeing Online Pupil Survey – data from the two survey questions around gambling

There currently appears to be limited South Gloucestershire-specific data around gambling behaviours and harms. A number of organisations and workstreams were contacted, but many did not collect or hold any South Gloucestershire-specific data.

Overview of some national publications/data sources

Gambling Survey for Great Britain – annual report (2023) published July 2024 by the Gambling Commission:

Note: The Gambling Commission have published guidance on using statistics from the Gambling Survey for Great Britain (GSGB) (Gambling Commission, 2024). This guidance includes a number of cautions including the following:

- *“There is a risk that the GSGB may overstate some gambling behaviours and therefore estimates should be used with some caution”*
- *“The statistics relating to the prevalence of problem gambling or the consequences of gambling should not be grossed up to whole population”*

The “survey was conducted using a push-to-web approach” among adults living in Great Britain (Gambling Commission, 2024). Some key insights from the survey (Gambling Commission, 2024):

- Percentage of participants who had gambled within the past 12 months who experienced a particular PGSI item at least sometimes (5,828 respondents):
 - Gone back to win money lost: 16%
 - Felt guilty about their gambling: 9.9%
 - Bet more than they could afford: 9.6%
 - Felt gambling had caused them health problems: 6.7%
 - Gambled with large quantities of money to feel excitement: 6.4%
 - Felt they might have a problem with gambling: 6.4%
 - Been criticised for their betting or told they have a gambling problem: 6.1%
 - Felt their gambling had caused financial problems: 5.6%
 - Borrowed money or sold something for gambling: 3.3%

*The percentage of male participants who had gambled within the past 12 months who reported that they had experienced a PGSI item at least sometimes was higher than the corresponding percentage of female participants for all 9 PGSI items.

- Percentage of participants who had a PGSI score of 8 or more by activity type (9,707 respondents):
 - All participants: 2.5%
 - All participants who had gambled within the past 12 months: 4.1%
 - All participants who had gambled within the past 12 months on activities other than lottery draw products alone: 5.9%
- Percentage of participants who had gambled within the past 12 months who had a PGSI score of 8 or more by sex (5,865 respondents):
 - Male participants who had gambled within the past 12 months: 5.1%
 - Female participants who had gambled within the past 12 months: 3.1%
- Percentage of participants who had gambled within the past 12 months who had a PGSI score of 8 or more by age group (5,865 respondents):
 - Age 18 to 24: 9.1%
 - Age 25 to 34: 8.4%
 - Age 35 to 44: 4.9%

- Age 45 to 54: 3.5%
- Age 55 to 64: 0.7%
- Age 65 to 74: 1.3%
- Activities for which a higher proportion of participants had a PGSI score of 8 or more when compared to all participants who had gambled within the past 12 months (5 activities with the highest relative difference ratio): in-person betting on non-sports events, online fruits and slots, casino games on a machine/terminal, casino games at a casino, online casino games

UK Betting and Gaming Statistics commentary (October 2023 to March 2024) – published April 2024 by HM Revenue & Customs (HMRC)

This HMRC publication provided statistics on various betting and gaming duties for the 2023 to 2024 financial year (HM Revenue & Customs, 2024). Some key insights from this publication:

- The provisional total for UK betting and gaming receipts in the 2023 to 2024 financial year = £3,389 million
 - This was 3% higher than the previous financial year
 - The majority of these receipts came “from Remote Gaming Duty (30%) and Lottery Duty (28%)”

LAs urged to up the ante against gambling harm – published April 2024 by the Association of Directors of Public Health

In this news article/blog post the ADPH called on local authorities (LAs) to do more to address gambling harms (Association of Directors of Public Health, 2024). The ADPH highlighted that: “the distribution of [...] negative impacts is unfair, with the greatest risk being experienced by minority groups and people living in the most disadvantaged areas”. They argued that what is really needed is a robust national strategy, but that there are various interventions that local authorities can implement in the meantime in order to tackle gambling harms. The ADPH, the Faculty of Public Health, and the Royal Society for Public Health have proposed a ‘top ten’ of local level interventions to prevent gambling harm. These interventions relate to:

1. The narrative around gambling harms
2. Using existing planning legislation to prevent the development of new gambling premises
3. Considering licensing decisions through a public health lens
4. Ending the advertising of gambling products through local authority channels
5. Ending the use of gambling products in local authority organised clubs and on local authority owned land
6. Challenging industry funded treatment and support
7. Ensuring education is free from industry funding
8. Challenging pensions (and other schemes) that invest in harmful industries
9. Campaigns that use facts and evidence (rather than aiming to change individual behaviour)

10. Ensuring Trading Standards training and resourcing is free from industry influence

[Gambling treatment: assessing the current system in England – published March 2024 by OHID](#)

This OHID report provided an assessment of the gambling treatment system in England (Office for Health Improvement & Disparities, 2024). Some key insights from this report:

- Gambling treatment in England is provided by both the NHS (in clinical settings) and the third sector (in community settings)
- Most gambling treatment and support is delivered online or via telephone
- There were a total of 7,072 gambling treatment episodes in Great Britain from 2021 to 2022. The majority of these treatment episodes involved:
 - People affected by their own gambling (86%) – the remaining 14% of episodes were for affected others
 - People who identify as male (69%)
 - People who identify as white (88%)

The report made a number of suggestions for improving the gambling treatment system in England, including:

- Developing standards for data collection and reporting
- Developing a standardised triage system
- Removing the reliance on industry donations
- Improving governance
- Raising awareness around gambling harms among the public and non-gambling frontline professionals
- Building a whole systems approach to treating gambling harms

[Gambling Survey for Great Britain: Statistics on gambling participation – published February 2024 by the Gambling Commission:](#)

Note: The Gambling Commission have published guidance on using statistics from the GSGB (Gambling Commission, 2024). This guidance includes a number of cautions including the following:

