



Gambling Harms in Glasgow City: A System Map

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Background

Gambling harms have been described as the negative impacts of gambling on the health and wellbeing of people, families, communities and society. Many harms associated with gambling have been described. The most common are money problems, relationship breakdown and stress or anxiety. At the most extreme, lives are lost to gambling related suicide.

Harm from gambling happens through a complex interplay between a person, a product, the environment gambling takes place in, and wider social, economic, commercial, cultural, political and environment conditions. The factors that cause, contribute to or are a consequence of harm, intersect making it hard to establish causality.

Anyone can experience harm from gambling at any time. Disadvantaged, marginalised and minoritised people and communities are disproportionately impacted by harm from gambling, reflecting and exacerbating existing deep rooted social and health inequalities. Addressing harm from gambling is a social justice issue.

People move in and out of being at risk of or experiencing harm. At population level, the burden of harm from gambling lies with people at risk of harm from their own gambling and people harmed by someone else's gambling, not people with gambling disorder.

A public health approach to addressing gambling harms would co-ordinate actions to prevent harm and reduce inequalities across the whole population. Education, prevention, and early intervention would take place alongside support and treatment for people at risk of or experiencing harm. A public health approach to gambling harm would address structural, including commercial drivers of harm, through effective legislation, regulation and policy.

The Glasgow Project

In 2020 a 3-year pathfinder project in Glasgow brought together the City Council, NHS, public health, third sector, researchers and experts by experience to build a shared understanding of gambling participation, risks and harms in the city, and decide what collective actions should be taken to prevent and reduce harm.

The project aimed to co-design, put into practice and evaluate Scotland's first local action plan to tackle gambling harms. The project supported the implementation of the National Strategy to Reduce Gambling Harms in Scotland (2019 - 2022). It was made possible through regulatory settlement funding awarded by the UK Gambling Commission.ⁱ

Governance of the Glasgow project was through Glasgow City Council's Public Health Oversight Board. The Scottish Public Health Network (ScotPHN), who sit within Public Health Scotland, supported the project under its original remit to progress public health issues on behalf of the public health system. More information about the project, and the multi-agency Glasgow Gambling Harms Group, can be found on the [ScotPHN webpages](#). In 2022, Glasgow City Council published a 2-year [local action plan](#) to tackle gambling related harms in the city. In 2023 the multiagency group presented to the Glasgow City Council's Wellbeing, Empowerment, Community and Citizen Engagement City Policy Committee (WECCE) making recommendations further to the action plan.

ⁱ When the UK Gambling Commission takes regulatory action against a gambling operator, an outcome of that action can include a payment in lieu of the financial penalty the Commission might otherwise impose for breach of a licence condition. The Commission award this to be used for socially responsible purposes.

Developing a system map

The Glasgow Project aimed to build a shared understanding of gambling harms and find local solutions that reflected local concerns and priorities. A key project output was a system map, developed using participatory approaches.

A system is a set of things that work together. Every part of a system is connected. A systems map is a visual representation of a complex system within which people and communities experience a problem. A system map helps us see the big picture, how different parts of a system are connected, so that we can look for points to leverage change. A small change in one part of a system can have a big impact in other parts of the system. A system map can help us identify opportunities for, and explore potential consequences of, change.

Shortly after the project began the COVID-19 pandemic emerged. In March 2020, Scotland entered its first national lockdown; a second followed in early 2021. By autumn 2021, the cost-of-living crisis had begun to emerge. Over the lifespan of the Glasgow project, cascading global events significantly impacted on local priorities reducing the capability and capacity of local partners and stakeholders to contribute to the project. It was not possible to co-create a system map in the participatory way that had been planned.

In spring 2021, a pragmatic decision was taken to develop a system map by applying local insights to readily available published evidence of gambling harms and testing this with local partners and stakeholders. A systems map provides an overview and demonstrates the importance of taking a public health approach. The project team identified four conceptual frameworks for understanding gambling harm from the peer reviewed literature from which a simple draft system map was developed.ⁱⁱ

ⁱⁱ The following conceptual frameworks for gambling harm were drawn on in preparing the system map:

Engagement activities supporting the project took place in Glasgow from 2020 through 2022, to help to understand and raise awareness of gambling harms. For example:

- The Health and Social Care Alliance (ALLIANCE) were commissioned to host community **conversations** with people with lived and living experience of gambling harms.
- A **Summit** on gambling harms hosted by Glasgow City Council in September 2021 that brought together over 200 delegates to share their experiences and learning.
- A series of webinars co-hosted Glasgow City Health and Social Care Partnership and Glasgow Council for the Voluntary Sector
- A workshop with the multi-agency group on 7 October 2022 facilitated by a member of the Advisory Board for Safer Gambling

Local insights about gambling participation, risks and harms from engagement activities were incorporated into the draft system map.

In late autumn 2021, Public Health England published a comprehensive **review of gambling related harms**. The draft system map was revised taking account of these findings.

-
- **Abbott MW, Binde P, Clark L, et al. 2018. Conceptual framework of harmful gambling: an international collaboration. 3rd ed. Guelph (Canada): Gambling Research Exchange Ontario (GREO).**
 - **Langham E, Thorne H, Browne M, et al. 2015. Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. BMC Public Health. 16(1):1–23.**
 - **Latvala T, Lintonen T, Konu A. 2019. Public health effects of gambling—debate on a conceptual model. BMC Public Health. 19(1):1–16.**
 - **Wardle H, Reith G, Best D, McDaid D, Platt S. 2018. Measuring gambling-related harms: a framework for action. Gambling Commission: Birmingham, UK.**





Across 2022, the draft system map was tested and iterated with local partners and stakeholders. This included the workshop with the multi-agency group and a facilitated discussion hosted by the Health and Social Care Alliance with the Scotland Reducing Gambling Harms Lived Experience Forum. The draft map was used to inform the development of Glasgow City Council's local action plan. Due to unforeseen circumstances, there was a significant delay in the map being finalised, with largely cosmetic revisions taking place after December 2022 and textual updates for accuracy in 2024. This document is out of date and has not been subjected to a comprehensive edit prior to publication. However, as a resource summarising a range of factors for consideration in relation to gambling and gambling harm, it may be of value.

Features of the map

Each circle on the map represents a factor that causes, contributes to or is a consequence of gambling harm. Within the local system it was recognised that some factors, for example money problems, could be a risk factor for and a harm. Circles are all the same size. No weighting or hierarchy has been applied.

Lines connect the circle to show that there is a relationship between factors. Connecting lines are undirected because relationships are complex, and causality is difficult to establish.

Circles are colour coded by theme as follows:

-  Individual factors which include genetic, neurobiological, psychological, behavioural factors and life events.
-  Family, social networks and community factors.
-  Wider determinants which include social, cultural, economic, political, commercial and environmental factors.
-  Access to support and treatment (nested under wider determinants).

 Commercial determinants of health (nested under wider determinants)

 Harm associated with gambling.

Access to support and treatment, and commercial determinants of health are described as nested themes. These have been drawn out because of the emphasis placed on them by partners and stakeholders in the local system, but arguably also sit within the 'wider determinants' theme.

Colour coding appears around the outside of the circle. Most circles may fall into more than one theme. For example, gender is an individual characteristic, but also a structural determinant of health and wellbeing.

Functionality and navigation of the map is limited due to its current platform as a pdf.

To use, open in Adobe app, use ctrl + f to find each factor and use the zoom in and out function to better see the factors and connecting lines.

Key messages

- Gambling harms are complex with many different factors acting and interacting across a person's life course to influence gambling participation, risks and harms.
- Risk factors for harm may also be harms. For example, people experiencing money problems may gamble in the hope of winning money to pay debts. People may experience money problems as a result of gambling losses.
- Establishing causality between an exposure and harm is difficult; a focus on doing so may be a barrier to action that could contribute to preventing and reducing harm.
- Most of the factors that contribute to a person or communities' risk or experience of harm, are outside of the locus of their control.
- A legislative and policy response framed around the system will be more effective preventing and reducing harms at population level than one

framed around individuals (characteristics, behaviours, choice and responsibility).

- Policy actions to address the wider determinants of health and wellbeing, including the commercial determinants, are needed to realise a public health approach to addressing gambling harms.
- Collaboration and effective partnership working across the whole system is needed to address the causes, factors that contribute to and consequences of gambling harms. There is a need to identify and address the barriers to system change at local, national, UK-wide and global levels.

Using the system map in practice

Systems and system maps are complex and can feel overwhelming. The system lens can help us see the bigger picture and more effectively advocate for a public health approach.

The system map could be used as a starting point for conversations in other local areas. However, careful consideration should be given to how generalisable the system map is to different communities and places by those using it to support conversations.

Limitations of the map

The map offers a local perspective of the factors that cause, contribute to or are a consequence of gambling harms in the City of Glasgow at one point in time. It is unlikely to reflect the experience of everyone at risk of or experiencing harm in Glasgow City.

Due to the societal context from 2020 through 2022, partners and stakeholders were concerned about the risk of over-burdening people, families, communities, and the services that work with them. While many engagement activities were undertaken by

project partners, it is acknowledged that those who predominantly engaged were people, communities and services who had expressed an interest in and had the capacity to contribute. The perspectives that informed the system map may not be representative of perspectives from across the whole system. In mapping a complex system, it is possible that some perspectives shared by individual partners and stakeholders could be lost.

The system map is a 'snapshot' of a perspective of the local system grounded in the most contemporaneous review-level evidence available at a single point in time. It has not been continuously updated since.

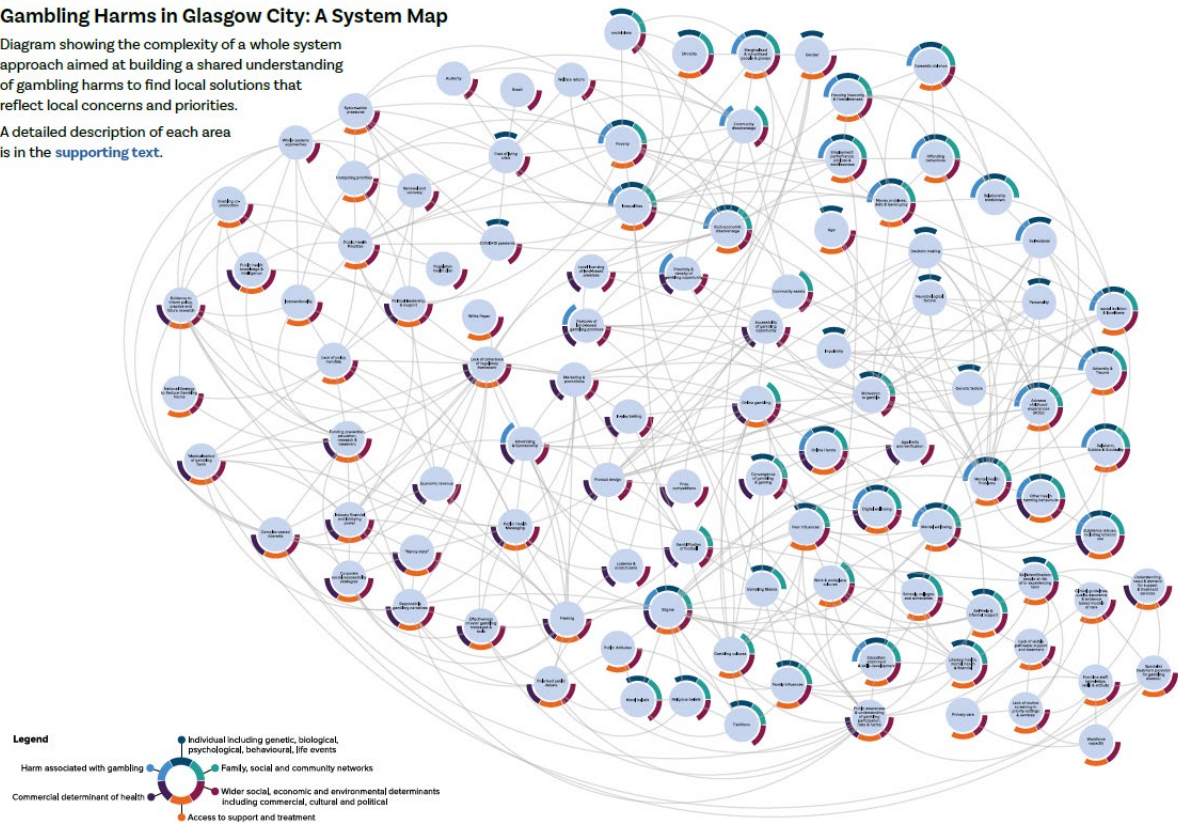
The system map could be used as a starting point for conversations in other local areas. Careful consideration should be given to how generalisable the map is to different communities and places by those using it.

Figure 1. Gambling harms in Glasgow City: A system map – an illustration

Gambling Harms in Glasgow City: A System Map

Diagram showing the complexity of a whole system approach aimed at building a shared understanding of gambling harms to find local solutions that reflect local concerns and priorities.

A detailed description of each area is in the [supporting text](#).



Factors included in the system map

In the section that follows, an overview of key information about each factor on the system map is shared. This overview reflects the shared understanding of the factor as it exists in the local system that emerged during the project rather than a comprehensive synthesis of contemporary research evidence.

This section is structured as follows:

- Heading - Factor
- Bullet points - Themes

- Description

Accessibility of gambling opportunity



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinants of health

Accessibility to land-based gambling premises may be associated with increased gambling participation in children and adults, and harmful gambling in adults. Online gambling, available anytime, anywhere, with a mobile device and internet connection was likened in local conversations to having a ‘super casino in your pocket’. Online gambling has doubled since 2012 ([SHeS, 2021](#)).

Adverse childhood experiences (ACEs)



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Adverse childhood experiences (ACEs) such as physical or emotional abuse or neglect, parental domestic violence, criminality, substance misuse or mental illness, are associated with harmful gambling. The effect is cumulative, the more adversity a child experiences the greater their vulnerability to harm. Gambling harm is a cause and consequence of ACEs. ACEs can lead to toxic stress. People who have experienced ACEs may turn to gambling as a coping mechanism. Trauma informed

care is important when supporting people experiencing harm through their, or someone else's, gambling.

