

Gambling Harms Prevention Strategy for Sheffield

2024-2034

**Co-produced by the Sheffield Gambling Harms
Stakeholder Group**

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Gambling harms: a snapshot

As many as **1 in 12 people** may be experiencing the harms from gambling - equivalent to **45,000 people in Sheffield**.¹



19,480 adults in Sheffield may benefit from some type of **support or treatment for gambling harms**.²

There are between **117 and 496 deaths by suicide** associated with the harms from gambling in England each year.³

The gambling industry in made around **£15 billion in Great Britain in 2022/23**; it made this income **through people losing money**.⁴

People from deprived and marginalised communities **pay a disproportionate amount** of industry income.⁵



Many gambling products are designed to be **immersive and addictive**, even when **people are losing**.⁶

It's possible to gamble up to **£48 a minute** on some electronic gaming machines.⁷

Tens of thousands of 11-17 year olds across Great Britain are showing signs of **addiction to gambling**.⁸



An estimated **11,370 children in Sheffield** are living in households with an **adult who gambles who might need treatment or support**.²

6 out of 10 people see gambling adverts or sponsorship **at least once a week**.⁹

Foreword by Greg Fell, Director of Public Health

Gambling causes harm. Harm to individuals. Harm to families. Harm to wider society. Yet the gambling system is perfectly designed to create the harm that it does, all while maximising profits for the gambling industry.

Gambling is not a harmless leisure pursuit. The unacceptable harms from gambling industry products and practices are a consequence of the deliberate design of the products in use, how these products are promoted, and the environments in which these products are presented which encourage intensive and prolonged consumption. All of which has been enabled by the liberalisation of gambling in Great Britain.

Gambling harms can affect anyone. Millions of people across the country, including thousands in Sheffield, are experiencing or at elevated risk of the harms from gambling; it is not a tiny minority of people. These harms are physical, mental, social and financial. They are not distributed equally in society. Children and young people are being exposed to gambling products and brands on an unprecedented scale, not only causing harm now, but creating the next generation of consumers.

Co-produced by the Sheffield Gambling Harms Stakeholder Group, this is Sheffield's first Gambling Harms Prevention Strategy. However, it is not our starting point. It builds on local leadership and action to date, setting out our plans to make the most of the powers, levers and resources available to us to prevent and reduce the harms from gambling in the city.

Local action can, and will, make a difference but it is no match for stronger regulation. The gambling industry in Great Britain operates in a permissive legislative environment and opportunities to gamble, whether online or in land-based premises, are more and more ubiquitous.

Industry self-regulation is wholly insufficient as a harm reduction intervention. The gambling industry is a sophisticated one which employs a well-used playbook of tactics to maximise its profits. It lobbies parliament and gives political donations to influence national policy in its favour. It funds youth education programmes with industry-favourable 'responsible gambling' narratives, using them to deflect attention away from the need for effective regulatory measures to protect children and young people.ⁱ It finances for campaigns that stigmatise and blame individuals - safer gambling slogans don't reduce harm, in fact they may even amplify a message that gambling is safe and fun.ⁱⁱ And it spends millions on advertising, marketing and sponsorship to ensure that gambling products and brands are seen by as many people as possible, as often as possible.

Foreword by Greg Fell, Director of Public Health (continued)

We have seen this before with other health harming industries; the tobacco industry being a recent example. This means we know how to respond and what works to prevent and reduce harm.

Health harming industries should have no role in the development and delivery of public health policy. With regard to gambling policy, the Association of Directors of Public Health, the Faculty of Public Health and the Royal Society of Public Health have published a set of recommendations for change. These recommendations include the promotion of public health becoming the primary focus of gambling policy, tighter regulation of gambling advertising and marketing, testing gambling products for safety and the banning of highly addictive products. The government is also asked to reverse the statutory 'aim to permit' within the Gambling Act 2005 and to give local authorities stronger powers in planning and licensing to enable them to better protect residents and visitors from gambling harms, alongside the sustainable resources to do this.ⁱⁱⁱ

In early 2024 the same three partners called for a new Gambling Act,^{iv} and we will continue to use our collective voice to advocate for national policy that prioritises people's health and wellbeing over the profits of the gambling industry.

Introduction

Over the past few years, there has been increasing recognition of the preventable harms from gambling industry products and practices experienced by individuals, families, communities and society as a whole. Sheffield has been taking steps to address these harms for some time, however this is the city's first Gambling Harms Prevention Strategy. It sets out what we will do at a local level to address gambling harms in Sheffield, whilst recognising that the most effective policy levers for preventing harm rest at a national level.

The strategy was co-produced by the Sheffield Gambling Harms Stakeholder Group.¹ This group comprises local authority officers, NHS staff including clinicians, voluntary and community sector staff and people with lived experience including people in recovery and families bereaved by gambling-related suicide. Whilst members of the group have different perspectives in framing and understanding the issue, all are united in a determination to reduce the harms from gambling in the city.

We have agreed five strategic priorities for this ten-year strategy; it has a strong focus on prevention because we know that we cannot treat our way out of gambling harms – we must avoid preventable harms from occurring in the first place.

The Stakeholder Group met in four virtual workshops from January 2022 to December 2022 to agree strategic priorities and actions. The group's approach to devising the strategy was based on Public Health England's evidence review on gambling harms^v and local lived experience. The Yorkshire and Humber 'Public Health Framework for Gambling-related Harms Reduction'^{vi} was used to frame discussions. The group emphasised the need to recognise and address the many ways in which gambling industry products and practices cause harms, in particular mental health harms, rather than have a singular focus on money and debt. Put simply: this is a multi-faceted problem driven by the gambling industry not by individuals.

Following the government's review of the Gambling Act 2005, and subsequent publication of the white paper 'High stakes: gambling reform for the digital age',^{vii} the draft strategy was reviewed and updated.

