

Gambling Harms Strategy: Feedback from those with Lived Experience

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Background

Gambling harm has been identified as a key area that Hertfordshire County Council seeks to address from a public health perspective. The harms of gambling are becoming increasingly well-researched and recent national attention has been given to tackling this with the release of evidence and proposals to update the Gambling Harms Act (2005).

Gambling harm is defined as “gambling to a degree that compromises, disrupts and damages family, personal or recreational pursuits. People with experience of gambling harms are “gamblers who gamble with negative consequences and a possible loss of control”.

Gambling-related harms are defined as “the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society².” These harms impact people’s livelihoods, relationships with family and friends, and mental and physical health. Gambling-related harms go beyond just impacting the gamblers themselves; it can affect their children, partners, wider families, social networks, employers and society as a whole. Those affected by gambling but do not engage in gambling are referred to as “affected others”.

In January 2022, Gambling Harms was the focus of the Impact of Scrutiny Advisory Committee (ISAC), and several recommendations were made to tackle gambling harms for Hertfordshire residents. A Joint Strategic Needs Assessment (JSNA) Briefing: Gambling-related harms was undertaken in response and published in February 2022³.

JSNA Briefing: Gambling-related harms (Key Findings)

The JSNA Briefing found that people with a lived experience of gambling harms face the following negative consequences and a possible loss of control as a result of their gambling:

- **Financial harms:** debt, bankruptcy, homelessness and child poverty
- **Relationships:** loss of trust, loneliness, separation, abuse
- **Mental and physical health:** depression, sleep problems
- **Employment and education:** unemployment, poor education
- **Criminal activity:** theft from family members and others

The causes and risk factors in children and young people are:

- Impulsivity
- Substance use
- Being male
- Having depression

For adults, research shows that gambling harms are more prevalent in:

- **Males**, particularly those aged 25–34 years

¹ [Problem gambling vs gambling-related harms \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk/problem-gambling-vs-gambling-related-harms)

² [Problem gambling vs gambling-related harms \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk/problem-gambling-vs-gambling-related-harms)

³ [gambling-related-harms-jsna-briefing-2022.pdf \(hertshealthevidence.org\)](https://www.hertshealthevidence.org/gambling-related-harms-jsna-briefing-2022.pdf)

- People who are **unemployed** or in the **most deprived** IMD quintile
- People with **low life satisfaction and wellbeing**
- People who consume more **alcohol**
- People from **Asian and Asian British ethnic groups**

Other groups who may be at risk of gambling include:

- People experiencing **homelessness**
- **Military veterans**

Gambling Harms Draft Strategy and Action Plan

The vision is to protect residents from the harms of gambling from prevention to treatment. A number of recommendations have been made by ISAC and in the JSNA briefing. These have been used to inform the proposed priorities of the draft Gambling Harm Strategy for Hertfordshire (subject to consultation).

Hertfordshire County Council's Public Health team and the Hertfordshire Gambling Harms Alliance felt it was imperative for experts by experience to be involved in the early stages of drafting the Gambling Harms Strategy to ensure their lived experience informs the strategic priorities and actions required to reduce gambling harms in Hertfordshire.

Aims

This engagement aimed to hear from experts by experience and to discuss with them the proposed draft strategic priorities and what should be included in the strategy action plan to address them. The draft priorities are as follows:

Priority 1: Increased awareness and identification for public and professionals

- Awareness campaign: Reducing stigma, increasing awareness of gambling as a public health issue
- Increased training for professionals: To identify, screen and direct

Priority 2: Protecting vulnerable groups from gambling harms

- School programmes: National programmes in schools and local partnership
- Community engagement with those from different communities e.g. ethnically diverse groups, faith communities

Priority 3: Increased data and evaluation

- Data sharing agreement: Between service providers for local numbers of people seeking help, being referred
- Evaluation and review: Monitor key indicators and trends to measure success of work on gambling

Priority 4: Influencing the licensing and regulatory environment

- Ensure enforcement of responsible practices including age restrictions
- Limit licensing of new gambling premises in Hertfordshire: proposing cumulative impact assessment, asking for set of principles aimed to protect vulnerable groups
- Lobby the government and changing attitudes towards gambling: restrictions on advertising, licensing etc.

Priority 5: Effective treatment and support

- Ensure comprehensive support services are present: voluntary sector and NHS

- Financial support for those suffering from gambling harms: working with partners such as Citizens' Advice

Methodology

A collaborative approach was undertaken with Hertfordshire County Council, Public Health team, Healthwatch Hertfordshire and Viewpoint. They worked in partnership to hear from Hertfordshire residents aged 18 years and over who had a lived experience of the harms caused by gambling.

To recruit participants to take part in focus groups, Viewpoint and Hertfordshire County Council worked together to promote the opportunity to Hertfordshire residents. A poster advertising the focus groups was distributed to organisations most likely to be supporting residents experiencing addiction. This included organisations such as Drug Link, Change Grow Live (CGL), The Living Room, Citizens Advice, Breakeven and Carers in Hertfordshire. The organisations were asked to display the posters and share it across their networks. They were also asked to include an article in their newsletters to service users (if they had them) and promote across their social media channels.

They were also asked to identify service users who met the eligibility criteria and, with their permission, pass on their contact details to Viewpoint to be invited to join one of the focus groups. The eligibility criteria for participating in the focus groups was to be aged 18 years and over, living in Hertfordshire and to either be currently or previously affected by their own or somebody else's gambling.