- *“There is a risk that the GSGB may overstate some gambling behaviours and therefore estimates should be used with some caution”*
- *“The statistics relating to the prevalence of problem gambling or the consequences of gambling should not be grossed up to whole population”*

The “survey was conducted using a push-to-web approach” among adults living in Great Britain (Gambling Commission, 2024). Of 4,801 participants (Gambling Commission, 2024):

- 48% had participated in any gambling activity over the past 4 weeks

- 27% had participated in a gambling activity (excluding lottery draws) over the past 4 weeks
- 16% had participated in online gambling (excluding lottery draws) over the past 4 weeks
- 18% had participated in in-person gambling (excluding lottery draws) over the past 4 weeks
- The most popular gambling activities (excluding lottery draws) were scratchcards (13%), betting (10%), and instant wins (7%)
- The most common reasons for gambling were for fun/enjoyment or for monetary reasons
- Participation in gambling activities (excluding lottery draws) was highest among males aged 18 to 44

Industry Statistics – published February 2024 by the Gambling Commission

This Gambling Commission report provided a number of estimates of gambling industry activity in Great Britain (Gambling Commission, 2024). Some key insights from this report:

- Total gross gambling yield for the gambling industry in Great Britain (April 2022 to March 2023) =
 - £15.1 billion including lotteries (6.8% higher than the previous year)
 - £10.9 billion excluding lotteries (9.3% higher than the previous year)
- Total number of gambling premises in Great Britain = 8,301

Gambling treatment need and support: prevalence estimates – published December 2023 by OHID

This OHID report provided estimates of the need for gambling treatment and support in England (Office for Health Improvement and Disparities, 2023). Some key insights from this report:

- Number of adults in England who may benefit from gambling treatment or support: 1,580,175
- Number of children in England living with an adult who may benefit from gambling treatment or support: 912,805

Tackling gambling related harm: A whole council approach – published October 2023 by the LGA

This updated version of a 2018 LGA and PHE document was developed “to provide an overview of harmful gambling and how councils can try to help local residents who are impacted by it” (Local Government Association, 2023). Some key insights from this document:

- “Harmful gambling is increasingly cited as a public health issue which requires a broad response”

- “The prevalence of high street gambling premises; the significant increase in gambling advertising since the introduction of the Gambling Act in 2005; and the rise in online gambling have all contributed to societal concern about gambling in the UK”
- Certain population groups may be more vulnerable to gambling harms due to increased exposure, including people living in deprived areas, people experiencing homelessness, people with poor mental health, and children and young people
 - There is concern that operators may specifically target these vulnerable groups (by locating premises in more deprived areas for example)
- The risks of gambling may be under-recognised, and stigma may present a barrier to help-seeking. This means that gambling harms may be hidden, underreported, and underestimated
- Councils such as Yorkshire and the Humber and Greater Manchester have now adopted a public health approach to addressing gambling harms

The LGA proposed a number of actions for councils to take to reduce gambling harm and suggested which council services might be most likely to interact with people experiencing gambling harms. This information is provided in Appendix 2.

[Harmful gambling: identification, assessment and management – draft published October 2023 by NICE](#)

This draft NICE guidance on the identification, assessment, and management of ‘harmful gambling’ was published in October 2023 (NICE, 2023). As of 8 October 2024, the final version had not yet been published. The draft guidance made the following recommendations for health and social care practitioners:

- Ask people about gambling in the following situations:
 - “when they present in any setting with a mental health problem or concern”
 - “at each new contact with the criminal justice system”
 - “when they present in any setting with an addiction”
 - “when they are at risk of or experiencing homelessness”
 - “when they share that they have financial concerns”
 - “when there are concerns about safeguarding issues or violence, including domestic abuse”
 - “when they share that there is a family history of gambling or other addictions”
- “Use direct questions to ask people about gambling, such as: ‘Do you gamble?’ and ‘Are you worried about your own or another person’s gambling?’ ”
- “Encourage people to assess the severity of their gambling by completing the questionnaire available on the NHS website.”

The draft guidance also outlined how to offer help and support if a person is identified as being at risk of gambling harms, due to either their own gambling or another person’s gambling.

Health Survey for England 2021 – published May 2023 by NHS England

This report published in May 2023 presented the results of the 2021 Health Survey for England (NHS England, 2023). Overall, for the 2021 Health Survey for England, 5,880 adults were interviewed and 3,847 adults returned self-completion questionnaires (NHS England, 2023). Some key insights from this report:

- Participation in a gambling activity over the past 12 months:
 - 50% among all adults
 - 55% among men
 - 45% among women
- Participation in any online gambling (excluding National Lottery and other lotteries) over the past 12 months:
 - 10% among all adults
 - 14% among men
 - 5% among women
- Engagement in at-risk or 'problem gambling' (according to PGSI scores):
 - 2.8% among all adults
 - 4.4% among men
 - 1.1% among women
 - 5.8% among people who had gambled in the last 12 months
 - 18.2% among people who had gambled online
- Engagement in 'problem gambling':
 - 0.3% among all adults
 - 1.6% among people who had participated in only 1 gambling activity
 - 27.8% among people who had participated in ≥ 4 gambling activities in the past 12 months

High stakes: gambling reform for the digital age (white paper) – published April 2023 by the DCMS

The aim of this DCMS white paper was to set out "the government's plan for reform of gambling regulation following [a] review of the Gambling Act 2005" (Department for Culture, Media and Sport, 2023). The white paper acknowledged that there had been significant changes to the gambling landscape since the introduction of the Gambling Act 2005 (largely related to the proliferation of online gambling). The paper set out a number of policy proposals including, but not limited to:

- "More prescriptive rules on when online operators must check customers' financial circumstances for signs their losses are harmful"
- "A stake limit for online slots games (which evidence suggests is the highest risk product)"
- "Making online games safer by design by reviewing game speeds and removing features which exacerbate risks"
- "To consult on making data sharing between online operators on high risk customers mandatory for collaborative harm prevention"
- "Ensuring that incentives like bonuses and free bets are constructed in a socially responsible manner"

