LITERATURE REVIEW - GAMBLING HARM

August 2026

1. Introduction

Background

The UK has one of the biggest gambling markets in the world – valued at £16.8 billion in 2024-2025 - and is one of the most liberal in terms of regulation and restriction of advertising (The Gambling Commission, 2025). Gambling related harm has increasingly been recognised as a significant public health issue with 20% of the UK population directly or indirectly harmed by gambling (NHS Digital, 2023). The impacts of gambling extend far beyond individual gamblers to families, communities, and wider systems of support: Gambling related harm in England is estimated to cost society approximately £1.27 billion annually; taking into account criminal justice, healthcare, and welfare costs (Office for Health Improvement and Disparities, 2023).

Gambling Harm: an expanded definition

Unlike traditional conceptualisations that focus narrowly on "problem gambling", contemporary research emphasises a broader continuum of harm that includes financial strain, mental ill health, relationship breakdown, reduced quality of life, and heightened risk of exploitation or vulnerability. Evidence also shows that gambling harm is unequally distributed, disproportionately affecting young people, men, and those with co-occurring mental health conditions. There is also growing understanding of the impacts of gambling harm beyond the individual; recognising the harm done to "affected others" including family, partners, and children.

Drivers of gambling harm

Over the past two decades, a growing body of evidence has highlighted the complex interplay between individual vulnerability, environmental exposure, industry practices, and regulatory frameworks in shaping patterns of harm.

The expansion of online gambling, the normalisation of betting within sport and digital culture, and the increasing sophistication of marketing strategies have contributed to increasing concerns about population level risk.

Systemic response

These trends have prompted national and international calls for a more comprehensive, prevention focused approach that mirrors other areas of public health, such as alcohol and tobacco control.

The Government's commitment to introducing a statutory gambling levy – designed to ensure sustainable independent funding for research, prevention and treatment - signals a shift towards a more systemic response.

The proposal indicates that local authorities, alongside NHS and third sector organisations will play a role in commissioning and delivering prevention activity, reflecting their unique position in understanding local patterns of vulnerability, regulating place-based environments, and addressing the wider determinants of health.

Purpose

This literature review synthesises current evidence on the prevalence, drivers, and consequences of gambling related harm, alongside emerging models of prevention, early intervention, and system wide response. By examining both individual level and structural determinants, the review aims to inform policy, commissioning, and practice, and to support the development of effective, equitable approaches to reducing harm across the population.

This literature review serves as a critical foundation for the development of the South East London comprehensive needs assessment. By synthesising current evidence on those most at risk, and by highlighting interventions which have shown positive outcomes, it guides the regional response to prevention. It provides insights which can guide commissioners in exercising their responsibilities in delivering prevention and supporting local system leadership on gambling related harm.

2. Developing the research question

The research question was developed in collaboration with UKHSA, and South East London partners as 'What are the gambling harms for problem gamblers, who is at risk, and how does this impact on their health?'

It was agreed to break this down into three component parts:

- Demographics of the "problem gambler"
- Impacts of gambling harm
- Intervention to reduce health impacts

Research included literature on both adults and young people, with a focus on UK and Ireland based populations.

3. Methodology

The literature for this review was gathered from multiple academic databases including: Discovery; Embase; Medline; PsychInfo; Scopus; Social Care Online; and Social Policy and Practice. Supplemented by a range of grey literature.

Search terms included: Betting; Gambling Addiction; Gambling Disorder; Incidence; Prevalence; Pathological Gambling; Wager; Best Practice; Intervention; and Treatment. This is not an exhaustive list.

Inclusion criteria were peer-reviewed publications, focusing on UK and Ireland, from the last ten years (2016-2026), which were published in English. Exclusion criteria were non-UK, non-peer-reviewed publications from outside this timeframe.

Initial search results provided 872 articles and studies of interest. Results were screened for relevance, duplicates were removed, and ultimately 126 results were included. Research was tagged by theme and the top 10 most prevalent recurring themes were analysed. Due to similarities and cross-over, some theme tags were conflated e.g. “mental health” and “anxiety”.

4. Results

At risk populations

In terms of broad demography, the literature points to several groups being at risk of developing problem gambling: single males; individuals of a British Asian background; widowed people; unemployed people; and those struggling with substance misuse are key examples.

Further groups were identified from the literature as being at risk of gambling related harms: armed forces personnel; young people; those engaging with online gaming/online gambling; and people experiencing isolation. These are explored in more detail.

Veterans/Armed Forces

Veterans are more likely to be classified as problem gamblers than non-veterans (Dighton *et al*, 2018; Roberts *et al*, 2020). Those experiencing problem gambling have higher healthcare, social service, and societal costs, than those reporting no problems (Harris, *et al*, 2021).

