

Gambling Harms in Greater Manchester

Strategic Needs Assessment

May 2022



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Introduction

Gambling is often described as a hidden harm, given this affects one in 15 people in Greater Manchester we can no longer allow it to be an overlooked harm. Society has long acknowledged the damaging role that drugs, tobacco and alcohol can play, with a range of responses developed to prevent and reduce these harms, but actions to address gambling have been woefully inadequate, with serious consequences for families and communities.

“It’s very easy to feel alone, as if no-one understands”

Anon – directly affected by a relatives gambling

For the first time, this strategic needs assessment brings together the best available local and national evidence to describe the extent and impact of gambling related harms in Greater Manchester. We are grateful to the residents of Greater Manchester who have bravely shared their experiences of gambling and the lasting impact this has had on them and their loved ones. These stories illustrate the reality of gambling related harms behind the statistics and serve as a wake-up call.

This needs assessment will support leaders, decision-makers and front-line teams across health, community, voluntary and public services to better understand the needs of Greater Manchester residents.

We urgently need to accelerate the development of effective policies and interventions to prevent and reduce future harms as part of a whole system public health approach across the 10 localities of Greater Manchester.

“I want Manchester, the city that I live, to be an example to the rest of the country that we can break the stigma of gambling addiction, we can make people feel that there’s hope and that there’s help out there, and gambling doesn’t have to define you. This city does a lot of good things and I’m really proud that it’s going to be one of the first to take the issue of gambling harms seriously and make a difference”

James – a recovering gambling addict and affected other



Headline findings

One in 15

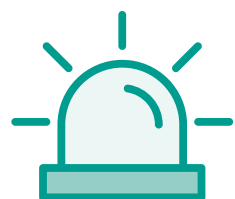
Greater Manchester residents are experiencing the harmful impacts of gambling, when harms experienced by children, friends, family and communities are considered.

There are **18,100 adults experiencing problem gambling** living in Greater Manchester. This is 1.5x higher than the national average.

Over half of the population of Greater Manchester have participated in some form of gambling in the past year. People who gamble in Greater Manchester are **at higher risk of experiencing harms**.



An estimated £2.1 billion is spent on gambling each year in Greater Manchester. Revenues from online gambling have increased by 62% in the past five years.



Greater Manchester Police respond to **at least one incident each week** where serious concern has been raised of a **risk of suicide** directly associated with gambling.

The estimated **economic burden of gambling across Greater Manchester is at least £80 million**

in 2022. This is an underestimate and does not take account of the full range of harms experienced.

People in Greater Manchester would like **more help, advice and support with gambling**. **470 people access specialist gambling support each year**, but only the most severe cases are actively seeking support.



A quarter of residents who gamble report **going without food** because of a lack money.

Gambling can have **serious consequences for finances, relationships and health**, as well as feelings of guilt, shame and helplessness. Gambling may be the sole cause of harms or make existing inequalities and disadvantages worse.



There are multiple **social, environmental and commercial influences** which drive gambling related harms. **A whole system public health approach is needed now** to reduce existing harms and prevent future generations from experiencing further harms.

Language matters

The term “problem gambler” can imply that an individual is solely responsible for their gambling. This underplays the risky and harmful nature of gambling products.

However, “problem gambler” is widely used in diagnostic screening and prevalence studies which have informed this needs assessment (see page 6). To maintain consistency with established tools and diagnostic criteria the terms “at risk” and “experiencing problem gambling” are replicated throughout this needs assessment.

People with lived experience tell us that they prefer terms such as “a person with a gambling disorder / addiction”, “experiencing gambling harms”, “experiencing a gambling problem” or “in recovery / a recovering gambling addict”, but that there is no single accepted term. In Greater Manchester we will promote the use of terms that encourage support for the whole person, and not just their ‘condition’, whilst also addressing the negative impact of stigma.

The term “affected other” is used to describe anyone who may be affected by someone who is experiencing gambling harms and may be applied to friends, parents, dependents, housemates, partners, colleagues or siblings.



Measuring gambling behaviour and gambling harms in Greater Manchester

The analysis in this report uses data collected from the 2015, 2016 and 2018 Health Survey for England (HSE) to generate a sample population of 1,224 Greater Manchester residents (1). The HSE uses two screening tools to identify at risk and problematic gambling: the **Problem Gambling Severity Index (PGSI)** and the **Diagnostic and Statistical Manual of Mental Disorders (DSM)** and surveys adults (aged 16yrs+).

The HSE is considered to produce a more **conservative estimate of problem gambling** as it excludes people living in institutions such as student halls of residence, prisons, or experiencing housing instability. All prevalence estimates which are reliant upon self-reported data will underestimate true prevalence, particularly at the lower end of the scale, due to concerns disclosing 'socially undesirable' behaviours (2). The HSE provides the most statistically robust sample of the population

in comparison with other surveys (such as the Gambling Commission Annual Online Tracker Survey and GambleAware Treatment Needs and Support Survey) as it is based on random probability methods and has designated national statistic status (1,3).

The PGSI is a validated tool used in surveys and by treatment providers to assess an individual's risk associated with their gambling. Nine questions are asked with scores rated on a scale from 0-27. When used in prevalence surveys, these scores are categorised as:

0 = non-gambler or no risk

1 to 3 = low risk

3 to 7 = medium risk

8 or more = problem gambler

The DSM is a commonly used clinical assessment tool consisting of a series of questions based on diagnostic criteria, such as 'chasing losses' and 'committed a crime to fund gambling'. DSM IV is used in the HSE and classifies a score above 3 as "problem gambler" and above 5 as "pathological gambler", these terms are updated in later versions of the DSM.

Current measures are poorly equipped to describe the extent of harms (4). This needs assessment attempts to quantify harms using an **indicator of harms** based on an approach recently developed in Canada (5). Respondents are coded as experiencing harm if they experience any two of a sub-set of PGSI questions:

- betting more than they could afford to lose
- felt gambling caused financial problems for self or the household
- borrowed money or sold anything to get money to gamble
- been criticised for betting or told have a gambling problem
- felt guilty about way gamble or what happens when they gamble
- felt might have a problem with gambling or felt gambling caused health problems.

Gambling severity is not fixed and exists on a scale. People who gamble may move in and out of different states depending on recent gambling activity. Prevalence figures derived from PGSI and DSM should be treated as a guide only.

Gambling in Greater Manchester

Gambling participation

Overall rates of gambling participation are lower in Greater Manchester than elsewhere in England, however those who do gamble in Greater Manchester take part in a greater number of activities, gamble more frequently and are more likely to gamble online than the national average. These patterns are replicated when looking at men and women separately.

Over half (55%) of the population of Greater Manchester have participated in some form of gambling in the past year. The gambling profile of Greater Manchester is similar to other urban areas in England. More people in Greater Manchester gamble online than the national average.

People living in Greater Manchester are **more likely to gamble on a higher number of activities**. We know that gambling on a higher number of gambling activities is associated with gambling at higher levels of risk and 5.5% of residents report participating in five or more different activities. Greater Manchester residents **spend money more frequently on gambling**, with 16.6% of gamblers spending

money on two or more occasions a week.

In general, **men gamble more than women**; they take part in more activities and gamble more frequently. This is the same both in Greater Manchester and nationally. Anecdotal reports suggest that the number of women participating in gambling is increasing, however this is not yet seen in prevalence data. Analysis of customer accounts suggest that on average women who hold online gambling accounts spend more time each session than men, whilst men on average spend more money (6).

The legal age for gambling in the UK is 18 (except for football pools, society lotteries and category D gaming machines such as penny falls or crane grabs). National surveys report that **11% of 11-16yr olds have spent their own money on gambling in the past week**. This compares with 16% who had drunk alcohol, 6% who had smoked a tobacco cigarette and 5% who had taken illegal drugs (7).



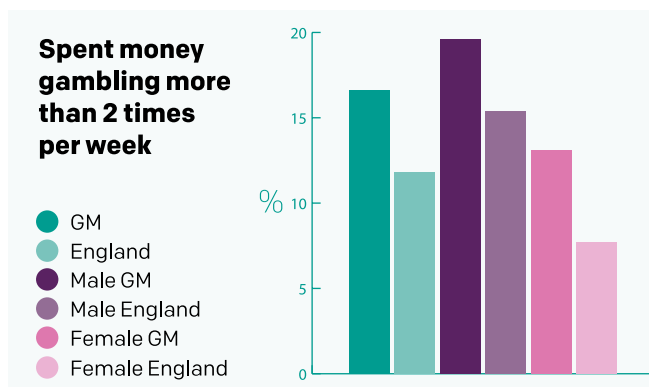
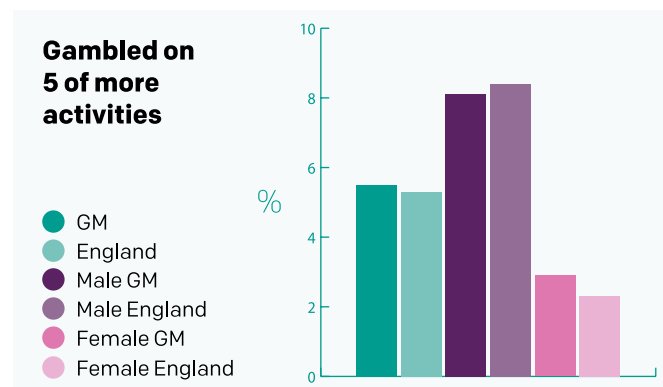
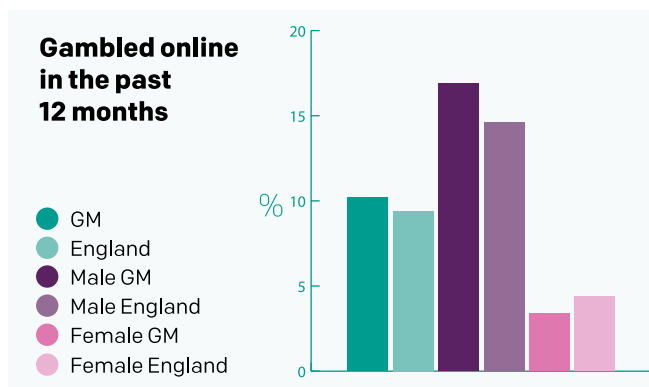
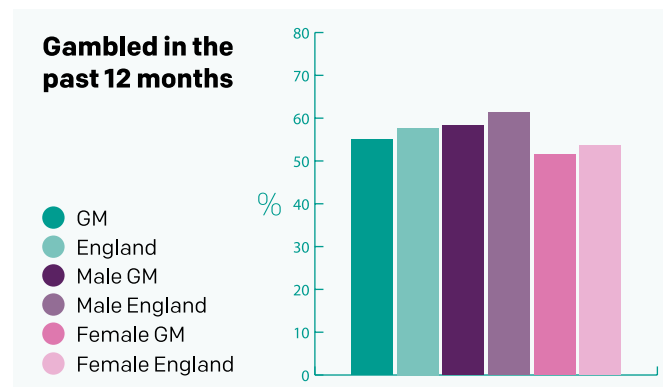
5.5%

of residents report participating in five or more different activities

11%

of 11-16yr olds have spent their own money on gambling in the past week.