Gambling-related harms evidence review – published 11 January 2023 by OHID

This 2023 OHID publication provided an update to the 2019 PHE Gambling-related harms evidence review (Office for Health Improvement & Disparities, 2023). Some key insights from this publication:

- In 2018, 54% of the adult population in England gambled (40% if the National Lottery is excluded)
- Men were more likely than women to gamble (this difference was most apparent for online gambling – with 15% of men participating, compared to 4% of women)
- Between 2012 and 2018, National Lottery participation reduced, online gambling participation increased (6% in 2012 vs 9% in 2018), and participation in other forms of gambling stayed relatively stable
- According to 2018 Health Survey for England data, it was estimated that, in England:
 - 3.8% of the population were gambling at elevated risks
 - 0.5% of the population were experiencing ‘problem gambling’
- General gambling participation is higher among people who are: relatively less deprived, have higher academic qualifications, are employed, have better psychological health, and have higher life satisfaction
- “People who are classified as gambling at elevated risk levels and experiencing problem gambling are typically male and in younger age groups”
- ‘Harmful gambling’ is associated with unemployment and living in a more deprived area
- The prevalence of at-risk and ‘problem gambling’ is higher among people with poorer health, lower life satisfaction, and lower wellbeing
- “There was a clear association between gambling at all levels of harm and increased alcohol consumption”. This association was most evident for at-risk and ‘problem gambling’
- ‘Harmful gambling’ was associated with:
 - Lower participation in the National Lottery
 - Higher participation in: online gambling, casino games, bingo games, electronic gambling machines, betting (sports and other events), betting exchanges, and dog racing
- The harms associated with gambling:
 - Financial harms
 - “There was [...] considerable evidence from the qualitative studies that gambling directly causes financial harms to gamblers and their close associates, particularly intimate partners”
 - “Gambling-related debt [was identified] as a crucial harm that can lead to other harms such as relationship problems, physical and mental health problems, and crime”
 - Relationship harms
 - “The qualitative evidence described how gambling directly causes relationship problems affecting the gambler and their close associates, including their children. Examples of harms included arguments, relationship strain or domestic abuse”
 - Mental and physical health harms

- "A high quality quantitative study showed that people with gambling disorder have an increased risk of dying from any cause, in a given time period, relative to the general population"
- "Two quantitative studies (of moderate and high quality) reported that deaths from suicide were significantly higher among adults with gambling disorder or problems compared to the general adult population"
- In qualitative studies:
 - People who gambled experienced "guilt, shame, loss of self-esteem, loneliness and sleep problems and neglected caring properly for themselves"
 - Close associates of people who gambled reported "anxiety, depression and sleep problems"
- Employment harms
 - "Qualitative studies described that adult gamblers had lost jobs, were demoted or resigned due to gambling"
- The overall combined annual cost to the government and society of harmful gambling in England was estimated to be between £1.05 billion and £1.77 billion

Affected others

Gambling harms may include harms related to finances, relationships, mental health, physical health, and employment (Office for Health Improvement & Disparities, 2023). Gambling harms can impact both the person who gambles, and the people close to them, for example their partners, children, and parents. The term ‘affected others’ is often used to describe people who have been negatively impacted by someone else’s gambling (YouGov, 2023).

OHID’s 2024 review of gambling treatment in England, found that of total of 7,072 gambling treatment episodes in Great Britain from 2021 to 2022, 14% of episodes were for affected others (Office for Health Improvement & Disparities, 2024).

OHID’s 2023 report on gambling treatment prevalence estimates estimated that 912,805 children in England live with an adult who may benefit from gambling treatment or support (Office for Health Improvement and Disparities, 2023).

OHID’s 2023 ‘Gambling-related harms evidence review’ found that “the financial difficulties and debt experienced by gamblers and affected others were often severe” and that “financial harms also affected the children of gamblers” (Office for Health Improvement & Disparities, 2023).

The Gambling Commission’s 2023 ‘Young People and Gambling Survey’ of 11- to 17-year-olds in Great Britain found that, of the 3,453 respondents, 28% had seen household family members gamble, and 14% indicated that this gambling had led to arguments or tension (Gambling Commission, 2023).

YouGov/GambleAware’s 2023 ‘Gambling Treatment and Support’ survey found that of the 18,178 adults surveyed in Great Britain (YouGov, 2023):

- 7% reported being an ‘affected other’
- It was most likely that affected others were negatively affected by the gambling of someone in their immediate family
- The following groups were more likely to be affected others:
 - Women
 - People aged 18-34 years (compared to people aged 55+ years)
 - People classified as social grade C2DE (compared to people classified as social grade ABC1)
 - People in the most deprived 30% of IMD (compared to people in the least deprived 30% of IMD)

Gambling among children and young people

In their 2024 publication, the ADPH highlighted that children and young people are experiencing increasing exposure to gambling products, causing harm now, and risking future harm, by priming the next generation of consumers (Association of Directors of Public Health, 2024).

The Gambling Commission's 2023 'Young People and Gambling Survey' of 11- to 17-year-olds in Great Britain found that, of the 3,453 respondents (Gambling Commission, 2023):

- 26% had spent their own money on gambling over the past year
- 1.5% were identified as at-risk gamblers
- 0.7% were identified as 'problem gamblers'

OHID's 2023 updated 'Gambling-related harms evidence review' included a review of evidence around risk factors for subsequent 'harmful gambling' among children and young people (Office for Health Improvement & Disparities, 2023):

- There was high confidence evidence for the following risk factors: impulsivity, substance use, being male, depression
- There was moderate confidence evidence for the following risk factors: participation in multiple gambling activities, anti-social or violent behaviour, poor academic performance

OHID's 2023 evidence review also cited a qualitative study related to gaming among 11- to 16-year-olds. The young people involved in this study thought that:

- "Gambling-like activities in gaming (such as loot boxes and skin betting) were addictive"
- "Games were designed to make it difficult to enjoy without buying loot boxes"
- "That gambling-like activity in gaming was normal"

Gambling harms and health inequalities

Deprivation, academic qualifications, employment, health and wellbeing, and vulnerable groups

There are notable differences in the characteristics associated with higher gambling participation and the characteristics associated with harmful, at-risk, and 'problem gambling' (Office for Health Improvement & Disparities, 2023). General gambling participation is higher among people who are relatively less deprived, have higher academic qualifications, are employed, have better psychological health, and have higher life satisfaction. Whereas, 'harmful gambling' is associated with unemployment and living in a more deprived area, and the prevalence of at-risk and 'problem gambling' is higher among people with poorer health, lower life satisfaction, and lower wellbeing (Office for Health Improvement & Disparities, 2023).

