

Report to HEALTH AND WELLBEING BOARD

Gambling Harms

Portfolio Holders:

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Purpose of the Report

This report provides an overview of the gambling harms work in Oldham, in the context of regional and national policy and approaches. It focuses on the role of the GM gambling harms board and the work done in Oldham. It also discusses the introduction of the statutory levy for gambling harms and plans to progress the gambling harms agenda across the borough to improve the health and wellbeing of people living in Oldham.

Executive Summary

The estimated prevalence of 'problem gambling' using the Problem gambling Severity Index (PGSI) within the adult population is 0.5% in the United Kingdom (UK). This increases to 0.8% in Greater Manchester i.e., 18,100 adults. This rate is 1.5 times higher than the national average. GM residents are more likely to experience 'problem gambling' which may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products.

The UK has one of the biggest gambling markets in the world, generating a profit of £15.6 billion in 2024. The Lancet commission 2024 has identified the gambling industry as a commercial determinant of health, with products, advertising, strategic use of social media

and consumer data that have health harming consequences. While some products are less harmful than others, there is no such thing as 'safe gambling'. Anyone can be at risk of experiencing gambling harms.

Harms are wide ranging and include negative impacts on finances, mental health, relationships, impacts of work and education. OHID's evidence review 2023 found the factors with the strongest links to 'at risk gambling' were being male, having poor mental health and wellbeing and higher alcohol consumption. The next key contributing factors are economic, namely income, unemployment, deprivation. People at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems. The Office of Health Improvement and Disparities (OHID) estimate the health and societal costs to be approximately £1.05 to £1.77 billion.

A statutory levy for gambling was launched in 2025. The levy follows a 'polluter pays' principal and charges all operators a percentage of profits fee. The levy will be charged to all licensed gambling activity at varying rates depending on the sector and nature of the gambling activity. The statutory levy is expected to generate £100 million for the research, prevention and treatment of gambling harms. The funds for the prevention element will be given to OHID, who will work with public Health teams across Local Authorities to invest in prevention.

Oldham has been an active participant of the GM Gambling Harms Reduction program. We propose, with the introduction of the statutory levy; the next step must be to formulate a local response to support those communities and people who are most at risk from gambling related harm in Oldham. We plan to use the finding from the national, GM and the resident insight work alongside the evidence base to develop a work plan, with Oldham specific deliverables. The Oldham gambling harms Alliance will be used as an expert group to drive this agenda forward and contribute to the development of an action plan.

Requirement from the Health and Wellbeing Board

- Acknowledge the evidence base for gambling being a health harming activity wide ranging harms to individuals and communities.
- Acknowledge the role of the Public Health team developing a prevention approach with funds received from the Statutory levy from OHID.
- Support the development of a local Gambling Harms work plan and action log in line with the GM Preventing and Reducing Gambling Harms Program priorities
- Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan and engage with the Oldham gambling harms Alliance.

Gambling Harms in Oldham

1. Background

- 1.1 In 2017 the Gambling Commission described ‘problem gambling’ as a ‘Public Health concern’. The term “problem gambling” may be defined as “repetitive gambling behaviour despite harm and negative consequences”.
- 1.2 Following this there have been several key documents published which have developed our understanding of gambling as a health harming activity. We now have a deeper understanding on the causes and impacts of gambling harms, both to the person gambling and affected others. The Office of Health Improvement and Disparities (OHID) Gambling-Related Harms Evidence Review (2021 updated 2023), The economic and social costs of harms associated with gambling 2023, and the Lancet commission on gambling harms (2024); contribute to establishing gambling harms as a Public Health concerns with wider socio-economic impacts.
- 1.3 Locally the Greater Manchester Combined Authority (GMCA) has led on the strategic development of a gambling harms program, in collaboration with the 10 GM borough’s. They published the Gambling Harms needs assessment 2022, which supported a regional understanding of gambling Harms and crucially, to better understand how partners and services could support the needs of residents.
- 1.4 The Department of Culture, Media and Sport published a gambling harms white paper in April 2023. The papers sought to review current legislation and bring changes that would protect customers from losses they cannot afford and addiction. Following a period of consultation in 23-24, the statutory levy for gambling was announced from the year 2025.
- 1.5 In addition, NICE published guidelines for the support and treatment of people affected by gambling harms, providing guidelines on screening, tackling stigma and options for treatment.
- 1.6 This paper summarises key findings from the reports mentioned above; along with outlining the current and proposed activity locally in response to addressing Gambling Related Harms in Oldham

