You Bet, They Win: Gambling Harm in York

Director of Public Health
Annual Report

2025/2026

Contents

“I hid this for years. It fuels introspection and self-loathing. It’s affected relationships, my bank balance and many other things. I look at the money and think: I could have had a car. My children could have had that holiday.”

Person with lived experience – York

Foreword

In this, my second Annual Report as Director of Public Health for York, I have chosen to focus on gambling harms in our city.

And let's start with what you might already be thinking: how can something which seems like light-hearted fun for so many, be such a problem?

That might be the first question for many, when public health folk start talking about gambling harms. A lot of people will have bought a raffle ticket, played a lottery, had a flutter at some point in their lives.

It all seems so … harmless.

This report lays bare the simple facts: a leisure pursuit which dates back thousands of years has evolved and morphed over the last few decades, and those who run the gambling industry now have access to powerful new technologies and insights into human behaviour and addiction. This means that they are able to extract huge sums of money from vulnerable people like never before, all while seeing their UK profits double in just fifteen years. You bet – they win.

In the digital age, gambling and betting have been transformed into industrialised financial extraction methods, making billion-pound profits for their shareholders and leaving a trail of destroyed lives in their wake.

The facts are stark. This report will explore them in detail, but in summary gambling and betting can lead to financial catastrophe, suicide, relationship breakdown, homelessness, early death, and wider societal harms. That's a fair chunk of misery to be caused by just one industry.

These issues affect a sizeable proportion of the UK population, with an estimated 1 in 9 directly or indirectly affected by gambling. So gambling can no longer been seen as an

incidental public health matter. It has – almost unnoticed – become one of the top public health concerns of twenty first century UK society.

In the course of writing this report I've had the privilege of speaking to a good number of people in York and beyond whose lives have been affected – honestly, ruined – by gambling. They know who they are and I want to thank them enormously for their honesty, time and insight. All quotes have been anonymised.

Peter Roderick, Director of Public Health for York

A word from Dr Matt Gaskell and Charles Ritchie MBE

"I wholeheartedly welcome this report and the public approach taken by the city of York. I have witnessed at first hand the predictable consequences of liberalising our gambling laws and facilitating the expansion of the modern commercial gambling industry. This report lays the foundation for joined up action across York to prevent and minimise gambling related harms. I am proud to be a part of it."

Dr Matt Gaskell, Clinical Lead for Addictions at Leeds and York Partnership NHS Foundation Trust

"Hundreds of people, mainly young men, die every year from gambling suicide. Millions of the UK population are suffering from "problem gambling" or "or risk" and being harmed. Public health sees the harm and this report lays the foundations for preventing these deaths and this scale of suffering. It shows we can tackle toxic addictive products and predatory marketing and help people recover from their effects. We can stop the pain of bereaved families missing their lost family member at every occasion. We can stop the damage and this report is a very welcome part of this work."

Charles Ritchie, Gambling with Lives Co-founder

“Gambling is not an ordinary kind of leisure; it can be a health-harming, addictive behaviour”

The Lancet Public Health Commission on Gambling, 2024

Gambling in York – a snapshot

1 in 12 people in York are experiencing the harms from someone else's gambling in York – equivalent to **14,700 people**

£16bn
£8bn

Gambling industry profits have risen from **£8bn to £16bn** over the last **15 years**

48%

of the UK population have gambled in the last 4 weeks (28% when lottery draws are excluded)

6,357

adults in York may benefit from treatment or support for their own gambling

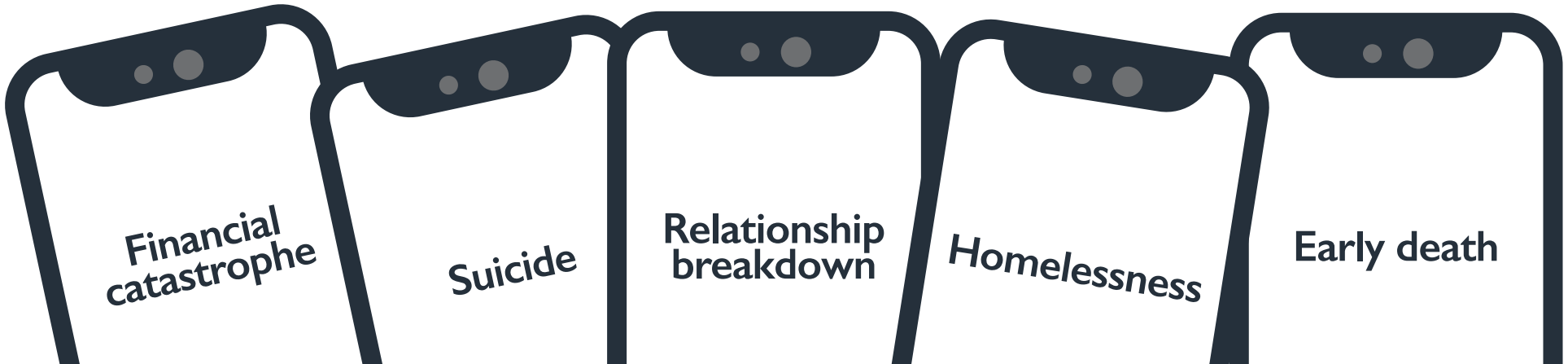
~3,430

children in York are living in the same household as adults who might benefit from some type of gambling treatment or support

56%

of professionals surveyed in York said they see harms from gambling at least monthly

The evidence shows gambling can lead to:



1. Why gambling harm is such a major issue

What types of harm occur?

The types of harms that occur due to gambling and betting have been well assessed across multiple parts of the academic literature, summarised in the 2023 national Gambling Harms Evidence Review.[1] The key health and social impacts are:

- **Financial catastrophe** – more than three-quarters of gamblers and more than two in five affected others have built up debt because of gambling[2] - the top 1% of gamblers surveyed spent 58% of their income on gambling[3]
- **Suicide** – the number of people who die by suicide directly attributable to
- gambling in the UK every year is estimated to be between 117 and 496 people[4]
- **Relationship Breakdown** – 26.7% of those with the highest problem gambling severity score have experienced relationship breakdown due to their gambling[5]
- **Homelessness** – harmful gambling prevalence in people experiencing homelessness is 16.5%, compared to general population rates of between 1-7%[6]
- **Wider economic harm** – the costs to the UK economy associated with gambling harm are estimates as up to £1.77 billion each year[7]
- **Early death** – heavy gambling is associated with a 37% increased mortality rate[8]

These harms spread like a 'ripple', affecting first the individual, then their affected others (such as family and friends), and then more broadly out into society.

Individual health harms

Individual health harms from gambling mainly affect mental and social wellbeing. Significant financial losses– common among longterm gamblers—create anxiety, stress, debt and worry, all of which harm health.

Gambling's dopamine driven reward cycle is highly addictive, reducing the impact of other sources of pleasure.[9] Over time, links between poor mental health and conditions such as metabolic disorders mean physical health may also decline. National data show people with gambling disorder face a higher risk of death from any cause over a given period compared with the general population.

Harms to affected others

Harms to affected others range from the obvious—such as exposure to financial risk, reduced family income, or the distress of seeing a friend or relative struggle with gambling-related mental health issues—to the less obvious, including relationship strain, lost time with a loved one due to gambling, and a higher risk of domestic abuse, particularly financial abuse, in households where heavy gambling occurs.[10]

Harms to society

Harms to society which include the increased level of financial and acquisitive crime in communities due to gambling debts[11], the lost productivity or even economic inactivity that can be attributed to gambling, sudden economic shocks such as bankruptcies, and the clustering of unwelcome betting premises on high streets.

Which groups are affected more than others?

It is clear anyone can experience gambling-related harms. But equally, evidence shows that some groups in society are more likely to be harmed, and therefore gambling as a trend produces health inequalities. There is a paradox in gambling harm which is seen other areas of public health (e.g. alcohol): more affluent people and those with a higher level of education have higher rates of gambling participation, however poorer people living in more deprived areas are more likely to gamble at elevated risk.

"Gambling gives you a massive surge of dopamine, it's just like any other addiction, but you can hide it so easily as it doesn't have an effect on your body."

Person with lived experience – York

"It's the time it takes up of your life, it hinders your work life, personal life, relationships, savings. Gambling takes over and you forget any other hobbies or interests. It leaves feelings of deep regret."