It was decided to hold a mixture of online and face-to-face focus groups to give participants a choice. Initially four in-person and two online sessions were arranged. Besides initial responses and expression of interest that were promising, it was apparent that demand for attending online far outweighed that for attending in-person. An additional two online sessions replaced the respective face-to-face sessions. It was difficult to fill all the spaces available which is likely due to the secretive nature of gambling.

The focus groups were held in May and June 2024. 18 residents took part across five focus groups (three online and two in-person). Given the sensitivity of the topic and the importance of retaining anonymity, demographics were not collected from participants. Focus groups were conducted and facilitated by Viewpoint. This engagement was then transcribed and thematically analysed by Healthwatch Hertfordshire to identify key themes.

Once all sessions were completed, discussions were held between Hertfordshire County Council and Viewpoint to arrange the provision of one-to-one telephone interviews with individuals who were less comfortable speaking in a group setting. This opportunity was promoted to Breakeven, Carers in Hertfordshire and The Living Room, however there was no expression of interest by residents.

Key Findings

Priority 1: Increased awareness and identification for public and professionals

Lived Experience of Gambling

Participants shared their experiences of gambling harms and the impact it has had on themselves, as well as their relationships, livelihood and finances.

Most participants had initially started gambling during their childhood, recounting trips to the seaside, the races, playing card games and using fruit machines – although the majority did not see this as problematic.

“I wasn’t aware at all because even from a young age, I used to love playing fruit machines and I loved playing card games, and I loved going to the races. So, I always loved it, but it was never anything more than just a day out or a game of cards.”

“When I was little, I used to live on the seafront, and we’d go to the arcade with the pennies, and they’d give you more pennies. And how addictive is that? I never went home with any pennies. I’d never come home with any money because of the thrill of getting all those pennies and being able to put back in.”

Many described their gambling as a “coping strategy” and a “vicious cycle” of losing money and continuing to gamble with the hope of winning more money back. Most were oblivious to their addiction until it was too late and substantial damage had been caused.

“I effectively knew the damage that could be caused but I didn’t see the damage it was causing.”

“You start literally doing it because you are chasing a loss, and you literally blank out for that hour. You just want to get back the money you lost or the thought you have to tell someone ‘Oh no you can’t have a pair of school shoes because we have no money’ so you just try everything to win it back.”

“The biggest thing is that you lose money and because you’ve lost so much you think ‘I have to now win because I’ve lost so much’ and then you go into debt and it’s like a vicious cycle that you can never get out of.”

Participants shared that their gambling addiction had a significant impact on their mental health, with a few participants even experiencing suicidal thoughts. Many participants also found themselves in financial strain which often exacerbated their poor mental health.

“The harm of gambling cannot be overestimated because it’s emotional damage, especially when cash has been taken, to be won the cash has to go, it’s the expectation of the possible win. When it first comes, you get an emotional high, then emotional damage which comes subsequently.”

"I remember having a really tearful conversation with the doctor over the phone, it was like a release in a way, but it was horrible, even now I think about it, oh my god that point in my life was just horrendous. I didn't know where I was coming or going, I wanted to die at that point. I thought my husband would be better off, I bought life insurance and I honestly thought if I took myself out of the equation they would be absolutely fine. I couldn't do it because my child has autism, it kept playing in my head like, he needs routine, I need to be here."

"My dad took his own life because of his gambling addiction. I'm very aware that it is a very bad addiction and can kill people."

Public Awareness of Gambling Harms

Participants felt that the public was not aware of the negative impacts gambling can have. Participants said gambling is often considered "harmless fun" and an embedded part of our culture – they gave examples such as going to the races, betting on sports, playing on fruit machines, and buying lottery tickets.

"I think the majority of people see it as something fun, whether that's going to the races for a day or a sweep stake on the grand national. I mean loads of people buy a lottery ticket every week, people don't understand unless they've experienced it."

"It's seen as a like a fun activity though, isn't it? And it's not recognised as being as dangerous as it actually is."

Participants suggested that unless someone has been personally affected by gambling, they are unlikely to be fully aware of the devastating consequences it can have.

"I don't think anyone has any idea about the impact until you can't pay the bills. We are going to have to sell the house; I think the impact is underreported."

"Unless you're actually affected by it, I don't think you're really aware of the risks."

Participants also felt that gambling is often not considered as dangerous as other forms of addiction, such as drug or alcohol use. They reflected that this could be because the act of gambling is much easier to conceal, which again means that public awareness of the risks of gambling is far lower when compared with other, more visible, addictions.

"A lot of it is done behind closed doors now because of social media. You can go on your phone, and you can bet for as long as you want and no one around you will ever know about it, it can just go undetected, whereas with alcohol it doesn't."

"People are way more aware of how damaging drugs and alcohol are, but gambling isn't seen in the same light."

Carers of those with a lived experience of gambling suggested a "spot the signs" list should be produced to help people potentially detect the signs of gambling.

"I think creating a 'spot the signs' – it was only when he started avoiding taking part in family stuff that alarm bells started ringing."

Reducing Stigma

Linked to public awareness, many participants discussed the stigma and discrimination those with a lived experience of gambling harms may face.

"There's a great reluctance to disclose with family members because of the stigma and shame around it."