2. Context

2.1 Legislative context

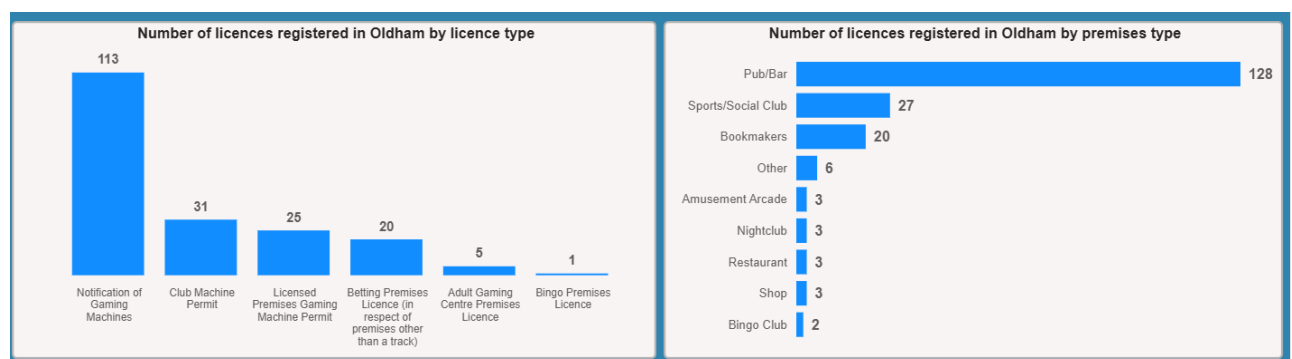
2.2 The Gambling Act (2005) describes gambling as ‘any kind of betting, gaming, or playing lotteries’ and sets out how regulation of casinos, bingo, gaming machines, lotteries, betting, and remote gambling (including online gambling) are regulated in the United Kingdom.

2.3 The Gambling Act places a statutory duty on Oldham Council as a statutory licensing authority to “aim to permit” gambling, providing doing so is in line with the Gambling Commission’s codes of practice, the Council’s gambling policy, and reasonably consistent with the below objectives of the Gambling Act, i.e.

- Preventing gambling from being a source of crime or disorder, being associated with crime, or disorder being used to support crime.
- Ensuring that gambling is conducted in a fair and open way
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

2.4 In practice, this limits the powers available to Oldham Council to refuse applications for new gambling licenses across the borough. However, where appropriate, some concerns may be addressed through the imposition of license “conditions”. There are 195 licensed gambling premises across Oldham.