Person with lived experience – York

So in summary, people at higher risk of gambling at harmful levels are more likely to:

- Live in more deprived areas
- Be male
- Aged 20-44
- Have poorer mental health
- Have an existing addiction e.g. substances
- Have peers who gamble[12]

Groups who are more likely to suffer gambling harms may differ from those likely to be affected by gambling harm – for instance, statistically speaking, men are more likely to gamble and women are more likely to be affected by the gambling of a significant other.

In terms of community risk, some areas have developed 'vulnerability indexes' which can pinpoint geographic areas with more exposure. For instance, Westminster Council have developed an index which includes data points such as the localised prevalence of mental health issues, the density of families on low incomes, the size of the 10-24 year old population, and deprivation levels.[13]

The economic and societal costs

The estimation of the economic and social costs of gambling are taken from the OHID 2023 evidence review, and are presented in the table. This data measures the economic impacts attributable to 'at-risk' and 'problem gamblers' using the PGSI - the results are considered by OHID's expert panel to be underestimates of the true cost, and do not include costs attributable to the impact of gambling on affected others.

Estimated excess cost of harm associated with gambling in England, by type of harm and cost[14]

Homelessness	£49m
Deaths from suicide	£241m–£962m
Depression	£508
Related alcohol dependence	£3m
Related illicit drug use	£2m
Unemployment	£77m
Criminal justice costs	£167m
Total	**£1.07–1.78bn**

Measuring gambling harm

Most gambling-related harm in the UK goes unidentified; it rarely appears in medical records, economic data or national surveys. As a result, headline figures on gambling harm are often underestimates, and these low numbers are frequently used by the industry to claim very few people are affected.

Current evidence suggests that **2.7% of UK adults**—about **1 in 37**—experience problem gambling. [15]

Individual harm can be assessed using formal tools such as the DSMV in some clinical settings, though many clinicians instead rely on holistic assessments. At a population level, regardless of whether someone has received a clinical diagnosis or treatment, the **Problem Gambling Severity Index (PGSI)** is used to measure harm in the general population rather than in clinical contexts. [16]

The PGSI consists of 9 items and each item is assessed on a four-point scale: 'never' to 'almost always'. This generates a score:

PGSI 0	Representing a person who gambles (including heavily) but does not report experiencing any of the 9 symptoms or adverse consequences asked about.
PGSI 1 to 2	Representing low risk gambling by which a person is unlikely to have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
PGSI 3 to 7	Representing moderate risk gambling by which a person may or may not have experienced any adverse consequences from gambling but may be at risk if they are heavily involved in gambling.
PGSI 8 or more	Representing problem gambling by which a person will have experienced adverse consequences from gambling and may have lost control of their behaviour. Involvement in gambling can be at any level, but it is likely to be heavy.

"For me it's all online slots, I've no interest in betting shops. Sat in a bookies, you know you're in a bookies; sat at home on online slots you're 'just' on a sofa having a cuppa.'"

Person with lived experience – York

"Unlike other addictions when if you stop you start getting much better straight away, the financial penalties of gambling last years. You think 'I might as well carry on to see if I get a big win to get me out of this hole!'"

Person with lived experience – York

The spectrum of harms

Gambling and betting come in a variety of forms:

Lotteries	In person gambling	Online gambling
Informal betting	Betting on sports at a bookmakers	Micro betting
Scratchcards	Location betting (e.g. racecourse)	In game betting
Local lotteries	In person slot machines	Loot boxes / skins within games
National lottery	Arcades	Online slots
Football pools	Bingo	Online casino / card gaming
	Fixed odds betting terminals	
	In person casinos / card gaming	

Some types of gambling carry higher risks than others.[17] However, the ubiquity and social normalisation of gambling mean its harms often receive little attention, even when certain products are less harmful.

Several product design elements are widely recognised as increasing addictiveness, including:

- Fast play, high event frequency and continuous cycles
- Stake sizes and prize structures
- Probability and frequency of wins
- Features such as free spins, "losses disguised as wins," and stimulating lights and sounds[18]

Online gambling continues to expand while land-based gambling declines in participation. In 2023, online gambling made up 60% of profits (excluding lotteries), compared with 40% in person.[19] Yet profits across all forms of gambling continue to rise, so Gross Gambling Yield from land-based venues is still increasing despite fewer premises.

This shift matters because online products generally pose higher risks.[20] Over the past decade, online operators have developed sophisticated data-driven tactics that monitor user behaviour, identify when people are more likely to gamble or stake larger amounts, and use algorithms to tailor incentives that deepen engagement. These features make online products increasingly addictive and harder to disengage from.

Gambling has long exploited cognitive biases such as the *house money effect* (taking greater risks after a win), the *Monte Carlo fallacy* (believing a rare event is "due"), and the *near-miss effect* (interpreting almost-wins as signs of an imminent win). With AI now enabling operators to target individuals with highly personalised and profitable tactics, people face greater vulnerability than ever to addiction and significant financial harm.

Why is Gambling not an ordinary commodity?

Many gambling products have features that make them unlike most other commercially available commodities. The Lancet series summarises these:

Continuous and open-ended nature of product
Unlike many other products (eg, food, alcohol, tobacco), for which there is a natural or physical limit to how much can be consumed in a set period.

Uncertainty of price
Although a single bet has a single unit cost, an overall session of gambling does not have a fixed price because of the way that game structures and odds work. The true price of a gambling session is often unknowable to the consumer. This uncertainty sets gambling apart from other products.

Product design
Some gambling products are designed with particularly harmful features. The high speed, continuous, and seamless operation of many gambling products can generate immersive states that have been described as the experience of the zone—a state in which players are oblivious to the outside world, the passage of time, and the amount of money that they are spending.

Asymmetry of insight
Online gambling operators hold good data on consumers' practices and preferences. These data afford operators substantial potential to tailor products, adjust algorithms, and target their marketing, whilst consumers are often not as well sighted on aspects such as pricing.[21]

How do the public view gambling?

The main source of data on public perceptions of gambling comes from the Gambling Commission, who publish data on public trust and attitudes.

In 2022 around 30% of the public agreed with the statement that gambling in this country is conducted fairly and can be trusted, a statistic which was higher in gamblers (35%) compared to non-gamblers (22%).[22]

In terms of attitudes towards gambling, the surveyed show agreement levels for the following statements:

78.90%
There are too many opportunities for gambling nowadays

71.10%
Gambling is dangerous for family life

62.30%
People should have the right to gamble whenever they want

61.80%
Gambling should be discouraged

36.80%
Most people who gamble do so sensibly

28.10%
It would be better if gambling was banned altogether

27.40%
Gambling livens up life

12.10%
On balance, gambling is good for society

The overall picture is that the British public lack trust in the fairness of UK gambling, believe it has become too widespread and harmful, and favour measures to discourage gambling rather than an outright ban. Trends since 2018 show these attitudes are steadily hardening.

Public concern about the rise in gambling advertising is also growing, especially in settings such as sport. Research shows that during the opening weekend of the 2025 Premier League season, fans were exposed to more than 27,000 gambling messages across social media, broadcast advertising, hoardings, stadium structures and football shirts—almost triple the number seen in 2023. Polling from More in Common, cited by the Campaign to End Gambling Advertising, found that 70% of people support tougher restrictions on advertising and sponsorship, and 27% believe gambling companies should not be allowed to promote themselves at all.[23]

"Any other addictive behaviour is regulated and taxed. With gambling it's like we're in the 1960s. All over it says 'when the fun stops stop'. Well it's not fun for me anymore."

Person with lived experience – York

2. The national context: regulation, licensing and industry

Regulation of gambling: a short history

1845

Gambling has been regulated in the UK since at least 1845, when wagers were legalised but gambling contracts made unenforceable. Before this, gambling had been subject to centuries of varying but often strict prohibitions.

2005

The most significant modern shift came with the Gambling Act 2005, which liberalised the sector. It enabled larger "super casinos," removed the need for court approval for licences, introduced three simplified licensing conditions, and permitted gambling advertising on TV and radio. The Act also created the Gambling Commission, which remains the main regulator.

2015

This framework still underpins UK gambling law, though subsequent changes have shaped the current landscape. In 2015, planning rules removed permitted development rights for betting shops, and in April 2019 the government responded to a national reform campaign by cutting the maximum stake on certain fixed-odds betting terminals from £100 to £2.

2019

2023

In 2023, the government published the white paper *High stakes: gambling reform for the digital age*, setting out reforms to address the growing risks of online gambling. Some proposals are progressing, including a stake limit for online slots and the introduction of a statutory levy on operators, replacing the previous voluntary system. Other recommendations—such as stronger affordability checks, changes to game design and tighter advertising rules—have not yet been implemented.