"When someone answers the phone, you've got to speak, and you're embarrassed, and you're upset, and you could go to prison or whatever. People say to you 'why didn't you tell somebody?' because it's shame, it's not easy to go and tell anyone."

One participant shared that they are reluctant to disclose their experience of gambling-related harms to their employer for fear of being stigmatised or losing their job.

"The stigma around gambling is just so, so massive. My work doesn't know, I've been there for over two years, they don't know anything about it because it hasn't affected me at work. There's a massive stigma and so much guilt. I don't want to go into my work and tell them in case it affects that, so there's a massive stigma there. If they weren't happy that I was a gambler I would lose my job and that's a route I don't want to go down."

Given the lack of public awareness, participants strongly agreed that a priority should be to reduce the stigma associated with gambling, and to increase awareness of gambling and the severe impact it can have on an individual's livelihood, relationships, finances, and mental health. Many agreed that launching an awareness campaign would help to achieve these aims.

"The public does not have adequate knowledge; they are not fully aware of the effects of consistent gambling. So, it needs to become a priority to educate people on the negative effects of gambling too."

"Proper education on the risks involved in gambling is lacking. People tend to promote the little possibility of making one rich than the damage it causes."

"I definitely think there needs to be an awareness campaign. "

Awareness and Identification amongst Professionals

Participants argued that professionals often do not have an adequate understanding of gambling harms and agreed a priority should be to improve and increase awareness amongst professionals.

"I think awareness needs to increase especially with professional people because I don't think they understand."

“Health professionals should view gambling in the same way as they might for alcohol and substance misuse. It doesn't feel like professionals have the same level of understanding or sympathy around gambling.”

Participants also agreed that professionals should play a role in helping to identify those at high risk of and/or experiencing gambling harms. However, due to the secretive nature of gambling, participants argued that in practice, it could be difficult to detect and identify people at risk.

“Before it was never recognised as an actual addiction because it's not a tangible thing. You can't detect when somebody's come home, and they've gambled £100,000 or their savings or the money for a deposit for a house. You can't tell if someone's just gambled, it's silent, isn't it?”

“How would you identify someone as a public health professional, how would you identify that? People aren't going to think of going to the doctor. I don't suppose it would enter your head that it's something a GP could help with.”

To remedy this, participants strongly agree that a priority should be to educate and train professionals on how to effectively identify and detect people at high risk of and/or experiencing gambling harms and felt this could prevent people from reaching crisis point. Some participants also suggested that professionals could adopt a screening tool or ask questions about their mental health and wellbeing during medical check-ups to potentially identify people.

“I would also train those people who can easily identify those who are stressed due to gambling. Let's train more people who can easily identify people who are gambling so we can reduce the effect of gambling to society.”

“I definitely think there needs to be more and increased training for professionals.”

“Some people have been screened and they've found out that they have behaviours that could suggest they are at risk of gambling addiction, that's quite big, isn't it? You might not necessarily want to be directed straight to a gambling charity, but you could be signposted elsewhere.”

“During medical check-ups, they should be able to ask questions like ‘do you gamble’ so they can know how to advise them appropriately. I've seen questions like how often do you have sex, so if those questions could be asked to identify sexual activity, why not gambling?”

Priority 2: Protecting vulnerable groups from gambling harms

When asked about which groups could be vulnerable to gambling harms, most participants felt there is not a specific group that is more at risk and argued that anyone could be susceptible to gambling harms.

"I think it could be anyone – I don't think there's a vulnerable group as such. I wasn't in a vulnerable group; I think the whole of society is vulnerable. We're all vulnerable – I don't think you can pinpoint people."

"Anyone is susceptible – it could be anyone which I think is important. It's really hard to target specific groups. Anyone could be vulnerable to something like that."

However, some participants did identify some groups that they felt could be at increased risk of gambling harms. These groups are listed below.

Children and Young People

All participants felt that children and young people are susceptible to gambling harms and are the most at risk compared to other demographic groups. They commented that gambling is now far more accessible to children and young people with the increase in online gambling and betting on sporting events, which is often glamourised to the younger generation – meaning they do not see the devastating reality of gambling harms.

Participants also suggested that younger generations may be more predisposed to gambling addictions compared to the older generation due to growing up with addictive games and social media platforms in which gambling advertisements and applications are increasingly prominent. Participants commented that even children's games ask users to spend money to level up or earn more rewards, which they also saw as normalising gambling.

"I think children and young people are vulnerable in the sports side of gambling – the sports side of it on the internet is huge."

"Places like Vegas on TV shows glamourise gambling so until you've experienced it, it doesn't give you the same level of distress and children and young people won't be aware."

"All those games they're playing – it's so addictive. We all know how addictive those things are, children don't see how it can become a problem. Those apps on your phone – they're all addictive – you play it and you've lost your lives and it'll come up that you can buy an add-on. It reels you in, my grandchildren do that – that's gambling, that's buying things so that you can play. It's no different."

Some participants commented that more vulnerable children – such as care leavers and those with neurodivergence and/or learning disabilities – may be more susceptible to the risks and harms of gambling.

"The looked after children in foster care experience a number of adverse childhood experiences and addiction may be more likely to affect them."

"In terms of protecting them, it's about information and restrictions and remembering that most people with SEN feel younger than their chronological age emotionally so need to be protected."