Adversity and Trauma



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Exposure to experiences or circumstances that are physically or emotionally harmful, such as violence, neglect, or abuse, can have lasting impact on a person's mental, physical, social, and emotional health and wellbeing and their ability to function. Health related behaviours may be a complex response to trauma related triggers. Trauma is more likely to be experienced by already marginalised and minorities communities. Trauma, including post-traumatic stress disorder, may be associated with harmful gambling in adults.

People have different ways of thinking, feeling, or acting in response to life events or circumstances. Coping styles reflect a person's personality and experiences. While some people will gamble for entertainment, fun or thrill seeking, others gamble to escape boredom or as a maladaptive coping mechanism in the same way people might turn to drugs or alcohol to cope with difficult life events or circumstances. People experiencing harm from gambling are more likely to have avoidant or emotional coping styles, less likely problem-solving styles.

A trauma-informed workforce and trauma-responsive services may reduce barriers to accessing support and treatment services for people experiencing harm from gambling.

Advertising and sponsorship



- Harm associated with gambling.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health

Gambling advertising and sponsorship has a wide reach; irrespective of age, gender, or participation in gambling activities, most people in the UK, including children and young people, report seeing gambling advertising, sponsorship or marketing at least once a week. In 2019 the gambling industry spent an estimated £22 billion on advertising. Affiliates are responsible for much of the product and brand advertising and marketing; unlike gambling operators, affiliates are not licensed. The COVID-19 pandemic brought a reduction in spent on traditional advertising on TV and radio and move toward advertising online and via social media platforms. Many young people now follow gambling companies on social media.

Exposure to gambling advertising and sponsorship can contribute to normalising gambling in our society. Public Health England's evidence review reported that advertising and marketing influences gambling in adults, young people, and children. Emergent evidence from the Royal Society for Public Health suggests that the public would support restrictions on gambling advertising and sponsorship.

Advertising frames gambling as an exciting, fun, glamorous leisure activity. Social connectedness, male or female friendships or camaraderie are often emphasised with 'people like me' finding a community. Celebrities, including sports people, or 'influencers' promote gambling products. The promise of transformational change, for example the National Lottery's 'Set for Life' is reinforced in product names. National Lottery and associated products and other lotteries commonly emphasise the charitable aspect of giving yet from local discussions frustration was expressed at the opacity of the percentage of stake money that goes to good causes, and rarely is this money returned to the communities from which the stake has been derived. From

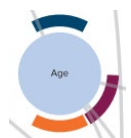
local conversations frustration emerged at the alignment of gambling brands and products with sports, in particular football teams.

There is a sharp contrast between advertising and sponsorship of gambling products and that of other health harming products such as alcohol or tobacco. In local conversations, a consensus emerged, reflecting evidence from published surveys, that stricter restrictions on gambling advertising and marketing is necessary applying precautionary principles where children, young people and vulnerable adults are concerned.

In their 2023 response to the review of the Gambling Act 2005, the UK Government made few commitments in relation to gambling advertising but noted that an Online Advertising Programme by UK Government would explore mechanisms to reduce harm from advertising across all sectors. In relation to sponsorship, they welcomed a cross-sport gambling sponsorship code and removal of a voluntary commitment by Premier League football clubs to remove gambling logos from the front of players' shirts from the end of season 2025/26. However in June 2024, the Scottish Professional Football League announced what it has hailed as a "record-breaking" five-year title sponsorship deal with William Hill. A move which seems contradictory to other codes of corporate conduct in football.

Age

- Individual including genetic, biological, psychological, behavioural, life events.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.



Attitudes toward and participation in gambling activities change with age, as does risk and experience of harm. Harm from gambling can occur at any time but the group that experience the greatest level of harm are disadvantaged young people. Younger

age at first participating in gambling and early big wins are linked to a harm from gambling in adulthood.

There is increasing concern about the exposure of children and young people to gambling style content and products that are structurally and psychologically like gambling products through online gaming and exposure to gambling advertising, sponsorship (especially sports) and direct marketing online. Despite being legally too young to gamble, at any given time around 15,000 children and young people in Scotland are estimated to be experiencing some level of harm associated with gambling. Childhood and adolescence are key stages for educational, social and emotional development. Harms experienced at this age can impact on future potential.

Emergent evidence suggests that young people are most vulnerable to gambling harms when they are leaving home for the first time and achieving independence. Factors like disposable income and financial resilience, free time and access to other leisure opportunities, digital resilience might all influence a person's decision to gamble and their vulnerability to harm if they do.

Whilst most research to date has focused on the vulnerability of children and young people to gambling risks and harms, there is increasing interest in gambling participation, risks, and harms in older age groups. Older adults might participate in gambling activities for social connection. They may also have lower levels of digital literacy and be more vulnerable to exploitation online.

Age limits and verification

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health



In local conversations, concern was expressed at the ease with which age verifications could be overcome online by children in relation to a wide range of age-inappropriate content, including gambling opportunity. A consensus emerged that

more could be done to make the online environment safer for children and young people through more robust processes of age verification and stricter regulation of online content.

The location of electronic gaming machines (EGM) in family amusement arcades may increase exposure of children to gambling. It was acknowledged that adult EGM were housed in age restricted areas, but machines were often highly visible to children and age restrictions poorly enforced. Examples were given of holiday parks where families had to walk through an arcade to reach a restaurant. Amusement gaming machines (Category D machines) commonly found in motorway service stations, bowling alleys, trampoline parks or seaside resorts were also discussed.

A first experience of gambling may be playing low stake low prize games in setting such as motorway services stations or holiday parks. Concern was expressed that this could be a 'gateway' to gambling, contributing to normalising gambling participation.

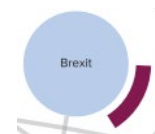
Austerity

- Wider social, economic and environmental determinants including commercial, cultural and political.

Following the 2008 global financial collapse the UK Government embarked on a decade of Austerity characterised by welfare reform and cuts to public spending on vital services. The impact of this policy has been an increase in childhood poverty and community disadvantage, with already vulnerable multiply disadvantaged people and communities disproportionately impacted, including single parent families, people with disabilities and people from black and minority ethnic groups.

Brexit

- Wider social, economic and environmental determinants including commercial, cultural and political.



The UK held a referendum on leaving the European Union on 23 June 2016. On 23 January 2020, the European Union (Withdrawal Agreement) Act 2020 received royal assent. The UK officially completed withdrawal from the European Union following a transitional period on 31 December 2020. Although difficult to quantify, a Scottish Government report identified a total of 137 potential social impacts that might result from Brexit. They included loss of legal rights, employment protections, funding opportunities, healthcare rights, and impacts on food, fuel, and medicines. The Office for Budget Responsibility (OBR) forecast that leaving the European Union will reduce the UK's potential long-term productivity by 4%. Forecasts suggest that Brexit will have a significantly larger negative impact on the UK economy than the COVID 19 pandemic.

Clinical guidelines, quality assurance and evidence-based models of care



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

At the time of writing there were no SIGN or NICE guidelines for support and treatment of people experiencing harm from their own, or someone else's gambling. The evidence base around which support, and treatment modalities and models of care are effective and cost effective is emergent. Whether third sector services commissioned through the voluntary levy at a UK-wide rather than national or local level, were appropriately quality assured and regulated was also raised by local stakeholders.

Update 2024– **NICE guidelines** are in development but their 2024 publication has so far been delayed.

Community disadvantage



- Harm associated with gambling.
- Family, social and community networks
- Wider social, economic and environmental determinants including commercial, cultural and political.

In Glasgow, land-based gambling premises have been shown to cluster in socioeconomically deprived areas with other 'environmental bads'. A study described land-based gambling premises as being ten times more likely to be in a disadvantaged than an affluent area. Community disadvantage reflects the experiences of the people who live there, for example low income, high unemployment, insecure housing, as well as features of the social and environmental context, for example few opportunities for leisure, weak social connections.

Community assets



- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.

Community assets are the strengths of a community. This includes people, skills, networks, and relationships, for example local community leaders or champions, local community groups and a sense of community cohesion or 'neighbourliness'. It also includes infrastructure and the physical environment like buildings and parks and service, as well as the economic strength of an area which is important in attracting employment and alternate leisure opportunities to an area.

Our relationships and the communities we live, work, and play in are an important determinant of our health and wellbeing and inequalities. Community assets are protective against a wide range of harms. Understanding community assets and community experiences takes time and deep, meaningful engagement; this is not reflected in short term funding cycles.

In contrast feeling unsafe in a neighbourhood, high levels of crime, limited access to shops, public services, and leisure opportunities including well maintained public spaces, noise, traffic, pollution and litter can have a negative impact on health and wellbeing. There is evidence of inequalities in the distribution of health protection and health harming factors of places with people living in disadvantaged areas less likely to experience health benefits from the place they live.

In conversation with local partners and stakeholders it was noted that an opportunity exists to increase community awareness of gambling participation, risks and harms and encourage local conversations that could support developing informal support networks.

Competing priorities



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

Actions to tackle gambling harms could support delivery of post-pandemic renewal and recovery programmes. However local partners and stakeholders identified barriers to aligning and embedding these in emergent actions across other policy areas. As an issue, gambling harm does not have a visible profile in the Glasgow. There is a lack of readily available public health intelligence to make the case for action and the evidence base around practice is emergent. In Scotland, addressing gambling harms are clearly not visible on the policy landscape, except mentioned as a specific action in the **Creating Hope Together: Scotland's suicide prevention action plan 2022 to 2025**. Many legislative and regulatory levers that might be applied to preventing harm from gambling lie with Westminster.

Beyond a small circle of people working in gambling harms, few local stakeholders had heard of the UK Gambling Commission's National Strategy to Reduce Gambling Harms, or indeed the UK Gambling Commission. Building a shared understanding of

gambling participation, risks and harms and committing to development activities could tackle gambling harms takes time, energy and resource that do not currently exist within the local system.

Local partners and stakeholders are focused on urgent policy mandated and resourced actions across a broad range of intersecting and intractable areas including child poverty, mental health, and Scotland's drugs deaths crisis. Whilst gambling harms intersect with each of these agendas, the link has been experienced as too distal for many partners and stakeholders. Frustration at the lack of help, support and treatment services available for people experiencing gambling harms, relative to smoking, alcohol and drugs service, were expressed locally.

Complex vested interests



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health
 - Access to support and treatment

There is emerging evidence of common practice of industry actors across unhealthy commodities (tobacco, alcohol, gambling and ultra-processed foods and drinks) promoting narratives that frame public and policy debate, and shape-policy relevant evidence in favour of their commercial interests. This is exacerbated by complex relationships between industry actors and government.

The business model and profitability of the gambling industry relies on people losing money. A significant proportion of gambling industry profits are derived from people who are experiencing harm and already disadvantaged groups. The UK Government derive revenue from taxation of the gambling industry.

The gambling industry exercise structural power, shaping the economic and political landscape through employment, taxation revenue and investment. Local stakeholders noted that one of the earliest responses of the Betting and Gaming Council (BGC), an industry trade body, to the review of the Gambling Act was to

claim further industry regulation would result in a rapid growth in the black-market placing consumers at risk and resulting in loss of taxation revenue for government.

Within the local system concerns were voice about the undue influence of industry actors in policy and research. Until as recently as 2018, GambleAware industry actors sat on the GambleAware Board. There remains a lack of trust in GambleAware's independence from industry from people who have experienced harm.

Public Health England were criticised for their involvement with GambleAware and DrinkAware (both industry funded third sector organisations). NHS England announced in February 2022 that they will no longer co-commission support and treatment services with GambleAware. Local stakeholders identified the importance of public health actors establishing principles for engaging with industry stakeholders considering the current funding arrangement for research, education and treatment.

Many academics who have received funding from GambleAware to conduct independent research have had the credibility of their work undermined and reputation attacked. The risk of reputational damage for those engaging with GambleAware and other industry funded organisations is significant. This is a barrier to building research capacity in an area that is under increasing scrutiny.

Local stakeholders and partners also raised concerns about the growing reliance of third sector organisation on charitable funding derived from gambling, for example funding of sports, leisure and cultural activities by the National Lottery, or health and social care community interventions funded by the Health Lottery, which is marketed as existing to help tackle health inequalities. It was noted that this creates an unhealthy co-dependence.

Convergence of gambling & gaming

- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health

Video gaming is very popular among children and young people. Some features found in video games, for example loot boxes found in popular games like FIFA, have been shown to be structurally and psychologically like gambling although these are not regulated as gambling products. Local stakeholders offered many examples were given of children spending large sums of money without parental knowledge or consent on in-app purchases in online games including features like loot boxes.

Many gaming style features now appearing in gambling products including introducing elements of skills into games of chance. Unregulated free to play gambling-style content, for example simulated casino games, are often available in online games played by children. There are concerns that these products elicit the same responses in the brains reward system as gambling activities although research is an early stage.

The convergence of gaming and gambling has brought a new audience to gambling products. It is not yet clear to what extent gaming is a 'gateway' to gambling. The convergence many contribute to the normalisation of gambling and set unrealistic expectations about the likelihood of winning and consequences of losing. The convergence of gaming and gambling has been possible due to the rapid growth of and reliance on the internet. This is an area with an emergent evidence base to inform practice and policy.

The World Health Organisation (WHO) have formally designated gaming disorder a behavioural addiction. This is an emergent area. Central and North West London NHS Foundation Trust provide the only National Centre for Gaming Disorders in the UK. The prevalence of gaming disorder among children and young people in Scotland and the impact of the COVID-19 pandemic, is unknown.

Corporate social responsibility strategies



- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment
 - Commercial determinant of health

Industry operators advocate for self-regulation. The Betting and Gaming Council (BCG) have developed voluntary codes of practice beyond those required by the regulator, the UK Gambling Commission, in addition to funding an education campaign, 'When the fun stops, stop'.

Local stakeholders viewed industry codes of practice and the promotion of industry-funded responsible gambling messages by operators as public relations exercises to soften public opinion and mitigate against further regulation. Multiple examples were offered of 'socially responsible' industry initiatives that by design had little impact. For example, the industry committed to a 'whistle to whistle' ban on television advertising during football matches before the watershed. Gambling brands were still seen throughout matches in high volumes due to shirt sponsorship and advertising on pitch-side hoardings.

