

Gambling Related Harm in Lincolnshire - Health Needs Assessment 2026

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Introduction

Gambling is an activity of uncertain outcome, where a person risks loss (of money or other valuables) for a possible return (such as pay-out). Forms of gambling can include betting, slot machines, casino games, bingo and lotteries (1). Gambling can occur in both physical venues and online, however industry statistics show a long-term trend of increasing online gambling participation and a decrease in land-based gambling. Technological advancements have increased the accessibility, anonymity, and availability of gambling, meaning the opportunity to gamble is available to most, 24/7 (2). The increase in online gambling has been accompanied by an increased in online marketing, with 80% of all gambling marketing spend now being online (3), generating large scale exposure to gambling products and advertisements. In Great Britain, a survey by the Gambling commission showed nearly half (48%) of participants participated in any form of gambling within the last four weeks (4) and it is normalised and promoted through commercial associations with sport and cultural activities (1).

While not everyone who gambles experiences harm, gambling can lead to a spectrum of negative consequences for individuals, families, and communities. In some cases, gambling involvement may result in substantial harms that affect health, wellbeing, relationships, finances, and quality of life (5). The Office for health improvement and disparities (OHID), report that 0.5% of the English population experience problem gambling, 3.8% are at risk of elevated gambling and 7% of the British population are negatively affected by someone else's gambling (6). These figures are likely to underestimate the true scale of harm as individuals suffering with gambling harms may not be fully truthful in their answers or are less likely to engage, a pattern supported in recent qualitative research by the Gambling commission (7). When these proportions are applied to the Lincolnshire population (8), this equates to an estimated 3,375 individuals experiencing problem gambling and over 55,500 affected others. This highlights the substantial scale of gambling-related harms across Lincolnshire and underscores the importance of targeted action to prevent and reduce these harms.

The Association of Directors of Public Health (ADPH) describe a public health approach as one that is 'guided by a vision that priorities the public's health, and that is based on core values and principles, such as human rights, equity, and collective responsibility' (9). It is widely accepted that a public health approach to gambling related harms (GRH) is needed, to help address poor health outcomes and health inequalities across vulnerable populations. Increased support is needed for those experiencing GRH, however this is just part of the response as the regulation of industry and products at a national level is also vital for prevention.

Gambling overview and types of gambling

The gambling act 2005, defines gambling as gaming, betting and participating in a lottery (10). While this definition remains applicable, the way people engage in gambling has evolved considerably over time.

There has been a significant shift in the gambling industry from in-person betting shops to online. Online betting can include slots, casino and other gambling, betting (real event), betting (virtual) and poker. The transition to online betting has been driven by technological advancements and developing consumer habits. Online betting allows convenience and accessibility as people can partake at any time of the day from the comfort of their own home. This provides online platforms an opportunity to promote and advertise their products directly to the consumer, increasing interactions. However, this also provides a method to provide help and support.

Despite the significant increase in online gambling, physical gambling premises play a significant role in the broader gambling issue. The saturation of gambling shops in certain communities can have significant impacts upon vulnerable populations, particularly those in high areas of deprivation. In Great Britain there are 8,329 gambling premises (April 2023 to March 2024) (11). A study by the gambling commission found that the most popular gambling activities following lottery draws remains scratchcards (13 percent), betting (9 percent) and online instant win games (8 percent) (12).

In recent years, the line between gambling and video games has become increasingly blurred, as video games increasingly shift to use similar mechanisms, incentives and monetisation strategies. This widens the audience exposed to gambling systems and in many cases exposes a younger demographic. The increasing popularity of gambling via gaming indicates a shift in the traditional gambling community demographics and gambling methods. Exposure to gambling through game play can be done through 'Loot boxes', 'Skins', 'Live streaming' and 'Esports betting' (13). A survey of 1,020 young people in the UK aged 13 to 18, found 5% have made money online through gambling video game items such as skins (14).

Whilst many gamble for recreational purposes without harm, gambling carries inherent risk. Gambling behaviour exists along a continuum, and for some individuals this may involve a progression from recreational participation to at-risk gambling. Gambling disorder is a recognised psychiatric condition, with severity determined by the number of diagnostic criteria met, as defined in the DSM-5 (15).

Legislation and regulatory context

In the UK, The Gambling Act (2005) provides a legal framework for gambling participation, how gambling is advertised, regulated and licensed. The act requires licensing authorities to regulate gambling activity through issuing of licenses, and to prepare and update a Statement of Principles (10). The Gambling Commission was established as a result of the Gambling Act 2005 to regulate at a national level, provide guidance and work in partnership with local Licensing Authorities responsible for managing gambling locally, including the following regulatory functions: Issuing premises licences; Regulating gaming and gaming machines in clubs and on alcohol licensed premises; Granting permits to family entertainment centres for the use of certain lower stake gaming machines; Granting permits for prize gaming; Registering small society lotteries; Horse and dog tracks; and Inspection and enforcement of licences, permits and permissions (51). Gambling is regulated by the Gambling Commission who aim to make gambling safe and crime free. The core functions of the Gambling Commission include: monitoring compliance with gambling laws; enforcement and prosecution work; providing advice; and setting appropriate licence conditions and codes of practice and crime prevention (51).

Responsible authorities must be notified of gambling license applications and are entitled to make representations to the Licensing Authority. The Gambling Act 2005 identifies responsible authorities including the Gambling Commission, Police, Fire and Rescue, Planning authority, Environmental Health and 'anybody' competent to advise about the protection of children from harm. Licensing authorities are required to publish a statement of principles to apply (10).

Since the introduction of the act in 2005, there have been significant changes in the gambling market and how consumers gamble. The technological advancements have changed the landscape of gambling and presented new risks. Since the introduction of the gambling act, there has been new legislation passed to reflect the risks in an attempt to make gambling safer and minimise GRH. In 2019, new legislation cut the maximum stake on B2 gaming machines in betting shops from £100 to £2, banned gambling on credit cards, tightened rules on identify checks for online gambling and made it mandatory for online operators to be signed up to GAMSTOP (52).

In the UK, gambling is generally prohibited for anyone under the age of 18, as is the case in many other countries. However, the UK has several exceptions to this rule. Children and young people may take part in private or non-commercial gaming and betting activities. Young people are also permitted to participate in lotteries and football pool betting. In addition, children and young people may use Category D gaming machines (often found in coastal arcades), which have low stakes and prizes, and can take part in equal-chance prize gaming at certain premises as permitted under Part 13 of the Gambling Act (59).

Although the Gambling Act 2005 has been subject to reviews and a number of regulatory reforms, it continues to be criticised as being outdated, particularly in its ability to address modern gambling products and protect children and young people from gambling-related harm. Calls for further reform include restrictions on gambling advertising and sports sponsorship, as well as stronger protections for young people.

Previously, gambling operators were required to make a donation towards research, education and treatment of GRH. The amount was not specified. GambleAware received a large amount of these donations from operators, to help fund research and education. However, in 2025, the UK

government announced a levy for all businesses holding a gambling licence. This requires them to pay a leviable amount, with the percentage varying dependent on their revenue and licence type. The levy is being used to fund research into gambling and GRH, prevention and early intervention and treatment (53). This will help to understand the current and future need of the population.

In January 2025, the National Institute for Health and Care Excellence (NICE), published a guideline on identifying, assessing and treating gambling related harms. The guidance covers people aged 18 and over who are experiencing gambling that harms and people of any age affected by someone close to them who is experiencing gambling that harms. The guideline provides evidence-based advice on the support and information that should be offered to people experiencing GRH. It also covers recommendations to increase access to treatment services and guidance on the most effective and cost-effective treatments. The guideline targets those experiencing GRH, regardless of level of harm. Guidance for commissioners is also included, setting out the standards for gambling treatment services. The guideline also addresses key issues such as stigma and how professionals can work and deliver treatment without stigma (19).

Gambling-related harm has been formally recognised as a public health and mental health issue within national policy. The 2019 NHS Long Term Plan committed the NHS to expanding treatment services for people experiencing gambling addiction, reinforcing the role of the health system and local partners in prevention, early identification, and treatment (36- 54).

Gambling Harms

Despite widespread popularity, gambling can lead to a wide range of negative impacts. Globally it is estimated 5.5% of women and 11.9% of men experience some level of harm from gambling (defined as occasional experience of at least one behavioural symptom or adverse consequence from gambling, gambling disorder or problem gambling) (1). The Gambling commission defines GRH as the ‘adverse impacts from gambling on the health and wellbeing of individuals, families and communities in society’. These harms are diverse, affecting resources, relationships and health. The harmful effects from gambling may be short-lived but can persist, having longer-term and enduring consequences that can exacerbate existing inequalities (16). Gambling harms reflect social and health inequalities, as although they can affect anyone, there is often greater harm to those with vulnerability in terms of mental health, income deprivation, age or specific groups including certain ethnic groups and men (17).



Gambling harms can affect people at multiple levels, including the individual, their social circle, the wider community, and society as a whole, as shown in Table 1 (18). These harms may be financial, relational, mental or physical health-related, and can also impact education, employment, and cultural wellbeing. Gambling can contribute to criminal and anti-social behaviour, with consequences extending beyond the person who gambles to families, communities, and public services.

