

Gambling Harms in Blackburn with Darwen: A Needs Assessment



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Gambling Harms in Blackburn with Darwen: a needs assessment

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Executive Summary

Gambling is a common practice across Great Britain, with around half of the population regularly participating in one form or another, producing a market value of £15.6 billion (Gambling Commission, 2024b). The industry has changed radically in the last two decades, with the introduction of a plethora of online/mobile gambling products, accompanied by an intensification of industry activities and strategies.

This intensification has been met by widespread concern from a variety of sectors of society, all pointing to the range of harms that gambling brings to society, communities, families and individuals. In response to the identification of gambling harms, significant momentum has gathered behind demands that gambling be subjected to a 'public health' approach. This approach demands that gambling harms should be prevented and mitigated at a population level. It demands better regulation of the industry, a focus on harm prevention, improved provision for identification, management and treatment of harms, community engagement and mobilisation, and research and monitoring to understand trends in gambling and its harms.

This report presents findings from a needs assessment conducted for Blackburn with Darwen's Public Health team to inform their plans for addressing gambling harms in their jurisdiction. The needs assessment presents current evidence on the prevalence and determinants of gambling harm at a national level. For Blackburn with Darwen specifically, we present estimates of prevalence of gambling harm, treatment/support needs, and the socio-economic costs of gambling harms. We also map existing service provision, present a consultation with local stakeholders and provide a range of recommendations.

Some of the highlight findings of this report include:

- Rates of people experiencing problem gambling in Blackburn with Darwen were 3 times higher than the nation average- 1.2% vs 0.4%.
- Rates of problem gambling were five times higher among those living in the most deprived areas of Blackburn with Darwen (1.6%) than the least deprived (0.3%).
- Although rates of any risk gambling were similar between ethnic groups, rates of problem gambling tended to be higher among those from non-White backgrounds (1.7% vs 0.9%).
- Almost 1-in-10 (9%) of young people aged 18-24 experience any risk gambling, with one in 45 experiencing problem gambling (2.2%).
- It is estimated that within Blackburn with Darwen, a total of 4785 adults are in need of some form of treatment and support for their gambling.
- In addition, it is estimated that within Blackburn with Darwen, 2930 children live with adults who are in need of some form of treatment and support for their gambling.
- The social costs of problem gambling in Blackburn with Darwen are estimated to range between £21.5 million to £33.7 million.
- Net customer losses at gambling establishments in Blackburn with Darwen are likely to be around £10.4 million per year.
- New data as of 2025 highlights there is slightly lower gambling licensing premises rates in the Borough (11.4 per 100,000) compared to the national average (12.9 per 100,000), however, this is statistically similar to national and regional rates.

Executive Summary

In response to these findings and those presented in detail in the full report, we make nine recommendations.

- 1** **Raise Awareness of Gambling Harms:** Increase understanding of gambling-related harms across the Local Authority to promote early recognition and intervention, including by introducing a workplace charter.

- 2** **Challenge and Disrupt Gambling Industry Tactics:** Local Authorities can use their powers to restrict advertising and run counter-messaging campaigns that disrupt marketing strategies.

- 3** **Develop a Targeted Gambling Harm Prevention or Addiction Strategy:** Create a prevention strategy with a dedicated lead and a strong focus on groups identified as being at higher risk in the needs assessment to reduce vulnerability and foster resilience.

- 4** **Provide Comprehensive Gambling Harm Treatment and Support Services:** Collaborate with NHS organisations to establish a robust package of support services for individuals and families affected by gambling harms, which covers the commonly identified domains of harm.

- 5** **Integrate Gambling into Suicide Prevention Efforts:** Incorporate gambling harm awareness and support into broader suicide prevention activities to address the interconnected risks effectively.

- 6** **Implement a Gambling Harm Monitoring and Reporting System:** Develop a system to track referrals and treatment outcomes, ensuring accountability and continuous improvement in addressing gambling harms.

- 7** **Strengthen the Gambling-Related Harms Forum:** Expand and enhance the activities of the Blackburn with Darwen Gambling-Related Harms Forum to foster collaboration and drive meaningful, multi-agency action.

- 8** **Be Prepared to Engage with New Funding Streams:** The council should be ready, and support local organisations to be ready, to respond to the Government's new statutory levy on the gambling industry.

- 9** **Online Gambling Oversight:** Participate in opportunities to reform regulation of online gambling.

Introduction

Over the course of the last two decades, the gambling industry has been transformed by the rapid spread of digital technologies, notably the internet and smart phones. The gambling industry has harnessed these technologies to make their products more accessible and increase engagement with them. As a consequence, gambling has become increasingly harmful. Harms associated with gambling are now widely recognised as a public health issue that warrants preventive actions at the international, national, and local levels (Wardle et al., 2024). In response to these shifts, public health bodies are increasingly looking at how they can prevent and mitigate gambling harms.

This needs assessment was commissioned by Blackburn with Darwen Borough Council's Public Health team to initiate a systematic approach to addressing gambling harms in its jurisdiction. The report:

- Describes the contemporary evidence base surrounding gambling harms and their determinants;
- Offers estimates of prevalence of gambling harm and treatment/support needs in Blackburn with Darwen;
- Provides estimates of the socio-economic costs of gambling harm in Blackburn with Darwen;
- Maps existing service provision in Blackburn with Darwen; and
- Presents stakeholder perspectives on gambling harms in Blackburn with Darwen, including barriers to accessing treatment/support and suggestions for the future.

Before presenting this content, we set out important background information relating to gambling and key terms, current gambling trends in Great Britain, what gambling harms are and the methods used in this needs assessment.

What is gambling?

In the Great Britain, commercial gambling encompasses various forms, such as sports betting, electronic gambling machines (eg. Fruit/slot machines, machines formerly known as fixed odd betting terminals), lotteries, casino games, and bingo. Gambling takes place in land-based premises or online.

For the majority of gambling activities (including lotteries and scratchcards) the minimum age to gamble is 18. For some machines (called category D machines), like penny pushers, or those with very low stakes and prizes (30p or less and a maximum of £50), there is currently no specified minimum age for players.

Introduction

Box 1: Definitions of terms - Adapted from Wardle et al (2024)

Gambling:

The Gambling Act 2005 defines gambling as betting, gaming or participating in a lottery, where gaming means playing a game of chance for a prize and a prize is defined as money or 'money's worth'.

Commercial gambling:

The commercial provision of gambling by companies and entities established to provide these products at scale for profit. The commercial gambling sector may be supported by governments through systems of licensing (www.blackburn.gov.uk/licences-and-permits/licences/gambling-licences/gambling-licences/gambling-policy-2025) or governments themselves may be providers of commercial gambling through monopoly arrangements. Profits may be retained by the company or redistributed for social causes. Commercial companies can operate in settings where there is no regulation, where there is limited oversight, or as illegal operators where prohibitions exist.

Regulated gambling (UK):

Forms of gambling regulated by the UK's Gambling Commission. These include: arcades, betting, bingo, casinos, gaming machines, lotteries (excluding small society lotteries), remote gambling (gambling done either online or by phone) that uses British-based equipment, The National Lottery.

Gambling products:

This includes a diverse range of products, including lotteries and related products (like scratch cards etc), betting, bingo, electronic gambling machines (EGMs) and casino table games; all of which are offered in a range of contexts and across a range of formats including online and mobile provision.

Gambling harms:

The adverse impacts from gambling on the health and wellbeing of individuals, families, communities, and society. We also use this term inter-changeably with 'gambling-related harms'

Gross Gambling Yield:

This is the amount of money retained by the gambling industry once winning bets have been paid. It is the net amount of money lost by consumers to the gambling industry.

Hazardous gambling:

The term used in the ICD-11 to describe a pattern of gambling that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual that may require intervention or monitoring but is not considered a disorder.

Gambling disorder:

A recognised disorder in the two major classifications of mental and behavioural disorders – the DSM-59 (APA 2013) and ICD-11 (WHO 2018).

Problem gambling:

A commonly used term to describe gambling practices which create multiple problems that disrupt personal, family, financial and employment circumstances.

Any risk gambling:

The term used to include those who meet the thresholds for problematic or gambling disorder but also includes those who at minimum report sometimes or occasionally experiencing at least one behavioural or negative consequence from gambling.

Introduction

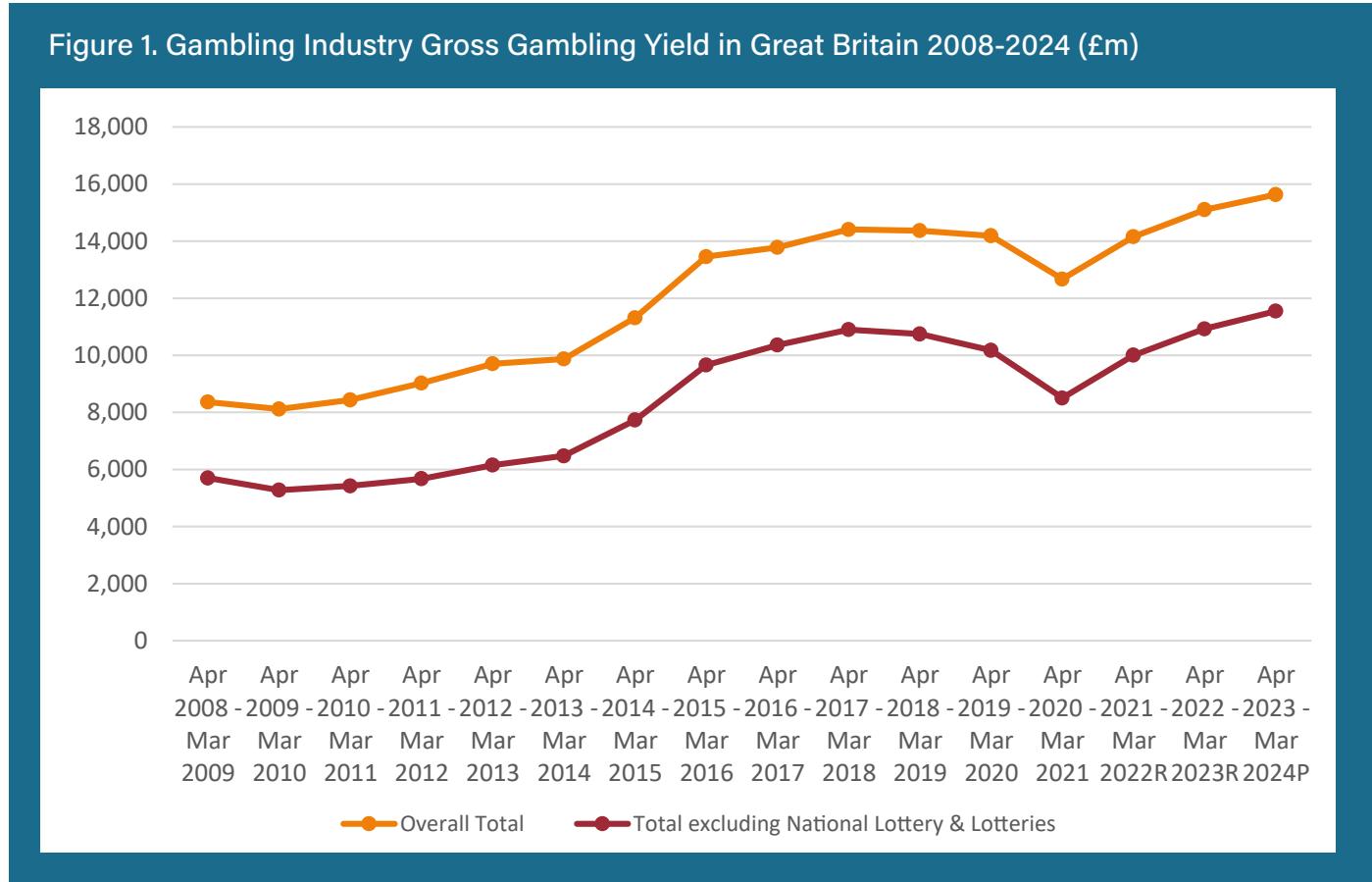
What are the gambling trends in Great Britain?

Britain has one of the largest gambling markets globally, with total Gross Gambling Yield (GGY), that is the amount of money retained by gambling companies after wins have been paid, reaching £15.6 billion in 2023-2024 (Gambling Commission, 2024b). About half of adult population in the country regularly participate in commercial gambling. We draw on the Gambling Commission's latest Industry Statistics (2024b) to describe key trends.

Gambling market trends

Over the last fifteen years, the British gambling industry has experienced significant growth contributing to a substantial increase in gross gambling yield (GGY). The long-term trends in GGY, both including and excluding lotteries, are depicted in Figure 1. Over the last 15 years, GGY has almost doubled in size. Growth in GGY is evident even when inflation is taken into account. Inflation adjusted GGY for 2008-09 would equate to around £12.5 billion in 2024, actual GGY estimates have been higher than this since the financial year 2021-2014 (excluding financial year 2020-21).

Figure 1. Gambling Industry Gross Gambling Yield in Great Britain 2008-2024 (£m)



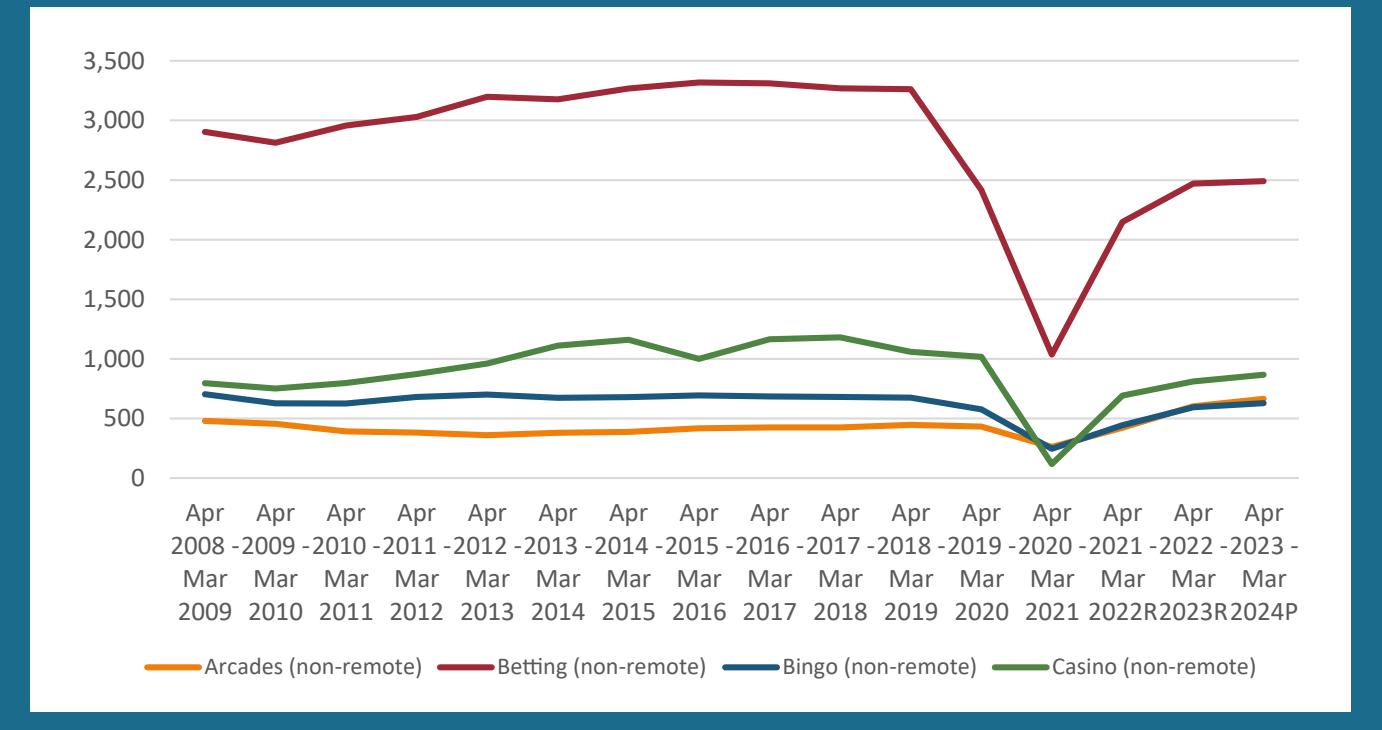
In 2023-24, the gambling industry generated a GGY of £15.6 billion, reflecting a 3.5% year-on-year increase and a 10.2% rise compared to the pre-pandemic period (April 2019 - March 2020). Lotteries accounted for £4 billion of this GGY, with the majority (£3.3 billion) coming from The National Lottery.

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Land-Based Gambling:

In 2023-24, land-based gambling contributed £4.6 billion to the GGY. Long-term data demonstrate the impact that COVID-19 had on land-based gambling yields, with thus far only partial recovery overall (see Figure 2).

Figure 2. Land-based Gambling Industry Gross Gambling Yield in Great Britain 2008-2024 (£m)



These data belie some notable trends.

The Gambling Commission Industry Statistics show that the number of AGC premises licenses has been broadly stable since financial year 2015-16 at around 1500 premises (FY 2021-22 notwithstanding). As of 2025, the Borough has a slightly lower rate of gambling licensing premises (11.4 per 100,000 population) compared to the national average (12.9 per 100,000). However, this difference is not statistically significant and aligns closely with both national and regional figures. These data do not include high-street bingo licenses, whereby venues are operated under a bingo license but only offer machine gambling and thus look and feel the same as AGCs.

Irrespective of this, industry data show that the average number of machines per Adult Gaming Centre (AGC) has significantly increased, rising from 28 in 2011 to 51 in 2023/24. The Gambling Act 2005 implements a 80/20 rule for machines within AGCs. That is only 20% of machines within a venue can be category B (higher risk machines) and 80% should be category C or D machines (lower risk). The average number of category B machines within each AGC has increased from 4.1 per AGC in 2013 to 9.8 per AGC. The proportion of category C machines has also increased. This increase has been facilitated by moving category C and D machine content to tablets or small-in-fill machines, which take up less floor space, thus allowing proportionately more category B machines to be offered within a venue.

The category B machines now offer enhanced content, focusing on roulette as well as traditional slot games, and have functionality which allow the £2 maximum stake to be breached. The average GGY per category B machine within an AGC has increased from £11,528 per machine in 2011 to £32,703 in 2024.

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Non-remote Betting:

Overall, the total number of bookmakers premises in Great Britain has declined between 2011 and 2024, falling from 8872 to 5931, with the decline largely being correlated with the changes to stake sizes implemented on B2 machines in 2018 and likely compounded by the Covid pandemic. However, analysis of industry returns shows that the average GGY generated by each bookmaker's premises (that is yield from off-course betting and betting on machines in bookmakers) has substantially increased, rising from £307,594 per bookmaker in 2009 to £411,745 per bookmaker in 2024.

Bingo: The number of active bingo premises has fluctuated between a high of 710 in 2014 to a low of 496 in 2012. In 2024, the number of active bingo premises was 631. This will include some high street bingo licenses where the main product on offer is machines rather than bingo. GGY on bingo and machines within bingo premises is lower in 2024 than prior to the pandemic. It is notable, however, that the proportion of yield generated by bingo games vs machines in these venues has decreased from 69% in 2009 to 37% in 2024, demonstrating the importance of machine gambling to this sector.

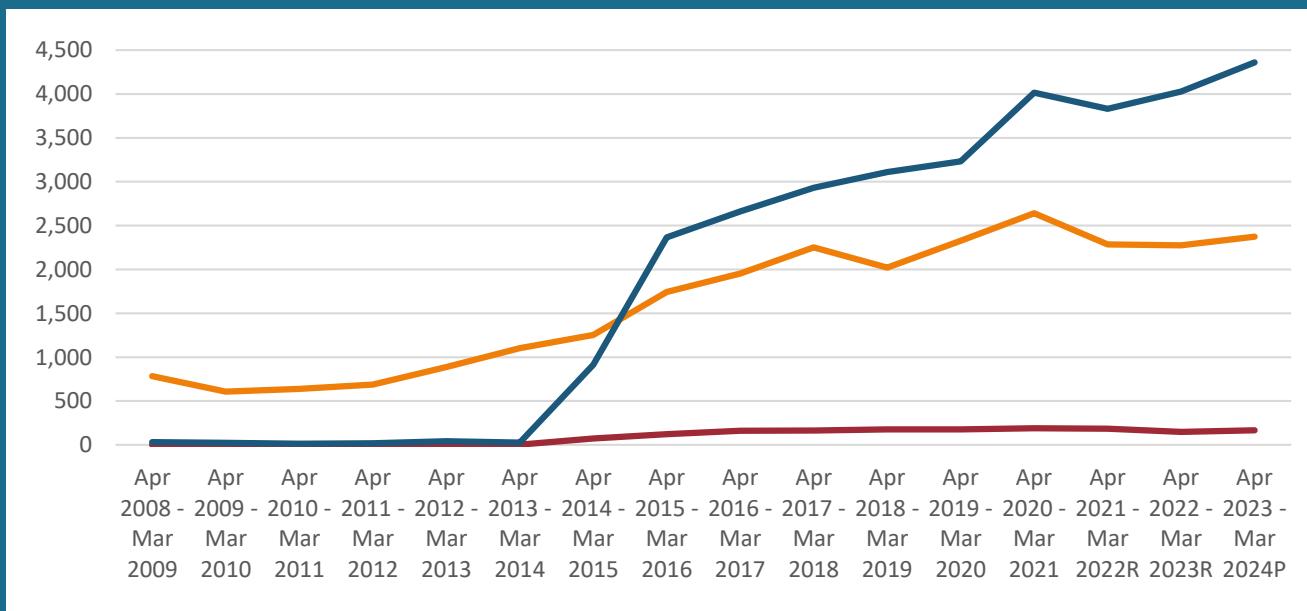
Casinos: The number of active casino licenses has fluctuated from a high of 156 in 2020 to 141 in 2010. GGY for this sector is lower in 2024 than prior to the pandemic. Like bingo, there is evidence of increased reliance on machines for yield, with the proportion of yield generated by casino table games vs machines falling from 87 percent in 2009 to 75 percent in 2024.

