Gambling harms prevention profile

Part of the Suffolk Joint Strategic Needs Assessment (JSNA)

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Contents

JSNA-on-a-page summary 3
Executive summary 4
Areas for action 5
Introduction and scope 7
What is gambling-related harm? 7
Why is gambling a public health issue? 8
Evidence gaps 9
Policy and strategic context 10
Causes and risk factors 12
What do the statistics show? 14
- The size of the gambling market 14
- Gambling premises in Suffolk 15
- Prevalence of gambling participation 18
- Local Authority Small Area Estimates of Gambling – PGSI 31
- Adult Psychiatric Morbidity Survey (APMS): PGSI scores analysis 33
- Gambling Survey for Great Britain – inequalities, gambling products and severe consequences 37
- The cost of gambling-related harms 41
- Young people and gambling 44

Conclusion 51
References 52

AI: Some information in our JSNA products may have been summarised with the help of artificial intelligence tools. Everything is carefully checked by our team to make sure it's accurate.

Language used in this report

This report aims to use person-centred, non-stigmatising language wherever possible. However, some terms (such as *'problem gambling'*) are retained when reporting findings from national datasets, surveys and published research to ensure the results are presented accurately and consistently with the original source.

In developing this report, we recognise the importance of language in reducing stigma and acknowledge the recommendations set out in *Words Can Hurt: Language Guide for Gambling Harms* (Greater Manchester Combined Authority, Association of Directors of Public Health Yorkshire and Humber, and Association of Directors of Public Health North East). Wherever possible, narrative text has been written in line with this guidance, using terms such as *people experiencing gambling harms* or *people gambling at harmful or risky levels* rather than labels that define individuals by their gambling.

JSNA-on-a-page summary

Key facts

Suffolk gambling harms prevention profile

Around **309,000 adults in Suffolk** are estimated to have gambled in the previous four weeks

Across Suffolk, modelled estimates suggest **14.2%** of adults (90,100) are estimated to gamble at elevated risk, or experience problem gambling (PGSI 1 and above)

In Suffolk, approximately **19,000 adults** may benefit from some form of gambling treatment or support, including around **2,300 requiring specialist psychological treatment**

Across the county, around **10,700 children** are estimated to live with an adult who could benefit from gambling treatment or support

Gambling-related harm is estimated to cost public services in Suffolk approximately **£10.6 million** each year, with welfare accounting for around 60% of these costs

Gambling harms are not experienced equally. Evidence shows greater harm among people living in more **deprived communities** and among people participating in **higher-risk gambling activities**, particularly **online gambling, casinos and gaming machines**

Harm extends well beyond the individual gambler. Data from the GSGB estimates that **approximately 9% of adults are affected by someone else's gambling**

Executive summary

Gambling is a common activity in Great Britain and, for most people, takes place without causing harm. However, gambling-related harms are increasingly recognised as a significant public health issue, affecting not only those who gamble but also their families, friends, communities and public services. Harms can be financial, psychological, physical and social, occurring across a continuum from low-level impacts to severe consequences including relationship breakdown, homelessness, involvement with the criminal justice system and suicide.

This profile, as part of Suffolk's Joint Strategic Needs Assessment (JSNA) - brings together the best available national and local evidence to understand the scale and distribution of gambling-related harm across the county. It has been developed to support strategic planning, partnership working and the delivery of evidence-based prevention activities through the Office for Health Improvement and Disparities (OHID) Local Authority Gambling Harms Prevention Grant Programme.

An estimated 309,000 adults in Suffolk (48.7%) participated in any gambling (including lotteries) during the previous four weeks. While most gamble without experiencing harm, national evidence indicates that 2.4% of adults are experiencing problem gambling, with a further 11.3% gambling at elevated levels of risk. Gambling harms are not distributed evenly across the population and disproportionately affect people living in more deprived communities, younger adults, men, those experiencing poor mental health and financial hardship, and people participating in multiple or higher-risk gambling activities, particularly online betting, casino games and gaming machines.

Modelled estimates suggest that approximately 19,000 adults in Suffolk may benefit from some form of gambling treatment or support, including around 2,300 adults who may require specialist psychologist-led treatment for gambling disorder. In addition, an estimated 10,700 children are living in households with an adult who may benefit from gambling treatment or support, highlighting the wider impact of gambling-related harm on families.

Historically, gambling has often been viewed primarily as an issue of individual responsibility. However, the evidence shows that gambling-related harms are shaped by a combination of individual, social, environmental and commercial factors[1,2]. Effective prevention therefore requires a whole-system, population-level approach that addresses inequalities, reduces exposure to harmful gambling products and marketing, improves awareness of gambling harms, and ensures timely access to independent, evidence-based prevention, treatment and support.

The consequences of gambling extend well beyond the individual gambler. Nationally, around 9% of adults report being affected by someone else's gambling, with harms commonly affecting health, relationships and financial wellbeing. Many affected others may not recognise their own experiences as gambling-related harm, and fewer than one in five seek support.

Gambling-related harm also places a substantial burden on public services. Modelled estimates indicate that the annual fiscal cost associated with problem gambling in Suffolk is approximately £10.6 million, with the largest costs falling on welfare services, followed by healthcare, criminal justice and housing. These figures are likely to underestimate the true economic impact, as they do not capture wider societal costs such as reduced productivity, family impacts or many health consequences.

Although the evidence base continues to develop, this profile demonstrates that gambling-related harm is a significant contributor to health inequalities within Suffolk and intersects with wider priorities including mental health, suicide prevention, financial inclusion, homelessness, safeguarding and community safety. Preventing gambling-related harm therefore requires a coordinated whole-system approach involving local authorities, the NHS, voluntary and community organisations, regulatory services and wider partners.

This profile also provides the evidence base to support local action. It identifies priority population groups, highlights inequalities in the distribution of gambling-related harm, and demonstrates the importance of strengthening prevention, improving early identification, increasing awareness of treatment and support, and embedding gambling harms within wider public health and partnership strategies.

Areas for action

1. **Embed the recognition of gambling harms within existing public health priorities**

Ensure gambling harms are recognised as a cross-cutting public health issue. Gambling-related harms should be incorporated into existing workstreams including mental health, suicide prevention, financial wellbeing, debt advice, homelessness, domestic abuse, safeguarding, substance misuse and health inequalities. Embedding gambling within existing strategies will help ensure harms are identified earlier and addressed through a whole-system approach, rather than in isolation.

2. **Improve awareness and skills regarding gambling harms across the workforce**

Equip frontline staff to identify gambling-related harms and respond appropriately. Staff working across health, social care, housing, welfare, debt advice, criminal justice, education and voluntary sector organisations should receive training on recognising gambling-related harm, delivering very brief advice, and referring people to appropriate support. This should include raising awareness that harms may affect family members and others, not only the person gambling.

3. **Strengthen local intelligence and routine data collection**

Develop a more comprehensive understanding of gambling harms across Suffolk. Local services should consider routinely collecting information on gambling where appropriate, particularly within mental health, debt, housing, homelessness, safeguarding and substance misuse services. Improved local intelligence would support service planning, identify inequalities and allow the impact of prevention activity to be monitored over time.

4. **Raise public awareness of gambling harms and available support**

Increase awareness that gambling harms are preventable and support is available. Develop coordinated communications campaigns that improve understanding of gambling-related harms, reduce stigma, and encourage people to seek help earlier. Campaigns should also raise awareness of the impact on affected others and promote available local and national support services.

5. **Develop clear local referral pathways**

Ensure residents can access timely and appropriate support. Partners across Suffolk should work together to establish clear referral pathways into specialist gambling treatment services,

debt advice, mental health support and wider social support. Information on referral routes should be readily available to professionals and the public.

6. **Prioritise prevention in higher-risk communities**

Target prevention activity where the risk of gambling harm is greatest. Evidence shows gambling harms are not evenly distributed and are closely associated with deprivation and wider vulnerability. Prevention activity should therefore be proportionate to need, focusing on communities and population groups at greater risk of experiencing gambling-related harm.

7. **Strengthen partnership working across the system**

Develop a coordinated Suffolk-wide approach to gambling harms prevention. A multi-agency partnership should bring together public health, district and borough councils, NHS organisations, primary care, voluntary and community organisations, debt advice providers, safeguarding partnerships, licensing, trading standards and people with lived experience to coordinate prevention activity and share learning.

8. **Maximise the role of licensing and regulatory functions**

Use existing regulatory powers to support harm prevention. Local authorities should continue to consider gambling-related harms through licensing and planning processes, ensuring decisions take account of local evidence, cumulative impacts and the needs of vulnerable communities. Opportunities should also be explored to strengthen engagement with gambling operators around safeguarding and harm reduction.

9. **Improve prevention for children, young people and affected others**

Recognise that gambling harms extend beyond the individual gambler. Schools, youth services and family support services should be supported to improve awareness of gambling harms among children and young people. Prevention activity should also recognise the needs of affected others, including partners, parents and children, who often experience significant but hidden harms and may require their own support.

10. **Monitor progress and evaluate impact**

Use evidence to inform continuous improvement. This profile should provide the baseline for ongoing monitoring of gambling-related harms in Suffolk. Progress should be reviewed regularly using national indicators, local intelligence and service data, with the findings used to refine prevention activity and inform future commissioning decisions.

Introduction and scope

This gambling harms prevention profile has been developed to provide an evidence-based understanding of gambling-related harms in Suffolk. It brings together national research, local intelligence and the latest available data to describe the scale and distribution of gambling-related harm, identify groups at greatest risk, and inform future prevention activity across the county.

This profile has been produced as part of the Office for Health Improvement and Disparities (OHID) Local Authority Gambling Harms Prevention Grant Programme. As part of this programme, local authorities are expected to use grant funding during the first year to develop a local gambling harms prevention needs assessment, providing the evidence base to support strategic planning, partnership working and the commissioning of prevention activity.

The document considers both online and land-based gambling, reflecting the broad range of gambling activities available to adults in Great Britain. It examines gambling participation, gambling-related harms, inequalities, treatment need, wider societal impacts and affected others. Where evidence is available, the assessment also considers the impact of gambling on children and young people, recognising that although they are legally prohibited from most forms of gambling, they may experience significant harm through living with or being affected by someone else's gambling.

The primary focus of this assessment is the prevention of gambling-related harm within Suffolk. It draws on national surveys, published research and modelled local estimates to understand local need. Because robust local data is limited in some areas, a number of findings rely on nationally modelled estimates and should be interpreted accordingly. However, these represent the best available evidence to support local planning and decision-making at the time of publication.

What is gambling-related harm?

For the purposes of this report, gambling-related harms are the adverse impacts arising from gambling on the health and wellbeing of individuals, families, communities and society[1]. Harms may be financial, psychological, physical, social or cultural, and can occur across a continuum from low-level impacts through to severe consequences such as relationship breakdown, homelessness, criminal justice involvement and suicide[1].

Concern about gambling-related harm has grown across the UK in recent years, and gambling is increasingly recognised as a public health issue[3]. The UK has one of the biggest gambling markets in the world, with the value estimated to be worth £16.8 billion between April 2024 to March 2025[4].

Gambling harms exist on a continuum[5]. While only a minority experience problem gambling, people classified as low- or moderate-risk can also experience some level of negative consequences due to their gambling[1]. Collectively these groups account for a substantial proportion of gambling-related harm within the population.

Gambling harms are not evenly distributed across the population[6]. People living in more deprived communities, those experiencing poor mental health, unemployment, homelessness and some minority ethnic groups are disproportionately affected[6]. These inequalities mean

gambling contributes to wider health inequalities, reinforcing existing social and economic disadvantage.

In Great Britain, gambling harm is still often framed as a failure to gamble 'responsibly', placing responsibility on individuals who gamble rather than on the organisations that design and provide gambling products[7–9]. Gambling harms also place demands on health services, welfare systems, housing, criminal justice services and employers, resulting in substantial economic and social costs[10].

The Gambling Harms Inequalities Framework (2025) reinforces that gambling harms are not distributed equally across the population. Rather than arising solely from individual behaviour, gambling harms are shaped by wider social, economic and environmental factors that influence both the likelihood of experiencing harm and the ability to access support.

The framework identifies three interconnected determinants of gambling harm:

- Contexts – including deprivation, neighbourhood characteristics, social norms, regulation, gambling product design and marketing
- Drivers – including low awareness of gambling harms, stigma, loneliness and social isolation, and financial hardship
- Barriers to support – including limited awareness of treatment, lack of culturally appropriate or tailored services, and stigma when seeking help

Why is gambling a public health issue?

Participation in gambling activities can lead to a wide range of harms including financial difficulties, negative effects on physical and mental health, and relationship breakdown[11]. Great Britain has one of the world's most accessible gambling markets, with opportunities to gamble available on many high streets and, via the internet, in most homes[3].

Gambling-related harm is increasingly viewed through a public health lens because its impacts extend far beyond individual behaviour[1], but this approach is much less common than with other similar issues, such as alcohol or drug related harms[12]. Harms are distributed unequally across the population, are shaped by wider social, economic and commercial determinants of health, and affect families, communities and public services as well as the individual who gambles[1]. As with other public health issues such as tobacco, alcohol and obesity, reducing harm requires a whole-system approach that combines prevention, early identification, treatment, regulation and action on the wider environments in which people live and gamble[13].

The expansion of online gambling, smartphone technology, targeted advertising and personalised digital products has increased the accessibility and availability of gambling, creating an environment in which harm can occur more readily for some individuals[14].

Gambling is popular in Great Britain, with almost half of all adults participating in at least one form each month. Most spend small amounts and do not experience any harm from gambling[2]. However, around 300,000 people in Great Britain are estimated to be experiencing 'problem gambling', defined as gambling to a degree which compromises, disrupts, or damages family, personal or recreational pursuits, and a further 1.8 million are identified as gambling at elevated levels of risk[2]. Gambling harms can significantly impact lives, affecting not just the individual gambler, but their families, close associates and wider society, even leading to suicide in extreme cases[2].

An estimated 2.7% of adults are currently experiencing gambling harms, and a further 11.9% gamble at risky levels[15]. Gambling-related harms can also extend beyond the individual, affecting partners, family members, friends and others around them. In the 2024 Gambling Survey for Great Britain, 9% of adults reported being affected by someone else's gambling[16]. Previous estimates suggest that around six other people may be affected for every person experiencing gambling harms[17]. This highlights the importance of considering 'affected others' alongside people experiencing gambling harms when planning prevention, treatment and support.

Despite the scale of gambling-related harm, many people do not seek support. Barriers include low awareness of these harms, stigma, and limited knowledge of available treatment and support among both those affected and the professionals who work with them[18].

Evidence gaps

The evidence base for gambling-related harm has improved substantially in recent years, particularly following the introduction of the Gambling Survey for Great Britain (GSGB), the publication of local authority treatment estimates by the Office for Health Improvement and Disparities (OHID), and the development of small area estimates for gambling participation and harm. However, several important evidence gaps remain.

Most of the local intelligence presented in this profile is based on modelled estimates derived from national survey data and small area estimation techniques, rather than routinely collected local data. While these provide the best available estimates of local need and are appropriate for planning purposes, they should not be interpreted as direct measures of prevalence.

There is also limited information on gambling-related harm within specific population groups (such as children and young people, ethnic groups, homeless individuals, carers, and those in contact with the criminal justice system) at a local level. Similarly, routine data on gambling-related harm is not consistently collected across health, social care and other public services, making it difficult to quantify the full impact on local services.

Although awareness of gambling-related harms has increased in recent years, evidence is lacking on the effectiveness and cost-effectiveness of different prevention approaches. Continued investment in local intelligence, routine data collection and evaluation is necessary to help strengthen the evidence base and support targeted prevention activity across Suffolk.

Policy and strategic context

The 2005 Gambling Act sets out how gambling in Great Britain is regulated. The act defines gambling as playing a game of chance for a prize, betting and participating in a lottery. The act also has three licensing objectives:

- preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime
- ensuring that gambling is conducted in a fair and open way
- protecting children and other vulnerable persons from being harmed or exploited by gambling

In April 2023, the Gambling White Paper: High stakes: gambling reform for the digital age was published. It was acknowledged that smartphones had "transformed" gambling and the temptation to gamble was "everywhere"[19]. While the "overwhelming majority" of gambling was done safely and within people's means, for some it could lead to addiction and "shattered families; lost job; foreclosed homes; jail time; suicide"[19]. The white paper updated gambling rules and regulations to protect people at the greatest risk of harm while allowing everyone else to enjoy gambling without harm – setting proposals out for reform in these areas:

1. online gambling
2. marketing and advertising
3. the Gambling Commission's powers and resources
4. dispute resolution and consumer redress
5. children and young adults
6. land-based gambling[2]

The statutory gambling levy commenced in April 2025, replacing the previous system of voluntary industry contributions. Levy funding is ringfenced for research, prevention and treatment of gambling-related harm.

The local council gambling harms prevention grant is funded entirely through the statutory gambling levy and totals £24 million over 2 years.

In 2026/27, £12 million is being distributed to upper-tier local authorities in England to support local gambling harms prevention activity, with a further £12 million anticipated for 2027/28[20].

A key advantage of the statutory levy is that it replaces a system largely reliant on voluntary industry contributions managed by GambleAware with an independent, public health-led funding stream for prevention activity at national, regional and local levels. This helps safeguard the impartiality of prevention work and supports a more strategic, coordinated approach across government and the wider prevention system.

In January 2025, the National Institute for Health and Care Excellence (NICE) published guidance on identifying, assessing and managing gambling-related harms[21]. It recommends that healthcare and social care professionals ask about gambling behaviours in a range of settings[21]. The guidance also highlights their role in raising awareness, encouraging use of treatment and support services, and reassuring people that recovery is possible. Data from NHS England states that as of December 2024, the NHS has 15 specialist gambling treatment clinics, with service use increasing by 130% over the previous year[22].

The national Men's health: a strategic vision for England (published in November 2025) stated that gambling-related harms are disproportionately experienced by men, and men are also far more likely to gamble online which is associated with greater harm. Young men are particularly vulnerable to gambling-related harms, particularly online casino style betting[23]. In addition, the strategy states that boys often engage more intensely in gaming, which increases their exposure to gambling-like features and in-game purchases, such as loot boxes[24].

The Gambling Commission is the gambling regulator, overseeing and enforcing the 2005 act. It does this by licensing gambling businesses and relevant industry staff, setting licence conditions, codes of practice and compliance standards, taking enforcement action where licence conditions are breached, raising industry standards and providing advice to the public, and leading on gambling-related statistics and research[25].

Under the 2005 act, local authorities have regulatory functions in relation to licensing premises for gambling that include: issuing premises licences, regulating gaming in clubs and licensed premises, granting permits for lower-stake gaming machines, granting prize gaming permits, registering small society lotteries, licensing horse and dog tracks, and inspecting and enforcing licences, permits and permissions[25].

The House of Commons Library briefing in May 2026 summarises what is being done to protect people from gambling-related harm, with recent developments including:

- the introduction of a statutory levy on gambling operators to generate £100 million for the research, prevention and treatment of gambling harms
- limiting the stake limits for online slots (a higher-risk gambling product associated with large losses and long sessions) to £5 per spin for adults aged 25 and over and £2 per spin for 18–24-year-olds
- The English Devolution and Community Empowerment Act 2026 includes provisions enabling licensing authorities to develop gambling impact assessments, subject to commencement [25]

Causes and risk factors

Anyone can experience gambling-related harms; however, these harms are not evenly distributed across the population. Gambling harms arise through a complex mix of individual, social, environmental and commercial factors, rather than solely through individual choices or behaviours[1].