Gambling participation in Greater Manchester and England overall and by gender



Gambling encapsulates a diverse range of actors, products and practices, each with different levels of harm and risk associated.

Greater Manchester residents are more likely to report gambling on:

- Bingo
- Electronic gaming machines in bookmakers (sometimes known as FOBTs – Fixed Odds Betting Terminals)
- Betting on sports events
- Online gambling (including slots, casino or bingo games)
- Scratchcards

And less likely to report gambling on:

- National Lottery
- Other Lotteries
- Betting on horseracing.

Higher risk and more harmful products are characterised by a high rate of play, unlimited stake amounts and a short time between wagering and the outcome with very limited social interaction.

MOST HARMFUL

- Online gambling
- Electronic gaming and slot machines
- Casino games

LEAST HARMFUL

- Raffles or charity
- Weekly lottery
- All lottery games

Data from specialist gambling treatment providers consistently report the top gambling activities of Greater Manchester residents seeking support for their gambling as: gaming machines in bookmakers, online casino (slots and table games) and online sports betting (9).

National data suggests that on average people who gamble spend 3.7% of their financial outgoings on gambling, the equivalent of spending £1,345 per year although this average is skewed towards more engaged gamblers (10). **On this basis £2.1bn is spent on gambling each year in Greater Manchester**, however this figure does not consider the higher level of engagement in gambling in Greater Manchester.

Research suggests that **5% of accounts generate a minimum of 70% of all profits from online gambling** (6).

First-hand accounts describe the negative impact of frequent or high intensity gambling. This affects not only the person who gambles but also friends and family. These accounts describe being distracted during, or missing entirely, important family events, not sleeping for days and experiencing irritability or anger after a gambling episode (11).

[Click image to watch video](#)



“my recovery started after a 27-year gambling addiction. Christmas Day 2018 was a defining moment - it really highlighted for me the invisible addiction. [...] I’ve got three kids and missus downstairs, having

Christmas morning time, Mariah Carey songs on the radio, that kind of thing having a lovely time. I went upstairs to brush my teeth, took my phone upstairs with me and lost £500 playing blackjack.”

Col – a recovering gambling addict

Prevalence of gambling related harms

More people in Greater Manchester are at risk of or experience problem gambling and gambling related harms than the national average. Whilst many residents experience severe gambling disorder, there is a far greater group of people who experience harms or are affected by someone else's gambling.

It is conservatively estimated that **18,100 adults living in Greater Manchester are experiencing problem gambling**. This is similar to other urban areas but is 1.5x higher than the national average (1).

In Greater Manchester **men have higher rates of problem gambling than women**, with 1.3% of men and 0.1% of women experiencing problem gambling, however estimates for women should be treated with caution due to small sample sizes.

A greater proportion of harms are experienced by a larger group of people who gamble with lower levels of severity (12). Among Greater Manchester residents, 3.5% are classified as at low risk and 0.8% at moderate risk (97,400 residents in total). When indicators of harm are used, **1.7% of the population (38,500 residents) report experiencing harms as a direct result of their gambling**. These rates

are similar to those seen in other urban areas but are above the national average.

Men (5.9%) have higher rates of gambling harms than women (0.7%), with 1 in 20 men who gamble reporting that they experience harms as a direct result of their participation in gambling.

In comparison, estimates suggest that 1.7% of Greater Manchester residents experience alcohol dependency (13), and national averages for opiate and crack cocaine use are 0.9% and 0.5% respectively (14). Significant policy attention and public funding is allocated to address harms associated with drug and alcohol use (15), yet gambling harms do not attract the same level of interest.

For every person directly affected by their own gambling **it is estimated that an average of six others are indirectly affected** (16). These may be children, partners, parents, friends or colleagues, who experience harms in a similar way to the person who gambles.

When applied to the estimated number of people experiencing problem gambling in Greater Manchester, **affected others comprise an additional 5% of the total population. This estimate is conservative** as

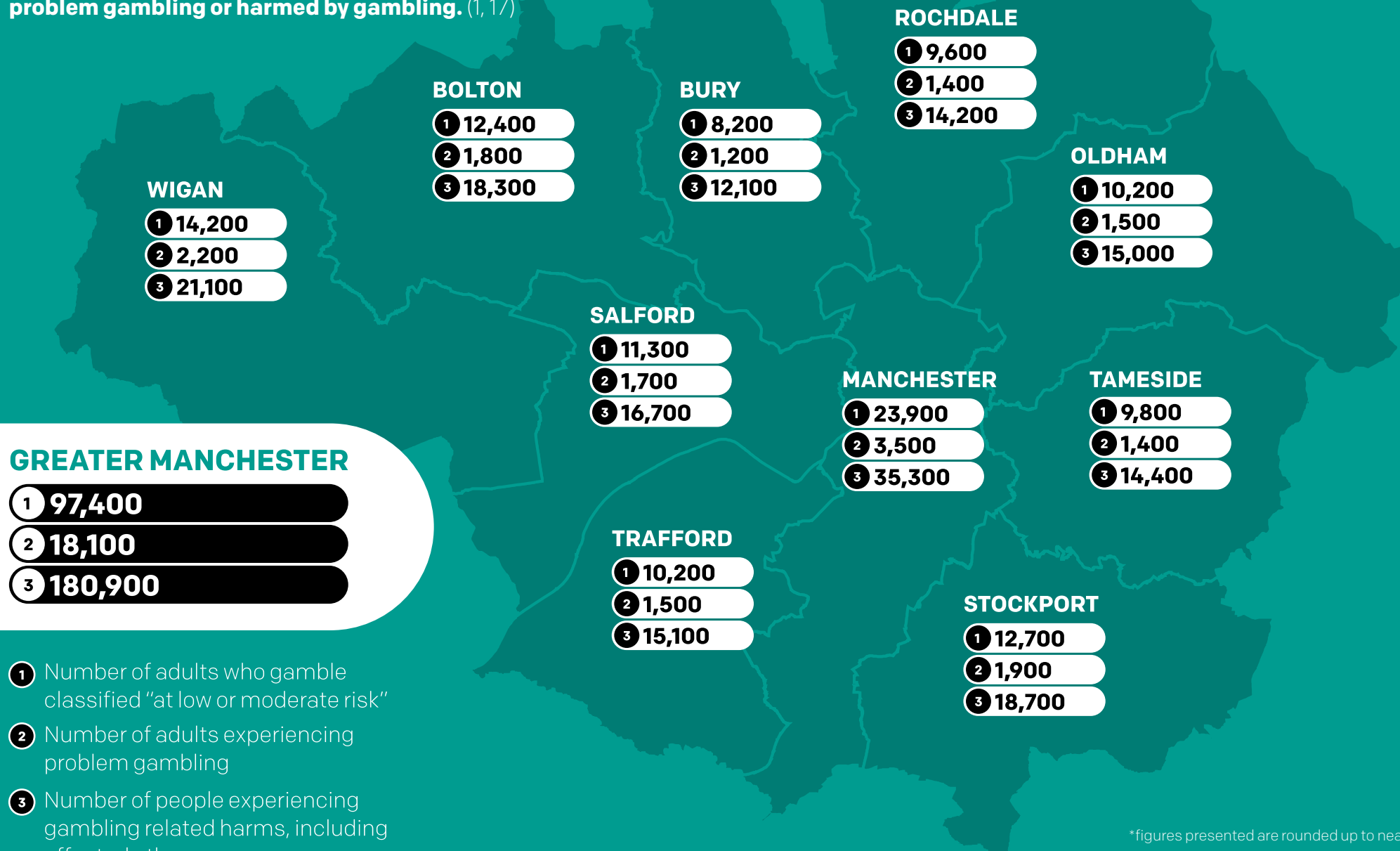
does not capture the wider impact people who participate in gambling and report harms or are at risk of experiencing problem gambling. When harms experienced by friends, family and communities are considered, **one in 15 Greater Manchester residents are experiencing the harmful impacts of gambling**.

“My experience with gambling harm is I’m what’s known as an affected other. An affected other is somebody who’s been indirectly affected by gambling addiction. For me it is through my dad.”