Dighton *et al* (2026), Ekenna *et al* (2026), and Dekel *et al* (2026) collectively show that gambling harm among UK veterans is likely shaped by the interaction of trauma, attempts at coping, and post-service transition. Gambling severity is closely linked to anxiety and emotional dysregulation associated with CPTSD, suggesting it may function as a maladaptive coping strategy (Dighton *et a*l, 2018; Dighton *et al*, 2022). Beyond mental health, difficulties adapting to civilian life—particularly employment, identity,

and social support—emerge as key drivers of harm, alongside maladaptive coping styles such as self-blame and substance use. Qualitative evidence further highlights how gambling is normalised within military culture, often concealed due to stigma, and escalates after discharge, especially in online contexts (Dekel, 2026).

Occupational factors specific to the RAF e.g. multiple types of deployments and extensive periods of downtime, may predispose personnel to greater risk of developing gambling problems (Pritchard and Dymond, 2022). This links to further research which found isolation/loneliness to be a risk factor for problem gambling; explored later in this review.

Overall the evidence indicates that veterans are vulnerable to gambling harms due to maladaptive coping; where gambling is used as means of coping with trauma experienced during service, and the challenges of transitioning to civilian life. Across cohorts gambling harms are demonstrated to be compounded by issues such as mental ill health, isolation, and unemployment; veterans are a group who are likely to have disproportionately experienced these drivers.

Young People

Gambling among young people and adolescents is on the rise, in part due to increased availability of gambling through development of online platforms (Calado *et al*, 2017a; Emond and Griffiths, 2020; Kuss and Gainsbury, 2021). The 2025 survey by the Gambling Commission found that 30% of 11–16-year-olds had spent their own money on gambling activity in the past year, an increase from 27% in 2024 (Gambling Commission, 2025).

Adolescent gamblers tend to be male and belong to an ethnic minority (Calado *et al*, 2017b; Emond and Griffiths, 2020; Hollen *et al*, 2020; Melendez-Torres *et al*, 2020). Young people who feel less connected to school, or struggle academically, are also more likely to experience problem gambling (Emond and Griffiths, 2020; Hollen *et al*, 2020; Melendez-Torres *et al*, 2020).

Other traits in young people at risk of problem gambling include hyperactivity, engagement in anti-social behaviour and violence, and alcohol and drug use (Chamberlain *et al*, 2020; Emond and Griffiths, 2020; Hollen *et al*, 2020; Wardle and Zendle, 2021). There is some difficulty in determining the direction of causality, as very little longitudinal data exists (Emond and Griffiths, 2020).

There is some disagreement in relation to socio-economic status and gambling. Gambling appears to be more prevalent in young people from low socio-economic status (Emond and Griffiths, 2020; Melendez-Torres *et al*, 2020) however a study by Melendez-Torres *et al* (2020) found that young people from more affluent families

experience greater harm from gambling than their peers, despite lower prevalence. There is inconsistency in the evidence of socio-economic status as a risk factor.

Studies suggest that parental behaviour may influence adolescent engagement in gambling; through normalisation of gambling, and/or through introducing children to gambling activities (Stead *et al*, 2016; Emond and Griffiths, 2020; Hollen *et al*, 2020; Forrest and McHale, 2021; Public Health England, 2021).

There is concern that adolescent cognitive development may mean they are more susceptible to gambling advertising (Emond and Griffiths, 2020). While it is prohibited to advertise gambling directly to children, the prevalence of gambling advertising in sporting events, e-sports, TV, and social media means young people are regularly seeing these messages; increasing normalisation, and reducing risk perception (Emond and Griffiths, 2020; Thomas *et al*, 2023; Gambling Commission, 2025).

Marketing plays a key role in normalising gambling among young people (Thomas *et al,* 2016 cited in Sharman *et al*, 2019; Thomas *et al*, 2023). Gambling has become an increasingly normalised aspect of sports fandom (McGee, 2020) and increasing e-sports spectatorship has led to an increase in e-sports betting (Zendle, 2020).

Overall the evidence suggests that young people may be more susceptible to gambling harms due to incomplete cognitive development making them more susceptible to exploitative promotional practices aimed at encouraging engagement in gambling behaviours. This underdeveloped cognitive function means adolescents may be less able to accurately assess the risks of gambling behaviour; a foible further compounded by traits such as hyperactivity and associated risk-taking e.g. substance misuse, and by early exposure to gambling through parental gambling behaviours. Findings are consistent that young males who are disconnected from school are most at risk; though there is contention over what role socio-economic status has upon vulnerability to gambling harm.

Key risk drivers

Gaming

There is some argument that engagement with online gaming is a risk factor for young people engaging in gambling. Researchers posit that adolescents may be receptive to modern forms of gambling because of apparent similarity with gaming features such as wagering with virtual currency, the purchase of loot boxes, and skin gambling, and the normalisation of gambling through these activities, suggesting that gaming in this way may present a “gateway” to gambling behaviours as young people grow older, and more opportunities become available to them (Emond and Griffiths, 2020; Zendle, 2020; Zendle *et al*, 2020; Raneri *et al*, 2022; Hodge *et al*, 2022; Spicer *et al*, 2022).