Remote (Online) Gambling:

Online gambling is widely practised in Great Britain. In 2023-24, the number of active online gambling accounts in Great Britain was 37.3 million, a number equal to more than half of the population (though people who gamble online typically have several accounts). Compared with the number of accounts active in the pre-pandemic period (April 2019 - March 2020), this represents a growth of 24.8%.

While the land-based contributions to GGY have struggled to recover pre-pandemic levels, remote (online or telephone) contributions have grown rapidly (see Figure 3). In 2023-24, GGY rose by 6.9% year-on-year and 20.3% since pre-pandemic levels (April 2019 - March 2020). For online casinos, this increase remains when adjusted for inflation, representing real terms growth. For betting, from around 2018 onwards, this does not represent a real-term increase.

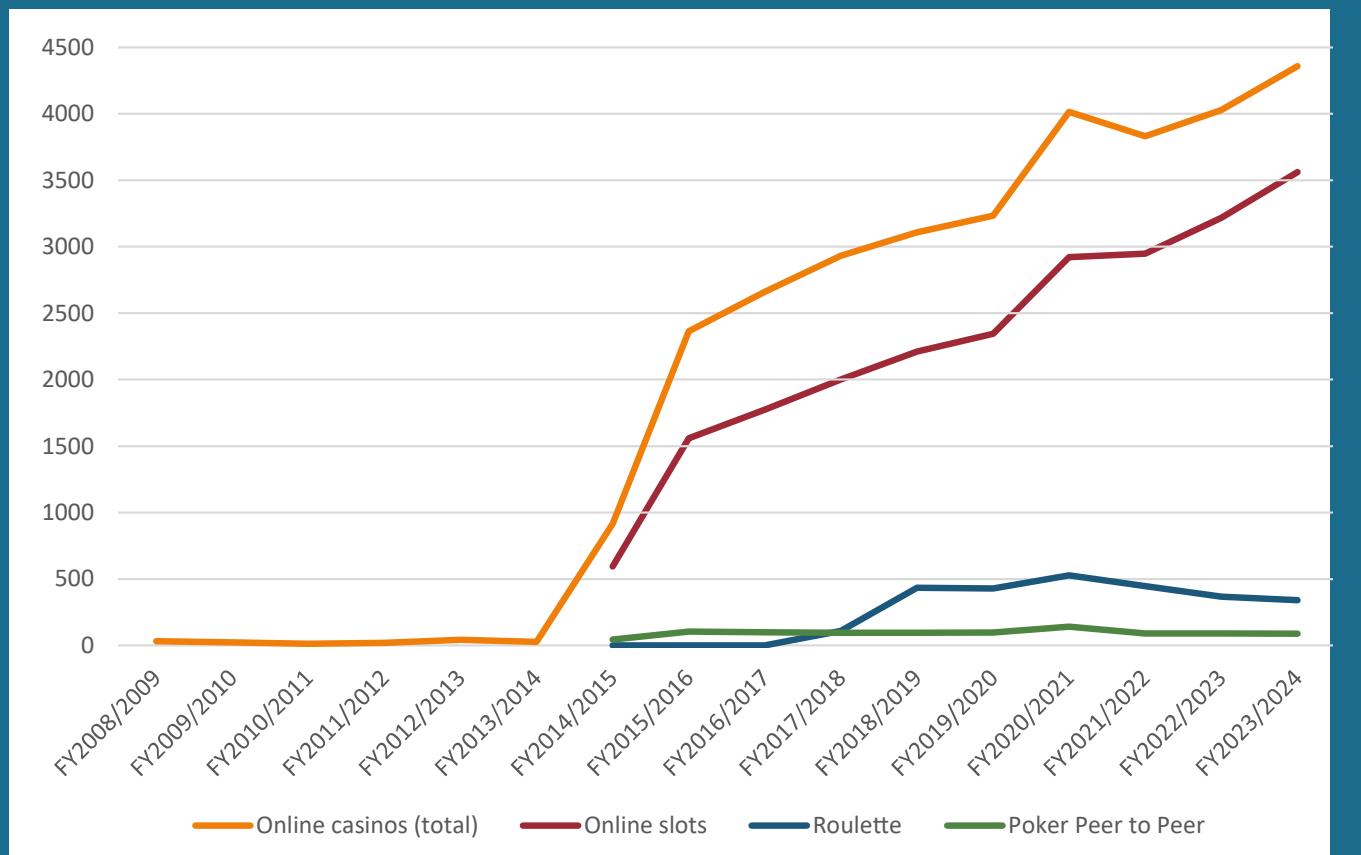
Figure 3. Online Gambling Industry Gross Gambling Yield in Great Britain 2008-2024 (£m)



Introduction

A stand-out driver of online growth has been online slot machine-style games. As Figure 4 shows, yield from online slots has consistently been the major source of income for online casinos since 2014. From 2014, the proportion of online revenue attributed to online slots has increased from 40% to 52% in 2024.

Figure 4. Online Casino Yields by Product in Great Britain 2008-2024 (£m)



Gambling participation rates

Participation in gambling is common in Great Britain, including among children and young people. Current data published by the Gambling Commission (2024a) indicate the following participation rates for adults:

- 48% participate in gambling in the past four weeks,
- When lotteries are excluded, 27% of adults have gambled in the past four weeks.

Gambling Commission (2024c) data on participation by children and young people (11-17 years old) indicate that:

- 27% had participated in gambling, using their own money, in the last year.
- 21% had participated in regulated forms of gambling, using their own money, in the last year e.g. arcade games, penny falls.
- 6% had participated in a form of gambling which they are, by law, not permitted to e.g. online casino, sports betting.

Introduction

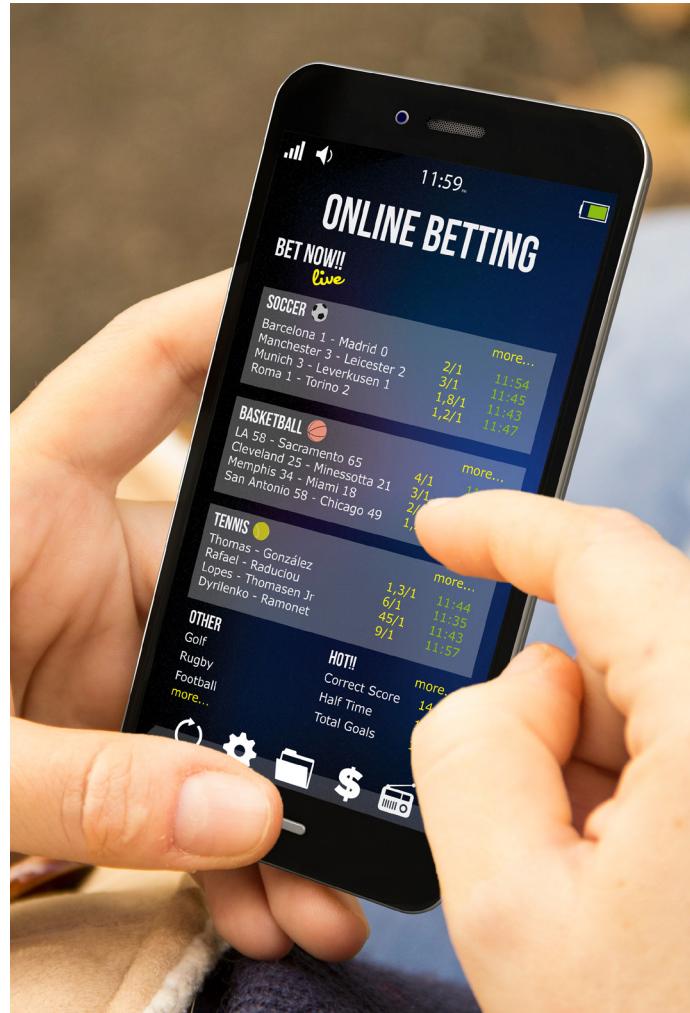
What are gambling harms?

Overall, the total number of bookmakers premises in Great Britain has declined between 2011 and 2024, falling. Gambling harms refer to the negative consequences experienced by individuals, families, communities and societies as a result of gambling. These harms can range from financial difficulties to severe mental health issues and social disruption. Gambling harms are not just confined to those who gamble, but frequently affect the families and friends of those who gamble. Beyond this, communities can be harmed by gambling-related criminal activities, and societies experience significant social and economic costs, such as increased healthcare costs.

In recent years, gambling harms have been increasingly recognised as a threat to public health which is distributed unequally. In response to this, a range of actors have called for a comprehensive, public health led response to gambling harms (Wardle et al., 2024).

Why a needs assessment?

A comprehensive public health response to gambling harms entails various actors sharing responsibility in preventive and remedial action. In Great Britain, there has been an increasing focus on locally-led preventive efforts. Local Authorities are viewed as having a significant role to play in preventing harm and supporting affected individuals and families in their communities, as well as reducing overall exposure of their populations to gambling (LGA, 2023).



Currently, however, gambling harm prevention is a gap in most Local Authorities' portfolios. Councils often face a double problem when it comes to gambling harm prevention at the local level. First, as is the case in Blackburn with Darwen, there is lack of local area specific evidence on the scale and scope of the problem of gambling harms, how various population groups are differentially impacted by them, and what the most pressing local needs and opportunities in responding to these harms are. Generating and curating this evidence base is essential to support Local Authorities' strategic plans to prevent and reduce gambling harms.

Secondly, councils often have limited resources available for gambling harm prevention. However, when underpinned by a strong evidence base enabling well-targeted action, relatively low-cost interventions could be developed and can have a significant impact (LGA, 2023). As Box 2 outlines, such locally-led action to tackle gambling harms is already taking place across a number of Local Authorities.

In light of recent legislative and regulatory developments following the publication of the White Paper in spring 2023, it is reasonable to expect that funding for gambling harm prevention at the local level may increase in the foreseeable future. It is possible that the proposed statutory gambling levy funding may be used to develop local and regional initiatives for harm prevention, with interventions more closely tailored to the needs of specific communities, as suggested by government in their announcement that the Office for Health Improvements and Disparities will serve as Prevention Commissioners on the Levy Board. Furthermore, the central government is expected to announce a continuation of funding for local suicide prevention plans that, as we highlight in this report, gambling harm prevention should form a substantial part of. It is, thus, of utmost importance for Local Authorities to start planning for possible changes in the funding landscape, with a view of scaling up locally-led prevention. Below, in Box 2, we provide select examples of such locally-led efforts.

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Box 2: Examples of locally-led efforts to address gambling harms across Great Britain

Greater Manchester Combined Authority has been running an awareness raising campaign Odds Are: They Win focused specifically on gambling industry tactics. This campaign focuses on the ways gambling industry controls the situational and structural context of gambling to maximise profits. The campaign draws on the historical lessons from smoking prevention and emerging insights from the critical health literacy field. The latter point to the possibility of educating the publics on the social and commercial determinants of health that in turn could lead to behaviour change and collective action. (Mills et al., 2023)

In partnership with Gambling with Lives (a charity set up by families bereaved by gambling-related suicides), Greater Manchester Combines Authority has also set up an awareness raising online source Chapter One (<https://www.chapter-one.org/chapter-one>) that aims to support those affected by gambling harms. The resource foregrounds the focus on commercial determinants of gambling harms and explicitly criticises industry-promoted framing of gambling harm as individual responsibility, while signposting people affected by harmful gambling to support services that independent of industry funding.

Figure 5 Chapter One webpage - 'Why is this happening?'

The screenshot shows the 'Why is this happening?' section of the Chapter One website. The page has a light beige background with a dark blue header bar. The header includes the 'CHAPTER ONE' logo, navigation links for Home, Gambling harms, How and where to get help, About gambling, Chapter One, and a red 'NEED URGENT HELP?' button.

Why is this happening?

There are some things you should know...

Some forms of gambling are more harmful than others
All forms of gambling carry a level of risk and can be harmful.

The way gambling impacts your brain
Gambling can rapidly hijack the human brain to cause addiction in everyday life.

The gambling industry targets those who are already harmed
If you're experiencing harm from gambling you're nine times more likely to be offered incentives like free bets.

FIND OUT MORE

Advertising misrepresents the benefits and risks
The gambling industry spends £1.5 billion a year on advertising.

Gambling companies don't want you to know
The gambling industry's 'safer gambling' initiatives are not transparent about how addictive some products are.

FIND OUT MORE

We're here to help...
Whatever the reasons, we understand and we are here to help.

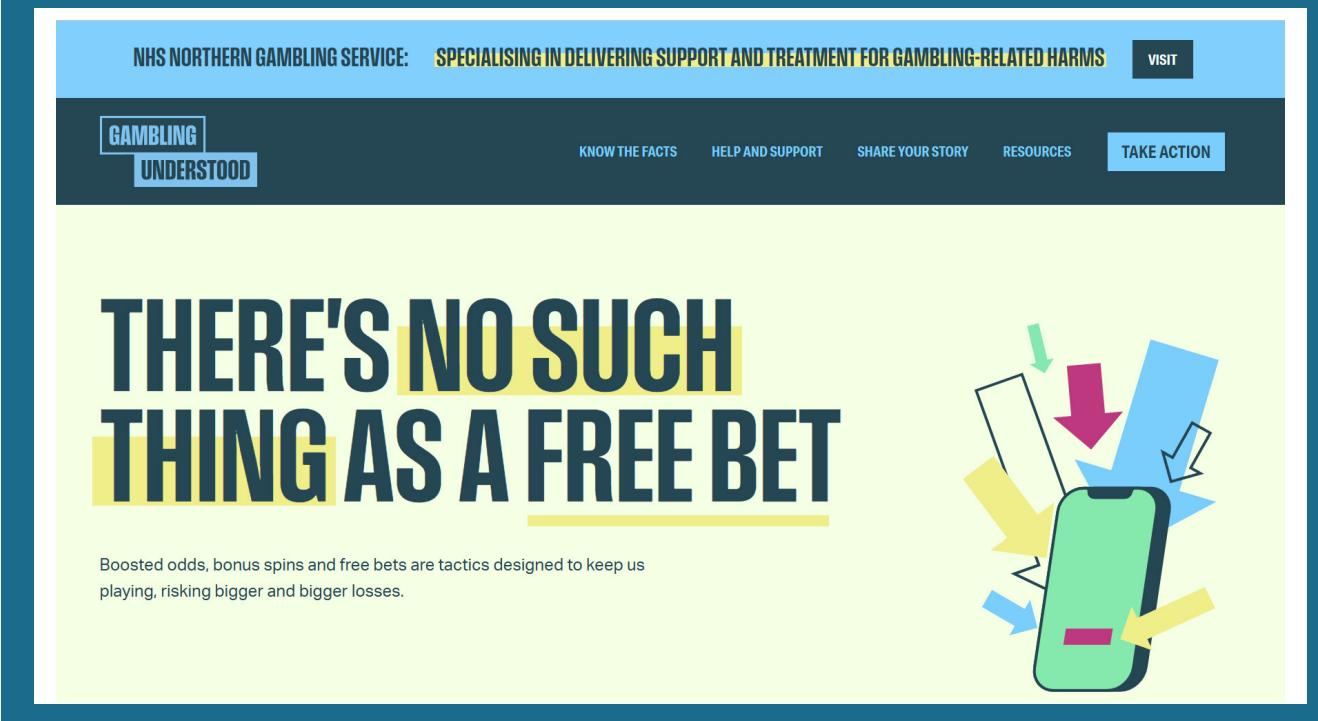
FIND OUT MORE

Introduction

Box 2: Examples of locally-led efforts to address gambling harms across Great Britain

A similar public campaign Gambling Understood (<https://gamblingunderstood.co.uk/>) has been run by the Association of Directors of Public Health in Yorkshire and Humber. The campaign also aims to expose gambling industry tactics and the addictive nature of gambling products' design.

Figure 6 Gambling Understood campaign web-site landing page



Some Local Authorities have gone further and introduced local bans on gambling advertisement. In 2021, Bristol City Council banned gambling advertisements across all of its infrastructure. The evaluation of the restrictions' effect is ongoing (Anon, 2021). However, similar restrictions on unhealthy food and drink introduced in London in 2019 have proven effective in relative consumption reduction of those harmful products (Yau et al., 2022). In March 2024, Sheffield City Council has followed the lead and banned gambling advertisement across Sheffield City Council-controlled advertising hoardings.

Needs Assessment: Questions and Process

This needs assessment responds to the following questions, posed by Blackburn with Darwen:

- 1 What is the prevalence of gambling and gambling-related harm in Blackburn with Darwen by socio-demographic characteristics and geographical distribution?
- 2 What are the determinants (risk factors) of gambling and harmful gambling?
- 3 What are the harms to individuals, families, communities, and wider societal harm associated with harmful gambling?
- 4 What is the social and economic burden of gambling-related harms?
- 5 What are the barriers to accessing treatment where gambling related harms are clearly identified and acknowledged?
- 6 What are stakeholder views on gambling-related harms in Blackburn with Darwen?

Introduction

In order to address these questions, the assessment proceeded in two phases.

Phase 1

Phase 1 was desk-based and sought to address questions 1-4. We analysed existing datasets to generate Blackburn with Darwen-specific estimates, conducted evidence reviews and mapped existing provisions in the area.

Method 1: Local area prevalence estimation

To respond to question 1, we drew on methodologies developed for the Office of Health Improvements and Disparities and used data from the Health Survey for England 2015-2018 to produce statistical estimates of any risk and problem gambling for Blackburn with Darwen. These estimates were then contextualised with modelled estimates of treatment need among five different tiers of treatment provision.

Method 2: Desk review

To respond to questions 2 and 3, we drew on four existing evidence reviews (Rogers et al., 2019; Beynon et al., 2020b; Beynon et al., 2020a; Association, 2018). These reviews were:

- Rogers RD et al. (2019). Framing a public health approach to gambling harms in Wales: Challenges and opportunities. Bangor, Bangor University.
- Public Health England (2021). Risk factors for gambling and harmful gambling: an umbrella review. London.
- Public Health England (2021). Harms associated with gambling: An abbreviated systematic review. London.
- Local Government Association (2023). Tackling gambling related harm: A whole council approach (2018).

From these reviews, we generated accessible summaries of the determinants of gambling harms and of the nature of these harms.

To ensure the evidence summaries were up-to-date, we conducted additional searches of scientific databases to identify studies published since these four reports were compiled. Details of the databases and search terms that we used can be found in Appendix 1.

Method 3: Estimation of social-economic costs of gambling in the local area

To respond to question 4, we generated estimates of the social cost of problem gambling in Blackburn with Darwen comparing three different methods to provide a range of estimates. Each approach estimates excess fiscal costs per person experiencing problem gambling across a range of domains. These findings are contextualised in terms of what is and is not measured, providing conservative estimates of social costs.

Method 4: Rapid review of existing Blackburn with Darwen provision for gambling harm prevention and treatment

While not an explicit question set for the needs assessment, we also sought to map existing provisions for preventing and respond to gambling harms in Blackburn with Darwen. To do this, we conducted web searches and supplemented these with key informant interviews with:

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- 1 A representative of Blackburn with Darwen Borough Council's Public Health team
- 2 An operations manager involved in the provision of financial advice in the local area
- 3 An operations manager involved in the provision of food bank services in the area
- 4 The Chief Executive of a charity providing a range of community services, including support for those experiencing gambling harms, in the local area.

In addition, colleagues from Blackburn with Darwen worked with a stakeholder group to supplement the mapping with local knowledge. As part of this process, we secured access to training materials and reports from services and organisations engaged in responding to gambling harms in the Blackburn with Darwen area. These documents were reviewed and summarised to identify existing provision in the area.

Phase 2

We addressed questions 5 and 6 in Phase two. Phase two was delivered through a series of workshops and interviews with key stakeholders (see Table 1), identified in collaboration with Blackburn with Darwen's Public Health team. The University of Glasgow held three workshops, with Blackburn with Darwen initiating an additional two. The Glasgow team also conducted five interviews with stakeholders who were unable to attend a workshop. Each workshop and interview employed the following structure:

- 1 Presentation of findings from Phase 1, discussion and reflection.
- 2 Discussion of gambling harms identified in participants' practices in the area.
- 3 Discussion of barriers to preventing and responding to gambling harms in the area.
- 4 Discussion of gambling harm prevention needs in the area.