Emily – an affected other



Estimated number of Greater Manchester residents experiencing problem gambling or harmed by gambling. (1, 17)



*figures presented are rounded up to nearest 00's
Adult population = 16yrs or older

Experiences of gambling harms at different levels of severity

Gambling harms exist on a continuum. A person may transition between stages, or they may stay in the same stage – changes may occur over a long period of time, or rapidly at a point of crisis. The most effective harm reduction intervention may differ depending on where an individual is at, however interventions which address upstream drivers of gambling harms (p.15-17) will more effectively prevent harms at a population level.



*GamHive lived experience account

**anecdotal account from GM residents

A primary care network or neighbourhood in Greater Manchester will include between 200 and 320 adults experiencing problem gambling, with 2,000 and 3,300 people experiencing gambling related harms.

The average scores for Greater Manchester residents on both the PGSI and DSM are higher in Greater Manchester than in other areas of the country. This suggests that **Greater Manchester residents experience greater severity of gambling disorder and related harms.**

Those who experience severe gambling addiction require appropriate harm reduction and treatment services. Harm prevention and reduction activities must not ignore the larger group of people classified as 'at risk' gamblers and those who are affected by someone else's gambling.

People who gamble in Greater Manchester are significantly more likely to experience problem gambling and harms as a result of their gambling. There are many reasons why we may see this. For example, the population of Greater Manchester is younger and experiences higher levels of social and economic exclusion than the national average and we know these groups are more likely to experience gambling harms.

Higher levels of participation in more harmful gambling products among these groups of the population may also be driving increased rates of gambling related harms in Greater Manchester. Further research is required to better understand these relationships.

People who gamble in Greater Manchester are significantly more likely to experience problem gambling and harms as a result of their gambling.

People experiencing racial discrimination and marginalised communities

Although overall participation is lower, people from communities experiencing racial discrimination (representing 20% of the GM population) **bear disproportionate burden of harms and rates of addiction.**

People experiencing racial discrimination are under-represented among people seeking treatment for gambling related harms (22).

There is limited evidence explaining the reasons for the association between ethnicity and gambling harms or describing differences between ethnic and cultural groups (21), although some accounts cite **shame, stigma and social**

exclusion for example where participating in gambling may be taboo or against cultural beliefs.

Evidence suggests that other sectors of the population are disproportionately impacted by gambling related harms. Prevalence of gambling is higher among members of the armed forces community, with **military veterans 10 x more likely** to experience a gambling disorder or addiction (23), however routine mental health assessments after deployment do not currently include gambling.

Children and young people

Approximately 55,000 children aged 11-16yrs in the UK are estimated to be experiencing gambling disorder or addiction (24). Of all age groups, young people aged 16-24yrs have the highest prevalence of 'at risk' gambling despite having the lowest participation in gambling (21). Studies suggest that young people attach **greater importance to factors such as skill in determining their chances of winning** when gambling (25). There is a growing link between **gaming and gambling**, with features such as loot boxes and in-game trading normalising gambling behaviour within games more frequently played by young people (26).

Greater Manchester has one of the largest student populations in Europe, although these are not reflected in prevalence statistics. Approximately **80% of students have participated in gambling, with nearly half doing so primarily to make money**, with many reporting missing lectures,

assignment deadlines or social activities as a result of gambling (27). Previous surveys identify 16% of students who gamble as experiencing gambling harms or addiction (28).

Multiple disadvantage and socio-economic status

In Greater Manchester 585,000 people are living in neighbourhoods among the most deprived in the country. Greater Manchester survey data suggests that people living in the **most deprived communities are nearly twice as likely to participate in gambling** compared with those living in the least deprived communities (29). People living in the most deprived areas are more likely to gamble using scratchcards, bingo, machines in bookmakers (FOBTs) and online games compared with people living in less deprived areas who are more likely to bet on sports activities online or in person (21). Research shows that **21% of gambling premises are in the most deprived neighbourhoods**, with just 2% in the least

deprived neighbourhoods (30).

People living in the most deprived neighbourhoods are **seven times more likely to experience problem gambling** than the least deprived neighbourhoods – **an inequality gradient** (32). This association is stronger at higher levels of gambling severity across all age groups. This gradient may be explained by differences in gambling activities, stronger pull forces enticing people to gamble more and greater availability of opportunities to gamble.

Anyone who gambles is at risk of harm, however people experiencing multiple disadvantages are more likely to experience the harmful impacts of gambling, for example, people experiencing homelessness, refugees and asylum seekers, unemployed and people with poor mental health (31). Gambling may not be the sole cause of harm but can **make existing inequalities and disadvantages worse**.

Why people in Greater Manchester gamble

There are multiple drivers of harmful and problem gambling which have been identified in the evidence, supported by insights from Greater Manchester residents. These highlight the social, environmental and commercial influences which drive gambling related harms.

- **A quick route to wealth.** This is particularly cited among young people and people from lower income groups as a reason for gambling (20,33).
- **Psychological triggers used in design of gambling products,** including disguising losses as wins, celebrating near misses and creating an illusion of control over a predetermined outcome (34)

- **Advertising and marketing** of gambling products, brands and opportunities, including targeted email campaigns. Research suggests that increased exposure to advertising and marketing leads to increased participation in gambling (35,36). Enticements to participate, such as free bets and in-play promotions, are key factors in inducing people to gamble more (20,37,38).



“adverts make me think that gambling is a place of escapism, makes it seem like everyone is doing it and it’s a social activity and they make gambling look friendly and risk-free”

“they always have things like £10 free so it’s really easy for people to get pulled into it, not realising the risk”

**Greater Manchester Youth
Combined Authority**

- **Engraining of gambling in culture** (18), such as the omnipresence of the National Lottery and the UK being one of few countries to permit children of any age to play on the lowest level of gambling machines (category D).
- **Normalisation of gambling in sport** (20), with children as young as eight thinking that betting is a normal part of sport (39). Gambling logos are visible approximately every 11 seconds of televised football match (40), nullifying the impact of a voluntary 'whistle-to-whistle' ban of gambling products in TV adverts
- **A social activity and source of entertainment** with friends or in the household. Increased participation is associated with peer or parental influence, particularly among young people (26)
- **A coping mechanism** in the form of escapism and distraction (26,33,41), a deliberate form of self-harm / self-sabotage (41), or a means to mitigate boredom (19).
- **Age-related milestones and life events**, such as achieving financial independence or lump sums (e.g. starting university, work or on retirement) or significant bereavements (18)
- **Limited enforcement.** 84% of licensed premises failed to prevent under-18s from gambling on fruit and slot machines in a national test-purchase exercise (42), with many young people citing this as their first experience of participating in gambling (26).
- **Proximity to gambling venues.** Accessibility to and density of gambling premises has been shown to increase participation in gambling (43), with young people citing that being able to easily access gambling opportunities locally created opportunities for them to gamble when they had not planned to (44).

“I was a young lad who loved football and very quickly realised that I couldn’t watch football without putting a bet on. I was part of that generation where it seemed completely normal, innocent and fun to place bets on football, but very quickly it turned into an addiction where I was betting on roulette and blackjack and poker and everything that I could gamble on for 12 years”

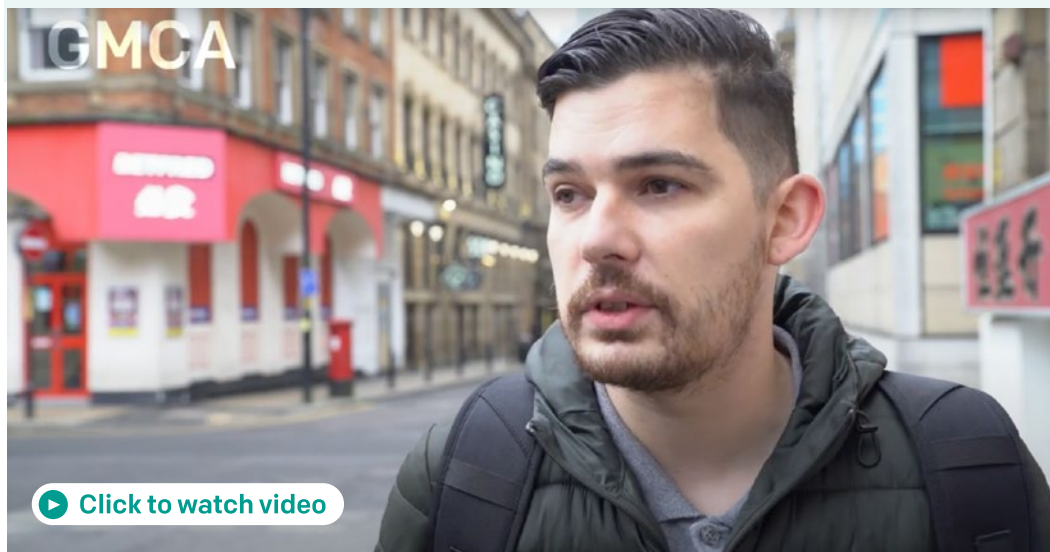
James – a recovering gambling addict and an affected other



[Click to watch video](#)

“the main advertising in Manchester is actually the amount of casinos and bookies and slots that we have everywhere. I walk to work every day and all I see is endless bookmakers. I think it was the last time I counted, over 20 different bookies that I had to walk past from getting off the train to getting to my desk. So every day when I have to walk to work I used to do different routes to avoid walking past bookies, but that just became really difficult to do. The problem with walking past them all is that every one has got a free bet, or an offer or something in the window just to entice you back in every time.”

Danny – a gambling addict



How gambling is changing

The proportion of people experiencing problem gambling has remained stable over time, however recent data suggests that the proportion of 'low risk' gamblers may be growing (21).

Industry data suggests that traditional gambling products, such as the National Lottery and horse racing are being surpassed by a growing market in online and casino games, betting indexes, e-gaming and in-play betting on all sports. **Revenues from online gambling (including betting, bingo and casino games) have grown by 62% in the past five years**, from £4.2bn in 2016 to £6.9bn in 2021 (45). This indicates significant growth in use of gambling products which have been identified by research as being more associated with harms (8).