It is a pragmatic strategy which will use the limited resources we have to best effect. It is part of a set of documents which includes a Gambling Harms Joint Strategic Needs Assessment and a baseline mapping survey undertaken to find out what local services are doing to identify gambling harms and refer people to help and support.

¹ Also referred to as the Stakeholder Group in this strategy.

Why is this important for Sheffield?

As many as one in twelve people in the UK - that is nearly 5.5 million individuals - may be experiencing the harms from gambling industry products and practices.^{viii} In Sheffield this equates to as many as 45,000 local residents. People affected by gambling harms include not only those who gamble but partners and spouses, children affected by a parent's gambling and parents affected by a child's gambling.

The harms from gambling are many and varied and include negative impacts on mental health, physical health, relationships, finances and homes. There is a link between suicide and gambling with deaths from suicide significantly higher in those experiencing gambling harms.^v These harms are a consequence of the design of the gambling products in use, how these products are promoted, and the environment in which they are presented which encourages intensive and prolonged consumption.

In 2021 Public Health England² (PHE) published a review on the prevalence, risk factors and public health harms associated with gambling and its economic and social burden, drawing on the best available evidence. Citing the Health Survey for England 2018, PHE noted that 0.5% of people 16 years and over in England (around 225,000 people³) reported experiencing severe harms from gambling and a further 3.8% of people in this age cohort (around 1.7 million people³) are at elevated risk of gambling harms. The harms from gambling do not just affect those who gamble and around 7% of British adults (18+) or around 3.6 million people³, have reported experiencing harms from other people's gambling.^{ix} Children and young people also report experiencing gambling harms as a result of a family member's gambling.^x

Much more recently, the Gambling Survey for Great Britain 2024^{xi} found that 2.5% of British adults (18+) are experiencing severe harms from gambling, equating to just over 1.3 million people.³ A further 12%, or around 6.3 million British adults³, are at elevated risk of gambling harms. This suggests significantly more people are being harmed by gambling industry products and practices than was previously thought.

Amongst children and young people, tens of thousands of 11-17s across Great Britain report experiencing harms from gambling with many more at risk of harms.^v Children and young people, including young adults, are particularly susceptible to the harms from gambling and there is growing concern about the impact of the normalisation of gambling, the proliferation of online gambling products, advertising and marketing tactics, and gambling-type activities in gaming on this age group.

² Responsibility for this work now sits with the Office for Health Improvement and Disparities.

³ Numbers of adults affected estimated by Public Health Sheffield for illustrative purposes using mid-2018, mid-2020 and *mid-2023 ONS population estimates (*latest) for given age cohorts. Official Gambling Commission guidance on interpreting Gambling Survey for Great Britain 2024 data is [here](#).

Why is this important for Sheffield?

Whilst anyone can experience the harms from gambling, some population groups are more likely to experience, or be at elevated risk of, these harms. This includes people living in deprived areas, people who are unemployed and people in poor health meaning gambling harms may worsen existing health inequalities. Men and those in younger age groups are also more likely to experience the harms from gambling.^v

Gambling harms also have a considerable cost to society. The Office for Health Improvement and Disparities (OHID) estimates that the annual economic burden of gambling harms in England is £1.05 to £1.77 billion a year.^{xii} Sheffield accounts for 1% of England's population and demographically reflects the England average, therefore this burden in Sheffield is estimated to be as much as £17.7 million a year. These estimates comprise the costs to health, homelessness, crime, unemployment and education, however OHID notes that these figures are likely to be underestimates as do not take into account of the full range of harms from gambling.

“The perpetual growth of the gambling industry relies upon harming individuals, families, and communities. Modern gambling products and environments encourage continuous intensive consumption, aided by liberal laws, light touch regulation, targeted marketing, and ubiquitous advertising. In short, profit is placed above health, and life itself.”

**Matt, Consultant Psychologist and Clinical Lead at the
NHS Northern Gambling Service**

Strategy governance and implementation

This is a strategy for the city of Sheffield. Its implementation will support the delivery of the Fair and Healthy Sheffield Plan 10 year plan which recognises the need to protect people from harmful industries.

The strategy is owned and sponsored at a city level by the Sheffield Health and Wellbeing Board and this board will receive an annual update on progress towards delivering the strategy.

The Sheffield Gambling Harms Stakeholder Group is an expert group that co-produced the strategy and this group will tactically steer the implementation of the strategy through regular meetings.

There are limited resources to implement this strategy and this work is being undertaken in the absence of policy levers and legislation that prioritise the prevention of gambling harm. Given this, we will work collaboratively to implement the strategy through our collective resource. Sheffield will benefit from the Association of Directors of Public Health Yorkshire and the Humber's programme of work on gambling harms funded by a regulatory settlement approved by the Gambling Commission. We also recognise the need to work with, and learn from, other local authorities both locally and across the country.

In terms of the national policy context, following the review of the Gambling Act 2005 (the Act) in April 2023 the government published the white paper 'High stakes: gambling reform for the digital age' which sets out proposals for the reform of gambling regulation and legislation across a series of themes. Whilst the government's aim in reviewing the Act included wanting all those who choose to gamble to do so in a safe way, in terms of measures to prevent gambling harms, the Association of Directors of Public Health, the Faculty of Public Health and the Royal Society of Public Health, believe the proposals in the white paper do not go far enough.^{iii, iv}

“We cannot treat our way out of gambling harms.”

Liz, person with lived experience

Gambling harms: the importance of framing

Framing refers to choices that are made about what is said and how it is said. It includes how something is explained, what is and isn't emphasised, and importantly what is also left unsaid.^{xiii} It plays a significant role in how people understand and respond to a particular issue and in how public policy is shaped and implemented.

