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Gambling Health Needs
Assessment for Wales

Gambling Health Needs Assessment for Wales

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1. Executive summary

Introduction

This health needs assessment aims to review the needs of people experiencing harms from gambling to inform a public health approach to reducing gambling harm in Wales. It includes the epidemiology of harmful gambling, a summary of the evidence base around preventative and treatment interventions, a summary of existing services, and themes identified from qualitative research, which explored in detail the views of people with lived experiences of harmful gambling, service providers and stakeholders.

"I've been bankrupt. Lost the house. Lost my marriage. I've had two suicide attempts. So the effects of gambling for me have been horrific" – **service user**

There are a number of recommendations in the report, based on the literature and on comments from service users and professionals about how prevention and treatment services could be developed or improved in Wales. While some recommendations require further investment to develop new models of care, others focus on the need for existing organisations and professionals to work collaboratively to identify and meet the needs of people who experience gambling harms. There are additional recommendations regarding prevention, for example restricting advertising by gambling companies. The recommendations (see Appendix 3) will need consideration and prioritisation when developing a public health approach to gambling in Wales.

"Services have to work together. It's the only way we can deal with this. We have to work together. Unless we do that, we're just going round and round in circles here, it's our task to design a system for the people who need us the most" - **stakeholder**

Key themes from qualitative research

The themes from the qualitative research (see Chapter 7) are categorised as follows:

- Gaps in current service provision
- Current areas of concern, and priority areas for action
- How can gambling harms be prevented
- How can gambling services be developed in Wales

Conclusion

The key themes identified from the evidence and the qualitative research, and which inform the recommendations, were as follows:

1. There are issues with awareness, accessibility and acceptability of current services in Wales;
2. Priority areas for action include the need to tackle shame and stigma, tighter regulation of gambling industry advertising and practices (for example, a 2021 University of Bristol study foud that 21% of gambling premises were located in the most deprived decile of the UK, compared with 2% in the least deprived decile), and the need to acknowledge and act upon the increasingly close link between gambling and gaming (see Chapter 7);
3. Prevention should be via evidence based education. A schools-based approach should form part of this, but education for parents and frontline professionals is also key to prevention;

4. Service development should involve a shift to a public health approach to gambling, acknowledging that behaviour occurs along a continuum of harm and interventions are required at all stages, including post-recovery (see Chapter 7);
5. Services should be evidence-based, integrated, collaborative and able to tackle multiple comorbidities where needed rather than focusing solely on gambling behaviour;
6. There is a role for the NHS, both in the form of specialist treatment services and in the form of enabling frontline healthcare professionals to identify potential harms from gambling and refer to appropriate services;
7. There are more affected others (individuals who experience harms as a result of someone else's gambling behaviour) than harmful gamblers in Wales, and there needs to be appropriate services to support them, and reduce the harms that they experience;
8. Research and evaluation are essential (see Chapter 8).

2. Introduction

What is gambling?

The Gambling Act 2005 positions gambling – defined as "betting, gaming or participating in a lottery" – as a leisure activity. Indeed, gambling is a popular pastime for many people, with almost half of UK adults stating that they had gambled at least once in the past month in a recent survey (Gambling Commission, 2022). There are many types of gambling, accessible both at physical premises and online; these include arcade games, bingo, lotteries, betting on sports and other activities, casinos, and betting on machines such as fruit machines and fixed odds betting terminals.

There are acknowledged social and economic benefits from gambling; the industry is a major employer of nearly 108,000 people in the UK (Rogers et al., 2019), and reported profits of £14.1 billion for the year ending March 2020 (Gambling Commission, 2021a). For the same period, £1.7 billion was donated to charities and good causes by the National Lottery (Gambling Commission, 2021a) and in the tax year ending March 2021, the betting and gaming industry contributed £2.9 billion in tax revenue (HM Revenue and Customs, 2021).

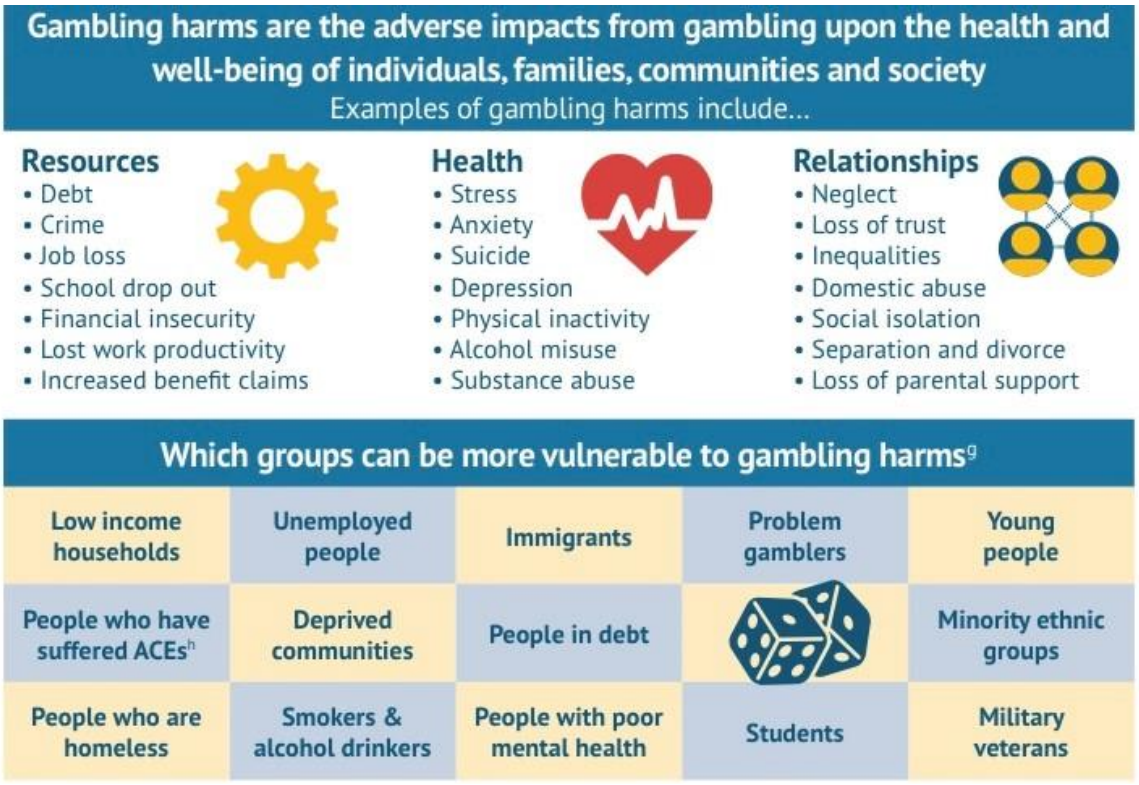
However, there is a need to balance these benefits against the considerable, wide-reaching harms that evidence has shown can result from gambling. Also sometimes described as compulsive, addictive, problem, disordered or pathological gambling, harmful gambling is "a pattern of excessive gambling with impaired control over gambling behaviour, substantial negative consequences deriving from this impaired control, and persistence in excessive gambling despite these negative consequences" (Blank et al., 2021). It has also been defined as "gambling to a degree that compromises, disrupts or damages family, personal or recreational pursuits" (Public Health England, 2019). A 2019 report by Public Health Wales and Bangor and Swansea Universities identified that 3% of Welsh adults were identified as "at-risk" gamblers and 1% as "problem" (harmful) gamblers. The same report identified that some of the social groups most likely to experience gambling harms are those who are already experiencing inequalities, such as people who are unemployed or on low incomes, people from Black and minority ethnic backgrounds, and those with mental health problems (Rogers et al., 2019).

The Chief Medical Officer for Wales summarised his concerns about gambling as a public health issue in his 2017 annual report, 'Gambling With Our Health' (Welsh Government, 2018). This report calls for a population approach to tackling gambling harms, for Wales to learn from the experiences of other countries in developing effective interventions, and for there to be improved treatment options for those experiencing harmful gambling. All of these recommendations, and others within the report, can be progressed through the use of the findings of a health needs assessment. The recommendations made within 'Gambling With Our Health' which remain outstanding are incorporated into the recommendations made within chapters 7 and 8 of this report.

What are gambling-related harms?

The harms resulting from gambling are wide-reaching, with evidence showing that there is impact upon not only gamblers themselves, but also upon families, friends, colleagues and employers, and the wider community. Harms can be broadly categorised into impacts upon resources, health and relationships, within which it is clear that harms extend far beyond the gambler themselves (Rogers et al., 2019). Financial insecurity may lead to a decrease in living standards affecting children and other family members, to theft or fraud resulting in unemployment and involvement with the criminal justice system, and to increased benefit claims. Health problems resulting from gambling include mental health effects, with estimates suggesting that one

individual will die by suicide each day due to harmful gambling in the United Kingdom (UK) (Gambling With Lives, 2019; House of Lords, 2020), the impacts upon families and communities can be devastating. There are higher rates of divorce and family breakdown among people experiencing harms from gambling compared to the general population (Welsh Government, 2018), and this can impact greatly upon children. Evidence shows that children of people experiencing gambling harms are more likely to begin gambling themselves (Kourgiantakis et al.,2016) and the associated harms for younger gamblers include poor educational attainment, mental health problems and criminal justice involvement (Rogers et al., 2019).



Infographic reproduced from Rogers et al. (2019) with kind permission of the authors

It is important to note the evidence suggesting that individuals who experience gambling harms are at increased likelihood of experiencing other comorbidities affecting their physical and mental wellbeing. Rogers et al. (2019) report that almost six in 10 people experiencing gambling harms have a substance misuse disorder, around a third will experience domestic violence, and more than a third have a mental health disorder.

Why a public health approach to gambling, and why now?

It is clear that with health, social and financial implications not only for individuals but for families, communities and whole societies, gambling-related harm is a whole-population issue, and therefore a public health issue. Historically, governments across the world have responded to the harms associated with alcohol and tobacco use, with a wide range of public health interventions, while not recognising gambling as a public health issue (Price et al., 2020). However, in recent years there has been an increased focus in Wales and the UK on the need for a public health approach to gambling. In addition to the Chief Medical Officer for Wales focusing on gambling as the theme for his 2017 annual report, the Faculty of Public Health published its first

position statement on gambling in 2018. At UK level, the National Institute for Health and Care Excellence (NICE) is expected to publish its first guidance on the identification and management of harmful gambling in 2024.

In Wales, the current policy context lends itself to a public health approach to gambling. The unique Wellbeing of Future Generations Act 2015 aims to tackle "persistent problems such as poverty (and) health inequalities" (Future Generations Commissioner for Wales, 2022). A Healthier Wales, Welsh Government's long-term plan for health and social care, calls for increased focus on prevention, health improvement and inequality, goals which again suggest a place for tackling the harms associated with gambling. At the time of writing, the outcome of a UK Government review of the Gambling Act 2005 is awaited, indicating that it is timely for Wales as a devolved administration to consider its own preferred approach to gambling-related harms and the actions that may need to be implemented in Wales, or lobbied for at UK level, if not addressed by the review. Finally, at a time when public health practitioners are concerned about increased costs of living and the potential for 1.3 million people in the UK to fall below the poverty line (Marmot, 2022), the additional financial and emotional burden that gambling-related harm places on some of the most vulnerable families must be addressed.

3. Health Needs Assessment Process

What is a health needs assessment?

Health needs assessment has been defined as "a systematic method of identifying the unmet health and healthcare needs of a population and recommending changes to meet these unmet needs" (Wright and Cave, 2021).

A health needs assessment seeks to answer the following questions:

- What is the size and nature of the problem in the defined population?
- What services are currently being delivered to the defined population?
- What services are being delivered to similar populations in other areas?
- What interventions do stakeholders and service users want to be delivered?
- What does the evidence tell us about the effectiveness of interventions that have been trialled or implemented elsewhere?
- What are the recommendations to meet the needs of the defined population?

What steps were followed to produce this report?

The five steps to conducting a health needs assessment (adapted from Health Knowledge, 2016) are detailed below, in the context of application to this gambling harms needs assessment:

Step 1: Scoping

Early stakeholder involvement is crucial in ensuring engagement of all parties in the health needs assessment process. This stage included:

- Identifying the population of interest – i.e. individuals affected by gambling harms living in Wales.
- Identification of the key stakeholders.
- Engaging with the established Gambling Task and Finish Group for Wales to provide briefing information about the project scope and timelines. This group was established to implement the recommendations made in *Gambling With Our Health,* to review gambling service provision in Wales and advise on Wales's position on the UK Government review of the Gambling Act. A request was made for group members to support the needs assessment by suggesting participants for qualitative interviews and by acting as the steering group for the project.

Step 2: Identify health priorities

At this stage, it is important to gather qualitative and quantitative data describing the population of interest. This stage involved:

- Qualitative interviews with users and providers of gambling services, and other stakeholders with an interest in gambling harms.
- Meeting with providers of UK gambling services outside of Wales to understand the services provided, the models of care being used and any learning for Wales.
- Gathering published and unpublished quantitative data to understand the scale of gambling harms in Wales.
- A review of evidence looking at both the effectiveness of preventative interventions for harmful gambling, and treatment services for those experiencing gambling harms.

Step 3: Identify priorities for change

This stage identifies which of the issues identified are most important, leading to priorities for action and the development of a set of recommendations.

Steps 4 and 5: Communicating and monitoring

These final steps involve communicating the recommendations to appropriate stakeholders and then subsequently monitoring the implementation of the recommendations. It will be important to assess whether or not preventative interventions and treatment services for people experiencing harms from gambling in Wales have improved as a result of this health needs assessment over time.

Oversight arrangements

The health needs assessment project plan was presented to the Gambling Task and Finish Group led by the Welsh Government in March 2022. Although this was the final meeting of the group, it was agreed that the membership would continue to provide oversight. Stakeholders represented on the group included:

Chief Medical Officer for Wales, Welsh Government
Deputy Director of Public Health, Welsh Government
Lead for the GREAT Network (The Gambling Research, Education and Treatment Network Wales), Swansea University
Consultant Psychiatrist, Cardiff and Vale University Health Board
Academic representatives of School of Psychology and Therapeutic Studies, University of South Wales
Chief Operating Officer, Addiction Recovery Agency (ARA)
Director of Quality and Innovation, GamCare
Chief Commissioning Officer, GambleAware
Counselling Consultant, Adferiad Recovery,
Consultant in Public Health, Public Health Wales
Specialty Registrar in Public Health, Public Health Wales

A Specialty Registrar co-ordinated the health needs assessment, working full-time for five months, with supervision from a full-time Consultant in Public Health. There was no specific budget, and all qualitative interviews were conducted via video call. The needs assessment was undertaken during the period January 2022 to May 2022.

4. Epidemiology of gambling

Estimated prevalence of gambling and gambling harms

For several reasons, it is challenging to access reliable estimates of the prevalence of gambling, and gambling harms, in the UK and in Wales. Firstly, relevant data tends to be collected from surveys in which individuals self-report their own behaviour and experiences. Self-reported data is problematic, especially when evidence shows that stigma and shame is associated with gambling behaviour (Welsh Government, 2018; NatCen Social Research, 2020) so that individuals may conceal or under-estimate the scale of their gambling when questioned. Secondly, despite the availability of standardised screening tools for measuring gambling impacts in the general population – such as the Problem Gambling Severity Index (PGSI) (Gambling Commission, 2021b) - multiple studies have raised concerns about the limited utility of such tools in the public health domain (Rogers et al., 2019; Price et al., 2020; Davies et al., 2022).

Thirdly, where such tools have been used as the basis for population-level surveys across the UK, the results are presented by categorising individuals into distinct groups, generally as either not at risk of experiencing gambling harms, as being at low or moderate risk, or as "problem" gamblers. However, evidence increasingly points to gambling harm occurring on a continuum (Delfabbro and King, 2017; John et al., 2020). It is therefore important not to lose sight of the fact that even "low-risk" gamblers may be starting to experience harm and this group significantly outnumber those categorised as "problem" gamblers (Delfabbro and King, 2017). This underlines the need for a public health approach considering prevention of gambling in the first place, and interventions to prevent escalation of gambling harms along this continuum, rather than focusing solely on those categorised by screening tools as "problem" gamblers. John et al. (2020) highlight that "a public health approach that reframes the issue to a continuum of harm, as opposed to pathologising a minority of "problem" gamblers, could change the acceptability of acknowledging the need for help by both gamblers and service providers." The lack of robust data on gambling prevalence and the prevalence of related harms is increasingly acknowledged by stakeholders. Questions on gambling are now included in the annual National Survey for Wales, with the first results to be published in the summer of 2022. The Gambling Comission plans to pilot a single, annual population survey in the near future.

Accepting the above caveats, prevalence of gambling and gambling harms can be estimated from the results of three UK population-level surveys, the Welsh Problem Gambling Survey, the Health Survey for England and the Scottish Health Survey. The most recent combined estimates from these three surveys use 2016 data and suggest that 4.2% of UK adults had a PGSI score of 1 or above, indicating they were experiencing gambling harms (albeit with lower scores representing a lower level of risk), and that 0.7% scored at 8 or above, indicating "problem" gambling or a loss of control over gambling behaviour (NatCen Social Research, 2020). However, a YouGov survey conducted in 2021 found the same figures to be around three times higher, with 12.7% of those surveyed having a PGSI score of 1 or above and 2.8% scoring at 8 or above, equating to as many as 1.4 million people experiencing gambling harms in the UK (GambleAware, 2021). Other studies have estimated the proportion of individuals experiencing gambling harms to be higher still, with a 2020 study focusing on a cohort of people who gambled in Wales finding that around a third demonstrated risk indicators consistent with a score of 1 or above on the PGSI scale (John et al., 2020).