To safeguard children and young people, participants called for the provision of more awareness, information and education about the potential risks of gambling. They suggested using influential people such as the police to teach children about the harms of gambling and linking gambling into current educational programmes such as suicide prevention and mental health.

"Get someone like the police in to show them that side of it. Make sure it is part of the addictions package that is delivered at schools which is currently very alcohol and drugs focused."

"We definitely need to help to protect them from the dangers of gambling. We need to put it into the school curriculum so they will be exposed to the dangers of gambling which will be good protection for young adults."

"I suppose the best thing is knowledge. So, I think going around schools and showing them the harms that it can do at a certain age maybe."

Participants also emphasised that children and young people are more likely to be "affected others" – people who have to deal with the consequences of gambling. They suggested that children are particularly impacted by gambling, giving examples such as behavioural changes in their parent(s) and having less disposable income. They suggested that schools could play a role in spotting potential signs of gambling in families to help safeguard children, and for children to have access to counselling should they be affected.

"Much like all the other addictions children are very reticent to come forward because they are very protective of their parents, children won't tend to come forward unless they reach absolute crisis point or they are going to lose their home."

"I have worked in schools, and I think potentially school staff could be more vigilant to change in financial circumstances of families. It's difficult because you don't want to pry into people's private lives but if a kid can't go on the trip or the parents are struggling to replace uniform, that's another potential sign that professionals can spot."

"I think there needs to be some sort of counselling for school children as well. Bedfordshire Council had access to all different services, they were brilliant with our child, whereas Hertfordshire doesn't have anything like that."

People who are economically challenged

Some participants identified that those who are economically challenged may be more vulnerable to gambling harms and may be inclined to act recklessly in order to increase their financial position. They also noted that more deprived areas tend to have a greater number of gambling establishments.

“Also – which is sad isn’t it – deprived areas. Apparently, someone said that in Watford there’s 14 betting shops and in St. Albans there’s just 4.”

“Nobody is comfortable being a low-income earner, they find one or two ways to increase financial status, so maybe they have worse judgement and use gambling to make money. It tends to happen to those people in that society, that’s how they will venture into gambling and start losing money because they’re unemployed.”

Gender

A few respondents identified that men, particularly young men, are more likely to be at risk of experiencing gambling harms.

“I think it’s still a big, big thing for younger boys and men as well because it’s still a massive problem. I look in and it’s just men on their own. There are no groups in there, it’s not a social thing, they’re literally just sitting there on their own betting. And I just find it so sad.”

Interestingly, several participants felt there has been an increase in the number of women who are gambling. In particular, they commented that women who are retired and/or whose children have left home may look to gambling as a coping mechanism.

“I spoke to Bet Know More and they said apparently after COVID and even now sadly, women at home – children have gone off to school and they’ve got quite a lot of time to themselves – apparently there’s been a big increase in women doing online gambling.”

“Suppose ladies of that age – children have moved out, they’ve moved on, there’s a big gap in your life that you’re trying to fill in.”

Ethnically Diverse Groups

When participants were asked whether they felt ethnically diverse groups are more vulnerable to gambling harms, some recognised they could be. However, most did not feel qualified to speak about the experiences of ethnically diverse groups and recommended targeted engagement to hear from those communities.

“After doing a bit of reading they say BAME communities – Chinese, Asian groups, particularly males in those communities are at risk. I didn’t know that, until I read this piece of research, I wouldn’t have known that without reading.”

“We need people from those cultures to be able to answer some of those questions.”

Carers

Interestingly, a few participants identified that carers could be a vulnerable group, as they are more likely to feel isolated, spend time at home, and be under emotional strain.

"I think carers need to be considered. If you're in a caring role and you're sat at home and maybe caring for a relative and you're feeling a bit isolated, things aren't going that well, could you be getting out of whatever is going on by having a bet?"

"They create a social aspect to some of the apps, don't they? So that might help a carer and they're sort of feeling isolated – they're doing the gambling but also making friends online at the same time."

Priority 3: Increased data and evaluation

Collecting Data

Participants agreed it would be valuable to increase data and evaluation measures, so there is more local and national data about gambling, those affected by gambling, and the scale of the problem. Participants suggested having this data would also enable decision-makers to assess where and how support needs to be targeted. However, they questioned how collecting this data would be implemented in practice.

"I think that's really important, getting the data of the number of people that are seeking help is big – I think that's where you need to start because otherwise, you're dealing with something where you don't know how big the monster is."

"I think increasing the data so that you know the effect on the population so that you can be able to take appropriate action. We have a certain number; we need to do something. So, I think data collection would help us know what to do."

Some participants suggested that data could be collected from support services and voluntary sector organisations, however they acknowledged that this would not identify the people experiencing gambling harms but who are not accessing support. They also recognised that sharing data could be challenging due to data protection regulations.

"From places that deal with those addictions, obviously they can give you data, but that's a minority of people – it's just a handful in a whole beachful of stones, isn't it?"

"The charity sector seems to have it covered. I don't know how you would do it and whether they would be willing to release their data, a lot of these programs, anonymity is important isn't it?"

A few participants said that Freedom of Information requests could be undertaken from gambling websites to find out how many local people have signed up and to collect quantitative data.

"They would have to do a Freedom of Information or something where they could give you postcodes so at least you have figures that way."

Many also suggested that surveys and questionnaires could be sent out to ask the public about their gambling habits. Although, participants recognised this could be challenging, given that some people experiencing gambling harms are hard to reach and/or not wanting to share personal information. They also highlighted that some people may not yet recognise that they have an addiction.