- People living in more **deprived areas** may be at greater risk of experiencing gambling-related harms, despite some evidence suggesting they are less likely to participate in gambling overall[1]. This inequality may be influenced by a range of factors, including financial vulnerability and the greater concentration of gambling outlets in more deprived areas. This reflects the Gambling Harms Inequalities Framework, which identifies deprivation and neighbourhood context as important determinants of gambling harm[26]. However, evidence linking deprivation and proximity to gambling opportunities with gambling harm is limited by methodological weaknesses, and confidence in these factors as causal risk factors remains low[1].
- **Men** are four times more likely to experience harm from their own gambling, as indicated by Problem Gambling Severity Index (PGSI) scores, with risk particularly high among men aged 25 to 34[1,27]. Evidence suggests this may be partly linked to higher levels of risk-taking, impulsive coping, and gambling for social or entertainment reasons[28,29].
- **Women's gambling participation** is increasing, with younger women and those from ethnic minority backgrounds at higher risk of gambling harms[30]. Stigma and shame are key barriers to seeking help.
- People experiencing **homelessness**, unemployment or economic inactivity may also be at increased risk of gambling-related harm, although the evidence base also remains limited and further longitudinal research is needed to establish the direction of these relationships[31].
- **Poor mental health** is commonly associated with harmful gambling. Evidence suggests that some people experiencing poor mental health may be more likely to gamble at harmful levels, while gambling-related harms can also contribute to poor mental health, creating a bidirectional relationship[1].
- There is also evidence of an association between gambling and **alcohol and substance use**, which may reflect shared underlying risk factors, such as ill mental health, impulsivity and other behavioural traits[32]. Among children and young people, there is high confidence that substance use, including alcohol, tobacco, cannabis and other illegal drugs, is a risk factor for subsequent harmful gambling[1].
- Evidence on the relationship between **ethnicity** and gambling-related harms is limited. Some studies suggest that people from some ethnic minority groups may be less likely to participate in gambling overall, but may be at increased risk of experiencing harms, while also less likely to access support, or treatment[33]. However, confidence in ethnicity as a risk factor for harmful gambling remains low due to limitations in the available evidence[1]. Cultural and religious beliefs may also shape attitudes towards gambling, influencing whether harms are recognised or discussed openly[33].
- **Family and social influences** may play an important role in gambling behaviours. Some studies have identified family history of gambling harm and peer influences as potential risk factors, while supportive family relationships may have a protective effect[34].

However, evidence regarding family influences is mixed, and confidence in these as causal risk factors is generally low.

- Research involving around 1,400 athletes and 400 coaches in Sweden found that 13% of **male athletes** and 2% of female athletes scored PGSI 3+[35]. Coaches of men's teams were also more likely to score PGSI 3+ than coaches of women's teams (7% compared with 3%)[35].
- Among **children and young people**, there is moderate evidence that having **peers who gamble** increases the risk of later harmful gambling[1], and there is strong evidence that impulsivity, being **male**, **substance use** and **depression** increase the risk of subsequent harmful gambling[1]. Strong evidence also exists that **experiencing depression** is a risk factor for later harmful gambling[1].
- This is consistent with the Gambling Harms Inequalities Framework's findings that gambling normalisation within families, peers and marketing increases risk among children and young people[26].
- Additional factors with moderate evidence **include involvement in a greater number of gambling activities**, existing gambling problems, **anti-social or violent behaviour**, and **poorer academic** performance[1].

What do the statistics show?

Why estimates differ

Estimates vary between surveys because they use different samples, collection methods, screening measures and time periods. Figures from different sources should not be directly compared or combined without considering these methodological differences.

The size of the gambling market

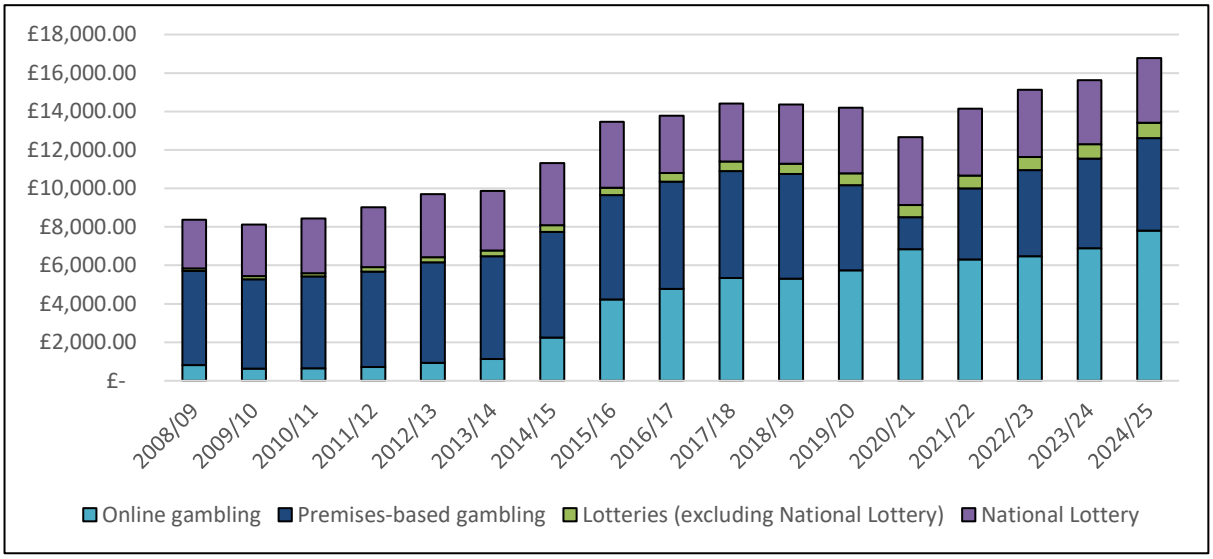
The UK's gambling market is one of the largest globally. Gross Gambling Yield (GGY) represents the amount retained by gambling operators after winnings have been paid out – and has substantially increased over the last two decades, rising from £8.4 billion in 2008/09 and doubling to £16.8 billion in 2024/25, a 7.3% increase on the previous year[4].

Growth in the market has been largely driven by expansion of remote gambling. GGY from remote casino, betting and bingo activities reached £7.8 billion in 2024/25, a 13.1% increase compared with the previous year and representing almost half (46.5%) of all gambling GGY. Remote casino gambling has experienced particularly rapid growth, increasing from £33 million in 2008/09 to £5.0 billion in 2024/25[4].

Although the number of physical gambling premises has gradually declined, land-based gambling remains a significant part of the market. In 2024/25, land-based sectors (including arcades, betting, bingo and casinos) generated £4.8 billion in GGY (28.7% of the market share), a 3.6% increase on the previous year[4]. There were 8,234 licensed gambling premises across Great Britain, including 5,825 betting shops[4].

Lotteries also represent a substantial part of the gambling market. In 2024/25, the National Lottery and other lotteries generated £4.2 billion in GGY (24.8% of the market share), with contributions to good causes totalling over £2.0 billion (£1.6 billion from the National Lottery and £485 million from large society lotteries[4]).

Figure 1. Gross Gambling Yield (GGY) by sector in Great Britain (£millions), 2008/09 – 2024/25



Source: Gambling Commission (2025)

The growth of the gambling market has occurred alongside substantial industry expenditure on advertising. Evidence also indicates that a disproportionate share of industry revenue is generated from people experiencing, or at risk of experiencing, gambling harm. The gambling industry spends £1.5 billion a year on advertising, and 60% of its profits come from the 5% who are already problem gamblers or are at risk of becoming so[36].

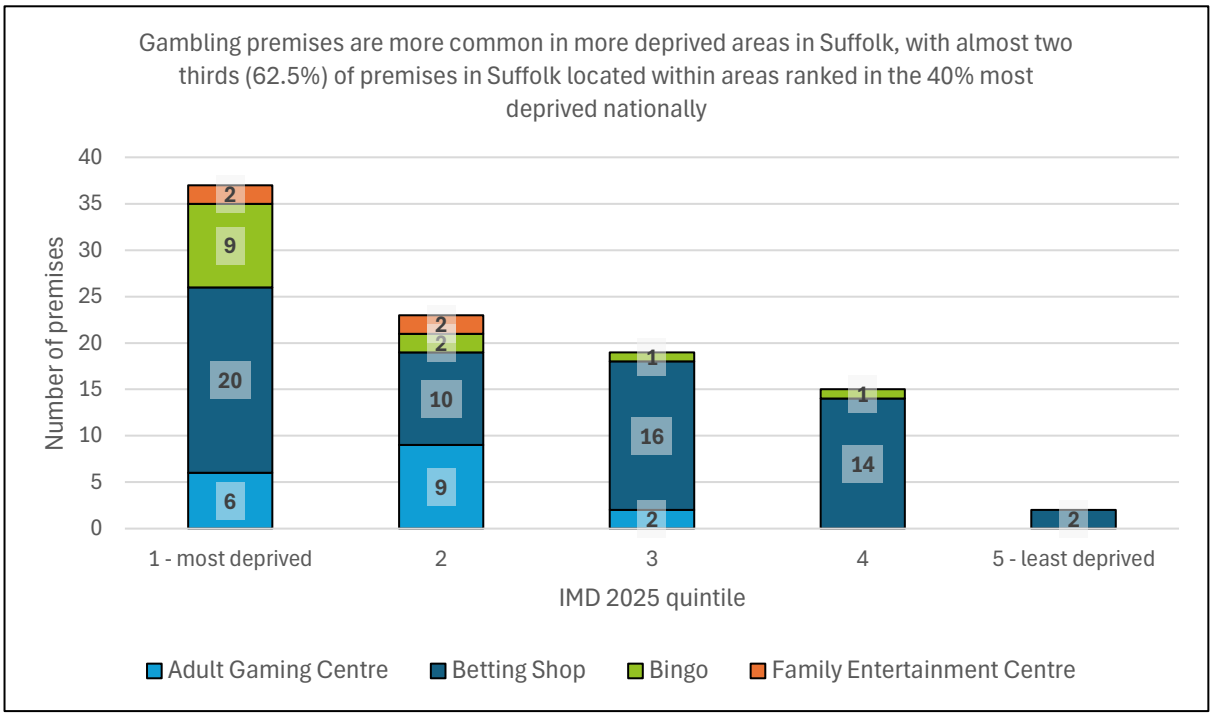
Overall, the gambling market in Great Britain has become increasingly characterised by the growth of online gambling, alongside continued availability of land-based venues, despite the number of physical premises gradually declining[4]. This expanding and changing market has increased the accessibility and availability of gambling opportunities, which has implications for the scale and distribution of gambling-related harms across the population[4].

Gambling premises in Suffolk

Under the Gambling Act 2005, local authorities in England have a range of licensing and regulatory responsibilities for land-based gambling. These include issuing premises licences for gambling premises such as betting shops, bingo halls, casinos and adult gaming centres, as well as issuing permits and exercising other functions relating to gaming machines in premises such as pubs, clubs and family entertainment centres.

As of June 2026, there were 96 land-based gambling premises in Suffolk, consisting of 62 betting shops, 17 adult gaming centres, 13 bingo establishments, and 4 family entertainment centres. These premises are concentrated in areas of higher deprivation, with over 1 in 3 (38.5%) located in areas ranked among the 20% most deprived nationally, compared with 2.1% in the least deprived quintile.

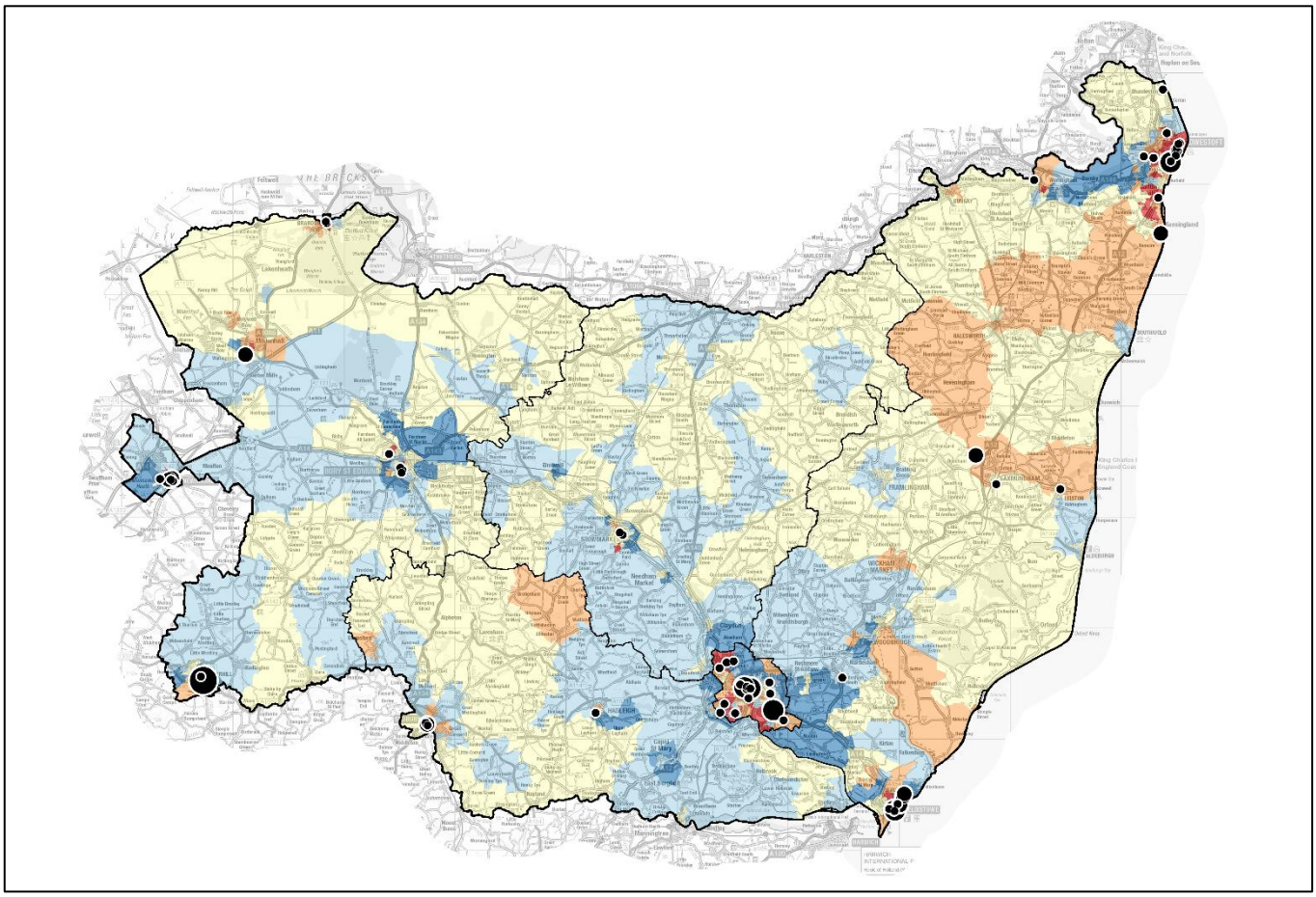
Figure 2. Licensed gambling premises in Suffolk by deprivation quintile and type of premise, June 2026



Source: Gambling Commission (2026)

As seen in the below map, gambling premises in Suffolk are clustered in areas of higher deprivation, with several premises clustered in Suffolk's urban areas around Ipswich, Lowestoft, Haverhill, Felixstowe, and Newmarket.

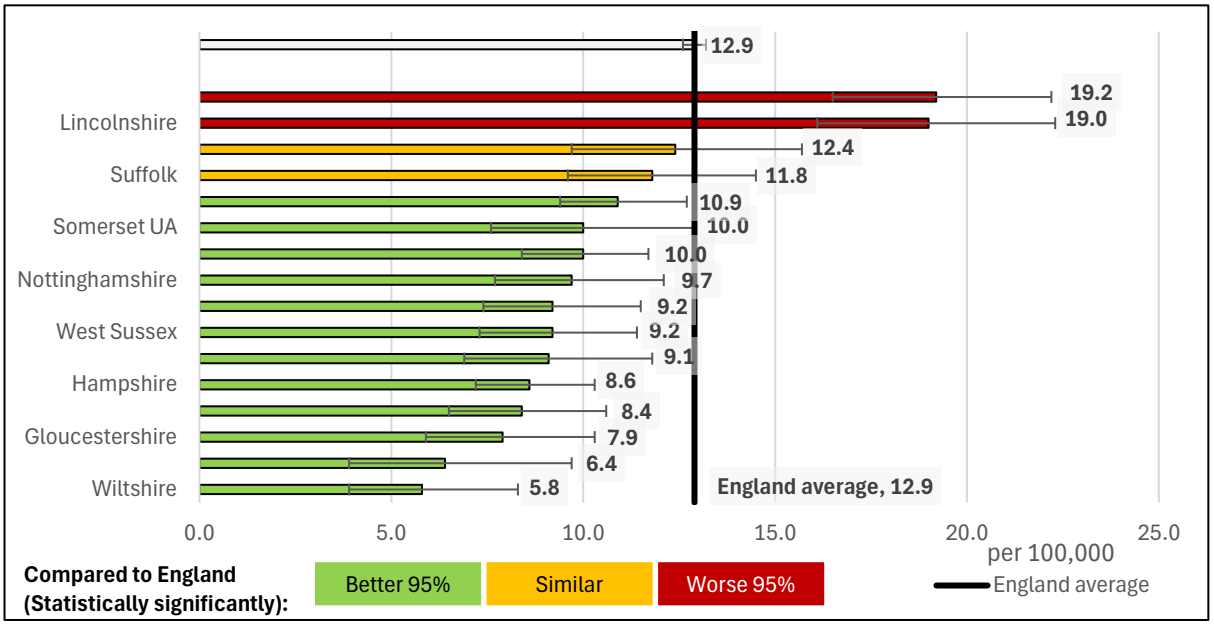
Figure 3. Licensed gambling premises in Suffolk by lower-layer super output area (LSOA) Indices of Multiple Deprivation (IMD 2025) quintile, June 2026



Source: Gambling Commission (2026); Ministry of Housing, Communities and Local Government (2025)

Suffolk has a statistically similar rate of gambling premises per 100,000 population compared to England, and the East of England region average. Despite being statistically similar to the England average, many of Suffolk's NHS England statistical neighbours[1] have a statistically significantly lower number of gambling premises per 100,000 population. Only East Sussex and Suffolk are statistically similar to the England average, while Norfolk (19.2 per 100,000) and Lincolnshire (19.0 per 100,000) are statistically significantly higher than the England average.

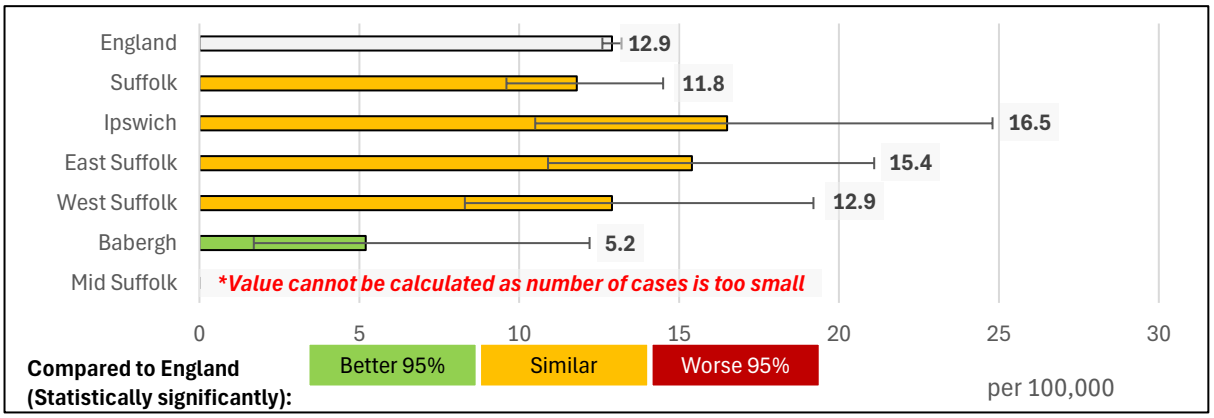
Figure 4. Gambling premises per 100,000 population, Suffolk and NHS England statistical neighbours, 2025



Source: Office for Health Improvement and Disparities (2025)

For Suffolk's lower tier local authorities, Ipswich, East Suffolk and West Suffolk each have a statistically similar rate of gambling premises per 100,000 population compared to England in 2025, while Babergh has statistically significantly fewer gambling premises per 100,000 population. The Mid Suffolk value cannot be calculated as the numbers of cases was too small.