The most recent Welsh Problem Gambling Survey, a face-to-face survey of around 4,000 respondents conducted by the Gambling Commission, took place in 2018. Headline figures from the survey are shown in the table below.

Table 1: Data from Welsh Harmful gambling Survey 2018

Measure	2018 – Wales
Gambled in the last year	51.5%
Gambled in the last year, excluding those who only played the National Lottery draws	37.9%
Problem gambler (according to PGSI scale)	0.7%
At moderate risk of developing gambling problems	0.9%
At low risk of developing gambling problems	2.0%
Sample size	4034

Based on population estimates, these survey results indicate that approximately 18,000 people in Wales were "problem" gamblers in 2018, 24,000 were moderate-risk gamblers and 52,000 were low-risk gamblers (Gambling Commission, 2018).

Who is most affected by gambling harms?

The harm caused by gambling is unequal in distribution, with evidence showing that specific groups within the general population are more vulnerable to gambling harms.

Age, sex and socioeconomic status

A 2019 evidence review of gambling-related harms by Public Health England suggested that while gambling itself is most prevalent in people in employment, living in less deprived areas and with higher academic qualifications, harmful gambling is more prevalent in those who are economically inactive and living in deprived areas. Recent UK surveys of gambling behaviour have shown that men are more likely to gamble than women, and more likely to experience harms from gambling (NatCen Social Research, 2020). Age is also a risk factor for gambling harms, with harms being greatest in those aged 18 to 34 years (NatCen Social Research, 2020).

The 2018 Welsh Problem Gambling Survey results (Gambling Commission, 2018) reflect the UK pattern, with the same demographic groups disproportionately affected by gambling harms in Wales. More men in Wales (52.9%) gamble than women (50.8%) and 1.1% of men can be classified as "problem" gamblers, compared with only 0.2% of women. The survey showed highest harmful gambling rates in the 25 to 34 age group (1.1% of all adults, and 2.7% of males). Unemployed individuals were most likely to be "problem" or at-risk gamblers (1.4% and 5.3% respectively, compared with 0.5% and 3.9% of those working full-time). Within the most deprived areas of Wales, the survey found there to be three times as many people experiencing gambling harms (0.9%) as in the least deprived areas (0.3%).

Ethnicity

Evidence suggests that individuals living in the UK from Black and minority ethnic backgrounds are less likely to gamble than those from White backgrounds, but may be more vulnerable to experiencing harms from gambling. The 2016 combined results from population gambling prevalence surveys in England, Scotland and Wales identified fewer gamblers from non-White backgrounds, with 59% of adults from White ethnic groups having gambled in the past year compared with 32% from Asian ethnic groups and 46% from Black ethnic groups. However, studies including that by Rogers et al. (2019) have suggested a "'harm paradox' whereby they (people from Black and minority ethnic backgrounds) are less likely to gamble yet more likely to experience harms." Rogers et al. suggest that this may be due to cultural and religious differences that either inhibit or facilitate gambling behaviour, but also due to socioeconomic inequalities disproportionately experienced by individuals from non-White ethnic groups, such as low pay or living in deprived areas. The 2018 Welsh Problem Gambling Survey, while evidencing increased harmful gambling behaviour in individuals from lower socioeconomic areas, does not present data on ethnicity.

Children

Despite prevalence surveys of gambling behaviour generally focusing on adults aged 16 and older, children are both at risk of experiencing harm from the gambling behaviour of family members, and from their own gambling (Rogers et al., 2019). A 2019 Gambling Commission report suggested that 55,000 children in the UK aged between 11 and 16 years were gambling to a harmful level, despite it being illegal for them to participate in such activities. The report suggested that for girls in this age group, harmful gambling was twice as high as in any other female age group and for boys, the rate was three times as high as in any other male age group. Public Health England (2019) has suggested that in children, there is a potential relationship between gambling and other harmful activities, stating that "compared with children who have not gambled, those who have spent their own money on gambling are more likely to have also consumed alcohol, taken drugs, or smoked either a tobacco cigarette or an e-cigarette." Other evidence has shown that children who live in the same household as someone who gambles are four times more likely to start gambling themselves (Welsh Government, 2018).

Individuals in contact with the criminal justice system

Rogers et al. (2019) identified prisoners, and people on probation, as being at risk of harmful gambling. They found that both social isolation, and the gambling culture within prisons, made these individuals more vulnerable. A recent research study by the University of Lincoln, yet to be published, investigated the gambling behaviour of 282 male prisoners at a UK category B prison, and found that 14.5% met the PGSI definition of being "problem" gamblers. A third of participants reported that gambling was a "normal" part of prison life, and almost half had gambled while in prison, including a small number of individuals who had never gambled before their imprisonment.

A recent BBC report used data taken from a Freedom of Information request submitted to UK police forces by a penal reform organisation, showing that 41% of police forces do not screen individuals for gambling harms when they are arrested (BBC, 2022). In contrast, it is standard practice to screen for alcohol and drug misuse, and for mental health issues. The report notes that if an addiction is identified in arrested individuals, it could be used in mitigation later in criminal proceedings. This suggests that those experiencing gambling harms are not currently having their addiction taken into account in the same way as those experiencing problems with

alcohol, drugs or their mental health. This is unsurprising given that screening for gambling-related harm is uncommon across a range of frontline services as evidenced elsewhere in this report.

Links between gambling and mental health

Individuals experiencing anxiety, psychological or mood-related problems are more likely to experience harms from gambling (Public Health England, 2019). Studies into this association have generally been unable to identify whether mental health problems occur before harmful gambling, or vice versa (Welsh Government, 2018), although some studies have suggested that gambling may be adopted as a coping mechanism by those who experience poorer mental health due to past trauma or adverse childhood experiences (Rogers et al., 2019; John et al., 2020). There is also a strong association between alcohol consumption and gambling at all levels (Public Health England, 2019). Among people with alcohol misuse disorders, rates of harmful gambling are eight times higher than in the general population (Welsh Government, 2018) and the charity Alcohol Change UK (2018) identified, from research conducted in Wales, that one in six individuals who sought help for alcohol addiction said that they had also experienced harmful gambling. John et al. (2020) suggested that younger gamblers are more likely to consume alcohol, and also to gamble while intoxicated.

Other vulnerable groups

Rogers et al. (2019) identify students, homeless people and military veterans as other population groups more likely to experience harms from gambling. They state that students are both more vulnerable due to stress and the transition of leaving home for the first time (with international students more at risk) but also because they perceive gambling as a way to potentially make money. Evidence also shows that both serving and former military personnel are more vulnerable to gambling harms (Pritchard and Dymond, 2022). Veterans are eight times more likely to experience harms from gambling than non-veterans; this may be due to the stresses of transition between civilian and military life, potentially including leaving the armed forces due to a life-changing injury or other traumatic event (Rogers et al., 2019). A recent study of gambling behaviours among military veterans found them to be significantly more likely than other harmful gamblers to be gambling as a way to cope with distress or trauma (Dighton et al., 2022). Evidence shows both that being homeless can trigger harmful gambling, but also that gambling may lead to homelessness due to its consequences on finances and relationships (Rogers et al., 2019).

Social factors have also been shown to be associated with increased risk of gambling harm, with John et al. (2020) referencing studies showing that the gambling behaviour of friends is influential in both the initiation of, and maintenance of, gambling behaviour in those experiencing harms.

Affected others

It is important, when estimating the prevalence of gambling harms in a public health context, to consider those who are “affected others” – individuals who experience harms as a result of someone else’s gambling behaviour. A 2020 House of Lords report identified that “for each problem gambler, six other people, a total of two million, are harmed by the breakup of families, crime, loss of employment, loss of homes and, ultimately, loss of life.” In research conducted by the NatCen Social Research in 2020, 7% of people across the UK were identified as an affected other, of which nearly two thirds were the partner or close family member of someone who gambled. The same study found that affected others were more likely to be women, to be from a Black or minority ethnic background, and to be from lower socioeconomic groups. Almost half described the impact of someone else’s gambling behaviour as “severe” and the most commonly identified

impacts were on relationships (82%) and finances (60%). The research identified that almost half of affected others (45%) had tried to access support either for themselves or the person who was gambling, but that affected others generally felt there was a lack of appropriate support for families and not enough signposting to available services.

Gambling types

Evidence suggests that not only do the sociodemographic characteristics and comorbidities of individuals influence their risk of experiencing gambling harms, but there is also an increased level of risk associated with some forms of gambling. The 2018 Welsh Problem Gambling Survey identified that the more types of gambling individuals participated in, the more likely they were to be classified as a "problem" gambler (Gambling Commission, 2018). Indeed, 14.0% of those who said that they spent money on seven or more gambling activities were "problem" gamblers, compared to just 0.1% of those who only participated in one form of gambling.

The 2019 Public Health England evidence review noted differences in the types of gambling undertaken by gamblers experiencing harms in comparison to the general population. It found that National Lottery participation - the most common gambling activity in Wales, with more than a third of adults reporting playing the lottery in the past year (Gambling Commission, 2018) – was low in harmful gamblers. However, the same review found that other, generally less common, forms of gambling had high participation among those categorised as "problem" gamblers. These were online gambling, casino and bingo games, use of electronic gambling machines in bookmakers, sports and event betting and gambling on dog racing. Individuals categorised as "at-risk" gamblers were more than twice as likely to participate in online gambling as the general population.

The gambling environment in the UK and Wales

While online gambling has risen in recent years, land-based opportunities to gamble remain a key part of the gambling industry (University of Bristol, 2021a). Indeed, the most recent Welsh Problem Gambling Survey (Gambling Commission, 2018) found that 6.1% of adults had placed a bet on horse racing at a physical gambling premises within the last 12 months and 5.6% had played bingo in person, compared with 5.3% who reported participating in online gambling (excluding National Lottery draws). A 2021 University of Bristol report found that there are around 10,000 physical gambling premises across the UK, and this is greater than the number of supermarkets run by the eight largest chains. The same study found that 21% of gambling premises were located in the most deprived decile of the UK, compared with 2% in the least deprived decile and bearing out findings from other studies noting that, across the UK, terrestrial gambling premises are disproportionately located in areas of highest deprivation (Rogers et al., 2019; John et al., 2020).

Rogers et al. (2019) developed a gambling harm risk-index map indicating the areas of Wales where gambling harms were most likely to occur, based on what is known about risk factors. This project included the production of a map showing the location of premises with a Gambling Commission licence in Wales. When compared to maps produced by GambleAware showing levels of "problem" gambling (PGSI score of 8+) prevalence across the UK, it can be seen that these premises are most tightly clustered around areas of Wales with highest prevalence (GambleAware, 2022a). These are primarily deprived, urban areas of North and South Wales, with fewer opportunities to gamble in more affluent, rural areas of Mid and West Wales.

Rogers et al. (2019) noted that the closer individuals live to gambling premises, the more likely they are to develop harms from gambling. They state that bookmaker loyalty cardholders living within 400 metres of such premises have higher rates of harmful gambling than those living more than 400 metres away.

Costs of gambling

While it is challenging to obtain an estimate of the cost of gambling in Wales and the UK (Welsh Government, 2018), Rogers et al. (2019) provide an estimate of between £40 million and £70 million each year in Wales, and £260 million and £1.16 billion for the UK. This includes costs to public services, namely health, criminal justice, welfare, unemployment and housing services (Rogers et al., 2019), but excludes costs related to affected others and wider society so that the true cost of gambling to public services is likely to be higher. Patel and McDaid (2019) suggest that other costs not reflected in these estimates may include those associated with loss of productivity, personal legal costs, the financial impact of gambling on families, and costs relating to suicides. One estimate using English data from 2009 suggested that suicide in working age adults costs £1.67 million per life lost (Rogers et al., 2019).

Most of the estimated cost from gambling to public services in Wales represents the cost to health services (Rogers et al., 2019). Evidence shows that people who identify as harmful gamblers are twice as likely as the general population to consult their GP for mental health concerns, five times as likely to be hospital inpatients, and eight times as likely to access psychological counselling (Cowlishaw et al., 2017).

Roles and responsibilities

At the time of writing this report, the legislation designed to control gambling in England and Wales, the Gambling Act 2005, was under UK Government review. This legislation positioned gambling as a leisure activity and sought to increase the opportunities available to adults to participate in gambling (House of Lords, 2020), as well as lifting the previous ban on many forms of gambling advertising. In Wales, compliance with, and enforcement of, the Act is the responsibility of local authorities (Welsh Government, 2018).

A legislative change was made by the UK Government in 2018, when it was announced that there would be a limit on the amount of money that could be staked on Fixed Odds Betting Terminal machines. This came into force in 2019 and was triggered by concerns that these machines were addictive in nature and contributing to harmful gambling (House of Commons Library, 2019).

Since the 2005 Act was passed, the gambling landscape has changed considerably, with a rapid increase in gambling advertising, the types of gambling products available, and participation in online gambling (Welsh Government, 2018). The ongoing review is expected to address areas such as potential to limit online gambling stakes and prizes, tougher affordability checks, a ban on sports sponsorship by gambling companies, legal redress for individuals harmed by gambling, and a mandatory levy to fund treatment services and research (Department of Digital, Culture, Media and Sport, 2020).

The 2005 Act created the Gambling Commission, which licenses operators that provide arcades, gaming machines, betting, lotteries, bingo, remote gambling (both online and over the phone), casinos and gambling software, as well as awarding the licence to run the National Lottery (House of Lords, 2020). The Commission is funded by fees paid by the organisations and individuals it licenses (House of Lords, 2020). The Gambling Commission established a separate Responsible Gambling Strategy Board, which sets strategy and priority

areas for research into harmful gambling, and works to persuade and influence others (Welsh Government, 2018).

Also established by the Gambling Commission was GambleAware, a national charity that supports research, education and treatment services using funding raised from the gambling industry through a voluntary levy. All those who profit from the gambling industry in the UK, whether or not they hold a licence from the Gambling Commission, are asked to voluntarily donate a minimum of 0.1% of their annual Gross Gambling Yield (GGY) (GambleAware, 2022b).

In Wales, Welsh Government has devolved responsibility for health, and gambling falls under this portfolio area (Welsh Government, 2018). Civil servants are employed across several departments that deal with aspects of gambling, including planning, local government and public health and mental health teams (Welsh Government, 2018). In 2018, the Chief Medical Officer for Wales chose gambling harms as the theme for his annual report, and in December 2020, a task and finish group was established to take forward the report's recommendations. Among the terms of reference for the group was to advise on Wales's position in relation to the review of the Gambling Act.

Numerous third sector organisations, across the UK and in Wales, provide support for individuals experiencing harms from gambling, and some patients in Wales are able to access NHS gambling treatment services in England. A summary of services is provided in chapter 5 of this report.

The international context

At global level, gambling and gaming disorder are now included in the same category as substance use disorders in ICD-11, the most recent version of the International Classification of Diseases maintained by the World Health Organization (Abbott, 2020). Although this signifies that gambling is part of the global health agenda, evidence shows that "governments have generally failed to implement regulatory and public health measures that effectively reduce gambling-related harm" (Abbott, 2020). However, it is possible to identify countries at the forefront of tackling gambling harms:

- **New Zealand** is the only country with a legislated national public health approach to gambling. The Ministry of Health is responsible for developing and implementing public health and harm minimisation interventions, through community involvement. Policy initiatives at national and local levels have included workplace and organisational gambling policies, encouraging charitable fundraising efforts that do not include an element of gambling, and reducing the number of premises offering electronic gambling opportunities by refusing new licences in areas where a premises has recently closed.
- **Canada** has a long history of advocating for a public health approach to gambling. Many jurisdictions have developed local initiatives to reduce gambling harms. These include Ontario's Build, Engage, Translate (BET) System Impact funding stream, which supports the development of systems-level approaches that prevent or reduce gambling harms, promote health and wellbeing, and reduce health inequities. Past projects have spearheaded partnerships or networks to improve population health. In British Columbia, a gambling harms strategy includes community-based counselling services, self-exclusion programs, public helplines, awareness and education initiatives, and marketing regulations.
- **Australia** has strong public support for programmes and policies that take a public health approach to gambling. In a 2017 survey, 75% of people said there should be a ban on gambling advertising during times when children might be watching television, a reduction in electronic gaming machines, and an

increase in educational messaging. The Public Health Association of Australia works to increase independent gambling research funding, ensure transparent disclosure of potential conflict of interest in such research, and strengthen legislation to protect youth and priority populations from gambling advertising and promotions.

(Adapted from GREO, 2019)

Current issues of concern

From published evidence, some of the current concerns about gambling in the UK and Wales are as follows. The same issues were identified in the qualitative research conducted with stakeholders and service users as part of this health needs assessment process. The themes identified from the qualitative interviews are described in more detail in Chapter 7 of this report.