2025

In November 2025, as part of the Budget, the Chancellor announced major tax increases: Remote Gambling Duty rising from 21% to 40%, General Betting Duty from 15% to 25%, and the abolition of bingo duty.

The licencing regime

As shown earlier, only around 40% of gambling—including lotteries—is now done in person. Even so, land-based venues still pose significant potential for gambling-related harm and remain a highly visible part of everyday life.

Under the Gambling Act 2005, local authorities issue licences for land-based gambling premises. These include bookmakers, arcades and Adult Gaming Centres, racecourses, bingo halls, and mixed-use venues hosting multiple types of gambling activity.

Reducing health-related harm to individuals who gamble is not a statutory licensing objective. This remains a major concern for public health professionals and treatment providers, who argue that safeguarding health should be added as a licensing aim.

Instead, the three statutory objectives are:

- preventing gambling from being a source of crime or disorder, or supporting crime
- ensuring gambling is conducted fairly and openly
- protecting children and vulnerable people from harm or exploitation

The Act also contains a strong "aim to permit" clause, which places a legal duty on the Gambling Commission and local licensing authorities to permit gambling where it aligns with these objectives.[24]

In York, the council publishes a Statement of Licensing Policy every three years and, although not required, a Local Area Profile, which brings in health and demographic data to guide decision-making.[25] This gives Licensing Committee members broader context alongside the Local Area Risk Assessments that applicants must submit.

As of January 2026, York had 13 betting shops, 1 Adult Gaming Centre, 1 bingo hall, and 1 racecourse—16 venues in total—along with additional machine permits for premises such as pubs.

Online gambling is regulated nationally by the Gambling Commission, which issues operating licences to companies.

The growth of industry

The most recent data shows that the total gross gambling yield (GGY) of the customer facing gambling industry in Great Britain (April 2024 to March 2025) was £16.8 billion. This profit has risen every year for the last fifteen (with the exception of COVID-19), and during that time has doubled. Additionally, industry growth is being driven by the most addictive and dangerous products: online slots gross profits have increased by 10% (12 months to December 2025).[26]

This profit is broadly equivalent to the budget of a number of UK government departments – for instance the Ministry of Justice, or for another comparison, twice the budget of DEFRA. It is solely derived from the fact that 'the house always wins', and whilst 'return to player' ratios vary between gambling type, they are always below 100% i.e. over time, people who gamble inevitably lose money – and often a lot.

“It feels like you only hear about gambling harms when tragedy happens.”

Person with lived experience – York

3. The local picture: visible and invisible harms in York

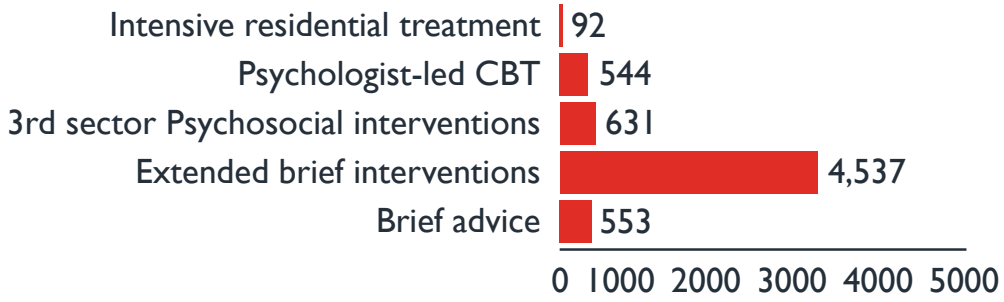
Prevalence

Recent research from The University of Glasgow using data from the 2024 and 2025 Gambling Survey for Great Britain found that approximately 44,663 York residents (18+) had spent money on gambling in the last 4 weeks (excluding national lottery). This equates to 25.59% of the overall adult population, which is slightly below both the Yorkshire and Humber average (31.65%) and England average (27.5%).[27]

In 2023, OHID produced separate estimates of how many adults in each local authority might benefit from treatment or support, using 2020 population data. For York, the estimate was 6,357 adults, or 3.6% of the adult population at the time—closely aligned with the regional (3.7%) and national (3.5%) estimates.[28]

The same modelled estimates show that an estimated 3,430 children in York are living in the same household as adults who might benefit from some type of gambling treatment or support.

Estimated number of adults in York who might benefit from some type of gambling treatment or support



In person premises

York has various gambling premises located throughout the city such as betting shops, bingo halls, arcades and pubs that home gaming machines.

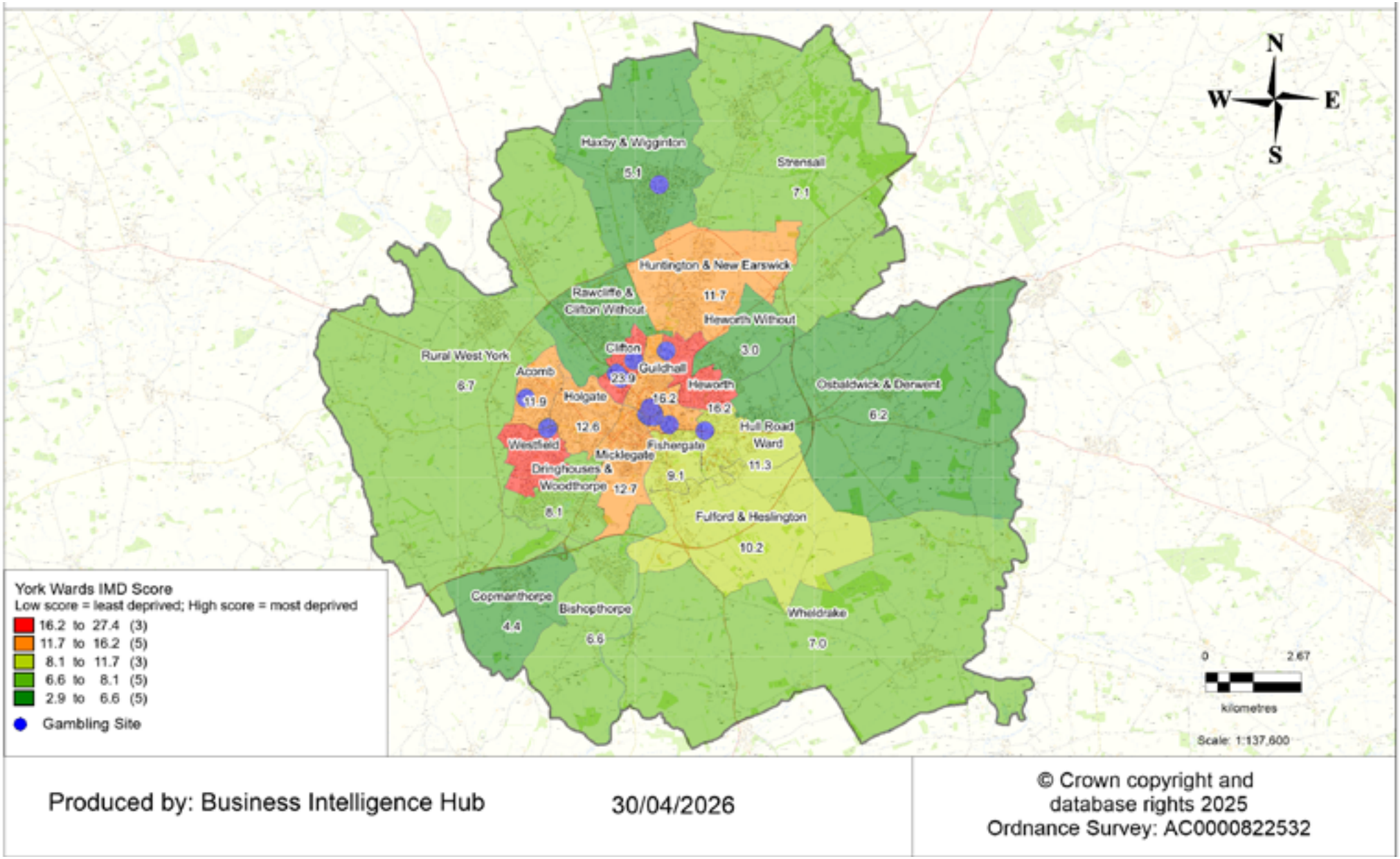
The map overleaf illustrates deprivation levels across York's 21 wards alongside the location of gambling premises. **Two thirds (67%)** of the city's 15 premises are situated in the 2nd, 3rd and 4th most deprived wards, while only two are in the least deprived areas. Residents in more deprived areas are known to be more vulnerable to gambling-related harm, and this distribution shows higher exposure where risk is greatest. This pattern reflects wider research showing that gambling premises are more concentrated in deprived communities, a clear example of **spatial inequality**, where resources—and risks—are unevenly distributed geographically.[29 30]

Beyond dedicated gambling venues, York has many pubs and bars that contain gambling machines. Across the city, **193 premises house 527 machines**, which equates to roughly **1 premise per 1,000 residents** and **2.6 machines per 1,000 residents**. Alcohol consumption is a recognised risk factor for gambling participation, meaning machines in pubs may increase the likelihood of harm.