Fig 1 Licenses premises in Oldham by type of license held and type of premise



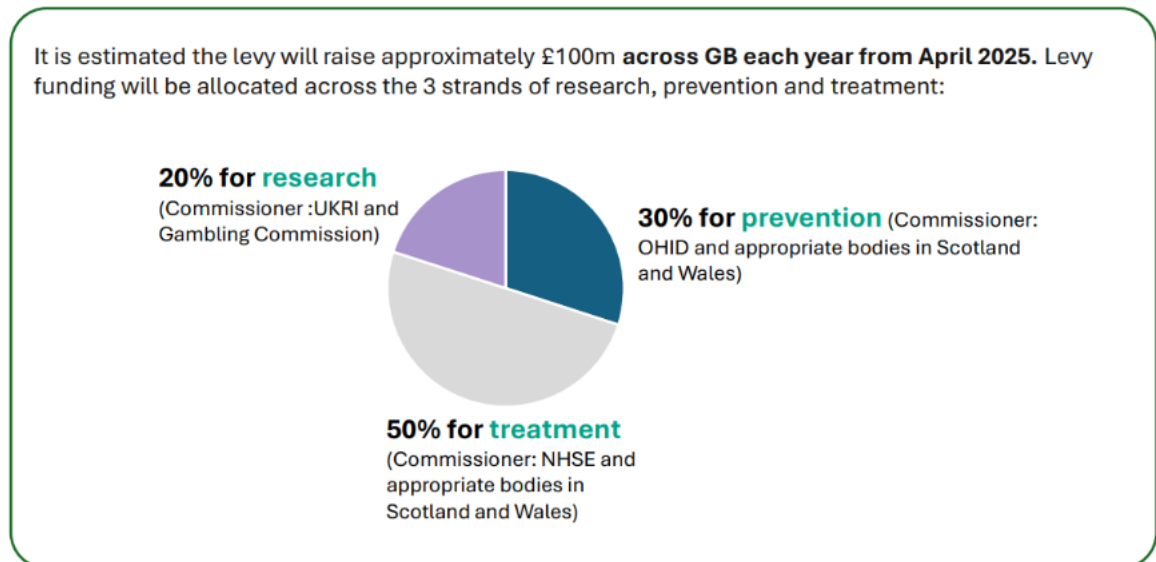
2.5 Online gambling websites and apps has made gambling more accessible for people. This increased availability through personal devices has made it possible to gambling as often as desired, often privately, without scrutiny from others. Regulation of online gambling activity is the responsibility of the Gambling Commission, which means that local authorities cannot intervene or regulate this activity.

2.6 The Department for Digital, Culture, Media, and Sport (DCMS) launched a review of gambling laws (Gambling Act 2005) to ensure they are fit for the digital age. Current legislation was reviewed and some changes made to protect customers from losses they cannot afford and addiction. Notably a **statutory levy for gambling was launched in 2025**. The levy follows a ‘polluter pays’ principal and charges all operators a percentage of profits fee. The gambling commission will collect these funds on behalf of the DCMS. The levy will be charged to all licensed gambling activity at varying rates depending on the sector and nature of the gambling activity. Rates take into account the difference in operating costs and the levels of harmful gambling associated with different gambling activities.

2.7 The statutory levy is expected to generate £100 million for the research, prevention and treatment of gambling harms. Funding from the treatment and research arms of the levy will be distributed to the National health Service (NHS) and UK research and Innovation (UKRI), the umbrella body for research councils, by the Gambling Commission under the strategic direction of the government. The

funds for the prevention element will be given to OHID, who will work with public Health teams across Local Authorities to invest in prevention. The gambling industry will have no influence over how money for research, prevention and treatment is spent. The figure below shows the proposed use of the levy and leading agencies for each arm.

Fig2: Overview of Statutory Levy



3. Commercial context

3.1 The UK has one of the biggest gambling markets in the world, generating a profit of £15.6 billion in 2024. The Lancet commission 2024 has identified the **gambling industry as a commercial determinant of health**, with products, advertising, strategic use of social media and consumer data that have health harming consequences.

3.2 Some of the key issues are presented below:

1. Culture of normalisation around gambling in the UK, with the national lottery, betting on the races and 'having a flutter' are commonplace and promoted as leisure activities. Gambling alongside sport is normalised; for example, many football clubs are sponsored by gambling companies, with advertising of these products prominent through the duration of the game through front of shirt sponsorship, pitch side advertising and advertisements on television for those watching at home. Gambling and the actual game of football in "real time" go "hand in hand" for many fans, celebrities and even footballers endorse gambling, for example in television adverts. All of the above can be seen by children and young people.
2. An environment saturated with targeted advertising and marketing on television, football matches, sports sponsorship. The use of celebrities and social media influencers to market products has shown to have a particularly negative impact on children and young people.
3. Online gambling has dramatically increased access enabling people to gamble 24/7, often at work, in education, at home with family and friends. Consumer data held by websites and apps are further used to target individuals with promotional offers.