Studies have found that behaviours around loot boxes mirror those of gambling disorder: spending for excitement; negative feelings; finding it difficult to stop (Zendle *et al*, 2020; Etchells *et al*, 2022; Hodge *et al*, 2022). Hodge *et al* (2022) found that young people themselves likened loot box engagement to gambling, and that young people were aware of strategies used by gaming developers to try and encourage in-game purchases e.g. "participants… were deliberately slowed down from progressing… to encourage them to purchase loot boxes to progress faster" (Hodge *et al*, 2022, pp.10). Despite having a negative view of developers doing this, 52% of respondents had bought loot boxes (Hodge *et al*, 2022, pp. 8). Young people demonstrate awareness of branding and wider persuasive strategies including celebrity endorsements, and often associated gambling with fun and social activity (Thomas *et al*, 2023).

With regards to prevalence Etchells *et al* (2022) found that the presence of a loot box mechanism within a game did not guarantee engagement, and found that participants who had spent money on loot boxes were also more likely to have spent money on other digital purchases; suggesting loot box spending may be related to general difficulty in controlling spending, and may co-occur with gambling behaviour, rather than one leading to the other.

Similarly, Nicklin *et al* (2021) found that while motivations for engaging with loot boxes in some way mirrored motivations for gambling e.g. anticipated value of return, in other cases motivations were related specifically to game progression and did not relate to gambling behaviours. Etchells *et al* (2022) found that there was no direct correlation between loot box spending and mental wellbeing or psychological distress; suggesting motivation for loot box spending may determine level of associated risk.

Many studies found that the purchase of loot boxes is associated with engagement with other forms of gambling (ranking as highly as gambling online on casino games or slots) and increased risk of problem gambling (Zendle, 2020; Wardle and Zendle, 2021; Etchells *et al*, 2022; Raneri *et al*, 2022; Spicer *et al*, 2022; Hunt, 2023) though the direction of the 'gateway' between loot boxes and other forms of gambling is uncertain (Zendle, 2020; Zendle *et al*, 2020; Etchells *et al*, 2022; Spicer *et al*, 2022).

Online Gambling and Bingo

The accessibility of online gambling via mobile apps means gambling is more embedded in everyday life than ever before, and engagement in online gambling is increasing (Stead *et al*, 2016; James *et al*, 2017; Sharman *et al*, 2019; McGee 2020; Wardle and Tipping, 2026).

Online Bingo has created an immersive gambling experience, able to be accessed anywhere at any time, and the number of remote bingo sites in increasing: in 2004 there were fewer than 20 online providers, in 2015 there were more than 437 (Stead *et al*, 2016).

The ease with which easily accessible and available online sources of gambling can develop into harmful practice is captured in this quote from McGee, 2020: “It was a game, so whenever I was losing it… didn’t seem real because I never physically had the money in my hands.”

A study by Nyemcsok *et al* (2022) found that problem gamblers identified constant access as contributing to a sense of loss of control of their gambling. Stead *et al* (2016) noted how online bingo may develop into a compulsive behaviour; associated with withdrawal from relationships, disrupted work and sleep, and feelings of hopelessness.

McGee (2020) argues that online gambling is a “gateway”, leading to dependency on overdrafts, credit cards, and payday loans. A study into gambling and depression found online gambling posed an additional risk to mental health, compared to in-person gambling venues (Churchill and Farrell, 2018). A further study into levels of harms associated with different forms of gambling found that engagement in online gambling was closely associated with high PGSI score; a strong indicator of problem gambling (Wardle and Tipping, 2026).

Isolation and vulnerability

Social isolation is both a risk factor and consequence of gambling-related harm, creating a reinforcing cycle.

Lloyd *et al* (2016) found that gambling as a coping strategy is linked to loneliness, emotional distress, and increased risk of self-harm; suggesting isolated individuals may use gambling as a maladaptive strategy. Forward *et al* (2023) add that gambling harms are common among socially vulnerable groups, including those already experiencing exclusion, and affect “affected others,” who may experience isolation themselves, including: partners, ex-partners, and children.

Gambling to combat loneliness is not necessarily a negative experience. For older people, gambling is one of few leisure activities that is available and accessible, and it serves to counter social isolation (Parke *et al*, 2018). Land-based venues offer a way to save money, as they are warm, cheap, have food and drinks available, late opening hours, and capacity for patrons to stay for a long period of time (Bramley *et al*, 2017).

Bingo – whether online or in person – may be considered to provide social benefits particularly for those who are isolated e.g. older adults, those with disabilities or caring responsibilities (Stead *et al*, 2016; Bramley *et al*, 2017; Parke *et al*, 2018). Online bingo sites offer social contact, and a sense of community, without the need to leave one’s home (Stead *et al*, 2016) and this dimension is a key focus of their advertising, promotion, and site design (*ibid*).

While isolation is a driving factor in engagement with gambling (Stead *et al*, 2016; Bramley *et al*, 2017; Parke *et al*, 2018) it has also been found to be an outcome of

problem gambling; disintegration of support networks, relationship breakdown, and loss of employment are commonly reported outcomes of problem gambling which increase an individual's isolation (Bramley *et al*, 2017; Ronzitti *et al*, 2017; McGee, 2020; Wardle *et al*, 2020; Bowden-Jones *et al*, 2022; Sharman *et al*, 2022).