"We can collect questionnaires. We can also do sampling to see the affected group, the affected people. Ask them questions like how long have they been gambling, why are they gambling. We would see the reasons behind the gambling."

“People just throw them in the bin ‘I’m not telling you about my private life’ so how do you get that information from people? I mean who’d be ticking a box saying, ‘I’m a drug addict’ or ‘I’m a gambler’ and do they recognise it even?”

Data Sharing Agreements

Participants agreed that creating a data sharing agreement between service providers for local numbers of people seeking help and/or being referred is an important priority to be adopted and would help to reduce the impact of gambling harms. To evaluate the effectiveness of treatments, participants also suggested using data sharing agreements to also measure how many people have relapsed after being referred for treatment.

“Sharing with other providers would help us know how to conquer this effect of gambling and discuss how we can reduce its impact.”

“On top of that, the data for the number of people that are seeking help and being referred, how many people stay clean? That would be interesting as well because then you could see if they actually work.”

Priority 4: Influencing the licensing and regulatory environment

Influencing the licensing and regulatory environment was the most important priority for participants, and they felt it should be the first listed priority in the Gambling Harms Strategy. They argued that there is a lot more the government can do in terms of lobbying, changing attitudes, and increasing restrictions, and that the monitoring of gambling should be far more regulated.

"I think it's an important priority for everyone, government, everyone. There's so much more they can do, they've got to lobby the government, change attitudes, restrictions on advertising – all of that."

"I completely agree that this is the most important thing that needs to be done."

However, participants felt it could be hard for effective lobbying to be undertaken, given the profits the gambling industry makes.

"It's a highly lucrative industry. I've googled the profits made by the bigger companies, and we're talking billions, so I would imagine they have quite a strong lobbying faction. I think the government are up against it in terms of legislation and regulation."

"I think there's no incentive, no reason for the people involved to limit it, because it's about making money."

Accessibility of Gambling

Participants commented that gambling has become far more accessible in recent years, with the public having greater access to a range of ways to gamble, as well as gambling establishments.

"But now it's so easy to gamble and there's so many different types, it's like football we used to just bet on the score and now you can bet on everything."

"Well, the public are at high risk of gambling because these companies are everywhere, so we need to look upon how we can reduce those."

Participants gave examples such as "spin to win" prizes on supermarket apps, TV shows, raffles, scratch cards, and the ubiquity of fruit machines in places such as pubs and service stations to highlight how gambling is "everywhere" and "inescapable".

"Even when you go to Sainsburys and you go on the app and it says spin for more prizes for more points, it's literally everywhere and thrown in your face."

"It's hard enough when you go to get newspapers because you have got scratch cards in your face. It's quite hard at times because you have that in your face, the temptation is always there."

“The dodgy thing for me is at service stations, you stop at a service station to get coffee and there’s slot machines, what, why? It’s inescapable.”

Advertisements

A key area participants called for more restrictions on was advertising, with many stressing the pervasiveness of gambling advertisements, from social media, television, the radio, and public spaces. Participants felt this level and intensity of advertising was highly inappropriate and often very triggering for those at risk of or experiencing gambling harms.

“On Facebook, I get fruit machine things coming up for gambling, on my emails, when I came out of prison, I was getting loads of advertisements from the websites. You’re just bombarded with it. Turn on the TV to watch I’m a Celebrity, and it’s a Tombola advert – they’re just everywhere. Sometimes on sports when you watch it, it’s every advert, and it’s going to trigger you. I think it’s just bad.”

“You can’t even listen to the radio, without there being a competition or watching The Chase, Gala Bingo, you watch football and it’s every single advert, literally it is thrust in your face all the time.”

Participants commented that advertisements are often colourful, vibrant, fun and enticing and do not showcase the negative impacts of gambling, which again contributes to a lack of public awareness about the risks and harms associated with gambling. Advertisements also tend to portray gambling in a positive light, only showing people who are winning.

“I think something around the advertising particularly of online gambling – they make it look easy and far too easy for me. I’d think ‘I’ll have a go at that’ and I can see how people get addicted.”

“The public’s not really aware of the effects because of advertisement. They only advertise the winning power of gambling, they only advertise if someone has won a bet, how they move from financial strength to strength, they do not say that you can lose, that you can lose your house, you lose your money, they only advertise the positive aspect of it.”

Participants also agreed that the “safer gambling” messaging in advertisements is not an effective deterrent and has not encouraged them to stop and reflect before gambling. Participants felt that the slogans appear to be a tick-box exercise and a legal requirement for gambling companies.

“People who are addicts are never going to listen to any of that safer gambling crap. It’s just rubbish. That is just because they legally have to do it, it doesn’t mean anything.”

“It’s on all the websites, ‘when the fun stops it stops’ etc but if you look at the marketing on most gambling things, it’s always in tiny writing at the bottom. When you’re in active addiction you’re not having fun, you’re seeking the win, getting the dopamine hit you need, you’re not going to take any notice of that tiny little writing at the bottom.”

All participants called for far more restrictions on advertising with suggestions including reducing the number of advertisements on daytime television and lobbying the government for greater restrictions and legislation.

“Definitely restrictions on advertising – I think we should lobby the government on that. I mean they don’t advertise cigarettes now on television, they’re not allowed.”