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4. Industry using harmful products which are designed to keep people playing for longer. Products are designed to suspend the use of logic and decision-making keeping people in a 'state of play'. Using features such as speed of play and hooks to draw people in such as free bets.
 5. Using the narrative of individual responsibility to shift blame to the individual, attributing gambling harms to a personal failing. Deflecting the inherent harm in products have been used by other industries including the alcohol, tobacco and fast-food industries.
 6. The priming of gambling behaviours through gaming to capture a younger market early. Gambling companies have gaming brands that develop products with features that promote risk taking behaviour or include features similar to those in gambling apps.

4. The prevalence context

4.1 Participation in gambling

54% of the adult population in the UK gamble, or 40% when you exclude the National Lottery. The National Lottery is the most common type of gambling across all age groups, except among younger people where scratch cards are more common. Football pools and electronic gaming machines are more common among people under 35 years of age compared with older age groups. Men are more likely to gamble than women, and this difference is most obvious for online gambling where 15% of men participate, compared to 4% of women.

4.2 Prevalence of gambling harms

4.2.1 The estimated prevalence of 'problem gambling' using the Problem gambling Severity Index (PGSI) within the adult population is 0.5% in the United Kingdom (UK).

4.2.2 This estimate increases to 0.8% in Greater Manchester i.e., 18,100 adults. This rate is 1.5 times higher than the national average. **GM residents are more likely to experience 'problem gambling' which may be attributed to having a younger population, higher levels of social and economic exclusions and/or greater participation in more harmful gambling products.** The average Problem Gambling Severity Index (PGSI) score among people accessing specialist treatment services in Greater Manchester is 24 (out of a maximum 27). This suggests that only the most severely affected individuals are actively seeking support. Early intervention and prevention will require an active concerted effort.

4.2.3 The GM gambling harms needs assessment estimates that around **1,500 adults experiencing 'problem gambling' in Oldham, 9,800 adults are 'at risk'; and 14,400 people experiencing gambling related harms.** This is likely to be a conservative estimate of true prevalence. Men (5.9%) have higher rates of gambling harms than women (0.7%).

4.2.4 For every individual person directly affected by their own gambling, an average of six others are indirectly affected. Affected others are more likely to be women. The most severe impacts of problem gambling were felt most by immediate family members. Almost half (48%) of people who were affected by a spouse or partner's gambling reported a

severe negative impact. This was followed by people affected by the gambling of a parent (41%) and the gambling of a child (38%). Locally, this means that 1 in 15 GM residents are experiencing the harmful impacts of gambling.

5. The context of gambling harms

5.3.1 While some products are less harmful than others, there is no such thing as ‘safe gambling’. **Anyone can be at risk of experiencing gambling harms.** Higher risk and more harmful products are characterised by a high rate of play, unlimited stake amounts and a short time between wagering and the outcome with very limited social interaction.

Fig3. Categories of gambling products based on extent of harm



5.3.2 Gambling related harms are complex and will be experienced differently, dependent upon individual circumstances. Gambling may be the sole cause of harms or make existing inequalities and disadvantages worse. The types of harms associated with gambling are listed below, and although they are categorised individually, they are frequently interlinked.

- **Financial Harms:** The most commonly reported harm which includes debt (including issues with loan sharks etc.), asset losses, bankruptcy, financial hardship including debt which causes homelessness. Frequently will impact family members.
- **Mental and physical health harms:** The second most commonly reported harm, including addictive and compulsive behaviours, depression and anxiety, stress, sleep deprivation and exhaustion. The relationship between gambling and mental health is complex and is linked to suicide and suicide ideation.
- **Relationship harm:** This can include relationship disruption, conflict or breakdown, loss of trust, neglect of responsibilities, violence and other forms of domestic abuse.
- **Criminal activity:** Crimes associated with gambling may include theft, damage to property in licensed premises, threatening behaviour and fraud.
- **Employment and education:** Gambling can lead to reduced performance at work or in education and can result in increased absenteeism, stress, underachievement, theft and fraud.
- **Cultural harms:** Gambling is considered to be unacceptable in some cultures and communities and is a ‘taboo’ subject. Therefore, gamblers and their close associates may experience additional harm related to shame, stigma, isolation which may make it difficult for them to seek help. Conversely, gambling may be ‘normalised’ in some communities/families and the associated harms can be intergenerational.

