

Annual GB Treatment and Support Survey 2022

On behalf of GambleAware

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1 Key findings

People who gamble: gambling participation

Overall, 60% of adults living in Great Britain reported participating in any gambling activity in the previous 12 months (equating to an estimated 31.2 million GB adults¹) and 47% in the last four weeks (equating to an estimated 24.4 million GB adults).

There were small, but statistically significant, year-on-year increases among a number of different types of relatively low-prevalence gambling, including fruit or slot machines (2.3% in 2021 to 2.9% in 2022), gambling at a casino (1.3% in 2021 to 1.6% in 2022) and online bingo (3.7% in 2021 to 4.3% in 2022). Changes in these types of gambling are likely linked and suggest a continued resurgence of these activities following the Covid-19 pandemic.

Elsewhere, there was no change since 2021 in the levels of betting on football online (8.4%) or in-person (1.3%). However, the qualitative research revealed that the FIFA World Cup was an obstacle for those who felt a need to stop or reduce their gambling, because it made them feel as though they would be 'missing out'. The football tournament also acted as a 'temptation' for those who had previously attempted to quit. Overall, the relevance of football within social circles and a group culture of betting were key factors in making the FIFA World Cup a trigger, especially for men who gamble.

Problem Gambling Severity Index (PGSI) classification

Overall, 13.4% of adults (equivalent to approximately 6.9 million GB adults) surveyed scored 1+ on the PGSI scale (see section 3.2 for more detail). This is comparable to 2021 when 12.7% received this score. Eight percent were classified as low-risk on the PGSI scale (PGSI score of 1-2), 3% as moderate-risk (PGSI score of 3-7) and 2.9% as high-risk (with a PGSI score of 8+) – which means that 6% were classified as 3+. This equates to an estimate of approximately 3 million GB adults classified as PGSI 3+, and 1.5 million GB adults classified as PGSI 8+.

¹ Information on how this was calculated can be found in the introduction.

As reported previously, the proportion of people who gamble with a PGSI score of 1+ (i.e. experiencing any risk of harm) was higher among men and younger adults, and slightly higher among C2DEs (a term commonly used to describe those employed in broadly 'manual' occupations). Adults from ethnic minority communities also recorded higher average PGSI scores than White adults.

Proportions experiencing gambling harms

Depending on the definition used, the total number of people affected, either due to their own gambling or as a self-reported 'affected other', could range from 4.8 million to 10 million GB adults. Around one in five (19%), or an estimated 9.7 million people have a PGSI score of 1+ and/or are an affected other, around one in nine (11%), or an estimated 6.2 million people have a PGSI score of 3+ and/or are an affected other and around one in eleven (9%), or 4.8 million, have a PGSI score of 8+ and/or are an affected other.

The two key demographic variations here were found by ethnicity and age. Those from an ethnic minority background (16%) were twice as likely as White respondents to be classed as PGSI 8+ or to be an affected other. A declining trend is seen by age, with one in seven (14%) 18-24 year olds classified as PGSI 8+ and/or an affected other, compared to only one in twenty (5%) of those aged 65 and over.

Early exposure

This year, the research explored new areas including when people were first exposed to gambling and who they were with. Early exposure is very common, with three in five (59%) saying they were exposed before the age of 18, including 6% exposed before the age of 5 and 28% between the ages of 6-11. Early exposure is also associated with greater risk of gambling harms later in life; three in five (64%) of those classified as PGSI 8+ said they knew someone who gambled regularly before they turned 18, higher than any other PGSI group. Given that the majority reported having been exposed to gambling before the age of 18, parents top the list of who people say they were with when they were first exposed to gambling (32%): 27% were with their father, and 16% were with their mother. This was followed by friends and grandparents (both 10%), with siblings (7%) also relatively high on this list.

The qualitative research indicated that most felt positively about their early exposure, as this was perceived as an ordinary experience related to family activities. This included, for instance, spending time with a parent at the pub or watching the Grand National at home. This meant that, for many, gambling was a well-held memory from their childhood, which played a significant role later in life when they decided to start gambling themselves. Many described this family introduction as a 'turning point' for them, or a hobby that they had inherited from their family.

In Britain, the average (mean) age when people start gambling was 19, while the median was 18. The survey indicated that 18% of people started gambling between ages 18-24, 16% between the ages of 12-17, and 6% between 0-11. Those who could remember when they first gambled were asked who, if anyone, they were with at the time. Whilst most people tended to be with parents when they were first exposed to gambling, people were most commonly with friends (23%) when they first gambled. This was followed by "I was on my own", with around one in five (22%) providing this response. As was the case for exposure, however, most were with a family member of some kind (40% vs. 27% for non-family member), with parents being most commonly cited among this group (26%).

The extent of stigma

The stigma that surrounds gambling is a key barrier to many who gamble when seeking support and can also negatively impact the mental health of many who are at risk, in particular those classed as PGSI 8+. Three in ten (31%) of those with a PGSI score of 1+ said they have felt "embarrassed or ashamed" about their gambling, with 13% saying they feel this way all or most of the time. The proportion saying they feel this way all/most of the time rises to 27% among those with a PGSI score of 3+, and 48% of those with a PGSI score of 8+. These findings were confirmed in the qualitative interviews, where an overwhelming majority felt reluctant to talk about their gambling to family or friends. Those with a PGSI score of 8+, in particular, felt that their long history of gambling, and a pattern of stopping and relapsing had strained their relationships with loved ones, which added to the difficulty of seeking support.

When it comes to the groups perceived to be most judgmental towards those experiencing problems with their gambling, those classified as PGSI 8+ were less likely than other groups to think that the wider public are most judgemental and are more likely to say themselves. This stigma is often linked to feelings that gambling was not viewed as being as serious an addiction as alcohol or drugs due to its less apparent physical manifestations, causing many people who gamble to experience internalised shame. As a way to cope with these painful feelings, many seemed to have rationalised gambling as 'good gambling' (e.g. 'informed' political/sport betting) versus 'bad gambling' (e.g. slot machines or others predicated on chance). They perceived 'good gambling' as knowledge-based rather than compulsion-driven, hence feeling less guilty when engaging with it.

Number of self-reported affected others

Overall, seven percent of the adult population reported being an 'affected other' (those who have been negatively affected by another's gambling); comparable with 2021. This equates to an estimate of approximately 3.6 million GB adults. There is a known link between an individual's own gambling and experiencing issues from the gambling of others, with those classified as PGSI 8+ (17%) or PGSI 3+ (14%) more likely than others with lower PGSI scores or non-gamblers (7%) to qualify as affected others. Self-reported affected others were more likely to be women than men (8% vs. 6%), likely due to the male dominated gambling population and a higher proportion of heterosexual relationships than homosexual relationships resulting in more female partners and spouses being affected.

Whilst the majority of those who gamble felt their gambling had no impact on others, those who thought others were negatively affected were most likely to identify impacting between 1-3 people. Those with a PGSI score of 8+ were more likely to identify impacting a higher proportion of people – for example 23% said between 4-6 and 19% said 7-9.

Type of affected other

Affected others were most likely to be negatively affected by the gambling of someone in their immediate family (55%), most commonly a spouse or partner, or a parent. Those affected by a spouse or partner were more likely to report a severe negative impact, likely due to the close nature of this relationship (e.g. shared finances, living together, children). Impacts include negative effects on relationships (e.g. less quality time together, lack of trust or arguments), negative emotions such as anxiety and depression, and financial difficulties.

Impacts on affected others

Gambling can have a profound impact on the day-to-day lives of not only those who gamble, but those close to them, via resources (e.g. work and employment, money and debt, crime), health (e.g. physical health, psychological distress, mental distress) and relationships (e.g. partners, families and friends, communities). It is widely cited that gambling problems can have an impact on relationships, with the vast majority of affected others (78%) saying that a relationship had been affected by the gambling problem of someone else.

Cost of living crisis

Those with a PGSI score of 8+ were the least likely to report worry about the cost of living crisis, compared to any other group, with one in eight (12%) reporting that they were not worried at all. Among this audience, while there was no difference by gender, younger people were the least likely to be worried about the cost of living, with half (50%) of 18-34 year olds stating this, compared to two in three (68%) of those aged 35+. Conversely, affected others reported the highest level of worry, with half (51%) reporting they were 'very worried'.

Those with PGSI score of 8+ were the most likely to say that they would be more likely to gamble in the next six months as a result of the cost of living crisis, with three in ten (31%) stating this, compared to 27% with a PGSI score of 3+ (still relatively high) and 20% of those with a PGSI score of 1+. Those with a PGSI score of 1+ were most likely to report that the cost of living crisis would have no impact on their gambling in the next six months (35%), compared to a quarter (26%) of those with a PGSI score of 8+.

The qualitative research echoed this mixed impact. The cost of living crisis caused some people to reduce their gambling practices, as the guilt and shame stemming from gambling losses has increased in the current climate. These feelings were particularly salient for those with young families and caring responsibilities, as they felt a duty to 'be responsible' under the challenging circumstances. Although a minority, some have increased their gambling as an attempt to generate income and cope with the cost of living crisis. Overall, those who gamble have experienced the crisis as a multifaceted challenge which strains finances, amplifies guilt and negatively affects mental health.

Relapse rates

The data suggests that many are aware their gambling is having a negative impact on themselves and others, and there is evidence of large proportions reporting they have attempted to reduce their gambling. Three in five (59%) of those classified as PGSI 8+ said they had attempted to stop or reduce their gambling in the last 12 months. This compares to half (50%) of those with PGSI score of 3+ and three in ten (31%) with a PGSI score of 1+. A common theme among most respondents in the qualitative research phase was the desire or the preference to reduce gambling, rather than stopping it completely, with many respondents saying the former felt more achievable. Across all PGSI groups, the majority of those who have tried to stop or reduce their gambling report relapsing in the past 12 months. Relapse was highest amongst those with a PGSI score of 8+ (87%), with 72% of those who have a PGSI score of 3+ reporting relapse and 64% of those with a PGSI score of 1+ reporting a relapse in the last 12 months.

People who gamble: usage of support and treatment

Among those classified as PGSI 8+, 34% had not used any form of advice, support or treatment to reduce their gambling in the past 12 months. This was comparable with 2021 findings (36%). By contrast, 83% of those at moderate risk (PGSI score of 3-7) and 95% of those at low risk (PGSI score of 1-2) reported this, again comparable with 2021. This includes three in five (59%) of those with a PGSI score of 3+. Among those with a PGSI score of 1+, one in five (21%) reported using either advice, support or treatment to cut down on their gambling in the previous 12 months. This is comparable with 2021 findings (20%).

People who gamble: demand for advice, support and treatment

One in five (19%) of those with a PGSI score of 1+ said they wanted some form of advice, support or treatment, an increase on 2021 (16%). This rises to 40% of those with a PGSI score of 3+ and 65% of those with a PGSI score of 8+. For PGSI 8+, this is statistically significantly higher than 2021 findings (57%).

The predominant barrier to seeking advice, support or treatment was the perception that personal gambling habits were not harmful or that only small amounts were gambled; this was stated by two in five (44%) of those with a PGSI score of 1+. Among those with a PGSI score of 8+, stigma (e.g. feeling embarrassed, not wanting people to find out) was the most common barrier for not seeking support (40%).

One in four (25%) of those with a PGSI score of 1+ recognised one or more factors which might motivate them to seek advice, support or treatment, rising to two in three (67%) for those with a PGSI score of 8+. The most common was knowing support was available via a particular channel (telephone, online or face-to-face) (9%). Other key motivators were knowing that support was easy to access, including the ability to self-refer, or a partner or family member speaking to them about it.

Affected others: usage of advice, support and treatment

One in four (26%) self-reported affected others had sought advice or support for themselves, either from a friend or family member or from treatment services (such as mental health services or a GP). Prevalence of seeking advice, support and treatment was higher among self-reported affected others who also gamble with a PGSI score of 1+; nearly two in five (38%) reported seeking advice or support in some form.

Concern for safety and wellbeing (38%), and a relationship being affected by gambling (37%) were the most common prompts given by affected others for seeking advice, support or treatment. This was followed by needing help/knowledge on how to deal with the situation (35%).



Affected others: current demand for advice, support and treatment

Affected others indicated their continuing need for advice and support (22%). Again, mirroring usage, there was reported demand for support and advice, as well as treatment services. The most common reason for not wanting advice or support among affected others was thinking the treatment or support would not be helpful (36%), or the person who gambles not considering their gambling a problem (33%).

2 Introduction

This report presents the findings of a study conducted in November 2022, which explored the usage of, and reported demand for, advice, support and treatment among those who gamble and those affected by another's gambling. This is an annual study, previously conducted in November 2021, November 2020 and October 2019. The research was conducted by YouGov on behalf of GambleAware.

2.1 Background

In October 2019, GambleAware commissioned YouGov to undertake a study to explore usage of and reported demand for advice, support and treatment among those with a PGSI score of 1+² and affected others³. The study also explored motivations and barriers in relation to seeking treatment or support. This formed part of a wider research initiative to examine gaps and needs that exist within all forms of treatment and support services for those experiencing gambling harms and those affected by another's gambling.

In 2020, 2021 and 2022, the study was repeated with the objective of providing an updated picture of the factors outlined above. This would identify changes in key measures such as usage of or reported demand for advice, support and treatment, as well as exploring areas such as the barriers to reaching out.

² See 'Problem Gambling Severity Index (PGSI)' on pages 12-13 for a full description of PGSI score.

³ Affected others were defined as anyone who: 1) thought that someone in their life had had a gambling problem (at any point in the past) and 2) felt that they had been personally affected by this person's gambling.

2.2 Method

The 2022 study consisted of an online quantitative survey of 18,305 GB adults. It also included a qualitative element, comprising 30 in-depth telephone interviews.

Quantitative survey method

The 2022 Annual GB Treatment and Support study was conducted using YouGov's online panel, consisting of 400,000 active panelists who have signed up to do surveys in the UK. YouGov employs an active sampling method, drawing a sub-sample from its panel that is representative by socio-demographics (in this case: age, gender, region, National Readership Survey (NRS), social grade, and ethnic group). YouGov has a proprietary, automated sampling system that invites respondents based on their profile information to align with targets for surveys that are currently active.

Respondents are contacted by email (example email can be found in the appendix) and invited to take part in an online survey. At this stage, respondents do not know the subject and are contacted via a brief, generic email invitation. This helps to minimise bias from those opting in/out based on level of interest in the survey topic. Additionally, conducting research in an online setting, where respondents feel a greater sense of anonymity, has been shown to minimise social desirability bias.

The 2022 Annual GB Treatment and Support study fieldwork was carried out between 31st October – 23rd November. In total, 18,305 adults in Great Britain were surveyed, including 2,483 PGSI 1+. Data was then weighted by age, gender, UK region, NRS social grade and ethnic group, to make the sample representative of the overall GB adult population.⁴

⁴ See the technical appendix for more information on the weighting process.

Qualitative interviews

YouGov's qualitative research team invited 30 respondents from the quantitative survey to take part in a 30 – 45 minute telephone interview to further understand their experiences as people who gamble, as well their use of advice, support and treatment and any enablers and barriers to accessing help. The qualitative stage in the 2020 and 2021 studies consisted of 20 interviews with those who gamble, and 10 interviews with affected others. The interviews sought to better understand gambling influences, and the consequences of gambling both for those who gamble, and for others in their lives – such as family members, partners, or friends. These findings provided a rich level of detail on the financial, social, emotional and practical ramifications for affected others and learnings to take forward. Thus, it was decided that the main audience group for the 2022 survey would comprise solely of those classed as 'moderate-risk' (PGSI score of 3-7) and 'Problem Gamblers' (PGSI 8+), including individuals that had tried to stop gambling, or reduce their gambling in the last 12 months.

The aim of this focus was to better explore the experiences of relapse, including triggers, and potential limitations in forms of advice, treatment and support currently available, particularly as the 2021 study highlighted the necessity of long-term methods of advice, support and treatment for those who gamble due to the high likelihood of relapse.

Across the interviews, there was also a mix of:

- Region
- Age
- Gender
- Ethnicity
- Social grade
- Gambling activities (including online and offline, types of products)
- Use of and type of advice, treatment and support

In line with the Market Research Society (MRS) Code of Conduct, respondents were incentivised for their time (with a £30 retail voucher). Respondents were also signposted towards relevant support services at the end of the interview. A discussion guide was designed in partnership with GambleAware and covered the key topics from the survey in greater depth.

2.3 Standardised tools and classifications

This section outlines the standardised tools and classifications that were used in the survey and analysis process.

Problem Gambling Severity Index (PGSI)

The study used the full (9-item) PGSI to measure levels of gambling behaviour which may cause harm to the person who gambles. The PGSI⁵ consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling'. Each item was assessed on a four-point scale: never, sometimes, most of the time, almost always. Responses to each item were given the following scores: never = 0; sometimes = 1; most of the time = 2; almost always = 3.

The nine items are listed below:

- Have you bet more than you could really afford to lose?
- Have you needed to gamble with larger amounts of money to get the same excitement?
- When you gambled, did you go back another day to try and win back the money you lost?
- Have you borrowed money or sold anything to get money to gamble?
- Have you felt that you might have a problem with gambling?
- Has gambling caused you any mental health problems, including stress or anxiety?
- Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
- Has your gambling caused any financial problems for you or your household?
- Have you felt guilty about the way you gamble or what happens when you gamble?

When scores for each item were summed, a total score ranging from 0 to 27 was possible. Respondents were placed into the categories listed in Table 1 according to their score on the PGSI measure. The report often refers to those who gamble with a score of 1+; this term encompasses low-risk (PGSI score of 1-2), moderate-risk (PGSI score of 3-7) and 'Problem Gamblers' (PGSI 8+). This threshold is recommended by developers of the PGSI and is used in the current as well as previous reports.

⁵ 'Gambling behaviour in Great Britain' (NatCen, 2016): <http://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>

Table 1. PGSI score categories

Category	PGSI score
Non-problem gambler	0
Low-risk (those who experience a low level of problems with few or no identified negative consequences)	1-2
Moderate-risk (those who experience a moderate level of problems leading to some negative consequences)	3-7
'Problem Gambler' (those who gamble with negative consequences and a possible loss of control)	8+

Ethnicity Classification

Ethnicity is among the demographic data that YouGov already holds on its panellists, so it was not asked in the GambleAware survey. Respondents self-report their ethnicity using the question “What ethnic group best describes you?”. The question is consistent with the UK Census categories to ensure that data collected is comparable to other datasets.

The question is single code, meaning that respondents must choose a best fit description of their ethnicity, rather than being able to fully self-define. The categories used to analyse responses by ethnicity are constructed for the purpose of quantitative analysis and are outlined in Table 2. The overall Black, Asian and Minority Ethnic (ethnic minorities) grouping encompasses the following ethnic groups outlined in the table below: Mixed/Multiple ethnic groups, Asian/Asian British, Black/African/Caribbean/Black British and other ethnic group.

Table 2. Ethnicity breakdown

What ethnic group best describes you? <i>Please select one option only.</i>	Census classification	Grouping used in reporting
White and Black Caribbean	Mixed/Multiple ethnic groups	Black (inc. mixed white / Black)
White and Black African	Mixed/Multiple ethnic groups	Black (inc. mixed white / Black)
African	Black/ African/Caribbean/Black British	Black (inc. mixed white / Black)
Caribbean	Black/ African/Caribbean/Black British	Black (inc. mixed white / Black)
Any other Black / African / Caribbean background	Black/ African/Caribbean/Black British	Black (inc. mixed white / Black)
White and Asian	Mixed/Multiple ethnic groups	Asian (inc. mixed white / Asian)
Indian	Asian/Asian British	Asian (inc. mixed white / Asian)
Pakistani	Asian/Asian British	Asian (inc. mixed white / Asian)
Bangladeshi	Asian/Asian British	Asian (inc. mixed white / Asian)
Chinese	Asian/Asian British	Asian (inc. mixed white / Asian)
Any other Asian background	Asian/Asian British	Asian (inc. mixed white / Asian)
Any other Mixed / Multiple ethnic background	Mixed/Multiple ethnic groups	Other Mixed / Other
Arab	Other ethnic group	Other Mixed / Other
Any other ethnic group	Other ethnic group	Other Mixed / Other

Social Grade

Social grade is a classification system based on occupation. Developed by the NRS, social grade has been the research industry’s source of social-economic classification for over 50 years. The categories can be found in Table 3. For analysis purposes, the current report groups the categories together into ABC1 and C2DE, allowing key comparisons to be made. The brackets ‘ABC1’ and ‘C2DE’ are commonly used to describe those employed in broadly ‘white collar’ and broadly ‘manual’ occupations respectively.

Table 3. NRS Social Grade categories

		% of population (NRS Jan- Dec 2016)
A	Higher managerial, administrative and professional	4
B	Intermediate managerial, administrative and professional	23
C1	Supervisory, clerical and junior managerial, administrative and professional	28
C2	Skilled manual workers	20
D	Semi-skilled and unskilled manual workers	15
E	State pensioners, casual and lowest grade workers, unemployed with state benefits only	10

Alcohol Use Disorder Identification Test – Consumption (AUDIT-C)

AUDIT-C provides a composite measure of alcohol consumption levels, incorporating: frequency of drinking, units consumed on a typical occasion, and frequency of drinking six units or more (for women) or eight units or more (for men). These three questions each carry a score of 0-4 depending on the answer given. This gives each individual an AUDIT-C score between 0 and 12. Scores have been grouped as shown in Table 4.

Table 4. AUDIT-C categories

Category	AUDIT-C score
Low risk	0-4
Increasing risk	5-7
Higher risk	8-12

The Warwick-Edinburgh Mental Wellbeing Scales – WEMWBS

WEMWBS is a way of measuring mental wellbeing. It involves asking respondents 14 statements about mental wellbeing using a five-level response scale. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 14 items are then summed, yielding a minimum score of 14 and a maximum score of 70; higher scores indicate greater positive mental wellbeing.

For analysis purposes we have classified respondents as:

- Low mental wellbeing (14-42)
- Medium mental wellbeing (43-60)
- High mental wellbeing (61-70)

The question text for this scale can be found in the appendix.

Advice, support and treatment

Throughout this report, when discussing the types of advice, support and treatment people can receive to help manage their gambling, we refer to 'treatment services' and 'sources of advice and support'. Treatment services include a range of professional services, including mental health services (e.g. counsellor, therapist), specialist face-to-face treatment service for gambling, and other addiction services (e.g. drug or alcohol). Sources of advice and support include friends and family members, websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare) and spouses/partners, amongst others.

In the report, we have also grouped sources of advice, support and treatment into other categories, such as 'medical and professional services' and 'gambling self-help methods' (for example). Table 5 below gives the full breakdown of sources.

Table 5. Sources of advice, support and treatment

Source	Advice, support and treatment type	Additional grouping
GP	Treatment	Medical and professional services
Mental health services (e.g. counsellor, therapist) – NHS (online and face-to-face)	Treatment	Medical and professional services
Mental health services (e.g. counsellor, therapist) – Private (online and face-to-face)	Treatment	Medical and professional services
Social worker, youth worker or support worker	Treatment	Medical and professional services
National Gambling Treatment Service	Treatment	Gambling and addiction services
Other specialist gambling specific services (e.g. AnonyMind and Therapy Route)	Treatment	Gambling and addiction services
Other addiction service (e.g. drug or alcohol)	Treatment	Gambling and addiction services
A support group (e.g. Gamblers Anonymous)	Support and advice	Support, faith or online groups
A faith group	Support and advice	Support, faith or online groups
Online forum or group	Support and advice	Support, faith or online groups
Your spouse/partner	Support and advice	Close contacts
Friends or family members	Support and advice	Close contacts
Your employer	Support and advice	Close contacts
Books, leaflets or other printed materials	Support and advice	Resources on gambling
Websites (e.g., BeGambleAware.org, Citizen's Advice, GamCare)	Support and advice	Resources on gambling
National Gambling Helpline	Support and advice	Telephone helplines
A telephone helpline (e.g. National Gambling Helpline)	Support and advice	Telephone helplines
Self-help apps or other self-help tools	Support and advice	Gambling self-help methods

Self-exclusion (e.g. blocking software or blocking bank transactions)	Support and advice	Gambling self-help methods
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2.4 Notes for interpretation

The findings throughout the report are presented in the form of percentages, and all differences highlighted between subgroups are statistically significant at an alpha level of 0.05 unless otherwise indicated. In some instances, apparent differences between figures may not be considered 'statistically significant' due to sample sizes. Findings that did not reach our chosen level of statistical significance do not necessarily mean that no change has occurred (e.g. year on year), but a failure to detect differences due to *change*, from differences due to *sampling variation*.

In the charts, statistically significant differences are indicated in red (meaning statistically significantly lower) and green (meaning statistically significantly higher). Where percentages do not sum up to 100, this is due to rounding, the exclusion of 'don't know' and 'prefer not to say' responses, or because respondents could give multiple answers.

Population estimates

Population estimates have been calculated using data from the 2022 Annual GB Treatment and Support Survey and the latest ONS mid-year estimates (for Great Britain, 18+, 2021). These are based on a total population size of 51,718,632 GB adults aged 18+⁶. For example, in order to estimate the number of those with a PGSI score of 1+, the proportion in the survey (13.4%) was multiplied by the total population. This figure was then rounded to the nearest thousand (6,930,000).

⁶ ONS (2022) [Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland](#)

3 People who gamble

3.1 Gambling participation

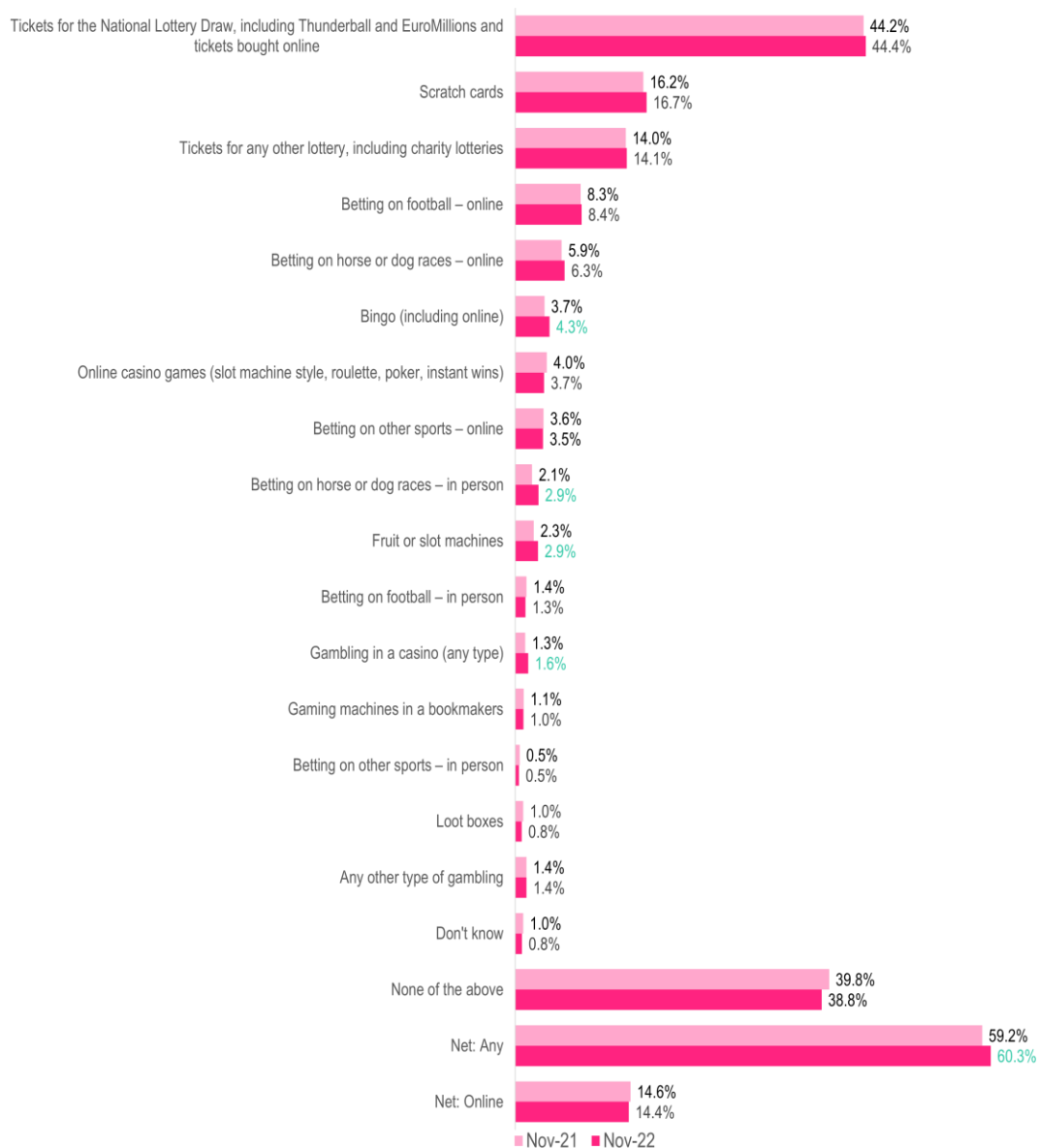
Survey respondents were asked about their participation in a range of different types of gambling activities over two different time periods: the previous 12 months and the previous 4 weeks. Overall, six in ten (60.3%) adults living in Great Britain reported participating in gambling in the last year (compared to 59.2% in 2021). This equated to approximately 31.2 million people in Britain having gambled in 2022. Just under half (47.2%) reported participating in some form of gambling in the last 4 weeks, compared to 46.1% last year. This equated to 24.4 million adults in Great Britain having gambled recently. Whilst small, these were both statistically significant differences year on year.

The proportion that participated in the most common form of gambling in the past year, the National Lottery, remained at just under half the population in 2022 (44.4%). The numbers participating in the two other most common forms of gambling, scratch cards (16.7%) and tickets for other types of lottery (14.1%) were both unchanged from 2021.

Small, but statistically significant, year-on-year increases were observed among a number of different types of relatively low-prevalence gambling. The proportion gambling on fruit or slot machines rose from 2.3% in 2021 to 2.9% in 2022, with the same effect seen for gambling at a casino (from 2021 in 1.3% to 1.6% in 2022). Changes in these types of gambling were likely linked and suggested a continued resurgence of these activities following the Covid-19 pandemic. Other than this, the proportion playing online bingo also rose slightly from 3.7% in 2021 to 4.3% in 2022.

Elsewhere, there was no increase in levels of betting on football online (8.4%) or in-person (1.3%), with this lack of change likely due to the rescheduled UEFA Euro 2020 having taken place the year prior. There was a year-on-year increase in in-person sports betting from 2021 (3.2%) to 2022 (4.0%), although this was driven solely by the continued increase in in-person gambling on horse or dog racing (from 2.1% in 2021 to 2.9% in 2022). There was not a statistically significant change this year in online sports betting (11.8% in 2021 and 12.0% in 2022).

Figure 1. Gambling participation by study year



Base: all GB adults in 2021 (18,038) and 2022 (n=18,305)

The qualitative research revealed that the FIFA World Cup 2022 in Qatar was a factor in some feeling less inclined to want to stop gambling. Some felt that they would like to quit or reduce their gambling, but that the World Cup discentivised them from doing so, for ‘fear of missing out’, and made it increasingly difficult to resist gambling, particularly in social situations where there was a group culture of betting within their social circles. For some, the World Cup was also a trigger in restarting gambling, after attempting to quit.

This response to the World Cup was particularly prevalent amongst the males who were interviewed.