To date, the gambling industry and official policy discourse has largely framed gambling as a harmless leisure activity with participation in gambling a personal choice and something that individuals should enjoy 'responsibly.' This discourse goes on to suggest that gambling harms are only being experienced by a small minority of 'problem' people as opposed to the reality of millions of people across the country.^{xiv}

In emphasising the behaviour of individuals through this industry-favourable 'responsible gambling' narrative, the industry plays down the risks and obscures the addictive products it offers, and harmful practices it uses, to keep people playing in order to maximise its profits. These deliberate framing choices can lead to people who experience the harms from gambling being seen as the 'problem' and associated stigma and blame. It also leads to policy and strategy that focuses moreover on individual responsibility as opposed to taking a public health approach which incorporates robust policy measures to address the gambling industry's harmful products and practices. This framing is reproduced and normalised through industry funded campaigns, messaging and educational materials.^{xv}

But the gambling industry is a major commercial determinant of health⁴ and employs a well-used playbook of tactics to maximise its profits. It invests millions in the development of gambling products and environments that are designed to be immersive and addictive and in far-reaching advertising and marketing campaigns that seek to normalise gambling, widen its appeal and hide its harms. We have seen this before with other health harming industries; for example the tobacco industry.

Anyone can experience the harms from gambling. This strategy focuses on what we can do at a local level to prevent these harms, however as already noted, the most effective policy levers for preventing gambling harms rest at a national level. The prevailing narrative on gambling harms must shift away from personal responsibility towards collective responsibility, the harmful products and practices of the gambling industry must be acknowledged, and the national policy response refocus on effective legislation and regulation that prioritises and protects public health.

⁴ The Lancet series on the Commercial Determinants of Health (CDoH) proposes a broad definition of the commercial determinants of health as 'the systems, practices and pathways through which commercial actors drive health and equity'. Commercial actors can make both positive and negative contributions to human and planetary health and equity.

Language matters

The language used when discussing gambling harms matters. Terms such as 'problem gambler,' 'problem gambling' and 'gambling addict' can be stigmatising for individuals and families and a barrier to people seeking help and support. Use of these terms reproduces industry-favourable narratives that people who are experiencing gambling harms are the 'problem' rather than that they are experiencing the harmful effects of the addictive products and harmful practices of the gambling industry.^{xvi}

Whilst it is recognised that clinical screening and diagnostic tools use such language, replacing the terms cited above with alternatives such as 'a person experiencing gambling harms' or 'a person living with gambling addiction' can help to reduce the risk of stigma and blame. These 'person-first' terms communicate that someone is experiencing harms rather than that the person is a 'problem.' This type of de-stigmatising language is used throughout this strategy, with the exception to this being when citing survey data that has been gathered using screening and diagnostic tools that have been adapted for population level surveys

Words can hurt: a language guide for gambling harms

'Words can hurt' is a new language guide for gambling harms created by Greater Manchester Combined Authority, in collaboration with the Association of Directors of Public Health Yorkshire and the Humber and the Association of Directors of Public Health North East as part of their work to prevent and reduce gambling harms and work independently from the gambling industry. The guide was created to combat the 'individual responsibility' narrative used by the gambling industry.

It can be used as a tool to help public health, communications specialists and others double check language choices on publications, reports, websites and strategies to ensure language is not stigmatising and frames harm from a population health approach.

The guide may also be useful for those having conversations with individuals experiencing gambling harms, ensuring they are conducted using respectful and sensitive language.

The guide can be accessed via this link: [Words can hurt: language guide for gambling harms](#)

Vision

As a city we recognise the preventable harms caused by gambling industry products and practices.

Our vision is that Sheffield will be a city where our residents and visitors will not be routinely and regularly exposed to gambling products.

When local people start to experience gambling harms - whether this is someone who gambles or those close to them - they will be able to access early and effective help and support without blame or stigma.

There will be equity with other health-harming industries – tobacco, alcohol, drugs – in the focus we give to gambling.

Strategic priorities

This strategy has five priorities as follows:

- **Reducing exposure to gambling products, recognising the unfair distribution of gambling harms**
- **Improving identification and recognition of gambling harms**
- **Protecting children and young people from gambling industry products and practices**
- **Influencing the regulatory environment to make prevention a priority**
- **Providing effective treatment**

Information on these priorities is given over the next few pages.

Please note there is no particular order of importance in how the priorities are presented.

There is overlap between some of the strategic priorities and associated actions, therefore it is recommended that the strategy is read as a whole.

Reducing exposure to gambling products, recognising the unfair distribution of gambling harms

Great Britain has one of the most accessible gambling markets in the world^{xvii} and both adults and children are regularly and frequently exposed to gambling products and brands in a range of different ways.

The Stakeholder Group reviewed the risk factors for gambling and its harms and, given that anyone can experience gambling harms, endorsed a focus on protecting everyone in Sheffield from what Public Health England term societal and community risk factors for gambling and harms from gambling.^{xviii} These particular risk factors include advertising and marketing and the accessibility to, density of and proximity to opportunities to gamble. Information on our approach to the latter can be found in the section on 'Influencing the regulatory environment to make prevention a priority'.

The gambling industry spends an estimated £1.5 billion a year in the UK on advertising and marketing.^{xix} Research consistently finds that exposure to advertising and marketing influences awareness, attitudes and intentions to gamble as well as directly increasing gambling activity.^{xx} It particularly influences children and young people to want to gamble and expect to gamble when they are older, potentially increasing future gambling related harms.^{xxi}

Six out of ten adults report that they see gambling advertising or sponsorships at least once a week.^{xx} Among children and young people, just over half of 11-17 year olds have seen or heard gambling advertising (62% online and 64% offline). Offline, the most common way young people report seeing gambling adverts or promotions is when watching television and online it is via an app.^x

A recent unpublished study by medical students at the University of Sheffield⁵ explored exposure to gambling adverts on a typical walking route from Endcliffe Student Village to Sheffield train station. The study found that there were 40 individual gambling advertisements over the 2.1 mile distance; covered at average walking speed, this equates to exposure to 1.03 advertisements per minute.^{xxii}

In terms of public opinion, national survey data shows that there is public support for tighter regulation and restrictions on gambling advertising with almost two thirds of adults, and just over half of the young people surveyed, in favour of a total ban on all gambling advertising.^{xxiii}

⁵ See the section on 'Protecting children and young people from gambling industry products and practices' products' for information on university students and gambling harms.