A further form of gambling harm, that may be exacerbated by isolation is exploitation. A scoping review by Bramley *et al* (2017) found that older adults may be a risk of gambling-motivated theft; particularly those who were isolated, suffering from cognitive decline, and becoming more reliant on care givers.

Impacts of Gambling Harms

There is clear evidence that problem gambling impacts upon multiple areas of a person's life: employment, financial security, and relationships. All these areas have a further impact upon individual mental wellbeing. The literature points to a clear correlation between gambling harm, depression and suicidality; explored below.

Further to this, it is increasingly being recognised that gambling presents a public health risk, beyond the individual; the impacts of gambling harms are far reaching, presenting risk to partners, family, and the wider community; the impact on these "affected others" is explored here.

Suicidality and mental health

Studies have indicated a positive correlation between gambling and depression, and there is evidence of association between increased risk of suicidality and suicide attempts among people experiencing problem gambling (Ronzitti *et al*, 2017; Churchill and Farrell, 2018; Sharman *et al*, 2019; Wardle *et al*, 2020; Wardle and McManus, 2021; Wardle *et al*, 2023; Bastiani *et al*, 2025). Results are associative; consideration needs to be given to the fact that gambling may be used as a coping mechanism for those experiencing stressors and thoughts of self-harm and/or suicide (Parke *et al*, 2018; Public Health England, 2021). However, Nyemcsok *et al* (2022) found that individuals with lived experience describe gambling harm as escalating to crisis points involving severe psychological distress, including suicidality. There is evidence of a bidirectional relationship, where gambling both contributes to and is exacerbated by poor mental health (Wardle *et al*, 2023).

Gambling problems are associated with increased risk of suicide, and researchers argue that changes in gambling behaviour may be a clinically meaningful warning sign (Lloyd *et al*, 2016; Wardle *et al*, 2023). However, Roberts *et al* (2016) and Sharman *et al* (2022) found that increased gambling severity wasn't necessarily associated with increased suicidality, but rather increased rates of anxiety and depression were more closely associated with risk of suicide. Some argue that it may not be gambling itself,

but the cumulative impact of related experiences such as relationship discord, financial struggles and debt, stress, and isolation that contribute to suicidality (Langham *et al*, 2016; Ronzitti *et al*, 2017; McGee, 2020; Wardle *et al*, 2020; Sharman *et al*, 2022).

Demographic factors have also been found to be relevant: research has found that problem gamblers who have experienced family breakdown, are unemployed, widowed, divorced/separated, or never married were more likely to experience suicidal ideation (Ronzitti *et al*, 2017; Sharman *et al*, 2022). Loss of employment and relationship breakdown are commonly cited outcomes of problem gambling (Roberts *et al* 2016).

The motivation driving gambling behaviour will affect the level of harm caused. Studies have indicated an association between problem gambling and emotion-focused coping strategies (Lloyd *et al*, 2016; Calado *et al*, 2017a; Wardle *et al*, 2023). Further studies have found that care-giver dynamics may influence motivation to engage in gambling behaviours; gambling due to "sensation seeking" (Calado *et al*, 2020; Emond and Griffiths, 2020; Hollen *et al*, 2020) which has also been associated with other risk-taking behaviour e.g. substance use.

Impact on "affected others"

There is clear evidence that problem gambling impacts upon relationships through financial harms, relationship conflicts, and impacts on children (Raybould *et al*, 2021; Public Health England, 2021). Research indicates that for every individual experiencing gambling harm directly, up to six others with be affected as a result (Woodhouse, 2024).

Research has shown that cycle of indebtedness impacts within work as well as domestic spaces; creating conflicts with employers (Stead *et al*, 2016; McGee, 2020; Public Health England, 2021) and affecting interpersonal relationships. A systematic review by Public Health England found evidence that severity of relationship problems is likely related to the severity of gambling-related debt (2021, pp. 76).

Beyond spousal relationships; it has been noted that gambling may be a risk factor in relation to child neglect (Rowe and Hassall, 2011, cited in Bramley *et al*, 2017 pp.46) particularly when gambling has led to financial harms, or relationship breakdown (Public Health England, 2021).

Interventions and Best Practice

There is clear evidence to suggest that interventions are most effective when tailored to individual needs. It was stated by Susana Jiménez Murcia that, "we need to use different treatments for each sub-group of pathological gamblers." (Álvarez-Moya *et al*, 2010, cited in Raybould *et al*, 2021). If we can effectively identify risk and protective factors for those involved in gambling, then more effective strategies for prevention and

treatment can be developed (Ronzitti *et al*, 2016). Bowden-Jones *et al* (2022) highlight the need for evidence-based, personalised treatment pathways, alongside improved service access, and clinical guidelines.

Effective intervention around gambling harm broadly involves three areas: screening and identification; education and prevention; and treatment of those already experiencing harms. Evidence around each of these areas is explored below.