Cost of living crisis



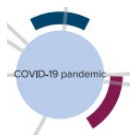
- Individual including genetic, biological, psychological, behavioural, life events.
- Wider social, economic and environmental determinants including commercial, cultural and political.

Since late 2021 the cost of food, energy, fuel, and other household essentials have increased faster than incomes from wages or benefits. In real terms there has been a fall in disposable household incomes with inflation running at a 40-year high. A wide range of national and global factors are through to have contributed to the UK's cost of living crisis including but not limited to, the COVID-19 pandemic, Brexit, the energy

supply crisis, an increase in the Ofgem household energy price cap and the Russian invasion of Ukraine. This has been termed a 'polycrisis'.

Whilst households in all income groups have been affected, the impact has been disproportionately felt by people and families living on the lowest incomes who spend a greater proportion of their household budget on essentials like food, gas, and electricity and housing costs. More people are likely to move into poverty, with increasing debt and food, fuel and housing insecurity, widening existing inequalities. People may become more socially isolated due to the cost of socialising. Without mitigation, significant impacts on physical and mental health and wellbeing, and social and emotional development of children, are anticipated. More people are likely to be vulnerable to harm from gambling.

COVID-19 pandemic



- Individual including genetic, biological, psychological, behavioural, life events.
- Wider social, economic and environmental determinants including commercial, cultural and political.

The COVID-19 pandemic had a profound impact on society. The virus, and measures put in place to stop its spread resulted in an economic and public health crisis that has exacerbated existing inequalities in income, wealth, power, living standards, health and education, and exposed new forms of exclusion. For a prolonged periods people with a range of existing and emergent vulnerabilities experienced disruption to the supports and services that they would routinely access leading to rising unmet demand and need.

The movement restrictions put in place to stop the spread of the virus led to the closure of many land-based gambling premise including betting shops, bingo halls, arcades, casinos, and racetracks for extended periods. Other venues in which electronic gaming machines are typically found also, for example pubs, also closed. Live sports, including football matches, stopped limiting sports betting. National lottery products continued to be sold in person at a wide range of community

locations including corner shops, supermarkets, and petrol stations. At a time when many people were bored, at home with few leisure options, anxious, worried about their health or money, most people had access to online gambling opportunity.

Leading academics, the UK All Party Parliamentary Group on Gambling Harms (APPG) and the United Nations called for additional restrictions on gambling and the associated advertising and marketing of gambling products, during the pandemic. The Department of Culture, Media and Sport urged greater industry responsibility. The Betting and Gambling Council, an industry body that represents 90% of non-lottery operators in the UK, made ten pledges and agreed a voluntary removal of TV and radio advertising for six weeks; neither intervention has been evaluated. It is noteworthy that industry spend on TV advertising is dwarfed by the spend on online and social media advertising and marketing.

A [Public Health England review](#) of the impact of COVID-19 on gambling behaviours and harms described an overall reduction in gambling reported in general population studies and some gambling samples, with a small number of people starting gambling for the first-time during lockdown. Among existing gamblers, 3 - 4% of people in population studies, 11 - 12% of people in gambling samples, increased their gambling; this was more likely in young, male, frequent gamblers with higher PGSI (problem gambling severity index) scores. The review found no consistent evidence on harms associated with gambling during the COVID-19 restrictions or the impact of the pandemic on affected others with the limitations of the available evidence base noted.

Decision making

- Individual including genetic, biological, psychological, behavioural, life events.



Cognitive distortions are habitual ways of thinking and feeling about gambling that can make it difficult for a person to control their own gambling behaviours, even if they are experiencing harm. People might perceive there to be skill in games of chance. They might have superstitious beliefs or behavioural rituals which creates an illusion of control in games of chance. People might believe in luck, fortune or

destiny, and attribute losses to bad luck but wins to skill. Some gamblers will believe in winning streaks or that they can chase their losses. Gambler's Fallacy is when a person gambling believes a truly random event is dependent on previous events. Some features of gambling products, for example losses disguised as wins, exacerbate cognitive distortions, and can lead to gambling escalating.

Digital wellbeing



- Harm associated with gambling.
- Family, social and community networks.
- Individual including genetic, biological, psychological, behavioural, life events.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health.

Digital technology offers education, entertainment, a way to connect with the outside world, family, friends, and a supportive community whatever your identity or concern. We are increasingly dependent on digital technology in almost all aspects of our daily lives. During the COVID-19 pandemic with extended periods of movement restriction the world was reduced for many people to the size of a screen while for others the realities of digital exclusion came into sharp focus. Technology is rapidly evolving at a pace that research, practice, and policy have struggled to keep up with. There is growing acknowledgement of the impact of our increasing reliance on technology in most aspects of life and the negative consequences to health and wellbeing of what has been termed to 'attention economy'.

Digital wellbeing is the impact of a person's experiences, positive and negative, of spending time in online spaces. Many factors contribute to digital wellbeing including digital literacy and resilience, a person's psychological needs and the design of

online spaces. Digital wellbeing is lower in young people (aged 18 - 24 years), people from minority ethnic groups, full time students, people on the lowest income and people who are single. Some behaviours and beliefs are also associated with low digital wellbeing. Online gambling is associated with digital wellbeing. People who gamble online have their psychological needs met by their play - these may be a need to relax or escape, need for excitement or challenge, a need to socialise or to boost self-esteem. They are also more likely to have risky online gambling beliefs and behaviours, for example, playing daily, for sessions over 45 minutes long, with higher monthly spends, across multiple accounts. People who experience gambling harm have lower levels of digital wellbeing. Building digital literacy and resilience may contribute to improved digital wellbeing.

Domestic violence



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Domestic violence occurs within the context of wider structural drivers of gender inequality. Within a relationship, financial and emotional stressors, and co-existing mental health and/or problems with alcohol and drugs use, associated with gambling may intensify domestic violence. Review level published evidence suggests that people who experience problems with their own gambling can be both victims and perpetrators of domestic violence, with victims turning to gambling to cope with or escape from abuse.

Within the local system it was recognised that people experiencing domestic violence might face additional barriers accessing support and treatment. Gambling is often

perceived by society to be a 'male problem'. Shame and stigma might be major barriers to a person disclosing that gambling has been a factor that has contributed to domestic violence. Services do not routinely ask about gambling. Support and treatment spaces such as mutual aid groups, can be male dominated. The need for an equality's lens when co-designing services to support women and girls at risk of or experiencing gambling harm was acknowledged.

Economic revenue



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health

The gambling industry make an economic contribution to the economy both as an employer and through the generation of taxation revenues. This creates a conflict of interest within local communities where land-based premises are located, and with government who directly benefit from taxation revenue.

Any profit that the gambling industry make is at the expense of a gambler who has experienced a loss. There is growing evidence that a substantial proportion of profit made by the gambling industry is derived from people at risk of or experiencing harm. One study of online gamblers described 70% of the money taken by gambling operators as coming from just 5% of accounts, with a disproportionate number of accounts being held by people from disadvantaged areas. The think tank SMF (Social Market Foundation) estimated that if money spent on gambling was directed to other products or activities additional taxation revenues would be generated and further jobs created. They also noted significant disparities in taxation contributions paid by remote and land-based operators and called for a review of taxation.

Due to the wide range of intersecting harms associated with gambling and the difficulty measuring the scale and impact of these at population level, we do not have accurate estimates of the fiscal costs of gambling harm in the UK against which estimates of the fiscal benefits of the gambling industry can be appraised. Public Health England estimated the annual economic burden of harmful gambling in

England to be £1.27 billion (2019/2020), with 95% confidence that the precise estimate is between £841 million and £2.12 billion.

Education: attainment & skills development



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Children who gamble, and the children of parents who gamble, may experience difficulties at school resulting in absenteeism, withdrawal from education and reduced attainment, impacting future employment. The level of educational attainment a person achieves influences the way they gamble and their vulnerability to harm from gambling. Some forms of gambling are linked to high educational attainment, for example participation in online gambling. Problematic gambling behaviours have been linked to low levels of educational attainment and vulnerability to harm.

Educational attainment plays an important role in our health and wellbeing, and opportunities for employment, and income, improving people's life chances and lifting them out of poverty. Education is one element of a wider public health framework that could be applied to prevent and reduce harm from gambling.

Effectiveness of safer gambling messages and tools



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

- Commercial determinant of health.

Local stakeholders noted that consumer protection messages often use ambiguous language, are poorly placed, inconsistent in content and miss opportunities to promote harm minimisation messages. As well as being of limited effectiveness, local stakeholders raised concern that messages such as 'When the fun stops, stop' could contribute to harm because they imply that a person experiencing harm is able to control gambling behaviours despite many of the factors that contribute to harm being beyond their control. In this context it was felt that counter messaging could contribute to shame, stigma, and discourage people experiencing harm from disclosing a problem and seeking help.

Greater Manchester Combined Authority, ADPH, Yorkshire and Humber, ADPH North East, February 2023. Language Guide for Gambling Harms

Employment: performance, job loss and worklessness



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment.

Gambling has been reported to be associated with loss of concentration at work, poor performance, absenteeism, being demoted or losing work. Work related gambling harms impact on the person that gambles, and those around them, including work colleagues and employers. Employees may turn to theft, fraud, or embezzlement to fund gambling, conceal the extent of or pay off gambling debts. For employers, this may have an impact on productivity, loss of assets or repetitional damage. Employees may ultimately lose their jobs and experience a range of

financial difficulties. Public Health England's evidence review estimated the economic costs of unemployment benefits due to loss of employment or education related to gambling in England to be £79.5 million (2019/20 prices) per year.

Local partners and stakeholders described a striking lack of workplace policies to support people experiencing harm from gambling when compared to people experiencing harm from alcohol or drugs. This was described within a wider context of workplaces where participation in gambling is commonplace and often encouraged to support team building and bonding, for example a sweep stake on Euro2020. Workplaces were identified as an important setting to prevent and reduce harms from gambling.

Enabling co-production



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

Co-production is a way of working in equal partnership that brings together people, families and communities affected by gambling harms to build a shared understanding of the issue and find, put in place and evaluate solutions. Within the local system there was unanimous agreement of the importance of coproduction, placing people with lived and living experience of gambling harms at the heart of decision making across policy, practice and research. This aligns public health and societal values in Scotland, benefiting people, families, communities and the services and supports that work with and for them as well as wider society.

Barriers to coproduction were recognised. Locally there was a lack of established policies to support statutory organisation deliver coproduction and the evidence base on what works is emergent. Across partners and stakeholders there was a lack of shared understanding of what coproduction means and how to go about this.

The hidden nature of gambling participation risks and harms and associated stigma created a specific challenge identifying people and communities who would be willing

and able to contribute to coproduction with very few advocacy or community groups established locally. Ensuring diversity of voices heard and engaging with people and communities with protected characteristics has been a particular challenge in this context. It takes time to build trusting relationships and resources to supporting meaningful coproduction that meets the needs of people, families and communities. This is rarely recognised in short term funding cycles or available within existing budgets. In 2023, as part of the Glasgow project, a resource was co-created with lived experience from Glasgow. It includes a collection of fully anonymised, composite stories that reflect the realities and experiences of gambling exposure, participation and risks and harms for people:

What's At Stake – Glasgow's Stories of Gambling Harms and Recovery

Ethnicity



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

Ethnicity is a complex concept that links people with similar racial, cultural, religious, or other traits, like language, together. Gambling exposure, participation, risks, harms, and support-seeking in response to harm varies according to ethnic group. People who identify as being from Black, Asian, and Minority Ethnic groups are less likely than people identifying as being White to gamble, but those that do are more likely to experience some level of harm associated with gambling. People identifying as being from Black, Asian, and Minority Ethnic groups are more likely to report gambling to cope or make money than people identifying as being White.

Qualitative research suggests that in Black, Asian and Minority Ethnic communities gambling can be viewed as shameful and may not be openly discussed; religious and moral beliefs have an important role to play. Black, Asian and Minority Ethnic groups are more likely than White groups to seek support if they experience harm from gambling but are under-represented in specialist treatment services and less likely to complete treatment if they enter. These findings are likely to be mediated through a complex interplay between cultural, environmental, physiological, and behavioural factors. Ethnic minority groups are also disproportionately affected by socioeconomic disadvantage. Racism is a structural determinant of health and wellbeing.

Evidence to inform policy, practice and future research.



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health.

The evidence base to inform practice, research, and policy in much of the field of gambling harms is emergent. Development of the evidence base has been hindered by vested complex interests and a regulatory framework, including funding mechanisms for research, that has stifled research capacity and led to an over-reliance on evidence from other jurisdictions or extrapolation of evidence from other fields.

Despite the need to protect children and vulnerable adults from harm the evidentiary bar is consistently set at a level which is difficult to attain given the complexity of the problem and the rapidly changing environment. Locally, a view emerged that a paucity of evidence should not be used to justify inaction, rather it should mandate action based on the best available evidence, applying precautionary principle and robust evaluation.

Local stakeholders noted that the gambling industry collect and analyse 'big data' detailed real-time information on each customer interaction which are used to detect

gambling behaviours and model patterns of play, develop products, and craft highly individualised and targeted product marketing and promotions. These data are not available, anonymised, for regulators, public health bodies, clinicians and researchers to independently analyse to understand gambling participation, risks and harms, and evaluate the effectiveness of interventions to prevent and reduce harm. In April 2023, the UK Government committed to, subject to trial outcomes, consulting on making data sharing between online operators on high-risk customers mandatory for collaborative harm prevention.

Family influence



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

Children and young people might engage in gambling passively with family members, for example through scratch cards or picking lotteries numbers, visiting family arcades, or picking horses on the Grand National. Viewed as a treat this can shape attitudes toward gambling entering adulthood. Parental attitudes toward passive involvement in gambling with children are reported to be gendered with girls more likely to play games of chance like the lottery with their mothers, and boys more likely to bet on sports, for example football coupons, with their fathers. The latest research suggests that early experiences of gambling, be those positive experiences such as an early big win, or negative experiences, such as strong parental attitudes against participating in gambling activities, can increase the likelihood of a child or young person developing gambling problems in adulthood. Children of parents who gamble in a harmful way are more likely than the children of non-gambling parents to experience harm from gambling in adulthood. A positive relationship with parents is a protective factor.