The Local Government Association (LGA) guidance 'Tackling gambling related harm: A whole council approach' highlighted that certain population groups may be more vulnerable to gambling harms due to increased exposure, including: people living in deprived areas, people experiencing homelessness, people with poor mental health, and children and young people (Local Government Association, 2023). The guidance also cautioned that operators may specifically target these vulnerable groups (by locating premises in more deprived areas for example).

It also appears that certain population groups are more likely to be negatively impacted by someone else's gambling. YouGov/GambleAware's 2023 'Gambling Treatment and Support' survey found that people classified as social grade C2DE and people in the most deprived 30% of IMD were more likely to be affected others (YouGov, 2023).

OHID's 2023 updated 'Gambling-related harms evidence review' found high confidence evidence for impulsivity, substance use, and depression as risk factors for subsequent 'harmful gambling' among children and young people (Office for Health Improvement & Disparities, 2023). The review also found moderate confidence evidence for anti-social or violent behaviour and poor academic performance as risk factors for subsequent 'harmful gambling' among children and young people.

Age and gender

OHID's 'Gambling-related harms evidence review' found that men were more likely than women to gamble, and that "people who are classified as gambling at elevated risk levels and experiencing problem gambling [were] typically male and in younger age groups" (Office for Health Improvement & Disparities, 2023). The results of the 2023 Gambling Survey for Great Britain and 2021 Health Survey for England appear to be broadly consistent with this observation (Gambling Commission, 2024) (NHS England, 2023). OHID's 'Gambling-related harms evidence review' found high confidence evidence for being male as a risk factor for subsequent 'harmful gambling' among children and young people (Office for Health Improvement & Disparities, 2023).

OHID's evidence review found that while men were more likely to gamble, affected others were more likely to be women (Office for Health Improvement & Disparities, 2023). YouGov/GambleAware's 2023 'Gambling Treatment and Support' survey found that

women and people aged 18-34 years were more likely to be affected others (YouGov, 2023). Furthermore, the Gambling Commission have emphasized the need to understand differences in how women may experience gambling and gambling harms (The Gambling Commission (Communications), 2023). The Commission have highlighted that:

- “More women are gambling now than ever before”
- That gambling may be seen as “acceptable” for men but not women
- That stigma can often present a barrier to women accessing appropriate support
- The need for tighter regulation on some industry practices, such as marketing, that are directed at women
- That women may experience many and varied social and cultural pressures that differ from those that men experience

The University of Bristol published a rapid evidence assessment of women's experiences of gambling and gambling harm in 2022 (Collard S, 2022). Key findings from this report included the following:

- The gender gap in gambling participation seems to be narrowing
- There are differences in gambling practices between men and women and between different groups of women
- “There is evidence of strong psycho-social drivers of gambling participation for women” (including positive emotions associated with the social benefits of group entertainment and the opportunity to ‘escape’)
- There is evidence that some women may use gambling to cope with abusive relationships
- There is an unmet need for gambling treatment and support for women in Britain

Ethnicity

YouGov/GambleAware's 2023 'Gambling Treatment and Support' survey of 18,178 adults in Great Britain highlighted “the divide by ethnic background that exists in terms of participation in gambling versus likelihood to experience problems with gambling” (YouGov, 2023). With differences in the proportion of respondents who had participated in any gambling activity over the past 12 months by ethnicity group ('White' ethnicity group: 62%, 'Mixed' ethnicity group: 61%, 'Black' ethnicity group: 60%, 'Other' ethnicity group: 48%, 'Asian' ethnicity group: 41%) compared to the proportion of respondents with a PGSI score ≥ 1 by ethnicity group ('White' ethnicity group: 12%, 'Mixed' ethnicity group: 23%, 'Black' ethnicity group: 28%, 'Other' ethnicity group: 24%, 'Asian' ethnicity group: 18%). The survey found that people from minority ethnic backgrounds were more likely to have a PGSI score of ≥ 1 and more likely to have a PGSI score higher up the PGSI scale (YouGov, 2023).

The University of Bristol's rapid evidence assessment of women's experiences of gambling and gambling harm in 2022 found that “in Britain, women experiencing high levels of gambling harm are much more likely to be younger (aged 18-34), and to be from a Black, Asian or minority ethnic background, than women generally” (Collard S, 2022).

Regulation and licencing in South Gloucestershire

Councils have a statutory responsibility to licence gambling premises (known as non-remote gambling) (Local Government Association, 2023). Gambling premises include, but are not limited to: casinos, bingo halls, betting premises, tracks, and adult gaming centres (South Gloucestershire Council, Unknown). The Gambling Commission are responsible for regulating remote gambling (including online gambling) (Local Government Association, 2023).

South Gloucestershire Council is required to publish a 'Statement of Principles' relating to the licencing of gambling premises every 3 years in accordance with the Gambling Act 2005.

The 2022-25 Statement of Principles committed to "pay particular attention to the protection of children and vulnerable persons from being harmed or exploited by gambling" (South Gloucestershire Council, Unknown). For regulatory purposes the Gambling Commission considers that 'other vulnerable persons' includes (Gambling Commission, 2023):

- "people who spend more money and/or time gambling than they want to
- people who gamble beyond their means
- people who may not be able to make informed or balanced decisions about gambling, for example because of health problems, learning disability, or substance misuse relating to alcohol or drugs"

The 2025-28 Statement of Principles are due for publication by 3 January 2025 following a period of consultation.