Advertising and sponsorship

Since the Gambling Act 2005 lifted the ban on many forms of gambling advertising, there has been an increase in the volume of such advertising and marketing. Television advertising increased from 152,000 adverts in 2006 to 1.39 million in 2012 (Welsh Government, 2018). A 2020 House of Lords report stated that the gambling industry now spends £1.5 billion each year on advertising.

Torrance et al. (2020) summarise research showing that exposure to gambling advertising is associated with an increase in participation and riskier expenditure amongst not only "problem" gamblers, but also amongst low and moderate-risk gamblers, illustrating the effect of gambling marketing across all gambling groups. The same study highlights that gambling advertising increasingly takes place online, as opposed to traditional advertising that is more tightly regulated, which "creates a unique and complex issue specific to the UK given the noticeable lack of policies that regulate the online advertising of gambling and the sizeable user base of younger generations that frequent the online environment."

There is a particular concern about the exposure of children to gambling advertising. A study by the University of Bristol (2021b) found there to be around 41,000 children under the age of 16 following gambling companies on social media. Almost half of children aged 11 to 16 said they saw a gambling advertisement at least once a week on social media, and of 24 adverts tested, 19 were more appealing to children than adults. The same study raised concerns that content marketing by gambling companies on social media is outside the remit of the Advertising Standards Agency as it does not meet the definition of advertising, but again appealed more strongly to children than adults. The authors found that e-sports advertising (e-sports being the competitive playing of computer games) also appealed far more strongly to children than adults, and called for a ban on this type of advertising. Similarly, concerns have been raised that sponsorship of sports teams and events by the gambling industry may be influential upon gambling behaviour in both children and adults. A 2020 study by McGee described the "normalisation" of sports gambling amongst young men as a result of the "symbiotic relationship between sports and gambling." John et al. (2020) found that along with fixed odds betting terminals, sports betting was the greatest predictor of gambling harm. While the Football Association has ended such sponsorship activities, the English Football League and many of the Premier League football clubs are still sponsored by gambling providers, including those based in Wales (Welsh Government, 2018).

In April 2022, the Committee on Advertising Practice (CAP) addressed these concerns by announcing that in contrast to the previous rule that gambling advertising must not be of 'particular appeal' to children, adverts must now not be of 'strong appeal' to children and young people, or rely on the use of references to youth

culture. The ruling bans advertisements featuring sports people or celebrities who may especially appeal to people under the age of 18. CAP stated that: "by introducing a ban on strong appeal to under 18s … we're also inviting a new era in gambling advertising, one more tailored to its adult audience and less likely to appeal to a broader audience" (CAP, 2022). The new restrictions will come into force in October 2022, so that their impact remains to be seen.

While a key feature of UK gambling advertising is messaging designed to encourage safer gambling, such as the well-known "When the fun stops, stop" strapline, studies have raised concerns about the effectiveness of such campaigns. Research by the University of Bristol (2022) found that safer gambling messaging increased the shame and stigma felt by individuals experiencing gambling harms, and was not effective in reducing gambling behaviour.

Gambling industry behaviour and funding

Evidence suggests that the gambling industry is reliant upon individuals becoming harmful gamblers. A 2020 House of Lords report suggested that 60% of industry profits come from just 5% of gamblers who are already experiencing problems, or are at risk of doing so. The report goes on to state that: "the people most at risk are also the most profitable to the industry: the greater the problem, the bigger the profit." A 2020 study by John et al. cited qualitative research in which participants raised concerns "that industry advertising targets poorer populations who may be more susceptible to the false hope of escaping desperate socioeconomic situations." A 2019 evidence review by Public Health England pointed to an increasing "negative and worsening" public perception of how gambling is provided.

The funding of GambleAware via voluntary gambling industry contributions, and therefore the indirect funding of gambling research, treatment and education by industry money, is also controversial due to fears that a conflict of interest is involved (Welsh Government, 2018). A 2022 Lancet Psychiatry article notes that such arrangements hinder research into harmful gambling, as some institutions are unable or unwilling to accept funding that has come via this route, and that there is a need for increased research funding streams that are independent of the gambling industry (Bowden-Jones et al., 2022). In 2022, NHS England announced that it would no longer be accepting GambleAware funds for delivery of its gambling treatment clinics, citing concerns from service users about the use of money that had originated from the gambling industry (NHS England, 2022).

Emerging forms of gambling

In recent years, concerns have been raised that with the increased availability of the internet and of smartphones, the gambling landscape is changing in a way that cannot be regulated by the provisions of the existing Gambling Act, which was drafted before the advent of smartphones (House of Lords, 2020). People can now gamble anywhere at any time, rather than needing to visit physical gambling premises. John et al. (2020) note that in Wales, participation in online sports gambling in particular is increasing, and suggest this is due to both ease of access and availability of new gambling products, and improved internet connectivity. Rogers et al. (2019) report 2017 data showing that while laptops were the most popular devices used to access online gambling services (50% of online gamblers), more than half of 18-24 year-olds who gambled online were doing so via their mobile phone. They also report an increasing trend in young adults towards accessing online gambling services outside the home, with a fifth of 18-24 year olds gambling whilst at work, a fifth whilst commuting, and one in 10 in a pub or club. The authors conclude that "these trends indicate that people

have almost continuous access to gambling services across multiple settings, raising the possibility that technology acts as an 'accelerator' to increase risk of harms among vulnerable individuals."

Gaming

Recent evidence has described an emerging link between gaming and gambling, primarily due to the presence of gambling-type activities in computer games aimed at children too young to legally gamble. A 2019 report by the Royal Society of Public Health (RSPH) described how young people aged 11 to 14 years were the group most likely to be playing games involving "loot boxes" and "skin betting" and that young people themselves had described these as "addictive." Both of these features involve making in-game purchases using either virtual currency or real money, to obtain a prize or graphic with varying levels of value within the game, so that an element of chance is involved. The RSPH report points to evidence showing that around a third of young people aged between 13 and 18 knew what skin betting is, and around 10% had actually participated in it. One study found that games containing loot boxes are generally given low age ratings, with 95% of the top grossing iPhone games containing loot boxes being deemed suitable for children as young as 12 (Xiao et al., 2021). In both the Netherlands and Belgium, loot boxes have been found to violate gambling legislation and steps have been taken to more closely regulate their use (Royal Society for Public Health, 2019).

The impact of COVID-19

There is mixed evidence in terms of whether the COVID-19 pandemic, and associated lockdowns, have impacted on gambling behaviour and levels of gambling harm. A study by Hodgins and Stevens (2021) reported a reduction in gambling behaviour in individuals who would typically have gambled at physical premises closed during lockdown periods, but an increase in online gambling among some groups including those already categorised as "problem" gamblers. The authors note that longer-term research is needed to assess whether these trends have continued. Similarly, a rapid evidence review by Public Health England (2021) noted an overall reduction in gambling during the first lockdown of March 2020, but reported small groups of individuals who increased their gambling.

5. Service summary

Current service provision – England

The only NHS-funded specialist gambling services in the UK are located in England. The National Gambling Treatment Service (NGTS) is jointly commissioned by GambleAware and NHS England, although in 2022, the NHS announced that GambleAware funding would no longer be used for the running of its gambling treatment clinics (NHS England, 2022).

The NGTS includes the following elements:

National Problem Gambling Clinic	Based in London, the clinic is a specialist treatment service offering a range of treatment packages to help clients change their gambling habit and address other mental health needs related to it. Help is also offered to affected others. Treatments include cognitive behavioural therapy (CBT), psychodynamic therapy and the prescription of Naltrexone where other options have been exhausted. Unpublished data obtained directly from the clinic for this report shows that a small number of individuals from Wales have received treatment – 37 in total between 2017 and 2021, with half of these being seen in the year ending 2021. Clinic staff have identified that those individuals referred from Wales tend to have highly complex needs, for example severe mental health issues that need to be addressed before treatment for gambling can be successfully undertaken. Individuals can self-refer into the clinic, or be referred by a health professional or another service such as GamCare. Clinic staff have identified that around half of referrals are self-referrals, and numbers referred by GPs are low. During the pandemic, clinic services were conducted remotely, and staff have identified that some services will continue be provided online or by telephone going forwards, as removing the barrier of travel to London may encourage more individuals to seek help from the clinic. Issues identified by clinic staff include long waiting times for some individuals to access help, resources and staffing.
Northern Gambling Service	The NHS Northern Gambling Service has specialist gambling treatment clinics, also providing support to affected others, in Leeds, Manchester and Sunderland. Similarly to the London clinic, the service accepts self-referrals and referrals from health professionals and other services such as GamCare.

	The service works with other professionals such as specialist mental health services to ensure that other issues experienced by gamblers are addressed. Staff at the clinic have stated that a small number of referrals come to the Manchester clinic from the North Wales area. More than 90% of referrals to the service are self-referrals and the service sees around 500 clients each year.
GamCare	GamCare operates the National Gambling Helpline, provides treatment for anyone who is harmed by gambling, creates awareness about safer gambling and treatment, and encourages an effective approach to safer gambling within the gambling industry. The helpline provides free, confidential advice and signposts to face-to-face services across England, Wales and Scotland run by partner agencies.
Gordon Moody Association	Gordon Moody offers residential treatment for people experiencing gambling harms, with two locations in the South East and the Midlands for males, and a new centre for females due to open in 2022. Individuals can self-refer for treatment, or be referred by a professional. The association also provides support for affected others.

In 2022, GambleAware published figures showing that in 2020/21, a total of 8,490 individuals had accessed support from the NGTS. This included 347 people resident in Wales, 90% of whom referred themselves to services. It estimated that the number of people currently requiring NGTS support is over 160 times higher than the number of people who actually receive NGTS support each year, or that for each person receiving support, more than 160 others do not (GambleAware, 2022c).

Of the individuals living in Wales who received support from the NGTS in 2020/21, 66% were male, 39% were aged between 25 and 34, and 93% were from a White British background. Almost all of them (98%) had scores of eight or higher on the PGSI index, indicating that they were “problem” gamblers. Improvements in PGSI score were seen in 94% of those completing treatment, compared to 51% among those who dropped out (GambleAware, 2022c).

GamCare provided data for this needs assessment on calls received to the National Gambling Helpline between 2018 and 2022 from individuals with a postcode in Wales. During that period, the helpline received 3,384 calls from 1,721 individual callers. Callers were more likely to be male, and in the 26 to 35 years age group. Callers reported that they were seeking support for a range of gambling-related harms, but those most commonly mentioned were anxiety and stress, family and relationship issues, and financial concerns.

The Office for Health Improvement and Disparities (OHID) has identified the need for a clear treatment pathway for people experiencing gambling harms, and development of such a pathway was ongoing at the

time of writing this report. It is acknowledged that the current system often relies on gamblers self-referring into any number of services, the majority of which will be third sector providers with differing offers, and only around 3% of "problem" gamblers will access specialist NHS treatment clinics in England.

NHS England plans to open further specialist gambling treatment clinics, with up to 15 clinics covering all regions of England due to be running by 2023/24.

In England, gambling has been part of the school curriculum since September 2020, so that it is among issues covered in the PSHE (personal, social, health and economic) lessons that are compulsory for pupils. The PSHE Association has worked with GambleAware to develop materials to support teachers in delivering this learning, and there are also charitable organisations such as the Young Gamers and Gamblers Education Trust (YGAM) who offer teaching sessions, and train the trainer sessions, in schools.

Current service provision – Wales

NHS services

There are currently no specialist NHS services for gambling in Wales. The Welsh Health Specialised Services Committee (WHSSC) is currently investigating the development of a specialist service. Recommendations from this health needs assessment report will help to inform this work.

Addiction Recovery Agency (ARA)

ARA has been the NGTS service provider for Wales since 2019 and is funded by GamCare. ARA provides free and confidential advice about gambling, together with one-to-one counselling for people experiencing harms due to their own gambling or that of a family member. Other programmes include a Young People's Education Service providing training in schools and other educational settings about gambling and gaming, 'Braking the Sharam' which provides gambling harms support within South Asian communities and the Six to Ten Project launched in 2022, providing comprehensive advice and advocacy to the reported six to 10 people negatively affected by each harmful gambler. Alongside free and confidential counselling through the NGTS, Six to Ten project clients will have a dedicated support worker who will advise, and engage with a range of organisations on the client's behalf. Areas of support include housing, financial advice, mental and physical health, legal support and building relationships and resilience.

Third sector organisations

Several third sector organisations work throughout Wales to provide help, support and advocacy services for gamblers and their families. Some also undertake outreach work, going into settings such as schools and prisons to share lived experience of gambling. Some third sector services in Wales receive funding from GambleAware while others are funded from charitable donations, and some also offer support to individuals with other addictions and mental health issues. Among the services in Wales identified, and approached to take part in qualitative research to inform this health needs assessment, were Gamblers Anonymous, Adferiad Recovery, John Hartson Recovery and Deal Me Out.

Other sources of support

The 2018 Chief Medical Officer for Wales report identified that individuals experiencing harms from gambling may come into contact with, or seek support from, a range of other frontline services. These include alcohol and drug treatment providers, social workers, general practitioners, debt counsellors and criminal justice professionals. From the qualitative interviews described later in this report, it was identified that some individuals experiencing gambling harms will make contact with their general practitioners for help, often presenting with an associated issue such as a mental health or debt concern, but there is currently no onward referral pathway.

National curriculum

Gambling is not currently part of the school curriculum in Wales, but there are charitable organisations who deliver gambling education in schools. The Gambling Commission has appointed the North Wales-based organisation Deal Me Out to deliver a national education and awareness programme for Wales, which includes delivering workshops in settings including schools. In 2020, YGAM rolled out their education programme to Wales, and have developed resources in the Welsh language.

6. Effectiveness of interventions – reviews of literature

Two reviews of the literature were undertaken to inform this health needs assessment. The first focused on identifying the evidence for interventions aimed to prevent gambling harms, and the second on identifying the evidence for interventions for treatment of individuals already experiencing gambling-related harms.

It should be noted when considering the findings of this literature review that three studies report that they were produced with direct or indirect funding from the gambling industry: Keen et al. (2017); Wybron (2018); and Motka et al. (2018).

Reviewing the evidence around prevention

The literature search for this review included all materials published between 1 January 2012 and 1 February 2022 using the search terms 'gambling' AND 'prevention' OR 'education' and searching the electronic databases PubMed, Cochrane, PsychINFO, EMBASE and CINAHL. The contents of four key gambling journals identified via Web of Science were also searched (Journal of Gambling Studies, International Journal of Mental Health and Addiction, Journal of Gambling Issues, International Gambling Studies), and grey literature searches were conducted using ETHOS and Google. Limits were applied to search only for literature in the English language, and relating to high income countries as defined by the World Bank, to improve generalisability to Wales. A total of 250 articles were found, of which 70 were reviewed in full after abstract screening and removal of duplicate articles or those included in a review-level study already identified. Once those that were not relevant to prevention, were not available in full text or did not relate to a high income country were removed, this left 17 articles.

There were eight review-level articles, including five systematic reviews, one umbrella review, one non-systematic literature review and one scoping review, of which three articles commented on the evidence base being scarce, or low quality. Seven articles were evaluations of gambling interventions using pre-test/post-test or qualitative methodology. Two further articles offered models or frameworks for approaches to gambling interventions based on reviews of evidence. The full literature review process appears in Appendix 1.

The key themes from the literature are outlined below.

Schools-based gambling prevention programmes

The majority of the papers identified by the literature search focussed on the prevention of gambling by targeting young people through the delivery of schools-based programmes. A 2017 systematic review by Keen et al. examined the evidence from 19 papers describing empirically-evaluated gambling prevention programmes delivered in schools internationally. The review did not find evidence of interventions that had achieved long-term behaviour change preventing gambling harms in young people. This concurred with the findings of an earlier review by St-Pierre et al. (2015) which found "it is difficult to draw firm conclusions regarding the transfer of learning to actual gambling behaviour or learning retention over time". While all of the studies included in Keen et al. (2017) reported that they were successful in improving cognitive outcomes in children, such as beliefs and attitudes towards gambling measured immediately post-intervention, only nine studies evaluated behavioural changes. Most of these studies did not follow up with participants, or did so for a short time, with only one study following up for longer than six months. Recommendations of this review

included the need for schools-based gambling prevention programmes to focus on behaviour change, and to include longer-term follow up.

Several papers made recommendations around the duration and content of schools-based interventions. Keen et al. (2017) found that the majority of the included studies – 11 of 19 - offered only one or two gambling education sessions; however, those involving more sessions were more effective. Ren et al. (2019) tested a prevention programme with almost 33,000 young people over five years in the United States and found that repeating the intervention a second time, with a median gap of 368 days between interventions, improved outcomes in terms of attitudes and beliefs towards gambling measured pre-test and post-test. However, the effect was not sustained when the intervention was repeated three or more times.