Screening and Identification

James *et al* (2016) show that disordered gambling is best understood as three distinct groups (minimal, moderate, severe), rather than a simple continuum. While common tools (PGSI, SOGS, DSM-based measures) capture a similar construct, symptom patterns—particularly loss of control—are more informative than total scores, highlighting the need for more nuanced screening and stratified intervention. Wardle and Tipping (2023) further this by emphasising the need for dynamic screening to determine if risk is escalating.

While screening tools are somewhat useful for determining level of risk, there are discrepancies between calculations of gambling harm prevalence between different tools (Office for Health Improvement and Disparities, 2024) so they cannot be relied upon in silo when assessing risk.

The PGSI is the most commonly used screening tool, but it is not without its limitations. PGSI was developed as a tool for measuring gambling harm on a population level, rather than for use in a clinical context. There is a risk in conflating behaviour with harm, and of oversimplifying a complex issue through categorisation. While historically intervention has been sought for those scoring 8+ on PGSI, researchers argue that for the tool to be most effective it should be used as a means of highlighting early concerns; and intervention should be encouraged for anyone scoring above 3 on the scale (Office for Health Improvement and Disparities, 2024).

While anyone can be vulnerable to gambling harm, awareness of which groups are statistically most at risk of developing problem gambling behaviours allows for earlier identification, and earlier intervention (James *et al*, 2016; Forward *et al,* 2023; Wardle and Tipping, 2026). The literature points to several groups being at risk of developing problem gambling: single males, smokers, individuals of a British Asian background, widowed people, unemployed people, those experiencing depression, and those struggling with substance misuse are key examples, so there are calls for support targeted at these populations (James *et al*, 2016; Calado *et al*, 2017a; Calado *et al*, 2017b; Cowlishaw *et al*, 2017; Sharman *et al*, 2019; Public Health England, 2021; Raybould *et al*, 2021).

A systematic review by Raybould *et al*, (2021) found evidence to suggest a health inequality is present within gambling harms: some individuals will suffer more than others, despite equivalent exposure to gambling. They identified that those working in primary care may be best placed to identify those who are most at risk of Gambling Disorder (*ibid)*.

Cowlishaw (2017) also argued for a need to increase identification practices within healthcare settings. They argued that while help-seeking for gambling is usually crisis-driven (*ibid)*, people with gambling problems tend to engage with primary care settings addressing other issues at higher rates than their non-gambling counterparts. An earlier study by the same researchers found that problem gamblers were twice as likely to consult their GP for mental health concerns, five times as likely to be hospital patients, and eight times as likely to access psychological counselling (Cowlishaw *et al*, 2015).

Similarly, given the risk factors for gambling it has been argued that social work staff may be well positioned to identify individuals at risk of developing gambling harms (Bramley *et al*, 2017) but at present training around gambling and the associated harms is not a default feature of social work training, and knowledge among social workers is limited (Manthorpe *et al*, 2018; Bramley *et al*, 2019). Forward *et al* (2023) demonstrated that brief, non-stigmatising screening questions in social care can facilitate early identification and entry into intervention pathways, particularly for affected others.

Wardle *et al* (2023) argued that screening for gambling harm should be embedded in health, social care, and public service settings, as such training around identification and screening should be a priority area of focus for staff engaging with people from groups identified as being at risk of developing gambling problems e.g. bereavement support services, substance misuse services, GPs and clinical staff, social work teams (James *et al*, 2016; Cowlishaw *et al*, 2017; Manthorpe *et al*, 2018; Sharman *et al*, 2019). Bramley *et al* (2019) found that social workers wanted training and guidance on how to identify, signpost, and support clients, and wanted policies and procedures to refer to, highlighting the lack of statutory guidance at local authority level to support social work practice.

One key area providing opportunities for efficient and effective screening of vulnerable groups was highlighted by Wardle *et al* (2023) arguing that gambling harm monitoring should be integrated into broader suicide prevention strategies. Researchers argue that because of the established link between gambling harms and suicidality: staff providing support to those at risk of suicide should include questions around gambling harm and, similarly, services providing support for gambling should ask about suicidal behaviours (Roberts *et al*, 2016; Ronzitti *et al*, 2017; Sharman *et al*, 2019; Wardle *et al* 2020; Sharman *et al*, 2022). Wardle *et al* (2020) further argue that staff working in front line services within the gambling industry should have specialist training around suicide.

Population wide Education

Many of the studies on gambling harms point to the need for greater education for the public – including young people - around gambling and its impacts; both formally from schools and support services, and informally from parents and caregivers (Churchill and Farrell, 2018; Wardle *et al*, 2023).

There are particular calls for increased awareness within identified vulnerable groups, and those who work with these groups e.g. clinical staff and social workers, in order to improve self-reflection and identification, and thus improve access to early intervention (James *et al*, 2016; Bramley *et al*, 2017; Cowlishaw *et al*, 2017; Dighton *et al*, 2018; Manthorpe *et al*, 2018; Bramley *et al*, 2019; Sharman *et al*, 2019; Wardle *et al*, 2023).