Map of South Gloucestershire showing the location of betting premises against local IMD decile

The map below shows South Gloucestershire split into Lower Super Output Areas (LSOAs), which are administrative geographies home to around 1,800 people. The map shading indicates how deprived each area is relative to other areas in South Gloucestershire, using data from the 2019 IMD. The darker the area, the more deprived it is based on local ranking. Decile 1 contains our 10% most deprived areas, and decile 10 contains our 10% least deprived areas. The blue pins show the location of 20 licensed South Gloucestershire betting premises as of 08 April 2024. Due to the scale of the map, some pins overlap and may be hard to distinguish.

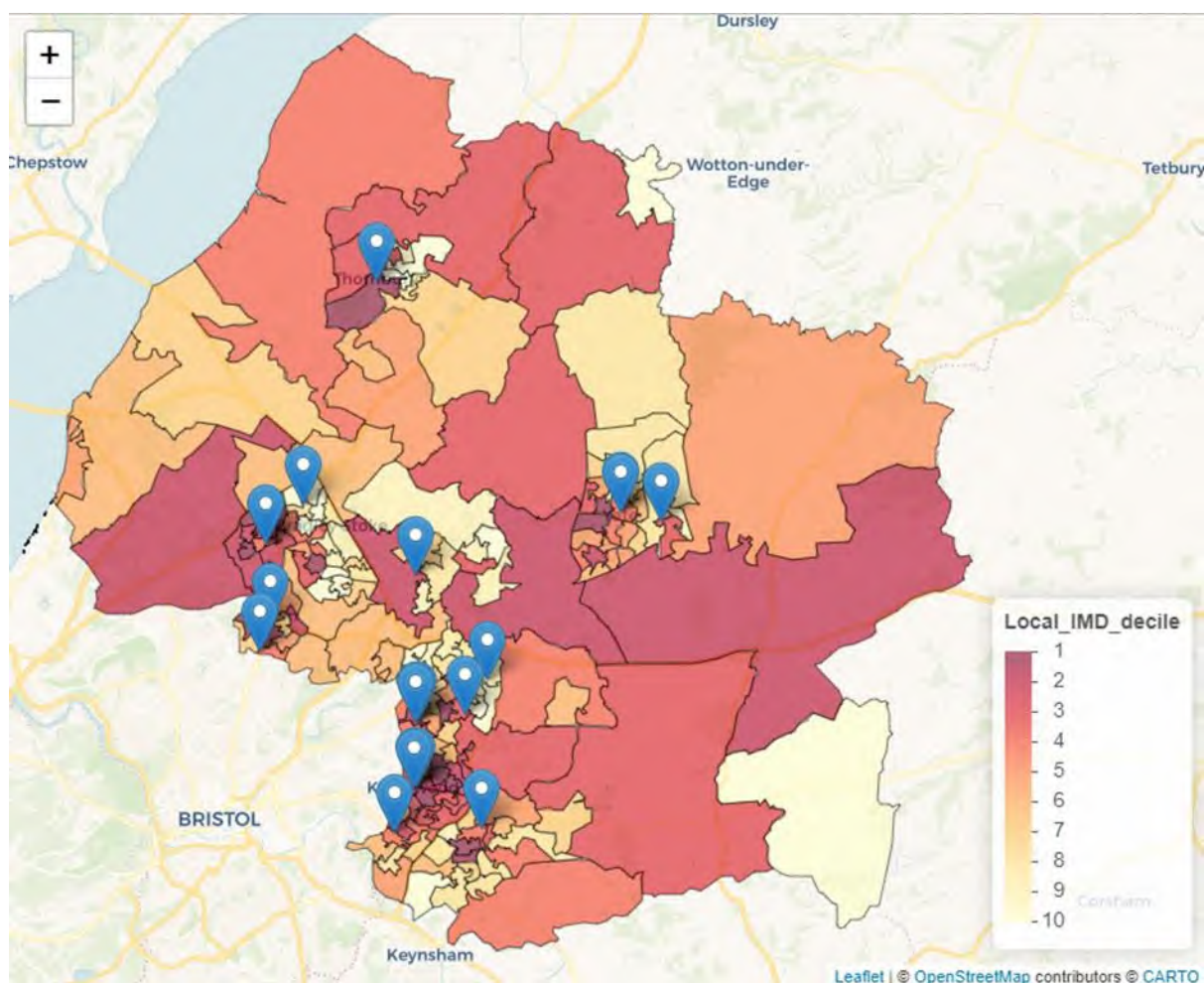


Figure 1 - Map of South Gloucestershire showing the location of betting premises against local IMD decile

South Gloucestershire betting premises per 100,000 people by local IMD decile

Table 1 - South Gloucestershire betting premises per 100,000 people by local IMD decile

Local IMD decile	Rate per 100,000 people
1 (most deprived)	24.9
2	6.1
3	6.5
4	23.5
5	0.0
6	0.0
7	0.0
8	3.7
9	3.2
10 (least deprived)	0.0
All South Gloucestershire	6.8

Source: Ministry of Housing, Communities and Local Government (2019). English indices of deprivation 2019 - GOV.UK (www.gov.uk). Betting premises location data provided by The South

Proportion of South Gloucestershire betting premises by local IMD decile

Table 2 - Proportion of South Gloucestershire betting premises by local IMD decile

Local IMD decile	% of total South Gloucestershire betting premises
1 (most deprived)	35%
2	10%
3	10%
4	35%
5	0%
6	0%
7	0%
8	5%
9	5%
10 (least deprived)	0%

Source: Ministry of Housing, Communities and Local Government (2019). English indices of deprivation 2019 - GOV.UK (www.gov.uk). Betting premises location data provided by The South Gloucestershire Council Licencing Team as of 08 April 2024. Population data based on Office for National Statistics mid-2022 population estimates.