Keen et al. (2017) found that most of their included studies involved interventions that used a combination of informative videos, multi-media tools and classroom activities. Among their recommendations was that young people should be taught more complex content, including "randomness of gambling outcomes." León-Jariego et al. (2020) made a similar recommendation, concluding that "showing that self-perceived gambling skills do not increase gambling winnings, and reducing misconceptions about gambling profitability, could contribute to weaken the association found between gambling attitudes and gambling intention." Keen et al. (2017) agreed that correcting potential misconceptions about how gambling games work should be a key target for educational programmes, but note that this brings the challenge of teaching the sometimes complex mathematical concepts underpinning gambling. Parham et al. (2019) describe the pilot of a schools-based gambling prevention programme that evaluated poorly, in part due to the difficulty in engaging pupils with statistical concepts "that may be more resonant to adults." Williams et al. (2012) conducted a systematic review that noted examples of interventions in which statistical instruction around gambling odds led to individuals making improved short-term choices, but caution that this knowledge alone will not necessarily equate to long-term behaviour change. In addition, three papers (Williams et al., 2012, Keen et al., 2017, and St-Pierre et al., 2015) recommended use of a clear theoretical framework for preventative interventions, but noted a lack of interventions described in the evidence that had been developed in accordance with a theoretical model of behaviour change.

Several papers were identified that described studies targeting groups of young people universally, including outcome measures assessing both levels of awareness of gambling harms in non-gamblers, and the reduction of gambling activity in existing gamblers. These included Ren et al. (2019), Dodig Hundric et al. (2021) and Wybron (2018). The latter described the quasi-experimental evaluation of a pilot of "Reducing the Odds", a UK gambling education project developed by the charity Demos in partnership with agencies including the National Harmful gambling Clinic. Wybron (2018) cites "variability of pupil behaviour" as an implementation challenge. Of around 650 secondary school children who took part, around 60 per cent had never gambled and the evaluation reports that it was challenging to produce materials that resonated with these children, "many" of whom reported not understanding the relevance of the teaching to them. For those already gambling, the programme resulted in statistically significant, but very small, changes in behaviour. León-Jariego et al. (2020) recommended that gambling prevention strategies "should be applied separately considering gamblers and non-gamblers as different groups" based on evidence showing different behaviour predictor variables in adolescents who had never gambled, and in those who had. Williams et al. (2012) recommended that behaviour change should always be the primary outcome measure when developing gambling prevention programmes. The authors stated: "improvements in awareness, knowledge or attitudes are of value as intermediate steps in the right direction, but of very limited importance if not accompanied by behavioural change."

It is reasonable to consider whether prevention programmes aimed at non-gambling young people could be further targeted to include those individuals most at risk. Only one paper was found supporting this idea, a

systematic review by Kourgiantakis et al. (2016) focusing on interventions for children more at risk of developing harmful gambling behaviour due to having parents who gamble. The authors examined 16 randomised control trials of gambling prevention programmes for young people but found none that targeted children of gamblers, or any other specific subgroups. The paper concluded that there is a research gap around targeting subgroups of children who may be most at risk, and also around family-focused gambling prevention strategies. Williams et al. (2012), Kourgiantakis et al. (2016), MacArthur et al. (2018) and Velasco et al. (2020) all note that family prevention strategies have been shown as an effective form of prevention of problematic behaviours in young people, particularly in substance misuse literature. While it may not be the case that these approaches can be extrapolated to tackling gambling harms, there is a case for more research in this area.

Education programmes for young people tackling multiple risky behaviours

Evidence suggests that young people who gamble are likely to also undertake other risky behaviours such as smoking, drinking alcohol and misusing substances (St-Pierre et al., 2015). It is therefore important to consider whether there may be a role for programmes that aim to prevent gambling along with other risky behaviours through the delivery of a single intervention. This review identified no evidence of studies that had aimed to prevent gambling alongside other behaviours; indeed a Cochrane review of individual, family and schools-based interventions targeting multiple behaviours in young people found, from 70 included randomised control trials, none that included gambling (MacArthur et al., 2018). The review concluded that "available evidence is strongest for universal school-based interventions that target multiple- risk behaviours, demonstrating that they may be effective in preventing engagement in tobacco use, alcohol use, illicit drug use, and antisocial behaviour, and in improving physical activity among young people." These findings suggest that further research is indicated to identify whether such interventions could also effectively target prevention of gambling in young people.

One paper, Ortega-Barón et al. (2021), described the evaluation of a multi-risk internet prevention programme delivered in Spain, which aimed to protect 165 young people aged between 11 and 14 from harms related to internet use, including gambling alongside other issues such as cyberbullying, online grooming and gaming disorders. The study did not find any effects when comparing pre-test and post-test gambling behaviours and attitudes, but the authors suggested that this may be due to the young age group of the participants. However, this study raises the question of whether more research is required into whether gambling prevention programmes for young people may sit most effectively alongside education about other internet-related risks. The potential to combine prevention programmes for harmful gambling and gaming behaviour may be particularly relevant due to the increasingly close links between the two activities.

Workplace-based prevention programmes

One paper, Rafi et al. (2019), describes the qualitative evaluation of a workplace intervention for prevention of gambling conducted in Sweden, based on interviews with 23 participants from five organisations. The authors cite evidence clearly showing links between gambling and the workplace, such as a high prevalence of callers to gambling helplines being employed and a high proportion of gamblers referencing impacts on their work as an adverse effect of their gambling behaviour. The paper does not report the results of the intervention in full, focusing on the employer's perceptions of its delivery. However, it makes the case for the workplace as an effective venue for delivery of health promotion interventions and suggests that more research is needed into the potential for delivering gambling prevention programmes at work.

Online interventions for adults

Little evidence was identified around internet-based gambling prevention interventions targeted at adults. A 2021 systematic review by Rodda et al. summarised the evidence around online interventions but of 15 studies included, only one was focused on prevention rather than treatment of those already gambling, and no

randomised control trials were identified. More research is required to identify whether there is evidence that such interventions could be effective.

Community interventions

One paper was identified that evaluated community-based interventions to prevent gambling harms (Kolandai-Matchett et al., 2018). The two interventions, both implemented in New Zealand, used public debate through the media, community-led campaigns and community education, and targeted the general population with particular focus on those in lower socioeconomic groups known to be most affected by gambling harms. The media element of these campaigns was distinct from paid media campaigns or advertisements, in that it relied on debate through platforms such as local talk radio with community members taking lead roles. Although there were some limitations to availability of data to evaluate the programmes, the authors conclude that there is potential for these interventions as a sustainable gambling harm minimisation model. The authors recommend that similar programmes need to be designed around in-depth knowledge of the communities being targeted and the communication methods and messaging most appropriate for them, ideally through involving communities in campaign development.

Interventions targeted at older people

One review paper (Matheson et al., 2018), focused on prevention of gambling harms in older people aged 55 and older. The authors cite a "paucity" of available evidence, and suggest that this group may be more vulnerable to developing harmful gambling behaviour due to viewing gambling as a form of entertainment, and due to marketing strategies designed to encouraged isolated older people into gambling venues, for example through incentives such as offering meals or free transport. The review recommends that prevention interventions for older people should consider cultural differences, comorbidities and the stigma associated with help seeking. Other recommendations include that preventative messaging should focus on the social determinants of health specific to older people's stage of life, for example, less disposable income and food insecurity. However, the authors suggest that more research is required, especially around effective prevention strategies for older women who gamble.

Restriction of advertising as a prevention mechanism

One review was identified, by Velasco et al. (2020) which included 16 studies and considered the restriction of advertising as a preventative intervention for non-gamblers (as opposed to a harm minimisation intervention for those already gambling). The authors suggest that while little is known about the impact of gambling advertising on behaviour in those not yet participating in gambling activities, it is reasonable to suggest that advertising might contribute to a positive attitude towards gambling, an increase in the social acceptability of gambling and an increase in engagement.

Preventative media campaigns

Two articles, by Velasco et al. (2020) and Williams et al. (2012), considered whether mass public information campaigns could prevent gambling. The latter concluded that there was no evidence of decreases in gambling behaviour as a result of information campaigns, and that there was likely to be limited positive impact on those with no intrinsic interest in the subject matter. The authors state that while campaigns offer relatively inexpensive ways of delivering preventative messages to a large audience, particularly young people, recall of campaigns is often poor. They provide examples of mass campaigns delivered in North America where as few as 8 per cent of people surveyed recalled seeing any of the materials. Williams et al. (2012) also conclude that while awareness campaigns about gambling harms are relatively common, there remains little research assessing their impact and the general lack of public awareness "is not very encouraging".

Reviewing the evidence around treatment

The literature search for this review included all materials published between 1 January 2012 and 1 February 2022 using the search terms 'gambling' AND 'treatment' OR 'harm reduction/minimisation' and searching the electronic databases PubMed, Cochrane, PsychINFO, EMBASE and CINAHL. The contents of four key gambling journals identified via Web of Science were also searched (Journal of Gambling Studies, International Journal of Mental Health and Addiction, Journal of Gambling Issues, International Gambling Studies), and grey literature searches were conducted using EThOS and Google. Limits were applied to search only for literature in the English language, and relating to high income countries as defined by the World Bank, to improve generalisability to Wales. Due to the large volume of literature identified by scoping searches, a limit was also applied to include only review-level evidence. A total of 217 review-level articles were found, of which 16 were reviewed in full after abstract screening and removal of duplicate articles or those included in a review-level study already identified. Once those that were not relevant to treatment or were not available in full text were removed, this left 12 articles including eight systematic reviews, one umbrella review, one scoping review, one mapping review and one rapid evidence review. The full literature review process appears in Appendix 2.

It should be noted that of the 12 included articles, nine make reference to the available evidence base being small, or of poor of variable quality. It should also be noted at the time of writing, the PROSPERO register of review-level research in progress included an upcoming umbrella review study by Dowling et al. which will seek to identify effective interventions for the treatment of "problem" and disordered gambling. When published, this review will add to the evidence base being investigated here.

The key themes from the literature are outlined below.

Screening and brief intervention for early identification

A systematic review by Blank et al. (2021b) included 22 studies that examined the evidence around screening the general population for gambling-related harms in other care settings. The authors noted that people who identify as "problem" gamblers are at increased likelihood of coming into contact with services compared with the general population, being twice as likely to see their GP about mental health concerns, five times as likely to be admitted to hospital and 10 times as likely to be receiving counselling for non-gambling-related reasons. The review concluded that while there were few examples of robust studies testing the effectiveness and acceptability of screening and brief intervention for harmful gambling in various settings, there was some evidence of feasibility and acceptability. The review found potential for brief screening tools for gambling disorder to be used in substance misuse, debt counselling, social work and mental health services, but identified barriers around staff at these services knowing where to refer or signpost individuals for further treatment or support, or having received any relevant training. However, general practitioners and mental health service providers who participated in the included studies identified that they believed there to be value in screening for gambling harms and felt that this was appropriate to their roles. Another identified barrier was patients' concern about confidentiality when discussing gambling during their contacts with other services. The review concluded that further research is needed to examine the effectiveness of such an approach in various settings, along with a clear referral pathway for those found to be at risk, and adequate training for frontline staff.

Therapeutic interventions

Three reviews were identified that summarised evidence describing therapeutic interventions led by psychotherapists for individuals who gamble: Gambling Research Exchange Ontario (GREO) (2020); Blank et al. (2021a) and Ribiero et al. (2021). These therapeutic interventions included cognitive behavioural therapy

(CBT), motivational interviewing and integrative therapy. Blank et al. reviewed 30 papers and concluded that "there is little evidence available to compare one type of targeted intervention with another for reducing gambling behaviours." Ribiero et al. (2021) reviewed 22 randomised control trials and found evidence that group and individual CBT was effective in improving outcomes for people who gamble. Ribiero et al. (2021) identified one trial directly comparing the group and individual CBT and found individual treatment to have superior effects. The authors concluded that while several different psychotherapies had shown promise in their review, more research was needed to test the efficacy of these in treating harmful gambling and finding a "gold standard therapy" for gambling disorders. GREO (2020) agreed that there was evidence that CBT could be effective for people experiencing gambling harms, and suggested that more research was needed to investigate online forms of CBT, and to identify for which population subgroups CBT was most effective. The same study found limited evidence around the use of motivational interviewing for harmful gambling.

Three reviews, Matheson et al. (2019), Blank et al. (2021a) and Saxton et al. (2021), summarised the evidence around the used of personalised normative feedback interventions. This tool involves assessing gambling behaviour and attitudes and showing users how they compare to others, to establish their level of risk. Blank et al. (2021a) reported "some reduction in a range of gambling behaviour outcomes and change in perceived norms around gambling behaviours." Both Matheson et al. (2019) and Saxton et al. (2021) found low numbers of studies applying this tool to gambling, and little evidence to suggest that personalised feedback interventions were effective in reducing harmful gambling behaviour. Saxton et al. (2021) reviewed 34 randomised control trials across a range of addictive behaviours, and found only three applying personalised normative feedback to gambling, for which the findings were non-significant.

Two reviews, Matheson et al. (2019) and GREO (2020), looked at self-management strategies. Matheson et al. (2019) summarised evidence from 31 interventions including self-administered CBT, planning other activities as a distraction from gambling, and the use of workbooks. They identified that such interventions were of importance given that many people who gamble will not seek help due to shame or stigma, and that there is evidence of self-management being effective for other addictive behaviours and chronic illnesses. However, the authors concluded that they had found little evidence of the effectiveness of self-management to reduce harms associated with gambling. The paper recommends more research to investigate how self-management might be effective for different sociodemographic groups experiencing gambling harm and for people experiencing other challenges, such as substance misuse or homelessness, as no studies were found that addressed these issues. GREO (2020), who conducted a rapid evidence review of 93 studies, agreed that self-management was important to consider for groups who may not readily seek help for harmful gambling. They identified that self-management strategies reported in the literature varied, but that factors that seemed to contribute to effective interventions included self-direction, cognitive behavioural and motivational techniques, goal setting, some degree of interaction with a clinician, and access to information about normative behaviours for purposes of self-comparison.

One review, GREO (2020), looked at the evidence around residential treatment, noting that this is generally accessed by a small sub-section of people experiencing gambling harms. The review identified a lack of recent research, with more evidence needed to understand which factors influence the efficacy of residential treatment (for example, length of stay, treatment modalities and allied services included, etc.). The review also recommends that providers develop and implement interventions to reduce dropout among key groups (for example individuals with high levels of debt, depression and experiences of childhood adversity) shown by the evidence to be less likely to adhere to treatment.

Telephone and web-based interventions

Danielsson et al. (2014) conducted a review of 74 articles examining the effects of telephone and internet-based interventions on a range of addictive behaviours, while Humphreys et al. (2021) reviewed 45 articles on

internet-based interventions for alcohol addiction, eating disorders and gambling. Ribiero et al. (2021) reviewed two internet-based cognitive behavioural therapy programmes in a study looking at the evidence around therapeutic interventions for harmful gambling. Both Ribiero et al. (2021) and Humphreys et al. (2021) noted that remote interventions are important to explore as they minimise issues with accessibility and geographical location that may undermine face to face interventions.

Danielsson et al. (2014) found only one randomised control trial focused on an internet intervention for gambling, a Swedish study incorporating email support for 66 male participants. Although the intervention resulted in positive outcomes that were sustained after three years of follow-up, the authors note that a single study provides a limited evidence base. Humphreys et al. (2021) found seven studies including internet interventions for gambling and conclude that they show "moderate" effect sizes and were more effective in men than women. However, similarly to the conclusions reached by researchers investigating schools-based prevention interventions, Humphreys et al. (2021) noted a lack of theoretical underpinning of the interventions they described and called for the use of behaviour change theories in the design of internet-based interventions to tackle addictive behaviours including gambling. Ribiero et al. (2021) noted that the interventions they reviewed were "satisfactory" in terms of effectiveness, with similar outcomes to comparable face-to-face interventions.

Two studies described by Danielsson et al. (2014) assessed gambling helplines, which showed limited effects and therefore no firm conclusions could be drawn on whether such interventions are effective. The authors recommend that more research is required in this area. A 2020 rapid evidence review by GREO agrees that "the research on gambling helplines as a form of treatment and as a pathway to treatment is somewhat lacking and inconclusive."

Pharmacological interventions

No drug treatment is currently recommended in the UK for harmful gambling (GREO, 2020) but two reviews were identified that considered this type of intervention. Blank et al. (2021a) considered review-level evidence comparing different pharmacological treatments for harmful gambling. Among the reviews they summarised was one that suggested a small, but statistically insignificant, improvement in outcomes if combining drug treatment with a psychological therapy intervention, and one that hypothesised that pharmacological interventions actually treat underlying issues in individuals who gamble, as opposed to harmful gambling itself. Blank et al. (2021a) concluded that the evidence base was weak and "there is no conclusive message to support or refute the effectiveness of pharmacological interventions to reduce harm related to gambling behaviour. It is also not possible from the evidence identified to confidently recommend one drug treatment over another." GREO (2020) agreed, and suggested that robust, double-blind, placebo-controlled studies are required to add to the evidence base around pharmacological interventions for harmful gambling.

Advertising and information campaigns

Velasco et al. (2021) reviewed 16 primary studies and considered restrictions on advertising and information campaigns among "demand reduction strategies" that could be employed to minimise gambling harms. They noted evidence that gambling advertising can exacerbate the behaviour of people experiencing gambling harms and that many countries have introduced restrictions on the advertising of gambling services. The same review found no evidence that public information campaigns have impact on harmful gambling behaviour, but did find evidence that such campaigns targeted specifically at parents might influence gambling prevalence in young people. The authors also highlighted the potential effectiveness of mass media campaigns specifically promoting treatment services for harmful gambling, citing the example of an Australian campaign that reported a 70% increase in calls to the helpline and an overall 118% increase in requests for treatment.