Figure 5. Gambling premises per 100,000 population, Suffolk lower tier local authorities, 2025



Source: Office for Health Improvement and Disparities (2025)

[1] NHS England and other organisations within the health sector use statistical neighbour peer groups, calculated using data science models – to compare outcomes between demographically similar geographic areas rather than relying on neighbouring geographic areas

Prevalence of gambling participation

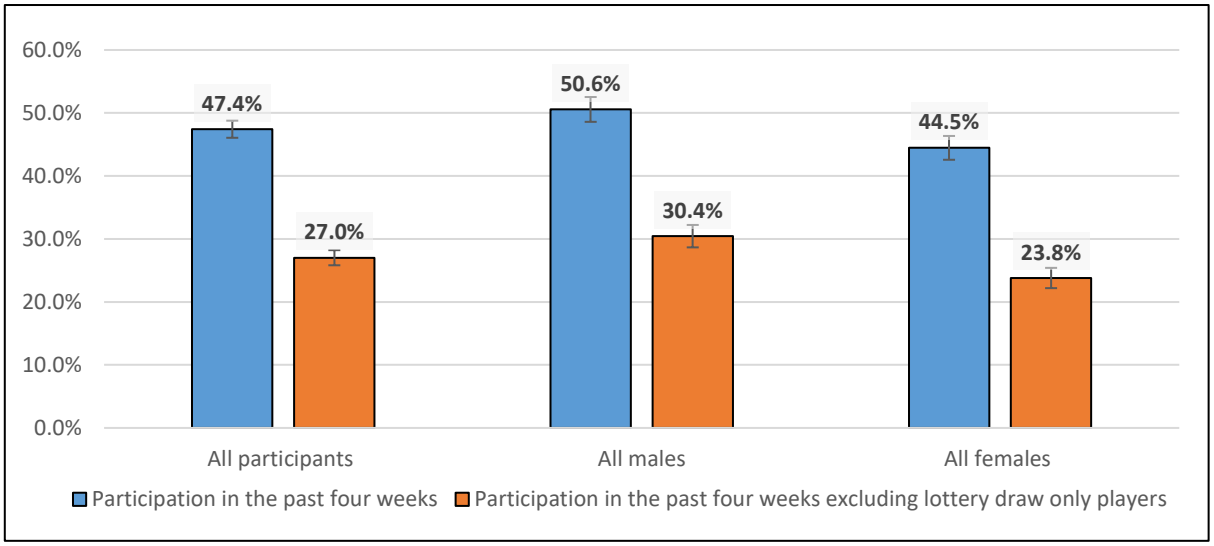
Data within this section is taken from the Gambling Survey for Great Britain (GSGB), commissioned by the Gambling Commission. The GSGB is conducted by the National Centre for Social Research and uses a national sample of 20,775 adults aged 18 and over, surveyed between January 2025 – January 2026, consisting of 4 quarterly waves. The data helps to understand who participates in gambling, the type of activities they participate in, and the level of gambling-related harms.

Gambling participation tables

In the Gambling Survey for Great Britain – Annual report, 2025: 47.4% of adults aged 18 years and over reported any type of gambling activity in the past four weeks. When those who had only participated in lotteries were excluded, 27.0% of adults had participated in any gambling in the past four weeks.

Compared to females, males had a statistically significantly higher proportion of their population participating in gambling in the past four weeks (50.6% compared to 44.5% for all gambling, 30.4% compared to 23.8% excluding lottery draws).

Figure 6. Gambling participation in the past four weeks (including and excluding Lottery draw products only players), by sex, Great Britain, January 2025 to January 2026

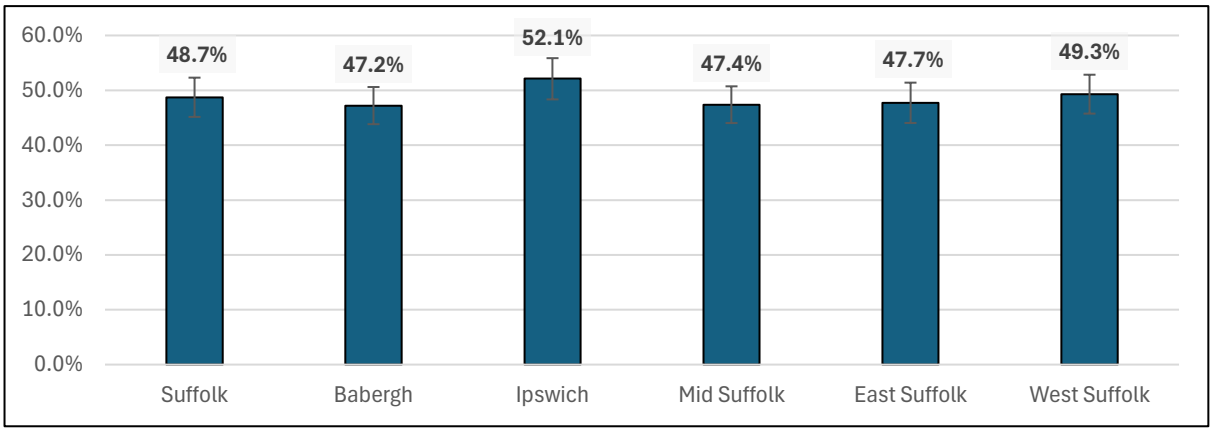


Source: Gambling Commission (2026)

Local authority estimates of gambling participation produced by the Office for Health Improvement and Disparities (OHID) provide modelled estimates of the proportion of adults who gambled in the previous four weeks. These estimates have been developed specifically to support local authorities and differ from the national Gambling Survey for Great Britain (GSGB) estimates presented elsewhere in this profile.

Based on these modelled estimates, around 309,000 adults in Suffolk (48.7%) participated in gambling during the previous four weeks. Participation varied across Suffolk's districts, ranging from 47.2% in Babergh to 52.1% in Ipswich. Ipswich had the highest estimated participation rate, while Babergh, Mid Suffolk (47.4%) and East Suffolk (47.7%) had the lowest. However, the confidence intervals overlap, indicating that differences between Suffolk's districts should be interpreted with caution.

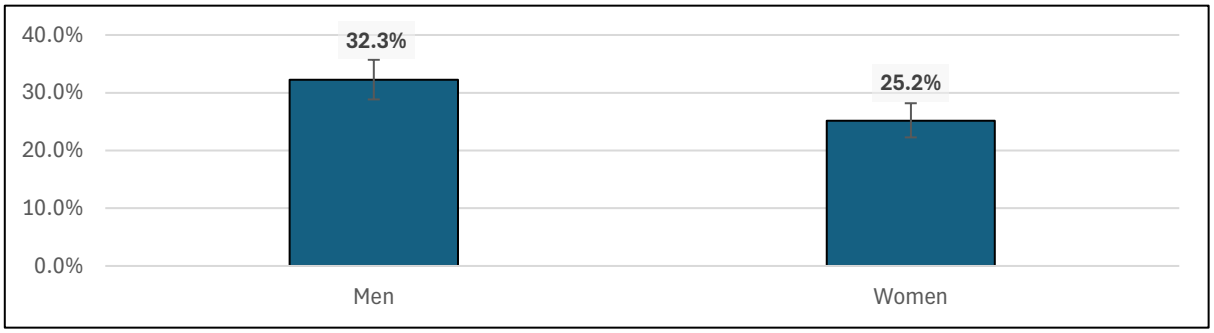
Figure 7. The proportion of adults (18 years or over) spending money on any gambling activity in the past 4-weeks, Suffolk and districts and boroughs, 2025



Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

In 2025, around one-third of adults in Suffolk reported spending money on gambling activities in the previous four weeks (excluding lottery draws). Overall, 32.3% of men and 25.2% of women in Suffolk reported gambling in the past 4 weeks (excluding lottery draws). This aligns with the national and regional picture, where men were more likely to gamble than women. Nationally, 30.9% of men and 24.3% of women reported gambling, while in the East of England the figures were 31.2% and 25.1%, respectively.

Figure 8. The proportion of men and women (18 years or over) spending money on any gambling activity in the past 4-weeks (excluding lottery draws), Suffolk, 2025



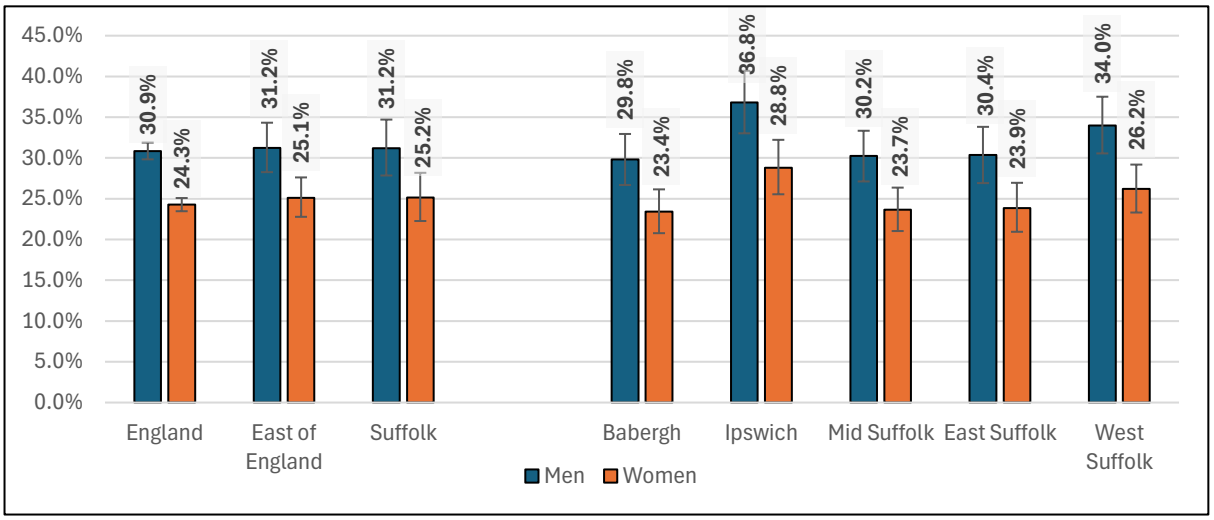
Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

Among men, the percentage reporting spending money on any gambling activity excluding lottery draws in the past weeks in Suffolk was 32.3%, which was statistically similar to both the East of England (31.2%) and England (30.9%). At district level, Ipswich had the highest proportion of men gambling (36.8%), followed by West Suffolk (34.0%), while Babergh had the lowest (29.8%). Mid Suffolk (30.2%) and East Suffolk (30.4%) were close to the Suffolk average.

Among women, Suffolk (25.2%) was also statistically similar to the East of England (25.1%) and England (24.3%). As with men, Ipswich had the highest prevalence (28.8%), followed by West Suffolk (26.2%). Babergh (23.4%), Mid Suffolk (23.7%) and East Suffolk (23.9%) all reported prevalences statistically similar to the national average.

The data suggests that gambling participation (excluding lotteries) in Suffolk broadly mirrors regional and national levels, but with notable local variation. Ipswich consistently records the highest prevalence for both men and women, with West Suffolk also above the Suffolk average.

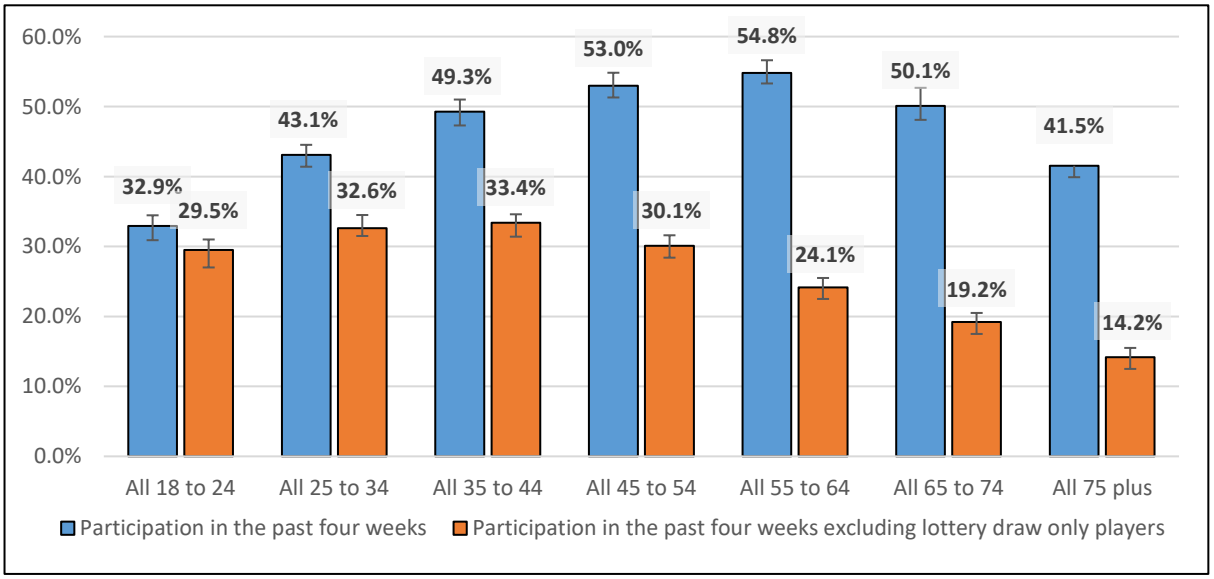
Figure 9. The proportion of men and women (18 years or over) spending money on any gambling activity in the past 4-weeks (excluding lottery draws), England, East of England, Suffolk and districts and boroughs, 2025



Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

Gambling participation was highest in those aged 35 to 44 (49.3%), 45 to 54 (53.0%), and 55 to 64 (54.8%). However, when excluding those who had only participated in lotteries in the past four weeks, gambling participation was highest among those aged 18 to 24 (29.5%), 25 to 34 (32.6%), 35 to 44 (33.4%), and 45 to 54 (30.1%).

Figure 10. Gambling participation in the past four weeks (including and excluding Lottery draw products only players), by age group, Great Britain, January 2025 to January 2026



Source: Gambling Commission (2026)

Great Britain Gambling Behaviours Classification (GB2C)

The Great Britain Gambling Behaviours Classification (GB2C) is a new research dataset developed by the University of Liverpool's GeoDS research group. Unlike survey-based estimates, GB2C uses anonymised online gambling transaction data from around 1.2 million gambling accounts to estimate the distribution of online gambling behaviour across Great Britain. Individuals are classified into 11 behavioural subgroups, grouped into Betting-and-Gaming (BG), Betting-Exclusive (B) and Gaming-Exclusive (G) profiles, providing a more detailed understanding of local gambling behaviours than is possible using survey data alone.

Across Suffolk, an estimated 95,900 adults were classified as active online gamblers, representing approximately 15% of the county's adult population. East Suffolk had the largest estimated number of active online gamblers (28,622), followed by West Suffolk (23,527) and Ipswich (22,220), reflecting differences in population size.

The most common behavioural subgroup in Babergh, Mid Suffolk, East Suffolk and West Suffolk was B2 – Well-Resourced Hobbyists, suggesting that this profile is the dominant form of online gambling behaviour across much of Suffolk. In contrast, Ipswich was characterised by BG5 – High-Frequency High-Stake Losers as its largest subgroup. While this does not indicate that most gamblers in Ipswich experience gambling-related harm, it suggests a different pattern of online gambling behaviour compared with the rest of the county and may warrant further exploration alongside other local indicators of gambling risk and deprivation.

As GB2C is derived from data supplied by a single major online gambling operator and uses statistical modelling to estimate local populations, it does not capture all gambling activity, including gambling with other operators, land-based gambling or National Lottery participation. The estimates should therefore be interpreted as indicative of local online gambling behaviour rather than direct measures of gambling prevalence or harm.

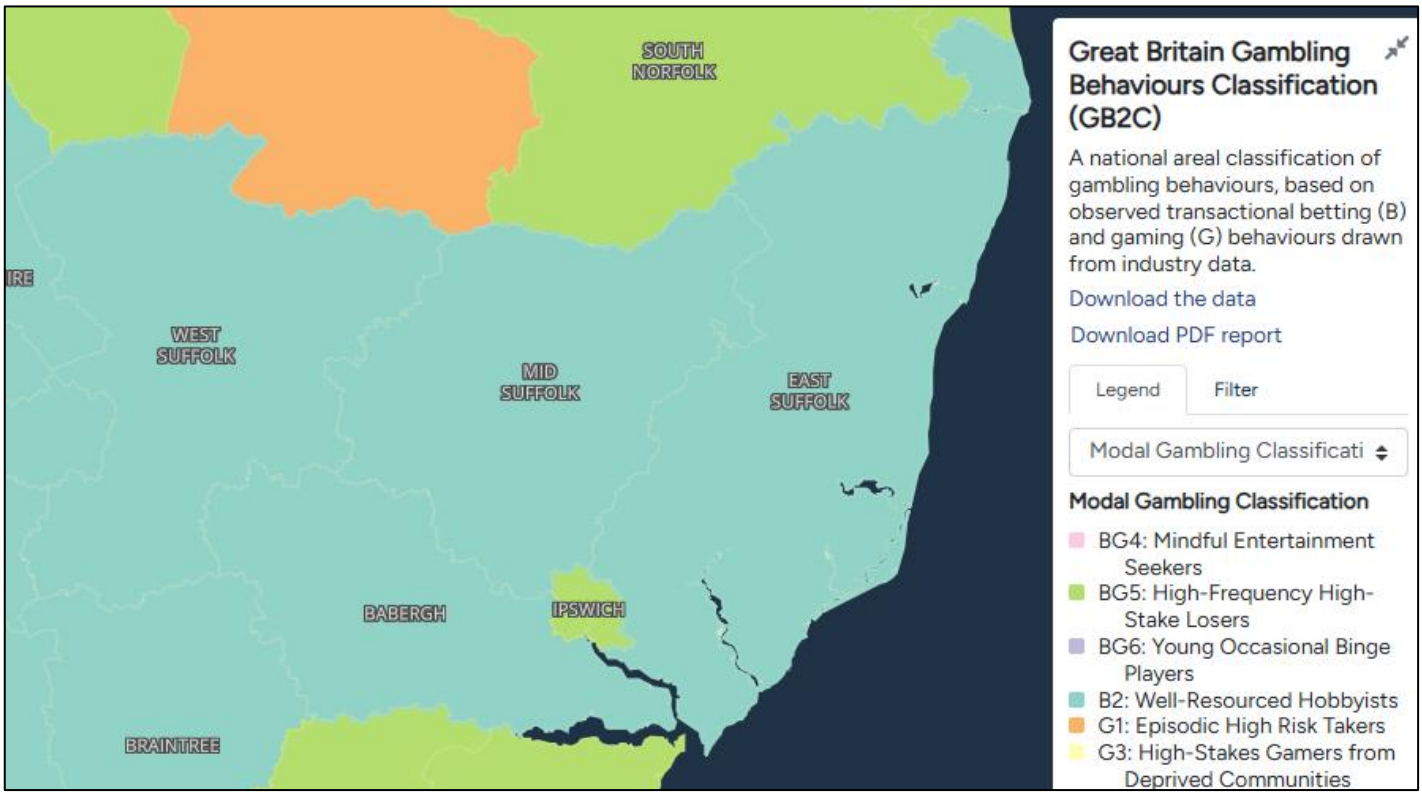
Understanding the GB2C groups

The GB2C classifies online gamblers into 11 behavioural subgroups based on their actual gambling behaviour, rather than survey responses.

- **BG (betting and gaming):** individuals who regularly participate in both betting and gaming activities
- **B (betting exclusive):** individuals whose gambling is predominantly betting
- **G (gaming exclusive):** individuals whose gambling is predominantly gaming activities such as slots or casino games

The behavioural subgroup names (for example, Well-Resourced Hobbyists or High-Frequency High-Stake Losers) describe the dominant characteristics within each cluster. They should not be interpreted as applying to every individual within that group.