Treatment providers are increasingly supporting individuals involved in high-risk or unregulated trading activities which are not traditionally classified as gambling, but are becoming associated with similar harms (46). In January 2022 the National Gambling Helpline reported receiving 20 calls a week from people involved in cryptocurrency with growing calls to help people to self-exclude from high-risk trading platforms (47).

It is too early to tell what the **lasting impact of the Covid-19 pandemic** will be on gambling behaviour and gambling related harms. Real-time data collected from Greater Manchester residents in December 2020 and June 2021 shows a mixed picture among people who gamble, equal proportions reporting gambling more or gambling less than pre-pandemic levels (29). This may be explained by reduced availability and opportunity for in-person gambling, alongside increased boredom, and spare time for online gambling during periods of lockdown and furlough.

Some gambling related harms grow over time, with lived experience accounts detailing many years of participating in gambling prior to recognising a gambling addiction.

It is possible that we are in an incubation period whereby the number of people spending more time and money on harmful gambling products has increased, but the resulting harms are yet to manifest or be captured in prevalence surveys.



Impact of gambling related harms

Gambling related harms have serious consequences for finances, relationships, and health, as well as feeling of shame, stigma, and helplessness. These harms are inherently complex and individualised. For many, gambling related harms leave a lasting legacy beyond initial recovery from gambling disorder and may be experienced for many years after the event.

Evidence shows that **people with higher levels of gambling involvement and more severe gambling disorder experience the greatest degree of harms** (21). Gambling related harms are complex and will be experienced differently dependent upon individual circumstances. Although harms are categorised here by their impact on health, relationships, finances and criminal behaviour, they are frequently interlinked and entwined.

All harms are felt equally by the person who gambles and people affected by someone else's gambling (which can include but is not exclusive to): friends, parents, partners, children, siblings).



Health

Gambling is a health harming activity and has a strong relationship with mental health and wellbeing and substance use. Suicide prevention must be considered where gambling harms are identified.

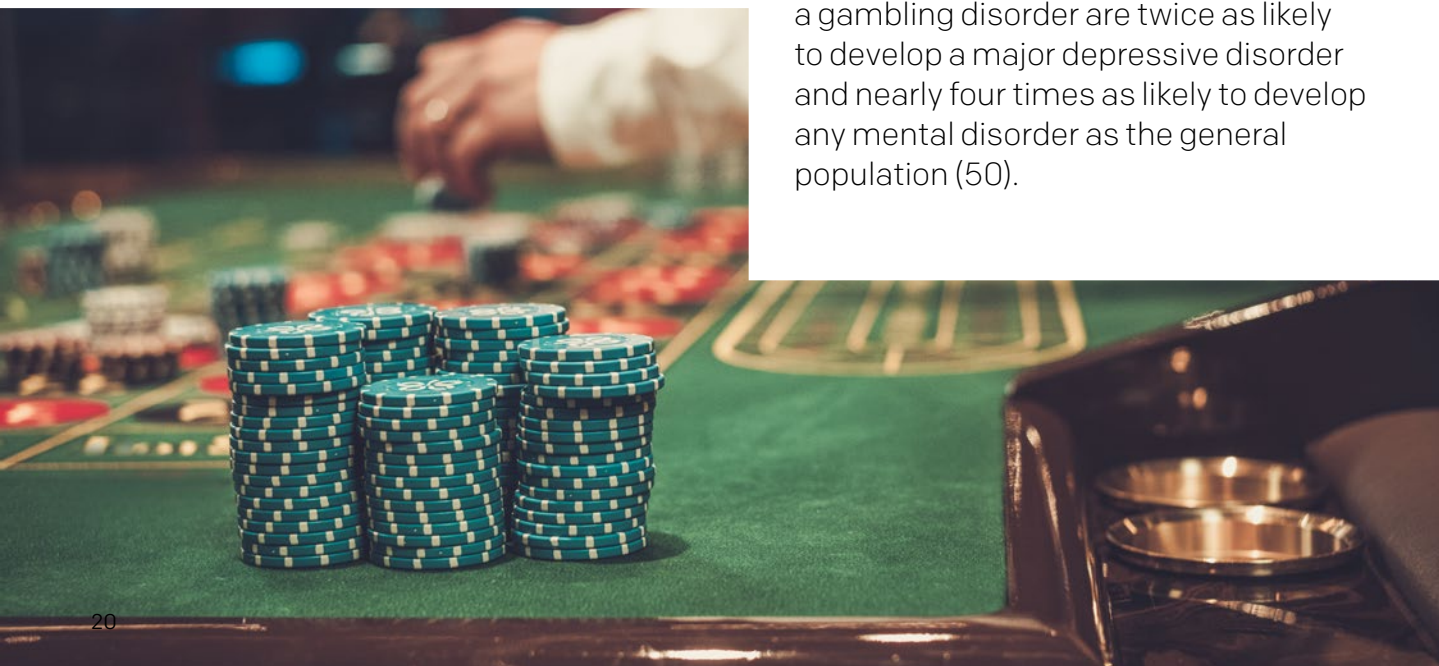
Gambling disorder is a recognised addiction with significant impacts on physical and mental health and wellbeing. **People with a diagnosed gambling disorder have a 1.8x higher rate of mortality** (10,49) and are likely to spend more time in ill health than the general population.

Evidence suggests that gambling disorder and addiction or being affected by someone else's gambling **intersects with other serious health issues**, including mental health (depression, anxiety, personality disorder and bipolar disorders), poor wellbeing and dependence on substances such as alcohol, drugs and tobacco. For example, people who regularly consume more alcohol than the recommended weekly intake are 3.3x more likely to experience harmful gambling, increasing to 7.8x more likely for the heaviest drinkers (over 50 units per week) (21). A study from Canada found that young adults with a gambling disorder are twice as likely to develop a major depressive disorder and nearly four times as likely to develop any mental disorder as the general population (50).

“it’s hard to describe what that rock-bottom is like during gambling, it’s the worst thing in the world. The next problem I had was the fact that when I stopped gambling, I thought everything would be fine, but in 2019 that was when things got worse than what I could have ever imagined as my mental health had been severely affected from my years of gambling”



Will – a recovering gambling addict



Qualitative studies consistently report emotional and psychological harms, including experiences of fear, stress, anxiety, feeling low, sleep problems, lack of self-care and social isolation experienced both by the person who gambles and affected others (21).

Relationships between mental health, substance misuse and gambling disorder are likely bi-directional, and symptoms may cluster with no single causal factor.

Services designed for people with mental health, wellbeing or substance misuse needs should consider gambling disorder as part of a holistic trauma-informed approach to reducing and preventing harms.

Suicide risk and suicide prevention must be considered where gambling related harms are identified. There is an established link between gambling addiction and suicide attempts and ideation. A study of young people (aged 16-24) who have experienced gambling addiction found that men and women are 9x and 5x (respectively) more likely

to attempt suicide than those who have not experienced any problems with their gambling (51).

It is estimated that between 240 and 700 people take their own life every year in England related to gambling (21), however gambling is not currently recorded as a relevant factor to deaths by suicide by coroners (52). **Greater Manchester Police (GMP) respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated with gambling** and this may be much higher due to under reporting of gambling related harms.



The informant is a <gambling industry operator> betting live chat agent. He has received a live chat from a male by the name of <redacted> who lives at this address - he has said “close my account, I can’t take this misery anymore, I’m suicidal, I’ve had enough of life”.

Extract taken from GMP incident reports 1 April 2020 - 31 March 2021

Many of these incidents are reported by remote or online gambling industry operators following live interaction with their customers, although others are reported by concerned family members. Most incidents reports are outside 9am-5pm, suggesting that there is a need for out of hours crisis support to include awareness of gambling.

“I was diagnosed with post-traumatic stress disorder (PTSD) due to my experiences of gambling harm.

I remember the arguments over money, the control, the secrecy, the neglect and having no idea why or what was going on; I thought my partner was having an affair when in reality we had nothing and were in serious debt. I still wish he had been having an affair, it would have been a lot easier.

When I found out about the gambling, I had a four-year-old, a small baby and had just moved to an area where I knew nobody.

We need support for the person experiencing gambling harm but also for those who are affected by their actions as they are often the ones who are dealing with the crippling debts and running the household.”



Rose – directly affected by a relative’s gambling

Relationships

Gambling can have a serious impact on important relationships, with 5% of Greater Manchester residents negatively affected by someone else’s gambling. Impacts include loss of trust, neglect of responsibilities, domestic abuse and relationship breakdown. This can have a lasting impact, both on the person who gambles and their affected others.

Relationship harms affect both the person who gambles and their close associates. Greater tension and conflict in relationships are commonly cited harms experienced by family members, with qualitative accounts reporting **increased arguments, fights and relationship strain between the person who gambles and their family and friends.**

One study reports that 77% of affected others spent less time attending social events, 74% got less enjoyment from time spent with people they care about and 69% felt belittled in their relationship with the person who gambles. Over two thirds of respondents had threatened separation, with **one third going on to end the relationship with the person**



who gambles (11). In many cases the strain on relationships was a result of financial difficulties and the dishonesty or loss of trust caused by the person who gambles hiding their behaviour.

Among Greater Manchester providers of support for victims and perpetrators of domestic abuse, gambling is frequently identified as a contributory factor in cases of abuse. Studies have identified **an increased risk of intimate partner violence** (including slapping, kicking, punching, threatening with a weapon, cutting or bruising, forcing sex and causing injury requiring medical care) among people experiencing gambling disorder or addiction (53,54). In these cases gambling frequently occurred alongside other substance misuse and mental health issues. In cases of physical violence, this is most often perpetrated by a male on their female partner, either as a male gambler on their female non-gambling partner or a male non-gambler on their female gambling partner. A significant proportion (43%) of gambling-related crimes reported to GMP relate to interpersonal offences of either domestic abuse or theft from someone known to the perpetrator as the excerpts describe:

Informant states that son has been using her phone and has signed up to <gambling industry operator> and has been gambling he has done this a few times but this time he has spent £1,400 of informant's money without consent.