“I didn’t touch it for months [gambling], and then in the last few weeks I had a bit more disposable income, and the World Cup came on. I thought ‘you know what? I love a bet on the football’, and then this bet on the football turns into ‘let’s have a quick go on the slots again.’” (Person who gambles – 40, Male, East Midlands, PGSI – 14)

“I think the World Cup just came out at the wrong time...it came around as the cold, early, dark nights drew in. I think I’d just sit in with nothing to do and I thought, why not?” (Person who gambles – 44, Male, Yorkshire and the Humber, PGSI – 4)

Rates of gambling remained higher among certain groups, including men, those aged 35-54, those in social grades ABC1 and White respondents. Two-thirds (64%) of men reported having participated in some form of gambling in the last 12 months, compared to 57% of women. The gender divide in types of gambling in 2022 was unchanged from 2021, with men more likely to take part in all forms of gambling apart from scratch cards, other types of lotteries, and bingo.

Looking at trends in participation over time, rates of gambling remained the same among both genders compared to 2021, with the 1% increase among men and 1.2% increase among women both statistically insignificant. Participation among men was equal to the 2019 pre-pandemic level (also 64%), though participation among women remained 2 points below 2019 levels.

The overall increase observed in gambling on fruit or slot machines and bingo was observed among both genders, with increases of around half a percentage point each. The rise in gambling in a casino was only statistically significant among men, with a rise from 1.7% in 2021 to 2.3% in 2022. At the same time, the increase in betting on horse or dog races in-person was driven by women (from 1.3% in 2021 to 2.4% in 2022), with no statistically significant change among men. Similarly, there has also been an increase in the number of women betting on horse or dog races online this year (3.8% in 2021 and 4.4% in 2022), which again was not observed for men. Indeed, men were more than twice as likely to report having taken part in any type of online gambling (19% of men vs. 8% of women).

Table 6. Gambling participation by study year⁷

	All adults			
	2019 (12,161)	2020 (18,879)	2021 (18,038)	2022 (18,305)
National Lottery including Thunderball, EuroMillions	44.2%	41.3%	44.2%	44.4%
Tickets for other/charity lotteries	13.7%	13.8%	14.0%	14.1%
Scratch cards	18.9%	16.9%	16.2%	16.7%
Gaming machines in a bookmakers	1.3%	0.9%	1.1%	1.0%
Fruit or slot machines	3.5%	2.1%	2.3%	2.9%
Bingo (including online)	4.9%	3.5%	3.7%	4.3%
Gambling in a casino (any type)	2.0%	1.1%	1.3%	1.6%
Online casino games (slot machine style, roulette, poker, instant wins)	3.0%	3.6%	4.1%	3.6%
Sports betting (combined)	16.4%	12.1%	13.5%	14.2%
Loot boxes	n/a	n/a	0.7%	0.8%
Other type of gambling	1.8%	1.8%	1.4%	1.4%
None of the above/Don't know	38.9%	43.9%	40.8%	39.7%
Net: Any gambling	61.1%	56.1%	59.2%	60.3%
Net: Any online gambling	13.4%	12.1%	14.2%	14.3%

⁷ For each of the tables, statistically significant differences vs. the previous year are indicated in red (significantly lower) and green (significantly higher). Base sizes are shown at the top of each column.

Table 7. Gambling participation by gender and study year

	Men				Women			
	2019	2020	2021	2022	2019	2020	2021	2022
	(5,971)	(9,020)	(8,389)	(8,653)	(6,190)	(9,859)	(9,649)	(9,652)
National Lottery including Thunderball, EuroMillions	46.6%	45.3%	47.5%	48.0%	41.8%	37.5%	41.0%	41.0%
Tickets for other/charity lotteries	12.7%	12.6%	13.1%	13.0%	14.7%	15.0%	14.9%	15.2%
Scratch cards	17.3%	15.7%	15.1%	15.1%	20.4%	18.1%	17.3%	18.1%
Gaming machines in a bookmakers	1.9%	1.3%	1.5%	1.7%	0.6%	0.5%	0.6%	0.4%
Fruit or slot machines	4.3%	2.8%	2.8%	3.5%	2.8%	1.4%	1.8%	2.3%
Bingo (including online)	3.2%	2.5%	2.5%	3.1%	6.4%	4.5%	4.9%	5.5%
Gambling in a casino (any type)	2.6%	1.6%	1.7%	2.3%	1.3%	0.6%	0.8%	1.0%
Online casino games (slot machine style, roulette, poker, instant wins)	4.0%	4.7%	5.3%	5.6%	2.1%	2.6%	3.0%	3.0%
Sports betting (combined)	22.6%	18.5%	19.7%	19.5%	10.5%	5.9%	7.5%	9.0%
Loot boxes	n/a	n/a	1.1%	1.3%	n/a	n/a	0.3%	0.3%
Other type of gambling	2.5%	2.7%	1.8%	1.8%	1.0%	0.9%	1.1%	1.1%
None of the above/Don't know	36.3%	39.8%	37.3%	36.3%	41.4%	47.8%	44.1%	42.9%
Net: Any gambling	63.7%	60.3%	62.7%	63.7%	58.6%	52.2%	55.9%	57.1%

Net: Any online gambling	19.0%	18.0%	20.0%	19.9%	8.2%	6.7%	8.4%	9.0%
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Respondents in the middle age group (35-64) were more likely to report participating in some form of gambling in the last year, with nearly two in three (66%) of this group having done so, compared to three in five (59%) of those aged 65+ and half (52%) of those aged under 35. Gambling prevalence has seen a statistically significant increase since 2020 among all three of these age groups, though no significant change is observed compared to 2021.

Aged-related patterns in different types of gambling activities remained, with older age groups more likely to participate in the National Lottery (52% of those aged 35-54 participate in the National lottery, compared to 49% aged 55+ and 30% aged 18-34), while sports betting was more popular among younger people (17% of those aged 18-34 participate in the sports betting, compared to 10% aged 55+ and 16% aged 35-54). The likelihood of participating in some form of online gambling was highest among those aged under 35 (19%), compared to 16% of 35-64 year olds and 6% of those aged 65 and older.

Table 8. Gambling participation by age (2022)

	18-24	25-34	35-44	45-54	55-64	65+
	(2089)	(3131)	(3203)	(3257)	(2616)	(3947)
National Lottery inc. Thunderball, EuroMillions	18.3%	37.6%	47.6%	55.1%	53.3%	45.7%
Tickets for other/charity lotteries	6.2%	9.3%	12.3%	14.7%	18.1%	19.8%
Scratch cards	17.2%	21.7%	23.8%	17.5%	13.4%	9.2%
Gaming machines in a bookmakers	2.5%	2.0%	1.5%	0.5%	0.4%	0.1%
Fruit or slot machines	4.0%	4.2%	4.0%	3.1%	1.9%	1.0%
Bingo (including online)	5.4%	6.3%	5.2%	4.0%	3.3%	2.8%
Gambling in a casino (any type)	3.1%	3.5%	2.0%	1.0%	0.8%	0.4%
Online casino games (slot machine style, roulette, poker, instant wins)	5.7%	7.5%	5.8%	4.8%	2.6%	0.9%
Sports betting (combined)	14.4%	18.4%	17.6%	15.1%	14.0%	8.0%
Loot boxes	2.2%	2.0%	0.7%	0.5%	0.1%	0.0%
Other type of gambling	1.7%	2.3%	1.4%	1.5%	1.1%	0.8%
None of the above/Don't know	57.3%	41.9%	35.1%	32.9%	34.8%	41.2%
Net: Any gambling	42.7%	58.1%	64.9%	67.1%	65.2%	58.8%
Net: Any online gambling	17.2%	20.5%	18.9%	15.3%	12.2%	6.0%

Those in social grades C2DE (62%) remained slightly more likely to have gambled in the last year than ABC1s (59%), the gap remaining stable from that seen in 2021. Gambling on the National Lottery, as well as scratch cards and online bingo, remained more popular among C2DEs, with tickets for other types of lotteries slightly more popular among those in social grades ABC1.

Analysis by deprivation level using the Index of Multiple Deprivation (IMD) revealed similar findings. While those living in the 30% most deprived areas were no more likely than those living in the 30% least deprived to gamble overall (both 61%), certain specific types of gambling were more common among the most deprived groups compared to the least deprived. The largest of these gaps was seen in gambling on scratch cards (20% vs. 14% respectively) and bingo (6% vs. 3%).

Similar trends remained in terms of analysis by ethnicity, with three in five people from White (62%) ethnic backgrounds or Black or Mixed (60%) backgrounds having gambled in the last year, compared to 44% of those from an Asian background and 55% from any other ethnic background. The only group for whom this represented a statistically significant change from 2021 was White adults, which rose by 2 percentage points.

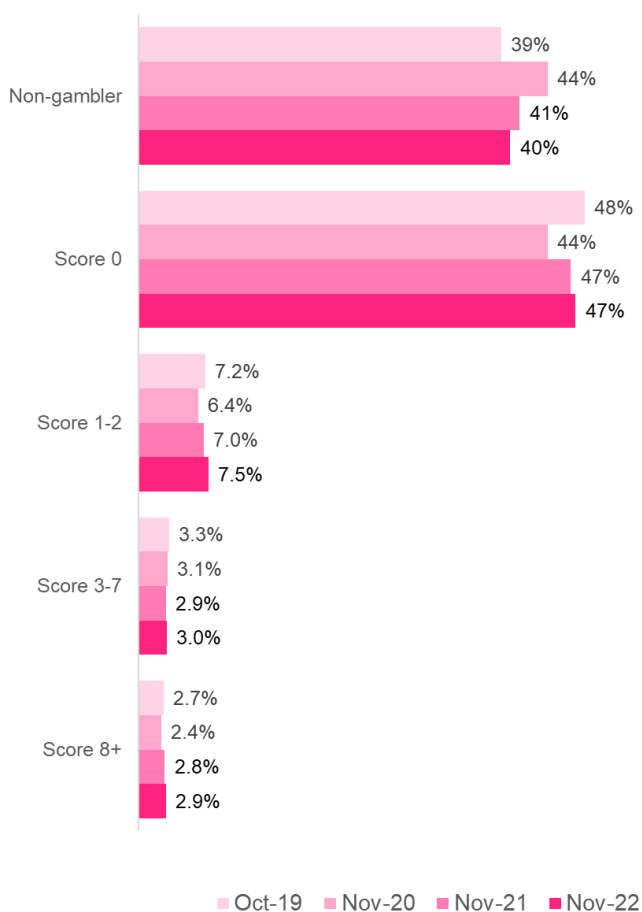
There was considerable variation across ethnic groups in types of gambling they participated in. White adults (46%) were more likely than those from ethnic minority backgrounds (35%) to gamble on the National Lottery and to participate in sports betting (15% vs. 11%). In contrast, gaming-oriented gambling activities, such as gaming machines in a bookmakers (3% vs. 1%) or gambling in a casino (3% vs. 1%) were more popular among ethnic minority adults than those from a White ethnic background.

3.2 Extent of harmful gambling

Overall, 13.4% of adults had a PGSI score of 1+, comparable with 12.7% having had this score in 2021. We found that the proportion of adults with a PGSI score of 1 or higher has now reached the same level as was seen pre-pandemic in 2019, when the figure was 13.2%. In real terms, this can be compared to approximately 6.9 million adults living in Britain. This increase aligned with previous surveys and indicated that levels of gambling harms have continued to rise. Eight percent of the population were classified as low-risk (PGSI score of 1-2); 3.0% percent as moderate-risk (PGSI score of 3-7) and 2.9% percent as 'Problem Gamblers' (PGSI 8+).

When looking only at people who gamble, it was found that 22.2% of this group were classified as PSGI 1+, in line with the proportion classified as such in 2021. One in eight (12.5%) were classed as low-risk, 5.0% as moderate risk and 4.7% as ‘Problem Gamblers’. These figures were at comparable levels to those observed in previous years.

Figure 2. PSGI classification by study year



Base: all GB adults in 2019 (Phase 1, n=12,161), 2020 (18,879), 2021 (n=18,038) and 2022 (n=18,305)

The proportion of people surveyed falling into each PSGI category equated to the following estimated numbers in the overall GB adult population:

- PSGI score of 1+: 6,930,000 GB adults (~1 in 8)
- PSGI score of 1-2: 3,879,000 GB adults (~1 in 13)
- PSGI score of 3-7: 1,552,000 GB adults (~1 in 33)
- PSGI score of 3+: 3,051,000 GB adults (~1 in 16)
- PSGI score of 8+: 1,500,000 GB adults (~1 in 35)

Minor, but still statistically significant changes were observed in PGSI score classification when compared to 2021, with the number of respondents classified as PGSI 1+ increasing from 7.0% to 7.5%. Significant differences were observed when comparing the 2022 data to two years ago, with the proportion of the population classified as PGSI 1+ rising from 11.8% in 2020 to 13.4% in 2022. Minor changes were also seen in the numbers classified as PGSI 8+ in particular, from 2.4% in 2020 to 2.9% in 2022.

Men remained nearly twice as likely as women to have a PGSI score of 1+, with this gender gap holding for the number of respondents classified as PGSI 3+ and PGSI 8+. However, Table 9 below shows the statistically significant change among either gender in terms of classification on the PGSI scale since 2021 was minimal. Men report no change across any category from 2019 to 2022, while the increase in the numbers classified as PSGI 1-2 was driven by a statistically significant increase among women of just under 1 percent.

Table 9. PGSI score categories – by sex and study year

	Men				Women			
	2019	2020	2021	2022	2019	2020	2021	2021
	(5971)	(9020)	(8389)	(8653)	(6190)	(9859)	(9649)	(9652)
Non-gambler	36.3%	39.7%	37.3%	36.3%	41.4%	47.8%	44.1%	42.9%
Non-problem gambler (score 0)	46.7%	44.5%	46.5%	46.6%	49.0%	44.1%	46.5%	47.3%
Low-risk gambler (score 1-2)	8.9%	8.3%	8.7%	9.0%	5.6%	4.5%	5.3%	6.1%
Moderate-risk gambler (score 3-7)	4.5%	4.2%	3.8%	4.1%	2.1%	2.1%	2.1%	1.9%
'Problem Gambler' (score 8+)	3.6%	3.3%	3.7%	4.0%	1.9%	1.5%	2.0%	1.8%
All gamblers with a score of 1+	17.0%	15.8%	16.2%	17.1%	9.6%	8.1%	9.3%	9.8%
All gamblers with a score of 3+	8.1%	7.4%	7.5%	8.1%	4.0%	3.5%	4.0%	3.7%

As mentioned previously, 35–54 year olds were the only age group with a statistically significant increase in the numbers participating in gambling since 2021, although this did not lead to a subsequent rise in gambling disorder among this group. While there was a significant increase in the proportion of this group classed as PGSI 0, from 49.8% to 51.2%, no changes were observed in the proportion of this group classified within any of the PGSI score categories (1 or above) listed in Table 10 below. This indicated that while this group were driving part of the rise over the last year in the overall number of people gambling, the proportion of this group experiencing gambling-related harms was unchanged. No statistically significant year-on-year changes were observed among those aged 55+ in terms of likelihood to gamble nor PGSI scores compared to 2021.

A slightly different pattern was observed among those aged 18-24 and 25-34. While neither of these groups saw statistically significant changes in terms of the proportions that were gambling, they did see increases in the proportion classed as PGSI 1+. This was primarily driven by more people within these age groups being classified as PGSI 1-2 in 2022. As a result, one in five people within each of these age brackets were classified as a person who gambles experiencing some level of harm (PGSI 1+).

Table 10. PGSI score categories – by age and study year

	18-24				25-34				35-54				55+			
	2019 (1,437)	2020 (2,219)	2021 (2,089)	2022 (2,158)	2019 (3,141)	2020 (3,415)	2021 (3,131)	2022 (3,180)	2019 (4,078)	2020 (6,579)	2021 (6,460)	2022 (6,443)	2019 (4,621)	2020 (6,666)	2021 (6,358)	2022 (6,563)
Non-gambler	57.4 %	64.5 %	58.7 %	57.3 %	41.1 %	46.6 %	44.0 %	41.9 %	32.4 %	36.9 %	35.6 %	33.9 %	38.4 %	42.9 %	38.8 %	38.7 %
Non-problem gambler (score 0)	25.7 %	19.8 %	23.7 %	22.3 %	39.6 %	35.1 %	38.6 %	37.9 %	52.0 %	49.3 %	49.2 %	51.2 %	54.4 %	51.0 %	54.1 %	54.3 %
Low-risk gambler (score 1-2)	8.0 %	7.2 %	6.7 %	8.5 %	9.2 %	8.7 %	8.3 %	10.2 %	8.3 %	7.3 %	8.7 %	8.3 %	5.1 %	4.3 %	5.0 %	5.3 %
Moderate-risk gambler (score 3-7)	3.7 %	3.9 %	3.9 %	3.4 %	4.7 %	4.9 %	3.8 %	4.6 %	4.2 %	3.8 %	3.8 %	4.0 %	1.7 %	1.4 %	1.6 %	1.3 %
'Problem Gambler' (score 8+)	5.1 %	4.6 %	7.1 %	8.5 %	5.4 %	4.8 %	5.3 %	5.4 %	3.2 %	2.6 %	2.7 %	2.6 %	0.5 %	0.4 %	0.5 %	0.4 %
All gamblers with a score of 1+	16.9 %	15.7 %	17.6 %	20.5 %	19.3 %	18.3 %	17.4 %	20.2 %	15.7 %	13.8 %	15.2 %	14.8 %	7.2 %	6.1 %	7.1 %	7.0 %
All gamblers with a score of 3+	8.8 %	8.5 %	11.0 %	12.0 %	10.1 %	9.6 %	9.1 %	10.0 %	6.4 %	6.5 %	6.5 %	6.5 %	2.2 %	1.8 %	2.1 %	2.7 %

C2DEs remained marginally more likely to gamble, as well as to have a PGSI score of 1+, than those in social grades ABC1. The gap between these groups in terms of the numbers experiencing gambling related harms widened marginally in 2022, with one in seven (14.6%) C2DEs having a PGSI score of 1+ in 2022 compared to one in eight (12.3%) ABC1s. However, no statistically significant change was reported in the share of either grade in terms of the numbers gambling, nor in the numbers classed as PGSI 8+.

Table 11. PGSI score categories – by social grade and study year

	ABC1				C2DE			
	2019	2020	2021	2022	2019	2020	2021	2022
	(6,535)	(10,252)	(9,836)	(9,839)	(5,626)	(8,627)	(8,202)	(8,466)
Non-gambler	40.2%	45.5%	42.0%	40.8%	37.4%	42.0%	39.4%	38.4%
Non-problem gambler (score 0)	47.6%	43.8%	46.0%	46.9%	48.3%	44.9%	47.1%	47.1%
Low-risk gambler (score 1-2)	6.9%	6.0%	6.5%	7.0%	7.5%	6.8%	7.6%	8.1%
Moderate-risk gambler (score 3-7)	2.8%	2.7%	2.9%	2.5%	3.9%	3.6%	3.0%	3.6%
'Problem Gambler' (score 8+)	2.5%	2.0%	2.7%	2.8%	3.0%	2.8%	2.9%	2.9%
All gamblers with a score of 1+	12.2%	10.7%	12.0%	12.3%	14.3%	13.1%	13.5%	14.6%
All gamblers with a score of 3+	5.3%	4.7%	5.6%	5.3%	6.9%	6.3%	5.9%	6.5%

White respondents remained statistically significantly more likely (62%) than ethnic minority respondents to gamble (50%). However, previous Treatment and Support reports recognised that whilst ethnic minority respondents were less likely to gamble overall, they were nearly twice as likely to be classified as experiencing some level of harm (PGSI 1+) (22% vs. 12% of White respondents), and nearly four times as likely to be classified as having a PGSI score of 8+ (8% vs. 2%). Little changed across waves, however there was a small increase in the proportion of White respondents classed as low-risk (PGSI 1-2), rising from 6.8% to 7.4%, with no change across any PGSI categories for ethnic minority respondents.

Analysis of individual ethnic groups within the ethnic minority category showed that the disparity between the proportion who gambled, and the proportion classed as at-risk was of a similar level among those from Black (including mixed) and Asian (including mixed) backgrounds. Three in five (60%) of those from Black (including mixed) backgrounds were people who had gambled, with one in four (27%) being classed as PGSI 1+ and one in ten (10%) having a PGSI score of 8+. While less than half of those of Asian heritage (44%) reported gambling in 2022, nearly half of this group were classified with a PGSI score of 1+ (21%), and 7.8% of those from an Asian ethnic background were classed as PGSI 8+. No statistically significant changes were reported across waves among either of these groups in terms of the proportions that experienced problems with their gambling from 2021 to 2022.

Analysis by ethnic group rebased to look only among people who gambled provides further insight into these findings. Only one in five (20%) White people who gamble were classified with a score of PGSI 1+, compared to nearly half (45%) of those from an ethnic minority background who gamble. An even greater gap was observed in the proportion with a classification of PGSI 8+, with only 4% of White people who gambled falling into this classification, compared to 17% of those from an ethnic minority background.⁸

⁸ See Table 38 in Appendix for full breakdown of PGSI scores by ethnicity among people who gamble only.

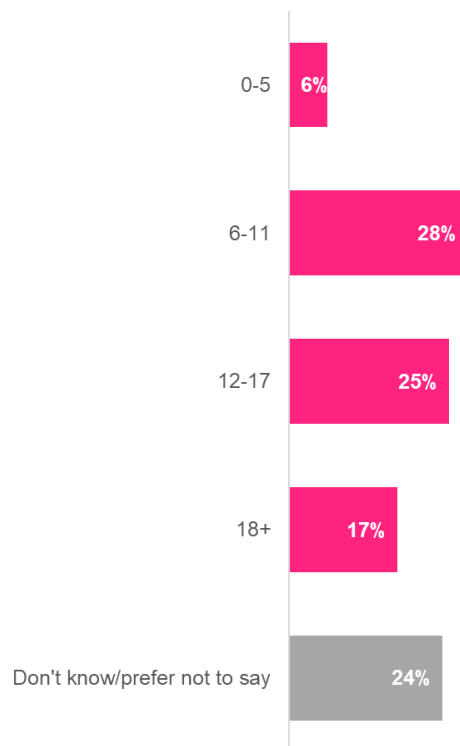
Table 12. PGSI score categories – by ethnic group and study year

	White				Black (inc mixed)				Asian (inc mixed)			
	2019	2020	2021	2022	2019	2020	2021	2022	2019	2020	2021	2022
	(10,778)	(16,534)	(15,679)	(16,047)	(367)	(758)	(800)	(710)	(768)	(1,357)	(1,309)	(1,302)
Non-gambler	37.6%	42.9%	39.8%	38.4%	40.0%	43.6%	40.7%	39.8%	51.0%	55.8%	53.1%	55.8%
Non-problem gambler (score 0)	50.1%	46.3%	48.7%	49.4%	36.8%	32.8%	34.8%	32.9%	27.2%	25.6%	25.6%	23.2%
Low-risk gambler (score 1-2)	7.1%	6.1%	6.8%	7.4%	10.0%	10.7%	10.8%	10.7%	7.5%	7.4%	7.6%	7.6%
Moderate-risk gambler (score 3-7)	3.0%	2.9%	2.6%	2.7%	6.9%	4.8%	5.6%	6.1%	5.3%	5.3%	5.4%	5.6%
'Problem Gambler' (score 8+)	2.1%	1.8%	2.1%	2.1%	6.3%	8.3%	8.2%	10.4%	8.9%	5.9%	8.4%	7.8%
All gamblers with a score of 1+	12.2%	10.8%	11.6%	12.2%	23.2%	23.8%	24.5%	27.3%	21.7%	18.6%	21.3%	21.0%
All gamblers with a score of 3+	5.1%	4.7%	4.8%	4.8%	13.2%	13.1%	13.5%	16.5%	14.2%	11.2%	13.7%	13.4%

3.3 Early exposure

Respondents were asked at what age they had first been exposed to gambling-related content (such as hearing someone talk about it or seeing it TV). Early exposure was very common, with three in five (59%) saying they were exposed before the age of 18. The 6-11 age bracket was the most common age at which people reported having been first exposed to gambling, with 28% providing this response. This was closely followed by ages 12-17, with one in four (25%) saying this. One in six (17%) said they were aged 18 or older before they heard about gambling, while 6% were aged 5 or under.

Figure 3. Age first exposed to gambling



Base: all GB adults in 2022 (n=18,305)

These findings were mirrored in the qualitative research, in which most cited being exposed to gambling from as young as 5-6 years of age via family members. This most commonly occurred in environments such as the pub with fruit machines, or at home through events such as the Grand National, where they were encouraged to join in on staking bets with family members. For many, this felt like an ordinary, and often cherished, part of their childhoods, and so – once old enough – they started gambling as soon as they could.

“At Christmas time, I remember we used to go around to my uncle’s, and he would put lots of bets on like football and racing, and he would say ‘oh, pick a horse out or pick a football team out’, and we’d watch it on the TV.” (Person who gambles – 49, Male, London, PGSI – 25)

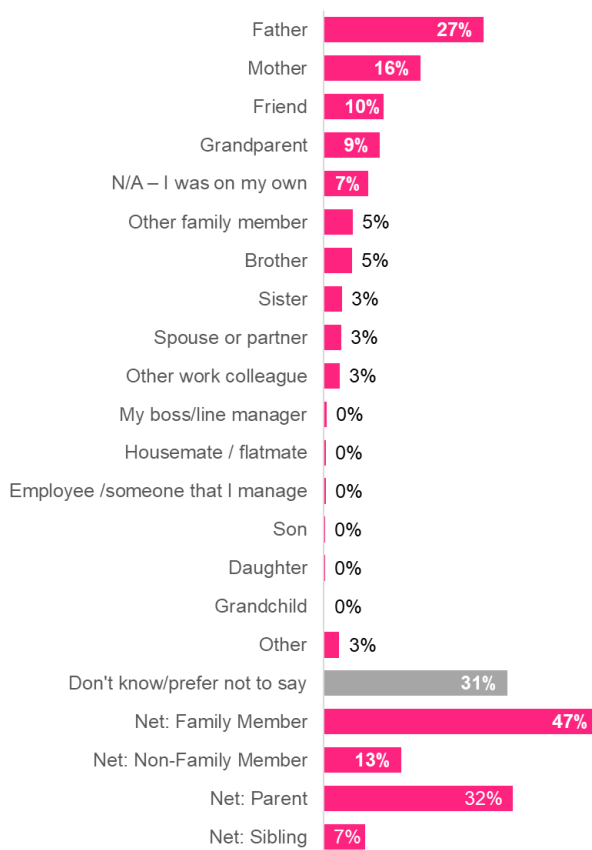
“I come from a broken home and my dad would spend a lot of time in a local pub. I was about seven or eight, so you obviously can’t drink alcohol, but I sat with my dad and his friends whilst they were playing the slot machines.” (Person who gambles – 55, Male, London, PGSI – 11)

The data indicated that age of exposure to gambling was falling over time; 45% of under 35s reported being exposed before the age of 12, compared to 34% of 35-54 year olds and 26% of those aged 55+, a difference which remained statistically significant even after the greater number of ‘don’t know’ responses among the older two age groups were removed.

Differences also existed by social grade and ethnicity in terms of age of exposure. Those in social grades ABC1 (37%) were more likely to have been exposed under the age of 12 than C2DEs (31%), while White respondents (35%) were more likely than those from ethnic minority backgrounds (30%) to have been exposed under the age of 12.

Somewhat unsurprisingly, given that the majority reported having been exposed to gambling before the age of 18, parents topped the list of who people said they were with when they were first exposed to gambling: 27% were with their father, and 16% were with their mother. This was followed by friends and grandparents (both 10%), with siblings (7%) also relatively high on this list. Less common responses included a spouse/partner or a work colleague (both 3%), with all others receiving less than 1% of mentions. Overall, just under half (47%) of survey respondents stated they were with a family member of any kind when first exposed to gambling, while 13% were with a non-family member, 7% said they were on their own and 31% didn't know.

Figure 4. Person with when first exposed to gambling



Base: all who can remember when they were first exposed to gambling, or say don't know (n=18,006)

Analysis by PGSI score highlighted key differences between those classified as PGSI 8+ and PGSI 0 or non-gamblers when it comes to who they were with when first exposed. One in four classified as PGSI 8+ were with a sibling (24% vs. 5% of PGSI 0 and 7% of non-gamblers), whilst a lower proportion were with a spouse/partner (8% vs. 3% of PGSI 0 and 2% of non-gamblers). Those classified as PGSI 8+ were also much less likely to say they 'don't know' who they were with (9% vs. 30% of PGSI 0 and 37% of non-gamblers), indicating that the time of first exposure may have been a much more memorable experience in their lives.

The qualitative interviews revealed that those who gambled viewed the role that family members played in their formative years through exposing them to gambling as fundamental to their journey, particularly amongst those who felt that they had a problem with their gambling. Whilst memories of family members' gambling were often fond and generated nostalgia, many still felt that it was a significant and irrevocable turning point – and that their relationship with gambling may have been better, had this not happened.

“I've got mixed emotions. It [gambling with family] felt like quite an innocent thing – a competition between us and my cousins – but now, looking back, it's kind of led me to where I am today.” (Person who gambles – 49, Male, London, PGSI – 25)

“I went in the corner shop with my older brother, I would've been about five or six, and they let me buy it [a scratch card]. I remember being really excited that I could win pounds, and it definitely lit a spark within me that's probably always been there.” (Person who gambles – 40, Male, East Midlands, PGSI – 11)

“She [mother] took me to betting shops where she bet some money on the horses... saying, 'if I win the money, I'll share it with you'... it probably impacted my life as it is now, if I was not introduced to it at an early age.” (Person who gambles – 28, Female, East of England, PGSI – 7)

Due to the significance attributed to these early experiences with family members, many classified as PGSI 8+ were extremely fearful of generational gambling, and the influence they could have on their children.

“With my daughter and my wife, when we go to Brighton, we’ll spend a few hours in the amusement arcade just playing with pennies. Now and again, I’ll disappear to the slot machines and I’ll catch my daughter standing there watching me, and I think ‘this is history repeating itself.’” (Person who gambles – 55, Male, London, PGSI – 11)

This concern was exacerbated by the prevalence of gambling advertisement on television and on mobile phone apps, which felt extremely difficult to restrict or prevent their children from accessing due its ‘always on’ nature.

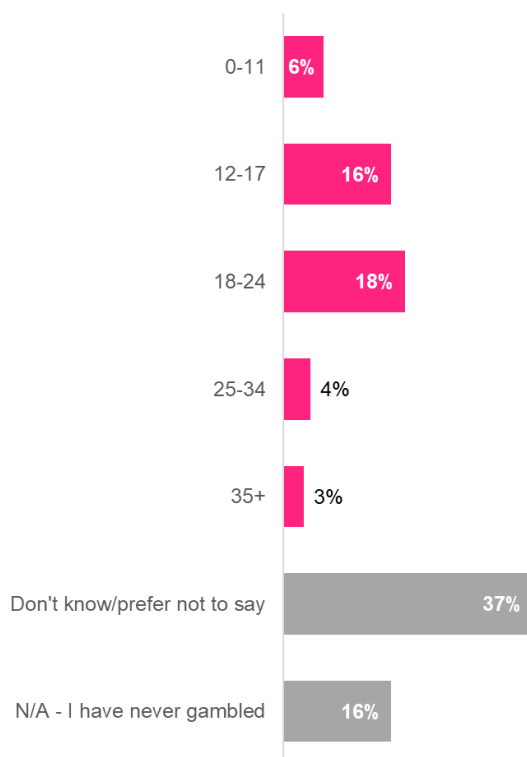
“With smartphones, it’s so easy to access stuff like that [gambling adverts]. They get games on their phones and if it’s the free version you’ve got to watch an ad and it is slot machines winning loads of money... I don’t think it’s right.” (Person who gambles - 49, Male, London, PGSI – 25)

Alongside this, similarly to the 2021 findings, many of those who gambled felt that their gambling habits were innate - a genetic predisposition that had been passed down to them by family members - and were, to some extent, inescapable.