Reducing exposure to gambling products, recognising the unfair distribution of gambling harms (continued)

Whilst anyone can experience the harms from gambling, these harms are not distributed equally and may worsen existing inequalities.^v Understanding this is important from the perspective of gambling licensing decisions and the safeguarding of adults at risk.

Under the Gambling Act 2005 (the Act), local authorities are responsible for issuing licences and permits for gambling premises such as betting shops, casinos, bingo halls and amusement arcades. In exercising their functions under the Act, local authorities must have regard to the three licensing objectives set out in the Act, one of which is: 'Protecting children and other vulnerable persons from being harmed or exploited by gambling.' Children are defined as individuals under 16 years in the Act.⁶

Vulnerable persons are not defined in the Act, however the Gambling Commission in its statement of principles for licensing and regulation, states that for regulatory purposes the group of 'other vulnerable persons' will include:

- people who spend more money and/or time gambling than they want to;
- people who gamble beyond their means, and;
- people who may not be able to make informed or balanced decisions about gambling, for example because of health problems, learning disability, or substance misuse relating to alcohol or drugs.^{xxiv}

In its Vulnerability Statement, the Gambling Commission recognises that anyone can be vulnerable to harm, there are many reasons a person may be in a vulnerable situation and this can change over time. Importantly, the Commission recognises that vulnerability is not always visible. It acknowledges that adults can be vulnerable at any age, but that young adults may be particularly vulnerable to gambling harms.^{xxv}

Sheffield City Council pays particular attention to the protection of children and other vulnerable persons, and to crime and disorder, when considering the location of licence applications for gambling premises. The Council sets out expectations for applicants regarding this in its Statement of Principles (Gambling Policy) and there is opportunity to strengthen this area of the policy and related practice.

⁶ Typically a child in the UK is legally defined as an individual who has not yet reached their 18th birthday. However as well as providing a specific definition for a 'child', the Gambling Act 2005 includes a definition of 'young persons.' These are individuals who are not a child but are less than 18 years old i.e. 16 and 17 years of age.

Reducing exposure to gambling products, recognising the unfair distribution of gambling harms (continued)

Attention should also be paid to the safeguarding of 'adults at risk' from gambling harms. Under the Care Act 2014, an 'adult at risk' is a person over 18 years with care and support needs, whether or not the local authority is meeting those needs, who is experiencing or at risk of abuse or neglect, including self-neglect, and is unable to protect themselves because of those care and support needs.

Professionals should have an awareness of the harms from gambling and be professionally curious. To give one example pertinent to the Care Act, these harms include relationship harms and there is some evidence of gambling-related domestic abuse.^{xxvi} Where there are concerns about gambling resulting in an adult becoming 'at risk', whether this is from their own gambling or that of others including people in positions of trust, then it should be reported.⁷

To deliver this priority we:

- support the Council's adoption and implementation of an Advertising and Sponsorship Policy which restricts advertising and sponsorship agreements with unhealthy commodities industries including the gambling industry.
- will update the Council's Statement of Principles (Gambling Policy) so that the list of sensitive locations (places frequented by children and vulnerable persons) reflects the latest evidence on those most at risk of gambling harms.
- will develop a Local Area Profile for Sheffield to strengthen the risk assessment of, and support decision-making on, new gambling premises licence applications. This will provide publicly available information on areas of higher risk of gambling harms across the city.
- will promote the importance of action on gambling harms as both a public health and a safeguarding matter through relevant governance forums.
- will work with various parties including social care, NHS professionals, special education needs and disability (SEND) professionals and the Parent Carer Forum to raise awareness of gambling harms to 'adults at risk' and the help and support available.

⁷ The public can contact the [First Contact Team](#) with concerns and professionals can find out how to report concerns via the [Sheffield Adult Safeguarding Partnership](#) website.

Improving identification and recognition of gambling harms

Despite the increasing recognition of gambling harms as a public health issue, much more can be done to raise public awareness and educate professionals so that more people in Sheffield can disclose harms from gambling, free of stigma and blame, and access help and support.

A baseline mapping survey was undertaken in early 2023 to find out what local organisations and services were doing on gambling harms. Of the 29 respondents, most reported that they did not know how often they see people experiencing the harms from gambling, this may be in part as they do not routinely ask about gambling or use a screening tool to identify gambling harms. However, many did know where to refer people directly affected by gambling harms and who to inform about gambling-related safeguarding or suicide concerns.

Baseline mapping survey 2023

There were 29 responses to the survey; the highest number of responses were from Housing (9/29), followed by NHS primary care (7/29) and other NHS providers (3/29).

Key findings were as follows:

Training – most respondents had not received any recent training on gambling harms.

Trigger questions and screening – most organisations do not use a screening tool for gambling harms (25/29) and many respondents do not ask about gambling (13/29). Those that do, ask a “Do you gamble?” type question, followed by a ‘worry/concern/need support’ follow up question.

Referrals – just under half of respondents knew where to refer individuals that are experiencing gambling harms (13/29). The NHS Northern Gambling Service received the highest number of positive responses (7/29). However, most services did not know where to refer people affected by someone else’s gambling (affected others).

Employees – many respondents did not know whether there was a policy or guidance for employees affected by gambling harms in their organisation (13/29).

Safeguarding and suicide prevention – a high number of respondents knew who to inform about safeguarding (20/29) or suicide concerns (25/29) in relation to gambling.