Table 1. Stakeholder sample for Phase 2

Glasgow-led stakeholder sample

	Workshops	Interviews
Local Authority	6	3
Treatment provider	1	1
Third sector organisation	3	1
Total	10	5

Blackburn with Darwen-led stakeholder sample

	Workshop 1- In Person	Workshop 2 - Online
Local Authority	4	0
Treatment provider	6	2
Third sector organisation	5	1
Total	15	3

The workshops and interviews run by Glasgow were recorded, and transcripts were generated automatically using the Teams software. Transcripts were analysed using the four discussion areas employed to structure the workshops/discussions, following an inductive method to generate thematic priorities.

Workshops led by Blackburn with Darwen used transcribers present at the sessions for in person sessions, or audio recording for online sessions and summarised thematically by workshop facilitators. The thematic summaries were integrated with findings from the workshops run by Glasgow, providing additional detail (see Appendix 3).

1. Gambling harms: scale and scope

Overview

Commercial gambling is associated with a range of harmful impacts for individuals, families, communities, and societies (Langham et al., 2015). It increases risks of suicide and domestic violence (Dowling et al., 2016; Andreeva et al., 2022; Gray et al., 2021). Gambling is also associated with financial destitution and family rupture, which can have long-lasting consequences for individuals and their families (Potenza et al., 2019). These harms may last a lifetime and have intergenerational effects (legacy harms) (Langham et al., 2015).

Gambling disorder is a recognised mental health disorder, classified both within the ICD-11 (WHO, 2019) and the DSM-5 (APA, 2013) as disorders due to addictive behaviours. Epidemiological studies have focused primarily on measuring rates of disordered gambling, which are expressed as percentages of the total population (including non-gamblers).



The most recent population level data available on gambling harms comes from the Gambling Survey for Great Britain (GSGB) (GamblingCommission, 2024a). The design of the latest survey included broader measurement of harms, including measurement of harms to others for the first time.

The GSGB used the Problem Gambling Severity Index (PGSI) to measure problem gambling severity. The PGSI asks nine questions about gambling in the past 12 months, and produces a score ranging from 0 to 27. Scores are grouped as follows:

PGSI Score 0

Representing a person who gambles (including heavily), but does not report experiencing any of the 9 symptoms or adverse consequences asked about. In population prevalence analysis, participants who had not gambled in the past 12 months are also given a PGSI score of 0.

PGSI Score 1 to 2

Representing low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.

PGSI Score 3 to 7

Representing moderate risk gambling by which a person may or may not have experienced adverse consequences from gambling but may be at risk if they are heavily involved in gambling.

PGSI Score 8 or higher

Representing problem gambling by which a person will have experienced adverse consequences from their gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but is likely to be heavy.

1. Gambling harms: scale and scope

This approach produced the following estimates:

Table 2 Prevalence of PGSI scores (grouped) from the Gambling Survey for Great Britain

PGSI Score	All participants %	All participants who had gambled in the last 12-months %	All participants who had gambled in the last 12-months (excluding lottery draw only products) %
0 (including those who did not gamble)	85.6	76.1	67.9
1 or 2	8.3	13.7	17.8
3 to 7	3.7	6.1	8.3
8+	2.5	4.1	5.9
PGSI score 1 or more: Any-risk	14.5	23.9	32.0

However, gambling harms encompass a much broader range of negative consequences than gambling use disorder. Research increasingly shows that harms are experienced not only by those meeting the diagnostic criteria (Browne and Rockloff, 2018; John et al., 2020). It has been estimated that, at minimum, six other people are negatively affected by someone who is experiencing gambling problems (Goodwin et al., 2017). In addition to PGSI measurement, participants in the GSGB also reported whether they had experienced one of four severe consequences from their own gambling. These were:

- losing something of significant financial value (that is, home, job, business and so on) because of gambling
- relationship with spouse or partner or family member breaking down because of gambling
- experiencing violence or abuse because of gambling
- committing a crime to fund gambling or pay gambling debts

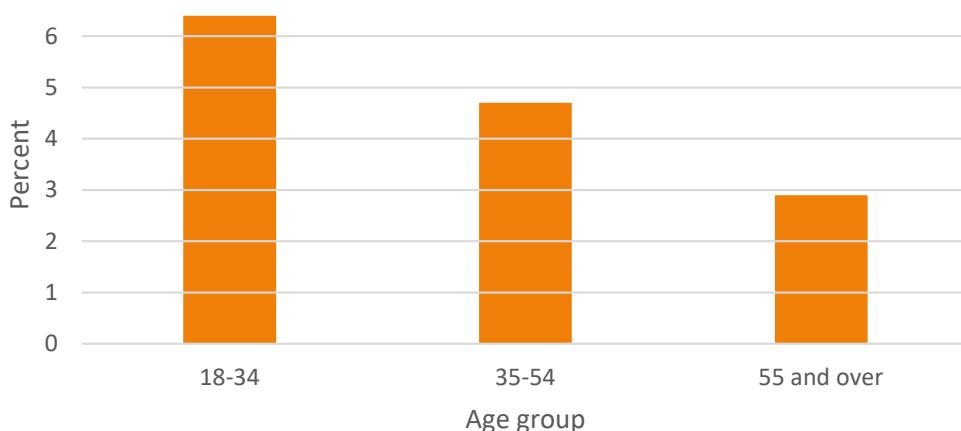
None of these adverse consequences are measured by the PGSI instrument. Overall, 2.8% of adults who had gambled in the past 12 months reported experiencing at least one of these severe adverse consequences. Only 42.1% of these had a PGSI score of 8 or more, highlighting how severe consequences from gambling have been underestimated by the PGSI instrument.

In Great Britain, 7% of the adult population are estimated to be affected negatively by another person's gambling (Gosschalk et al., 2023). Affected others are more likely to be women (8% women vs. 6% men). The most severe impacts of gambling are experienced by immediate family members. Spousal gambling significantly more frequently affects women than men (32% vs. 8% of self-identified affected others). Spouses (48%), children (41%), and parents (38%) of gamblers most commonly report severe negative impacts on their wellbeing (Gunstone & Gosschalk, 2020).

1. Gambling harms: scale and scope

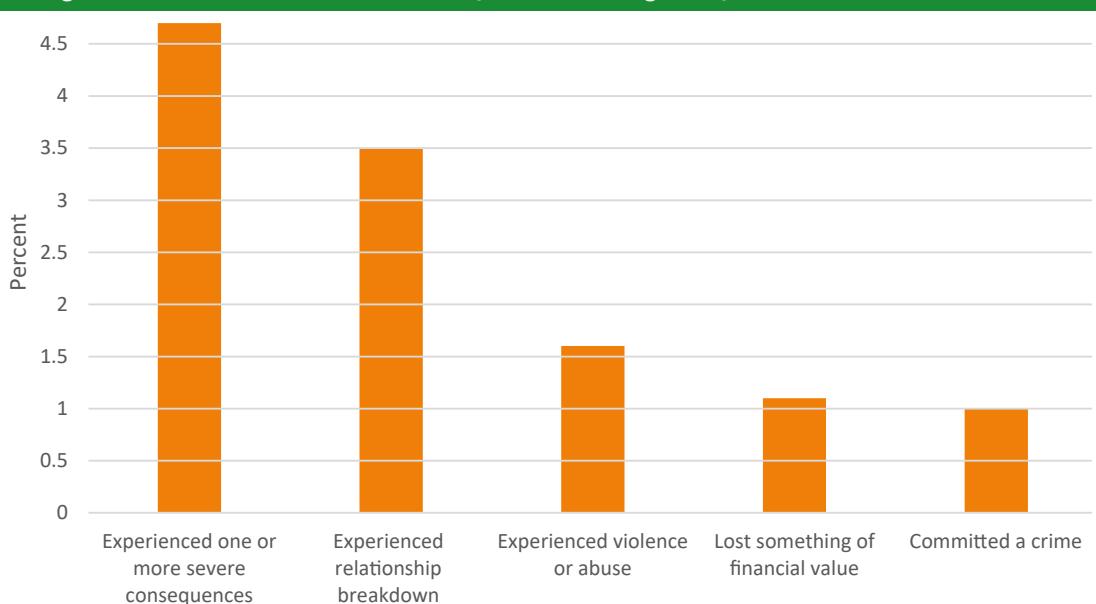
The GSGB data also reveals that younger age groups reported experiencing severe consequences at higher rates than older age groups, as shown in Figure 7.

Figure 7. Percentage of GSGB participants who reported experiencing one or more severe consequences by age group



The GSGB provides further insight into how gambling harms extends to impact the family, friends and significant others of the person who gambles. As shown in Figure 8, the GSGB estimates that around half of British adults knew that someone close to them who gambled and of this group, 4.7% experienced one or more severe consequence from that person's gambling. The most commonly reported adverse consequence was relationship breakdown (3.5% of those with someone close to them who gambled) followed by experiencing violence or abuse because of the gambling of someone close to them (1.6%)

Figure 8. Severe consequences experienced by adults aged 18 and over who knew someone who had gambled in the last 12 months (4,537 unweighted)



Beyond individuals who gamble and their immediate circles, gambling harms could manifest at the community and societal levels as well. These include, but are not limited to, the costs borne by healthcare and social welfare systems, the costs associated with crime, reduced labour productivity and educational attainment, and decreased social cohesion. We return to these broader harms below, in Chapter 4, which is dedicated to the socio-economic burden of gambling harms in Blackburn with Darwen.

1. Gambling harms: scale and scope

Box 3: Challenges in measuring gambling harms

For a number of reasons, measuring gambling harms remains a challenging task both in the UK and in other countries. Although both policy-makers and researchers increasingly recognise wide-ranging nature of gambling harms spanning individual, family, community and societal levels, existing gambling surveys are narrowly focused on measurement of gambling disorder or so-called 'problem gambling' among individuals. The instruments used within these surveys do not capture the full range of harms. For example, PGSI (Problem Gambling Severity Index) commonly used in the UK doesn't cover work, relationship, cultural, and crime-related harms (Wardle et al., 2024). Furthermore, prevalence surveys in their current form do not measure gambling harms incurred by 'affected others'. And they also do not capture so-called legacy harms of gambling experienced by people throughout their life course. (Wardle et al., 2024)

Direct measurement of gambling harms is further complicated by potential shame and stigma associated with the topic. This may result in underreporting, especially, in interviewer-administered surveys. (Wardle et al., 2024).

Beyond measurement issues there are also significant conceptual problems with the ways gambling prevalence surveys are currently used. The results of such surveys are commonly presented by categorising individuals into distinct groups of those not at-risk of experiencing gambling harms, those at low/moderate risks, and those experiencing 'gambling disorder' or so-called 'problem gambling'. Given that large parts of population do not gamble at all or gamble only very occasionally, this kind of statistical representation skews our understanding of harm distribution among those who do gamble (Wardle et al., 2024). Furthermore, this approach contradicts increasingly emerging evidence of a continuum of gambling harms that shows that people whose gambling is rated 'low risk' gamblers experience harms as well (Browne & Rockloff, 2018; John et al., 2020). It also obscures the fact that different products are associated with varying levels of harm, with, for example, EGMs and casino-style being comparatively more harmful (Wardle et al., 2024). Unsurprisingly, this statistical representation is favoured and repeatedly used by the gambling industry to frame the problem of gambling harms as affecting only the minority of people (Young, 2013).

The need for more robust data on the prevalence gambling and gambling harms is increasingly acknowledged by stakeholders. In 2023, the Gambling Commission launched new Gambling Survey for Great Britain (GSGB). Online mode of administration may, in part, address the issue of potential underreporting of gambling harms related to social desirability bias in interviewer-administered surveys. The survey will also have increased frequency and larger sample sizes, which could be expected to lead to improved estimates of change in prevalence of gambling and harms over time, as well as more precise estimates of trends for population subgroups and for local area estimation. (Sturgis, 2024)

1. Gambling harms: scale and scope

The nature of gambling harms

Although the measurement of harms in surveys remains a challenge (Box 3), we do have substantial and growing international and UK-specific evidence on the nature of these harms. A number of conceptual frameworks have also been proposed to understand and distinguish types of harms, their various dimensions, and subjects. Figure 9 summarises key categories of harms associated with gambling, as used in various frameworks and illustrates how these harms may manifest at the individual/family and community/societal levels (Marionneau et al., 2023).

Figure 9 Categories of Gambling Harm



Financial



Relationships



Physical and Mental health

Common Gambling Harms



Cultural



Work and Education



Crime

Below we provide a synthesis of the evidence on various types of harm based. As described in the methods section of this report, this synthesis is drawn from four reports (Rogers et al., 2019; Beynon et al., 2020b; Beynon et al., 2020a; Association, 2018). Additional searches were conducted to update findings, also described in the methods section. Each section begins by summarising the evidence presented the four reviews, before describing evidence generated since their n.b. evidence drawn from the four existing reviews is unreferenced, but all additional evidence incorporated into the synthesis from our new searches is referenced.

1. Gambling harms: scale and scope



Financial harms

The financial harms caused by gambling can manifest in numerous ways, with devastating effects on individuals, families, and communities. Research summarised in the reviews has shown that areas with a greater concentration of venues containing electronic gaming machines (EGMs) tend to experience a higher number of registered bankruptcies. This suggests a strong correlation between gambling availability and economic vulnerability.

For many adults, gambling is linked to various financial struggles, including significant debts, the depletion of inheritances, pensions, or savings, and the loss of homes due to defaults on mortgage payments. Many people who gamble resort to risky financial strategies, such as gambling on credit cards or taking out high-interest payday loans, which exacerbate their financial instability. In extreme cases, these challenges can lead to bankruptcies, evictions, or even homelessness.

The financial harm caused by gambling often extends beyond the individual, significantly affecting their families. Loved ones may endure the same hardships, such as a lack of money for basic necessities like food and utilities. In some cases, family members are financially burdened by people who gamble e.g. forced to cover debts, or compelled to take on the responsibility of managing family finances. This may require them to take additional jobs or otherwise compromise their own financial well-being to stabilize the household.

Since the publication of the four reviews, researchers have added to our understanding of financial harms. Recent research highlights the significant financial harms linked to gambling among university students and young men. A study by Zolkwer et al. (2022) found an association between accessing financial hardship funds and problem gambling within the UK university student population. This suggests that gambling may exacerbate financial challenges already faced by students, placing them in positions of greater economic vulnerability.

The financial debts arising from gambling have also been linked to mental health issues. Banks and Waters (2023b) demonstrated that individuals who gamble, as well as their family members, experience a connection between gambling-related debt and various mental health problems. This underscores the broad-reaching consequences of gambling, which extend beyond the gambler to their close relationships.

Indebtedness among individuals diagnosed with gambling disorder (IWGDs) has been shown to elevate the likelihood of experiencing suicidal ideation. Armoon et al. (2023) found that IWGDs with debt are at significantly higher odds of contemplating suicide compared to those with gambling disorders who are not in debt. This finding highlights the severe psychological toll that financial difficulties related to gambling can have on individuals.

Additionally, young male sports bettors in the UK are particularly vulnerable to financial instability. McGee (2020) identified a link between online sports gambling and financial precarity, including indebtedness and defaults on mortgages. This demographic is disproportionately affected by the financial risks of gambling, emphasizing the need for targeted interventions to address the harms associated with online sports betting.

1. Gambling harms: scale and scope

Evidence to-date establishes that the financial harms caused by gambling are extensive and affect individuals, families, and communities in profound ways. From significant debt and bankruptcy to eviction and homelessness, gambling-related financial difficulties can lead to severe economic instability. These harms often extend beyond the person who gambles, impacting family members who may experience financial abuse, emotional distress, and compromised well-being. Recent research has further highlighted the vulnerability of certain groups, such as university students and young male sports bettors, to gambling-related financial struggles. The psychological toll, including mental health issues and suicidal ideation, underscores the need for targeted interventions to address the wide-reaching effects of gambling on financial stability and overall well-being.



Relationship disruption, conflict or breakdown

The four reviews identified how harmful gambling has been consistently linked to a range of relationship harms, with some of the most significant including domestic violence and the breakdown of relationships. The strain caused by gambling-related financial difficulties, emotional distress, and behavioural changes often creates tension and conflict within households, which can escalate to serious interpersonal issues.

Research has shown that harmful gambling is associated with domestic violence, both as a contributing factor and in connection with intimate partner violence (IPV). While it may not be a direct cause, gambling-related stress and instability can exacerbate existing vulnerabilities within relationships, increasing the likelihood of both IPV victimization and perpetration. These findings highlight the complex interplay between gambling behaviours and relationship dynamics, underscoring the importance of addressing the underlying factors contributing to such harm.

The four reviews report that children in households affected by harmful gambling also face significant negative impacts. These harms are partly related to financial struggles, which may limit access to basic necessities and opportunities. Qualitative evidence has suggested that some people experiencing gambling harm may find it challenging to balance their gambling with parenting responsibilities, leading to neglect or inconsistent caregiving. This neglect can adversely affect children's emotional well-being, development, and overall quality of life, compounding the broader social consequences of gambling-related harms.

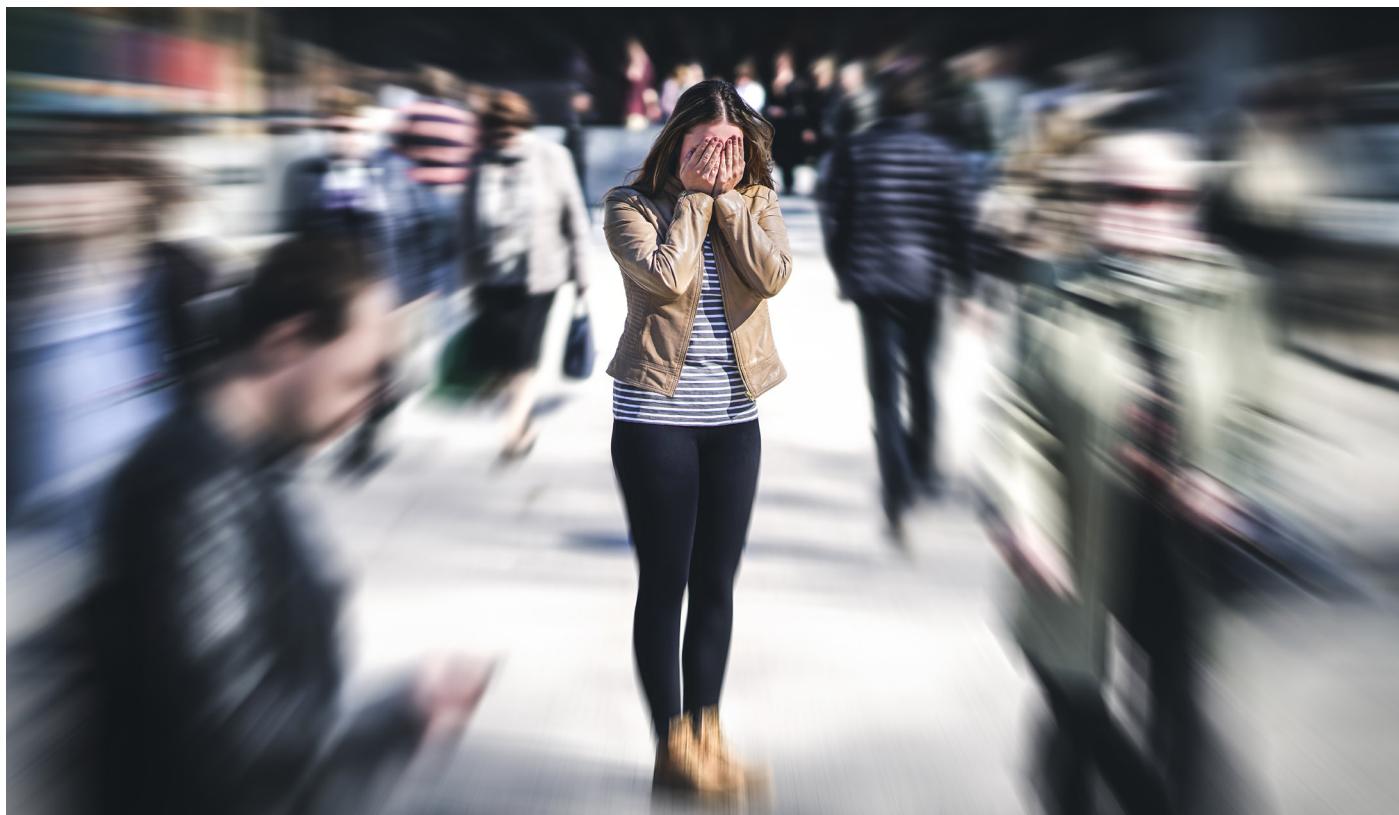
Our searches identified two further studies that contribute to evidence on harms to relationships that can arise from gambling. A qualitative study conducted by Banks and Waters (2022; 2023a) explored the experiences of 26 UK women who were intimate partners of men engaged in harmful gambling. The study found that while gambling itself is not a direct or sole cause of IPV, it can exacerbate existing patterns of abuse.

These patterns are often rooted in broader issues of gender inequality, with gambling-related stress intensifying abusive behaviours and deepening the challenges faced by affected partners.

1. Gambling harms: scale and scope

In addition to its impact on intimate relationships, harmful gambling has been associated with broader family breakdowns. Research by McGee (2020) highlights a specific link between online sports gambling among young men in the UK and the dissolution of family relationships. This association reflects the destabilising influence that gambling-related financial, emotional, and behavioural problems can have on family structures, often leading to irreparable damage to relationships.