Fig 4. Visual representation of the wide range of harms experienced due to gambling



5.3.3 The negative impact on mental wellbeing is particularly concerning. Greater Manchester Police (GMP) respond to at least one incident each week where serious concern has been raised of a risk of suicide directly associated with gambling. It is estimated that between 240 -700 people take their own life every year in England related to gambling, however gambling is not currently recorded as a relevant factor to deaths by suicide by coroners.

5.4 Risk and inequalities

5.4.1 Adults

5.4.2 OHID's evidence review 2023 found the factors with the strongest links to 'at risk gambling' were **being male, having poor mental health and wellbeing and higher alcohol consumption. The next key contributing factors are economic, namely income, unemployment, deprivation.** People at the greatest risk of harm from gambling are more likely to be unemployed, living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems.

5.4.2 Populations, such as **migrant communities, people with learning disabilities, people from ethnic minority backgrounds and people between the ages of 16 to 25 are at greater risk of experiencing harms from gambling.** Participation in gambling by people from racial minorities is lower; however, evidence suggests they bear a disproportionate burden of harms and severity of harm. Differences in cultural beliefs may be one of the reasons, particularly where participation in gambling may be considered "taboo" and result in shame, stigma, and social exclusion.

5.4.3 Lower income households spend a higher proportion of their income on gambling. The GM needs assessment estimates residents who participate in gambling are three times more likely to need to use a foodbank, with a quarter of those who gamble reporting they go without food because of a lack money. Anyone who gambles

is at risk of harm, however if they are experiencing multiple disadvantages such as homelessness, poor mental health, unemployment etc. they are more likely to experience the harmful impacts of gambling. **Gambling may not be the sole cause of harm but can make existing inequalities and disadvantages worse.**

5.4.4 Children and young people

5.4.5 Whilst fewer young people aged 11 to 15 gamble than adults, a higher proportion (around 2%) self-report as experiencing high harms from gambling; which equates to around 60,000 young people in the UK.

5.4.6 Currently, the proportion of children aged 11–16 years who participate in gambling is estimated to be 11%. Although lower than those drinking alcohol (16%), it is higher than smoking tobacco cigarettes (6%) or taking illegal drugs (5%). The proportion of children and young people in Greater Manchester who report that they have gambled in the last 12 months was 36%. Participation in gambling is higher among older children (14–16-year-olds), and boys are twice more likely to gamble than girls. Supporting 11–25-year old's in Oldham will be especially important as we have a high young population.

5.4.7 Electronic gaming (fruit and slot) machines were often identified as the first experiences of gambling among children and young people. National Lottery, scratch cards and placing private bets with friends were the most common forms of gambling reported. As young people got older there was a significant increase in online gambling among boys. There is a growing link between gaming and gambling with features such as “loot boxes” and in-game trading thereby normalising gambling behaviour within games more frequently played by young people.

5.4.8 Professionals working with children and young people report a possible link between gambling and “Adverse Childhood Experiences” (ACES). A child living in a home where adults gamble may experience periods of financial difficulty, domestic abuse, emotional neglect and these experiences can be inconsistent and unpredictable, as the mood and domestic situation may reflect adults gambling activity and whether gambling adults had “won” or “lost”.

5.4.9 The Gambling Commission, which is a regulating body, showed that there is an 89-100% failure rate in current licenced premises checking underage use of gambling machines.

5.4.10 The implications of these findings are important for Oldham to consider. Particularly due to our racially and ethnically diverse populations, which has been found to experience disproportionate harms from gambling. There are also strong links between deprivation and increased risk of gambling related harms. Taking a proactive approach to understand economic drivers of gambling harms and how to prevent them will be important. Finally, there is strong evidence that those between the ages of 11-25 are at increased vulnerability. As Oldham has a high young demographic it would be valuable to understand the specific impact gambling has on the borough.

5.5 Cost to the system

5.5.1 The Office of Health Improvement and Disparities (OHID) estimates the health and societal costs to be approximately £1.05 to £1.77 billion. The table below shows a list of the wider estimated health and societal costs caused by gambling. The GM gambling harms needs assessment estimated the economic burden of gambling across Greater Manchester is at least £80 million in 2022.