Harms in Sheffield – around half of respondents did not know how often they see people experiencing gambling harms (14/29). Comments included that they do not routinely ask about this or collect this data. For respondents that do observe the harms from gambling, these are most frequently mental and physical health harms (12/29) followed by financial harms (4/29).

Improving identification and recognition of gambling harms (continued)

Most people experiencing gambling harms are not accessing support and many do not know how to do so. Stigma is a further barrier to seeking help. Some of these people may already be in contact with services. We therefore want services to recognise the need to take gambling harms and associated safeguarding responsibilities seriously, and for there to be opportunities for people to disclose gambling harms, free of stigma and blame, in a range of settings. These settings include GP practices, money and debt advice services, family support services, mental health services, substance misuse services, domestic abuse services, young people's services and student welfare.

Younger working age adults, particularly men aged 18-34 years, are more likely to report experiencing the harms from gambling.^{xi} People who are unemployed are also disproportionately at risk of gambling harms. We will therefore engage with businesses and services for people who are out of work to raise awareness of gambling harms and the support available.

Building on training that has been delivered to date, Sheffield will benefit from a training offer for frontline staff to enable them to open up conversations on gambling and undertake brief interventions through the Association of Directors of Public Health (ADPH) Yorkshire and the Humber's programme of work on gambling harms. This training will be free from industry influence and narratives, with people with lived experience involved in its design and delivery.

To make conversations about gambling harms part of practice, services can ask 'screening questions' to help identify those at risk, as well as use screening tools where appropriate, including self-screening questions, and undertake very brief interventions. We should 'Make Every Contact Count' (MECC) to identify those affected by the harms from gambling and refer them to help and support.

More widely, Sheffield will benefit from the regional 'Gambling Understood' campaign. This public facing campaign, also part of the ADPH Yorkshire and Humber programme of work, has two elements: the first focuses on the addictive nature of gambling and the tactics of the gambling industry and the second encourages people to recognise the harms from gambling and seek support.

Improving identification and recognition of gambling harms (continued)

To deliver this priority we:

- will provide training on gambling harms for a range of frontline staff and others, ensuring that it is free from industry influence and narratives and has experts by experience involved in quality control.
- identify appropriate 'screening questions' to support the identification of gambling harms and promote the embedding of these into assessment tools in frontline services.
- engage with businesses and services for people who are out of work to raise awareness of gambling harms and the support available.
- will repeat the baseline mapping survey to measure changes in how local services are identifying gambling harms and referring on to help and support.
- promote the ADPH Yorkshire and the Humber's 'Gambling Understood' campaign at a local level.

Please also see the section on 'Providing effective treatment' for other actions which will support the implementation of this priority.



Figure 1 – Example campaign messaging from the regional Gambling Understood campaign.

Protecting children and young people from gambling industry products and practices

According to the Young People and Gambling 2024 (YPG 2024) survey, just over a quarter (27%) of children and young people aged 11 to 17 have spent their own money on gambling in the previous twelve months.^x Earlier surveys of this age group have found that participation in gambling is higher than use of e-cigarettes, tobacco cigarettes and illegal drugs, but lower than drinking alcohol.^y

The most common types of gambling activity that 11 to 17s spent their own money on were legal or did not feature age restricted products. However around 330,000⁸ children and young people in this age group report participating in regulated forms of gambling that are age-restricted. Children and young people are particularly susceptible to the harms from the gambling^{xxvii} and there is growing concern that young people are being targeted by gambling companies.^{xxviii} Drawing from the YPG 2024 survey, around 80,000⁸ 11 to 17s across Great Britain report experiencing severe harms from gambling, with thousands more at elevated risk of this.

The Stakeholder Group recognise that children, young people and young adults may be exposed to gambling in different ways and experience different harms. Younger children may see family members gamble, take part in playground bets and be exposed to gambling advertising and marketing when watching and playing sport, particularly football. Older children and young people may be introduced to gambling participation through electronic gaming machines such as fruit and slot machines. For young adults 18 and over, exposure changes when they can legally gamble in premises such as betting shops and casinos, participate in the National Lottery and gamble via a proliferation of online gambling sites and apps that are available 24/7. More widely, OHID recently estimated that there are 11,370 children living in households in Sheffield with an adult who gambles who might need treatment or support,^{xxix} potentially affecting the wellbeing of these children.

A recent national survey found that 60% of university students had gambled in the last 12 months, losing an average of £32.25 a week. Of those who gamble, almost half (46%) reported that it had negatively affected their university experience and around one in five (21%) showed signs of gambling addiction.^{xxx}

As with adults, some children and young people may be more likely to experience gambling harms. Risk factors associated with experiencing the harms from gambling in this age group include being male, substance use (alcohol, tobacco, cannabis and other illegal drugs), experiencing depression and impulsivity.^{xxxi}

⁸ Numbers of children affected estimated by Public Health, Sheffield for illustrative purposes using mid-2023 ONS population estimates for the given age cohort.

Protecting children and young people from gambling industry products and practices (continued)

There is also increasing concern, reported by local clinicians and people with lived experience, about the emergence of gambling-type activities within gaming such as loot boxes and skins, cryptocurrency trading and stock trading gambling-type activities, particularly amongst young adult males.^{xxxii}

We want schools, colleges, universities and services to recognise the serious and pressing need to protect children and young people from gambling harms. To deliver this priority we will:

- work with schools, including specialist schools, to improve their understanding of gambling harms and available support, promoting proactive referral to support rather than punitive approaches.
- support the delivery of age appropriate Personal, Social, Health and Economic (PSHE) education in schools on gambling harms through provision of training and independent, evidenced resources that are free from industry influence and narratives.
- seek to understand the harms caused to children and young people in Sheffield by their own gambling and exposure to other people's gambling.
- work with grass-roots clubs, coaches, safeguarding leads, and parents/carers to improve their understanding of gambling harms, seeking to reduce any exposure to gambling products and brands through participation in, or spectating at, team sports, particularly football.
- work with the universities, colleges and sixth forms to ensure there is good recognition of gambling harms and knowledge of the support available.
- will ensure the need to safeguard children and young people from gambling harms is understood by services. Young people who have an Education and Health Care Plan (EHCP) because of special educational needs and disability (SEND) may need particular support.