The evidence thus suggests that harmful gambling has profound and far-reaching impacts on relationships, in some cases contributing to domestic violence, family breakdowns, and significant emotional distress for both individuals and their families. Gambling-related financial difficulties, emotional turmoil, and behavioural changes create tension within households, often exacerbating existing vulnerabilities and escalating interpersonal issues, including intimate partner violence. The negative effects can extend to children, who may suffer from neglect and emotional harms. Recent studies further underscore the complex relationship between gambling and family dynamics, revealing how gambling can intensify patterns of abuse and disrupt family structures, particularly in cases of online sports gambling among young men. Addressing these interconnected issues is crucial to mitigating the harmful consequences of gambling on relationships and families.



Impacts on mental and physical health and wellbeing

The four reviews presented a range of evidence on the links between harmful gambling and impacts on mental and physical health and wellbeing. They demonstrated that gambling disorder is associated with a range of serious health risks and emotional challenges, both for individuals with the condition and their families. Research indicates that individuals diagnosed with gambling disorder face a significantly increased risk of premature all-cause mortality compared to those without the disorder. Notably, deaths by suicide are markedly higher among adults with gambling disorder or problem gambling compared with the general population.

Harmful gambling is frequently associated with mental health conditions such as anxiety and depression, further compounding its impact on individuals' well-being. Many people who engage in gambling also experience co-occurring substance-related issues, such as alcohol and drug misuse, which can exacerbate their health and social challenges.

1. Gambling harms: scale and scope

Among young adults, gambling disorder has been linked to a lower quality of life and higher body mass index (BMI), suggesting that the effects of harmful gambling may extend to physical health and overall life satisfaction. Moreover, the negative impacts of gambling are not limited to just to those who gamble. The PHE review reports that family members often endure significant emotional distress, feelings of hopelessness, and even psychological trauma. In some cases, this distress has tragically led to suicides among family members, highlighting the far-reaching consequences of gambling-related harms.

Research conducted since the four reviews were published has added to our understanding of harms to physical and mental health and wellbeing that are linked to gambling. Recent research has highlighted the significant mental health risks associated with gambling disorder and problem gambling. A meta-analysis by Armoon et al. (2023) revealed pooled prevalence rates of suicidal ideation, suicide plans, and lifetime suicide attempts among individuals with gambling disorder (IWGDs) at 31%, 17%, and 16%, respectively.

Several studies conducted in England have further emphasized the connection between problem gambling and suicidality. Wardle et al. (2020) identified a significant association between problem gambling and suicidal thoughts, while subsequent research found links between problem gambling and suicide attempts among young adults (2023; 2021).

Analysis of combined data from the Health Survey for England and the Scottish Health Survey has also provided insights into the broader health implications of problem gambling. Taylor et al. (2021) found a significant association between poor mental health and experiences of problem gambling, particularly among men. Additionally, self-reported poor physical health was strongly linked to an increased risk of problem gambling, further emphasizing the interconnected nature of gambling and overall well-being.

A more recent analysis of the Health Survey for England by Moore et al. (2024) found a significant relationship between harmful gambling and anxiety and depression. However, this study did not identify a significant association between the severity of problem gambling and health-related quality of life, suggesting that the impacts of gambling may manifest in complex and variable ways.

In summary, harmful gambling is associated with significant risks to both mental and physical health, affecting individuals, their families, and broader communities. The evidence highlights increased risks of premature mortality, including elevated suicide rates, and strong associations with mental health conditions such as anxiety and depression. Problem gambling often co-occurs with substance misuse and is linked to broader health challenges, particularly among men. Additionally, family members of those who gamble can endure emotional distress and, in severe cases, face heightened risk of suicidality themselves. These findings underscore the urgent need for comprehensive prevention and intervention strategies to address the wide-ranging health and social impacts of gambling-related harms.



1. Gambling harms: scale and scope

Cultural harm

The four reviews identify culture as a key site in which gambling harm manifests, both in relation to specific cultural groups and through broader cultural trends, such as normalisation.

Tensions can arise between gambling behaviours and cultural beliefs, as gambling can conflict with the values and practices upheld by various cultural communities. For some individuals, engaging in gambling may lead to a reduced participation in cultural activities or traditions, as financial struggles or emotional distress caused by gambling can make it difficult to fully engage with community practices. This diminished involvement can result in a sense of detachment from one's cultural community, especially when the individual feels stigmatized or ashamed of their gambling behaviour.

Additionally, the societal normalization of gambling can have wider-reaching effects, particularly for children. Normalisation can influence propensity to gambling and through increased engagement in gambling can influence propensity for the experience of harms. There is a strong and well documented association between parental gambling behaviours, including parental experience of problem gambling and that of their offspring - which is about intergenerational transmission but also about family cultures. This highlights the broader societal implications of gambling, extending beyond the individual to influence cultural norms and future generations.

Since the publication of the four reviews, additional evidence has been generated on the relationship between culture and gambling harms. One project published three studies: a rapid review (Wardle et al., 2019a), a UK-specific survey analysis (Bramley et al., 2020b), and a focus group study (Bramley et al., 2020a). Through these multiple avenues of enquiry several key insights into gambling behaviours and harms among migrant populations were generated.

One notable finding is the so-called "harm paradox," which suggests that migrants are less likely to engage in gambling compared with non-migrants, yet they are more likely to experience gambling-related harms when they do gamble.

The reasons for gambling among migrants are multifaceted. Acculturation, the process of adapting to the culture of the host country, often plays a role, as migrants may be influenced by the cultural norms and behaviours of their new environment. Additionally, the increased availability of gambling opportunities and the pervasive nature of gambling advertising in the host country can contribute to higher gambling participation among migrants. Interestingly, religious and moral beliefs, which may serve as protective factors, can also influence gambling behaviours, potentially reducing the likelihood of gambling or mitigating its harms.

The research also suggested that that migrant communities experience gambling-related harms similar to those of the general population, including financial difficulties, relationship issues, and mental and physical health problems. However, cultural barriers to seeking help for gambling-related issues may be particularly significant in some migrant communities. These barriers underscore the need for more culturally-appropriate and sensitive services designed to address gambling harms. Developing such services is complicated, however, by the lack of research on gambling-related harms within migrant populations, highlighting a critical gap in understanding and service provision for these communities.

The evidence to-date highlights the role culture plays in shaping gambling-related harms, both within specific cultural groups and through broader societal trends such as the normalization of gambling. Gambling can create tensions with cultural values and practices, which may lead to reduced participation in community activities and feelings of detachment, especially when individuals experience shame or stigma. Furthermore, the societal normalization of gambling can influence younger generations, perpetuating harmful behaviours and attitudes toward gambling. Gambling harms are particularly complex among migrant communities.

1. Gambling harms: scale and scope



Employment and education

The evidence presented in the four reviews establishes that gambling is associated with a wide range of negative outcomes in work and educational settings, affecting not only the individuals who engage in gambling but also those around them. Qualitative studies have highlighted the significant impact of gambling on adult gamblers' employment, with individuals losing their jobs, being demoted, or feeling compelled to resign as a result of their gambling behaviours. In addition to job loss, gambling has been linked to reduced performance at work, including decreased concentration, tardiness, and absenteeism, all of which negatively affect an individual's professional life.

Partners and family members of those who gamble have reported poorer work performance due to the emotional and practical burdens of their experiences. This can lead to increased stress and distractions, impacting their ability to perform effectively at work.

Studies show that children in households affected by gambling tend to experience lower academic performance and are at an increased risk of withdrawing from school altogether. The impact on children's education can have lasting effects, creating a cycle of disadvantage and limiting future opportunities.

At the community and societal levels, the consequences of gambling can include increased absenteeism, higher job turnover, and reduced workforce skills and employability. These broader effects can harm the economy, reducing productivity and contributing to a less stable and skilled workforce. The cumulative impact of gambling-related harms on work, education, and society underscores the far-reaching consequences of this issue.

Since the four reviews were published, two studies have added to the evidence base. Research by McGee (2020) showed that young men who engage in online sports gambling in the UK are particularly vulnerable to employment-related consequences, finding a strong link between online sports betting and loss of employment among this demographic.

Likewise, young women who participate in sports betting face similar productivity harms. A study by Biggar et al. (2023) demonstrated that young women who bet on sports experience poorer performance at school and work, with the effects of sports betting being comparable to those observed among young men who gamble. Notably, the risks associated with sports betting among young women were found to be greater than those posed by other forms of gambling, suggesting that this specific type of gambling may have an especially detrimental impact on their academic and professional achievements.

The available evidence underscores the significant negative impact of gambling on both work and educational outcomes. Gambling has been linked to job loss, demotions, decreased work performance, and absenteeism, with broader societal consequences such as increased job turnover and reduced workforce productivity. Families and close significant others of those who gamble may also face difficulties, experiencing emotional and practical challenges that affect their own work performance and well-being. Children in households affected by gambling may be particularly vulnerable, experiencing lower academic performance and higher rates of school withdrawal, leading to long-term disadvantages.

1. Gambling harms: scale and scope



Criminal activity

The four reviews recognised a strong relationship between gambling and crime. It noted that gambling severity has been shown to be closely associated with criminal behaviour. Many documented gambling-related crimes are of an acquisitive nature, including offences such as embezzlement, fraud, and identity theft. These crimes are often linked to individuals' efforts to address the financial burdens caused by gambling-related debts. Studies have also documented how family members have had identities stolen and used to fraudulently obtain loans and how employers had funds embezzled from their businesses.

In addition to financial crimes, gambling can also contribute to more severe forms of harm, including domestic violence and child neglect, as individuals may resort to harmful behaviours in an attempt to manage the stress and consequences of their gambling.

Since the publication of the four reviews, further studies have consolidated understanding of the relationship between gambling and crime. A recent qualitative study conducted in the UK explored the consequences of gambling-related debt, highlighting again that embezzlement at work can occur as a direct result of gambling problems (Banks and Waters, 2023b). Further research by Banks and Waters (Banks and Waters, 2022; Banks and Waters, 2023a) has also examined the link between gambling and intimate partner violence (IPV). Their studies found that gambling can be a contributory factor in IPV-related crimes, exacerbating existing tensions and leading to violent incidents within intimate relationships. This underscores the complex interplay between gambling, financial stress, interpersonal violence, and, ultimately, crime.

Additionally, a recent study conducted by Adeniyi, Tura, and Newton (2023b) found a statistically significant association between the presence of betting shops and crime rates in England. After controlling for neighbourhood characteristics, the research identified that areas with a higher concentration of betting shops had higher rates of theft from other persons, shoplifting, public disorder, and anti-social behaviour. These findings suggest that the availability of gambling venues can influence crime patterns in surrounding communities, further illustrating the broader societal impact of gambling-related harm.

In conclusion, the evidence presented in the four reviews and subsequent studies demonstrates a strong relationship between gambling and crime. Gambling severity has been shown to be closely linked with various types of crime, particularly acquisitive crimes such as embezzlement, fraud, and identity theft, which are often driven by individuals' attempts to manage gambling-related debts. Crimes of violence and neglect are also connected to gambling. These crimes have far-reaching consequences, not only for the individuals involved but also for their families and employers, who may suffer financial and personal harm.

2. Determinants of gambling harms

A number of public health frameworks for examining determinants of gambling harms have been proposed (Korn et al., 2003; Wardle et al., 2019b; van Schalkwyk et al., 2019; Johnstone and Regan, 2020; Van Schalkwyk et al., 2021; Price et al., 2021). They stress the importance of acknowledging the various commercial, political, and economic factors that contribute to gambling harms, as well as the social, interpersonal, and psychological characteristics—such as age, gender, ethnicity, socioeconomic status, etc. — that intersect with each other to shape the distribution of harms across different population groups. These frameworks also point out that a heavier burden of harms falls on more socially disadvantaged groups.

Many frameworks call for specific attention to be paid to the actions of commercial entities in relation to product design, promotion, accessibility, and geographical reach, as well as their ability to influence societal norms and policies governing those aspects, thereby impacting the extent and distribution of harms. Ilona Kickbusch and colleagues proposed to refer to these influences of corporate activities on individual and social wellbeing as the 'commercial determinants of health' (Kickbusch et al., 2016; Lacy-Nichols et al., 2023). Commercial determinants of health play a crucial role in shaping individual and community behaviours and the prevalence of gambling and its associated harms (Wardle et al., 2024).

A recent international meta-analysis has found that the risk factors of problem gambling with the highest effect sizes are associated with continuous-play format gambling products, such as EGMs, poker, casino table games, and high-frequency (daily) lottery, while socio-economic factors appear to have comparatively lower effect sizes (Allami et al., 2021). This points to the importance of foregrounding issues related to commercial gambling products and industry practices in prevention efforts. In what follows, we review key categories of gambling harm determinants, with specific focus on those that are within the Local Authority mandate to address.

Commercial gambling products

Commercial gambling is provided in the form of a range of different products, including casino-style games, electronic gambling machines (EGMs), sports betting, lotteries, and bingo. In the UK, these gambling products are legal and provided in land based as well as online formats.

Some of these products have features that have comparatively higher potential to generate harm (See Box 4).

Box 4: Features associated with higher-risk gambling products

Design components of gambling products associated with elevated harm levels include (Sulkunen et al., 2019; Luquiens et al., 2022; Blanco et al., 2013; Parke et al., 2016):

- (1) high speed and event frequency;
- (2) intensity and rhythm, including continuous or in-running play and multiple stake opportunities;
- (3) sensory characteristics such as visual and auditory stimuli;
- (4) reward characteristics or 'reinforcement' such as intervals of paybacks, jackpots, bonuses, return to player ratio, in-game 'features' or odds of winning;
- (5) payment/monetary characteristics, including bet sizes or forms of payment, automated subscriptions, depositing and withdrawal systems and access to money;
- (6) near misses and losses disguised as wins;
- (7) information characteristics, such as messages suggesting control of chance, or ease of gambling;
- (8) availability-related characteristics, including both temporal and geographical availability and accessibility.

2. Determinants of gambling harms

Online gambling products are increasingly designed to be fast-paced and immersive, features associated with increased risk of harm. Availability of in-play betting leads to more prevalent, higher frequency, and instantaneous online sports betting. Online lotteries and bingo also have higher frequency and are continuously accessible via mobile apps. The distinction between digital gaming and gambling is fading, with gaming often serving as a gateway to gambling activities (Wardle et al., 2024).

Longitudinal evidence among young people in the UK (16-24 y.o) highlights the use of EGMs and online casinos/slots in this group is positively associated with problem gambling severity, and in the case of the latter the association may be becoming stronger with time (Wardle and Tipping, 2023). Recent analysis of the Gambling Survey for Great Britain shows that those who gambled on online casino and slots and land-based casino and slots have significantly higher odds of having PGSI score of 8 or more (Wardle & Tipping, 2025). These results remained significant after a range of other gambling behaviours were taken into account and the authors argued that this highlights the heightened risk of harms among those who take part in these activities.

Increasing shift to online gambling in Great Britain, as evidenced by the Gambling Commission data (see Introduction) and specifically online slots, is likely to lead to increasing harms. And while Local Authorities have no mandate to regulate online products, raising awareness among local stakeholders and wider population about associated increased risks of harm is within the Local Authority's remit and is urgently needed (see Box 2). However, although policy attention to online gambling clearly needs increasing, EGMs in land-based venues should continue receiving sustained policy attention too, especially given the heightened risk of harms associated with EGMs.

Commercial practices

Along with product design, the gambling industry employs various other marketing practices and tools aimed at influencing consumer behaviour. These include, among others, promotion tactics (advertisement, sponsorship) and strategic placement of gambling products, e.g. density and location of EGMs, that Local Authorities could exercise certain level of control over.

Advertisement and sponsorship

Marketing costs constitute a significant portion of the financial outlays disclosed in the income statements of gambling corporations (Marionneau and Nikkinen, 2020). Advertising and sponsorship are key marketing tools for commercial gambling companies. These promotional activities are particularly important in jurisdictions with license-based gambling markets, like the UK, where companies compete to attract and retain customers. The last reported spend by gambling companies on marketing was for 2017, when it was in excess of £1.5 billion (Regulus, 2018). In 2021, gambling companies in Great Britain spent £91 million in a three-month period on paid-for advertising (Critchlow N, 2022).

Several reviews have evaluated how gambling product promotion, branding efforts, and other marketing strategies influence behaviour. These studies collectively indicate that exposure to gambling marketing correlates positively with gambling behaviour and intentions; that there is a dose-response relationship and that increased exposure to marketing encourages riskier gambling (McGrane et al., 2023). Population-level studies further validate that exposure to marketing is associated with elevated levels of problematic gambling (Syvertsen et al., 2022; Binde and Romild, 2019; Thomas et al., 2018) and can stimulate impulsive spending, especially among individuals already experiencing gambling harms.

2. Determinants of gambling harms

Gambling companies have also developed commercial partnerships with the sports sector.

These connections parallel those formed between sports entities and the alcohol and tobacco industries, where sponsorship has long been recognised for its role in downplaying the harmful impacts of these products, targeting the youth market, and bypassing advertising restrictions on broadcast media (Crompton, 1993; Greenwood et al., 2023). A recent review highlighted sports as a major target for gambling companies (Guillou-Landreat et al., 2021).

Major sports teams and leagues are increasingly sponsored by gambling companies, leveraging the visibility of teams and players for marketing purposes (Greenwood et al., 2023). In the English Premier League, for instance, 40% of shirt sponsors in the 2022/2023 season were gambling companies. (Score and Change, 2023)

A number of Local Authorities have recently taken action to ban, restrict, or otherwise counter the impact of gambling advertisement on its populations (Box 2).

Placement of land-based gambling venues and EGMs

There is a significant international body of evidence demonstrating the association between higher EGM density and higher gambling participation rates, higher gambling expenditure, higher rates of harmful gambling, and higher rates of help-seeking (Storer et al., 2009; Vasiliadis et al., 2013; Barratt et al., 2014). The density of EGMs has also been found to be highest in socioeconomically disadvantaged areas across multiple countries (Xouridas et al., 2016; Kristiansen and Lund, 2022; Pérez et al., 2022; Raisamo et al., 2019).

UK-focused studies conducted over the last decade have also found a strong association between the level of area deprivation and the level of overall land-based gambling provision (Wardle et al., 2014; Adeniyi et al., 2020; Adeniyi et al., 2023a; Saunders et al., 2023). National-level analysis conducted by Wardle and colleagues revealed that high-density machine zones (HDMZs) showed greater levels of income deprivation, a higher proportion of economically inactive residents, and a younger demographic profile (Wardle et al., 2014). A separate spatial analysis demonstrated that rates of any risk gambling were higher among people who lived in close proximity to a cluster licensed bookmakers and that any risk gambling rates were also higher when there were more gambling machines in the area in which people lived (Astbury and Wardle, 2016).

City and intra-urban analysis by Adeniyi et al. similarly found a higher likelihood of gambling venues in ethnic minority, socio-economically disadvantaged, and student neighbourhoods (Adeniyi et al., 2023a). Saunders et al's (2023) analysis of 'gambling hotspots' in Lincolnshire found gambling premises clustering in coastal and urban areas, and an association between the location of gambling premises and key socio-economic determinants of gambling harms (index of multiple deprivations, unemployment rates, prevalence of adult smokers, alcohol-related hospital admissions, estimated prevalence of depression or anxiety).

Furthermore, a recent UK study that compared gambling and food and grocery retailers concentration across areas with various levels of deprivation has found evidence of 'deliberate and targeted concentration of gambling opportunities in deprived' communities (Adeniyi et al., 2020: p.12).

Location and density of land-based gambling opportunities, thus, remains an important factor to be addressed as part of the broader gambling harm prevention efforts at the local level.

2. Determinants of gambling harms

International research indicates significant associations between the following factors and harmful gambling among children and young people (PHE):

- Impulsivity (including sensation seeking)
- Substance use (alcohol, drugs, and tobacco)
- Gender (identifying as male)
- Experiencing depression
- Number of gambling activities participated in
- 'Problem gambling' severity
- Anti-social behaviour
- Violence (perpetration)
- Poor academic performance
- Peer influences

Social-economic and psychological determinants

Although anyone can be impacted by gambling harms, harms are not distributed equally across the population. The following social and psychological characteristics have been shown to be associated with differences in the risk for harmful gambling.

Gender. In Great Britain, men are more likely to gamble than women (Gambling Commission, 2024a). This is especially visible in sports betting, where 15% of men participate, compared with 4% of women (Gambling Commission, 2024a). Men, particularly young men, are also more likely than women to engage in harmful gambling (Gambling Commission, 2024a). International research, however, suggests that women's gambling participation is increasing, as are their risks of experiencing harm (McCartney et al., 2019). UK research on young women who bet on sports (16-24 year olds.) showed that a third of people who bet on sports are currently women and that women experience harms at levels comparable to those of men (Biggar et al., 2023).

Young age. In Great Britain, the proportion of children and young people who report participating in any gambling in the last 12 months was 27%, and 6% participated in forms of gambling that they were not legally permitted to (Gambling Commission, 2024c). Significantly increased exposure of children and young people to gambling products and advertisement over the last two decades has led to increased normalisation of gambling in this demographic group, as evidenced by qualitative research (McGee, 2020; Torrance et al., 2021).