Features of land-based gambling premises



- Harm associated with gambling.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.

Local stakeholders described a change in the physical environment of land-based premises since the Gambling Act 2005. Bookmakers, bingo halls and casinos were described as warm and welcoming environments, often offering complimentary drinks and food and sometimes free transport. Inviting environments were felt to encourage people to stay longer than they might have planned and spend more money. A lack of natural light and few clocks were noted to contribute to people losing track of time in some land-based premises like casinos.

A recent review of prevention and education interventions to reduce gambling harms by GREO noted that the structural design of casinos can influence unplanned gambling and reduce self-regulation. The same paper described international case studies that found the most effective measures to reduce harm in land-based premises were smoking bans, limiting the number of electronic gaming machine, no food or alcohol, restricting cash payment, requiring a personal card to play (for age verification, self-exclusion, and allowing personal loss limits), and restricting certain forms of gambling.

It was acknowledged that there were benefits to land-based premises, particularly the presence of staff who should be trained to spot at risk or harmful gambling and intervene although the evidence of effectiveness of staff interventions is limited. It was also noted that land-based gambling premises were accessible for a limited time and closing time could act as a circuit breaker for people at risk of or experiencing harm from gambling. Whilst multiple operator self-exclusion schemes exist, local experts by experience described these as easy to bypass and poorly enforced.

The impact of the cost-of-living crisis on use of land-based premises was also discussed by stakeholders in the local system. Some noted that land-based

bookmakers may become 'heat hubs' for people during the winter. The closure of local authority owned venues such as libraries due to the fiscal pressures faced by local authorities was noted to have reduce warm, safe community spaces where vulnerable members of the local community could spend time and socialise. Concerns were raised that people spending time in land-based premises may feel compelled to gamble more than they can afford to lose.

Framing



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health.

Framing is how we make sense of the world. It creates a common language and shared understanding of a problem and in turn shapes public discourse and policy responses to a problem. In Great Britain, gambling has been framed by successive governments as a normal, socially acceptable leisure activity, that people choose to take part in, and that delivers economic benefits by way of job creation and taxation revenue to individuals, communities and society. An emphasis has been placed on individual freedom, personal choice and individual responsibility should harm occur. This framing fails to recognise the commercial interests and wider determinants of health shape socially constructed 'choice'.

Local stakeholders advocated for gambling harms to be framed as a public health issue and recognised as a commercial determinant of health. **Commercial determinants of health (CDoH)** can be thought of as the strategies, approaches and activities of the private sector that impact on people's health and wellbeing. The World Health Organisation acknowledge that CDoH can have a positive as well as negative impact on health and wellbeing. Whilst CDoH can affect anyone, young people are at greater risk and the promotion of health harming products and choices exacerbates existing inequalities.

Corporate influence can be considered through the advertising and promotion of gambling products (increasing acceptability), powerful lobbying (influencing policy responses), corporate social responsibility strategies (influencing the public perception of industry), and global reach (expanding choice, availability, and affordability of products).

Frontline staff: knowledge, skills and attitude



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Local partners and stakeholders described awareness of gambling participation, risks, and harms among frontline service providers in a range of settings in which people experiencing harm may be found, as low. This is consistent with findings in the literature and anecdotal accounts from other locations across the UK. Frontline service providers may not have the knowledge, skills, or attitude to identify people at risk of or experiencing harm from gambling, and signpost to support and treatment as appropriate.

In conversation there was a recognised need for workforce development to build confidence and capacity of staff. Several organisations now offer free training for frontline staff but have reported low demand for their training offer.

Several barriers were identified to engaging with frontline services, including competing priorities, silo working, lack of capacity and resource to backfill staff time to attend training, lack of processes for data capture to meaningfully implement change, and lack of visible pathways to support and treatment.

Funding prevention, education, research and treatment



- Wider social, economic and environmental determinants including commercial, cultural and political.

- Access to support and treatment.
- Commercial determinant of health.

The Gambling Act 2005 established a system of funding gambling research, education and treatment services (NHS in England) based on voluntary contributions made by industry operators. The industry had discretion over how much they contribute, when they contribute and to whom they allocate funds. Funding was largely allocated to an intermediary third sector agency, GambleAware, who commission research, education and treatment activities. The industry has consistently failed to meet contribution targets set by GambleAware. Contributions were not predictable which was a barrier to strategic planning and sustainably funding services. A comparison with the funding generated in other jurisdictions with similar sized populations such as New Zealand, provides further insights into the inadequacy of voluntary contributions made by industry operators in the UK. The provisions within the 2005 Act for a mandatory levy which have not yet been enacted.

In 2023, following a review of the Gambling Act 2005, the UK Government announced the introduction of statutory levy which will be paid by operators and collected and distributed by the Gambling Commission under the direction and approval of the Treasury and Department of Cultural, Media and Sport Ministers. A consultation on the design, including the amount to be raised, took place in 2023. At the time of updating, an announcement of a future system of research, prevention and treatment was made in November 2024.

Within the local system, many stakeholders support a mandatory levy in keeping with the 'polluter pays' principle. There has been strong agreement that a mechanism to distribute funding, free of any real or perceived influence of industry was required. There is also agreement that the commissioning of prevention, education, research, and treatment services should reflect local needs and priorities.

Gamblification of football

- Family, social and community networks.



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.

Gamblification is a term used to describe the gambling industry reaching new audiences in new sectors using advertising or marketing. In the UK this term is increasingly being used in relation to gaming and sports, especially football. Gambling has become a normalised part of being a football supporter, particularly for young men. There has always been links between gambling and sports, however local partners and stakeholders have described online gambling as fundamentally changing that relationship. Previously fans might place a bet in a bookmaker or a football coupon pre-match. Now people hold multiple online accounts accessible 24/7 on mobile apps and receive relentless marketing offering promotions such as free bets, often in-play, which create a sense of urgency.

Overwhelmingly local partner and stakeholders expressed a view that the gambling industry were deconstructing spectator sports into piecemeal gambling opportunities. Content marketing, carefully linked to individual football clubs or players, exploited fans 'love of the team'. Many football clubs or tournaments are sponsored by gambling companies, or have players, former players, or managers as brand ambassadors. Whilst gambling operators agreed to a self-imposed a 'whistle to whistle' ban on advertising during televised football matches, evidence suggests that gambling brands are still highlight visible on pitch side hoarding and football shirts during matches rendering this ineffective.

In April 2023, the UK Government announced that the Premier League announced a removal of gambling logos from player's shirts from the end of season 25/26. Sporting governing bodies also announced a cross-sport gambling sponsorship code. However in June 2024, the Scottish Professional Football League announced what it has hailed as a "record-breaking" five-year title sponsorship deal with William Hill. A move which seems contradictory to other codes of corporate conduct in football.

Gambling cultures



- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Gambling cultures often exist at specific gambling venues, for example, racetracks or bingo halls, or link to specific gambling activities, for example sports betting or poker. People within a gambling culture might share a common language. Often there are benefits from the strong social connections people develop. Gambling cultures might be strongly linked to wider cultural connections, for example young men, football, and gambling. People might spend a lot of time and/or money with a high opportunity cost. Leaving a gambling subculture might result in loss of a social network which can be very difficult. People might minimise the harm they are experiencing through gambling because the social loss associated with leaving a gambling culture would be considerable, especially if family and friends are directly involved. This can be a barrier to help seeking.

Gambling friends



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.

Friendships can become rooted in gambling activity. This might make it difficult for a person experiencing harm to reduce or stop gambling as doing so results in loss of social connection. Among children and young people emerging evidence suggests that having peer groups offline and being involved in alternate leisure activities are a protective factor; poor social connectedness and having few leisure interests outside of gambling are risk factors for experiencing harm from gambling.

Gender



- Individual including genetic, biological, psychological, behavioural, life events.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

Male bias in gambling research, practice and policy is recognised. Marketing of gambling products often follows gender stereotypes. Some forms of gambling, often chance based gambling like bingo, are heavily marketed toward women; other forms of gambling, predominantly involving a degree of skill, such as sports betting, are heavily marketed toward men.

Evidence suggests increasingly women are gambling online and on a wider range of products. Women may be more likely to gamble out of loneliness, boredom, to escape or cope with other problems than men. While young men are the group who experience the greatest harm from gambling, women are more likely to be an 'affected other'. Women might face additional barriers in seeking help if they experience harm from gambling because services and peer supports may be male-orientated, and also the implied stigma associated with gambling.

There is growing evidence of the need to apply a gendered lens to research, practice and policy. Although gender is an individual characteristic, it is also a social construct and structural determinant of health and wellbeing.

Genetic Factors



- Individual including genetic, biological, psychological, behavioural, life events.

Although the number of studies is small, these suggest inherited genetics may have a role in the development of harmful gambling. No single gene has been identified. It

is likely that many genes will play a role. The evidence suggests gambling behaviours, risks and harms are shaped by genes and environmental factors. There is evidence that behavioural and environmental factors, such as diet, physical activity, smoking, alcohol and stress can change the way that genes are expressed. This is known as epigenetics and is an emergent field.

Housing insecurity and homelessness



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Housing insecurity and homelessness arises through a complex range of factors. Research evidence from the UK suggests that the prevalence of harmful gambling behaviours is higher among people experiencing homelessness than the general population. The temporal relationship is unclear. Harmful gambling behaviours may be a factor contributing to or causing homelessness; in turn gambling may be used by people experiencing homelessness as a coping mechanism or an attempt to improve life circumstances. Public Health England estimated the direct costs to the government of homelessness related to gambling in England to be £62.8 million per year (based on 2019/20 costs).

Within the local system it was recognised that it was unlikely that frontline services would identify gambling as a factor that caused or contributed to housing insecurity or homelessness due to a lack of routine screening.

Impulsivity

- Individual including genetic, biological, psychological, behavioural, life events.



Impulsivity is characterised by rapid decision making leading to quick actions, often without considering negative consequences of those actions. Impulsivity is associated with risk taking behaviours. There are several different domains of impulsivity including delayed discounting (focus on short-term gains), positive and negative urgency (risky behaviours while experiencing positive or negative effects), lack of perseverance and sensation-seeking. There is review level evidence that gambling participation and harm in adults, young people, and children is linked to impulsivity.

In-play betting

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.



One of the features of online gambling that was highlighted by local partners and stakeholders as being particularly harmful was in-play betting, common in sports betting. This was seen to encourage impulsive gambling, and loss chasing, without giving people time between stakes to reflect.

Industry financial and lobbying power

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.
 - Access to support and treatment



Through lobbying and financial donations industry actors fosters relationships with politicians, policy makers and academics to influence political processes and policy responses. For example, there have been media reports that Members of Parliament involved in the review of the Gambling Act have received consultancy fees from gambling operators. Sports and betting operators have been among the largest donors to political parties.

The gambling industry currently fund all prevention, education, research, and treatment provision through a voluntary levy with discretion over how much, when and which organisations they make financial contributions toward. In 2019 the gambling industry spend a net of approximately £22 billion across all sectors and industries on advertising. This compared to £10.5 million received by GambleAware, a third sector intermediary that commissions prevention, education, research, and treatment activities using funding received through the voluntary industry levy; of this only a small proportion was spent on preventative activities.

Inequalities



- Harm associated with gambling.
- Family, social and community networks.
- Individual including genetic, biological, psychological, behavioural, life events.
- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment.

Scotland's deep-rooted health, social and racial inequalities are well document. Marginalised and minoritised groups may gamble as a coping mechanism, looking for an escape from their problems, or in the hope of solving their problems with a transformational 'big win', Marginalised and minoritised groups are more likely to experience harm if they do gamble.

Public Health England's evidence review on gambling harms analysed data from the English Health Survey, reporting that whilst the highest rates of gambling participation were among people in the relatively less deprived groups, harmful gambling was associated with young age, being male, being unemployed and living in disadvantaged areas, suggesting that harmful gambling is related to health inequalities.

Intersectionality



- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment.

Harm from gambling is a complex problem that exists in a dynamic environment. Gambling can be both a risk factor for and a consequence of a wide range of social harms. To tackle gambling harms co-ordinated actions across different settings and sectors is needed. Local partners and stakeholders noted that the intersectionality of gambling harm can be a barrier to accessing help, support and treatment.

Lack of coherence of regulatory framework



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health.

Gambling legislation is largely a matter reserved to Westminster with the devolved nations having minimal powers. The 2005 Gambling Act, "aim[ed] to permit" gambling within licensing objectives which were broadly to keep gambling crime free, ensure that it is conducted openly and fairly and protect children and vulnerable adults (the latter being poorly defined). There was no recognition of gambling as a commercial determinant of health and accordingly, no public health duty. It is widely

acknowledged that the 2005 Act liberalised the gambling and associated advertising markets in the UK. Predating the rapid advances that have taken place in technology resulting in the diversification of gambling products and move to remote markets, the 2005 legislation became characterised as 'analogue in a digital age'. The legislative framework allows little scope for involvement of local communities in the decision that are made about them in relation to land-based premises.

At governmental level policy responsibility sits with the Department of Culture Media and Sport (DCMS). A tripartite arrangement of regulation exists between the Gambling Commission, GambleAware and the Advisory Board for Safer Gambling. The Gambling Commission are a non-departmental public body sponsored by DCMS. They license, regulate, advise, and provide guidance to the individuals and businesses that offer gambling in Great Britain, including the National Lottery. Gambling operators in the British market must have a Gambling Commission licence to advertise to British consumers. A Licensing code of practice (LCCP) includes advertising codes which are administered by the Advertising Standards Authority (ASA). There are elements of self and co-regulation within the overall regulatory framework. Independent expert advice is provided to the Gambling Commission is provided by the Advisory Board for Safer Gambling (ABSG). GambleAware are a third sector intermediary responsible for commissioning prevention, education, research, and treatment activities to reduce gambling harms guided by the ABSG; they are funded through a voluntary industry levy. The Commission are funded through licensing fees and the ABSG funded by the Commission.

The Gambling Commission has been criticised by several bodies including the All-Party Parliamentary Group on Gambling Harms and the House of Lords. A National Audit Office review of the Gambling Commission described the regulator as under-resourced, unable to respond to the changing gambling landscape and reluctant to exercise regulatory powers whilst being unable to assess the impact of its activities as a regulator.