Table 1: Estimated excess cost of harm associated with gambling in England, by type of harm and type of cost (in 2021 to 2022 prices)

Type of harm (or domain)	Sub-domain	Cohort	Government (or direct) costs (£ millions)	Wider societal (or intangible) costs (£ millions)	All costs (£ millions)
Financial	Statutory homelessness	Adults	£49	N/A	£49
Health	Deaths from suicide	Adults	N/A	£241.1 to £961.7	£241.1 to £961.7
Health	Depression	Adults	£114.2	£393.8	£508
Health	Alcohol dependence	Adults	£3.5	N/A	£3.5
Health	Illicit drug use	17 to 24 years	£1.8	N/A	£1.8
Total health harms	All health sub-domains	All health cohorts	£119.5	£635 to £1,355.5	£754.4 to £1,475
Employment and education	Unemployment benefits	Adults	£77	N/A	£77
Criminal activity	Imprisonment	Adults	£167.3	N/A	£167.3
Excess cost (£ millions)	All sub-domains	All cohorts	£412.9	£635 to £1,355.5	£1,047.8 to £1,768.4

6. Gambling Treatment and Support

6.1 The treatment and support system is currently undergoing changes as a result of the statutory levy. NHS England funds regional clinics. In Greater Manchester treatment is available through the NHS Northern Gambling Service based in Salford. All other specialist treatment and support services for people experiencing gambling harms were commissioned on a regional basis by Gamble Aware, using funding primarily sourced from

gambling operators (including the National Gambling Helpline). Although free to access, they are not accountable to local health governance structures. However, these support systems will change hands to ensure that future treatment and support is independent of industry influence.

6.2 The NHS Northern Gambling Service (NGS) provides specialist addiction therapy and recovery to people affected by gambling addiction, as well as those with mental health problems such as depression, anxiety, trauma, and suicidal feelings. They also provide help to people close to those with gambling addiction, such as family, partners, and carers. The service includes a clinical team made up of psychologists, therapists, psychiatrists, and mental health nurses and includes experts by experience – people who have recovered from gambling addiction. NGS has three clinics located in Leeds, Sunderland and Salford (the latter serving all of Greater Manchester).

6.3 Local authorities were not responsible for commissioning gambling treatment and support services. However, they will become responsible to deliver prevention interventions and services for their local populations. It is expected that 25-26 will be a testing period to understand 'what works' locally and build on the evidence base of effective interventions provided by NICE. Thereafter it is expected funding through the statutory levy will be made available to Local Authorities, via OHID.

6.4 Beacon Counselling Trust (BCT) was a GM/regional treatment and support service commissioned by Gamble Aware, providing advice, information, and support for clients who generally are experience a lower severity of harm. As Gamble Aware will cease to exist, Beacon Counselling, along with other VCFSE organisations will be able to bid for funds from OHID to provide local support services. Oldham also has a local gamblers anonymous chapter which provides a safe judgement free space for those experiencing harms from gambling.

7. Current Position

7.1 GM Gambling Harms program

7.2 The Greater Manchester Gambling Related Harms Board began informally in 2018. Members of Oldham's Public Health team are active members. Since 2019, the board has been funded via a regulatory settlement from the Gambling Commission and has the following priorities:

- Developing understanding of gambling related harms
- Improving access to high quality treatment and support
- Supporting intervention to prevent gambling harms
- Engaging with people and communities to co-design our work

7.2 The Greater Manchester Combined Authority (GMCA) in partnership with Gambling with Lives, who both aim to tackle and reduce gambling related harms have developed Chapter One, which is an online resource for the general public and professionals. It also includes Chapter One training aimed at health and social care professionals to understand and support people experiencing harm. The training was piloted across Greater Manchester. A session was delivered in Oldham on 12th September 2023 and was well received. The training has been free and disseminated routinely to our key services and

partners in Oldham to support upskilling the workforce. In the future GMCA will provide a certain number of training licenses to Oldham Council to use.