Of note, 90% of the betting premises in South Gloucestershire are located in areas in local IMD deciles 1 to 4 (with 1 being the most deprived decile, and 10 being the least deprived). None of the betting premises in South Gloucestershire are located in areas in IMD decile 10 (the least deprived decile). Although the sample is small and based on local deciles, this appears consistent with national trends of “gambling premises being more common in deprived areas” (Evans J, 2021). A 2021 report from the University of Bristol found that “21% of gambling premises were based within the most deprived decile of areas in the country, compared to just 2% in the least deprived decile” (Evans J, 2021).

South West picture

OHID's 2023 report on gambling treatment prevalence estimates provided the following estimates for the South West (Office for Health Improvement and Disparities, 2023):

- Number of adults who may benefit from gambling treatment or support: 150,213
- Number of children living with an adult who may benefit from gambling treatment or support: 75,357

OHID's 'Gambling-related harms evidence review' estimated that, among English regions, the South West had the lowest prevalence of people gambling at elevated risk (3%), and the North East had the highest (4.9%) (Office for Health Improvement & Disparities, 2023). However, it was not possible to determine statistical significance, due to small numbers.

South Gloucestershire picture

The population of South Gloucestershire was 290,400 according to the Office for National Statistics 2021 Census (Office for National Statistics, 2022). More information about the South Gloucestershire population can be found on the 'Our population' page on the South Gloucestershire Council Public Health Population Health Intelligence Portal (South Gloucestershire Council, 2024).

There currently appears to be limited South Gloucestershire-specific data on gambling behaviours and harms. A number of organisations and workstreams were contacted, but many did not collect or hold any South Gloucestershire-specific data.

Gambling treatment need and support: prevalence estimates – published 7 December 2023 by OHID

This OHID report provided the following estimates for South Gloucestershire (Office for Health Improvement and Disparities, 2023):

- Number of adults in South Gloucestershire who may benefit from gambling treatment or support: 7,484
- Number of children living with an adult who may benefit from gambling treatment or support: 3,867

South Gloucestershire 2023 Health and Wellbeing Online Pupil Survey

The Health and Wellbeing Online Pupil Survey (OPS) is a survey of South Gloucestershire school pupils in years 4 to 13 (South Gloucestershire Council, 2024). The survey is offered to all South Gloucestershire education settings covering these year groups free of charge. This includes non-mainstream education settings. Over 12,500 pupils completed the survey in 2023. As part of the 2023 survey, pupils in years 8 to 11 were asked two questions related to gambling:

1. In the past 12 months, have you spent any money or traded anything on [any of the following]?
2. Has your gambling or the gambling of someone close to you had a negative effect on your life? (Yes/No/Sometimes/Don't know)

Responses to Question 1 (*In the past 12 months, have you spent any money or traded anything on [any of the following]?*):

- 3,930 pupils responded to this question (of a total of 4,536 year 8 to 11 OPS participants)
- The most common responses were: 'none of the above' (55.3%), in-game currency (36.3%), fruit/slot machines (11.7%), placing a private bet for money (6.4%), loot boxes (5.5%)
- Similar proportions of pupils selected 'none of the above' across the different year groups (53.8% for Year 8, 55.1% for Year 9, 57.1% for Year 10, 55.4% for Year 11).
- Comparisons over time should be interpreted with caution due to changes in the question and options wording. However, there was strong evidence that a greater

proportion of pupils spent money or traded anything on: in-game currency in 2023 (36.3%) compared to 2021 (17.2%), and apps or websites where you can win real money in 2023 (3.2%) compared to 2019 (1.5%). There was also strong evidence of a decrease in the proportion of pupils that responded none of the above from 2019 (81.8%), to 2021 (77.1%), to 2023 (55.3%).

- There was strong evidence that male pupils were less likely to respond 'none of the above' (38.6%) than other gendered pupils (50.0%) and female pupils (73.2%). (Of the 3,930 pupils who responded to Question 1, 3,904 also specified their gender). (The group 'other gendered pupils' includes respondents who selected 'gender fluid', 'non-binary', 'my gender is not listed', and 'I'm not sure').
- There was strong evidence that non-White (UK ethnicity) pupils were more likely to respond 'none of the above' (60.5%) compared to White (UK) ethnicity pupils (53.6%). (Of the 3,930 pupils who responded to Question 1, 3,819 also specified their ethnicity).

Responses to Question 2 (*Has your gambling or the gambling of someone close to you had a negative effect on your life? (Yes/No/Sometimes/Don't know)*)

- 3,792 pupils responded to this question (of a total of 4,536 year 8 to 11 OPS participants).
- 3.2% of pupils responded "Yes" to their gambling or the gambling of someone close to them having a negative effect on their life, 2.8% responded "Sometimes", 11.0% responded "Don't know", and 83.0% responded "No".
- There was strong evidence that SEN pupils, pupils eligible for FSM, pupils with an EHCP, pupils who are dyslexic, pupils who are a child in care, pupils who are a young carer, pupils with a social worker, and pupils with a parent in the armed forces were more likely to respond 'Yes' compared to 'All pupils'. (Of the 3,792 pupils who responded to Question 2, 3,605 also specified if they belonged to a vulnerable group).

Gambling support – national services

[NHS 'Help for problems with gambling' webpage](#)

This webpage includes the PGSI screening tool and provides links to a number of support services (including NHS specialist gambling clinics) (NHS, 2023).

[NHS National Centre for Behavioural Addictions](#)

The NHS National Centre for Behavioural Addictions includes both the 'National Gambling Clinic' and the 'National Centre for Gaming Disorders' (NHS, 2024). The National Gambling Clinic was established in 2008 and offers support to 13- to 18-year-olds from anywhere in England who are experiencing gambling harm.