In April 2023 the UK Government set out its plans for modernising the regulation of gambling in Great Britain. At the time of updating, many key aspects of the proposed regulation have been consulted upon and are being enacted. The terms of reference of the review focused on economic development of the gambling industry and

consumer choice; no reference was made to a public health approach to gambling harms and there was no explicit role for the Department of Health & Social Care (DHSC) in the review.

Lack of policy mandate

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.



Policy is a general plan of action adopted by Government. The gambling regulator, the UK Gambling Commission, produced a National Strategy to Reduce Gambling Harms (2019 - 2022) that was implemented across the devolved nations. This was not owned by any Government department. Policy responsibility for gambling at UK government level currently sits with Department for Digital, Culture, Media, and Sport (DCMS); despite gambling being associated with a range of health and social harms there is no co-ownership with the Department of Health. Gambling harms are not clearly visible on the local and national policy landscape in Scotland. They are mentioned as a specific action in the Creating Hope Together: Scotland's suicide prevention action plan 2022 to 2025 and in the [Mental Health and Well-Being Strategy: Delivery Plan 2023-25](#). In discussion with local partners and stakeholders, policy was cited as being critical to securing support from systems leaders, governance and resources to develop a public health approach to addressing gambling harms. In 2024, Scottish Government along with partners started to develop a national framework to address gambling harm in Scotland in line with Scotland's 10 year population health framework.

Lack of routine screening in priority settings and services

- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment.



Local partners and stakeholders noted a lack of routine inquiry about gambling participation, risks and harms in key settings when people at risk of, or experiencing harm, might be over-represented, for example justice settings, financial inclusion services, drug and alcohol services, mental health services and homelessness services. Some frontline staff expressed surprise in retrospect that they did not support clients with gambling issues more often. It was noted that many services now routinely inquire about alcohol and drug use but not gambling. The possibility of introducing a gambling screening question, for example, alongside those for alcohol or drug problems, or in primary care, was noted. Early intervention was viewed as a critical element of a wider public health framework of actions to prevent and reduce gambling harms.

It was recognised that the evidence base in this area is emerging. Local partners and stakeholders were aware of work underway in England to deliver workforce training, introduce a 'trigger' question and signposting to support and treatment for people at risk of or experiencing harm in justice, adult social care and housing services. The introduction of a 'trigger' question was seen as viable only if implemented as part of a wider intervention that involved workforce training and capacity building, systems to record data, and a visible pathway to support and treatment services. The need for evaluation to build the evidence base for routine screening for gambling risks and harms was noted.

Lack of visible pathways: support and treatment

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

At the time of writing there was no locally agreed pathway to support or treatment for people experiencing harm from their own, or someone else's gambling. Awareness of the third sector services currently providing support to people experiencing harm from gambling in the local system is low. Nationally, the availability of third sector provision has been described as a 'postcode lottery'. In local conversations a single model of care did not emerge, but there was consensus of the values and attributes



that should underpin support and treatment services. These should be person centred; meet whole family needs; responsive and flexible; holistic; trauma informed; integrated into other local services; tiered levels of intervention; and have pathways to recovery communities and peer support.

Literacy: health, mental health and financial



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Health literacy is about people having enough knowledge, understanding, skills and confidence to use health information. It is a significant public health concern. Health literacy is likely to be a significant issue in relation to gambling participation, risks, harms, and help-seeking given the paucity of information to support people making informed decisions and the prevailing narratives supporting responsible gambling. Also, likely to be of significant concern are other forms of literacy including mental health, financial and digital literacy.

Local licensing of land-based premises



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.

The 2005 Gambling Act 'aim[ed] to permit' gambling in land-based premises within three licensing objectives which, in short, are to keep gambling crime free, make sure gambling fair and open, and protect child and vulnerable adults. 'Vulnerable' was poorly defined in the 2005 Act, as was 'protection'.

Local Licensing Boards in Scotland are required to produce a triennial Statement of Gambling Policy. These are generally written in dense legal language, a barrier for citizen involvement. In local conversations very few people knew how local land-based gambling is regulated; most people believed gambling licensing to be the same as alcohol licensing. It is not. There is no public health duty in relation to gambling licensing. There are very few opportunities for local people to get involved in the decisions that are being made about their communities.

Some local authorities in England have been able to make a cumulative impact argument to prevent further land-based premises being licensed in areas of multiple deprivation, but these were subject to legal challenge and there is asymmetry in the resources available to Licensing Boards and gambling operators to support legal challenge.

In Scotland, because of the wording of the currently legislation the Scottish Law Society has long maintained that Licensing Boards have no powers of compliance or enforcement. Local Licensing Boards produce area profiles with their Statement of Gambling Policy. A review of Scottish Licensing Board's Statements of Gambling Policy carried out by Public Health Scotland in 2022 identified scope for local Statements of Gambling Policy to be developed to better reflect local concerns and priorities with opportunities to collaborate with a wide range of partners including experts by experience. Public Health Scotland has recently updated its [guidance to local public health teams](#) on inputting to the updating of Statements (in line with the 2025 update).

In their 2023 response to the review of the Gambling Act 2005, the UK Government committed to aligning regimes for alcohol and gambling licensing through the introduction of cumulative impact assessments, when Parliamentary time allows.

Lotteries and scratch cards

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.



Within published research lotteries and scratch cards are often described as gambling products associated with low levels of harmful play. Local partners and stakeholders expressed a different view. They described an explosion in the range of lottery products available with these being heavily marketed as 'charitable giving'. The percentage of a person's stake that went directly to charity was questioned. It was noted this was rarely returned to a charity in the community from which the stake was derived. The marketing of lottery products was described as selling hope or the promise of transformational change, for example, 'Set for Life', even when safer gambling tools were being promoted, for example 'Dream Big, Play Small'. The odds of winning these games were difficult to understand. For some scratch cards, even when the jackpot prize has already been won, retailers continue to sell scratch cards with consumers oblivious.

Anecdotal examples were shared of disadvantaged people buying lottery tickets or scratch cards from corner shops, often with the spend on these products exceeding their purchases of other essential shopping. Scratch cards were noted to have features in common with other harmful gambling products. Examples were given of people playing immediately, before they had even left the till and demonstrating a degree of impulsivity associated with play. On winning, a person often returned to the shop to collect their winnings and spent this on more scratch cards.

Scratch cards were noted to have features that suggest a degree of skill or control despite being a game of chance, as well as 'near win' features, for example two out of three symbols needed to win a jackpot. Many local stakeholders commented that these products are highly visible in shops at the check-out and widely advertised with catchy jingles that children are often heard singing.

Many examples were given by local partners and stakeholders of children being given scratch cards by their parents and encouraged to play as a treat. Lotteries and scratch cards were seen as particularly problematic because of their framing as charitable giving makes them appear more socially acceptable and their widespread availability in virtually every corner shop, petrol station and supermarket as well as opportunity to purchase online. It was also noted that staff selling scratch cards are

unlikely to have the skills, knowledge, or attitude to intervene if a person is at risk of or experiencing gambling harm. Locally, community activists have been calling for an end to scratch cards being openly displayed in shops.

The National Lottery was described by local stakeholders as a 'tax on the poor' recognising that the proportion of disposable income people spend in disadvantaged households in disadvantaged areas is much higher than affluent households in affluent areas. It was also noted that many of the leisure and cultural activities that the National Lottery fund, most disadvantaged people and communities remain excluded from.

Marginalised and minoritised people and groups



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

Marginalised and minoritised people, groups and communities experience social exclusion and are more vulnerable to a wide range of harms, including harm from gambling. Marginalised and minoritised groups include migrant, refugee and displaced people, ethnic minority groups, people with mental and physical disabilities, women and girls, and lesbian gay bisexual transgender queer and intersex (LGBTQI+) people. Other people may experience social exclusion due to their behaviours and life circumstance, for example people who use drugs, people who have been to prison or offended, people experiencing homelessness and people with a mental health disorder. Some examples are given below that illustrate the complex way that marginalisation can cause, contribute to and be a consequence of harm from gambling.

Migrant groups are less likely than non-migrant groups to gamble, but those that do, are more likely to experience some level of harm associated with gambling. Migrant groups might gamble as a coping mechanism to overcome social isolation and language barriers, for a leisure activity, or because gambling opportunity is more accessible and available than in their country of origin. Economic migrants might face pressure to send money home to relatives and might gamble for financial gain. Religious and moral beliefs might be a barrier to migrant groups who do experience harm from seeking help. A lack of culturally and linguistically sensitive support and treatment services might also be a barrier to help seeking.

Refugees, people who have been forced to leave their home, may have experienced significant trauma and associated post-traumatic stress disorder (PTSD). Often refugees face financial hardship, a new and perhaps hostile environment, housing and food insecurity, and difficulty finding employment. Refugees may find assimilating into a new culture and learning a new language challenging. Refugees might gamble hoping for a big win to alleviate money problems, to socialise, as an escape or coping mechanism. Shame, stigma, or cultural barriers might prevent refugees who have experienced harm from seeking support and treatment.

People who have been trafficked may have the same vulnerabilities to harm and face the same barrier to help-seeking as refugees. Local frontline services report examples of people being trafficked to pay off their own or family members gambling debts. Within this context there are significant barriers to self-disclosure and help seeking due to fear of repercussions experienced by family members.

Marketing and promotions

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.



Many local partners and stakeholders expressed concern about aggressive direct gambling marketing and promotions that offer free or bonus bets, sometimes with the opening of a new account, sometimes in relation to a specific sporting event. These were described as poorly labelled with overly complex odds that were difficult to interpret. Overall, these were felt to inflate the likelihood of winning while minimising the potential risks of losing. They were often framed as 'risk free'. On winning, the stake would be subtracted from overall winnings and almost immediately a higher stake bet would be offered. People noted difficulty in withdrawing winnings. Many promotions were noted to be time limited, creating a sense of urgency that encouraged impulsive betting.

People who gamble online may have multiple accounts. Promotions were seen as being used by gambling companies to build brand loyalty. The linking of promotions to content marketing, particularly around football was seen as a way for gambling operators to exploit fans. Marketing was described as being 'relentless', received directly by text, email, social media and on websites. Even if a person had self-excluded using software such as GamSTOP, marketing is still received from affiliate with promotions and incentives that appear to be tailored to an individual.

Media attention has focused on VIP or high value customer schemes with evidence of operators failing to protect customers who are experiencing harm resulting in loss of life. For people vulnerable to or experiencing harm from gambling or in recovery, promotions and VIP schemes were described as a potential trigger for harm and contributing to a cycle of entrapment. Parallels were drawn with other unhealthy commodities such as alcohol where it was noted that the introduction of minimum unit pricing had effectively prevented promotions like, 'buy one get one free'.

In their 2023 response to the review of the Gambling Act 2005, the UK Government committed the Gambling Commission to consulting on new controls in relation to the design and targeting of incentives and marketing.

Medicalisation of gambling harm

- Wider social, economic and environmental determinants including commercial, cultural and political.



- Access to support and treatment.
- Commercial determinant of health.

A public health approach to gambling harms would include prevention, early intervention and support and treatment. There is a need to develop a tiered model of care to support people at risk or of experiencing harm from gambling. At population level the burden of harm lies with people at risk of gambling harm or affected by someone else's gambling, rather than people with gambling disorder. A focus on specialist treatment provision should not detract from policy actions, including the use of regulatory levers, to prevent harm including industry practices that promote health harming products and choices for profit. Local partners and stakeholders cautioned against medicalisation of gambling harm as this may lead to a focus on individual choice, behaviours and specialist treatment and support for a small number of people experiencing disordered gambling, rather than focusing policy actions on the wider, including commercial, determinants of gambling harm.

Mental Health Problems



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Poor mental health was described in Public Health England's review of gambling harms as being a strong predictor of 'at-risk' gambling. People who experience harm from gambling are more likely than the general population to experience a wide range of mental health problems, including major depression, mood and anxiety disorders, and suicidality.

Disordered gambling is a behavioural addiction. Disordered gambling has been linked to personality disorder, attention deficit hyperactivity disorder (ADHD), obsessive compulsive disorder (OCD), and bipolar disorder. People experiencing post-traumatic stress disorder (PTSD) are at risk of developing a wide range of unhealthy behaviours, often as a maladaptive response to cope with or escape from, symptoms of PTSD. This can include problems with gambling. Among people with gambling problems and PTSD, other co-occurring problems including depression, anxiety, substance misuse and suicidality, are common.

Emerging research suggests a link between harmful gambling and other behavioural addictions such as problematic internet use and gaming disorder. Problematic internet use involves excessive or poorly controlled preoccupation with or use of computers and/or internet access that leads to distress. Young people are vulnerable, particularly those with co-existing anxiety, depression, ADHD, Autistic Spectrum Disorder (ASD) and those who are isolated from family or friendship groups. Risk factors for and manifestation of problematic internet use and problematic gambling behaviours are similar. Social media platforms like X, Facebook, TikTok and YouTube use similar structural features and psychological tools as harmful gambling products, creating a trigger, action, reward cycle that encourages continuous use.

The World Health Organisation have formally designated gaming disorder a behavioural addiction. This is an emergent area. The prevalence of gaming disorder among children and young people in Scotland and the impact of the COVID-19 pandemic, is unknown.

Mental wellbeing

- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Mental wellbeing is described by the WHO as a state in which a person realises their abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. People experiencing harm from gambling often experience high level of distress and stress. Harmful gambling is associated with low mental wellbeing, even after taking account of other health risk behaviours such as alcohol and tobacco use, poor diet and lack of physical activity. Mental wellbeing and mental health disorders are interrelated; many people with mental disorder, also have poor mental wellbeing. People at risk of or experiencing harm from gambling are also more likely to report poor quality of life than people who gamble without experiencing harm.

The Scottish Health Survey, 2021, found that adults who participated in any gambling in the past year reported lower mental wellbeing scores (Warwick Edinburgh Mental Wellbeing Scale) on average compared with those who did not participate in any gambling activity.