7.3 The current harm reduction program is driven by the Greater Manchester Gambling Harm Reduction Board. The Board was responsible for commissioning the Greater Manchester Strategic Needs Assessment (GM SNA) on gambling related harms which was published in May 2022. The findings from the strategic needs assessments along with other key documents have supported the Public Health team in Oldham to develop an understanding, engage in work at a GM level and begin to progress this agenda in the borough.

7.4 They have developed a strategic action plan which all 10 Local Authorities are signed up to and is used to prioritise and progress actions. It can be viewed here [Gambling Harms Action Plan 23-26](#)

7.5 Current Position in Oldham

7.6 Members of the Public Health team have been active participants in the GM gambling harms board. We have participated in GM wide activities to tackle gambling harms, such as disseminating awareness campaigns, offer Chapter One training to frontline health and care professionals in Oldham and piloting gambling harms screening questions in our substance use service to identify residents that require support early. We have used the GM strategic needs assessment to identify priorities locally, as well as gaps in the evidence which are important to understand further from an Oldham perspective.

7.7 We formed the Oldham Gambling harms alliance for partners and key services in 2023 to understand gambling harms and the impact on our residents, share intelligence among professionals; and share resources and materials to better raise awareness and support our residents. The Public Health team in partnership with Action Together has undertaken a piece of resident insight work to understand gambling harms in Oldham, particularly among our ethnic minority communities that face higher levels of harms. This involved a survey as well as small group discussions to gather insights about specific challenges our residents might face, the harms experience from gambling and how best to support them.

7.8 Key activities to date include:

- Delivery of GM 'Odds are they Win' campaign.
- Contributed to professionals and residents' consultation on gambling harms in Greater Manchester
- Oldham Gambling Alliance
- Development support pages for gambling harms on Oldham council website
- Training for health and social care staff on Chapter One gambling harms training.
- Participation in GM Pilot of gambling harms screening questions.
- Review and input to licensing gambling policy update in Oldham
- Resident insight work on gambling harms

8. Proposed next steps

8.1 We propose, with the introduction of the statutory levy and Local Authorities being responsible for preventing harm in their communities; the next step must be to formulate a local response to support those communities and people who are most at risk from

gambling related harm in Oldham. We plan to use the finding from the national, GM and the resident insight work alongside the evidence base to develop a work plan, with Oldham specific deliverables. The Oldham gambling harms Alliance will be used as an expert group to drive this agenda forward and contribute to the development of an action plan. The funds for prevention work from the statutory levy will provide a budget for this work.

8.2 Our proposed priority areas:

1. To Understand the extent to which gambling harms affects Oldham residents.
2. Raise awareness and understanding of gambling harms across the borough.
3. To prevent groups at risk of high-risk gambling from experiencing harm
4. Encouraging residents to seek support by making it acceptable to discuss gambling.
5. Develop appropriate support for those experiencing gambling related harms, both for the person gambling and affected other.
6. To work collectively to address social and commercial determinants of gambling related harms.

9. Key Issues for Health and Wellbeing Board to Discuss

- The evidence of the harmful effects of gambling to people who gambling and affected others and the role of industry.
- The implications this has for Oldham with its diverse population, high youth population and high levels of poverty. As well as the added strain of the cost-of-living crises experienced by residents in the borough.
- The need to take a prevention focus with gambling harms to raise awareness of the issue in the borough and support individuals and families' as early as possible to avoid system pressures. As well as providing clear pathways of treatment and support for those that need it.
- The importance of including partners and services, taking a whole systems approach as gambling harms present in many different ways i.e. financial, mental health, crime, impact on relationships etc.

10. Recommendation

- Acknowledge the evidence base for gambling being a health harming activity with wide ranging harms to individuals and communities.
- Acknowledge the role of the Public Health team developing a prevention approach with funds received from the Statutory levy from OHID.
- Support the development of a local Gambling Harms work plan and action log in line with the GM Preventing and Reducing Gambling Harms Program priorities
- Identify leads within their respective organisations and/or services to contribute to the development and/or delivery of the local Gambling Related Harms Plan and engage with the Oldham gambling harms Alliance.

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