“I guess it’s just me. It’s almost like it [a propensity to gambling] was in me anyway... my dad was really bad for gambling and drinking, and he lost a lot of money and stuff, and it almost felt like it was passed onto me.” (Person who gambles - 49, Male, London, PGSI – 25)

Respondents were then asked what age they were when they first gambled. The average (mean) age when people in Britain started gambling was 19 years, while the median was 18. The 18-24 age bracket was the most common response here; around one in five (18%) reported having first gambled in their early adult years. The 12-17 age bracket was the second most common; one in six (16%) started gambling at these ages. Overall, one in five (22%) reported having gambled before reaching the age of 18.

Figure 5. Age at which first gambled



Base: all GB adults in 2022 (n=18,305)

Analysis by gender showed that men tended to start gambling at a younger age, with an average response of 18.0 years compared to 19.7 years for women. One in four (24%) men reported having gambled before turning 18, compared to one in five (19%) women.

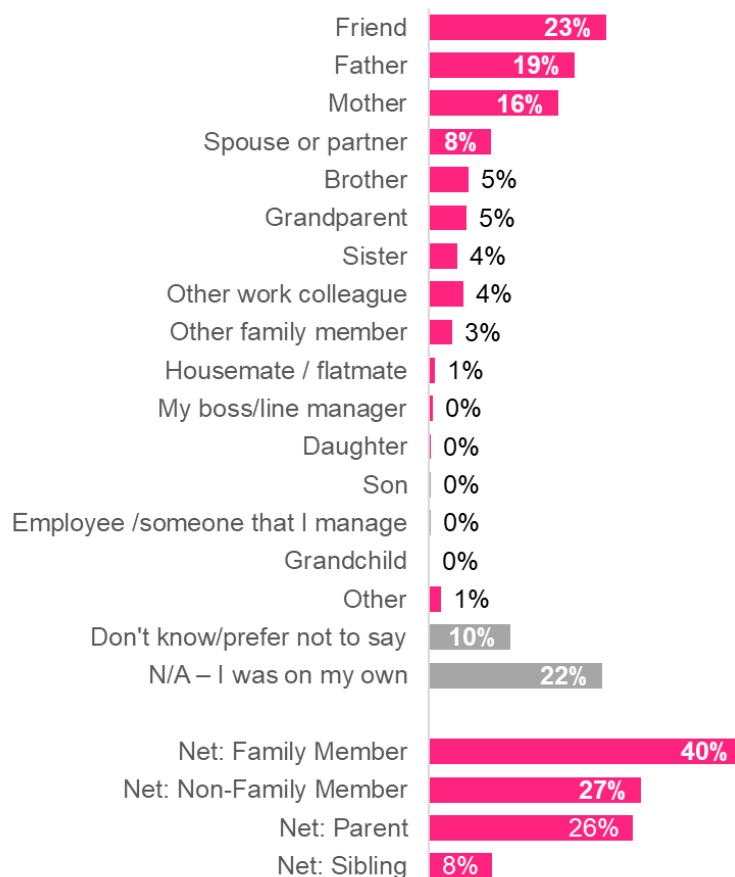
As was the case with exposure to gambling, there was evidence to suggest that people have started gambling at younger ages now than previously. The mean age at which under 35s started gambling was 16.5 years, compared to 17.4 years for 35-54 year olds and 21.2 years for those aged 55+. However, under 35s were equally likely to have started gambling before turning 18 as 35-54 year olds (24% and 25% respectively), with respondents from both age brackets being much more likely than respondents from the 55+ age bracket (17%) to have started gambling prior to turning 18. It should be noted that recall bias may have an impact here, with younger respondents more likely to remember the age they were when they started gambling.

Those from White ethnic backgrounds tended to start gambling slightly earlier than those from ethnic minority backgrounds, with average ages of 18.7 and 20.2 respectively. One in five (23%) White respondents reported having gambled while under 18, compared to one in eight (12%) of those from ethnic minority backgrounds. This finding was reflected in the qualitative interviews, wherein those from ethnic minority backgrounds gambled later in life. This perhaps can be attributed to *who* these individuals were gambling with, as many cited gambling for the first time with friends outside of their local ethnic and/or religious communities, where their gambling would accrue significant judgement due to the generally lower cultural acceptance across these groups.

“I never told my family that I go to casinos because none of them gamble, they would not approve of it.” (Person who gambles – 73, Female, London, PGSI – 10)

Those who could remember when they first gambled were asked who, if anyone, they were with at the time. Results differed to those for exposure to gambling, with friend (23%) top of the list. This was followed by “I was on my own”, with just over one in five (22%) providing this response. As was the case for exposure, however, most were with a family member of some kind (40% vs. 27% for non-family member), with father (19%) and mother (16%) being the most common family members.

Figure 6. Person with when first gambled



Base: all who can remember when they first gambled (n=8,569)

Men were more likely than women to have been with a friend (28% vs. 17%) or to have been on their own (25% vs. 19%), while two in five women were with a parent (40%), compared to three in ten men (30%). Women were also three times more likely to have been with a spouse/partner when they first gambled (12%) than men (4%).

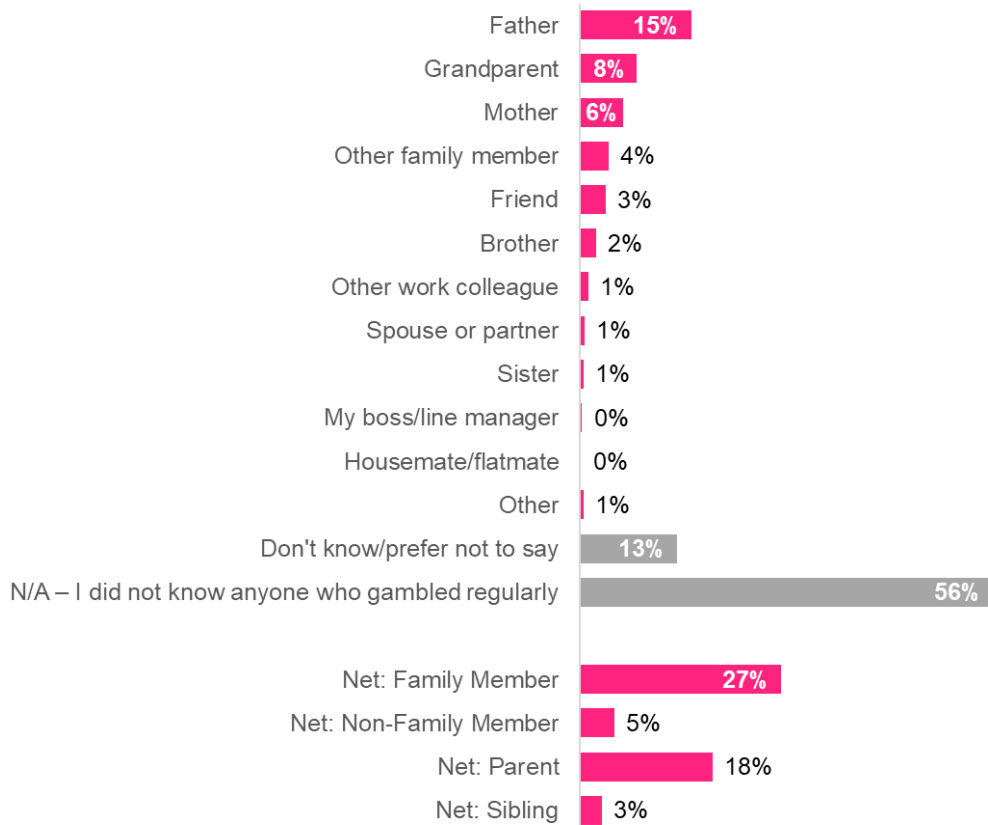
As was the case for exposure, those aged under 35 were more likely to have been with a family member such as a parent (42% vs. 34% of 35-54 year olds and 31% of those aged 55+), while those aged 55+ were inversely more likely to have been with a non-family member than under 35s (29% vs. 26%). There was no difference by age in terms of the proportion of respondents who were on their own when they first gambled.

White adults were more likely to have been with a family member, predominantly a parent, than respondents from ethnic minority backgrounds (41% vs. 34%). In contrast, a third of those from ethnic minority backgrounds were with a non-family member (33% vs. 27% of White respondents), with a friend being the most common response among this group (29%). Those from ethnic minority backgrounds were also slightly more likely to have been on their own when first gambling than White adults (26% vs. 21%).

There was little discernible pattern by PGSI score among different types of people who gamble in terms of who they were with when they first gambled. Those classed as PGSI 8+ were more likely than other groups to have been with younger family members (such as a sibling or son/daughter), and were somewhat less likely to have been with a parent when first gambling.

Finally on this topic, respondents were asked whether, before they turned 18, they knew anyone in their life who gambled regularly (once a week or more). Three in ten (31%) said that they did, with the majority of this group mentioning a family member (27%); one in twenty (5%) said they knew a non-family member who gambled regularly.

Figure 7. People in life who gambled regularly before you turned 18



Base: all GB adults in 2022 (n=18,305)

There was a strong relationship evident between having known someone who regularly gambled before turning 18 and likelihood of experiencing problems with your own gambling. Just one in four (25%) of people who don't gamble said they knew someone who regularly gambled when they were young. Slightly less, three in ten (31%), of those with a PGSI score of 0 reported the same. For those experiencing harms, however, 43% of those classified as low-risk (PGSI score of 1-2) and 52% of those at moderate-risk (PGSI score of 3-7) report having known someone. The most likely group to have known someone who gamble regularly before they turned 18 were those at classified as PGSI 8+, three in five (64%) of this group say they knew someone who gambled regularly before they turned 18.

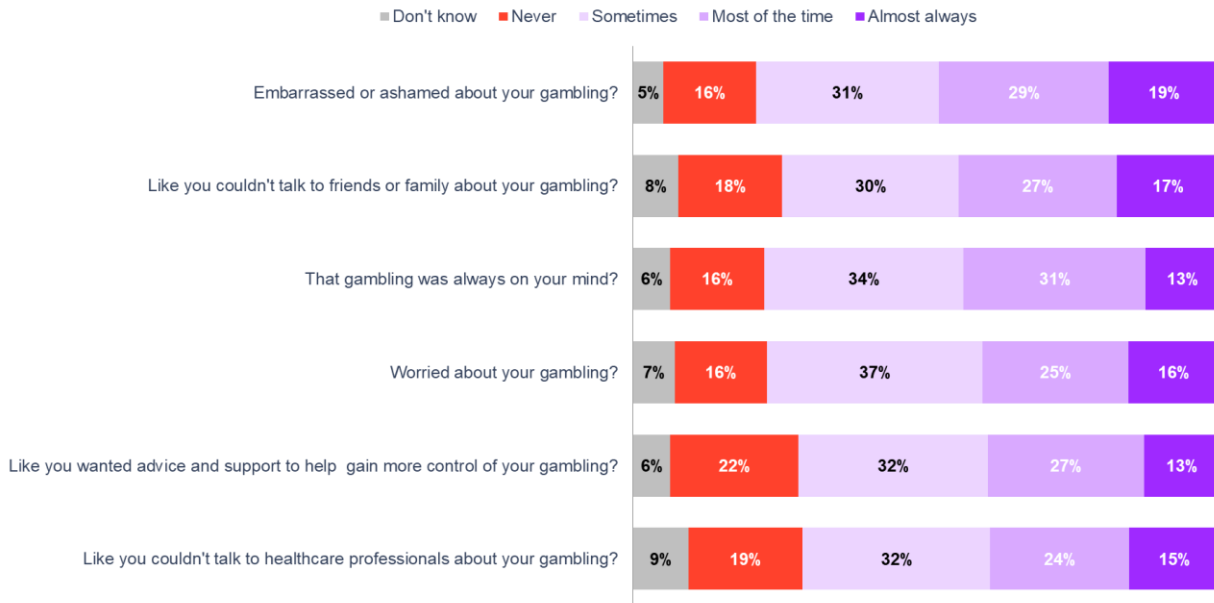
A pattern that was observed across previous aspects of early exposure to gambling was the disproportionate role that siblings had in exposing those with higher PGSI scores to gambling. One in five (21%) of those who are PGSI 8+ had a sibling who gambled regularly when they were younger; higher than those at moderate risk (PGSI score of 3-7) (7%) and low risk (PGSI score of 1-2) (3%).

3.4 Extent of stigma

The stigma surrounding gambling was a key barrier to many in seeking support when they needed it and could also negatively impact the mental health of many who are at-risk, in particular those classed as PGSI 8+.

Three in ten (31%) of those with a PGSI score of 1+ said they had felt, at least on one occasion, “embarrassed or ashamed” about their gambling, with 13% saying they felt this way all or most of the time. The proportion of respondents that said they feel this way all or most of the time rose to 27% among those with a PGSI score of 3+, and 48% for those with a PGSI score of 8+. Around one in eight (13%) people with a PGSI score of 1+ felt they cannot talk to their family/friends about their gambling all or most of the time, with 11% saying this for healthcare professionals. The equivalent figures for PGSI 8+ were again much higher, at 44% for family and 39% for healthcare professionals.

Figure 8. Feelings of stigma related to gambling in last 4 weeks (PGSI 8+)



Base: all PGSI 8+(n=538)

Many reasons contributed to people feeling unable to talk to family and/or friends about their gambling, with the research indicating those with a PGSI score of 8+ were deterred from talking to friends and/or family due to the stigma associated with gambling and due to their protracted gambling history. Qualitative findings indicated that many respondents with a PGSI score of 8+ had a long history of gambling, seeking support, and relapsing, and had experienced serious impacts, from debt and bankruptcy to the loss of their homes, which placed significant strain on their relationships. Thus, many of those who gambled felt like they were on their ‘last chance’ - particularly with romantic partners, who would not take them back if they knew their partner had relapsed and/or continued to have a gambling problem.

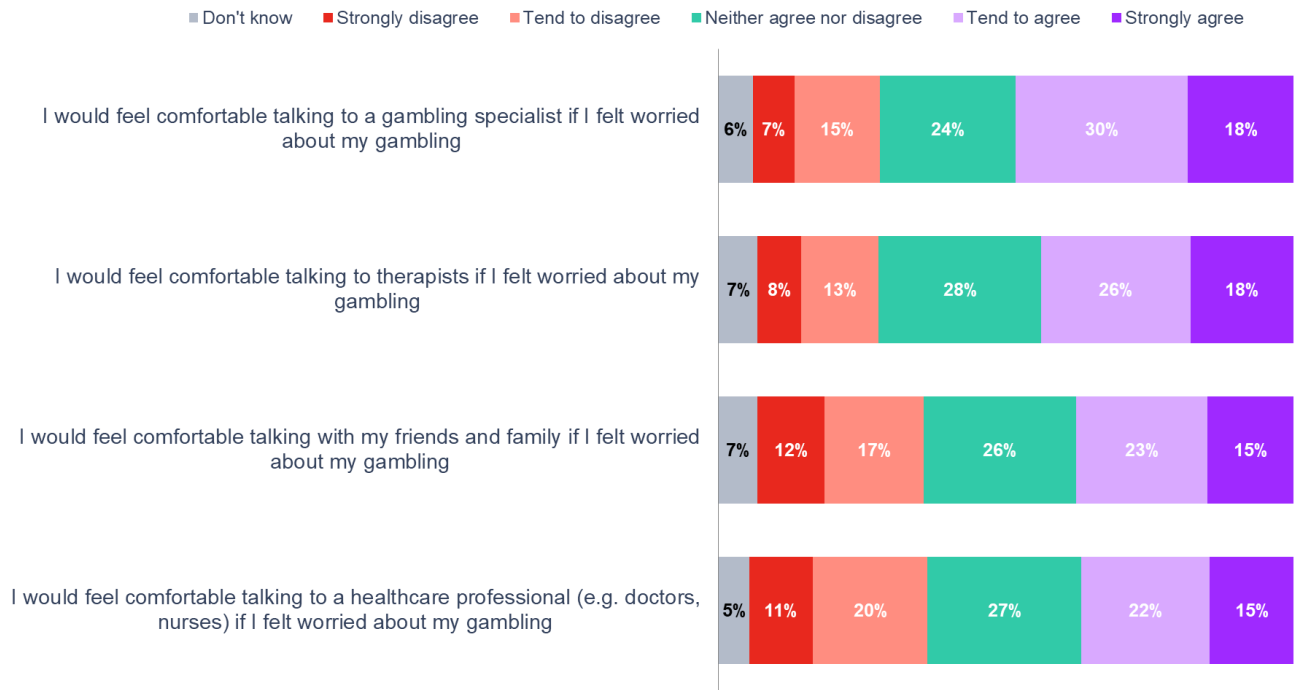
“I wouldn’t mention it [gambling] at all, I know she [partner] would probably leave me if I got into the situation that I did 10 years ago again – she said to me she would, and I don’t blame her really.” (Person who gambles – 49, Male, London, PGSI – 25)

Experience of stigma differed according to age. Those experiencing some level of harm (PGSI 1+) aged under 35 were more likely than older groups classified as PGSI 1+ to experience feelings of stigma; one in five (19%) PGSI 1+ under 35 said they felt embarrassed about their gambling all or most of the time, compared to 10% of 35-54 year olds and 3% of those aged 55+. While there was little difference among those with a PGSI score of 8+ of different demographics in their likelihood to say they have experienced stigma, those classified as PGSI 1+ from ethnic minority backgrounds were more likely to experience embarrassment or shame frequently than those who were PGSI 1+ from White backgrounds (24% vs. 10%).

Feelings of stigma had the potential to impact the likelihood of people reaching out for support when they needed it, with the impact again felt most severely by those with higher PGSI scores.

While approximately seven in ten (69%) of those at low-risk (PGSI 1-2) said they would feel comfortable reaching out to a gambling specialist for help, this figure fell to six in ten (61%) for those at moderate-risk (PGSI 3-7) and just under half (48%) of those at high risk (PGSI 8+). Those with a PGSI score of 8+ were even less likely to feel comfortable talking to a therapist (44% vs. 68% at low-risk and 58% at moderate-risk). Feelings of stigma seemed to have the greatest impact for those with a PGSI score of 8+ when it came to talking to family and/or friends; just under two in five (38%) said they would feel comfortable discussing their gambling practise with family and/or friends, with only 37% saying they would feel comfortable talking to healthcare professionals (37%).

Figure 9. Feelings of stigma related to gambling (PGSI 8+)



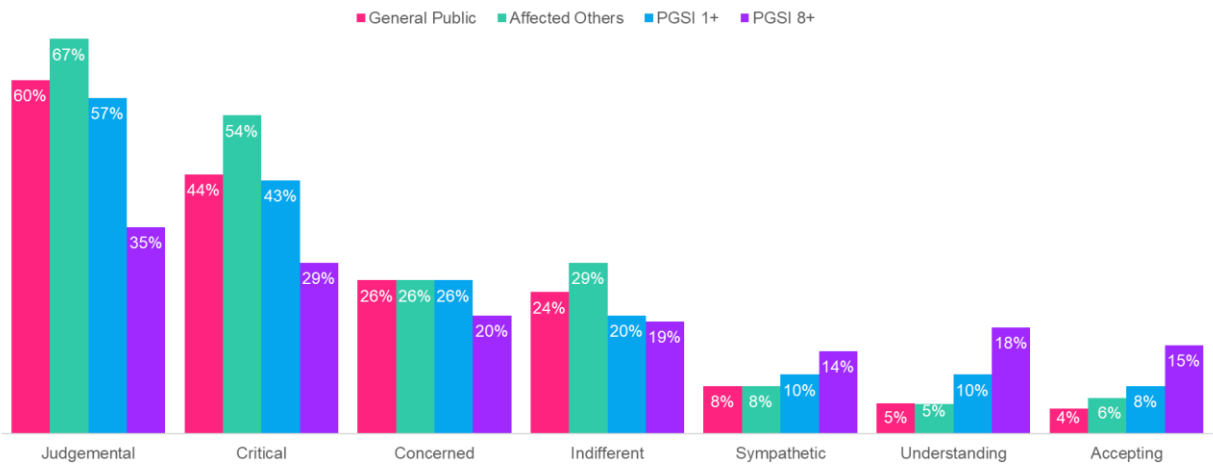
Base: all PGSI 8+ (n=538)

Among respondents with a PGSI score of 1+, those from an ethnic minority background were approximately 10 percentage points less likely than White people to say they would be comfortable talking about their gambling to each of the four groups mentioned. For example, for a gambling specialist this stood at 54% vs. 65%, and for friends and family 45% vs. 53%.

Public perceptions of harmful gambling

Public perception of gambling differed between those who gamble and those who were affected others. Affected others tended to perceive the public as having a greater negative perception of being classified as PGSI 8+ than respondents who were themselves classified as having a PGSI score of 8+. ‘Judgemental’ was the top attribute named by all PGSI groups, though affected others were nearly twice as likely to mention this (67%) than those with a PGSI score of 8+ (35%). Those classified as PGSI 8+ were also more likely to say the public was sympathetic, understanding and accepting.

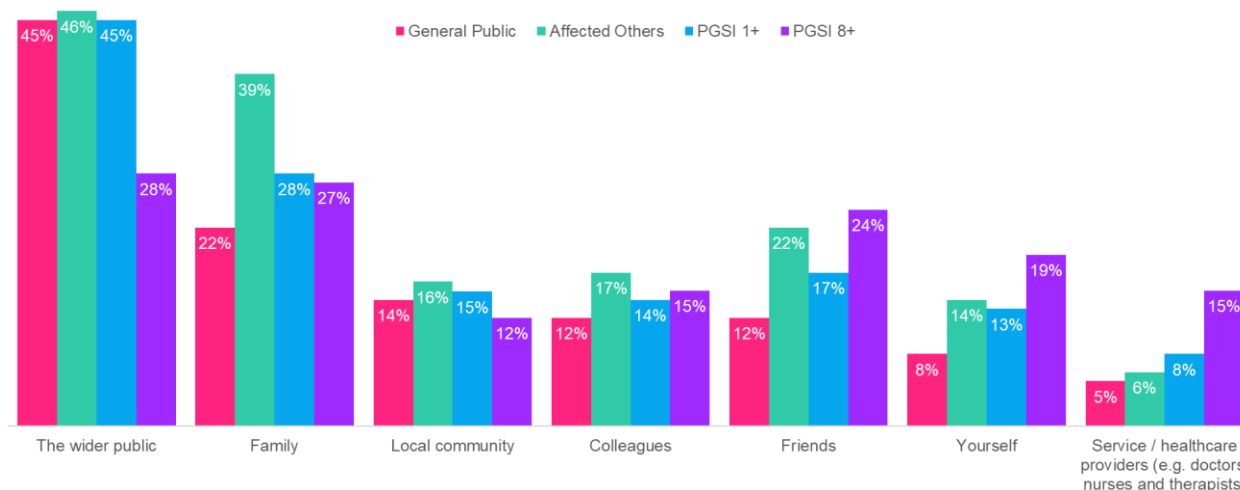
Figure 10. How respondents think the public perceives those experiencing problems with their gambling



Base: all GB adults in 2022 (n=18,305)

When it comes to the groups perceived to be most judgemental towards those experiencing problems with their gambling, those classified as PGSI 8+ were less likely than other groups to think that the wider public were most judgemental and were more likely to say themselves. The qualitative findings corroborated this and suggested that those with a PGSI score of 8+ were inclined to impose the most judgement upon themselves. Equally, since many people that gamble were doing so in secret, this reduced the likelihood of those who gamble feeling the impacts of societal stigma on a personal level, as they assumed that their gambling was undetected.

Figure 11. Groups felt to be most judgemental towards those experiencing problems with their gambling



Base: all GB adults in 2022 (n=18,305)

The qualitative interviews also illustrated how people who gamble were their own worst critics, and that they experienced a lot of internalised shame that often prevented them from seeking out the help they need. Many attributed this to the way that gambling was talked about more widely in society, and in correlation with the 2021 findings, many continued to feel that gambling was not viewed as being as serious an addiction as alcohol or drugs due to its less apparent physical manifestations. The medicalisation of alcohol and drug addictions in comparison to gambling has driven perceptions that gambling is a choice, rather than an illness that requires support. Consequently, many felt that there was an expectation that they could exercise greater agency over gambling and easily stop – and when failing to do so, were failing to meet both internal and societal expectations.

Whilst it was felt that some progress was being made in how gambling was talked about in public spaces, gambling was still felt to be differently represented in comparison to campaigns around other addictive harms, such as alcohol. Additionally, it was felt that gambling was excessively advertised which normalised gambling and minimised perceptions of its potential harms, thus generating less sympathy.

"Society has the correct attitude towards smoking tobacco. It is legal, heavily taxed and supports those smokers who ask for help, and yet it is not promoted or marketed which is also important to help prevent new smokers becoming addicted. We need to see legalisation, taxation and regulation with all forms of addiction, so that those with addictions can be supported and helped, rather than judged." (Person who gambles – 59, Male, West Midlands, PGSI – 18)

"On social media, I saw an article about an ex-football player Paul Merson who had gambling problems from years ago and he's got in trouble again, and on the comments some people said, 'why can't he stop? Why can't he just put a freeze on his debit card? Why can't they do a few bits of gambling and then that's it? I don't think they quite understand.'" (Person who gambles – 48, Male, Yorkshire and the Humber, PGSI – 25)

"I view other gamblers and myself as failures, people who have failed in life." (Person who gambles – 37, Male, London, PGSI – 7)

"They [society] think they're [those who gamble] are stupid. What a lot of people don't realise is that it is an addiction and a problem that people have and they find it hard to stop." (Person who gambles – 40, Female, East of England, PGSI – 20)

Levels of perceived stigma also appeared to differ according to gambling type. Many viewed and rationalised gambling along the lines of 'good gambling' and 'bad gambling.' Types of gambling that were referred to as 'good' tended to feel sensible and strategic, such as the lottery, or bets on political or sporting events that were supported by knowledge and thus tended to generate less guilt, as they felt more like an investment. Contrastingly, 'bad gambling' referred to most other types of gambling, though particularly slot machines and other gambling types that were both determined by luck and ease to compulsively spend vast amounts of money in a short space of time. As a result of the lower perceived chances of success with 'bad' gambling, it tended to feel more reckless and there was an increased likelihood of remorse and shame.

“There’s ways that you can do it [gambling] where it’s not as bad of an idea and I would feel better about myself if I did it. I’m really interested in politics and sometimes I bet who will win in an election context, and I see that as a smart bet... I see that as being OK.”

(Person who gambles – 20, Male, West Midlands, PGSI – 4)

“They [slots, casinos, scratch cards] are games of luck rather than skill – there’s nothing you can do other than hope you get the right thing. Whereas with football, you can look at the form, the history, the players, and you can make an informed bet.”

(Person who gambles – 44, Male, Yorkshire and the Humber, PGSI – 11)

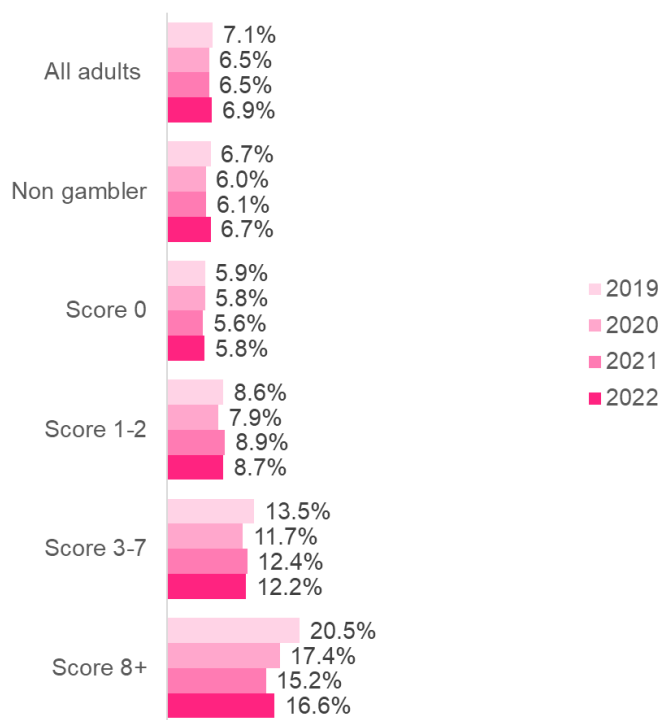
Ultimately, many of those who gambled appeared to try to establish a level of gambling they could reconcile with themselves, whether that was a type of gambling practice or an amount spent. However, this often acted as a barrier for quitting entirely, as when gambling within these parameters, they often felt in control and as if they did not have a gambling problem.

3.5 Number of self-reported affected others

Gambling can have a profoundly negative impact not just on those who gamble, but also on those close to them. ‘Affected others’, referred to in this report, are people who know someone experiencing issues with their gambling (either currently, or in their past) and feel they have personally experienced negative effects from this person’s (or people’s) gambling behaviour. This could include family members, friends and work colleagues, amongst others, with the negative effects ranging from financial to emotional impacts.

Overall, seven percent of the adult population surveyed identified as an affected other (comparable to the same proportion in 2021), standing at an estimated 3.6 million GB adults. There was an inter-relationship between an individual’s own gambling and experiencing issues related to others’ gambling, with those classified as PGSI 8+ (17%) or PGSI 3+ (14%) more likely than those with lower scores to also be self-reported affected others.

