



# Title of report: Gambling and Related Harms

**Meeting:** Health and Wellbeing Board

**Meeting date:** Monday 13 July 2026

**Report by:** Head of Resilient Communities

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

All wards

## Purpose

The purpose of this briefing is to provide an overview of the scale and impact of gambling-related harms, outline the aims, approach and key actions of the gambling harms prevention project, and its alignment with wider public health and community safety priorities. It will also present current understanding of harm, identify key challenges, risks and opportunities for further development, and seek the Board's feedback, challenge and support to strengthen delivery and overall impact.

## Recommendation(s)

**That:**

- a) **The Health and Wellbeing Board is asked to note the contents of this briefing paper for information.**

## Alternative options

1. None.

## Key considerations

2. Gambling is defined under the Gambling Act 2005 as betting, gaming or participating in a lottery, where gaming involves playing a game of chance for a prize, including money or money's worth.

3. Gambling takes place both in person and increasingly online, and encompasses a wide range of activities such as sports betting, slot machines, fixed-odds betting, casino-style games like poker and bingo, and emerging forms such as 'loot boxes' in games, which are often targeted at children. While gambling is legal, the associated harms are a recognised public health issue, with significant impacts on individuals, families and communities.
4. It is estimated that nationally there is one gambling-related suicide per day, and gambling has been identified as one of six key risk factors within the National Suicide Prevention Strategy. The sector is characterised by aggressive digital marketing and psychologically informed design, and is often compared to 'Big Tobacco' in terms of its approach and influence.
5. The Department of Health and Social Care (DHSC) estimates that gambling costs the Government and wider society between £1.05 billion and £1.77 billion annually. Current legislation includes a statutory presumption in favour of permitting gambling applications, and unlike alcohol licensing, there is no statutory role for Public Health in gambling premises decisions.
6. The UK has one of the largest gambling markets globally, with the industry valued at £16.8 billion in 2024–2025; participation levels remain high, with 48% of adults reporting gambling in the previous four weeks and 30% of young people spending money on gambling in the last 12 months.
7. The statutory gambling levy in the UK is a mandatory charge applied to licensed gambling operators to fund research, prevention and treatment of gambling-related harms. This funding is distributed across three key areas, with allocations for research, prevention and treatment at a national level.
8. Local authorities participating in the Gambling Harms Prevention Programme, in line with the Memorandum of Understanding (MoU) with the Office for Health Improvement and Disparities (OHID), are expected to adopt a public health approach to reducing gambling-related harm. This includes developing a robust understanding of local need through needs assessment, improving data collection and recording, and embedding gambling harms within wider health and wellbeing strategies.
9. Authorities are required to work in partnership across sectors, strengthen early identification and referral pathways, and deliver proportionate prevention activity, particularly targeting vulnerable groups. The MoU also sets expectations around governance, reporting and evaluation, ensuring that funding is used transparently and that learning is captured and shared to inform both local and national policy and practice.

## Community impact

10. In recent years, concern about the harms associated with gambling has been increasing. As set out within the independent public health framework developed by Langham et al<sup>1</sup>, gambling harm is defined as any negative impact that reduces health or wellbeing.
11. This broadened definition recognises that harm extends beyond the individual who gambles to affect families, communities and wider society, and that such impacts can develop cumulatively, persist over time, and continue long after gambling behaviour has ceased.
12. The Health Survey for England 2024 (published January 2026) estimates that around 5% of adults have Problem Gambling Severity Index (PGSI) scores indicating at-risk or problem gambling, with fewer than 1% classified as problem gamblers. Higher rates are observed among men, particularly younger men, and among those who participate in online gambling.

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<sup>1</sup> Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J. and Rockloff, M. (2016) Understanding gambling-related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16, 80. <https://doi.org/10.1186/s12889-016-2747-00>

Gambling-related harm is also socially patterned, with individuals living in more deprived areas significantly more likely to experience severe harm. This is compounded by a higher concentration of gambling premises and gaming machines in these communities.