Table 1: Summary table to show harms associated with gambling

Theme	Individual	Social circle	Community	Society
Physical and mental health	Depression & anxiety Increase suicide risk Alcohol, substance use & smoking Stress Shame & guilt	Emotional effects on family and friends including children. Increased need for support.	Lack of social cohesion – gamblers & affected others isolated	Costs of treating and caring for adverse physical and mental health effects
Relationships	Relationship strain and breakdown Intimate partner violence (typically perpetrator)*	Neglect of dependents Child in care Intimate partner violence (typically victim)*	Troubled families Possible long-lasting impact on children's ability to thrive - ACEs	Costs of social support for adults & children
Financial & Employment	Bankruptcies & debts Use of savings & pension Homelessness Impaired ability to work	Legacy effects to children Use of child savings Child poverty Impaired ability to learn or work	Decreases social capital	Costs of supporting homeless population and those in financial difficulty
Crime	Crime to fund continued gambling & pay off gambling related debts	Victims of crime	Effects of crime on community safety	Costs of investigating and prosecuting crimes

Source: [Gambling-related harms evidence review: summary - GOV.UK](#)

Mental health harms

Gambling-related harm can have profound effects on mental health, affecting both individuals who gamble and those around them.

A study by citizens advice found that more than two thirds of those interviewed reported mental distress as an impact of their gambling. Importantly, these impacts were not limited to the person gambling; more than nine in ten family members, friends and others affected by someone else's gambling also reported experiencing emotional distress, demonstrating the wider mental health consequences of gambling related harm (22). This evidence reinforces that gambling is not solely a financial issue but a public health concern, with substantial implications on mental wellbeing

Gambling and gambling related harms can be a dominant risk factor for suicidal ideation and suicide attempts (19). Gambling harms can negatively impact mental health, and result in or exacerbate conditions such as anxiety and depression. An OHID report estimates there are between 117 and 496 suicides associated with problem gambling or gambling disorder each year in England (20). Increased identification of coding for gambling disorders on medical records is needed to improve accuracy of this estimation. Wong et al found that of the suicide victims studied, 19.4% showed evidence of gambling prior to death and 47.2% of this cohort were indebted due to gambling (21).

Relationship harms

Gambling harms can have profound negative impacts on an individual's relationships with partners, friends and family. Impacts may include but are not limited to relationship breakdown, emotional strain, financial strain leading to inability to maintain the household and adverse childhood experiences for those in the home. A citizens advice report found that three in five participants surveyed had experienced relationship problems as a result of gambling. It also found that more than a third of households with children experienced a family breakdown (22).

Financial harms

One of the most common harms associated with gambling is financial, with many experiencing financial difficulties following an unaffordable gambling loss. Almost two thirds of participants in a citizens advice survey had lost £10,000 or more. It was found 78% of gamblers used their wages to fund their betting and often used money that should have paid for other household essential costs. Citizens Advice also highlighted how almost half of the gamblers surveyed used credit cards to fund their gambling and spend beyond their means (22). Gambling can lead to serious financial harm that is not limited to the individual but can also negatively impact loved ones too.

Criminal and anti-social behaviour harms

There are established links between gambling and crime, which includes crime committed to support gambling debt payments. This may include fraud, theft and domestic and financial abuse. Despite being prohibited in prison, gambling can be part of prison subculture. Studies have shown prison populations can be more vulnerable than the general population to disordered gambling and GRH. Mental health, life events, impulse control and cross addictions may also play a role in the causation of crime. Studies suggest the more complex, prolonged and persistent the gambling problem is, the more likely that a crime will be committed (23).

Affected Others

The effect of harmful gambling can be significant on others as well as the individual, as for every person who gambles at high risk levels, an average of 6 others are affected (1). It is estimated that 7% of the population in Great Britain are affected others and have personally experienced negative effects from another person's gambling (19). The most severe impacts of problem gambling are seen to affect immediate family members with 48% of people who were affected by a spouse or partners gambling reporting a severe negative impact. This was followed by people affected by the gambling of a parent (41%) and the gambling of a child (38%). Financial harms as a result of problem gambling can negatively impact affected others, with several studies reporting that gambling can in some cases result in bankruptcy and housing issues due to financial limitations, increasing impact on family (18).

In severe instances, problem gambling can contribute to domestic and family violence (DFV) and intimate partner violence (IPV). A number of studies have examined the prevalence of DFV and IPV, with varying results dependant on country, sample and type of abuse. Among convenience samples of treatment-seeking individuals with problem gambling in Australia, reported DFV perpetration rates have ranged from 19% (Dowling et al., 2021) to 23% (Dowling et al., 2014) and as high as 49% (Lavis et al., 2015) (24). Studies have found that in Australia, problem/moderate risk and low risk gamblers were 2.6–2.7 times more likely than non-problem gamblers to perpetrate DFV in the past-year (25), highlighting an increased risk to affected others.

Economic Cost of Gambling

In addition to the devastating effect harmful gambling can have on the health and outcomes of the individual and those around them, there is also a significant economic and social cost associated with GRH. The UK government 2023 economic analysis estimates that the annual excess direct financial cost to the government, associated with harmful gambling, is equivalent to £412.9 million. The estimate for the annual societal value of health impacts is equivalent to between £635 and £1,355.5 million. This is likely to be an underestimation due to a lack of available evidence (18).

Stigma

Often those experiencing challenges with gambling face stigma. Stigma refers to “the strong disapproval that most people in society have about something, especially when this is unfair” (55). Gambling is highly stigmatised relative to other mental health issues. Public stigma can include stereotypes of individuals as being greedy or false perceptions that gambling disorders are caused by controllable factors. These attitudes can be internalised by those facing struggles with gambling and this may prevent them from seeking treatment, and in some cases decreasing self-esteem and increasing feelings of shame. This internalisation has been further exacerbated by a public discourse across the gambling industry, national policy and within research which has a focus on individualised and behavioural (and often medicalised) aspects of gambling rather than wider societal perspectives, such as the harmful effects of gambling products and gambling environments. UK Government policy and gambling industry marketing has perpetuated this through its portrayal of gambling as an enjoyable pastime and an expression of adult freedom, with harm being restricted to a minority of people (56,57).

It is reported that interventions which emphasize the biopsychosocial aetiology of gambling may help to reduce stigma in both the general population and self-stigma for those with gambling

disorder (26). Stigma may be a particular issue for certain groups such as people from marginalised, minority or under-represented groups.

Gambling NICE guidelines emphasises the importance of addressing stigma, highlighting that all involved in gambling related harms and support should recognise that stigma, shame and fear of disclosure can prevent people who are experiencing gambling-related harms from talking about gambling, and from seeking and accessing support and treatment. These guidelines set our recommendations as to how health and social care professionals and commissioners and providers can do this (19).

Gambling prevalence - Nationally

Among those surveyed between September 2025 and January 2026, 47% had participated in any gambling activity within the last four weeks. When those who had only participated in the lottery draw were removed, data shows 26% of those surveyed had participated in gambling activities within this time period. The online gambling participation rate (in the past 4 weeks) was 37%, which falls to 15% when lottery-draw-only players were removed. The in person gambling participation rate (in the past 4 weeks) was 27%, which falls to 17% when lottery draw only players were removed. (27).

As of Q2 2025, the Gambling Commission report there are approximately 12.7 million monthly online active average monthly gambling accounts in the UK. Between April to June 2025, the gross gambling yield from online gambling increased by 2% compared to the same period in 2024. Online slots increased by 14% year on year, which is driving the overall increase (28). Data from the biggest operators, covering approximately 80% of the online gambling market show the average session length of online gambling in March 2025, was 17 minutes and there were 3,655,588 sessions that lasted over one hour (29).

Gambling prevalence - Lincolnshire

An NIHR report from the University of Glasgow used small area estimation and data from the Gambling Survey for Great Britain (GSGB) to produce Local Authority–level estimates of gambling participation and harm. It measures the proportion of adults (18+) who spent money on gambling in the past four weeks. Nationally, the highest rate was in Kingston upon Hull (66.05%). Within Lincolnshire, Boston had the highest proportion at 58.19%, ranking 8th among all districts in England. The lowest proportion across districts in Lincolnshire was reported to be in West Lindsey, as shown in Figure 2a.

When participation in the National lottery is removed (Figure 2b), Gambling participation rate over the previous 4 weeks in Boston falls to 34.97%. Along with Boston, South Holland, Lincoln and East Lindsey all have a proportion of residents who have gambled within the past 4 weeks (excluding national lottery) exceeding that of the England figure of 27.50%. Across the East Midlands, 28.52% of residents have gambled within the last 4 weeks, excluding National Lottery (30).

Figure 2a: Proportion of adults (18 years or over) spending money on any gambling activity within the past 4 weeks.