NB. Please also see 'Reducing exposure to gambling products, recognising the unfair distribution of gambling harms' and 'Influencing the regulatory environment to make prevention a priority' for other actions that support the implementation of this priority.

Influencing the regulatory environment to make prevention a priority

More than three out of four adults think that there are too many opportunities to gamble nowadays.^{xxxiii} Councils are responsible for a number of regulatory services with statutory duties and as a city we need to decide how we will use these powers to influence the local gambling environment.

Despite an increase in online gambling, many adults who gamble do so in land-based premises^{xi} and members of the Stakeholder Group with lived experience report that they or their family members started gambling in betting shops. In 2023, the Gambling Commission reported that there were 8,301 licensed land-based gambling premises in Great Britain. Nearly three out of four of these were betting shops^{xxxiv} and yet almost three out of four consumers have indicated that they do not want betting shops on their ideal high street.^{xxxv}

Land-based gambling premises are more common in deprived areas with research showing that 21% of gambling premises were based within the most deprived decile of areas in the country, compared to just 2% in the least deprived decile.^{xxxvi}

Amongst the Stakeholder Group there is concern about the preventable harms caused by gambling operators prioritising profit over their regulatory responsibilities to protect consumers. Whilst there are limitations in the powers that Councils hold, there is opportunity to show leadership and strengthen our local policy and practice across planning, licensing and trading standards to reduce the harms from gambling.

To deliver this priority we will:

- scope planning policy options for addressing the cumulative impact of gambling premises in Sheffield through the Local Plan and agree and implement a way forward.
- advocate for reforms to planning and licensing legislation to give local authorities stronger decision-making powers and grounds for refusing both planning applications and licence applications for gambling premises.
- will submit evidence-based objections to new gambling premises license applications mainly focusing on the city centre to ensure the safety and health of all our residents.

Influencing the regulatory environment to make prevention a priority (continued)

- ensure that the Council's Statement of Principles (Gambling Policy) reflects the need to reduce gambling harms through effective regulation, risk-assessment, no single-staffing, age verification test purchasing activity and monitoring of the gambling environment. Licencing Services expect licensed operators to deliver safeguarding awareness training to their staff annually and record this for inspection.
- ensure that the Council's Statement of Principles (Gambling Policy) requires licensed operators to deliver suicide awareness training to their staff and record this for inspection.
- work with licensed operators to ensure that appropriate measures are in place to identify and manage the risks and harms from gambling and undertake planned and unannounced compliance visits.
- advocate that the Council's Statement of Principles (Gambling Policy) requires licensed operators to share data on refusals including under-age refusals, self-exclusion and age verification test purchasing with the Council for information and analysis.
- advocate that the Council's Statement of Principles (Gambling Policy) requires licensed operators implement a Think 25 policy and monitor this during compliance visits.
- implement the Council's agreed plan for age verification test purchasing in licensed gambling premises across the city.⁹

Please also see the section on 'Reducing exposure to gambling products, recognising the unfair distribution of gambling harms' for further actions that support this priority.

“Instead of focusing on the individual and individual vulnerability, the way we protect everyone from gambling harms is by protecting them from exposure to gambling and in particular the most addictive gambling products.”

Charles, person with lived experience

⁹ Council resources to be identified to undertake this work.

Providing effective treatment

This strategy has a strong focus on prevention because we know that we cannot treat our way out of gambling harms – we must avoid preventable harms from occurring in the first place. However, the provision of effective treatment¹⁰ for those who are already experiencing the harms from gambling, both the person who gambles and affected others, is essential.

The Office of Health Improvement and Disparities recently estimated that there are just 19,480 adults in Sheffield who may benefit from some type of support and treatment for gambling harms. This support ranges from brief advice which can be delivered by a range of professionals through to various types of treatment and therapy including specialist, clinician-led interventions.^{xxix} It is understood that only a small proportion of those who could benefit from such support are accessing it.

In 2019 the NHS Long Term Plan announced an expansion of support for people experiencing the harms from gambling from one clinic in London to 15 clinics across England and last year saw the opening of the NHS Northern Gambling Service in Sheffield. Commissioned by NHS England, the service provides specialist therapy and recovery for people affected by the harms from gambling as well as support for those close to them such as family and carers. It is the first NHS gambling harms clinic to be based in the city.

Whilst the majority of people seeking support want abstinence from all forms of gambling, a small minority want support with controlled gambling and harm-reduction approaches. Treatment should work with the treatment and recovery goals of the individual while promoting evidence-based practice.

To deliver this priority we will:

- promote the NHS Northern Gambling Service as the first line response for gambling treatment and recovery.
- promote peer support and mutual aid for gambling recovery such as Gamblers Anonymous, GamFam, GamLearn and Smart Recovery.
- support the gambling recovery community to join the Sheffield Recovery Community.

¹⁰ Please note that treatment for gambling harms is not locally commissioned or funded.

Providing effective treatment (continued)

- ensure treatment and support for gambling harms is included in local service directories and other relevant resources.
- ensure local treatment and support pathways for gambling harms are kept up to date and disseminated to local referrers.

“There is no safe gambling limit and any of us, at any time, could be harmed by gambling – the only safe thing is not to gamble.”

Girish, Consultant Psychiatrist

Metrics: how will we know if this strategy is having a positive impact?