Figure 11. Great Britain Gambling Behaviours Classification (GB2C), Suffolk's districts and boroughs, 2025



Source: Geographic Data Service (Online Gambling Service Provider, UK-OAC, GeoDS Harmonised IMD 2019) (2026)

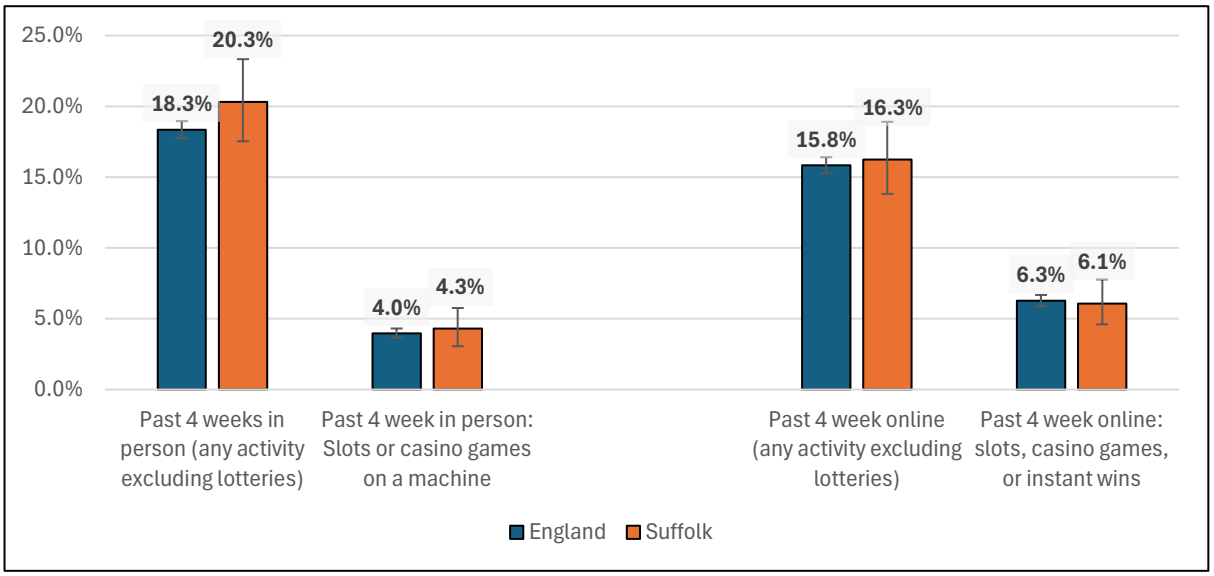
Online compared to in-person gambling

Patterns of gambling participation in Suffolk are similar to those seen nationally. In the past four weeks, 20.3% of adults in Suffolk reported taking part in in-person gambling activities (excluding lotteries), statistically similar to the England average of 18.3%. Participation in online gambling was also statistically similar in Suffolk (16.3%) compared to England (15.8%).

The proportion of adults playing slots or casino games on machines was also statistically similar between Suffolk (4.3%) and England (4.0%). Similarly, participation in online slots, casino games or instant-win games was statistically similar, at 6.1% in Suffolk compared with 6.3% nationally.

These findings indicate that the balance between in-person and online gambling in Suffolk closely reflects the national picture, with only small differences across gambling formats.

Figure 12. The proportion of adults (18 years or over) spending money on any in person gambling (and slots or casino games on a machine), and online (excluding lotteries) and online slots, casino games, or instant wins, Suffolk and England, 2025



Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

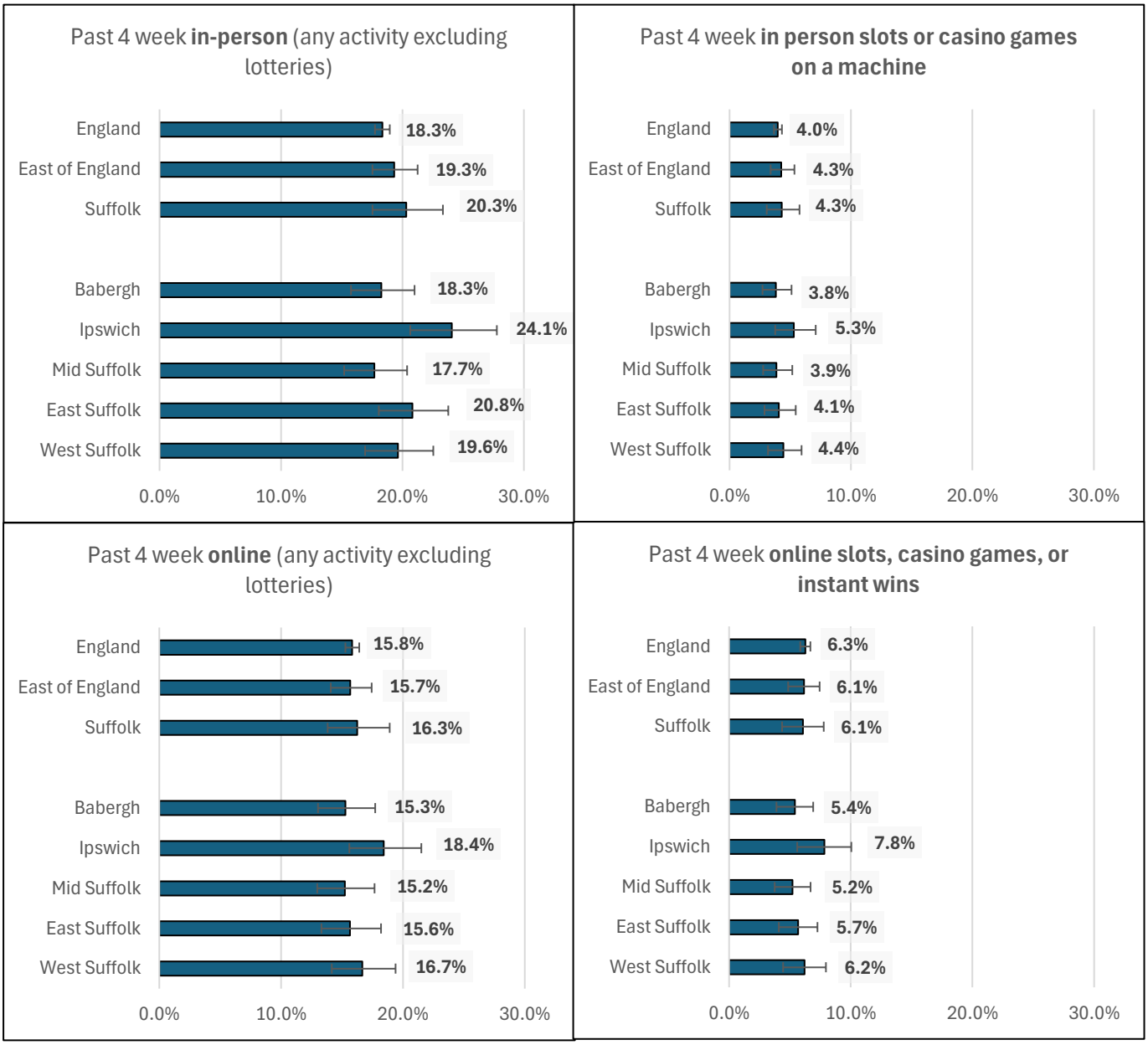
Across Suffolk's districts and boroughs, participation in gambling activities was broadly consistent, with overlapping confidence intervals indicating no statistically significant differences between areas.

For in-person gambling (excluding lotteries), participation ranged from 17.7% in Mid Suffolk to 24.1% in Ipswich, with Suffolk overall at 20.3%, slightly above (but statistically similar to) the England average of 18.3%. Participation in in-person slots or casino games on machines was low across all districts, ranging from 3.8% in Babergh to 5.3% in Ipswich, closely reflecting the Suffolk (4.3%) and England (4.0%) averages.

For online gambling (excluding lotteries), prevalence ranged from 15.2% in Mid Suffolk to 18.4% in Ipswich, with the Suffolk average (16.3%) statistically similar to England (15.8%). Participation in online slots, casino games or instant-win games also showed limited variation, ranging from 5.2% in Mid Suffolk to 7.8% in Ipswich, with Suffolk (6.1%) closely aligned to both the East of England (6.1%) and England (6.3%).

Although Ipswich consistently recorded the highest proportions across each gambling measure and Mid Suffolk and Babergh tended to have the lowest, the wide and overlapping confidence intervals indicate that these differences should be interpreted with caution. Overall, there is no statistical evidence of meaningful variation in gambling participation between Suffolk's districts and boroughs.

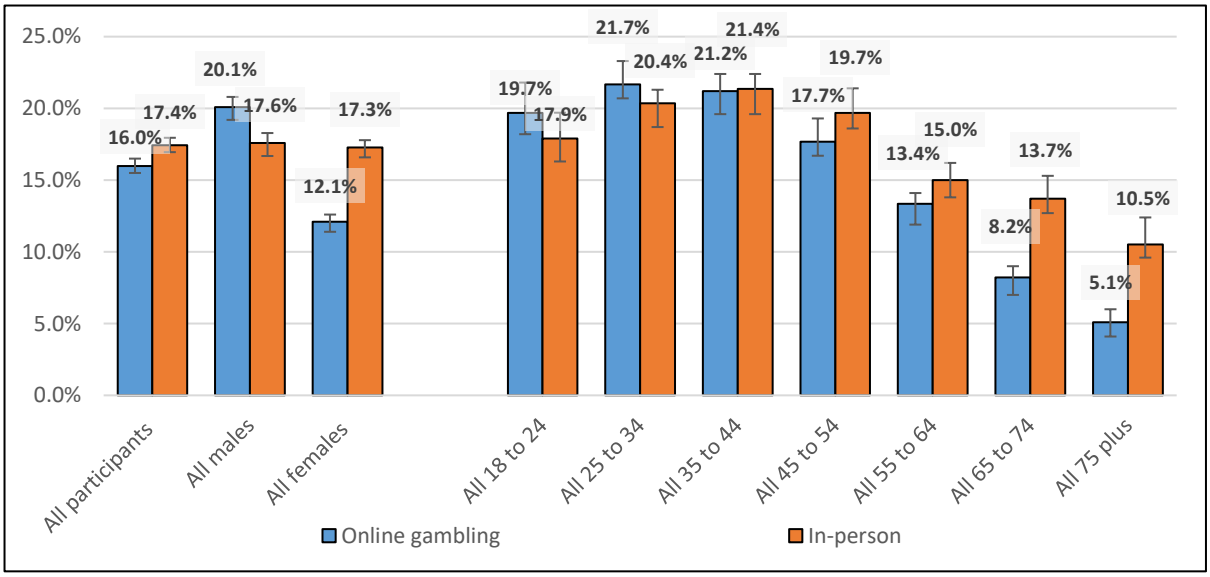
Figure 13. The proportion of adults (18 years or over) spending money on any in person gambling (and slots or casino games on a machine), and online (excluding lotteries) and online slots, casino games, or instant wins, England, East of England, Suffolk districts and boroughs, 2025



Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

When lottery only gamblers are excluded from the analysis, participation in both in person and online gambling is most common among younger age groups. Online and in-person gambling participation are similar overall, with around 16.0% of adults participating online and 17.4% participating in person during the previous four weeks. Men are statistically significantly more likely than women to gamble online (20.1% compared with 12.1%), whereas participation in in-person gambling is statistically similar for men and women (both between 17.3 and 17.6%). In-person gambling participation is highest among 35-44 year olds (21.4%), followed by 25-34 year olds (20.4%) and 45-54 year olds (19.7%). Participation in both online and in-person gambling declines among older age groups, particularly those aged 65 years and over.

Figure 14. Gambling participation in the past four weeks (excluding lotteries), by age group, and type of gambling activity, Great Britain, January 2025 to January 2026

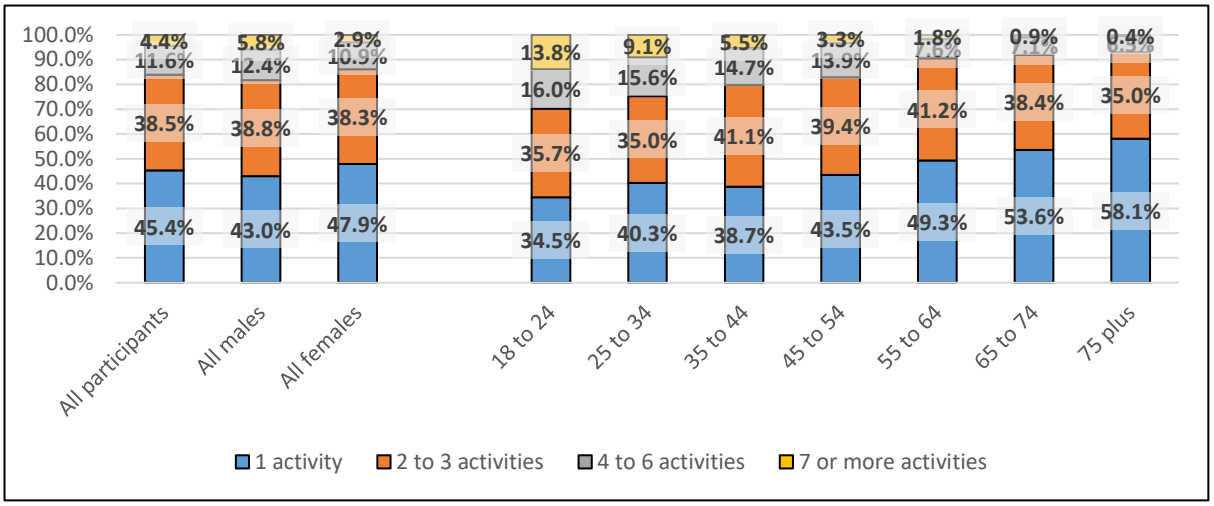


Source: Gambling Commission (2026)

Number and type of gambling activities

Using data for 2025, of all participants who had gambled at any point in the previous 4 weeks, they took part on average in 2.4 different types of gambling activities. The highest number of activities on average was among 18 to 24 year olds (3.6 activities in the previous 4 weeks) and decreased across the age groups. The average number of gambling activities in the previous 4 weeks was statistically significantly higher among males (2.5), compared to females (2.2).

Figure 15. Number of gambling activities taken part in of those who gambled in the past four weeks by sex and age, Great Britain, 2025

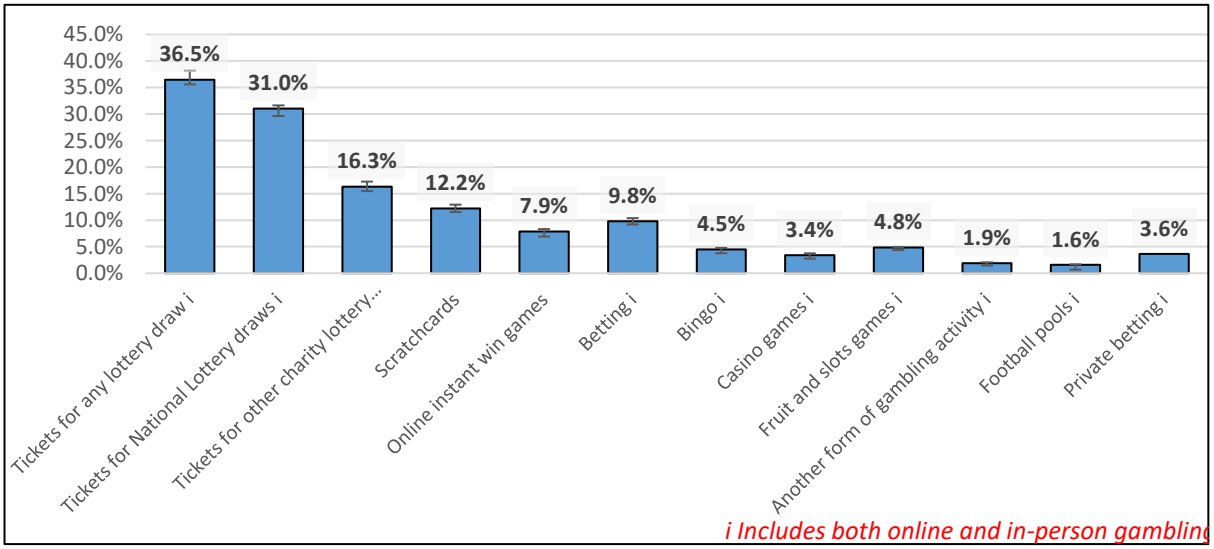


Source: Gambling Commission (2026)

Applying GSGB prevalence estimates suggests that 378,673 Suffolk residents aged 18 and over participated in gambling activity during the previous 12 months.

Tickets for any lottery draw remain the most common form of gambling activity, with around 36.5% of adults reporting participation in the previous four weeks. Other lottery products and scratchcards were the next most common activities, while participation in activities such as casino games, football pools and private betting was comparatively low.

Figure 16. Gambling participation in the past four weeks, by type of gambling activity, Great Britain, January 2025 - January 2026



Source: Gambling Commission (2026)

Reasons for gambling

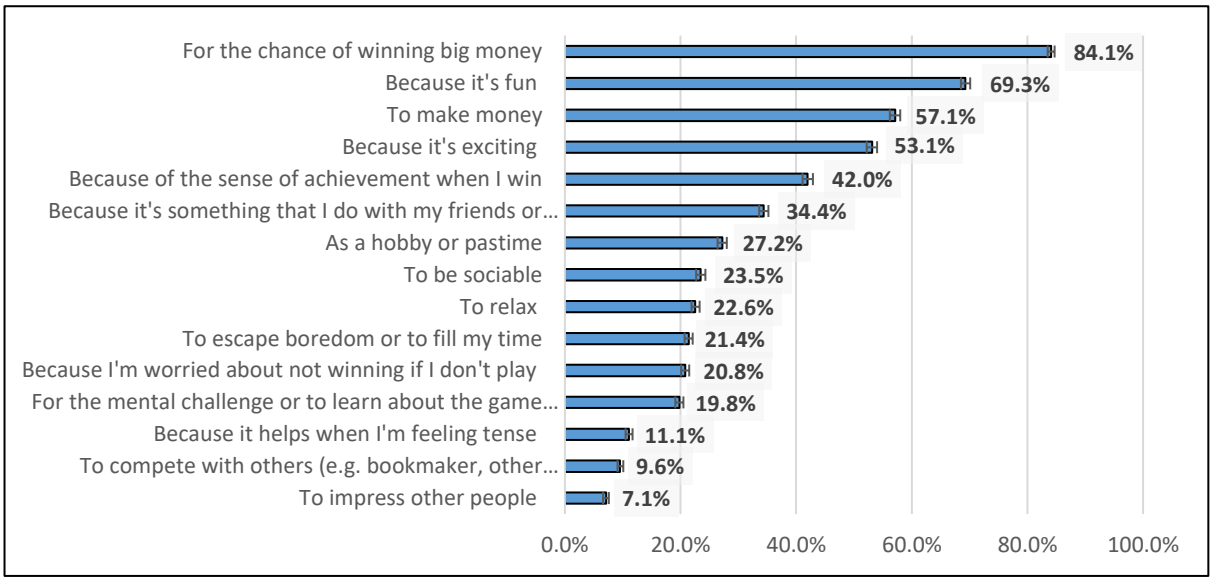
The most reported reason for gambling in the past 12 months for all adults was the chance of winning big money, cited by 84.1% of people. Enjoyment was also a major motivator, with over 2 in 3 (69.3%) gambling because it is fun, while over half reported gambling to make money (57.1%) or because it is exciting (53.1%).

Social and recreational motivations were also common. Around one-third of gamblers reported gambling as something they do with friends or family (34.4%), while 27.2% described it as a hobby or pastime and 23.5% reported gambling to be sociable.

A smaller but notable proportion reported motivations that may be associated with coping or emotional regulation, with over 1 in 5 (22.6%) gambled to relax, 21.4% to escape boredom or fill time, and over 1 in 10 (11.1%) because it helped when feeling tense. In addition, 20.8% reported gambling because they were worried about not winning if they did not play, which may indicate concerns about chasing losses or fear of missing out among some gamblers.

Overall, the findings suggest that gambling is primarily driven by financial, entertainment and social motivations. However, a substantial minority report reasons linked to emotional coping or perceived pressure to continue gambling.