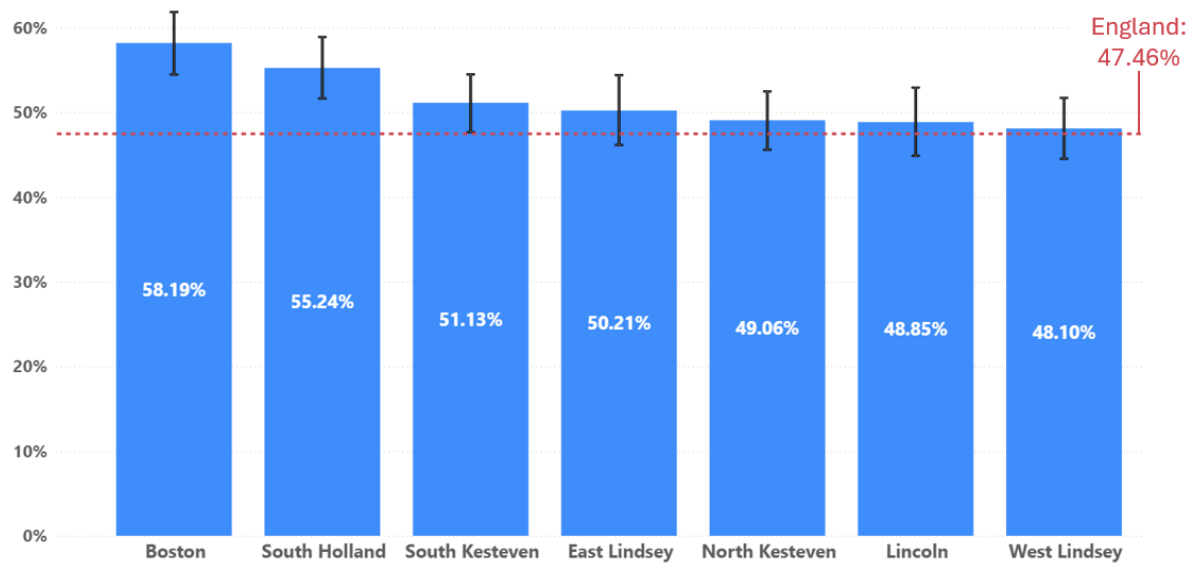
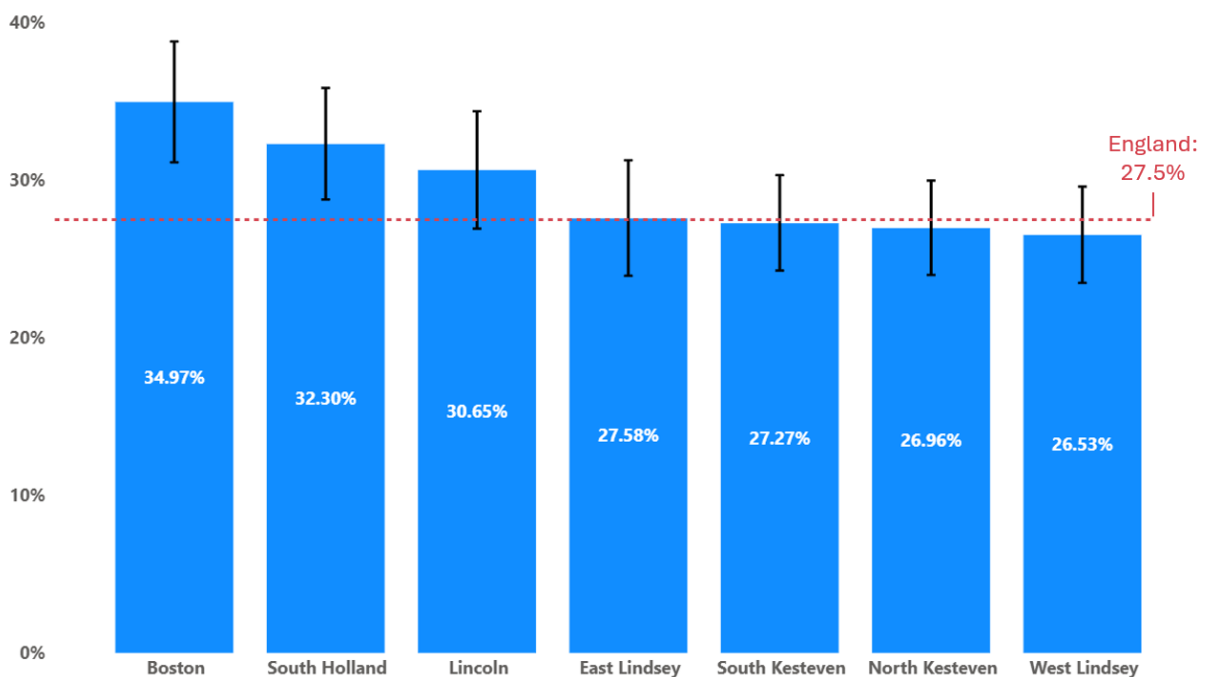


Figure 2b: Proportion of adults (18 years or over) spending money on any gambling activities excluding lottery draws within the past 4 weeks.



Source: Local Authority Estimates of Gambling Participation- Uni of Glasgow NIHR Tranche 1 estimates (30)

Young people and Gambling

In 2025, the Gambling Commission conducted a survey of young people aged 11 to 17 years old. It found that 30% had spent their own money on a gambling activity in the 12 months prior to the survey. The proportion of those who engaged in gambling over the last 12 months was found to

have increased from 27% in 2024. Boys were more likely to have spent their own money on gambling activities compared to girls, at 34% and 27% respectively.

Additionally, it was found that young people were more likely to be exposed to gambling related advertisements online compared to offline, specifically on social media. 31% of young people who saw gambling related content on social media reported that influencers had advertised gambling related content. This highlights significant exposure of gambling advertisements to an influenceable cohort and can be linked to the increase in gambling participation. Family influence was particularly notable, with three in ten young people reporting that a member of their household gambles.

Alongside increased participation, the proportion of young people experiencing problem gambling, as determined by a score of above 4 or more on the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition - Multiple Response Juvenile (DSM-IV-MR-J) screen was 1.2%. 2.2 percent scored 2 or 3 representing a young person experiencing 'at risk' gambling, and 27 percent scored 0 or 1 representing a young person who does not experience any 'problems' with their gambling (31).

Despite not being classified as gambling in the UK, the increase in loot boxes in gaming is significant. A survey by the gambling commission found that approximately 1 in 2 young people have encountered loot boxes whilst gaming (41- 31). An additional survey found that 20% of gamblers said that loot boxes were their first introduction into gambling and made them think other forms of gambling could be fun (37).

Biology of Gambling

Gambling can influence the neurochemical systems within the brain. The effects of gambling on the brain are multifaceted and can result in addiction and psychological challenges. Multiple neurotransmitter systems (norepinephrine, serotonin, dopamine, opioid and glutamate) and brain regions (ventral striatum, ventromedial prefrontal cortex, insula, among others) have been shown to be implicated in gambling and pathological gambling. The hypothesised roles for neurochemicals/neurotransmitters in gambling and problem gambling include: adrenergic systems contribute to arousal and excitement; serotonin to impulse control; dopamine to rewarding and reinforcing aspects; opioids to pleasure/urges; cortisol to stress responsiveness; and glutamate to cognitive functioning including cognitive flexibility (32).

It is noted that further research is needed to understand the relationship between these roles in those with problem gambling. Studies have shown differences in brain function in cognitive domains such as decision making, near miss processing, and risk taking have been linked to individuals with problem gambling. It is shown that ventral prefrontal cortical and ventral striatal systems* relate to gambling, therefore translating the biological understandings to treatment interventions should be considered (32).

*The ventral prefrontal cortical system and ventral striatal system are key parts of the brain's reward, motivation, and decision-making network. They work together to help us assess rewards, control impulses, and choose between different actions

Gambling Profile

Gambling participation in the UK is a complex and evolving public health issue, shaped by demographic, behavioural, and socioeconomic factors. A recent survey of 5,210 adults conducted by the Gambling Commission reveals notable differences in gambling behaviours across gender and age groups. It was found that male participants were more likely to have participated in gambling within the past 4 weeks compared to female participants. It was found that gambling participation was highest in those aged 45 to 64 (54-56%). However, when excluding lottery participation, those aged 35 to 44 years old had the highest participation levels over the last 4 weeks (32%) (27).

Complementing these findings, Public Health England's evidence review highlights a range of socio-demographic and health-related factors statistically linked to both gambling participation and problem gambling. This showed that many factors associated with higher gambling participation were also seen in those with a higher risk of problem gambling, including high levels of deprivation, male, low overall wellbeing, and higher consumption of alcohol and smoking. However, the review found despite those aged 45 to 64 having the highest levels of gambling participation, those aged 16 to 24 were more at risk of problem gambling. Other factors with inverse association include employment, higher educational qualification and life satisfaction, see Table 2 (17).

Table 2: Summary of socio-demographic and health factors statistically associated with greater gambling participation and problem gambling.

	Higher gambling participation		Risk of problem gambling
Socio-demographic factors	45-64 years old	Age	16-24 years old
	Male	Sex	Male
	White-British	Ethnicity	White-British
	Degree / NVQ	Highest educational qualification	No qualifications or below degree
	In employment	Employment	Unemployed
	Most deprived+	Index of Multiple Deprivation	Most deprived
Health factors	Good health	Self-reported general health	<i>Not associated</i>
	Low wellbeing	Wellbeing\$	Low wellbeing
	High life satisfaction	Life satisfaction	Low life satisfaction
	Good psychological health	Psychological health^	Poor psychological health
	Overweight or obese	BMI	<i>Not associated</i>
	Higher consumption	Alcohol consumption	Higher consumption
	Smoker~	Cigarette smoking	Smoker

+Greater use of scratch cards and bingo

~ Greater use of scratch cards, football pools and bookmaker machines

\$Measured using Warwick-Edinburgh Mental Well-being Scale

^Measured using GHQ-12

Source: PHE Factors associated with Gambling- Public Health England. Quantitative analysis of gambling involvement and gambling-related harms among the general population in England [Internet]. 2021. Available from: [Gambling evidence review quantitative report](#)

Gambling Severity, behaviours and mental health support

The problem gambling severity index (PGSI), a 9-item questionnaire that assesses the prevalence and severity of gambling problems, was used in the Adult Psychiatric Morbidity survey which found that 1.6% of adults experienced at least moderate risk gambling. It also showed that men were twice as likely to score 3+ on the PGSI compared to women. PGSI score was associated with mental health as people with a common mental health problem were more likely to have a PGSI score of 3+ (2.6%) compared to those without (1.3%). Approximately one third of people with a PGSI of 3+ report accessing support for mental health or an emotional issue, however less than 4% of people reported accessing therapies or counselling services for gambling. This demonstrates a potential unmet need, as support for GRH in this cohort may significantly improve overall mental health. It is essential that service providers treating people for mental and emotional health issues are aware of concurrent gambling harms as an impact on treatment outcomes. NICE guidelines recommend that mental and physical health services and gambling harm treatment services are coordinated in order to achieve the best outcome for the patient.