A scoping review by Bramley *et al* (2017) found that those seeking help for gambling problems reported that being made aware of services for problem gambling, and being told where to go to seek help were important.

However, researchers argue that education and awareness alone is insufficient and should be combined with structural measures to have any meaningful impact (Wardle *et al*, 2023; Cunningham *et al*, 2025). Identified strategies can only be justified if adequate services are available to deliver interventions (Cowlishaw *et al*, 2017).

Prevention

Prevention of gambling harms requires the development of a "government-owned and well-resourced national prevention strategy" (Wardle *et al*, 2020) which includes universal prevention activities such as product restriction, alongside targeted support for vulnerable groups (*ibid*). Sharman *et al* (2019) highlighted the need for approaches towards protection and prevention to maintain flexibility, to adapt to the changing nature of gambling behaviours and gambling harms.

Individual prevention

Research has shown varied success in approaches which target cognitive distortions and emotional triggers as a means of reducing gambling involvement (Pickering *et al,* 2018; Brazeau *et al,* 2021; Parke *et al,* 2022; Baumgartner *et al*, 2019; Udeanu *et al,* 2025; Wu and Clark, 2025).

Motivation for gambling will affect its potential to cause harm and will impact on what interventions are likely to be successful to prevent harm (Parke *et al*, 2018; Dighton *et al*, 2022). Where sensation-seeking is identified as a motivator, effective harm reduction may involve directing people to alternative means e.g. engaging with physical activity (Calado, *et al*, 2020; Emond and Griffiths, 2020; Hollen *et al*, 2020). Where

isolation is the driving force, facilitating social events or opportunities for community connection may be beneficial (Lloyd *et al*, 2016; Parke *et al*, 2018; Forward *et al*, 2023).

Langham *et al* (2016) emphasise that because gambling harm is broad, cumulative, and occurs across stages, responses need to be tiered. They further argue that intervention should include affected others and communities *(ibid)*.

Regulatory prevention: online practice

Researchers call for further regulation of online gambling and gaming practices; specifically, around loot boxes (Churchill and Farrell, 2018; Wardle and Zendle, 2021; Raneri *et al*, 2022; Hodge *et al*, 2022; Spicer *et al*, 2022). There is also an argument for policy regulation around the design of safer online environments; including time limitations, money limits, and amendments to PEGI ratings in games that involve in-game purchases (Zendle *et al*, 2020; Kuss and Gainsbury, 2021; Hodge *et al*, 2022).

Parke *et al* (2022) demonstrate that within-session interventions can slow gambling behaviour during losses by increasing response latency, particularly when they require active cognitive engagement. However, as persistence was unchanged, findings suggest interventions must go beyond slowing play to effectively reduce harm *(ibid)*. With regards to regulation, researchers are clear that this should be proportionate to the level of risk of that form of gambling, rather than universally applied to all gambling activities (Wardle and Tipping, 2026).

Regulatory prevention: communication

Research points to the need for further regulation around gambling advertising, particularly within social media platforms, and around sports events; current regulations are limited and easily circumvented by the industry (Goyder *et al*, 2019; McGee, 2020; Nicklin *et al*, 2021; Nyemcsok *et al*, 2022; Thomas *et al*, 2023). Stead *et al* (2016) called for additional scrutiny around promotion of online Bingo, noting that after the 2005 Gambling Act allowed online bingo operators to advertise more openly exposure to bingo advertising increased ten-fold.

There is some argument that Corporate Social Responsibility campaigns - “When the fun stops, stop" etc. - function as a form of marketing, and shift responsibility onto individuals, and this is an inadequate response to known harms (Kuss and Gainsbury, 2021; Thomas *et al*, 2023). Individual behaviour change interventions do nothing to address underlying causes of gambling harm, and do not address industry responsibilities (Regan *et al,* 2022). There are increased calls for reframing of responsibility; to recognise gambling as a public health issue, rather than individual one (McGee, 2020; Public Health England, 2021; Nyemcsok *et al*, 2022; Regan *et al,* 2022).

Treatment

While prevention is essential, treatment responses must be available for those already experiencing harm.

CBT has been shown to be effective treatment for people experiencing problematic online gambling or gaming (Baumgartner *et al*, 2019; Kuss and Gainsbury, 2021) however across studies online gamblers show low help-seeking, often preferring private, self-directed support. Research highlights that stigma, autonomy, and normative misperceptions reinforce reliance on online self-help, positioning digital environments as both a risk factor and key access point for intervention (Baumgartner *et al*, 2019; Brazeau *et al*, 2021; Cunningham *et al*, 2025). Brazeau *et al* (2021) further explore blended-care models; indicating that the addition of human support may enhance effectiveness of online support offer.

There has been some research into the effect of interventions embedded within gambling mechanisms: enforced play breaks; warning messages for electronic gambling machines; and set spend limits have all been shown to be effective to some extent (Ginley *et al,* 2017; Parke *et al,* 2022; Newall *et al,* 2024a; Newall *et al,* 2024b). Overall, the evidence suggests that while online interventions are essential, they must be interactive, motivational, and tailored to produce meaningful behaviour change.