Figure 12. Proportion who are an affected other, by category



Base: all GB adults in 2019 (Phase 1, n=12,161), 2020 (n=18,879), 2021 (n=18,038) and 2022 (n=18,305)

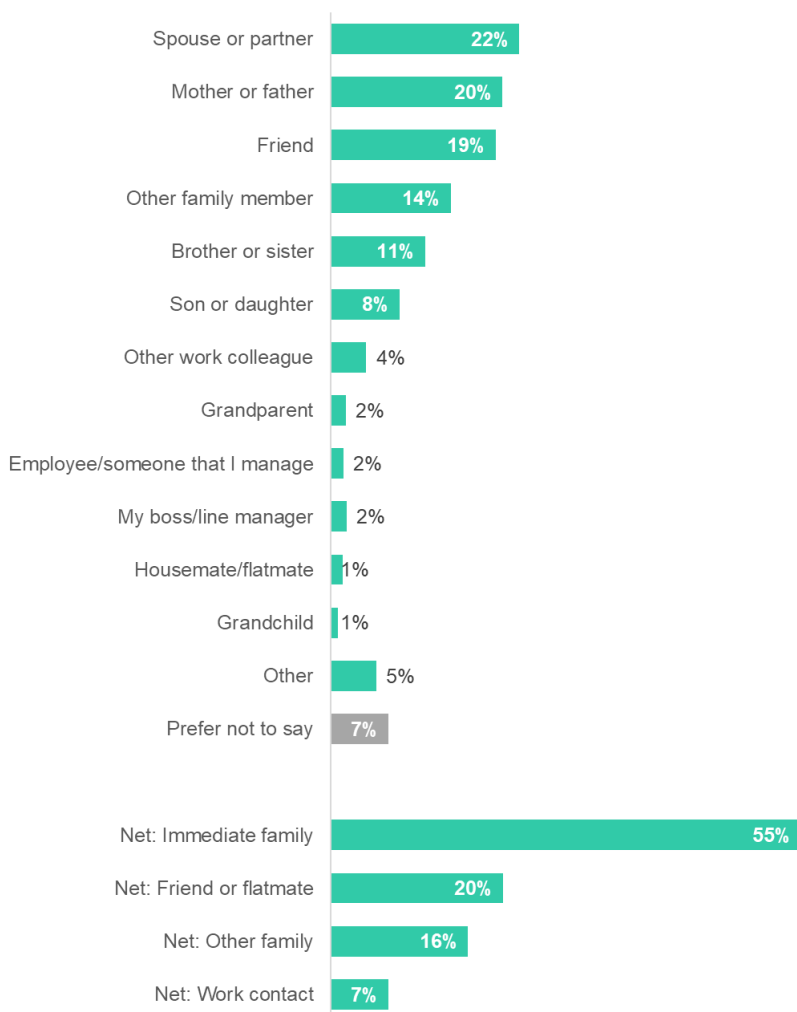
As seen in previous years, affected others were more likely to be women than men (8% vs. 6%), likely due to the male dominated gambling population and a higher proportion of heterosexual relationships resulting in more female partners and spouses being affected. Likewise, younger people were more likely to be affected others (8% 18-34, compared to 5% 55+), in line with more young people being classified as PGSI 8+. Similarly, respondents from an ethnic minority background were more likely to be an affected other (9%) compared to White respondents (7%), again reflecting this group’s increased likelihood to be classified as PGSI 8+. There was no difference by social grade, however when looking at the IMD, those in the bottom 30% were more likely to be classified as an affected other (9%), compared to the top 30% (6%).

3.6 Type of affected other

Following the pattern seen in previous Treatment and Support reports, affected others were most likely to be negatively affected by a gambling problem from someone in their immediate family (55%). This was most commonly experienced through a spouse or partner (22%) or parent (20%). One in five (20%) were affected by a friend or flatmate.

Female affected others were more likely than men to be affected by a gambling problem from someone in their immediate family (65% vs. 41%), with women more likely to be affected by a spouse or partner (32% vs. 8%). By contrast, men remained more likely than women to have been negatively affected by a gambling problem of a friend or flatmate (33% vs. 11%) or work contact (10% vs. 4%).

Figure 13. Whose gambling affected others have been affected by



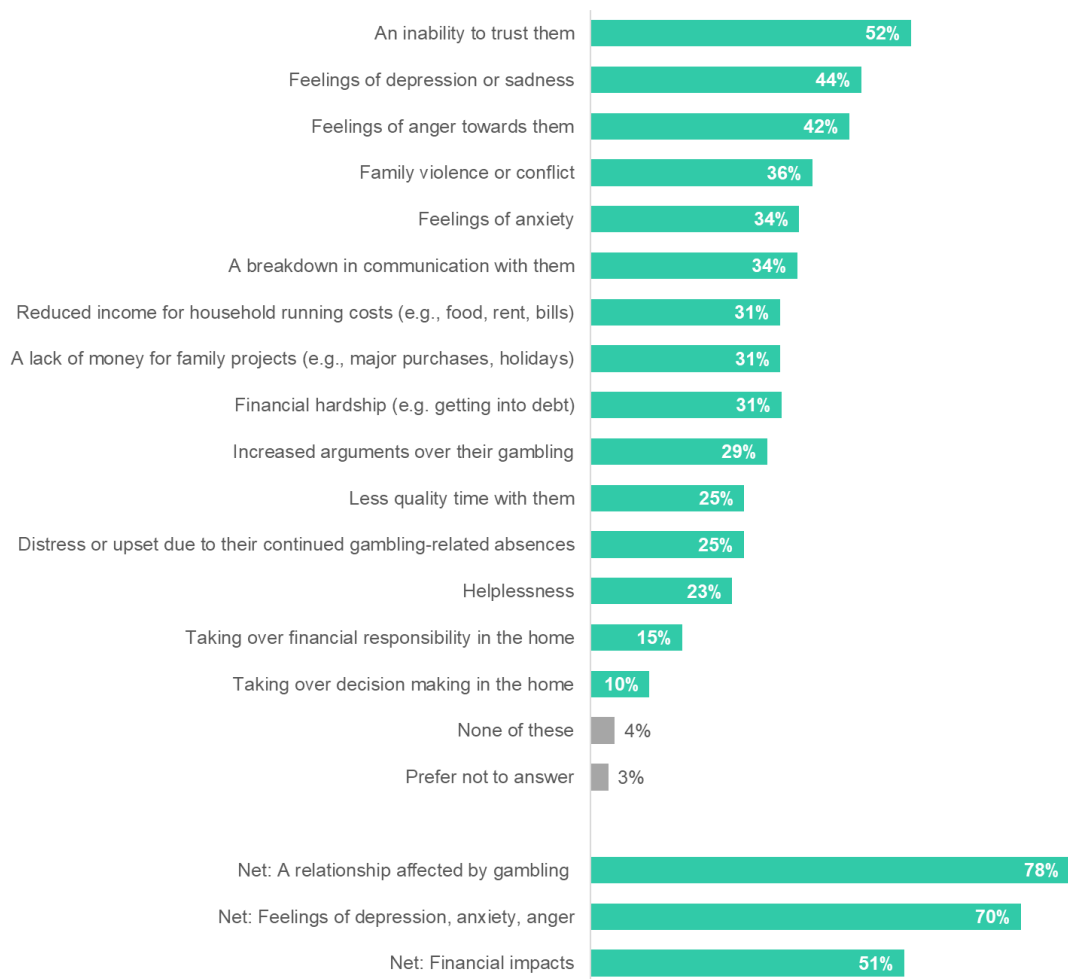
Base: All affected others in 2022 (n=1,276)

Types of impacts

Gambling-related harms were the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. Gambling can have a profound impact on the day-to-day lives of not only those who gamble, but those close to them, via resources (e.g. work and employment, money and debt, crime etc.), health (e.g. physical health, psychological distress, mental distress etc.) and relationships (e.g. partners, families and friends, communities etc.).

The majority of affected others felt that the gambling problem of someone else had impacted a relationship (78%). This included an inability to trust the person who gambled, a breakdown in communication with them, increased arguments over their gambling, less quality time with them, family violence or conflict, and taking over decision-making in the home. Possibly tied to the negative impact gambling could have upon relationships, is how gambling could also result in negative emotions among affected others, with seven in ten (70%) reporting they had felt feelings of anger, anxiety, depression, sadness, or distress and upset due the person's gambling. As well as emotion impacts, half (51%) of affected others reported experiencing financial impacts, including reduced income for household running costs, a lack of money for family projects, financial hardship and taking over financial responsibility in the home.

Figure 14. Types of impacts



Base: All affected others in 2022 (n=1,276)

3.7 Estimated number of affected others

The proportion of affected others can be identified through a number of different ways. In addition to asking people whether they have been negatively affected, we can also analyse outward perceptions of impact. This year, additional questions were included to investigate how many other people, both those who gamble and affected others, thought they were affected by their own gambling or the gambling of someone else.

Among those who had gambled in the last 12 months, four in five (82%) thought that their gambling had no impact on other people. Three percent thought it had a negative impact and four percent thought it had a positive impact. Those classified as PGSI 8+ reported higher rates of impact on others compared to those with lower PGSI scores (1-7), in which three in ten (29%) reported a negative impact, whilst one in four (24%) reported a positive one. Comparatively, only one in ten of those classified as PGSI 1+ identified having a positive (10%) or negative impact (10%) on others.

All those who identified their gambling as having a negative impact on others were then asked to estimate the number of people they had impacted. People who gamble were most likely to identify that their gambling activity had impacted between 1 and 3 people. This was largely driven by those classified with a score of PGSI 1+, with 40% of respondents falling into this category stating that their gambling impacted between 1 and 3 people, compared to 33% of respondents who were classified as PGSI 8+. Comparatively, PGSI 8+ respondents were more likely to estimate their gambling as having impacted between 4 and 9 people (43% vs. 33% of those classified as PGSI 1+).

While there was no difference by gender, among those who gamble, younger people (aged 18-34) were more likely to identify their gambling as having impacted higher numbers of people compared to older age groups – which likely corresponded with them having higher PGSI scores on average. One in six (16%) 18-34 year olds reported negatively impacting between 7 and 9 people, higher than those aged 35-54 (7%) and 55+ (4%).

3.8 Constructing a wider group of affected others

As demonstrated above, harmful gambling can have a range of impacts on people connected with the person who gambles – both within and outside the household – meaning that one person gambling could result in multiple ‘affected others’. In an attempt to capture a potentially wider group of affected others, and under the assumption that if someone in a household gambles, it is likely that others within the same household will be affected by this; in this section we have analysed the number of adults and children in the household of respondents who were classified with a PGSI score of 1+, and within this, those classified as moderate-risk (PGSI score of 3-7) and ‘Problem Gamblers’ (PGSI 8+).

It should be noted that this analysis could only capture those within the same household as the survey respondents who gamble, which will largely comprise of spouses/co-habiting partners and children. Non-resident affected others – which could include partners, close family members, friends and work colleagues – are therefore excluded. However, it is also the case that not everyone within the household will automatically be affected by a person’s gambling, so there is a risk of a potential over-estimate. Therefore, as a result of both of these limitations, it was only possible to produce a rough estimate of those who may be affected.

There was a clear relationship between disordered gambling and having children in the household, with half (52%) of respondents classified as PGSI 8+ having children in their household, compared with 34% of respondents with a PGSI score of 1+. It is not possible to determine if this was a causal relationship, or simply correlation.

On average, those with a PGSI score of 1+ had just under two (1.8) other people living in their household, including both adults and children. This equated to an estimated 12,475,000 people in Great Britain who may be affected by another person’s gambling. Among those with a PGSI score of 8+ (who, as noted above, were more likely to have children in their household) this average rose to 2.3 other people, which equates to an estimated 3,450,000 people affected in the GB population.

Among those with a PGSI score of 1+, the average number of children in the household was just under one (0.6), while among the PGSI 8+ subgroup this rose to 1.1. Among those with children in the household only, the average number of children was 1.9 among those with a PGSI score of 1+ and 2.2 among those with a PGSI score of 8+, demonstrating the relationship between family size and experience of gambling harms.

Table 13. People in total, and children, in the household, by PGSI category

	1-2	3-7	All 8+	All 1+	All 3+
	(1,313)	(517)	(455)	(2,285)	(972)
Proportion with any children (under 18) in household	28%	36%	52%	34%	44%
Average number of other people (adults and children) in household	1.6	1.9	2.3	1.8	2.1
Estimated number of people affected by someone else's gambling in the GB population	6,206,000	2,948,000	3,450,000	12,475,000	6,408,000
Estimated percentage of people affected by someone else's gambling in the GB population	9.5%	4.5%	5.3%	19.2%	9.8%
Average number of children (under 18) in household	0.5	0.7	1.1	0.6	0.9
Estimated number of children (under 18) affected by someone else's gambling in the GB population	1,939,000	1,086,000	1,650,000	4,158,000	2,746,000
Estimated percentage of children (under 18) affected by someone else's gambling in the GB population	14.5%	8.1%	12.3%	31.0%	20.5%

4 Different options for quantifying aggregate prevalence of harm

In addition to the different ways of estimating the number of affected others, there are also a number of different ways in which gambling harms can be calculated. There are various gambling measurements, such as DSM-IV (a five-point scale)⁹, the Problem and Pathological Gambling Measure (PPGM)¹⁰, Confirmatory Factor Analysis¹¹ and a qualitative approach to measuring PGSI used by health professionals.¹² The PGSI scale is the most commonly used and was specifically developed for use among the general population and, thus, it has been adopted for this research.

Even when using the PGSI scale to categorise people who gamble there are numerous ways of classifying harm. The Gambling Commission categorise 'low risk' as 1-2; however, there is some debate as to whether a score of 1-2 necessarily denotes harm or risk, so definitions of harmful and/or risky gambling can include:

- PGSI score of 1+
- PGSI score of 3+
- PGSI score of 8+

Additionally, as outlined in Chapter 3, people can experience gambling harms through relationships with others. This means more people are affected by gambling harms than those with a score of 1 or more on the PGSI scale.

Given the various definitions of gambling harms, including both those who gamble and affected others, there are a range of estimates as to how many experience gambling harms overall. These are set out in the table below. Depending on the definition used, the total number of people affected, either due to their own gambling or as a self-reported 'affected other', could range from 4.8 million to 10 million GB adults.

⁹ 'Problem gambling screens' (Gambling Commission, 2021): available [here](#).

¹⁰ Reliability and Validity of Three Instruments (DSM-IV, CPGI, and PPGM) in the Assessment of Problem Gambling in South Korea (Back et al., 2015): available [here](#).

¹¹ Separating problem gambling behaviours and negative consequences: Examining the factor structure of the PGSI (Tseng et al., 2023): available [here](#).

¹² Gambling and public health: we need policy action to prevent harm (Wardle et al. 2019): available [here](#).

Table 14. Estimating gambling harms using PGSI score and self-reported affected other status

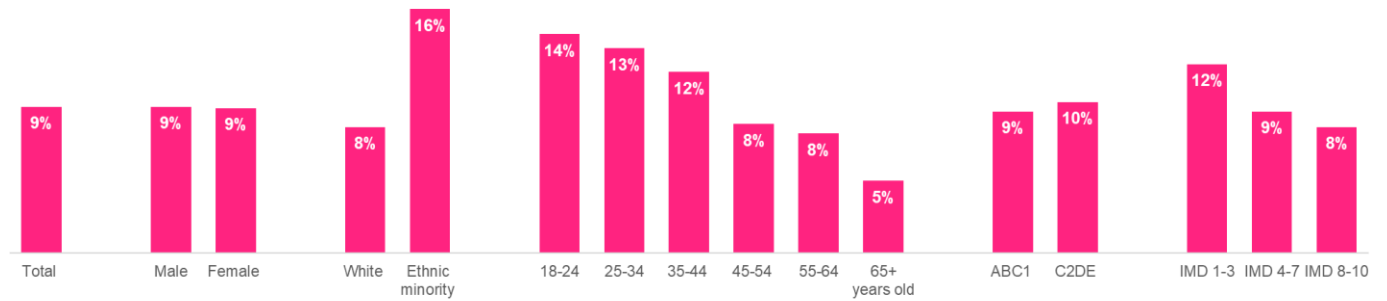
	% in survey	Confidence interval	Min. %	Max. %	Rounded estimate	Rounded minimum	Rounded maximum
PGSI 1+ or affected other	18.7%	0.56%	18.14%	19.26%	9,671,000	9,382,000	9,961,000
PGSI 3+ or affected other	11.9%	0.47%	11.43%	12.37%	6,155,000	5,911,000	6,398,000
PGSI 8+ or affected other	9.3%	0.42%	8.88%	9.72%	4,810,000	4,593,000	5,027,000

Nine percent of the population qualified as either an affected other or PGSI 8+. This equates to an estimate of approximately 4.8 million GB adults.

Men and women were equally likely to be categorised as PGSI 8+ or affected others when these factors are combined. However, differences are evident when looking at ethnicity: respondents from an ethnic minority background were significantly more likely to be categorised as PGSI 8+ or an affected other compared to White respondents (16% vs 8%). Specifically, those from Black (inc. mixed White/Black) (21%) and Pakistani (19%) ethnic backgrounds were most likely to be categorised as PGSI 8+ or an affected other.

Those from younger age groups were also more commonly either PGSI 8+ or affected other, with likelihood to be categorised this way decreasing with age. One in seven (14%) of respondents aged 18 to 24 were either an affected other or classified as PGSI 8+, compared to only one in twenty (5%) of those aged 65 and over.

Figure 15. Proportion who are PGSI 8+ or an affected other



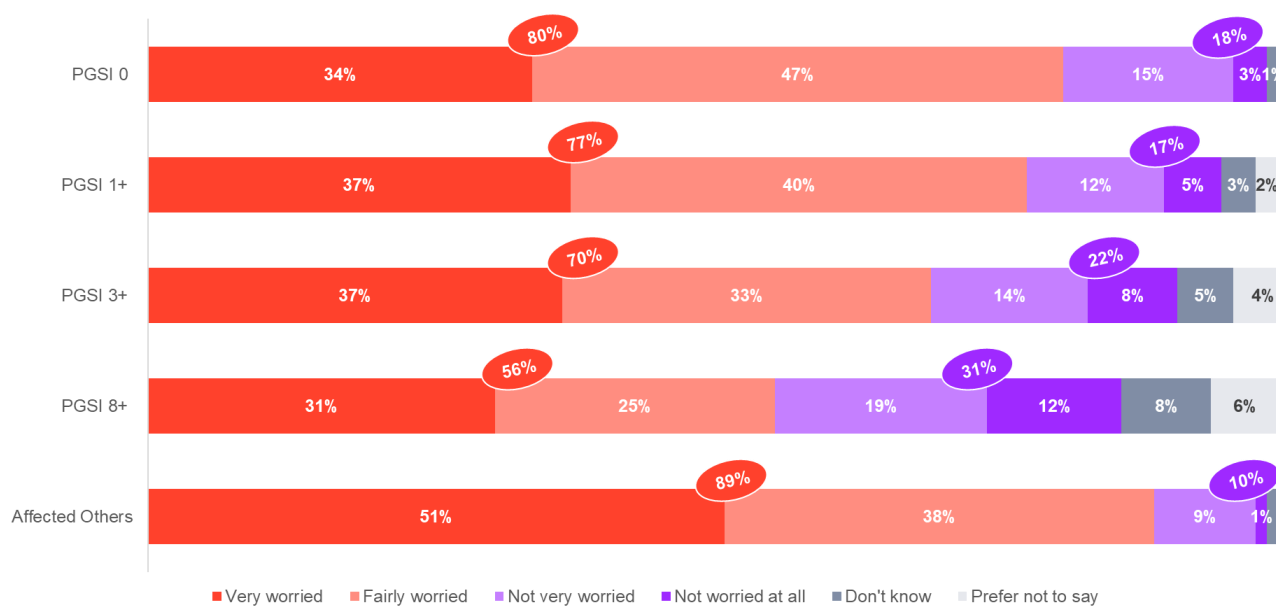
Base: all GB adults in 2022 (n=18,305), men (n=8,653), women (n=9,652), White respondents (n=16,047), ethnic minority respondents (n=2,258), 18-24s (n=2,158), 25-34s (n=3,141), 35-44s (n=3,180), 45-54s (n=3,263), 55-64s (n=2,616), 65+ (n=3,947), ABC1 (n=9,839), C2DE (n=8,466), IMD 1-3 (5,111), IMD 4-7 (7,453), IMD 8-10 (5,736)

5 Cost of living

The current cost of living crisis has seen many in the UK attempt to adapt their spending habits and lifestyle in an effort to keep up with the rapidly increasing costs of everyday essentials. It is important to understand how this could impact not only those who gamble, especially those at risk of harm, but also those classified as affected others. The qualitative research in this report found that for some, gambling was seen as a way of supplementing income, and therefore there is a risk that in line with increasing concerns, there could be a corresponding increase in gambling as a way to manage rising costs. Accordingly, new questions were included in 2022 to investigate attitudes among those who gamble, and how the crisis could impact gambling behaviours.

Respondents were initially asked to what extent they were worried about the changes to cost of living in the next six months. Those classified with a lower score on the PGSI scale were much more likely to report being worried, with four in five (80%) of those with a PGSI score of 0 reporting worry; one third (34%) reported they were very worried, and nearly half (47%) stated they were fairly worried. Overall, this was broadly comparable with those with a score of PGSI 1+, around three in four (77%) stated they were worried overall. Comparatively, those classified with a higher score on the PGSI scale were much less likely to report being worried, with 56% of those classified as PGSI 8+ stating this. Correspondingly, one in eight (12%) classified as PGSI 8+ said that they were not at all worried, a higher proportion than any other group.

Figure 16. Worry over the changes to the cost of living in the next 6 months



Base: all who gamble with a PGSI score of 0 (n=8,473), 1+ (n=2,474), 3+ (n=1,091) and 8+ (n=535), and affected others (n=1,267) in 2022

However, there was no evidence of incremental decline of worry as PGSI score increased; instead, the rate remains similar throughout the earlier categories (80% PGSI 0, 83% PGSI 1-2, and 83% PGSI 3-7), suggesting that this difference in attitude was unique to those who are PGSI 8+. Among this audience, while there was no difference by gender, younger people were the least likely to be worried about the cost of living, with half (50%) of 18-34 year olds stating this, compared to two in three (68%) of those aged 35+. This was in contrast to the wider general public where concern across age groups was relatively level.

Conversely, affected others showed a much higher level of worry compared to any of those who previously reported they gamble, with nine in ten (89%) stating this. This was driven by half (51%) of this audience reporting they were very worried (vs. 37% PGSI 1+). Comparatively, only one in ten (10%) in this group reported that they were not worried. Unlike the trend seen among those who gamble, among affected others, women reported the highest levels of worry, with nine in ten (92%) stating they were worried, compared to 85% of male affected others. Comparatively, male affected others were twice as likely to report they were not worried (14%, compared to 7% of women).

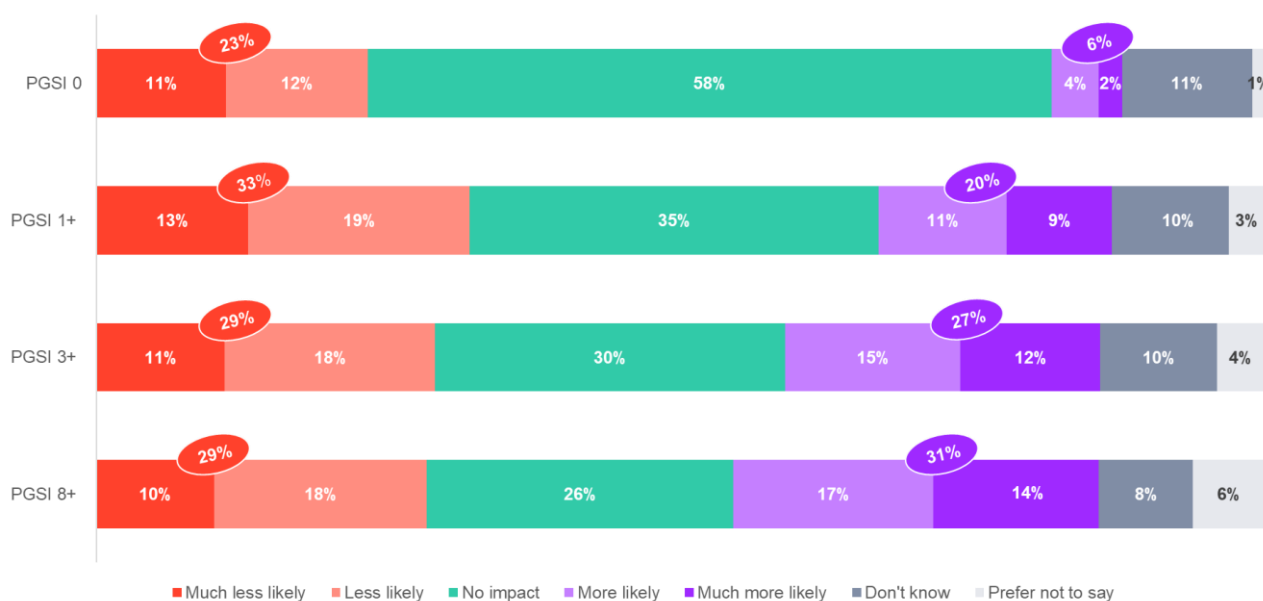
Qualitative respondents, especially those with young families, were worried about the impact their gambling would have on family finances given the cost of living crisis. They were motivated by a strong feeling of guilt, as they associated their gambling and potential losses with a 'waste' of money which would be irresponsible under the challenging circumstances. Many respondents, and notably men and those with caring responsibilities, felt an increased sense of duty as a result.

"With the kids and the cost of living crisis, I've had to reduce how much I put into the gambling" (Person who gambles, 35, Male, East of England, PGSI - 8)

"With the cost of living crisis... I just can't afford to lose at the minute." (Person who gambles, 29, Female, West Midlands, PGSI - 13)

To further assess the impact of the cost of living, respondents were asked to consider their likelihood to gamble in the next 6 months taking into account the cost of living crisis. One quarter (26%) of those classified as PGSI 8+ reported that it would have no impact on their current gambling, the lowest proportion compared to all other people who gamble, with those classed as PGSI 0 being the most likely to report no impact (58%). The remainder of those classified as PGSI 8+ were largely split in their response; while three in ten (29%) reported that they would be less likely to gamble, a similar proportion reported that they would be more likely to gamble (31%). Similar patterns were seen for those classified as PGSI 3+ - 29% reported that they would be less likely to gamble, whilst 27% said that they would be more likely to gamble.

Figure 17. Impact of cost of living on likelihood to gamble



Base: all who gamble with a PGSI score of 0 (n=8,473), 1+ (n=2,474), 3+ (n=1,091) and 8+ (n=535), in 2022

Among respondents classified as PGSI 8+, both men and women were equally likely to report they would be more likely to gamble (30% and 32% respectively), however, among those classified as PGSI 8+, higher proportions of men reported they would be much less likely to gamble (31%) compared to women (24%). Possibly in line with their lower concern about the cost of living crisis, younger people who are PGSI 8+ were more likely to state that they would be more likely to gamble in the next six months as a result, with a third (34%) of 18-34 year olds reporting this, compared to a quarter (25%) of those aged 35 and over.

Those who are PGSI 8+ from ABC1 social grades were more likely to report that they would be more likely to gamble in the next six months; 38% stated this, compared to 23% of those from social grades C2DE.

There is also a correlation between higher alcohol consumption and likelihood to gamble more as a result of the cost of living crisis. Those who are PGSI 8+ with an AUDIT-C score of increasing or higher risk were most likely to report that the cost of living crisis would make them more likely to gamble in the next 6 months (38%), compared to those of a low risk (22%). Correspondingly, those who are at low risk most commonly reported that they would be less likely to gamble more (35%), in contrast to a quarter (24%) of those of increasing or higher risk.

Overall, the picture on cost of living from the qualitative interviews was similarly mixed. Those who were gambling less mentioned that price increases linked to the cost of living crisis had a direct impact on their disposable income, which for the majority of respondents has decreased considerably. For some, this meant a consistently lower disposable income while for others each month was different and more unpredictable. This made respondents feel that gambling was a 'habit' they could no longer afford and that a re-prioritisation of their finances was needed.

"I'm not gambling as much. Definitely not. Everyone's got less to spend." (Person who gambles, 24, Female, South-East, PGSI - 7)

Interestingly, it was mostly the amount of money spent on gambling that had been reduced, rather than the frequency. This was largely due to a reluctance among respondents to *feel* like they were gambling less. Despite not reducing the frequency, most respondents reported feeling 'happy' about the reduced amount they were currently spending on gambling practices, as this was resulting in lower losses compared with the past.

"I'm still doing it as often but not as much each time." (Person who gambles, 54, Male, South-East, PGSI - 2)

A minority of qualitative respondents were gambling more as a reaction to the cost of living crisis, treating gambling as an attempt to generate income. These respondents were often among the most vulnerable, as they had existing mental health conditions which did not allow them to work and, as a consequence, were reliant on benefits. The cost of living crisis had a severe impact on their everyday life. They were struggling to afford food and maintain basic hygiene due to the rise in heating costs. The decision to resort to gambling felt to them the only possible solution to cope with their increased costs and improve their financial situation.

"I get paid every two weeks and after about a week, I've nearly used all my money up. Say I've got like 20 quid in my account, I think: 'oh, if I gamble that I could win a hundred pounds or something to get me through the next week'." (Person who gambles, 37, Male, London, PGSI 7)

In some cases, they were people who were brand new to gambling who had turned to gambling specifically during the cost of living crisis. For these respondents, the social and enjoyment side of gambling was not a factor, as income generation was their sole purpose. However, they had been motivated to try gambling by observing others 'making money' from it and feeling the pressure to 'try it out' given the crisis circumstances and the need for an income. While this group had been 'socialised' into gambling, they did not maintain the 'social' aspect of it but rather treated gambling in a transactional way.

The cost of living crisis had been a moment of emotional turbulence for most respondents interviewed. Most of them were worried and overwhelmed by the crisis and their perceived inability to cope with it. The future looked very dark for them, as they felt things were only going to 'get worse'. This generated additional worry and anxiety, potentially on top of existing mental health issues. Some respondents were scared of their gambling behaviours because they were afraid of losing control and damaging the family finances, regardless of whether the amount lost would be big or small.

"When you lose gambling, it can be quite depressing and that makes you anxious that you spent so much money." (Person who gambles, 40, Female, East of England, PGSI - 20)

This emotional mix could create a vicious cycle in which those who gamble resort to more gambling to take their mind off their anxieties, as some respondents reported.

"If you've got something on your mind, you're stressed about something, it puts you in the zone when you're playing the game and you don't think about anything." (Person who gambles, 34, Female, North-West, PGSI - 9)

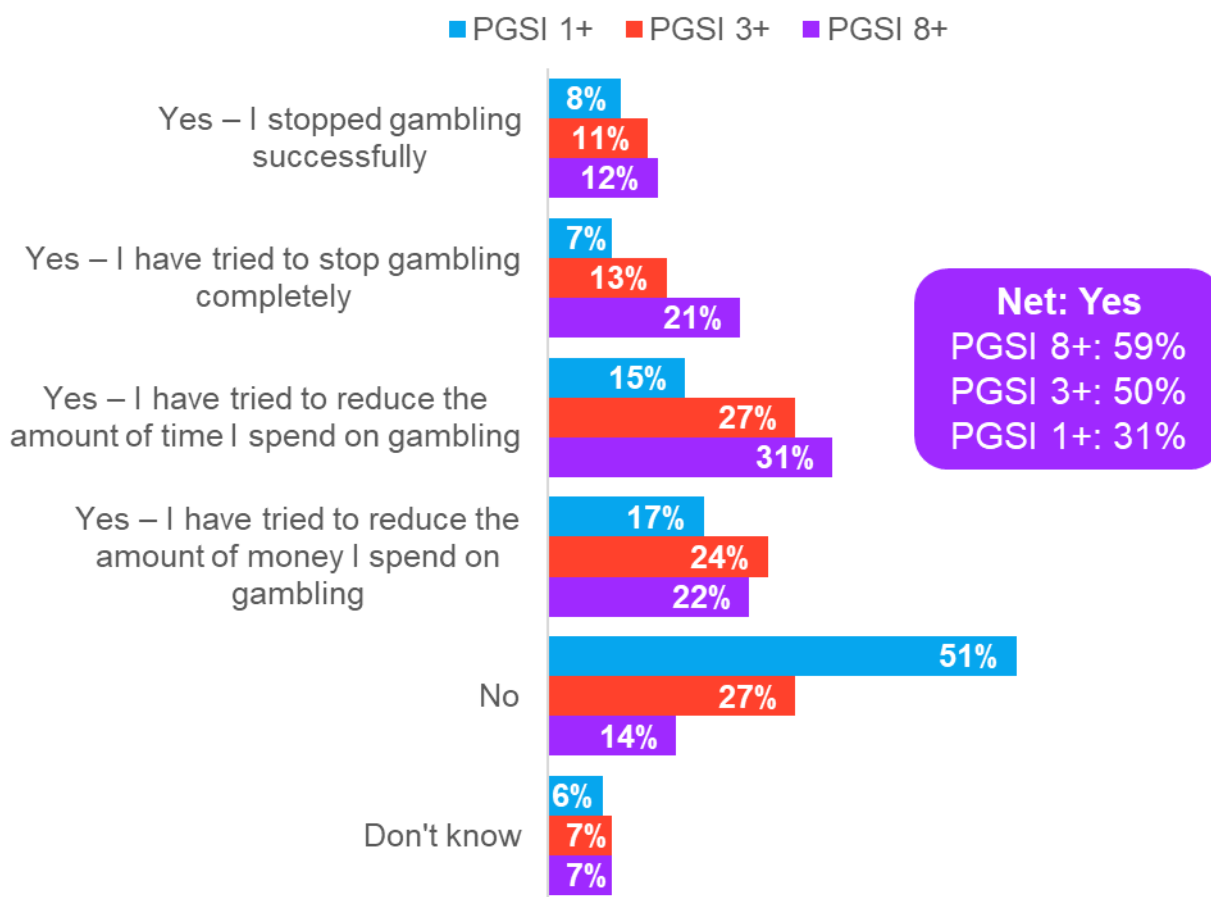
"If I lose, I feel like I have to try and get my money back. If I win, I feel like I should try to win again, so I feel caught up in the system." (Person who gambles, 37, Male, London, PGSI - 7)

6 Relapse rates

This section explores ‘relapse’ rates – i.e. the number of people who have started gambling again after a period of stopping – regardless of whether people have sought treatment or support for their gambling. The data suggests that many are aware of gambling harms, with lots wanting to gamble less than they do due to the impact their gambling has on them.