Among people with PGSI scores of 3+, 35% recognised that they had a gambling problem, however just 6.3% had a professional diagnosis. It has been recognised that people with gambling issues often don't seek support until they reach crisis point, therefore it is imperative that patients with gambling harms are identified and are supported as needed (33).

Gambling harms in Lincolnshire

Population in Lincolnshire

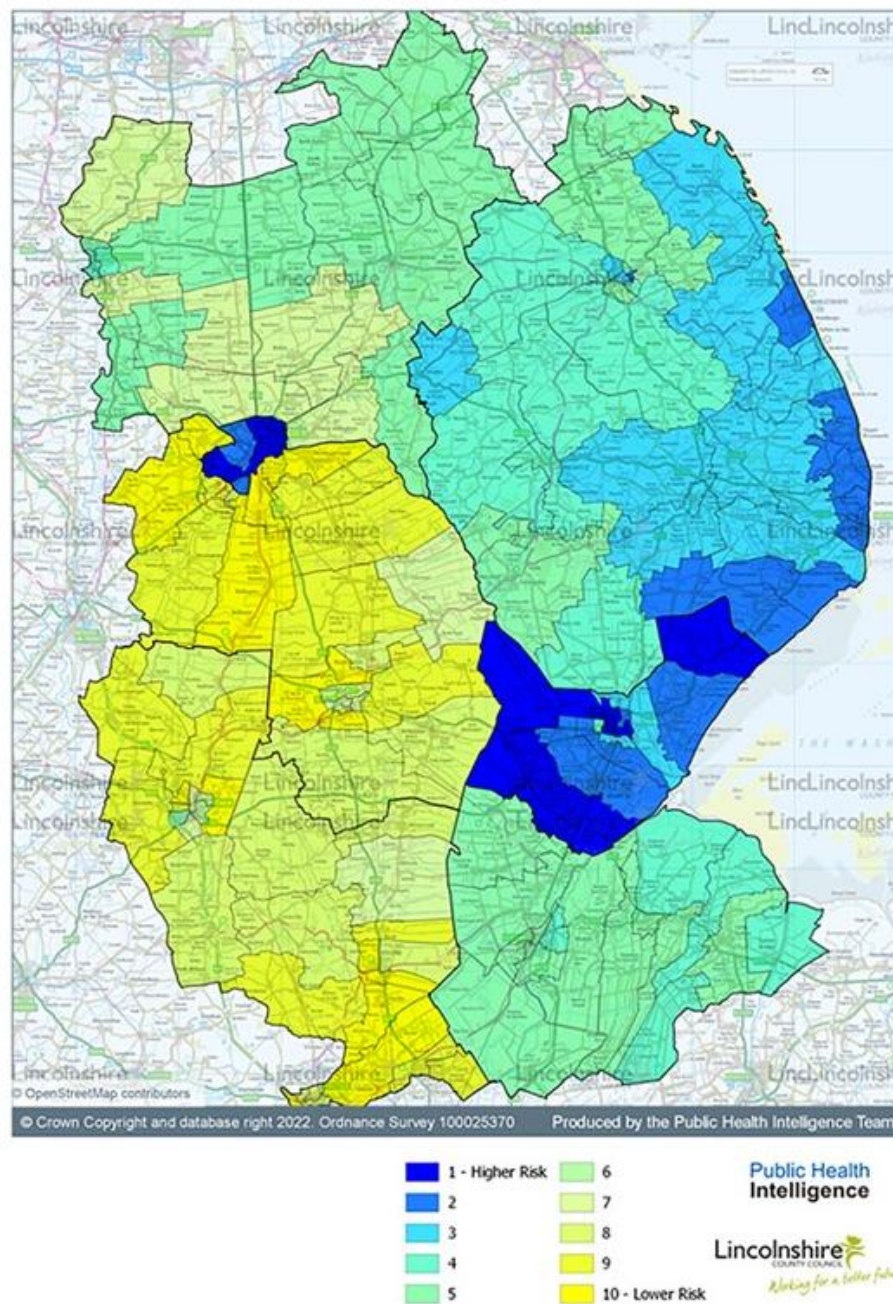
Lincolnshire has a diverse population with a mix of urban, rural and coastal areas. The density of the population is relatively low due to the rurality of the county but can vary considerably between districts. For further information regarding the population in Lincolnshire, see [Our Place - Lincolnshire Health Intelligence Hub](#).

Who is at risk of gambling related harms in Lincolnshire?

Anyone can experience gambling related harms, however there is evidence to show that there are groups that are more vulnerable to gambling related harms than others. Factors shown to be associated with higher risk of problem gambling in Public Health England's evidence review include high levels of deprivation, male, low overall wellbeing, higher consumption of alcohol and smoking (17).

Figure 3 shows the aggregate prevalence of disordered gambling associated characteristics (IMD, unemployment, adult smokers, alcohol-related hospital admissions, depression or anxiety). This indicates that residents in Lincoln, along with large areas of East Lindsey and Boston, represent the highest risk populations (34).

Figure 3: The aggregate prevalence of disordered gambling associated characteristics (IMD, unemployment, adult smokers, alcohol-related hospital admissions, depression or anxiety).



Source: [Using geospatial mapping to predict and compare gambling harm hotspots in urban, rural and coastal areas of a large county in England](#)

Age

The Public Health England evidence review showed that those aged 16 to 24 years old are at high risk of problem gambling (17). Census data shows 84,826 residents in Lincolnshire aged 15 to 24 years old, 11% of the total population. In Lincoln city 22% of the population, 22,433 residents, are within this age band, highlighting a young population (8).

Children and young people

Gambling among young people presents a growing public health concern. Exposure to gambling in Children and Young People (CYP) is increasing, often through internet, gaming, social media platforms and influencers. Findings from the annual Young People and Gambling Survey, conducted in 2025 by Ipsos on behalf of the Gambling Commission, showed 30% of CYP aged 11 to 17 had spent their own money on any gambling activity in the last 12 months (31). When this proportion is applied to the Lincolnshire population aged 10 to 19 (8), it highlights a population of 26, 782 CYPs that may have gambled in the last 12 months. This is significant as children have been found to be particularly vulnerable to gambling and gambling harms as their brains are still developing and sensitive to peer pressure and marketing (36).

78% of those found to have gambled using their own money within the last 12 months cited the primary motivation for gambling as finding it fun (31). This is evidence of a perception among CYP that gambling is a harmless, recreational activity, despite the known harms and particular vulnerabilities in CYP.

Deprivation

The health survey for England 2021 found that the proportion of adults who had participated in any type of gambling activity in the last 12 months was similar across area deprivation levels (58). However, it is reported that those in more deprived areas are more at risk of experiencing gambling at harmful levels (17).

In Great Britain, there are 8,329 gambling premises (April 2023 to March 2024). In Lincolnshire, the highest number of gambling premises are in East Lindsey, with 89 in total, including 38 adult gaming centres and 22 Bingo centres, as show in table 3 (38).

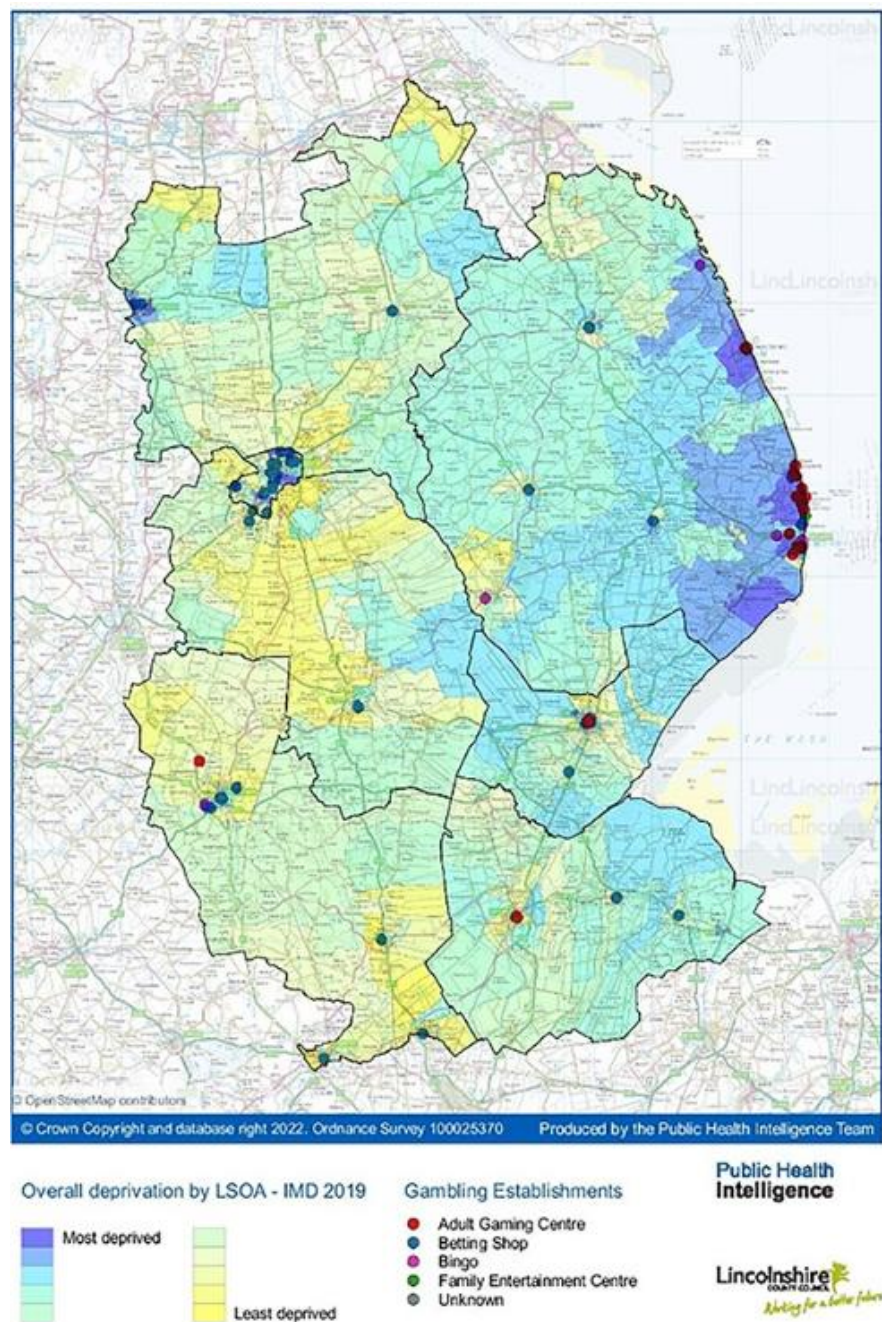
Table 3: Table showing the number of gambling premises in Lincolnshire, by district.