The **Guildhall** ward contains by far the highest number of premises (53) and machines (129), reflecting its city-centre location and dense concentration of pubs. **Micklegate**, also central, has a similarly high number of machines (82). In contrast, **Bishopthorpe (5 machines)** and **Wheldrake (4 machines)**—rural wards with fewer commercial venues and lower footfall—have the lowest numbers. This contrast between central and rural areas highlights a clear risk gradient: high-density city-centre wards experience much greater exposure, while rural wards face significantly lower levels of potential harm.

Type of gambling premise	Number
Betting shop	13
Bingo	1
Adult Gaming Centre	1
Total	**15**

Gambling Sites within deprivation areas (IMD 2025)



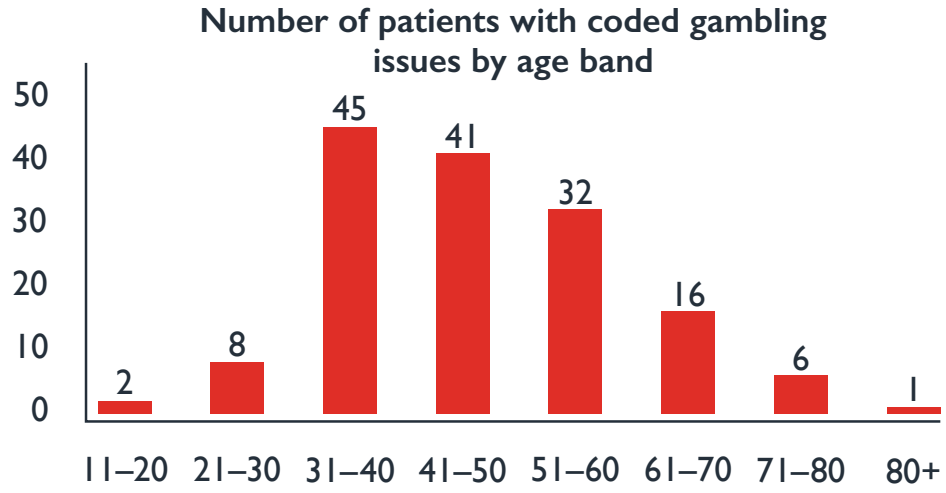
Produced by: Business Intelligence Hub 30/04/2026

GP records

Gambling disorder can be coded in GP records, providing useful insights, but the data has notable limitations. Although evidence shows that people experiencing gambling harms use NHS services heavily and are twice as likely to consult their GP, many do not disclose gambling problems, meaning cases are under-recorded.[31] Coding practices vary between GPs, so even when gambling is discussed, it may not be added to the patient record. As a result, GP data highlights demographic patterns among those identified but captures only a small proportion of those affected.

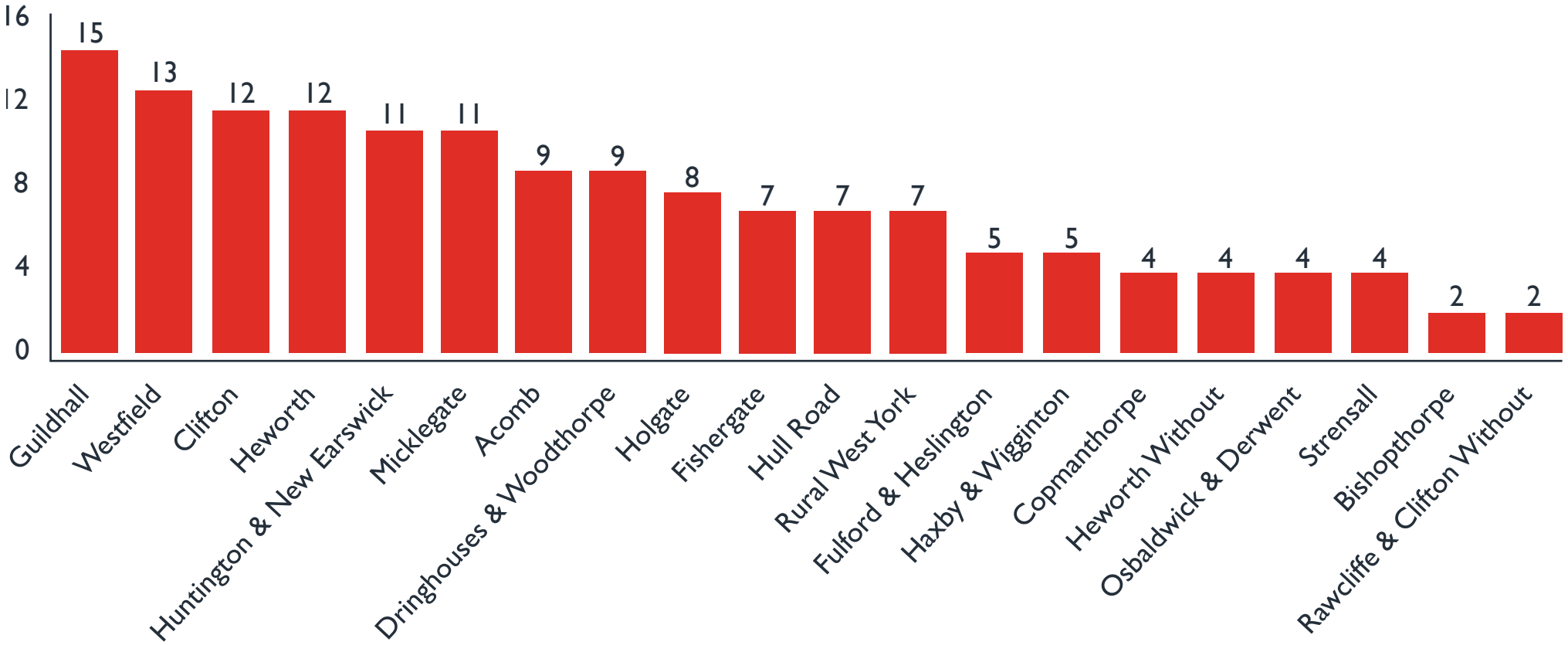
In 2025, NICE published guidance on *Gambling-related harms: identification, assessment and management*, which, if widely adopted, should improve recognition and referral in both primary and secondary care.

Data from 9 of 11 York Place GP practices identified 150 patients with a gambling disorder code. Of these, 94% were male (n=142) and 6% female (n=8). 91% were recorded as White, with the remaining listed as "Unknown," "Other ethnic group," or "Mixed or Multiple ethnic groups." The following graph shows the age distribution, with the majority of coded patents being of middle and later working age.



We can also break down these 'gambling disorder' codes by electoral ward. When considering this data alongside the above map, we can see that the wards with a higher number of patients with this code are generally more deprived. Guildhall has the highest number of patients with this code (n=15), followed by Westfield (n=13) and Clifton (n=12). Guildhall and Clifton also have the highest density of gambling premises compared to other wards, supporting the theory that greater exposure to gambling premises is linked to disordered gambling.[32]

Patients with coded gambling issues by CYC Electoral Ward

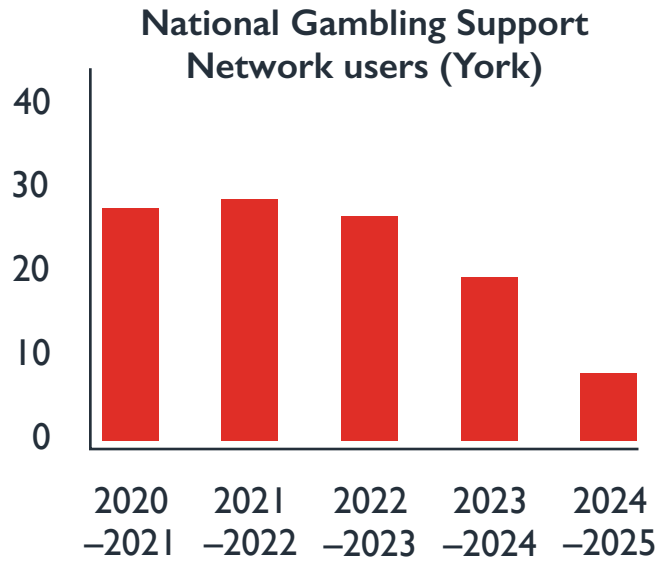


Support and treatment figures

GambleAware is an industry-funded body who work with a wider variety of third sector support organisations and holds data on service users who access the National Gambling Support Network (NGSN). Using this, we were able to gather data on users who had disclosed their location as York. Referrals came from sources such as: National Gambling Helpline, Self-referral, GamCare/ partner network, carer and other service/ agency. Between April 2020 and March 2025, there was a total of 120 NGSN users who had disclosed their location as York.