Three in five (59%) classified as PGSI 8+ say they have attempted to stop or reduce their gambling in the last 12 months. This compares to one in two (50%) with PGSI score of 3+ and three in ten (31%) with a PGSI score of 1+.

Figure 18. Whether those who gamble have attempted to stop or reduce their level of gambling in the past 12 months

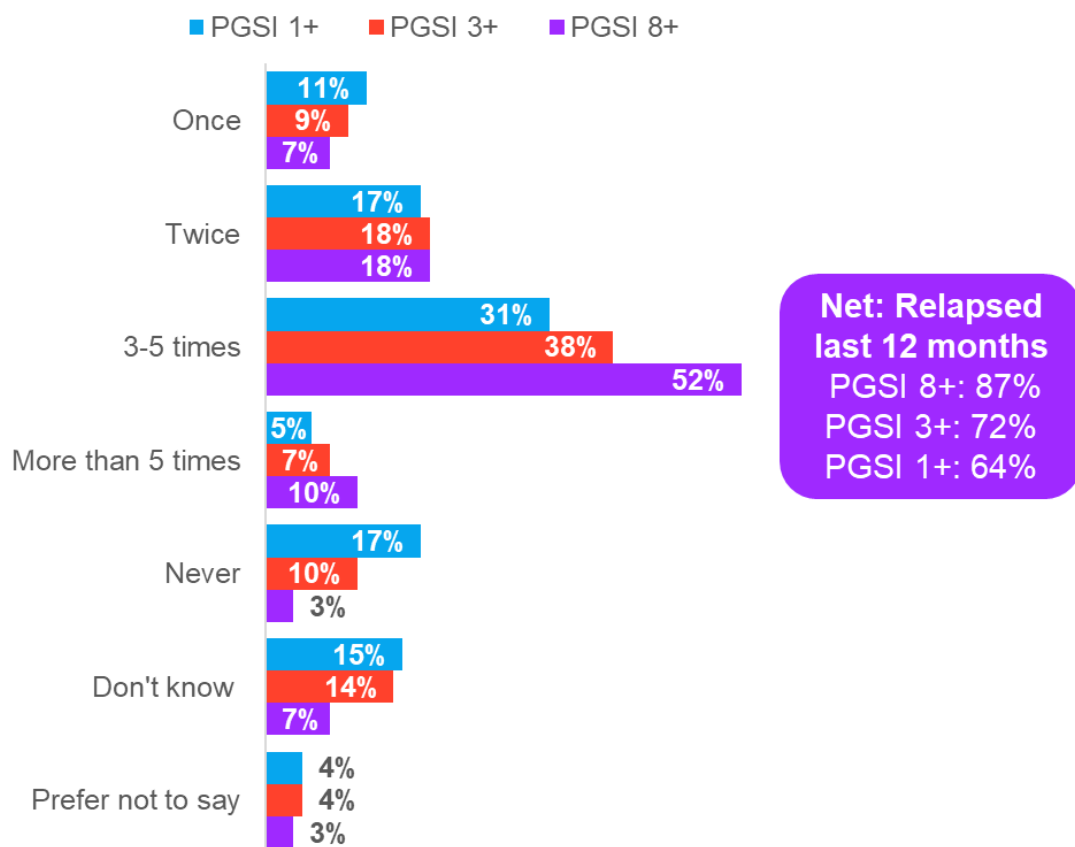


Base: all who gamble with a PGSI score of 1+ (n=2,483), 3+ (n=1,094) and 8+ (n=538) in 2022

Among PGSI 8+, it was more common for people to say they tried to reduce the amount of time they spend gambling than money (31% vs. 22%). Notably, one in five (21%) of this group said they have tried to stop gambling completely.

However, whilst many respondents say they have attempted to stop or reduce their gambling, the majority of all groups report that in the last 12 months they have either started gambling again or returned to previous levels of gambling practiced. This was highest amongst those classified as PGSI 8+, with 87% reporting this. Even amongst those with a PGSI score of 3+ or 1+, the proportion indicating they relapsed was high (72% of PGSI 3+ and 64% of PGSI 1+).

Figure 19. Whether those who gamble have started gambling again following a period of stopping or reducing their gambling



Base: all who gamble who have tried to stop or reduce their gambling with a PGSI score of 1+ (n=767), 3+ (n=555) and 8+ (n=325) in 2022

For many, this was a recurring issue, highlighting the journey of stopping and starting that many who gamble experience. Across all groups, it was most common to have relapsed between 3 and 5 times in the past year, which rises to one in two (52%) who are PGSI 8+. Notably, only 3% of this group who have previously attempted to cut back on their gambling say that they have not relapsed in the past 12 months.

A common theme among most respondents in the qualitative phase was the desire or the preference to reduce gambling, rather than stopping it completely. In most cases, this was driven by emotions associated with gambling, such as enjoyment and entertainment, and for others it was a key coping mechanism for other pressures in their lives. Equally, for many, stopping gambling entirely felt like an insurmountable task – a belief largely driven by previous failed attempts. Given that gambling was so emotionally charged with feelings of embarrassment, it was preferable for those who gamble to successfully *reduce* their gambling than try to stop altogether, risk failure, and continue to be trapped in cycles of shame and defeat.

For those that could control their gambling spending, they did not see their gambling as a problem, and instead preferred to set limits on their accounts to control it. If limits were imposed and stuck to, this rationalised their gambling and they considered it to be ‘good’ gambling, rather than ‘bad’, regardless of whether they were still spending more money than they wanted to.

“I don’t really have a gambling problem, or maybe I do, but maybe it’s not that bad. I set myself a certain amount and I have a system for when I actually win money and what I do with that money, so I don’t really feel guilty about it. I feel I’ve got it under control.” (Person who gambles, 31, Female, London, PGSI – 8)

A variety of circumstances played a role in respondents’ desire to restart gambling. Since a key finding from the 2021 report was that ‘feeling ready’ was imperative in successfully quitting, it is unsurprising that a crucial factor for some in their relapse was not feeling ready to stop gambling at the point of seeking advice, support and treatment.

[On Gamblers Anonymous sessions] “We made a deal that I would go and seek help, which I did... it was once a week and I went for about three months... but I cut it short and said to my partner ‘it’s done’... from just wanting to finish it really, even though I felt we didn’t do enough.” (Person who gambles, 49, Male, London, PGSI – 25)

The cost of living crisis was also often cited as a reason why people both started to gamble or restarted gambling after looking to reduce their gambling or stop entirely (see chapter 5 for more detail on this). Respondents illustrated how the current economic climate has created a pull factor towards gambling via a hope that they could win money. In addition, worries, as well as pressures and difficulties, such as those associated with family life or other life events also made some turn back to gambling, or gamble more. This was particularly common among respondents who perceived gambling as a fun, social activity that helped them to take their mind off the stressors of everyday life. The mixture of perceptions of gambling as something that helps them to forget about their worries, along with having a strong and continuous hope to win, were often the key drivers behind going back to gambling or finding it difficult to stop.

“Sign up bonus, a free bet... sometimes if I’m in a low mood or I’m having a tough time, that’s when I feel that it kind of catches me out.” (Person who gambles, 48, Male, London, PGSI – 25)

Mental health and alcohol were also key triggers. Respondents shared how mental health and alcohol issues made them feel weaker or unable to control their desire to gamble. For instance, somebody who felt they could abstain from gambling most days, felt less able to control it when drinking alcohol.

“I will have a couple drinks. I’ll feel a bit weaker for it and then I’ll go to gamble. So that’s why I have my limits in place because otherwise, you know, my will power is pretty much gone at that point.” (Person who gambles, 35, Male, East of England, PGSI – 8)

7 Usage of advice, support and treatment

7.1 People who gamble's usage of advice, support and treatment in the previous 12 months

This chapter explores the advice, support and treatment that people who gamble have used in the past 12 months, drawing comparisons with previous years of the GambleAware Treatment and Support study.

People who gamble: usage of advice, support and treatment in the previous 12 months

Usage of advice, support and treatment in the previous 12 months in an attempt to cut down gambling has remained largely unchanged since 2021. Among those with a PGSI score of 1+, 16% reported having used any type of formal treatment (e.g. mental health services, their GP, specialist gambling specific services) in 2022. A slightly lower proportion (13%) indicated that they had used any type of less formal support or advice (e.g. speaking to family and friends, support groups, websites or books). Overall, one in five (21%) had used some form of advice, support or treatment in the previous 12 months in 2022 (comparable to 20% in 2021 and 19% in 2020).

Those with higher PGSI scores remain more likely to have used advice, support and treatment than those with lower scores. While just five percent of those classified as low-risk (PGSI score of 1-2) had used advice, support or treatment, this increases to 17% of those classified as moderate-risk (PGSI score of 3-7), and 66% of those classified as PGSI 8+. This is to be expected; as PGSI scores decrease, many at the lower end of the scale will experience no negative consequences from their gambling. These findings are comparable with 2020.

As highlighted in chapter 4, there are a number of different ways of presenting gambling harm data. Table 15 sets out the proportion who have sought advice, support or treatment among people who gamble with a PGSI score of 1+, 3+ and 8+.

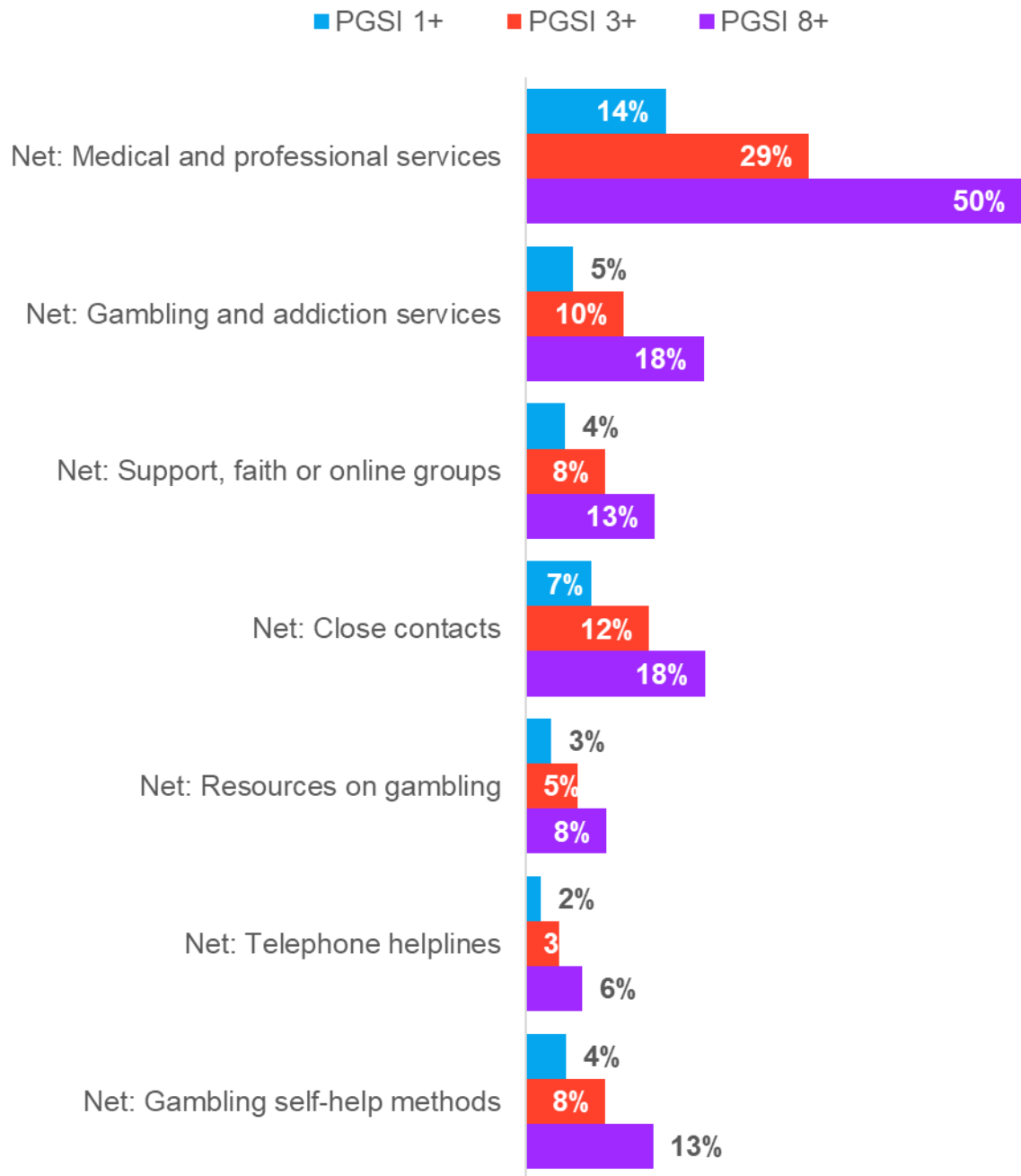
Table 15. Usage of advice, support and treatment in the previous 12 months - by PGSI category

	All PGSI 1+				All PGSI 3+				All PGSI 8+			
	2019 (1605)	2020 (2294)	2021 (2338)	2022 (2483)	2019 (729)	2020 (1072)	2021 (1066)	2022 (1094)	2019 (331)	2020 (470)	2021 (531)	2022 (538)
Used any treatment	12%	14%	15%	16%	25%	28%	30%	32%	43%	53%	55%	56%
Used any support/advice	13%	15%	14%	13%	25%	29%	27%	25%	39%	48%	42%	40%
Used any treatment/ support/advice	17%	19%	20%	21%	33%	37%	39%	41%	54%	63%	64%	66%
Have not used any	83%	81%	80%	79%	67%	63%	61%	59%	46%	37%	36%	34%

Usage of different forms of advice, support and treatment for gambling has remained relatively stable over time. Among those with a PGSI score of 8+, the only increase is in the proportion saying they contacted a GP or other primary health provider (rising from 10% in 2021 to 16% in 2022).

In an attempt to cut down their gambling, people have used a range of sources of advice, support or treatment (see Figure 20). Most commonly, people who gamble have used medical and professional services, such as mental health services, their GP or a social worker (14% of PGSI 1+ and 50% of PGSI 8+). Many have also sought less formal forms of support and advice for their gambling, including speaking to close contacts such as friends, family or their employer (7% of PGSI 1+ and 18% of PGSI 8+). This highlights the role of both formal and informal sources of advice, support and treatment for those who gamble.

Figure 20. Usage of treatment/support/advice in previous 12 months - by PGSI category



Base: all who gamble with a PGSI score of 1+ (n=2,483), 3+ (n=1,094) and 8+ (n=538) in 2022

Among those who gamble, younger people aged 18-24, who have higher PGSI scores on average, were more likely to have sought advice, support or treatment than those in older age groups (Table 16). Among 18-24 year olds with a PGSI score of 1+, two in five (40%) have used some form of advice, support or treatment in the past 12 months; this almost doubles among PGSI 8+ (78%). Younger people (18-24) with a PGSI score of 8+ were the age group most likely to have used treatment services, including mental health services (e.g. counsellor, therapist) – used by two in five (45%) – and gambling and addiction services (e.g. the National Gambling Treatment Service (NGTS – now known as the National Gambling Support Network) or addiction services) (23%).

Table 16. Usage of advice, support and treatment in previous 12 months – by age

	18-24	25-34	35-44	45-54	55+
PGSI 1+	40%	29%	19%	12%	5%
PGSI 3+	63%	49%	33%	25%	13%
PGSI 8+	78%	71%	56%	N/A*	N/A*

**Figure not reported on as base size below 50*

Those who gamble with a PGSI score of 1+ with co-existing conditions (either mental and/or physical) were slightly more likely to have used some form of formal advice, support or treatment than those without (24% vs. 19%). This was likely as a result of this group being more likely to gamble, but could also be due to them having pre-existing access to these services due to co-existing conditions. Among those classified as PGSI 8+ this rises to three in four (74%) of those with co-existing conditions. This group were most likely, compared to those with a PGSI score of 1+, to have sought a number of forms of advice, support and treatment, including mental health services (e.g. a counsellor or therapist) (42%), gambling and addiction services (e.g. the NGTS or addiction services) (19%) and gambling self-help methods (e.g. self-help apps or self-exclusion) (14%).

Table 17. Usage of advice, support and treatment – by co-existing conditions

	All PGSI 1+		All PGSI 3+		All PGSI 8+	
	With co-existing conditions (1165)	Without co-existing conditions (1161)	With co-existing conditions (540)	Without co-existing conditions (479)	With co-existing conditions (281)	Without co-existing conditions (213)
Used any treatment/support/advice	24%	18%	47%	34%	75%	58%

Those drinking at ‘higher risk’ levels (an AUDIT-C score of 8-12), who have higher PGSI scores on average, were more likely to have used some form of treatment or support than those with lower scores (see Table 18). For example, three in five (62%) respondents classified as PGSI 8+ and drinking at ‘higher risk’ levels reported they had used some form of advice, support and treatment, higher than the proportion reported by respondents classified as PGSI 3+ (36%) and PGSI 1+ (21%). The data suggests that those who gamble and drink at ‘increasing risk’ (5-7) levels were the most likely to have sought some form of advice, support or treatment for their gambling than those in other categories. Among those with a PGSI score of 8+ this rises to 76%.

Table 18. Usage of advice, support and treatment in previous 12 months – by AUDIT-C score

	PGSI 1+	PGSI 3+	PGSI 8+
AUDIT-C low risk (under 5)	18%	37%	61%
AUDIT-C increasing risk (5-7)	27%	50%	76%
AUDIT-C higher risk (8-12)	21%	36%	62%

As outlined in the introduction, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing, categorising people into ‘low’, ‘medium’ and ‘high’ wellbeing based on their answers to 14 statements. This was added into the survey to allow for an analysis of the relationship between mental wellbeing and gambling.

Overall, those with a PGSI score of 1+ with low mental wellbeing (using WEMWBS) were more likely than those with medium or high scores to say they had sought some form of advice, support or treatment for their gambling (23% vs. 18%).

Those with a PGSI score of 1+ on lower incomes (<£20,000 per year) were more likely to have sought some form of advice, support or treatment than those on higher incomes (29% of those with a gross household income of <£20,000 per year vs. 14% of £60,000+). This includes being more likely to have used medical and professional services (e.g. mental health services, their GP or a social worker) in the 12 months (23% vs. 9% on higher incomes). Among PGSI 8+ in low income households (<£20,000 per year), seven in ten (71%) reported using some form of advice, support or treatment.

Table 19. Usage of advice, support and treatment in previous 12 months – by income

	PGSI 1+	PGSI 3+	PGSI 8+
Up to £20,000 per year	29%	49%	71%
£20,000 - £39,000 per year	20%	41%	68%
£40,000 - £59,000 per year	21%	44%	70%
£60,000 and above per year	14%	31%	54%

Those from ethnic minority backgrounds with a PGSI score of 1+, who have higher PGSI scores on average than White people, were more likely to have used advice, support and treatment to cut down their gambling: two in five (41%) had used any source, compared with 16% of White people who gamble. Among those with a PGSI score of 8+, 80% of those from ethnic minorities had used any source, compared with 59% of those from White backgrounds. Those from ethnic minority backgrounds (with a PGSI score of 8+) were more likely than their White counterparts to have used almost all forms of advice, support and treatment including medical and professional services (e.g. mental health services, their GP or a social worker) (67% vs. 42%), gambling and addiction services (e.g. the NGTS or addiction services) (28 vs. 13%), close contacts (25% vs. 15%), and support networks (e.g. a support or faith group) (21% vs. 9%).

Table 20. Usage of advice, support and treatment – by ethnicity

	All PGSI 1+		All PGSI 3+		All PGSI 8+	
	White (1981)	Ethnic minorities (502)	White (785)	Ethnic minorities (309)	White (351)	Ethnic minorities (187)
Used any treatment	11%	37%	23%	55%	46%	76%
Used any support/advice	10%	26%	22%	36%	35%	49%
Used any treatment/ support/advice	16%	41%	34%	59%	59%	80%

7.2 Affected others' usage of advice, support and treatment in the previous 12 months

The following section will focus on the usage of advice, support and treatment in the previous 12 months by affected others who know someone who has had a problem with gambling, and who have been negatively affected by it.

In 2022, one in four (26%) affected others said they had sought advice or support for themselves in some form, whether from a treatment service, such as mental health services or a GP, or from less formal sources, such as friends or family members or visiting a website (see Table 21). This was broadly comparable with previous years e.g. 22% in 2021. This means the majority (74%) of affected others who have been impacted by someone who gambles have not sought advice or support for themselves.

Table 21. Usage of advice, support and treatment in the previous 12 months among affected others

	2019 (429)	2020 (279)	2021 (264)	2022 (306)
Used any advice/support from treatment services	16%	13%	15%	16%
Used any less formal advice/support	19%	15%	16%	16%
Used any advice/support at all	28%	24%	22%	26%

Usage of different forms of advice and support among affected others has remained relatively stable over time. The only increase is the proportion saying they contacted a GP or other primary health provider, rising from 5% in 2021 to 9% in 2022.

Affected others who are also people who gamble and are classified as PGSI 1+ were more likely than affected others overall to have sought some form of advice and support (including both treatment services and support sources). This rises to 38% (vs. 26% of affected others overall).

An equal proportion of affected others said they have sought advice or support from more formal treatment services, compared to the proportion who said they had sought less formal sources of advice and support (both 16%). Less formal sources can be as simple as just talking to someone, with 11% having said they sought advice or support from a close contact – such as their friends, family or employer. Among those seeking advice or support from a formal treatment service, they most commonly used mental health services (either NHS or private) or a GP (both 9%).

Prompts for seeking advice or support

In 2022, concern for safety and wellbeing (for either the person with a gambling problem or for other family members) (38%) and a relationship being affected by gambling (37%) were the most common prompts mentioned by affected others for seeking advice or support. This was followed by needing help or not knowing how to deal with the situation (35%) and mental health problems (including feeling anxious or concerned) (28%). One in six (16%) say they were impacted by a severe negative impact (e.g. risk of losing job, home or criminal proceedings).

8 Demand for advice, support or treatment

8.1 People who gamble's demand for advice, support and treatment in the previous 12 months

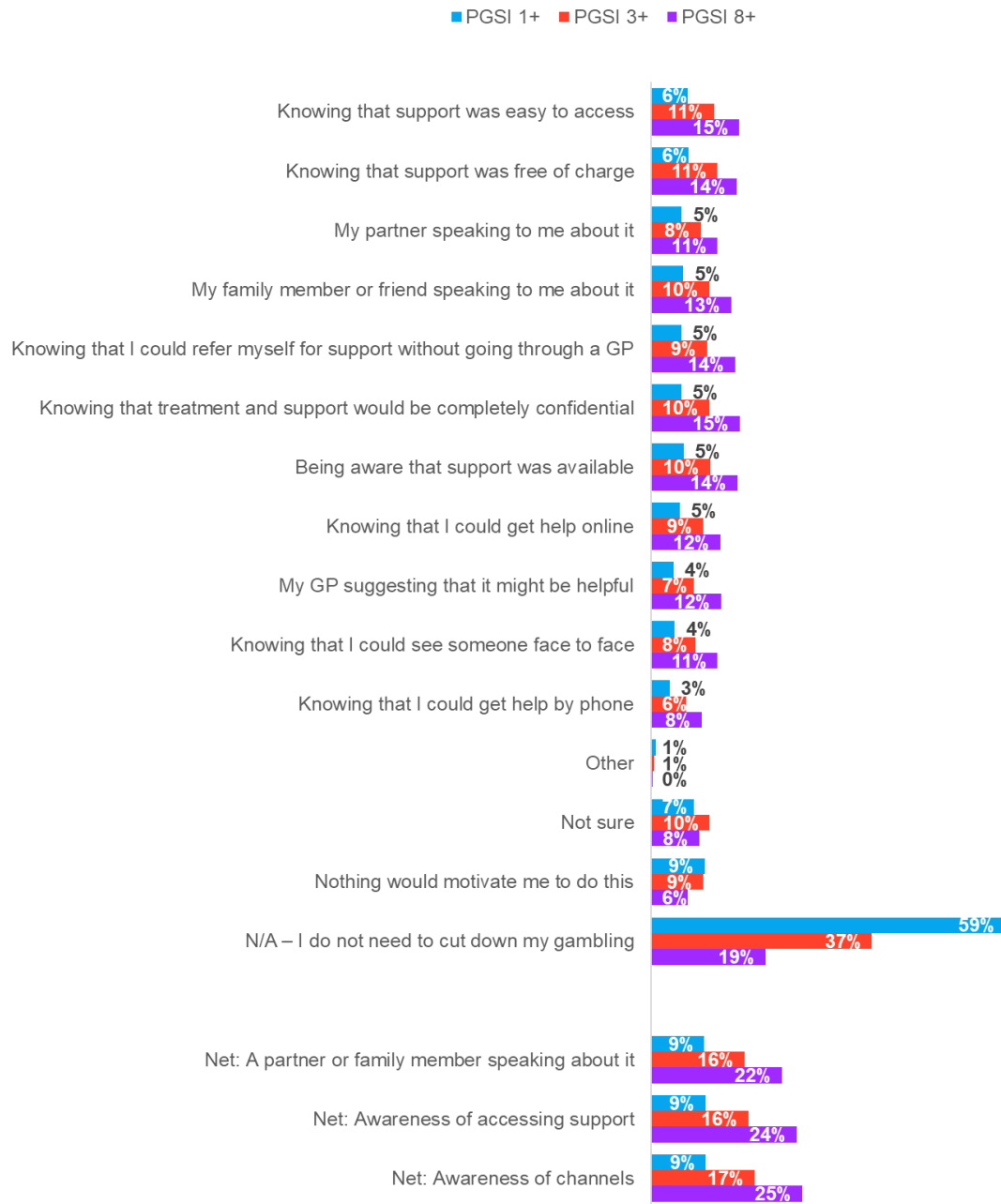
This next chapter explores the demand for advice, support and treatment among people who gamble, drawing comparisons with the previous GambleAware Treatment and Support 2019, 2020 and 2021 studies.

People who gamble: motivators to seek advice, support and treatment

Overall, one in four (25%) of those with a PGSI score of 1+ recognised one or more factors that might motivate them to seek advice, support or treatment – rising to two in three (67%) of those classified as PGSI 8+. This includes those who had already accessed some form of advice, support or treatment in the previous 12 months, as well as those who had not.

These factors include a range of different motivators, including knowing support was available via a particular channel (telephone, online or face-to-face), knowing that support was easy to access, including the ability to self-refer, or a partner or family member speaking to them about it.

Figure 21. Motivators to seek treatment/support/advice



Base: all who gamble with a PGSI score of 1+ (n=2,483), 3+ (n=1,094) and 8+ (n=538) in 2022

Some qualitative respondents simply did not know where to start with accessing support or treatment and were completely unaware of the support services that are available. Whilst some had seen adverts for Gamblers Anonymous, GambleAware, and other support services, they did not know what kind of support they offered and thus whether it would be useful. If they were to seek treatment, respondents expressed that they would want to know how effective treatment can be, with some expressing concerns that treatment might be a waste of time and/or money. Moreover, there was a general preference for one-on-one support, partly to ensure privacy, but also due to a belief that this would be more effective because the support received would be tailored to their situation.

"I wouldn't even know where to start or where to look anyway for help and support, because it's nothing you ever see advertised." (Person who gambles, 34, Female, Scotland, PGSI – 11)

As seen in the previous studies, those classified as PGSI 8+ recognised several factors which might motivate them to seek advice, support and treatment. Most commonly, they said that they might be motivated by knowing support was available via a particular channel (25%), which reinforces the importance of providing clear information to increase awareness of the available channels (e.g. signposting to websites, increasing awareness of remote support). A similar proportion (24%) said that awareness of how easily they can access support could motivate them – such as knowing that they could self-refer without going through a GP or knowing that support was free of charge. Additionally, one in six (15%) of those classified as PGSI 8+ reported that knowing that advice, support and treatment would be completely confidential would motivate them to seek help. Since a lack of awareness of accessibility was a key barrier for those who are PGSI 8+, it is important to address this and continue to relay information about advice, support and treatment to this group, with a focus on messaging around confidentiality, cost, and the ability to self-refer.

Loved ones expressing their concern about those who gamble was one of the most motivating factors to seeking out advice, support and treatment in the qualitative interviews. Children were a particular focus of concern and there was a strong desire among respondents to ensure that their children did not believe they have a gambling problem or that they were not gambling away family money that compromised their quality of life. The role of partners was also significant here, with several people who gamble cited having sought treatment in the past following pressure from their partner.

“It was at a point where I couldn’t pay the rent and I knew she was going to find out... I came clean and we made a deal that I would go and seek help, which I did.” (Person who gambles, 49, London, PGSI – 25)

People who gamble: current demand for advice, treatment and support

Current reported demand increased slightly compared to 2021, with one in five (19%) of those with a PGSI score of 1+ who stated they want some form of advice, support and treatment in 2022, compared to 16% in 2021. Among those with a PGSI score of 1+, 16% reported wanting some form of treatment (e.g. from mental health services, their GP, or specialist gambling specific services). One in nine (11%) said that they wanted some form of support or advice (e.g. speaking to family and friends, support groups, websites or books) in 2022. These figures include those who had already accessed advice, support or treatment, meaning that there was some overlap between usage and reported demand, as some will have accessed services before and wanted to continue doing so.

Table 22 sets out the proportion who reported that they want some form of advice, support and treatment among those who gamble with a PGSI score of 1+, 3+ and 8+.