“I’ve been on social media, and it’s popped up and I’ve been on any gambling companies on my phone, but a random ad will pop up for gambling. No one should be seeing that.”

Increased Restrictions – Online and Establishments

Online Restrictions

Participants called for the need for more restrictions on online gambling. Suggestions included restrictions on gambling websites promoting incentives such as “free bets” or “free spins” which often act as gateways to spending significantly more money.

“There is a lot of fine print and I think they should stop offering free spins and things to get you on there. They offer you free spins and you think ‘Oh I’ll have a go at that’ so when your free spins are up you think ‘Oh I’ll have £20 on that’ and that’s you hooked.”

Respondents also raised that with online gambling there are very few regulations, making it easier for people to lose large amounts of money within a small amount of time. One participant shared that one could bet as much as £500 on a single online spin, and there would be no warning message to ask the person if they want to bet that much money. This participant suggested legislation needs to be introduced to prevent this.

“I think the other thing that’s key if they’re going to bring in any legislation is that amount you can play for online. Online for one spin, you can go up to £500 and that is nuts. I’ve done it by accident I thought I was playing with £5, and it was £500, and it doesn’t give you any warnings. You press a button, spin, press a button, spin, think how much that could cost in an hour. When you’re playing there it doesn’t seem like real money, with online gambling you’re not playing with physical cash, so it can be lost easier.”

In terms of online gambling, a few participants also suggested that there needs to be more restrictions on the number of accounts that can be opened on online websites. One participant had opened 25 online accounts to get around the £10 deposit limits they had set.

“There should be a way that protects you, it should say hang on a minute you’ve just opened 6 accounts in an hour. There’s no protection in that you can open up as many accounts as you want with all of these websites. I think there needs to be more enforcement around using the technology available to prevent people from opening multiple accounts to access gambling once they have run out of money.”

Establishments

As well as online websites, respondents suggested that there needs to be more restrictions in gambling establishments such as casinos and bingo halls, commenting that gambling has become more accessible in these venues, especially with people now able to spend money automatically.

“You don’t even have to play. You just set it and tells you whenever you want a number, you don’t even have to watch it. It’s really getting bad because they’re just looking at the best way they can make their money. Before when you had to circle all your numbers you had to concentrate, and you don’t have to do that now.”

“I used to do it in the casino, I’d put my money so I might put in a few hundred pounds and then I’d set it on automatic and I’d go and have dinner in a restaurant. I mean how stupid is that? You’re not even sitting there doing it! It’s just crazy it’s absolutely nuts.”

Participants also called for tighter regulations on who enters betting shops and called for staff to be more vigilant about who is using the machines and placing bets. Some suggested that establishments should not have mirrored windows and should reduce their opening hours.

“They’ve got those other slot machine places along the high streets, haven’t they? And no one regulates those type of things, what do they ask when you go into those places? They don’t ask you anything, you just go in and play.”

“You can’t see in, if you could, how many people would go in and stay there all day?”

“It’d be good ideally for the gambling shops to reduce their hours. It’d be nice for them to be told ‘no you can’t be open 8 until 8’ or however late they’re open. Cut the hours down by half and eventually they will die out, hopefully.”

Increased Restrictions – Self-Exclusion

Self-exclusion is a tool that people experiencing gambling harms or at high risk can use if they want to stop gambling because they are at risk to themselves or others⁴. Individuals can ask a business to exclude them from gambling for a set length of time – this is usually between six months and 5 years⁵. Once someone decides to self-exclude, it means they will be refused from any of these establishments or online websites. Gambling businesses are required by law to offer customers the option to self-exclude⁶.

Many participants have signed up to websites such as GamCare or GamBan, where, once you are registered, they prevent you from accessing multiple gambling websites. However, participants shared that these websites can be easily turned off and on and that there is no single provider where you can block all websites. This means people can easily access websites that the self-exclusion software does not cover. Participants called for a single database from which all gambling websites can be blocked.

“In two weeks, time you think ‘Oh I want to go back and have a play’ you can just go to another site! I think that all those sites should have a database where people who’ve blocked themselves for a period of time on one, it applies to them all. It should be across the board because obviously, they’ve got a problem.”

Participants also shared concerns about gambling establishments and websites contacting people to lure them back into gambling with incentives such as “free bets”. They raised that gambling companies

⁴ [Self-exclusion \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

⁵ [Self-exclusion – GamCare](#)

⁶ [Self-exclusion \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

should not be able to contact people at high risk of gambling harms, especially if they have previously self-excluded.

“And that’s something I do think should be changed. If someone is saying ‘I don’t want to come back here I’m banning myself’ and then they text you 3 months later? No. That’s something that we should be lobbying for.”

“Somebody might just one day gamble lots of money and the next day think ‘I can’t do that anymore; I’m really going to work on myself and try and get better’ and then suddenly you get a text that says, ‘You’ve got a free bet’, who at the early stages is going to say no to that? It’s literally like dangling meat over a dog.”

One participant shared that despite not gambling for months, they received around 25 texts from different gambling establishments in the last month, sometimes offering them free slots.

“There should be some way as soon as you put somewhere that you are a compulsive gambler that you shouldn’t be able to get any text messages because I’ve had probably about 25 in the last month offering slots and stuff, I just delete them but it’s terrible. It doesn’t stop. I had a casino call me the other day, cold call me.”