District	Adult Gaming Centre	Betting Shop	Bingo	Family Entertainment Centre	Grand Total
Boston Borough Council	4	10	2		16
City of Lincoln Council		13	3		16
East Lindsey District Council	38	11	22	18	89
North Kesteven District Council		4			4
South Holland District Council	2	7			9
South Kesteven District Council	1	8			9
West Lindsey District Council	1	3			4
Grand Total	46	56	27	18	147

Source: Gambling Commission [Full register of gambling premises](#) (38)

Saunders et al found that in Lincolnshire licensed gambling premises were most concentrated in areas of deprivation, rural and coastal communities. In coastal communities it was found that there are 1.7 premises per 1,000 population. Coastal areas in Lincolnshire are among some of the most deprived LSOAs, and have the highest number of gambling premises, despite being home to only 5.2% of the county population. Figure 4 shows Gambling premises in Lincolnshire by type and IMD at LSOA level. This highlights several gambling establishments clusters along the east coast, among the some of the most deprived areas in Lincolnshire (34).

Figure 4: Gambling premises in Lincolnshire by type, and IMD at LSOA level (2019)

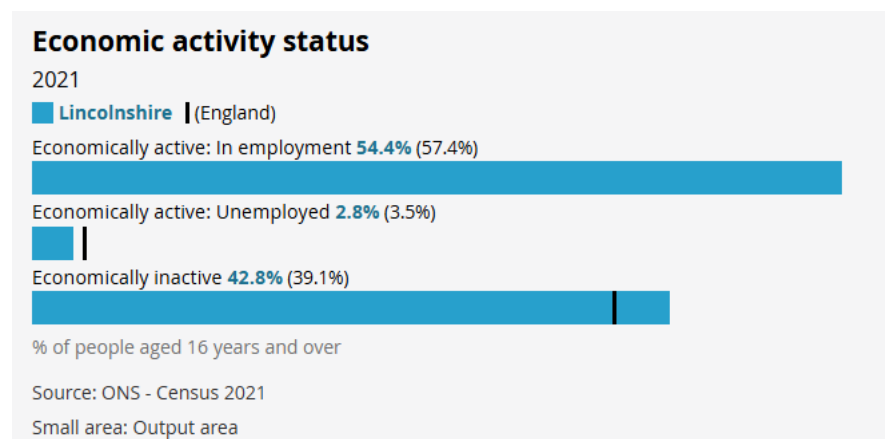


Source: Using geospatial mapping to predict and compare gambling harm hotspots in urban, rural and coastal areas of a large county in England <https://academic.oup.com/jpubhealth/article/45/4/847/7212102> (34)

Unemployment

Unemployment rates are elevated among individuals with problem gambling. The Health Survey for England 2018 showed that those who are unemployed are more likely to experience gambling at all levels. 1.9% of those surveyed who were unemployed had a PGSI score of 8+ (problem gambling). This compares to 0.4% of those who were employed (17). Within Lincolnshire the proportion of residents who are economically inactive (unemployed), is lower than the England average (39). Despite a lower-than-average unemployed population in Lincolnshire, this still represents a cohort who may be more likely to experience gambling harms.

Figure 5: Economic activity status of the population in Lincolnshire and England

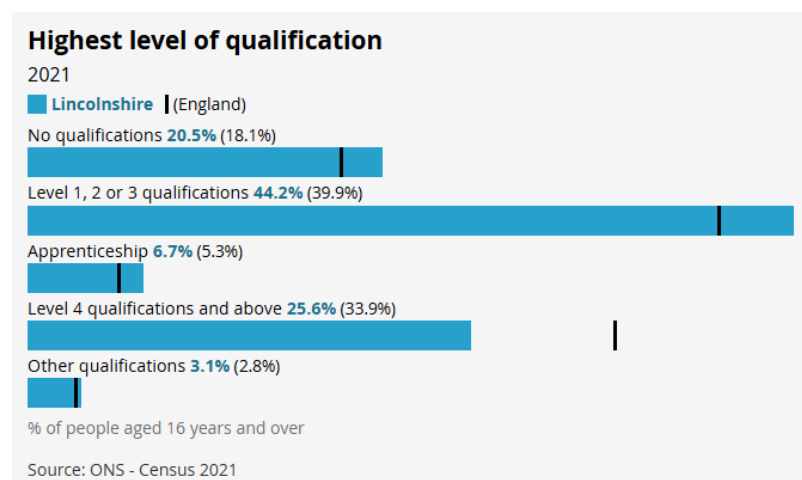


Source: ONS Census 2021

Education

Public Health England's summary of socio-demographic and health factors statistically associated with greater gambling participation and problem gambling, highlighted that No qualifications or below degree was positively associated with problem gambling (17). In Lincolnshire 1 in 5 have no qualifications, and this is higher than the England average, shown in Figure 6 (40). This highlights a cohort within Lincolnshire which may be at increased vulnerability to gambling harms.

Figure 6: Highest level of qualification in Lincolnshire and England



Source: ONS Census 2021

Veterans

Research indicates that gambling participation and related harms are disproportionately high among veteran populations. One study found that veterans were up to ten times more likely than non-veterans to experience gambling-related harm (41). More specifically, veterans with PTSD are at increased risk of problem gambling and may engage in problematic gambling to avoid distress (42). In Lincolnshire, there is a notably large veteran population, particularly in North Kesteven, where veterans make up 10.2% of residents. Additionally, of the top 12 districts nationally with the highest proportions of veterans, four are located within Lincolnshire (North Kesteven, South Kesteven, West Lindsey and East Lindsey) (43).

Life satisfaction

The Public health evidence review of socio-demographic and health factors statistically associated with greater gambling participation and problem gambling highlighted that those with low life satisfaction are at increased risk of problem gambling (17). Across England, average life satisfaction in 2022–23 was 7.44 out of 10. In comparison, Lincoln district recorded a significantly lower average of 6.7. All other districts in Lincolnshire reported scores above the national average, highlighting Lincoln as a particular area of concern for low life satisfaction (44), and suggesting that this population, especially when combined with other risk factors, may face an increased risk of problem gambling.

Identifying gambling harms in Lincolnshire

It is stated within the NICE guidelines that professionals should consider asking about gambling, when asking about smoking, alcohol or substances. Patients presenting in any setting with a mental health concern, in the criminal justice system, when they are at risk of experiencing homelessness, when they share they have financial concerns, and where there are concerns about safeguarding issues or domestic violence, should be asked about gambling as they may be at increased risk of gambling related harms (19).

In Lincolnshire, upon entering prison custody, individuals are asked whether they have a gambling problem. If they disclose an issue, they may be referred to the national gambling support helpline. The probation pre-release team also ask about gambling related harms; however, disclosures remain limited. Probation pre-release teams have access to a GamCare workbook, which they offer to individuals who acknowledge a gambling problem. Currently, there is no screening for gambling related harms in probation, highlighting a gap in the support that probation can provide. Despite this, a survey of people on probation in the community undertaken by Page (2025) indicates that 41% were regularly gambling, and 26% felt that their gambling was having a negative impact on them (45).

The housing related support service in Lincolnshire supports those who may be at risk of homelessness; however, the assessment form does not ask about gambling at the point of referrals from a district council. Specific housing associations may capture gambling within their internal systems. In the Boston team, questions around gambling are asked as part of the income and budgeting conversations, however it is not explicitly captured unless there is an identified issue. Following identification, the service would refer into GamCare. In Lincoln, gambling problems are identified on a risk assessment and management plan. There would be specific support offered if problem gambling was confirmed. Asking about gambling within HRS is not standardised and can vary between providers, highlighting an area for targeted local improvement in asking about gambling.

Gambling in Primary Care data

The population health management data set, PHM dashboard, Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2025, provides a linked data set with cross organisational analytics within Lincolnshire. This data set indicates 98 patients who have a SMOMED-CT code within their medical records of Gambling, see appendix 1 for full code list. This data relies on a patient disclosing this information to a medical professional, thus is inherently an underestimation of true prevalence.

The average age of those with a gambling SMOMED-CT code is 45 and 65% are male, consistent with national data. Of those within this cohort, 30% are aged 30 to 39, 29% are aged 40-49 and 23% are aged 50-59. Less than 6% of the cohort were aged under 29 years old, suggesting there may be some underreporting in this group given national trends show higher prevalence in young age brackets. The average Index of Multiple Deprivation (IMD- See appendix for further details), is 4.7, slightly lower than the Lincolnshire average of 5.6 (46).