Between 2020 and 2023, the number of York users remained relatively stable, but there has been a marked decline since 2023. A drop in engagement may suggest reduced need, but other factors—such as limited awareness of support, capacity issues, or changes in referral routes and professional use—may also explain this pattern. Each year, most referrals came through the National Gambling Helpline, followed by self-referrals.

Across the five-year period, most users were male (n=91), reflecting wider research and aligning with other local findings. The most common age group was 25–34 (n=44), followed by 35–44 (n=23) and 45–54 (n=20), mirroring



“I went to see my GP when I developed a gambling habit. The only thing the doctor could find to help me was gambling anonymous in Leeds. I don’t feel like health professionals understand gambling harms or see it in the context of helping people with their mental health issues.”

Person with lived experience – York

trends seen in GP data. The majority were White British (n=104), with small numbers recorded as 'White – Other background' or 'Not stated', again consistent with GP-coded ethnicity patterns.

GAMSTOP allows individuals to self-exclude from online gambling. As of 30 June 2025, 5,135 York residents were registered – around 0.88% of the population, comparable to the national average.

Other York services also encounter people who gamble. In one year, Citizens Advice York saw 860 clients who identified gambling as a concern, representing 1.3% of their clients mentioning problem gambling. Change Grow Live, York's Drug and Alcohol Service, reports seeing many people with gambling issues anecdotally, but very few are coded formally, suggesting underreporting similar to that seen in GP records.

Schools survey

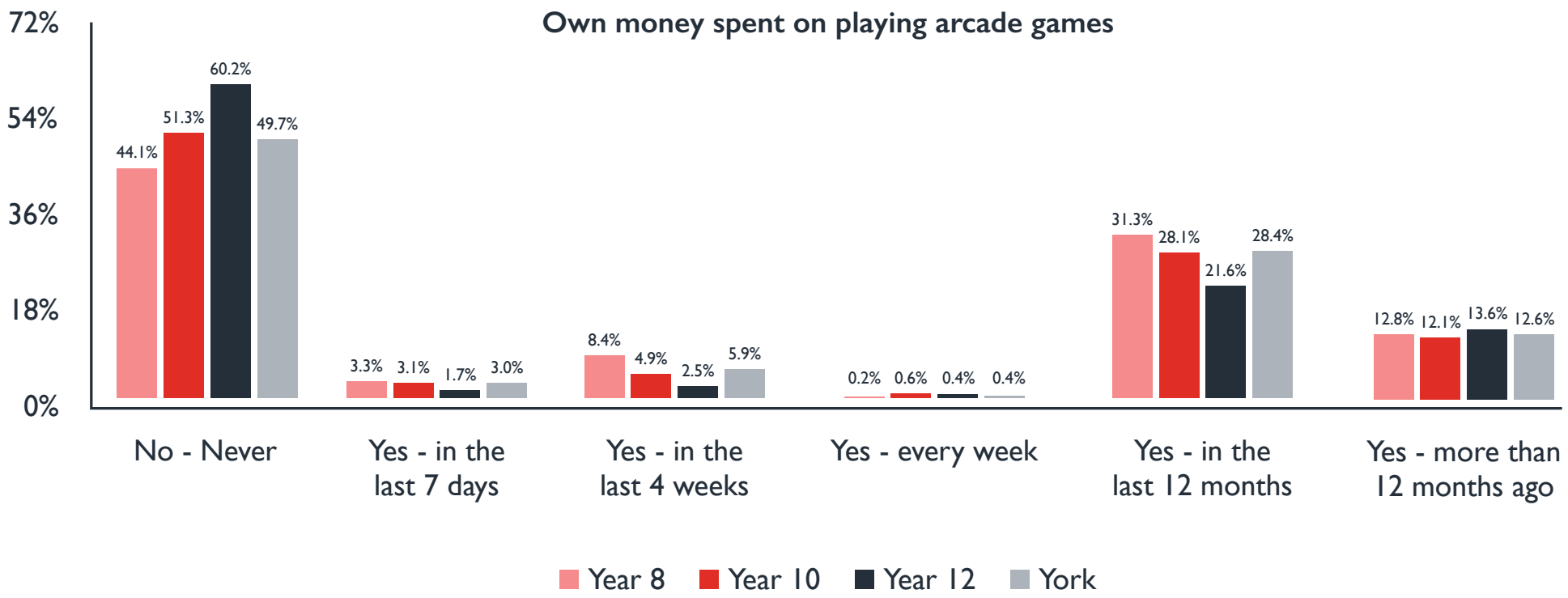
City of York Council's Public Health team commissioned a School Health and Wellbeing Survey in primary and secondary/sixth-form schools (Nov 2023–Jan 2024), which identified gambling as an emerging issue. In primary schools, 39% of pupils reported spending money or bought in-game currency on items such as skins, clothes, weapons or players, with girls more likely to play online gambling style games.[33]

'Skins' betting—using virtual items within video games—is increasingly popular and raises concern due to its potential to act as a gateway to traditional gambling and harmful behaviours from a young age.[34]

In the secondary/sixth-form survey, the most common gambling activity was playing arcade games, with 38% reporting spending their own money in the past year, similar to national figures (35%).[35] Year 8 pupils were most likely to report spending money on arcade games across the past 7 days, 4 weeks and 12 months.

Almost half of secondary pupils also reported spending money or in-game currency on items such as skins, with boys doing so more frequently than girls, and again most common in Year 8. Additionally, 4% said gambling had often led to them missing school in the previous year. When asked about support, 52% said they did not know where to go for help with gambling.

These findings show how early young people are exposed to gambling-like behaviours and how this can affect school engagement as they get older. They underline the impact gambling can have on young people's wellbeing and the need for visible, accessible support services to ensure pupils know where to seek advice.



Professionals survey

Between November and December 2025, City of York Public Health surveyed local professionals likely to encounter people who gamble, aiming to understand gambling-related harms, current service provision and any gaps. 136 professionals responded across nine questions.

The most common roles were mental health nurses/practitioners (n=13) and social workers (n=6), with others including Local Area Coordinators, Health Trainers, Probation Officers and Psychologists. Forty-six respondents worked for City of York Council, 21 for TEWV, and 7 for LYPFT, reflecting the major organisations providing mental health services locally.

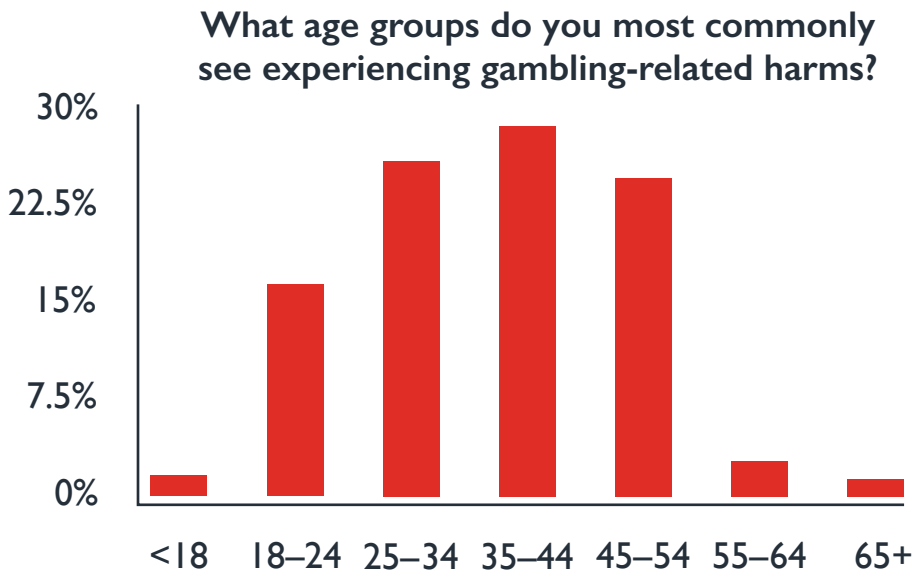
Of 110 respondents, 46.36% said they 'rarely' encounter gambling-related harms, while 9% reported seeing them daily, 13.64% weekly, and 14.55% monthly. Financial difficulties were the most frequently observed harm

(96.55%), followed by mental health issues (85%), addictive behaviours (73.56%) and relationship breakdowns (64.37%). Open-text responses added isolation and impact on university studies—consistent with wider evidence on gambling's broad harms.