Table 22. Current demand for advice, support and treatment - by PGSI category

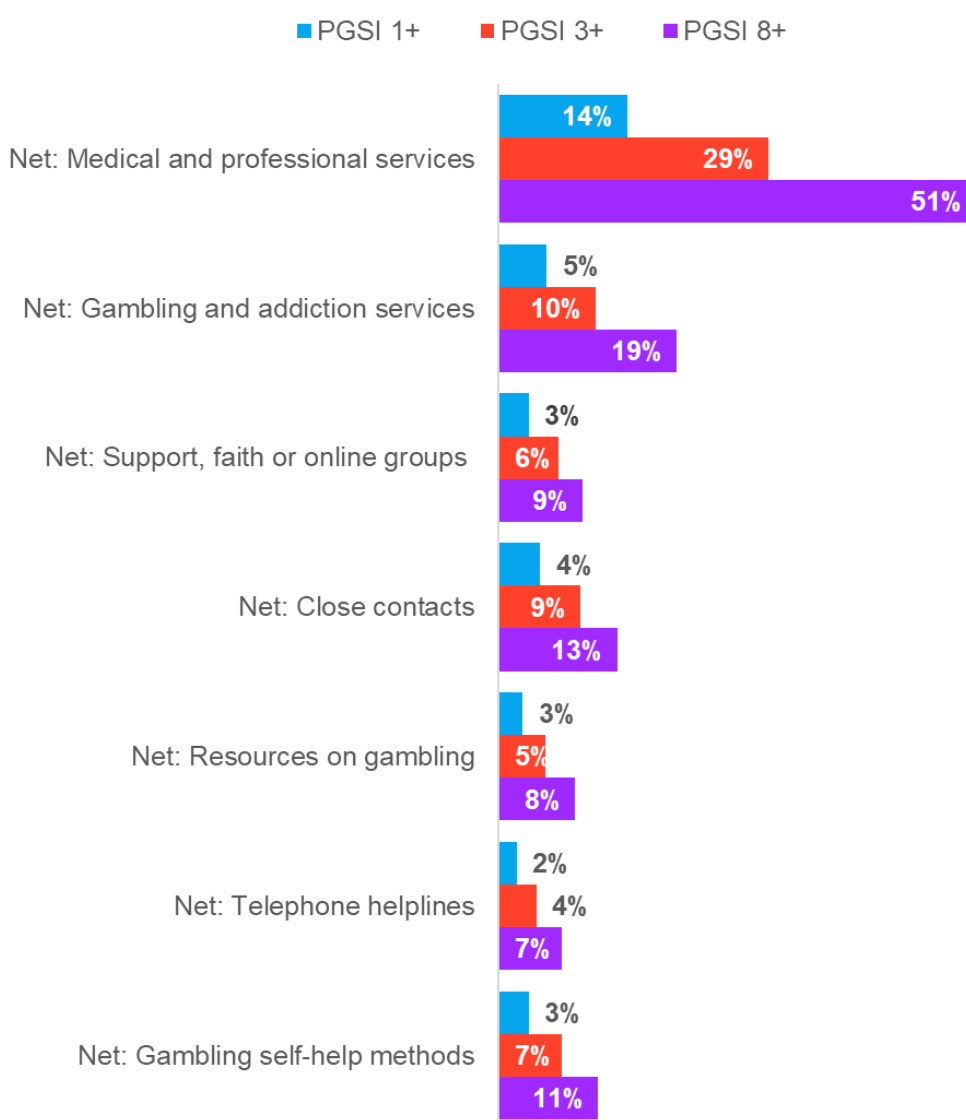
	All PGSI 1+				All PGSI 3+				All PGSI 8+			
	2019 (1605)	2020 (2294)	2021 (2338)	2022 (2483)	2019 (729)	2020 (1072)	2021 (1066)	2022 (1094)	2019 (331)	2020 (470)	2021 (531)	2022 (538)
Want any treatment	13%	14%	14%	16%	28%	28%	28%	33%	48%	53%	51%	57%
Want any support/advice	13%	13%	11%	11%	26%	26%	23%	21%	41%	44%	38%	33%
Want any treatment/ support/advice	17%	17%	16%	19%	36%	34%	33%	40%	57%	59%	57%	65%
Do not want any	83%	83%	84%	81%	64%	66%	67%	60%	43%	41%	43%	35%

Among those with a PGSI score of 8+, the increase in demand for treatment services was driven by the proportion who said they want treatment from NHS mental health services (rising from 15% in 2021 to 22% in 2022) or from a GP or other primary health provider (rising from 6% in 2021 to 13% in 2022).

Two-thirds (65%) of those with a PGSI score of 8+ said they wanted some form of advice, support or treatment in order to help cut down their gambling. Among this group, the vast majority (92%) had received advice, support or treatment previously, with a much smaller proportion (8%) who reported that they had not had any form of advice, support or treatment previously. Those with a PGSI score of 1+ who also qualify as affected others were more likely to want some form of advice, support or treatment. Three in ten (31%) reported this compared to 19% of those with a PGSI score of 1+ overall.

Most commonly, people who gamble felt they would like treatment from medical and professional services (e.g. mental health services, their GP or a social worker) (14% of PGSI 1+ and 51% of PGSI 8+). This was followed by gambling and addiction services (e.g. the NGTS or addiction services) (5% of PGSI 1+ and 9% of PGSI 8+). There was also demand for less formal forms of advice and support – such as speaking to friends, family or their employer (3% of PGSI 1+ and 13% of PGSI 8+). This emphasises the need for a combination of both formal and informal sources of advice, support and treatment for those who gamble.

Figure 22. Demand for treatment/support/advice in previous 12 months - by PGSI category



Base: all those who gamble with a PGSI score of 1+ (n=2,483), 3+ (n=1,094) and 8+ (n=538) in 2022

Demand for advice, support and treatment mirrors usage – which is likely due to an overlap between those who have sought this previously, and those who want it going forwards. Younger people (aged 18-24) who gamble, who have higher PGSI scores on average, were more likely to say they want some form of advice, support or treatment than those in older age groups. Close to two in five (37%) people aged 18-24 with a PGSI score of 1+ stated they want some form of advice, support or treatment, compared with just 4% of those aged 55+. Demand was particularly high among young respondents who were PGSI 8+, rising to seven in ten (73%). However, across all age groups the demand for advice, support or treatment increased as PGSI scores increased (71% for aged 25-34 with PGSI 8+ and 52% for aged 35-44 with PGSI 8+). Notably, young people classified as PGSI 8+ were more likely to report they want support from mental health services (e.g. counsellor, therapist) (42%) to help with cutting down their gambling.

Table 23. Current demand for advice, support and treatment – by age

	18-24	25-34	35-44	45-54	55+
All PGSI 1+	37%	26%	17%	11%	4%
All PGSI 3+	60%	47%	31%	27%	13%
All PGSI 8+	73%	71%	52%	N/A*	N/A*

**Figure not reported on as base size below 50*

Again, in line with usage patterns, people who gamble with co-existing conditions (either mental and/or physical) were more likely to report demand for advice, support or treatment than those without such a condition. Among those with a PGSI score of 1+, the difference was small (22% vs. 17%), though this widens among those with scores of 3+ (47% vs. 33%) and 8+ (74% vs. 58%). Among those with a PGSI score of 8+ with co-existing conditions, demand was high for a range of sources of advice, support and treatment including medical and professional services (e.g. mental health services, their GP or a social worker) (59%), gambling and addiction services (e.g. the NGTS or addiction services) (22%), close contacts (e.g. friends, family or employer) and gambling self-help methods (e.g. self-help apps or self-exclusion) (both 13%).

Table 24. Current demand for advice, support and treatment – by co-existing conditions

	All PGSI 1+		All PGSI 3+		All PGSI 8+	
	With co-existing conditions (1165)	Without co-existing conditions (1161)	With co-existing conditions (540)	Without co-existing conditions (479)	With co-existing conditions (281)	Without co-existing conditions (213)
Used any treatment/ support/advice	22%	17%	47%	33%	74%	58%

Those drinking at higher risk levels (an AUDIT-C score of 8-12), who have higher PGSI scores on average, were more likely to want some form of treatment or support than those with lower AUDIT-C scores (see Table 25). For example, three in five (63%) PGSI 8+ drinking at higher risk levels report this, higher than the proportion of PGSI 3+ (37%) and PGSI 1+ (20%). The data suggested that those who gamble and drink at increasing risk (5-7) levels were the most likely to want some form of advice, support or treatment for their gambling, among PGSI 8+ respondents this increased to 74%. For those classified as PGSI 8+ who were drinking at increasing or higher risk levels (an AUDIT-C score of 5-12), demand included a combination of treatment services – such as medical and professional services (e.g. mental health services, their GP or a social worker) (54%) and gambling and addiction services (e.g. the NGTS or addiction services) (19%) – and less formal types of support and advice such as talking to close contacts (e.g. friends, family or employer) and gambling self-help methods (e.g. self-help apps or self-exclusion) (13% and 10% respectively).

Table 25. Demand for advice, support and treatment in previous 12 months – by AUDIT-C score

	PGSI 1+	PGSI 3+	PGSI 8+
Under 5	16%	34%	58%
Increasing risk (5-7)	27%	50%	74%
Higher risk (8-12)	20%	37%	63%

Following the pattern seen with existing usage of service, people who gamble with a PGSI score of 1+ with low mental wellbeing (using WEMWBS) were more likely than those with medium or high mental wellbeing to say they want some form of advice, support or treatment for their gambling (22% vs. 16%).

Those who gamble with a PGSI score of 1+ on lower incomes were more likely to state they want some form of advice, support or treatment than those on higher incomes (28% of those with a gross household income of <£20,000 per year vs. 11% of £60,000+).

Among PGSI 8+ in low income households (<£20,000 per year), this increased to 73% (vs. 48% of those on £60,000+).

Table 26. Demand for advice, support and treatment in previous 12 months – by income

	PGSI 1+	PGSI 3+	PGSI 8+
Up to £20,000 per year	28%	49%	73%
£20,000 - £39,000 per year	19%	40%	67%
£40,000 - £59,000 per year	19%	40%	67%
£60,000 and above per year	11%	25%	48%

Those from ethnic minority backgrounds with a PGSI score of 1+, who have higher PGSI scores on average than White adults, were more likely to say they want some form of advice, support or treatment to cut down their gambling (39% vs. 15%). Among those with a PGSI score of 8+, this increased to 80% of those from ethnic minorities and 57% among White respondents. Those from ethnic minority backgrounds (PGSI 8+) were more likely than White respondents to state they want support from medical and professional services (e.g. mental health services, their GP or a social worker) (69% vs. 41%) and gambling and addiction services (e.g. the NGTS or addiction services) (31% vs. 13%).

Table 27. Demand for advice, support and treatment – by ethnicity

	All PGSI 1+		All PGSI 3+		All PGSI 8+	
	White (1981)	Ethnic minorities (502)	White (785)	Ethnic minorities (309)	White (351)	Ethnic minorities (187)
Want any treatment	11%	35%	25%	53%	48%	75%
Want any support/advice	8%	21%	18%	31%	29%	42%
Want any treatment/ support/advice	15%	39%	32%	59%	57%	80%

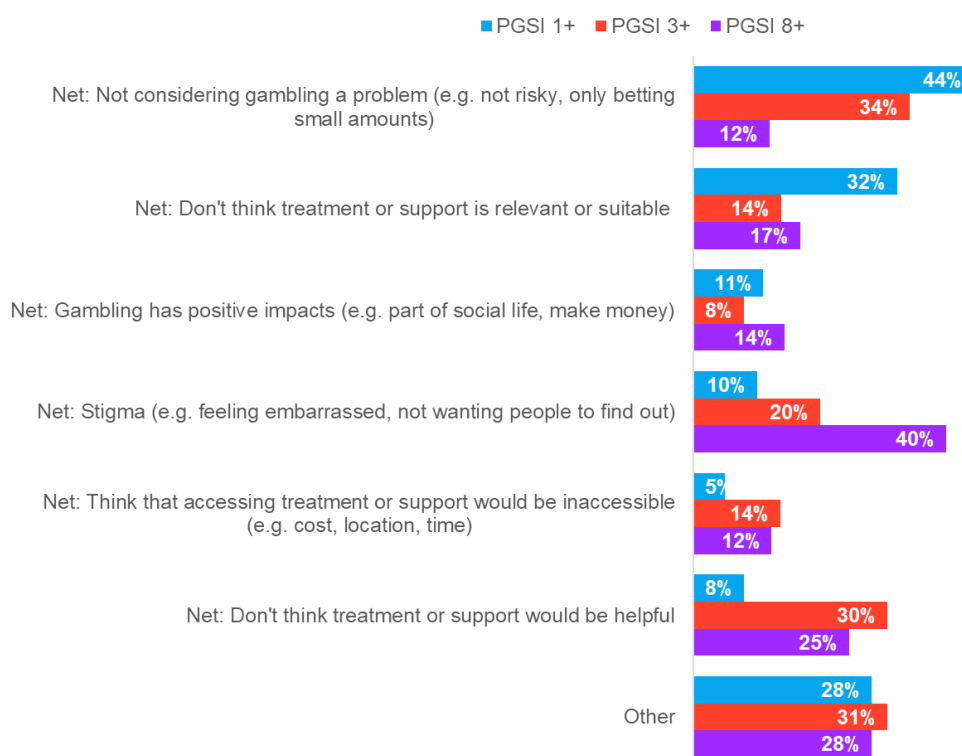
Many qualitative respondents were reluctant to seek out formal modes of advice, support and treatment, instead opting for ‘tried and tested’ self-exclusion methods such as limits and blockers. Those who used self-exclusion methods found them to be effective but limited: whilst they do prevent access to certain methods of gambling, it does not stop them from accessing other forms – such as fruit machines in a pub, scratch cards, or going to a bookkeeper to place bets. Many struggled to resist gambling practices that cannot be controlled via self-exclusion methods when encountered, often reporting needing to focus their attention away from them as they carried out everyday business. The effectiveness of limiters and blockers, for these respondents, was determined by how strong their urge was to gamble *in general*: if that general urge was too strong, the blockers may simply force them to change *how* they gamble, instead of reducing their gambling altogether.

People who gamble: barriers to seeking advice, support and treatment

Among people who gamble with a PGSI score of 1+ who stated that they did not want any form of advice, support and treatment, the barriers were explored. These findings were broadly comparable with 2021.

The barriers varied among different PGSI categories. For those with a PGSI score of 1+, not considering their gambling a problem stood out as a key barrier, with two in five (44%) who reported that they do not perceive their gambling practice to be 'risky' or that they only bet small amounts. Among PGSI 8+, this perception was a barrier for a much smaller proportion (12%). In contrast, among PGSI 8+ respondents the stigma around gambling was a key barrier and was mentioned by two in five people (40%).

Figure 23. Barriers to seeking treatment/support/advice



Base: all who gamble with a PGSI score of 1+ (n=523), 3+ (n=252) and 8+ (n=86) who would not want treatment/advice/support in 2022

Some of the respondents who participated in the qualitative research element had expressed experiencing difficulties with accessing formal treatment services, which generated fatigue with the process and resulted in them simply 'giving up' and continuing to gamble. For example, respondents who discussed having reached out to a counsellor for support reported difficulty with consistently making appointments, as their schedules were often erratic which made it difficult to set up a recurring appointment with providers who themselves have busy schedules. Others were referred to counsellors by their GP, but were on a waiting list, and at the time of their interview had still not yet been contacted.

“I did about four phone calls and it was also really difficult trying to fit them in... because I [work in hospitality], every time she was free, I was working and it, it was getting hard. So I was skipping appointments. Like I had to wait a couple of weeks once, and it just sort of, I lost the cycle of it.” (Person who gambles, 34, Female, North-West, PGSI – 9)

8.2 Affected others' demand for advice, support and treatment

The following section will focus on the demand for advice, support and treatment from affected others who know someone who had a problem with gambling in the previous 12 months and who have been negatively affected by it.

In 2022, one in five (22%) affected others said that they want some form of advice or support for themselves, whether from a treatment service, such as mental health services or a GP, or from less formal sources such as friends or family members or visiting a website (see Table 28). This was broadly comparable with previous years and included those who have sought treatment or support already.

Table 28. Current demand for advice, support and treatment among affected others

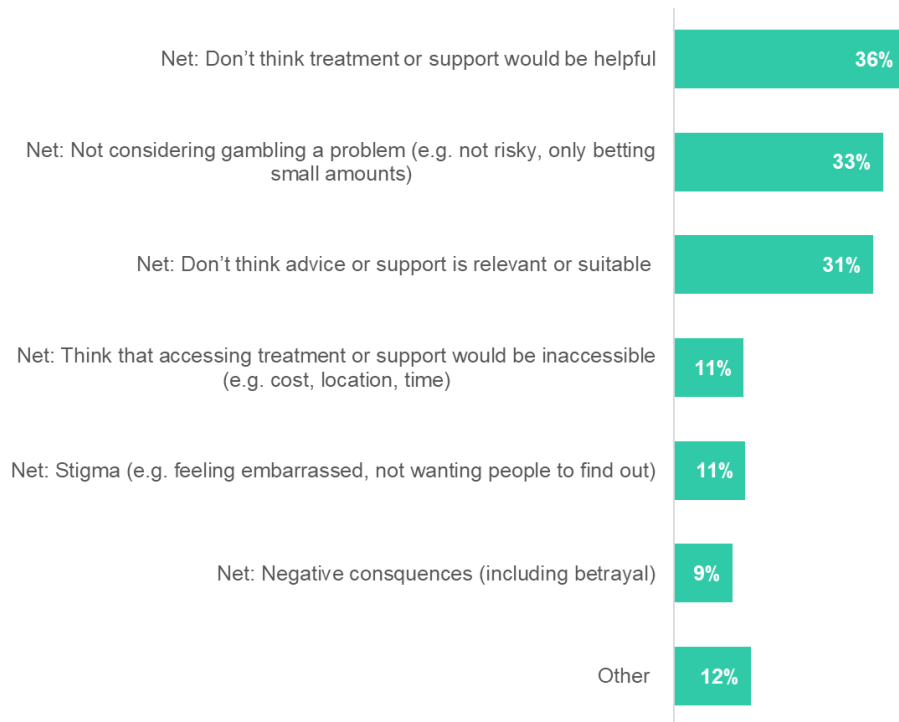
	2019 (429)	2020 (279)	2021 (264)	2022 (306)
Want any advice/support from treatment services	15%	13%	17%	22%
Want any less formal advice/support	21%	11%	18%	17%
Want any advice/support at all	32%	20%	24%	29%

Among the treatment services listed, affected others were most likely to say they would like advice or support from their GP (11%), NHS mental health services (11%) or private mental health services (7%). Among the less formal forms of advice and support, speaking to friends or family members was most commonly mentioned (8%).

Affected others: barriers to seeking advice, support and treatment

In 2022, the barriers to wanting advice or support among affected others remained largely consistent with 2021. The most common barriers were not thinking treatment or support would be helpful (36%), the person who gambles not considering their gambling a problem (33%), and not thinking advice or support would be relevant or suitable (31%).

Figure 24. Barriers to seeking treatment/support/advice among affected others



Base: All affected others who would not want treatment/advice/support (n=216) in 2022

9 Conclusions

This report explored current usage of, and demand for, advice, support and treatment for gambling harms among those who are classified as PGSI 1+ (making comparisons by PGSI score) or affected others. In order to uncover gaps in need and provision and ensure effective targeting, this report also looked to investigate motivations and barriers to accessing support among these groups. These findings are further contextualised by investigating areas such as exposure, relapse and stigma in order to fully understand the experiences of those who gamble. This year, these experiences were also compounded by the current cost of living crisis, where it has been recognised that the changing financial landscape might affect gambling behaviour and harms in various ways.

In 2021, we reported an increase in gambling participation compared to 2020, a direct reversal of the pattern we had seen emerging in light of the Covid-19 pandemic in 2020. This year, we see a continuation of these trends, with small year-on-year increases in the proportion who report gambling in the past 12 months. Increases in gambling participation were not driven by sports betting, but instead across low prevalence types of gambling, which is likely linked to a continued resurgence of activities such as casino gambling and use of fruit and slot machines following the Covid-19 pandemic.

This year, the research explored at what age people were exposed to gambling, with the majority reporting that this happened before the age of 18, and respondents most commonly stating they were between 6 and 11. As a result of this young age, parents were most commonly identified as the person respondents were with when they were first exposed to gambling. The qualitative findings illustrated how for some who were exposed at a young age, gambling was part of family life through communal events like the Grand National, or playing in slot machines at the pub, where participation was actively encouraged. Whilst these events produced positive memories, many felt that this exposure in their formative years engineered a predisposition toward gambling, establishing an attachment towards gambling well ahead of reaching the legal age to do so.

Although family play a vital role in the exposure to gambling, the research found that friends were most commonly identified as being present the first time someone gambled, followed by being on their own. While people may have been exposed at a young age to gambling, the average age to start gambling themselves is 18, with only a minority reporting that they did so before this age.

Among people who gamble with a PGSI score of 1+, usage of advice, support and treatment in the previous 12 months has remained largely unchanged since 2021 (21% vs. 20%). While usage is consistent, demand for advice, support and treatment has increased slightly, with around one in five reporting they would like some form of advice, support or treatment, compared to one in six in 2021. Despite this increase, there remains a number of barriers to receiving advice, support and treatment with harmful gambling, with the main barriers coming from the belief that their gambling was not harmful, or that support was not wanted. However, among those with a PGSI score of 8+, stigma was the most commonly identified barrier for not seeking support.

The findings illustrated that many respondents relied on self-exclusion to stop or reduce gambling practices, as opposed to seeking out formal modes of support. For respondents that had reduced their gambling, they felt as though their gambling was now under control, whilst those gambling more heavily were not ready to stop – particularly amidst the current pressures from the cost of living crisis.

The stigma that surrounds gambling was a key barrier to many people who gamble seeking support when they need it and can also negatively impact the mental health of many who are at risk, in particular those classed as PGSI 8+, with just under half of this group reporting that they feel ashamed about their gambling most or all of the time. Most people who gamble internalised their shame, which was largely driven by societal representations of gambling. Many felt that gambling was viewed as a 'choice' that garnered less sympathy than other addictions, resulting in a reluctance to seek support and feelings of failure if unable to stop.

These feelings of stigma limit the likelihood of those who gamble reaching out for support, with comfort in asking for help reducing as gambling harm increases, particularly in regard to reaching out to friends and family. Many of the qualitative respondents had long histories of gambling that placed serious strain on their relationships, and thus hiding it felt like the only feasible option for some but meant that their gambling felt increasingly shameful and deceitful.

It is evident that many want to change their gambling behaviours, with the majority reporting that they have attempted to reduce or stop gambling entirely in the last 12 months. However, there seems to be a greater focus among respondents on reducing rather than stopping entirely, as this appears to be a more achievable goal that does not require them to completely 'let go.' Despite this, most were unsuccessful in stopping or reducing their gambling, and for many, this failure was a recurring issue, highlighting the journey of stopping and starting that many people who gamble experience. Common triggers for relapse were largely emotive – mental health crises, stress, the breakdown of relationships and other life events caused respondents to seek comfort in gambling. Other triggers related to support – those with a lack of support system to hold them accountable, or those that pursued treatment ill-suited to their needs largely struggled to abstain from gambling in the long-term. Lastly, the cost of living crisis acted as a significant trigger for the most vulnerable, who often were out of work or suffering from mental health problems, and subsequently resorted to gambling in order to try to generate income and make ends meet.

As shown in relation to relapse, the cost of living crisis is likely to have a large impact on those who gamble and on affected others; the majority report worry over the cost of living, with this feeling particularly prevalent amongst affected others. Those classed as PGSI 8+ were the least likely to show worry but also most commonly reported that they will be more likely to gamble as a result of the crisis. Comparatively, only one third of all who are at risk of some harm (PGSI 1+) report that they would be less likely to gamble. Whilst the cost of living crisis had a mixed impact on the frequency of gambling, the emotional impacts were widespread and most respondents expressed concern for the times ahead. The cost of living crisis has reframed gambling as a legitimate and relied-upon source of income for some of the most vulnerable in our society, and so people who gamble old and new have turned to this as a coping mechanism. Future research is needed to continue to explore how gambling behaviours may, or may not, change over time.

10 Appendix

10.1 Weighting

Weighting adjusts the contribution of individual respondents to aggregated figures and is used to make surveyed populations more representative of a project-relevant, and typically larger, population by forcing it to mimic the distribution of that larger population's significant characteristics, or its size. The weighting tasks happen at the tail end of the data processing phase, on cleaned data.

In order to ensure representativeness of the sample, quotas were set during fieldwork by age, gender, UK region, NRS social grade and ethnic group.

Following data collection, the data was weighted to match the profile of all GB adults (aged 18+) by the demographics listed above.¹³ The sample is representative at the overall level, and at the national level: England, Wales and Scotland.

¹³ The data for age, gender and UK region was sourced from the 2020 ONS mid-year population estimates. Social grade data is from the National Readership Survey 2016 and ethnicity from the Census 2011.

10.2 Additional figures and tables

Table 29. Population estimates

	% in survey	Margin of error	Min. %	Max. %	Rounded estimate	Rounded minimum	Rounded maximum
All							
PGSI 0	47.0%	0.72%	46.28%	47.72%	24,308,000	23,935,000	24,680,000
PGSI 1-2	7.5%	0.38%	7.12%	7.88%	3,879,000	3,682,000	4,075,000
PGSI 3-7	3.0%	0.25%	2.75%	3.25%	1,552,000	1,422,000	1,681,000
PGSI 1-7	10.5%	0.44%	10.06%	10.94%	5,430,000	5,203,000	5,658,000
PGSI 1+	13.4%	0.49%	12.91%	13.89%	6,930,000	6,677,000	7,184,000
PGSI 3+	5.9%	0.34%	5.56%	6.24%	3,051,000	2,876,000	3,227,000
PGSI 8+	2.9%	0.24%	2.66%	3.14%	1,500,000	1,376,000	1,624,000
Affected others	6.9%	0.37%	6.53%	7.27%	3,569,000	3,377,000	3,760,000
Non-gambling affected others	2.7%	0.23%	2.47%	2.93%	1,396,000	1,277,000	1,515,000
Gambled in last 12 months	60.3%	0.71%	59.62%	61.04%	3,1202,000	30,835,000	31,569,000
Gambled in last 4 months	47.2%	0.72%	46.49%	47.93%	2,4416,000	24,044,000	24,789,000
PGSI 1+ or affected other	18.7%	0.56%	18.14%	19.26%	9,671,000	9,382,000	9,961,000
Male							
PGSI 0	46.6%	1.05%	45.55%	47.65%	11,653,000	11,460,000	11,988,000
PGSI 1-2	9.0%	0.60%	8.40%	9.60%	2,251,000	2,113,000	2,415,000
PGSI 3-7	3.8%	0.42%	3.38%	4.22%	950,000	850,000	1,062,000
PGSI 1-7	13.1%	0.71%	12.39%	13.81%	3,276,000	3,117,000	3,474,000
PGSI 1+	17.1%	0.79%	16.31%	17.89%	4,276,000	4,103,000	4,501,000
PGSI 3+	8.1%	0.57%	7.53%	8.67%	2,025,000	1,894,000	2,181,000
PGSI 8+	4.0%	0.41%	3.59%	4.41%	1,000,000	903,000	1,109,000
Affected others	6.0%	0.50%	5.50%	6.50%	1,500,000	1,384,000	1,635,000
Non-gambling affected others	2.3%	0.32%	1.98%	2.62%	575,000	498,000	659,000
Female							
PGSI 0	47.3%	1.00%	46.30%	48.30%	12,635,000	12,166,000	12,692,000

PGSI 1-2	6.1%	0.48%	5.62%	6.58%	1,629,000	1,477,000	1,729,000
PGSI 3-7	1.9%	0.27%	1.63%	2.17%	508,000	428,000	570,000
PGSI 1-7	8.0%	0.54%	7.46%	8.54%	2,137,000	1,960,000	2,244,000
PGSI 1+	9.8%	0.59%	9.21%	10.39%	2,618,000	2,420,000	2,730,000
PGSI 3+	3.7%	0.38%	3.32%	4.08%	988,000	872,000	1,072,000
PGSI 8+	1.8%	0.27%	1.53%	2.07%	481,000	402,000	544,000
Affected others	7.7%	0.53%	7.17%	8.23%	2,057,000	1,884,000	2,163,000
Non-gambling affected others	3.0%	0.34%	2.66%	3.34%	801,000	699,000	878,000

Table 30. Gambling participation by social grade (2022)

	ABC1	C2DE
	(9839)	(8466)
National Lottery inc. Thunderball, EuroMillions	43.6%	45.4%
Tickets for other/charity lotteries	14.6%	13.6%
Scratch cards	14.3%	19.3%
Gaming machines in a bookmakers	1.0%	1.0%
Fruit or slot machines	2.7%	3.0%
Bingo (including online)	3.6%	5.3%
Gambling in a casino (any type)	1.8%	1.5%
Online casino games (slot machine style, roulette, poker, instant wins)	4.0%	4.5%
Sports betting (combined)	14.4%	13.9%
Loot boxes	0.8%	0.8%
Other type of gambling	1.6%	1.2%
None of the above/Don't know	40.8%	38.4%
Net: Any gambling	59.2%	61.6%
Net: Any online gambling	14.4%	14.2%

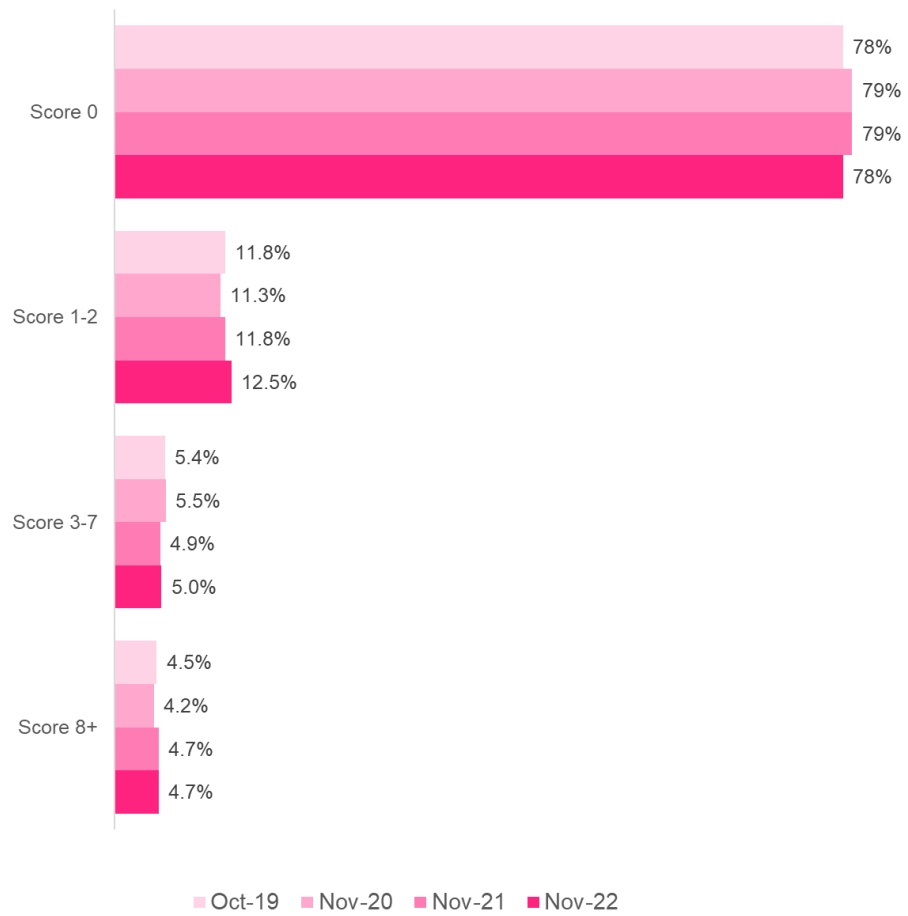
Table 31. Gambling participation by Index of Multiple Deprivation (2022)