13. The Problem Gambling Severity Index (PGSI) is the nationally recommended screening tool used to identify and assess gambling-related harm, comprising a series of questions that generate a score indicating levels of risk, from low-risk through to problem gambling. National and regional estimates suggest that around 5% of adults may be at risk or experiencing problem gambling, with local modelling indicating that this could equate to approximately 18,000 Herefordshire residents at some level of risk and over 3,000 experiencing more severe harm. However, these figures should be treated with caution, as the routine use of the PGSI within local services remains limited, and awareness of the tool is not yet widespread across frontline practitioners. As a result, gambling-related harm is likely to be under-identified, meaning current estimates may not fully reflect the true scale of need within the local population.
14. Gambling harms extend beyond the individual to affect families, friends and wider communities. It is estimated that around 7% of the population are negatively impacted by someone else's gambling, contributing to financial difficulties, relationship breakdown and poorer mental health. Harms are wide-ranging and can include impacts on employment, housing, criminality and suicidality. Problem gambling is recognised as an addictive behaviour within ICD10 diagnostic classifications, driven by similar brain reward mechanisms to substance misuse. Evidence also highlights a strong co-occurrence, with research suggesting that nearly 60% of individuals experiencing problem gambling also have a substance misuse issue, alongside a significant overlap with mental health conditions.
15. The evidence highlights that gambling participation and related harm are influenced by a range of demographic and behavioural factors. Higher levels of harm are associated with younger adults, males, those experiencing poor mental health, unemployment and individuals living in more deprived areas, with additional risks linked to high alcohol consumption and smoking. Of particular relevance locally, research indicates that military veterans may be significantly more vulnerable, with one study suggesting they are up to ten times more likely to gamble, which is an important consideration given Herefordshire's relatively large veteran population. These patterns reinforce the need for targeted prevention and early identification approaches focused on higher-risk groups.

#### Children and Young People

16. Evidence indicates a growing concern regarding gambling-related harm among children and young people. Data from the Gambling Commission show that the proportion of children classified as having a gambling problem has more than doubled since 2023, with an estimated 85,000 children currently affected <sup>2</sup>. This reflects increasing early exposure to gambling and the normalisation of gambling behaviours among younger age groups. These findings are supported by the Young People and Gambling Survey 2024 <sup>3</sup>.

#### Local Licenced Premises

17. The Herefordshire Mental Health Needs Assessment (2025) identified 14 betting shops across the county, with the majority located in Hereford (8), followed by Ross-on-Wye (3), and one each in Ledbury, Leominster and Bromyard.
18. Since publication of this assessment, the overall number of licensed gambling premises has increased by 50% to 21, including 13 in Hereford, 5 in Ross-on-Wye, and one each in Bromyard, Ledbury and Leominster. Notably, many of these premises are situated within or

<sup>2</sup> <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/young-people-and-gambling-2024-official-statistics>

<sup>3</sup> <https://www.gamblingcommission.gov.uk/statistics-and-research/publication/young-people-and-gambling-2024-official-statistics>

adjacent to some of the most deprived areas of the county, further reinforcing the link between gambling availability and areas of higher vulnerability.

#### Support Services

19. Gambling support provision for Herefordshire residents is currently delivered through a combination of national and regional services rather than locally based provision. This includes access to Aquarius (offering virtual and telephone support), the West Midlands Gambling Harm Clinic—where the nearest in-person service is located in Stoke—and GamCare, which provides a 24/7 national helpline. While these services offer important support pathways, there is limited local, face-to-face provision, reflecting wider national challenges; evidence from the Office for Health Improvement and Disparities (OHID) indicates that only 35 of 153 upper-tier local authorities in England have a treatment provider physically located within their area.

#### Next Steps

20. Next steps focus on strengthening the local evidence base and developing a coordinated response to gambling-related harms in Herefordshire. There is currently a lack of consistent local data and recording, which limits the ability to fully understand need and target interventions effectively. A Herefordshire Gambling Harms Needs Assessment will be undertaken to establish the local picture in more detail, including prevalence, risk factors, affected groups and service demand, alongside mapping current provision and identifying gaps.
21. A recent discussion and mini-workshop with the Public Health team has provided an initial indication of where gambling-related harm is already being identified, for example through mechanisms such as the Crisis and Resilience Fund, as well as highlighting clear gaps in both identification and service provision. The needs assessment will build on this early insight, drawing together available data, stakeholder engagement and lived experience to inform priorities, strengthen pathways for identification and support, and guide future commissioning and prevention activity.

#### Environmental impact

22. Whilst this is a report detailing the ambitions of the Gambling Harms Prevention Project overall and plans for a localised assessment of need and will therefore have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

#### Equality duty

23. The Public Sector Equality Duty applies. The initial equality impact screening checklist indicates a minimal impact at this stage because this report concerns the development of a new project and assessment of localised need rather than direct service change.

#### Resource implications

24. The gambling harms prevention project requires some time and resource from Council officers, for the development of the local needs assessment.

#### Legal implications

25. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.25 of the Council's constitution.

#### Risk management

26. None identified.

**Consultees**

27. None identified.

**Appendices**

None.

**Background papers**

None identified.