Bramley *et al* (2017) found that those seeking help for gambling problems reported that being able to access integrated services, and person-centred engagement were important. The literature highlights the importance of stigma-free and non-punitive pathways to support, alongside strengthened social and informational support networks. Overall, effective intervention requires embedding gambling treatment within wider mental health services, and services supporting individuals through transitions (bereavement support, veteran support, university student services etc.) reflecting the need to address the cultural, structural, and psychological drivers of harm simultaneously (Dekel *et al*, 2026; Dighton *et al*, 2026; Ekenna *et al*, 2026).

Tailoring support to individual needs is key, particularly when working with groups where underlying vulnerabilities may be partly driving gambling behaviour. For veterans research indicates that integrated, trauma-informed, and transition-focused approaches to treatment can be effective. Best practice suggests interventions should prioritise anxiety and emotional regulation, address maladaptive coping, and support adjustment to civilian life, rather than focusing on gambling behaviour alone (Dekel *et al,* 2026; Dighton *et al*, 2026; Ekenna *et al,* 2026).

Treatment providers need to be aware of the drivers of harm and not focus solely upon gambling itself. It is of particular importance that providers are cognisant of the heightened risk of suicidality among problem gamblers, and treatment approaches reflect this (Ronzitti *et al*, 2017; Wardle *et al*, 2020).

5. Conclusion

Gambling harms are broad-ranging, and impact not only the gambling individual, but also their friends, family, and the wider community. There is need to recognise gambling harm as a public health issue, rather than an individual one, and to adopt interventions in line with this; addressing systemic changes on a population level, and seeking to address underlying contributory factors, rather than solely focusing upon the gambling behaviour when delivering treatment.

The pervasive nature of online gambling and gambling advertising, and the normalisation of behaviour such as sports betting, means that young people are increasingly engaging in gambling behaviours. The normalisation of gambling has been shown to increase the risk of problem gambling, so there is need to counter this through clear education messaging around risks and strengthened regulation.

The expansion of online gambling providers means gambling is more accessible than ever before. While this accessibility is seen by some groups to be beneficial in countering social isolation, it does pose a risk in creating a situation where gambling is available 24/7; this constant access can lead to loss of control with gambling behaviours, and this loss of control is a key factor in the development of problem gambling. There is a clear need to address isolation within those groups identified as more vulnerable to gambling harms, and to provide meaningful alternatives for socialisation and community contribution.

Prevention and treatment of problem gambling should be tailored to individual needs; with consideration given to what is motivating the gambling, and what the emerging harms are.

Suicidality is a key risk associated with gambling behaviour; linked to rates of anxiety and depression, as well as other gambling related harms (debt, relationship breakdown, loss of control etc.). While the link is associative, rather than directional, there is a clear need to consider gambling within suicide prevention strategies.

Across services there is a need for more robust, dynamic screening to aid in earlier identification, and recognition of when problems may be escalating. Screening processes should be embedded within frontline services, particularly those working with known vulnerable groups including: veteran services; substance misuse services; and bereavement support services, and for staff working within the field of mental health, and staff working within gambling premises, to be aware of the associated risks. Training around screening, and risks and associations of gambling harms should be prioritised for these staff teams.

There are limits to the existing literature. There is very little longitudinal data, so while correlation between gambling and risks can be demonstrated, it is challenging to

determine causality. Often research relies on self-reporting of gambling behaviour which is impacted by potential bias through social desirability and recall issues, and limitations around individual awareness of what constitutes gambling. Many studies of those identified as problem gamblers understandably rely on small sample sizes, so results are not necessarily generalisable or applicable to wider populations.

For the purposes of this review we limited our research to studies from the UK and Ireland. For future research it would be beneficial to look at prevention and intervention approaches being taken in other countries (Australia, New Zealand, Scandinavian countries etc.) particularly within Western countries who may have similar population needs, who may be further ahead in the treatment of gambling harm as a public health issue.

6. Strategic Recommendations for Local Authorities and System Partners

The literature around prevention and intervention related to gambling, suggests that gambling harm reduction requires a multi-level approach. The following recommendations are made on that basis and an expectation of partnership working.

Commented [SD1]: I think these remain valid and should be explained and reframed as strategic considerations. Outlining what PH in LAs can influence and what others need a national or industry action.

Commented [MM2R1]: agree. Recommendations are currently hihg-level ad not -sufficinetly actionable. Suggest reframing as Strategic recommendations for LAS and System Partners

Commented [SD3R1]: Based on the content and findings I've added 24 recommendations. We will need to look at the education section when Cat and I meet next week. This is now close to completion.