Daughter has been having issues with her partner, he has been demanding money off her today for gambling, arguments have started between them over the money, and he has then started threatening to kick her out.

**Extracts taken from GMP crime reports 1 April 2020
- 31 March 2021**

Children have identified parental gambling as a source of trauma and instability,

reporting that their parents frequently 'go missing' due to their gambling and its unpredictable nature, resulting in feelings of losing their relationship with parents and the sense that they were cared and loved (55). Studies have also reported **adult gamblers neglecting their duties to their children** such as failing to provide food, spending less time with them and failing to collect them from school (21). These **adverse childhood experiences lead to an elevated risk of children and young people experiencing poor health and social outcomes** across the life course.

“I personally had no idea about my dad’s gambling addiction until I was in my late teens, however, I now realise that he’d been gambling the majority of my life. I first knew about it when my step-mum told me they were moving house because of missed repayments which meant the house was being taken from them. I later found out that his gambling was a deciding factor in my mum and dad’s separation too.

My parents kept the addiction hidden from me and my sister for the majority of our lives. Although I can somewhat understand their reasoning, it has contributed to the stigma that comes with addiction and I wish they’d spoken to us about it. I was sometimes led to believe that my dad’s actions meant he didn’t care or think about us, his children, but the truth is he did. I think one of the reasons he became addicted was by always trying to provide us with the best possible life. The gambling industry took advantage of this.”



Emily – an affected other

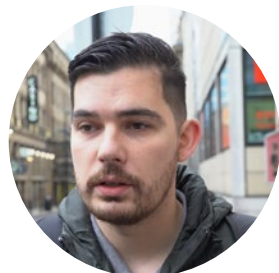


Finances

There is extensive evidence that gambling directly causes financial harms for people who gamble and their close associates, with gambling-related debt identified as a trigger for other harms experienced.

It can be tempting to focus on high end gambling expenditure with no shortage of headlines depicting tales of individuals losing £millions to a gambling addiction. Although these cases are distressing examples of the extent that financial harms can reach unchecked by gambling operators, they can detract from smaller, more frequent losses, where the greatest volume of harms occur.

“it was something I kept so quiet, I used to only tell people if I got like a big win from gambling, I kind of lived payday to payday with all the money gone, every day I got paid



the money was gone within 2, 3 hours”

Danny – a gambling addict

Losses are relative to an individual’s circumstances and even **low to moderate levels of expenditure can have serious financial implications**. Where just 4% of overall spending is on gambling (equivalent to £80 per month for an individual with the take-home pay of a salary of £30,000) signs of financial distress, such as **missing mortgage, loan or credit card payments, using an unplanned overdraft and taking payday loans** increase sharply. People who gamble at this level are also more likely to be subject to debt collection by bailiffs, have high credit card balances and be less likely to save money for the future (10).

Nearly two thirds of Greater Manchester residents accessing specialist gambling treatment services report being in some level of debt because of their gambling, with most reporting **average spend on gambling of £200-£500 in the month prior to referral**. Most reported debts are under £5000, however 9% of people seeking treatment reported debts between £20,000-£99,999 (9).

Our client discovered her husband had been gambling and consequently key bills had stopped being paid such as the mortgage and council tax. Client and her husband now have arrears and multiple debts. They have fallen behind with the mortgage and are receiving threatening letters from the local authority with possible court summons. This has caused stress on the relationship between the client and husband, with a possible separation imminent.

Case study provided by Wigan Borough Citizens Advice

A study of people affected by someone else's gambling found that 88% had lost savings, 66% had less money to spend on essential expenses such as medications, healthcare and food, 44% took additional employment or other forms of income generation, 12% became bankrupt and 11% required emergency or temporary accommodation because of gambling (11).

Greater Manchester residents who participate in gambling are **3x more likely to need to use a foodbank, with 28.6% of residents who gamble going without eating for a whole day because of a lack of money.** A further 22.5% of residents who gamble reported borrowing money from friends or family, or taking out extra credit (compared to 13.4% of those who do not gamble) (29). These findings are replicated in other national studies (57).



“I’ve literally spent the last 20 years living in the shadow of debt, always thinking can I pay this month, can I pay that month, not knowing why, not knowing what’s going on.”

Rose - directly affected by a relative’s gambling



Crime and anti-social behaviour

Surveys suggest that there is a higher prevalence of gambling disorder among people who are in contact with the criminal justice system, however there is limited data to demonstrate a cause-effect relationship. Crimes associated with gambling include theft, damage to property in licensed premises, threats of violence, domestic abuse and fraud.

There is an association between gambling severity and criminal behaviour. **Limited data collection within the criminal justice system** in relation to gambling means it is hard to quantify this relationship, for example, data regarding theft and fraud cases in court is recorded, but gambling-related motivation or background is not (58).

A review of GMP crime reports using a 'key word' search (e.g. "gambling" and other related terms) reveals the most frequently recorded crimes with explicit reference to gambling as: **theft, damage to property occurring on licensed premises, threats of violence or assaults occurring on licensed premises, domestic abuse and coercion and fraud**. In many incidences, the perpetrator is known to the victim, highlighting the negative impact of gambling on affected others.

A study looking at awareness of gambling within the courts system identified reports that gambling disorder or addiction was primarily raised in family courts rather than in adult criminal cases, although this was likely to be due to the hidden nature of the issue, rather than a reflection of true prevalence (59).

Custody and probation services in Greater Manchester identify gambling as one of the top six support needs among service users, with 1.7% of clients screened between Oct 2020 and Sept 2021 experiencing some level of gambling harms. Screening is not systematically embedded across the 10 localities or throughout criminal justice pathways therefore this is likely to be an underrepresentation of need.

A survey conducted in 2017 found **18% of residents at HMP Forest Bank reported having a problem with their gambling** over the past 12 months (either in or out of custody) (60). This is significantly above the average in the general population and suggests that there is a **strong association between gambling harms and people in contact with the criminal justice system**. This finding is supported by wider research identifying higher rates of gambling disorder among people in contact with the criminal justice system (58), with **5.4% of male, and 3% of female prisoners believing that their current sentence was linked to gambling** (61).

“I am now 53 years of age and was released from my sixth prison sentence in March 2020. Criminal offences committed to fund my gambling addiction. This addiction affected all aspects of my life. I became an accountant and this all led me to embezzlement and custody. So this addiction does not just affect the vulnerable, the poor or the disadvantaged. It can strike at any time to anybody.

Job after job, offence after offence and relationship after relationship. That was my life. I have been through the criminal justice system six times and every prison has, I’m afraid, failed me.

I know it’s up to the individual to take control, but prisons remain years behind the times. Drug and alcohol abuse is tailored for. Not gambling. In fact, from police interview, solicitors, courts, probation and prison it is dreadful.”

Mark’s Story



Social costs

Gambling has a significant economic burden in Greater Manchester. Estimates take into account the disproportionate distribution of gambling and associated harms in Greater Manchester described in this needs assessment, including the impact on homelessness, substance misuse and mental health

Economic analysis of the harms associated with problem gambling in Greater Manchester suggests that **the estimate excess economic burden of gambling in Greater Manchester in 2022 is at least £80million** (62). As with national estimates, this is likely to be an underestimate as some harms have only been partially costed and others not at all, and do not take into account the costs of treatment provision (21).

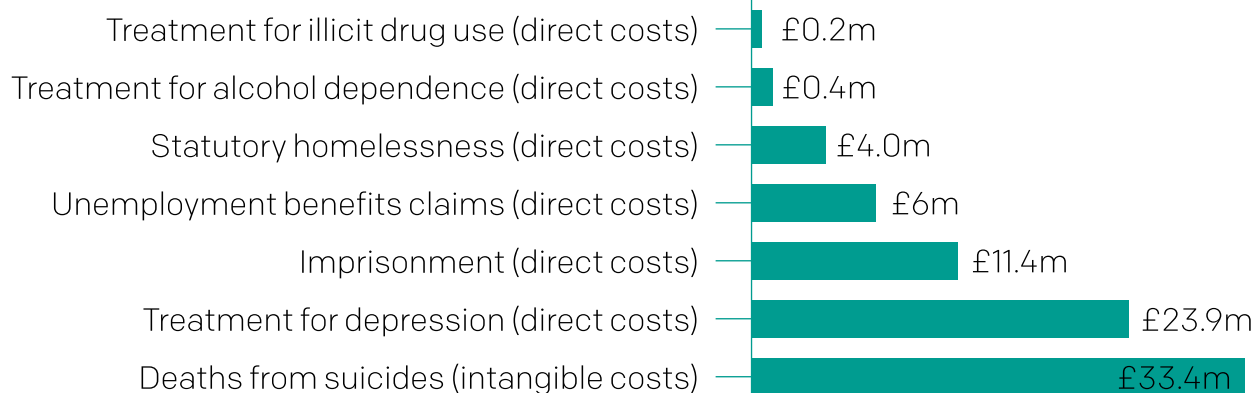
This estimate comprises **£46million in direct costs to the public purse plus a further £33million in societal costs** (less tangible impacts reflecting incidences of premature deaths associated with gambling).

Costings include some, but only a small proportion of possible metrics of gambling related harms (63).