	Bottom 30%	Middle 40%	Top 30%
	(5111)	(7453)	(5736)
National Lottery inc. Thunderball, EuroMillions	43.9%	44.2%	45.2%
Tickets for other/charity lotteries	13.1%	14.8%	14.2%
Scratch cards	19.8%	16.4%	14.2%
Gaming machines in a bookmakers	1.7%	1.0%	0.5%
Fruit or slot machines	3.6%	2.6%	2.6%
Bingo (including online)	5.9%	4.2%	3.1%
Gambling in a casino (any type)	1.9%	1.7%	1.3%
Online casino games (slot machine style, roulette, poker, instant wins)	5.2%	4.0%	3.8%
Sports betting (combined)	14.3%	13.8%	14.6%
Loot boxes	0.8%	0.8%	0.8%
Other type of gambling	1.6%	1.4%	1.4%
None of the above/Don't know	38.6%	40.7%	39.2%
Net: Any gambling	61.4%	59.3%	60.8%
Net: Any online gambling	15.2%	13.9%	14.2%

Table 32. Gambling participation by ethnic background (2022)

	White	Ethnic minority
	(16047)	(2258)
National Lottery inc. Thunderball, EuroMillions	45.7%	34.7%
Tickets for other/charity lotteries	14.8%	9.2%
Scratch cards	16.8%	15.4%
Gaming machines in a bookmakers	0.8%	2.8%
Fruit or slot machines	2.7%	4.0%
Bingo (including online)	4.4%	3.8%
Gambling in a casino (any type)	1.5%	2.8%
Online casino games (slot machine style, roulette, poker, instant wins)	4.2%	4.8%
Sports betting (combined)	14.5%	11.5%
Loot boxes	0.8%	1.2%
Other type of gambling	1.4%	1.9%
None of the above/Don't know	38.4%	49.9%
Net: Any gambling	61.6%	50.1%
Net: Any online gambling	14.6%	12.1%

Figure 25. PGSI classification by study year (People who gamble only)



Base: all people who gamble in 2022 (n=11,016)

Table 33. PGSI score categories – by IMD and study year

	Bottom 30%			Middle 40%			Top 30%		
	2020 (5,276)	2021 (5,099)	2022 (5,111)	2020 (7,567)	2021 (7,094)	2022 (7,453)	2020 (5,987)	2021 (5,809)	2022 (5,736)
Non-gambler	42.0%	38.8%	38.6%	43.8%	40.7%	40.7%	45.6%	42.7%	39.2%
Non-problem gambler (score 0)	43.5%	44.7%	44.6%	44.5%	47.5%	46.5%	44.8%	46.8%	49.5%
Low-risk gambler (score 1-2)	7.2%	8.0%	8.4%	6.4%	6.6%	7.4%	5.6%	6.6%	6.9%
Moderate-risk gambler (score 3-7)	4.0%	3.9%	4.4%	3.0%	2.8%	2.6%	2.4%	2.3%	2.3%
'Problem Gambler' (score 8+)	3.4%	4.7%	4.0%	2.2%	2.4%	2.7%	1.6%	1.6%	2.1%
All gamblers with a score of 1+	14.6%	16.5%	16.7%	11.7%	11.8%	12.7%	9.6%	10.5%	11.3%
All gamblers with a score of 3+	7.4%	8.6%	8.3%	5.3%	5.2%	5.3%	4.0%	3.9%	4.4%

Table 34. PGSI score categories – by ethnic group and study year

	White				Ethnic minority			
	2019 (10,778)	2020 (16,534)	2021 (15,679)	2022 (16,047)	2019 (1438)	2020 (2345)	2021 (2359)	2022 (2258)
Non-gambler	37.6%	42.9%	39.8%	38.4%	48.4%	51.8%	49.1%	49.9%
Non-problem gambler (score 0)	50.1%	46.3%	48.7%	49.4%	31.4%	28.5%	29.0%	27.5%
Low-risk gambler (score 1-2)	7.1%	6.1%	6.8%	7.4%	7.5%	8.3%	8.5%	8.5%
Moderate-risk gambler (score 3-7)	3.0%	2.9%	2.6%	2.7%	5.6%	4.9%	5.4%	5.6%
'Problem Gambler' (score 8+)	2.1%	1.8%	2.1%	2.1%	7.2%	6.4%	8.1%	8.5%
All gamblers with a score of 1+	12.2%	10.8%	11.6%	12.2%	20.3%	19.7%	21.9%	22.6%
All gamblers with a score of 3+	5.1%	4.7%	4.8%	4.8%	12.8%	11.4%	13.4%	14.1%

Table 35. PGSI score categories – by gender and study year (People who gamble only)

	Men				Women			
	2019 (3,801)	2020 (5,464)	2021 (5,281)	2022 (5,536)	2019 (3,614)	2020 (5,101)	2021 (5,326)	2022 (5,480)
Non-problem gambler (score 0)	73.4%	73.9%	74.1%	73.1%	83.7%	84.6%	83.3%	82.9%
Low-risk gambler (score 1-2)	13.9%	13.8%	13.9%	14.1%	9.5%	8.6%	9.5%	10.7%
Moderate-risk gambler (score 3-7)	7.1%	7.0%	6.1%	6.5%	3.6%	3.9%	3.7%	3.4%
'Problem Gambler' (score 8+)	5.6%	5.4%	5.9%	6.3%	3.2%	2.9%	3.5%	3.1%
All gamblers with a score of 1+	26.6%	26.1%	25.9%	26.9%	16.3%	15.4%	16.7%	17.1%
All gamblers with a score of 3+	12.7%	12.4%	12.0%	12.8%	6.8%	6.8%	7.2%	6.5%

Table 36. PGSI score categories – by age and study year (People who gamble only)

	18-24				25-34				35-54				55+			
	2019 (613)	2020 (778)	2021 (850)	2022 (913)	2019 (1,194)	2020 (1,834)	2021 (1,733)	2022 (1,826)	2019 (2,761)	2020 (4,150)	2021 (4,137)	2022 (4,254)	2019 (2,847)	2020 (3,803)	2021 (3,887)	2022 (4,023)
Non-problem gambler (score 0)	60.3%	55.7%	57.3%	52.1%	67.2%	65.7%	69.0%	65.2%	76.8%	78.1%	76.5%	77.5%	88.3%	89.4%	88.4%	88.6%
Low-risk gambler (score 1-2)	18.9%	20.3%	16.1%	19.9%	15.6%	16.2%	14.8%	17.6%	12.3%	11.6%	13.5%	12.6%	8.2%	7.4%	8.1%	8.7%
Moderate-risk gambler (score 3-7)	8.8%	11.0%	9.4%	8.0%	8.1%	9.1%	6.7%	7.8%	6.2%	6.1%	5.8%	6.0%	2.8%	2.5%	2.6%	2.2%
'Problem Gambler' (score 8+)	12.0%	13.0%	17.1%	20.0%	9.2%	9.0%	9.5%	9.3%	4.7%	4.2%	4.2%	3.9%	0.7%	0.7%	0.9%	0.6%
All gamblers with a score of 1+	39.7%	44.3%	42.7%	47.9%	32.8%	34.3%	31.0%	34.8%	23.2%	21.9%	23.5%	22.5%	11.7%	10.6%	11.6%	11.4%
All gamblers with a score of 3+	20.8%	24.1%	26.6%	28.0%	17.2%	18.0%	16.2%	17.2%	10.9%	10.2%	10.1%	9.9%	3.5%	3.2%	3.4%	2.8%

Table 37. PGSI score categories – by social grade and study year (People who gamble only)

	ABC1				C2DE			
	2019 (3,898)	2020 (5,570)	2021 (5,677)	2022 (5,812)	2019 (3,517)	2020 (4,995)	2021 (4,930)	2022 (5,204)
Non-problem gambler (score 0)	79.6%	80.4%	79.3%	79.2%	77.1%	77.4%	77.7%	76.4%
Low-risk gambler (score 1-2)	11.5%	11.0%	11.2%	11.9%	12.0%	11.7%	12.5%	13.1%
Moderate-risk gambler (score 3-7)	4.7%	4.9%	4.9%	4.2%	6.1%	6.2%	5.0%	5.8%
'Problem Gambler' (score 8+)	4.2%	3.7%	4.6%	4.8%	4.7%	4.7%	4.8%	4.7%
All gamblers with a score of 1+	20%	19.6%	20.7%	20.8%	22.9%	22.6%	22.3%	23.6%
All gamblers with a score of 3+	8.9%	8.6%	9.6%	9.0%	10.9%	10.9%	9.8%	10.5%

Table 38. PGSI score categories – by ethnic group and study year (People who gamble only)

	White				Ethnic minority			
	2019 (6702)	2020 (9426)	2021 (9817)	2022 (9874)	2019 (713)	2020 (1139)	2021 (1190)	2022 (1142)
Non-problem gambler (score 0)	80.4%	81.1%	80.8%	80.2%	60.8%	59.1%	56.9%	54.8%
Low-risk gambler (score 1-2)	11.4%	10.7%	11.3%	12.0%	14.6%	17.3%	16.7%	16.9%
Moderate-risk gambler (score 3-7)	4.8%	5.0%	4.4%	4.3%	10.8%	10.3%	10.5%	11.2%
'Problem Gambler' (score 8+)	3.4%	3.2%	3.6%	3.5%	13.9%	13.3%	15.8%	17.0%
All gamblers with a score of 1+	19.6%	18.9%	19.2%	19.8%	39.2%	40.9%	43.1%	45.2%
All gamblers with a score of 3+	8.2%	8.2%	7.9%	7.8%	24.6%	23.6%	26.3%	28.2%

Table 39. Age when first gambled by ethnicity

	White	Ethnic minority
	(16,047)	(2,258)
0-11	5.9%	2.4%
12-17	16.9%	9.9%
18-24	18.4%	16.2%
25-34	4.2%	5.6%
35+	2.9%	2.0%
Don't know/prefer not to say	36.8%	35.8%
N/A – I have never gambled	15.0%	28.1%

Table 40. People/groups I would feel comfortable talking to if I felt worried about my gambling – by ethnic group (PGSI 1+)

	White (1,981)		Ethnic minority (502)	
	Net: Agree	Net: Disagree	Net: Agree	Net: Disagree
Gambling specialist	64.8%	13.2%	53.8%	17.1%
Therapist	62.2%	15.2%	53.4%	14.8%
Healthcare professional (e.g. doctors, nurses)	54.6%	20.5%	45.7%	23.3%
Friends and family	53.4%	22.9%	44.7%	22.3%

10.4 Standard YouGov survey invite email



You have been selected for a YouGov survey!

Your time is valuable, so you'll earn points every time you complete a survey.

Start survey

If you can't see or click the button above, please copy and paste this link into your browser:

<https://start.yougov.com/a/vPtjktncncQ0tV>

This email was intended for [email]. You received this email because you signed up to receive surveys from YouGov. Do not reply to this email - to contact us please select 'Contact' below.

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London, EC1Y 8RT

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10.5 WEMWBS scale - Question Wording

Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the last two weeks, on a scale where 1 represents 'none of the time' and 5 'all of the time'.

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been feeling interested in other people
- I've had energy to spare
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling good about myself
- I've been feeling close to other people
- I've been feeling confident
- I've been able to make up my own mind about things
- I've been feeling loved
- I've been interested in new things
- I've been feeling cheerful

1. None of the time
2. Rarely
3. Some of the time
4. Often
5. All of the time

10.6 Qualitative research case studies

These qualitative case studies have arisen from the interviews carried out with people who gamble. They are summaries of specific interviews, where some details have been anonymised in order to protect the privacy of the respondents. The case studies are designed to illustrate respondents' experiences, providing a comprehensive view of their situations and the reasons behind their thoughts and actions.

Case study: person who gambles (PGSI 16)

General gambling behaviour and associations

He was exposed to gambling from a young age, where his family used to bet on the Grand National, and gambling felt very much an integral part of culture within his local community, where there was an abundance of easily accessible bookmakers. As a result, he started gambling at the age of 17, going to slot machines with friends or placing football bets. He gambles out of sheer enjoyment, but also out of desperation to generate income. He would gamble every day if he had the money, though much prefers online gambling as it feels quicker and perceives it as carrying greater chances of winning.

"Gambling is something I do in private, but I don't have a stigma with it. I win and I lose. Yes, I feel bad if I lose. Do I feel fantastic if I win? Yes!"

Impacts

He lost a significant amount of money back in 2018 as a result of his gambling, which caused issues in his relationship and a stress-associated heart attack, driven by financial worries. These events resulted in him being more cautious of his gambling and spending habits, and whilst he still gambles around 3-4 days a week, he now tries to limit his spending on each occasion.

"I was not concerned about money and lost significantly. I betted on the wrong things; it took more money and time to recover. I was in the doghouse and had heart attacks over the course of a week, but it was a real catalyst for change."

Gambling problem acknowledgement, tools, and support

He doesn't like the gambling industry and feels they use their power to normalize gambling, then advertise it excessively. Since the significant gambling losses in 2018, he now restricts his spending and is careful enough not to deplete his joint/personal savings account or impact the family budget, particularly due to the previous strains on his relationship. He has predominantly relied on self-discipline and self-exclusion, and now does not feel as if his gambling is lacking in control – he feels he is making an active choice to continue gambling and he has the willpower to stop if necessary.

"I enjoy gambling, why would I not do it? I haven't significantly lost anything. I've adopted self-control which I can do quite regularly, but just for some bizarre reason at the start of the month, I can't. If I wanted to stop tomorrow, I could, but I don't want to."

Barriers and enablers to seeking support

He would seek out support if he felt that his mental wellbeing, house, family, or relationships were being compromised due to his gambling, as he would then feel that his gambling was 'out of control.' As is the case for many people who gamble, he is concerned about his children being influenced by his habits, so he tries to deglamorise it, through making them aware of the potential consequences associated with gambling habits. If seeking out support, he would opt for a support group or a counselor.

"The worst-case scenario would be if I lost a couple of grand, then she [partner] found out, then the only way to mitigate that would be to say: 'Look, I've lost X amount of money. Yes, I've got a problem. Please help me get some help. If it's critical, only then I'll seek help.' I would not seek help before at all."

Case study: person who gambles (PGSI 24)

General gambling behaviour and associations

Having spent 19 years of her life on her gambling addiction - she has become a family-oriented person as she feels she must make up for the time lost to her family. Her first exposure to gambling was very young, with early memories of gambling going back to when she used to visit bingo halls with her mum and grandmother. Now, visiting gambling halls generates nostalgia and strong positive emotions unlike how she feels when gambling online. In recent months, she has self-excluded from online gambling sites to reduce the amount she spends on gambling.

Impacts

Her gambling habit has severely impacted her finances and relationships. She has lost thousands of pounds over the last few years, along with possessions too. When her gambling addiction was at its peak, she would spend the entirety of her income on gambling, in the hope that the profit would enable her to pay her bills. However, on most occasions, she would end up losing whatever money she did have.

"Now, by the time I have no money left at least all my bills are paid. Before, I would have been playing bingo in the hope that I could then pay the bills."

Gambling problem acknowledgement, tools, and support

Her entire family gambles and thus she prefers to seek support from her family through talking the issue over and borrowing money to support, where needed. Alongside this, she controls her gambling through self-exclusion, and gambling limits on certain sites that now only enable her to gamble up to £10 per week. Whilst she does prefer familial support, as opposed to reaching out to a healthcare professional or support organisation, she is aware of GambleAware and Gambler's Anonymous services, which act as a comfort for her if she were to ever need professional help.

"We're not really the type of family [to get support] like we'll speak to each other and say, 'I can't believe I've done this again.' We're not really the type to go sit in groups and, even go to our doctor and say, 'oh, I think I've got a gambling problem, I think I'm addicted to gambling.'"

Barriers and enablers to seeking support

Seeking support for gambling and borrowing money is the primary support that she would like to receive, and she does not consider herself to have a gambling 'problem' that would prompt her to seek out professional support. However, if she were to receive professional support, her preference would be for remote options that afford her greater privacy.

Case study: person who gambles (PGSI 7)

General gambling behaviour and associations

Prior to the last 12 months, he was strictly against gambling as his father heavily gambled, impacting his childhood significantly and generating strong, negative emotions. However, after recently losing his job and seeing his friends make money gambling, he began to view gambling as a viable option for his current situation – both in producing money, and in relieving financial-induced stress and ‘letting off steam’ during the current cost of living crisis. Whilst he rarely goes out now due to increasing prices, he now tends to stay at home and either gamble alone, or with friends as a social activity.

“I find it difficult to buy food and pay for gas and electric at the moment...I can’t afford them but I’m gambling as well, as I get stressed and gamble, to relieve a bit.”

Impacts

Having lost his job some months ago, his primary source of income is welfare benefits. The cost-of-living crisis has exacerbated his financial situation, making it more difficult to ‘get back on track.’ He described how currently, most of his money is spent on gambling, generating strong feelings of guilt for having not used the money on something ‘productive.’ However, he sees gambling primarily as a way to win money and secure a stable financial future, rather than a hobby. However, losses have meant selling personal items to fund gambling that he would later lose, which has impacted his mental health significantly, as he feels he has messed up his life because of gambling.

Gambling problem acknowledgement, tools, and support

In the last year, he has wanted to quit gambling on multiple occasions but has felt ‘trapped’ in a cycle through wanting to chase bets and win his money back. The strong emotional impacts of his gambling resulted in him seeking help from his local mental health support team and talking to them about his situation. However, he is still on the waiting list for his first therapist appointment. For any formal support, his preference is for it to feel structured and consistent, providing stability amidst the confusion that gambling is currently causing him. The ideal support package would involve regular, one-to-one, face-to-face sessions talking about his feelings and thoughts on gambling and being provided with ‘healthy’ alternatives and coping mechanisms on a long-term basis to build up a solid rapport with the therapist.

“I feel guilty about gambling, and I had an appointment with them [mental health support team]. I asked to make this appointment to talk about this with them, and I just said to them, ‘I feel like I’m out of control and I need grounding.’”

Barriers and enablers to seeking support

He considers the waiting time to receive support for gambling as being a significant barrier, and that whilst it would not deter him from seeking support, he suspects it would for many other people who gamble. Similarly, he feels that a scarcity in tailored approaches is a problem and is of the expectation that most helpline numbers would simply ‘tell him not to gamble’ and be ineffective – as he is already aware of the drawbacks of gambling.

“I know there’s a phone number you can ring, but I just don’t think it’ll be any use to me cause it’s just gonna be someone telling me how bad gambling is. I already know that. I need structured therapy, not just someone telling me not to gamble”

Case study: person who gambles (PGSI 25)

General gambling behaviour and associations

He has a long history of gambling, wherein he has tried to stop and restarted gambling multiple times, along with having tried multiple forms of formal and informal support. Years and thousands of pounds have been lost to his gambling addiction, starting from a young age on slot machines in local shops and fairgrounds. Several factors such as not making enough money each month, relationships challenges, low self-worth and mood swings are all triggers for him to gamble again. Alongside this, transitory life events such as becoming a father and adjusting to being a different person, with new commitments and responsibilities caused him to turn to gambling to relieve stress.

"If you're unhappy, if you're feeling low-self-worth and low confidence, that's the triggers. If you feel really happy about yourself and the way you look, and you get on with others then I think it really helps you stop thinking about gambling to fill a void."

Impacts

His gambling has caused serious strain on his relationships over the years, from being less 'present' with his partner and pretending to work overtime whilst going out to gamble, to covering up the debt that was amassing which later resulted in him being unable to make rent payments and being evicted from the family home. His partner presented him with an ultimatum for him to seek support, however he has restarted gambling since in secret. Gambling has also significantly impacted his mental health, resulting in social anxiety and depression which ultimately was the trigger for him to seek out Cognitive Behavioural Therapy (CBT).

"Payday loans, credit cards, high street loans...there was a point where I couldn't find any more loans anywhere. I'd get a loan to pay off another loan, but then I'd think, hang on a minute, I, maybe I could use some of that money to gamble, win back the money. I would try to juggle it, and it was just so mentally exhausting."

Gambling problem acknowledgement, tools, and support

He acknowledged that his gambling had become a problem when he was no longer able to hide the financial ramifications of his gambling and could not cover the rent on his family home – resulting in him opening up to his partner. He attended Gamblers Anonymous sessions on the instruction of his partner, though he did not feel ready to stop or receive support at the time, and so he stopped sessions early, despite feeling as if he still had a gambling 'problem.' Since then, he has tried a variety of ways to stop gambling from having separate bank accounts, freezing cards, self-exclusion, hypnosis sessions and CBT. Overall, CBT has been the most effective in reducing gambling impulses, despite him originally seeking out CBT for his social anxiety.

"My partner was quite sympathetic towards it... I wouldn't tell her that I've got this loan out, that loan. I would try and juggle it...but it was quite nice to come clean and actually speak to someone, and it felt quite good."

Barriers and enablers to seeking support

Ultimately, he would not have sought out support had he not experienced significant impacts to his finances or mental health. He described the importance of feeling 'ready' to seek out support in determining the success of the support received, as when he attended Gamblers Anonymous sessions, efficacy was limited due to him attending the sessions for his partner rather than due to his own willingness to attend.

GambleAware

Treatment Needs and Support

Question type: *Text*

Welcome to this survey about social issues. Your YouGov account will be credited with **50 points** for completing the survey. We have tested the survey and found that, on average, it takes around **15 minutes to complete**. To continue please click the arrow below.

Question type: *Multiple*

Base: All

[Q1] Which, if any, of these have you spent money on in the _past 12 months?_ Please tick all that apply.

- | | | | |
|------|---|----------|---|
| <1> | Tickets for the National Lottery Draw, including Thunderball and EuroMillions and tickets bought online | <10> | Betting on horse or dog races – in person |
| <2> | Tickets for any other lottery, including charity lotteries | <11> | Betting on football – online |
| <3> | Scratch cards | <12> | Betting on football – in person |
| <4> | Gaming machines in a bookmakers | <13> | Betting on other sports – online |
| <5> | Fruit or slot machines | <14> | Betting on other sports – in person |
| <6> | Bingo (including online) | <18> | Loot boxes |
| <7> | Gambling in a casino (any type) | <15> | Any other type of gambling |
| <16> | Online casino games (slot machine style, roulette, instant wins) | <99 xor> | None of the above |
| <17> | Online poker | <98 xor> | Don't know |
| <9> | Betting on horse or dog races – online | | |

Question type: **Multiple**

Base: All people who gamble

[Q2] And which, if any, of these have you spent money on in the _past 4 weeks?_ Please tick all that apply.

<1 if 1 in Q1>	Tickets for the National Lottery Draw, including Thunderball and EuroMillions and tickets bought online	<10 if 10 in Q1>	Betting on horse or dog races – in person
<2 if 2 in Q1>	Tickets for any other lottery, including charity lotteries	<11 if 11 in Q1>	Betting on football – online
<3 if 3 in Q1>	Scratch cards	<12 if 12 in Q1>	Betting on football – in person
<4 if 4 in Q1>	Gaming machines in a bookmakers	<13 if 13 in Q1>	Betting on other sports – online
<5 if 5 in Q1>	Fruit or slot machines	<14 if 14 in Q1>	Betting on other sports – in person
<6 if 6 in Q1>	Bingo (including online)	<18 if 18 in Q1>	Loot boxes
<7 if 7 in Q1>	Gambling in a casino (any type)	<15>	Any other type of gambling
<16 if 16 in Q1>	Online casino games (slot machine style, roulette, instant wins)	<99 xor>	None of the above
<17 if 17 in Q1>	Online poker	<98 xor>	Don't know
<9 if 9 in Q1>	Betting on horse or dog races – online		

Question type: *Text*

The following questions are about **gambling, including the National Lottery and scratch cards as well as sports betting, casino games, gaming machines and bingo.**

For the purposes of this survey, please consider 'gambling' and 'betting' to mean the same thing.

Question type: *Single*

Base: *All people who gamble*

[P2_Q4] Thinking about all the gambling activities covered in the previous questions, would you say you spend money on these activities...

- | | |
|------|--------------------------|
| <1> | Everyday/6-7 days a week |
| <2> | 4-5 days a week |
| <3> | 2-3 days a week |
| <4> | About once a week |
| <7> | About once a fortnight |
| <8> | About once a month |
| <9> | Every 2-3 months |
| <10> | Once or twice a year |
-

Question type: Grid
#row order: randomize

Base: All people who gamble

[Q4] The questions that follow show reasons that some people have given about why they take part in gambling. For each one, please state whether these are reasons why you take part in gambling.

I take part in gambling...

- | | | | |
|---------|---|----------|--|
| -[Q4_1] | for the chance of winning big money | -[Q4_9] | because of the sense of achievement when I win |
| -[Q4_2] | because it's fun | -[Q4_10] | to impress other people |
| -[Q4_3] | as a hobby or a pastime | -[Q4_11] | to be sociable |
| -[Q4_4] | to escape boredom or to fill my time | -[Q4_12] | because it helps when I'm feeling tense |
| -[Q4_5] | because I'm worried about not winning if I don't play | -[Q4_14] | to make money |
| -[Q4_6] | to compete with others (e.g. bookmaker, other gamblers) | -[Q4_15] | to relax |
| -[Q4_7] | because it's exciting | -[Q4_16] | because it's something that I do with my friends or family |
| -[Q4_8] | for the mental challenge or to learn about the game or activity | | |

- | | |
|-----|-----------|
| <1> | Always |
| <2> | Often |
| <3> | Sometimes |
| <4> | Never |
-

[Q5] Thinking about the last 12 months:

- [Q5_1] Have you bet more than you could really afford to lose?
 - [Q5_2] Have you needed to gamble with larger amounts of money to get the same excitement?
 - [Q5_3] When you gambled, did you go back another day to try and win back the money you lost?
 - [Q5_4] Have you borrowed money or sold anything to get money to gamble?
 - [Q5_5] Have you felt that you might have a problem with gambling?
 - [Q5_6] Has gambling caused you any mental health problems, including stress or anxiety?
 - [Q5_7] Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
 - [Q5_8] Has your gambling caused any financial problems for you or your household?
 - [Q5_9] Have you felt guilty about the way you gamble or what happens when you gamble?
-
- <1> Never
 - <2> Sometimes
 - <3> Most of the time
 - <4> Almost always
-

Question type: **Grid**
#row order: randomize

Base: All people who gamble

[Q44] In the last 4 weeks how often, if at all, have you felt...

- | | |
|-----------|--|
| -[Q44_1] | Worried about your gambling? |
| -[Q44_2] | That gambling was always on your mind? |
| -[Q44_4] | Embarrassed or ashamed about your gambling? |
| -[Q44_9] | Like you couldn't talk to healthcare professionals about your gambling? |
| -[Q44_10] | Like you couldn't talk to friends or family about your gambling? |
| -[Q44_7] | Like you wanted advice and support to help gain more control of your gambling? |
| <1> | Never |
| <2> | Sometimes |
| <3> | Most of the time |
| <4> | Almost always |
| <5> | Don't know |
-

Question type: **Single**

Base: All people who gamble

[P2_Q6a] In the last 12 months, has the _amount of money you have spent on gambling_ increased, decreased or stayed about the same as previously?

- | | |
|-----|-----------------------|
| <1> | Increased a lot |
| <2> | Increased a little |
| <3> | Stayed about the same |
| <4> | Decreased a little |
| <5> | Decreased a lot |

Question type: **Single**

Base: All people who gamble

[P2_Q6b] And in the last 12 months, has the _amount of time you have spent gambling_ increased, decreased or stayed about the same as previously?

- <1> Increased a lot
 - <2> Increased a little
 - <3> Stayed about the same
 - <4> Decreased a little
 - <5> Decreased a lot
-

Question type: **Text**

For the following question, please think about the _increase in the amount of money or time you have spent gambling_ in the last 12 months.

Question type: **Multiple**

Base: All who say their gambling has increased

[P2_Q7] What are the main reasons for the increase in your gambling involvement? Please tick all that apply.

- | | | | |
|------|-------------------------------------|------------|--|
| <1> | I have more money to spend now | <11 fixed> | My mental health has got worse |
| <17> | I have less money to spend now | <12> | I have been lonely/increasingly lonely |
| <18> | To make more money | <13 fixed> | A negative change in my personal life (e.g. bereavement) |
| <3> | I have more time now | <14 fixed> | A positive change in my personal life (e.g. new relationship) |
| <4> | I have more opportunities to gamble | <15> | A major change in my work life (e.g. redundancy, job loss, retirement or change of career) |

<5>	Because of friends and family encouraging me to gamble	<16>	I had a big gambling win
<6>	I wanted to gamble more	<19>	Rises in the cost of living
<7>	I became old enough to gamble	<20>	Debt
<8 fixed>	My physical health has got better	<95 fixed>	Other reasons (open [P2_Q7_open]) [open] please specify
<9 fixed>	My physical health has got worse	<98 fixed xor>	Not sure
<10 fixed>	My mental health has got better	<97 fixed xor>	Prefer not to say

Question type: Text

For the following question, please think about the _decrease in the amount of money or time you have spent gambling_ in the last 12 months.

Question type: Multiple

Base: All who say their gambling has decreased

[P2_Q8] What are the main reasons for the decrease in your gambling involvement? Please tick all that apply.

<1>	I have less money to spend now	<11 fixed>	My mental health has got worse
<2>	I want to save money/spend money on other things	<13 fixed>	A negative change in my personal life (e.g. bereavement)
<3>	I have less time/I'm too busy now	<14 fixed>	A positive change in my personal life (e.g. new relationship)
<4>	I have fewer opportunities to gamble	<15>	A major change in my work life (e.g. new job, retirement or change of career)
<5>	Because of friends and family asking or encouraging me to cut down gambling	<16>	A change in how I manage money (e.g. using an app or software, or someone else managing my finances)

<6>	I have lost interest in the activities I used to do	<17>	A change in financial situation
<7>	My priorities have changed (i.e. I am focussing on other things rather than gambling)	<18>	Due to COVID-19 restrictions
<8 fixed>	My physical health has got better	<19>	Rises in the cost of living
<9 fixed>	My physical health has got worse	<20>	Debt
<10 fixed>	My mental health has got better	<95 fixed>	Other reasons (open [P2_Q8_open]) [open] please specify

Question type: Text

This next section is about support, advice and treatment with regards to cutting down your gambling.

Question type: Multiple

Base: All people who gamble

[Q7] In the last 12 months, which, if any, of the following have you used for support, advice or treatment with cutting down your gambling? Please tick all that apply.

Treatment

<1>	GP or other primary health provider	<11>	Your employer
<18>	Mental health services (e.g. counsellor, therapist) – NHS (online and face-to-face)	<12>	Books, leaflets or other printed materials
<20>	Mental health services (e.g. counsellor, therapist) – Private (online and face-to-face)	<13>	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
<3>	Social worker, youth worker or support worker	<14>	Online forum or group
<22>	National Gambling Treatment Service	<23>	National Gambling Helpline
<21>	Other specialist gambling specific services (e.g. AnonyMind and Therapy Route)	<24>	Another telephone helpline

<5>	Other addiction service (e.g. drug or alcohol)	<16>	Self-help apps or other self-help tools
	Support and advice		
<8>	A support group (e.g. Gamblers Anonymous)	<17>	Self-exclusion (e.g. blocking software or blocking bank transactions)
<19>	A faith group	<95 fixed>	Another source of support, advice or treatment (open [Q7_open]) [open] please specify
<9>	Your spouse/partner	<99 fixed xor>	None of these
<10>	Friends or family members	<97 fixed xor>	Not applicable – I have not needed to cut down my gambling

Question type: **Multiple**

Base: All people who gamble who have sought advice, support or treatment

[P2_Q10] What, if anything, _prompted_ you to seek support, advice or treatment to cut down your gambling? Please tick all that apply.