Money problems, debt and bankruptcy



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment

Studies suggest that even low levels of gambling participation are associated with financial hardship. People might go without essential items for them, or their family, to fund gambling or pay off gambling debts, others might borrow money from family or friends, access high-cost credit or even resort to crime. Money problems can motivate people to gamble in the hope of a transformational 'big win'. Some people will continue to gamble, described as chasing their losses, even when they are experiencing harm.

The wider impact on families and friends extends beyond financial hardship, to loss of trust, relationship breakdown and can end in intimate partner and gender-based violence, family separation, housing insecurity, poverty, and a wide range of impacts on mental and physical health and wellbeing. Public Health England's evidence review described gambling related debts as being a 'crucial harm' that led to other harms.

Moral beliefs

- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.



Public discourse on gambling and the harm it can cause is often framed within moral arguments about individual rights and responsibilities. This can perpetuate shame and stigma. Moral arguments rarely recognise the role of harmful gambling products, the gambling environment, or wider determinants in contributing to harm from gambling.

Motivation to gamble

- Individual including genetic, biological, psychological, behavioural, life events.



- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.

Gambling is a popular leisure activity in Scotland. People take part in gambling activities for lots of different reasons. Some people will gamble for entertainment, fun or thrill seeking. Some people gamble to escape boredom or as a maladaptive coping mechanism in the same way people might turn to drugs or alcohol to cope with difficult life events or circumstances. Some people gamble hoping to win money often with the promise of transformational change. As a society we associate winning with happiness or use this to measure success in life. Some people hold cultural beliefs about gambling and believe they are lucky or fulfilling their destiny. People might gamble to show skill or their willingness to take risks sometimes called "gameness". Many people gamble to fit in with what their friends and family. Gambling is often framed as a social activity with an emphasis on male or female camaraderie, for example men and sports betting, women and bingo. Some forms of gambling, like the National Lottery are perceived to be forms of charitable giving and may be viewed as more socially acceptable than other forms of gambling. There is evidence that the more types of gambling activity a person takes part in, the more likely that are to experience harm. Some people continue to gamble even when they are experiencing significant harms. This can be driven by chasing losses and gamblers' fallacy, or design features of gambling products that encourage continuous play. It is important to understand a person's motivation for gambling when considering the support and treatment that they might find helpful.

Nanny state

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.
 - Access to support and treatment



The 'nanny state' narrative frames population level public health policy interventions as overly paternalistic or coercive, at the expense of individual choice and autonomy. This framing can be found in polarised public and political discourse around other commercial determinants of health, including tobacco, alcohol and high fat, sugar or salt (HFSS) foods. The perceived economic, sometimes social, benefits a product or industry, for example, the industry as an employer or the revenue gained by the Government in way of taxation is emphasised in this narrative. Adopting a rights and values-based lens that focuses on the wider determinants of good health and wellbeing, and delivering social justice, highlighting the vested interests of industries that profit from harmful products and the tactics of industry actors in relation to other commercial determinants of health can challenge the nanny state narrative.

National Strategy to Reduce Gambling Harms



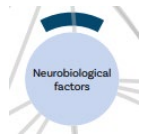
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

A National Strategy to Reduce Gambling Harms had historically been produced by the Responsible Gambling Strategy Board (RGSB), who offer independent advice to the Gambling Commission, the UK regulator. In April 2019 a 3-year National Strategy to Reduce Gambling Harms was owned from the first time by the Gambling Commission, the gambling regulator in the UK. The UK Gambling Commission are funded by fees received from licensing. Activities supporting the implementation of the National Strategy are resourced primarily through the voluntary industry levy or regulatory settlement funding, also from industry. Within the local system knowledge and awareness of the National Strategy to Reduce Gambling Harms was exceptionally low at the start of the pathfinder project.

The Scottish Public Health Network supported the Gambling Commission identify key partners from statutory bodies to form an Implementation Group for the National Strategy to Reduce Gambling Harms. In the absence of a policy mandate or any dedicated resource, the Implementation Group made modest progress.

In June 2022 the National Strategy came to an end amidst the ongoing UK Government review of the Gambling Act 2005. The UK Gambling Commission have indicated that they will not refresh the strategy. There has been no robust independent evaluation of the National Strategy to Reduce Gambling Harms (2019 - 2022) to inform future strategy, policy or legislation.

Neurobiological factors



- Individual including genetic, biological, psychological, behavioural, life events.

Some studies have described changes in brain structure and function in areas involved in processing of risk/reward information, impulse control, judgement and decision making in people who are having problems with gambling compared to people who are not. It is not known whether these changes are present before a person starts to experience problems with gambling and contribute to vulnerability to harm, or if they are a consequence of gambling.

Gambling participation has been shown to stimulate the brains reward system in the same way as other addictions including alcohol and substance misuse. Some studies have shown that people who experience harm from gambling show a lower response in the areas of their brain that control impulsivity and decision making than others during gambling activities. The studies cannot say whether these changes happened before or after person develops problematic gambling behaviours.

Some gambling products include features like losses disguised as wins or near losses that stimulate the brain's reward system so that people continue to play, even when they are experiencing harm. Some studies have described an increase in the release of dopamine, a neurotransmitter in the brain's reward cycle affecting impulse control, in people taking part in a gambling activity. People with Parkinson's Disease prescribed medication to increase natural dopamine or acts as a dopamine substitute to help with their symptoms, may be at increased risk of harmful gambling.

Offending behaviours



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

There are established links between gambling and crime. Gambling can be a criminal activity (illegal bookmaking, money laundering) but more often crimes are committed to fund gambling, pay-off debts, or hide the extent of their gambling (fraud, theft).

Perpetrated against family members or friends, these offences may be under-reported. Problem gambling has been linked to other offending, including domestic and financial abuse, and child neglect.

Offenders, ex-offenders, and people on probation are more vulnerable to gambling harms. In Scotland, 12% of incarcerated men and women meet clinical criteria as experiencing significant gambling problems (vs. 0.7% general population). Over their lifetime, people experiencing significant gambling problems are 4.4 times more likely to serve a prison sentence than members of the general population. Within prisons, gambling subcultures exist; a 2020 survey of offenders in English prisons reported a fifth had spent money or bet something they owned gambling over the last year whilst in prison. Among children and young people, anti-social behaviours and violence may be risk factors for harmful gambling.

Gambling problems are not routinely screened for in criminal justice settings in Scotland; there are emerging examples of screening at the point of liaison and diversion in England. Gambling disorder, a behavioural addiction, is not considered a mitigating factor at sentencing in the UK in the way that drug or alcohol dependence; there are international examples of this approach. Despite some evidence that

treatment of gambling disorder reduces recidivism, access to this in criminal justice settings is limited in the UK.

Online gambling



- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health
 - Access to support and treatment.

Online gambling is the fastest growing industry sector, accelerated by the conditions created by the COVID-19 pandemic. Most people now have access to a smart phone, laptop, or PC; with an internet connection people can gamble anytime, anywhere. Online gambling was described within the local system as having 'a super casino in your pocket'.

At the time of engagement activities, online gambling was not analogous to land-based gambling. Online there were no stake or prize limits, and play could be continuous. Many structural characteristics of games or types of play, for example in-play sports betting, encourage continuous play and create a sense of urgency with little time to reflect between wagers. As part of the review of the 2005 Gambling Act, the UK government committed to introducing secondary legislation to set a maximum stake limit.

Within the local system it was noted that age verifications were easy to bypass, and children and young people could readily access harmful gambling products. Unlike gambling in land-based premises which is visible and affords a degree of social policing, either by staff or other customers, gambling online may be a solitary and concealed activity. Local partners and stakeholders commented on the ease of spending 'virtual' money with little thought given to the consequences which may not be immediately apparent. Despite measures introduced to prevent gambling against credit cards, it was noted that these too can be easily bypassed.

Local partners and stakeholders commented on the difficulties of withdrawing winnings and relentless promotions that encourage further play. There are no frameworks to measure and describe the harmful features associated with online gambling products and clearly communicate this to people. Under the Gambling Act 2005, regulation of online gambling products was not analogous to the regulation of similar products that are available in land-based premises.

In their 2023, response to the review of the Gambling Act 2005, the UK Government committed to reviewing and consulting on design rules for online products and placing new obligations on operators to check if customer gambling is likely to be unaffordable or lead to harm.

Online Harms



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinants of health

Spending more time online is not without risk, especially for children and young people. There are a wide range of online harms, including exposure to distressing age-inappropriate content, exploitation, and cyberbullying; the opportunity cost of time spent online including loss of face-to-face peer and family interaction, lack of physical exercise, and poor-quality sleep, may negatively impact on a child or young person's social and emotional development, and the physical and mental health and wellbeing of children, young people, and adults.

Some children, young people and adults are more vulnerable to problematic use of technology and digital harms than others. Whilst children and young people are the first generation of digital natives, many parents and adults are unaware of digital harms. The term 'attention economy' has been used to companies like Facebook, TikTok, You Tube who apply complex data driven algorithms combined and psychology to the online content we view creating an immersive experience that aims to keep users engaged.

Other health harming behaviours



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinants of health.

Gambling has been linked to health harming behaviours including poor diet and lack of physical activity. People experiencing harm from their gambling are more likely to be overweight or obese than people who are not experiencing harm from gambling. Common factors such as impulsivity may contribute to people who experience harm from gambling also experiencing overweight or obesity. Health harming behaviours cannot be separated from the social, economic and environmental (including commercial) context within which they happen.

Peer influences



- Individual including genetic, biological, psychological, behavioural, life events.

- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Children and young people gamble most often as a form of social play with friends. Within a peer group people might feel pressure to participate in gambling and when doing so spend more than they can afford to lose. Friends with whom the only common interest is gambling can increase a person's participation in gambling and their risk taking (demonstration of 'gameness' or competitiveness). In these circumstances it can be difficult to cut down or stop gambling. Peers are often an important source of informal help and support when people experience harm from gambling.

Personality

- Individual including genetic, biological, psychological, behavioural, life events.



Some personality traits have been found to be associated with gambling participation, risks and harms, for example, impulsivity, sensations seeking, risk taking, neuroticism and competitiveness. People with traits such as neuroticism or low self-esteem, may gamble as a coping mechanism. Personality traits interact with other factors to determine risk.

Up to half of all people seeking treatment for gambling disorder have characteristics of personality disorder, including narcissistic, antisocial, avoidant, obsessive-compulsive, and, most commonly, borderline personality disorder.

Polarised public debate

- Wider social, economic and environmental determinants including commercial, cultural and political.



- Commercial determinant of health.
- Access to support and treatment

Public debate around gambling participation, risks and harms is often polarised with strong moral dimensions. Press reporting of gambling participation, risks and harms is often sensationalised. Life changing gambling wins are celebrated with champagne and oversized cheques. The broader range of harms and societal impacts are neglected in favour of extreme harms associated with gambling, criminality, bankruptcy, and suicide. This level of debate maintains focus on the individual rather than gambling products, the environment or wider social, economic, and political climate that contributes to harm. This does little to challenge stigma or increase public understanding of the risks and harms associated with gambling participation.

Political leadership and support

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinants of health.
 - Access to support and treatment



Political support and leadership are required to develop, implement and evaluate strategy and policy to prevent and reduce harm from gambling. Political cycles are not always predictable, and progress made between cycles can be fragile and easily lost resulting in the need for repeated 'soft resets' and ongoing public health advocacy and engagement with political leaders. Over the course of the Glasgow Project there were local council (5 May 2022) and Scottish Parliament (6 May 2021) elections resulting in a change in elected members and their capacity and interest to support this agenda. In the absence of established policy, it has been difficult to maintain progress. Political support secured in principle, has not translated into operational capacity or resource.

There has been significant political instability throughout the life of the project. For example, a UK Government election took place shortly before the project started (12 December 2019) and successive governments have been formed since. The UK Government announced a review of the primary gambling legislation, the 2005 Gambling Act, on 8 December 2020. A 16-week call for evidence closed 31 March 2021. A White Paper was originally expected by the end of 2021. A significantly delayed review was published in April 2023 with many of the proposed changes subject to further consultation. A new, Labour UK Government was established in July 2024 delaying the publication of some consultation responses.

In Westminster an All-Party Parliamentary Group on gambling related harms and Peers for Gambling Reform have been established as a forum for discussion and further investigation into the wider impact of gambling related harm in communities. In contrast, an All-Party Parliamentary Betting and Gaming Group describes its purpose as acting as a go-between for the industry, Parliament and government, and advises Parliament and the government on gambling-related issues. There have been several media reports of Members of Parliament accepting paid roles with or hospitality from the gambling industry, whilst advocating for the industry in Parliament. Whilst not in breach of Parliamentary rules, this may undermine public confidence in elected members and the undue influence of industry.

Population health plan

- Wider social, economic and environmental determinants including commercial, cultural and political.

Scotland has had public health priorities and in 2024, is developing a long-term strategic population health plan outlining how public health, and key partners such as national and local government and the third sector, will work together to adopt a prevention focused lens to protect and improve population health and reduce inequalities. A national gambling harm framework for Scotland will align with the forthcoming 10 year population health framework for Scotland.



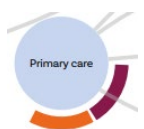
Poverty



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

One in four children in Scotland live in poverty; this figure is predicted to rise due to the current cost of living crisis. Growing up in poverty has a negative impact on a child's health and wellbeing, social and emotional development, education and future potential. Evidence suggests that poverty is driven by many structural factors that are outside the control of people and families. These include but are not limited to lack of access to education, skills training that limit opportunities for fair work with fair pay, high costs of living (housing, fuel, food and childcare) and limited income from social security and benefits for people at risk of or experiencing poverty. Disabled people or people living in remote and rural areas may face additional costs of living. Actions to address poverty would contribute to making Scotland a fairer, better place to live, work and play contribute to reducing deep rooted inequalities. Poverty may be a factor contributing to, or a consequence of, gambling harm.

Primary Care



- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment.

Within the local system, primary care was repeatedly identified as an important setting for people seeking help, support, and treatment for a problem with gambling. It was noted that people often had a trusted relationship with their general practitioner, or other members of the wider primary care team, and might be more willing to disclose harm from gambling to them than to other frontline services.