Professionals reported that online gambling within games was the most common type encountered (85.71%), with only 23.38% identifying arcade games. Compared with school-age findings, this suggests preferred gambling activities shift with age.

Fifty-nine respondents identified groups disproportionately affected by gambling harms. The most common responses were people living in deprivation or on low incomes, aligning with strong evidence that harmful gambling is more prevalent in deprived areas. Another frequently mentioned group were people with existing addictions, reflecting well-established links between gambling harms and substance use.[36]

Respondents estimated the most affected age group as 35–44, with similar levels in those aged 25–34 and 45–54. This differs from national Gambling Commission data (2025), which found highest prevalence among 55–64 year-olds – however it aligns with GP coding, and may suggest that gambling harms hit younger people in York than seen nationally.[37]



When asked about support and referral options, most professionals identified GamCare, but several said they were unaware of any local services or felt York lacked sufficient support. This highlights the absence of a clear referral pathway and limited locally delivered provision.

To better support people experiencing gambling-related harms, participants commonly requested more local services, clearer pathways, and greater training and awareness so professionals know when and where to signpost. Many also emphasised the need for better information resources to share with communities and patients, as well as efforts to reduce stigma to encourage help-seeking.

Service provision

GamCare provides free support across Yorkshire and the Humber for anyone affected by gambling harms. In York, it runs monthly drop-in sessions at Citizens Advice and a monthly support meeting at York Recovery Hub. GamCare accepts referrals from any source and supports both those who gamble and affected others.

York Carers Centre also offers advice and support to people caring for someone experiencing gambling-related harms. Individuals can self-register or be referred, receiving one-to-one support or signposting to other services.

The NHS Northern Gambling Service provides support for adults experiencing gambling harms or affected others, offering cognitive behavioural therapy in group or one-to-one formats.

A significant gap in local provision is the absence of Gamblers Anonymous or GamAnon meetings in York. Despite UK-wide coverage, the nearest meetings are in Leeds, Hull and Scarborough. This creates barriers—travel time, cost and limited transport—that may prevent people from accessing peer-led support. The lack of local meetings highlights an inequality in provision, as York residents do not have the same access to these groups as people in neighbouring areas.

“We don’t have a gambling anonymous presence in York, - more support around gambling needs to be advertised, but in a non judgmental way..”

Person with lived experience – York

4. Why do we struggle to control this epidemic?

With these harms identified in data from national and local sources, we can see the scale of what we are talking about: gambling is a public health risk factor, growing in size, now used by half of the population (and to which 1 in 40 are pathologically addicted), which can lead to financial catastrophe, suicide, relationship breakdown, homelessness and early death. Under any other definition in public health, this would be labelled an epidemic.

So why do we struggle so much to control it? There are many answers to this – but here are some of the key ones.

Reason #1: The myth of the 'problem gambler'

One reason gambling harms are underestimated is the persistent myth of the "problem gambler," which frames harm as the fault of a small number of isolated individuals who should simply change their behaviour. The term itself, rooted in narratives promoted by the gambling industry, mirrors tactics previously used by Big Tobacco, Big Alcohol and Big Sugar.[38] It appears compassionate but shifts responsibility onto the individual—their choices, lack of control or addiction—rather than onto the systems that encourage gambling and the industry practices that profit from it.

This framing implies that government action should focus on changing individual behaviour rather than regulating companies that design, promote and sustain addictive products. A clear example of this is the slogan "When the Fun Stops, Stop," created by gambling operators to appear responsible while offering no evidence of effectiveness. Instead, it reinforces the myth that harm stems from personal failure, helping protect industry reputation and diverting attention from the structures that enable and exploit addiction.[39]

Reason #2: The tactics of industry

Attempts to prevent gambling-related harm are pushing at a number of barriers raised by the gambling industry. These are similar in nature to other harmful commodity industries, for instance tobacco, alcohol and unhealthy food, and are often referred to as the 'Commercial Determinants of Health', defined by the Lancet as 'the systems, practices, and pathways through which commercial actors drive health and equity'.[40]

It is well established that many industries who make products which are harmful to health use a common set of tactics in order to minimise public concern about their impact. They also use these tactics to avoid action from governments which has the strongest evidence base when it comes to minimising health harms: that is, action which reduces or limits the *availability*, *affordability* and *advertising* of harmful products.

Action on Smoking and Health have labelled these 'Killer Tactics',[41] identifying eight ways in which this takes place. The table below sets these out, along with some live examples of how this plays out within the gambling industry.

'Killer' Industry Tactic (ASH 2024)	For example...
Deny and play down the evidence of harms linked to their products	…the evidence given by the CEO of the Betting and Gaming Council at the Budget Select Committee in October 2025, denying any social ills associated with gambling.[42]
Position themselves as part of the solution	…high profile public announcements by the industry on their action to reduce gambling harm e.g. the 'Gambling industry responds to public concerns' statement of 2014.[43]
Distort the science about their products	…the continued use of outdated statistics around gambling harm, repeatedly referring to '0.4%' as if that refers to the proportion of gamblers, not the whole population[44] (the most robust and accurate estimates of gambling harm (PGSI 8+) are that it affects 2.7% of the population).[45] [46]
Distort messaging about health risks and harms	..an IAS study found that the alcohol and gambling industries use three frames: "Most people drink and gamble responsibly". "The evidence of harm is overstated". "Other actors are to blame".[47]

Use legal threats and actions to interfere with and delay implementation of effective policies to protect public health	..multiple appeals and legal action against planning and licensing refusals for gambling premises e.g. Sheffield.[48]
Use Corporate Social Responsibility (CSR) to signal their virtue at the expense of public health and wellbeing	…strong lobbying on the economic benefits of the industry e.g. the Betting and Gaming Council's claim in 2025 that 'Casinos are becoming essential to Britain's Christmas nights out'.[49]
Use proxies to communicate their messages without always being transparent about their funding	…the funding over a number of years of an array of research, education, and treatment under the umbrella of 'GambleAware' (formerly the Responsible Gambling Trust).[50]
Give gifts, benefits and hospitality to MPs attempting to win their favour	..the fact that since January 2020, gambling organisations, have held more meetings with government ministers than the Gambling Commission, despite the latter being the official independent regulatory body. Significant concern has been raised around the donations and gifts associated with members of the APPG for Betting and Gaming.[51]

Reason #3: Conflicts of interest

One consequence of these industry tactics is that much gambling-harm prevention, treatment and research involves organisations with direct financial links to the gambling industry, creating a clear conflict of interest. Many initiatives designed to reduce harm are funded by operators, often via intermediaries such as GambleAware, which developed the National Gambling Support Network, ran national lived experience groups, and in 2024 received almost £51 million in voluntary industry donations in addition to regulatory settlements.[52]

Such conflicts inevitably shape the support available, regardless of any attempts to distance funding from delivery. In prevention, for example, industry funded educational materials have consistently been shown to frame gambling in ways favourable to industry and to "distort the already limited evidence on these educational

initiatives while legitimising industry-favourable policies'.[53] Research is similarly affected: the overall evidence base on gambling harms remains weak, with significant gaps, particularly around population level and early intervention approaches which are likely to reduce the overall amount of gambling happening in the UK.[54]

Importantly, many committed individuals working to reduce gambling harms—across academia, charities and national bodies—find themselves employed within systems funded, directly or indirectly, by the industry. These are good actors operating within a flawed structure, not the cause of the problem.

Reason #4: Harmful framing

Another thing which holds back progress on gambling harms is framing: the way we speak about the subject in individualities terms which favours a weak government response focused on changing behaviour one person at a time, rather than better regulating a harmful product.