Interventions involving significant others

Two reviews were identified, GREO (2020) and Edgren et al. (2022), which examined the evidence around interventions targeted at people experiencing gambling harms but including their 'significant others'. GREO (2020) cited "limited" research showing that by involving the loved ones of gamblers in treatment interventions, better outcomes may result. Edgren et al. (2022) took a different perspective, reviewing 19 interventions intended to benefit significant others as opposed to the individual experiencing harmful gambling themselves. The authors stated that family members and partners will have specific needs around supporting the person who is gambling, and coping with the harms caused to themselves. The review found no one single intervention model that was most effective in supporting significant others, but suggested that interventions should consider the individual needs of participants and the gambling-related harms that they are experiencing, and be tailored appropriately.

At the time of writing, the PROSPERO register of systematic reviews in progress included a study by Vassallo et al. which will seek to identify effective psychosocial interventions for people affected by the gambling behaviour of a loved one. When published, this review will add to the evidence base around interventions targeted at significant others.

Early identification of harmful gambling behaviour by gambling operators

Two reviews, Škařupová et al. (2020) and Velasco et al. (2021), examined the evidence around detection of harmful gambling, and signposting to support services, by staff working at gambling venues. Velasco et al. (2021) identify that this is an intervention already used in multiple countries. However, both reviews concluded that even after being trained, staff are doubtful of their ability to recognise harmful gambling, and that it appears to be rare in practice for venue staff to intervene, which Škařupová et al. (2020) suggested may be due to prioritising profits. Velasco et al. (2021) noted a lack of studies in which the outcomes of such interventions for gamblers were evaluated.

Self-exclusion

Five review articles were identified that examined the evidence around self-exclusion by individuals experiencing gambling harms. Matheson et al. (2019) found that definitions of self-exclusion varied across the 31 studies they reviewed, but that it was "generally defined as entering into formal agreement with a land-based or online gambling venue to be excluded from the venue" and that usually, the terms of the agreement included fines or restrictions on collecting winnings if the agreement was breached. The authors found "little evidence" for the effectiveness of self-exclusion, noting that while some studies showed it to have had positive results both on its own and in combination with counselling, compliance was as low as 13% in one study, while another found that more than half of gamblers breached self-exclusion agreements within six months. Velasco et al. (2021) agreed that while there was evidence of positive impacts for those complying with self-exclusion programmes, "a conclusive statement on its effectiveness cannot yet be offered because of methodological issues, implementation discrepancy, lack of evidences about long-term effects and unknown causal relationships."

Motka et al. (2018) reviewed 16 quantitative and qualitative studies, and investigated the sociodemographic characteristics of individuals who reported limiting their own gambling behaviour, the types of gambling activity they had been undertaking, and their reasons for wishing to reduce their gambling. The authors found that men in their mid-40s were the group most likely to self-exclude from terrestrial gambling, while men in their mid-30s were most likely to self-exclude from online gambling. They note that individuals who self-excluded were most likely to state that their harmful gambling was due to use of electronic gambling machines and slot machines. Both Matheson et al. (2019) and Motka et al. (2018) agreed that financial problems were the most common reasons for wanting to limit gambling behaviour, while Motka et al. (2018) also cited significant others as a motivation for self-exclusion. Motka et al. (2018) recommended that self-exclusion

programmes should be tailored to the highest risk gamblers, and to the specific motives and needs of online and terrestrial gamblers as distinct groups. Both Motka et al. (2018) and Velasco et al. (2021) noted that further research is required to investigate the impact of self-exclusion on longer-term gambling behaviour.

Škařupová et al. (2020), in their review of 67 studies, described voluntary self-exclusion as "the utmost protective measure … often utilised by the most problematic gamblers with developed gambling disorder." The authors found evidence that most self-excluded players would relapse into gambling at some point, but that it still resulted in positive impacts on their financial, social and psychological situation. Barriers to self-exclusion identified by Blank et al. (2021a), Matheson et al. (2019) and Škařupová et al. (2020) included complicated and lengthy paperwork, an individual agreement needed with each different operator, and staff not consistently preventing access to those wishing to self-exclude or enforcing fines. Velasco et al. (2021) summarised the key components to be considered in future trials of such interventions as including promotion and clear information about the programme, early detection of harmful gambling by venue staff, minimum six-month periods for exclusion, information about educational and treatment resources, and active steps to identify and remove self-excluded persons by operators.

Pre-commitment

Pre-commitment was discussed in three identified reviews, and is distinct from self-exclusion in that individuals continue to gamble, but aim to minimise harms by setting time limits or financial limits. Blank et al. (2021a) referred to an earlier systematic review that found "variable" compliance with these limits, and noted that they do not prevent individuals from gambling elsewhere once their limit is reached. Velasco et al. (2021) found that pre-commitment "can be effective for some persons and can be problematic for others". Škařupová et al. (2020) suggested that pre-commitment strategies work only where "they are compulsory, irreversible, and applicable through all gambling opportunities within a country."

Warning messaging

Škařupová et al. (2020), Velasco et al. (2021) and Blank et al. (2021a) all summarised evidence investigating the efficacy of warning messaging delivered at gambling sites. All found that static signage was ineffective with gamblers paying little attention to it, while on-screen pop-up messages interrupting gambling activity appeared to be the most promising approach identified. Blank et al. (2021a) identified that users were most receptive to "high-threat messages endorsed by medical or government agencies" while Škařupová et al. (2020) found evidence that users responded to messages personalised to them, for example highlighting how many consecutive games they had played and summarising their wins and losses.

Environmental changes

Velasco et al. (2021) and Blank et al. (2021a) both summarised the evidence around making environmental changes to physical gambling venues as an intervention to minimise harms. Blank et al. (2021a) cited two systematic reviews that investigated smoking bans, prohibition of large notes, the provision of clocks for time awareness and removal of cash machines, but found that "the evidence overall was poor." Velasco et al. (2021) also found limited evidence for removal of cash machines and provision of clocks as effective interventions, but did conclude that smoking bans were effective in introducing natural breaks into gambling activity and reducing spending. The authors noted that lack of access to alcohol in gambling venues could be assumed to have a similar effect, but little evidence could be found of interventions that had considered this hypothesis.

Regulatory changes

Velasco et al. (2021) examined in detail the various regulatory changes that could be introduced to restrict the supply of gambling and therefore minimise harm. They noted that regulation is "crucial" to tackling gambling harms and "can facilitate gambling access or, on the contrary, decrease gambling supply, reduce contextual risks, and limit gambling harms." The authors argued that in some countries including the UK, the regulatory context has allowed the gambling industry to expand the market and increase the social acceptability of

gambling. Supply reduction interventions highlighted by this review as effective include restricting gambling venues and licences, and increasing prices and taxation where illegal gambling markets can be controlled. Mixed evidence is presented in terms of the effectiveness of limiting gambling venue opening hours, and making gambling venues geographically inaccessible. Blank et al. (2021a) cautioned that "previous experience suggests that the gambling industry will strongly resist and argue against proposals to introduce interventions that might regulate or restrict their commercial activities."

7. Themes from qualitative interviews

A number of semi-structured interviews were undertaken with people who have lived experience of using gambling services in Wales, and with professional stakeholders across Wales with an interest in gambling, including providers of services to support people experiencing harm from gambling. The data were analysed using thematic review.

Recommendations were made based on the available evidence as described earlier in this document, and suggestions from interviewees.

> "The system isn't working, it is failing … because there is a lack of awareness around the services. If I was to walk into the centre of Cardiff and ask people are you aware of these gambling services, I bet the majority would say no" - **stakeholder**
>
> "There's so much ignorance about generally, you know, what help is available out there. There is help but people are suffering in ignorance" – **stakeholder**

Gaps in current service provision in Wales

All interviewees were asked for their views on current service provision for gambling harms in Wales, and to describe any gaps or issues that they perceived. The themes identified were as follows:

Awareness

The majority of interviewees said that they did not believe there was enough awareness, among both people who gamble and professionals, of the services that are available in Wales. None of the service users identified that they had been signposted to a gambling service by a health professional, all had self-referred. Most of the service users interviewed were not able to name other gambling services available in Wales beyond those that they had found and used themselves.

Among the stakeholder group were three interviewees who, as part of their work, come into contact with people, but are not providers of services to support people experiencing harm from gambling. All of these identified that they did not know where to signpost people experiencing gambling harms for help and described feeling "helpless", "useless" and "powerless" as a result.

Recommendation 1: Development of a campaign to promote services for individuals affected by gambling harms, with a focus on reaching those in known at-risk groups

Recommendation 2: Awareness raising of onward referral pathway for individuals affected by gambling harms among healthcare professionals and other frontline staff groups who may come into contact with those in the most vulnerable groups

Accessibility

Accessibility issues identified by interviewees included the geographical location of gambling services, ability to travel, opening hours of services, and the length of waiting lists. Service users identified that they had encountered long waiting lists when trying to access some gambling services in Wales, and in some cases they had changed their minds about using the service during the waiting period.

"We hear all the time that people can't afford to access gambling services, especially if they're being referred outside of Wales. We have to cover travel expenses for people to come into our offices, because what do gamblers not have? Money" – **stakeholder**

"People will be accessing treatment at crisis point so you don't want to have a waiting list of say six to eight weeks. They might have committed suicide by then" – **service user**

Service users identified that being able to attend gambling services remotely, for example via video call, would be positive in terms of increasing attendance and reducing barriers introduced by physical travel. However, some service users said that they felt it was important to continue to offer options to see a gambling service representative, or take part in peer support groups, in person. Service providers identified that they had moved services entirely or partially online as a result of COVID-19 lockdowns and all said that they planned to retain remote access to services, but believed it was important to continue to offer face to face services. Some stakeholders and service users identified that, unlike other addictions such as alcohol and substances, individuals experiencing gambling harms were more likely to be working and unable to attend services operating only during offices hours.

Services may not all currently be delivered in ways that are accessible to people with specific access needs such as a sensory loss making it difficult or impossible to engage with a telephone line. Services must be fully accessible.

Recommendation 3: Undertake a review of existing gambling services available to people in Wales to ensure that they are fully accessible

Recommendation 4: When planning and developing new gambling services in Wales, ensure equity of access

Recommendation 5: When planning and developing new gambling services in Wales, ensure that opening times are convenient for individuals who are in employment

Recommendation 6: When planning and developing new gambling services in Wales, consider the evidence around groups who are less likely to access services or complete treatment, and develop or adapt services to better support these groups.

Recommendation 7: When planning and developing new gambling services in Wales, consideration must be given to waiting times and the potential to offer immediate support to anyone experiencing a crisis due to gambling-related harms

Acceptability

Both stakeholders and service users identified that some of the current services run in Wales may not be acceptable to all individuals experiencing gambling harms. Examples given were the religious aspect of the Gamblers Anonymous service, individuals not feeling that they fitted into peer support services where they did not have anything in common with other attendees, or individuals feeling that they did not have anything in common with individuals being treated for other addictions by the same service.

"People don't go through treatment for gambling addiction, largely because they don't want to be with people with drugs and alcohol." **– stakeholder**

"The faith background wasn't for me. It was something I wasn't too comfortable with" **– service user**

"And then there's the types of gambling that people can be participating in, so if you're going in there (to a gambling service) and you've got 65 year-old [name removed] talking about how he lost all his money at the bookies and then you've lost all of yours betting on sport or in an online casino, it's not relevant to you, is it?" – **service user**

Recommendation 8: Involve people from diverse backgrounds in the planning and development of new gambling services in Wales, to ensure that services are acceptable

Priority areas and issues of concern

All professional stakeholders were asked about priority areas for tackling gambling harms, and many service users also expressed views about where they felt action was needed or about current issues that were troubling them. The areas identified were as follows:

The need to tackle stigma and shame

Almost all interviewees spoke about stigma and shame, and that this was a perceived barrier to individuals seeking help for gambling issues. All service users interviewed spoke of feeling shame and stigma as a result of their gambling, and all said that they had hidden their gambling behaviour from family members and friends until they had reached a crisis point where they were experiencing significant harms.

Several stakeholders and service users said they believed that responsible gambling campaigns, such as 'When the fun stops, stop' contributed to stigma through the implication that gambling was a fun leisure activity, rather than something potentially harmful.

Some of the stakeholders commented that they did not believe gambling services could be effectively developed in Wales until action was taken to reduce shame and stigma around gambling as this would remain a barrier to attendance however new services were structured.

> "You naively think that if somebody has a gambling related problem, then obviously they will present to a service. But that almost doesn't exist" – **stakeholder**
>
> "Then eventually I was arrested and it took me being in a police cell to realise well, look, that's it now. There's only one way I can go from here" – **service user**
>
> "The reason that they're seeking help at crisis point is because they got so much shame and guilt and 'cause society stigmatises them, they are accessing help literally at death's door, where they have literally lost everything. And we've gotta change that mindset" – **service user**

Recommendation 9: Campaigns to raise awareness of gambling services in Wales should be developed in consultation with individuals with lived experience of gambling-related harms, to develop messaging that is non-stigmatising and encourages engagement with services

Recommendation 10: A review should be conducted of opportunities to raise awareness of gambling as a public health issue, and gambling services, within existing programmes delivered by Public Health Wales and other agencies and targeted at individuals who may be at risk for gambling harms, for example Healthy Working Wales.

Recommendation 11: Campaigns to raise awareness of services to support people experiencing harm from gambling in Wales should include information for family members and friends on how to recognise signs and symptoms of gambling harms in others

Regulation of the gambling industry

Concerns were raised by all interviewees about various aspects of how the gambling industry in the UK is currently regulated and conducts itself, and the implications of this for individuals. Specific issues raised were the volume and content of gambling advertising, the "normalisation" of gambling, and the perceived targeting of individuals most vulnerable to gambling harm by the gambling industry. Several interviewees expressed the

view that the gambling industry bases its business model on creating new "problem" gamblers. Advertising of gambling companies at sports events, and industry sponsorship of sports teams and events, was identified by several stakeholders as the factor that they felt most contributed to the "normalisation" of gambling, particularly among children and young people.

There was a diversity of views as to whether the use of gambling industry funding to deliver services and research was acceptable. Some interviewees felt strongly that the "polluter pays principle" should apply and the industry should be responsible for funding services to mitigate the harms it causes. Others felt that using industry money was acceptable as long as processes were in place to demonstrate that the industry had no influence on how it was used, and some services described the governance processes they had in place to ensure there was no industry involvement in their decision-making. The remaining interviewees felt that the use of industry money was never acceptable as this always involved a degree of influence and a conflict of interest.

Almost all interviewees suggested that these issues needed to be tackled through tighter regulation of the industry. Some stakeholders were hopeful that the pending UK Government review of the 2005 Gambling Act would be effective, while others emphasised that they believed Welsh Government was in a position to introduce restrictions in Wales whatever the outcome of the review.

"If you think that as a society we've banned cigarette advertisements, why would gambling be viewed as different?" - **stakeholder**

"There's loads of arguments for not banning gambling adverts but none of them to my mind can outweigh that people kill themselves because of gambling addiction and you can't really justify that" – **service user**

"Gambling is so normalised, you know, in terms of you watch football and there's always gambling companies associated with it … If you see betting as normal, you're not appreciating that it has potential harms. I think most people know alcohol has got potential harms, it's more known and then drugs the same whereas I don't think gambling has the same status or understanding" **– service user**

"The key message still is that thousands gamble safely and it's an entertainment type of thing. And I think we need to move away from that … The messaging has to be that gambling is harmful" – **service user**

Recommendation 12: If the ongoing UK Government review of the Gambling Act does not adequately address advertising, sponsorship of sports teams, e-sports and events by gambling companies, consideration should be given to banning these activities in Wales to reduce harm and tackle inequalities

Recommendation 13: If not addressed by the ongoing UK Government Review of the Gambling Act, Welsh Government should lobby UK Government for a compulsory levy to be introduced in the UK and for funding to be distributed across the UK, based on need, by a fully independent body to support harm minimisation, prevention, evidence-based treatment options and research into gambling-related harm

Recommendation 14: If the ongoing UK Government review of the Gambling Act does not address the issue of targeting of vulnerable groups by the gambling industry, Welsh Government should take steps to reduce the number of gambling premises in deprived areas of Wales

Recommendation 15: The impact on gambling advertising of the new ASA restrictions to take effect from 1 October 2022 should be reviewed every six months to monitor the impact, and if there is no clear

evidence that this has reduced the appeal of advertising to children and gambling related harm overall, Welsh Government should lobby UK Government to take further action

Recommendation 16: If not addressed at UK level by the review of the Gambling Act, Welsh Government should lobby UK Government to introduce evidence-based player protection options, for example, reviewing the evidence of reduction of the speed of play on fixed odds betting terminals, and putting restrictions on in-play betting promotions

Recommendation 17: Welsh Government should develop clear principles for engagement with the gambling industry, and limit industry input to its areas of competence, recognising that the industry's desire to create new gamblers in order to make profits is in direct conflict with a public health approach to gambling harms

Recommendation 18: Wales should be at the forefront of taking public health action in relation to, commercial determinants of health, using gambling as a priority area

Gaming and cryptocurrencies

Several stakeholders identified the increasing link between computer gaming and gambling as an issue, and expressed concerns about the presence of features such as "loot boxes" in games aimed at children and young people. Some stakeholders also said that they believed increasing use of cryptocurrencies was a concern, as although many people would perceive these as a form of investment, there is in fact an element of gambling as money could be lost as well as earned.