A recent study on gambling among university students in the UK indicates that this sub-group may be at a particularly high risk for harmful gambling, potentially due to a combination of financial and study-related mental health pressures (Zolkwer et al., 2022).

Socio-economic status. Being unemployed and/or having constrained economic circumstances, living in more deprived areas, and being homeless are also associated with increased risks of harmful gambling (Hahmann et al., 2021). A recent systematic review and meta-analysis indicated that at least one in ten homeless people experience problem gambling or gambling disorder (Deutscher et al., 2023), though the links between gambling and these factors are complex (Hahmann et al., 2021). The relationships are likely to be bi-directional, with gambling being both a potential pathway to poverty and a behaviour triggered by one's circumstances.

Ethnicity and migration status. Internationally, research on gambling among different ethnic groups and migrant communities remains very limited, with small number of studies suggesting that ethnicity may in some cases be a risk factor and in others a protective factor in relation to harmful gambling. Research on gambling harms among recent migrant communities in the UK reviewed above (Wardle et al., 2019a; Bramley et al., 2020a; Bramley et al., 2020b) indicate the 'harm paradox'. People in these communities are less likely to gamble than non-migrants, but are more likely to experience harms from their gambling.

2. Determinants of gambling harms

Active duty military personnel and veterans. Internationally, current or past military service has been shown to increase one's risks for harmful gambling, partly attributable to post-traumatic stress disorder (PTSD) (PHE). Recent studies of active duty military personnel and veterans in the UK have confirmed these findings, indicating that these statuses predict increased risks of harmful gambling (Pritchard and Dymond, 2022; Dighton et al., 2023).

Personality traits and cognition. There is a significant body of psychological research that focuses on the links between the risks of harmful gambling and certain personality traits (e.g. high impulsivity, high neuroticism, low conscientiousness, low agreeableness, and low openness (Dudfield et al., 2023)), cognitive distortions (Rogier et al., 2021), and more recently even attachment styles (Ghinassi and Casale, 2023). While extremely valuable for treatment providers, this knowledge is of limited usefulness for Local Authorities, as they have no capacity to address the risks at this level. It is, therefore, beyond the scope of this report to discuss these risk factors in detail.

3. Gambling harms in Blackburn with Darwen

Using data from the combined Health Survey for England, 2015 to 2018, we have estimated the number of people living in Blackburn with Darwen by their Problem Gambling Severity Index score.¹ This estimates the number of people in each group based on the characteristics of people living in Blackburn with Darwen. Full details about the modelling method used are available [here](#).

As noted previously, these data are likely conservative, especially given recent evidence showing that the PGSI does not some of the most prevalent adverse consequences from gambling.

Overall, we estimate that 8936 adults living within Blackburn with Darwen experience any risk gambling. Of these, 1.2% experience problem gambling, with estimates being three times higher in Blackburn with Darwen than the national average (see Table 3).

Table 3. PGSI Classifications for Blackburn with Darwen compared to English averages.

PGSI Category	Blackburn with Darwen (n)	Blackburn with Darwen (%)	England (HSE,%)
PGSI score 0	145854	94.2	96.4
Low-Risk (PGSI score 1-2)	4630	3.0	2.3
Moderate Risk (PGSI score 3-7)	2431	1.6	0.9
Problem gambling (PGSI score 8+)	1875	1.2	0.4
Any risk (PGSI score 1+)	8936	5.8	3.6

When broken down by age, the PGSI classifications for Blackburn with Darwen align with national trends. Younger groups experience more risk than older groups (see Table 4). Almost one in ten (9%) of young people aged 16-24 experience any risk gambling, with around one in 45 experiencing problem gambling (2.2%).

Table 4. PGSI Classifications for Blackburn with Darwen by age grouping

PGSI Category (%)	16-24	25-34	35-49	50-64	65+
PGSI score 0	91.0	92.5	95.4	96.9	98.7
Low-Risk (PGSI score 1-2)	4.4	4.0	2.6	1.7	0.9
Moderate Risk (PGSI score 3-7)	2.5	2.1	1.1	0.9	0.3
Problem gambling (PGSI score 8+)	2.2	1.4	0.9	0.5	0.1
Any risk (PGSI score 1+)	9.1	7.5	4.6	3.1	1.3

¹HSE data was used because at the time of writing comparable data from the Gambling Survey from Great Britain was not available. Year 1 and Year 2 from the GSGB data, when available later in 2025, could be combined to assess risk of wider harms at the local area level.

3. Gambling harms in Blackburn with Darwen

It is estimated that 8.7% of men living in Blackburn with Darwen experience any risk gambling, with 2.1% experiencing problem gambling. Rates are lower among women, with 2.8% experiencing any risk gambling and 0.3% experiencing problem gambling (see Table 5).

Table 5. PGSI Classifications for Blackburn with Darwen by sex

PGSI Category (%)	Female	Male
PGSI score 0	97.2	91.3
Low-Risk (PGSI score 1-2)	1.9	4.1
Moderate Risk (PGSI score 3-7)	0.6	2.5
Problem gambling (PGSI score 8+)	0.3	2.1
Any risk (PGSI score 1+)	2.8	8.7

Although rates of any risk gambling were similar between ethnic groups, rates of problem gambling tended to be higher among those from non-White backgrounds (1.7% vs 0.9%, see Table 6).

Table 6. PGSI Classifications for Blackburn with Darwen by ethnicity

PGSI Category (%)	Any Other Background*	White
PGSI score 0	94.4	94.1
Low-Risk (PGSI score 1-2)	2.9	3.1
Moderate Risk (PGSI score 3-7)	1.0	1.9
Problem gambling (PGSI score 8+)	1.7	0.9
Any risk (PGSI score 1+)	5.6	5.9

*due to the limited data available, it was not possible to generate meaningful estimates for specific ethnic groups.

3. Gambling harms in Blackburn with Darwen

Those living in the most deprived areas of Blackburn with Darwen had substantially higher rates of any risk and problem gambling than those living in less deprived areas. Rates of problem gambling were five times higher among those living in the most deprived areas of Blackburn with Darwen (1.6%) than the least deprived (0.3%), see Table 7.

Table 7. PGSI Classifications for Blackburn with Darwen by deprivation

PGSI Category (%)	IMD Quintile 1 (Least Deprived)	IMD Quintile 2	IMD Quintile 3	IMD Quintile 4	IMD Quintile 5 (Most Deprived)
PGSI score 0	96.5	96.3	95.7	95.3	93.0
Low-Risk (PGSI score 1-2)	2.5	2.4	2.1	2.8	3.4
Moderate Risk (PGSI score 3-7)	0.7	0.7	1.3	1.0	2.1
Problem gambling (PGSI score 8+)	0.3	0.5	0.9	1.0	1.6
Any risk (PGSI score 1+)	3.5	3.6	4.3	4.8	7.1

Treatment need in Blackburn with Darwen

In 2024, the Office for Health Improvement and Disparity released estimates of treatment need for gambling for each Local Authority in England. This specifically looked at five different levels of treatment or support ranging from brief advice to intensive residential treatment (see Table 8).

Table 8. Levels of support and treatment for gambling harm, from OHID (2024)

- 1. Brief advice.** This typically involves a brief conversation that could be delivered by non-specialists. It also includes referral to 'self-help' such as online forums.
- 2. Extended brief interventions.** This typically involves 2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners.
- 3. Psychosocial interventions delivered in the third sector.** This typically involves around 6 sessions of psychosocial treatment delivered one-on-one or in a group format by gambling treatment practitioners in the third sector.
- 4. Psychologist-led cognitive behavioural therapy (CBT).** This typically involves 8 to 14 sessions of CBT for gambling disorder, delivered by clinical psychologists or CBT-accredited psychotherapists. It may also include psychological therapy for comorbid mental health conditions.
- 5. Intensive residential treatment.** This typically involves a 12-week residential treatment programme that would include one-to-one therapy and group sessions.

It is estimated that within Blackburn with Darwen, a total of 4785 adults are in need of some form of treatment and support for their gambling. Table 9 breaks this down by treatment and support type.

3. Gambling harms in Blackburn with Darwen

Table 9. Treatment and support need estimates for adults in Blackburn with Darwen, from OHID (2024)

Treatment/support Level	Estimated number of adults who might benefit from some type of gambling treatment or support (95% confidence interval)	Estimated rate per 100,000 adult population of adults who would benefit from gambling treatment (95% confidence interval)
1: Brief Advice	476 (360-633)	427 (323-568)
2: Extended Brief Intervention	2727 (2435-3037)	2449 (2186-2727)
3: Pyschosocial Intervention delivered by 3rd Sector	508 (385-669)	456 (346-601)
4: Psychologist-led CBT	934 (754-1165)	838 (677-1046)
5: Residential treatment	140 (82-242)	126 (73-217)

In addition, it is estimated that within Blackburn with Darwen, 2930 children live with adults who are in need of some form of treatment and support for their gambling. The total number of children living with adults who may benefit from each treatment type is shown in Table 10.

Table 10. Number of children living with adults who may benefit from each treatment/support type within Blackburn with Darwen, from OHID (2024)

Treatment/support Level	Estimated number of children who might benefit from some type of gambling treatment or support (95% confidence interval)
1. Brief Advice	278 (212-367)
2. Extended Brief Intervention	1660 (1488-1843)
3. Pyschosocial Intervention delivered by 3rd Sector	325 (248-423)
4. Psychologist-led CBT	589 (482-729)
5. Residential treatment	78 (47-134)

Summary

- Rates of any risk and problem gambling in Blackburn with Darwen are higher than the national average.
- Rates of any risk and problem gambling among people in Blackburn with Darwen are particularly higher among younger people, men and those from non-white backgrounds.
- There is a stark inequity in the distribution of gambling risk, being substantially higher among those living in more deprived areas within Blackburn with Darwen.
- Nearly 5000 people living in Blackburn with Darwen might benefit from treatment or support from their gambling and over 2900 children live with these adults.

4. Socio-economic burden of gambling harms in Blackburn with Darwen

Gambling generates considerable social costs. Research estimating these costs, however, is in its infancy and is stymied by a lack of data on which to base these estimates. To date, three different approaches have been taken to estimate the wider social costs associated with problem gambling. All three approaches are likely to be conservative as they do not capture all societal harms associated with problem gambling (for example, relationship breakdown) and do not include the impact on others. In addition, one set of estimates were calculated using data from 2015. To account for this, all estimates have been uprated to account for inflation, using the Bank of England inflation calculations.

These limitations accepted, applying these estimation methods to Blackburn with Darwen suggests that the social costs of problem gambling in this region could range between £21.5 million to £33.7 million (see Table 11).

It is also useful to contrast this information with the amount of money taken and retained by land-based gambling premises in Blackburn with Darwen. Based on data supplied by the council, Blackburn and Darwen has the following: four Adult Gaming Centres (AGCs), two bingo clubs and 16 Licensed Bookmakers Offices (LBOs). Using Gambling Commission Industry Statistics for 2024, the average annual GGY generated for each of these types of premises (that is the net losses by customers) is: AGCs: £429,618; Bingo: £995,463; LBOs: £419,804. This means, on average, net customer losses at gambling establishments in Blackburn with Darwen are likely to be around £10.4 million per year.

4. Socio-economic burden of gambling harms in Blackburn with Darwen

Table 11. costs of problem gambling in Blackburn with Darwen

Metric of harm included in social cost estimation technique	Institute for Public Policy Research (2016)	Public Health England (2023)*	National Institute of Economic and Social Research (2023)
Health costs			
Mental Health Primary Care	X		X
Secondary Mental Health Services	X		
Hospital Inpatient Services	X		X
Alcohol dependence		X	
Illicit drug use		X	
Welfare costs			
Universal Credit		X	X
JSA Claimant costs	X	X	
Lost labour tax	X		
Statutory Homelessness	X	X	X
Crime			
Incarceration	X	X	
Police call out			X
Court appearances			X
Fiscal Estimates (England only)*	£200-£540 million	£412,900 million	£1.4-£1.7 billion
Estimated implied cost per person experiencing problem gambling	£1800	£2500	£3700
Implied social cost for people experiencing problem gambling living in Blackburn with Darwen	£16,084,800	£22,340,000	£33,063,200
Upated for inflation**	£21,500,500	£22,800,000	£33,700,000

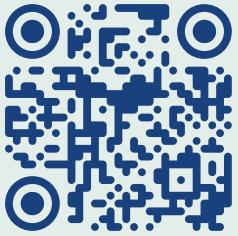
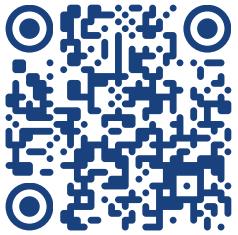
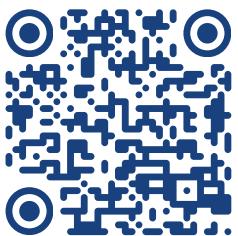
*Direct fiscal costs only, this excludes estimates of the cost of gambling-related suicide or depression.

**Estimated using the Bank of England Inflations Calculator: <https://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator>. Year of publication was used to convert estimates to equivalent values for October 2024.

5. Rapid Review of Existing Blackburn with Darwen Provisions

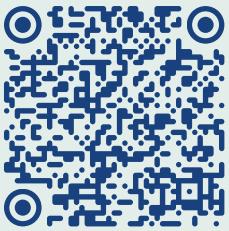
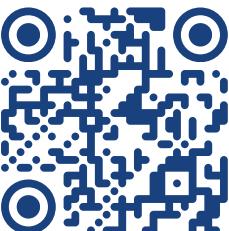
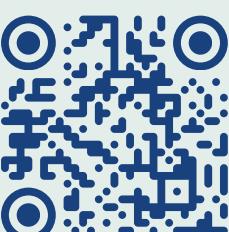
Blackburn with Darwen houses a range of services that respond to or seek to prevent gambling harms in the area. These are summarised in Table 12 below.

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Direct Support Services:	QR Code
<p>Acorn Recovery Projects (BwD)</p> <p>A specialist provider of structured addiction recovery services, offering psychological therapies, group work, and lived experience-led rehabilitation. Although their primary focus is substance misuse, many clients also face gambling harms. Acorn's trauma-informed, wraparound approach and integration with wider health and justice pathways make them a key direct support partner for individuals with complex recovery needs.</p> <p>Website: www.acornrecovery.org.uk</p> <p>Phone: 0161 484 0000</p>	
<p>Beacon Trust</p> <p>A third sector organisation offering training, support, and awareness-raising around gambling-related harms. They have delivered sessions in schools, run community-facing interventions, and are well embedded in local support networks.</p> <p>Website: www.beaconcounsellingtrust.co.uk/</p>	
<p>BwD Council Public Health Team</p> <p>The council's public health team plays a strategic role in coordinating local efforts around GRH, including training, commissioning services, and supporting integration into wider health and wellbeing frameworks.</p> <p>Website: www.bewellbwd.com/news/gambling-support-in-blackburn/</p>	
<p>Gamblers Anonymous</p> <p>Peer-led support groups offering confidential, community-based recovery spaces for individuals experiencing gambling addiction. Their group model fosters ongoing accountability and shared lived experience.</p> <p>Website: www.gamblersanonymous.org.uk/find-a-meeting/28</p>	

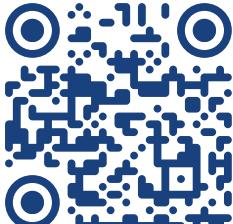
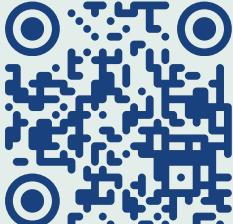
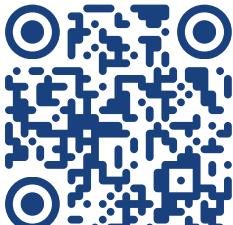
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Direct Support Services:	QR Code
<p>PHOENIX Hub</p> <p>A peer-led, trauma-informed support hub in central Blackburn. Phoenix provides a safe space for individuals experiencing addiction, mental health issues, and domestic abuse. While not exclusively focused on gambling, their recovery-oriented approach and lived experience leadership mean they frequently support clients dealing with gambling-related harms as part of broader vulnerabilities.</p> <p>Website: www.facebook.com/people/Phoenix-Hub-Blackburn/100090017820095</p>	
<p>Red Rose Recovery</p> <p>A peer-led organisation supporting individuals in addiction recovery, many of whom also face mental health challenges, trauma, or offending histories. Their model centres lived experience, community-building, and empowerment, making them a key partner in holistic recovery for people affected by multiple and complex needs, including gambling harms.</p> <p>Website: www.redroserecovery.org.uk</p> <p>Phone: 01772 821440</p>	
<p>SPARK</p> <p>A Blackburn-based service supporting individuals and families impacted by addiction, mental health issues, and trauma. While no longer delivering a standalone gambling harms programme, SPARK continues to engage people through assessments, group work, and one-to-one support. Their team is trained to identify gambling-related issues and refer individuals to specialist help where appropriate.</p> <p>Website: www.sparkbwd.org.uk</p>	

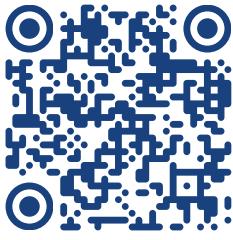
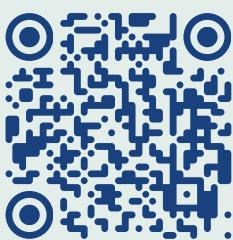
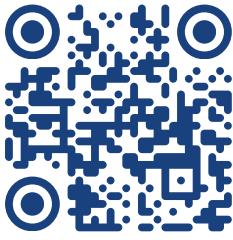
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Direct Support Services:	QR Code
<p>THOMAS Organisation</p> <p>A faith-inspired recovery charity providing structured therapeutic programmes, supported housing, and trauma-informed services. While primarily focused on substance use and mental health, they engage clients with complex needs, including gambling-related harms, through long-term recovery support and rehabilitation pathways.</p> <p>Website: www.thomasonline.org.uk</p> <p>Phone: 01254 59240</p>	
<p>180 Project</p> <p>A Blackburn-based recovery service using fitness, mentoring, and peer support to help individuals turn their lives around. They work with people affected by addiction, trauma, and social exclusion — many of whom also experience gambling harms. Their structured, values-led programmes promote stability, wellbeing, and behaviour change in a safe, no-gambling environment.</p> <p>Website: www.180project.co.uk</p>	
<p>Early Break</p> <p>A youth-focused service providing support to young people and families affected by substance misuse, emotional distress, and complex family dynamics. Their work often intersects with gambling harms where young people are affected by parental addiction or are engaging in risk-taking behaviours themselves. Their trauma-informed, whole-family approach makes them a valuable partner in early intervention.</p> <p>Website: www.earlybreak.co.uk</p>	

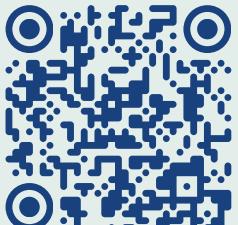
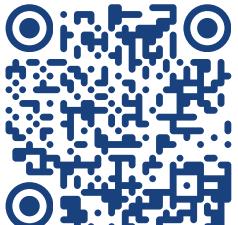
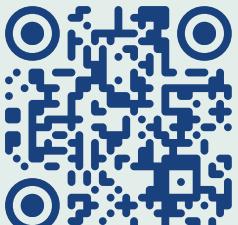
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Indirect Support Services:	QR Code
<p>Blackburn Foodbank</p> <p>Provides emergency food support to individuals and families in crisis. While not formally assessing for gambling harms, their frontline work with financially vulnerable clients makes them a natural gateway for signposting to wider support.</p> <p>Website: www.blackburn.foodbank.org.uk</p> <p>Phone: 01254 672756</p>	
<p>Blackburn Rovers Community Trust (BRFC Trust)</p> <p>The charitable arm of Blackburn Rovers FC delivering education, health, and outreach programmes across the community. While not a treatment provider, the Trust plays a key role in raising awareness of gambling harms through school sessions, sports-based engagement, and public campaigns. Their trusted local presence and influence among young people make them a valuable prevention partner.</p> <p>Website: www.rovers.co.uk/community</p> <p>Phone: 01254 508256</p>	
<p>Church on the Street</p> <p>A faith-based outreach organisation providing food, clothing, community meals, and pastoral support to people experiencing homelessness, addiction, and poverty in Blackburn. While not a specialist gambling service, their trusted relationships with vulnerable individuals and regular one-to-one engagement positions them to offer early support, informal guidance, and onward signposting for gambling-related harms.</p> <p>Website: www.web.facebook.com/cotsblackburn</p>	
<p>Family Hubs, Shelters</p> <p>Engage children, parents, and vulnerable adults through a mix of wellbeing services and crisis support. Though not gambling-specific, they are vital for identifying hidden harms and connecting individuals to help through trusted relationships.</p> <p>Website: www.familyhubsbw.org</p>	