Below, some examples are given of this practice, alongside which are set counter examples, which swap out language around gambling which personalises or individualises the problem for language which makes it about something which is being 'done to' our residents by powerful addictive products:

From:	To:
'Problem gambler'	'Person experiencing gambling harms'
'Most people gamble responsibly'	'Many people are harmed by gambling'
'Safe gambling'	'Gambling which isn't yet proving addictive'
'When the fun stops, stop'	'All gambling is potentially risky'
'Only bet what you can afford'	'There's no such thing as a free bet'
'Industry tools and support'	'Industry reputational and PR tactics'

Changing the frame will also have the effect of reducing the stigma associated with gambling with 'people who experience gambling harms commonly experiencing stigmatisation, which is detrimental to psychological wellbeing, and a significant barrier to help-seeking'.[55] [56]

Reason #5: Aggressive marketing

Gambling products are aggressively marketed in the UK, benefiting from looser regulation that other harmful products such as tobacco and unhealthy food. Estimated expenditure on advertising and sponsorship had risen to over £1.5bn in 2017 – a trend which the DCMS describes:

> "…Before provisions in the Gambling Act 2005 came into force in September 2007, only bingo and lotteries could advertise on TV. The lifting of restrictions led to rapid growth; this also coincided with the dramatic increase in online gambling, with most gambling advertising on television and in other media now being for online gambling sites."[57]

Such amounts would not be spent by commercial businesses unless it was clear that advertising and marketing works: it drives more gambling in the population and thereby increases harm. This is backed up by evidence which shows that:

- People gamble more when they are more exposed to advertising[58]
- Gambling marketing is weighted towards higher risk gambling activity[59]
- People who are more likely to see gambling ads are already at greater risk of harm. 35% of people suffering "problem gambling" receive daily incentives to gamble, compared to 4% of those not suffering gambling harm[60]

As well as standard advertising methods such as online, television and outdoor media, more subtle tactics are used to saturate society with gambling products, including:

- Loot boxes and skins used within gaming
- Online influencers
- Sports sponsorship, including shirts, merchandise and hoardings (amounting to 12.6 gambling messages per minute in the opening weekend of the 25/26 premier league)[61]
- Gamblification of other harmful product industries e.g. fast food companies incorporating prizes into their own advertising
- subliminal marketing
- targeted marketing e.g. bingo to young women

The Coalition to End Gambling Ads notes that the UK's policies on gambling advertising are far more liberal than those of many other countries, and calls for swift implementation of tighter policies on what can be advertised and to whom.[62]

In 2024, City of York Council introduced an Advertising and Sponsorship policy which means that on council owned-land, including billboards, bus stops and other transport, any advertising implying or relating to the sale, promotion or use of gambling is banned.[63]

Excerpt from Oral Evidence, Budget Select Committee, 28th October 2025

Meg Hillier MP:
Just to be clear, because you have been quite open with this statement, do you think there are any social ills associated with gambling?

Grainne Hurst, CEO, Betting and Gaming Council:
No. I think there are people—

John Grady MP:
Why is your industry taking measures, then?

Grainne Hurst:
I think there are people who will have problems with their gambling, but that is 0.4% of the population. Obviously, we are doing everything we can.

Meg Hillier MP:
Not of the population of people who gamble, just to be clear about that statistic, which keeps being repeated. Are you saying that there are no social ills from gambling?

Grainne Hurst:
I am saying that some people have harm from their gambling.

Meg Hillier MP:
So it is down to the gambler, not the industry.

Grainne Hurst:
No, the reason the industry is taking so many steps is because we want to make sure that people continue to enjoy the products safely and responsibly, like the vast majority of people do. I do not think it is right to categorise the gambling industry as creating social harms.[64]

“It’s a topic you don’t feel is discussed in public – what are government doing about it? They need to be much more brave and ignore the lobbying – they say gambling is ‘good for economic growth’ but if it wasn’t such a big industry something else less harmful would replace it for people to spend money on.”

Person with lived experience – York

5. A public health approach to gambling harm in York

It is clear now that there is a public health case for bolder action on gambling-related harm in York. The national evidence shows widespread harm, the scale of local need is seen clearly through our Health Needs Assessment, and there is very little work on the ground in York happening currently.

A public health approach to gambling looks across the whole spectrum of action, and as well as ensuring that those most at risk or currently experiencing harm are supported, it looks at the upstream drivers of the problem, with the aim of reducing exposure to harmful gambling products for the whole of the population.

Use of the Statutory Gambling Levy

In April 2025, the government introduced a Statutory Gambling Levy which will be levied on industry profits, ranging from 0.1% to 1.1% of profits depending on the category of gambling product. This money will be administered by the Gambling Commission and be allocated to three areas of work to tackle gambling-related harms. 20% of the levy will go to research, administered by UK Research and Innovation (UKRI), 30% will go to prevention, administered by the Office for Health Improvement and Disparities, and 50% will go to treatment, administered by NHS England.

In March 2026, resource was allocated to City of York Council as part of OHID's decision to devolve its prevention resource to local authority public health teams. This small resource will be a vital part of taking forward a public health approach to gambling harm in York.

Framework for preventing and reducing harm

In December 2024 the Association of Directors of Public Health in Yorkshire and the Humber released its updated framework for preventing and reducing harm from gambling.[65] This sets out six areas of action localities should focus on as they look to tackle the issues highlighted in this report, and it is recommended that these form a structure for our work in York.

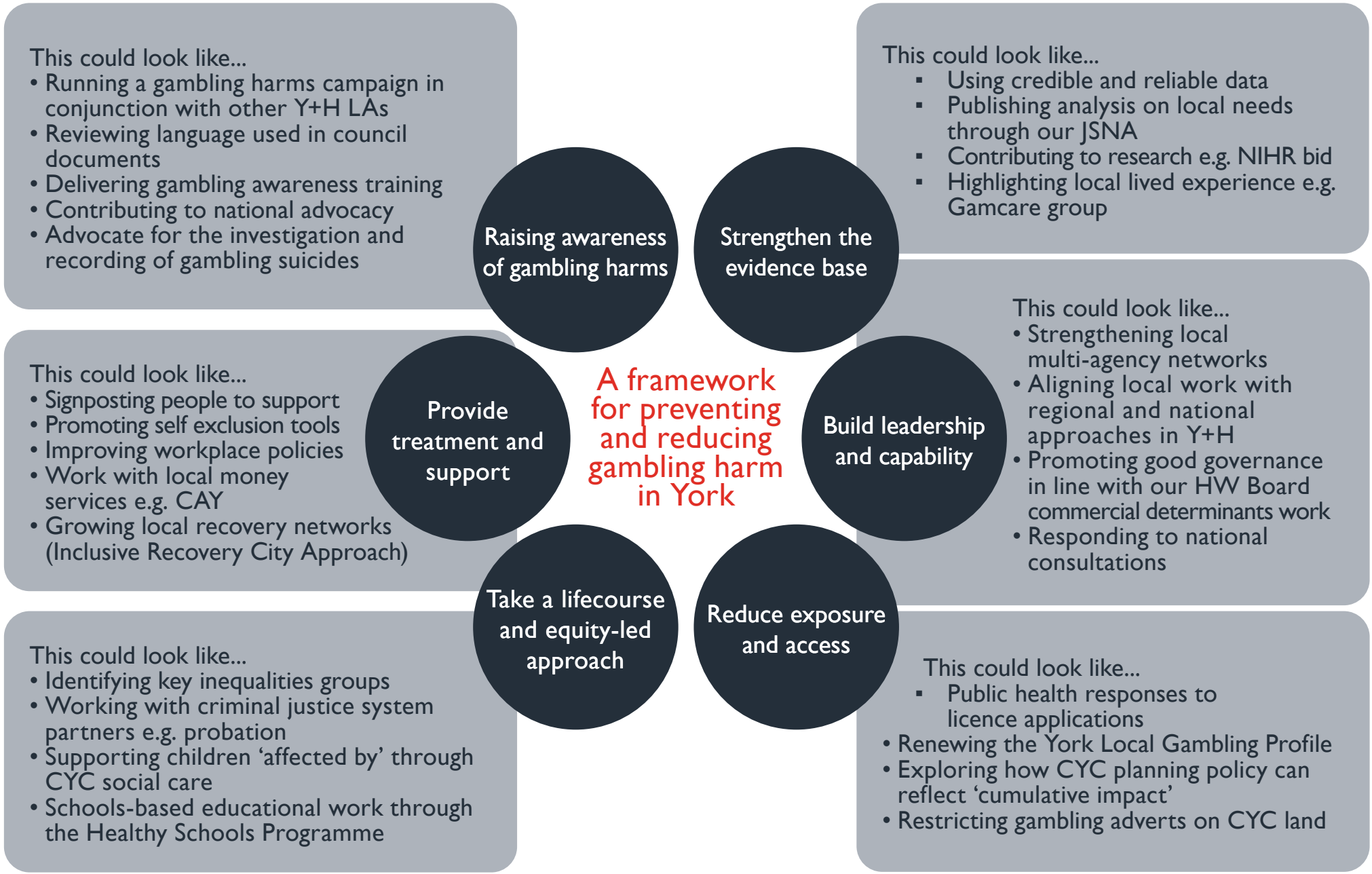
On the page opposite, these six areas have been mapped against suggested actions locally.