"I think in the next 10 years, gaming is going to be synonymous with gambling really, that's just the way it's going, and then there's cryptocurrencies as well. It's just going to be a perfect melting pot for behavioural addictions really" – **stakeholder**

"When we start talking about gaming … you see the mothers in that group actually sit up and take notice because it's like, oh my God, what is my child doing? There's something about parental education" – **stakeholder**

"This is a hidden threat to safety isn't it, because it's between the young person and the game that they are playing. And no adult can know all of those inside out … [there needs to be] a way of educating parents, helping them to educate their young people. I do think in future we will look back and think we just allowed this to happen" - **stakeholder**

There was also mention of concerns that the use of both cryptocurrencies and credit cards for gambling online, as opposed to the use of cash at physical gambling outlets, created a "distance" between individuals and their money so that they did not realise how much they were spending or did not perceive it as "real" money. Several stakeholders stated that they believed parents were not aware that games being played by their children, with a rating appropriate for their age, included elements of gambling and that they were therefore missing the opportunity to intervene.

Recommendation 19: Welsh Government should deliver or commission the development of campaigns, resources and educational programmes to support parents in understanding the risk of gambling-related harm to children and young people from computer games

Recommendation 20: Welsh Government should deliver or commission public-facing guidelines setting out steps that individuals can take to reduce their risk of harms from gambling, including information about the link between gaming and gambling and the risks of over-spending

Recommendation 21: If not addressed by the ongoing UK Government review of the Gambling Act, Welsh Government should lobby for a UK ban on computer games that include loot boxes and increase age restrictions on all gaming with an element of gambling

Prevention

All interviewees were asked for their views on how, in line with taking a public health approach to gambling, prevention interventions could be planned for Wales. All identified the importance of education as a prevention mechanism. Suggestions for such an approach mainly identified provision of information to children and young people of school age in Wales, with a focus on the harms that can be caused by gambling.

> "There are some bad education programmes out there because they're industry funded, they're lying, they're not being open and transparent. Kids have the right to have transparent knowledge for them to make informed choices for themselves, and there's lots of education providers out there missing big bits out, things like industry behaviours" – **service user**
>
> "It's one of those things that sounds on paper like a very sensible idea, but it's such a minefield. Because if you go into school and start talking to kids about gambling, what you could be doing inadvertently is opening their eyes to the world of gambling, which they may have had absolutely no interest in at all" – **stakeholder**
>
> "Why would we allow industry funded organisations to do gambling education? It makes no sense at all" - **stakeholder**

Several interviewees were aware of existing schools-based education programmes, mostly run by third sector organisations in England, and expressed a concern that where these programmes were funded by gambling industry money, this represented a conflict of interest. The majority of interviewees felt that any education programme introduced for Wales should not be funded in this way. Another concern expressed by multiple interviewees was that such education programmes could have unintended consequences, in terms of encouraging gambling behaviour in children and young people who were not previously aware of opportunities to gamble.

Some stakeholders were aware of schools-based interventions around prevention of smoking and drinking alcohol that had not been effective, and felt that any intervention for gambling prevention would need to be evidence-based, and evaluated to ensure its effectiveness. One stakeholder identified that children and young people, even within the same school year, could be significantly different in terms of maturity and life experiences and that this needed to be taken into account rather than taking a "one size fits all" approach.

A final concern expressed during discussions about schools-based interventions was that these should not be delivered by teachers, who several interviewees felt would not have the experience to deliver such sessions and had too many other competing priorities. One stakeholder proposed that gambling education in schools should be part of an approach tackling all addictive behaviours and building resilience in young people.

Recommendation 22: Evidence based education for children and young people around gambling harms should be developed, trialled and evaluated in Wales, and if successful included in the National Curriculum in Wales

Service development

All interviewees were asked what they would ideally like to see in terms of future development of services for gambling in Wales. The elements of gambling services identified as important were as follows:

Continuum of harm approach

Several stakeholders and service users identified that gambling behaviour occurs along a continuum with opportunities to intervene at multiple stages. Several interviewees identified that existing treatment services mostly see gamblers who have reached a crisis point where the harms experienced are very severe, and suggested that a public health approach to gambling should aim to avoid harms developing to this extent. Section 7.5 sets out a proposed planning model showing how population-level and individual-level interventions, aligned with the recommendations in this report, could be delivered on a continuum of harm basis, with some interventions being appropriate for individuals at more than one point in the continuum.

Recommendation 23: Welsh Government and partners should drive a shift in thinking from an individual approach to a population approach to reduce harm from gambling in Wales

Recommendation 24: Services and interventions in Wales should consider gambling behaviour as a continuum of harm and should target individuals at varying degrees of harm

"I am a big advocate of there being an NHS service in Wales … Having a treatment provider that takes a complete public health approach … it's awful at the moment and when you refer people you never know what sort of quality of care they're actually going to receive. So I think an NHS service could be a good idea and I think could just be a game changer" – **stakeholder**

"An NHS service can't be funded by the gambling industry. It's a no brainer. You can't trust them" – **service user**

NHS-led services

All but one of the interviewees believed any new gambling services in Wales should be led by the NHS, although most believed an NHS service should work in partnership with, rather than replace, existing services. Multiple stakeholders were aware of the recent announcement that gambling treatment services in England would no longer be funded by GambleAware and felt this should be replicated in Wales. Interviewees said that services should be accessible across Wales.

Recommendation 25: Welsh Government should continue to work with the Welsh Health Specialised Services Committee, Health Boards and the third sector to fund and deliver fully accessible and evidence-based services for people experiencing harm from gambling across the full continuum

Integrated, collaborative approach focusing on multiple comorbidities

Several stakeholders expressed a desire to see a "joined up", "holistic" or "collaborative" approach that brought together multiple stakeholders in supporting individuals who gamble with the range of other comorbidities and challenges that they may be facing. There was much discussion about the need to consider mental health issues and to take a trauma-informed approach. All of the service users who were interviewed identified that they believe their harmful gambling had started as a result of a mental health issue or trauma. This was also identified by the majority of stakeholders, with some expressing a view that gambling treatment cannot be effective unless the individual is also receiving help and support for underlying mental health and trauma issues. Some service providers identified

that while they are experts in gambling addiction, they do not have training or expertise in mental health issues and would currently need to signpost someone who was, for example, having suicidal thoughts, to another service.

The majority of stakeholders identified that individuals who gamble often have other addictions, particularly to alcohol and drugs, and that an ideal service would bring together expertise to tackle all of these harms. Some stakeholders pointed to the gambling treatment clinics in England as a potential model to replicate, as their approach is to tackle all of the problems being experienced by individuals who gamble with a multi-agency approach. However, some stakeholders were concerned about how such services would be staffed and resourced in Wales, and also about the lack of a referral pathway into these services in England which they felt would need to be in place for any services introduced in Wales.

Several service providers mentioned that they feel current funding models put them in competition with other organisations with the same mission, and they would welcome the opportunity to work together.

> "I always felt there was something missing in my recovery. And by engaging with veterans' services and proper therapy, I opened up other things, other traumas which I've now got support for" – **service user**
>
> "Treatment providers need to be trauma informed. And also I think that with gambling in particular, I rarely find gambling as a standalone addiction. It tends to be substance misuse or some personality disorder or something going on" – **stakeholder**

Recommendation 26: Development and planning of new gambling services in Wales should be based on the available evidence around risk factors for harmful gambling and comorbidities, to ensure an integrated approach ensuring individuals are supported with all of their health needs (for example, support with mental health and trauma)

Recommendation 27: The development of funding models for gambling services in Wales should create a collaborative environment for organisations striving for the same outcomes, in line with the Well-being of Future Generations Act

Support for affected others

Nearly all of the service users interviewed said that their loved ones and family members had experienced harms as a result of their gambling, and expressed that there should be services to support affected others. Several service providers identified that they offer support for affected others and felt this to be important.

Recommendation 28: Evidence-based services for affected others should be offered in Wales

The role of primary care and frontline services

All service users and the majority of stakeholders believed that general practitioners (GPs) have a role to play in identifying individuals experiencing gambling harms at any level, to facilitate earlier intervention and referral into services. Some service users reported that they had sought help from their GP but that this had not resulted in a referral to appropriate services. Several interviewees suggested the use of screening questions to be routinely asked of patients, and suggested that GPs could consider that there may be a gambling issue if patients presented with mental health concerns, or mentioned being in debt. However, some interviewees were concerned that existing gambling screening tools that categorise individuals as either non-gamblers or "problem" gamblers would not be effective in an early intervention approach. Others suggested

"If we want to identify people upstream, before it's the end of the road and it's a serious problem and you need NHS services, you need evidence-based methods of identifying them. So in other words proper screening measures that have the utility to do what they're doing" – **stakeholder**

"There needs to be training for different people at different levels … obviously there are the specialist addiction psychiatrist sort of people for very specific complex conditions, but you could have practice nurses or practice counsellors or whatever, trained in dealing with a sort of perhaps slightly lower level need" – **stakeholder**

"I said to her (the GP) I'm suffering with depression and a low mood and I feel suicidal … And so just to give you a heads up, I said, I've got a gambling addiction … I wouldn't know how to treat someone, she said. And I don't even know where to send you. Cause I've got no training and no knowledge of gambling addiction" – **service user**

that GPs may not currently ask individuals about gambling behaviour due to lack of a clear referral pathway and lack of awareness of the current services in Wales.

Some interviewees suggested that responsibility for earlier intervention should not sit with GPs alone – with several individuals acknowledging the existing pressures on GP services – and proposed that opportunities to screen individuals for gambling harms would also be available to other frontline professionals. Some of the roles mentioned included practice nurses, the criminal justice system, social workers, social care staff and food bank staff. Interviewees also recognised that harmful gamblers may first present at "proxy services", identifying what is actually a gambling-related issue as a mental health issue, substance abuse issue or debt problem, and suggested that staff in these services should be trained to recognise gambling harms and refer into relevant services.

Recommendation 29: Rapid development of resources and training for general practitioners in Wales allowing them to signpost to appropriate gambling services

Recommendation 30: Working with general practitioners, further research into the feasibility of introducing a gambling screening intervention for patients presenting to primary care with lower thresholds for onward referral to prevent severe harm and crisis

Recommendation 31: Identify other frontline staff who might identify harm from gambling and develop resources and training for them to recognise gambling harms and signpost to appropriate gambling services

Recommendation 32: Consideration should be given to adding gambling-related harm to the current 'Making Every Contact Count' initiative that runs in Wales

Recommendation 33: Police forces should routinely screen arrested suspects for gambling harms, and gambling should be included in health needs assessments for prison populations

Evidence-based approach

Several stakeholders expressed the need for gambling services to take evidence-based approaches, with some raising concerns about the diversity of approaches currently taken by services within Wales. Both service users and stakeholders referred to the fact that some services take an abstinence approach while others encourage reduction of gambling behaviour, and the need for consistency.

Some stakeholders also emphasised the need for any specialist NHS service in Wales to incorporate a research and development service, allowing for expansion of the evidence base around gambling as a public health issue, and robust evaluation of the effectiveness of services. Many stakeholders were aware of, or had been involved in the work of, the GREAT (Gambling Research Education and Treatment) Network Wales hosted by Swansea University and felt this offered a model that could be built upon.

"What you're offered and the treatment that you're given is probably very diverse, shall we say, treatment models that some of the treatment providers adopt. There's no consistency in that. I'm in shock that there's very little emphasis on abstinence" – **stakeholder**

"The places that I'm most familiar with around the world who do gambling treatment, they have a research component, you know, in the same room. If we can develop a version of that, any model of care that we develop afterwards will be rock solid and evidence based" - **stakeholder**

Recommendation 34: A collaborative, integrated approach to provision of gambling services in Wales should be based on evidence around interventions that are effective, and a consistent approach should be offered to all service users

Recommendation 35: The development of services should be across the continuum of harm in Wales. This should include a strong independent evaluation element and a robust research element to expand the evidence base where this is limited

Recommendation 36: Evaluation of services should be considered at the planning and development stage, so that evaluation metrics are in place from the outset and data are collected on an ongoing basis

Aftercare

A majority of service users and stakeholders felt there should be "aftercare" as a component of any new gambling treatment service developed in Wales, following up patients over time and supporting them in rebuilding their lives. Almost all of the service users identified that, in some cases many years after stopping gambling, they continued to struggle with harms such as relationship and family breakdown, debt, housing and stigmatisation. Several interviewees believed that the peer support networks already run by some gambling service providers in Wales had the greatest part to play in aftercare. A minority of stakeholders did not believe aftercare could be delivered effectively by an NHS service, raising concerns about the resources needed, and about the potential for patients to be lost to follow up if they missed one appointment, as was perceived to be the case in other existing NHS services.

"You can go through treatment and you can go and you can work on all the issues that you, you know, has been caused through addiction, but you can't just build those relationships with your family again overnight. You can't just go straight into a job. You can't do all those things and all it takes is one setback for you to be straight back into it (gambling). So that's why I do believe in aftercare" – **service user**

Recommendation 37: Development of services to support those experiencing harm from gambling in Wales should include clear plans for supporting and following up individuals after treatment has concluded, to prevent relapse and allow easy re-entry to services if needed. These services should be developed in collaboration with individuals with lived experience, and should be based on evidence around the ongoing needs of recovering gamblers and the interventions that are most effective in preventing relapse

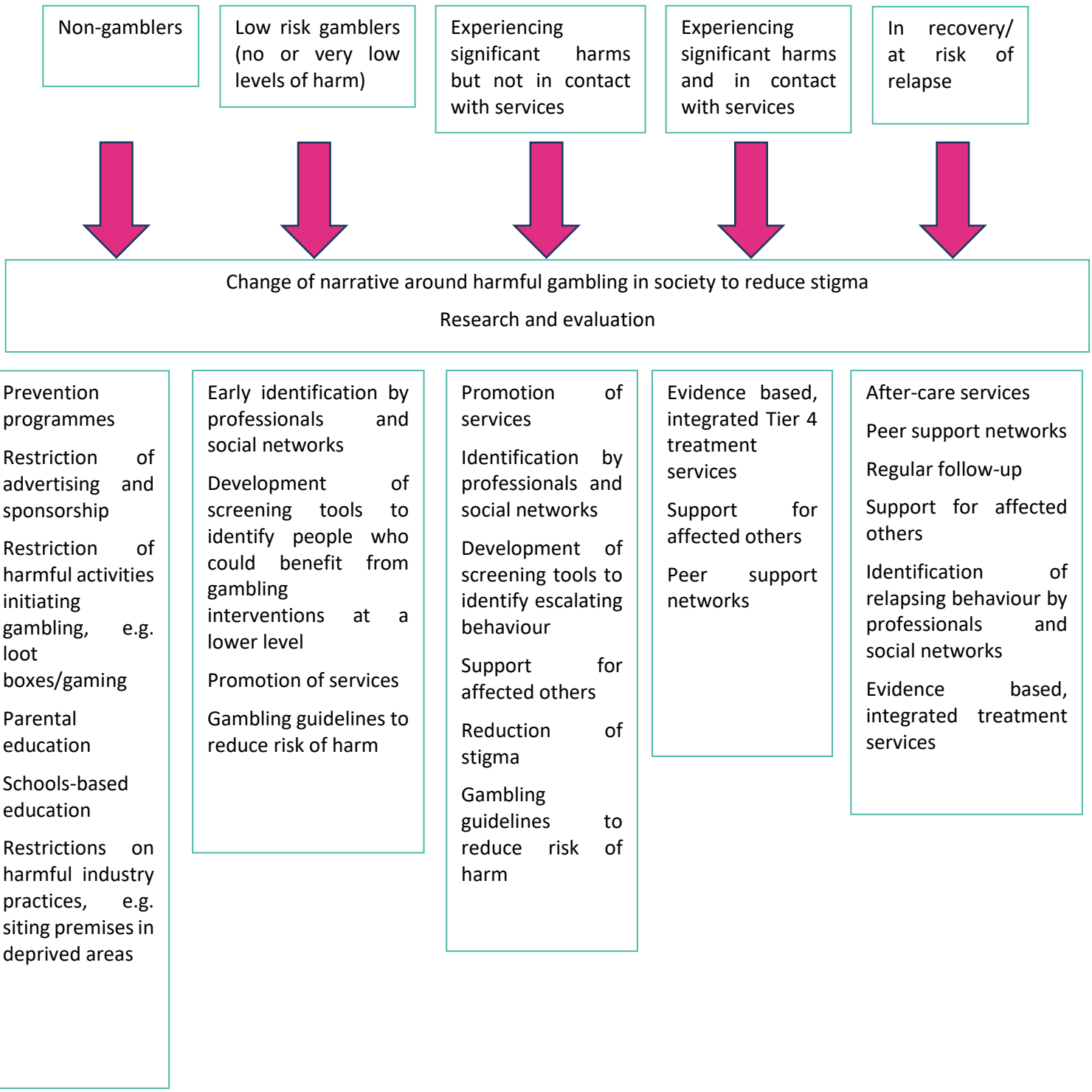
7.5 Proposed model of care

Based on the evidence presented in this report, it is clear that there are several important considerations in the development of models of care for tackling gambling harms in Wales. The pathway needs to include interventions for all stages of gambling behaviour, from non-gamblers through to those experiencing significant harms, considering gambling as a continuum of behaviour where individuals can rapidly move

between stages, in both directions. Interventions need to be both upstream and downstream. They should seek to prevent the initiation of gambling in those who are not currently participating, de-escalate behaviour in those experiencing low and moderate levels of harm, offer evidence-based treatment to those experiencing severe harms, and ensure that after-care and follow-up is in place for those who have recovered but may be at risk of relapse and a return to an earlier stage of the continuum.