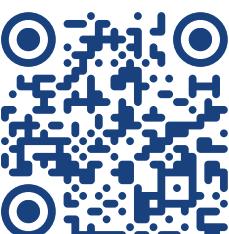
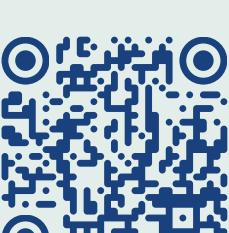
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Indirect Support Services:	QR Code
<p>GPs</p> <p>As part of NICE guidance, GPs are now encouraged to ask about gambling during routine assessments. Their role as trusted health professionals makes them an essential frontline access point for identifying early signs of gambling-related harms.</p> <p>Contact your local GP.</p> <p>NHS North West Gambling Service clinics in Liverpool, Manchester, Blackpool and Preston</p> <p>Website: www.northerngamblingservice.nhs.uk/</p>	
<p>Home-Start Blackburn with Darwen</p> <p>A family support service offering emotional and practical help to parents with young children. While not a gambling-specific organisation, Home-Start's early years engagement and trusted one-to-one relationships with families position them to identify hidden harms, including gambling-related issues, and signpost families to appropriate services.</p> <p>Website: www.home-startblackburnanddarwen.org</p>	
<p>IMO</p> <p>A community-rooted organisation providing youth development, education, and family support in predominantly South Asian communities. While not gambling-focused, their preventative work and cultural insight position them to identify and support at-risk individuals sensitively.</p> <p>Website: www.imocharity.org/home/</p>	
<p>Local Faith Leaders</p> <p>Trusted figures in close-knit communities. Their role in pastoral care and moral guidance positions them to identify and support individuals facing gambling harms.</p> <p>Faith community specific</p>	

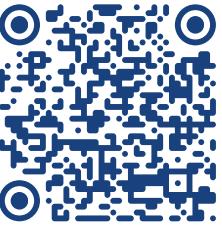
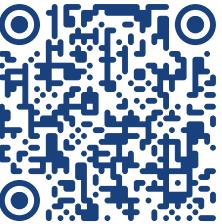
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Indirect Support Services:	QR Code
<p>Minds Matter (BwD)</p> <p>A free NHS talking therapies service offering support for low to moderate mental health needs, such as anxiety, depression, and stress. While not a gambling-specific service, Minds Matter plays a crucial role in identifying and responding to gambling-related harms where they overlap with emotional distress. They can offer psychological therapies, refer onward, and act as an important support touchpoint for individuals experiencing gambling alongside wider wellbeing challenges.</p> <p>Website: www.bewellbwd.com/a-z-services/mental-health-adults/mental-health-services-adults/</p>	
<p>Schools and Teachers</p> <p>Act as early influencers in shaping attitudes and awareness. Their daily contact with young people puts them in a strong position to identify risk-taking behaviours, deliver preventative education, and foster open conversations around gambling.</p> <p>See local school contact details.</p>	
<p>Show Racism the Red Card (Red Card)</p> <p>While primarily known for anti-racism education, the organisation's presence in schools and youth spaces makes it a valuable indirect contact for GRH awareness, especially in campaigns linking identity, mental health, and risky behaviours.</p> <p>Website: www.theredcard.org</p>	
<p>Social Prescribing Alliance</p> <p>A cross-sector initiative that connects individuals to non-clinical local support, including wellbeing, financial advice, and community engagement. While not a direct provider, they help link people experiencing gambling harms with relevant help.</p> <p>Website: www.socialprescribingacademy.org.uk/</p>	

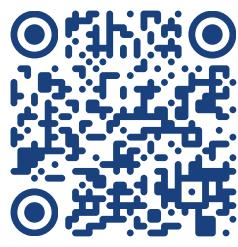
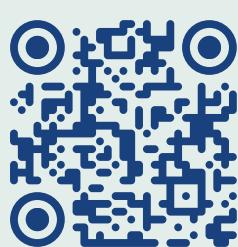
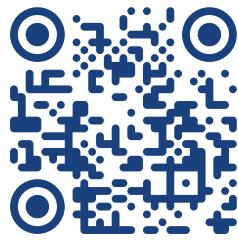
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Indirect Support Services:	QR Code
<p>Social Workers</p> <p>Often among the first professionals to detect the secondary effects of gambling, such as financial hardship, neglect, or emotional distress. Their safeguarding role places them in a strong position to respond to gambling harms as part of broader family support.</p> <p>Website: https://advicefinder.turn2us.org.uk/Home/Details/3559</p> <p>Phone: 01254 587547</p>	
<p>Stepping Stones (Blackburn)</p> <p>A supported accommodation provider for adults experiencing homelessness and complex needs, including addiction and mental health issues. While not focused on gambling specifically, their one-to-one support model and close work with vulnerable individuals position them to recognise gambling harms and signpost residents to specialist help.</p> <p>Website: www.stepping-stone.org.uk/projects/blackburn-homeless-supported-accommodation/</p>	
<p>The Oaks Money Advice Centre (MAC)</p> <p>A confidential debt advice service based in partnership with Blackburn Foodbank. MAC works with individuals experiencing financial distress, often linked to or worsened by gambling, and plays a key role in identifying harms and supporting referrals to specialist services.</p> <p>Website: https://blackburn.foodbank.org.uk/the-oaks-money-advice-centre-2/</p>	
<p>Drug and Alcohol Services</p> <p>These services regularly engage individuals experiencing addiction and related harms. While their core focus may not always be gambling, the overlap in client base means they play a key indirect role in identifying gambling behaviours and making onward referrals or incorporating it into broader treatment plans.</p> <p>Website: https://bewellbwd.com/a-z-services/drug-and-alcohol-service-for-older-adults/</p>	

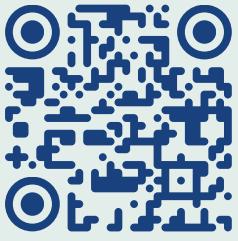
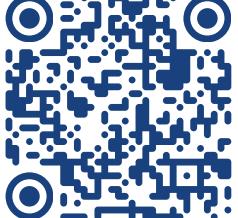
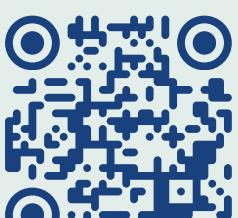
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

Indirect Support Services:	QR Code
<p>Housing Support Services</p> <p>Often the first to witness the financial consequences of gambling harms (e.g., arrears, eviction risk). While not specialist GRH providers, they are a crucial indirect service who can flag concerns and connect clients to further help.</p> <p>Website: www.blackburn.gov.uk/housing</p>	
<p>National Stakeholders and Support Services:</p> <p>GambleAware</p> <p>At the time of writing, GA were the main strategic commissioner of gambling harm services in Great Britain, GambleAware funds treatment, prevention, and research through a public health lens. They developed national campaigns to raise awareness and reduce stigma, commission services like the National Gambling Helpline, and work to address health inequalities through data-led strategy and cross-sector partnerships. While not a direct service provider, they shaped the national agenda and fund many of the local and third-sector responses across the UK.</p> <p>Since the introduction of the Stautory Levy, the DHSC has taken over responsibility for the commissioning of both treatment and prevention.</p> <p>Website: www.gambleaware.org</p> <p>Helpline: 0808 8020 133 (National Gambling Helpline)</p>	
<p>GamCare</p> <p>A leading national provider of support for those affected by gambling harms, GamCare offers a 24/7 helpline, live chat, and structured counselling both online and in-person. They deliver targeted outreach to young people, women, and those in the criminal justice system, and offer training to professionals across health, education, and community sectors. GamCare also leads the National Gambling Support Network (NGSN), coordinating regional treatment services and helping ensure a consistent pathway to care across the UK.</p> <p>Website: www.gamcare.org.uk</p> <p>Helpline: 0808 8020 133 (24/7 National Gambling Helpline)</p>	

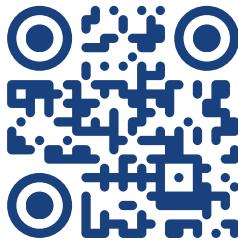
5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

National Stakeholders and Support Services:	QR Code
<p>TalkBanStop</p> <p>A unique partnership between GamCare, Gamban, and GAMSTOP, offering a free, three-step toolkit for individuals looking to stop gambling. This includes access to a trained adviser, blocking software for devices, and self-exclusion from online gambling sites. The programme is designed to provide immediate practical support while linking individuals into longer-term treatment or recovery services. TalkBanStop is widely promoted as a first-line response for those at risk or in early recovery.</p> <p>Website: www.gamcare.org.uk/talk/</p>	
<p>UK Government & Gambling Commission</p> <p>The Gambling Commission regulates gambling in Britain, ensuring operators act fairly and safely. In 2023, the Government published a major White Paper proposing online slot stake limits, affordability checks, and a statutory levy on the industry to fund harm prevention, treatment, and research. These reforms aim to modernise regulation for the digital age and strengthen consumer protection. National policy shapes funding, messaging, and strategic priorities, directly influencing how local areas like BwD respond to gambling harms.</p> <p>Website: www.gamblingcommission.gov.uk</p>	
<p>WHYSUP</p> <p>A lived experience-led organisation delivering powerful talks, training, and education workshops on gambling and mental health. WHYSUP work with schools, businesses, sports clubs, and frontline professionals to share real stories, reduce stigma, and prompt honest conversations around addictive behaviours. Their sessions often focus on the roots of harm, including emotional drivers and identity, making them a valuable prevention and early-intervention partner in both youth and adult settings.</p> <p>Website: www.whysup.co.uk</p>	

5. Rapid Review of Existing Blackburn with Darwen Provisions

Table 12. Service provision relating to gambling harms in Blackburn with Darwen

National Stakeholders and Support Services:	QR Code
<p>YGAM (Young Gamers and Gamblers Education Trust) A national education charity delivering preventative education on gambling and gaming harms. Through school workshops, PSHE resources, and professional training, YGAM equips young people, teachers, and parents with the tools to recognise risks and make informed choices. While not a direct service provider, they are a key prevention partner in the wider system.</p> <p>Website: www.ygam.org</p>	

6. Stakeholder perspectives

Phase 2 of this Needs Assessment aimed to gather experiences and views of gambling harms and their prevention from local stakeholders in Blackburn with Darwen. The findings presented in this section are based on workshops and interviews with individuals who have experience with gambling harms and are actively involved in Blackburn with Darwen's current efforts to reduce these harms or who are involved in service provision which has the potential to influence gambling harm prevention strategies.

The findings are organized into four sections: (1) reflections on findings from Phase 1; (2) experiences of gambling harms in Blackburn with Darwen; (3) current barriers to gambling harm reduction in Blackburn with Darwen; and (4) future direction of a gambling harm reduction strategy for Blackburn with Darwen.

Section 1: Perspectives on the overview of Phase 1 finding

Participants largely agreed that findings from Phase 1 aligned with their expectations, viewing the statistics as (a) broadly representative of harm and (b) a valuable tool for strategising the reduction of gambling harm in Blackburn with Darwen.

Many participants noted that these findings aligned with their understanding of the drivers of harm in Blackburn with Darwen, such as areas of deprivation. As one third sector representative commented:

ThirdSector1F: To be honest, with there's nothing that's really struck me there. [You have] the pictures for yourself, you know, about the deprivation, the wider determinants that have the impact.

Interviewees often expressed that the statistics detailed in the report could be useful for their work. Another third sector representative stated:

ThirdSector2F: Oh, I'm sure they'll be useful for sort of targeting the help and that sort of thing, but. You know, this is so badly needed, really, isn't it? ... You know, there are statistics in there that would be useful for us in contacting. You know people who, if you know if it was possible, people who you know might be in those positions with young people in those roles, in those youth facing roles that.

Several respondents mentioned that while the statistics were largely unsurprising to them, they effectively captured people's understanding of gambling harm in Blackburn with Darwen and provided a useful comparison to national averages. One treatment provider noted:

TreatmentProvider1M: I'm not overly surprised by [all of the stats], but the fact you've been able to put kind of percentages to them in terms of in Blackburn with Darwen in general being higher than maybe the UK average and particularly around the high risk [category], I felt that was really interesting and I think we know in terms of areas of deprivation and reasons as to why that might be the case, but that was particularly interesting and also the difference in terms of the moderate risk to high risk within the white population and the non-white population.

Some respondents highlighted concerns about underreporting, which could mean the figures don't fully reflect the extent of harm in Blackburn with Darwen. A representative of the Local Authority observed,

LocalAuthority1M: It comes as no surprise in terms of the figures and actually do think there are probably health inequalities that we know will affect us in multiple levels in the Blackburn area, certainly and actually think that there may be underreporting as well.

Another participant specifically raised the finding from their work that for some minority communities underreporting may be even more pronounced than others:

6. Stakeholder perspectives

ThirdSector3M: Anecdotally, we believe that is a massive underreporting, particularly around the stuff that [another focus group participant] talked about with the cultural and the place-based issues that prevent people coming forward even in an anonymous survey.

We see from these excerpts from stakeholder engagement that they found the statistics presented in phase 1 of the needs assessment useful, but for some, their work suggests that Blackburn with Darwen's levels of harm might be even more pronounced, concealed from reporting due to a range of fears. The next section expands on insights from participants on the experiences of harms they have encountered in Blackburn with Darwen.

Section 2: Perspectives on experiences of gambling harms in Blackburn with Darwen

Several crosscutting themes emerged from participants' insights into gambling harms in Blackburn with Darwen. A recurring idea was that discussions around gambling harms were relatively new in Blackburn with Darwen, and that progress had been made in recent years:

LocalAuthority2M: *it hasn't been spoken about for me in Blackburn with all you know, but prior to the last couple of years, I think it was just sort of like I was not seen as a problem. I remember when we first had held meetings around gambling related harms and we said it's about planting a seed initially and then letting, letting that seed grow. And I think over the past two years the seeds have grown and people are more aware now that there is support out there, but it's in certain areas, I think.*

Despite the progress in raising awareness about the seriousness of gambling harms, participants emphasised that much work still needs to be done. It's important to note that while discussions among stakeholders are perceived as relatively new in Blackburn with Darwen, many participants suggested that this increased awareness has led to more anecdotal evidence of local harms. These harms span the spectrum discussed in Phase 1 of this report, including issues related to relationships, finances, and mental health, which could lead to homelessness and relationship breakdowns. Participants also noted that these harms are sometimes linked to other issues, such as drug and alcohol abuse.

In discussing the Phase 1 findings, several participants highlighted the role of deprivation and the targeting of underserved areas by gambling companies as drivers of harm. A representative of the Local Authority observed:

LocalAuthority2M: *Yeah. I think so because without figures and dates and nobody knows what's really happening and it's all right going round and saying, you know, referring to this for gambling and referring to that. But I think once I've seen them figures there now and you look at the ages and and you know the difference between the rest of England to be fair and Blackburn with Darwin because we do have a lot of deprived areas in Blackburn with Darwin and you know you said about the book makers on the high streets and the only shops that we tend to have in certain areas now are pound shops and book makers. You know, in, in, in the more affluent areas, you know, we've got Sainsbury's and things like that but, but yeah, it seems that in the deprived areas that they're all that opening book makers and they're all like opening pound shops and you know, little corner shops. But because that they know that, they know that that's where the money is going to come in.*

Another participant added,

ThirdSector2F: *Thinking about premises actually, you know, you drive, you do drive through some areas and you think God, there are an awful lot of premises around certain areas aren't the gambling premises. But you see that in a lot of a lot of areas, don't you... And you do see it especially in more deprived areas, don't you as well? You know they [gambling industry] seem to flock to those areas.*

6. Stakeholder perspectives

Another participant went further, linking the focus on deprived areas with locations where young people are particularly likely to be exposed:

ThirdSector1F: just down our street we've got three or four [bookmakers] actually in the span of like 5-minute walk. And the ironic thing in hustle, bustle areas where there's fast food restaurants, do you know what I mean that kind of areas that young lads probably go have a bite to eat and then they see it and be like oh, you know what, you know how a teenager or anything or let's just go and have a little peek through. Let's see how it goes.

This comment illustrates how our figures and discussions about gambling harms in Blackburn with Darwen prompted participants to reflect on how certain groups, such as young people, are at local risk due to the availability of gambling.

From a licensing perspective, one participant noted that only one new gambling license had been applied for in the past three years, suggesting that recent growth in gambling premises has not been seen as a problem in the area. They remarked:

LocalAuthority3F: When gambling comes up for us, it's like, oh gosh, you know, we just better double check we're doing this right kind of thing because we just don't do it very often.

This reveals an interesting finding: while there may not have been many recent applications for new gambling premises in Blackburn with Darwen, several interviewees felt there is still a noticeable concentration of such premises, particularly in areas associated with deprivation.

Section 3:

Perspectives on barriers to gambling harm prevention in Blackburn with Darwen

Several barriers to gambling harm prevention in Blackburn with Darwen were identified by participants, with a common theme being that gambling harms are not given high enough priority by organizations and individuals in the area. This lack of prioritization was attributed to several factors.

One participant noted that while their organization is well-positioned to collaborate with Public Health on issues like tobacco control and alcohol, gambling hasn't been prioritized enough to foster such collaboration:

LocalAuthority4F: We work very closely together on tobacco control and some stuff around alcohol, certainly healthy eating. So, we do have really good connections between licensing and public health... if we needed to do some more work around gambling, we would be in a good position to do that. It's just that it's not got to the top of the list yet for us, I think.

Another participant suggested that some organizations do not fully recognize the extent of gambling harm in the borough, leading to a lack of attention compared to other issues like alcohol. One participant highlighted how internal communications within the Council rarely address gambling harms:

LocalAuthority5M: There's always emails going around about this drug and that drug has been high, there's been a few overdoses in Preston or there's been a few more overdoses than last year, there's always [those] emails.

The perception that gambling is a lower priority than other policy areas was echoed by several participants, who saw this as a significant barrier to current efforts in gambling harm reduction.

ThirdSector2F: One more thing is another barrier can be people seeing it as, you know, we don't have a problem with that. That's been said to us before—not necessarily in Blackburn or Darwen, but in other schools. 'Oh no, we don't need that. We don't have that problem.' You know it's kind of, well, how do you know you don't have the problem unless you know what it's all about?

6. Stakeholder perspectives

The same Third Sector representative also discussed the low priority given to gambling harms from the perspective of professional training. She noted that the lack of time and funding for such training hampers its uptake, even when offered for free:

ThirdSector2F: *Everything we offer is funded... We don't charge for anything... but really for professionals... the biggest barrier we face is people say, 'Oh, we can't spare 2 hours. You know, we can't be released for that amount of time or we can't ask staff to stay after school for two hours,' which I understand, but you know... I suppose we're also competing, aren't we, with other priorities.*

She further linked this lack of training to the overall lack of priority for gambling harms:

ThirdSector2F: *You know they've got to be experts in drugs and alcohol and all those other risky behaviours that young people get involved in. The key is kind of getting through that barrier of making gambling seen alongside all those other risky behaviours as well. So many schools now, I noticed on their school websites, they have a safeguarding page, you know, for parents and there's signposts on there for people who can help with drugs, people who can help with other agencies, and yet you don't often see gambling mentioned on those pages.*

The lack of priority and accessible information about gambling harms is also tied to stigma, which was identified as a barrier to seeking help and engaging at-risk individuals:

TreatmentProvider2M: *It's a really tough one to try and find or to try and go on an outreach with the younger population because... Like I said, what I'm finding—this is only my experience and what I've found—is that these people wouldn't consider themselves having a problem. They wouldn't want to go into a place like [organization]... Stigma, you know? That's all I can say. But it's, you know, like I said, if it's three times greater than the national average [prevalence in Blackburn with Darwen], it's trying to find a way to target those young people in those deprived areas. It's a tough one.*

Related to this, stakeholders emphasised that gambling harms are often hidden, especially in close-knit or conservative communities. Shame, fear of judgement, and lack of open dialogue — particularly within South Asian households (see Appendix 2) — prevent individuals from seeking help. Attendees from Muslim backgrounds emphasised that Islamic teachings support getting help for addiction, but many community members remain unaware. Staff also reported low confidence in raising the issue, fearing it may offend or cross-cultural lines.

Another participant reflected on how gambling seems to be more normalized than other behaviours, even among young people:

TreatmentProvider2M: *I've got a few times I've had a couple [of] 14, 15, 16-year-olds who've got the phone out and they've got Bet365 on the phone and they've got an account in their mum's name. Might not be a problem, but at the end of the day, that's still a 14-year-old who's gambling who shouldn't be gambling. It's the same. But he's just like, this is a kid who works with us... We're seen as professionals, so there's no chance in this world he'd pull out a bottle of Budweiser or a bag of gear in front of us, but it's obviously socially accepted for him to open Bet365.*

This normalization of gambling, even among underage individuals, is a concern. Another barrier mentioned was the potential for missed referrals when staff lack appropriate training or awareness, often compared to more developed systems for addressing alcohol and drug-related harms:

LocalAuthority5M: *Yeah. I think one of the barriers, not major barriers, is training with staff. So there's been a few referrals slipped under the net and missing. So if that was drugs and alcohol, you know, we talk about the suicide rate for gambling-related harms and stuff like that, and I know it's a major case, but nevertheless, you know, if it was drugs and alcohol, they'd be snapped up straight away, but because it's gambling, they [referrals] seem to be lost. I'm, you know, it's no fault of the assessment team. I just think it's awareness around training. It was a bit frustrating, to be honest.*

6. Stakeholder perspectives

Strengthening a multi-agency approach to referrals and support for individuals experiencing gambling harms was seen as crucial. Stakeholders reported that a wide network of services in BwD — including Beacon Trust, SPARK, YGAM, BwD Council, Acorn Recovery, Phoenix Hub, Red Rose Recovery, GPs, schools, Minds Matter, Blackburn Foodbank, housing support, Stepping Stones, IMO, MAC, and faith-based organisations — are engaging with individuals affected by gambling-related harms, either directly through support, education, and recovery, or indirectly through frontline contact and signposting. However, many of these services operate in isolation. Participants expressed a clear appetite for stronger cross-sector coordination, clearer referral pathways, and more integrated approaches to identifying and responding to GRH (see Appendix 3).