Framework and examples modelled on A Public Health Framework for Reducing Gambling Harms in Yorkshire and the Humber

Recommended national objectives

Local work will not be sufficient in tackling what is a national and trans-national issue, and there has been extensive research and debate within the public health community over the last decade around which measures should be implemented nationally to reduce gambling-related harm. The evidence shows that these should take a similar shape to the control of other health harming consumer products like alcohol, tobacco, and unhealthy food, in that they should target availability, affordability and advertising.

In March 2026 the Association of Directors of Public Health released a position statement on gambling, and the national policy objectives and position reached by ADPH has been summarised in the cut away on page 42.


This could look like...
• Running a gambling harms campaign in conjunction with other Y+H LAs
• Reviewing language used in council documents
• Delivering gambling awareness training
• Contributing to national advocacy
• Advocate for the investigation and recording of gambling suicides
Raising awareness of gambling harms
Strengthen the evidence base
This could look like...
▪ Using credible and reliable data
▪ Publishing analysis on local needs through our JSNA
▪ Contributing to research e.g. NIHR bid
▪ Highlighting local lived experience e.g. Gamcare group
This could look like...
• Signposting people to support
• Promoting self exclusion tools
• Improving workplace policies
• Work with local money services e.g. CAY
• Growing local recovery networks (Inclusive Recovery City Approach)
Provide treatment and support
A framework for preventing and reducing gambling harm in York
Build leadership and capability
This could look like...
• Strengthening local multi-agency networks
• Aligning local work with regional and national approaches in Y+H
• Promoting good governance in line with our HW Board commercial determinants work
• Responding to national consultations
This could look like...
• Identifying key inequalities groups
• Working with criminal justice system partners e.g. probation
• Supporting children 'affected by' through CYC social care
• Schools-based educational work through the Healthy Schools Programme
Take a lifecourse and equity-led approach
Reduce exposure and access
This could look like...
▪ Public health responses to licence applications
• Renewing the York Local Gambling Profile
• Exploring how CYC planning policy can reflect 'cumulative impact'
• Restricting gambling adverts on CYC land

Association of Directors of Public Health Gambling Policy Position Statement (2026): excerpt of key policy recommendations[66]

- Public health expertise should be increased within the Gambling Commission
- Gambling harm prevention objectives should be integrated into relevant national strategies e.g. Suicide Prevention Strategy
- Local Authorities should embed gambling harm prevention across public health and other council departments' functions
- A new Gambling Act should be brought forward
- There should be independent funding and an independent regulator of gambling
- The 'Aim to Permit' should be removed within the licencing of gambling premises
- A fifth statutory licensing objective around 'public health' should be introduced
- Introduce a gambling advertising, promotion and sponsorship (GAPS) ban
- Phase out all forms of gambling advertisement across local authority owned estates
- Ban the most harmful gambling product designs
- Introduce a duty on industry to prove their products are safe before release onto the market, along with a review process on those that have already been released to ensure they are not harmful
- Regulate industry use of personal data
- Establish clear principles which govern engagement with the gambling industry
- Ensure gambling research is free from industry-influence, including through funding mechanisms or as a partner
- LAs should protect schools from gambling industry funded programmes and partnerships

“During lockdown I went totally mental on the slots. Then in 2022 I used GamStop to completely exclude myself from legal sites. But then I discovered crypto accounts and offshore casinos. They didn’t know or care who I was.”

Person with lived experience – York

“The more people are educated about gambling harms the more it will be spotted, identified, and caught early.”

Person with lived experience – York

6. Recommendations

The following ten recommendations are made to take work forward on gambling-related harm in York. These are based on the Association of Directors of Public Health in Yorkshire and the Humber Framework for Preventing and Reducing Harm from Gambling and represent the first stage in a feasible set of actions for our city in this area. These actions will be monitored and delivered by a variety of partners, and progress against them will be reported in the next Director of Public Health annual report.

01 Publish a Health Needs Assessment on Gambling Harms in York

02 Establish a Gambling Harms Network, bringing together professionals in the city to share best practice and take forward actions indicated in this report in partnership

03 Incorporate low level gambling harm prevention interventions into the Council's delivery of its Health Trainer, Healthy Families and Local Area Coordination models

04 Develop and deliver training and awareness packages around gambling-related harms, particularly aimed at financial inclusion and housing professionals

05 Include an early identification question on gambling within York's NHS Healhcheck offer

06 In light of the HNA and this report, update the licencing local area profile within the CYC Statement of Licensing Policy on Gambling 2028

07 Collaborate with regional partners on a Yorkshire and Humber Gambling Harms programme, including public awareness campaigns

08 Support the recovery community in York to develop more peer support in the city

09 As a council, endorse and join the Campaign to End Gambling Ads.

10 Improve availability of awareness and training material in the city which is free of any industry influence, including in schools through the Healthy Schools Programme

Progress on recommendations made in the 2024/25 annual report

In 2024/5 I wrote an Annual Report focussing on adolescent health in York. Here is an update on progress against the five recommendations:

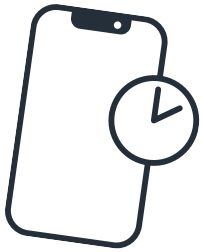
1. Carry out a Children and Young People's Poverty Truth Commission, to increase the voice and influence of our young people in work around the cost of living and poverty, and to work with them to co-produce solutions.
   Our Actions: *We have commissioned York CVS to carry out a Children and Young People's Poverty Truth Commission. This commenced in January 2026.*

2. Coordinate the response to the deteriorating mental health of our young people by establishing a Children and Young People's mental health partnership in York, reporting to the all-age Mental Health Partnership.
   Our Actions: *In April 2025 we convened the first meeting of the York Children and Young People's Mental Health Group, which has met monthly and now has over 30 members from 10 different partners, alongside an action plan.*

3. Maintain the York Healthy Schools Programme, leading to more schools gaining awards and being supported in becoming health-promoting settings
   Our Actions: *In 2025, the York Healthy Schools programme made strong progress, with 35% of schools signed up, increased engagement from special schools, the introduction of a new Green Badge for Climate Action Plans, and Huntington School becoming the first to achieve a Gold Award. The year also marked a key step forward in collaboration and visibility through the programme's first in-person pupil event, bringing together over 60 primary school pupils from across the city.*

4. Carry out a new Health and Wellbeing Survey in collaboration with academic partners, with more students taking part.
Our Actions: *The Schools Health and Wellbeing Survey (YorSay) was launched in February 2026 by City of York Council in conjunction with the University of York, and will be run in York schools across spring and summer terms, with results available in October 2026.*

5. Endorse the Yorkshire and Humber Directors of Public Health consensus statement on the Commercial Determinants of Health at the York Health and Wellbeing Board, encouraging all organisations who work with young people in the city to resist sponsorship and marketing from unhealthy commodity industries.
Our Actions: *A paper was taken and a verbal presentation given to the York Health and Wellbeing Board in July 2025, at which the board endorsed the Yorkshire and Humber Directors of Public Health consensus statement on the Commercial Determinants of Health.*



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Statement on conflicts of interest

None of the authors declare any personal or professional interests connected to the gambling industry or any of its agents. Peter Roderick is on the Board of Action on Gambling, a national charity seeking to prevent gambling harm and exploitation, and co-chairs the Association of Directors of Public Health Policy Advisory Group (PAG) on addictions.

Microsoft Copilot (AI) has been used to reduce the word count of this document and, in a limited number of cases, to assist in research of sources. None of the content in the report was generated using AI.

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