Figure 17. Reasons for gambling: I take part in these activities... all participants: gambled in the past 12 months, Great Britain, January 2025 - January 2026



Source: Gambling Commission (2026)

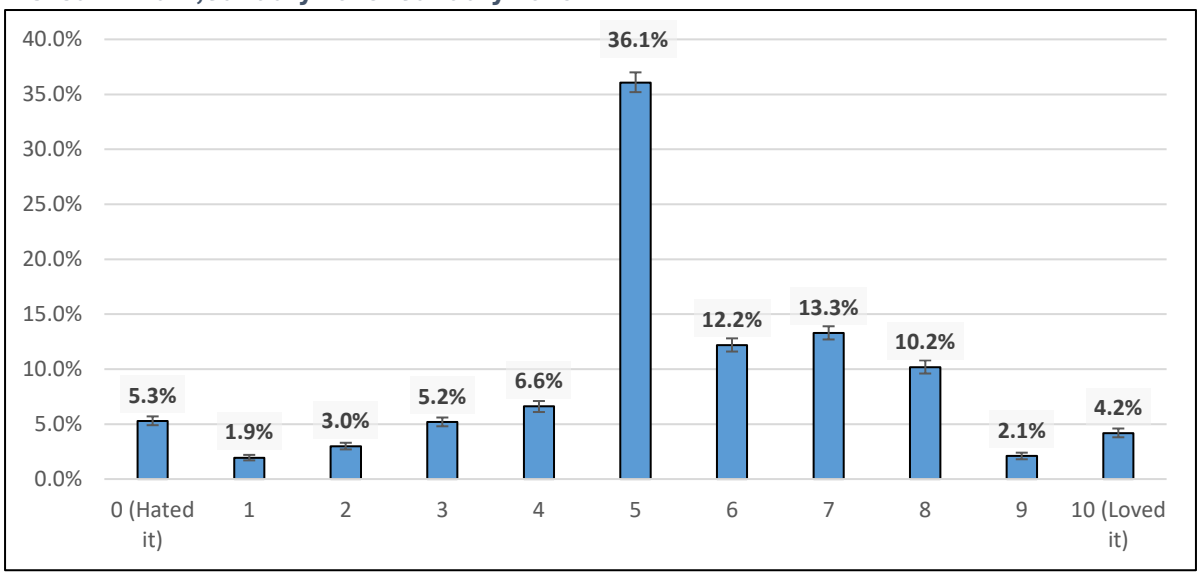
Feelings towards gambling

Additional data from the GSGB asked participants to rate their feelings towards gambling on a scale from 0 ("hated it") to 10 ("loved it"). Responses were concentrated around the middle of the scale, with 36.1% selecting 5/10, indicating a broadly neutral attitude towards gambling.

Positive attitudes towards gambling were more common than negative attitudes. 41.9% of respondents selected scores of 6-10, compared with only 22.0% selecting score of 0-4. However, strongly positive feelings were relatively uncommon, with only 16.4% selecting scores of 8-10, including 4.2% who reported that they "loved" gambling.

Similarly, strongly negative views were uncommon, with only 5.3% selecting the lowest score of 0 ("hated it"). Overall, the findings suggest that most people who gamble view the activity relatively neutrally or moderately positively, rather than expressing strong enthusiasm or strong dislike. This may reflect that for many people, gambling is perceived as a recreational activity rather than a highly valued, or strongly disliked behaviour.

Figure 18. Feelings towards gambling - all participants: gambled in the past 12 months, Great Britain, January 2025 - January 2026



Source: Gambling Commission (2026)

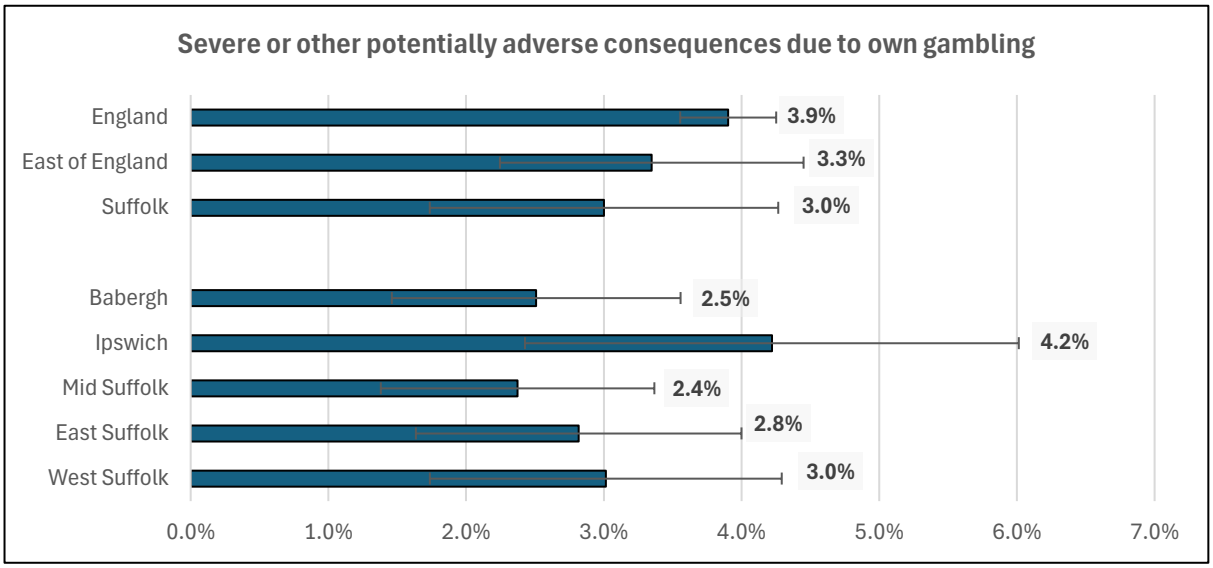
Adverse consequences

Local Authority-level estimates of gambling participation estimate that 3.0% of adults in Suffolk experiences severe or other potentially adverse consequences due to their own gambling either 'fairly often' or 'very often'. This is slightly lower (but statistically similar to) the England estimate (3.9%), and also statistically similar to the East of England (3.4%).

Across Suffolk's districts and boroughs, estimates ranged from 2.4% in Mid Suffolk and 2.5% in Babergh to 4.2% in Ipswich, with East Suffolk (2.8%) and West Suffolk (3.0%) falling between these values. Although Ipswich recorded the highest estimated prevalence, the confidence intervals for all areas overlap, indicating no statistically significant differences between Suffolk's districts and boroughs.

Overall, the findings suggest that the proportion of adults experiencing frequent gambling-related harms in Suffolk is comparable with the regional picture and marginally lower than the national estimate, with no clear evidence of meaningful variation across local areas.

Figure 19. The proportion of adults (18 years or over) experiencing severe or other potentially adverse consequences (either 'fairly often' or 'very often') due to their own gambling, England, East of England, Suffolk districts and boroughs, 2025



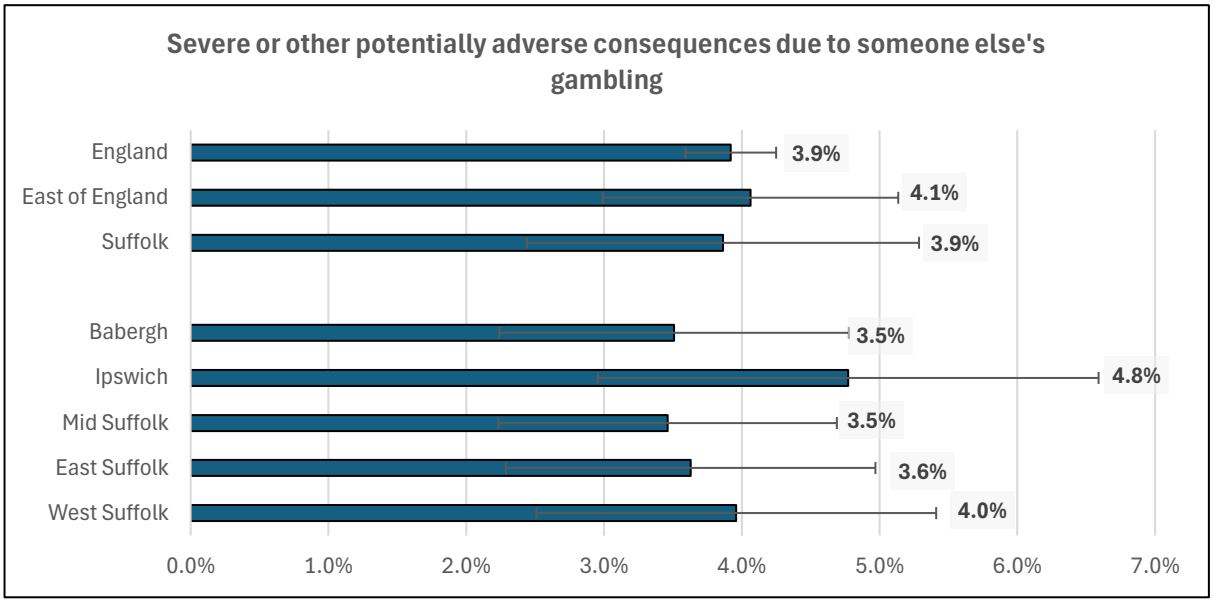
Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

An estimated 3.9% of adults in Suffolk experienced severe or other potentially adverse consequences as a result of someone else's gambling either 'fairly often' or 'very often'. This is also statistically similar to both the England estimate (3.9%), and the East of England (4.1%).

Across Suffolk's districts and boroughs, estimates ranged from 3.5% in Mid Suffolk and 3.5% in Babergh to 4.8% in Ipswich. While Ipswich had the highest estimated prevalence, the confidence intervals for each of Suffolk's districts and boroughs overlap, indicating no statistically significant differences.

The findings suggest that the proportion of adults affected by harms arising from another person's gambling is similar across Suffolk and consistent with regional and national estimates.

Figure 20. The proportion of adults (18 years or over) experiencing severe or other potentially adverse consequences (either 'fairly often' or 'very often') due to someone else's gambling, England, East of England, Suffolk districts and boroughs, 2025



Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

Local Authority Small Area Estimates of Gambling – PGSI

As part of the statutory gambling levy, local authorities have been provided with new small-area estimates of gambling participation and gambling-related harm. Produced by the University of Glasgow using data from the Gambling Survey for Great Britain (GSGB) and Small Area Estimation methods, the estimates provide indicative local-level information on gambling activity and the severity of gambling-related harm, including harms arising from an individual's own gambling and the gambling of others.

The estimates are intended to address an important gap in local intelligence and support local authorities to understand need, inform prevention and service planning, and identify communities and populations that may require greater support. Estimates have been shared with upper-tier local authorities in two tranches and are available for lower-tier local authority areas; they should be interpreted as modelled estimates rather than directly observed local prevalence.

Across Suffolk's lower-tier local authorities, most adults are estimated to be non-problem gamblers (PGSI 0). However, a proportion of the adult population is estimated to experience some level of gambling-related harm or risk:

- Estimated PGSI 8+ (indicative of problem gambling) ranges from 1.87% in Mid Suffolk to 3.62% in Ipswich
- Estimated PGSI 3-7 (moderate risk) ranges from 2.93% in Mid Suffolk to 4.01% in Ipswich
- Estimated PGSI 1-2 (low risk) ranges from 8.11% in Mid Suffolk to 9.35% in Ipswich

Ipswich consistently shows the highest estimated levels of gambling risk across Suffolk, while Mid Suffolk and Babergh generally show lower estimated prevalence.

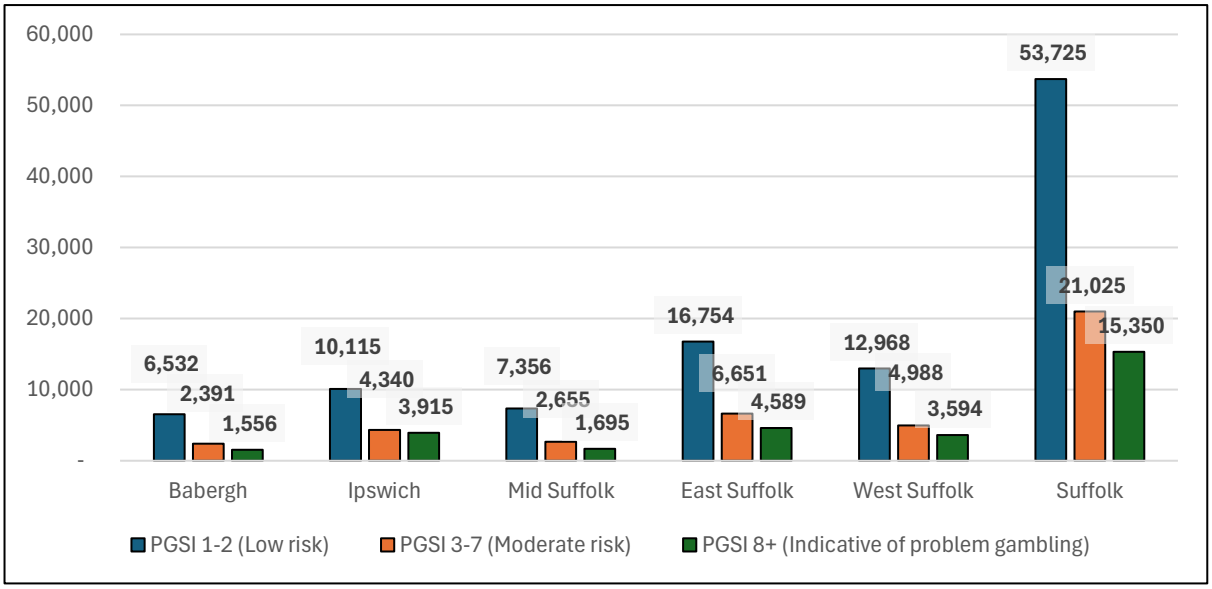
Table 1. Estimated prevalence of gambling risk, Problem Gambling Severity Indicator (PGSI), Suffolk lower-tier local authorities, 2025

	PGSI 1-2		PGSI 3-7		PGSI 8+	
	(Low risk)	No.	(Moderate risk)	No.	(Indicative of problem gambling)	No.
Babergh	8.23%	6,532	3.01%	2,391	1.96%	1,556
Ipswich	9.35%	10,115	4.01%	4,340	3.62%	3,915
Mid Suffolk	8.11%	7,356	2.93%	2,655	1.87%	1,695
East Suffolk	8.15%	16,754	3.24%	6,651	2.23%	4,589
West Suffolk	8.63%	12,968	3.32%	4,988	2.39%	3,594
Suffolk	**8.47%**	**53,725**	**3.32%**	**21,025**	**2.42%**	**15,350**

Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

Based on the prevalence of problem gambling in Great Britain from the GSGB, we can estimate that there are 15,350 adults aged 18 years and over in Suffolk engaging in problem gambling (PGSI score 8+/prevalence of 2.42% across Suffolk's population aged 18 and over in 2024), with a further 74,750 engaging in low (PGSI 1-2: 53,725) or moderate (PGSI 3-7: 21,025) risk gambling in 2024.

Figure 21. Estimated prevalence of gambling risk, Problem Gambling Severity Indicator (PGSI), Suffolk lower-tier local authorities, 2025



Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

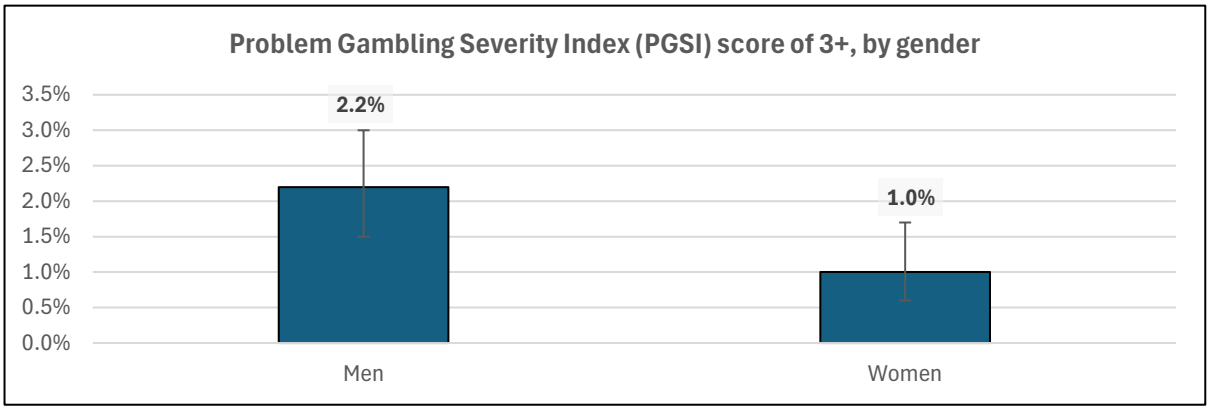
Adult Psychiatric Morbidity Survey (APMS): PGSI scores analysis

The Adult Psychiatric Morbidity Survey (APMS) of mental health and wellbeing also explores gambling behaviour – asking respondents based on a list of gambling activities, whether they had participated or spent money on them in the past 12 months[37].

Most adults had either not gambled in the past 12 months (57.4%) or had gambled without signs of gambling-related harm, reflected by a PGSI score of 0 (38.2%). A further 2.8% had a PGSI score of 1 or 2, indicating low-risk gambling.

Overall, 1.6% of adults were identified as experiencing at least moderate-risk gambling, with a PGSI score of 3 to 27. This comprised 1.2% with a score of 3 to 7, indicating moderate-risk gambling, and 0.4% with a score of 8 or above, indicating gambling associated with adverse consequences and possible loss of control. Men were more likely than women to have a PGSI score of 3 or above (2.2% compared with 1.0%).

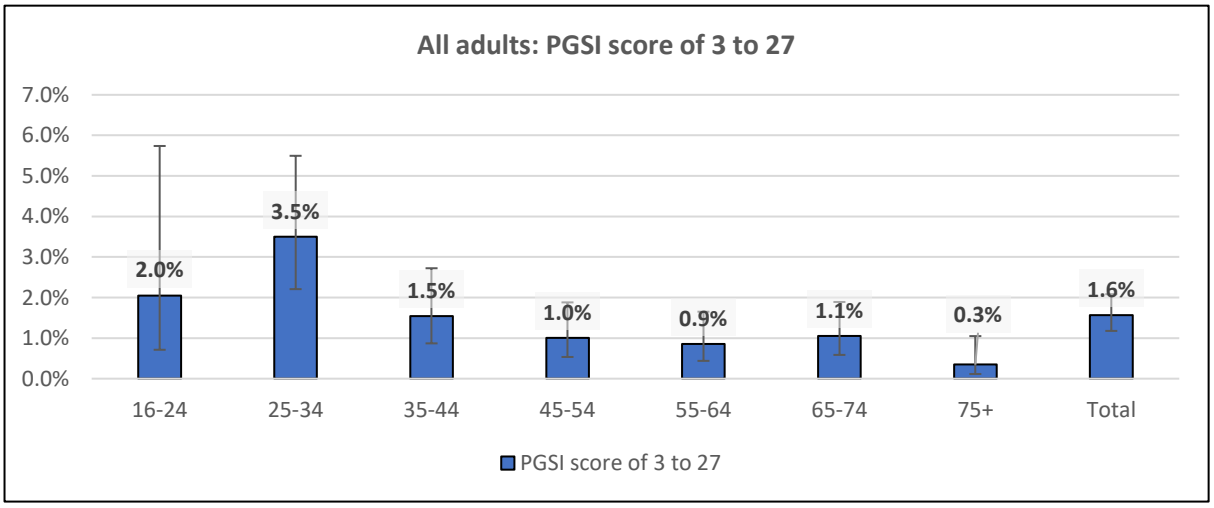
Figure 22. Problem Gambling Severity Index (PGSI) score of 3+, by gender, England, 2023/24



Source: APMS (NHS Digital) (2025)

The proportion of adults with a PGSI score of 3 or above varied by age and was generally higher among younger adults. It was 2.0% among those aged 16 to 24 and 3.5% among those aged 25 to 34, compared with 1.5% among those aged 35 to 44, and 0.3% among those aged 75 and over.