The development and delivery of local, place-based strategies to prevent the harms from gambling is relatively new. As noted earlier, Sheffield has been taking steps to address these harms for some time, however this is Sheffield's first Gambling Harms Strategy and its implementation will take place in a complicated and complex system of local and national stakeholders, organisations and governance.

Given this, whilst it is important to monitor and report on delivery of the strategy action plan, it is also important to reflect on learning and use this to iterate and adapt our approach.

In addition to reporting on the strategy action plan, we will also track wider indicators, and activity to help us understand if the strategy is having a positive impact, these include:

- the number and location of licensed gambling premises in the city, aiming for a reduction in number and density, particularly in areas at higher risk of the harms from gambling;
- referral and treatment data, including data from the NHS Northern Gambling Service, aiming for an increase in referrals to treatment and evidence of recovery, and;
- evidence of local and regional policy advocacy activities, in particular advocating for changes to gambling legislation and regulation so that it prioritises public health.

“Any person, any age may be vulnerable to becoming a compulsive gambler.”

Dylan, Person with Lived Experience

Summary

The harms from gambling can affect anyone. As a city we recognise the preventable harms from gambling industry products and practices and have a determined commitment to do what we can to prevent and reduce these harms.

We want Sheffield to be a city where our residents and visitors will not be routinely and regularly exposed to gambling products and brands, where people experiencing the harms from gambling can access help and support free of blame or stigma and for there to be equity with other harmful industries – tobacco, alcohol, drugs – in the focus we give to gambling.

Co-produced by the Sheffield Gambling Harms Stakeholder Group, this strategy sets out actions we will take at a local level towards realising this vision. This Stakeholder Group comprises local authority officers, NHS staff including clinicians, voluntary and community sector staff and people with lived experience including people in recovery and families bereaved by gambling-related suicide.

Whilst this strategy recognises the importance of providing effective treatment, it has a strong focus on prevention, including protecting children and young people and reducing exposure and access to gambling products. This is because we know that we cannot treat our way out of gambling harms – we must avoid preventable harms from occurring in the first place.

We will work collaboratively to implement this strategy and will monitor and report on success and challenges through an annual update to the Sheffield Health and Wellbeing Board. The Sheffield Gambling Harms Stakeholder Group will continue to play a role in tactically steering its implementation.

Action plan

The action plan for this strategy can be found below. It will be reviewed annually and updated as required. Priorities and actions are numbered for ease of reference.

Priority area and action	Responsible
1. Reducing exposure to gambling products, recognising the unfair distribution of gambling harms	
1.1 Adopt and implement an Advertising and Sponsorship Policy which restricts Council advertising and sponsorship agreements with unhealthy commodities industries including gambling and betting products, services or organisations.	Communications Service Public Health
1.2 Update the information in the Council's Statement of Principles (Gambling Policy) on sensitive locations (places frequented by children and vulnerable persons) to reflect the latest evidence on those most at risk of gambling harms.	Public Health Licensing Service
1.3 Develop a Local Area Profile for Sheffield to strengthen the risk assessment of, and support decision-making on, new gambling premises licence applications.	Public Health Licensing Service
1.4 Promote the importance of action on gambling harms as both a public health and a safeguarding matter through the Sheffield Health and Wellbeing Board, Sheffield Adult Safeguarding Partnership and the Sheffield Children Safeguarding Partnership	Public Health Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership
1.5 Work with various parties including social care, NHS professionals, Special Education Needs and Disability (SEND) professionals and the Parent Carer Forum to raise awareness of gambling harms to 'adults at risk' and the help and support available.	Public Health Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership

Priority area and action	Responsible
2. Improving recognition and identification of gambling harms	
2.1 Provide training on gambling harms for a range of frontline staff and others, ensuring that it is free from industry influence and narratives and has experts by experience involved in quality control.	Public Health and ADPH Yorkshire and the Humber programme on gambling harms Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership Licensing Services
2.2 Identify appropriate 'screening questions' to support the identification of gambling harms and brief intervention and promote the embedding of these into assessment tools in frontline services.	Public Health Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership
2.3 Engage with businesses and services for people who are out of work to raise awareness of gambling harms and the support available.	Public Health Economy, Skills & Culture
2.4 Repeat the baseline mapping survey to measure changes in how local services are identifying gambling harms and referring on to help and support.	Public Health
2.5 Promote the ADPH Yorkshire and the Humber's Gambling Understood campaign at a local level.	Public Health Communications Team
NB. Please also see actions 5.4 and 5.5 under 'Providing effective treatment' which also support this priority.	

Priority area and action	Responsible
3. Protecting children and young people from gambling industry products and practices	
3.1 Work with schools, including specialist schools, to improve understanding of gambling harms and available support, promoting proactive referral to support rather than punitive approaches.	Public Health Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership
3.2 Support the provision of age appropriate Personal, Social, Health and Economic (PSHE) education in schools on gambling harms through provision of resources and train the trainer approaches.	Public Health Learn Sheffield
3.3 Seek to understand the harms caused to children and young people in Sheffield by their own gambling and exposure to other people's gambling.	Public Health Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership
3.4 Work with grass-roots clubs, coaches, safeguarding leads, and parents/carers to improve their understanding of gambling harms, seeking to reduce any exposure.	Public Health Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership
3.5 Work with the universities, colleges and sixth forms to ensure there is good recognition of gambling harms and knowledge of support and help available.	Public Health
3.6 Ensure the need to safeguard children and young people from gambling harms is understood by services.	Public Health Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership

Priority area and action	Responsible
4. Influencing the regulatory environment to make prevention a priority	
4.1 Scope planning policy options for addressing the cumulative impact of gambling premises in Sheffield through the Local Plan and agree and implement a way forward.	Public Health Planning Services
4.2 Advocate for reforms to planning and licensing legislation to give local authorities stronger decision-making powers and grounds for refusing both planning applications and licence applications for gambling premises.	Public Health Planning Services Licensing Service Stakeholder Group
4.3 Submit evidence-based objections to new gambling premises license applications mainly focusing on the city centre.	Licensing Service (Safeguarding Licensing Manager) with Public Health
4.4 Ensure that the Council's Statement of Principles (Gambling Policy) reflects the need to reduce gambling harms through effective regulation, staff training in safeguarding awareness and suicide prevention, risk-assessment, no single-staffing, age verification test purchasing activity and monitoring of the gambling environment.	Licensing Service Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership
4.5 Ensure that the Council's Statement of Principles (Gambling Policy) requires licensed operators to deliver suicide awareness training to their staff and record this for inspection.	Public Health Licensing Service
4.6 Work with licensed operators to ensure that appropriate measures are in place to identify and manage the risks and harms from gambling and undertake planned and unannounced compliance visits.	Licensing Service Sheffield Adult Safeguarding Partnership Sheffield Children Safeguarding Partnership

Priority area and action	Responsible
4. Influencing the regulatory environment to make prevention a priority (continued)	
4.7 Advocate that the Council's Statement of Principles (Gambling Policy) requires licensed operators to share data on refusals including under-age refusals, self-exclusion and age verification test purchasing with the Council for information and analysis.	Licensing Services Public Health
4.8 Advocate that licensed operators implement a Think 25 policy and monitor this during compliance visits.	Licensing Services Public Health
4.9 Implement the Council's agreed plan for age verification test purchasing in licensed gambling premises across the city ¹¹ .	Trading Standards Licensing Services
NB. Please also see actions 1.2 and 1.3 under 'Reducing exposure to gambling products, recognising the unfair distribution of gambling harms' which also support this priority.	
5. Providing effective treatment	
5.1 Promote the NHS Northern Gambling Service as the first line response for gambling treatment and recovery.	NHS Northern Gambling Service Public Health
5.2 Support and promote peer support and mutual aid for gambling recovery such as Gamblers Anonymous, GamFam, GamLearn and Smart Recovery.	Public Health NHS Northern Gambling Service
5.3 Support the gambling recovery community to join the Sheffield Recovery Community.	Public Health
5.4 Ensure treatment and support for gambling harms is included in local service directories and other relevant resources.	Public Health

¹¹ Council resources to be identified to undertake this work.

Priority area and action	Responsible
5. Providing effective treatment (continued)	
5.5 Ensure local treatment and support pathways for gambling harms are kept up to date and disseminated to local referrers.	Public Health

Acknowledgments

Stakeholder workshops and discussions

John Barker – Psychiatry Registrar, Addiction Research Clinical Fellow	Liz Ritchie – Gambling with Lives	Aoife Culkin, Medical Student
Magdalena Boo – Health Improvement Principal, Office of the Director of Public Health	Jenny Robertson –Service Manager - The Corner, Change Grow Live	Liddy Goyder, Professor of Public Health, ScHARR, University of Sheffield
Marina Ciaraldi - Housing Independence Officer, Housing independence Service (SCC).	Shervin Soltani – Team Leader in the Cost of Living Support Hub (SCC)	Ian Baxter, Senior Public Health Analyst
Kev Clelland – Director of Insight and Engagement, YGAM	Girish Vaidya – Consultant Child & Adolescent Psychiatrist	Freyja Cummings, Public Health Intelligence Apprentice
Sam Starsmore, Programme Lead – Education, YGAM	Colin Walsh – Gambler in recovery and Gamcare	Tony Ellingham, Housing Independence Commissioning Manager
Lindsay Doyle-Price – Business Development Manager, Sheffield MIND	Alex Westran – Operations Manager in the Cost of Living Support Hub (SCC)	Greg Fell, Director of Public Health
Sue Finnigan – Learn Sheffield/SCC Online Safety and Relationship and Sex Education	Christopher Wood – Head of Nursing, Sheffield Health & Social Care NHS Foundation Trust	Julie Hague, Licensing Manager, Sheffield Safeguarding Children’s Partnership
Maureen Hanniffy – Licensing Manager – Sheffield Children Safeguarding Partnership	Strategy support:	Joanna Rutter, Health Improvement Principal (Suicide Prevention Lead)
Rebecca Jones – Housing Independence Service	Dr Matt Gaskell, Consultant Psychologist & Clinical Lead for the NHS Northern Gambling Service	Business Support to Stakeholder Workshops:
Dylan Knight – lived experience and NHS data engineer	Zoe Clarke, Programme Manager (Gambling), Office for Health Improvement and Disparities, Department of Health and Social Care	Sharon Pugh – Business Support (note taker for minutes) Sheffield City Council
Olawale Lagundoye – Consultant Psychiatrist, SHSC	Simone Arratoonian, Health and Wellbeing Programme Manager, North East and Yorkshire Region, Office for Health Improvement and Disparities	Eleanor Burton – Development Principal, Office of the Director of Public Health
Kitty Reilly – Designated Professional Safeguarding Adults, NHS South Yorkshire Integrated Care Board-Sheffield	Mandy Craig, Vulnerability Manager, Sheffield Children Safeguarding Partnership	Leanne Renshaw – Development Principal, Office of the Director of Public Health
Charles Ritchie – Gambling with Lives		Siobhan Hattersley – Development Principal, Office of the Director of Public Health

Facilitation of co-production workshops and author of the original draft strategy 2022/23 –Magdalena Boo, Health Improvement Principal (Environment, Transport, Planning & Sustainability)
 Editing and updating of the final strategy document in 2024 – Anna Twelves, Health Improvement Principal (Public Mental Health). Thanks also to: Greg Fell, Director of Public Health for strategic direction; May Van Schalkwyk, Public Health Doctor and Honorary Research Fellow, London School of Hygiene and Tropical Medicine for editorial advice and guidance on framing and to Amanda Pickard, Health Improvement Principal (Wider Determinants) for comments on, and proof reading of, the final draft.

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