These estimates do not intend to provide a full cost-benefit analysis of the impact of gambling in Greater Manchester, for example the gambling industry directly employs 4,500

people in Greater Manchester (64), however it is a **starting point to quantifying the impact of gambling related harms on wider society in Greater Manchester.**

Estimated excess economic burden of gambling in Greater Manchester in 2022 by cost domain (£million's)



Access to treatment and support

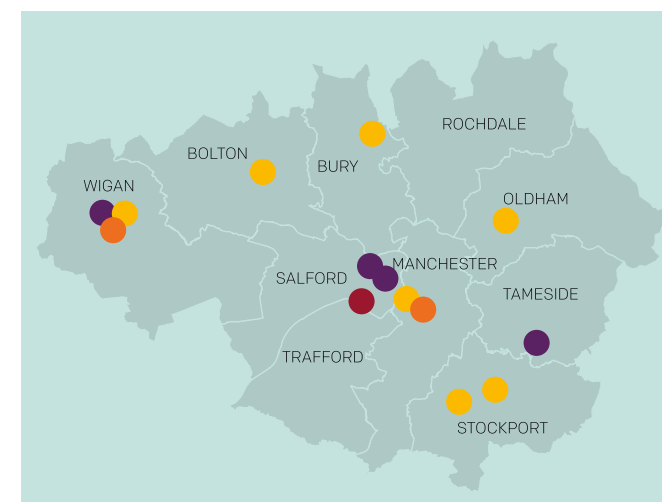
Specialist gambling treatment services in Greater Manchester are currently delivered outside of local health structures. There is an unmet need for support, particularly where brief preventative interventions may have greatest impact.

Specialist treatment and support services for people experiencing gambling harms are currently commissioned on a regional basis by GambleAware using funding primarily sourced from gambling operators (including the National Gambling Helpline). These services are free at the point of access but sit outside the public health grant and devolved health budgets in Greater Manchester and are not currently accountable to local health governance structures; Beacon Counselling Trust are the Greater Manchester provider. The NHS Long Term Plan includes a commitment to provide 15 regional clinics (65), with one located in Salford to service the whole of the North West.

There is a growing number of peer support services available for people experiencing or in recovery from gambling related harms in Greater Manchester, such as Gamblers Anonymous, GamFam and GamAnon.

In addition to services located in Greater Manchester, residents may also access the National Problem Gambling Helpline which is available 24/7 and Gordon Moody provide residential rehabilitation services.

Data presented in this section is only representative of GambleAware commissioned services due to challenges in governance and monitoring of services at a local level. **There is significant room to improve the design, delivery, integration and monitoring of specialist treatment services** within the Greater Manchester system (66).



Key

- NHS Northern Gambling Service
- Beacon Counselling Trust
- Gamblers Anonymous Meetings
- Gam-Anon Meetings

Map of specialist treatment and support services available to people experiencing gambling harms located in Greater Manchester

Around **470 people in Greater Manchester access specialist treatment services each year** (95.3% male, 4.7% female). Higher referral rates in Wigan, Tameside and Salford may be due to the location of clinics and locally led efforts to raise awareness of gambling harms (9), for example the 13% of referrals from the police in Salford are from a short period in 2018 suggesting a specific intervention was in place at that time.

“The first time I spoke about my experience of gambling harms, it was terrifying, I felt completely vulnerable, like I was sharing something so terrible and like I wasn’t allowed to share the secret”



Rose - directly affected by a relative's gambling

Yearly average number and rate of referrals received by Beacon Counselling Trust by local authority between April 2016 and March 2021 and overall source of referrals (9)

Locality	Average per year		Source of referral (% of all referrals)			
	Number of referrals	Referral rate per 1,000 population	Self-referral	Health and social care	Police, prison, probation and courts service	Other service or agency (e.g. VSCE or jobcentre plus)
Bolton	40	0.15	95	3	0	2
Bury	33	0.19	97	1	1	2
Manchester	72	0.21	91	4	1	4
Oldham	28	0.12	99	1	0	1
Rochdale	26	0.15	95	2	1	2
Salford	63	0.33	82	3	13	2
Stockport	44	0.17	96	2	0	2
Tameside	45	0.21	94	4	0	2
Trafford	28	0.13	96	1	1	2
Wigan	88	0.29	91	4	1	4
Greater Manchester	468	0.20	92.1%	2.8%	2.3%	2.7%

Most referrals (92%) are via individuals self-referring and navigating to specialist gambling services, although it is not possible to know whether these individuals were signposted to support by other services prior to referral. In contrast, 61% of referrals to specialist drug and alcohol services come from self-referrals, with health and social care services playing a greater role (21% of referrals) in screening and identifying patients requiring support (14). As a relative newcomer to public health, there is an **opportunity to incorporate gambling screening, interventions and signposting across existing public and community services in Greater Manchester.**

The average PGSI score among people accessing specialist treatment services in Greater Manchester is 24 (with a maximum of 27). This suggests that only people with the most severe cases of gambling addiction are currently seeking support and that there is significant unmet need within the population, particularly at the level where brief preventative interventions may have greatest impact.

“I finally reached out to a therapist who specialised in CBT. The first time speaking to someone it lifted a massive weight off my shoulders, and it was, it was effective. I won’t say that I didn’t gamble whilst having the therapy or afterwards, but it definitely helped a lot”

Will – a recovering gambling addict



Real or perceived stigma of a gambling disorder or addiction is a significant barrier to accessing treatment and support, with **one in 10 people who gamble citing ‘shame and stigma’ as a reason for not seeking support** (22). People with lived experience tell us that gambling related harms are tied to feelings of shame, defeat and entrapment. These feelings lead people with a gambling disorder to hide their financial losses from their friends and family, which in turn leads to further isolation and limiting of their help-seeking options. In some instances, feelings of stigmatisation are spread by an industry-sponsored narrative which places the onus on the individual to gamble ‘responsibly’ (67), rather than focusing on the wider social, environmental and commercial drivers of gambling behaviour.

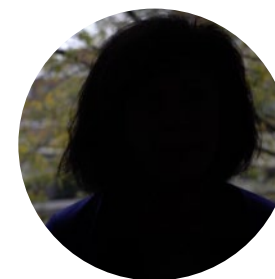
There is significant unmet need within the population, particularly at the level where brief preventative interventions may have greatest impact.



External factors such as **low levels of awareness or convenient access to support services also limit uptake of treatment**, with lived experience accounts citing that even when presenting with a gambling addiction, clinicians were unable to effectively signpost to appropriate support. **Services to support people experiencing gambling addiction need to be fully integrated into the wider health and social care system** to holistically address the needs of individuals with sustained support available from peers and professionals.

Greater Manchester residents with previous lived experience of gambling harms describe themselves as “a gambling addict” or “a recovering gambling addict”, indicating that **recovery remains a life-long challenge**. Multiple factors affect likelihood of relapse, such as receiving enticements and promotions to gamble, disruptive life events and limited support networks (18,68,69). Changes to the gamblo-genic environment, such as limits on promotion of gambling and number of gambling outlets will also contribute to supporting individuals with a gambling disorder or addiction to sustain their recovery.

“[peer support] helped me to experience and to listen to the others who were in the same situation as myself, and I felt less isolated and less alone dealing with this”



Anon – directly affected by a relative’s gambling

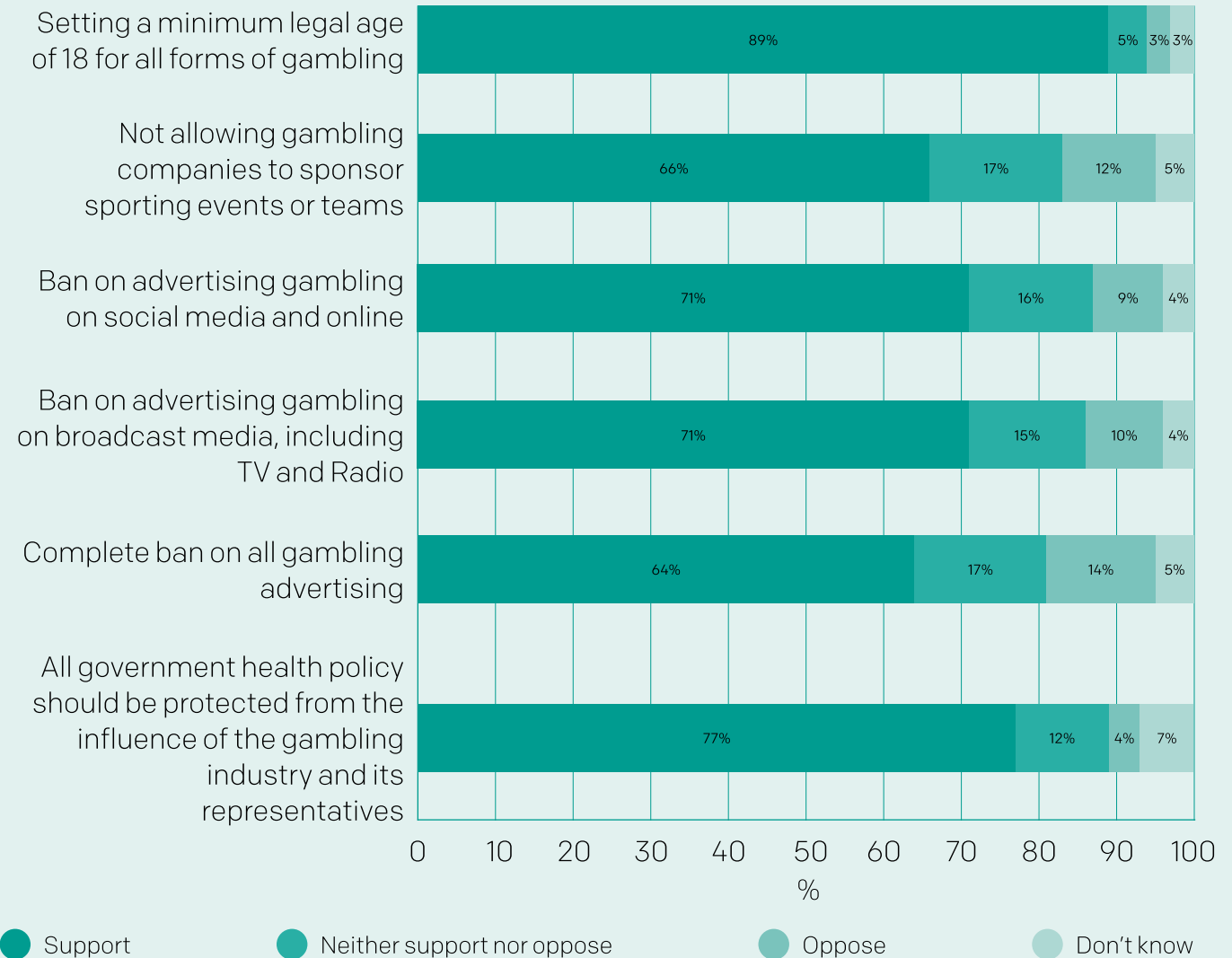
Services to support people experiencing gambling addiction need to be fully integrated into the wider health and social care system

Perceptions of gambling

People living in Greater Manchester and the North West are supportive of further action to regulate gambling.