Figure 23. Problem Gambling Severity Index (PGSI) score of 3+, by age, England, 2023/24

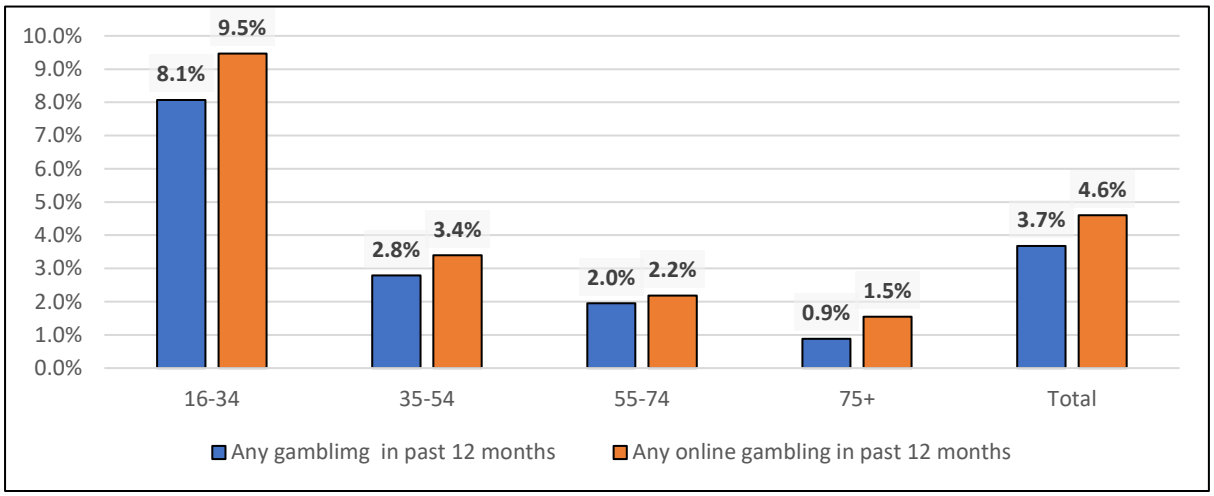


Source: APMS (NHS Digital) (2025)

Overall, 28.9% of adults who had gambled in the past 12 months reported gambling online, including buying National Lottery tickets online. Most online gamblers had a PGSI score of 0 (87.0%), while 8.4% had a score of 1 or 2, indicating low-risk gambling. A further 4.6% had a PGSI score of 3 or above, indicating at least moderate-risk gambling; this included 1.2% with a score of 8 or above.

Among online gamblers, PGSI scores of 3 or above were more common among men than women (5.9% compared with 3.0%) and were also more common among younger adults. Around one in ten online gamblers aged 16 to 34 had a PGSI score of 3 or above (9.5%), falling to 1.5% among those aged 75 and over.

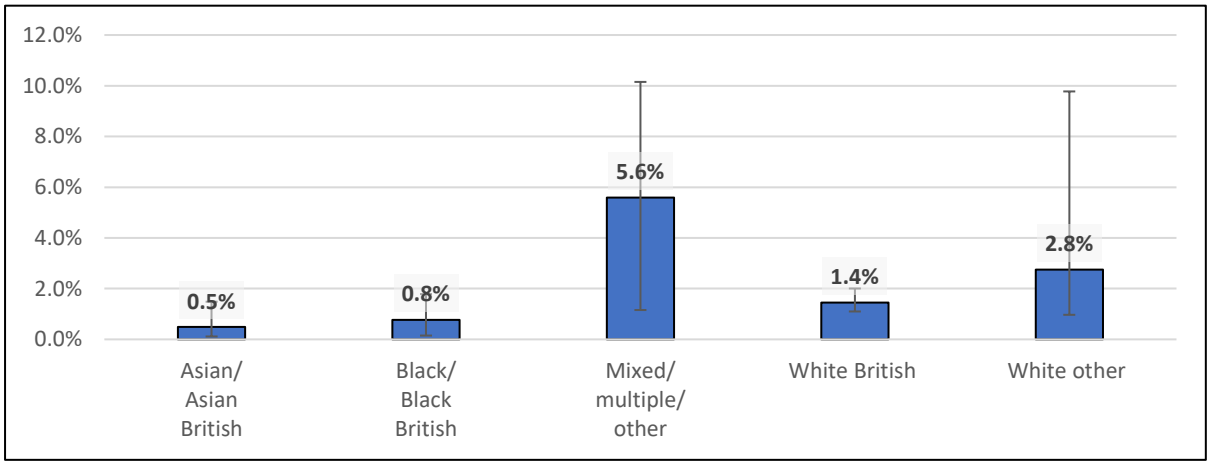
Figure 24. Problem Gambling Severity Index (PGSI) score of 3+, by gambling participation in the past 12 months (any gambling, and online gambling) and age, England, 2023/24



Source: APMS (NHS Digital) (2025)

The proportion of adults responding to the APMS with a PGSI score of 3 and above varied by ethnic groups, with the highest values among those in the Mixed/multiple or other ethnic group (5.6%), and lowest among Asian/Asian British (0.7%), and Black/Black British (0.8%) adults.

Figure 25. Problem Gambling Severity Index (PGSI) score of 3+, by gambling participation in the past 12 months, by ethnic group (age-standardised), England, 2023/24

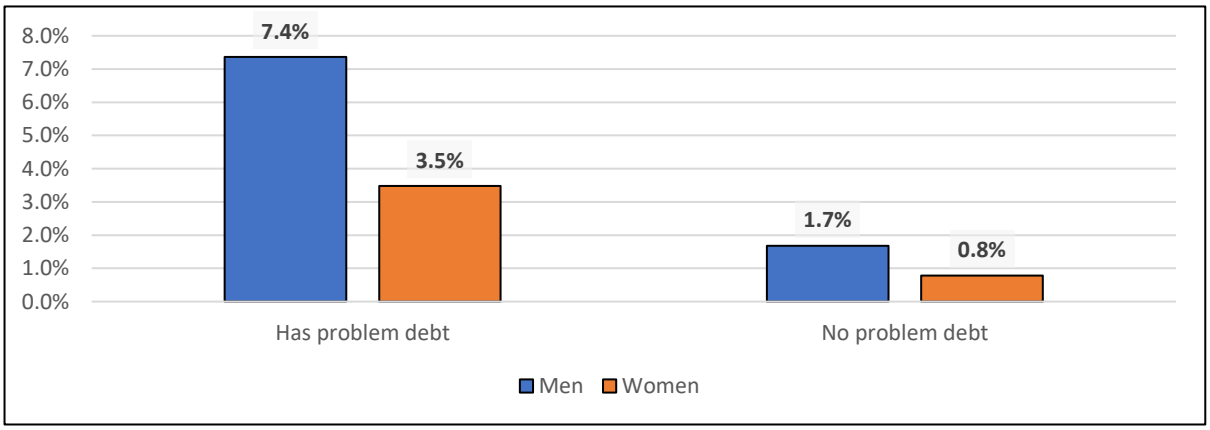


Source: APMS (NHS Digital) (2025)

The estimates are also likely to be affected by differences in the level of engagement in gambling by ethnic sub-group. The APMS data reveals that the groups least likely to have a PGSI score of 3 or more were also the least likely to gamble. For example, 81.3% of Asian/Asian British adults had not gambled, compared with 52.3% of White British Adults. Please note, due to the sample sizes – confidence intervals split by ethnic group are very large, so many differences are not statistically significant.

The APMS also found that being seriously behind on at least one debt repayment or having utilities cut off were more likely to have a PGSI score of 3 or above. 7.4% of men and 3.5% of women with problem debt had a PGSI score of 3 or above, compared with 1.7% of men and 0.8% of women without problem debt.

Figure 26. Problem Gambling Severity Index (PGSI) score of 3+, by problem debt (age-standardised), England, 2023/24



Source: APMS (NHS Digital) (2025)

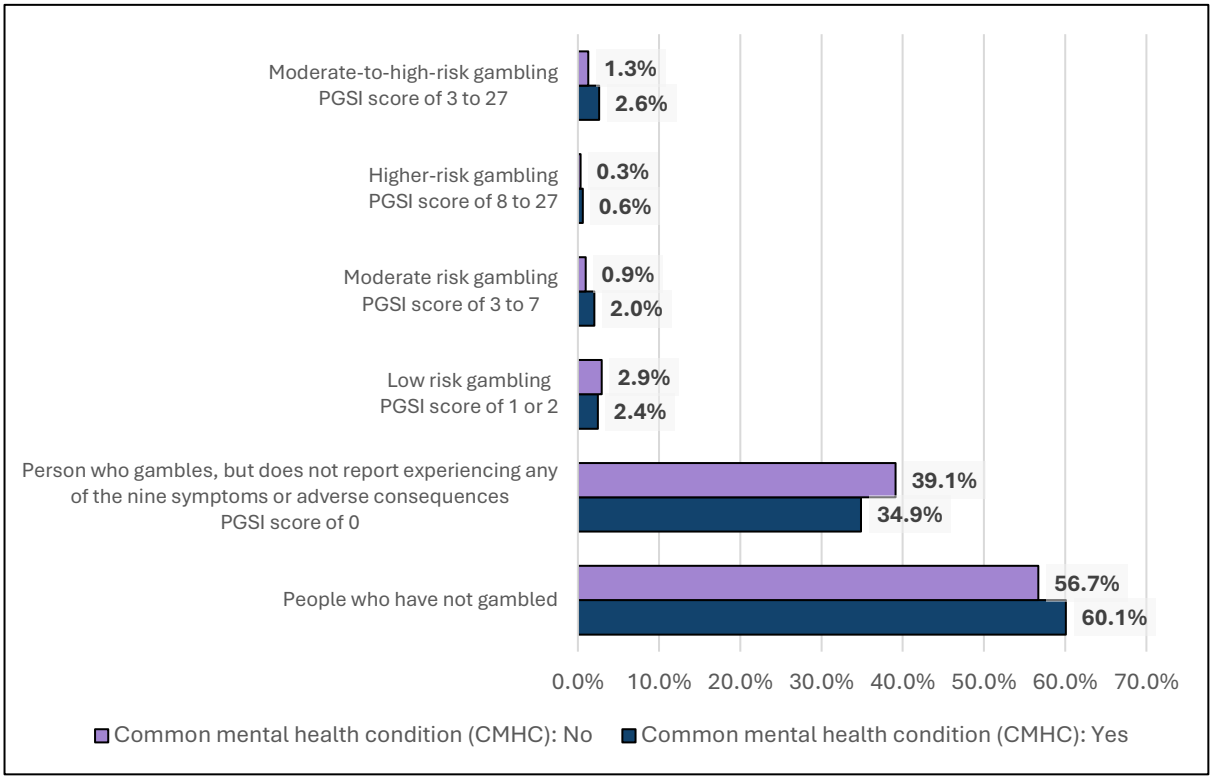
Among all adults, the proportion experiencing moderate- to high-risk gambling (PGSI score 3-27) is twice as high among those with a common mental health condition (CMHC) compared with those without (2.6% vs 1.3%).

These inequalities are more pronounced among men. Men with a CMHC are more than twice as likely to experience moderate- to high-risk gambling than men without a CMHC (4.4% vs 1.7%), and higher-risk gambling (PGSI 8–27) is also more common in this group.

Among women, overall levels of gambling and problem gambling are lower than among men; however, the same pattern of inequality remains. Women with a CMHC are around twice as likely to experience moderate- to high-risk gambling compared with women without a CMHC, although absolute prevalence remains relatively low.

Across all groups, people with CMHCs are also less likely to gamble without harm (PGSI score of 0) and more likely to report gambling-related adverse consequences. This highlights problem gambling as both a mental health inequality issue, as well as potentially contributing to worsening mental health, financial stress and social harm

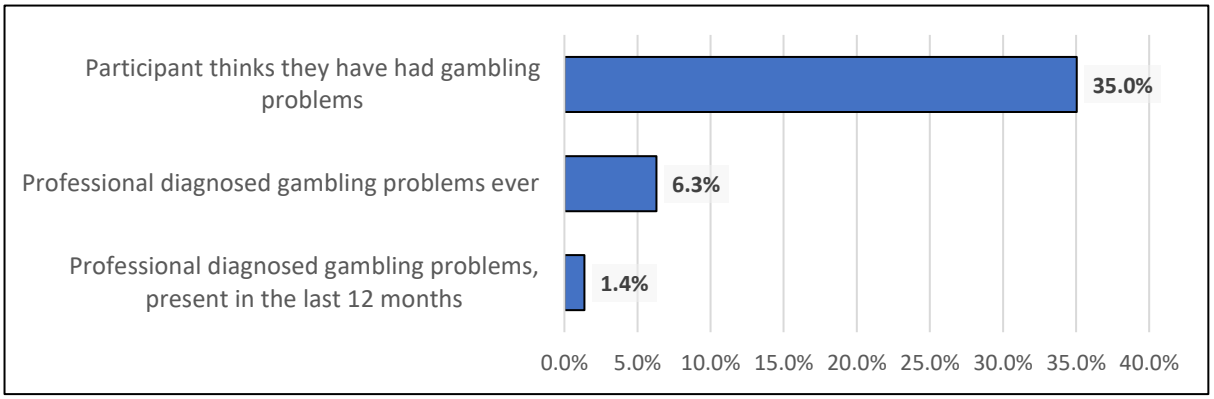
Figure 27. Problem Gambling Severity Index (PGSI) scores (age-standardised) by common mental health condition Yes/No, all adults, England, 2023/24



Source: APMS (NHS Digital) (2025)

Formal diagnosis was uncommon; among adults with a PGSI score of 3 or above, 6.3% reported ever having received a professional diagnosis of a gambling problem.

Figure 28. Self-diagnosis and professional diagnosis of gambling problems, PGSI score of 3 to 27, England, 2023/24



Source: APMS (NHS Digital) (2025)

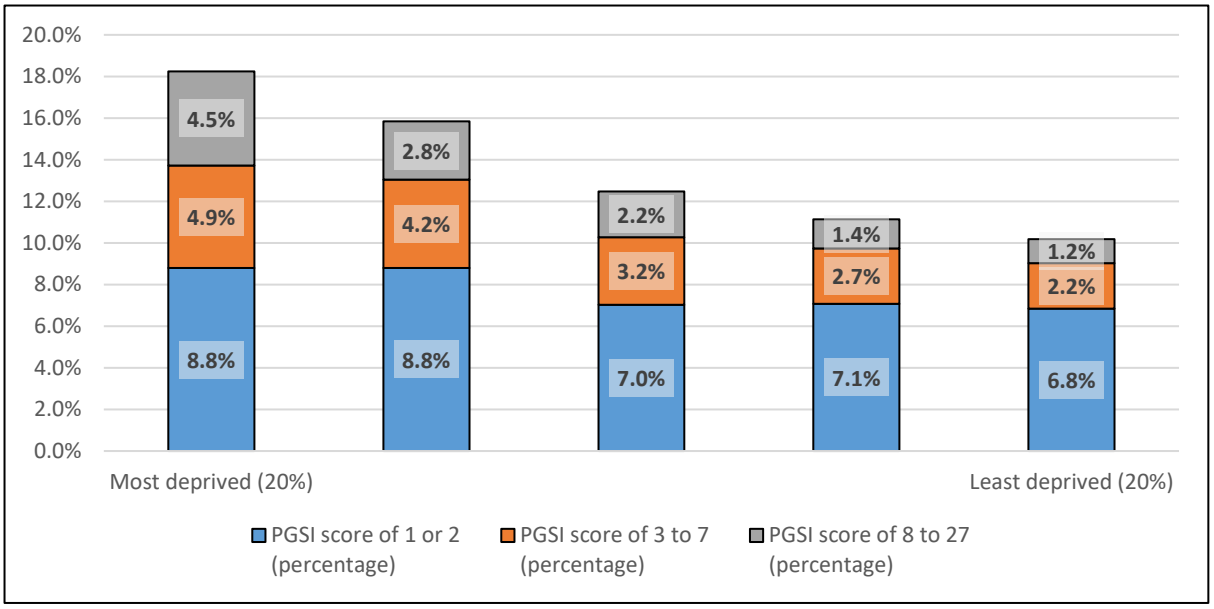
There is a clear social gradient in gambling-related harm, with people living in more deprived areas experiencing substantially higher levels of risk. In England, 18.2% of adults living in the most deprived fifth of neighbourhoods were classified as experiencing low-risk, moderate-risk or problem gambling (PGSI 1+), compared with 10.2% of those living in the least deprived fifth.

Gambling Survey for Great Britain – inequalities, gambling products and severe consequences

The following data comes from the latest edition of the Gambling Survey for Great Britain (Annual Report 2025), published in July 2026. It shows that gambling-related harm is not evenly distributed. Risk is strongly associated with socioeconomic deprivation, the type and intensity of gambling activity, and the number of different activities undertaken. Certain forms of gambling are associated with substantially higher levels of problem gambling, while severe consequences, although less common – can include significant financial, relationship, health and criminal justice impact and are more frequently reported by men.

The prevalence of problem gambling (PGSI 8+) was almost four times higher in the most deprived areas than in the least deprived areas (4.5% compared with 1.2%). Similarly, moderate-risk gambling (PGSI 3–7) was more than twice as common in the most deprived areas (4.9%) than in the least deprived areas (2.2%). These findings highlight the strong association between socioeconomic deprivation and gambling-related harm, reinforcing the need for targeted prevention and support in more disadvantaged communities.

Figure 29. Prevalence of at-risk problem gambling (PGSI score 1+) among all participants by deprivation quintile, England, 2025



Source: Gambling Commission (2026)

The likelihood of experiencing problem gambling varies considerably by the type of gambling activity. Across all people who had gambled in the previous 12 months, 4.0% were classified as experiencing problem gambling (PGSI 8+). However, the prevalence was substantially higher among participants in certain activities.

The highest prevalence of problem gambling was observed among those who had bet on the outcome of events in person (40.4%), more than ten times the average across all gamblers. Other activities associated with particularly high levels of problem gambling included casino gaming machines in venues (28.7%), betting on the outcome of events online/via an app (22.7%), casino games played online/via an app (22.7%), football pools (22.6%), casino games played at a casino (21.5%), and fruit and slots online/via an app (21.3%).

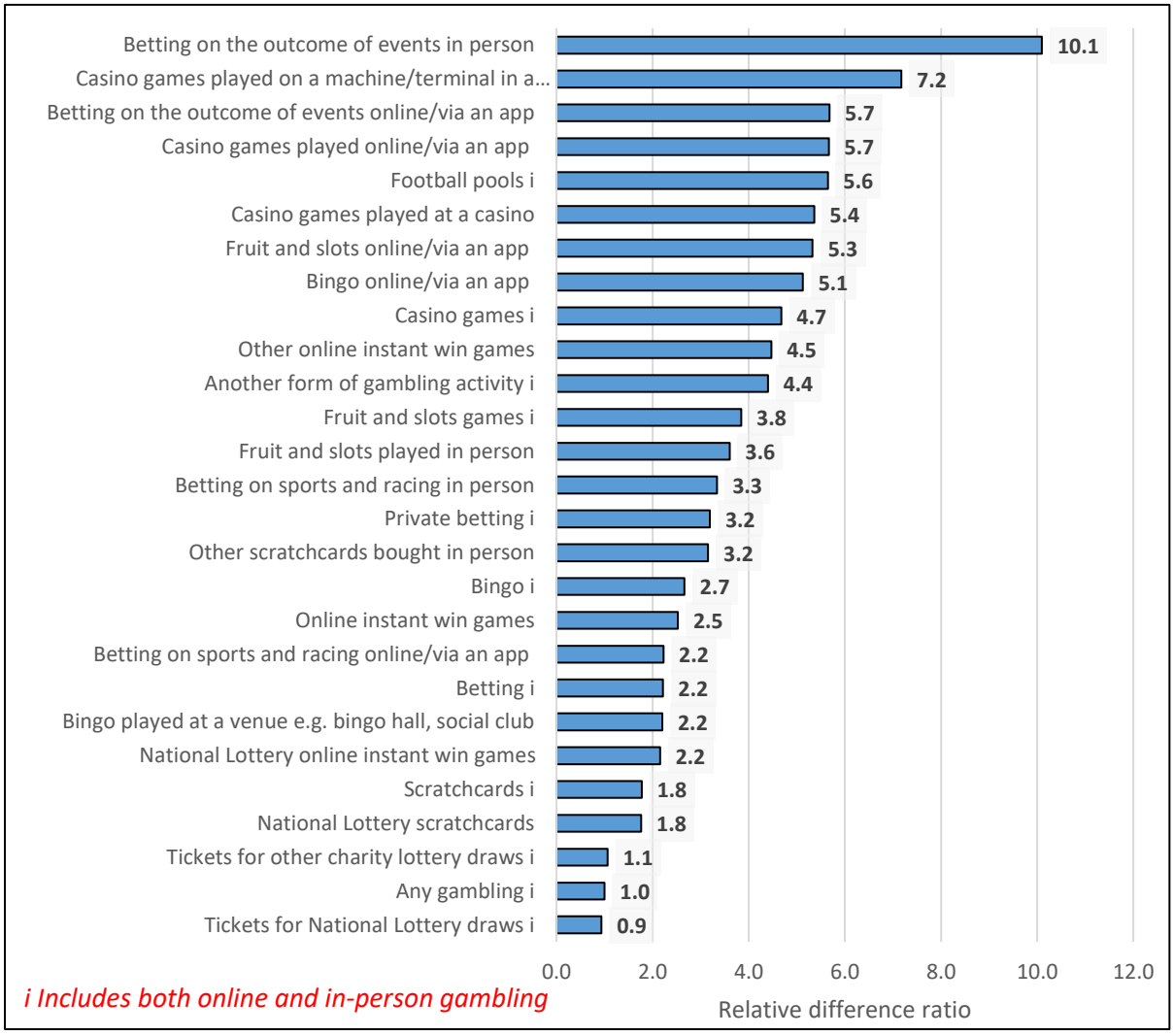
These activities were associated with a prevalence of problem gambling between four and six times higher than the average for all gamblers.