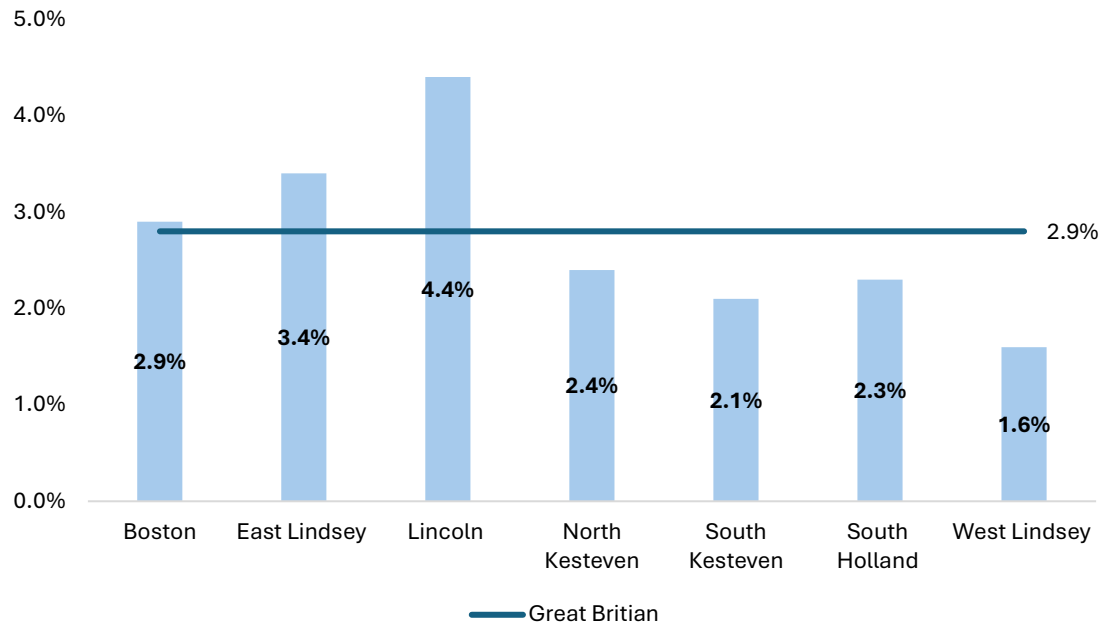
The value of recording where patients have problem gambling on their medical records is significant in increasing intelligence and enabling evidenced based interventions. The NICE guidelines recommend routine screening in primary care settings, particularly during NHS health checks and general consultations, thus we expect the quality of data and identification of patients with problem gambling to increase. To fully realize these benefits, focused efforts are needed at the local level to embed these practices.

In Lincolnshire, we are currently undertaking a research project in general practice to understand the extent of gambling problems among patients attending GP surgeries. We hope to use this intelligence as a mechanism for highlighting need and forming the basis for an evidence-based approach to raising awareness, screening and identification in primary care settings in Lincolnshire.

Problem gambling in Lincolnshire

GambleAware show that in 2023, 2.9% of the British population have 'Problem Gambling', with a PGSI score of 8+. However, in Lincoln, 4.4% of the population have a PGSI score of 8+, see Figure 7 The prevalence of individuals with problem gambling is also higher in East Lindsey compared to the UK average (47).

Figure 7: Prevalence of gambling problems- PGSI score 8+



Source: Gamble aware, prevalence of gambling problems: [Local Authority Gambling Harms Prevalence Data](#)

Demand for support and treatment for those with both problem gambling (PGSI score 8+) and moderate risk gambling (PGSI score 3-7) is considerably higher in Lincoln compared to nationally. 69% of those with problem gambling in Lincoln would like access to treatment or support, compared to 61% nationally. 29% of adults who gamble with moderate risk in Lincoln and Boston would like access to treatment, compared to 21.5% nationally, see table 4 (47). This shows there is a high need for support and treatment in Lincolnshire, specifically Lincoln and Boston, to prevent those at moderate risk escalating to problem gambling and to help those with established gambling issues.

Table 4: Proportion of adult who gamble and would like access to treatment or support, by level of gambling problems.

	PGSI score		
	1-2	3-7	8+
Boston	0%	29%	62%
East Lindsey	0%	23%	56%
Lincoln	8%	29%	69%
North Kesteven	2%	18%	55%
South Kesteven	1%	25%	54%
South Holland	1%	18%	54%
West Lindsey	1%	13%	49%
GB	5%	22%	61%

Source: Gamble aware, Demand for support and treatment: [Local Authority Gambling Harms Prevalence Data](#)

Nationally it is reported by GambleAware that 63% of adults who have problem gambling have accessed treatment or support in the last year. In Lincoln, 79% of surveyed individuals with problem gambling have accessed support or treatment in the last year, demonstrating a high proportion of surveyed people seeking support. Comparatively, in South Kesteven, just 55% of those surveyed with PGSI score 8+ have accessed gambling support and treatment in the last year. This highlights a cohort who may need additional help or guidance in accessing help and support. It should be noted that these statistics have been calculated from YouGov survey data, meaning there is potential for sampling bias.

In Lincolnshire, GambleAware estimate £12.7 million of costs is associated with 'Problem gambling', per year, based on research by Gamble Aware/YouGov and the National Institute of Economic and Social Research. The highest estimated fiscal cost is in East Lindsey, at £2.8 million per year, followed by Lincoln, as shown in Figure 8.

Figure 8: Estimated costs associated with 'Problem Gambling' per year



Source: Gamble aware, Fiscal Costs: [Local Authority Gambling Harms Prevalence Data](#)

Need for gambling support and treatment in Lincolnshire

Research commissioned by the Office for health improvement and disparities (OHID) in 2024 found there are an estimated 19,894 adults in Lincolnshire that would benefit from some type of gambling treatment or support. Of these adults, 12,904 might benefit from level 2 support, as shown in Figure 9. Level 2 support includes extended brief interventions. This typically involves 2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners.

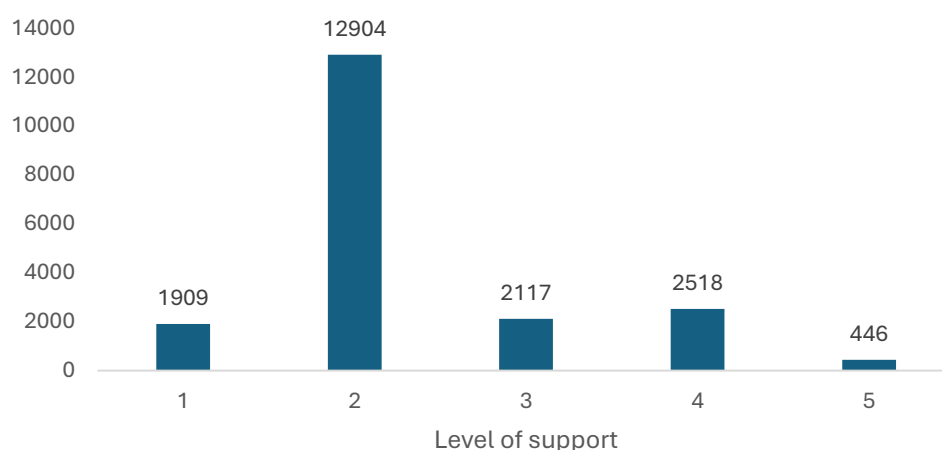
For the prevalence estimates, OHID and the research team grouped the support and treatment available for people who gamble into 6 types.

1. Brief advice. This typically involves a brief conversation that could be delivered by non-specialists. It also includes referral to self-help groups, such as online forums.
2. Extended brief interventions. This typically involves 2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners.
3. Psychosocial interventions delivered by voluntary sector services. This typically involves around 6 sessions of psychosocial treatment delivered one-to-one or in a group format

by gambling treatment practitioners and vary in their techniques and structure. The minimum qualifications needed to deliver these interventions depends on the service provider.

4. Psychologist-led CBT. This typically involves 8 to 14 sessions of CBT for gambling disorder, delivered by clinical psychologists or CBT-accredited psychotherapists. It may also include psychological therapy for co-existing mental health conditions.
5. Intensive residential treatment. This typically involves a 12-week residential treatment programme that would include one-to-one therapy and group sessions.
6. Peer support. For example, peer support groups like Gamblers Anonymous, GamLearn, PeerAid, as well as GamFam. (48)

Figure 9: Estimated number of adults who might benefit from some type of gambling treatment or support.



Source: [Gambling treatment need and support in England: main findings and methodology - GOV.UK](#) (48)

Gambling treatment and support - East Midlands Gambling Harm Service

The East Midlands Gambling Harm Service (EMGH) offers specialised treatment to support individuals struggling with problem gambling. EMGH provides support online and face-to-face and also work alongside many other agencies and services that can help with problems such as mental health, debt management and housing (49).

Between April 2024 and September 2025, the service received 876 referrals, however EMGH were unable to make contact with 393 individuals following referral. Of the 876 referrals during this period, 62 were in Lincolnshire. The highest number of referrals was in June 2025 where the service received 7 Lincolnshire referrals. Over the period April 2024 to September 2025 there were an average of 3 referrals per month in Lincolnshire.

Of the 62 referrals during this period in Lincolnshire, just 13 completed the support package. Reasons for not completing the support include the client dropping out or unable to contact following initial referral.

Gambling treatment and support – GamCare

GamCare offers the National Gambling helpline, which operates 24/7 and is free to access. Trained helpline advisors are available to chat over the phone, via live chat or through WhatsApp (50).

Between January 2024 and March 2024 GamCare reported 31 individual clients calling their helpline in Lincolnshire. Within this cohort, 14 were calls, and 17 were via chat platforms including Facebook, WhatsApp and the live chat on the GamCare website. Nationally there were 2,403 callers in this period. Of the callers in Lincolnshire, 61% were male and the largest proportion, 52% were aged between 26 and 35 years old. The most commonly reported gambling activities from these callers were Casino Online slots, with 63% of callers gambling via this method. This is followed by sports events online, 26%. Callers often cited multiple gambling harms, with the most common being financial difficulties, 81%, followed by family/relationship difficulties (73.1%) and anxiety/stress (69.2%).