More than half the population (55%) think governments are not doing enough to reduce gambling related harms, with only 3% thinking that the government is doing too much. When questioned on specific measures, there is strong support to reduce the availability of gambling for young people, remove gambling industry influence from policy making and restrict the marketing and promotion of gambling (70).

How strongly, if at all, would you support or oppose the following measure...?





Gaps in our knowledge

This needs assessment collects the best available local and national data to provide an estimate of the impact and extent of gambling harms in Greater Manchester.

Despite gaps in our knowledge, we are clear that a lack of evidence of harm does not equate to a lack of harm and should not be used to justify a lack of action to prevent harms. Gambling harms are inherently complex and can be experienced for many years after the event, as well as by friends and family, and as such are not simple to record and quantify.

There are **many opportunities for improvement in the frequency, quality and availability of data of gambling harms locally and nationally**. This needs assessment should be used as a catalyst for public service providers in Greater Manchester to collect and report data on gambling and related harms.

ISSUE

Data on prevalence of gambling participation and disorder is infrequently collected and does not provide sufficient insight on underrepresented groups.

This is an issue at both national and regional level, with questions on gambling not routinely included in regular surveys.

NEXT STEPS

Advocate for continued funding to support frequent collection of high-quality national statistics, such regular repeats of the Health Survey for England.

Collect locally sourced data by including questions on gambling participation and harms within existing population surveys, such as:

- Annual Schools Survey
- Health and wellbeing surveys in localities
- Greater Manchester Population Survey

ISSUE

Limited number of longitudinal studies evidencing cause and effect relationship between gambling products and harms experienced.

NEXT STEPS

Advocate for improved data collection and research at a national level, engaging with specialist gambling research groups.

ISSUE

Limited awareness and recording of prevalence of gambling disorder and related harms within Greater Manchester public services to provide local context of impact of harms in communities and neighbourhoods.

NEXT STEP

GMCA and local authorities to use this needs assessment as a baseline and catalyst for services to routinely collect and report data, including developing guidelines for commissioned services to screen for gambling harms and collect data, for example:

- Neighbourhood and community support hubs
- Community, neighbourhood and front-line policing
- Health and custody services in police stations
- Probation and case workers for people in contact with the courts and criminal justice system
- Health and wellbeing services, including primary care, community mental health and substance misuse services
- Housing advisors, debt management and financial inclusion teams, Early Help interventions and benefits advisors
- Citizens Advice Bureaus

ISSUE

Infrequent and low-quality data in relation to access to and outcomes of specialist treatment services commissioned outside the Greater Manchester health system and wider NHS.

NEXT STEPS

GMCA and the GM Integrated Care Partnership to support delivery of a partnership project with Gambling With Lives to develop a treatment and care pathway, whilst collectively advocating for a statutory levy to bring commissioning of treatment and support services within NHS and local authority governance structures.

Closely monitor the development of national standards and outcomes framework for specialist gambling treatment services (NICE and GambleAware), advocating for increased transparency and accountability of data. Support the inclusion of lived experience insights into treatment providers as part of improvement projects.

ISSUE

Identified gaps in research evidence relating to gambling within:

- Poverty and low-income families
- Women
- Communities experiencing racial discrimination
- People experiencing multiple disadvantages

NEXT STEPS

GMCA to build partnerships with research commissioners and academic institutions to raise profile of identified gaps, leading to the production of independently funded research.

Support GamHive to connect with individuals from underrepresented groups to improve diversity among lived experience networks.

Continue to promote and capture in depth insights from lived experience narrative accounts.

ISSUE

Lack of action-based research and evaluation of locally delivered interventions to prevent and reduce harms.

NEXT STEPS

GMCA to partner with London South Bank University as part of the NIHR PHIRST scheme to produce an evaluation of the Communities Addressing Gambling Harms initiative.

Develop robust practices to capture learning from Greater Manchester projects to inform further whole system gambling harms prevention initiatives.

Engage with the publication of the Office for Health Improvement and Disparities 'Delphi study' of interventions to prevent and reduce harms.

References

1. Wardle H, Tipping S, Deverill C. Gambling Behaviour in the Greater Manchester Combined Authority: An overview. GMCA; 2022.
2. Delfabbro P, King DL. Challenges in the Conceptualisation and Measurement of Gambling-Related Harm. *J Gambl Stud*. 2019; 35 (3): 743–55.
3. Sturgis P, Kuha J. How survey mode affects estimates of the prevalence of gambling harm: a multisurvey study. *Public Health*. 2022; 204: 63–9.
4. Doughney J. Lies, Damned Lies and Problem Gambling Prevalence Rates, The Example of Victoria Australia. In: Kindt JW, editor. *Gambling with crime, destabilized economies, and financial systems* [Internet]. Buffalo, New York, USA: William Hein and Co.; 2009. Available from: <http://vuir.vu.edu.au/>
5. Young MM, Hodgins DC, Brunelle N, Currie S, Dufour M, Flores-Pajot M-C, et al. *Developing Lower-Risk Gambling Guidelines*. Ottawa, Ontario: Canadian Centre on Substance Use and Addiction; 2021. Available from: <https://gamblingguidelines.ca/resource/developing-lower-risk-gambling-guidelines-report/>
6. Forrest D, McHale I. *Exploring Online Patterns of Play*. University of Liverpool / NatCen; 2021. Available from: https://www.begambleaware.org/sites/default/files/2021-03/PoP_Interim%20Report_Short_Final.pdf
7. Gambling Commission. *Young People and Gambling Report*. Birmingham, UK: Gambling Commission; 2019. Available from: <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/young-people-and-gambling-2019>
8. Allami Y, Hodgins DC, Young M, Brunelle N, Currie S, Dufour M, et al. A meta-analysis of problem gambling risk factors in the general adult population. *Addiction*. 2021; 116 (11): 2968–77.
9. GambleAware. *National Gambling Treatment Service Annual Statistics 2015-2021*. London, UK; 2021. Available from: <https://www.begambleaware.org/news/gambleaware-publishes-202021-national-gambling-treatment-service-annual-statistics>
10. Muggleton N, Parpart P, Newall P, Leake D, Gathergood J, Stewart N. The association between gambling and financial, social and health outcomes in big financial data. *Nat Hum Behav*. 2021 4; 1–8.
11. Banks J, Andersson C, Best D, Edwards M, Waters JL. *Families Living with Problem Gambling: Impacts, Coping Strategies and Help-Seeking*. Sheffield, UK: Sheffield Hallam University; 2018. Available from: <https://www.begambleaware.org/media/1845/families-living-with-problem-gambling.pdf>
12. Browne M, Rockloff MJ. Prevalence of gambling-related harm provides evidence for the prevention paradox. *J Behav Addict*. 2018; 7 (2): 410–22.
13. Alcohol dependence prevalence in England. GOV.UK. UK. 2017. Available from: <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>
14. Adult substance misuse treatment statistics. GOV.UK. 2021. Available from: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report>
15. Department of Health and Social Care, Home Office. *Government response to the independent review of drugs by Dame Carol Black*. GOV.UK. 2021. Available from: <https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response/government-response-to-the-independent-review-of-drugs-by-dame-carol-black>
16. Goodwin BC, Browne M, Rockloff M, Rose J. A typical problem gambler affects six others. *Int Gambl Stud*. 2017; 17 (2): 276–89.
17. Office for National Statistics. *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland*. 2021. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland>
18. Reith G, Dobbie F. Gambling careers: A longitudinal, qualitative study of gambling behaviour. *Addict Res Theory*. 2013; 21 (5): 376–90.
19. Kenyon. *Problem Gambling in Leeds: Report to Leeds City Council*. Leeds Beckett; 2017. Available from: <http://eprints.leedsbeckett.ac.uk/id/eprint/3945/1/Problem%20Gambling%20Report.pdf>
20. McGee D. On the normalisation of online sports gambling among young adult men in the UK: a public health perspective. *Public Health*. 2020; 184: 89–94.
21. Public Health England. *Gambling-related harms: evidence review*. GOV.UK. 2021. Available from: <https://www.gov.uk/government/publications/gambling-related-harms-evidence-review>