For individuals to exclude themselves from arcades or adult gambling centres, they must visit the establishment in-person. Participants felt this process was “disgusting”, with one participant sharing that they and their partner had to physically walk into each gambling establishment individually as it was not possible to exclude their partner from multiple sites at once.

“The process to self-exclude is bonkers and it’s the equivalent to asking a drug addict to walk into the house of their drug dealer and say to them ‘I don’t want to take drugs anymore’. That is what the equivalent of what trying to exclude gambling is. It’s absolutely disgusting what gambling addicts have to do to self-exclude. People that want to stop gambling have to physically walk into a gambling establishment to self-exclude and there isn’t just one organisation. Then it only lasts 6 months to a year.”

As such, all participants called for gambling establishments and websites to make it easier to self-exclude once they have decided to stop gambling. They said this process needs to be instant and for there to be a single place or database to allow people to exclude themselves from every website or establishment.

“Self-exclusion needs to be easier, it needs to be easier as well, once you’ve told them your name to be barred essentially.”

“There needs to be somewhere as you say, where you can be like ‘I don’t want to gamble anymore’ and you physically cannot.”

Age Restrictions

Participants felt that it is possible for people under the age of 18 to gamble, particularly online as they could lie about their age, and stressed that age restrictions for gambling must be more widely enforced and regulated.

"In terms of regulation and law, going back to children, there needs to be an identification process. I know there are age limits, but they couldn't care less who walks in there and gambles, that needs to be more greatly enforced."

"Between the ages of 11 and 16, there's a massive number of young people that are gambling somehow. You could probably access a website, or an app and you could lie about your age. I'm sure it's not that hard."

Most participants suggested increasing the age restriction for gambling and/or implementing a similar initiative to the proposed phasing out of cigarettes. Some participants felt that at the age of 18, young people may be more likely to be irresponsible with their money.

"They say the brain doesn't actually fully develop until the age of 25 or 26 so I know they're considered adults, but they are still young adults. So that might be something, that with the regulations, we actually move it from 18 to 25."

"Licencing in terms of age and increasing the age of people who can go into gambling shops. It's like the smoking thing, in however many years time, younger people aren't going to be able to buy cigarettes so eventually it will die out. So, if you increase the age to 25 in another 5 years it could be 30 or 40."

Priority 5: Effective treatment and support

Barriers to Accessing Support

Lack of Awareness

A key barrier preventing participants from accessing support for their gambling harms was a lack of awareness. Many shared that they did not know who to contact or where to go for support and were not aware of what types of support existed.

"There is limited support for people and most of them don't even know where to seek for services around the county."

"Most people having a mental health crisis would ring the Samaritans, you know this happens, you do this, this happens, you do that. I just don't think it's the same for gambling."

"It was horrible, and you don't know who to contact at that point."

For participants who had accessed support, the majority found support groups and services via online searches. Most participants were not aware of local support available to them and said that most online searches only displayed what national support is available. As such, participants suggested that there needs to be greater awareness and signposting to local and national support, and advertising of these services in public spaces.

"I googled gambling addiction, and it came up with Gamblers Anonymous, so I joined the online one."

"I don't think there's enough publicity to what's available because when you go online, and you put in help for gamblers it's national organisations, but I don't recall seeing anything for Hertfordshire."

"What about advertising in bus stops? I think there should be more, because lots of people don't want to get help, they don't feel they need help, or they're embarrassed, or they don't feel like they can. If they saw a poster somewhere they could quickly take a picture of it – they don't have to tell anyone."

"It needs to be available in everyday life, they need to be able to see what help is out there."

Stigma/Fear

Some participants said they were reluctant to access support due to stigma and the fear of how other people would regard them. To alleviate the fear of stigma and shame, participants emphasised the importance of receiving anonymous support and/or online support to protect their identity.

"I was scared of how people will regard me."

"I didn't want it to be real, but if somebody found out, then it would be real."

"I think Teams and online meetings would actually be quite helpful because you could just be anonymous if you wanted to. You can put your name in as anything, you don't have to tell everyone who you are."

"I like the anonymity of it and being more national than in my area and with my work not finding out."

A few participants also felt that the provision of online support could be more accessible to specific groups, such as single parents and carers, who may not be able to attend face-to-face meetings.

"And just thinking about single parents who can't get a babysitter – it opens the door for them to be able to go online, it gives them a bit more flexibility. Carers, if they can't leave the person they are caring for. It just makes it more accessible I guess."

Participants did see the value in both online and face-to-face support, acknowledging that each individual will have their own preferences in how they want to be supported.

"I think it would be lovely to do face-to-face and online because I think they both have their value."

"Some people would prefer to go face-to-face, and some people would prefer to be online. It depends on the person."

Support from Addiction Services and the Voluntary Sector

All participants felt the provision of effective treatment and support was an important priority, with many commenting that there are not enough support services in place to support those at high risk of or experiencing gambling harms. Those who did seek support (such as from Gam-Anon, Gordon Moody, Bet Know More, New Beginnings and Gambling Anonymous) tended to have very positive experiences, praising the peer support groups, counselling and treatment programmes provided.

"I would be lost without the community I have now. I feel like I have 100 best friends because I have a community that I can speak to that understand me and how I feel."

"Getting support is a big challenge, I think it should be worked on. Everything is there but it's minimal, it's not enough so we need it to be increased."