<1>	Advice from a friend, family member or someone else	<15>	An advertising campaign or news story related to gambling support services and/or helplines
<2>	Mental health problems	<18 fixed>	A negative change in my personal life (e.g. bereavement)
<4>	I saw that my gambling was having significant financial impacts (e.g. couldn't pay rent, bills, afford food etc)	<19 fixed>	A positive change in my personal life (e.g. new relationship)
<5>	My relationship was affected by my gambling	<20>	A major change in my work life (e.g. redundancy, job loss, retirement or change of career)
<6>	My family was affected by my gambling	<21>	A change in my financial situation

<7>	Threat of criminal proceedings	<22>	Moving to a different location
<8>	My level of gambling was making me anxious or concerned	<23>	Physical illness or injury
<10>	I was at risk of being made homeless/losing my home	<24>	My partner/family demanded that I change my behaviour or took action to make me change my behaviour
<13>	I felt overwhelmed by the situation	<95 fixed>	Something else (open [P2_Q10_open]) [open] please specify
<14>	I was at risk of losing my job/employment	<97 fixed xor>	N/A – Nothing in particular prompted me to seek support, advice or treatment

Question type: **Multiple**

Base: All people who gamble

[Q8] Would you currently want to receive support, advice or treatment with cutting down your gambling from any of the following? Please tick all that apply.

Treatment

<1>	GP or other primary health provider	<11>	Your employer
<18>	Mental health services (e.g. counsellor, therapist) – NHS (online and face-to-face)	<12>	Books, leaflets or other printed materials
<20>	Mental health services (e.g. counsellor, therapist) – Private (online and face-to-face)	<13>	Websites (e.g. BeGambleAware.org, Citizen’s Advice, GamCare)
<3>	Social worker, youth worker or support worker	<14>	Online forum or group
<22>	National Gambling Treatment Service	<23>	National Gambling Helpline
<21>	Other specialist gambling specific services (e.g. AnonyMind and Therapy Route)	<24>	Another telephone helpline
<5>	Other addiction service (e.g. drug or alcohol)	<16>	Self-help apps or other self-help tools

Support and advice

<8>	A support group (e.g. Gamblers Anonymous)	<17>	Self-exclusion (e.g. blocking software or blocking bank transactions)
<19>	A faith group	<95 fixed>	Another source of support, advice or treatment (open [Q8_open]) [open] please specify
<9>	Your spouse/partner	<99 fixed xor>	None of these
<10>	Friends or family members	<97 fixed xor>	Not applicable – I do not need to cut down my gambling

Question type: **Multiple**

Base: All people who gamble who would not want advice, support or treatment

[P2_Q13] Which, if any, of the following are reasons why you would not currently want treatment, support or advice to cut down your gambling? Please tick all that apply.

<1>	Gambling is part of my social life or leisure time	<10>	I think accessing treatment or support would cost money
<2>	I make money through gambling	<11>	I don't think treatment or support would be available in my area/in a convenient location
<3>	The activities I participate in are not risky	<12>	I've received treatment or support before and it didn't work
<4>	I only gamble/bet small amounts	<13>	I don't think the support available would be suitable for people like me
<5>	I don't think treatment or support would be helpful/effective	<14>	Accessing treatment or support wouldn't fit into my schedule
<6>	I don't think treatment or support is relevant to me	<15>	I don't want anyone to find out (socially or professionally)

<7>	I don't know enough about what treatment or support would involve	<16>	Accessing treatment or support seems too daunting/overwhelming
<8>	I would be embarrassed or ashamed to receive treatment or support for cutting down gambling	<95 fixed>	Other (open [P2_Q13_open]) [open] please specify
<9>	I think accessing treatment or support would take too much time	<98 fixed xor>	Not sure

Question type: **Multiple**

Base: All people who gamble who indicate they want some form of advice, support or treatment

[P2_Q14] What, if anything, might motivate you to seek treatment, support or advice with cutting down your gambling? Please tick all that apply.

<1>	My partner speaking to me about it	<8>	Knowing that treatment and support would be completely confidential
<2>	My family member or friend speaking to me about it	<9>	Knowing that I could see someone face to face
<3>	My GP suggesting that it might be helpful	<10>	Knowing that I could get help online
<4>	Being aware that support was available	<11>	Knowing that I could get help by phone
<5>	Knowing that I could refer myself for support without going through a GP	<95 fixed>	Other (open [P2_Q14_open]) [open] please specify
<6>	Knowing that support was easy to access	<98 fixed xor>	Not sure
<7>	Knowing that support was free of charge	<99 fixed xor>	Nothing would motivate me to do this

Question type: **Text**

Now thinking about other people, including family members, friends and work colleagues...

Question type: **Single**

Base: All people who gamble

[Q5a] Thinking about the last 12 months, would you say that your gambling has had a positive or negative impact on those close to you, or has it had no impact?

- | | |
|-----|---------------------|
| <1> | Very positive |
| <2> | Somewhat positive |
| <3> | Neutral / no impact |
| <4> | Somewhat negative |
| <5> | Very negative |
| <6> | Not sure |
| <7> | Prefer not to say |
-

Question type: **Single**

Base: All people who gamble who think it has had a negative impact

[Q5c] You mentioned that your gambling has had a negative impact on those close to you. Roughly how many people (e.g. friends, family, colleagues) close to you have been negatively impacted by your gambling?

- | | |
|-----|-------------------|
| <4> | 1-3 |
| <5> | 4-6 |
| <6> | 7-9 |
| <7> | 10+ |
| <2> | Not sure |
| <3> | Prefer not to say |
-

Question type: **Single**

Base: All

[Q10] Do you think anyone you know has or previously had a problem with their gambling? This could include family members, friends, work colleagues or other people you know.

- | | |
|-----|-------------------|
| <1> | Yes |
| <2> | No |
| <3> | Not sure |
| <4> | Prefer not to say |
-

Question type: **Single**

Base: All who know someone who has had a problem with gambling

[Q11] And do you feel you have personally been negatively affected in any way by this person / these people's gambling behaviour? This could include financial, emotional or practical impacts.

- | | |
|-----|-------------------|
| <1> | Yes |
| <2> | No |
| <4> | Prefer not to say |
-

Question type: **Single**

Base: All who have been negatively affected by the gambling of someone else

[Q11a] Apart from yourself, how many others would you say have been negatively affected in any way by this person / these people's gambling behaviour? This could include financial, emotional or any other impacts.

- | | |
|-----|-------------------|
| <4> | 1-3 |
| <5> | 4-6 |
| <6> | 7-9 |
| <7> | 10+ |
| <2> | Not sure |
| <3> | Prefer not to say |
-

Question type: **Single**

Base: All affected others

[AO3] How long ago did this gambling problem which affected you happen? If you have been affected by someone's gambling behaviour more than once, please answer for the most recent occasion.

- <1> It is currently happening
- <2> In the last 12 months
- <3> Over a year, up to 2 years ago
- <4> 3 to 5 years ago
- <5> 6 to 10 years ago
- <6> 11 to 15 years ago
- <7> 16 to 20 years ago
- <8> More than 20 years ago
- <9> Not sure
- <10> Prefer not to say

Question type: **Multiple**

Base: All affected others

[AO4] Which of the following people had or have a gambling problem which has negatively affected you? Please tick all that apply.

- | | |
|-----------------------|---|
| <1> Spouse or partner | <7> Other family member |
| <13> Mother | <8> Friend |
| <14> Father | <9> My boss/line manager |
| <15> Brother | <10> Employee /someone that I manage |
| <16> Sister | <11> Other work colleague |
| <17> Son | <12> Housemate / flatmate |
| <18> Daughter | <95> Other (open [AO4_open])
[open] please specify |
| <5> Grandparent | <97 xor> Prefer not to say |
| <6> Grandchild | |

Question type: **Multiple**

Base: All affected others

[AO6] Which, if any, of the following have you experienced as a result of this person's/these people's gambling?

- | | | | |
|------|---|----------------|---|
| <1> | Financial hardship (e.g. getting into debt) | <10> | Feelings of anxiety |
| <2> | Reduced income for household running costs (e.g., food, rent, bills) | <11> | Feelings of anger towards them |
| <3> | A lack of money for family projects (e.g., major purchases, holidays) | <12> | An inability to trust them |
| <4> | Taking over decision making in the home | <13> | Increased arguments over their gambling |
| <5> | Taking over financial responsibility in the home | <17> | Family violence |
| <6> | Distress or upset due to their continued gambling-related absences | <18> | Family conflict |
| <7> | A breakdown in communication with them | <19> | Helplessness |
| <8> | Less quality time with them | <99 fixed xor> | None of these |
| <15> | Depression | <97 fixed xor> | Prefer not to answer |
| <16> | Feelings of sadness | | |

Question type: **Text**

The next section is about advice or support for **yourself**, due to your partner, family member, friend or colleague's gambling (e.g. financial, practical or emotional advice/support).

Question type: **Multiple**

Base: All current affected others

[AO12] In the last 12 months, have you sought advice or support from any of the following for yourself, due to your partner, family member, friend or colleague's gambling? This could include financial, practical or emotional advice/support.

Treatment

<1>	GP or other primary health provider	<10>	Friends or family members
<18>	Mental health services (e.g. counsellor, therapist) – NHS (online and face-to-face)	<11>	Your employer
<20>	Mental health services (e.g. counsellor, therapist) – Private (online and face-to-face)	<12>	Books, leaflets or other printed materials
<3>	Social worker, youth worker or support worker	<13>	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
<22>	National Gambling Treatment Service	<14>	Online forum or group
<21>	Other specialist gambling specific services (e.g. AnonyMind and Therapy Route)	<23>	National Gambling Helpline
<5>	Other addiction service (e.g. drug or alcohol)	<24>	Another telephone helpline

Support and advice

<7>	A support group (e.g. Gamblers Anonymous)	<95 fixed>	Another source of advice or support (open [AO12_open]) [open] please specify
<8>	A faith group	<99 fixed xor>	N/A – I have not sought advice or support for myself
<9>	Your spouse/partner		

Question type: **Multiple**

Base: All current affected others who have sought some form of advice, support or treatment

[AO13] What, if anything, prompted you to seek advice or support for yourself, due to your partner, family member, friend or colleague's gambling?

- | | | | |
|------|--|----------------|---|
| <1> | Advice from a friend, family member or someone else | <11> | Other family members were concerned about their gambling |
| <3> | I was experiencing mental health problems | <12> | I didn't know how to deal with their gambling or its impacts |
| <4> | Their gambling was having significant financial impacts (e.g. couldn't pay rent, bills, afford food etc) | <13> | I felt overwhelmed by the situation |
| <5> | Our relationship was affected by their gambling | <14> | I/they were at risk of losing a job/employment |
| <6> | Our family was affected by their gambling | <15> | An advertising campaign or news story related to gambling support services and/or helplines |
| <7> | They were at risk of criminal proceedings | <16> | I felt embarrassed or ashamed about their behaviour/situation |
| <8> | I was concerned for their safety or wellbeing | <17> | I needed ideas for how to help or support them |
| <9> | I was concerned for the safety or wellbeing of other family members | <95 fixed> | Something else (open [AO13_open]) [open] please specify |
| <10> | I/they were at risk of being made homeless/losing home | <97 fixed xor> | N/A – Nothing in particular prompted me to seek advice or support |

Question type: **Multiple**

Base: All current affected others

[AO15] Would you currently want to receive advice or support from any of the following for yourself, due to your partner, family member, friend or colleague's gambling? This could include financial, practical or emotional advice/support.

Treatment

<1>	GP or other primary health provider	<10>	Friends or family members
<18>	Mental health services (e.g. counsellor, therapist) – NHS (online and face-to-face)	<11>	Your employer
<20>	Mental health services (e.g. counsellor, therapist) – Private (online and face-to-face)	<12>	Books, leaflets or other printed materials
<3>	Social worker, youth worker or support worker	<13>	Websites (e.g. BeGambleAware.org, Citizen's Advice, GamCare)
<22>	National Gambling Treatment Service	<14>	Online forum or group
<21>	Other specialist gambling specific services (e.g. AnonyMind and Therapy Route)	<23>	National Gambling Helpline
<5>	Other addiction service (e.g. drug or alcohol)	<24>	Another telephone helpline

Support and advice

<7>	A support group (e.g. Gamblers Anonymous)	<95 fixed>	Another source of advice or support (open [AO15_open]) [open] please specify
<8>	A faith group	<99 fixed xor>	N/A – I would not want to receive advice or support for myself
<9>	Your spouse/partner		

Question type: **Multiple**

Base: All current affected others who would not want advice, support or treatment

[AO16] Which, if any, of the following are reasons why you would not currently want to receive advice or support for _yourself_, due to your partner, family member, friend or colleague's gambling? Please tick all that apply.

- | | | | |
|------|--|------|---|
| <5> | I don't think advice or support would be helpful/effective | <14> | Accessing advice or support wouldn't fit into my schedule |
| <6> | I don't think advice or support is relevant to me | <15> | I don't want anyone to find out (socially or professionally) |
| <7> | I don't know enough about what advice or support would involve | <16> | Accessing advice or support seems too daunting/overwhelming |
| <8> | I would be embarrassed or ashamed to ask for advice or support in relation to gambling | <17> | I would feel like I was betraying them or 'going behind their back' |
| <9> | I think accessing advice or support would take too much time | <18> | Getting advice/support might have negative consequences for them |
| <10> | I think accessing advice or support would cost money | <19> | They don't think/accept that they have a problem |
| <11> | I don't think advice or support would be available in my area/in a convenient location | <20> | I am already receiving advice or support |
| <12> | I've received advice or support before and it didn't help | <95> | Other (open [AO16_open])
[open] please specify |
| <13> | I don't think the support available would be suitable for people like me | | |
-

Moving on...

Question type: **Single**

Base: All

[Q48] Thinking back, what age were you when you were first exposed to gambling (e.g. heard someone talking about it, saw something on TV about it)? Please type your age in the box below, giving your best estimate.

- | | |
|-------|-------------------|
| <4> | 0-5 |
| <5> | 6-11 |
| <6> | 12-17 |
| <7> | 18+ |
| <97> | Don't know |
| <933> | Prefer not to say |
-

Question type: **Multiple**

Base: All who can remember when they were first exposed to gambling

[Q49] To the best of your memory, who, if anyone, were you with when you were first exposed to gambling?

Please tick all that apply.

- | | | | |
|------|---------------------|----------|--|
| <1> | Spouse or partner | <8> | Friend |
| <13> | Mother | <9> | My boss/line manager |
| <14> | Father | <10> | Employee /someone that I manage |
| <15> | Brother | <11> | Other work colleague |
| <16> | Sister | <12> | Housemate / flatmate |
| <17> | Son | <95> | Other (open [Q49_open])
[open] please specify |
| <18> | Daughter | <96 xor> | Don't know |
| <5> | Grandparent | <97 xor> | Prefer not to say |
| <6> | Grandchild | <99 xor> | N/A – I was on my own |
| <7> | Other family member | | |

Question type: **Single**

Base: All

[Q50] Thinking back, what age were you when you first gambled (e.g. placed a bet, played the lottery, bingo or slot machine)? Please type your age in the box below.

- <1> undefined (open [Q50_open]) [open:integer, Range:1~100]
- <97> Don't know
- <933> Prefer not to say
- <99> N/A – I have never gambled

Question type: **Multiple**

Base: All people who remember what age they were when they first gambled

[Q51_multiple] Who, if anyone, were you with when you first gambled?
Please tick all that apply.

- | | | | |
|------|---------------------|----------------|--|
| <1> | Spouse or partner | <8> | Friend |
| <13> | Mother | <9> | My boss/line manager |
| <14> | Father | <10> | Employee/someone that I manage |
| <15> | Brother | <11> | Other work colleague |
| <16> | Sister | <12> | Housemate/flatmate |
| <17> | Son | <95> | Other (open [Q51_open])
[open] please specify |
| <18> | Daughter | <97 fixed xor> | Prefer not to say |
| <5> | Grandparent | <96 fixed xor> | Don't know |
| <6> | Grandchild | <99 fixed xor> | N/A – I was on my own |
| <7> | Other family member | | |

Question type: *Multiple*

Base: All

[Q52_multiple] Before you reached the age of 18 years old, did any of the following people in your life gamble regularly (i.e. once a week or more)?

Please tick all that apply.

- | | | | |
|------|---------------------|-------------------|--|
| <1> | Spouse or partner | <9> | My boss/line manager |
| <13> | Mother | <11> | Other work colleague |
| <14> | Father | <12> | Housemate/flatmate |
| <15> | Brother | <95> | Other (open [Q52_open])
[open] please specify |
| <16> | Sister | <97 fixed
xor> | Prefer not to say |
| <5> | Grandparent | <96 fixed
xor> | Don't know |
| <7> | Other family member | <99 fixed
xor> | N/A – I did not know anyone
who gambled regularly |
| <8> | Friend | | |
-

[Q45] To what extent, if at all, do you agree or disagree with each of the following?

- | | |
|----------|--|
| -[Q45_1] | I would feel comfortable talking with my friends and family if I felt worried about my gambling |
| -[Q45_2] | I would feel comfortable talking to therapists if I felt worried about my gambling |
| -[Q45_3] | I would feel comfortable talking to a healthcare professional (e.g. doctors, nurses) if I felt worried about my gambling |
| -[Q45_9] | I would feel comfortable talking to a gambling specialist if I felt worried about my gambling |
| -[Q45_4] | I would know where to go for advice and support if I felt worried about my gambling |
| -[Q45_5] | I know the signs that someone might have a problem with their gambling |
| -[Q45_6] | I am aware of the harms that can be caused by gambling |
| -[Q45_8] | It is important to seek advice and support if gambling is often on your mind |
| <1> | Strongly disagree |
| <2> | Tend to disagree |
| <3> | Neither agree nor disagree |
| <4> | Tend to agree |
| <5> | Strongly agree |
| <96> | Don't know |
-

Question type: **Multiple**

#row order: randomize #max number of choices: 3

Base: All

[Q46] Which, if any, of the following words do you feel best represent how society views those who have problems with their gambling? Please select a maximum of three

- <1> Sympathetic
 - <2> Understanding
 - <3> Judgemental
 - <4> Accepting
 - <5> Critical
 - <6> Concerned
 - <7> Indifferent
 - <8 fixed> Other (open [Q46_open]) [open] please specify
 - <9 fixed xor> Don't know
-

Question type: **Multiple**

#row order: randomize #max number of choices: 3

Base: All

[Q47] In your experience, which, if any, of the following groups are most judgemental towards those who have problems with their gambling? Please select a maximum of three

- <1> Yourself
- <2> Friends
- <3> Family
- <4> Colleagues
- <5> Local community
- <6> Service / healthcare providers (e.g. doctors, nurses and therapists)
- <7> The wider public
- <8 fixed> Other (open [Q47_open]) [open] please specify
- <9 fixed xor> Don't know

Question type: **Multiple**

Base: All

[Q53] In the past 12 months, have you attempted (either successfully or unsuccessfully) to stop gambling, or reduce your level of gambling? Please select all that apply.

- <5 xor> Yes – I stopped gambling successfully
 - <1> Yes – I have tried to stop gambling completely
 - <2> Yes – I have tried to reduce the amount of time I spend on gambling
 - <3> Yes – I have tried to reduce the amount of money I spend on gambling
 - <4 xor> No
 - <97 xor> Don't know
 - <99 xor> Prefer not to say
-

Question type: **Single**

Base: All who have tried to reduce or stop their gambling

[Q54] In the past 12 months, how many times, if at all, do you feel you have started gambling again following a period of stopping or reducing your gambling?

- <1> Once
 - <2> Twice
 - <3> Three times
 - <4> Four times
 - <5> Five times
 - <6> More than five times
 - <7> Never
 - <11> I don't know how many times I have started gambling again
 - <9> Prefer not to say
-

Question type: **Open**

Base: All who have relapsed

[Q55] What do you feel was the “trigger” or reason that led to you starting gambling again?

Not sure

Question type: **Text**

Moving on...

Question type: **Multiple**

Base: All

[Q35] Below is a list of organisations which offer information, help and support to people suffering problems as a result of gambling. Which, if any, had you heard of before this survey?

- <1> BeGambleAware.org
- <2> Gamblers Anonymous UK
- <12> GamCare
- <13> Addiction Recovery For All (ARA)
- <14> Adferiad Recovery
- <15> Aquarius
- <16> Beacon Counselling Trust (BCT)
- <17> Breakeven
- <18> Derman
- <19> Krysallis Counselling
- <20> North East Council on Addictions (NECA)
- <21> RCA Trust
- <22> Betknowmore
- <23> Young Gamers & Gamblers Education Trust (YGAM)
- <4> National Gambling Helpline
- <5> Gordon Moody Association
- <6> National Gambling Treatment Service (NGTS)

<7> London/ National Problem Gambling Clinic

<8> NHS Northern Gambling Service

<9 fixed> Other (please specify) (open [Q35_other]) [open]

<10 fixed xor> None of these

<11 fixed xor> Don't know

Question type: **Multiple**

Base: All

[Q35a] Which of the following, if any, would you be likely to contact if you or someone close to you needed information, help or support with gambling-related problems?

<1> BeGambleAware.org

<2> Gamblers Anonymous UK

<12> GamCare

<13> Addiction Recovery For All (ARA)

<14> Adferiad Recovery

<15> Aquarius

<16> Beacon Counselling Trust (BCT)

<17> Breakeven

<18> Derman

<19> Krysallis Counselling

<20> North East Council on Addictions (NECA)

<21> RCA Trust

<22> Betknowmore

<23> Young Gamers & Gamblers Education Trust (YGAM)

<4> National Gambling Helpline

<5> Gordon Moody Association

<6> National Gambling Treatment Service (NGTS)

<7> London/ National Problem Gambling Clinic

<8> NHS Northern Gambling Service

<9 fixed> Other (please specify) (open [Q35a_other]) [open]
 <10 fixed xor> None of these
 <11 fixed xor> Don't know

Question type: **Grid**

#row order: randomize

Base: All aware of each

[Q35c] And which, if any, have you contacted for yourself or for someone close to you for information, help or support with gambling-related problems?

-[Q35c_1 if 1 in Q35]	BeGambleAware.org	-[Q35c_20 if 20 in Q35]	North East Council on Addictions (NECA)
-[Q35c_2 if 2 in Q35]	Gamblers Anonymous UK	-[Q35c_21 if 21 in Q35]	RCA Trust
-[Q35c_12 if 12 in Q35]	GamCare	-[Q35c_22 if 22 in Q35]	Betknowmore
-[Q35c_13 if 13 in Q35]	Addiction Recovery For All (ARA)	-[Q35c_23 if 23 in Q35]	Young Gamers & Gamblers Education Trust (YGAM)
-[Q35c_14 if 14 in Q35]	Adferiad Recovery	-[Q35c_4 if 4 in Q35]	National Gambling Helpline
-[Q35c_15 if 15 in Q35]	Aquarius	-[Q35c_5 if 5 in Q35]	Gordon Moody Association
-[Q35c_16 if 16 in Q35]	Beacon Counselling Trust (BCT)	-[Q35c_6 if 6 in Q35]	National Gambling Treatment Service (NGTS)
-[Q35c_17 if 17 in Q35]	Breakeven	-[Q35c_7 if 7 in Q35]	London/ National Problem Gambling Clinic
-[Q35c_18 if 18 in Q35]	Derman	-[Q35c_8 if 8 in Q35]	NHS Northern Gambling Service
-[Q35c_19 if 19 in Q35]	Krysallis Counselling		
<1>	Have used in the last 12 months		

- <2> Have used, but not in the last 12 months
- <3> Have never used
- <96> Don't know / prefer not to say

Question type: **Multiple**

Base: All aware of the National Gambling Treatment Service

[Q35d] Before today, which if any of the following organisations/services did you know were part of the National Gambling Treatment Service?

Please select all that apply

- | | | | |
|------|----------------------------------|----------------|---|
| <12> | GamCare | <18> | Derman |
| <13> | Addiction Recovery For All (ARA) | <19> | Krysallis Counselling |
| <14> | Adferiad Recovery | <20> | North East Council on Addictions (NECA) |
| <15> | Aquarius | <21> | RCA Trust |
| <16> | Beacon Counselling Trust (BCT) | <98 fixed xor> | Don't know |
| <17> | Breakeven | <99 fixed xor> | None of these |

Question type: **Multiple**

Base: All aware of the National Gambling Treatment Service

[Q35b] Where did you hear about the National Gambling Treatment Service (NGTS)?

- <1> Advertising (e.g. on TV, radio, social media, online, or out and about)
- <2> Word of mouth (e.g. from a friend, relative, or healthcare professional)
- <3> An event (e.g. conference, talk)
- <4 fixed> Other (please specify) (open [Q35b_other]) [open]
- <5 fixed xor> Don't know

Question type: **Grid**

Base: All aware of the National Gambling Treatment Service

[Q39] When thinking about the National Gambling Treatment Service (NGTS) in general, to what extent do you agree or disagree with each of the following statements?

- | | |
|----------|---|
| -[Q39_1] | The NGTS is easy to access |
| -[Q39_3] | I would contact the NGTS as a first step if I had concerns about my gambling |
| -[Q39_4] | I would contact the NGTS as a first step if I had concerns about the gambling of someone else close to me |
| -[Q39_5] | The NGTS is open to anyone with concerns about gambling |
| -[Q39_6] | Contacting the NGTS would help someone with concerns about gambling |
| -[Q39_7] | The NGTS is effective in helping people gain more control of their gambling |
| -[Q39_8] | The NGTS provides non-judgemental support |
| <1> | Strongly disagree |
| <2> | Tend to disagree |
| <3> | Neither agree nor disagree |
| <4> | Tend to agree |
| <5> | Strongly agree |

Moving on...

Question type: **Single**

Base: All

[COL1] How worried, if at all, are you about changes to the cost of living in the next six months?

- | | |
|------|--------------------|
| <1> | Very worried |
| <2> | Fairly worried |
| <3> | Not very worried |
| <4> | Not worried at all |
| <96> | Don't know |
| <99> | Prefer not to say |
-

Question type: **Single**

Base: All

[COL2] What impact, if any, will the changes to the cost of living make to your likelihood to gamble in the next six months?

- | | |
|------|---------------------------|
| <1> | Much less likely |
| <2> | Less likely |
| <3> | No impact, same as before |
| <4> | More likely |
| <5> | Much more likely |
| <96> | Don't know |
| <99> | Prefer not to say |
-

Question type: **Text**

****Finally, we just need to ask a few questions about your health and wellbeing, for data analysis purposes only. Please remember your answers will always be treated anonymously and will never be analysed individually.****

Question type: **Single**

Base: All

[Q16] How often do you have a drink containing alcohol?

- <1> Never
 - <2> Monthly or less
 - <3> 2-4 times a month
 - <4> 2-3 times a week
 - <5> 4+ times a week
-

Question type: **Single**

Base: All who drink alcohol

[Q17] How many units of alcohol do you drink on a typical day when you are drinking?

- <1> 1 to 2
 - <2> 3 or 4
 - <3> 5 or 6
 - <4> 7 to 9
 - <5> 10 or more
-

Question type: **Single**

Base: All who drink alcohol

[Q18] How often do you have 6/8 units or more units on a single occasion in the last year?

- <1> Never
 - <2> Less than monthly
 - <3> Monthly
 - <4> Weekly
 - <5> Daily or almost daily
-

We are going to ask you a few questions about your smoking habits. For the purposes of this survey, we are asking about regular cigarettes/tobacco products, not e-cigarettes.

Regular cigarettes/tobacco products include any tobacco products that you light with a flame or heat, including cigarettes, roll ups, cigars, and heat not burn tobacco products.

Question type: **Single**

Base: All

[Q19] Which of the following statements BEST applies to you?

- <1> I have never smoked
 - <2> I used to smoke but I have given up now
 - <3> I smoke but I don't smoke every day
 - <4> I smoke every day
-

Question type: **Multiple**

Base: All

[Q20] Have you been diagnosed with any of the following? Please select all that apply.

You can skip this question if you would prefer not to answer.

- | | | | |
|-----|--|-----------------|------------------------------------|
| <1> | Arthritis | <8> | Hypertension (high blood pressure) |
| <2> | Asthma | <9> | Mental health condition |
| <3> | Cancer | <10> | Parkinson's disease |
| <4> | Chronic Obstructive Pulmonary Disease (COPD) | <11> | Stroke |
| <5> | Diabetes | <99 fixed xor> | None of these |
| <6> | Epilepsy | <100 fixed xor> | Prefer not to say |
| <7> | Heart disease | | |
-

Question type: *Multiple*
Base: *All*

[Q56] Have you currently or previously worked in any of the following job areas? Please select all that apply.

- | | |
|----------------|-------------------------|
| <1> | Healthcare |
| <2> | Armed forces |
| <3> | Fire service |
| <4> | Police |
| <5> | Social care |
| <6> | Education |
| <7> | Refuse collection |
| <8> | Civil service |
| <9> | Local government |
| <99 fixed xor> | N/A – none of the above |
-

Question type: **Grid**
#row order: randomize

Base: All

[WEMWBS] Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the _last two weeks_, on a scale where 1 represents 'none of the time' and 5 'all of the time'.

- | | | | |
|----------|---|------------|--|
| -[Q57_1] | I've been feeling optimistic about the future | -[Q57_8] | I've been feeling good about myself |
| -[Q57_2] | I've been feeling useful | -[Q57_9] | I've been feeling close to other people |
| -[Q57_3] | I've been feeling relaxed | - [Q57_10] | I've been feeling confident |
| -[Q57_4] | I've been feeling interested in other people | - [Q57_11] | I've been able to make up my own mind about things |
| -[Q57_5] | I've had energy to spare | - [Q57_12] | I've been feeling loved |
| -[Q57_6] | I've been dealing with problems well | - [Q57_13] | I've been interested in new things |
| -[Q57_7] | I've been thinking clearly | - [Q57_14] | I've been feeling cheerful |

- | | |
|-----|------------------|
| <1> | None of the time |
| <2> | Rarely |
| <3> | Some of the time |
| <4> | Often |
| <5> | All of the time |

The following questions are on the topic of suicide and your personal experiences of it. We understand this can be a sensitive topic, but please remember your answers will always be treated anonymously and will never be analysed individually.

We will provide you with a "Prefer not to say" option, which you can select if you do not wish to share your opinion or experiences on a particular question

Question type: **Single**

Base: All

[sen_screen] Are you happy to continue with this section of the survey?

- <1> Yes, I am
 - <2> No, I am not
-

Question type: **Single**

Base: All who continued with the survey

[ST] In the last 12 months have you ever felt suicidal?

- <1> Yes, I am or have previously felt suicidal
 - <2> No, I have never felt suicidal
 - <933 fixed xor> Prefer not to say
-

Thank you for taking part in this survey. If you've been affected by this topic and would like any more information, need advice, or support, you can go to any of the following places for help:

Shout 85258 - giveusashout.org: A free text messaging service offering confidential support, 24/7
Text SHOUT to 85258

Samaritans - www.samaritans.org: To access confidential emotional support for feelings of distress, despair or suicidal thoughts - Samaritans freephone 116 123 (24/7) or email jo@samaritans.org

Hub of Hope - hubofhope.co.uk: A resource for those needing someone to talk to. Enter your postcode and it locates local support and services