The model shown below proposes how interventions might be structured along the continuum of harm. It highlights key components identified by stakeholders and service users, including routine screening, consistent provision of essential information, mechanisms to identify and access the right treatment and care, peer support, programmes for affected others, systematic follow-up after treatment, and clear routes to get help in case of relapse.

Key factors that are needed to ensure the quality of the system include a meaningful role for people with lived experience and people in hard-to-reach communities, shared messages and narratives about gambling harms across the system, developing professional understanding of gambling harms and services, and robust, evidence-based evaluation. It should be underpinned by a shift to a public health approach, and consistent efforts across the system to reduce stigma as a barrier to accessing support.


Non-gamblers
Low risk gamblers (no or very low levels of harm)
Experiencing significant harms but not in contact with services
Experiencing significant harms and in contact with services
In recovery/ at risk of relapse
Change of narrative around harmful gambling in society to reduce stigma
Research and evaluation
Prevention programmes
Restriction of advertising and sponsorship
Restriction of harmful activities initiating gambling, e.g. loot boxes/gaming
Parental education
Schools-based education
Restrictions on harmful industry practices, e.g. siting premises in deprived areas
Early identification by professionals and social networks
Development of screening tools to identify people who could benefit from gambling interventions at a lower level
Promotion of services
Gambling guidelines to reduce risk of harm
Promotion of services
Identification by professionals and social networks
Development of screening tools to identify escalating behaviour
Support for affected others
Reduction of stigma
Gambling guidelines to reduce risk of harm
Evidence based, integrated Tier 4 treatment services
Support for affected others
Peer support networks
After-care services
Peer support networks
Regular follow-up
Support for affected others
Identification of relapsing behaviour by professionals and social networks
Evidence based, integrated treatment services

8. Information and research requirements

Limitations of this health needs assessment

A first limitation of this health needs assessment is the lack of robust data on the prevalence of harmful gambling, and gambling-related harms, in the UK and in Wales. As referenced in section 4.1, estimates provided in this health needs assessment are based on surveys in which data is self-reported and may therefore be subject to bias. At UK level, data from such surveys differs in methodologies and sample sizes between individual countries, meaning that comparisons between Wales and other countries are based on survey results that are not truly directly comparable. There is a need for a high-quality longitudinal survey to understand the prevalence of harmful gambling in Wales and to measure the effectiveness of any new interventions that are introduced.

Because existing prevalence surveys are of a cross-sectional nature, meaning that they represent the experiences of individuals at a single point in time, it is not possible to identify how gambling harms develop in Wales. Although there is significant evidence, reported in this health needs assessment, about the risk factors that cause some individuals to be more vulnerable to gambling harms than others, more research is needed to understand how individuals move between risk levels and how behaviour escalates to a harmful level. This would allow targeting of interventions based on the life stages or experiences at which individuals may be most vulnerable, and a better understanding of how services can be delivered for those who may be at risk of relapse.

Recommendation 38: The Welsh Government and other partners should play a role in bringing research partners together across Wales to develop bids to UK research funders to undertake further research in Wales. This should specifically address the requirement for a high-quality longitudinal gambling study in Wales

Recommendation 39: Wales should develop high-quality surveillance tools on gambling-related harm, by including questions on gambling in the National Survey for Wales to allow comparable data on the prevalence of gambling with the rest of the UK, or for the National Problem Gambling Survey to be repeated in Wales at regular intervals. Questions should also continue to be included in the Health Behaviour in School-aged Children/ School Health Research Network surveys to monitor and understand gambling behaviours among young people

A second limitation of this health needs assessment relates to difficulties in identifying individuals with lived experience of harmful gambling in Wales who were willing to participate in the qualitative interviews. At the commencement of the project, it was identified that ideally, the health needs assessment should reflect the views of three distinct groups with lived experience. These were harmful gamblers who had accessed services in Wales, harmful gamblers who had not accessed services, and affected others. The second group was felt to be particularly important in identifying barriers to accessing services that may need to be overcome, especially as they represent the largest proportion of harmful gamblers, with the most recent NGTS statistics suggesting that less than 5% of harmful gamblers seek help (GambleAware, 2022c). However, no satisfactory method of identifying harmful gamblers, other than asking service providers to share details of the study with their clients, could be found. A public-facing survey was considered, but was not possible due to the available timeframe and the pressures of the COVID-19 response. Only small numbers of service users came forward as a result of these requests, and no affected others were identified. The health needs assessment does not, therefore, reflect the views of harmful gamblers who have never used gambling services, or affected others.

Recommendation 40: Involvement of, and engagement with, affected others in Wales, to better understand their health needs

Recommendation 41: Research to be undertaken to identify gamblers in Wales who have not accessed services, to better understand their health needs and the structural and other barriers that have prevented them in seeking support

Research recommendations

The following recommendations are in addition to the research recommendations already identified in previous sections of this report. They are based on outstanding recommendations from the 2018 Chief Medical Officer for Wales annual report, and research gaps identified in earlier sections of this health needs assessment.

Recommendation 42: Wales should maintain links with other countries that have more advanced public health positions on gambling, and continue to learn from them, implementing best practice wherever possible

Recommendation 43: A review of international evidence on the restrictions that are possible and effective in reducing the harm from online gambling, should be undertaken

Recommendation 44: Further research into prevention interventions that may be appropriate for adults, for example expanding upon the limited evidence found by this health needs assessment around workplace-based interventions, online interventions and interventions targeted at older people

Recommendation 45: Assess the evidence around effective preventative and treatment interventions for other behavioural addictions to identify any learning or best practice that may be generalisable to developing gambling interventions and services in Wales

Recommendation 46: If not addressed by the ongoing review of the Gambling Act, Welsh Government should lobby for and investigate the development of independent funding streams for research into the prevention and reduction of gambling harms, which are free of industry influence

9. Conclusion

The key themes identified from the evidence in this report, and which inform the recommendations, were as follows:

1. There are issues with awareness, accessibility and acceptability of current services in Wales;

2. Priority areas for action include the need to tackle shame and stigma, tighter regulation of gambling industry advertising and practices, and the need to acknowledge and act upon the increasingly close link between gambling and gaming;

3. Prevention should be via evidence based education. A schools-based approach should form part of this, but education for parents, the general population and frontline professionals is also key to prevention;

4. Service development should involve a shift to a public health approach to gambling, acknowledging that behaviour occurs along a continuum of harm and interventions are required at all stages, including post-recovery;

5. Services should be evidence-based, integrated, collaborative and able to tackle multiple comorbidities where needed rather than focusing solely on gambling behaviour;

6. There is a role for the NHS, both in the form of specialist treatment services and in the form of enabling frontline healthcare professionals to identify harms from gambling and refer to appropriate services;

7. There are more affected others than harmful gamblers in Wales, and there need to be appropriate services to support them, and reduce the harms that they experience;

8. Research and evaluation are essential.

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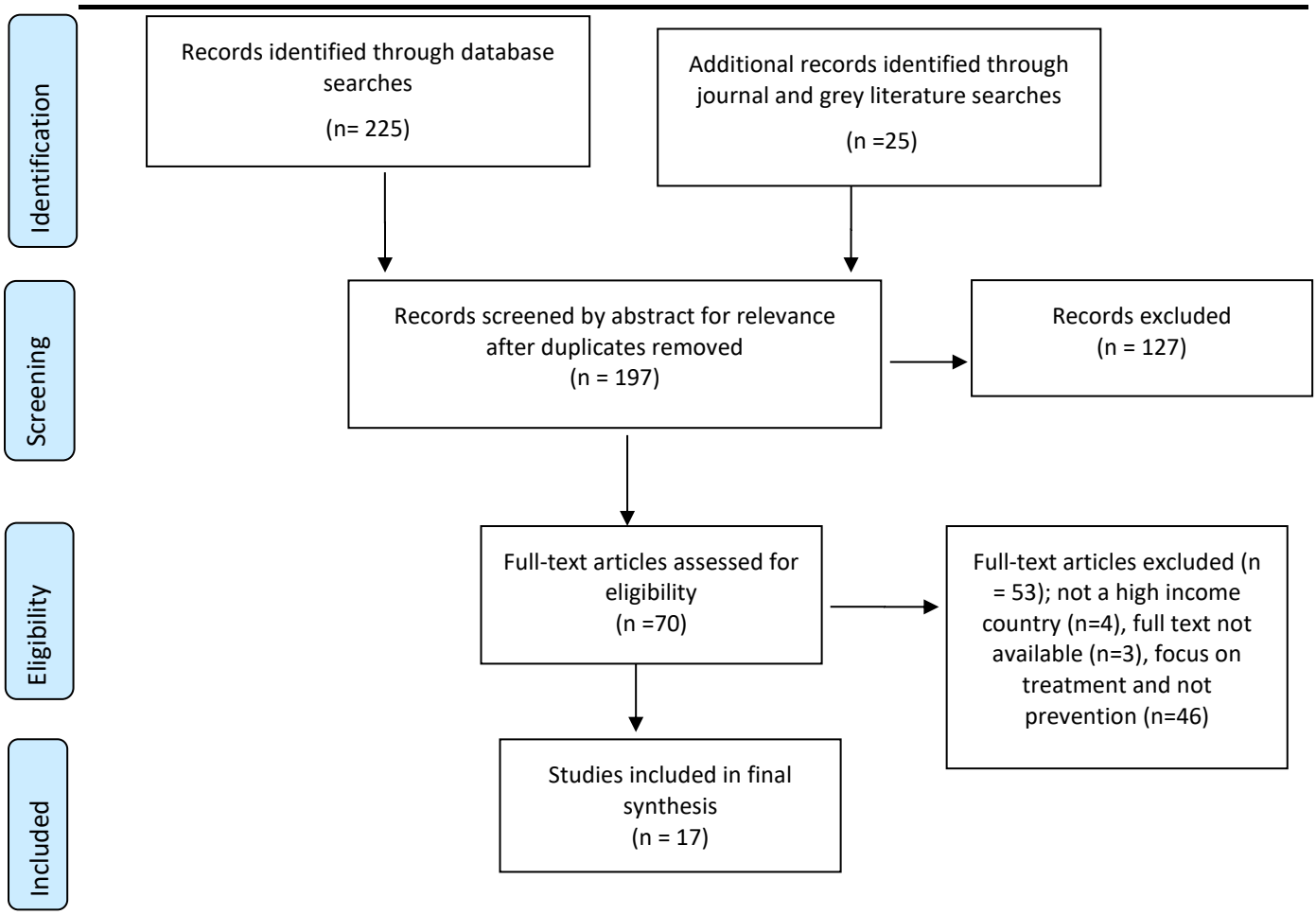
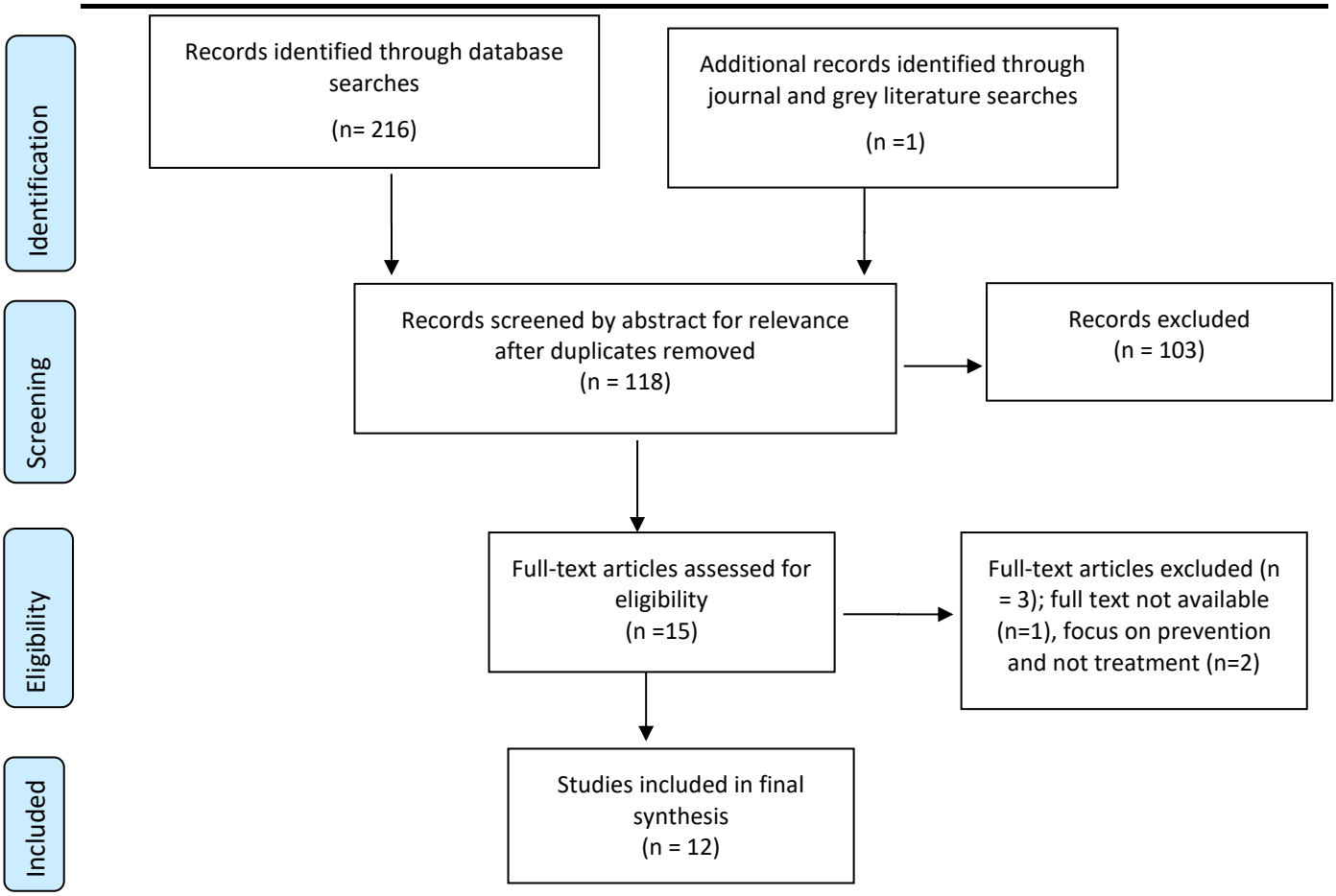
11. Appendices

Appendix 1 – PRISMA flowchart (based on Moher et al., 2009) showing flow of studies through literature search for preventative interventions



Appendix 2 – PRISMA flowchart (based on Moher et al., 2009) showing flow of studies through literature search for treatment interventions



Appendix 3 – Summary of Recommendations

Recommendation 1: Development of a campaign to promote services for individuals affected by gambling harms, with a focus on reaching those in known at-risk groups

Recommendation 2: Awareness raising of onward referral pathway for individuals affected by gambling harms among healthcare professionals and other frontline staff groups who may come into contact with those in the most vulnerable groups

Recommendation 3: Undertake a review of existing gambling services available to people in Wales to ensure that they are fully accessible

Recommendation 4: When planning and developing new gambling services in Wales, ensure equity of access

Recommendation 5: When planning and developing new gambling services in Wales, ensure that opening times are convenient for individuals who are in employment

Recommendation 6: When planning and developing new gambling services in Wales, consider the evidence around groups who are less likely to access services or complete treatment, and develop or adapt services to better support these groups

Recommendation 7: When planning and developing new gambling services in Wales, consideration must be given to waiting times and the potential to offer immediate support to anyone experiencing a crisis due to gambling-related harms

Recommendation 8: Involve people from diverse backgrounds in the planning and development of new gambling services in Wales, to ensure that services are acceptable

Recommendation 9: Campaigns to raise awareness of gambling services in Wales should be developed in consultation with individuals with lived experience of gambling-related harms, to develop messaging that is non-stigmatising and encourages engagement with services

Recommendation 10: A review should be conducted of opportunities to raise awareness of gambling as a public health issue, and gambling services, within existing programmes delivered by Public Health Wales and other agencies and targeted at individuals who may be at risk for gambling harms, for example Healthy Working Wales

Recommendation 11: Campaigns to raise awareness of services to support people experiencing harm from gambling in Wales should include information for family members and friends on how to recognise signs and symptoms of gambling harms in others