As part of this, one participant emphasized the importance of personal relationships between professionals in different services:

LocalAuthority2M: *I'm a big believer in professional relationships and I think... You know, we have people from drug and alcohol services bringing us about housing and we... because we've got that relationship with them. I think we've got that extra mile and try and get... we're trying to achieve a common goal. I think same wheels in drug and alcohol. You know, we can contact the staff over there, and we get things done, and I think gambling, that'd be a good positive step where the staff.*

This highlights some effective practices in other areas that participants felt could be more fully utilized in the context of gambling harm in Blackburn with Darwen.

In summary, key barriers identified by stakeholders in Blackburn with Darwen include the low priority status of gambling harms, the need for more robust referral processes, limited time for professional training, and the ongoing normalization of gambling coupled with the stigma surrounding gambling-related harms. While efforts to reduce these harms are ongoing, more work is needed to elevate the profile of gambling harm to be on par with other issues such as alcohol and drug-related harms.

Section 4: Perspectives on future harm prevention in Blackburn with Darwen

When asked about the needs for a future harm prevention strategy, participants focused primarily on addressing the barriers discussed in Section 3. The key suggestions revolved around awareness-raising and education. Many participants emphasized the importance of mandatory training as a way to increase the number of people locally who are knowledgeable and equipped to educate, identify, and support those affected by gambling harms. This idea was consistently mentioned as a priority for a gambling harm reduction strategy in Blackburn with Darwen. One treatment provider captured this sentiment:

TreatmentProvider2M: *It's just trying to spread that word, I think. And it takes time. It takes time. It really does. But yeah, training, I think it's a big one, a big one, especially for professional staff.*

Raising awareness and education was a common theme throughout the interviews, highlighted as a key priority for change. One Third Sector representative remarked:

ThirdSector2F: *And I suppose spreading the awareness, I mean, you know, as I say, we did this parent awareness session. But just making people aware of that, you know, we can do so much, but we can do like social media about it. But if there was, you know, advertising or that being. Awareness building amongst parent groups and that sort of thing.*

Another participant, who works for an organization that provides training to professionals, expressed their wish for such training to become a standard requirement:

ThirdSector3F: *To be on that list of required training or something like that that people have when they start a new job, that sort of thing would be ideal really.*

6. Stakeholder perspectives

Making gambling harm-related training mandatory could address the need for more professionals who are knowledgeable about harms and familiar with the referral systems already in place. Moreover, it would elevate the prioritization of gambling harms, which currently lags behind other concerns.

The idea of mandatory training as a means to expand local expertise in educating, identifying, and supporting those affected by gambling harms was a recurring theme in discussions about what is needed in Blackburn with Darwen. Participants also highlighted that some key levers for change are at the national level, influencing what can be achieved locally:

LocalAuthority4F: *There's so much stuff that would need to be done at a national level. It's certainly around advertising. So I guess from a Local Authority point of view, all we can do is lobby. Lobby for political change, legislative change around what's allowed. And then I guess it's about making sure we've got the right support services in place for people who are affected.*

In addition to increasing awareness and prioritizing gambling harms, participants engaged in extensive discussions about the services needed and how they should be organized. Stigma and barriers to help-seeking were repeatedly mentioned, with participants emphasizing that an ongoing strategy should prioritize messaging that encourages help-seeking through de-stigmatizing and judgment-free programs.

Several participants noted gaps in the evidence base that would help stakeholders better understand local needs. For example, one participant questioned where most people are currently gambling:

LocalAuthority4F: *The strategy will be built on where is the harm being caused? How do we tackle that?*

The need for better data sharing among agencies was also raised by a representative of the Local Authority, who discussed the importance of strengthening multiagency working relationships:

LocalAuthority2M: *See this is like so because we've got that many different services working doing the same role, I think so. So we can gather our data so they can gather their data and everyone's evaluating by the for their own service I think... It'd be good to look at figures around how many people have, you know, gone through the service and graduated the service and. And you know what? What difference that sort of made, I think, yeah.*

The need for a refined referral system was linked to the earlier highlighted barriers. Participants stressed the importance of having a rapid response referral system and support network:

LocalAuthority2M: *I think to get an early intervention when someone's feeling the consequences around gambling, that's the point to try and get involved with... it's got to be a bit of a reactive service I think for me, yeah.*

There was also a suggestion to target areas known to have higher populations at risk of harms, such as council estates and HMOs across the borough:

LocalAuthority2M: *What comes to mind is the council estates to be honest with you... there are certain workers that work around the estate and I think to just get word out there and plant seeds and you know maybe when people are accessing the community centre or even going door knocking to be fair, you know going door knocking and just saying can I just give you a leaflet and you know just plant a seed.*

A range of priority areas within gambling harms was identified, including young people, students, individuals and families living in areas of high deprivation, and the intersection of gambling and gaming. There was also a suggestion to prioritize raising awareness about the tactics used by gambling companies to attract customers, such as free bets:

ThirdSector2F: *I think those sorts of messages need to be getting out there as well. That how young people can be drawn in thinking about like the free offers and things that gambling companies have the minute you go onto their website.*

6. Stakeholder perspectives

With such a wide range of priority areas within gambling harm reduction, one participant noted the difficulty of determining who should lead the coordination of future steps:

ThirdSector1F: *It's a hard one in terms of who wants to take that responsibility. It's not... It's such a kind of massive task to drop it at anyone's door, but it would be good to see who wants to take it forward. Do you know what I mean? Is anyone willing to take that forward as well? And if not, how can we then kind of implement it somewhere where it would sit nicely? Do you mean in terms of would you sit nicely with the drug alcohol service? Do you want to combine both three of them together? Do you mean because there's kind of strong links so it's.*

This comment highlights the ongoing question of who is best positioned and resourced within Blackburn with Darwen to advance this work. There was consensus that a clearer direction was needed—preferably a key contact or hub that could serve as a central point for these efforts.

It was suggested that the existing Gambling Harms Forum could serve as a centralizing body for professionals to coordinate their efforts, but more meetings and visibility might be necessary to maintain momentum. A Local Authority representative suggested:

LocalAuthority2M: *Meeting every few weeks even if it's just for just for a quick [meeting], even in each building, you know, we could go... talk to the people that are doing the same roles. And again, it builds relationships then we're more likely to go that extra mile then because you know who you're talking to because you've already met them, you've got a relationship with them and we're all pulling in the same direction.*

However, the same participant also noted that they had lost touch with the Forum, indicating a need for more consistent engagement to ensure it functions effectively as a recognized hub.

7. What does Blackburn with Darwen need? Reflections and Recommendations

It is clear the Blackburn with Darwen has a range of gambling harm-related needs. Notably, people in Blackburn with Darwen experience gambling harms at rates that are substantially higher than the national average and a sizeable number of adults are estimated to need treatment or support. Gambling harms in Blackburn with Darwen conservatively generate a cost to the public purse of between £21.5 million to £33.7 million.

Stakeholders underscored the limited awareness of gambling harms across the Local Authority, the third sector and public services more broadly. They highlighted the importance of a multi-agency approach, emphasizing the need for mandatory training, enhanced data sharing, and robust referral systems to better address gambling harms and overcome different barriers to current reduction efforts.

In response to the range of evidence reviewed and generated as part of the needs assessment, we make the following 9 recommendations. These recommendations aim to initiate a proactive and comprehensive approach to mitigating gambling harms in the Blackburn with Darwen community.

1. Raise Awareness of Gambling Harms: Increase understanding of gambling-related harms across the Local Authority to promote early recognition and intervention.

Raising awareness of gambling-related harms within public services is essential to fostering early recognition and timely intervention. Blackburn with Darwen should engage both professional communities, such as healthcare providers, social workers, and educators, and the public to promote a comprehensive understanding of the risks and consequences of gambling, including through a workplace charter. Training programs for public service professionals would equip them with the tools to identify signs of gambling-related harm and provide appropriate support or referrals. These training programs should engage thoroughly with NICE guidelines on identification, management and treatment of harmful gambling.

Simultaneously, community outreach campaigns would inform the public about these harms, reducing stigma and encouraging individuals to seek help. By integrating this awareness into public services, Blackburn with Darwen will create a proactive approach, ensuring vulnerable individuals are identified and supported before harms escalate. Supporting resources have been independently developed by the Associate Directors of Public Health North East and can be found [here](#).

This recommendation can be achieved drawing on existing external resources. The main requirement is staff time to undertake training.

2. Challenge and Disrupt Gambling Industry Tactics: Local Authorities can use their powers to restrict advertising and run counter-messaging campaigns that disrupt marketing strategies.

Challenging and disrupting gambling industry tactics is a critical step in preventing of gambling harms. Blackburn with Darwen should identify and exercise powers available to it that enable the authority to limit the reach and influence of gambling advertising, particularly in areas frequented by vulnerable populations, such as schools, community centres, and public transport hubs. Beyond restriction, Blackburn with Darwen should actively counter gambling industry marketing strategies by running targeted counter-messaging campaigns that highlight the risks associated with gambling, debunk misleading advertising claims, and promote resources for support and recovery. These campaigns can include community workshops, social media outreach, and partnerships with trusted local organisations to amplify their impact. By combining regulatory actions with proactive public education, Local Authorities can shift the narrative away from the glamorisation of gambling and toward fostering a culture of harm prevention. See Box 2 for some examples of how other authorities have approached this.

This recommendation can be achieved with the support of substantial external resources.

7. What does Blackburn with Darwen need? Reflections and Recommendations

3. Develop a Targeted Gambling Harm Prevention Strategy: Create a prevention strategy with a dedicated lead and strong focus on groups identified as being at higher risk in the needs assessment to reduce vulnerability and foster resilience.

Developing a targeted gambling harm prevention strategy for Blackburn with Darwen is crucial to effectively address the needs of those most vulnerable to gambling-related harms. This strategy can build on the existing, if limited, BeWellBwD resource and should be informed by this needs assessment which identified high-risk groups, such as young people, individuals in socioeconomically disadvantaged communities, and those from non-white backgrounds. Tailored interventions should be designed and championed to address the specific circumstances and vulnerabilities of these groups, such as community-based workshops, culturally relevant outreach programs, and accessible educational resources. Collaboration with public services, including schools, healthcare providers, and social care organisations, would ensure the strategy is integrated into existing support networks within the Borough. By fostering resilience through education, skill-building, and community engagement, the prevention strategy can help mitigate risk factors, empower at-risk groups, and create a more supportive environment for those facing gambling-related challenges in Blackburn with Darwen. This could be pursued in collaboration with other Local Authorities, enabling resource sharing that has been successful in other areas of prevention, such as tobacco control.

This recommendation can be achieved with the support of substantial external resources.

4. Provide Comprehensive Gambling Harm Treatment and Support Services: Collaborate with the NHS (or Department of Health and Social/OHID) to establish a robust package of support services for individuals and families affected by gambling harms, which covers the commonly identified domains of harm.

Blackburn with Darwen should have a clear map, including identified referral pathways with a single point of contact, of services on offer to those affected by the full range of gambling harms. These should include: financial harms, relationship disruption, conflict or breakdown, impacts on mental and physical health and wellbeing, cultural harm, employment and education, and criminal activity. These services should be integrated to ensure that clients can be referred from one to another, to reflect the multiple and inter-related nature of gambling harms.

With the recently announced Statutory Levy on the gambling industry delivering in the region of an additional £50m per year to support NHS treatment provision, Blackburn with Darwen should engage with the lead commissioner for NHS England (or their replacement) to ensure service offerings address the needs set out in this document.

This recommendation would require investment

5. Integrate Gambling into Suicide Prevention Efforts: Incorporate gambling harm awareness and support into broader suicide prevention activities to address the interconnected risks effectively.

Integrating gambling harm awareness into suicide prevention services is essential for addressing the interconnected risks and providing holistic support to vulnerable individuals. As the evidence summarised in this needs assessment clearly shows, gambling harm is known to significantly increase suicide risk. By incorporating gambling awareness into broader suicide prevention initiatives, Blackburn with Darwen and its public services can identify and support at-risk individuals more effectively. This approach can build on existing work done by the Lancashire and South Cumbria Integrated Care Board.

Training programs for healthcare providers, counsellors, and crisis responders should include education on the warning signs of gambling-related distress and its link to suicidal ideation. Collaborating with gambling helplines, suicide prevention charities, and community organisations would further strengthen the network

7. What does Blackburn with Darwen need? Reflections and Recommendations

of assistance. Such an integrated approach would not only enhance awareness but also foster a proactive and compassionate response to those at risk.

This recommendation can be achieved drawing on existing external resources. The main requirement is staff time to undertake training.

6. Implement a Gambling Harm Monitoring and Reporting System: Develop a system to track referrals and treatment outcomes, ensuring accountability and continuous improvement in addressing gambling harms.

Implementing a gambling harm monitoring and reporting system is vital for ensuring accountability and fostering continuous improvement in prevention and treatment efforts in Blackburn with Darwen. Such a system would track referrals to support services, treatment engagement, and outcomes, providing valuable data to assess the effectiveness of interventions. By collecting and analysing this information, Blackburn with Darwen and its service providers will identify trends, address service gaps, and adapt strategies to meet evolving needs. The system should be designed with input from public health experts, gambling support organisations, and individuals with lived experience to ensure it is both comprehensive and user-centred. Additionally, integrating this system with broader public health initiatives allows for a more coordinated approach to reducing gambling harms and improving community well-being.

This recommendation would require investment

7. Strengthen the Gambling-Related Harms Forum: Expand and enhance the activities of the Blackburn with Darwen Gambling-Related Harms Forum to foster collaboration and drive meaningful action.

Strengthening the Blackburn with Darwen Gambling-Related Harms Forum is a pivotal step toward fostering collaboration and driving meaningful action to address gambling harms in the community. While the forum's membership already includes a diverse range of stakeholders—such as treatment providers, third sector organisations, Local Authority employees and educators — its activities are currently limited to quarterly information sharing meetings and there is an absence of lived experience representatives that needs to be addressed. Regularly hosting workshops, training sessions, and strategy meetings will ensure that members remain informed about the latest research, emerging trends, and best practices in gambling harm prevention. Additionally, establishing clear goals, measurable outcomes, and accountability mechanisms may enable the forum to progress and maintain focus on impactful initiatives. The forum could also become a vital body for supporting awareness raising initiatives, amplifying public engagement through outreach campaigns and community events. Strengthening this platform not only builds a robust network of support but also empowers the community to take coordinated and effective action against gambling harms. Finally, for the forum to be an effective public health body, members should not be in receipt of industry funding.

This recommendation can be achieved with minimal resources.

8. Be prepared to engage with new funding streams: The council should be ready, and support local organisations to be ready, to respond to the Government's new statutory levy on the gambling industry.

The levy is anticipated to generate approximately £100m for treatment, prevention and research. Half of these funds will be spent to enhance the NHS' clinical offerings. A further 30% will be used to support prevention through an as yet unannounced mechanism, a potential source to support prevention work in Blackburn with Darwen. Despite the absence of specific plans for prevention being made public, the Minister has made a commitment to supporting the Third Sector, which Blackburn with Darwen should be poised to

7. What does Blackburn with Darwen need? Reflections and Recommendations

respond to, once details are available. The final 20% will be made available to researchers via UK Research and Innovation (UKRI) and the Gambling Commission. This latter stream could be useful to Blackburn with Darwen in instances where it is able to partner with researchers to generate policy relevant insights through research.

Beyond the levy, Blackburn with Darwen should lobby the public health grant for funds to support its future gambling harm prevention plans.

This recommendation can be achieved with minimal resources.

9. Online Gambling Oversight: Participate in opportunities to reform regulation of online gambling.

Blackburn with Darwen and its partners should actively participate in national consultations on online gambling reforms. This engagement should be informed by local evidence and insights gathered through the needs assessment, with the aim of supporting harm prevention efforts tailored to the community's specific context.

Appendix 1

Literature search strategy

To supplement evidence on the determinants and nature of gambling harms sourced from existing evidence syntheses, we conducted the following searches. We also conducted a general search of UK-specific papers on any gambling-related topics published in 2020-2024, to ensure our searches captured any papers of relevance that our more specific strategies may have missed.

Search strategy: determinants of harms

- Databases: Web of Science, PubMed
- Review-style: papers and titles
- Boolean combination: (gambl* AND (risk* OR determinants* OR factor*))
- Period 09.07.20 -27.02.24
- 23 additional records identified → 16 papers of relevance fully reviewed

Search strategy: nature of harms

- Databases: Web of Science, PubMed
- Review-style: papers and titles
- Boolean combination: (gambl* AND (harm* OR "negative impact" OR "adverse impact" OR "detrimental impact" OR "negative effect" OR "adverse effect" OR "detrimental effect" OR consequence))
- Period 01.01.15 -27.02.24
- 181 additional records identified → 27 papers of relevance fully reviewed

General search on UK gambling research

- Databases: Web of Science, PubMed
- Review-style: titles only
- Boolean combination: (gambl* OR *bettor* OR *betting*) AND (UK OR England OR "Great Britain" OR "United Kingdom" OR Britain)
- 85 additional records identified → 62 papers of relevance fully reviewed

Appendix 2

Gambling Related Harms in South Asian Communities

Blackburn with Darwen (BwD) is home to a diverse population, with approximately 36.5% of residents identifying as being of South Asian descent. During the Gambling-Related Harms (GRH) engagement workshop, several culturally specific challenges were identified. Within some South Asian households, addiction — including gambling — can carry a significant social stigma. It is often seen as a moral or personal failing, which can lead to self-blame among family members and considerable strain within households.

Workshop participants agreed by consensus that this stigma can create significant barriers to seeking support. In some cases, the fear of community judgment may prevent individuals from acknowledging their gambling behaviours until they reach a crisis point. One partner organisation noted that some gambling venues appear to recognise this stigma, offering discreet entrances and exits to reduce visibility for individuals from culturally conservative communities.

Early intervention was consistently highlighted as critical. Normalising open conversations about gambling, particularly through culturally relevant messaging, can reduce stigma and support earlier access to help. Creating safe and trusted spaces for disclosure and ensuring that frontline professionals understand these cultural dynamics is essential.

Addressing gambling-related harms in BwD, therefore, requires a culturally sensitive and community-informed approach. By tailoring services and awareness efforts to reflect cultural values and lived experience, we can support individuals and families to overcome barriers and engage with the right support at the right time.

*Compiled by BwD research team.

Appendix 3

Thematic Analysis of Gambling Harms Workshop- Blackburn with Darwen led sessions

Exercise 2: Barriers to Support

Prompt: Understand what prevents people from accessing help and what could make it easier.

Summary of Themes:

This discussion was particularly raw and personal, with participants highlighting the deeply hidden nature of gambling-related harm. It became clear that GRH often goes unrecognised not just by professionals, but by those experiencing it. The emotional tone of the session was one of frustration, empathy, and urgency — many participants had encountered individuals in serious financial or emotional distress where gambling was the underlying, unspoken driver.

Stigma and Secrecy:

- Gambling is often concealed even from immediate family members. One participant shared, "Even family doesn't know", capturing how isolated individuals can feel.
- Shame, guilt, and denial were especially pronounced among women, parents, and within culturally conservative or close-knit communities. The fear of being judged or morally condemned blocks disclosure and self-recognition.
- Several participants highlighted that stigma is particularly acute in South Asian households, where gambling may be viewed not only as a personal failing but as a source of family shame. In these communities, reputational concerns, religious beliefs, and community judgement make it difficult for individuals — especially men — to acknowledge gambling issues or seek support.
- For many, gambling is an invisible addiction — without physical signs, individuals suffer in silence.

Invisible Signs:

- Participants highlighted that unlike substance misuse, gambling leaves few external clues. Someone can be in serious crisis and still appear functional.
- Missed rent payments, payday loans, or changes in behaviour (like emotional withdrawal or irritability) were mentioned as common first indicators.
- The workplace was also identified as a missed detection point — a drop in performance is often dismissed without deeper questioning.
- In some cases, local gambling venues have discreet entrances and exits, deliberately designed to accommodate individuals from communities where shame is a major barrier — particularly within South Asian households. This reflects how deeply internalised stigma can shape gambling behaviours and reinforces how hidden the issue can be, even in public spaces.

Perception Issues:

- A recurring theme was that gambling is misperceived as a "money problem" rather than a behavioural addiction.
- Quotes like "*If it's not a large amount, it's not a problem*" reflect common rationalisations used by both individuals and those around them.
- Media narratives and public perception often minimise the impact of gambling unless large sums are involved. For example, reporting may frame losses under £500 as insignificant, overlooking how financial harm is relative and can be devastating for someone on a low income. This perception gap can delay recognition of harm and discourage help-seeking. Even when public figures or celebrities speak out about their experiences, the framing often centres extreme cases, which may make everyday harms feel less valid or invisible.