In keeping with the published literature, in conversation with local partners and stakeholders, general practitioners were perceived to have low awareness of support and treatment services for people at risk of or experiencing harm from gambling. Whilst this suggests scope for capacity building, the role of general practitioners in primary care is changing. Community link workers (CLW) were identified as the most appropriate members of the primary care team to offer signposting and support. Link workers in a variety of other settings, for example community connectors or 'navigators' based in Accident and Emergency departments were also seen as having a potential role in identifying harm from gambling and signposting people to support or treatment.

Prize competitions

- Wider social, economic and environmental determinants including commercial, cultural and political.
- Commercial determinants of health.



Pay to enter prize competitions have grown in popularity over the last few years. COVID-19 and the associated public health measures to stop the spread of the virus led to people spending more time home, often watching daytime television or listening to radio. Local partners and stakeholders described an increasing awareness of prize competitions during this time. A free route of entry and/or an element of skill, typically a simple question which is often linked directly to the content being broadcast allows prize competitions to avoid being regulated as gambling products. The 'free' entry may involve a postal entry which incurs the cost of a stamp. Local partners and stakeholders noted the 'free' option to be poorly advertised, often buried in the small print of terms and conditions and difficult to find.

There are high profile examples of companies such as television broadcaster ITV excluding postal entries from competitions. Locally, partners and stakeholders described listening to TV shows or radio with presenters relentlessly promoting prize competitions which are invariably framed as offering a transformational sum of money or aspirational goods or experiences like an expensive car or holiday, with a degree of urgency as the deadline approaches; often the deadline is not clear, and people are continually urged to make more and more entries. Typically, 'stakes' are around £2 plus network charges if made by text. On entry, text messages are received offering further entries often at a reduced price, for examples 3 further entries for £5. People may feel that they are spending 'virtual money' and be unaware of how much money they had spent until their phone bill comes in at the end of the month. The likelihood of winning with prize draws is unclear. The tactics used to encourage continuous play were described by people within the local system as analogous to gambling as are the potential harms.

In their 2023, response to the review of the Gambling Act 2005, the UK Government committed to exploring potential regulation for competitions and prize draws online that offer significant prizes.

Product design

- Wider social, economic and environmental determinants including commercial, cultural and political.
- Commercial determinant of health.



Several structural features of gambling products are designed to encourage continuous play, even when a person is experiencing harm. There is extensive evidence now that features of electronic gaming machines (EGM) can result in harmful patterns of play. These products typically have a high speed of play, with little time between plays to reflect. Losses may be disguised as wins and free or bonus plays offered to prompt continuous play. Games will often have flashing lights or sound to maintain attention, create a sense of urgency, and a sense of having won, even when a person has lost. An element of skill, often perceived rather than

real, may be involved giving an illusion of control. It is often not clear whether games are skilled based or completely random games of chance, odds are often complex and difficult to understand. These are often highly immersive experiences.

Within the local system there was a consensus that the gambling industry had a duty of care to make products that are safe and to communicate to people who chose to gamble, game features so that they can make an informed decision about play. In April 2023, in response to the review of the Gambling Act 2005, the UK Government committed to increasing the Gambling Commissions powers in relation to design of online games.

Proximity and density of gambling opportunity



- Harm associated with gambling.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Commercial determinant of health.

Public Health England's review found that the density of land-based gambling opportunity increased gambling participation while proximity to gambling venues or machines may be a risk factors for gambling and harmful gambling. The clustering of land-based premises alongside other 'environmental bads' in disadvantaged areas is well described in academic research. A local community project carried out by young people from Govan (GYIP) illustrated the difference in the number of bookmakers and pubs in Govan, a disadvantaged area, compared to the adjacent affluent area of Bearsden. Local partners and stakeholders described frustration at the clustering of land-based premises in disadvantaged areas.

Many local partners and stakeholders commented on the widespread availability of electronic gambling machines (EGM) situated in land-based gambling premises. The introduction of EGM in bingo halls was described as having fundamentally changed the social experience of going to bingo. People began queue to play EGM between bingo games rather than socialise with friends. A similar phenomenon was described

in licensed premises such as pubs or clubs where people might drink alcohol and gamble at the same time.

Public Attitudes



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Surveys carried out in the UK indicate that public attitudes toward gambling are hardening. Most people now agree that gambling is harmful to family life and there are too many gambling opportunities. Negative attitudes appear to be driven in part by over-exposure to gambling advertising and marketing. Almost a third of people asked in surveys would support a total ban on gambling and most people would support restrictions on advertising and marketing. Despite hardening attitudes, surveys suggest that gambling participation is stable, if not growing in some groups, for example young men. This may be because of limited public knowledge about the extent of harm that can be caused by gambling and the current approaches to measurement.

Public awareness and understanding of gambling participation, risks and harms.



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health.

In local conversations, a lack of public awareness and understanding of gambling participation, risks and associated harms was described as a key barrier to people at risk of or experiencing harm accessing help, support and treatment. The framing of gambling as a fun, social activity and focus of public health messaging on individual

responsibility and choice was felt to contribute to this. Partners and stakeholders noted the lack of framework for classifying and clearly communicating that harm associated with different gambling product in contrast to the information available for other health harming products such as alcohol, tobacco or ultra-processed foods.

Local partners and stakeholders noted that gambling is not given parity with other risk-taking behaviours in educational settings. Opportunities to link education to learning around digital, financial and physical and mental health and wellbeing literacy and resilience in educational settings were noted; educational opportunities extend to engagement with parents, guardians and carers but should also include older people.

Public health knowledge & intelligence



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health

Routine surveillance of gambling exposure, participation, risks and harms is not currently carried out by any of the national public health bodies across the devolved nations. This is in sharp contrast to other commercial determinants of health such as tobacco or alcohol which are embedded within public health outcome frameworks. Current estimates of harm are derived from clinical tools applied in snap-shot prevalence studies on whole populations. These vastly underestimate gambling harms at individual, community and societal level.

Public health knowledge and intelligence should underpin public health policy. A clear understanding of the scale and impact of gambling harms at individual and population level is critical to developing and evaluating policy. Given the complex vested interests in this field, analysis and reporting of public health intelligence by an independent trusted and credible body, such as Public Health Scotland, would be desirable.

The industry collects, collate and act upon real-time tracking data on patterns of play and spending which is used by operators to, for example, personalise marketing to promote gambling products. There is no requirement within the current regulatory framework for industry to share these data (within appropriate data protection frameworks) with public health bodies, clinicians, academics or policy makers to develop public health surveillance and precision public health interventions. Local partners and stakeholders identified the lack of requirement for industry to share data as a barrier to developing, implementing and evaluating evidence led, data driven policy.

Public Health Messaging



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health.

Recognised as a public health issue, there is a mandate for culturally and linguistically sensitive public health messaging to improve knowledge and understanding of gambling exposure, participation, risks, and harms among the public with targeted messaging for those people, families, and communities at risk of, or experiencing harm.

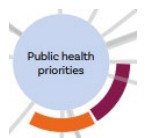
Public information campaigns about gambling exposure, participation, risks and harms are limited in the UK in contrast to highly visible advertising, marketing, sponsorship and promotion of gambling brands and products by the industry. At the time of writing, public health messaging is currently developed by GambleAware, a third sector intermediary, funded through the voluntary industry levy. Public Health England were publicly criticised for working with GambleAware on their 'Bet Regret' campaign. Local stakeholders expressed concern over public education campaigns such as GambleAware's 'Bet Regret'". Beyond the perceived undue influence of industry actors in shaping messaging, the campaign was described as reinforcing

negative stereotypes and perpetuating shame and stigma suffered by people at risk of or experiencing harm through their own, or someone else's, gambling.

Local partners and stakeholders supported a move away from messaging that focuses on individual responsibility toward rights and values-based messaging that frames gambling as a commercial determinant of health. There was consensus that public health messaging should be coproduced with support from experts by experience, public health bodies, clinicians and academics. This should be independent of industry influence, real or perceived. Potential to learn from work that has taken place in Scotland to prevent and reduce harm from drugs and alcohol, and anti-stigma campaigns such as See Me was noted.

In their April 2023 response to the review of the Gambling Act 2005, the UK Government committed to establishing a working group to strengthen informational messaging including that on the risks associated with gambling.

Public Health Priorities



- Wider social, economic and environmental determinants including commercial, cultural and political.
- Access to support and treatment

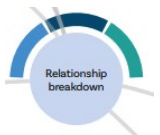
Scotland's National Public Health Priorities were published in 2018. These are:

- We live in vibrant, healthy, and safe places and communities
- We flourish in our early years
- We have good mental wellbeing
- We reduce the use of and harm from alcohol, tobacco, and other drugs
- We have a sustainable, inclusive economy with equality of outcomes for all
- We eat well, have a healthy weight and are physically active

In April 2020 Public Health Scotland (PHS), a new National public health body was established. PHS has had a critical role in responding to the COVID-19 pandemic and supporting recovery. As an organisation PHS are focused on driving action on mental wellbeing, community and place and poverty and children to achieve progress against the public health challenges facing Scotland.

Recognising the intersectional nature of the causes and consequences of harm from gambling, PHS has included actions to address gambling harms in their Delivery Plan 2021 – 2024 and their strategic plan - [A Scotland where everybody thrives: Public Health Scotland's strategic plan 2022 to 2025](#)

Relationship breakdown



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.

For every person that experiences harm through their own gambling on average six other people in their life will be negatively affected, most often family and friends including children. People who gamble might spend less time with family or friends. Arguments might take place over time spent gambling, unpaid bills, or unexplained financial crises. Gamblers may become increasingly isolated and withdrawn leaving affected others feeling suspicious, rejected, or neglected. Loss of trusts, feelings of betrayal or resentment may be experienced when a problem with gambling is revealed. This can lead to conflict and breakdown of relationships impacting on the physical and mental health and wellbeing of the person who gambles and those close to them. Family separation and divorce can have a profound impact on children and young people. 'Affected others' may in turn gamble as a coping mechanism. At population level, the burden of harm from gambling lies not with people who meet the clinical criteria as a person with gambling disorder, a behavioural addiction, but with people affected by someone else's gambling.

Religious beliefs



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.

Gambling is prohibited by some religious movements, for example Islam. This can be a protective factor that prevents people from harmful gambling. For those who do gamble and experience harm, shame and stigma associated with gambling might be a barrier to disclosure and seeking support or treatment.

Renewal and recovery



- Wider social, economic and environmental determinants including commercial, cultural and political.

Moving from crisis management to mitigating the medium to long term social and economic impacts of COVID-19 an extensive programme of renewal and recovery commenced at national and local level in Scotland. This provided an unexpected opportunity to rethink roles and responsibility, develop new collaborations and partnership and work beyond traditional silos in new ways. The pandemic saw remarkable levels of community action in response to the crisis. For example, actions to support our most vulnerable people through organising and delivering food parcels to people shielding. There was a renewed focus on public health and value in our public services and a sharp focus on the role of place in health and wellbeing. There is evidence that people in Scotland would prefer to prioritise health and wellbeing over economic growth, i.e. a wellbeing economy. There is strong evidence that the pandemic has widened inequalities and created new forms of exclusion. Our

collective experiences through the pandemic have highlighted social justice issues and may be a catalyst for collective action.

In Glasgow, social recovery has focused on targeted action to achieve improved outcomes on child poverty, food provision, gender-based violence, mental health, youth employment; the experiences of black and minority ethnic communities and disabled communities; use of technology and digital inclusion; volunteering; the third sector; making the best use of assets (property). Whilst gambling harms intersects with each of these priority areas, integrating actions to address gambling harms in emergent work-streams has been challenging because of the lack of existing profile of the issue in the City, lack of a policy mandate to support action and lack of capacity, including dedicated resource and time to build relationships, at a time when the system is undergoing rapid change.

Responsible gambling narratives



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinants of health.

Since the liberalisation of the gambling markets in response to the Gambling Act 2005, a 'responsible gambling' narrative has maintained focus on the gambling behaviours of a small number of individuals rather than gambling products, the gambling environment or the wider determinants of harm. Maintaining a focus on individual behaviour and individual responsibility fails to acknowledge the potential harms associated with gambling products, their marketing and wider commercial practices. Local partners and stockholders described the responsible gambling narrative as creating norms that contribute to self-blame, shame and reinforce self, institutional and social stigma leaving people experiencing harm from their, or someone else's gambling, feeling trapped, isolated, and unlikely to self-disclose or seek help.

Schools, colleges and universities



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Children and young people are vulnerable to gambling risks and harms. Local partners and stakeholders identified school, colleges and universities are protective factors in the lives of children and young people. Most gambling prevention and education programmes are school based. Whilst there is evidence that school-based programmes can increase knowledge and understanding of gambling risks and harms enabling informed decision making, little is known about the longer-term impacts. Students at college or university were also noted to be a group at risk of harm from gambling. Opportunities to raise awareness of gambling participation, risks and harms and options for help, support and treatment through campus' including student unions, were noted.

Self-esteem



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.

Low-self-esteem has been linked to heavy gambling participation. People might gamble to show skill or their willingness to take risks sometimes called gameness. Many people gamble to fit in with what their friends and family do. This can lead to a vicious cycle in which self-esteem is linked to gambling participation and winning. As a society we associate winning with happiness or use this to measure success in life. People might chase losses or a 'winning streak'. People often share news of a 'big

win' but conceal gambling losses. There is evidence that the more types of gambling activity a person takes part in, the more likely that are to experience harm. People who experience harm from gambling might not self-identify as having a problem with their gambling. Some people continue to gamble even when they are experiencing significant harms. This can be driven by chasing losses and gamblers fallacy, or design features of gambling products that encourage continuous play. It is important to understand a person's motivation for gambling when considering the support and treatment that they might find helpful. The often-hidden nature of gambling can contribute to feelings of shame and entrapment which can lead to devastating consequences including ultimately loss of life.

Self-harm, suicide and suicidality



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

There is a growing body of evidence to link harmful gambling behaviours to suicidality. The most recent research from the University of Glasgow described a nine-fold risk of suicidality in young men, 5-fold in young women, with problematic gambling behaviours, relative to the general population after taking into account other factors. The authors have called for problematic gambling behaviours to be considered a risk factor for suicide and suicidality. Advocacy group Gambling with Lives estimate that there are between 250 and 650 gambling related suicides every year in the UK: around 1 per day. The Public Health Evidence review estimated there to be 409 (95% Confidence interval (CI) 242 - 702) gambling related suicide each year in England. The authors estimated the cost (2019/20) to society of gambling

related suicide in England to be £619.2 million (95% CI £366.6 million and £1.1 billion). Public Health Scotland published a [briefing on gambling and suicide](#) in 2024 which provides more details.