In contrast, lottery-based products were associated with much lower levels of problem gambling. The prevalence among people who played National Lottery draws (3.7%) was slightly below the overall average, while charity lottery players (4.3%) had a prevalence similar to that seen across all gambling activities.

Overall, the findings suggest that the risk of gambling-related harm is not evenly distributed across gambling products. Higher-risk activities are typically characterised by more intensive, continuous or faster forms of play, particularly online casino products, gaming machines and certain forms of betting.

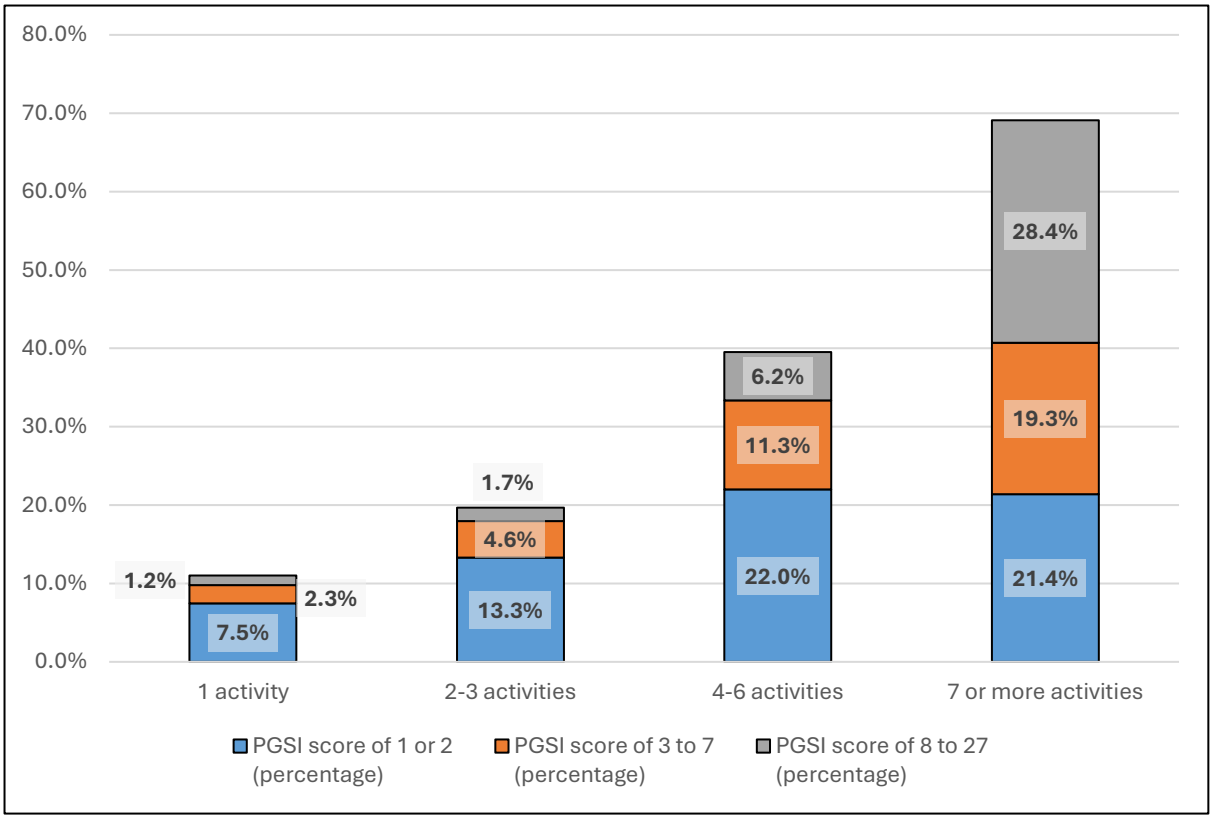
Problem gambling is also strongly associated with the number of gambling activities people take part in, with prevalence rising as the number of activities increases. In 2025, 69.1% of people who had spent money on seven or more gambling activities in the previous 12 months were identified as engaging in at-risk or problem gambling. This compares with 39.5% of those who gambled on four to six activities, 19.6% on two or three activities, and 11.0% on one activity only.

Figure 30. Relative difference ratio: Problem Gambling Severity Index (PGSI) distribution of score categories, for those who had gambled in the past 12 months, by gambling activity in the past 12 months, Great Britain, 2025



Source: Gambling Commission (2026)

Figure 31. Problem Gambling Severity Index (PGSI) distribution of score categories by number of gambling activities participated in during the past 12 months, Great Britain, 2025



Source: Gambling Commission (2026)

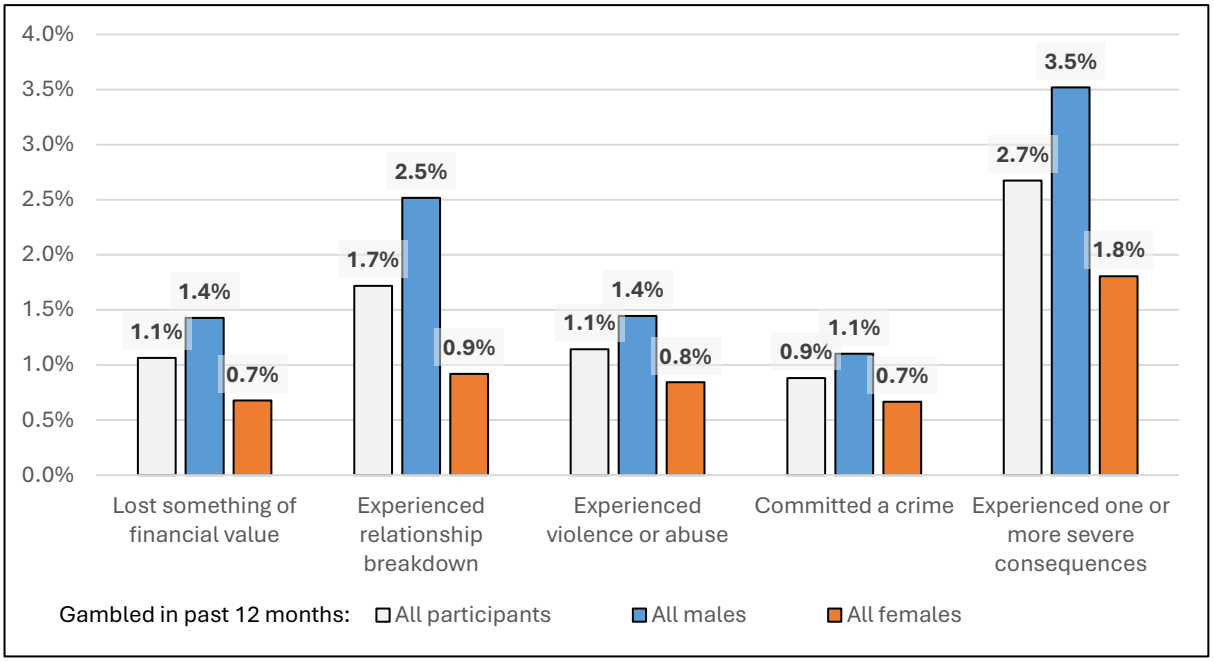
Although uncommon, a small proportion of people who gambled in the previous 12 months reported experiencing severe gambling-related consequences. Overall, 2.7% of gamblers reported experiencing at least one severe consequence because of their gambling.

The most frequently reported severe consequence was relationship breakdown (1.7%), followed by losing something of significant financial value, such as a home, business or car, or being declared bankrupt (1.1%). Around 1.1% reported experiencing violence or abuse because of their gambling, while 0.9% reported committing a crime to finance gambling or repay gambling debts.

Men were consistently more likely than women to report severe gambling-related consequences. Overall, 3.5% of men who had gambled in the past year experienced at least one severe consequence, compared with 1.8% of women. Men were also more likely to report each individual consequence, including relationship breakdown (2.5% versus 0.9%), significant financial loss (1.4% versus 0.7%), violence or abuse (1.4% versus 0.8%), and committing a crime (1.1% versus 0.7%).

These findings demonstrate that, while severe harms affect a relatively small proportion of people who gamble, the impacts can extend beyond financial loss to include relationship, health and criminal justice consequences. The higher prevalence among men is consistent with broader evidence showing that men are more likely to engage in higher-risk forms of gambling and to experience gambling-related harm.

Figure 32. Proportion who gambled in past 12 months experiencing severe consequences due to own gambling, by sex, Great Britain, 2025



Source: Gambling Commission (2026)

The cost of gambling-related harms

The Oxford Consultants for Social Inclusion (OCSI) local area profiles include estimates of the wider fiscal costs associated with gambling-related harm, based on national modelling undertaken by the National Institute of Economic and Social Research (NIESR). In April 2023, NIESR estimated that the annual fiscal cost of 'problem gambling' (PGSI 8+) in Great Britain is approximately £1.4 billion (2023 prices), rising to around £1.48 billion when adjusted for inflation to 2024 values[38]. However, it was not possible to fully quantify many costs - such as healthcare costs associated with suicide, and costs associated with crime, education, and impact on relationships - therefore, these figures are widely recognised to underestimate the true cost[10]. The research also found that the fiscal cost per person experiencing problem gambling is approximately £3,700 per year compared with people experiencing 'at-risk' gambling[38]. The bulk of the fiscal cost relates to higher welfare support, in addition to increased healthcare, criminal justice costs and the costs of homelessness.

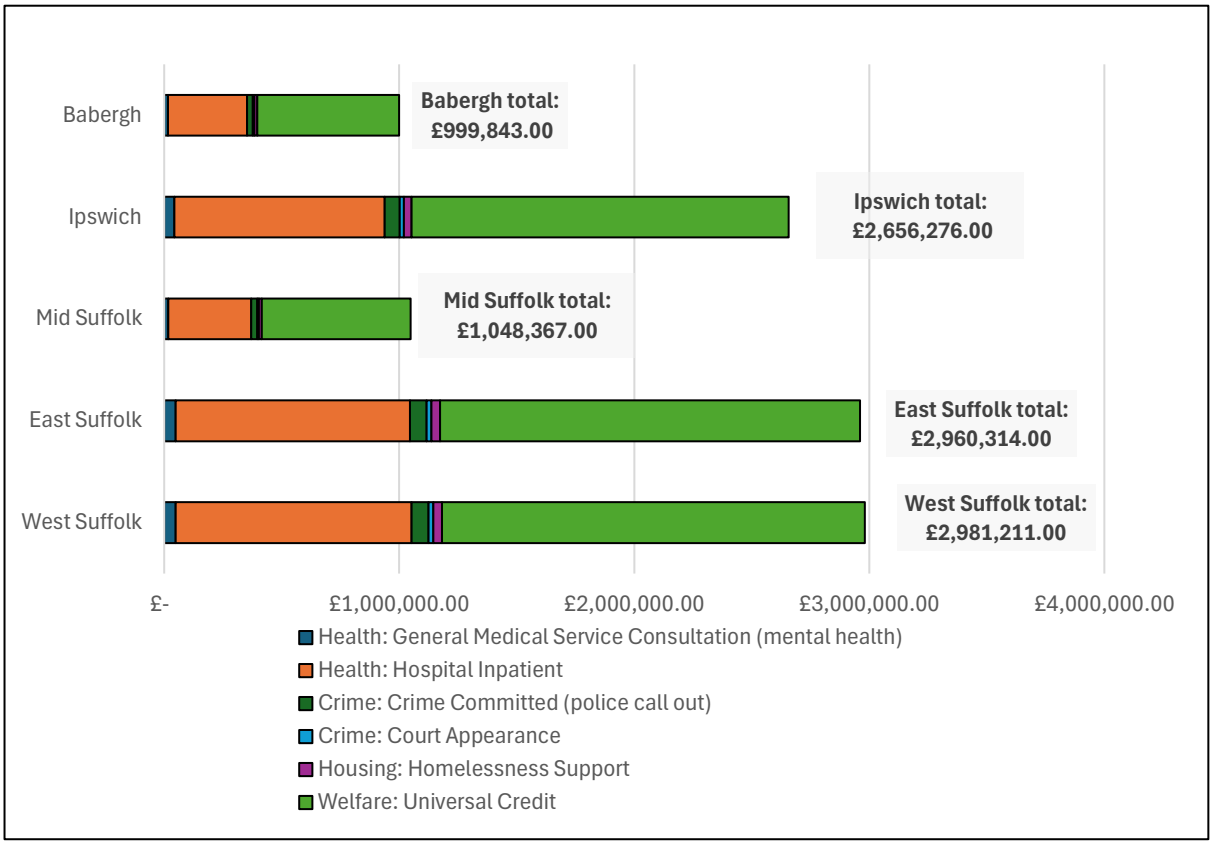
These national estimates have been apportioned to local areas by OCSI according to each area's estimated share of the total number of people in Great Britain experiencing problem gambling (PGSI 8+). The resulting figures therefore represent modelled estimates of the excess costs to public services associated with gambling-related harm, rather than observed local expenditure.

For Suffolk as a whole, the estimated total annual fiscal cost associated with gambling-related harm is approximately £10.65 million. This cost is distributed across a range of public service areas, reflecting the multi-system impact of gambling-related harm:

- **Health services** account for approximately **£3.76 million** (including GP consultations for mental health and hospital inpatient care)
- **Welfare systems** account for approximately **£6.42 million**, representing the largest single cost category (primarily Universal Credit)
- **Criminal justice costs** are estimated at approximately **£0.33 million** (including police callouts and court appearances)
- **Housing-related costs** are estimated at approximately **£0.13 million** (homelessness support)

The OCSI profiles also include a range of supporting demographic and socioeconomic indicators that have been associated with an increased risk of gambling-related harms. Within Suffolk, Ipswich has the highest proportions of younger adults (21.6% aged 18–34 years), residents from minority ethnic groups (15.7%), people who are unemployed or economically inactive (19.9%), and people who are not in a relationship (58.7%). West Suffolk also has a relatively high proportion of younger adults (21.3%) and a larger minority ethnic population (8.2%) than the other predominantly rural districts. In contrast, Babergh, Mid Suffolk and East Suffolk generally have lower proportions of minority ethnic populations and younger people. These indicators do not measure gambling harm directly but provide useful context when considering where populations may be at greater risk of experiencing gambling-related harms and where prevention and support activity may need to be targeted.

Figure 33. Estimated wider impacts and costs: NIESR estimated annual fiscal cost of 'problem gambling' (PGSI 8+), Suffolk lower-tier local authorities, 2024



Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

Table 2. Estimated wider impacts and costs: NIESR estimated annual fiscal cost of 'problem gambling' (PGSI 8+), Suffolk lower-tier local authorities, 2024

	Health: General Medical Service Consultation (mental health)	**Health**: Hospital Inpatient	**Crime**: Crime Committed (police call out)	**Crime**: Court Appearance	**Housing**: Homelessness Support	**Welfare**: Universal Credit	**Total**
Babergh	£16,286	£336,799	£24,127	£6,786	£12,441	£603,404	**£999,843**
East Suffolk	£48,219	£997,189	£71,435	£20,091	£36,834	£1,786,546	**£2,960,314**
Ipswich	£43,266	£894,773	£64,098	£18,028	£33,051	£1,603,060	**£2,656,276**
Mid Suffolk	£17,076	£353,145	£25,298	£7,115	£13,044	£632,689	**£1,048,367**
West Suffolk	£48,559	£1,004,228	£71,939	£20,233	£37,094	£1,799,158	**£2,981,211**
Suffolk	**£173,406**	**£3,586,134**	**£256,897**	**£72,253**	**£132,464**	**£6,424,857**	**£10,646,011**

Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

Affected others

Gambling harms extend beyond the individual who gambles and can have significant impacts on partners, family members, friends, colleagues and others close to them. Data from the Gambling Survey for Great Britain (GSGB) estimate that 9% of adults were affected by someone else's gambling in the previous 12 months[16]. Affected others were more likely to be women (55%) and aged 25 to 44 years (46%), and almost two-thirds (63%) had also gambled themselves during the previous year[16], illustrating the wider social and family impacts described within the Gambling Harms Inequalities Framework[26].

Among affected others, 74% reported experiencing health-related harms, such as stress, anxiety or poorer wellbeing, 65% experienced relationship-related harms, and 43% experienced resource-related harms, including financial pressures or increased caring responsibilities[16]. In addition, 30% reported experiencing adverse consequences from their own gambling, highlighting the overlap between being harmed by another person's gambling and experiencing gambling-related harms personally[16].

Qualitative research highlighted that gambling-related harm is frequently recognised only after it has become well established, particularly where gambling takes place online and is less visible to those around the person gambling[39]. Partners often described the greatest and most sustained harms, although parents, adult children, siblings and friends also reported distinct negative impacts[39]. Many participants described living with ongoing stress, uncertainty and hypervigilance, while some continued to experience the consequences of gambling long after the gambling behaviour had stopped[39].

Despite these impacts, fewer than one in five affected others seek support[39]. Many do not recognise themselves as experiencing gambling-related harm, and existing support services are often focused on the person gambling rather than those affected by their behaviour[39]. These findings reinforce the importance of adopting a whole-family and population health approach to gambling-related harms, recognising that the effects of gambling frequently extend beyond the individual gambler.

Young people and gambling

The Gambling Commission's Young People and Gambling 2025 survey provides the latest national picture of gambling among children and young people aged 11 to 17 years in Great Britain.

In 2025, 30% of 11 to 17 year olds reported having spent their own money on some form of gambling during the previous 12 months, broadly unchanged from 27% in 2024 and similar to 31% in 2022. When gambling without necessarily spending their own money (for example gambling using someone else's money or receiving tickets as gifts) is included, 49% reported some experience of gambling in the previous 12 months, compared with 44% in 2024, 40% in 2023 and 50% in 2022.

The most common gambling activities involving young people's own money were:

- Arcade gaming machines (such as penny pushers and claw grab machines): 21%
- Betting between friends or family: 14%
- Cards played for money: 5%
- Fruit or slot machines: 4%

Participation in most other regulated gambling activities, including National Lottery products, betting with licensed operators and casino games, remained low (between 1–2%).

Boys were more likely than girls to report spending their own money on gambling (34% compared with 27%), particularly on betting (18% compared to 12%) and gaming machines (26% compared to 22%).