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Thematic Analysis of Gambling Harms Workshop- Blackburn with Darwen led sessions

- Some participants noted that within Muslim communities, there is a perception that gambling should not be spoken about publicly due to religious taboo. However, attendees from Muslim backgrounds emphasised that Islam encourages seeking support for addiction and that helping others access treatment is seen as a virtuous and rewarding act. This highlights the gap between religious teaching and community perception.
- This mindset contributes to minimisation, delayed help-seeking, and underreporting, especially in professional assessments.

Practical Barriers:

- Frontline staff expressed uncertainty and discomfort in raising gambling during assessments. Many feared it was "too sensitive," "not their remit," or that they might not know how to respond.
- Frontline staff also noted that approaching the topic of gambling within South Asian communities can be particularly challenging due to a lack of openness around addiction.
- Schools and GPs rarely prioritised gambling unless linked with safeguarding — resulting in missed early opportunities.
- A lack of standardised tools, clear signposting, and service confidence was evident.

Suggestions:

- Introduce 2-3 screening questions into existing assessments — e.g., housing or benefits check-ins.
- Build confidence through training and scripts — empower staff to ask, not avoid.
- Normalise conversation: "We need to talk about gambling the way we talk about smoking or drinking."
- Promote trauma-informed, story-led engagement. Participants emphasized the power of hearing someone share not "rock bottom," but "early signs I wish I'd seen."

Exercise 3: What Does Prevention Look Like?

Prompt: Explore what meaningful prevention could look like in BwD.

Summary of Themes:

This session sparked a wide range of creative, practical, and forward-thinking suggestions. Participants repeatedly emphasised the importance of meeting people where they are, both physically (in trusted spaces) and emotionally (through language and culture). There was consensus that prevention must shift from abstract campaigns to relatable, locally relevant messages that cut through digital noise.

Messaging and Framing:

- Messaging must be embedded into existing community spaces: schools, GPs, family hubs, faith venues, shelters.
- Emotional resonance is key — storytelling, visual media, and case studies should emphasise how gambling affects relationships, mental health, and children, not just money.
- Participants stressed avoiding "guilt-tripping" language. Instead, focus on compassion, dignity, and early warning signs.

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Thematic Analysis of Gambling Harms Workshop- Blackburn with Darwen led sessions

Channels and Locations:

- Faith settings such as mosques were highlighted as trusted spaces for engagement, especially within South Asian communities. Involving Imams and faith leaders in awareness campaigns could help bridge cultural stigma and promote help-seeking as aligned with religious values.
- Combine physical materials (e.g., posters) with digital (infographics, social media, dedicated web pages).
- Participants highlighted the power of local influencers (e.g. sports clubs, musicians, youth workers) in shifting perceptions and reaching young people authentically.

Audiences:

- Young People: Preventive work should begin early — targeting ages 10+, focusing on gaming culture, loot boxes, dopamine cycles, and risk-taking behaviours.
- Parents: Need practical guidance on how to talk about gambling, spot early signs, and understand the blurred lines between gaming and betting.
- Veterans: Identified as a priority group requiring tailored prevention. Interventions should address specific risk factors such as trauma, mental health struggles, and isolation, and be designed with lived experience and military culture in mind.
- South Asian Communities: Require culturally tailored messaging that acknowledges stigma, promotes open discussion, and highlights that seeking help aligns with religious and community values. Trusted figures like faith leaders and community workers are key to effective engagement.
- Segmenting messaging avoids the trap of one-size-fits-all.

Delivery Tactics:

Creative formats were strongly endorsed:

- Interactive tools: mock slot machines, "spot the con" workshops.
- Link gambling to other lessons — financial literacy, wellbeing, media literacy.
- Peer-to-peer support in schools.
- Embed GRH awareness into existing training and PSHE lessons.
- Participants emphasised that prevention must feel relevant, not preachy, and be delivered by trusted, relatable messengers.

Policy and System Change:

- There was broad agreement that current legislation lags behind reality — the Gambling Act, rooted in the pre-digital era, fails to protect against online and in-game harms.
- Local councils should explore powers to:
- Restrict gambling advertising near schools or family services.
- Insist on balanced representation — if gambling is visible, prevention must be too
- Call for a local equivalent of anti-smoking campaigns, built around long-term behaviour change and visibility.

Appendix 3

Thematic Analysis of Gambling Harms Workshop- Blackburn with Darwen led sessions

Exercise 4: A Shared Local Vision

Prompt: Envision a joined-up system to respond to gambling harms locally.

Summary of Vision:

This exercise served as the “call to action” for the workshop. Participants moved beyond identifying problems to designing solutions together, rooted in a shared belief that partnership is not just beneficial — it’s essential. There was genuine momentum and a sense that BwD has the people, insight, and motivation needed to lead the way nationally.

Infrastructure Suggestions:

- A dedicated Gambling-Related Harms (GRH) lead within the local system.
- This person would link frontline workers to support, flag gaps, and share resources across services.
- They could also coordinate data sharing, map referral routes, and oversee workforce development.
- Participants emphasised that this lead must be accessible, not just strategic.

System-wide Engagement:

- Each organisation (health, education, housing, third sector) should have a GRH champion, similar to a safeguarding lead.
- A multi-agency forum should be established to:
 - Share good practice.
 - Coordinate campaigns and funding bids.
 - Hold partners accountable.
- Each organisation involved should take turns chairing meetings — whether held in-person or online — to promote shared ownership, leadership development, and long-term sustainability. This rotational model fosters inclusivity and ensures that all voices have a chance to shape the agenda and direction of the work.
- Public Health was widely recognised as the natural lead for coordinating the local GRH response. However, participants stressed that this leadership must be co-produced with community organisations and people with lived experience. Their involvement should shape the forum from the outset and continue through support, accountability, and shared decision-making.

Lived Experience Integration:

- Participants were clear: use lived experience with care. Quotes like “Don’t ask people to bleed publicly” captured a concern about performative storytelling.
- Instead, involve people in designing services, training staff, and shaping messaging — not just speaking on stage.
- Lived experience should guide, not just decorate.

Appendix 3

Thematic Analysis of Gambling Harms Workshop- Blackburn with Darwen led sessions

Access Improvements:

- A single point of contact — such as a dedicated phone line, WhatsApp number, or email — would demystify the help-seeking process.

Services must be:

- Easy to find (searchable online, clear posters).
- Easy to access (no long forms or repeat explanations).
- Dignified — with trauma-informed responses from the first contact

Consider offering education sessions and guidance for parents/family members, not just focusing on those who are gambling.

Ideas for Immediate Action brought about from the group:

1. Pilot prevention materials in schools and GP surgeries to raise awareness and prompt early conversations.
2. Integrate GRH screening questions into housing and welfare assessments to identify hidden harms at key access points.
3. Establish regular best-practice meetings (e.g. quarterly) to maintain momentum, share learning, and support collaboration across sectors.
4. Promote a Workplace Charter to normalise gambling harm conversations within staff teams. Embed it into organisational structures, including HR, training, and commissioning frameworks, to ensure long-term cultural change.

References

Adeniyi O, Brown A and Whysall P (2020) Retail location preferences: A comparative analysis. *Journal of Retailing and Consumer Services* 55: 102146.

Adeniyi O, Brown A and Whysall P (2023a) Spatial concentration of gambling opportunities: An urban scale perspective. *Cities* 140: 104386.

Adeniyi O, Tura F and Newton A (2023b) Analysing the effect of betting shops on crime in England. *Regional Studies* 57(11): 2252-2268.

Allami Y, Hodgins DC, Young M, et al. (2021) A meta-analysis of problem gambling risk factors in the general adult population. *Addiction* 116(11): 2968-2977.

Andreeva M, Audette-Chapdelaine S and Brodeur M (2022) Gambling-related completed suicides: a scoping review. *Addiction Research & Theory* 30(6): 391-402.

APA (2013) Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Reportno. Report Number|, Date. Place Published|: Institution|.

Armoon B, Griffiths MD, Mohammadi R, et al. (2023) Suicidal behaviors and associated factors among individuals with gambling disorders: A meta-analysis. *Journal of gambling studies* 39(2): 751-777.

Association LG (2018) Tacking Gambling Related Harm: A Whole Council Approach. Local Government Association, London, available at: <https://www.local.gov> ...

Astbury G and Wardle H (2016) Examining the effect of proximity and concentration of B2 machines to gambling play.

Banks J and Waters J (2022) Gambling and intimate partner violence. *Probation Quarterly*(26): 51-54.

Banks J and Waters J (2023a) An examination of the interrelationship between disordered gambling and intimate partner violence. *International Review of Victimology* 29(2): 277-292.

Banks J and Waters J (2023b) The Gambling Act 2005 and the (de) regulation of commercial gambling in Britain: A state-corporate harm. *Sociological Research Online* 28(3): 662-680.

Barratt M, Livingston M, Matthews S, et al. (2014) Gaming machine density is correlated with rates of help-seeking for problem gambling: a local area analysis in Victoria, Australia. *Journal of Gambling Issues*. 1-21.

Beynon C, Pearce-Smith N and Clark R (2020a) Harms associated with gambling: abbreviated systematic review protocol. *Systematic Reviews* 9: 1-6.

Beynon C, Pearce-Smith N and Clark R (2020b) Risk factors for gambling and problem gambling: a protocol for a rapid umbrella review of systematic reviews and meta-analyses. *Systematic Reviews* 9: 1-6.

Biggar B, Kesaite V, Ukhova D, et al. (2023) Young Women Sports Bettors in the United Kingdom: An Overlooked Demographic? *Gambling and Sports in a Global Age*. Emerald Publishing Limited, pp.145-167.

Binde P and Romild U (2019) Self-Reported Negative Influence of Gambling Advertising in a Swedish Population-Based Sample. *J Gambl Stud* 35(2): 709-724.

Blanco C, Blaszczynski A, Clement R, et al. (2013) Assessment Tool to Measure and Evaluate the Risk Potential of Gambling Products, ASTERIG: A Global Validation. *Gaming Law Review and Economics* 17(9): 635-642.

Bramley S, Norrie C and Manthorpe J (2020a) Exploring the support for UK migrants experiencing gambling-related harm: insights from two focus groups. *Public Health* 184: 22-27.

References

Bramley S, Norrie C, Wardle H, et al. (2020b) Gambling-related harm among recent migrant communities in the UK: responses to a 21st century urban phenomenon. London, UK: NIHR Policy Research Unit in Health and Social Care Workforce, King's College London and London School of Hygiene and Tropical Medicine.

Browne M and Rockloff MJ (2018) Prevalence of gambling-related harm provides evidence for the prevention paradox. *Journal of Behavioral Addictions* 7(2): 410-422.

Critchlow N HK, Wardle H, Stead M (2022) Expenditure on Paid-for Gambling Advertising During the National COVID-19 'Lockdowns': An Observational Study of Media Monitoring Data from the United Kingdom. *Gambl Stud*. 39(3).

Crompton JL (1993) Sponsorship of sport by tobacco and alcohol companies: a review of the issues. *Journal of Sport and Social Issues* 17(3): 148-167.

Deutscher K, Gutwinski S, Bermpohl F, et al. (2023) The prevalence of problem gambling and gambling disorder among homeless people: A systematic review and meta-analysis. *Journal of gambling studies* 39(2): 467-482.

Dighton G, Wood K, Armour C, et al. (2023) Gambling problems among United Kingdom armed forces veterans: Associations with gambling motivation and posttraumatic stress disorder. *International gambling studies* 23(1): 35-56.

Dowling N, Suomi A, Jackson A, et al. (2016) Problem gambling and intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence, & Abuse* 17(1): 43-61.

Dudfield FW, Malouff JM and Meynadier J (2023) The association between the five-factor model of personality and problem gambling: A meta-analysis. *Journal of gambling studies* 39(2): 669-687.

GamblingCommission (2024a) Gambling Survey for Great Britain - Annual report. Reportno. Report Number|, Date. Place Published|: Institution|.

GamblingCommission (2024b) Industry Statistics - November 2024. Reportno. Report Number|, Date. Place Published|: Institution|.

GamblingCommission (2024c) Young People and Gambling 2024: Official statistics. Reportno. Report Number|, Date. Place Published|: Institution|.

Goodwin BC, Browne M, Rockloff M, et al. (2017) A typical problem gambler affects six others. *International gambling studies* 17(2): 276-289.

Gray HM, Edson TC, Nelson SE, et al. (2021) Association between gambling and self-harm: a scoping review. *Addiction Research & Theory* 29(3): 183-195.

Greenwood A, Mold A and Wardle H (2023) Unhealthy histories: sports and addictive sponsorship. *Lancet* 401(10370): 18-19.

Guillou-Landreat M, Gallopel-Morvan K, Lever D, et al. (2021) Gambling Marketing Strategies and the Internet: What Do We Know? A Systematic Review. *Front Psychiatry* 12: 583817.

Hahmann T, Hamilton-Wright S, Ziegler C, et al. (2021) Problem gambling within the context of poverty: A scoping review. *International gambling studies* 21(2): 183-219.

John B, Holloway K, Davies N, et al. (2020) Gambling harm as a global public health concern: a mixed method investigation of trends in Wales. *Frontiers in Public Health* 8: 320.

Johnstone P and Regan M (2020) Gambling harm is everybody's business: A public health approach and call to action. *Public Health* 184: 63-66.

References

Kickbusch I, Allen L and Franz C (2016) The commercial determinants of health. *The Lancet Global Health* 4(12): e895-e896.

Korn D, Gibbins R and Azmier J (2003) Framing public policy towards a public health paradigm for gambling. *Journal of gambling studies* 19: 235-256.

Kristiansen S and Lund RL (2022) The geography of gambling: A socio-spatial analysis of gambling machine location and area-level socio-economic status. *Journal of Gambling Issues* 49(2): 44-67.

Lacy-Nichols J, Nandi S, Mialon M, et al. (2023) Conceptualising commercial entities in public health: beyond unhealthy commodities and transnational corporations. *The Lancet* 401(10383): 1214-1228.

Langham E, Thorne H, Browne M, et al. (2015) Understanding gambling related harm: A proposed definition, conceptual framework, and taxonomy of harms. *BMC public health* 16: 1-23.

LGA (2023) Tackling gambling related harm: A whole council approach. Reportno. Report Number|, Date. Place Published|: Institution|.

Luquiens A, Guillou M, Giustiniani J, et al. (2022) Pictograms to aid laypeople in identifying the addictiveness of gambling products (PictoGRRRed study). *Sci Rep* 12(1): 22510.

Marionneau V, Egerer M and Raisamo S (2023) Frameworks of gambling harms: a comparative review and synthesis. *Addiction Research & Theory* 31(1): 69-76.

Marionneau V and Nikkinen J (2020) Stakeholder interests in gambling revenue: an obstacle to public health interventions? *Public Health* 184: 102-106.

McCartney LE, Northe V, Gordon S, et al. (2019) Promoting Cross-Sector Collaboration and Input into Care Planning Via an Integrated Problem Gambling and Mental Health Service. *Journal of Gambling Issues* 42.

McGee D (2020) On the normalisation of online sports gambling among young adult men in the UK: a public health perspective. *Public Health* 184: 89-94.

McGrane E, Wardle H, Clowes M, et al. (2023) What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature. *Public Health* 215: 124-130.

Moore E, Pryce R, Squires H, et al. (2024) The association between health-related quality of life and problem gambling severity: a cross-sectional analysis of the Health Survey for England. *BMC public health* 24(1): 434.

Office for Health Improvement and Disparities (2025), Wider Determinants of Health Profile.

Parke A, Harris A, Parke J, et al. (2016) Understanding Within-Session Loss-Chasing: An Experimental Investigation of the Impact of Stake Size on Cognitive Control. *J Gambl Stud* 32(2): 721-735.

Pérez L, Rodríguez A and Shmarev A (2022) Gambling outlets location in urban areas: A case study of Madrid. *Journal of gambling studies* 38(4): 1229-1242.

Potenza MN, Balodis IM, Derevensky J, et al. (2019) Gambling disorder. *Nature reviews Disease primers* 5(1): 51.

Price A, Hilbrecht M and Billi R (2021) Charting a path towards a public health approach for gambling harm prevention. *Journal of Public Health* 29: 37-53.

Pritchard A and Dymond S (2022) Gambling problems and associated harms in United Kingdom Royal Air Force personnel. *Addictive behaviors* 126: 107200.

References

Raisamo S, Toikka A, Selin J, et al. (2019) The density of electronic gambling machines and area-level socioeconomic status in Finland: a country with a legal monopoly on gambling and a decentralised system of EGMs. *BMC public health* 19: 1-7.

Regulus (2018) Gambling advertising and marketing spend in Great Britain, 2014-17. Reportno. Report Number], Date. Place Published]: Institution].

Rogers R, Wardle H, Sharp C, et al. (2019) Framing a public health approach to gambling harms in Wales: Challenges and opportunities. Bangor University.

Rogier G, Zobel SB, Morganti W, et al. (2021) Metacognition in gambling disorder: A systematic review and meta-analysis. *Addictive behaviors* 112: 106600.

Saunders M, Rogers J, Roberts A, et al. (2023) Using geospatial mapping to predict and compare gambling harm hotspots in urban, rural and coastal areas of a large county in England. *Journal of Public Health* 45(4): 847-853.

Score and Change (2023) Overview of the 2022/2023 Premier League sponsors. www.scoreandchange.com/overview-of-the-2022-2023-premier-league-sponsors/

Storer J, Abbott M and Stubbs J (2009) Access or adaptation? A meta-analysis of surveys of problem gambling prevalence in Australia and New Zealand with respect to concentration of electronic gaming machines. *International gambling studies* 9(3): 225-244.

Sulkunen P, Babor TF, Cisneros Ornberg J, et al. (2019) Setting limits: Gambling, science and public policy. Oxford University Press.

Syvertsen A, Erevik EK, Hanss D, et al. (2022) Relationships Between Exposure to Different Gambling Advertising Types, Advertising Impact and Problem Gambling. *J Gambl Stud* 38(2): 465-482.

Taylor I, Wardle H, Stoker B, et al. (2021) INVESTIGATING THE RELATIONSHIP BETWEEN PHYSICAL AND MENTAL HEALTH CONDITIONS AND GAMBLING IN ENGLAND AND SCOTLAND.

Thomas S, Pitt H, Bestman A, et al. (2018) The determinants of gambling normalisation: causes, consequences and public health responses. Reportno. Report Number], Date. Place Published]: Institution].

Torrance J, John B, Greville J, et al. (2021) Emergent gambling advertising; a rapid review of marketing content, delivery and structural features. *BMC public health* 21: 1-13.

Van Schalkwyk MC, Cassidy R, McKee M, et al. (2019) Gambling control: in support of a public health response to gambling. *The Lancet* 393(10182): 1680-1681.

Van Schalkwyk MC, Petticrew M, Cassidy R, et al. (2021) A public health approach to gambling regulation: countering powerful influences. *The Lancet Public Health* 6(8): e614-e619.

Vasiliadis S, Jackson AC, Christensen D, et al. (2013) Physical accessibility of gaming opportunity and its relationship to gaming involvement and problem gambling: A systematic review.

Wardle H, Bramley S, Norrie C, et al. (2019a) What do we know about gambling-related harm affecting migrants and migrant communities? A rapid review. *Addictive behaviors* 93: 180-193.

Wardle H, Degenhardt L, Marionneau V, et al. (2024) The Lancet Public Health Commission on gambling. *The Lancet Public Health* 9(11): e950-e994.

Wardle H, John A, Dymond S, et al. (2020) Problem gambling and suicidality in England: secondary analysis of a representative cross-sectional survey. *Public Health* 184: 11-16.

References

Wardle H, Keily R, Astbury G, et al. (2014) 'Risky places?': Mapping gambling machine density and socio-economic deprivation. *Journal of gambling studies* 30: 201-212.

Wardle H, Kesaite V, Tipping S, et al. (2023) Changes in severity of problem gambling and subsequent suicide attempts: a longitudinal survey of young adults in Great Britain, 2018-20. *The Lancet Public Health* 8(3): e217-e225.

Wardle H and McManus S (2021) Suicidality and gambling among young adults in Great Britain: results from a cross-sectional online survey. *The Lancet Public Health* 6(1): e39-e49.

Wardle H, Reith G, Langham E, et al. (2019b) Gambling and public health: we need policy action to prevent harm. *Bmj* 365.

Wardle H and Tipping S (2023) The relationship between problematic gambling severity and engagement with gambling products: longitudinal analysis of the Emerging Adults Gambling Survey. *Addiction* 118(6): 1127-1139.

WHO (2019) International Classification of Diseases, Eleventh Revision (ICD-11). Reportno. Report Number|, Date. Place Published|: Institution|.

Xouridas S, Jasny J and Becker T (2016) An Ecological Approach to Electronic Gambling Machines and Socioeconomic Deprivation in Germany. *Journal of Gambling Issues*.(33).

Zolkwer M, Dighton G, Singer B, et al. (2022) Gambling problems among students attending university in the United Kingdom: Associations with gender, financial hardship and year of study. *Journal of Gambling Issues*.(2022).