Population-level public health strategies

- **Develop a gambling harm needs assessment** – use JSNA data, prevalence estimates and local intelligence to map risk, inequalities and hotspots.
- **Embed gambling harm in public health plans and strategies** – Include gambling harm consideration within mental health, suicide prevention, substance misuse and wider wellbeing strategies.
- **Initiate gambling harm awareness campaigns** – Deliver local and regional campaigns on risks and stigma reduction, and support available, aligned with national messaging. Take the opportunity to amplify existing or planned campaigns at local level.
- **Partner with community organisations** – to better understand how gambling impacts on the local community. Consider funding local groups to deliver outreach peer support and culturally competent engagement.
- **Work with planning teams** - to ensure that public health teams proactively contribute to planning applications and change of use applications. Providing a localised response to the potential harms of any application.
- **Train frontline staff** - to aid in early identification. Include a wide range of frontline staff including: social workers; housing officers; primary care staff; veteran services; substance misuse teams; and GPs, as examples.

Targeted prevention for vulnerable groups

- **Identify priority groups** - use local data to focus on groups such as young men, people in debt, veterans, and those with co-occurring substance misuse.
- **Commission targeted interventions** - fund programmes for high-risk groups for example: debt advice; youth outreach; veterans; support for those with poor mental health. Interventions should take behaviour drivers into consideration and offer meaningful alternatives.
- **Integrate gambling harm into existing pathways** - add screening and signposting to assessment processes in domestic abuse, homelessness, substance misuse, social care and mental health services.
- **Create rapid signposting routes** - ensure staff can quickly direct individuals to treatment, debt support, mental health support, and crisis help.
- **Work with schools and colleges -** bolster existing PSHE guidance from the Department for Education (2025) provide education resources on gambling risk, online gaming, and financial well-being. There is a particular need for education around "gateway" behaviours e.g. loot boxes, gaming, and sports betting. Consideration needs to be given to those who are not in education employment or training (NEETs) and those engaged in a virtual school.

Individual interventions (therapy, self-help tools)

- **Map local treatment offers** - identify NHS voluntary sector and national services for example: NHS gambling clinics, and create unified referral pathway/directory.
- **Create clear referral pathways -** ensure frontline staff know how to refer individuals to therapy, counselling, and digital self-support tools
- **Monitoring referral routes** - track referral volumes, outcomes, and service uptake to identify gaps and improve practice.
- **Commission local support where gaps exist -** Commission brief interventions, counselling, or peer support groups; strengthen social and informational support networks. Commission peer support groups for families and affected others.
- **Promote digital tools** - encourage the use of apps and online programmes that help people manage gambling behaviour and promote mental health and wellbeing.

Behavioural interventions (warning messages, 'nudges')

- **Work with local venues -** encourage gambling venues to display harm reduction messaging, safer play prompts, and signposting to support
- **Embed behavioural prompts in council services** - add nudges within debt advice, benefits, housing, and financial well-being communications.

- **Work with local GP surgeries** – to promote dangers and risks associated with gambling and sources of support.
- **Collaborate with licencing teams** - use licencing powers to promote responsible gambling practises and require home production materials.
- **Work with local advertisement firms** - local authorities should consider what is within their remit in terms of prohibiting product and service promotion e.g. including gambling advertising within School Superzones restrictions. If prohibition is not feasible, local authorities should focus efforts on positive redirection: active counter-messaging, and wider promotion of support services, tools, and resources for self-help etc.

Technological safeguards (player tracking, limits)

- **Engage with operators** - encourage local gambling operators to adopt player tracking spending limits and automated harm alerts
- **Promote self- exclusion schemes** increase awareness of these.
- **Support digital literacy** – help residents understand how to block gambling sites and use reduction tools.

7. Definitions:

DSM-5 Problem Gambling Diagnosis Criteria:

“A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following, in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.

2. Is restless or irritable when attempting to cut down or stop gambling.

3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.

4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).

6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).

7. Lies to conceal the extent of involvement with gambling.

8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.

9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.”

Loot Boxes - definition from Cambridge Dictionary

" in computer games, a container with a selection of things inside that can be used when playing the game. You can buy loot boxes with real or game money and you do not usually know what is inside until you open it. Loot boxes allow players to spend money to unlock in-game rewards, such as special characters, weapons or outfits, without knowing what they will get. When the gamer buys a loot crate, they are guaranteed something they can use in the game."

PGSI – Problem Gambling Severity Index:

A brief nine-item self-report measure designed to assess problematic gambling behaviours in the general population.

NovoPsych

Problem Gambling Severity Index (PGSI)

Instructions:

Answer the following questions when thinking about your gambling behaviour over the past 12 months.

		Never	Sometimes	Most of the time	Always
1	Have you bet more than you could really afford to lose?	0	1	2	3
2	Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	0	1	2	3
3	Have you gone back on another day to try to win back the money you lost?	0	1	2	3
4	Have you borrowed money or sold anything to gamble?	0	1	2	3
5	Have you felt that you might have a problem with gambling?	0	1	2	3
6	Have people criticised your betting or told you that you had a gambling problem, whether or not you thought it was true?	0	1	2	3
7	Have you felt guilty about the way you gamble or what happens when you gamble?	0	1	2	3
8	Has gambling caused you any health problems, including stress or anxiety?	0	1	2	3
9	Has your gambling caused any financial problems for you or your household?	0	1	2	3

Developer Reference:

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Appendix 1. Search process