GamCare and partner agencies also provide a range of free treatment services, based on cognitive behavioural therapy (CBT). Support can include One to one support via Zoom, telephone, in person (location dependent), group-based Gambling Recovery Courses (for between six to eight weeks), and group-based support for those impacted by another person's gambling as well as individual support for this.

These are a safe, confidential space for individuals to talk, and to better understand the causes of harmful gambling behaviour, the effects it has on their life, and strategies to make positive changes.

Between January 2024 and March 2024, 41 clients were treated by GamCare, and when asked about the type of gambling activity they partake in, 54% of clients advised that they play online casino games, specifically slots. The impacts of gambling disclosed by treatment clients included financial difficulties, 81%, Anxiety/Stress 78%, Depression/low mood 71%, Family/relationship difficulties 68% and feeling isolated/Lonely, 56%. This data shows varying gambling harms, and many clients experience multiple harms as a result of gambling.

Provisions to reduce GRH or support individuals experiencing GRH in Lincolnshire

There is a host of help and support available to those with problem gambling or experiencing gambling harms, both at a national level and a local level. A full breakdown of support can be found at [Double Impact](#).

Primary Prevention

Resource	Description	Gaps in provision or effectiveness
Legislation	The Gambling Act (2005) intends to prevent gambling harms by regulating and permitting gambling under conditions such as age restrictions and maximum bets.	Legislation is criticised as outdated and there are calls for additional protections such as banning gambling advertising and sponsorship in sports, banning loot boxes from video games played by under 18s, and affordability checks.

		The legislation is currently under review.
Awareness	GambleAware activities include information campaigns and targeted awareness raising, building resilience for communities vulnerable to gambling harms, and equipping people with knowledge to avoid problem gambling.	It is important to note GambleAware was previously funded via the voluntary levy and, as such, was funded by the gambling industry. OHID has recently taken on this responsibility and is still developing its approach. GambleAware as a brand still remains currently whilst this work develops.

Secondary and Tertiary prevention

There have been a number of changes to the secondary and tertiary prevention offer following the introduction and allocation of the gambling levy. There has been newly approved prevention grant funding for VCFSE organisations. At a regional level these include BetBlocker, GamFam, GamCare, Aspeera CIO, Gambling harm UK, Prison association radio, YGAM and Royal college of General practitioners. An outline of the support these organisations provide are listed below.

Area	Resource	Description
National	National gambling helpline (GamCare)	A 24/7 free GamCare helpline is available at 0808 8020 133 for problem gamblers, affected others, and professionals. Advisors provide guidance and connect people with support such as counselling, cognitive behaviour therapy, support groups and residential support. People can also contact GamCare online.
	Citizens Advice	Citizens Advice have a dedicated self-help page offering free, confidential information and advice to assist those who have encountered difficulties due to a gambling addiction.
	BreakEven	Breakeven Counselling is a GamCare partner who offer free counselling for people experiencing gambling-related issues with no waiting list. This can be done face to face, or via remote counselling using the telephone or video calling.
	National Problem Gambling Clinic (NPGC)	This NHS service is part of the National Gambling Treatment Service for problem gamblers and affected others. People are supported through treatments including psychological support, behavioural therapy, medication and psychiatric review. NPGC can be accessed via the national helpline and is intended for people with complex difficulties such as homelessness, mental health problems or substance misuse. It was recently announced this NHS service would stop receiving funding from GambleAware. The NPGC is located in London and does not treat problem gamblers under the age of 16.
	Gordon Moody	Residential rehabilitation for complex and severe cases. They have recently launched a female only service. Services can be accessed for free via the national helpline.
	AnoyMind	AnoyMind are a team of psychologists and founders that are extremely passionate about delivering the very best in mental health treatment. They provide completely free treatment to

		individuals struggling with a gambling addiction via 1:1, confidential, online video call sessions. The service is in Dudley.
	Apps and Podcasts	There are a variety of Apps which help to keep track of recovery, empower individuals and provide encouragement and support. These include: RecoverMe app, MYGU, My Gamblers Anonymous toolkit, Gamblers app, Gambling Therapy app. Podcasts include All bets are off, The After Gambling podcast and All in.
	Software blockers	GamBan is downloadable to Mac OS X, Windows, Android, and iOS devices and blocks gambling websites. This is accessible on up to 15 devices for free via GamCare. GAMSTOP is downloadable (for free via GamCare) on Windows computers and Android phones, to block all gambling apps and websites. This requires awareness of the software and confidence to use.
Area	Resource	Description
Local	NHS East Midlands Gambling service	The NHS East Midlands Gambling Harms Service provides specialist support for people affected by gambling-related harms across the East Midlands. The service is delivered by a multidisciplinary team, including psychologists, therapists, mental health practitioners, psychiatrists and people with lived experience of recovery. Support is mainly provided online, with additional help available for family members and carers, and links to services for mental health, debt and housing issues. The service is managed by Derbyshire Healthcare NHS Foundation Trust and funded by NHS England.
	BetBlockerUK	BetBlocker provides free-to-access, anonymous blocking software that enables individuals to restrict or manage their access to online gambling services, supporting early intervention, relapse prevention and sustained harm reduction. The main aim of BetBlocker's work is to reduce or prevent gambling harm by creating friction between the user and online gambling websites and apps. The target population for this work is any individual experiencing gambling related harm with an internet capable device. The delivery mechanism for support is a free-to-access, downloadable app.
	Gambling Harm UK	CYP project looking to deliver to 20,000 students, the majority of which will be secondary school age over the next 2 years. New curriculum is being developed for the 2026 academic year with a focus on safeguarding young people from gambling harm that they may already be experiencing through someone else's gambling. Alongside this, a schools, and separate safeguarding toolkit are in development. Gambling harm UK are looking to target children in areas of higher need, such as areas of deprivation, as well as provision for those not in regular school environments.
	GamCare	Community Outreach and Training offer is designed to reduce gambling-related harms through awareness-raising, early identification, and strengthening community and workforce

		capability. It supports individuals before harm escalates to crisis or treatment thresholds. The aims are to increase awareness, reduce stigma, improve early identification, enable access to support, and reduce inequalities by engaging underserved populations and building local capacity. The target population includes: The general population People at increased risk or less likely to access support (e.g. women, minority ethnic communities, LGBTQ+ communities) Frontline professionals, volunteers, and community stakeholders. Delivery is structured around five core strands: Universal Awareness & Workforce Engagement (including training): Awareness sessions for professionals, volunteers, and community members to build understanding, reduce stigma, and improve knowledge of gambling harms and support available, tailored to roles and referral pathways, and informed by lived experience. This includes a rolling digital training offer (available nationally). Early Identification & Brief Interventions: Delivery of Very Brief Advice (VBA) and Identification & Brief Advice (IBA) in community settings.
	GamFam	GamFam provide structured, lived experience-led online Peer Support for both affected others and those directly in recovery. They organise meetings to help support individuals with practical coping mechanisms, in a safe space. GamFam also host monthly joint sessions covering a range of topics alongside various guest speaker events. In addition, this year they are launching the GamFam Roadshow, bringing localised, in-person events to communities across England.
	Prison Radio Association	National Prison Radio content focused on gambling harm prevention, including interviews, features, and campaign messaging embedded into existing high-reach programming across the prison estate in England and Wales.
	Royal College of General Practitioners	Aim to support GPs and wider general practice teams to improve the identification of people experiencing or at risk of experiencing gambling harms, earlier and more consistently, leading to earlier intervention and reduced severity of harm. RCGP increase knowledge and awareness of gambling harms among primary care practitioners.
	YGAM	Offer CPD professional workshops for professionals and adults in the following sectors: Education and Youth Higher Education, Parents and Carers, including kinship carers, foster parents, adoptive parents and fostering and adoption support services, Health and Social Care and community and Faith Leaders. Direct Delivery for Children and Young People in the following settings: Classroom delivery in schools, Key

		stages 2, 3, 4 and 5, eLearning for schools and students through Unifrog, Further and higher education including, Campus Roadshows: Together with GAMSTOP, Ygam will visit campuses during Freshers and Student Money Week to speak directly with students, Youth work delivery, Care- experienced CYP and Young people in underserved communities. YGAM also offer a range of educational resources as well as developing advisory panels to help shape their prevention activities.
	Gamblers Anonymous	Gamblers Anonymous are support groups comprised of people affected by gambling who provide mutual support. There is a group located in Lincoln at the Croft Street Community Centre.
	GP Services	GPs in Lincolnshire can refer anyone who is suffering from a Gambling addiction to the NHS gambling clinics. GPs may also refer to Lincolnshire Talking Therapies.

Support for affected others

GamCare	GamCare provides the free, 24/7 National Gambling Helpline, where trained advisers offer support by phone, live chat, and WhatsApp. In addition, GamCare offers online support platforms including MyGamCare, a Forum, and Group Chatrooms, helping people connect with peers and access support tools. The Forum and Chatrooms are open to anyone affected by gambling-related harm, including those living outside the UK, and provide a safe and supportive environment for connection and advice.
GamFam	GamFam is a registered charity set up by those who have experienced first-hand the devastating effects that gambling can have on family and friends. GamFam offer support through GRA5P – The GamFam Recovery and Support Program. GRA5P is a structured 5-stage self-help peer support program, which was designed originally to support those affected by someone else's gambling.
Gam-Anon	Gam-Anon is a fellowship of men and women who are husbands, wives, partners, relatives or close friends of someone with a gambling problem. Meaning they have usually been directly affected by their loved one's gambling problem. Gam-Anon conduct weekly meetings (location dependent), both in person and via video calls to assist and support those affected.
NHS Northern Gambling Service	This NHS service provides help to people close to those with a gambling addiction, such as family, friends and carers. In order to access support a self-referral form needs to be completed by visiting their website.
Gordon Moody	Gordon Moody offers a friends and family support and advice service that has been developed for affected others. They offer a range of treatment programs; interventions linked to treatment options and support services such as online weekly meetings. These are an integral part of the service offered to families and friends, as sharing concerns with others has proven extremely helpful in eliminating isolation and embarrassment while providing understanding. In order to access support, it is a self-referral process which can be completed by visiting the website and making contact via phone or email.