"I had a 12-week programme of treatment and counselling which was brilliant. It's more about understanding yourself, they give you tools."

One participant had accessed The Living Room which they described as "life-changing" and praised how the structure of peer support enabled them to recover. However, this participant did also acknowledge that it can be difficult for people to access The Living Room, given that you must attend daily during working hours.

"I can't tell you how much it changed my life. It's somewhere you can go where you're safe, where you can discuss feelings in the group, and it works. It absolutely works. I think because there's people there and you're in a group and it's the same people every time, you don't want to tell them you've failed because you have become a group that's supporting each other. I think we need a lot more of those types of places, they've only got 3 places, it's not enough really, is it? And maybe a little more flexible because The Living Room you have to go to everyday. If you're working, it's really difficult – how do you go everyday when you're working? So maybe introducing a type of Living Room but in the evenings."

In addition, participants commented that the voluntary sector can provide excellent forms of support, and it is important that people at high risk of or experiencing gambling harms are signposted to these services. Some participants also agreed that it would be useful for voluntary organisations, such as Citizen's Advice, to offer financial advice to those in need.

"Somewhere like Viewpoint would be a great place to signpost people – some telephone support, you know, particularly for those who've had experience with gambling."

"I didn't know Citizen's Advice could help, that would be helpful. They could give financial advice, but I don't think solving the problem would be to give a gambler more money to spend."

Support from the NHS

Only two participants had contacted their GP for support with their gambling – in which one person received good support while the other felt their problems were "brushed aside". However, the majority of participants expressed that most people would not consider visiting their GP for support with their gambling.

"When I phoned up and said what had happened and I'd been arrested, and I needed to speak to someone about my mental health and that they just gave me telephone numbers. That's not support, that's brushing it aside."

"My GP knew the amount that my gambling had impacted my situation, so they made a referral and set up some counselling."

"I don't suppose it would ever enter your head that it is something your GP could help with."

Nonetheless, most participants felt that GPs should play a more proactive role in supporting people at high risk of or experiencing gambling harms. In particular, participants suggested that GPs could implement preventative measures and early intervention, such as signposting people to support groups and services.

"Early help and early intervention – that's where it's going to be key. Let's really focus on that early help, such as support groups or peer support groups."

"Prevention is important and think the health service could support with that."

Participants also raised that GPs should provide greater support in terms of mental health, given the impact gambling can have on an individual's emotional wellbeing. They also felt that waiting lists for mental health services were too long and could prevent people from getting the help they need.

"You get 10 minutes in the doctors to talk and if you sit there crying your eyes out because you can't cope, they just give you anti-depressants, they might stop you from crying, but they don't actually fix that you want to talk to someone."

"And that's when you go through to mental health services and then they say in 6 months they can give you an appointment, that's no good is it?"

"Talking to someone – that's what I've found in my life that I didn't do. That's why counselling is such a big, big thing. Counselling in early stages would help massively, absolutely massively."

Support for Affected Others

Participants also called for more support to be offered to those affected by other's gambling. Many said they were not aware of the support available and/or did not consider themselves to be an affected other, both of which prevented them from getting the help they needed.

"Now he would say he's a carer but before he never saw it that way."

"I had no idea where to turn to get help other than talking to my friends and being like I don't know what to do."

Positively, some affected others had accessed support for their own wellbeing which they found to be beneficial. Nonetheless, participants emphasised the need to ensure support for affected others is accounted for within the Gambling Harms Strategy.

"I myself went to Al-Anon which is a support group for relatives with alcohol addiction."

"You want to be with people that understand it rather than people that don't understand it."

"There needs to be an element around supporting affected others as well within this strategy."

Conclusion

This report affirms that the draft priorities for the Gambling Harms Strategy are appropriate and reflect what is important to those with a lived experience of gambling harms. Although the sample size was small, the findings remain definitively valid.

Participants commented that gambling is deeply embedded into our culture as simply “harmless fun” and called for increased awareness of gambling harms, emphasising that the public must be made aware of the negative consequences associated with gambling. Identifying people at high risk of and/or experiencing gambling harms was also identified as an important priority with participants agreeing professionals could play a more proactive role in screening and identifying people.

Although most participants felt anyone could be susceptible to gambling harms, they identified groups who could be at greater risk – especially children and young people – and called for there to be greater awareness, information, and education for this cohort.

Participants agreed with prioritising the collection of data and implementation of evaluation measures and data sharing agreements so that locally and nationally we can have a better picture of the extent of gambling harms. However, they recognised that this could be challenging to implement in practice.

Influencing the licensing and regulatory environment was the most important priority to respondents and they said it should be listed as the first priority within the strategy. They called for far greater restrictions in advertising, gambling establishments, and online gambling. They also emphasised the need for self-exclusion to be made easier to protect people from gambling harms.

The provision of effective treatment and support was also important to participants, who emphasised that awareness of local services needs to be improved and supported the proposal for the NHS and voluntary sector to play a greater role in supporting those at risk of or experiencing gambling harms.

It is important now that the Public Health team at Hertfordshire County Council addresses these findings and ensures the Gambling Harms Strategy reflects the needs and priorities of those with lived experience. It is also clear that some of the issues raised call for national decisionmakers to consider the findings that relate to national policy and legislation.

Although efforts were made to engage with a range of people from different backgrounds, we recognise that this may not have been achieved and would recommend further targeted engagement to be conducted.