Self-help and informal support



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Surveys suggest that self-help or informal help from friends and family is often the first place that people experiencing harm from their, or someone else's gambling look when seeking help. Within the local system a lack of public awareness of gambling participation, risks and harms, where people at risk of or experiencing harm from gambling could look for help and what type of support might be available, e.g. self-exclusion tools, was noted. Shame and stigma were identified as key barriers to seeking help.

Self-identification: people at risk of or experiencing harm



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

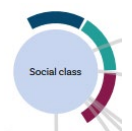
Many people experiencing harm through their own, or someone else's gambling do not identify as having a problem with gambling. This has been shown in surveys to be a major barrier to help seeking. People move in and out of being at risk of or experiencing harm from gambling; people may not recognise that their gambling behaviours are harmful, or that this is a reason to seek help and support. Personal or social identity may be closely related to gambling participation. Some local partners and stakeholders suggested that multiply disadvantaged people and communities may accept harms associated with gambling because adversity is normalised. Shame and stigma - internal, organisational or social - may also be a barrier to self-identification and help seeking. Gambling is often described as a 'hidden' problem and in some cultures gambling is taboo.

Researchers have estimated that just 2% of people who are experiencing significant harm associated with gambling enter treatment, compared to around 10 - 15% of people with problematic alcohol use. Partners and stakeholders in the local system described a lack of awareness of the risks and harms associated with gambling as a barrier to self-identification and help seeking. Opportunities for prevention, education and early intervention were highlighted alongside the need to develop support and treatment services.

Social class

- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.

Social class is a hierarchy of social positions formed based on perceived social status and social resources which include income, education and occupation. Local partners and stakeholders described gambling participation, risks and harms as intrinsically linked to working class identity. Some gambling activities were seen as endemic in working class groups or communities, for example football coupons,



bingo, dog racing, and traditional bookmakers. Digital technology and the rise of online gambling was noted to have changed this relationship, and it was suggested popularised gambling in the middle classes. It was suggested, however, that the framing of harm from gambling as being associated with negative working-class stereotypes has persisted.

Social isolation and loneliness



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Loneliness is a feeling of being alone. Social isolation can lead to loneliness, but people can feel lonely without being socially isolated. People may gamble to cope with social isolation or loneliness. Gambling is often framed as a social activity with an emphasis on male or female camaraderie, for example, sports betting and bingo respectively, or as offering an escape day to day life. People may go online to look for a community. In turn, people at risk of or experiencing harm from gambling, including financial and relationship harms, might experience loneliness or social isolation with high levels of shame and guilt.

An analysis of the 2007 Adult Psychiatric Morbidity survey in the UK described people experiencing harm from gambling as more likely to feel lonely, have smaller social networks, be less likely to think family and friends gave them support or feel a sense of belonging to the local community than non-gamblers. Helping people experiencing harm from gambling increase their social supports may help address loneliness and reduce the risk of associated physical and mental health problems, including suicidality.

Socioeconomic disadvantage



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

People from disadvantaged households spend proportionately more of their disposable incomes on gambling activities than people from affluent households. People may experience socio-economic disadvantage because of gambling through accumulating debts resulting in food insecurity or rent arrears, or gambling behaviours resulting in loss of employment and income. People living in financial hardship might gamble in the hope of a transformational big win, or as a maladaptive coping mechanism. The relationship between gambling and socioeconomic disadvantage is complex and correlated with education, income and employment.

Specialist treatment provision for gambling disorder



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Despite being a DSM-V diagnosed mental disorder, the lack of specialist treatment provision for people experiencing disordered gambling in NHS services in Scotland is well documented. In England, specialist service provision of co-commissioned services (NHS and GambleAware) was developed at pace following the inclusion of gambling in the NHS Long Term Plan. In February 2022, NHS England stated

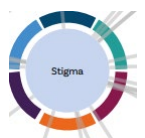
publicly that they would no longer accept funding from GambleAware; from 1 April 2022, specialist services in England have been funded through the NHS.

In Scotland, at the time of writing, a direct mechanism to co-commission services using funding derived from the voluntary levy, does not exist. The Commissioning of specialist services is a matter of clinical policy for which responsibility sits with the Scottish Government. Some GambleAware commissioned services are available in Scotland, free at point of access. For example, the National Gambling Helpline, associated web-based services and the RCA Trust. GambleAware commissioned GamCare and a partner network to provide one-to-one or group talking based therapies for people at risk of or experiencing harm from gambling. These services are not locally commissioned and local partners and stakeholders noted that they are poorly integrated into the local system.

In conversation with local partners and stakeholders, it was acknowledged that people experiencing harm from gambling may have their needs met through other services. For example, people with multiple vulnerabilities may have their needs met through holistic support and treatment provided by addictions or mental health services. It is difficult to quantify the extent to which this is the case due to limited and fragmented local and national collection of clinical data. It was noted however that the treatment criteria for alcohol and drugs services in Glasgow are limited to alcohol and/or drug use. A tiered model for the delivery of integrated care for people with alcohol or drug problems that was developed in Glasgow and has been adopted across Scotland. The potential transferability of the principles and practice of this model to people with gambling problems is recognised.

Stigma

- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health

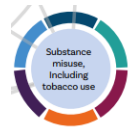
Stigma is when a person, family or community experiences exclusion or poor treatment because of the negative attitudes or beliefs of another. People can hold self-stigmatising beliefs, that is feel ashamed, embarrassed, guilty about their own gambling. People experiencing harm from gambling might experience stigma from others which can lead to gambling problems being concealed, a reluctance to disclose for fear of rejection or discrimination. This can delay seeking help and support and contribute to a cycle of entrapment with exceptionally serious impacts on a person's mental health and wellbeing. Affected others can experience what is often called 'stigma by association'. Stigma can be perpetuated at organisational, societal and policy level. People experiencing harm from gambling may experience multiple disadvantages and can experience intersectional stigma, e.g. stigma associated with co-occurring gambling problem and mental health, or substance use issues.

Language and framing can play an important role in perpetuating or challenging stigma. The use of language such as 'compulsive' in relation to people experiencing harm from gambling carries negative connotations about an individual's ability to control their own behaviours which is unhelpful. In conversations with local partners and stakeholders, the term 'problem gambler' was identified as contributing to stigma. People with lived and living experience can make a vital contribution to co-designing approaches to challenging stigma. Since drafting, some organisations working on gambling harms have produced guidelines on language:

Greater Manchester Combined Authority, ADPH, Yorkshire and Humber, ADPH North East

Gambling Research Glasgow, University of Glasgow

Substance including tobacco use



- Harm associated with gambling.
- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment
 - Commercial determinant of health

Substance use, including alcohol, tobacco, cannabis and other illegal drugs, is a risk factor for harmful gambling among children and young people. Alcohol misuse often co-exists with harmful gambling behaviours. Alcohol has been shown to affect decision making when gambling, impacting on cognitive biases. Local partners and stakeholders described young men disclosing problematic gambling behaviours linked to cocaine or amphetamine use in community settings.

The temporal relationship is poorly understood, a strong association between gambling and substance use has been described. Public Health England's evidence review described substance misuse including substance use, alcohol, tobacco, cannabis and other illegal drugs, as being a risk factor for harmful gambling among children and young people. The annual economic cost of illicit drug use associated with gambling among 17 - 24 year olds in England was estimated to be £2.0 million (2019/20 prices).

System-wide pressures



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

Public services and the third sector were under severe pressure in Scotland pre-pandemic due to an ageing population, increasing burden of disease at population level and deep-rooted inequalities (exacerbated by a decade of austerity) that have contributed to life expectancy and healthy life expectancy falling in our most disadvantaged communities. In addition to new demands arising from a public health response to an emergent pandemic, interruption to preventative and routine care led to an unprecedented backlog of unmet need which will lead to avoidable morbidity and mortality.

Traditions



- Individual including genetic, biological, psychological, behavioural, life events.
- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.

Gambling participation, risks and harms vary across cultures that have different collective attitudes toward gambling. Customs and traditions can be both risk and protective factors for gambling harm. Some cultures for example have a strong belief in superstition, luck or fortune which might shape willingness to participation in games of chance. This can also influence willingness to seek help if people experience harm. In Glasgow, informal gambling within families, workplaces or other social groups is common on major sporting events, e.g. sweepstakes on the Grand National or World Cup; children are often involved in picking a horse or a team. Gambling to raise money for local charities through race nights or raffles is a common tradition especially for community groups such as sports clubs or youth organisations. Within families, people might buy a lottery ticket or scratch card to put in a birthday card as a small gift.

Understanding need and demand for support and treatment services



- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.
 - Commercial determinant of health

Data from GambleAware suggest that the number of people from Scotland accessing any of the National Gambling Treatment Services is below 300 people per year. A small number of people from Scotland are referred to specialist treatment centres in London or Leeds for assessment and treatment of gambling disorder, a behavioural addiction.

The current funding arrangement through the voluntary industry levy is a key barrier to the development of specialist treatment services in Scotland, however, this is not the only barrier. There is limited understanding of the level of unmet need and demand for support and treatment services locally, or effective and cost-effective model(s) of care to meet need.

Welfare reform



- Wider social, economic and environmental determinants including commercial, cultural and political.

Research indicates that a UK wide programme of welfare reform rising from a decade of austerity in response to the 2008 financial collapse has exacerbated Scotland's existing deep-rooted inequalities and led to many more vulnerable people experiencing living in poverty.

White Paper



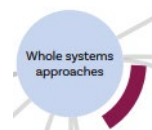
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment

The UK government published a white paper, **“High stakes: gambling reform for the digital age”**, in April 2023. This document outlines significant reforms to gambling regulations, aiming to balance consumer freedoms with protections against gambling-related harms. Key areas of focus include:

- Online Gambling: Implementing stricter regulations to protect vulnerable individuals.
- Marketing and Advertising: Ensuring responsible promotion of gambling services.
- Gambling Commission’s Powers: Enhancing the authority and resources of the Gambling Commission to better regulate the industry.

The white paper is part of a broader effort to update the Gambling Act 2005, reflecting the significant changes in the gambling landscape over the past two decades.

Whole systems approach



- Wider social, economic and environmental determinants including commercial, cultural and political.

A whole systems approach applies systems thinking, methods and practice to a complex public health challenge to build a shared understanding of the issue and identify, agree and align priorities for actions with partners. The whole system approach aims to create sustainable collaboration through effective partnership working and distributive leadership. Systems approaches need to be adequately

resourced with clear governance frameworks and a commitment to creating a culture of learning.

Within the local system, barriers to adopting a whole system approach to gambling harms were identified. These included the lack of existing profile of gambling harms, lack of readily available data on the scale and impacts of gambling harms and institutional inertia when faced with a 'new' complex problem. Over the course of the 3-year pathfinder project a global pandemic and number of system shocks, including the energy and cost-of-living crises, emerged placing significant strain of capacity and resource. Short term funding cycles with competition rather than collaboration between partners and stakeholder can undermine efforts to build sustainable relationships. This is exacerbated by a lack of policy mandate in the face of competing priorities. Mobilising system leadership that translated into operational capacity was felt to be a key enabler for local action.

Work and workplace cultures



- Family, social and community networks.
- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

People in the same occupation often share sociodemographic characteristics, environmental exposures, cultures and values. There is some evidence to suggest that certain types of work are associated with higher levels of gambling participation. These include building, construction and service work that has no fixed based, driving jobs and monotonous manual indoor work. Military personnel and veterans have higher rates of gambling participation, risk and harm than the general population. People who work for the gambling industry may also be at increased risk of harm from gambling.

From conversations with local stakeholders and partners workplace cultures emerged as both risk and protective factors for gambling harm. With increased

access to gambling online, the ease with which employees could gamble during working hours was noted. Social gambling within the workplace was reported as being common, often in relation to major sporting events, for example sweepstakes on Euro2020 or the Grand National. Charitable fund raising through gambling activities such as raffles, race nights or lotteries was also described as common place. It was recognised that this could create difficult working conditions for a person struggling with a gambling problem.

Workplace cultures contribute to normalising gambling in wider society. Employers have a duty of care to their employees. Policies that assess the risk of gambling in the workplace, provide employees with information about gambling participation, risks and harms and signpost people with a gambling problem to support and treatment, could be protective. This would deliver benefits to employers (increased productivity, fewer days lost through ill-health, reduce risk of gambling related crime in the workplace). It was also noted that while most workplaces now have policies to support employees experiencing harm from alcohol or drugs, few extend to harm from gambling.

Unite, one of the UK's largest Union's, have developed a workplace charter which offers practical support and information for employers and unions to support employees and members who are experiencing harm from gambling. Glasgow City Council and North Ayrshire Council have developed a workplace policy that includes gambling. In New Zealand where a public health approach to gambling harms has been adopted, workplace and organisational gambling policies are a central tenet of the national harm reduction and prevention strategy.

Workforce capacity

- Wider social, economic and environmental determinants including commercial, cultural and political.
 - Access to support and treatment.

Several organisations, for example Citizen Advice Scotland and Fast Forward, offer free bespoke training to frontline staff to increase their knowledge and skills



identifying and appropriately supporting someone at risk of, or experiencing harm from gambling. Local partners and stakeholders noted that organisations may not have the capacity or resource to backfill staff time to enable them to attend training opportunities, or the associated resources needed to implement learning in their workplace. In the context of a wide range of competing priorities for frontline staff, systems leaders and local champions were identified as being critical to mobilising interest and capacity.

Within the local system it was acknowledged that competing demands in the near and medium term relating to the urgent need to develop alcohol and drugs treatment service for which there is an established policy mandate, would render it unlikely that key professionals, for example addictions psychologists, would have capacity to contribute to activities needed to develop a pathways and local model of care for gambling support and treatment services. Frustration was expressed by local partners and stakeholders that gambling was not seen to have parity with the priority given to alcohol or drugs.

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