[NHS specialist gambling clinics](#)

In response to growing demand, the NHS has opened a number of specialist gambling clinics across England since 2008 (NHS England, 2024). There are now a total of 15 such clinics. The clinics accept both self-referrals and GP-referrals and are expected to collectively treat up to 3,000 individuals annually.

[Other support services](#)

- The National Gambling Helpline (run by GamCare) (GamCare, 2024)
- The National Gambling Support Network (run by GambleAware) (GambleAware, 2024)
- The Primary Care Gambling Service: an NHS service for adults experiencing gambling harms (The Primary Care Gambling Service, 2024)
- GamLearn: provides a lived experience and recovery network for people who gamble and affected others (GamLEARN, 2024)
- Gamblers Anonymous: offers a network and meetings to support people experiencing compulsive gambling (Gamblers Anonymous, 2021)
- Citizen's Advice: offers advice on the cost-of-living crisis, debt, gambling, and many other financial topics (Citizens Advice, 2024)
- ChapterOne: a partnership between Gambling with Lives and the Greater Manchester Combined Authority that provides information around gambling harms and signposting to support (ChapterOne, Unknown)

[Services for affected others](#)

- NHS specialist gambling clinics also offer services for affected others
- GamAnon: offers a network and meetings to support affected others (GamAnon, 2023)
- GamFam: provide advice and support to people who gamble and affected others (GamFam, 2024)
- Gambling with Lives: provides a range of support, particularly to people bereaved by gambling-related suicide (Gambling with Lives, Unknown)

Gambling support – local services

[The South West Gambling Service](#)

The South West Gambling Service is one of the 15 NHS specialist gambling clinics across England (Avon and Wiltshire Mental Health Partnership NHS Trust, 2024). The service offers Cognitive Behavioural Therapy, recovery courses, and group sessions. It also offers support for affected others. The service is available to anyone living in the South West and accepts both self-referrals and GP-referrals.

Summary

There are growing calls for gambling to be given greater recognition as a public health issue, and for the adoption of a public health/whole systems approach to addressing gambling harms (Association of Directors of Public Health, 2024). The UK has one of the largest gambling markets globally (Office for Health Improvement & Disparities, 2023). According to the 2021 Health Survey for England, 50% of adults had gambled in the past year (36% if the National Lottery was excluded), 2.8% of adults were experiencing at-risk or 'problem gambling', and 0.3% of adults were experiencing 'problem gambling' (NHS England, 2023). The results of the 2023 Gambling Survey for Great Britain (GSGB) suggest that the prevalence of 'problem gambling' may in fact be higher than this, however due to concerns around the risk of overestimation, the GSGB statistics should be used with caution and cannot currently be grossed up to the whole population (Gambling Commission, 2024). Gambling harms can impact both the person who gambles, and the people close to them, and it has been estimated that 7% of the adult population in Great Britain may be negatively impacted by someone else's gambling (YouGov, 2023). There have been various estimates of the scale of gambling harms nationally, and the risks of underestimation and overestimation associated with specific estimates should be considered. Moving forwards there is a need to improve understanding around the burden of gambling harms both nationally and locally.

There have been substantial changes to the gambling landscape in recent years, with the rapid expansion of online gambling products meaning much of the UK population can now gamble from anywhere, at any time (Department for Culture, Media and Sport, 2023). It has been estimated that there may be 7,484 adults who might benefit from gambling treatment or support in South Gloucestershire, and 3,867 children living with an adult who might benefit from gambling treatment or support (Office for Health Improvement and Disparities, 2023).

Gambling has been associated with a broad range of harms affecting both the person who gambles and those close to them. These include harms related to finances, relationships, mental health, physical health, and employment (Office for Health Improvement & Disparities, 2023). The 2023 DHSC 'Suicide prevention strategy: action plan' called to "encourage public health teams to consider the potential links between their work on suicide prevention and harmful gambling" (Department of Health & Social Care, 2023).

It appears that levels of 'harmful gambling' are highest among "the most socio-economically deprived and disadvantaged groups in England", suggesting a relationship between 'harmful gambling' and health inequalities (Office for Health Improvement & Disparities, 2023). Of note 90% of the betting premises in South Gloucestershire are located in areas in local IMD deciles 1 to 4. Differences in the experiences of gambling and gambling harm among women and people from minority ethnic backgrounds also need to be considered.

There is also particular concern that children and young people are experiencing increasing exposure to gambling products and gambling harms (Association of Directors of Public Health, 2024). The LGA noted that children and young people are one of a number of population groups that may be more vulnerable to gambling harms due to increased exposure (Local Government Association, 2023). Consideration should be given to the

availability of gambling-like activities in gaming (such as loot boxes and skin betting). 3.2% of participants in the South Gloucestershire 2023 Health and Wellbeing Online Pupil Survey responded “Yes” to their gambling or the gambling of someone close to them having a negative effect on their life, and there was strong evidence that pupils who specified that they belonged to a vulnerable group were more likely to respond ‘Yes’ compared to ‘All pupils’.

In addressing gambling harms, particular consideration should be given to the following activities and population groups:

- The activities most associated with ‘harmful gambling’: online gambling, casino games, bingo games, electronic gambling machines, betting (sports and other events), betting exchanges, and dog racing
- Males and younger age groups (as people experiencing ‘problem gambling’ typically fall into these demographic groups)
- People who are unemployed and people who are living in deprived areas (as ‘harmful gambling’ is associated with both of these characteristics)
- People with poorer health, lower life satisfaction, and lower wellbeing (as the prevalence of at-risk and ‘problem gambling’ is higher among these groups)
- People experiencing homelessness, people with poor mental health, and children and young people (as these groups may be more vulnerable to gambling harms due to increased exposure)
- Women, people aged 18-34 years, people classified as social grade C2DE, and people in the most deprived 30% of IMD (as these groups may be more likely to be affected others)
- Children and young people with the following risk factors: impulsivity, substance use, being male, depression, participation in multiple gambling activities, anti-social or violent behaviour, poor academic performance

Health and social care practitioners should utilise opportunities to ask people about gambling when they interact with certain services (mental health, criminal justice, addiction, homelessness, financial security, and safeguarding) as per the draft NICE guidance on the identification, assessment, and management of ‘harmful gambling’ (NICE, 2023).