Using the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-MR-J) screening tool, around 1.2% of young people met the criteria for problem gambling in 2025, while a further 2.2% were classified as at-risk gamblers. Although these proportions are small, they have remained relatively stable over recent years (problem gambling: 0.9% in 2022, 0.7% in 2023, 1.5% in 2024, 1.2% in 2025).

Overall, the findings suggest that while participation in most regulated gambling activities remains uncommon among children and young people, gambling through gaming machines and informal betting with friends or family continues to be relatively widespread. The persistence of a small proportion of young people experiencing gambling-related harm highlights the importance of prevention, education and early intervention.

Table 3. Young People and Gambling (11-17 year olds) in Great Britain, summary indicators, 2022-2025

Indicator (11-17 year olds, Great Britain)	2022	2023	2024	2025
Spent own money on any gambling (last 12 months)	31%	26%	27%	**30%**
Any experience of gambling (last 12 months)	50%	40%	44%	**49%**
Problem gambling (DSM-IV-MR-J score 4+)	0.9%	0.7%	1.5%	**1.2%**
At-risk gambling (DSM-IV-MR-J score 2-3)	2.4%	1.5%	1.9%	**2.2%**

Source: Gambling Commission (2025)

Treatment need and service engagement

In the 2024 annual statistics from the National Gambling Treatment Service (Great Britain), 10,754 individuals were recorded as having been treated within gambling services, a 12% increase in the number of people treated for gambling harm compared to the previous year[40]. Given the conservative estimated prevalence of gambling disorder of 0.4%[37] in the UK of approximately 55 million adults, this prevalence suggests that under 5% of adults with gambling disorder received treatment by services under this framework[41].

Treatment services for gambling disorder in England are funded through a range of routes and typically provide psychotherapy, from cognitive behavioural therapy in NHS clinics to counselling-based support in the charitable sector[41].

Since July 2023, the East of England treatment service has received 167 referrals from those living in Suffolk. Of those, 136 (81.4%) were for males, and 31 (18.6%) were for females.

Gambling treatment need and support: prevalence estimates

The following indicator published by the Office for Health Improvement and Disparities (OHID) estimates the number and rates of adults who gamble, who might benefit from treatment or support in each local authority in England. The estimates were developed by researchers using national survey data and small area estimation techniques, intended to inform service planning by estimating the likely need for different levels of gambling-related support at national, regional and local authority level.

The estimates group support into five levels of intervention intensity, ranging from brief advice delivered by non-specialists through to intensive residential treatment programmes. They are based on the needs of people who gamble and do not include support needs among affected others, such as family members.

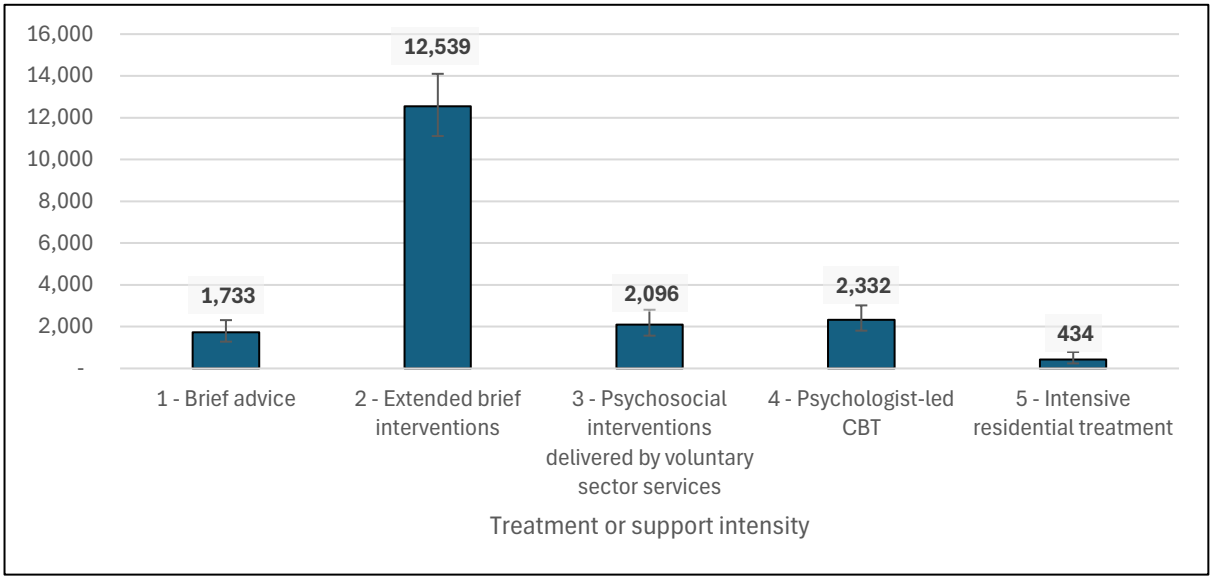
Across England, there are almost 1.6 million adults who gamble, who may benefit from some type of treatment or support for harmful gambling. Of these, 970,000 (60%) may benefit from a 'level 2 intensity' treatment – typically involving 2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners. Around 243,000 adults may benefit from a 'level 4' intensity treatment, typically involving 8 to 14 sessions of psychologist-led cognitive behavioural therapy (CBT) for gambling disorder.

For Suffolk, the modelled estimates suggest that:

- Around 1,733 adults may benefit from brief advice or very low-intensity support
- Approximately 12,539 adults may benefit from an extended brief intervention, representing the largest category of need
- Around 2,096 adults may benefit from structured psychosocial interventions delivered by specialist gambling support services
- Approximately 2,332 adults may benefit from psychologist-led CBT for gambling disorder
- Around 434 adults may benefit from intensive residential treatment

The sixth type (peer support) was added following national recommendations, because it is an important type of support for gambling problems in the UK. However, the results from surveys indicated that peer support is seen as suitable for anyone who gambles or used to gamble who feel they might benefit from it. As a result, researchers did not estimate the number of adults in each local authority across England who might benefit from peer support.

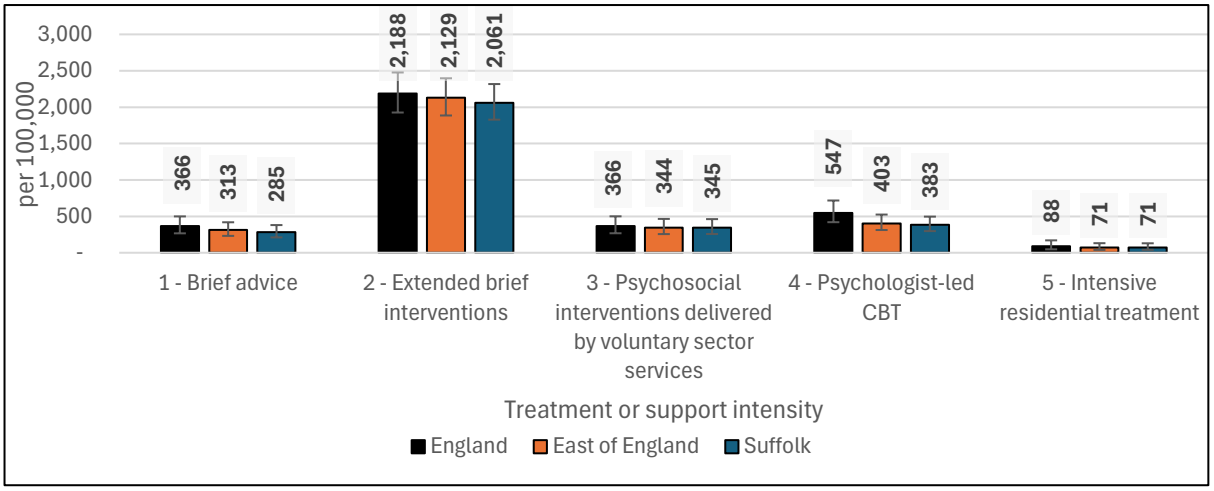
Figure 34. Estimated number of adults who might benefit from some type of gambling treatment or support, Suffolk, 2024



Source: Office for Health Improvement and Disparities (2024)

Combined, these estimates suggest that around 19,100 adults in Suffolk may benefit from some form of gambling treatment or support. Most of this need is for lower-intensity interventions, highlighting the importance of prevention, early identification, and access to brief support. However, the estimates also indicate a substantial number of people in Suffolk may require specialist treatment, including psychological therapies, and for a smaller group – intensive residential support.

Figure 35. Estimated rate per 100,000 adult population of adults who would benefit from gambling treatment, England, East of England, Suffolk, 2024

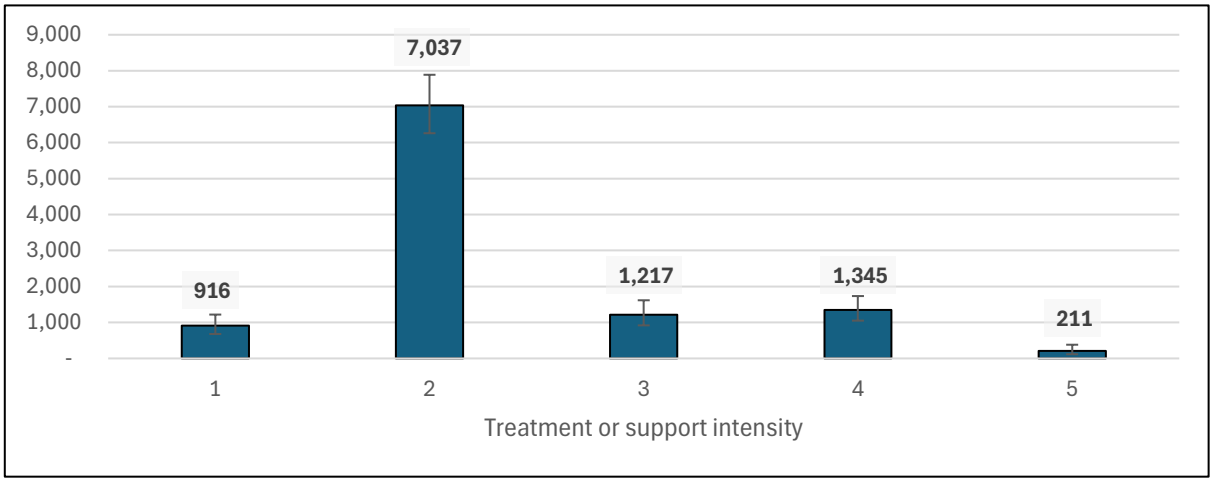


Source: Office for Health Improvement and Disparities (2024)

OHID has also produced modelled estimates of the number of children living in the same household as adults who may benefit from gambling treatment or support. For Suffolk, the estimates suggest that approximately 10,700 children live in households where an adult may

benefit from some form of gambling-related treatment or support. This includes around 7,000 children living with an adult who may benefit from an extended brief intervention, and approximately 1,300 children living with an adult who may benefit from psychologist-led CBT for gambling disorder. These estimates highlight that gambling-related harm can affect not only individuals who gamble, but also children and families within the same household, reinforcing the importance of a whole-family approach to prevention and support. This also reflects the

Figure 36. Estimated number of children living in the same household as adults who might benefit from some type of gambling treatment or support, Suffolk, 2024



Source: Office for Health Improvement and Disparities (2024)

Gambling Harms Inequalities Framework which identified stigma and limited awareness as barriers to accessing support.

As these figures are modelled estimates rather than direct measures of service demand, they should be interpreted as indicative of potential need rather than the number of people who will seek or access treatment. Nevertheless, they provide useful evidence of the scale and range of support that may be required across Suffolk.

Estimates of engagement and demand for support services

The gambling harm local area data profiles produced by OCSI includes modelled data, which also provides estimates of engagement with, and demand for, support services among people experiencing gambling harm:

- Among those at PGSI 8+, estimated access to treatment or support ranges from 45.5% (West Suffolk) to 53.8% (Mid Suffolk)
- Estimated demand for support among this group is high, with around 38.5% to 51.9% reporting a desire for help
- Among lower-risk groups (PGSI 1–2 and 3–7), both reported access to and desire for support is lower but still present, suggesting opportunities for early intervention

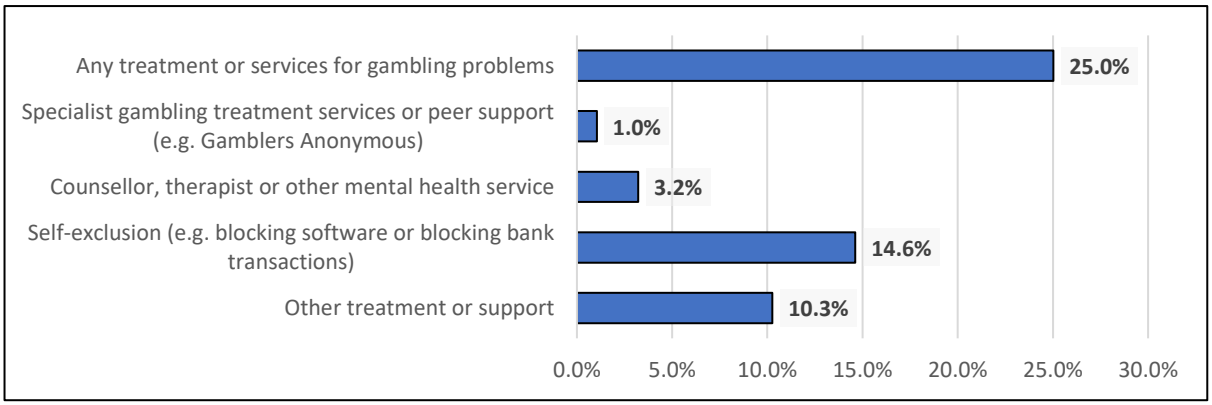
Table 4. Proportion of individuals accessing treatment and wanting treatment by PGSI score, Suffolk lower-local authorities, 2024

	PGSI 1-2: Accessed treatment	PGSI 3-7: Accessed treatment	PGSI 8+: Accessed treatment	PGSI 1-2: Want treatment	PGSI 3-7: Want treatment	PGSI 8+: Want treatment
Babergh	3.6%	25.0%	50.0%	1.8%	27.6%	42.9%
Ipswich	8.1%	32.4%	50.0%	9.6%	29.7%	51.9%
Mid Suffolk	3.8%	19.4%	53.8%	1.9%	25.0%	38.5%
East Suffolk	2.9%	22.2%	50.0%	4.3%	25.0%	43.7%
West Suffolk	6.2%	27.5%	45.5%	6.2%	29.3%	50.0%

Source: Tipping, S. & Wardle, H. (2026). Lower-Tier Local Authority Small Area Estimates of gambling, NIHR Policy Research Unit in Addictions: London (2026)

These figures indicate that while a proportion of individuals experiencing higher levels of gambling harm are in contact with support services, there remains a substantial unmet need for treatment and early help. Across England, most adults experiencing moderate-risk gambling had not used gambling-specific services or support. Although 25.0% of adults with a PGSI score of 3 or above reported using some form of gambling-related treatment or support, this was mainly self-exclusion tools such as blocking software. Only 1.0% of participants had used specialist gambling treatment or peer support, such as Gamblers Anonymous.

Figure 37. Treatment ever used for gambling problems and services received: PGSI score of 3 to 27, England, 2023/24



Source: APMS (NHS Digital) (2025)

Local services

East of England NHS gambling service – is a free, specialist NHS clinic providing therapy and support to people experiencing gambling-related harms, as well as offering support to individuals and families experiencing the negative impact of gambling.

The service provides assessments to understand the harms experienced, specialist Cognitive Behavioural Therapy (CBT), tools and techniques to stop gambling, couple and family therapy, individual support for family members, psychiatric reviews and support from people who have gone through/going through it too.

Referrals are accepted from individuals experiencing problems with their own gambling, individuals experiencing problems because of someone else's gambling, and from professionals.

Breakeven are funded by the NHS and OHID, helping individuals affected by gambling related harm in the South East and East of England. They offer support for the person experiencing gambling related harm, whether their aim is to stop gambling completely, or to control and better manage their gambling behaviour. They also offer support for anyone affected by gambling behaviour (family member, friend, colleague), support to couples once treatment has been completed, and peer support with a counsellor using lived experience.

Breakeven also offers aftercare groups to those who have successfully stopped gambling and require extra supported learning following treatment, in addition to weekly drop-in online support group for women who gamble and for women affected by someone's gambling.

Primary Care Gambling Service is a free, confidential NHS service for adults over the age of 18, who experience harms from gambling. The service also provides support with physical, social, and mental health problems. The service works in partnership with third sector organisations to provide integrated support services to anyone experiencing gambling harms.

Support and therapy are provided face-to-face, online or over the phone, and can be provided in short-term or longer-term therapy. Group therapy sessions are also offered, coming in the form of men's groups, women's groups, neurodiversity groups for those with Autism Spectrum Disorder(ASD)/Attention Deficit Hyperactivity Disorder (ADHD), mixed group settings, and affected others' group – all conducted only on a weekly basis.

National Gambling Clinic – this is a free, confidential NHS service supporting people who are experiencing harm from gambling aged 13 to 18 years from anywhere in England. The clinic acts as a centre of excellence, leading treatment innovation and research, while training healthcare professionals, shaping policies, and increasing awareness of gambling harms across England and internationally.

It also provides four phases of treatment: one-to-one sessions focusing on boosting motivation for change and putting practical barriers in place, Cognitive Behavioural Therapy to prevent relapse, Psychodynamic Therapy, and post treatment support.

Gamblers Anonymous UK is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to do the same.

Their site offers various help for the compulsive gambler, including a meeting finder, forum, chat room, and literature.

GamFam is a Suffolk-based charity set up by those who have experienced first-hand the devastating effects that gambling can have on family and friends.

They provide advice and support to those directly and indirectly affected by gambling harms, through structured peer support and signposting to relevant partners and agencies. GamFam offer a recovery and support programme called GRA5P – which is a structured 5-stage self-help peer support programme, originally designed to support those affected by someone else's gambling.

Ygam is the UK's leading charity dedicated to preventing gaming and gambling harms among young people. Their work helps to address the knowledge gap between young people's digital lives and the adults who guide them, preventing harm through education by empowering the people who can make a real difference.

Ygam state that young people are growing up just a few clicks away from the vast world of gaming and gambling, along with the online safety challenges that come with it. Ygam have developed resources to provide those in positions of care or influence over children and young people with the knowledge, tools, and confidence to make a difference.

Gordon Moody is a registered charity with more than 50 years' experience in providing residential support and treatment for people who are severely addicted to gambling. They have residential treatment centres for men and women across England, as well as part-residential/part-virtual women and men-specific programmes.

Conclusion

Gambling is a common activity across Suffolk, with almost half of adults estimated to have participated in gambling in the previous four weeks. While most people gamble without experiencing harm, the evidence presented in this document demonstrates that gambling-related harm is a significant and preventable public health issue. Harms extend beyond financial loss to affect physical and mental health, relationships, housing, employment, and contact with criminal justice services, with substantial impacts on families, communities and public services.

The document highlights that gambling harms are not experienced equally. People living in more deprived communities, those experiencing poor mental health or financial hardship, and individuals participating in certain higher-risk forms of gambling are disproportionately affected. National evidence also shows that harms extend well beyond the individual gambler, with family members, including children, frequently experiencing adverse health, financial and relationship consequences. Despite the scale of need, many people experiencing gambling harms, and those affected by someone else's gambling, do not seek support.

Although local intelligence on gambling-related harm is improving, important evidence gaps remain, particularly in relation to children and young people, underserved communities, the experiences of affected others, and the extent to which gambling contributes to wider health and social inequalities within Suffolk. Continued development of local data collection, surveillance and evaluation will therefore be essential to better understand need and measure the impact of prevention activity over time.

The introduction of the statutory gambling levy provides a significant opportunity to strengthen gambling harms prevention through a coordinated public health approach. By embedding gambling harm within wider work on mental health, financial wellbeing, suicide prevention, safeguarding, housing and health inequalities, Suffolk can develop a whole-system response that identifies harms earlier, improves access to support, and reduces the long-term impact of gambling on individuals, families and communities. The next steps set out in this document provide a framework for developing this approach, while also ensuring that future prevention activity is evidence-informed, proportionate and responsive to the needs of Suffolk’s residents.

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