Recommendation 12: If the ongoing UK Government review of the Gambling Act does not adequately address advertising, sponsorship of sports teams, e-sports and events by gambling companies, consideration should be given to banning these activities in Wales to reduce harm and tackle inequalities

Recommendation 13: If not addressed by the ongoing UK Government Review of the Gambling Act, Welsh Government should lobby UK Government for a compulsory levy to be introduced in the UK and for funding

to be distributed across the UK, based on need, by a fully independent body to support harm minimisation, prevention, evidence-based treatment options and research into gambling-related harm

Recommendation 14: If the ongoing UK Government review of the Gambling Act does not address the issue of targeting of vulnerable groups by the gambling industry, Welsh Government should take steps to reduce the number of gambling premises in deprived areas of Wales

Recommendation 15: The impact on gambling advertising of the new ASA restrictions to take effect from 1 October 2022 should be reviewed every six months to monitor the impact, and if there is no clear evidence that this has reduced the appeal of advertising to children and gambling related harm overall, Welsh Government should lobby UK Government to take further action

Recommendation 16: If not addressed at UK level by the review of the Gambling Act, Welsh Government should lobby UK Government to introduce evidence-based player protection options, for example, reviewing the evidence of reduction of the speed of play on fixed odds betting terminals, and putting restrictions on in-play betting promotions

Recommendation 17: Welsh Government should develop clear principles for engagement with the gambling industry, and limit industry input to its areas of competence, recognising that the industry's desire to create new gamblers in order to make profits is in direct conflict with a public health approach to gambling harms

Recommendation 18: Wales should be at the forefront of taking public health action in relation to, commercial determinants of health, using gambling as a priority area

Recommendation 19: Welsh Government should deliver or commission the development of campaigns, resources and educational programmes to support parents in understanding the risk of gambling-related harm to children and young people from computer games

Recommendation 20: Welsh Government should deliver or commission public-facing guidelines setting out steps that individuals can take to reduce their risk of harms from gambling, including information about the link between gaming and gambling and the risks of over-spending

Recommendation 21: If not addressed by the ongoing UK Government review of the Gambling Act, Welsh Government should lobby for a UK ban on computer games that include loot boxes and increase age restrictions on all gaming with an element of gambling

Recommendation 22: Evidence based education for children and young people around gambling harms should be developed, trialled and evaluated in Wales, and if successful included in the National Curriculum in Wales

Recommendation 23: Welsh Government and partners should drive a shift in thinking from an individual approach to a population approach to reduce harm from gambling in Wales

Recommendation 24: Services and interventions in Wales should consider gambling behaviour as a continuum of harm and should target individuals at varying degrees of harm

Recommendation 25: Welsh Government should continue to work with the Welsh Health Specialised Services Committee, Health Boards and the third sector to fund and deliver fully accessible and evidence-based services for people experiencing harm from gambling across the full continuum

Recommendation 26: Development and planning of new gambling services in Wales should be based on the available evidence around risk factors for harmful gambling and comorbidities, to ensure an integrated approach ensuring individuals are supported with all of their health needs (for example, support with mental health and trauma)

Recommendation 27: The development of funding models for gambling services in Wales should not create a competitive environment for organisations striving for the same outcomes, in line with the Well-being of Future Generations Act

Recommendation 28: Evidence-based services for affected others should be offered in Wales

Recommendation 29: Rapid development of resources and training for general practitioners in Wales allowing them to signpost to appropriate gambling services

Recommendation 30: Working with general practitioners, further research into the feasibility of introducing a gambling screening intervention for patients presenting to primary care with lower thresholds for onward referral to prevent severe harm and crisis

Recommendation 31: Identify other frontline staff who might identify harm from gambling and develop resources and training for them to recognise gambling harms and signpost to appropriate gambling services

Recommendation 32: Consideration should be given to adding gambling-related harm to the current 'Making Every Contact Count' initiative that runs in Wales

Recommendation 33: Police forces should routinely screen arrested suspects for gambling harms, and gambling should be included in health needs assessments for prison populations

Recommendation 34: A collaborative, integrated approach to provision of gambling services in Wales should be based on evidence around interventions that are effective, and a consistent approach should be offered to all service users

Recommendation 35: The development of services should be across the continuum of harm in Wales. This should include a strong independent evaluation element and a robust research element to expand the evidence base where this is limited

Recommendation 36: Evaluation of services should be considered at the planning and development stage, so that evaluation metrics are in place from the outset and data are collected on an ongoing basis

Recommendation 37: Development of services to support those experiencing harm from gambling in Wales should include clear plans for supporting and following up individuals after treatment has concluded, to prevent relapse and allow easy re-entry to services if needed. These services should be developed in collaboration with individuals with lived experience, and should be based on evidence around the ongoing needs of recovering gamblers and the interventions that are most effective in preventing relapse

Recommendation 38: The Welsh Government and other partners should play a role in bringing research partners together across Wales to develop bids to UK research funders to undertake further research in Wales. This should specifically address the requirement for a high-quality longitudinal gambling study in Wales

Recommendation 39: Wales should develop high-quality surveillance tools on gambling-related harm, by including questions on gambling in the National Survey for Wales to allow comparable data on the prevalence of gambling with the rest of the UK, or for the National Problem Gambling Survey to be repeated in Wales at regular intervals. Questions should also continue to be included in the Health Behaviour in School-aged Children/ School Health Research Network surveys to monitor and understand gambling behaviours among young people

Recommendation 40: Involvement of, and engagement with, affected others in Wales, to better understand their health needs

Recommendation 41: Research to be undertaken to identify gamblers in Wales who have not accessed services, to better understand their health needs and the structural and other barriers that have prevented them in seeking support

Recommendation 42: Wales should maintain links with other countries that have more advanced public health positions on gambling, and continue to learn from them, implementing best practice wherever possible

Recommendation 43: A review of international evidence on the restrictions that are possible and effective in reducing the harm from online gambling, should be undertaken

Recommendation 44: Further research into prevention interventions that may be appropriate for adults, for example expanding upon the limited evidence found by this health needs assessment around workplace-based interventions, online interventions and interventions targeted at older people

Recommendation 45: Assess the evidence around effective preventative and treatment interventions for other behavioural addictions to identify any learning or best practice that may be generalisable to developing gambling interventions and services in Wales

Recommendation 46: If not addressed by the ongoing review of the Gambling Act, Welsh Government should lobby for and investigate the development of independent funding streams for research into the prevention and reduction of gambling harms, which are free of industry influence

Appendix 4 – Recommendations by category

Recommendations carried over from Gambling With Our Health, Chief Medical Officer Annual Report, 2016/17

Number	Recommendation	Owner	Timescale
42	Wales should maintain links with other countries that have more advanced public health positions on gambling, and continue to learn from them, implementing best practice wherever possible	Welsh Government	Ongoing
43	A review of international evidence on the restrictions that are possible and effective in reducing the harm from online gambling, should be undertaken	Welsh Government/ research partner	By March 2023
44	Further research into prevention interventions that may be appropriate for adults, for example expanding upon the limited evidence found by this health needs assessment around workplace-based interventions, online interventions and interventions targeted at older people	Welsh Government/ research partner	By September 2023
45	Assess the evidence around effective preventative and treatment interventions for other behavioural addictions to identify any learning or best practice that may be generalisable to developing gambling interventions and services in Wales	Welsh Government/ research partner	By September 2023
46	If not addressed by the ongoing review of the Gambling Act, Welsh Government should lobby for and investigate the development of independent funding streams for research into the prevention and reduction of gambling harms, which are free of industry influence	Welsh Government	Following publication of UK Government review of Gambling Act 2005

New recommendations – research

Number	Recommendation	Owner	Timescale
18	Wales should be at the forefront of taking public health action in relation to, commercial determinants of health, using gambling as a priority area	Welsh Government/ research partner	Ongoing
30	Working with general practitioners, further research into the feasibility of introducing a gambling screening intervention for patients presenting to primary care with lower thresholds for onward referral to prevent severe harm and crisis	Welsh Government/ research partner/ RCGP/ health boards	By September 2023
35	The development of services should be across the continuum of harm in Wales. This should include a strong independent evaluation element and a robust research element to expand the evidence base where this is limited	Welsh Government/ research partner	Ongoing
38	The Welsh Government and other partners should play a role in bringing research partners together across Wales to develop bids to UK research funders to undertake further research in Wales. This should specifically address the requirement for a high-quality longitudinal gambling study in Wales	Welsh Government	By June 2024
39	Wales should develop high-quality surveillance tools on gambling-related harm, by including questions on gambling in the National Survey for Wales to allow comparable data on the prevalence of gambling with the rest of the UK, or for the National Problem Gambling Survey to be repeated in Wales at regular intervals. Questions should also continue to be included in the Health Behaviour in School-aged Children/ School Health Research Network surveys to monitor and understand	Welsh Government	By April 2025

	gambling behaviours among young people		
40	Involvement of, and engagement with, affected others in Wales, to better understand their health needs	Welsh Government/ research partner	By September 2023
41	Research to be undertaken to identify gamblers in Wales who have not accessed services, to better understand their health needs and the structural and other barriers that have prevented them in seeking support	Welsh Government/ research partner	By March 2023

New recommendations – service planning, development and promotion

Number	Recommendation	Owner	Timescale
2	Awareness raising of onward referral pathway for individuals affected by gambling harms among healthcare professionals and other frontline staff groups who may come into contact with those in the most vulnerable groups	Welsh Government/ health boards	Pending further service development
3	Undertake a review of existing gambling services available to people in Wales to ensure that they are fully accessible	Welsh Government/ service providers	By March 2023
4	When planning and developing new gambling services in Wales, ensure equity of access	Welsh Government/ WHSSC	By December 2023
5	When planning and developing new gambling services in Wales, ensure that opening times are convenient for individuals who are in employment	Welsh Government/ WHSSC	By December 2023
6	When planning and developing new gambling services in Wales, consider the evidence around groups who are less likely to access services or complete treatment, and develop or adapt services to better support these groups	Welsh Government/ WHSSC	By December 2023

7	When planning and developing new gambling services in Wales, consideration must be given to waiting times and the potential to offer immediate support to anyone experiencing a crisis due to gambling-related harms	Welsh Government/ WHSSC	By December 2023
8	Involve people from diverse backgrounds in the planning and development of new gambling services in Wales, to ensure that services are acceptable	Welsh Government/ WHSSC	By December 2023
9	Campaigns to raise awareness of gambling services in Wales should be developed in consultation with individuals with lived experience of gambling-related harms, to develop messaging that is non-stigmatising and encourages engagement with services	Welsh Government/ service providers	By September 2023
24	Services and interventions in Wales should consider gambling behaviour as a continuum of harm and should target individuals at varying degrees of harm	Welsh Government/ WHSSC/ service providers	By December 2023
25	Welsh Government should continue to work with the Welsh Health Specialised Services Committee, Health Boards and the third sector to fund and deliver fully accessible and evidence-based services for people experiencing harm from gambling across the full continuum	Welsh Government/ WHSSC/ service providers	By December 2023
26	Development and planning of new gambling services in Wales should be based on the available evidence around risk factors for harmful gambling and comorbidities, to ensure an integrated approach ensuring individuals are supported with all of their health needs (for example, support with mental health and trauma)	Welsh Government/ WHSSC	By December 2023

28	Evidence-based services for affected others should be offered in Wales	Welsh Government/ WHSSC	By December 2024
29	Rapid development of resources and training for general practitioners in Wales allowing them to signpost to appropriate gambling services	Welsh Government/ primary care representatives/ health boards	By March 2023
31	Identify other frontline staff who might identify harm from gambling and develop resources and training for them to recognise gambling harms and signpost to appropriate gambling services	Welsh Government/ health boards	By September 2023
32	Consideration should be given to adding gambling-related harm to the current 'Making Every Contact Count' initiative that runs in Wales	Public Health Wales	By September 2023
33	Police forces should routinely screen arrested suspects for gambling harms, and gambling should be included in health needs assessments for prison populations	Welsh Government/ police forces/ those undertaking HNA work	By December 2023
34	A collaborative, integrated approach to provision of gambling services in Wales should be based on evidence around interventions that are effective, and a consistent approach should be offered to all service users	Welsh Government/ WHSSC/ service providers	By December 2023
36	Evaluation of services should be considered at the planning and development stage, so that evaluation metrics are in place from the outset and data are collected on an ongoing basis	Welsh Government/ WHSSC	By December 2023
37	Development of services to support those experiencing harm from gambling in Wales should include clear plans for supporting and following up individuals after treatment has concluded, to prevent relapse and allow easy re-entry to services if needed. These services	Welsh Government/ WHSSC	By December 2023

	should be developed in collaboration with individuals with lived experience, and should be based on evidence around the ongoing needs of recovering gamblers and the interventions that are most effective in preventing relapse		

New recommendations – prevention

Number	Recommendation	Owner	Timescale
1	Development of a campaign to promote services for individuals affected by gambling harms, with a focus on reaching those in known at-risk groups	Welsh Government	By September 2023
10	A review should be conducted of opportunities to raise awareness of gambling as a public health issue, and gambling services, within existing programmes delivered by Public Health Wales and other agencies and targeted at individuals who may be at risk for gambling harms, for example Healthy Working Wales	Public Health Wales	By September 2023
11	Campaigns to raise awareness of services to support people experiencing harm from gambling in Wales should include information for family members and friends on how to recognise signs and symptoms of gambling harms in others	Welsh Government/ service providers	By September 2023
19	Welsh Government should deliver or commission the development of campaigns, resources and educational programmes to support parents in understanding the risk of gambling-related harm to children and young people from computer games	Welsh Government/ service providers	By September 2023
22	Evidence based education for children and young people around gambling harms should be developed, trialled and evaluated in	Welsh Government	By September 2023

	Wales, and if successful included in the National Curriculum in Wales		
23	Welsh Government and partners should drive a shift in thinking from an individual approach to a population approach to reduce harm from gambling in Wales	Welsh Government/ Public Health Wales	By September 2023

New recommendations – policy change and development of guidance

Number	Recommendation	Owner	Timescale
12	If the ongoing UK Government review of the Gambling Act does not adequately address advertising, sponsorship of sports teams, e-sports and events by gambling companies, consideration should be given to banning these activities in Wales to reduce harm and tackle inequalities	Welsh Government	Following publication of UK Government review of Gambling Act 2005
13	If not addressed by the ongoing UK Government Review of the Gambling Act, Welsh Government should lobby UK Government for a compulsory levy to be introduced in the UK and for funding to be distributed across the UK, based on need, by a fully independent body to support harm minimisation, prevention, evidence-based treatment options and research into gambling-related harm	Welsh Government	December 2023/ Following publication of UK Government review of Gambling Act 2005, whichever is soonest
14	If the ongoing UK Government review of the Gambling Act does not address the issue of targeting of vulnerable groups by the gambling industry, Welsh Government should take steps to reduce the number of gambling premises in deprived areas of Wales	Welsh Government	Following publication of UK Government review of Gambling Act 2005
15	The impact on gambling advertising of the new ASA restrictions to take effect from 1 October 2022 should be reviewed every six months to monitor the impact, and if there is no clear evidence that this has reduced the appeal of advertising to children	Welsh Government/ research partner	By April 2023

	and gambling related harm overall, Welsh Government should lobby UK Government to take further action		
16	If not addressed at UK level by the review of the Gambling Act, Welsh Government should lobby UK Government to introduce evidence-based player protection options, for example, reviewing the evidence of reduction of the speed of play on fixed odds betting terminals, and putting restrictions on in-play betting promotions	Welsh Government	Following publication of UK Government review of Gambling Act 2005
17	Welsh Government should develop clear principles for engagement with the gambling industry, and limit industry input to its areas of competence, recognising that the industry's desire to create new gamblers in order to make profits is in direct conflict with a public health approach to gambling harms	Welsh Government	Following publication of UK Government review of Gambling Act 2005
20	Welsh Government should deliver or commission public-facing guidelines setting out steps that individuals can take to reduce their risk of harms from gambling, including information about the link between gaming and gambling and the risks of over-spending	Welsh Government/ service providers	By September 2023
21	If not addressed by the ongoing UK Government review of the Gambling Act, Welsh Government should lobby for a UK ban on computer games that include loot boxes and increase age restrictions on all gaming with an element of gambling	Welsh Government	Following publication of UK Government review of Gambling Act 2005
27	The development of funding models for gambling services in Wales should not create a competitive environment for organisations striving for the same outcomes, in line with the Well-being of Future Generations Act	Welsh Government	By September 2023

Appendix 5 – Association of Directors of Public Health and Faculty of Public Health recommendations for protecting the public from gambling harms

In June 2022, the Vice President of the Association of Directors of Public Health and the President of the Faculty of Public Health wrote to the UK government ahead of the publication of the gambling act review. Their letter sets out recommendations for protecting the public from being harmed or exploited by gambling and the gambling industry through the adoption of a public health approach.

The recommendations are focused upon a sustainable model of funding of a public health approach to gambling, restrictions upon marketing and promotion of gambling, the use of public health evidence to reframe our understanding of gambling harms, and protecting policymaking, regulation research, education and treatment from gambling industry influence.

The full letter can be viewed at: https://www.adph.org.uk/2022/06/protecting-the-public-from-being-harmed-or-exploited-by-gambling-and-the-gambling-industry/