There is growing concern around industry funding, industry influence, and how this has shaped the discussion around, and approach to, gambling harms. There are therefore increasing calls to move away from a reliance on industry funded treatment and support services, and education resources (Association of Directors of Public Health, 2024).

Careful consideration should be given to the language used to discuss gambling harms and how the issue is framed more broadly. It should also be acknowledged that stigma may currently present a considerable barrier to help-seeking, meaning that gambling harms may be hidden, underreported, and underestimated (Local Government Association, 2023).

Recommendations

**These recommendations have been informed by the ADPH, Faculty of Public Health, and Royal Society for Public Health's 'top ten' of local level interventions to prevent gambling harm (Association of Directors of Public Health, 2024)*

1. Raise awareness of gambling harms as a public health issue requiring a public health response
 - a. Share the findings of this rapid needs assessment with relevant stakeholders (including Voluntary, Community and Social Enterprise (VCSE) organisations)
 - b. Particular consideration should be given to the activities most associated with harm, the populations who may be at greater risk of harm, and the relationship between gambling harms and health inequalities
 - c. Particular consideration should be given to children and young people – given concerns around increasing exposure to gambling products and gambling harms
2. Careful consideration should be given to the language used to discuss gambling harms, and how the issue is framed more broadly, in order to reduce stigma and increase help-seeking
 - a. Utilise the 'Words can hurt' language guide for gambling harms (Greater Manchester Combined Authority, ADPH Yorkshire and Humber and ADPH North East, 2024)
3. Utilise opportunities to facilitate a discussion around gambling and gambling harms when residents interact with certain services
 - a. Raise awareness of the draft NICE guidance on the identification, assessment, and management of 'harmful gambling' among relevant stakeholders
4. Improve understanding around the burden of gambling harms in South Gloucestershire
 - a. Recognition that gambling harms may currently be hidden, underreported, and underestimated
 - b. Continue to ask questions around gambling behaviours in the Health and Wellbeing Online Pupil Survey
 - c. Consider opportunities to collect further qualitative and quantitative data around gambling behaviours and harms in existing workstreams and surveys
5. Engage with people with lived experience in order to understand their experiences of gambling and gambling harms, and to work in partnership in order to develop a public health approach to gambling harms
6. Consider the potential implications of industry funding and industry influence. Including consideration of:
 - a. Any advertising of gambling products through South Gloucestershire Council channels
 - b. Any use of gambling products in spaces or clubs owned or managed by South Gloucestershire Council
 - c. Interaction with industry funded gambling treatment and support services
 - d. Interaction with industry funded gambling education resources

7. Planning, licensing, and trading standards considerations:
 - a. Consider how existing planning legislation applies to the development of new gambling premises
 - b. Consider licensing decisions through a public health lens
 - c. Consider the potential implications of industry influence on Trading Standards activity
8. Consideration of whether a 'No Casino' resolution would be appropriate in South Gloucestershire
9. Consider the potential links between work on suicide prevention and harmful gambling

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Appendices

Appendix 1 - PGSI and DSM-IV items and scoring systems

PGSI items (Ipsos, 2023):

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

PGSI scoring system (Ipsos, 2023):

Table 3 - PGSI scoring system

"PGSI score	Gambling severity	Explanation
0	'Non-problem gamblers'	
1-2	Low risk	Experiencing a low level of gambling problems with few or no negative consequences identified
3-7	Moderate risk	Experiencing a moderate level of gambling problems leading to some negative consequences
8+	'Problem gamblers'	Gambling with negative consequences and a possible lack of control"

DSM-IV items (Gambling Commission, 2021):

1. "Are preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)"
2. Need to gamble with increasing amounts of money in order to achieve the desired excitement
3. Have repeated unsuccessful efforts to control, cut back, or stop gambling
4. Are restless or irritable when attempting to cut down or stop gambling
5. Gamble as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
6. After losing money gambling, often return another day in order to get even ("chasing" one's losses)

7. Lie to family members, therapist, or others to conceal the extent of involvement with gambling
8. Have committed illegal acts, such as forgery, fraud, theft, or embezzlement, in order to finance gambling
9. Have jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
10. Rely on others to provide money to relieve a desperate financial situation caused by gambling”

DSM-IV scoring system:

Each item is scored on a four-point scale, which ranges from ‘never’ to ‘very often’ (or ‘never’ to ‘every time I lost’ for item 6) (Gambling Commission, 2021). Scores for each item are then dichotomised to either 0 or 1, depending on whether the score reaches the threshold criteria. Total scores for the DSM-IV screening instrument range between 0 and 10 (Gambling Commission, 2021).

Appendix 2 - LGA suggestions for (a) actions for councils to take to reduce gambling harm and (b) council services likely to interact with people experiencing gambling harms

Actions for councils to take to reduce gambling harm (Local Government Association, 2023):

- Embed knowledge and awareness of gambling harms within existing services
- Utilise tools to reduce gambling harms associated with local gambling premises:
 - Develop maps to help identify the areas/populations that may be at greatest risk
 - Clearly set out expectations for gambling businesses in local licensing policies
 - Include gambling premises planning policies in local plans
 - Provide frontline staff with training to: raise awareness of gambling harms, have conversations around these harms, support people to access appropriate help
- Capture data around gambling harms
- Collaborate with local partners to develop a coherent approach (including the third sector and integrated care partnerships)
- Reframe the narrative around gambling harms to reduce stigma

Council services likely to interact with people experiencing gambling harms (Local Government Association, 2023):

- Drug and alcohol treatment services
- Homelessness services
- Wider housing services
- Financial inclusion services
- Children’s services
- Adult social care