22. Dinos S, Windle K, Crowley J, Khambhaita P. Treatment Needs and Gap Analysis in Great Britain. London, UK: GambleAware; 2020. Available from: <https://www.begambleaware.org/sites/default/files/2020-12/treatment-needs-and-gap-analysis-in-great-britain-a-synthesis-of-findings1.pdf>
23. Harris S, Pockett RD, Dighton G, Wood K, Armour C, Fossey M, et al. Social and economic costs of gambling problems and related harm among UK military veterans. *BMJ Mil Health*. 2021; Available from: <https://militaryhealth.bmj.com/content/early/2021/09/29/bmjmilitary-2021-001892>
24. Gambling Commission. Young People and Gambling Report. Birmingham, UK: Gambling Commission; 2020. Available from: <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/young-people-and-gambling-2020>
25. Kristiansen S, Jensen S, Trabjerg M. Youth gambling as risky business: An examination of risk perception and perception of skill and luck among Danish adolescents. *J Gambl Issues*. 2014; 29: 1–22.
26. Royal Society of Public Health. Skins in the Game. 2020. Available from: <https://www.rsph.org.uk/our-work/policy/gambling/skins-in-the-game.html>
27. Censuswide. New survey shows students use borrowed money to gamble. YGAM. 2022. Available from: <https://www.ygam.org/new-survey-shows-students-use-borrowed-money-to-gamble/>
28. National Union of Students. Launch of NUS Student Gambling Research. 2019. Available from: <https://www.nus.org.uk/articles/launch-of-nus-student-gambling-research-1586>
29. BMG on behalf of GMCA. Safely Managing Covid-19: Greater Manchester Population Survey. Greater Manchester; 2020. Available from: <https://www.greatermanchester-ca.gov.uk/media/3981/gm-population-covid-survey-wave-1-final-public-dec-2020.pdf>
30. Evans J, Cross K. The geography of gambling premises in Britain. Standard Life Foundation: University of Bristol; 2021. Available from: <http://www.bristol.ac.uk/media-library/sites/geography/pfrc/Geography%20of%20gambling%20premises.pdf>
31. Wardle H, Astbury G, Thurstain-Goodwin M, Parker S. Exploring area-based vulnerability to gambling-related harm: Developing the gambling-related harm risk index. 2016.
32. Gambling Research Glasgow. Gambling and the red wall: traditional pastime or modern menace. University of Glasgow; 2021. Available from: <https://www.grg.scot/resources/2021/10/Gambling-and-the-Red-Wall-briefing-paper.pdf>
33. Erskine C, Wooldridge R, Merriam K, Macleod S. A study on the role and influence of family and parental attitudes and behaviours on gambling-related harm in young people. London: GambleAware; 2018 p. 67. (Young People, Gambling, and Gambling Related Harm Research).
34. Davies R. Jackpot: How Gambling Conquered Britain. London, UK: Guardian Faber; 2022.
35. MacKillop J, Anderson EJ, Castelda BA, Mattson RE, Donovan PJ. Divergent validity of measures of cognitive distortions, impulsivity, and time perspective in pathological gambling. *J Gambl Stud*. 2006; 22 (3): 339–54.
36. Watkins L, Gage R, Smith M, McKerchar C, Aitken R, Signal L. An objective assessment of children's exposure to brand marketing in New Zealand (Kids'Cam): a cross-sectional study. *Lancet Planet Health*. 2022; 0 (0). Available from: [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(21\)00290-4/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00290-4/fulltext)
37. Stead M, Dobbie F, Angus K, Purves RI, Reith G, Macdonald L. The Online Bingo Boom in the UK: A Qualitative Examination of Its Appeal. *PLOS ONE*. 2016; 11 (5): e0154763.
38. Balem M, Perrot B, Hardouin J-B, Thiabaud E, Saillard A, Grall-Bronnec M, et al. Impact of wagering inducements on the gambling behaviors of on-line gamblers: A longitudinal study based on gambling tracking data. *Addiction*. 2022; 117 (4): 1020–34.
39. Deans EG, Thomas SL, Derevensky J, Daube M. The influence of marketing on the sports betting attitudes and consumption behaviours of young men: implications for harm reduction and prevention strategies. *Harm Reduct J*. 2017; 14 (1): 5.
40. Ireland R. Commercial determinants of health in sport. The example of the English Premier League [PhD]. University of Glasgow; 2021. Available from: <https://theses.gla.ac.uk/82394/>
41. Hall-Jones L. Exploring Women's Experiences and Perceptions of Online Gambling: A Qualitative Study [Dissertation submitted in fulfilment of Master of Public Health]. [Liverpool, UK]: University of Liverpool; 2020.
42. Gambling Commission. Gambling Commission highlights failures to stop children playing on 18+ pub gaming machines. 2018. Available from: <https://www.gamblingcommission.gov.uk/news-action-and-statistics/News/gambling-commission-highlights-failures-to-stop-children-playing-on-18-pub-gaming-machines>
43. Vasiliadis SD, Jackson AC, Christensen D, Francis K. Physical accessibility of gaming opportunity and its relationship to gaming involvement and problem gambling: A systematic review. *J Gambl Issues*. 2013; 28: 1–46.
44. Wardle H. Perceptions, people and place: Findings from a rapid review of qualitative research on youth gambling. *Addict Behav*. 2019; 90: 99–106.
45. Gambling Commission. Industry Statistics - November 2021. Gambling Commission. 2021. Available from: <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/industry-statistics-november-2021>
46. Kale S. 'I put my life savings in crypto': how a generation of amateurs got hooked on high-risk trading. *The Guardian*. 2021; Available from: <https://www.theguardian.com/lifeandstyle/2021/jun/19/life-savings-in-crypto-generation-of-amateurs-hooked-on-high-risk-trading>

47. GamCare. GamCare highlights need for self-exclusion scheme for consumers involved in high-risk and cryptocurrency trading. GamCare. 2022. Available from: <https://www.gamcare.org.uk/news-and-blog/news/gamcare-highlights-need-for-self-exclusion-scheme-for-consumers-involved-in-high-risk-and-cryptocurrency-trading/>
48. Langham E, Thorne H, Browne M, Donaldson P, Rose J, Rockloff M. Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health. 2016; 16 (1): 80.
49. Karlsson A, Håkansson A. Gambling disorder, increased mortality, suicidality, and associated comorbidity: A longitudinal nationwide register study. J Behav Addict. 2018; 7 (4): 1091–9.
50. Afifi TO, Nicholson R, Martins SS, Sareen J. A Longitudinal Study of the Temporal Relation Between Problem Gambling and Mental and Substance Use Disorders Among Young Adults. Can J Psychiatry Rev Can Psychiatr. 2016; 61 (2): 102–11.
51. Wardle H, McManus S. Suicidality and gambling among young adults in Great Britain: results from a cross-sectional online survey. Lancet Public Health. 2021; 6 (1): e39–49.
52. Private Members' Bill (HoL). Coroners (Determination of Suicide) Bill. 2021. Available from: <https://bills.parliament.uk/bills/2885>
53. Dowling N, Suomi A, Jackson A, Lavis T, Patford J, Cockman S, et al. Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis. Trauma Violence Abuse. 2016; 17 (1): 43–61.
54. Roberts A, Landon J, Sharman S, Hakes J, Suomi A, Cowlishaw S. Gambling and physical intimate partner violence: Results from the national epidemiologic survey on alcohol and related conditions (NESARC). Am J Addict. 2018; 27 (1): 7–14.
55. Darbyshire P, Oster C, Carrig H. The experience of pervasive loss: children and young people living in a family where parental gambling is a problem. J Gambl Stud. 2001; 17 (1): 23–45.
56. Traynor S. Report on gambling and gambling related harm in Wigan Borough 2017. Wigan, Greater Manchester; 2017.
57. Citizens Advice. Out of Luck - An exploration of the causes and impacts of problem gambling. 2018. Available from: <http://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/consumer-policy-research/consumer-policy-research/out-of-luck-an-exploration-of-the-causes-and-impacts-of-problem-gambling/>
58. Commission on Crime and Problem Gambling. Crime and problem gambling: A research landscape. The Howard League; 2020. Available from: <https://howardleague.org/publications/crime-and-problem-gambling-a-research-landscape/>
59. Commission on Crime and Problem Gambling. Sentencers' understanding and treatment of problem gamblers. Staffordshire University; 2021. Available from: <https://howardleague.org/commission-on-crime-and-problem-gambling/research-commissions/research-commission-sentencing/>
60. GambleAware. Evaluation Report - Harm Minimisation project: Criminal Justice System. UK: Chrysalis Research; 2019. Available from: <https://www.begambleaware.org/sites/default/files/2020-12/epic-cjs-project-independent-evaluation-report.pdf>
61. May-Chahal C, Clifton A, Anderson JC, Humphreys L. The OffGam Pilot: Towards the Development of Gambling Awareness and Problem Gambling Interventions in English Prisons. UK: Lancashire University; 2015.
62. GMCA. Estimating the excess economic burden of gambling in Greater Manchester. Greater Manchester: Greater Manchester Combined Authority; 2022.
63. Wardle H, Reith G, Best D, McDaid D, Platt S. Measuring gambling-related harms: A framework for action. 2018; 26.
64. Office for National Statistics. Employees in the UK (Business Register and Employment Survey (BRES)). 2019. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/businessregisterandemploymentsurveybresprovisionalresults/2019>
65. Gambling With Lives. Gambling harms treatment and care pathway. 2021.
66. NHS England. NHS Long Term Plan. 2019. Available from: <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/>
67. Livingstone C, Rintoul A. Moving on from responsible gambling: a new discourse is needed to prevent and minimise harm from gambling. Public Health. 2020; 184: 107–12.
68. Oei TPS, Gordon LM. Psychosocial Factors Related to Gambling Abstinence and Relapse in Members of Gamblers Anonymous. J Gambl Stud. 2008; 24 (1): 91–105.
69. Oakes J, Pols R, Battersby M, Lawn S, Pulvirenti M, Smith D. A focus group study of predictors of relapse in electronic gaming machine problem gambling, part 1: factors that 'push' towards relapse. J Gambl Stud. 2012; 28 (3): 451–64.
70. Action on Smoking and Health (ASH). Adult SmokeFree Survey - North West sample. YouGov; 2021.