Information for affected others

Beacon Counselling Trust	Beacon Counselling Trust offer free, confidential and professional support for those affected by a gambling addiction, including family members, partners and friends. To access their support a self-assessment tool needs to be completed by visiting their website, upon completion someone will aim to get back in touch the next working day.
Gambling Therapy	Gambling Therapy runs two friends and family groups each week specifically designed to support and advise the friends and family members of problem gamblers all around the globe. These groups are non-judgmental and confidential and provide a safe environment to let off steam, talk about issues that you are facing, while offering support and experience. The friends and family groups are somewhere to speak openly and honestly for an hour, knowing you will be understood. The friends & family groups run at the following (UK) times: Tuesday & Thursday evenings @ 19:00.
BreakEven	BreakEven Counselling is a GamCare partner who offer free counselling for people experiencing gambling-related issues with no waiting list, including affected others. This can be done face to face, or via remote counselling using the telephone or video calling. It is a self-referral process by filling out the form located on their website, by phone or email, meaning they have usually been directly affected by their loved one's gambling problem. Gam-Anon conduct weekly meetings (location dependent), both in person and via video calls to assist and support those affected.
GAMILY	GAMILY is a support group set up by the wife of a gambling addict for those affected by a loved one's gambling addiction. It is built on a foundation of lived experience with the focus of offering help, advice and guidance to those who need it, by those who have been through it. To access lived experience support, visit the website for links to the online support group and forum.

Unmet Gaps/Needs

It is critical to identify gaps and unmet needs in gambling related harms prevention, identification and support, to improve outcomes for the people of Lincolnshire. There are several identifiable vulnerable populations across Lincolnshire who may be more likely to experience harmful gambling, impacting themselves and their affected others.

The PHE Factors associated with Gambling - Public Health England, Quantitative analysis of gambling involvement and gambling-related harms among the general population in England outlines a range of socio-demographic and health factors associated with increased gambling participation and problem gambling. It highlights that individuals living in areas of higher deprivation are at greater risk of experiencing gambling-related harm. However, in Lincolnshire, gambling premises are disproportionately concentrated within these more deprived areas. Coastal communities, in particular, rank among the most deprived LSOAs and have the highest density of gambling venues, despite accounting for only 5.2% of the county's population. Despite this clear association, there is limited evidence of targeted interventions aimed at supporting populations in these more deprived areas.

Research found that veterans were up to ten times more likely than non-veterans to experience gambling-related harm (41). In Lincolnshire, there is a notably large veteran population, particularly in North Kesteven, where veterans make up 10.2% of residents. Additionally, of the top 12 districts with the highest proportions of veterans, four are located within Lincolnshire (North Kesteven, South Kesteven, West Lindsey and East Lindsey) (50). This report found no evidence of Veteran specific targeted interventions or support, despite a large veteran population across Lincolnshire who may be vulnerable to gambling harms. Research indicates that gambling support for veterans must be carefully considered in a trauma informed way.

Gambling among children is a significant public health concern, with exposure increasing especially online. Applying national survey findings to the Lincolnshire CYP population, we may expect that 26,782 CYP in Lincolnshire have gambled in the last 12 months. This highlights a substantial cohort who may be at risk of gambling harms. Within Lincolnshire there is a lack of tailored interventions or communications directed to CYP despite the high exposure and developmental vulnerability. Additionally emerging risks such as loot boxes in gaming are not formally recognised within UK regulation which creates a gap in both policy and preventative action.

NICE guidelines clearly recommend that practitioners routinely ask patients about gambling in a range of situations, including but not limited to when individuals present with mental health concerns, disclose financial difficulties, or experience issues related to alcohol or substance misuse. However, this is not currently reflected in local data. Strengthening the consistent and accurate recording of this information would help build a clearer local picture of need, enabling professionals to better understand demand, identify appropriate pathways to support, and crucially, ensure that patients receive timely and effective help.

There is a notable lack of local data and representation of lived experiences within Lincolnshire relating to harmful gambling. To ensure interventions are effective and appropriately tailored, it is essential to incorporate insights from individuals within our unique local population who have been directly affected. Engaging these voices would also provide a deeper understanding of the needs of particular groups, such as veterans and unemployed individuals, helping to identify what forms of support would have been most beneficial within these specific cohorts. Data shows that demand for support and treatment is considerably higher in Lincoln and Boston compared to nationally and listening to the voice of lived experience would help us to understand the barriers facing those seeking support.

There is limited directly collected research specific to Lincolnshire on gambling behaviours and harms. Available evidence is largely drawn from national datasets, modelled local profiles, and small-scale local authority reports. The absence of comprehensive, county-wide data represents a key unmet need for effective planning and targeted intervention.

Recommendations

Data & Insight

- Due to limited local data, it is recommended that public health teams engage in research to strengthen local intelligence and improve understanding of population needs and gambling-related harms.
- It is recommended that a gambling related harms lived experience group is established to inform local strategy and prevention efforts. The voice of lived experience provides valuable insight into how we can best serve the population. This person-centred approach will enable us to further understand barriers to access, interventions that are impactful, how we can best reduce stigma, and enable us to drive continuous improvement.
- It is recommended that coroners in Lincolnshire are supported to recognise and record potential gambling involvement in suicides through targeted guidance and awareness. This includes identifying relevant indicators, such as financial harm or known gambling behaviours. Enhancing local identification and recording will improve data accuracy and strengthen understanding of gambling-related harm to inform prevention efforts.
- A significant gap remains in our knowledge of online gambling, and gambling in rural areas. Studies are needed which specifically recruit gamblers in rural areas, and future studies of online gambling should include granular local data about the geographical location of participants.
- Local public health teams should work with regional colleagues to share intelligence, best practice and understand future prevention efforts.

Targeted Support

- Given the significantly higher risk of gambling-related harm among veterans, and the relatively large veteran population within Lincolnshire—particularly in districts such as North Kesteven—it is recommended that targeted prevention, screening, and support interventions are developed and prioritised for veterans. This could include: Incorporating routine gambling harm screening within veteran support and health services; Developing tailored awareness campaigns aimed at veterans and their families; strengthening partnerships between local authorities; NHS services; and veteran organisations to ensure early identification and access to support. Further work should be undertaken to understand how support can be veteran specific and trauma informed.
- As a result of the reported increase in exposure and participation in gambling among CYP, early identification and intervention are essential. It is recommended that increased communication and collaboration with schools is strengthened. Clear referral pathways should be identified for CYP, and schools should be aware of this pathway. This should be complemented by the guidance from the [Relationships Education, Relationships and Sex Education and Health Education guidance](#) around educating students about the risks to online gambling and gambling like content within gaming, including the accumulation of debt, within the curriculum. Additional training for teachers to ensure they are best

equipped to have these conversations can be facilitated by YGAM - [Teachers & Youth Workers Booking | Ygam](#), and this should be explored further by professionals.

- Targeted work should be undertaken in areas of deprivation and coastal communities in Lincolnshire. Ensure that support services are visible and accessible to this population. Engage with local communities and service providers to ensure that the offer is appropriate for this population to ensure maximum impact.
- Ensure services are aware of the impact gambling harms can have on friends and family members and the support services available to affected others, to ensure timely signposting. Explore the local support for affected others further to evaluate effectiveness and impact across Lincolnshire communities.

Early Identification

- Increase awareness, identification, and consistent recording of gambling behaviours within primary care, local public services and community settings by implementing targeted training and guidance for healthcare professionals, frontline staff and community-based VCFSEs. This should equip practitioners working in health, social care, housing, welfare, and community services with the knowledge and confidence to routinely ask about gambling, recognise early signs of harm, and accurately record this information. Strengthening capability in this area will support earlier intervention, improve local data quality, and enable more effective referral into appropriate support services.
- Stigma is a key barrier to addressing gambling-related harm and should be prioritised within local responses. Evidence suggests that interventions emphasising the biopsychosocial causes of gambling can help reduce stigma in the general population and self-stigma among affected individuals (19). The NICE guidelines highlight that stigma, shame and fear of disclosure can prevent people from seeking help. Commissioners, providers and practitioners should therefore promote non-judgemental, person-centred approaches, increase awareness of gambling as a health issue, and ensure services are accessible, inclusive and supportive, in line with NICE recommendations.
- Ensure gambling harms are considered within local suicide prevention action plans.

Governance

- The local public health team should work closely with the gambling licensing authorities across Lincolnshire to better understand processes and build a strong working relationship, ensuring involvement in relevant applications and the ability to provide public health data to protect children and other vulnerable people from being harmed or exploited by gambling.

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Appendix 1: Population Health Management Gambling SNOMED-CT Codes

Code	Term
105523009	Gambling (finding)
18085000	Compulsive gambling (disorder)
192501004	Pathological gambling (disorder)
284524008	Compulsive gambling (finding)
735549008	Gambling disorder predominantly offline (disorder)
735550008	Gambling disorder predominantly online (disorder)

Appendix 2: IMD

The Indices of Deprivation are a unique measure of relative deprivation at a small local area level (Lower-layer Super Output Areas) across England. Each LSOA is allocated a number from 1 (most deprived) to 10 (least deprived). Deciles 1 to 3 are classed as high deprivation, 4 to 7 are middle deprivation and 8 to 10 are low deprivation.

